DISSERTATION REPORT

AT

Bhandari Hospital and Research Center, Jaipur

A REPORT ON

TURN AROUND TIME IN DISCHARGE PROCESS FOR

DIFFERENT PANELS IN IPD

BY

DR. AKRITI AGARWAL
PG/22/005

Under the guidance of

DR. DIVYA AGGARWAL
ASSOCIATE PROFESSOR- HR & OB

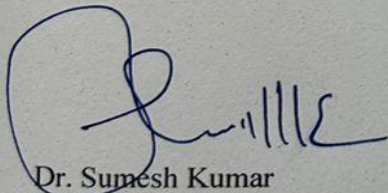PGDM (HOSPITAL AND HEALTH MANAGEMENT)
2022-2024

International Institute of Health Management Research, New Delhi

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TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Akriti Agarwal** student of **PGDM (Hospital & Health Management) from International Institute of Health Management Research**, New Delhi has undergone internship training at **Bhandari Hospital and Research Center, Jaipur** from March 2024 to June 2024.
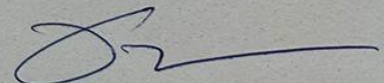
The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical. The Internship is in fulfilment of the course requirements.

I wish her all success in all his/her future endeavors.

Dr. Sumesh Kumar
Associate Dean, Academic and Student Affairs
IIHMR, New Delhi

Dr. Divya Aggarwal
Associate Professor, Mentor
IIHMR, New Delhi

2

The following dissertation titled "**Turn Around Time In Discharge Process For Different Panels In IPD**" at "**Bhandari Hospital and Research Center, Jaipur**" 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 PGDM (Hospital & Health Management) for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

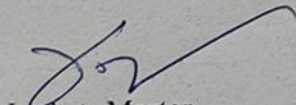| Name	Signature
DR. AMAN RAJ GUPTA	Aman Raj Gupta
Dr. Altaf yousaf mir.	
Dr. Nidhi Yadav	

Certificate from Dissertation Advisory Committee

This is to certify that **Dr. Akriti Agarwal** a graduate student of the PGDM (Hospital & Health Management) has worked under our guidance and supervision. She is submitting this dissertation titled **"Turn Around Time In Discharge Process For Different Panels In IPD"** at **"Bhandari Hospital and Research Center, Jaipur"** in partial fulfilment 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. Divya Aggarwal

Associate Professor

IIHMR Delhi

INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH, NEW DELHI

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **Turn Around Time In Discharge Process For Different Panels In IPD** submitted by **Dr. Akriti Agarwal** Enrolment No. **PG/22/005** under the supervision of **Dr. Divya Aggarwal** for award of PGDM (Hospital & Health Management) of the Institute carried out during the period from **March 2024 to 2024** 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.

Akriti

Signature

BHANDARI HOSPITAL AND RESEARCH CENTER (BHRC), JAIPUR

The certificate is awarded to

Dr. Akriti Agarwal

In recognition of having successfully completed her

Internship in the department of

Quality

And successfully completed her project on

TURN AROUND TIME IN DISCHARGE PROCESS

FOR DIFFERENT PANELS AT BHRC, JAIPUR

Date: 11-06-2024

Organization: Bhandari Hospital and Research Center, Jaipur

She come across as a committed, sincere & diligent person who has a

Strong drive & zeal for learning

We wish her all the best for her future endeavors

Training & Development Head

(BHRC, Jaipur)

FEEDBACK FORM

Name: Dr. Akriti Agarwal

Name of Organization: Bhandari hospital and Research Center (BHRC), Jaipur

Area of dissertation: Quality Department

Attendance: Regular

Objectives achieved: Completed Quality Improvement project & dissertation on "Turn Around Time for discharge process of different panels"

Deliverables:
(i) Mandatory Quality Indicators as per NABH 5th edn.
(ii) Performance Indicators as per BHRC
(iii) Different Audit work
(iv) Attended Committee as per NABH guidelines.
(v) CAPA for derived incidents/indicators.

Strengths: Very good in Analyse & presentation through statistical data & presentation.

Suggestion for Improvement:

Need to plan work according to need of hour & systemyself accordingly.

Signature of the officer-in-charge/Organization Mentor

Date: 10 Jun 2024

Place: Jaipur

ACKNOWLEDGEMENT

I am deeply grateful for the invaluable guidance and support provided by Dr. Divya Aggarwal throughout the course of this dissertation project. Her expertise, insightful feedback, and constant encouragement were instrumental in shaping this work. I sincerely thank her for her unwavering commitment and dedication to my academic growth.

I would also like to extend my appreciation to Mr. Sanjay Rajvanshi (Hospital Administrator, BHRC, Jaipur) who has helped me and guided me throughout my dissertation duration at the organization and also the faculty and staff of International Institute of Health Management Research (IIHMR) Delhi for creating an enriching academic environment and for providing the necessary resources and support. Special thanks go to my colleagues and friends for their camaraderie and constructive discussions that helped me navigate through various challenges during this project.

I am profoundly thankful to my family for their love, patience, and unwavering support, which gave me the strength to persevere. Their belief in my abilities has been a constant source of motivation.

Lastly, I express my gratitude to all those who contributed directly or indirectly to this dissertation. Your support has been vital in completing this work successfully.

Dr. Akriti Agarwal

Table of Contents

List of Abbreviations

S.No	Abbreviation	Meaning/Full-form
1	IIHMR	International Institute of Health Management Research
2	BHRC	Bhandari Hospital and Research Center
3	OPD	Outpatient department
4	IPD	In patient department
5	OPG	Orthopantomography
6	TMT	Thermo mechanically treated bars
7	BMD	Bio medical department
8	CSSD	Central sterile supply department
9	NICU	Neonatal intensive care unit
10	ICU	Intensive care unit
11	CCU	Critical care unit
12	CTVS	Cardio thoracic vascular surgery
13	ECG	Electrocardiogram
14	CPR	Cardio pulmonary resuscitation
15	OT	Operation theater
16	TAT	Turn around time
17	RGHS	Rajasthan government health scheme
18	CGHS	Central government health scheme
19	ECHS	EX- servicemen contributory health scheme
20	TPA	Third party administrator

ABSTRACT

The dissertation report titled "Turn Around Time in Discharge Process for Different Panels in IPD" at Bhandari Hospital and Research Centre, Jaipur focuses on evaluating the turnaround time (TAT) involved in the discharge process of patients from the inpatient department (IPD). The study aims to assess the current performance of discharge TAT, identify factors contributing to delays, and propose strategies to improve this process, thereby enhancing patient satisfaction and optimizing hospital operations.

The dissertation highlights the significance of TAT in healthcare, particularly in discharge procedures, where efficient management can increase bed availability, reduce operational costs, and improve patient outcomes. Delays in discharge can lead to patient dissatisfaction, increased risks of hospital-acquired infections, and unnecessary resource consumption. Through an observational and quantitative study conducted over two months, with 260 patients included, the research examines the TAT for different panels, including government health schemes, insurance-backed discharges, and paid services.

The analysis reveals that the majority of delays are caused by factors such as incomplete documentation, lack of coordination among medical staff, patient transportation issues, and delays in processing insurance claims. The study also identifies several strategies to optimize the discharge process, including enhancing coordination between departments, standardizing documentation, and implementing technology-driven solutions like electronic health records (EHR) and discharge planning software.

The expected outcomes include key insights into the factors causing discharge delays, the quantification of TAT metrics, and the impact of TAT on patient satisfaction. The study's recommendations aim to streamline the discharge process, reduce TAT, and ultimately improve the overall patient flow in the hospital.

This dissertation contributes to improving hospital efficiency by identifying practical solutions to reduce discharge delays and enhance operational workflow in healthcare facilities.

BHANDARI HOSPITAL AND RESEARCH CENTRE JAIPUR

BHANDARI HOSPITAL AND RESEARCH CENTER IS ACCREDITED BY

Mark of Excellence

HOSPITAL PROFILE

Bhandari Hospital & Research Centre is a multi-specialty hospital providing best health care services to the society with assurance of quality. It was established in 3rd June 1986 having 150 beds with a vision to be recognized as an excellent medical health care institution of highest standards, quality and technology.

Bhandari hospital & research Centre is having a wide range of health care facilities including all preventive, curative and surgical services since 25 years with experienced health care personnel. It is dedicated to the society to provide quality health care services at affordable charges with the aim of a healthy society. Bhandari hospital is accredited to **NABH (National Accreditation Board for Hospitals and Health Care Providers) and NABL (National Accreditation Board for Laboratory)** which assures the quality health care services provided by Bhandari hospital to the patients.

MISSION OF BHANDARI HOSPITAL AND RESEARCH HOSPITAL

Bhandari Hospital & Research Centre is committed to provide excellent health care services of highest standards in a comprehensive manner to every patient with special focus on quality, service excellence, state of art medical technology, efficient workforce and ethical practices to provide highest degree of patient satisfaction.

VISION OF BHANDARI HOSPITAL AND RESEARCH CENTRE

Vision of Bhandari Hospital and Research Centre is to be recognized as an excellent medical health care institution of highest standards, quality and technology.

