Summer Internship Training

IN

MAX SUPER SPECIALITY DWARKA HOSPITAL

Tat for Discharge

By

Dr. Tarashi Singh

PG/24/111

Under the guidance of

Dr. Preetha G.S

PGDM (Hospital & Health Management)

2024-2026



International Institute of Health Management Research

New Delhi

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The following dissertation titled **"TAT FOR DISCHARGE"** at **"MAX SUPER SPECIALITY HOSPITAL DELHI"** 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.



Dr. Preetha G.S
IIHMR ,DELHI



Certificate No – 2025/20554

CERTIFICATE

OF ACHIEVEMENT

MAX Healthcare

Max Institute of Medical Education

Certifies that

Dr Tarashi Singh

has completed Internship in the department of

Hospital Operations

at Max Smart Super Specialty Hospital, Dwarka, New Delhi

from 05th May 2025 to 05th July 2025

Head of the Department

Dr Vinitaa Jha
Director - Research & Academics
Max Healthcare Institute Ltd

FEEDBACK FORM

(IIHMR MENTOR)

Name of the Student: Dr. Tarashi Singh

Summer Internship Institution: Max Hospital ,New Delhi

Area of Summer Internship: New Delhi (Hospital)

Attendance: Regular

Objectives met: To collect the gaps.
To evaluate level of functioning

Deliverables: To provide actionable recommendations.

Strengths: Sincere, Hardworking

Suggestions for Improvement:

Signature of the Officer-in-Charge (Internship)

Date: 30/7/26
Place Delhi

ACKNOWLEDGEMENT

We would like to express our sincere gratitude to all those who supported and guided us throughout this journey.

First and foremost, we extend our heartfelt thanks to the **Max Hospital , New Delhi** invaluable support and encouragement. We are especially grateful to **Dr. Neha Rajawat** for her leadership and guidance.

A special note of thanks to our mentor, **Dr. Preetha G.S** from **IIHMR, Delhi**, for her continuous encouragement, valuable feedback, and unwavering support throughout the project.

This project would not have been possible without the collective efforts of all the individuals mentioned above. We are truly grateful for their time, expertise, and guidance.

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ABBREVIATIONS/ACRONYMS

TAT: Turnaround time

CPRS: Computerised patient record system

IVF: Invitro fertilisation

MLC: Medico legal case

ER ASSESSMENT: Emergency room

SOP: Standard operating room

PPE: Personal Protective Equipment

OBSERVATIONAL LEARNINGS

INTRODUCTION:

ABOUT THE HOSPITAL:

Abhay Soi
Chairman & Managing Director

Abhay is a first generation entrepreneur and Chairman & Managing Director of Max Healthcare Institute Limited. He is mainly attributed with transforming the company and the swift growth of its hospital network..



Objective

To improve patient satisfaction & retention. To deliver compassionate, excellent, patient-centred healthcare services, combining the latest technology, clinical knowledge and continual innovation to improve lives and promote better health outcomes. Located in the heart of South West Delhi, Max Super Speciality Hospital occupies an area of 8.62 acres of serene landscape with a holistic approach towards nature. It is one of the first 5 star rated GRIHA compliant hospital in Delhi NCR. It has more than 300 beds, and provides a wide variety of clinical specialties, all designed to address the varying needs of patients. Max Hospital, Dwarka is known for its amazing clinical services in Cardiac Sciences, Laparoscopic, Endoscopic & Bariatric Surgery, Renal Sciences, Neurosciences, Liver & Gastrointestinal Sciences, Cancer Care, Pulmonology, Internal Medicine, Robotic Surgery, Paediatrics', ENT and Cochlear Implant, Endocrinology & Diabetes, Obstetrics & Gynecology, Infertility & IVF, Dermatology, Eye Care, Aesthetic and Reconstructive Surgery, Emergency & Trauma and Dental Care.

CORE PURPOSE :

Max Super Speciality Hospital at Dwarka emphasizes on patient-centric care. It has a team of highly experienced doctors, nurses and other healthcare staff who are dedicated and committed to offer every patient personalized and compassionate care.

CORE IDEOLOGY:

- Putting the interest of the patient first.
- Treating others as you would want to be treated yourself.
- Continuous learning and improvement.

Envisioned Future:

Max Healthcare to invest ₹6,000 Crore on major expansion with 3,700 additional beds by 2028. Max Healthcare currently has 22 healthcare facilities and is expecting to expand to around 30 hospitals in 2028. At the ground-stone laying ceremony for its new greenfield hospital in the Max Group of Hospitals at India's premier investment destination of Dwarka, the 300-bed hospital, CEO Soi spoke of the company's approach to reinvesting all its profits into its healthcare infrastructure. Inauguration of Dwarka hospital is a part of the strategic expansion plan of Max Healthcare, whether it's building new hospitals or expanding existing ones.

