

DISSERTATION TRAINING AT

**YASHODA SUPER SPECIALTY HOSPITAL AND CANCER
INSTITUTE, SANJAY NAGAR, GHAZIABAD**

**GAP ANALYSIS OF DISCHARGE PROCESS AT YASHODA
HOSPITAL, SANJAY NAGAR, GHAZIABAD**

**BY
DR. BHAVYASHI BHARDWAJ
PG/22/021**

**UNDER THE GUIDANCE OF
Dr. SUMESH KUMAR**

**PGDM (Hospital and health management)
2022-2024**



**INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT
AND RESEARCH, NEW DELHI**

The certificate is awarded to

Dr. Bhavyashi Bhardwaj

In recognition of having completed her Dissertation in the Operations
Department.

And successfully completed her project on
**Gap analysis of discharge process at Yashoda Hospital, Sanjay Nagar,
Ghaziabad**

1st March, 2024 – 31st June, 2024

AT

**Yashoda Super Speciality Hospital and Cancer Institute, Sanjay Nagar,
Ghaziabad.**

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

We wish her all the best for future endeavors.

**Mrs. NAGMA KHAN
SENIOR MANAGER
YASHODA SUPER SPECIALITY HOSPITAL AND CANCER INSTITUTE, SANJAY
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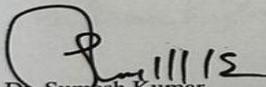
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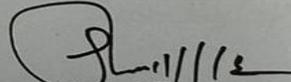
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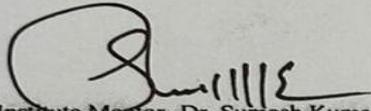
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This is to certify that Dr. Bhavyashi Bhardwaj, a graduate student of the PGDM (Hospital & Health Management) has worked under our guidance and supervision. She is submitting this dissertation titled "Gap analysis of discharge process" at "Yashoda Hospital, Ghaziabad" in partial fulfillment 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.



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This is to certify that the dissertation titled “**GAP ANALYSIS OF DISCHARGE PROCESS**” at **Yashoda Super Speciality Hospital and Cancer Institute** submitted by Dr. Bhavyashi Bhardwaj Enrollment No. PG/22/021 under the supervision of Mrs. Nagma Khan, Dr. Sumesh Kumar for award of PGDM (Hospital and Health Management) of the Institute carried out during the period from 1st March, 2024 to 31st June, 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.

Dr. Bhavyashi Bhardwaj

FEEDBACK FORM

Name of the student: Dr. Bhavyashi Bhardwaj

Name of organization in which dissertation has been completed: Yashoda Superspeciality Hospital and Cancer Institute

Area Of dissertation: Operations Department

Attendance: 100%.

Objectives Achieved: Gap Analysis of Discharge Process at Yashoda Superspeciality Hospital, Sanjay Nagar, Ghaziabad

Deliverables: Improvement in discharge TAT

Strength: Sincere, Hardworking, Humble, Energetic.

Suggestions for Improvement: None, keep doing hardwork.

Suggestion For Institute: Nil.

Signature of Officer-in-charge/ Organization Mentor (Dissertation)

Date: 29 JULY 2024

Place: GHAZIABAD.





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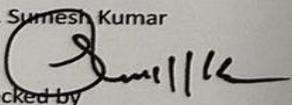
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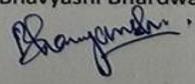
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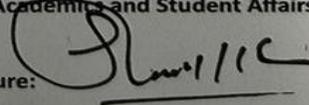
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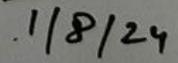
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ACKNOWLEDGEMENT

I am deeply grateful to everyone who has contributed to the completion of my dissertation project.

First and foremost, I would like to express my sincere gratitude to my institute mentor, Dr. Sumesh Kumar, and my organization mentor, Mrs. Nagma Khan, for their unwavering support, invaluable guidance, and insightful feedback throughout this journey. Their expertise and encouragement have been instrumental in shaping the direction and quality of this research.

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This dissertation is a testament to the collective efforts of everyone involved, and I am profoundly grateful for the contributions of each individual.

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ABBREVIATIONS

NABH	National Accreditation Board for Hospitals and Healthcare Providers
TAT	Turn Around Time
LAMA	Leave Against Medical Advice
AAC	Access, Assessment, and Continuity of Care
TPA	Third-Party Administrator
CGHS	Central Government Health Scheme
ECHS	Ex-Servicemen Contributory Health Scheme
ESI	Employee State Insurance Scheme
NCR	Northern Central Railway
CAPF	Central Armed Police Forces
HIS	Hospital Information System
IPD	In-patient Department
OPD	Out-patient Department

About Yashoda Hospital

Yashoda Superspeciality Hospital & Cancer Institutes located in Sanjay Nagar, Ghaziabad is one of the best **cancer hospitals** in Delhi NCR for cancer treatment which provides overall care to patients in one place. Cancer treatment is one of the prime specialties of Yashoda Healthcare. Yashoda Hospital which has gained its reputation by offering outstanding facilities in the healthcare sector over the last three decades, raised its standards in India through immense efforts and maintaining quality facilities which it gives to its patients. In 2019, Yashoda Hospital & Research Centre branched out further by setting up one of the best hospitals for cancer treatment in Delhi NCR by the name of Yashoda Super specialty Hospital & Cancer Institutes. In a short span of 4 years, the best oncologists in Delhi NCR have been able to create countless happy stories by serving people with dedication at highly affordable prices.

Yashoda Superspeciality Hospital & Cancer Institutes with its holistic strategies and world-class expertise of oncologists on the most critical types of cancers, is one of the best cancer hospitals in India. Yashoda prevents and cures patients by combining state-of-the-art technology and facilities with the latest advances in a patient-focused environment.