LAYOUT OF BHANDARI HOSPITAL AND RESEARCH CENTRE

Basement

- OPD
- Reception Area
- Waiting Area
- Sonography
- X ray
- Laboratory
- Blood Storage center
- Consultant Room
- OPG
- TMT
- BMD
- Library
- Admin Block
- Quality Cell
- Server Room
- Mammography
- CT Scan
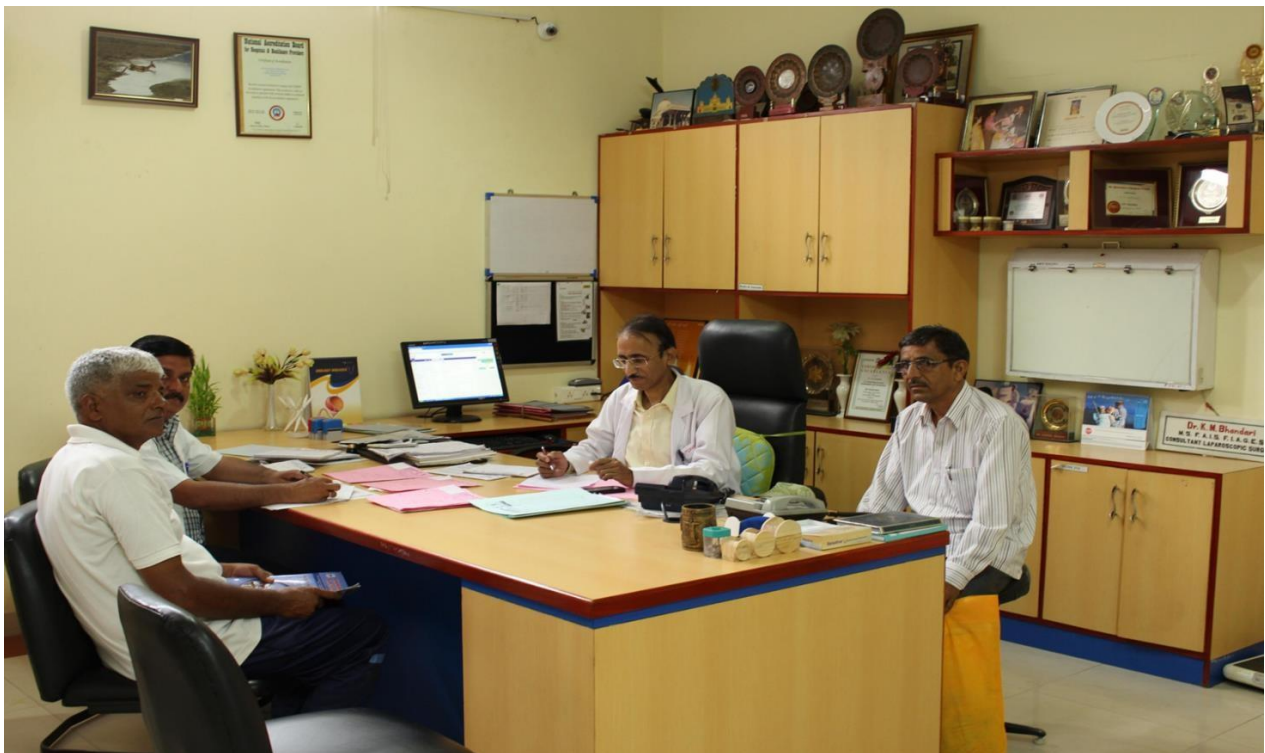
Ground Floor

- Admission counter
- Reception
- May I help you desk
- Billing counter
- Emergency Ward
- Waiting Area
- Minor OT Room
- OT Pre-op Room
- OT Recovery Room
- Operation Theatre
- CSSD
- NICU
- Dental
- Canteen & kitchen
- Medical Store
- Medical Record Department
- Pharmacy
- Parking

First Floor

- General ward
- Semi Private Rooms
- Deluxe Rooms
- Executive Super Deluxe Rooms
- Suite Class Rooms
- Doctor Duty Room
- Office of Housekeeping Supervisor

Second Floor

- ICU
- CCU
- CTVS
- High Dependency Unit
- Counseling Room
- Human Resource Department

SERVICES PROVIDED BY BHANDARI HOSPITAL AND RESEARCH CENTER

Clinical Services

- Anesthesia
- Care of elderly
- Day care treatment endoscopy
- Dentistry
- Dialysis
- Ear Nose and Throat
- Emergency Medicine
- Gastroenterology
- General Medicine
- General Surgery
- GI Surgery
- Gynecology
- Intensive Care Unit Adult
- Intensive Care Unit Neonatal
- Laser Treatment
- Obstetrics
- Ophthalmology
- Oral surgery
- Orthodontics
- Orthopedic Surgery
- Pediatric Surgery
- Pediatrics and Neonatology
- Palliative Care
- Plastic Surgery
- Preventive Health Screening Clinics
- Rehabilitation
- Surgical ICU

- Urology
- Cardiac Care
- Cardio thoracic vascular surgery

Diagnostic Services

- Ultrasound
- X Ray
- CT- Scan
- Mammography
- ECG

Laboratory and Transfusion Services

- Blood Transfusion Services
- Clinical Biochemistry
- Clinical Microbiology and Serology
- Clinical Pathology
- Cytopathology
- Hematology

Professions Allied to Medicine

- Dietetics
- Physiotherapy

HOSPITAL COMMITTEES

1. Internal Complaint committee

2. Credentialing and Privileging committee.

3. Hospital safety committee

4. Blood transfusion committee

5. Infection control committee

6. Management Control committee

7. Clinical audit committee

8. Employee and Patient's grievance redressal committee.

9. Quality core committee.

10. Drug and therapeutic committee

11. CPR committee

12. OT committee

13. Store purchase committee

14. IT committee

15. Patient Safety Committee

16. Cath Lab Committee

17. Clinico Radio and Pathological Committee

18. Death Audit Committee

19. Biomedical Waste Management Committee

SECTION-1

TURN AROUND TIME IN DISCHARGE PROCESS FOR

DIFFERENT PANELS IN IPD

AT

BHANDARI HOSPITAL AND RESEARCH CENTRE (BHRC) JAIPUR

INRODUCTION:

Turnaround Time (TAT): A process or task's total elapsed time from its start to finish is referred to as its turnaround time (TAT). Different operations, such manufacturing, service delivery, or healthcare processes, may fall under the purview of TAT in different situations.

Turnaround time in the healthcare industry usually refers to the amount of time needed to finish a certain clinical or administrative task, like administering medication, performing diagnostic imaging, testing laboratories, or discharging patients. The amount of time, for instance, that passes between collecting a patient's samples and reporting the test findings to the healthcare provider in a hospital environment is known as the test-to-treatment time (TAT).

TAT in discharge process: In order to ensure that patients have a seamless transition from the hospital or clinic to their homes or other care settings, turnaround times (TAT) for the discharge process in healthcare facilities are critical. The TAT typically fluctuates based on variables like the case's complexity, resources that are available, and the healthcare facility's effectiveness. The time to discharge (TAT) can be comparatively quick in regular discharges, where patients have simple medical problems and release plans; it typically ranges from a few hours to a day. The TAT, however, may take several days or even weeks for complicated discharges involving patients with particular needs or requirements for coordination.

Emergency discharges require faster processing; TATs are usually within a few hours, and discharge planning and coordination have to be frequently be prioritized. Discharges for children and the elderly may also take longer than expected because of particular factors including making follow-up visits with doctors or making sure careers have enough support. Regardless of the situation, a prompt and successful discharge process necessitates efficient communication and collaboration between healthcare personnel, patients, and their families. This promotes optimal patient outcomes and lowers the likelihood of complications or readmissions.

SECTION-11

RATIONALE

In healthcare settings, the discharge turnaround time (TAT) is an important indicator that measures how well patient discharge procedures are working. A more efficient discharge procedure shortens hospital stays, which increases bed availability and lowers operating expenses. Prompt discharge also improves patient satisfaction because lengthy hospital stays can be stressful and uncomfortable. Effective coordination between medical staff, timely and correct discharge record completion, and clear communication of post-discharge care plans to patients and their families are all necessary for an efficient TAT.

Moreover, lowering discharge TAT can increase the hospital's ability to handle new admissions, improve patient flow generally, and reduce the risk of hospital-acquired infections. As a result, concentrating on maximizing discharge time-to-admission (TAT) improves patient outcomes and satisfaction while also improving the hospital's operational efficiency, underscoring its significance in the larger framework of healthcare quality improvement.

WHY DOES THIS MATTER?

For a number of reasons, the discharge turnaround time (TAT) procedure is essential in the medical field. First off, it has an immediate effect on bed availability and patient flow. Effective discharge procedures free up hospital beds faster, resulting in less needless waiting for the admission of new patients. This is especially crucial in high-demand settings where a lack of beds may compromise the accessibility and quality of patient care.

Second, happier patients are the result of a more efficient discharge procedure. Patients and their families may experience anxiety and discomfort during extended hospital stays. Hospitals can improve patient satisfaction by ensuring that patients return home or to other care settings sooner, hence minimizing discharge delays.

Additionally, a quick discharge might save hospital expenses. Stays longer than necessary raise the risk of hospital-acquired infections and other problems, which raises the expense and demand for healthcare resources.

OBJECTIVES OF THE STUDY:

1. To access current, TAT performance within the IPD.
2. To identify factors contributing to delays in the discharge process.
3. To evaluate the impact of TAT on patient satisfaction and healthcare outcomes.
4. To propose strategies for improving TAT and optimizing the discharge process.