Services provided by the hospital:

- Inpatient services
- Outpatient services
- Daycare services
- Endoscopy
- Diagnostic services
- Laboratory services
- Emergency services
- Radiology

Departments in the hospital:

- Anesthesiology
- Childcare
- Dental
- Dermatology
- Diabetes and endocrinology
- ENT
- Fertility services
- General surgery
- Gastroenterology
- Internal medicine
- Laboratory
- Nephrology
- Obstetrics and gynecology
- Ophthalmology
- Orthopedics
- Pediatrics
- Psychiatry and psychology
- Radiology
- Urology





MODE OF DATA COLLECTION

Primary data:

In large part, it is done by their system, CPRS. Observation of patients, hospital process, and services.

Feedback via ward round: Informal feedback from the patient about their satisfaction with the quality of services and their experience of issues with their medication (e.g. rashes, infection, itching).

Secondary Data:

- Review of hospital incident reports on medication errors (past 2 months).

LEARNINGS:

During my 2 months of summer internship at MAX Hospital, I got a wide spread and enriching experience in the management of in Medical Operations (medical admin) which helped me to understand more about healthcare management and patient care.

My Major learnings in :

DISCHARGE

Minor learnings in:

MEDICAL RECORD AUDIT

PATIENT SATISFACTION

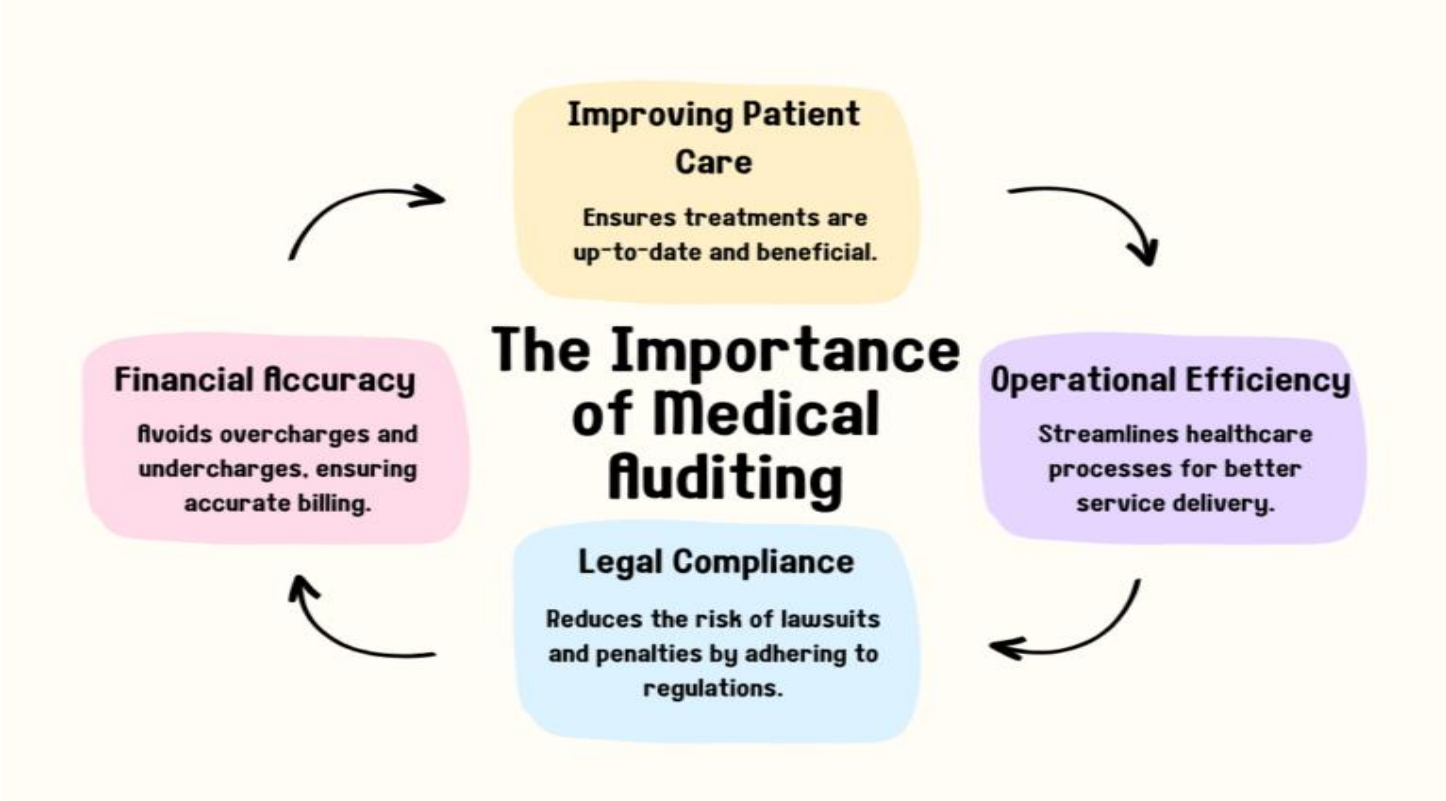
EMERGENCY PREPAREDNESS

MEDICAL RECORD AUDIT



Objective of the Audit

- To assess the extent of documentation of inpatient records for completeness, accuracy and timely.
- To ensure compliance of hospital policies, NABH/NABL standards and medico legal requirements.
- To understand the issues in documentation and propose solutions.



Documentation Parameters and Scoring

Parameter	**Score (0 / 5 / 10)**
Triage Documentation	
ER Assessment, Plan of Care & Allergies (Doctor/Nurse)	
MLC Documentation	
Face Sheet	
Doctor's Initial Assessment & Plan of Care	