With a dedicated cancer care center, Yashoda Superspeciality Hospital & Cancer Institutes follows a trans-disciplinary and multi-modality approach providing supportive care through all stages of cancer whenever needed. We have a full range of treatment options, including standard and experimental treatments with chemotherapy and other biological therapies. At Yashoda, people have access to more treatment options to fight cancer and experience better outcomes with higher rates of survival. This is what makes it the best cancer hospital in Delhi NCR. The oncologists at Yashoda are trained at the Indian Army; they collaborate with experts of other departments to provide coordinated and integrated care to treat people with all kinds of cancers, including:

- Brain Tumours
- Head & Neck Cancers
- Breast Cancer
- Lung Cancer
- Liver Cancer
- Pancreatic Cancer
- Kidney Cancer
- Ovarian Cancer
- Prostate Cancer
- Neuroendocrine Tumours

At Yashoda Superspeciality Hospital & Cancer Institutes, cancer care is provided by ex-army cancer specialists who are undoubtedly the best cancer specialists in Delhi NCR.

They have immense experience from the Tata Memorial Hospital as one of the best cancer doctors in India. The team is highly proficient with world renowned medical, surgical and radiation oncologists. This team also has reconstructive surgeons, interventional neuroradiologists, onco-pathologists, hematologists and uro-oncologists. This combined team is provided to patients in order to take care of each and every aspect of cancer stage along with personalized care to every patient.

Possessing the best cancer doctors in Delhi NCR, oncologists at Yashoda Superspeciality Hospital & Cancer Institutes perform all types of cancer surgeries by leveraging the use of cutting-edge medical technology and surgical techniques which follow stringent quality protocols. We offer the latest techniques to our patients. These techniques majorly focus on conserving function and organ without compromising on the overall survival outcomes.

- **Treatment Programs:** With advanced equipment and facilities, Yashoda Superspeciality Hospital & Cancer Institutes is one of the best cancer hospitals in Delhi NCR offering highly advanced treatment programs for various oncological cases.
- **Radiation Oncology Program:** The radiation oncology division at Yashoda Superspeciality Hospital & Cancer Institutes offers most eclectic cancer treatment facilities with world's most advanced radiotherapy machine, Varian's Halcyon 2.0. Highly versatile, this machine provides various techniques such as IGRT, IMRT, SBRT, SRS, 3D CRT and TBI. This machine offers higher and more effective doses of radiation to tumours while minimising vulnerability to neighbouring healthy tissues and organs.
- **Medical Oncology Program:** Our medical oncologists are among the most experienced cancer doctors, being one of the best doctors in Delhi NCR. To more effectively treat cancer, they often employ immunotherapy and targeted therapy in combination with chemotherapy. However, to help patients lead comparatively normal lives while receiving chemotherapy cancer treatment, our experts know how to manage the side effects of chemotherapy ranging from common to rarer ones. We offer state-of-the-art operating theatres, emergency and day care services for your convenience.
- **Surgical Oncology Program:** Surgical oncology division at Yashoda focuses on using surgery to diagnose, stage and treat cancer. Our highly trained and motivated surgical oncologists remove complex tumours skillfully through surgery with high success rates. We are committed to providing our patients with an exceptional experience using state-of-the-art operating theatres and cutting-edge treatment options. The Robotic Surgery Program at Yashoda Superspeciality Hospital & Cancer Institutes provides comprehensive care for head and neck, thoracic spine, GI malignancies, urological and gynecological malignancies.
- **Hematology Program:** Specialists of the Hematology division at Yashoda Superspeciality Hospital & Cancer Institutes are dedicated to the medical treatment and care of adults with hematological cancers. They proffer state-of-the-art chemotherapy protocols for leukemia and other hematological malignancies.

VISION, MISSION AND CORE VALUES

Our mission, vision and values convey the meaning behind our existence, what we strive to achieve as an organization and how we will reach our destination.

Our Mission

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

Our Values

Our guide to institutional and organizational behaviour is CARE which stands for :

C for compassionate care for our patients and their loved ones

A for accountability, transparency and honesty in our services

R for respect towards our patients, their loved ones and towards each other

E for excellence in everything we do

With 5 floors, 310 beds, and superspecialties, including orthopedics, plastic surgery, medical oncology, surgical oncology, radiation oncology, haematology, robotic surgery, general surgery, nephrology, urology, internal medicine and many others, the hospital is surrounded by lush flora.

Different bed categories are present in the hospital including- General, Private, and Semi-private which cater to the needs of the patients.

ABSTRACT

The discharge process in healthcare is a critical transition phase ensuring patients' safe and effective movement from a hospital setting to their home or another care environment. This multifaceted procedure involves a comprehensive medical assessment to determine readiness for discharge, detailed planning, and patient and caregiver education on post-discharge care. Key components include medication reconciliation, arranging follow-up care, coordinating necessary support services, and finalizing discharge documentation.

The National Accreditation Board for Hospitals & Healthcare Providers (NABH) outlines specific standards for the discharge process to ensure quality and safety in patient care. These standards emphasize a structured, comprehensive approach that includes early initiation of discharge planning by a multidisciplinary team, thorough patient and family education on the patient's condition, treatment, medications, and follow-up care, and accurate medication reconciliation. A detailed discharge summary must be provided to the patient and communicated to the next care provider, encompassing diagnosis, treatment, discharge condition, medications, and follow-up instructions. Coordination of necessary support services, such as home healthcare and medical equipment, must be ensured before discharge. Proper documentation and effective communication between healthcare providers, patients, and caregivers are essential for continuity of care. Post-discharge follow-up arrangements are critical for monitoring the patient's progress and addressing any issues promptly.

The purpose of this study (GAP ANALYSIS OF DISCHARGE RPROCESS) is to identify the gaps in the discharge process and provide solutions for the same. A total of 60 patients' data is been taken and analyzed which includes, 20 CASH, 20 TPA, and 20 PANEL patients. Gaps were identified and suggestions were given accordingly.

This project also seeks to identify the underlying factors that contribute to process delays, identify SOPs, and attempt to identify potential remedies and operational enhancements. The Yashoda Hospital's IPD is where this study was carried out.

Recommendations were developed in light of the investigation to resolve these problems and enhance the discharge procedure. These suggestions included expediting the processes involved

in discharge planning, fostering better teamwork and communication within the healthcare system, increasing the accessibility and promptness of diagnostic reports, and setting up effective patient transportation systems.

