SUMMER INTERNSHIP REPORT

ON

EVALUATING DISCHARGE EFFICIENCY - TAT STUDY IN MOTHER AND CHILD DEPARTMENT

AT

MAX SUPERSPECIALITY HOSPITAL, VAISHALI

(MAY 01ST TO JUNE 30TH, 2025)

A REPORT

BY

ANCHAL KALIA

(PG/24/011)

MENTOR – Dr. SUMANT SWAIN

PGDM (HOSPITAL AND HEALTH MANAGEMENT)

2024-2026

INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH, NEW DELHI

ACKNOWLEDGEMENT

I would like to extend my heartfelt appreciation to everyone who supported me throughout my summer internship and the completion of this research study, Evaluating Discharge Efficiency: Turnaround Time (TAT) Study in the Mother and Child Department, under the auspices of Max Healthcare, Vaishali, from May 1 to June 30, 2025.

Mostly, I want to express my gratitude to my internship supervisor, Dr. Akriti Mahajan, from the Medical Administration Department at Max Healthcare, Vaishali, for her guidance, support, and expertise.

Her insights into hospital operations and patient flow management were instrumental in directing this study, particularly about the complexities of discharge processes within the MOTHER AND CHILD DEPT. Her consistent encouragement and constructive suggestions motivated me to approach this research with commitment and enthusiasm.

I am also thankful to my academic mentor, Dr. Sumant Swain, International Institute of Health Management Research (IIHMR), Delhi for providing his guidance.

His knowledge in health management research gave a solid groundwork for the design of this study, ensuring compliances with NABH standards. His encouragement to know about practical challenges in healthcare delivery inspired me to pursue this project with an passion on actionable results.

I am profoundly grateful to the staff and administration of the Mother and Child Department at Max Healthcare, Vaishali, for their cooperation and support during the data collection phase.

Additionally, I appreciate the administration at Max Healthcare, Vaishali, for granting me the opportunity to undertake this internship and contribute to enhancing discharge efficiency. Their commitment to quality care and adherence to NABH guidelines fostered a conducive environment for this research.

I also want to thank my colleagues and friends at IIHMR Delhi for their constant support and insightful discussions, which broadened my perspective on hospital administration and patient care.

Their feedback during the planning and analysis stages was invaluable and was very much helpful.

REGARDS

ANCHAL KALIA

MAX Healthcare | 25 YEARS OF SERVICE AND EXCELLENCE

Date: 30th June'2025

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms. Anchal Kalia** has completed her **Internship** in the department of **Medical Administration** from **1st May'2025** to **30th June'2025.**

During the above said period her work and conduct was found good.

We wish her all the best for future endeavors.

For Max Super Speciality Hospital, Vaishali
(A Unit of Crosslay Remedies Ltd.)

Max Super Speciality Hospital W-3, Sector-1, Vaishali, Ghaziabad-201012 (A unit of Crosslay Remedies Ltd.)

Bhagwat Singh Bisht
DGM – Human Resources

Max Super Speciality Hospital, Vaishali
(A Unit of Crosslay Remedies Limited)
W-3, Sector-1, Vaishali, Ghaziabad - 201 012, U.P.
E: info.vsh@maxhealthcare.com
For medical service queries or appointments, call: +91-120 4188 000, 4173 000
www.maxhealthcare.in

Crosslay Remedies Limited
Regd. Office: Max Hospital, Gurugram,
Block B, Sushant Lok Phase - 1,
Gurugram - 122 001, Haryana
E: secretarialcrl@maxhealthcare.com
(CIN: U24239HR2002PLC129635)

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H-2010-0058 Oct 29, 22 - Oct 28, 26 Since Oct 29, 2010

(Completion of Summer Internship from respective organization)

The certificate is awarded to

Name: Anchal Kalia

In recognition of having successfully completed her internship in the department of

Medical Administration

and has successfully completed her Project on

Title: "Evaluating Discharge Efficiency: TAT Study in Mother & Child Department"

Date: May 1st,25 - June 30th,25

Organisation: Max Super speciality Hospital, Vaishali

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.

Akriti 27/6/25

Organization Supervisor

Dr Akriti Mahajan

Head-HR/Department Head

FEEDBACK FORM
(Organization Supervisor)

Name of the Student: Anchal Kalia

Summer Internship Institution: Max Super Speciality Hospital, Vaishali

Area of Summer Internship: Medical Administration

Attendance: 100%.