Parameter	Score (0 / 5 / 10)
Time of Doctor's Assessment (in mins)	
Doctor's Daily Progress Notes	
Counter Signed by Consultant	
Nursing Admission Assessment	
Time of Nurse's Assessment (in mins)	
Daily Nursing Flow Sheet & Nursing Care Plan	
Nursing Handover Documented	
Nutritional Assessment & Screening Form	
Dietician's Notes & Diet Chart (if applicable)	
Physiotherapist Assessment & Notes (if applicable)	
Critical Care/Coronary Care Flow Sheet Notes (if applicable)	
Medication Order & Administration Chart	
High Alert Medication Monitoring Form	
Diabetic Chart	
Input-Output Chart	
Vital Chart	
General Consent (Authorization Form)	
Procedural Consents	
Blood/Blood Products Consent	
High-Risk Procedures and Treatments Consent	
Anaesthesia Consent (Risks, Benefits, Alternatives, Anaesthesia Plan)	
Surgery Consent (Risks, Complications, Alternatives)	
Sedation Consent	
Other Consents (e.g., Dialysis, Restraint)	
Preoperative Checklist / Pre-Cath	
Pre-Anesthesia Assessment (Anesthesia Sheet)	

Parameter	Score (0 / 5 / 10)
Surgical Safety Checklist	
OT Notes / Procedure Notes	
Sedation Evaluation Form	
VTE Form	
Patient and Family Education Form	
In-House Transfer Form	
Cross Referral Records (if any)	
Discharge / Death Summary (only if patient is discharged or deceased)	NA

Key Parameters Audited

Documentation of triage and emergency assessment

. • Doctors initial and day-to-day progress notes.

– Nursing assessments and care plans.

• Records of consents including general consent, surgical consent, anaesthetic consent, sedation consent and high risk consent.

Medications and monitoring charts for vital signs.

Allied health documentation (dietician, physiotherapist etc.)

Documentation pre/post operatively (if applicable). A summary of discharge and death.

Common Gaps Identified

Insufficient or late records of first assessments.

Not completed or signed daily progress notes.

No informed consent obtained prior to procedures.

