

INTERSHIP TRAINING

AT

**RAJIV GANDHI CANCER INSTITUTE AND RESEARCH CENTRE
(FEBRUARY 13TH TO MAY 12TH, 2024)**

**STUDY ON DISCHARGE PROCESS IN RAJIV GANDHI CANCER
INSTITUTE AND RESEARCH CENTRE, NEW DELHI**

BY

DR. RIDHI JAIN

PG/22/093

UNDER THE GUIDANCE OF

DR. VINAY TRIPATHI

PGDM (HOSPITAL AND HEALTH MANAGEMENT)

2022-2024



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

**Completion of Dissertation from Rajiv Gandhi Cancer Institute and
Research Centre**

The certificate is awarded to

Dr. Ridhi Jain

in recognition of having successfully completed her
Internship in the department of

Quality Department

and has successfully completed her
Project on

**To study Discharge process at Inpatient Department of Rajiv Gandhi
Cancer Institute and Research Centre, New Delhi**

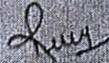
From – 13th February 2024 – 12th May 2024

at

Rajiv Gandhi Cancer Institute and Research Centre

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 endeavours.



Training & Development



Zonal Head-Human Resources

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Senior Manager
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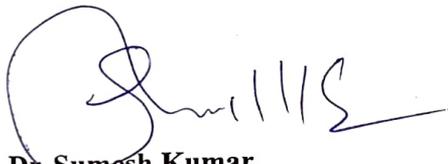
TO WHOMSOEVER IT MAY CONCERN

This is to certify that **DR. RIDHI JAIN** student of PGDM (Hospital and Health Management) from International Institute of Health Management Research, New Delhi has undergone internship training at **Rajiv Gandhi Cancer Institute and Research Centre, Rohini** from **February 13th to May 12th, 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 her future endeavours.



Dr. Sumesh Kumar

Associate Dean, Academic

and student affairs

IIHMR, Delhi



Dr. Vinay Tripathi

Associate Professor

IIHMR, Delhi

CERTIFICATE OF APPROVAL

The following dissertation titled "STUDY OF DISCHARGE PROCESS AT RAJIV GANDHI CANCER INSTITUTE AND RESEARCH CENTRE, NEW DELHI" at "RAJIV GANDHI CANCER INSTITUTE AND RESEARCH CENTRE" 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 and 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.

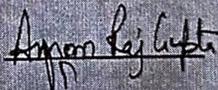
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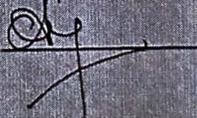
Dr. Piyush Kamte Khan.

Dr. Aman Raj Gupta

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Certificate from Dissertation Advisory Committee

This is to certify that **Dr. RIDHI JAIN**, a graduate student of the **PGDM (Hospital and Health Management)** has worked under our guidance and supervision. She is submitting the Dissertation titled "Study on discharge process in Rajiv Gandhi Cancer Institute and Research Centre, New Delhi" at "Rajiv Gandhi Cancer Institute and Research Centre, New Delhi" in partial fulfilment of the requirements for the award of the **PGDM (Hospital and 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.



Dr. Vinay Tripathi

Associate Professor

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Ms. Renu Chaudhary

Head- Quality

RGCIRC

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

CERTIFICATE BY SCHOLAR

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Signature

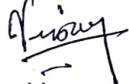


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CERTIFICATE ON PLAGIARISM CHECK

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Course Specialization (Choose one)	Hospital Management ✓	Health Management	Healthcare IT
Name of Guide/Supervisor	Dr/ Prof.: <u>Vinay Tripathi</u>		
Title of the Dissertation/Summer Assignment	<u>Study On Discharge Process in Rajiv Gandhi Cancer Institute & Research Centre, New Delhi</u>		
Plagiarism detects software used	"TURNITIN"		
Similar contents acceptable (%)	Up to 15 Percent as per policy		
Total words and % of similar contents Identified	13%		
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Dean (Academics and Student Affairs)

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Date: 23/7/2024
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FEEDBACK FORM

Name of the Student: RIDHI JAIN

Name of the Organisation in Which Dissertation Has Been Completed:

RAJIV GANDHI CANCER INSTITUTE & RESEARCH CENTRE, ROHINI

Area of Dissertation: QUALITY DEPARTMENT.

Attendance: REGULAR.

Objectives achieved: YES, OBJECTIVES WERE ACHIEVED.

Deliverables: DISCHARGE, FEEDBACK, CLINICAL AUDIT, DAY CARE AUDIT, MEDICATION CHART AUDIT, MR AUDIT, DATA VALIDATION.

Strengths: GOOD TIME MANAGEMENT SKILLS & DETERMINATION.

Suggestions for Improvement: SHOULD BE MORE RESILIENT.

Suggestions for Institute (course curriculum, industry interaction, placement, alumni):

NA

Dr Meenakshi
Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)

Date: 04/05/24

Place: NEW DELHI



Rajiv Gandhi Cancer Institute
and Research Centre
13/05/2023

TO WHOMSOEVER IT MAY CONCERN

Rajiv Gandhi Cancer Institute and Research Centre is a premier 498 bedded (DHS Registration No. DGHS/NH/195) NABH, NABL accredited Super Specialty Institute providing comprehensive cancer care under one roof.

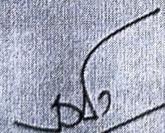
The Institute has been consistently ranked amongst India's Best Oncology Hospitals and has been the recipient of prestigious awards and recognitions including ranked amongst India's Top Ten Cancer Hospitals, in the Week – Nielsen Best Hospitals Survey 2014, India's Most Trusted Hospital for Oncology (Reader's Digest Most Trusted Brands 2016), National Business Leadership & Service Excellence Award 2017 for Best Oncology Hospital in India, Indytrend Medical Excellence Award 2017 and Most Trusted Hospital in Oncology 2017 by India Today (Reader's Digest).

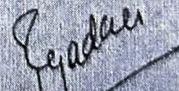
RGIRC has been ranked as the Best Oncology Hospital in Delhi by Outlook Magazine in 2023 and was recognized as One of the Best Specialized Hospitals Asia Pacific 2023 in Newsweek Magazine.

This is to certify that Dr. Ridhi Jain has completed her Internship at our Institute in the Department of Quality from 13th Feb 2024 to 13th May 2024.

During this period her conduct and behavior was found to be good.

We wish her all the best for her future endeavor.


Bishwajit Das
Chief People Officer


Dr. Pinky Yadav
Director of Operations and
Medical Superintendent
(DOOMS)

ABSTRACT

Background:

Discharge is one of the crucial processes for hospitalized patients. Discharge in a hospital refers to a process of a patient leaving the hospital after receiving necessary medical care or treatment. This process is composite, and requires inter-departmental coordination. It includes various steps to ensure easy and smooth transition of a patient from hospital setting to home care. The process starts from a physician declaring patients discharge to completing file and necessary documents to patient education to billing and finally patient leaves the hospital. Understanding this process is very important for ensuring patients satisfaction and safety while quality measures are adopted. Also, it ensures optimal utilization of Hospital's resources and minimizing risk of hospital acquired infections.

Materials and Methods:

A cross-sectional study was conducted in Inpatient Department of Rajiv Gandhi Cancer Institute and Research Centre for assessing the discharge time of the patient. A total of 338 samples were taken for the study. Data Analysis was done to track the time taken in each process of Discharge process.

Results:

The study done was successful in identifying the time taken in discharge process and also the loopholes.

Conclusion:

The patient discharge process in hospitals involves collaboration among multiple departments, making it a complex and often non-standardized procedure. To improve the patient discharge process various innovations are required to overcome the issues.

Keywords:

Hospital Discharge, Patient Satisfaction, Patient Experience

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First of all, I would like to thank the supreme power Almighty God who is obviously the one who has always guided me to work on the right path of life and has made possible for me to reach this so far.

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I would like to express my sincere thanks to the family of IIHMR Delhi, for providing this golden opportunity. My special thanks to my mentor **DR. VINAY TRIPATHI ASSOCIATE PROFESSOR**, was his guidance and support throughout my project.

I would like to express my sincere thanks to **REKHA, SENIOR MANAGER, RGCIRC** for giving me the opportunity to work at RGCIRC to enhance and upgrade my skills.

I would like to thank my supervisor **RENU CHAUDHARY, HEAD, QUALITY, RGCIRC** for a great support and guidance in selecting as well as in conducting the study.

I would like to acknowledge with much appreciation the crucial role of all the **Quality and Floor managers, nursing staff**, who provided me patient information, data and helped me to connect with patients.

I would like to express my appreciation towards my teammate **MANSI JAIN** who constantly supported and motivated me, without her kind support it would not be possible for me to complete this project report.

Last but not least, I Would like to thanks all those who in whatsoever extent contributed their bit in completion of my work.