By putting these suggestions into practice, Yashoda Hospital may be able to decrease the average turnaround time for patient discharge, which would improve patient flow, increase bed availability, improve patient happiness, and boost overall operational efficiency. In addition to adding to the amount of research already available about patient release protocols, this study offers insightful advice to healthcare institutions looking to improve their discharge practices.

Subsequent investigations may concentrate on assessing the efficacy of the suggested guidelines and investigating supplementary elements that could influence discharge postponements.

PROCESS MAPPING

DISCHARGE ADVISED
BY CONSULTANT



PREPARATION OF
ROUGH SUMMARY



PREPARATION OF FINAL
SUMMARY



FILE SENT TO BILLING
DEPARTMENT



GATE PASS ISSUED BY
BILLING DEPARTMENT



GATE PASS RECEIVED
IN WARD



DISCHARGE SUMMARY GIVEN
TO PATIENT WITH GATE PASS

- RMOs write the discharge notes
- Medicine return/indent
- Physiotherapy and diet counseling done.
- Pending report collection if any.

AIMS AND OBJECTIVES

AIM

To study the process of discharge and analyze the gaps and scope of operational improvement in the discharge process at Yashoda Hospital, Sanjay Nagar, Ghaziabad.

Primary Objective

To access the discharge time for Cash, Panel and TPA patients and find actual cause of delay.

Secondary objective

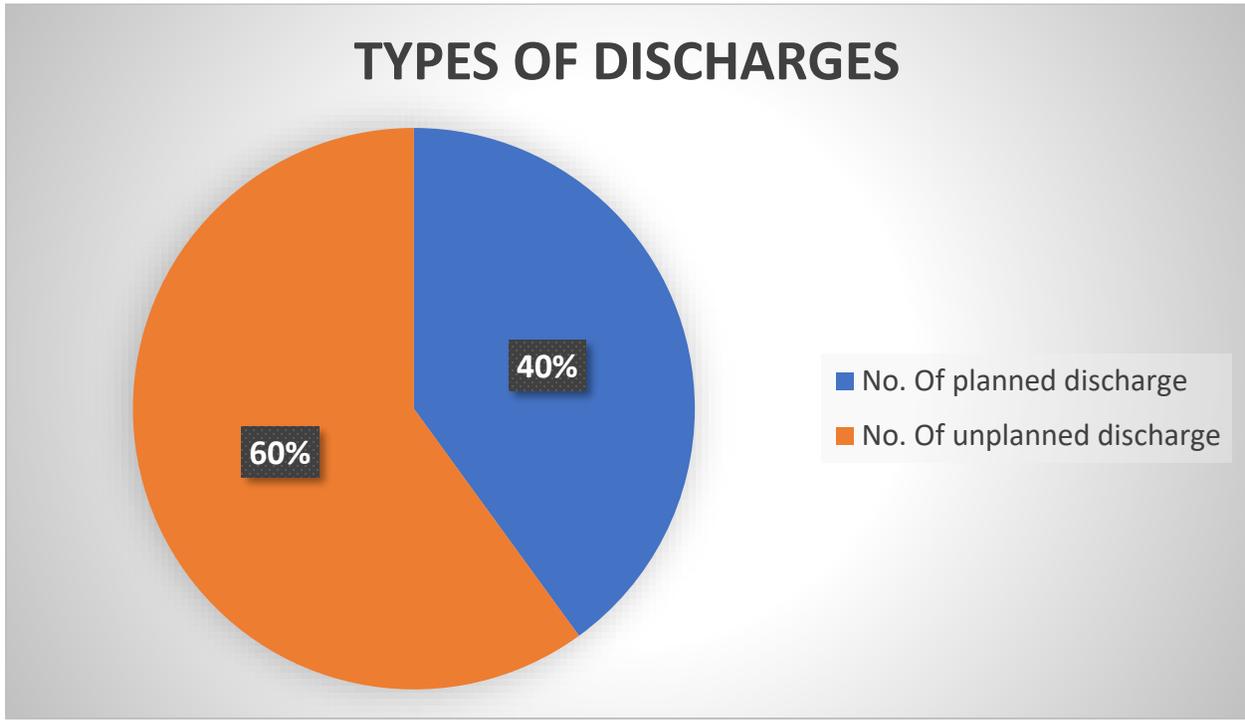
To provide suggestions for operational improvement and improve the quality of patient care

METHODOLOGY

- **Study design** – A cross-sectional study based on Observation process mapping and Quantitative research enumerating the percentage of discharges within time and enumerate analyses i.e., the period of each of the steps for discharge as well as various elements leading to discharge on or off time.
- **Study area-** IPD area of Yashoda Superspeciality Hospital and Cancer Institute that includes private, semi-private, general, and onco-surgical wards.
- **Sampling method** – Purposive Sampling
- **Sample Size-** 60 patients
- **Data collection tool-** Participant observation
- **Study Duration** –1 month
- **Inclusion Criteria** – IPD patients who are admitted to the ward of the hospital
- **Exclusion Criteria** – Patients of daycare department, ER, SICU, LAMA discharges.

RESULTS

Figure 1: Types of Discharges



This bar chart illustrates the types of discharges at Yashoda Hospital, with 24 planned and 36 unplanned discharges.

Planned Discharges: Follow a scheduled plan with fewer administrative challenges.

