TOPIC: MAJOR IMPROVEMENTOF DISCHARGE PROCESS AT FORTIS ESCORT HOSPITAL OKHALA

Summer Internship Report

At

Fortis Escorts Heart Institute, New Delhi

(May 05st to July 05th, 2025)

A Report

By

KUMARI MALVIKA

Roll No: - PG/24/123

Mentor: - Dr. Divya Aggarwal

Internship Supervisor: Mr. Shashi Mohan Sinha (HOD)

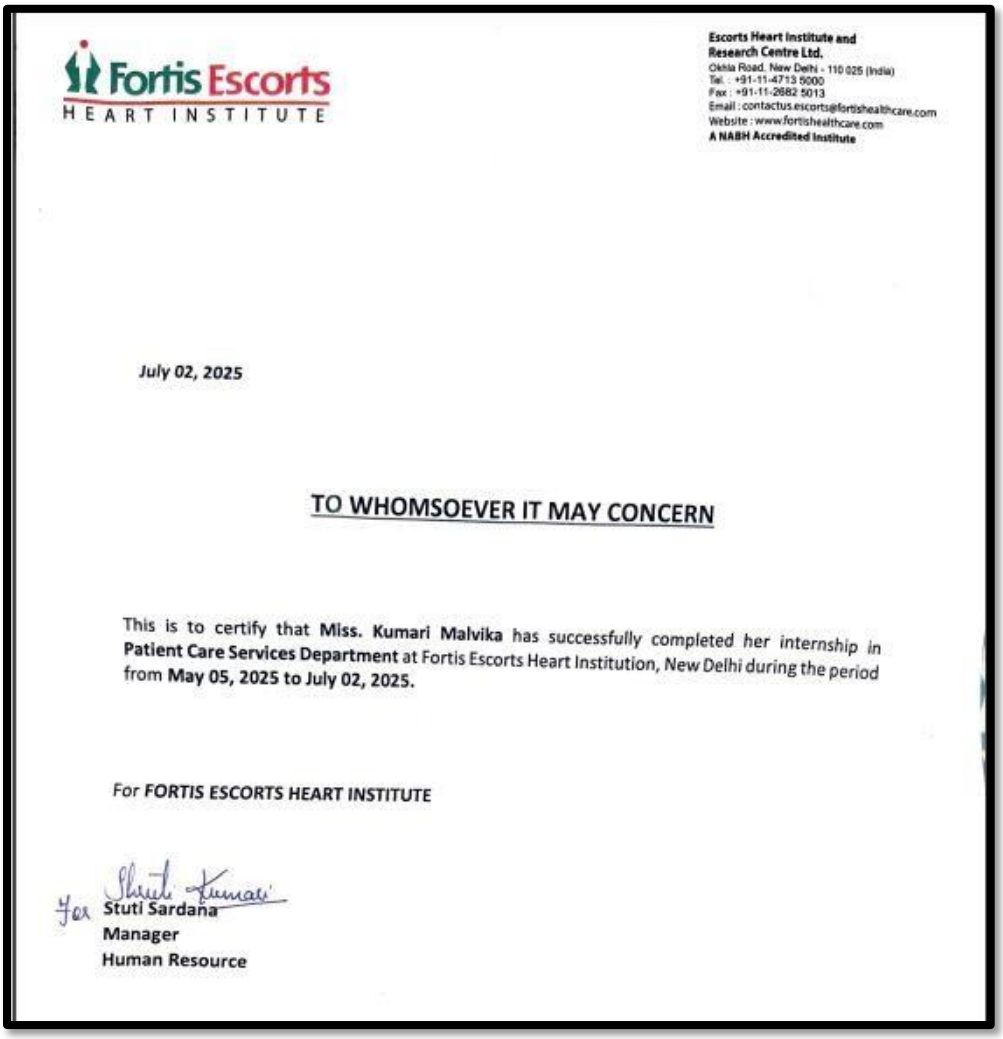
PGDM (Hospital and Health Management)

2024-2026



International Institute of Health Management Research,

New Delhi



Fortis Escorts
HEART INSTITUTE

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Website : www.fortishealthcare.com
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July 02, 2025

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Miss. Kumari Malvika** has successfully completed her internship in **Patient Care Services Department** at Fortis Escorts Heart Institution, New Delhi during the period from **May 05, 2025 to July 02, 2025.**

For **FORTIS ESCORTS HEART INSTITUTE**

for Shruti Kumari
Stuti Sardana
Manager
Human Resource

Certificate of Approval

Discharge Process TAT

Fortis Escorts Okhala

The Summer Internship Project of titled **"TITLE OF YOUR PROJECT"** at **"YOUR ORGANIZATION** 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 **Post Graduate Diploma in Health and Hospital 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 report only for the purpose it is submitted.

Name of the Mentor
Designation
IIHMR, Delhi

FEEDBACK FORM

(Organization Supervisor)

Name of the Student: Malvika

Summer Internship Institution: Fortis Heart institute Hospital

Area of Summer Internship: OKhala

Attendance: 90%

Objectives met:

Deliverables:

Strengths:

Suggestions for Improvement: Overall Performance was very good. Contributed a lot for the department & had a very clear vision for any

Signature of the Officer-in-Charge (Internship)

Date: 21 July 25
Place: Delhi

FEEDBACK FORM

(IIHMR MENTOR)

Name of the Student: Kumari Malvika

Summer Internship Institution: Fortis Escorts Heart Institute.

Area of Summer Internship: PCS department.

Attendance:

Objectives met: Learnt about operation management.