Objectives met: Yes

Deliverables: Upto the mark.

Strengths: Demonstrates rapid learning capabilities and good at audits.

Suggestions for Improvement: Can work on interpersonal skills

Akriti

Signature of the Officer-in-Charge (Internship)

Date: 27/6/25.

Place:

Certificate of Approval

The Summer Internship Project of titled **"EVALUATING DISCHARGE EFFICIENCY - TAT STUDY IN MOTHER AND CHILD DEPARTMENT"** at **"MAX HEALTHCARE, VAISHALI** 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 Dr. Sumant Swain, MPhil, Ph. D
Designation Assistant professor
IIHMR, Delhi

FEEDBACK FORM

(IIHMR MENTOR)

Name of the Student: Anchal Kalia

Summer Internship Institution: Max Super Speciality Hospital, Vaishali

Area of Summer Internship: Medical Administration

Attendance: 100 %

Objectives met: Yes

Deliverables: Upto the mark

Strengths: Good Analytical & observational skills,
Adaptable & quick to acquire new skills.

Suggestions for Improvement: Work on Interpersonal skills

Signature of the Officer-in-Charge (Internship)

Date: 11/7/25
Place: IIHMR, Delhi

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ABBREVIATIONS

- TAT Turnaround Time
- NABH National Accreditation Board for Hospitals & Healthcare Providers
- HIS Hospital Information System
- TPA Third Party Administrator
- ICU Intensive Care Unit
- MCH Mother and Child Health (Department)
- OPD Outpatient Department
- IPD Inpatient Department
- PSU Public Sector Undertaking (insurance/corporate panel)
- QA Quality Assurance
- SOP Standard Operating Procedure
- POC Point of Care

OBSERVATIONAL LEARNING AT MAX HOSPITAL, VAISHALI

1: INTRODUCTION.

Max super speciality hospital is the leading Tertiary care hospital in India that offers the comprehensive medical services. The Max Healthcare network, which includes the Vaishali facility also, is the leading healthcare provider in India, offering the advanced facilities, servives and specialized care for maternity and neonatal care.

The hospital follows the criteria set by NABH, promising the better care of patient and operational efficiency. I performed a comprehensive study in my summer internship at Max Healthcare which was of 2 months from May 1 to June 30, 2025 and aimed to measure Turnaround Time (TAT) in Mother and Child Department after the initial discharge to when patient physically vacate the bed .However i also observed the TAT across other departments too to compare the delay reasons

The discharge process is a critical component of the hospital care, and it has measurable effects on patient satisfaction, the availability of beds, as well as the overall efficiency. In high-demand settings like the MOTHER AND CHILD DEPARTMENT, where postpartum and neonatal care necessitates specialized care, hospitals can manage beds due to timely turnover through an efficient discharges.

As per the NABH guidelines, a discharge TAT of more than 180 minutes is considered excessive from the time of release until the patient leaves hospital. The goal of this rule is to enhance patient experience, decrease downtime, and improve overall healthcare.

I performed a study with 192 patients in the MOTHER AND CHILD DEPARTMENT to determine average TAT and to identify potential causes of delays, evaluate adherence to NABH guidelines, and provide recommendations.

The results from the internship indicate that the duration of discharge TAT was going longer than 180 minutes due to bottlenecks such as pending Third Party Administrator (TPA) approvals, no-dues clearance, and logistical challenges like limited wheelchair access or delayed medication dispensing.

The problems were not limited to the Mother and Child Department, but were present in other departments such as general medicine, surgery, and pediatrics, indicating systemic difficulties in discharge processes across the hospital.

The aim of this study is to determine the magnitude of these delays, explain their origins, and provide practical guidance to comply with NABH guidelines. Inefficiencies are being addressed by the study to enhance the patient experience, improve bed quality, and support hospital quality.

Outcomes, with the guidance of my mentor Dr. Akriti Mahajan employed by Max Healthcare. Enhanced discharge processes are crucial for improving the heathcare delivery

2**: DATA COLLECTION TECHNIQUE.**

During the two-month internship, data was collected daily with the help of hospital informaton sys. Patient identification, discharge time duration, physical vacate time and reasons for delays were recorded on a structured discharge sheet on excel. The reasons for delay were listed on a list that included TPA approvals, no-dues clearance and transport, wheelchairs (for example) and the dispensing of medication. Hospital records were compared and verified against the data entered into an Excel spreadsheet.
Furthermore, informal observations and discussions with staff across various departments (e.g, general medicine, surgery) offered insights into the discharge processes at the hospital, focusing on TAT and common bottlenecks.