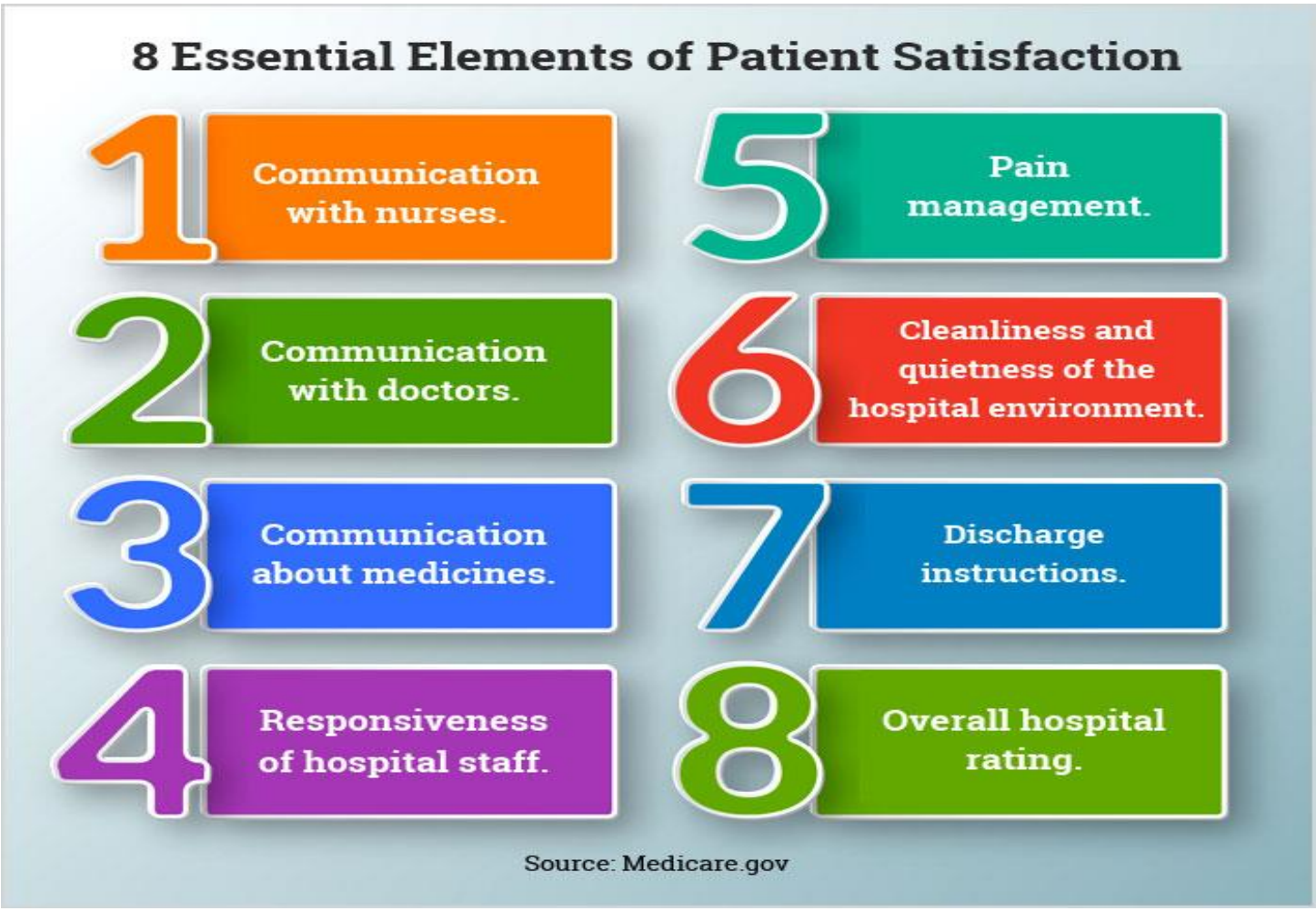
Lack of handovers and care plan documentation.

Poor documentation by allied health practitioners.

SOLUTIONS

- Institute frequent training programmes for doctors and nurses in correct documentation.
- Include electronic alerts for missing consents and assessments in EMR.
- Ongoing quality assurance and quality control processes.
- Appoint Department Documentation Champions.
- Ensure consistency with the use of standard templates/checklists.

PATIENT SATISFACTION



- **Objective:** The main reason is to improve the day-to-day operations, increase staff efficiency and enhance the overall patient experience/satisfaction.
- **Scope:** These include what challenges there are, what is to be improved, feedback mechanisms and proposed solutions to make it more patient-centred, and to guarantee operational excellence.

Importance of Patient Satisfaction

- One of the most important measures of hospital quality and the entire patient experience.
- Has a direct effect on reputation, retention and referrals.
- Can be correlated with clinical results and treatment adherence.

PROBLEM STATEMENT

- **Staff Efficiency Challenges:**
    - **Observation:** During the internship, it was observed that there are delays in critical areas such as patient admission, discharge & interdepartmental communication. This has a negative impact on the effective delivery of services**.**
- **Patient Satisfaction Concerns:**
    - **Observation:** Patient satisfaction surveys show that there are problems that are recurring like the waiting time, unclear communication, and overall patient experience not meeting expectation.

    - **Areas of Improvement:**
- **Staff Communication & Efficiency:**

  Consequences: delayed patient response times, patient data management issues and reduced staff morale. The patient wait time and experience is excellent.

Current Problem: Patience is lost by patients due to long waiting times particularly in outpatient departments and emergency care**.**

Impact: Negative effect on patient satisfaction, since as wait time increases, patient satisfaction decreases.

- **Patient Wait Time & Experience:**
    - **Current** Issue Patient often lacks clarity in relation to their care process, and their appointment times or wait times are unclear.
    - **Impact –** Anxiety, loss of trust in hospital services and loss of satisfaction.
- **Patient Information & Comfort:**
    - **Current Issue:** Patients often don't have enough clarity on their care process, appointment scheduling, or expected wait times.
    - **Impact:** Anxiety among patients, decreased trust in hospital services, and reduced satisfaction.