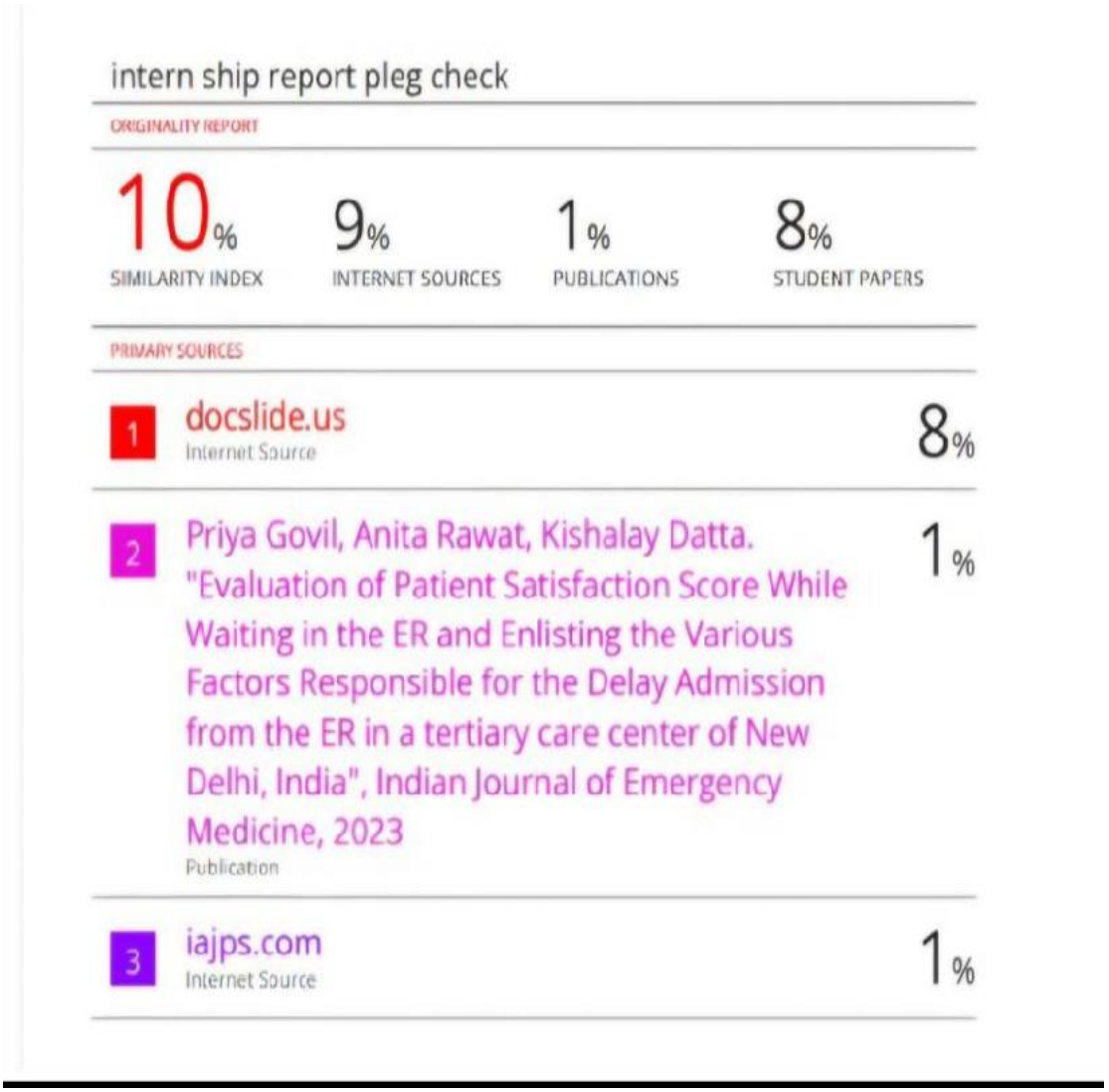
Deliverables: Improvement in their discharge process

Strengths:

Suggestions for Improvement:

Signature of the Officer-in-Charge (Internship)

Date: 5/3/26
Place: Delhi.



intern ship report pleg check

ORIGINALITY REPORT

10%	9%	1%	8%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	docslide.us Internet Source	8%
2	Priya Govil, Anita Rawat, Kishalay Datta. "Evaluation of Patient Satisfaction Score While Waiting in the ER and Enlisting the Various Factors Responsible for the Delay Admission from the ER in a tertiary care center of New Delhi, India", Indian Journal of Emergency Medicine, 2023 Publication	1%
3	iajps.com Internet Source	1%

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ABBREVIATIONS

TAT – Turnaround Time

IPD – In-Patient Department

EHR – Electronic Health Record

NABH – National Accreditation Board for Hospitals & Healthcare Providers

CGHS (Central Government Health Scheme)

ACKNOWLEDGEMENT

A Few types written words of thanks cannot really express the sincerity of my gratitude. But I am still trying to put into words my gratefulness towards all who have helped and encouraged me in carrying out this project. This project of mine bears the imprint of many people who have an important impact on my thinking, behavior, and acts while study.

First of all, I would like to thank to IIHMR DELHI for giving opportunity of Summer Internship as a part of MBA degree. The accomplishment of this project otherwise would have been painstaking endeavor, for lack of staunch and sincere support of the college. The incessant and undeterred succors extended by the members of department facilitated the job to the great extent.

I would like to express my appreciation to my colleagues and the staff at Fortis Healthcare for their warm welcome and assistance during my internship. It was a pleasure to work with such a talented and supportive team.

I am incredibly grateful to my internship supervisor, Mr. Shashi Sinha, for their invaluable guidance and support throughout my internship. From the moment I started Shashi Sir took the time to get to know me and understand my goals for the internship. They provided me with clear direction and expectations and were always available to answer my questions and provide valuable feedback.

Throughout the internship Mr. Shashi Sinha Sir provided me with invaluable insights and advice that helped me to grow as a professional. Their constructive feedback helped me to improve my skills and approach to my tasks, and their encouragement kept me motivated and focused. I am deeply thankful Mr. Shashi Sinha Sir for time and effort, and for their commitment to my success.

ABOUT THE ORGANIZATION



Fortis Escorts Heart Institute, New Delhi located at near Metro Station, Okhla Rd, Sukhdev Vihar, New Friends Colony, New Delhi, Delhi. It is a multispecialty Hospital managed by Fortis Healthcare. ESCORTS HEART INSTITUTE AND RESEARCH CENTRE LIMITED, OKHLA ROAD, NEW DELHI, an iconic 310-bed hospital, is recognized across the world for its path-breaking work and services, especially in the field of Cardiac Sciences. Fortis Escorts, Okhla, New Delhi, armed with clinical expertise and cutting-edge technology, has saved numerous lives by delivering world-class treatment and high-end patient care. With Padma Shri and Padma Bhushan awardees among its team of renowned doctors, the hospital earned respect as an eminent healthcare institution. Fortis Escorts, New Delhi has four centers of excellence: • Fortis Escorts Heart Institute • Fortis Escorts Liver & Digestive Diseases Institute • Fortis Escorts Kidney & Urology Institute • Fortis Escorts Bone & Joint Institute The hospital offer

ACHIEVEMENTS



- Best Private Cardiac Hospital in India (The Week Magazine, 2014, 2015, 2016, 2018, 2020-2023, 2024)
- Best Cardiology Hospital (Times Health All India Critical Care Hospital, 2018, 2021-2024)
- Best Gastroenterology & Hepatology Hospital (Times Health All India Critical Care Hospital, 2024)
- Best Hospital for Emergency (Times Health All India Critical Care Hospital, 2024)
- Green OT Certification (Bureau Veritas, France, since 2016)

- Best Heart Care Centre in North India (Global Healthcare Excellence Awards, 2013)
- Gold Award in Healthcare Delivery Brand (IHW Awards, 2020)
- Best Hospital in Cardiology – National (Economic Times Healthcare Awards, 2021, 2023)
- AHPI Award for Excellence in Healthcare (2021)
- Best Interventional Cardiology & Cardiac Surgery Award (Medical Value Travels, 2019, 2023)
- Excellence in Cardiac Sciences (ABP Healthcare Leadership, 2019)

Corporate Tie ups:

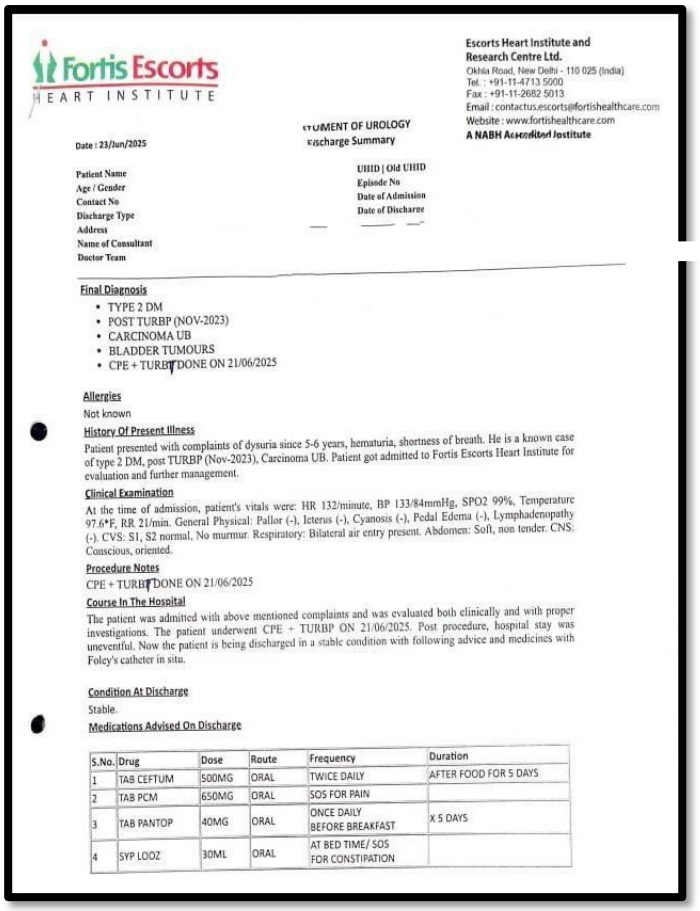
- ✓ CGHS (Central Government Health Scheme)
- ✓ GNCT (Government of the National Capital Territory of Delhi
- ✓ AAI (Airports Authority of India)
- ✓ PMJAY (Pradhan Mantri Jan Arogya Yojana)
- ✓ BSES Yamuna Power Limited
- ✓ Nokia
- ✓ DGEHS (Delhi Government Employee's Health Scheme)
- ✓ IOCL (Indian Oil Corporation Limited)
- ✓ ECI (Election Commission of India)
- ✓ RBI (Reserve Bank of India)
- ✓ RSCWS (Railway Senior Citizens Welfare Society)
- ✓ Air India Limited
- ✓ BHEL (Bharat Heavy Electricals Limited)
- ✓ BSNL (Bharat Sanchar Nigam Limited)
- ✓ ECHS (Ex-servicemen Contributory Health Scheme)
- ✓ HPCL (Hindustan Petroleum Corporation Limited)
- ✓ HUDCO (Housing and Urban Development Corporation Limited)
- ✓ IOCL (Indian Oil Corporation Limited)
- ✓ NHPC Ltd (National Hydroelectric Power Corporation)
- ✓ NTPC (National Thermal Power Corporation Limited)
- ✓ ONGC (Oil and Natural Gas Corporation Limited)
- ✓ Power Grid Corporation Limited
- ✓ SAIL (Steel Authority of India)
- ✓ SBI (State Bank of India)
- ✓ South Eastern Railway

Insurance Tie-ups:

- ✓ Aditya Birla Health Insurance
- ✓ Apollo Munich
- ✓ Bajaj Allianz
- ✓ Chola Mandalam
- ✓ Cigna TTK
- ✓ Dedicated Healthcare Services (DHS)
- ✓ East West Assist
- ✓ Alankit
- ✓ Family Health Plan Limited (FHPL)
- ✓ Future Generali
- ✓ Good Health TPA
- ✓ HDFC ERGO
- ✓ Health India
- ✓ Heritage Health
- ✓ ICICI Lombard
- ✓ IFFCO Tokio
- ✓ MD India
- ✓ Mediassist TPA
- ✓ Medicare TPA Services Pvt. Ltd.
- ✓ Paramount Health Services
- ✓ Park Mediclaim
- ✓ Raksha
- ✓ Reliance General
- ✓ Relegate Health
- ✓ Star Health
- ✓ United Health Care
- ✓ Universal Sompo

INTRODUCTION OF DISCHARGE PROCESS

In the **In-Patient Department (IPD)** of the hospital. Hospital discharge is a critical step in patient care. A patient experiences a mean of four medication changes and may suffer from adverse drug events during their stay [1]. At discharge, health care practitioners need to explain critical information, such as **patients'** diagnoses and their treatment, while integrating **patients'** conditions, perceptions, and needs at the same time. However, patients may not understand or remember the information provided, resulting in confusion, misinterpretation and mismanagement of treatment regimen [2]. Transfer of care to the community requires the discharge summary, including the TTO, to be dispatched to the patient's general practitioner (GP) within 24 hours of the patient's discharge. A comprehensive and precise discharge summary facilitates the transition of care from the hospital to the community, enabling the GP to manage appropriate ongoing care effectively. It is crucial that the discharge summary includes all pertinent information concerning the hospital care episode [3]. **NABH guidelines for the discharge process include an expectation for discharge times to not exceed 180 minutes. However, the observed average discharge times were 240 minutes for planned self-paying patients, 255 minutes for patients leaving against medical advice, and 270 minutes for below poverty-line patients requiring exemption from charges, all surpassing the NABH benchmark.**



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DEPARTMENT OF UROLOGY
Discharge Summary

Date : 23/Jun/2025

Patient Name
Age / Gender
Contact No
Discharge Type
Address
Name of Consultant
Doctor Team

UHID | Old UHID
Episode No
Date of Admission
Date of Discharge

Final Diagnosis

- TYPE 2 DM
- POST TURBP (NOV-2023)
- CARCINOMA UB
- BLADDER TUMOURS
- CPE + TURBT DONE ON 21/06/2025

Allergies

Not known

History Of Present Illness

Patient presented with complaints of dysuria since 5-6 years, hematuria, shortness of breath. He is a known case of type 2 DM, post TURBP (Nov-2023), Carcinoma UB. Patient got admitted to Fortis Escorts Heart Institute for evaluation and further management.

Clinical Examination

At the time of admission, patient's vitals were: HR 132/minute, BP 133/84mmHg, SPO2 99%, Temperature 97.6*F, RR 21/min. General Physical: Pallor (-), Icterus (-), Cyanosis (-), Pedal Edema (-), Lymphadenopathy (-). CVS: S1, S2 normal, No murmur. Respiratory: Bilateral air entry present. Abdomen: Soft, non tender. CNS: Conscious, oriented.

Procedure Notes

CPE + TURBT DONE ON 21/06/2025

Course In The Hospital

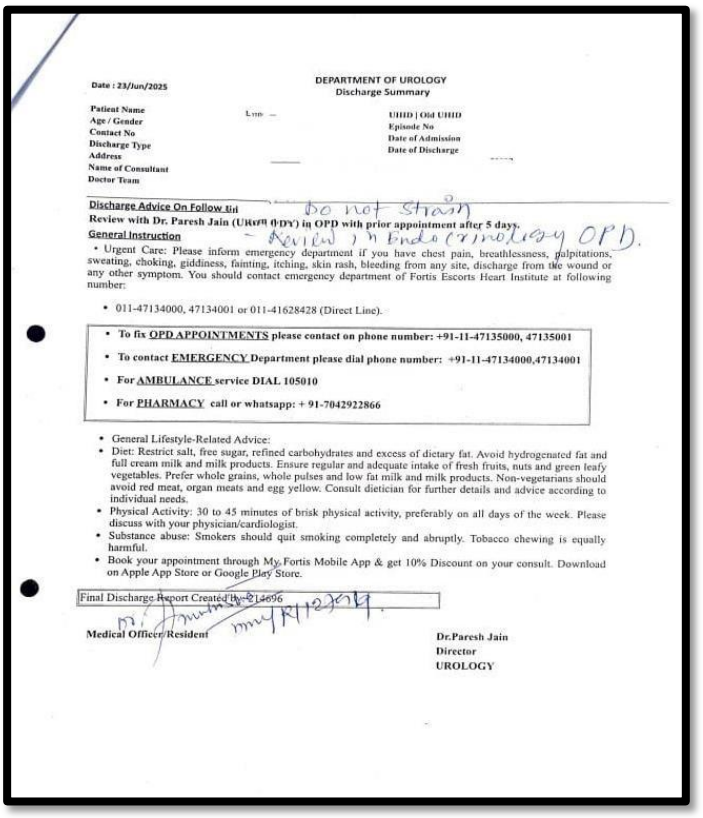
The patient was admitted with above mentioned complaints and was evaluated both clinically and with proper investigations. The patient underwent CPE + TURBP ON 21/06/2025. Post procedure, hospital stay was uneventful. Now the patient is being discharged in a stable condition with following advice and medicines with Foley's catheter in situ.