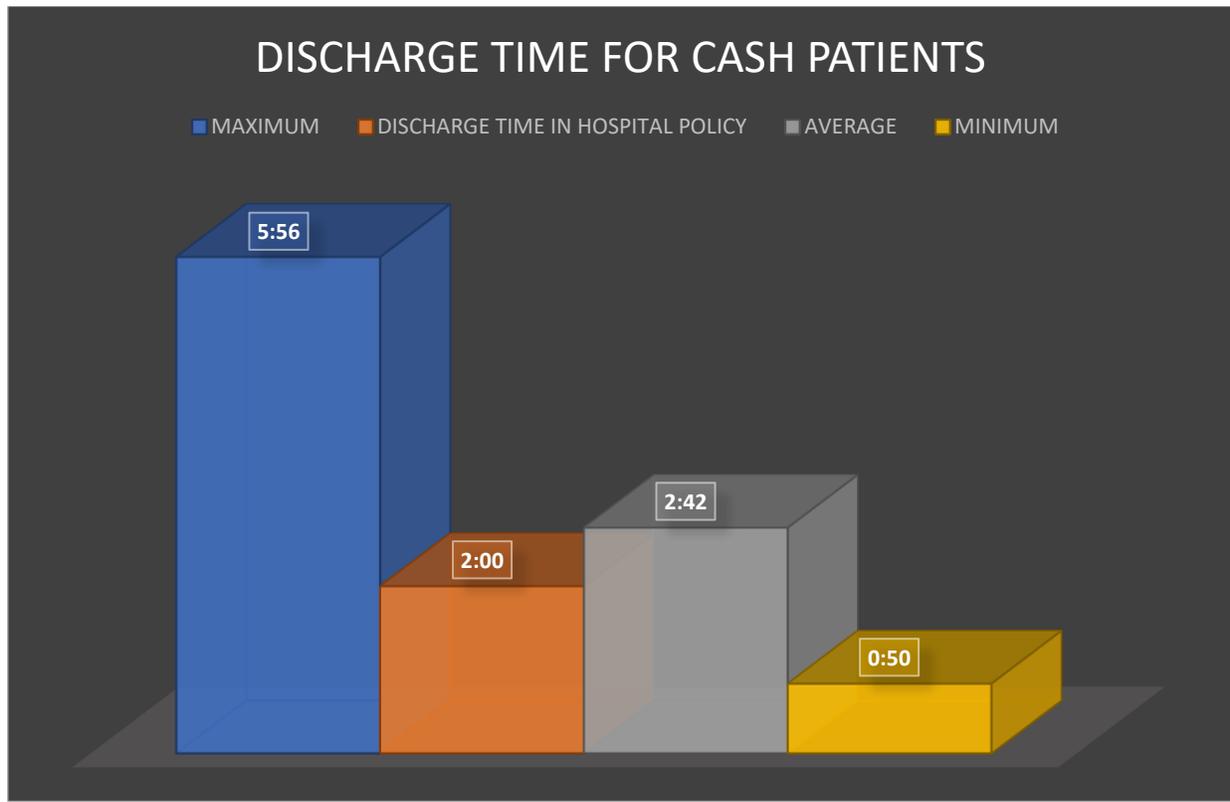
Unplanned Discharges: Occur unexpectedly due to unforeseen circumstances.

Opportunities for Improvement:

1. **Enhanced Protocols:** Develop comprehensive discharge planning protocols.
2. **Better Communication:** Strengthen communication among healthcare providers.
3. **Pre-Discharge Assessments:** Implement thorough assessments to identify potential issues early.
4. **Patient Education:** Educate patients about the discharge process.

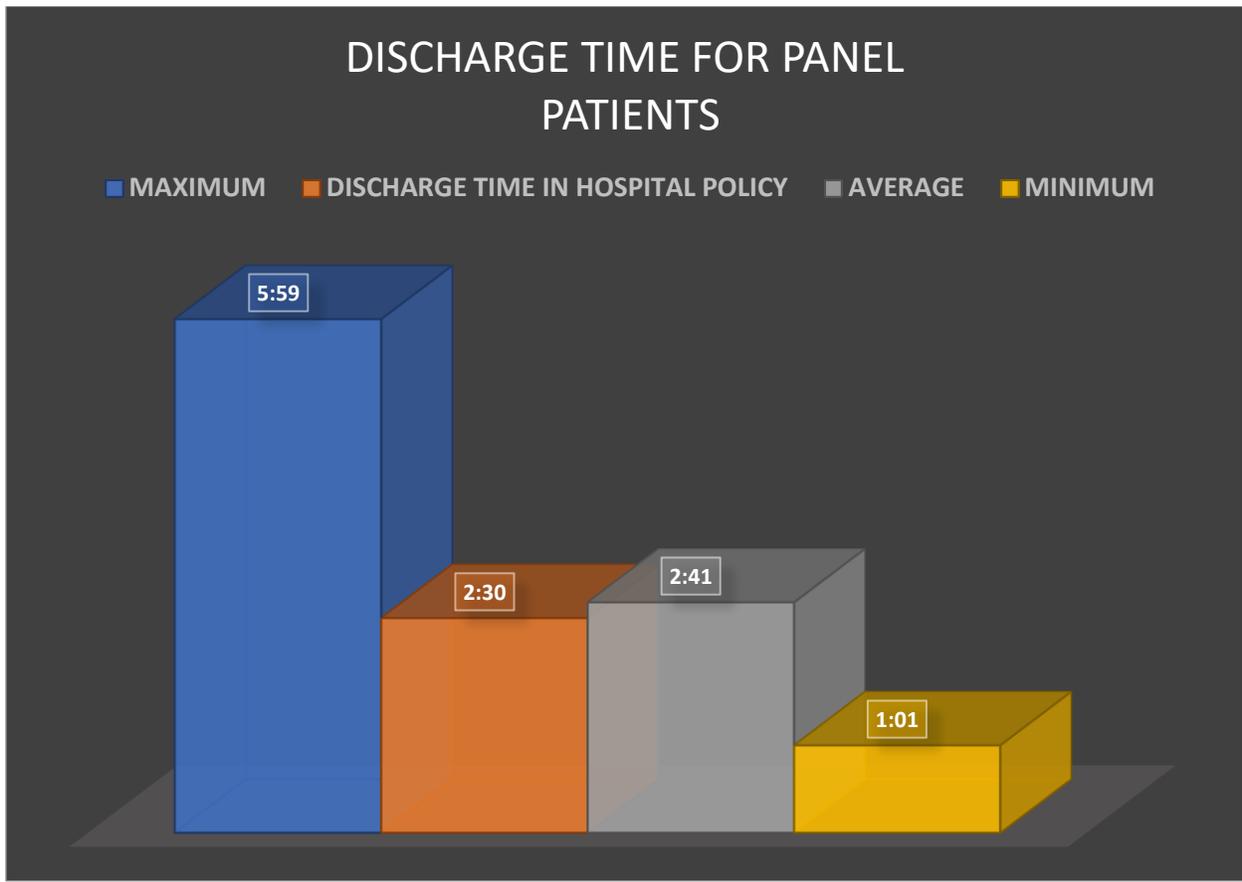
By improving these areas, we can increase planned discharges, optimize resources, and enhance patient satisfaction.