3. LEARNINGS

Across the different departments at Max Healthcare, Vaishali, I found that there are significant factors that affect discharge efficiency, particularly in cases where delays exceeding the NABH 180-minute limit. Here is a summary of the major findings by department:

In the Mother and Child Department identified a common cause of discharge delays as delay in TPA approvals necessitated extensive coordination with insurance providers, which frequently prolonged TAT beyond 180 minutes which is set by NABH . Additional delays were caused by logistical challenges, including limited wheelchair accessibility and slow medication dispensing.

Like the MOTHER AND CHILD DEPARTMENT, TPA approvals were the primary factor that prolonged the discharge of TAT. Patient wait times were often prolonged, resulting in delayed completion of billing documents

The Surgery Department faced significant delays due to the need for TPA approvals, especially for procedures that detailed insurance documentation. This resulted in delay of post-surgical discharges. Longer TAT times were also attributed to not better coordination among the surgical and administrative teams.

Also the PEDIATRICS Department faced difficulties in arranging transportation for PAEDIATRIC patients and dealing with delays caused by TPA, as families often required extra time to ensure safe travel for their children.
Among all the departments the TPA approval is considered as most important factor affecting discharge efficiency, and TAT was consistently exceeding the NABH timeline, which is above 180 mins. This particular issue, affecting all hospital departments, highlighted systemic problems in insurance coordination and administrative procedures.

4.CONCLUSIVE LEARNING.

In my summer internship, I gained significant understanding of the operations of hospital administration, particularly the constituents that collectively affect the discharge procedure. The discharge process which appeared to be a simple task — sending patients home after their treatment is finished — turned out to be a complicated process that includes clinical decisions, billing protocols, insurance approvals, pharmacy coordination, and patient support services like wheelchair.

At Max hospital , the most markable observations was the determined delays caused by TPA approvals, which were noticeable not only in the MCD but also across all other departments. This point up how administrative insurance workflow can significantly affect the overall TAT, directly impacting how speedily beds can be made available for other upcoming patients. Additionally, other obstacles such as obtaining no-dues billing clearances, waiting for final medications, and logistical issues like the lack of available wheelchairs also had considerable effects.

Experiencing these delays firsthand reinforced the necessity of aligning hospital practices with NABH standards, which aim to ensure discharges are completed within 180 minutes. Failing to meet this benchmark does more than jeopardize compliance; it hampers patient flow, strains staff productivity, and ultimately shapes patient and family perceptions of the quality of care provided by the hospital.

On a personal level, being mentored by Dr. Akriti Mahajan at Max Healthcare was crucial in enhancing my understanding of healthcare management beyond what is found in textbooks. Her practical insights into balancing clinical priorities with operational necessities illustrated how effective discharge processes not only boost patient satisfaction but also help optimize essential hospital resources. I particularly appreciated her interactive discussions, which expanded my understanding of why a smooth patient flow is fundamental to both high-quality care and the reputation of the institution.

In summary, this internship provided me with a realistic view of how closely clinical care, administrative thoroughness, and logistical preparedness are interconnected in any healthcare environment. It highlighted the importance of proactive collaboration between different departments to address systemic delays and consistently achieve established standards, ensuring that patients depart from the hospital with the same positive experience they sought upon their arrival.

5.LIMITATION.

The internship project offered significant understanding about the discharge processes at Max Hospital, Vaishali, but there were various limitations that need to be acknowledge.

Firstly, the study duration was limited to two months only, which shortened observations. Hospital workflows can differ due to seasonal patient admissions, changes in staff , or other external health events, recommend the discharge trends observed during this time may not accurately reflect year-round conditions.

Secondly, the attempts were made to assess discharges across all different departments, the research was mainly centered on the MCD. This focus was largely due to the department's high daily discharge rates and better accessibility for daily monitoring. Consequently, the specific factors contributing to delays in departments like general surgery or critical care may not have been documented with the same level of detail.