Condition At Discharge

Stable.

Medications Advised On Discharge

S.No.	Drug	Dose	Route	Frequency	Duration
1	TAB CEFTUM	500MG	ORAL	TWICE DAILY	AFTER FOOD FOR 5 DAYS
2	TAB PCM	650MG	ORAL	SOS FOR PAIN	
3	TAB PANTOP	40MG	ORAL	ONCE DAILY BEFORE BREAKFAST	X 5 DAYS
4	SYP LOOZ	30ML	ORAL	AT BED TIME/ SOS FOR CONSTIPATION	



DEPARTMENT OF UROLOGY
Discharge Summary

Date : 23/Jun/2025

Patient Name
Age / Gender
Contact No
Discharge Type
Address
Name of Consultant
Doctor Team

UHID | Old UHID
Episode No
Date of Admission
Date of Discharge

Discharge Advice On Follow Up

Do not strain

Review with Dr. Paresh Jain (UROLOGY) in OPD with prior appointment after 5 days.

Review in Endocrinology OPD.

General Instruction

- Urgent Care: Please inform emergency department if you have chest pain, breathlessness, palpitations, sweating, choking, giddiness, fainting, itching, skin rash, bleeding from any site, discharge from the wound or any other symptom. You should contact emergency department of Fortis Escorts Heart Institute at following number:
  - 011-47134000, 47134001 or 011-41628428 (Direct Line).

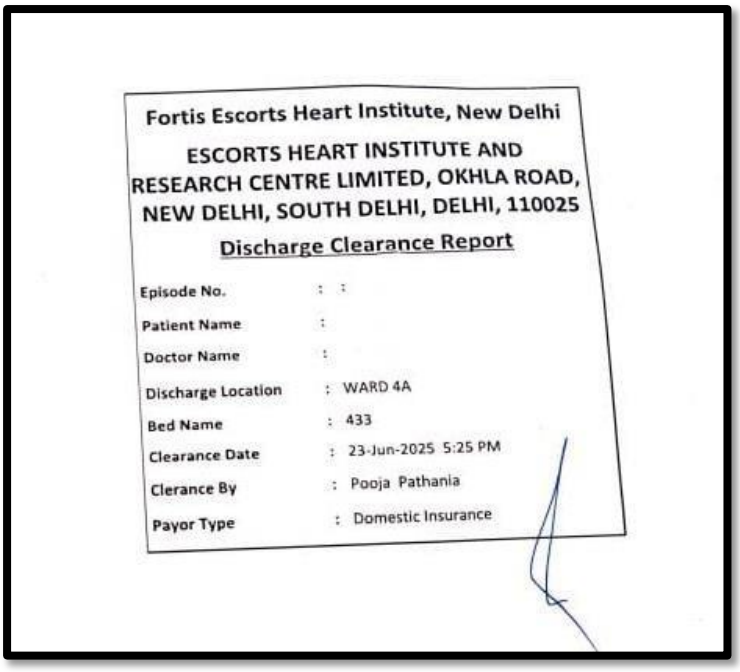
- **To fix OPD APPOINTMENTS please contact on phone number: +91-11-47135000, 47135001**
- **To contact EMERGENCY Department please dial phone number: +91-11-47134000,47134001**
- **For AMBULANCE service DIAL 105010**
- **For PHARMACY call or whatsapp: + 91-7042922866**

- General Lifestyle-Related Advice:
- Diet: Restrict salt, free sugar, refined carbohydrates and excess of dietary fat. Avoid hydrogenated fat and full cream milk and milk products. Ensure regular and adequate intake of fresh fruits, nuts and green leafy vegetables. Prefer whole grains, whole pulses and low fat milk and milk products. Non-vegetarians should avoid red meat, organ meats and egg yellow. Consult dietician for further details and advice according to individual needs.
- Physical Activity: 30 to 45 minutes of brisk physical activity, preferably on all days of the week. Please discuss with your physician/cardiologist.
- Substance abuse: Smokers should quit smoking completely and abruptly. Tobacco chewing is equally harmful.
- Book your appointment through My Fortis Mobile App & get 10% Discount on your consult. Download on Apple App Store or Google Play Store.

Final Discharge Report Created By- 214696

Medical Officer/Resident

Dr.Paresh Jain
Director
UROLOGY



Fortis Escorts Heart Institute, New Delhi

ESCORTS HEART INSTITUTE AND RESEARCH CENTRE LIMITED, OKHLA ROAD, NEW DELHI, SOUTH DELHI, DELHI, 110025

Discharge Clearance Report

Episode No.	:
Patient Name	:
Doctor Name	:
Discharge Location	: WARD 4A
Bed Name	: 433
Clearance Date	: 23-Jun-2025 5:25 PM
Clerance By	: Pooja Pathania
Payor Type	: Domestic Insurance

Final discharge documents

OBJECTIVES OF THE INTERNSHIP

- **To identify the bottlenecks during the discharge process.**
- **To Suggest remedial measures to improvise the discharge process.**