Figure 2: Discharge Time for Cash Patients



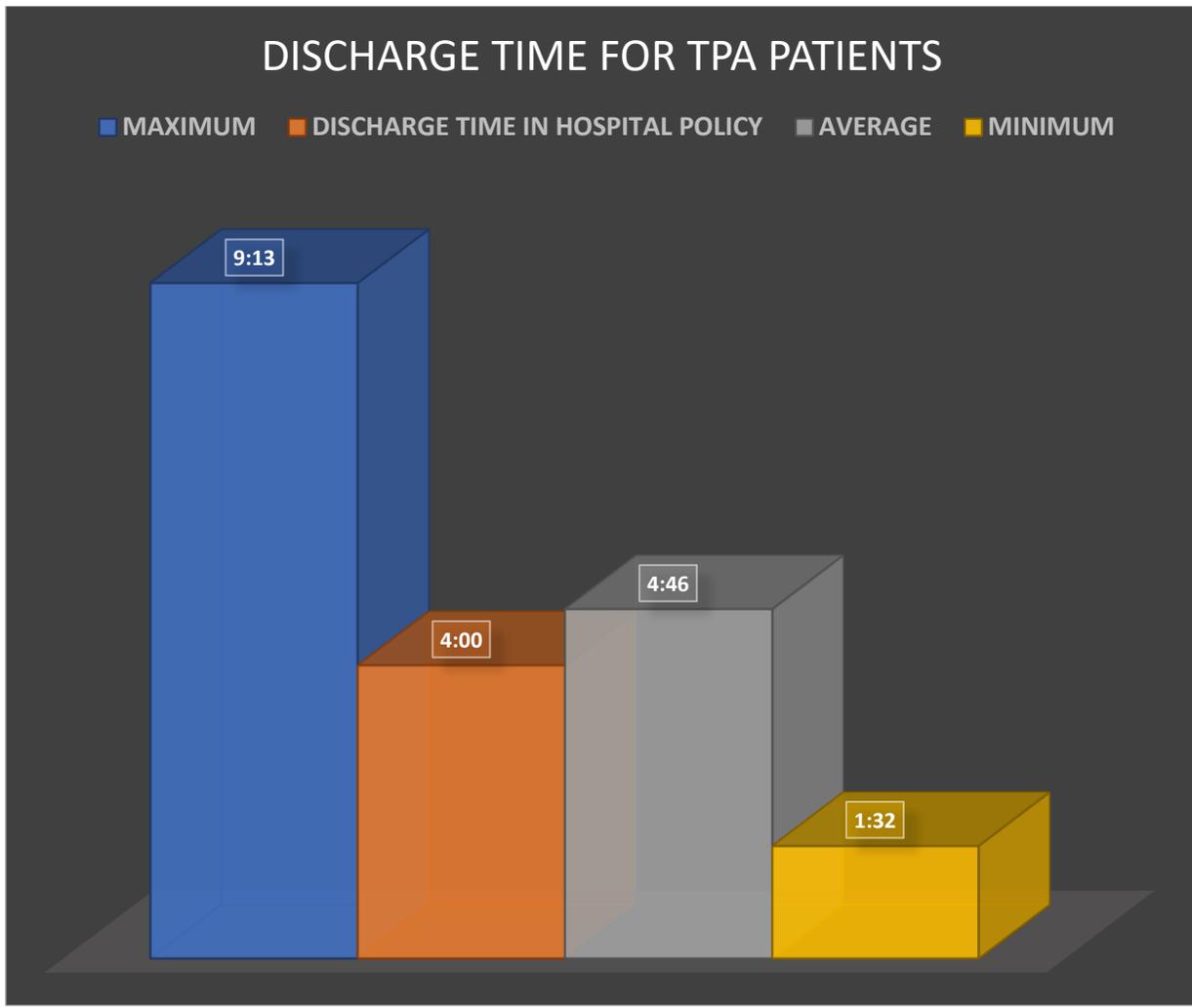
This figure shows the discharge time metrics for cash patients, with a maximum of 5 hours 56 minutes, a minimum of 50 minutes, and an average of 2 hours 42 minutes. To better align with the hospital policy time of 2 hours, solutions include streamlining discharge steps, improving coordination among departments, and ensuring timely consultant sign-offs. Implementing a checklist for discharge procedures and regular staff training can also help reduce discharge times.