Another constraint was the reliance on data sourced from the Hospital Information System (HIS). While HIS offered precise timestamps for discharge notifications and actual discharges, there were instances of incomplete or delayed entries that necessitated confirmation with nursing or billing staff.

Moreover, the reasons for delays were often recognised based on interactions with staff and personal observations, which, while being honest and detailed, still run the risk of observer interpretation bias.

Finally, since this study was conducted within the context of an internship, there were inherent limitations regarding the depth of administrative access permitted. Certain financial and internal performance reports were inaccessible to an intern, which meant that more comprehensive multi-month departmental comparisons could not be made.

6.SUGGESTIONS FOR THE IMPROVEMENT.

Pro-active TPA Management:
on the whole TPA approvals are the leading cause of delays, the hospital should implement a special early insurance coordination sys. For cases that are likely to be discharged the following day, paper work of insurance and pre-authorizations could be processed in advance. This forward-thinking strategy would help reduce the last-minute TPA documentation that hinders the actual discharge process.

Advance Billing and Clearance for Discharge:

commencing billing assessments and clearance checks a day prior, as indicated by the clinical team for expected discharges, can considerably reduce final discharge times. A pre-discharge checklist maintained by the ward supervisor could ensure that billing estimates, pending tests, and pharmacy orders are all identified ahead of time.

Enhance the Pharmacy Alert Systems:

Delays in medications can be reduced by programming the Hospital Information System (HIS) to automatically alert the pharmacy as soon as discharge orders are issued. Moreover, establishing a small priority dispensing counter specifically for discharge patients during peak periods could expedite these cases.

Better Logistical Coordination:

Basic logistical challenges such as waiting for wheelchairs or patient transport can unexpectedly prolong turnaround times. Keeping a designated supply of wheelchairs near departments with high discharge rates and scheduling additional porters during typical morning and afternoon discharge times could effectively alleviate this bottleneck.

Staff Awareness and Feedback Sessions:

The staff of hospital often handle numerous responsibilities, and discharge timelines may not always remain a priority. Regular brief meetings each month to highlight average turnaround times by department, sharing the compliance statistics can maintain focus on discharge efficiency and foster collective accountability.

Enhanced Family Preparation and Discharge Guidance:

Occasionally, families can cause delays due to their unpreparedness to leave—arranging transport or gathering belongings only after being informed of the discharge. Providing more structured discharge guidance the day before, with explicit communication regarding anticipated discharge times, can help ensure families are prepared to depart on time.

Execute Real-Time TAT Monitor Dashboard:

Using the HIS, create a live dashboard that displays discharge orders pending beyond specific intervals (like 90 or 150 minutes) could help nurse managers and administrators to take timely action.

PROJECT REPORT

EVALUATING DISCHARGE EFFICIENCY - TAT STUDY IN MOTHER AND CHILD DEPARTMENT

INTRODUCTION

The process of discharging a patient from the hospital represents much more than just the concluding phase of treatment it's the result of days or, weeks of care and the last direct interaction a patient experiences with the healthcare system during their stay.

The way in which this procedure is carried out can significantly affecting the lasting impression that patients and their families take home regarding the efficiency and compassion of the hospital.

A slow, confusing, or inadequately coordinated discharge procedure can overshadow even the most exemplary medical care provided during the hospital stay.
Max Hospital, is a multispecialty hospital in the Delhi, NCR area. Known for its specialized services in maternity and child healthcare, as well as general medicine, surgery, and emergency services, the discharge process at the hospital is a critical focus area, not only to ensure compliance with accreditation benchmarks of NABH but also to guarantee that beds are quickly available for the next patient in need of care.

RATIONAL E

In addition to satisfaction, the efficiency of discharges has significant consequences for hospital operations. Delays in completing the discharge processes can restrict beds from being available for new patients who need care.

To tackle the issue, National Accreditation Board for Hospitals & Healthcare Providers (NABH) have established clear benchmarks for hospitals. According to NABH standards, the entire discharge process from beginning when the doctor issues the discharge order to when the patient physically vacates the bed should ideally take no longer than 180 minutes (3 hours).

In my two-month internship in the medical administration department, my project primarily targeted the MCD, I also expanded my inspection across various other hospital departments to gain a complete knowledge of the discharge workflow and to identify whether similar delay patterns were present elsewhere.