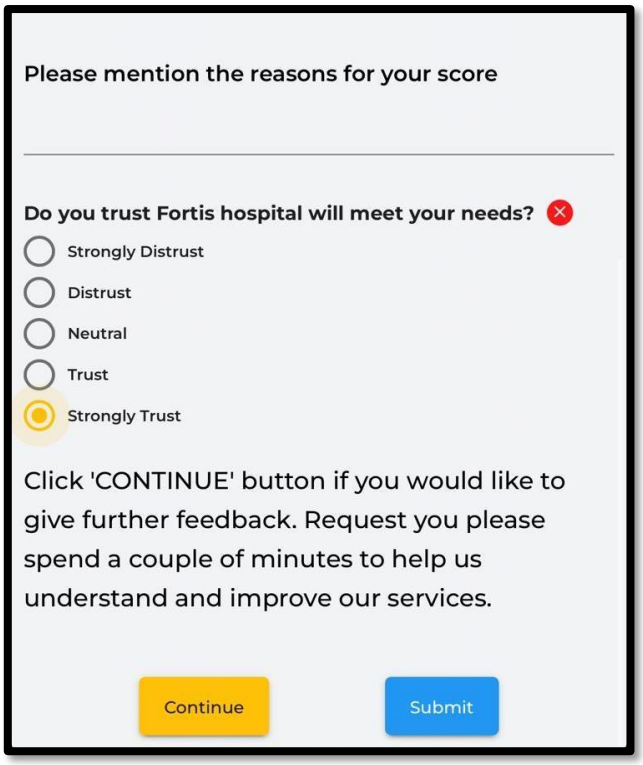
SCOPE OF THE STUDY

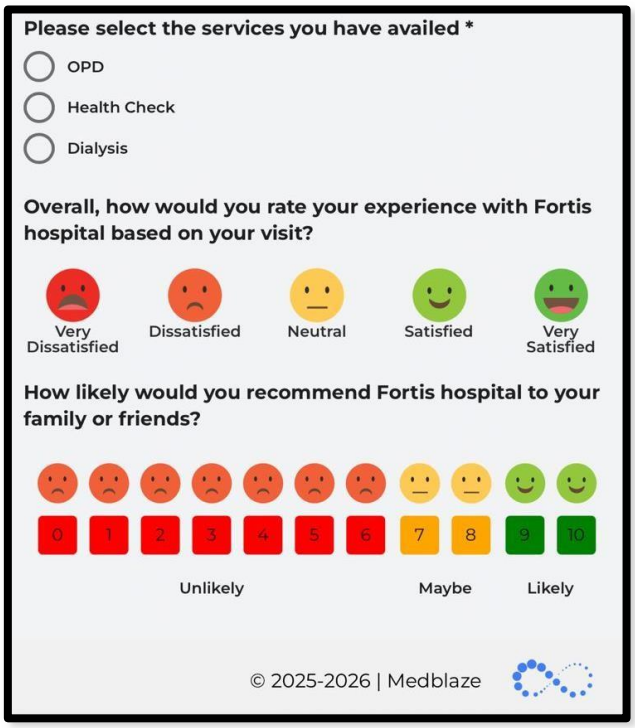
- The purpose was to accurately observe and understand how the dischare process works in a real hospital environment.
- I focused on learning which steps are tracked from when a doctor leaves the rescue order until the patient's moment.
- To get a clear picture, I interacted with:
  The doctor understood how and when to approve approval.
- Steps are involved.
  Patients and their families knowing their experiences during their discharge and all the difficulties they faced.

METHODOLOGY

Study Design	**Descriptive cross- sectional study**
Study Setting	**FORTIS ESCORT HOSPITAL OKHALA**
Study Duration	**2 Months (May-June 2024)**
Study Population	**Patients On Discharge Process**
Sampling Method	**Convenience Sampling Method**
Sources of data	**Secondary Data**

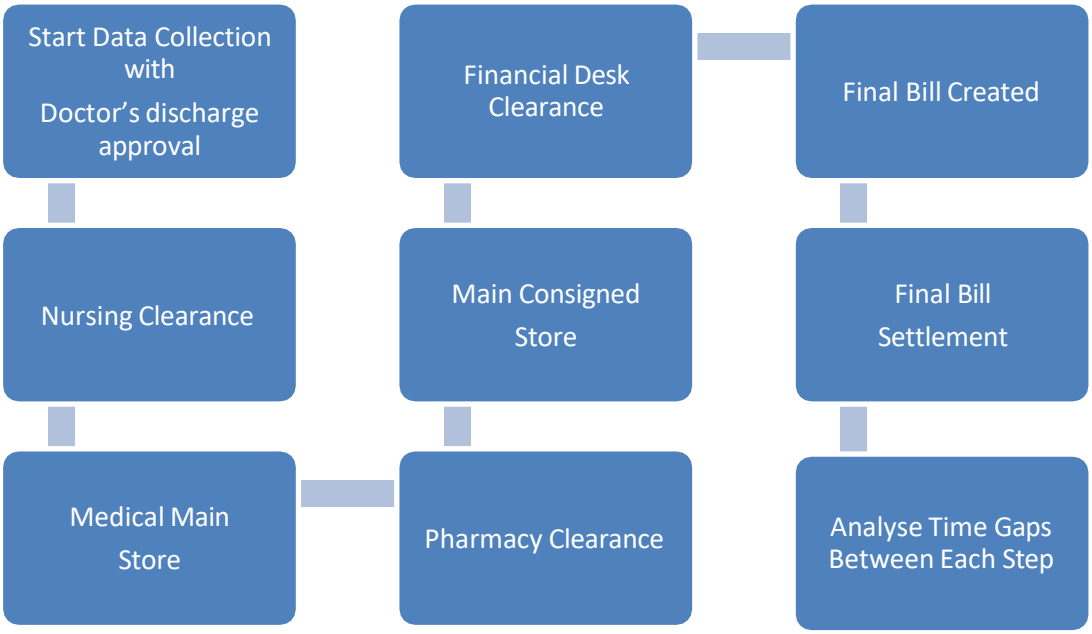
AREAS TO BE FOCUED:	*KEY POINTS*
Observation Focus	Observed the entire IPD discharge process from doctor's order to patient's departure.
Noticed Issues	- Time taken at each process stage - Poor interdepartmental coordination - Frequent delays
Departments Involved	Pharmacy, Finance, Nursing Station, Billing
Interview Approach	Conducted casual conversations and casual interviews with staff and patients
Patient Feedback	Patients and families mentioned delays, confusion, and unclear instructions
Feedback Method	Using a feedback form, filled by the patient
Feedback Topics	Satisfaction, clarity of instructions, time taken





PATIENT FEEDBACK FORM

DATA ANALYSIS



1. Begin Information Collection with Doctors Release Approval:

The release handle starts when the specialist says the patient is fit to go home. Through outlook mails, the Doctor will mail to all department to proceed the process and release documentation starts.

2. Nursing Clearance:

The nurse will check and confirms that the patient's treatment is complete. All nursing procedures, reports, and Documents are cleared and prepared.

3. Main medical Store:

Checks whether the patient has returned any medical equipment or consumables from the main store.

4. Drug store Clearance:

The clinic drug store checks in the event that there are any

unused solutions to be returned. Any charges related to solutions are finalized.

5. Main Consigned Store:

This department handles things that
are provided from exterior sellers but charged through the Hospital (e.g., pacemakers, implants).

Clearance is required
to guarantee all things utilized are appropriately recorded and returned unused.

6. Financial Desk Clearance:

The finance department verifies all department charges.
They check insurance, panel schemes or self-pay details for billing.

7. Final Bill Created:

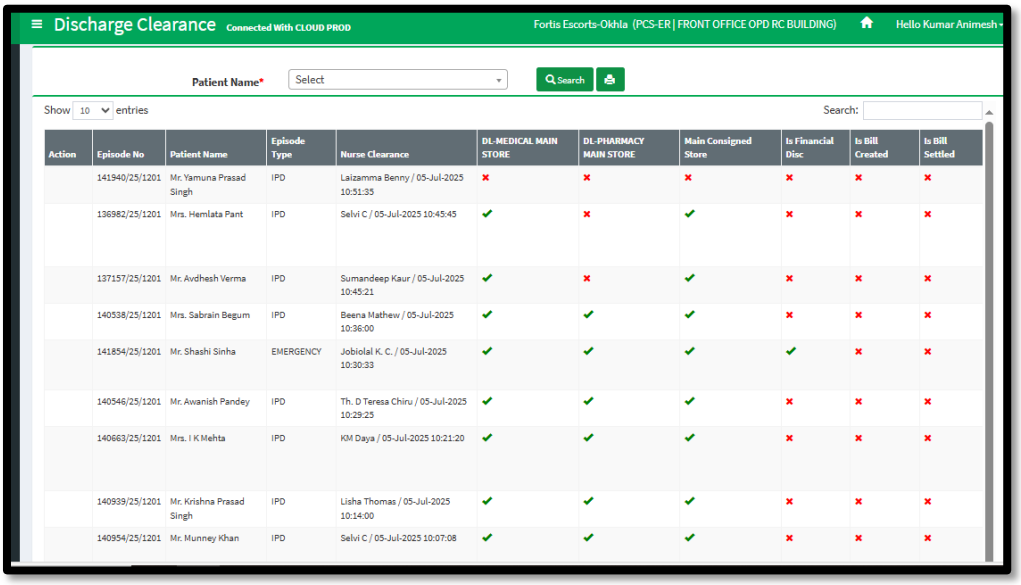
Once all clearances are received, the final bill is generated counting room charges, medical services, lab, drug store, etc.