DR. RIDHI JAIN

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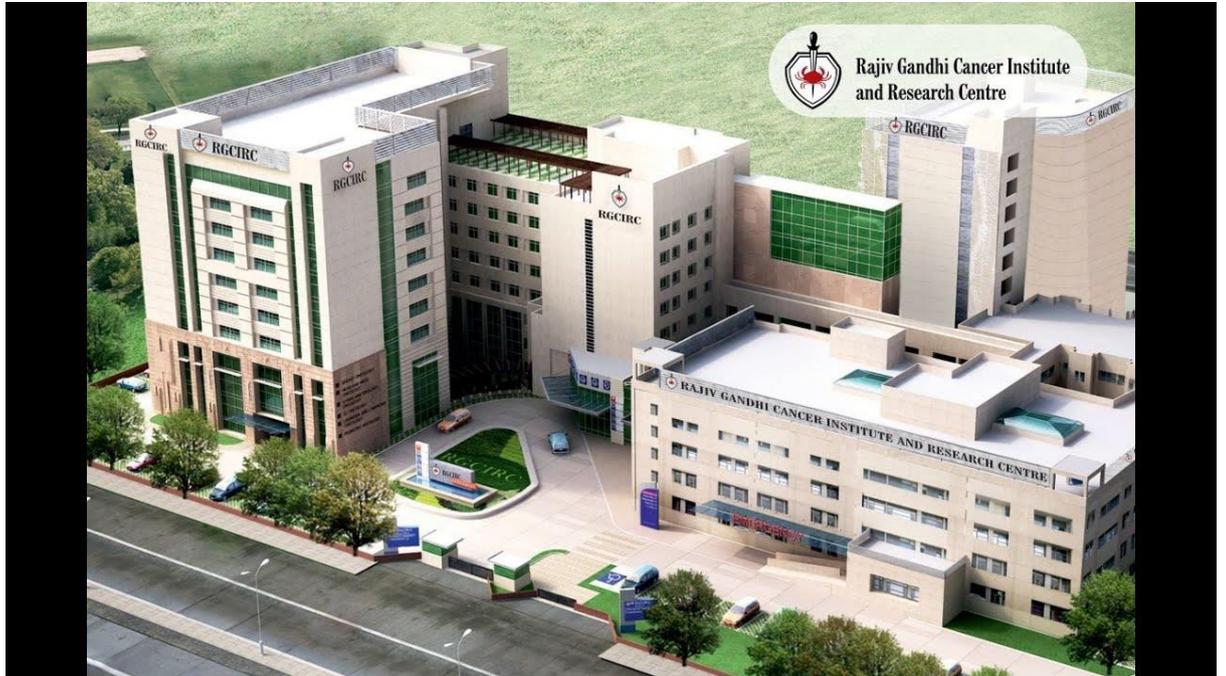
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DISSERTATION REPORT

OVERVIEW OF HOSPITAL

RAJIV GANDHI CANCER INSTITUTE AND RESEARCH CENTRE



Introduction

- Rajiv Gandhi Cancer Institute and Research Centre is one of the Asia's leading cancer centers having access to all cutting-edge technologies.
- Under the societies Registration Act 1860, Indraprastha Cancer Society and Research Centre was formed which had set up Rajiv Gandhi Cancer Institute and Research Centre, in 1996.
- The Institute has been accredited by NABH (National Accreditation Board for Hospitals and Healthcare) and NABL (National Accreditation Board for Testing and calibration Laboratories) for the services it provides.
- The Institute offers super specialized services in Medical, Surgical and Radiation Oncology. Super specialists exercise an organ specific multi- disciplinary approach to cancer diagnosis and treatment with Tumour Board acting as second opinion for critical cases.
- The Institute is the first Hospital to begin Robotic Surgery for cancer patients, to install True Beam for precision radiotherapy, and to set up a molecular laboratory.
- The Institute has 51 bedded surgical intensive care unit (SICU), 21 bed medical intensive care unit (MICU), a leukemia ward, separate Thyroid ward, MUD transplants and stem cell transplant.
- RGCIRC has been ranked among India's Best Oncology Hospitals, and has been receiver of many awards like National Business Leadership and service Excellence Award 2017 for best oncology hospital in India, Indywood Medical Excellence award 2017 and many others.

- RGCIRC is one of the India's top 10 "Oncology Hospitals" and also the winner of the "Best Oncology Hospital in India" title at 2014 Healthcare Achievers Award.
- RGCIRC is an excellent example of a "Not for Profit" organization augmenting Government efforts in the healthcare domain.

Vision, mission and values

Vision

- To Provide Affordable Oncological Care of International Standard And Help To Eliminate Cancer From India Through Research, Education, Prevention & Patient Care.

Mission

- To be the premier cancer care provider in India and be the preferred choice of Patients, Care Givers, Faculty and Students
- By Offering comprehensive services at an affordable price
- And excellence of our personnel leveraging best technology

Values

- We hold our patients in high esteem and work with ethics and compassion
- We care and function with mutual respect, trust and transparency
- We deliver accurate diagnosis, correct advice and effective treatment

Services provided by hospital

- Surgical Oncology services
- Medical oncology services
- Radiation Oncology services
- Pediatric hematology and oncology services
- Hematology oncology and bone marrow services

Other Services:

- Physiotherapy
- Palliative
- Day Care
- Emergency
- Counselling
- Telemedicine
- Pharmacy
- Preventive

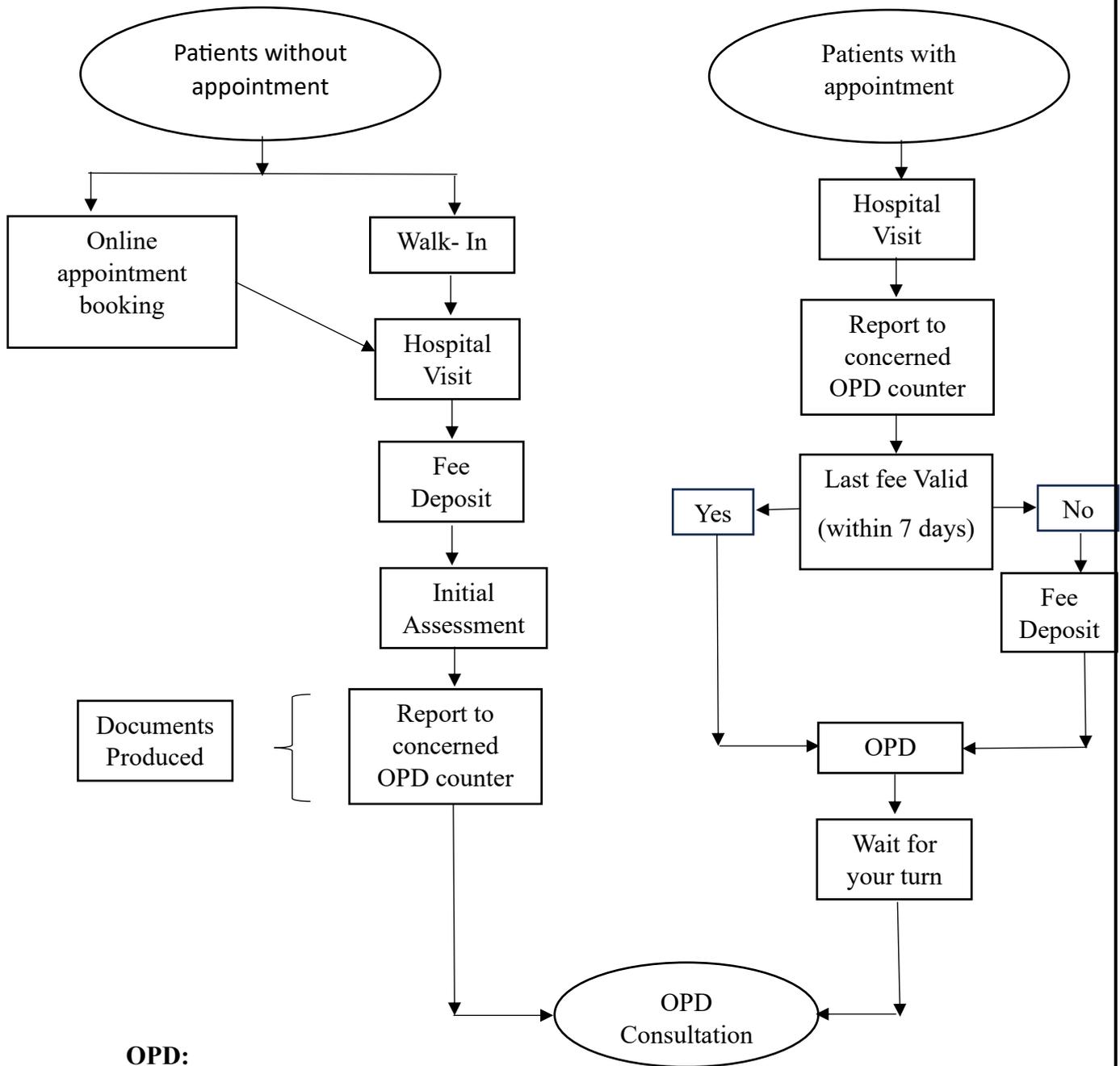
Departments Observed/ Visited/ Worked

1. Out- Patient Department
2. In- Patient Department
3. Day Care Department
4. Medical Intensive Care unit

Observations and Learnings

Out – Patient Department

- Flow of Patients



OPD:

It is present on 3 floors in D block of the hospital that is Ground floor, First floor and Second floor.