SECTION- III

METHEDOLOGY:

Type of study: Observational and Quantitative study

Study area: Bhandari Hospital and Research Centre, (BHRC), Jaipur

Duration of the study: 2months

Sample size:260 (5 samples each day excluding Sunday)

Study population:

   Inclusion criteria: IPD Patients

Exclusion criteria: OPD and Emergency Patients

Sampling method: Simple random sampling

Study design: Descriptive

Tool: Time and motion study and direct observation

Data analysis: Using bar graphs, pie charts and other measuring tools in Excel as per requirement.

EXPECTED OUTCOMES:

1. Identification of key factors contributing to delays in the discharge process.
2. Quantification of TAT metrics, such as average discharge time and percentage of cases meeting targeted TAT goals.
3. Insights into the impact of TAT on patient satisfaction, readmission rates, and hospital resource allocation.
4. Recommendations for interventions or process improvements to enhance TAT and optimize the discharge process within the IPD.

SECTION-IV
ANALYSIS OF COLLECTED DATA

MAA YOJNA

BENCHMARK	NO OF CASES	PERCENTAGE
2-4 HOURS	35	79.54%
4-5 HOURS	4	9.09%
ABOVE 5 HOURS	5	11.37%
TOTAL	44	100%
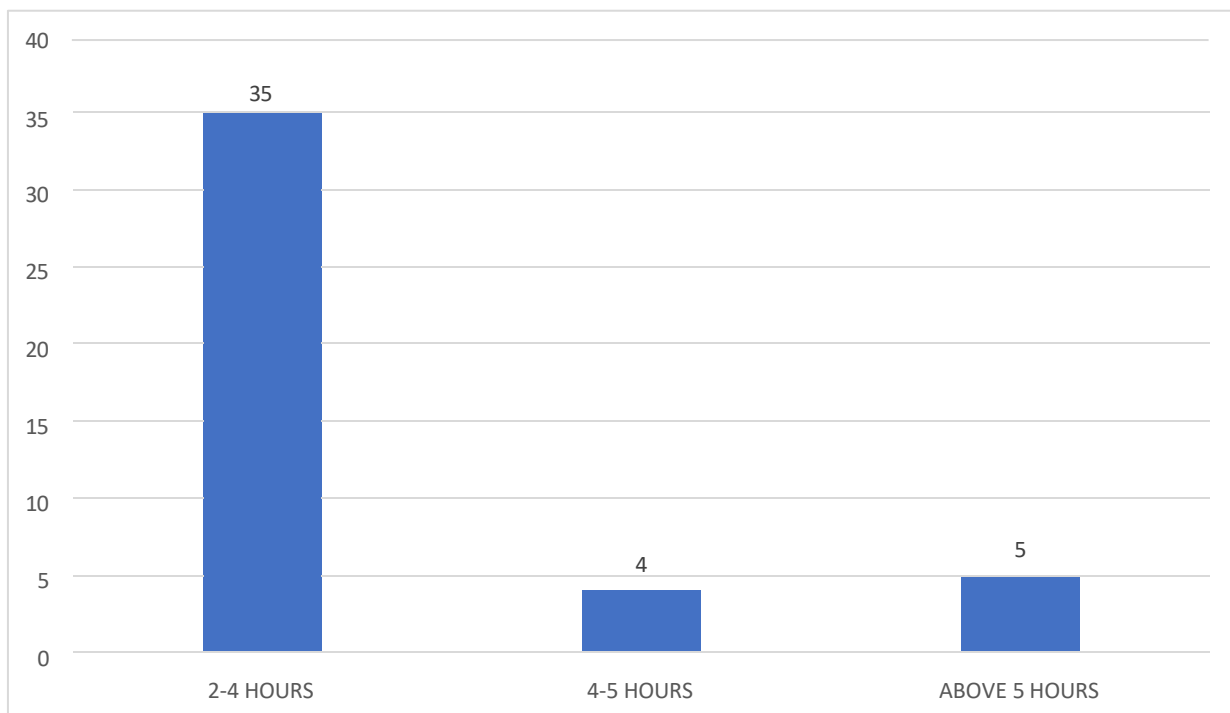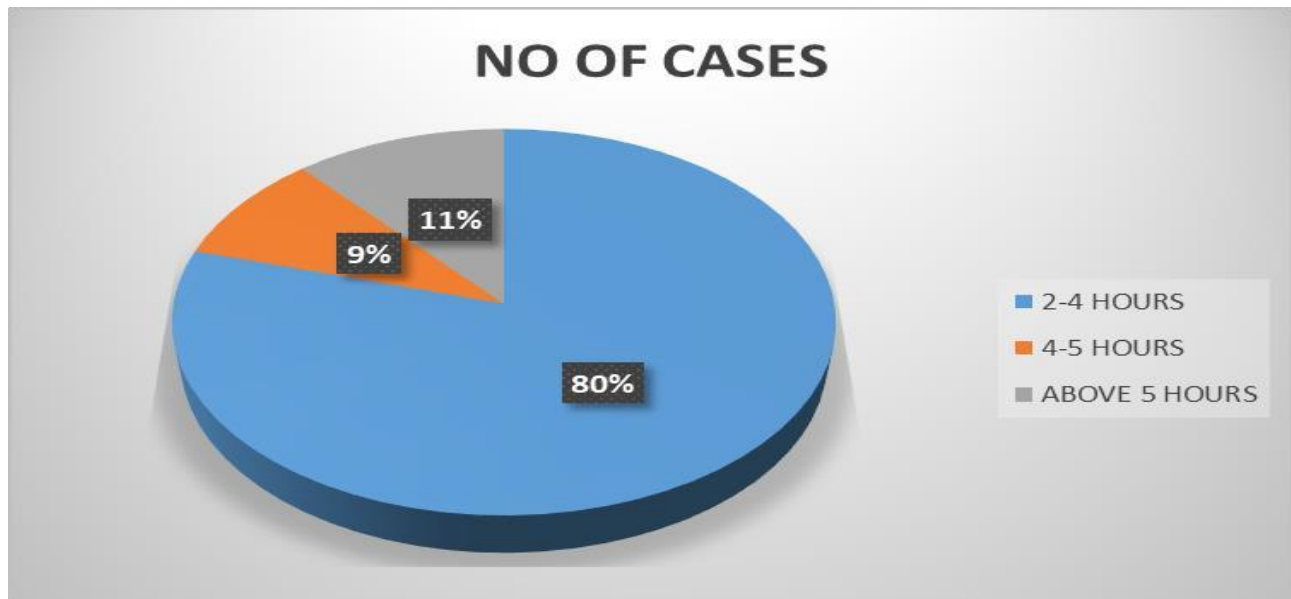
NO OF CASES

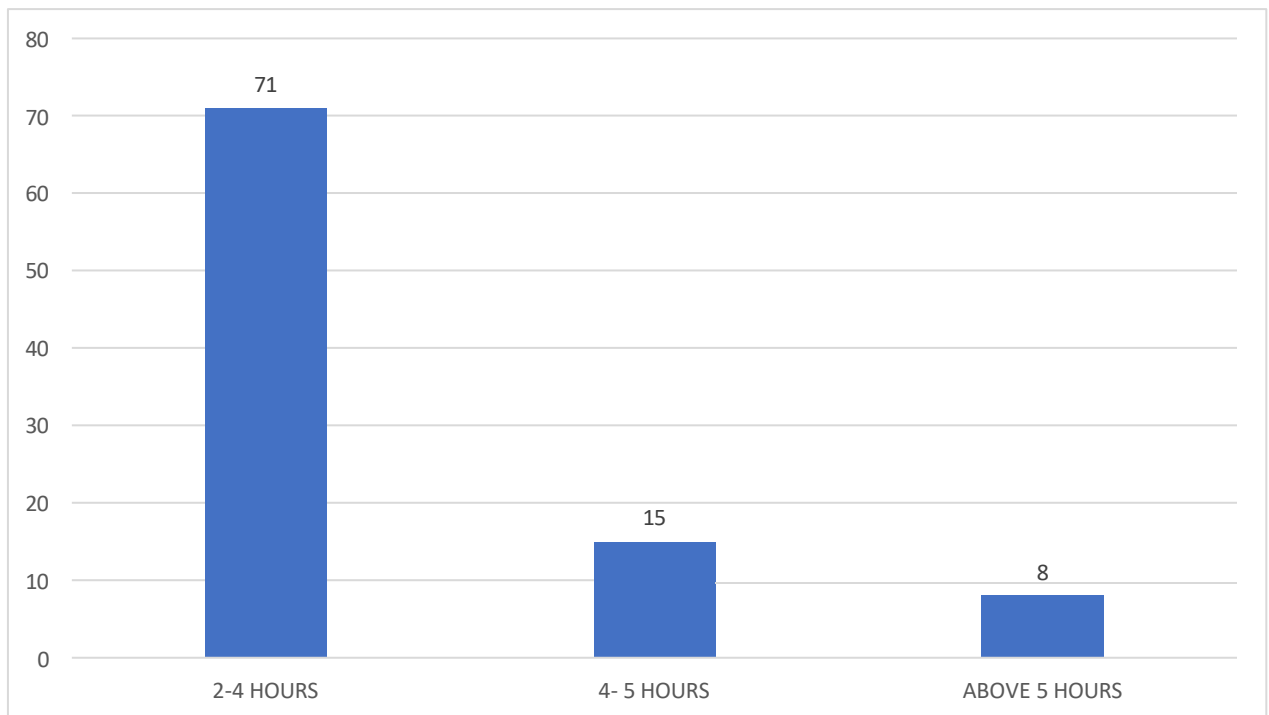- 2-4 HOURS
- 4-5 HOURS
- ABOVE 5 HOURS

80%
9%
11%

INTERPRETATION

- **The benchmark set by the organization for discharge process for the panel named MAA YOJNA is 2-4 hours.**