8 Final Bill Settlement:

The patient or attendant pays the charges (or insurance claim is processed).
Receipts and records are given.

9. **Analyze Time Gape Between Each Step:**

Time taken at each stage is analyzed to recognize delays.
This makes a difference in progress and productivity in future.



Pictorial representation of DISCHARGE CLEARANCE PROCESS

INPATIENT SUMMARY RUNNING BILL

GST No. : 07AAACE8731F1ZS

CIN No. : U85110CH2000PLC023744

Patient Name		Bill No	
UHID		Bill Date	
EpisodeNo		Admitted on	22-Sep-2024 9:48 AM
Age/Sex		Discharged On	
Phone No.		Department	Paediatric Cardio Thoracic Vascular Surgery
Address		Treating Doctor	
Claim No.		Place of Supply	

Customer Details

Customer Category	International - Cash	Insurance/Corp	NA
Customer Name	NA	Customer Site	NA
Customer Address	Individual Cash International, GURUGRAM 122002, HARYANA, India		
GSTIN	NOTAD90002	TPA Name	

S.No	Particulars	HSN/SAC	Gross Amount	Discount		Net Amount	
				Contractual	Discretionary	Taxable	Non-Taxable
1	BLOOD COMPONENT	999311	2,760.00	0.00	0.00	0.00	2,760.00
2	INVESTIGATION	999311	7,917.00	0.00	0.00	0.00	7,917.00
3	CONSUMABLE	999311	7,386.80	0.00	0.00	0.00	7,386.80
4	DRUG	999311	2,895.76	0.00	0.00	0.00	2,895.76
5	OTHER PROCEDURE	999311	3,400.00	0.00	0.00	0.00	3,400.00
6	PACKAGE	999311	536,500.00	0.00	0.00	13,000.00	536,500.00
			560,859.56	0.00	0.00	13,000.00	547,860.00
BILL AMOUNT :							561,509.56

TAX SUMMARY	TAXABLE AMT	CGST(%)	CGST AMT	SGST(%)	SGST AMT	Tax
PACKAGE	13,000.00	2.50	325.00	2.50	325.00	650.00
Total Tax	13,000.00	2.50	325.00	2.50	325.00	650.00

NET BILL AMOUNT			561,509.56
PATIENT SHARE	Patient Amount	561,509.56	561,509.56
DEPOSIT BY PATIENT			16,690.00
NET PAYABLE AMOUNT			544,819.56

Printed By : Snehali Chatterjee

Patient/Attendant's Sign :

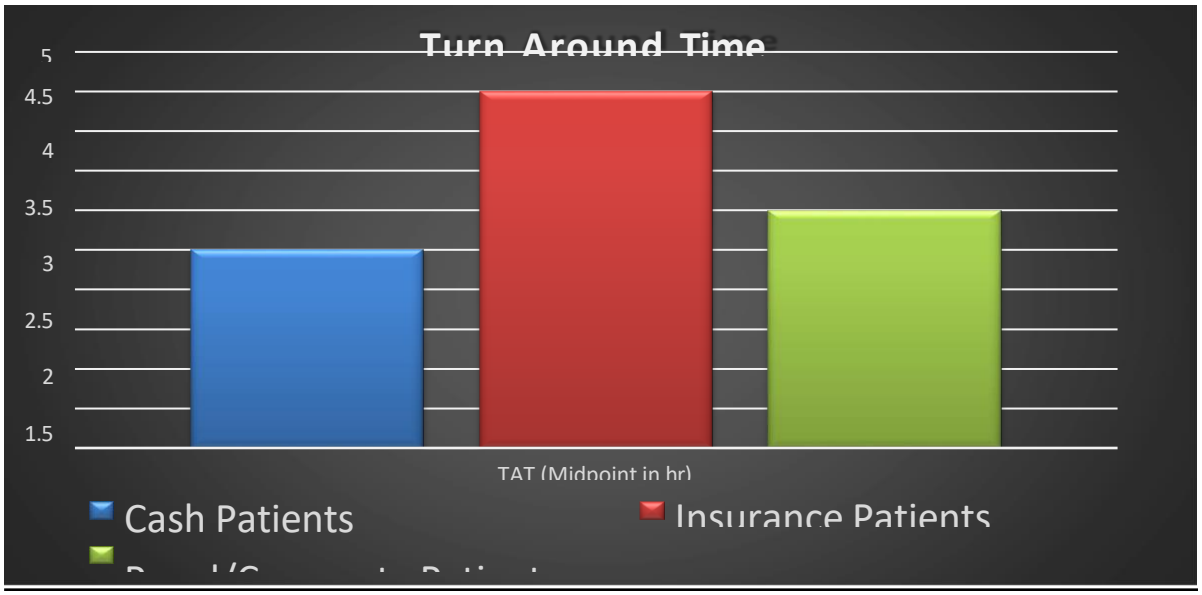
Name : Relation : Phone No :

(Note: All original payment receipts required for Final Bill Clearance.

Print Date : 28-Sep-2024 12:43 PM

Summary of a final settled bill

RESULTS



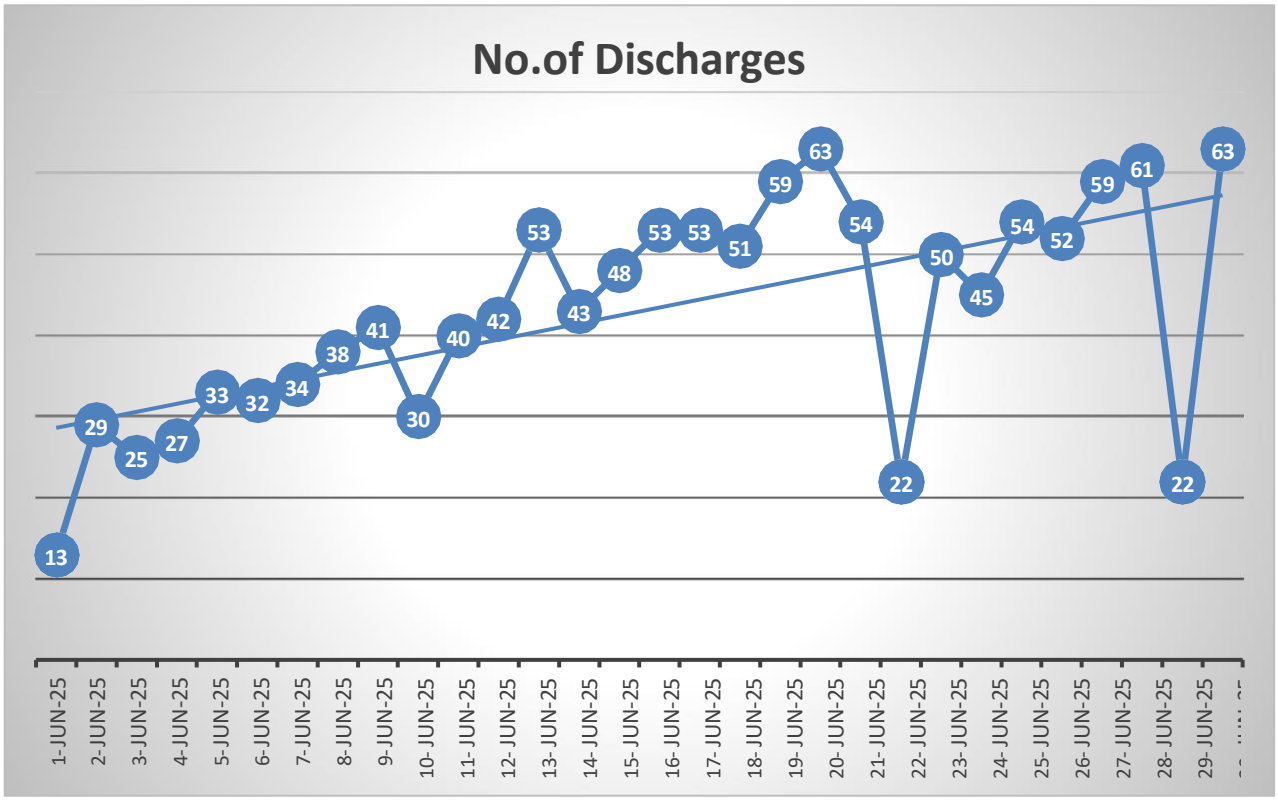
Type of Patient	TAT
Cash Patients	2-3hr
Insurance Patients	4hr
Panel/Corporate Patients	3-4hr