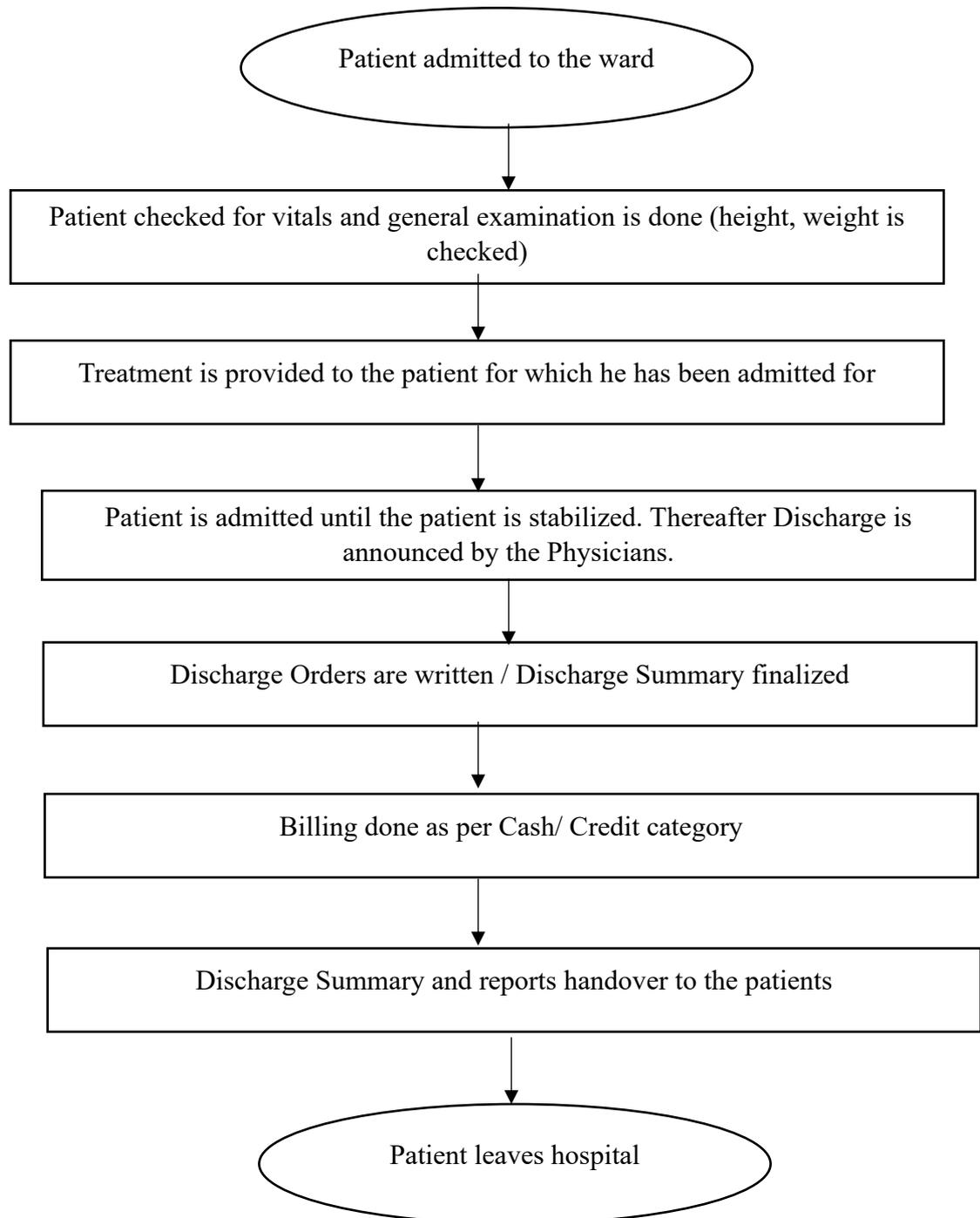
OPD Timings:

- General OPD: 02:00 PM – 05:00 PM (Tuesday & Friday) and last card is made till 04:45 PM
- Regular OPD: 09:00 AM – 05:00 PM

- Appointment Counter: located at main reception, here one can book appointment for next visit or else can book an appointment telephonically.
- In OPD, Triage Service is available for checking patient's vitals and seeing the patient requiring urgent care.

In – Patient Department

- **Flow of Patients:**



Admission can be in 2 ways:

- I. Through Emergency Department

II. Through OPD

- If the physician decides a patient required inpatient treatment, he is issued an admission slip with details like the duration of stay and kind of treatment required.
- The Physician will also inform about the estimated amount for the treatment, patient will go to the admission counter for the enquiry for bed availability.
- Admission staff will check for bed availability as per patients' requirements and tell the patient about the same. After checking some amount is paid and bed is allotted to the patient.

Bed allotment preference:

In case of heavy waiting for admission, bed allotment is done as per following:

- Sick Patients in Emergency Ward
- Patients from ICUs shifted to wards / rooms
- Regular admission

Paying category:

There are 2 categories for payment is done in the hospital.

- I. Cash Patients
- II. Credit Patients

- Cash:
These are the patients who pay for their treatment out of their pocket.
- Credit:
These are the patients referred by third party administrator (TPAs) or empaneled PSU.

Daycare Department

- Day care treatment refers to the procedures that do not require patient to get admitted in the hospital overnight.

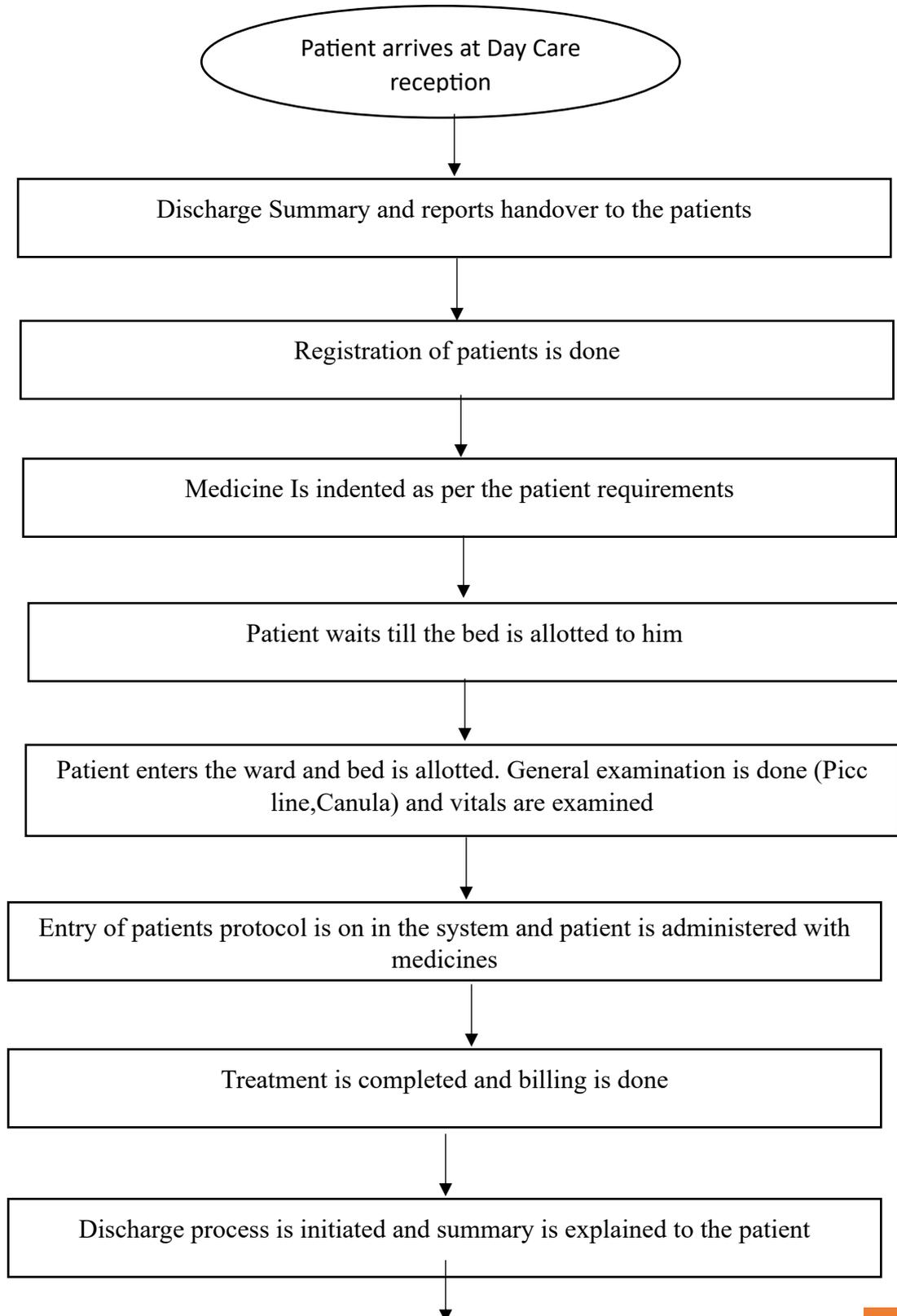
There are two types of daycare services offered:

1. **Regular Daycare:** This section comprises 65 beds, catering to both children and adults. Among these, 7 beds are designated for children, while the remaining are for adult patients. The regular daycare area includes medical liners on racks and standard beds for patient comfort.