- **It was observed that out of 44 cases 35 cases were within benchmark and 9 cases were above the set benchmark.**

- **Out of these 9 cases 4 cases were delayed as the patient was waiting for the doctors to guide them about the care given to patient after discharge.**

- **3 cases out of 9 were delayed as the patient was not medically stable to get discharged.**

- **2 out of 9 cases were delayed as the patients were waiting for their transportation to come.**

RGHS

BENCHMARK	NO OF CASES	PERCENTAGE
2-4 HOURS	71	75.53%
4- 5 HOURS	15	15.95%
ABOVE 5 HOURS	8	8.52%
TOTAL	94	100%

NO OF CASES

- 2-4 HOURS — 76%
- 4- 5 HOURS — 16%
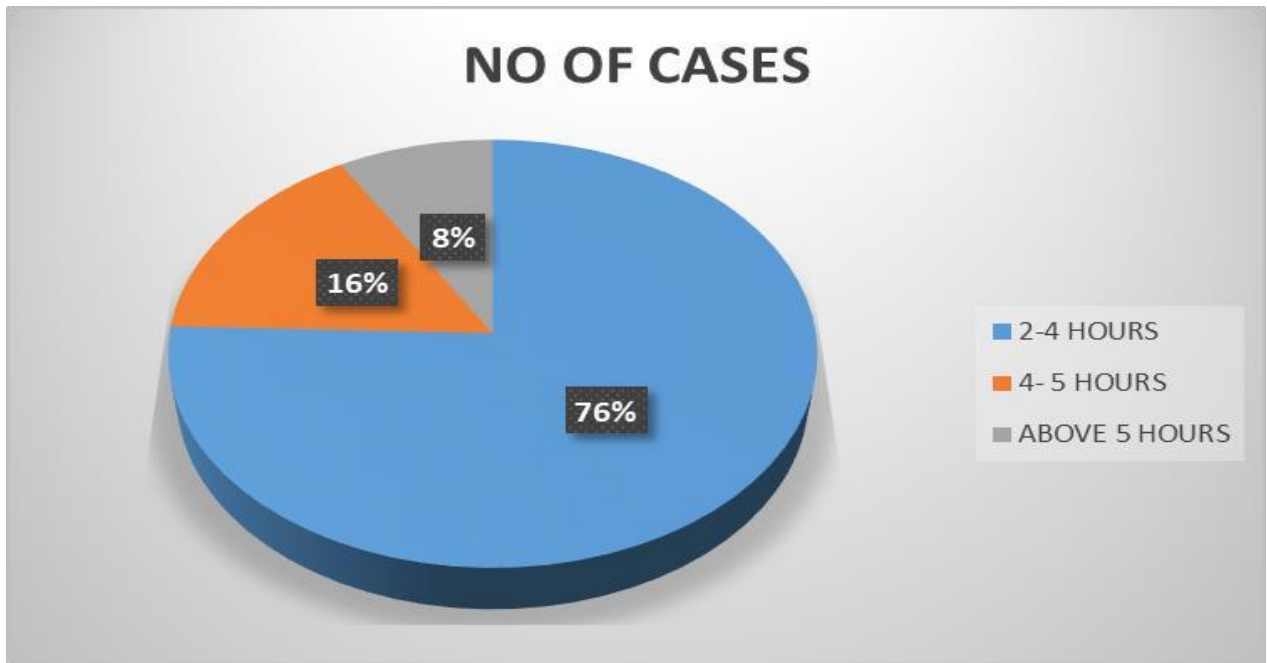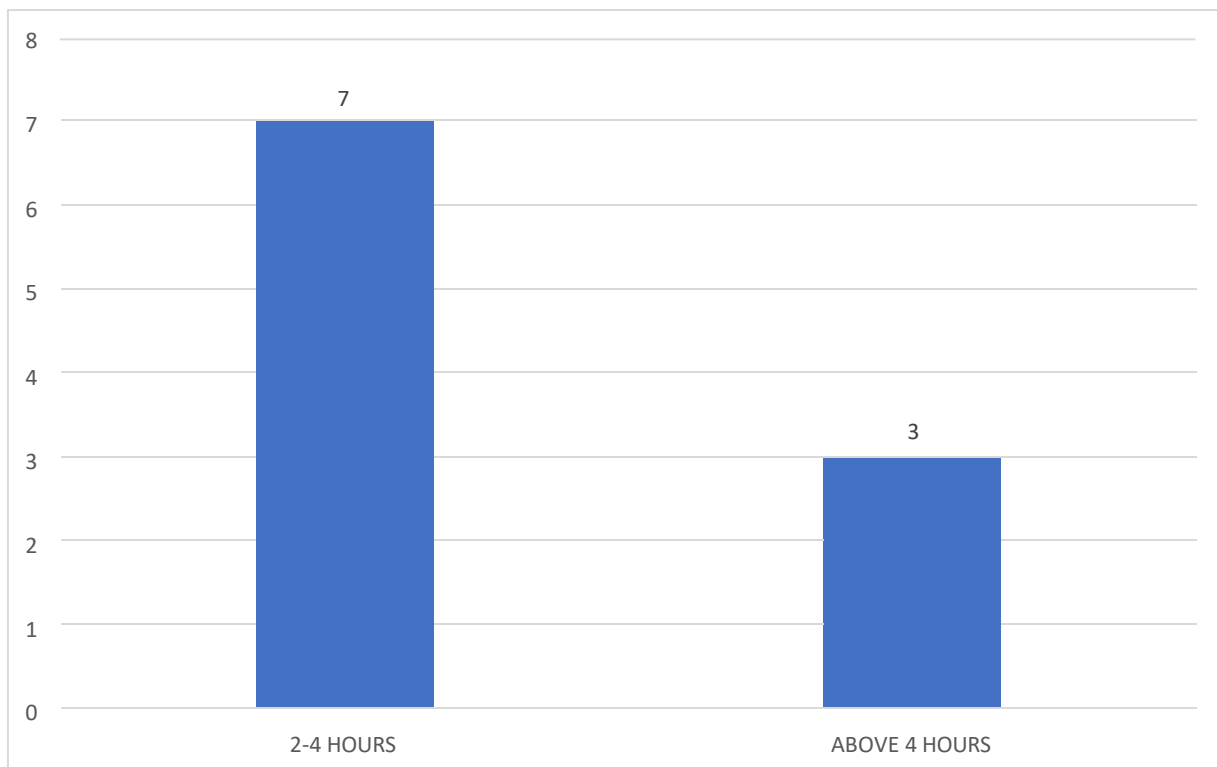- ABOVE 5 HOURS — 8%

INTERPRETATION

- **The benchmark set by the organization for discharge process for the panel named RGHS is 2-4 hours.**

- **It was observed that out of 94 cases 71 cases were within benchmark and 23 cases were above the set benchmark.**

- **Out of these 23 cases 11 cases were delayed due to the updating of the patient file on the RGHS portal for claim settlement by RGHS.**

- **5 cases out of 23 were delayed as the patients file was found lying for very long time in the consultant's camber for their signatures on the final discharge summary as they were busy with other patients or were in OT in 2 cases.**

- **4 out of 23 cases were delayed as the patients were waiting for their transportation and attendants to come.**

- **3 out of 23 cases were delayed due the delayed caused by the support staff in carrying the file from one place to another to complete different formalities of the discharge process.**