RESERCH QUESTION:

What is the average turnaround time (TAT) from discharge intimation to patient physically leaving the hospital and what are the primary reasons contributing to delays that exceed the NABH-recommended standard of 180 mins (3 hour)?

OBJECTIVE:

To calculate the average TAT for patient discharges recorded during the study period.
To identify the most prominent reasons for delays in completing discharges.
To assess the % of cases that adhered to the NABH guideline of completing the discharge process within 180 minutes.
To offer some suggestions at the departmental level that can help streamline the discharge process, decrease patient waiting times, and improve bed availability for new admissions.

METHOD TO DATA COLLECTION

To obtain a complete understanding of process of discharge, I utilized the hospital's digital systems along with direct observations on floors. The Hospital Information System (HIS) allowed for the methodical extraction of data regarding the timings for discharge initiations and completions.
This method gave assurance that the recorded timings were accurate and derived from the hospital's electronic records, reducing the likelihood of manual mistakes.

on addn to this, I performed daily physical rounds across various wards—not just limited to the Mother and Child Department but other dept also. During these visits,

I carefully tracked each patient's discharge progression, starting from when the doctor initiated the discharge until the patient actually departed from the bed.

I engaged with nursing staff to gain insights into the promptness of discharge summary preparations,
and I discussed some cases with team of billing to assess the duration of no-dues clearances and insurance approvals (TPA processing).
I did interaction with pharmacy staff related to delays in medication finalization and noted how often logistical challenges, such as the availability of wheelchairs are causing delays.

DATA ANALYSIS

To assess the efficiency of discharge process of hospital, the main objective of the analysis was to calculate the average turnaround time (TAT) .

- Using Excel, individual TATs for each patient were computed based on their time,
- As results overall **average of 3.21 hours (201 minutes) was found across the 192 patients** who were analyze. This provided a clear metric to determine how closely the hospital was following to the NABH guideline of 180 minutes.

  On addn. to calculating the overall average, the analysis also differentiates delays on basis of panel types (cash, corporate, PSU, TPA) to assess whether insurance and administrative processes were impacting discharge times. This was important as insurance-related paperwork is frequently mentioned as a reason for prolonged hospital stays.
- This analysis reveals that patients under **TPA and PSU had the longest average TATs, at 221 and 216** minutes respts., both surpassing the overall average and the NABH target. Conversely**, cash** patients experienced a faster discharge process, averaging slightly under the guideline at **178 minutes.**

  To identify specific bottlenecks, reasons for delays recorded daily on discharge log sheets were gathered and categorized. Pivot tables and simple percentage distributions were generated in Excel, showing that
- **TPA approval** processes were responsible for **approximately 36% of** all delays, making it the most significant obstacle across the departments evaluated.

  The choice to calculate these averages, explore panel-wise variations, and analyze delay percentages was motivated by the need to identify precisely where and why discharges were exceeding the suggested times.
- This method also facilitated the development of realistic, department-specific recommendations aimed at enhancing the discharge process — whether through streamlining insurance approvals, expediting billing clearances, or improving logistical coordination such as ensuring the availability of wheelchairs.

RESULTS

AVERAGE TAT OF DISCHARGE INTIMATION TO WHEN PATIENT GOT PHYSICALLY VACATE IN THIS STUDY COMES OUT TO BE =3.21 HOUR OR 192 MINS