2. **Special Daycare:** Located on the 6th floor, this specialized section consists of 10 beds with cubicles for patients requiring special attention or treatment.

The daycare facility is equipped with a cytotoxic mixing centre for the preparation of chemotherapy drugs.

Flow of Patients:



Patient leaves the premises

Problems and Issues in each Department

1. Out- Patient Department

- It was observed that screen in OPD displaying token numbers were not working leading to chaos among patients
- Sometimes doctor went on rounds or were on other duty it caused longer waiting hours
- No proper queue management

2. In- Patient Department

- During observation, it was noticed that nurses had to maintain a discharge tracker on daily basis for discharge patients but nurses fail to do it on time.
- Doctors have different timings for taking rounds causing delay in discharge process.
- Due to non- availability of ward boys file reached late to summary room/ billing leading to delay in discharge process.
- Sometimes nurses take time in sending file in summary room/ medicine indent or billing.

3. Daycare Department

- Duty doctors don't take rounds frequently
- Nurses don't wear gloves while examining patients.

Mock Drills

I was a part of organizing mock drills for code red and code yellow in the hospital.

Emergency Codes:

Codes	Situation
Blue	Individual Disaster
Red	Fire Emergency
Pink	Missing person
Yellow	External Disaster
Black	Bomb Threat

STUDY ON DISCHARGE PROCESS IN RAJIV GANDHI CANCER INSTITUTE AND RESEARCH CENTRE, NEW DELHI

Project Aim:

To study the Discharge process at Inpatient Department of Rajiv Gandhi Cancer Institute and Research Centre, New Delhi

Introduction:

According to WHO Expert Committee, 1963- A Hospital is a residential establishment which provides short term and long term medical care consisting of observational, diagnostic, therapeutic and rehabilitative services for patients suffering or suspected to be suffering from a disease or a injury. An Inpatient is a person admitted in a hospital for receiving in hospital services. When a patient is made stable or brought in stable condition he is discharged from the hospital.

As per National Accreditation Board for Hospitals and Healthcare Providers (NABH), Discharge is a process by which a patient is shifted out from the hospital with all concerned medical summaries ensuring stability. In the complex web of healthcare, the in-patient discharge process stands as a crucial moment, marking the transition from acute care to the continuum of recovery and rehabilitation. For patients, caregivers, and healthcare providers, this phase symbolizes both relief and responsibility—a bridge between the support of a hospital environment and the sovereignty of home or further care facilities. It is a meticulous arrangement of medical assessments, care planning, communication, and coordination aimed at facilitating a seamless transition while safeguarding the patient's well-being. The discharge process initiates when the clinical physician announces patient as fit for discharge till the time patient leaves the hospital premises.

The discharge process within a hospital setting is a comprehensive and composite endeavor venture, necessitating seamless coordination among various departments. It includes a series of thoroughly planned steps aimed at facilitating the smooth transition of patients from the hospital to home environment. Initiating with the declaration of discharge by a physician, the process extends through the completion of essential paperwork and documentation, comprehensive patient education sessions, billing procedures, and comes to a head in the patient's departure from the hospital premises.

Recognizing the complexity of this process is paramount, as it directly affects patient satisfaction and safety, while also serving as a cornerstone for the implementation of quality measures within the healthcare facility. Furthermore, a thorough understanding of the discharge process is essential for ensuring the optimal utilization of the hospital's resources and effectively mitigating the risks associated with hospital-acquired infections.

By delineating each step of the discharge process and emphasizing the importance of inter-departmental collaboration, healthcare providers can ensure that patients experience a seamless transition from hospitalization to home care. This not only enhances the overall quality of care but also promotes patient confidence and trust in the healthcare system, fostering a culture of patient-centeredness and excellence.

It is a transformative journey that embodies the essence of compassionate care, resilience, and collaboration. By embracing its complexities and harnessing the collective expertise of healthcare teams, we can ensure that every discharge is not just a closure of one chapter but the beginning of a new chapter filled with hope, healing, and possibility.

Research Question:

- To assess the time duration of different processes involved in discharge process and to identify the challenges in current workflow in Inpatient Department (IPD) of RGCI.

Objective:

- To analyze the workflow of IPD in Hospital
- To map the process flow of Discharge in Inpatient Department (IPD)
- To estimate the Discharge TAT in Inpatient Department (IPD)

Methodology:

Study Design: Cross-sectional Study

Study Period: 15th February 2024 - 15th March 2024

Study Area: IPD at RGCIRC

Inclusion Criteria: All IPD cases except Day care and ICUs as well as EWS

Exclusion Criteria: All Holidays were excluded

Research Instrument: Data will be collected through observation. A checklist is created to track duration of various processes of discharge.

Sample size Calculation:

$$n = \frac{\{Z^2 * p(1-p)\}}{e^2}$$

$$1 + \frac{\{Z^2 * p(1-p)\}}{e^2 N}$$

Where, n = sample size

N = Population Size

Z = Score for level of confidence

p = Expected Proportion (if prevalence is 50%)

e = Precision

$$n = \frac{\{(1.96)^2 * (0.5) (1-0.5)\}}{(0.05)^2}$$
$$1 + \frac{\{(1.96)^2 * (0.5) (1-0.5)\}}{(0.05)^2 2760}$$
$$= 338$$

Sample Distribution:

1. Based on mode of payment:
 - Cash
 - TPA
2. Based on Treatment Provided:
 - Medical
 - Surgical

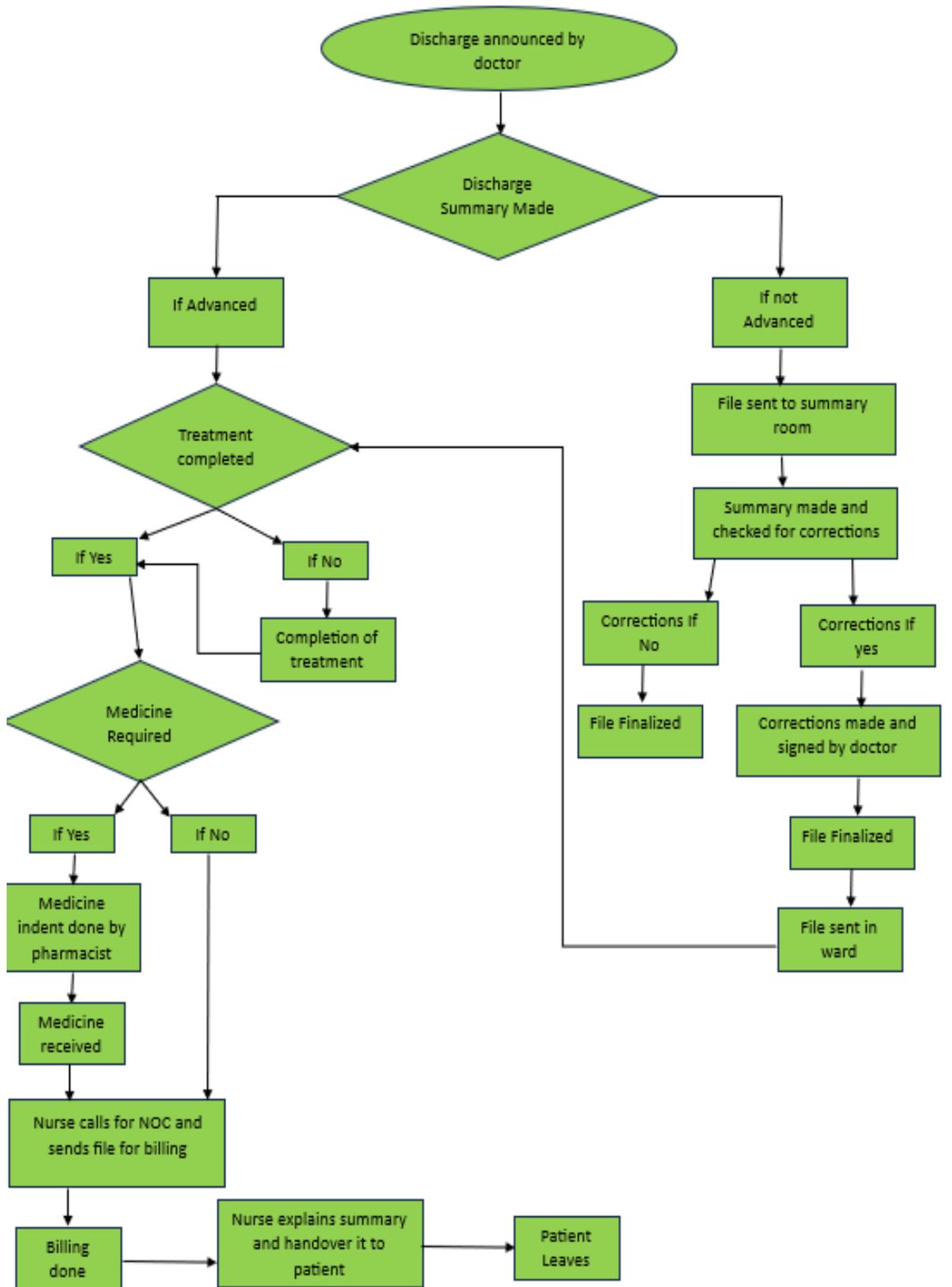
Determinants included in checklist:

- CR Number
- Patient Name
- Cash/TPA
- Purpose of admission
- Ward Number
- Time discharge announced
- Time treatment completed
- Time file sent for summary
- Time summary received
- Time indent sent for discharge medicines
- Time indent received
- Time file sent for billing
- Time of physical discharge

Problem Statement:

Lack of streamlined process flow and increased turnaround time (TAT) has a negative impact on the customer satisfaction, limited revenue opportunities and patient loss.

Process Mapping:



Ethical consideration:

This study will be submitted to student review board for ethical clearance. If a patients would be surveyed then they will be explained about the rationale and objectives of the study.

Rationale:

The rationale for discharging a patient from a hospital includes:

Hospitals need to efficiently use resources, and discharging stable patients helps free up beds and resources for those in more critical need.

Keeping patients in hospitals for longer than necessary increases the risk of hospital-acquired infections, and discharge reduces this risk.

Expected Outcome:

The expected outcome for a discharge process involves a smooth transition of patients from hospital safety to home care. It involves sharing of responsibilities, completion of required documents, and ensuring quality services given to patients. To reduce the duration of discharge process and minimize the gaps and maintain good relationship between patients and Hospital.

Characteristics or Complaints that I observed:**Discharge Summary**

- The maximum time was taken for the summary to be received by the surgical summary room.
- Sometimes the surgical patients are told to stay till the treating doctor do the last checkup
- Treating doctors are sometimes in surgical rooms that makes them delay in writing the summary which further delays the discharge process.
- Correction and Re-correction of the summary happens on the same day which causes further delay in discharge process
- OT notes are sometimes pending
- In spite of advanced summary, corrections of the summaries do take time
- In patients with radiation therapy discharge delays because the therapy happens on the same day.

Insurance/ TPA

- The second main reason for delay in discharge process is Insurance and TPA

Pharmacy

- Many indents happen on a day which leads to delay in getting discharge medicines on time
- For TPA patients, indent first goes for billing clearance then comes to pharmacy

Admission Desk

- At the time of admission patient is told an estimated cost according to bed category but at the time of discharge due to some additional treatment or investigation cost will be increased leading to further delay in discharge process

Billing Department

- Incomplete File: Nurses fail to check all the entries, investigation reports in file before sending for billing
- A queue is maintained at the billing counter. But patients make chaos which leads to delay
- TPA- many times approval from insurance companies takes time

From Patient's Side

- Patients have financial issues
- Patient attendant not available at bedside sometimes when sending file for billing or medicine return
- Patient relatives ask to leave late as per their transport timings or wait for lunch

Measuring Phase

Analysis of the current process showed that average turn-around time was as follows:

Average TAT for IPD

Average TAT for Cash/TPA Patients

AVERAGE TAT	TIME
CASH	01:58
TPA	03:16

Fig: Total sample analyzed

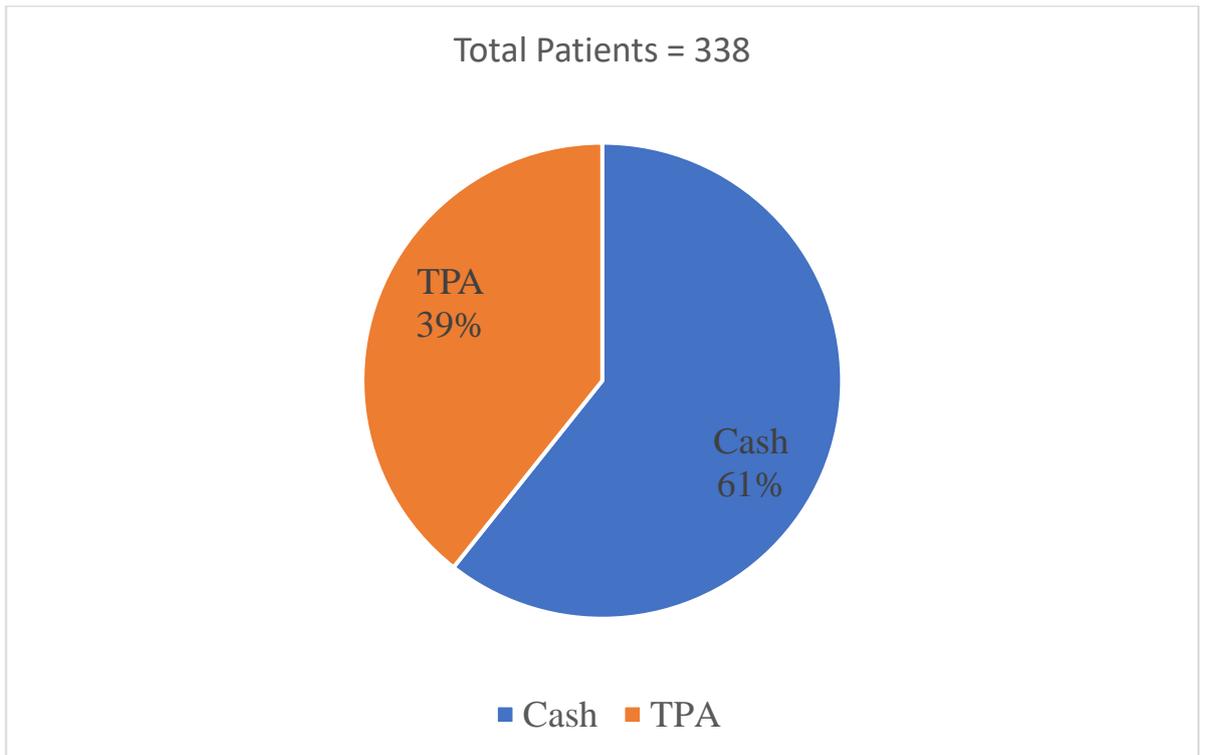


Fig: Cash patients with type of summary

Advanced summary	48
Summary on same day	158

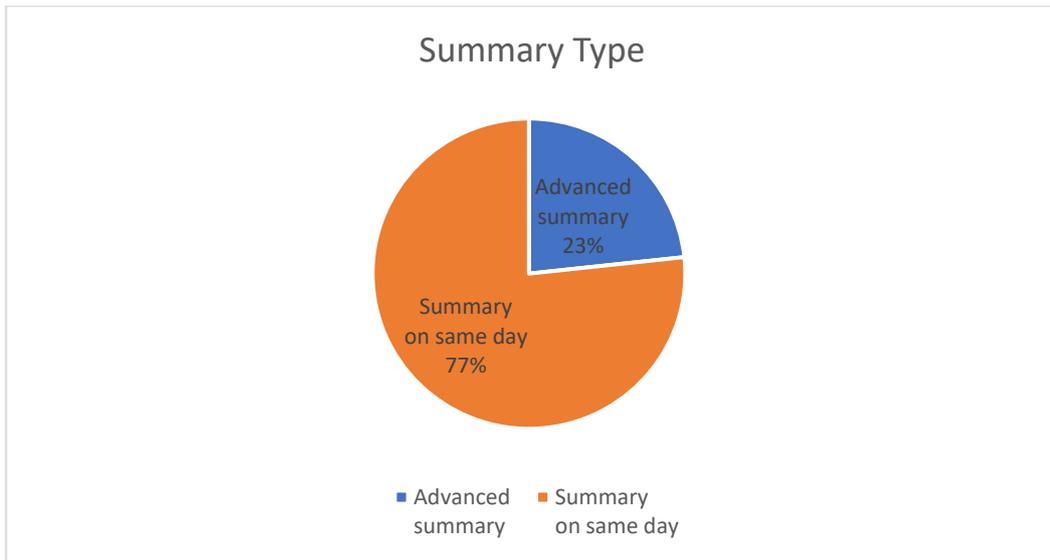


Fig: TAT for Cash patients with advanced summary

TAT FOR CASH PATIENTS WITH ADVANCE SUMMARY	
Minimum	00:13
Average	01:36
Maximum	05:48