CGHS

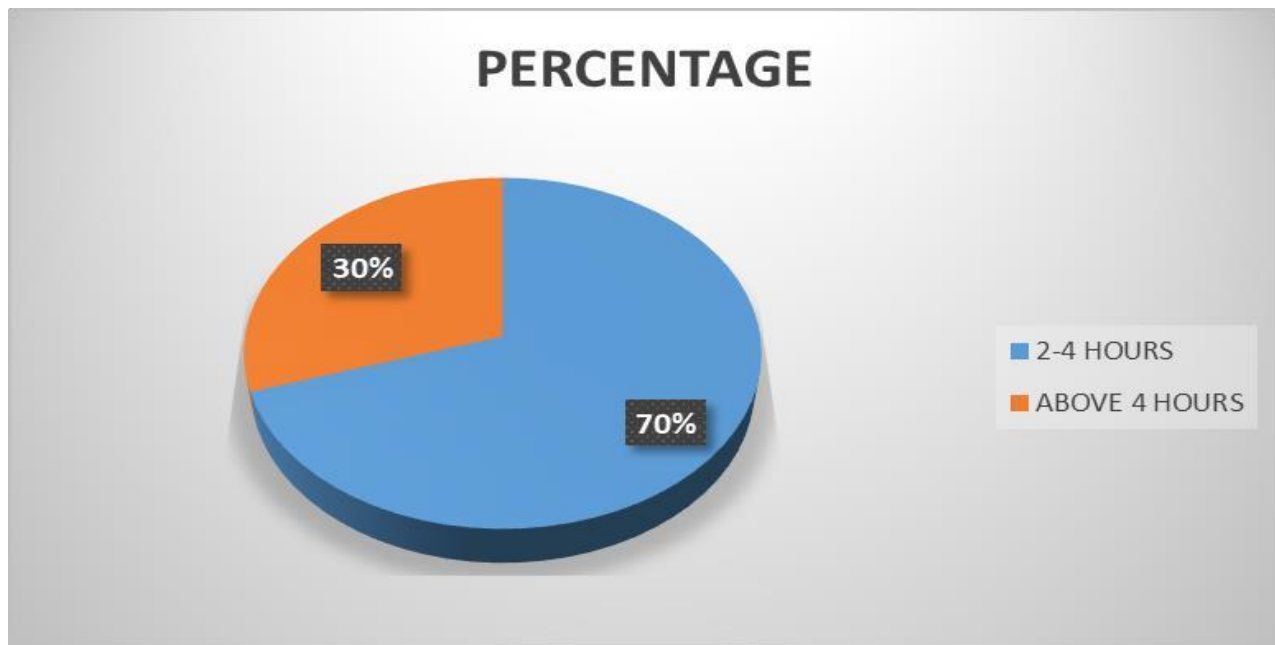| BENCHMARK	NO OF CASES	PERCENTAGE
2-4 HOURS	7	70%
ABOVE 4 HOURS	3	30%
TOTAL	10	100%

INTERPRETATION

- **The benchmark set by the organization for discharge process for the panel named CGHS is 2-4 hours.**
- **It was observed that out of 10 cases 7 cases were within benchmark and 3 cases were above the set benchmark.**
- **Out of these 3 cases 2 cases were delayed due to no clearance of the bill as the patients were of CGHS CASH.**
- **Out of 3 cases 1 case for delayed for discharge as the patient was waiting for the doctor to meet before discharge.**

ECHS

BENCHMARK	NO OF CASES	PERCENTAGE
2-4 HOURS	5	83%
ABOVE 4 HOURS	1	17%
TOTAL	6	100%

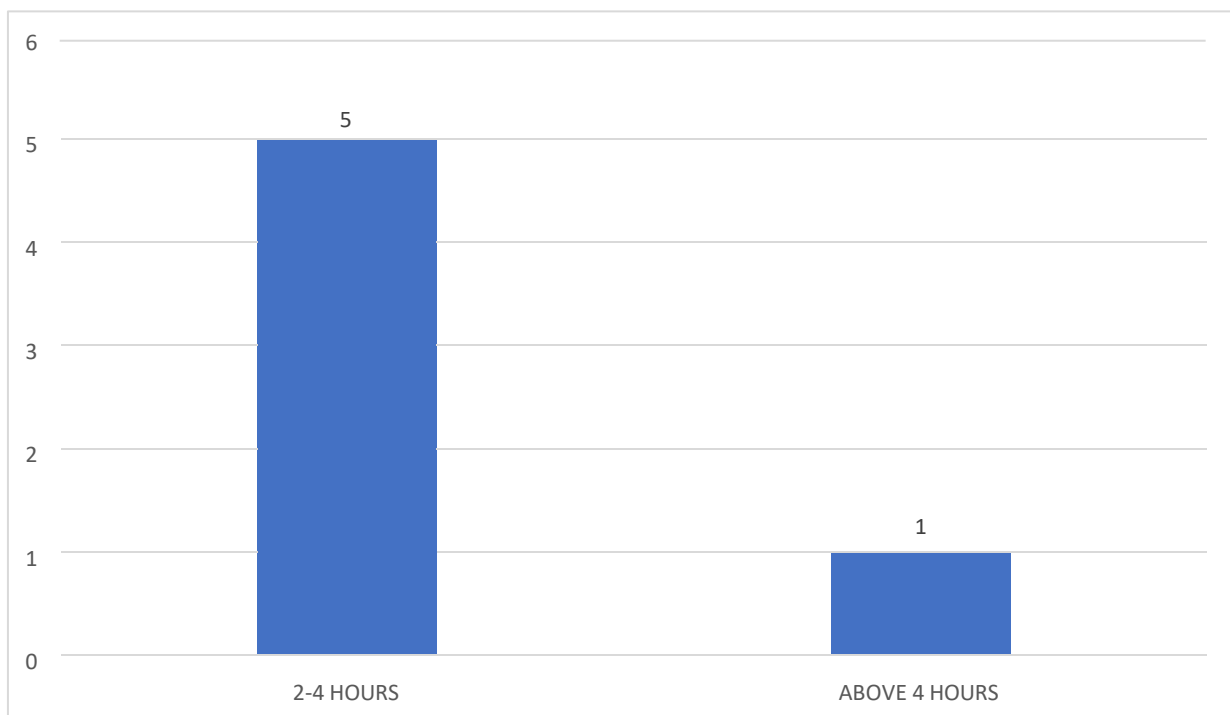**PERCENTAGE**

17%

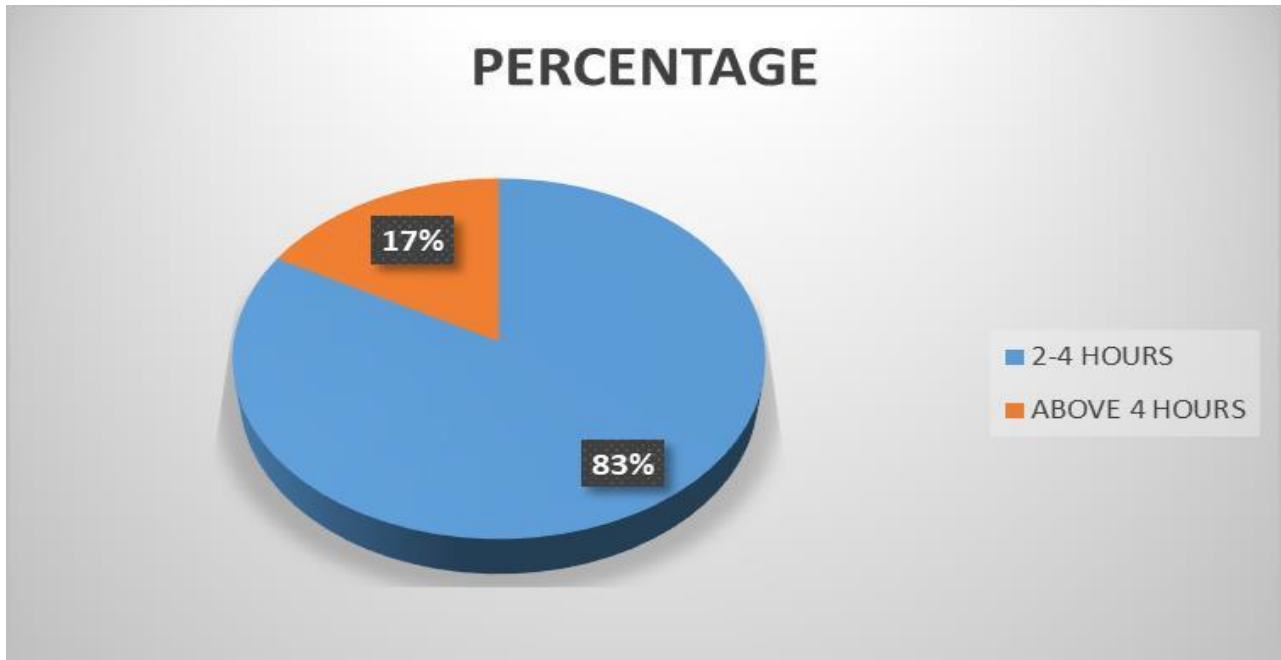83%

■ 2-4 HOURS
■ ABOVE 4 HOURS

INTERPRETATION

- **The benchmark set by the organization for discharge process for the panel named ECHS is 2-4 hours.**
- **It was observed that out of 6 cases 5 cases were within benchmark and 1 case were above the set benchmark.**
- **The reason behind the patient of getting delay in discharge was due to as the patient was not medically stable to get discharged.**