1. **Cash Patients have the shortest discharge time (2.5 hr)**
   - Since no third- party approval is needed, the billing and clearance are faster.
2. **Insurance Patients take the longest time (4.5 hr)**
   - This is because insurance processing needs additional steps like

pre-authorization, document verification and co-ordination with TPAs (Third Party Administrators)

3. Panel Patients fall in between (3.0 hr)

- Their Bills are cleared through company panels or agreements, which also involve approval but not as complex as insurance.



Number of Discharges (1st–30th June 2025)

1.Beginning of the month (1 to 11 June):

- The month began on 1 June with only 13 discharges, which was very low.
- After that, the number of discharges started increasing gradually every day.
- By June 11, it reached more than 50 discharges, which improved well.

2. Bid of month (12th to 20 June):

- During this period, the number of discharges was continuously higher (about 50–63 discharges daily).
- The most discharged (63) took place on 19 June.
- This means that the hospital was working very efficiently during these days.

3. Sudden drops (21st, 23rd, and 29 June):

- On 21st, 23rd and 29 June, the number of discharges fell rapidly to only 22.
- These can be a sudden drop because: Some doctors or employees were not available, Billing or pharmacy delayed,

4. Quick recovery after drops:

- Good part, after every drop, the hospital recovered quickly and went back to 50+ discharge.
- This shows that the hospital team was able to manage things quickly and return to the track.

5. End of month (28th -30 June):

- After a drop on 29 June, the number of discharges again reached 63 on 30 June. This was a strong end of the month.

❖ **Calculate Average Mean= 1259/30=42 Patients**

FINDINGS

1Average Discharge Time:

• The most significant finding I made was that the discharge procedure typically takes four to six hours.

- This implies that patients typically have to wait a few more hours before they are able to leave the hospital, even after a doctor declares that they are ready to go home.
- Both the patient and their family members frequently experience tension and agony as a result of this lengthy waiting period, particularly if they are not notified beforehand.

A. Awaiting the Doctor's Final Prescription:

- Often, the final prescription and discharge statement are not prepared right away, even when the doctor verbally confirms discharge.
- The preparation and signature of the required paperwork may be delayed because doctors are preoccupied with rounds or other patients.

B. **The billing department's tardiness in preparing the bill:**

- The billing team takes some time to prepare the final bill after the nurse demands it.

This postponement could be due to:

Confirmation of all fees (room, care, medications, examinations, etc.)

1. Awaiting other departments' updates
2. Insufficient personnel at the billing desk
3. Payment of the insurance funds

CHALLENGES IN THE CURRENT DISCHAREGE PROCESS

1. **Insufficient Departmental Coordination**:

• There is no real-time contact between the many departments involved in the discharge process, including the pharmacy, billing, doctors, and nurses.

• For instance, there may be needless waiting if the billing team has not yet received the final prescription even though the nurse has the file ready.

• Occasionally, the pharmacy is unaware that a discharge case requires medications immediately.

2. Doctors' Postponement of Final Prescription:

- Doctors frequently put off writing the final discharge report and prescription because they are too busy attending rounds or emergency situations. The nurse is unable to proceed with the remaining steps until the doctor finishes this one, which results in the first significant delay and delays everything else.

3. **The billing process is slow:**

• There are numerous minor chores involved in creating the final bill, such as adding fees for accommodations, medical care, medications, diagnostics,

etc. The billing department may have fewer employees or be overburdened with concurrent patient care.

• In other situations, such as with recently added medications, last-minute modifications are required, which causes a delay in bill completion.

RECOMMENDATIONS

- Managing a PCS inpatient department effectively requires a combination of strategic planning, efficient processes, and a focus on patient care. Here are some key recommendations:

- **Improve Discharge Coordination:** Delays in the discharge process were quite common and often caused frustration for patients and their families. A dedicated discharge coordination team or a checklist system could help speed things up by ensuring all departments (billing, pharmacy, nursing, doctors) are ready on time.

- **Use Digital Alerts for Discharge Readiness:** Implementing a digital notification system within the Hospital Information System (HIS) to alert all concerned departments when a patient is ready for discharge could save time and improve communication.

- **More Training for New Staff and Interns:** A brief orientation or hands-on training session at the beginning of the internship would help new interns and junior staff understand the processes better and reduce confusion in the early days.
- **Strengthen Communication Between Departments:** Miscommunication or delays in passing information between departments (e.g., between pharmacy and billing or nursing and PCS) often led to hold-ups. Regular updates or short coordination meetings could help keep everyone on the same page.

- **Speed Up Refund and Billing Adjustments:** Refund processing sometimes took longer than expected. A faster verification and approval process could improve patient satisfaction and reduce post-discharge queries.

- **Create Clear Discharge Instructions for Patients:** Sometimes patients left the hospital without fully understanding their medication, follow-up dates, or care instructions. A printed, easy-to-understand discharge guide reviewed with them by a staff member could help.

- **Regular Audit of Documentation:** Minor errors or missing information in patient documents can cause delays. Weekly internal audits and checks can help maintain better accuracy and avoid last-minute issues.

- **Better Utilization of HIS for Real-Time Bed Tracking:** Bed management could be even more efficient if all updates (cleaning status, transfers, occupancy) were entered into the system in real time by all concerned staff.

- **Encourage a More Patient-Friendly Environment:** While most staff were polite and helpful, some interactions with patients' families felt rushed mostly due to workload. Encouraging a little extra time to explain things to patients could go a long way in building trust and comfort.

- By focusing on these areas, you can enhance the efficiency, quality, and patient satisfaction in your inpatient department. Regularly reviewing and Updating your practices based on feedback and new developments in healthcare will help maintain high standards of care.

LEARNING METHODS ADOPTED DURING INTERNSHIP

During my internship at FEHI in the PCS IP Department, several learning methods were employed to enrich my experience and enhance my understanding of hospital operations, patient care, and healthcare management.

An overview of the hospital's mission, vision, organizational structure, and key policies. Specific training related to the inpatient department's operations, including patient flow, discharge procedures, and departmental protocols. Rotating through different roles within the department, such as admissions, billing, patient liaison, and discharge planning.