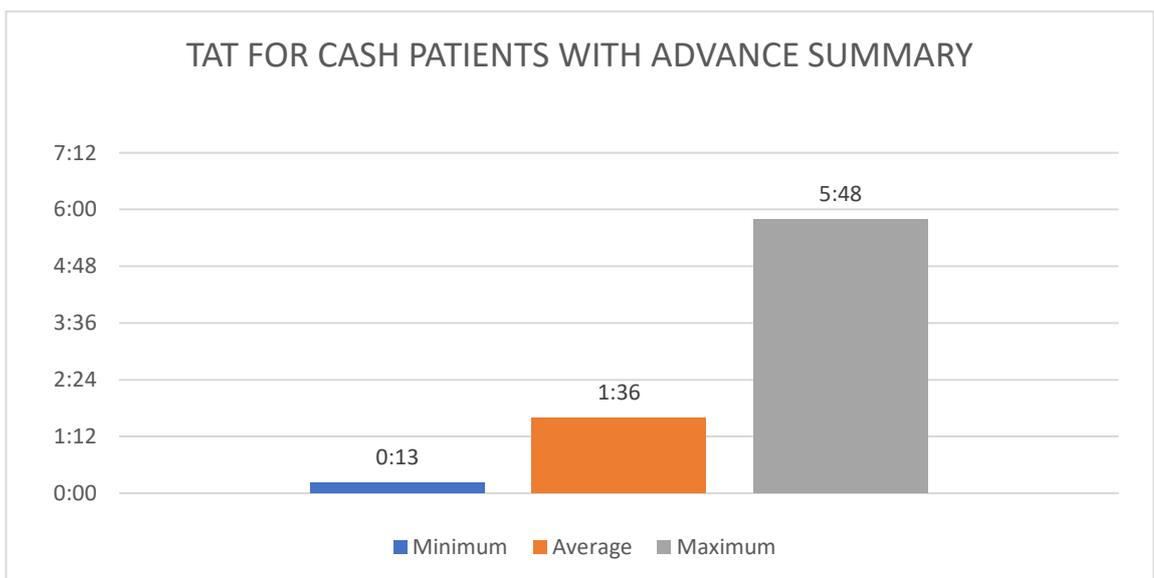


Fig: TAT for patients with same day summary

TAT FOR PATIENTS WITH SAME DAY SUMMARY	
Minimum	00:05
Average	01:59
Maximum	06:00