STRATEGIES TO IMPROVE PATIENT SATISFACTION

- **Enhanced Communication Channels:**
    - **Problems:**

        1.Staff who are incomplete trained and unmotivated in using the system.

        2.Lack of integration with hospitals or EHR.

        3.Platforms available but no communication.

How to Improve:

1.Regular Training & Audits: Train all staff and carry out audits to monitor

2.Seamless integration with EHR/ERP Systems: Seamlessly connect with patient records and scheduling software to gain instant access to patient data.

3.Identify Standard Operating Procedures (SOPs) for communication duty between departments.

Use of Technology for Patient Interaction:

- **Problems:**

1 .Systems are not intuitive and are complex for elderly/rural patients.

2.Delays and/or errors in notifications.

3.The system is not current.

How to Improve:

1.Simplify Interface: Provide mobile applications and kiosks with multiple languages and easy way to navigate.

2.Staff real-time status and wait times: Educate front desk and nursing staff on how to update status/times in real-time.

3.Feedback Integration: Give patients feedback on the missing or incorrect information.

Continually provide feedback and act on the insights

Problems:

1.There is feedback taken, but not promptly followed up on.

2.Patients perceive that their views are not heard.

3.No visible changes due to feedback.

4.Feedback questions are vague or don't apply.

How to Improve:

1.Close the Feedback Loop: Share with patients how their feedback resulted in change (posters, SMS updates, etc.).

2.Use Dynamic Questionnaires: Keep feedback forms updated to reflect current issues.

3.Designate Accountability: Identify a feedback response team, and create it within 48 hours.

Staff Training & Development:

Solution: Train all hospital personnel regularly on how to improve their patient interaction, communication skills and empathy.

Goal: Improve staff's capacity to manage patient concerns, solve wait time confusion and engage patients.

EMERGENCY PREPAREDNESS



Objectives of Emergency Preparedness

- To safeguard lives and property.
- To support the uninterrupted critical healthcare services.
- To liaise externally with other agencies for disaster response.
- To reduce panic and confusion by having a structured response system.

Components of Emergency Preparedness

- Disaster Management Plan (DMP): Has documented plan and is updated regularly. Emergency Codes: Identified codes (e.g. Code red for fire, Code blue for cardiac arrest).

- Command and Control Structure: Incident commander, communication leads and response teams. Evacuation Plans – Routes, assembly points, patient transport plans.
- Fire Safety & Prevention: Fire Extinguishers, Smoke Detectors and Mock fire Drills.
- Triage and Surge Capacity Planning: Rapid triage for mass casualties, and additional bed capacity planning.
- Essential Supplies Readiness: Medicines, PPE, oxygen, water and food stockpiling. Backup Systems: Power backup (generators), medical gas supply, IT/Data backup.
- Coordination with Authorities: Coordination with local police, fire services, ambulance services and municipal authorities.

Training & Drills

- Regular mock drills conducted for various emergency scenarios.

Types of Mock Drills Conducted in Hospitals

1. Code Red – Fire Emergency Drill

- The Code Red drill shall be a fire emergency drill.
- Assessment of the school's response capabilities for emergency situations involving fire
- School evacuation drill, simulating a fire breakout (in ward, OT, kitchen, etc.).

  Tests:
  - Cleaning up after fires
  - Power outages and other disruptions to electrical power services
  - Provide information to the fire department Coordination with fire department

2. Code Blue – Cardiac Arrest Drill

- Simulates sudden cardiac arrest in patient
- Tests:

The Code Blue team responded quickly to the situation.

CPR skills (BLS/ACLS)

Access to and use of crash cart and defibrillator

3. Code Yellow – Disaster Preparedness Drill

- Simulates external disasters like mass casualty events (accidents, building collapse)
- Tests:
    - Emergency triage protocol
    - Casualty reception area setup
    - Communication between ER, ICU, blood bank

4. Code Orange – Hazardous Material Spill Drill

- Simulates chemical, biological, or radioactive spill
- Tests:
    - Personal Protective Equipment (PPE) usage
    - Decontamination process
    - Isolation of affected zone

5. Code Black – Bomb Threat Drill

- Simulates receiving a bomb threat call or finding a suspicious object
- Tests:
    - Evacuation protocols
    - Search procedure
    - Police coordination
    - Area isolation

6. Code Pink – Infant/Child Abduction Drill

- Simulates a child being taken from pediatric/NICU area
- Tests:
    - Lockdown protocols
    - Surveillance monitoring
    - Staff alertness and search coordination

7. Code Green – Evacuation Drill

- Simulates the need to evacuate a floor/ward due to a threat (like fire, flood)
- Tests:

- Safe transport of patients
- Wheelchair/stretcher movement
- Communication with command center

- Staff trained in BLS (Basic Life Support), ACLS (Advanced Cardiac Life Support), and first aid.
- Department-wise responsibilities assigned and practiced.