Shadowing experienced hospital administrators allows me to observe real-life scenarios, understand workflows, and gain insights into the daily operations of the inpatient department. This hands-on approach provides interns with practical knowledge about how administrative tasks are managed in a hospital setting. Handling specific administrative tasks under supervision, such as scheduling, resource allocation, and patient record management.

Participating in the admission process gave me practical experience in handling patient documentation, bed assignments, and initial assessments. I assisted with the discharge process and coordinate follow-up appointments.

Interactions with healthcare professionals served as invaluable learning opportunities. Through regular discussions, I engaged with staff members to exchange ideas, seek guidance, and gain diverse perspectives on patient care. These interactions facilitated collaborative learning, enabling me to broaden my knowledge base, refine my critical thinking skills, and appreciate the importance of teamwork in healthcare settings.

Additionally, networking with industry experts allowed me to explore career pathways, solicit career advice, and establish professional connections for future endeavors.

Active involvement in hospital activities provided a holistic understanding of healthcare operations. Through these experiences, I gained insights into healthcare management principles, resource allocation strategies, and patient-centered initiatives, reinforcing the importance of empathy, innovation, and continuous improvement in healthcare delivery.

KEY LEARNING FROM THE INTERNSHIP

Key learning during internship at FEHI, New Delhi are: -

- Practical application of theoretical concepts through observation of day-to-day hospital operations.
- Gained an understanding of healthcare management structures, including roles of administrators, department heads, and support staff.
- Explored the organizational hierarchy, administrative processes, and compliance regulations within the hospital setting.
- Observed the use of technology and administrative systems to enhance productivity and facilitate data-driven decision-making.
- Understanding diverse perspectives through interactions with healthcare professionals, support staff, and stakeholders.
- Importance of collaborative decision-making and problem-solving skills.
- Holistic view of hospital operations and department interconnectedness.
- Fostering a culture of safety and maintaining a secure environment for patients and staff.
- Explored initiatives aimed at enhancing the patient experience, including customer service protocols, patient feedback mechanisms, and amenities improvement.
- Engaged in cross-departmental collaboration to address administrative

challenges, coordinate services, and implement strategic initiatives.

- Developed communication and negotiation skills to facilitate effective teamwork.
- Networking opportunities and mentorship from experienced administrators to support personal and professional growth. Overall, the internship provided valuable insights into the administrative aspects of healthcare management, equipping me with practical skills, industry knowledge, and a deeper appreciation for the complexities of healthcare administration.

OBSERVATION

During my two-month internship at Fortis Escorts Heart Institute in the Patient Care Services (PCS) Inpatient Department, I had the chance to see how a hospital really functions behind the scenes. While patients and their families usually focus on the doctors and treatment, I observed the enormous amount of teamwork and coordination it takes from many departments to keep everything running smoothly.

One of the most striking things I noticed was how every small task, whether it's checking a document, confirming a bill, or assigning a bed, has a direct impact on patient care. For example, a small mistake in paperwork can delay a patient's discharge, causing stress for the family and creating a shortage of beds for new patients. This made me realize how critical accuracy and attention to detail are in hospital administration.

I also saw the pressure that staff work under especially when trying to balance patient expectations with internal procedures like billing, insurance approvals, or medical clearances. Despite this, I noticed how most staff members remained calm, professional, and focused on solving problems quickly.

Another major observation was how important communication is in a hospital setting. Whether it was between doctors and nurses, or between departments like pharmacy, billing, and PCS, clear and timely communication made a big difference in how quickly patients could be discharged or admitted.

I observed many situations where families were anxious or frustrated, especially during delays. It was inspiring to see how PCS staff handled these situations with patience and empathy. It taught me that soft skills like listening and explaining things clearly are just as important as technical knowledge in a hospital setting.

Overall, my internship opened my eyes to the detailed and delicate process of patient care management. It helped me understand that running a hospital smoothly is not just about medical treatment it’s also about organization, coordination, communication, and compassion. This experience has deepened my respect for healthcare workers and confirmed my passion for working in hospital administration.

CONCLUSION

The heart institute at Fortis, which provides clinical care, concludes once a doctor declares the patient fit for discharge. However, the administrative process that follows is intricate and time-sensitive, typically taking around four to six hours. Through careful observation, interviews, and data collection of patient files, I discovered that even minor issues, such as an unsigned prescription, an unrecovered medication, or a billing query, can have a domino effect and disrupt every subsequent step in the process. Even minor problems (such as missing prescriptions or delayed medication returns) can significantly slow down the entire discharge process. An efficiently organized and prompt discharge process not only enhances patient satisfaction but also creates space for new admissions. The internship experience played a crucial role in honing skills such as problem-solving, adaptability, time management, and teamwork.

THANK YOU



POSTER

Fortis Escorts HEART INSTITUTE

DISCHARGE IMPROVEMENT PROCESS Of FORTIS ESCORT HOSPITAL OKHALA

IIHMR DELHI

Done By Dr. Malvika Kumari (PG/24/123) and Mentor: Dr. Divya Aggarwal

01. Introduction

•**Discharge is the final step** before the patient leaves the hospital after completing treatment.
•**Many departments are involved** in the discharge process, such as:
Nursing staff – prepare documents, explain care after discharge, return patient items.
Billing department – makes the final bill for payment.
Pharmacy – gives medicines the patient needs to take home.
•**Even small delays** or poor communication between departments can slow down the whole process.
•Because of this, the **discharge system should be fast, clear, and well-coordinated**.
•The **goal of the study** was to:
Understand the current process.
Identify problems faced by staff and patients.
Suggest improvements to make the discharge smooth and hassle-free.

02. Objective

- To identify the bottlenecks during the discharge process.
- To Suggest remedial measures to improvise the discharge process.

03. Methodology

Study Design:
Descriptive Observational Study
Study Setting:
FORTIS ESCORT HOSPITAL OKHALA
Study Duration:
2 Months (May-June 2024)
Study Population:
Patients On Discharge
Sampling Method :
Exhaustive Sampling Method
Study Tool:
Secondary Data

04. Results

1. **1st–11th June**: Discharges gradually increased from 13 to 50+, showing steady improvement.
2. **12th–20th June**: Consistently high discharges (50–63); peak was 63 on 19th June—indicates strong efficiency.
3. **21st, 23rd, 29th June**: Sharp drops to 22 discharges—likely due to staff unavailability or process delays.
4. **After Drops:** Quick recovery to 50+ discharges shows effective management.
5. **30th June:** Month ended strong with 63 discharges.

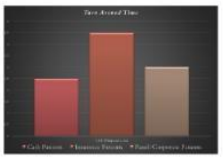


05. Analysis

•Determining the average discharge time for all of the patients, the problems were:
• Awaiting the doctor's final prescription.
• The final bill's preparation was delayed.
• A delay in providing directions for follow-up.
•Insurance clearance
•Insufficient Departmental Coordination

TURN AROUND TIME:

Type of Patient	TAT
Cash Patients	2-3hr
Insurance Patients	4hr(approx.)
Panel/Corporat e Patients	3-4hr



06. Conclusion

- *At Fortis Escorts Heart Institute, I observed that while clinical care ends with a doctor's discharge approval, the administrative discharge process takes 4–6 hours due to delays like unsigned prescriptions or pending billing*
- *. These small issues affect the entire workflow. A smooth discharge process boosts patient satisfaction and bed availability. The internship improved my skills in problem-solving, time management, adaptability, and teamwork.*

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