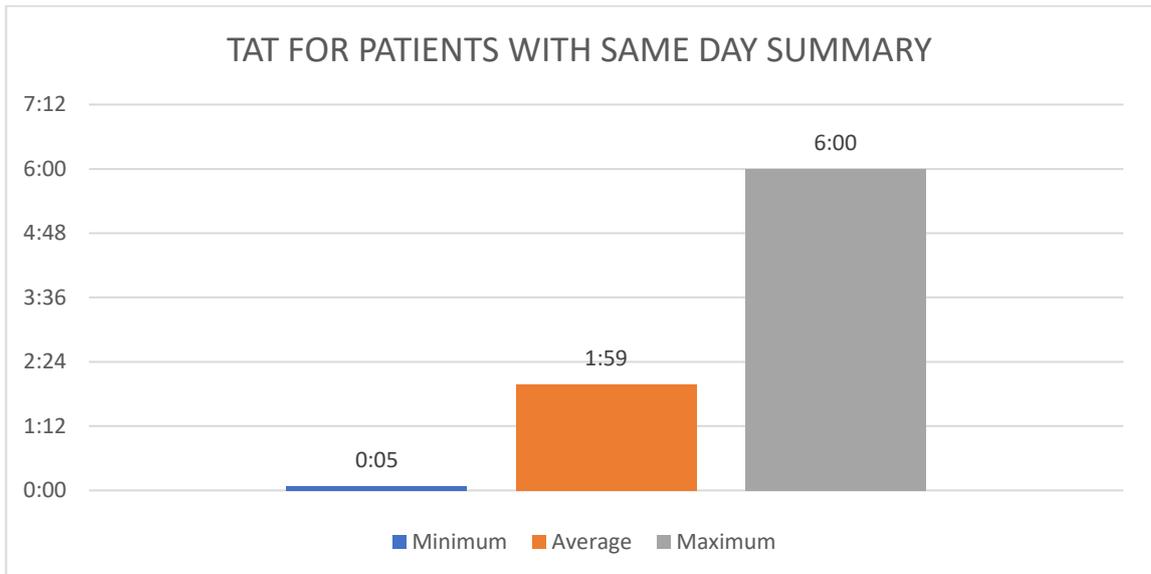


Fig: TAT for Cash patients in medical category

medical cash	
Minimum	00:13
Average	01:48
Maximum	04:55

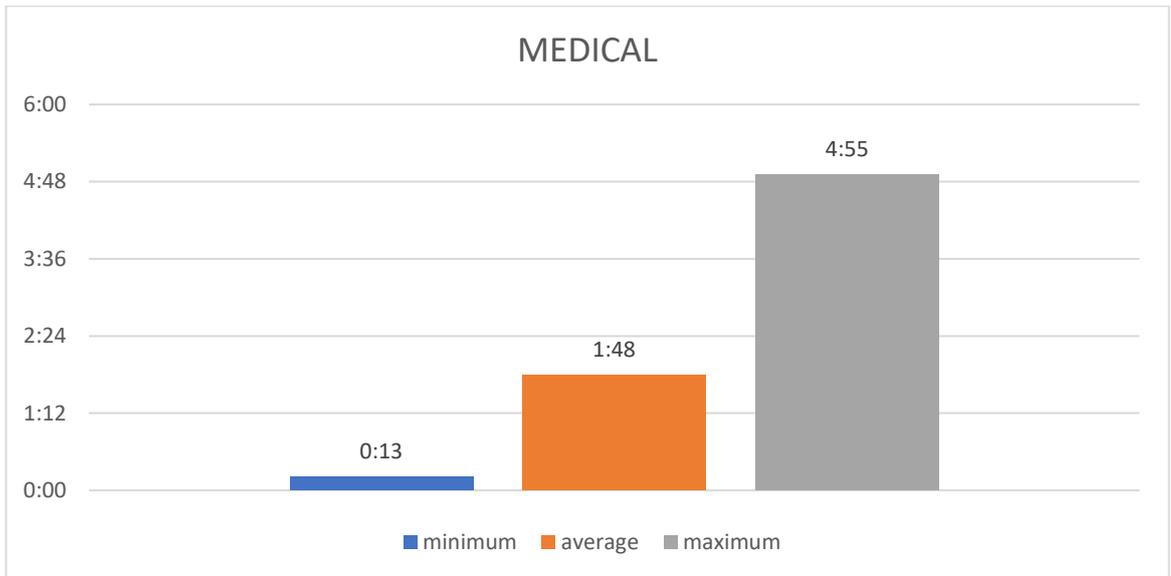


Fig: TAT for Cash Patients in surgical category

minimum	00:05
average	02:26
maximum	06:00

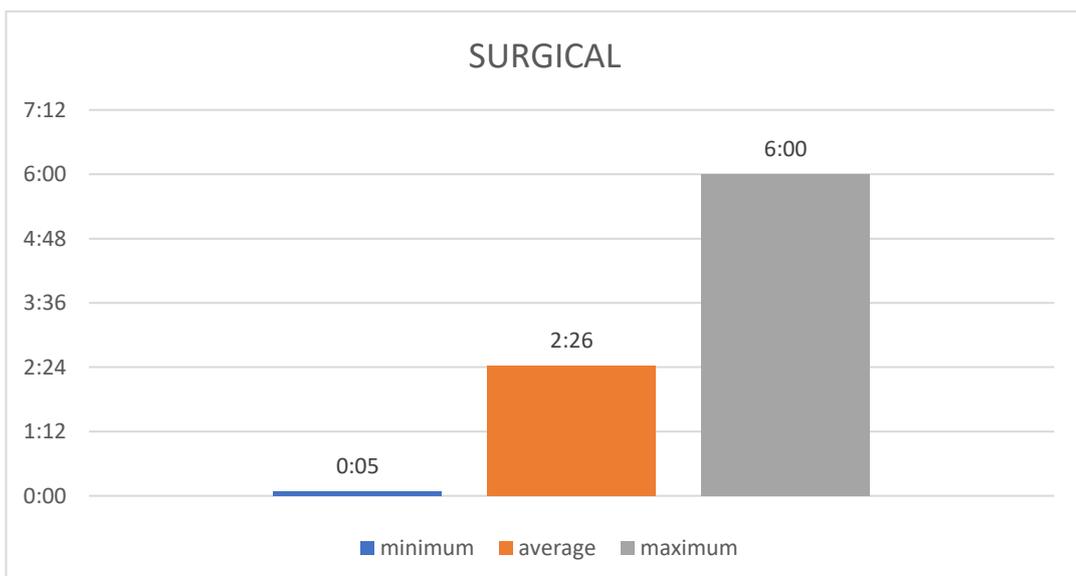


Fig: Type of summary in TPA patients

Patients with advanced summary	45
Patients with same day summary	88

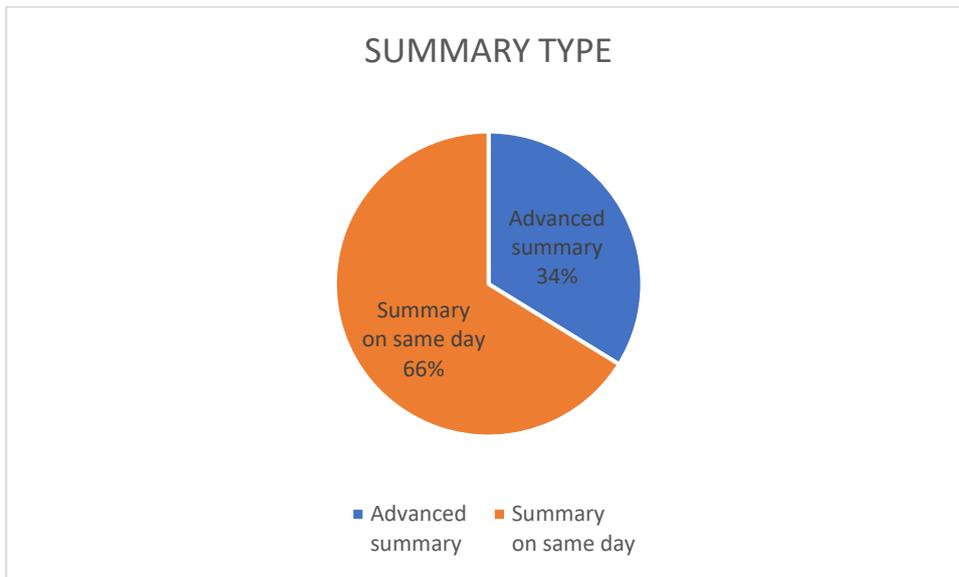


Fig: TAT for TPA patients with advance summary

TAT for Patients with advance summary	
Minimum	00:25
Average	02:44
Maximum	06:03

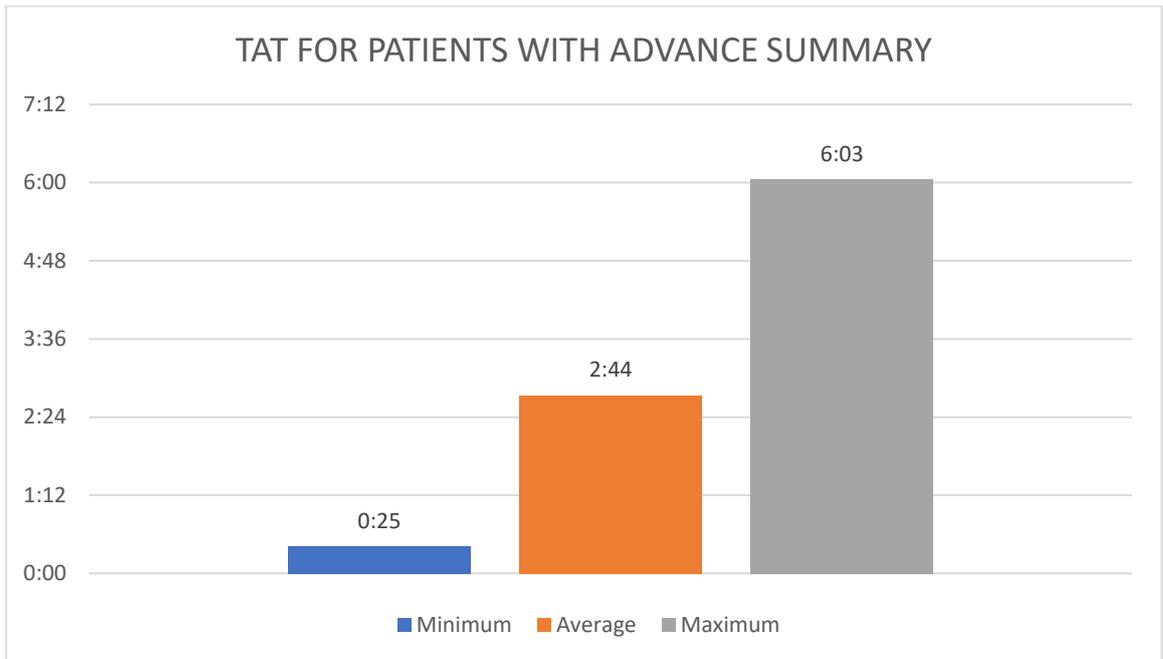


Fig: TAT for TPA Patients with same day summary

TAT for Patients with same day summary	
Minimum	00:11
Average	03:32
Maximum	05:30

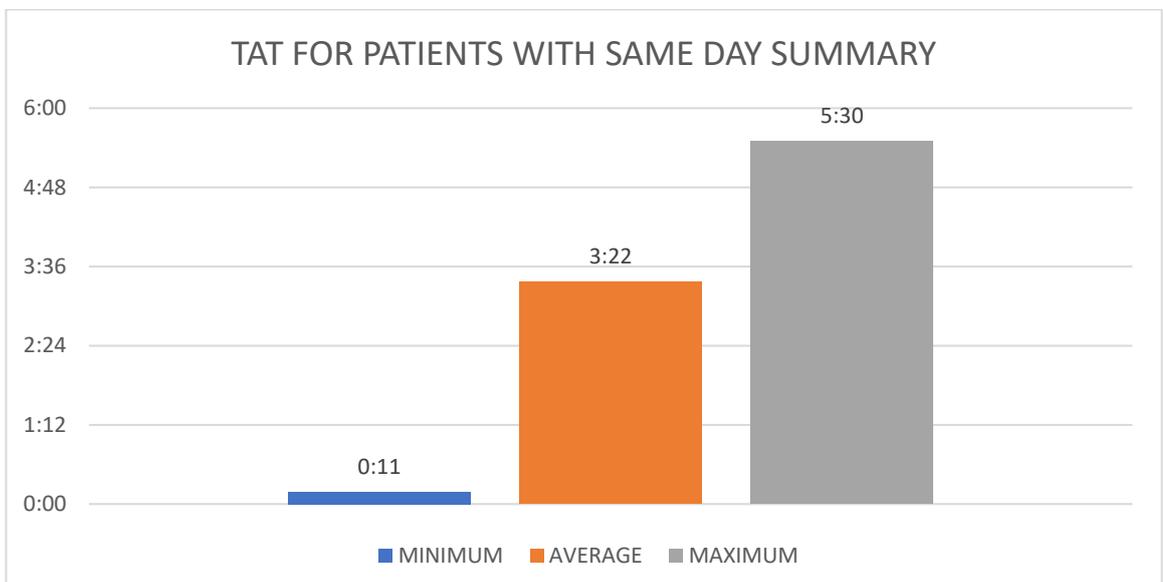


Fig: TAT for TPA patients in medical category

Minimum	00:11
Average	03:09
Maximum	06:30

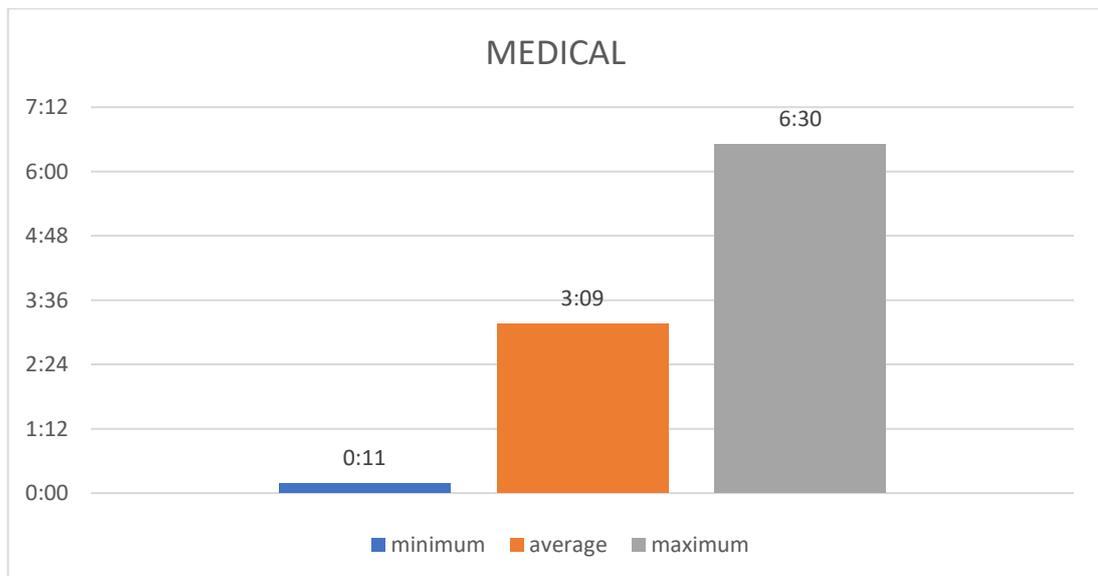
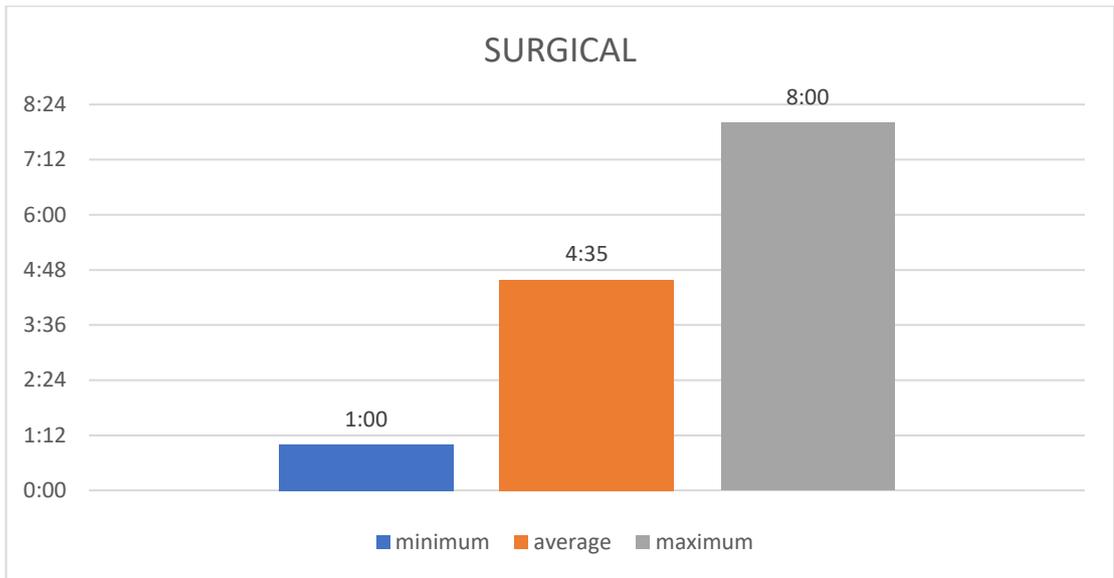