RAILWAY

BENCHMARK	NO OF CASES	PERCENTAGE
2-4 HOURS	13	65%
ABOVE 4 HOURS	7	35%
TOTAL	20	100%

PERCENTAGE

35%

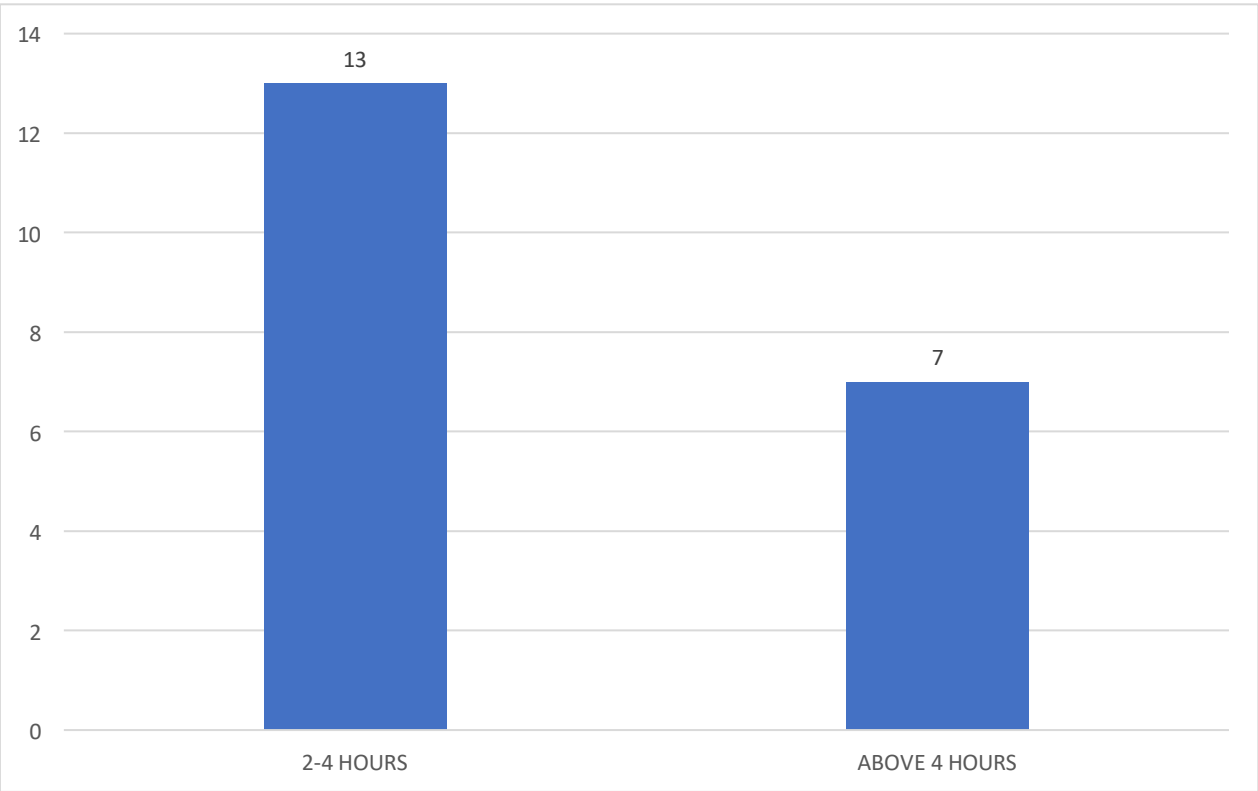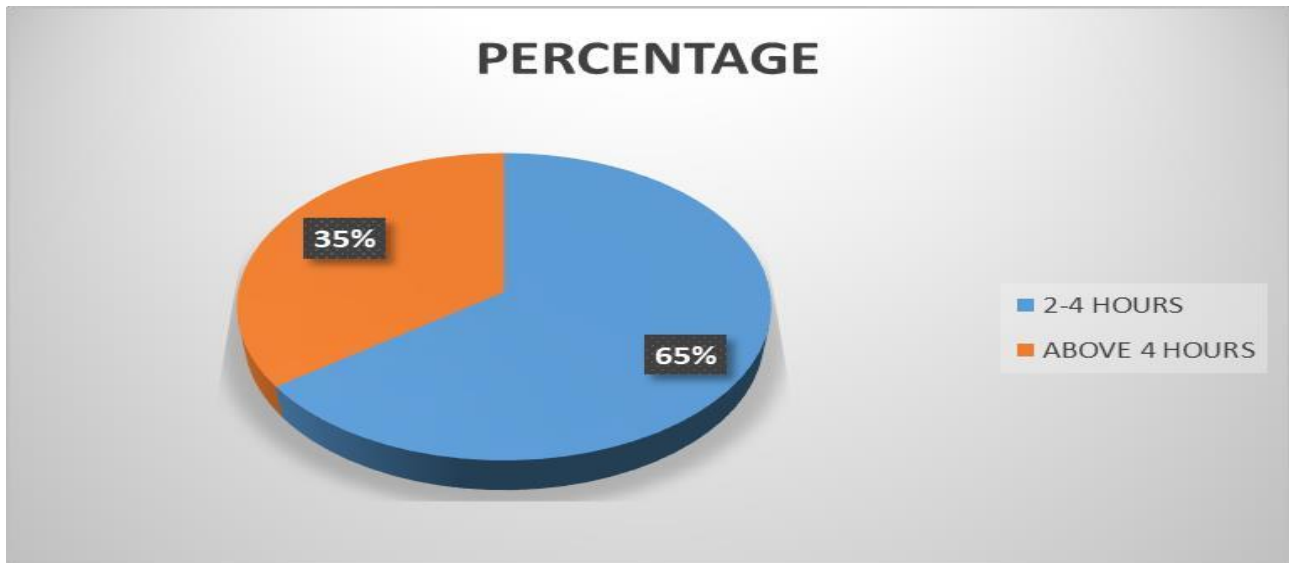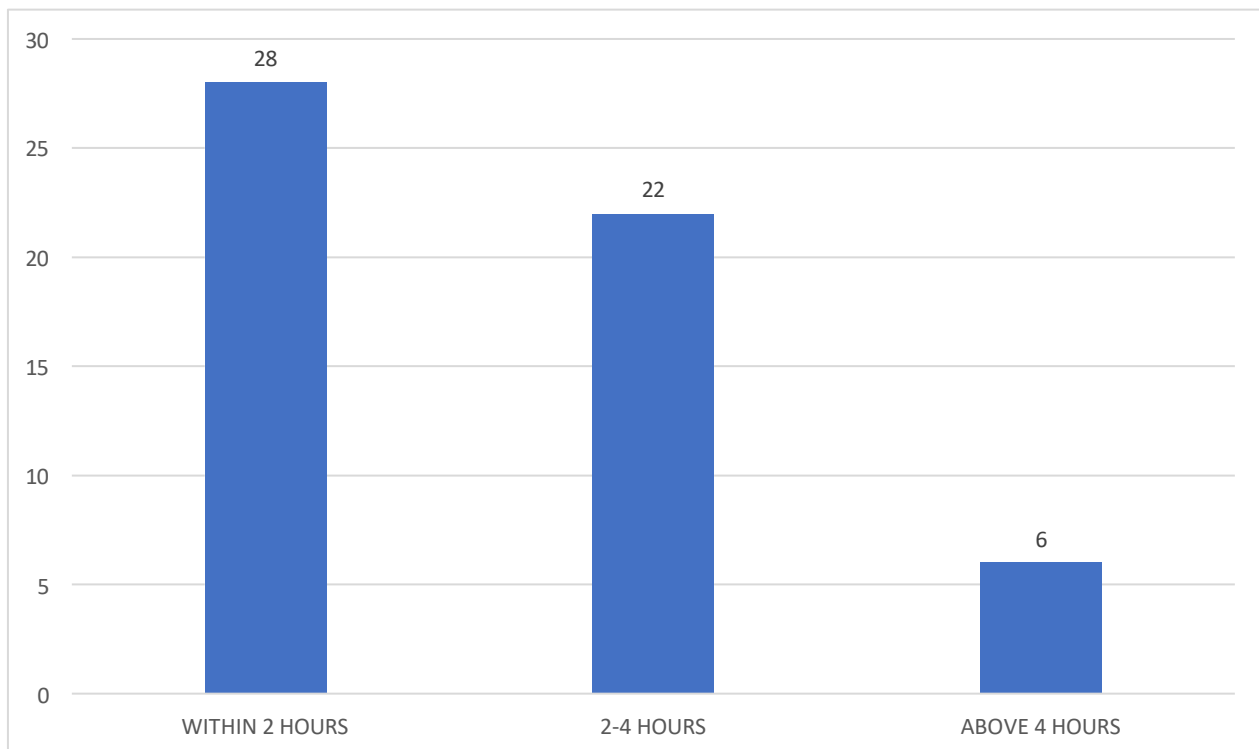65%

- 2-4 HOURS
- ABOVE 4 HOURS

INTERPRETATION

- **The benchmark set by the organization for discharge process for the panel named RAILWAY is 2-4 hours.**

- **It was observed that out of 20 cases 13 cases were within benchmark and 7 case were above the set benchmark.**

- **Out of 7 cases 5 cases got delayed as the patient was waiting for their transportation to arrive as the patient after discharge would get the final discharge RAILWAY as well. The patient after getting the treatment has to go RAILWAY to get their discharge process done so they often wait for the ambulance to arrive which takes time in most of the cases.**

- **Out of 7 cases 2 cases were delayed for their discharge process as they did not want to get discharge because they were not feeling well and requested to extend their stay in the hospital. But after counselling given to the patient and their attendant the staff made them understand that they are medically fit to get discharged.**