Figure 3: Discharge Time for Panel Patients



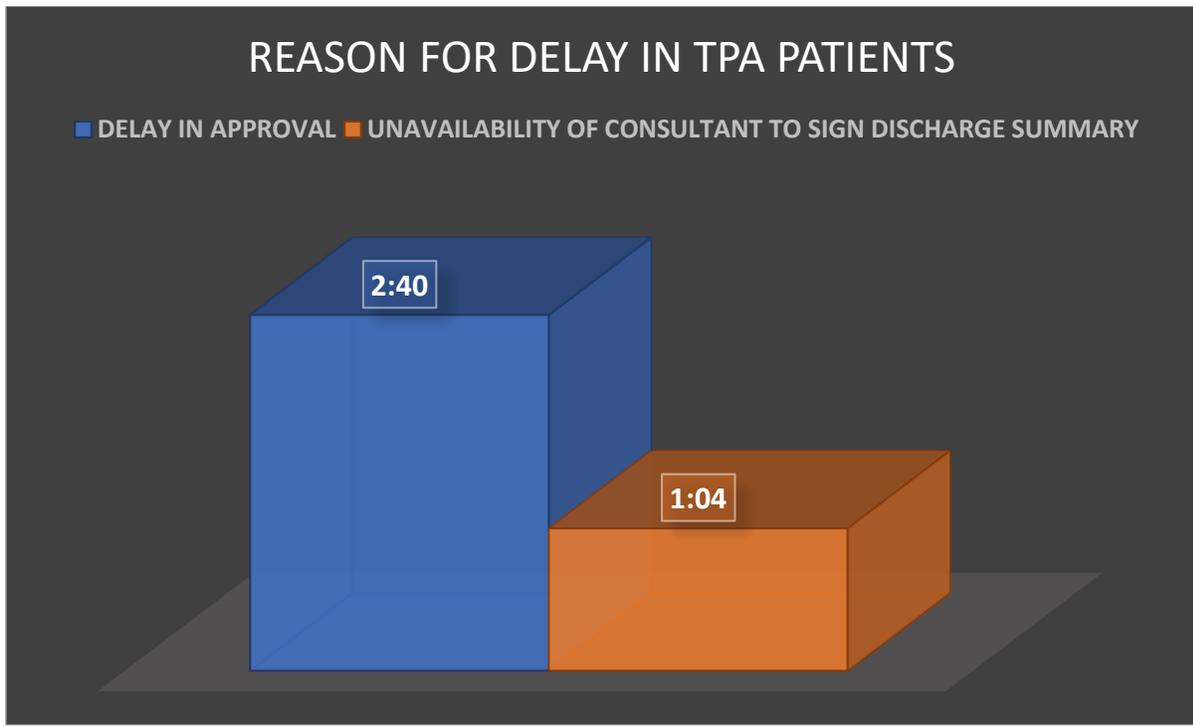
This figure presents discharge time statistics for panel patients, showing a maximum of 5 hours 59 minutes, a minimum of 1 hour 1 minute, and an average of 2 hours 41 minutes. To improve adherence to the hospital policy time of 2 hours 30 minutes, focus on better communication between staff, efficient discharge planning, and minimizing administrative delays. Standardizing discharge protocols and using electronic health records (EHR) for real-time updates can enhance the process.

Figure 4: Discharge Time for TPA Patients



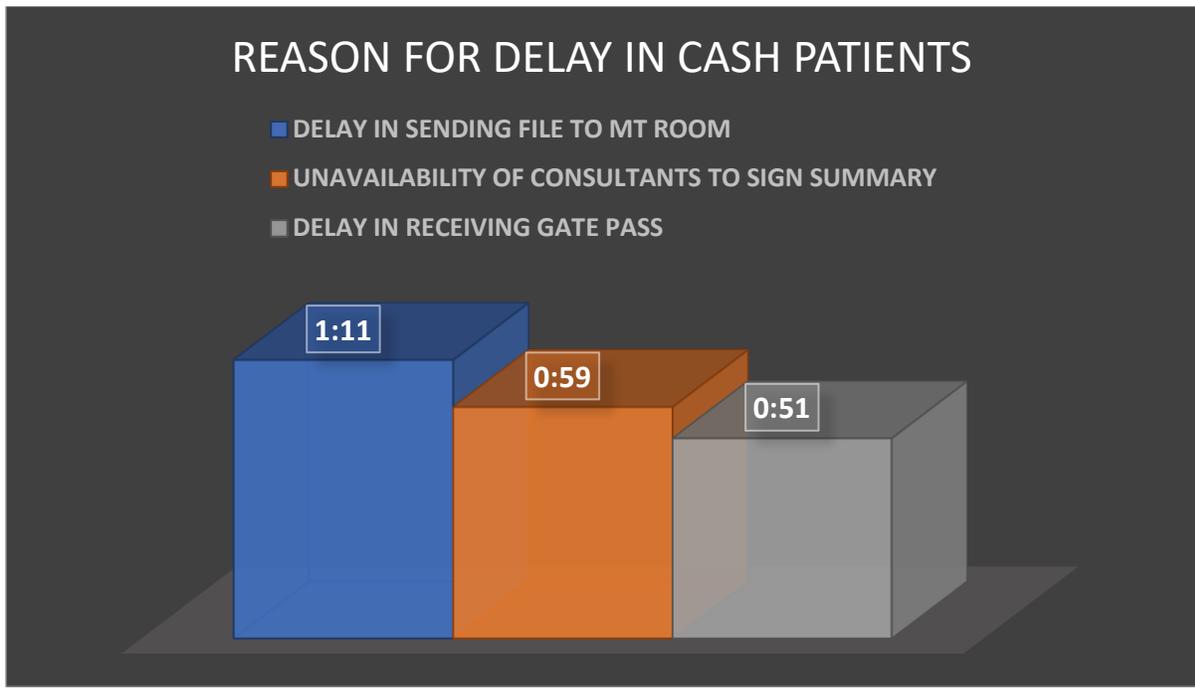
This figure illustrates discharge times for TPA patients, with a maximum of 9 hours 13 minutes, a minimum of 1 hour 32 minutes, and an average of 4 hours 46 minutes. Solutions include streamlining the TPA approval process and enhancing coordination between departments. Establishing a dedicated TPA coordination team and using automated approval systems can significantly reduce discharge times to meet the hospital policy time of 4 hours.