Fig: TAT for TPA patients in surgical category

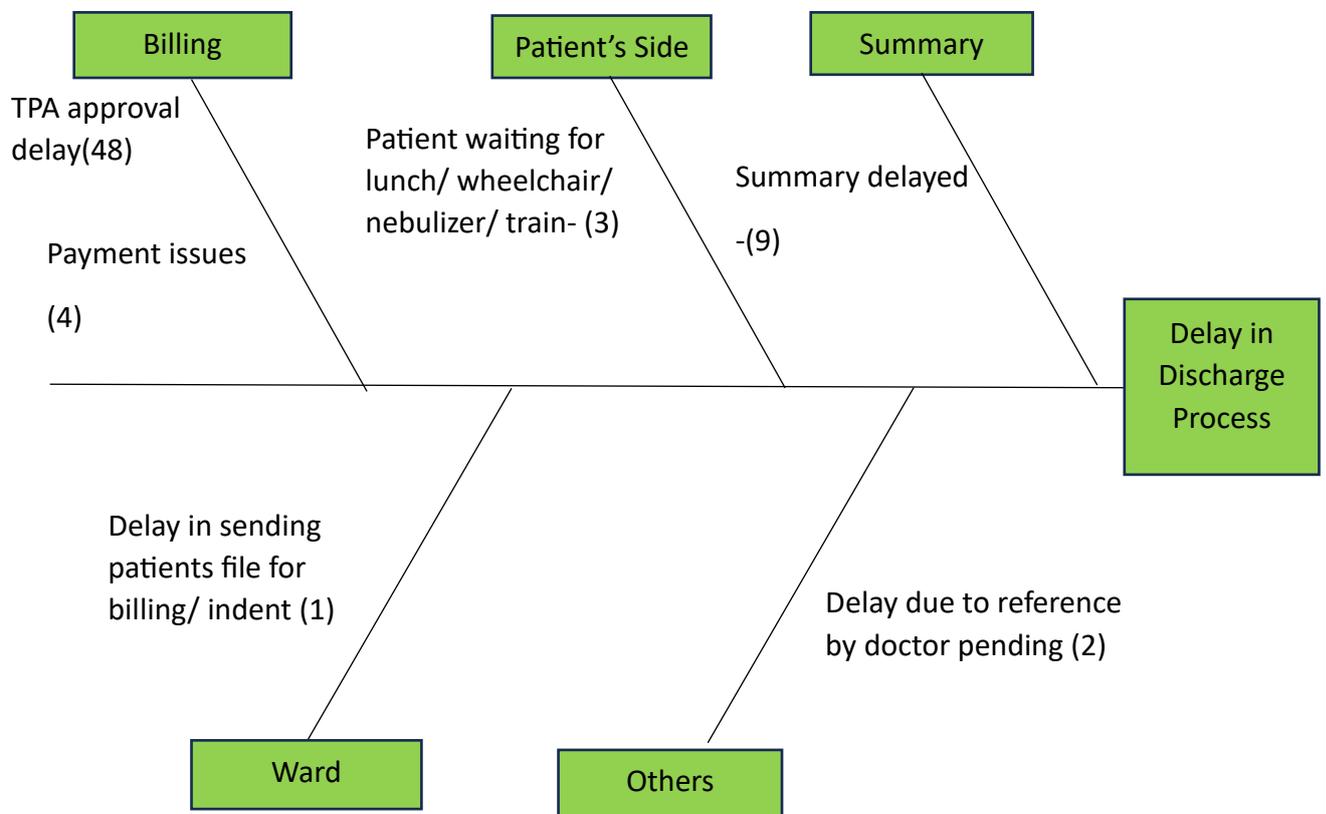
minimum	01:00
Average	04:35
Maximum	08:00



Results

- A study was conducted in In patient department of RGCIRC to track the turnaround time of discharge process.
- According to NABH standards average time taken to complete the process is 180 minutes.
- Analysis was done to check the time taken at each process as well as time taken by cash or TPA patient and time taken in medical or surgical department.
- Many bottlenecks were noted to identify the reason for delaying of the process such as summary delay, TPA approval, from patient side

Root cause analysis



Recommendations

➤ Discharge Summary

- Tentative summaries should be made in advance for all the patients
- Advance summary for all surgical patients
- In case of surgical summaries if treating doctor is busy in surgery so second doctor to be present to review the summary and sign it

- Summaries to be made online to be accessed by doctor at any time and at any place to review and make corrections
- **Insurance/ TPA**
 - Medication indent to be advised at the time of discharge announcement to save the time for TPA patients
 - Any change in bill to be told to TPA beforehand
- **Pharmacy**
 - Medication to be advised at the time of discharge announcement can save patients time in getting medicines
- **Ward**
 - Discharge order to be notified to all stakeholders as soon as doctor announces discharge of the patient
 - Ward in charge to check all reports, investigations, signatures, visits so as to save patients time
- **From Patient's side**
 - Patient's attendants to arrange funds timely so as to avoid delaying of the process
 - At least one attendant to be present with the patient at the time of discharge
 - Vehicle should be arranged on time

Conclusion

The patient discharge process in hospitals involves collaboration among multiple departments, making it a complex and often non-standardized procedure. Effective discharge planning requires input from various medical and administrative teams to ensure a seamless transition from hospital to home or another care facility. Given its complexity, any suggestions for improvement must be made in coordination with these diverse departments to ensure comprehensive and effective changes.

Streamlining the discharge process can significantly impact both operational costs and patient satisfaction. By reducing inefficiencies and eliminating unnecessary delays, hospitals can lower their operating expenses. For instance, improving communication between departments can prevent costly readmissions and ensure that all necessary follow-up care and instructions are provided to the patient before discharge.

Moreover, a more efficient discharge process can enhance patient outcomes. When patients are discharged in a timely and organized manner, they are more likely to understand their care instructions and follow-up plans, leading to better health results. Additionally, reducing the stress and confusion often associated with the discharge process can improve overall patient satisfaction, as patients feel more confident and supported in their transition from hospital care.

Therefore, any efforts to improve the discharge process should focus on fostering better collaboration and communication among departments. Implementing standardized procedures and using technology to track and manage discharge tasks can help achieve a more streamlined process. Ultimately, such improvements can lead to significant benefits for both the hospital and its patients, including lower costs, higher satisfaction, and better health outcomes.

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ANNEXURE 1

CHECKLIST

C R O N O .	PA T I E N T A M E	C A S E / T I P A	PUR P O S E O F A D M I S S I O N	W A R D N U M B E R	TIM E D I S C H A R G E A N N O U N C E D	TIM E T R E A T M E N T C O M P L E T E D	TIM E F I L E S E N T F O R S U M M A R Y	TIM E S U M M A R Y R E C E I V E D	TIME I N D E X F O R D I S C H A R G E M E D I C I N E S	TI M E I N D E X R E C E I V E D	TIM E F I L E S E N T F O R B I L L I N G	TIM E O F P H Y S I C A L D I S C H A R G E

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