PAID

BENCHMARK	NO OF CASES	PERCENTAGE
WITHIN 2 HOURS	28	44.64%
2-4 HOURS	22	39.28%
ABOVE 4 HOURS	6	10.72%
TOTAL	56	100%

PERCENTAGE

- 10.72%
- 44.64%
- 39.28%

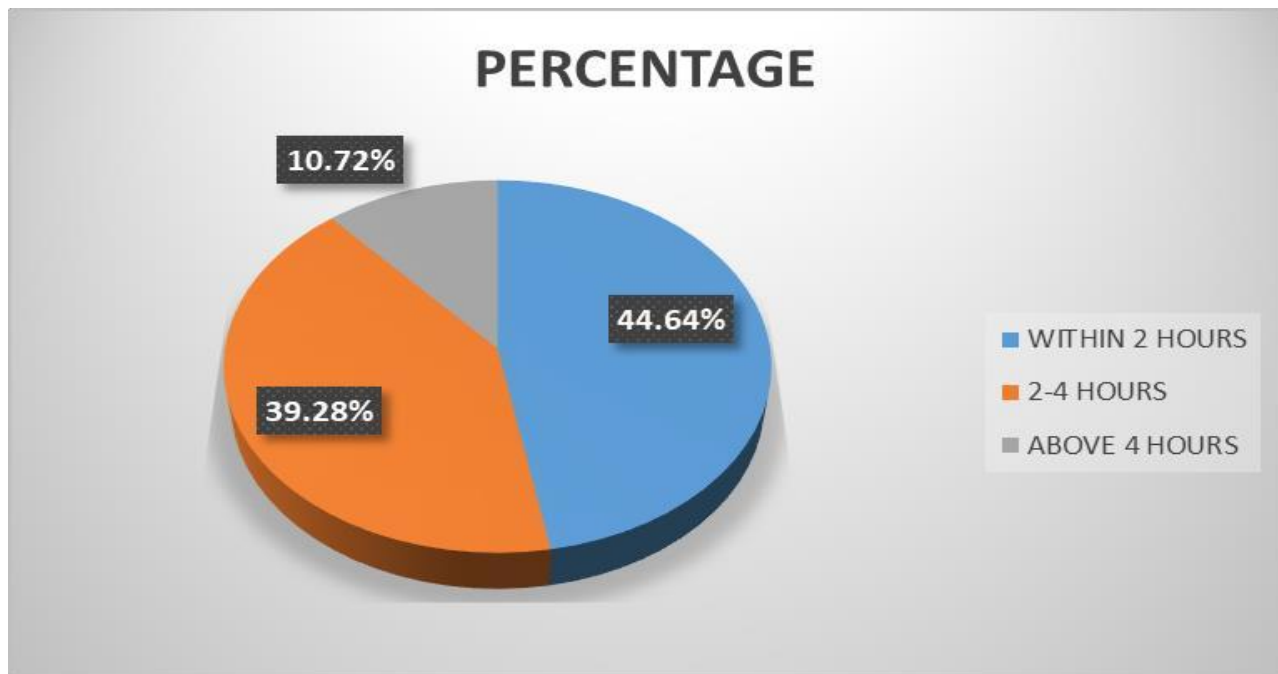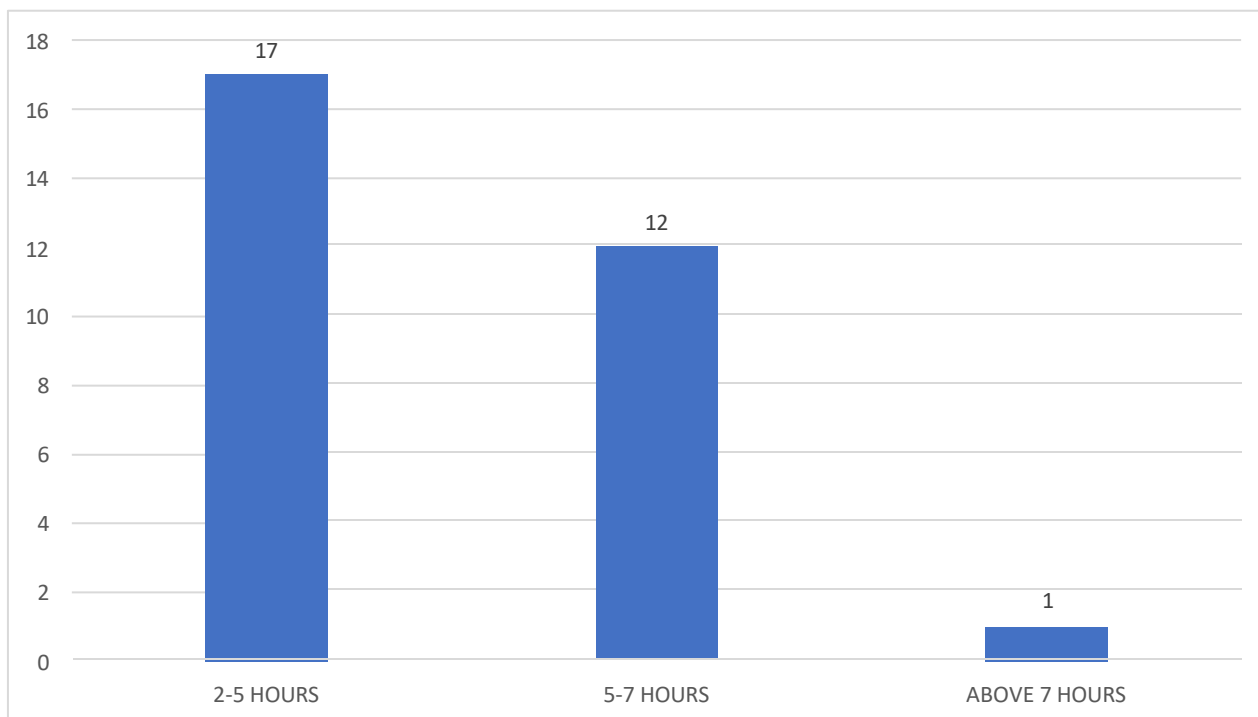■ WITHIN 2 HOURS
■ 2-4 HOURS
■ ABOVE 4 HOURS

INTERPRETATION

- **The benchmark set by the organization for discharge process for the panel named PAID is within 2 hours.**
- **It was observed that out of 56 cases 28 cases were within benchmark and 28 case were above the set benchmark.**
- **The no of patients that got discharge late has the same percentage as the patient who got discharge on time, I.e. 28 and 28 patients.**
- **The main reason behind the equal amount of delayed in the paid patients was that no special emphases was given to the paid patients.**
- **Out of 28 cases 19 cases got delayed as their file was not processed on time by all the staff associated with the discharge process except the computer operator who made the discharge summary.**
- **Out of 28 cases 6 cases were delayed as the hospital bill dues were not properly maid on time by the patient's attendants.**
- **Out of 28 cases 3 cases were delayed as the patient was waiting for their transport to come.**

TPA ALL

BENCHMARK FOR ALL TPA	NO. OF CASES	PERCENTAGE
2-5 HOURS	17	56.66%
5-7 HOURS	12	40%
ABOVE 7 HOURS	1	3.345
TOTAL	30	100%
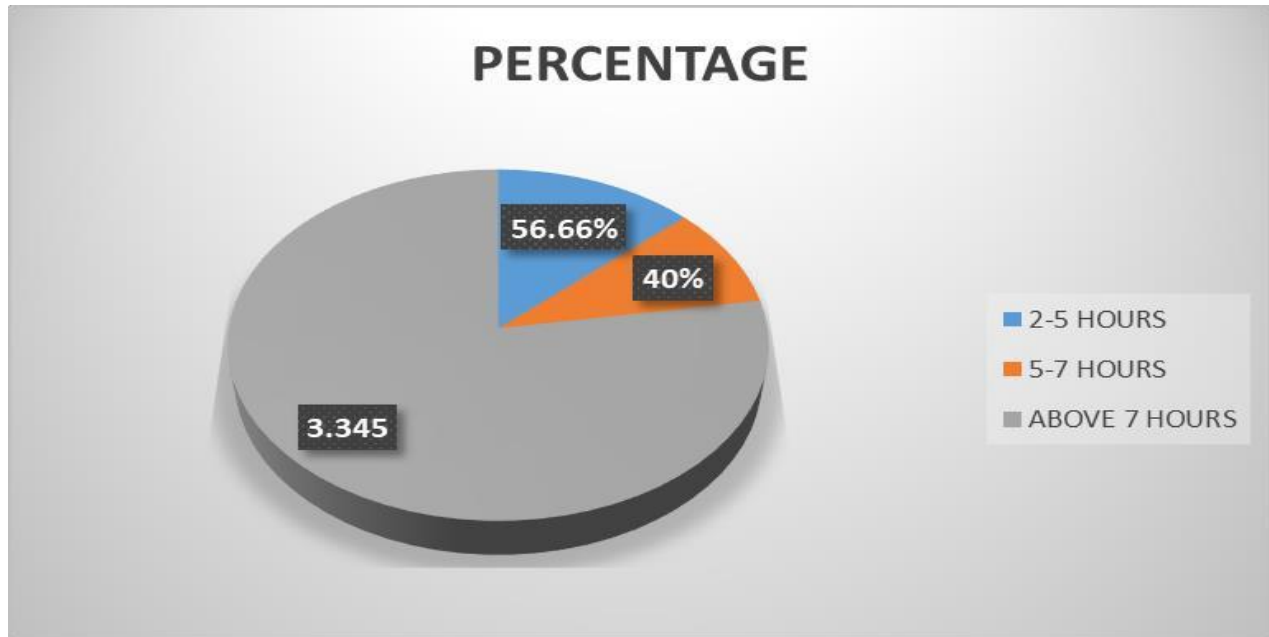
PERCENTAGE