Figure 5: Reason for Delay in TPA Patients



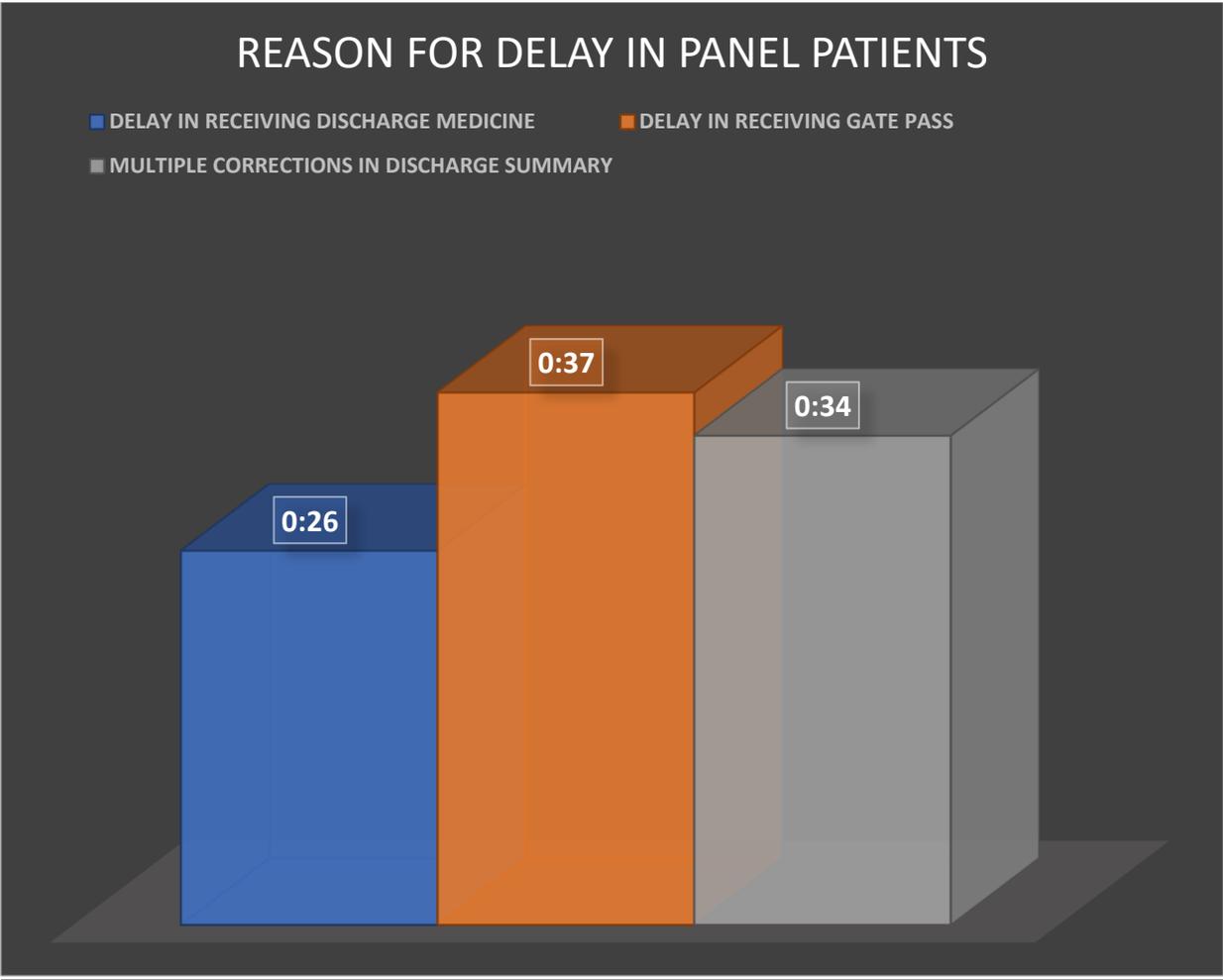
This figure identifies reasons for TPA patient discharge delays, such as 2 hours 40 minutes delay in approvals and 1 hours 4 minutes delay because of unavailability of consultant to sign the discharge summary. Solutions include improving the approval process by setting up pre-approval protocols and ensuring consultant availability through better scheduling and reminders. Using a centralized tracking system for TPA approvals and frequent communication with TPAs can also expedite the process.

Figure 6: Reason for Delay in Cash Patients



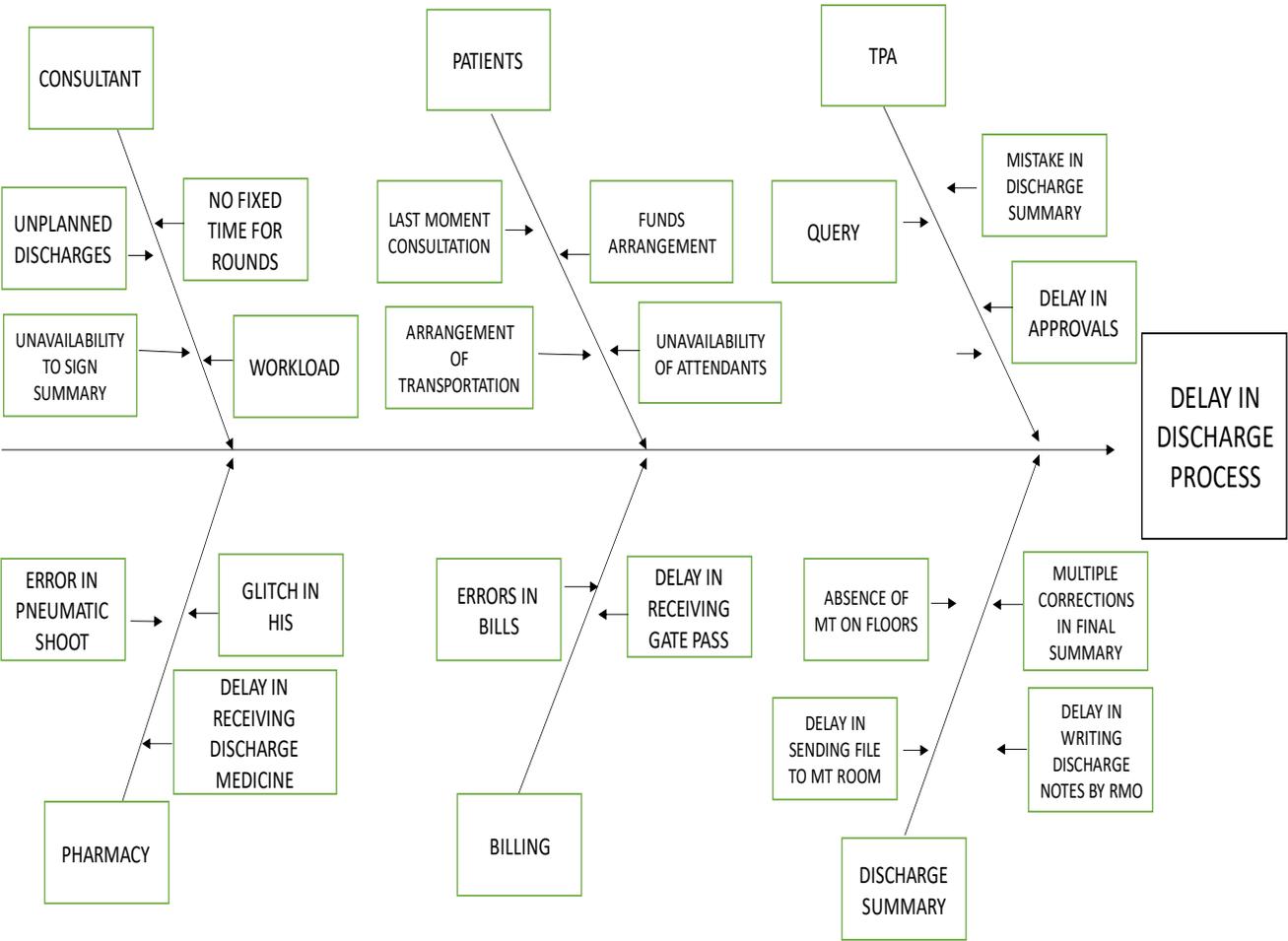
This figure outlines reasons for delays in cash patient discharges, including file transfer delays (1 hour 11 minutes) and consultant unavailability (59 minutes), & delay in gate pass (51 minutes). Solutions include streamlining file transfers by implementing an electronic document management system and ensuring timely consultant sign-offs through automated alerts and better scheduling. Regular reviews and audits of the discharge process can identify and address bottlenecks.