Recommendations

- Increase the frequency of mock drills.
- Train new staff in emergency protocols within 1 month of joining.
- Include emergency preparedness in all internal audits.
- Maintain a dedicated emergency preparedness committee.

PROJECT REPORT

TURN OVER TIME REPORT OF DISCHARGE IN MAX SPECIALITY HOSPITAL ,DELHI

INTRODUCTION:

WHAT IS DISCHARGE?

Discharge is defined as the release of a client from a health care facility (e.g. hospital) from treatment and who no longer needs in-patient care.

Purpose of the Discharge Process

1.To ensure patient safe, timely and well-coordinated transfer from hospital to home/facility.

2. minimize the risk of the patient returning to the hospital again by making sure the patient understands what they need to do after leaving the hospital..

IMPORTANCE OF DISCHARGE:

1.Continuity of care: Minimizing the risk of complications and readmissions.

2. Better patient outcomes: Helping to make sure patients receive the care and support they need following discharge.

3. Fewer hospital re-admissions: Providing clear instructions and support, so patients can manage their condition effectively.

4. Improved patient satisfaction: Communicating with patients about the plan for care after they leave the hospital and making sure that their needs are addressed.

KEY INDICATORS:

T0- Pre discharge indicators (Day before in case of planned)

T1- Morning discharge intimation

T2-Nursing Clearance

T3-Acknowledgement

T4-Pharmacy Clerance

T5-Initial Bill preparation

T6-Final Bill preparation

T7-Discahrge slip handover to patient

T8-Bill settlement from system

T9-Bed release in HIS

T10-Bed ready to new admission.

TAT(Turn around time)

T1-T2: Nursing Dr Intimation to Nursing clearance

T1-T6: TAT from dr intimation to final bill preparation

T6-T8: TAT from final bill preparation to bill settled

T8-T9: TAT from bill settled to bed vacate

T1-T9: overall tat (from dr intimation to bed vacate)

Documentation Required

- Final Discharge/Death Summary signed by consultant.
- Consent Forms (as applicable).
- Medical Reports and Prescriptions provided to patient.
- Referral Notes if patient is transferred to another facility.
- Discharge Checklist to ensure all steps are completed before patient leaves.

TYPES OF DISCHARGES:

1.PLANNED DISCHARGES:

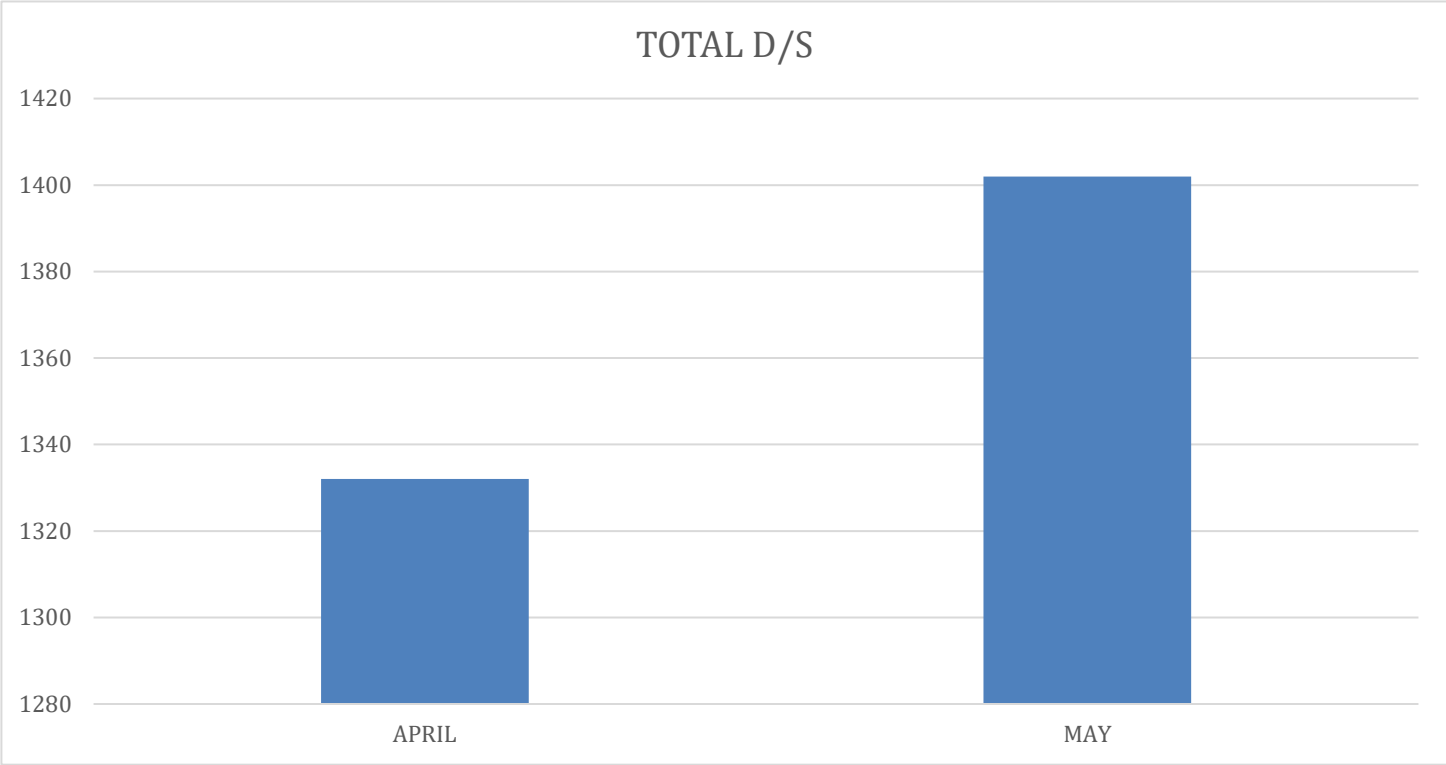
A planned discharge occurs when a patient is released from a healthcare facility after completing their treatment and meeting specific criteria.