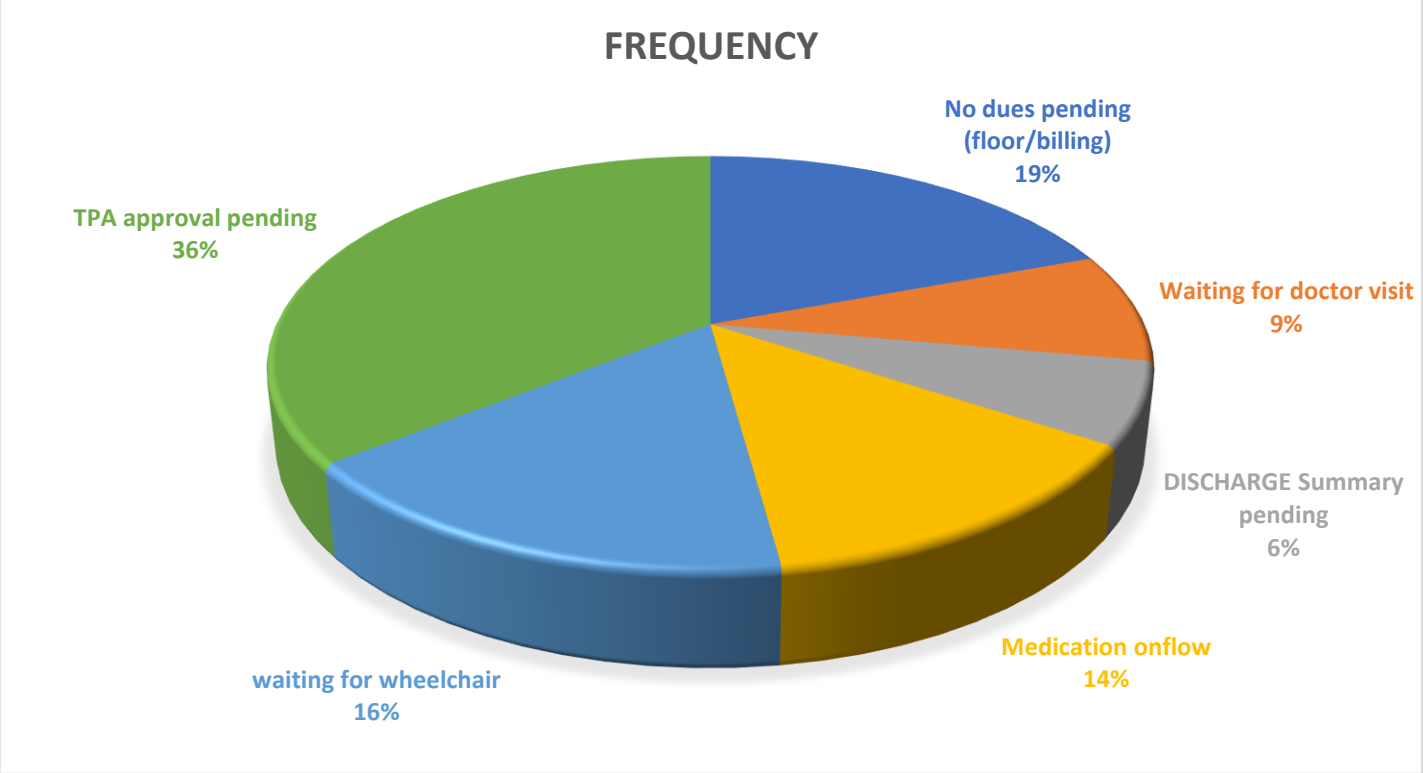
THIS INDICATES TAT CLEARLY EXCEEDING THE NABH BENCHMARK OF 180 MINS WITH MAXIMUM PROPORTION OF DISCHARGES TO BE OCCURRED BEYOND THE TIME FRAME OF 3 HOUR

- **RESEASONS FOR DELAY IN DISCHARGES**

DELAY REASONS	FREQUENCY	PERCENTAGE
NO DUES PENDING ON FLOOR	27	19%
MEDICATION ONFLOW	19	14%
WAITING FOE DOCTOR VISSIT	12	9%
WAITING FOR WHEELCHAIR	23	16%
TPA APPROVAL PENDING	50	36%
DISCHARGE SUMMARY PENDING	9	6%

The maximum problem, responsible for delay of discharges about 36% , was due to TPA approval delays, which were mostly brought on by insurance requirements.Other was found , 19% of cases that included no-dues clearing on the floor and the 16% that involved waiting for wheelchairs.

There were14% due to medication onflow and due to doctor availability for final visits around 9%.
The rest 6% consisted of pending discharge summaries, underscoring the need for improved clinical and administrative coordination.