Figure 7: Reason for Delay in Panel Patients



This figure explains delays in panel patient discharges, primarily due to delays in receiving discharge medicine (26 minutes) and gate passes (37 minutes) and multiple corrections in discharge summary (34 minutes). Solutions include improving coordination with the pharmacy and the billing department. Setting up a fast-track lane for discharge medicines and implementing an electronic gate pass system can help reduce these delays. Additionally, frequent cross-departmental meetings can enhance overall coordination and efficiency.

CAUSE AND EFFECT DIAGRAM



DISCUSSION

The goal of this project was to find the gaps in the discharge process and enhance the overall efficiency of the hospital.

There are various reasons for delay in discharges out of which one of the most important factor is unplanned discharges. According to the data, 60% of total discharges are unplanned which leads to major delay.

It has been found that the Time taken for discharge of Cash patients, is 2 hours 42 mins, which is 42 minutes more than the hospital policy. For Panel patients, a delay of 41minutes has been found. For TPA patients, a delay of 46 minutes has been found.

The main reason for the delay in CASH patients was the unavailability of the consultant to sign the discharge summary, the delay in receiving the gate pass, and the delay in sending the file to the MT room.

Similarly, the delay in TPA patients was mainly due to a delay in approval from health insurance companies for which pre-authorization should have been sent beforehand.

PANEL patients were provided discharge medicines for 7 days which adds to the delay in discharge TAT of 26 minutes.

CONCLUSION

Discharging patients appropriately is complicated. Effective and well-timed discharge can be attained by interdepartmental coordination and proper communication between all involved in the process of discharge. Delays in patient discharge can arise from various factors, including billing challenges, pharmacy issues, insurance complications, payment processing from cash, and documentation inefficiencies. Unplanned Discharges are the main reason for the chaos in the Discharge Process. In NABH Chapter 1, AAC 13 mentions that the Discharge should be planned in consultation with the patient/ family.

To address these delays, several suggestions were provided, which included proper staffing and inter-departmental coordination, optimizing discharge planning and processes, upgrading equipment and resources, streamlining insurance processes, enhancing documentation practices, optimizing facility design and workflow, and implementing technology integration. Patient education and engagement were also emphasized.

LIMITATIONS

- Only IPD patients who are admitted to the wards are included.
- The absence of a proper Hospital Management Information System (HMIS) and electronic medical record system in hospitals leads to inefficiency in data collection and coordination.

SUGGESTIONS

- Discharges should be planned.
- Consultant rounds should be done on time.
- Coordination between nursing staff is important.
- Giving priority to TPA patients as they take the most time to receive approval.
- Discharge medicines should be received on time.
- RMOs should prepare discharge notes on time.
- In cashless patients, documents should be collected with time so that the nurse doesn't have to rush to collect reports or clearances.
- Interdepartmental coordination and communication (Training, sensitization, meetings, communication channel)
- Timely report collection & departmental clearance.
- Training of Nurses to prepare Discharge summaries.
- Delay in GDA services in transporting the discharged patient and arranging the wheelchair for the same.

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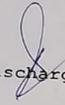
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- <https://pubmed.ncbi.nlm.nih.gov/26845068/>

ANNEXURE

GATE PASS

DISCHARGE NOTIFICATION
YASHODA HOSPITAL & CANCER INSTITUTE

IP No. :	[REDACTED]	REG No. :	[REDACTED]
Patient Name :	[REDACTED]	Age/Sex :	66 /Female
Patient Catg. :	Northern Railway (Credit)	Nationality :	Indian
Adm. Date :	07/07/2024 6:04 pm	Bed No. :	S3005B
Dis. Date :	16/07/2024 6:04 pm	Disposition :	CURED
Invoice No. :		Doctor Name :	MAJ.GEN. B.N KAPUR,VSM

Signature of Discharge Officer: 

16/07/2024 06:07:43PM User ID: 2773 Page 1 of 1

MEDICINE INDENT PAPER

PRINTED :-18/07/2024 01:48:29PM Going to Discharge

Order No. :	1113395	Order Date :	18/07/2024 01:46:31
Patient Name :	Mr. [REDACTED]	Bed No. :	GN07
IP. No. :		Ward :	FOURTH FLOOR
Doctor Name :	MAJ.GEN. B.N KAPUR,VSM	Reg No. :	44048
		Pay Type :	Going to Discharge

Sl. No	DESCRIPTION	UNIT	QUANTITY	SUBSTITUTE ITEM
1	CHYMORAL ForTE	NOS	21.00	
2	ULTRACET	NOS	4.00	
3	MICROCEF CV 200 MG TAB.	NOS	10.00	
4	PANTOCAR 40 MG TAB	NOS	7.00	
5	CLOGEN TAB	NOS	21.00	

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