2.UNPLANNED DISCHARGES:

An unplanned discharge occurs when a patient leaves a healthcare facility without completing their treatment or against medical advice.

I have taken 2 months data that is of April and may to compare the graphs to conclude the challenges which we are facing in discharge process and from where we are lacking also to how we can improve it .

	TOTAL D/S
APRIL	1332
MAY	1402



Challenges Observed

- Delay in summary preparation by doctors.
- Coordination gaps between departments (billing, pharmacy, nursing).
- Incomplete patient education on post-discharge care.
- Discharge delays affecting bed turnover and new admissions.

Initiatives Taken for Improvement

- Use of electronic discharge summary to reduce turnaround time.
- Discharge coordinator or case manager introduced to streamline process.

- Staff training on discharge communication and checklist use.
- SMS/Email of follow-up reminders to patients post-discharge.

RESEARCH METHODOLOGY

Objective of the Study

The primary aim of this study is to assess the efficiency, timeliness, and patient experience related to the hospital discharge process, and to identify bottlenecks affecting patient satisfaction and operational performance.

Research Design

A **descriptive observational design** was adopted to evaluate real-time practices in the discharge workflow. The focus was on mapping the **end-to-end discharge journey**—from discharge order initiation to final patient exit—to detect friction points and areas needing systemic improvement.

This study combines both **quantitative and qualitative methods**:

- **Quantitative:** Time tracking of discharge steps, satisfaction scoring, and turnaround time measurement.
- **Qualitative:** Open-ended feedback from patients and informal interviews with hospital staff involved in the discharge process.

Sample and Data Collection

- A sample size of **APRIL AND MAY discharged patients** was considered.
- Data was gathered through:
    - **Patient feedback forms** at the point of discharge.
    - **Observation** of discharge procedures in wards, billing counters, and pharmacy.
    - **Interviews** with nursing staff, discharge coordinators, billing personnel, and consultants.

HOW TO CALCULATE TAT

Definitions for measured TAT's (in Mins) :