- 2-5 HOURS — 56.66%
- 5-7 HOURS — 40%
- ABOVE 7 HOURS — 3.345

INTERPRETATION

- **The benchmark set by the organization for discharge process for the panel named TPA (Private insurance companies) is 2-5 hours. This include different insurance companies such as NIVA BUPA, BAJAJ ALLAIANCE, RELIANCE GENERAL, MEDIASSIST and much more.**

- **It was observed that out of 30 cases were 17 within benchmark and 13 case were above the set benchmark.**

- **It was observed that each and every insurance company after updating of the patient file on their portal has certain duration I.e. 2-4 hours which they take in processing of the claim.**

- **Out of 13 cases 7 cases got delayed due to the late approval of the claim process from the insurance company.**

- **Out of 13 cases 1 case got delayed in discharge due to reject of the claim because of some documents missing in the file.**

- **Out of 13 cases 3 cases got delayed as uploading of file got delayed due to load on the portal of the insurance company.**

- **Out of 13 cases 2 cases got delayed as the patient was no0t medically fil to get discharge at that point of time.**

OVERALL ANALYSIS

PANELS	NO OF CASES	PERCENTAGE	WITHIN BENCHMARK	ABOVE BENCHMARK
MAA YOJNA	44	16.92%	35	9
RGHS	94	36.15%	71	23
CGHS	10	3.84%	7	3
ECHS	6	2.31%	5	1
RAILWAY	20	7.70%	13	7
PAID	56	21.54%	28	28
TPA	30	11.54%	17	13
TOTAL	260	100%	176	84
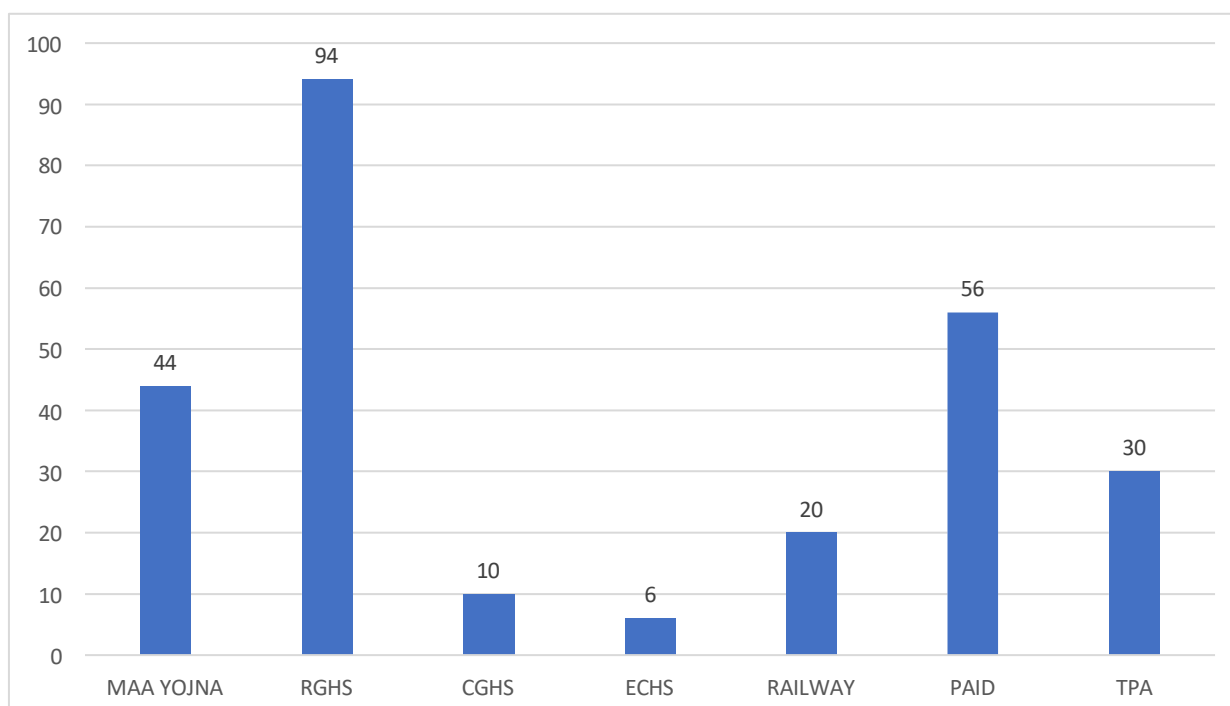
OVERALL ANALYSIS OF EACH PANEL
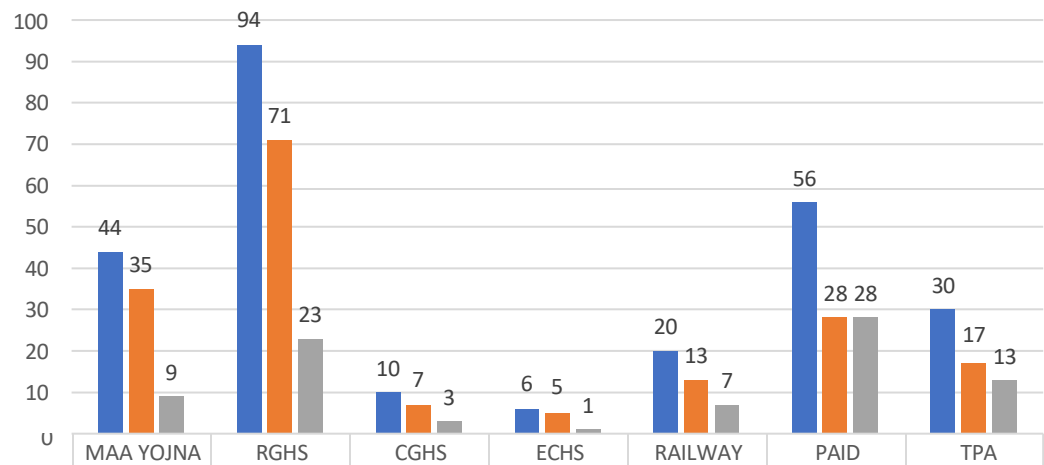
	MAA YOJNA	RGHS	CGHS	ECHS	RAILWAY	PAID	TPA
■ NO OF CASES	44	94	10	6	20	56	30
■ WITHIN BENCHMARK	35	71	7	5	13	28	17
■ ABOVE BENCHMARK	9	23	3	1	7	28	13

■ NO OF CASES ■ WITHIN BENCHMARK ■ ABOVE BENCHMARK

SECTION-V

PROBLEM FACED

- **One of the major problems faced was Coordination and communication-** The process of discharge requires a multidisciplinary approach, which includes physicians, nursing, patient/ attendants, support staff, pharmacy and many more. All this requires **effective communication** and **timely signature of Consultants** and lack of it leads to delays.

- **The second major issue was incomplete documentation.** When a patient's file is incomplete, it can cause confusion among different individuals about who should complete it first. It can also make it difficult to locate the person who needs to complete the document because they may be working on another patient, in OT, or not physically present on the hospital grounds.

- **Patient delay**- sometimes delay in discharge occurs due to patients own will as patient is not feeling well is according to the physician is not medically stable to be discharged now this causes delay either by few hours or a whole day.

- **In some of the cases delay in discharge happened due to logistical issues.** Patient often waits for the transport to come, which often due to many gets delay such as traffic, not availability of vehicle and much more due to which patient still stays on the allotted bed making delays in the admission process of another patient.

- **Insurance and financial issues were also one of the main reasons in delay in discharge process**- Insurance companies generally takes 2-4 hours in giving approval of the claim process of the patient. However, these 4 hours in most of the cases happens to be more than 6 hours, which gradually hinders with the discharge process of the patient.

- **Resource constraints**- Shortage or absence of staff also has led to the delays in the discharge process.

- **Lack of knowledge**- Newly hired staff does not know about how to effectively initiate the discharge process as soon as possible.

RECOMMENDATIONS

- **Enhance coordination and communication -** By implementing daily interdisciplinary rounds by the discharge or floor coordinator can enhance the delays in the discharge process. Also, by effectively communicating, the discharges for the day can help manage the discharge process smoothly and effectively.

- **Standardization of documents and procedures**- By developing standardized protocol and checklist to ensure all necessary steps has been followed during the process. We can also utilize EHR i.e. electronic health records system to streamline the documentation, automate discharge summaries, and all staff members have up-to date information about the patient and is easily accessible.

- **Enhance education for patients and their families**- Before the discharge process begins, the patient and their attendants should receive counselling regarding how long the process will take. This way, during the interim, they can ask any questions they may have of the doctors or other healthcare providers and set up an appointment at the appropriate time. After the discharge is finished, the patient can vacate the room or bed to make room or bed availability more effective for the following patient.

- **Optimize logistic and resources-** The organization can establish a dedicated team to coordinate patient transportation if a patient do not have any, this can ensure timely move out of the patient from the hospital. The team can also encourage the patient for home care facilities for the benefit of the patient health and even the hospitals.

- **Enhance administrative process- The** organization can implement discharge planning software to track and manage discharge tasks, this also helps in less paperwork and chances of misplace of documents related to the patient is also less.

- **Adequate staff training** – The dedicated professionals in charge of hospital administration and who are skilled in managing patient flow during admissions and discharges should provide regular training to the staff on various hospital parameters.

- **Implement telehealth consultations and follow-up**- This can help manage the overload of patients in the hospital premises. Also, can help reduce the TAT in admission, discharges, investigations and much more. This can also help the organization from the marketing and social expanding point of view.

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