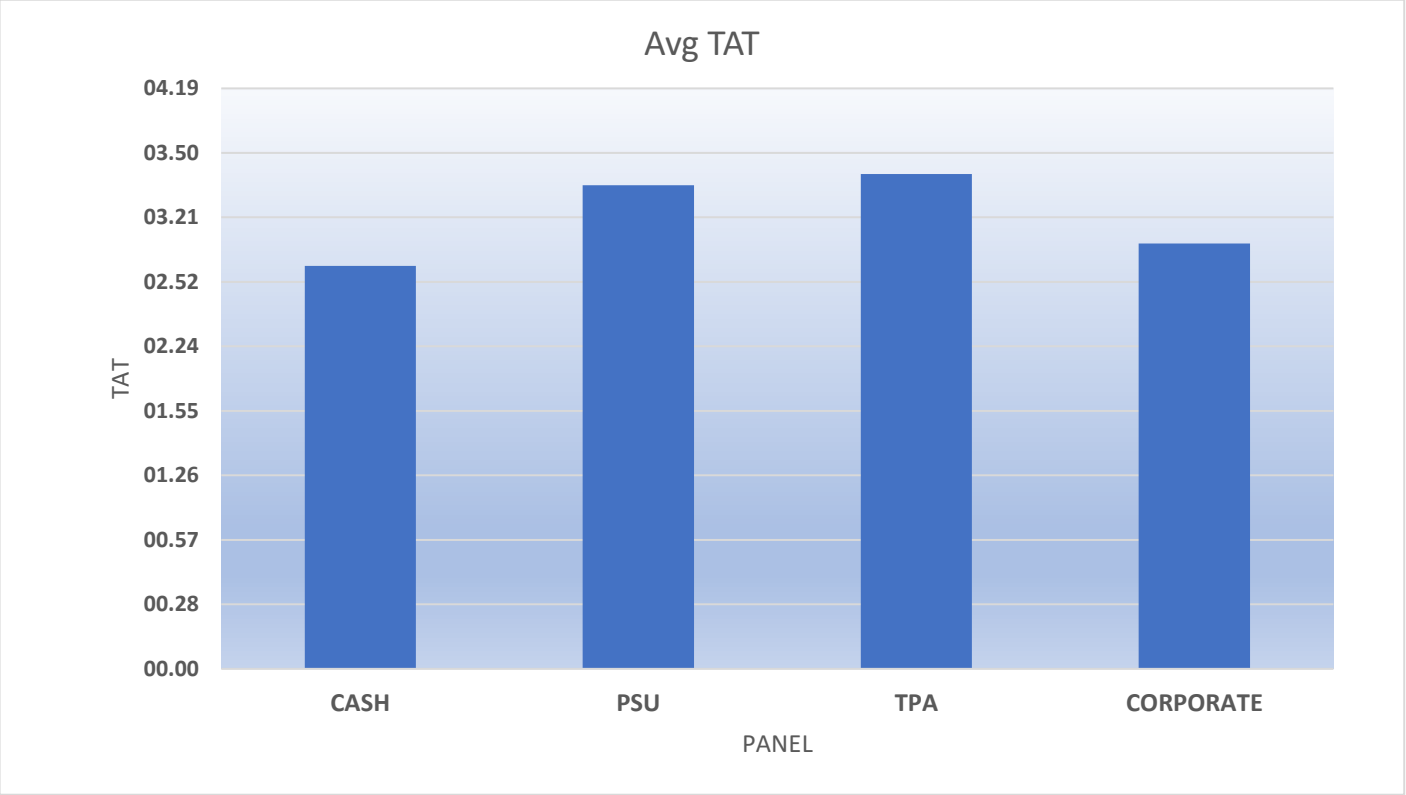
The chart shows TPA approvals as the biggest cause of delay (36%), followed by billing clearances (19%) and waiting for wheelchairs (16%).
Medication processing (14%), doctor availability (9%), and pending discharge summaries (6%) also contributed to overall discharge slowdowns.
This highlights that insurance, administrative, and logistical factors together heavily impact discharge TAT, requiring better coordination to improve efficiency.

PANEL WISE TAT

- **PANEL wise average TAT**

PANEL	**AVERAGE TAT(IN MINUTES)**
CASH	178 MINS
COORPORATE	190 MINS
PSU	216 MINS
TPA	221 MINS

When analyzing average discharge times among different patient panels, it is clear that only,
Cash patients were able to leave within the NABH suggested limit of 180 minutes, achieving an average turnaround time (TAT) of 178 minutes. This indicates that direct payments, without needing to go through insurance claims, move through the discharge process more quickly.



On contrast, all the panels—corporate, PSU, and particularly TPA—exceeded the NABH standard. Where **TPA patients experienced the longest wait times, averaging 221 mins**, highlights the additional delays caused by insurance verifications and paperwork requirements. **PSU and corporate cases also takes longer than recommended, averaging 216 and 190 mins resptvly,** which surpasses the ideal threshold.