a**)** TAT from Nursing Dr intimation to Nursing clearance = T1-T2

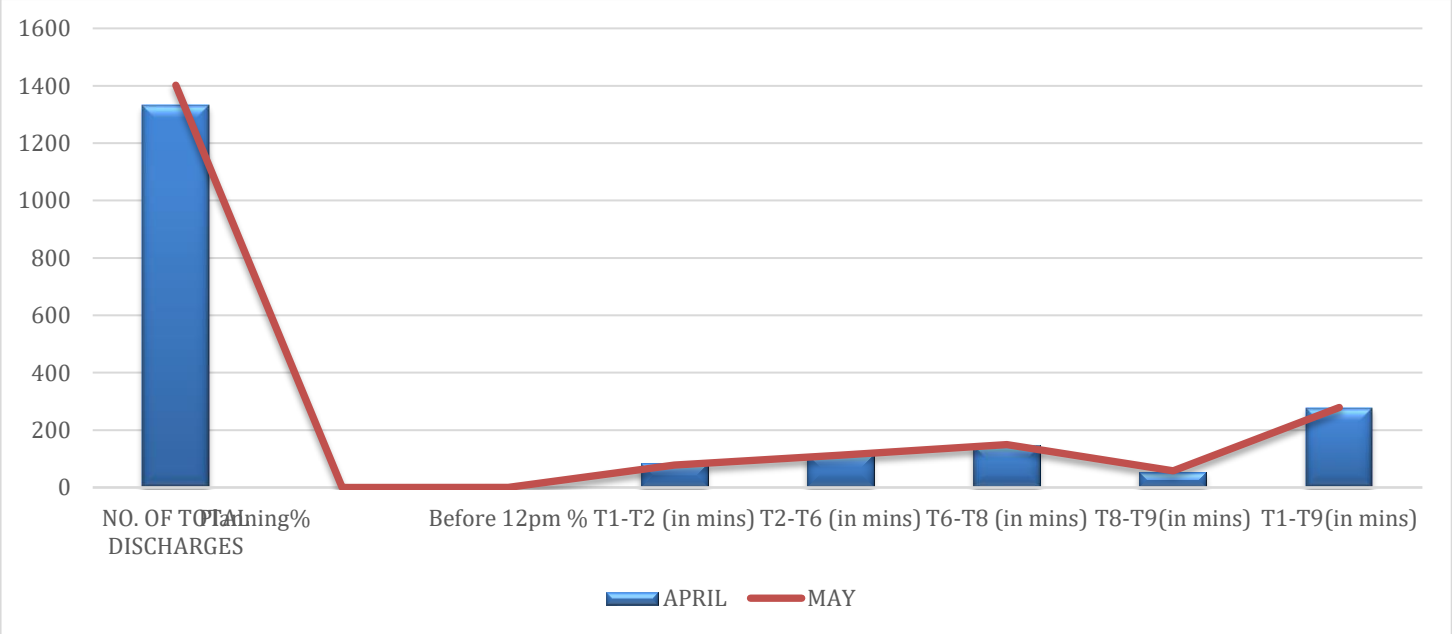
b) TAT from Dr intimation to Final bill preparation = T1-T6

c) TAT from final bill preparation to bill settled = T6-T8

d) TAT from bill settled to bed vacate = T8-T9

e) TAT from Dr intimation to Bed vacate (Overall TAT) = T1-T9

MHC	APRIL	MAY
NO. OF TOTAL DISCHARGES	1332	1402
Planning%	49%	49%
Before 12pm %	21%	21%
T1-T2 (in mins)	83	78
T2-T6 (in mins)	115	113
T6-T8 (in mins)	148	149
T8-T9(in mins)	54	58
T1-T9(in mins)	277	279



Phases of the Study

Phase I: Problem Identification

- Informal audits of daily discharges were conducted.
- Repeated issues were observed such as delays in summary preparation, billing confusion, and discharge planning gaps.

-

Phase II: Questionnaire Development

- A feedback tool was designed to measure:
    - Time taken for final discharge
    - Clarity of communication during the process
    - Ease of billing and documentation
    - Coordination between departments
    - Overall patient satisfaction

Phase III: Data Collection and Observation

- Discharge times were logged using timestamp entries.
- Feedback was obtained via Google Forms, physical forms, and verbal comments.
- Parallel shadowing of 10 discharge cases was done to understand real workflow delays.

ANALYSIS :

Objective of Analysis:

To analyse the efficiency and effectiveness of the patient discharge process using available sample data, and identify operational barriers impacting Turnaround Time (TAT) and patient satisfaction.

Tools & Techniques Used for Analysis:

Tool	Application
Time-Motion Study	To evaluate exact time taken at each discharge stage (summary, billing, pharmacy, counselling)
Root Cause Analysis	To identify systemic causes behind delays
Comparative Benchmarking	Used to compare TATs against target KPIs (2–4 hours ideal)
Descriptive Statistics	To evaluate averages and gap between current and expected performance

Operational Challenges (from Field Observation and Data):

1. **Prolonged Wait Times:**
    - Especially in billing and pharmacy clearance stages.

- Staff are not alerted in advance, causing reactive work.

2. **Redundant Communication Flows:**
   - No centralized platform; interdepartmental handovers are slow or manual.
   - Inconsistent updates to patients regarding discharge status.
3. **Manual Billing System:**
   - Reliance on paper-based or semi-digital billing leads to bottlenecks.
   - Repeated verifications slow down process.
4. **Underuse of Technology:**
   - Available digital tools are not used to their full potential for real-time status updates.
   - Patients are unaware of timelines or procedures post-discharge.

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