This emphasizes that insurance-related procedures are a significant contributor to failing to meet NABH discharge timelines, stressing the importance of optimizing these processes to enhance both patient experience and operational effectiveness.

The research indicated that the mean discharge turnaround time (TAT) was 3 hours and 21 minutes (201 minutes), which surpassed the NABH standard of 180 minutes. When analyzed by category, only cash patients were able to remain within the suggested timeframe, whereas corporate, PSU, and notably TPA cases took considerably longer.

CONCLUSION

This study was conducted to find the efficiency of the discharge process at Max Hosp., Vaishali, to specifically analyzing the turnaround time from discharge notification to the patient physically leaving the hospital bed. Among the 192 patients monitored over the two-month duration, the average turnaround time was found to be 3 hours and 21 minutes (201 minutes), surpassing the NABH recommended benchmark of 180 minutes.

When categorized by panels, only cash patients met this standard acc. to NABH, whereas corporate, PSU, and TPA cases took longer, with TPA discharges averaging the longest at 221 mins. Further investigation into the reasons for these delays revealed that insurance approvals were the leading factor, contributing to approximately 36% of all delay incidents, followed by billing clearances, waits for wheelchairs, and pharmacy-related delays.

The most prevalent cause of delays identified was related to insurance formalities, with TPA approvals accounting for over a third of all recorded hold-ups. other things such as unresolved billing issues, delays in availability of wheelchair, final dispensing of medications, and last-minute consultations with doctors. In all these findings focuses the need for improvement in coordination btw administrative processes and routine logistics to ensure the hospital can consistently achieve discharge time targets and enhance patient flow.

RECOMMENDATIONS

Enhancing the discharge process goes beyond merely meeting external standards; it focuses on improving patient satisfaction, alleviating frustration, conserving essential resources, and promoting more efficient hospital operations overall. In light of the observations and data analysis in this study, the following suggestions are provided to assist Max Healthcare, Vaishali, in fortifying its discharge process and better aligning with the NABH standard of completing discharges within 180 minutes.

•Enhance the TPA Approval Processes

TPA approval delay were found as core reasons of dealay. Implementing This would help reduce the last-minute load of paperwork following the issuance of discharge orders.

• Implement Pre-Discharge Billing and Clearance Procedures

For patients anticipated to be discharged the following day, starting billing and floor clearance checks in advance can conserve valuable time

•Strengthen the Pharmacy Collaboration

Delay medication final doses and waiting for take-home medications often introduce unexpected wait times. notifying the pharmacy in advance, potentially through HIS triggers when a discharge notice is issued, the process can be expedited.

• Increase Availability of Wheelchairs and Transport Staff

Other delays, particularly the wait for wheelchairs during peak hours, were noted to cause unnecessary waiting.

• Utilize the Data Dashboards for Real-Time TAT Monitoring

Highlighting cases approaching the 3-hour mark would help maintain team alertness.

REFRENCES

National Accreditation Board for Hospitals & Healthcare Providers. NABH Standards for Hospitals. 5th ed. New Delhi: NABH; 2020. Available from**:** **https://www.nabh.co/standards.aspx**

Kalra J, Dutta R, Upadhyay DK, Kashyap A.
Audit of the discharge process to assess TAT in a tertiary care hospital.
Int J Res Med Sci. 2019;7(4):1247-52.
doi:10.18203/2320-6012.ijrms20191326
Available from: **https://www.msjonline.org/index.php/ijrms/article/view/6170**

Kumar S, Gupta P, Vardhan A.
Discharge process improvement in a tertiary care hospital: A quality improvement project.
Indian J Public Health Res Dev. 2020;11(6):433-437.
doi:10.37506/ijphrd.v11i6.9910
Available from: https://medicopublication.com/index.php/ijphrd/article/view/9910

Patel V, Choudhary R, Patel P.
Study on hospital discharge process and its impact on bed turnover.
Natl J Community Med. 2021;12(4):642-6.
Available from: https://njcmindia.com/index.php/file/article/view/2666

Garg AK, Sharma D, Kumar N, Anand P.
Assessment of factors causing delay in discharge process at a tertiary care teaching hospital in North India.
Int J Community Med Public Health. 2020;7(2):486-490.
doi:10.18203/2394-6040.ijcmph20200413
Available from: https://www.ijcmph.com/index.php/ijcmph/article/view/5717

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