

Summer Internship
At
IIHMR, Delhi (April 1 to May 31st, 2020)

A Report

By
Name of Student(s)

SUSHANT UNHAWANE

Post-graduate Diploma in Hospital and Health Management
2019-2021

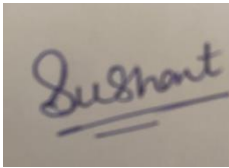


ACKNOWLEDGEMENT

In the first place, I thank the International institution oh health and hospital (IIHMR) Delhi for giving me an opportunity to work on this summer internship project.

I would also like to thank DR Sumant sir and Divya maam and other faculty member of IIHMR Delhi for given me his/her valuable guidance for the project. Without his/her help it would have been impossible for me to complete the project.

I would be failing in my duty if I do not acknowledge with a deep sense of gratitude the sacrifices made by my parents & thus have helped me in completing the project work successfully.

A handwritten signature in blue ink that reads "Sushant". The signature is written in a cursive style and is underlined with two horizontal lines.

SIGNATURE OF THE STUDENT

PLACE: DELHI

DATE: 03/07/2020

DECLARATION

I, SUSHANT UNHAWANE , hereby declare that this Internship Assignments entitled

a.b.....c.....d.....is the outcome of my own study undertaken under the guidance of Prof/- Dr SUMANT SIR IIHMR-New Delhi. It has not previously formed the basis for the award of any degree, diploma, or certificate of this Institute or of any other institute or university. I have duly acknowledged all the sources used by me in the preparation of this field internship report.

Date: 03/07/2020

Sign:

Postgraduate Diploma in Hospital and Health Management

International Institute of Health Management Research

New Delhi

CERTIFICATE OF COMPLETION

The certificate is awarded to

Name SUSHANT UNHAWANE [(PG/19/093)]

**In recognition of having successfully completed her/ his Internship in the department OF- HOSPITAL
and has successfully completed her/his Project on Comparatively study of intervention to reduce
hospital length of stay**

Date -03/07/2020

Organisation – D.Y Patil Hospital

She/ He has found to be a committed, sincere and diligent student who has a strong drive & zeal for learning.

We wish him/her all the best for future endeavors

Dean- Academics & Student Affairs

Mentor Name & Signature

Certificate of Approval

The following Summer Internship Project titled “**Comparatively study of intervention to reduce hospital length of stay**” at “**D.Y Patil Hospital** ” 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

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FEEDBACK FORM

Name of the Student: sushant unhawane

Summer Internship Institution:

Area of Summer Internship:

Attendance:

Objectives met:

Deliverables:

Strengths:

Suggestions for Improvement:

Signature of the Officer-in-Charge (Internship)

Date:

Place:

Task-1

Overview of hospital



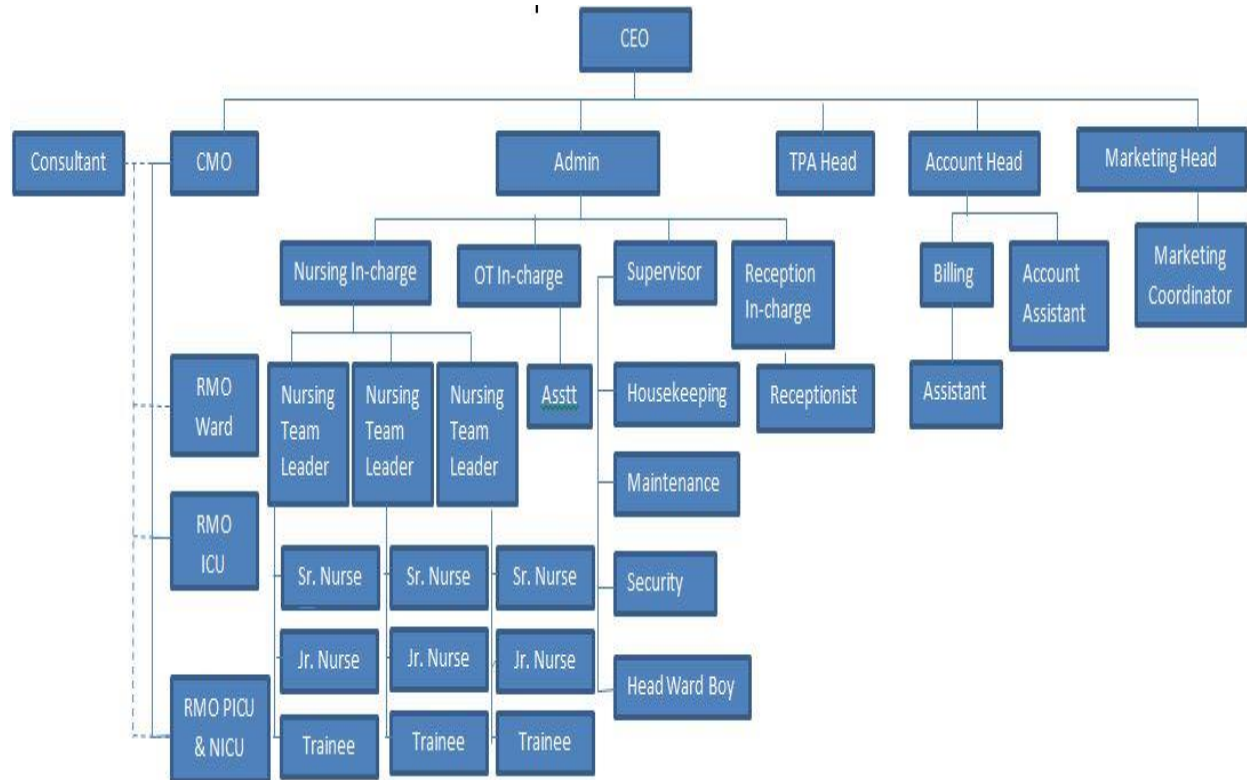


Introduction :

D. y patil hospital is a large charitable hospital in navi Mumbai also called as d.y patil research center. hospital was founded in 2003 by his person of padmashri it has 1400 beds hospital having government sector or as well as private sector in hospital the half of hospital is been transformed into private wings (D wing) also having facility from government for the BPL person and also have 16 operation theatres major and minor as well in On ground floor there is a blood store units which is also called as blood bank which is been accredited by National accreditation board of hospital and health . Hospital is very large which is located in navi Mumbai the hospital facility is being given to patient. The hospital is having surgical service also like general and minimal access surgery obstetric or gynecology cardio vascular thoracic surgery urosurgery neuro surgery etc

Hospital has 2 great schemes like the one is dnyan pushpa arogya yojna and second one is Rajeev Gandhi yojana Government schemes in dy patil hospital The hospital runs various charitable scheme such as Rajiv Gandhi and dyan puspa arogya yojana now a day medical treatment is very much costly in Mumbai due to this reason the owner of the hospital has launched these both scheme for the very poor people like (BPL) those who are having less than one lakh rupees income and also those who are having orange ration card would be getting free treatment and surgeries at very much lowest cost and also the hospital having cashless facility to every patient those who are having insurance.

Organogram



Leadership of hospital:

Director: DR Vijay. D. Patil

Chief Executive Officer: DR. Anupam karmakar

Dean : DR shirish patil

Deputy medical superintendent: Dr. Shyam More

Hospital Administration : Dr.Leeba Jacob,

Dr. Zubher sir

Tanuja maam

Quality manager & Assistance : Pramesh kumar

Human resource policy and procedure:

Manpower planning is done in hospital taking into account of volume of patient emergence and inpatient based on past and also taken into account the periodical staff turn over

Chairman analysis at beginning of every year such as man power requirement of various categories of staff clinician nursing staff administration staff maintainance staff and house keeping staff

Manpower planning (recruitment selection):

All the requirement along with the chairman shall be done through HR department

The mix of employee shall be cosmopolitan

Induction policy:

To ensure a new employee settles down smoothly in to the hospital so that he reach standard level of performance as soon as possible

If eliminate of feeling of uneasiness apprehension etc in new employee

It gives relevant information to new employee in shortest time

Training policy:

Training program include all the staff including doctor and contract worker part time worker ambulance driver

Process of imparting necessary knowledge to employee to enrich their skill and attitude

Sexcual Harrassment policy:

If any harassmt case occured in the hospital then the management personnel would look in very carefully way. Complaint had formed against that person who have done harassment after investigation proper corrective preventive action would be taken .

Staff personal record policy:

Staff personal file maintained by HR department

Staff can access to his/her record by written request to HR manager HRM & personnel

Grievance handling procedure:

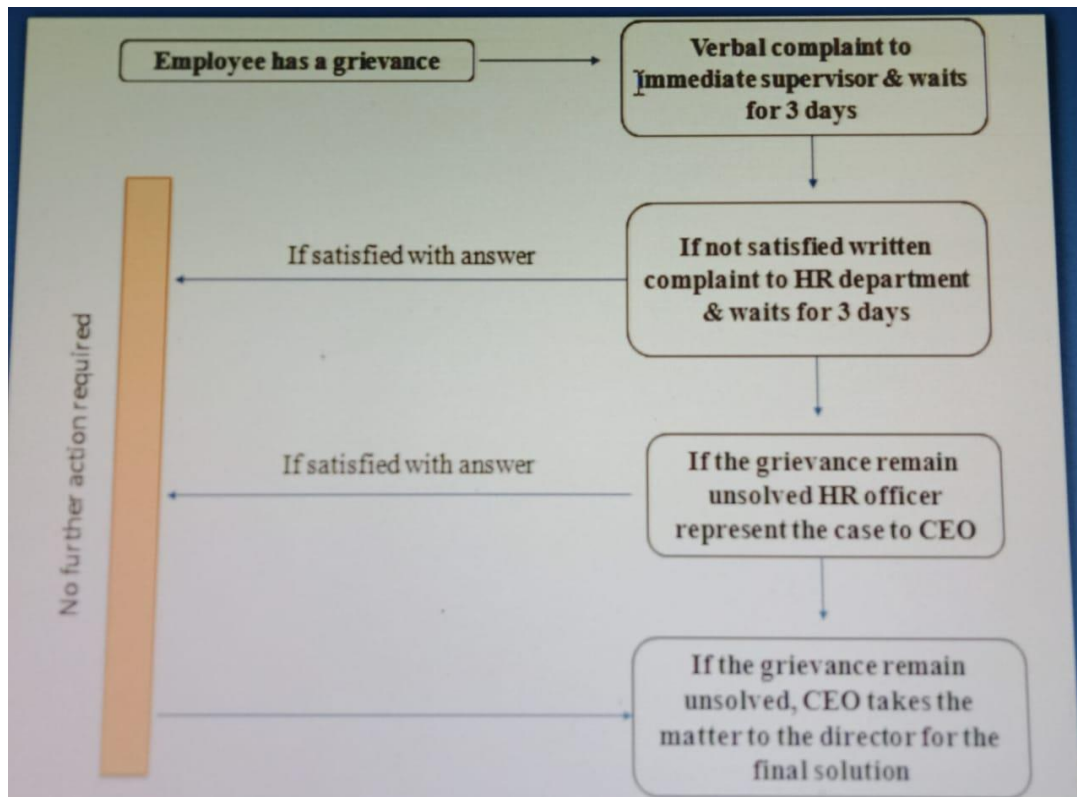
If any staff are having any kind of complain from anybody so there will be a step that every staff has to follow . purpose of this is to minimize the conflict in hospital premises.

Individually grievance:

When individual staff are having grievance(like about condition of work personal problem) he/she wil verbally represent grievance to his superior who will reply within a day.if superior is unable to settle grievance the staff can put his grievance in writing/verbal to HR department.

HR department will settle grievance within 3 working days by calling staff after discussion with staff 's immediate superior.

If grievance remain unsolved then the matter will be taken to the medical superintendent then MS will take decision in matter will be binding on concered staff if there any confusion then matter taken up to CEO & Director for the final decision .



Group grievance : Same procedure which is mentioned about.

Record generated:

1. Written complaint/ grievance
2. Corrective & Preventive Action register

Communication:

Communication uses different channel for transmitting information. The use of E-mail, Telephone Call, Fax Postal Mail are just few of channel used for the communicating so every hospital makes in choice in what channel of communication to use for passing information & employee need to know.

Communication is also done with Emergence coding in the hospital so there are various code in hospital like code red, code pink , green yellow orange black grey white brown

Code pink is like if in case in hospital in paediatric ward the child has been stolen from somebody at that point of time the code pink get activated by nurse instantly the exits get closed and the nurse informed to operator immediately by dialing XYZ no; and also nurse informed to top management via telephone call

The operator will place the call hold while she initiates the first call code pink with the area missing from and then the operator will gather details of the description the patient ages and the first name if 2 years of age and older. the operator should announce for all patient and families must to their rooms so that it's a one kind of channel that the communication occurred.

Strategy:

Before set the strategy initially we set a goal for hospital like to increase the profit in next coming year for this strategy the management staffs looks for the patient satisfaction and quality parameter which has been given to patient and also they will look for the patient comport as well

Tactics:

- Providing training to all hospital staffs
- Conducting staff meeting every day after completing duty of the staff they will talk about the performance of hospital like how its been working in daily period.

Here we are taking one team in the ICU

Role & Responsibility of team in ICU

Basically each and every department having their own team members likewise ICU also has a team member like

Residential Medical Officer (RMO):

To attend all the patient coming to the A&E & provide quality emergency treatment

Give proper guidance to the patient and the relative regarding the condition of the patient the treatment given, future line of action admission transfer in the case of death

To attend all cardiac ambulance call along with nurse and attendant

To make MLC of all traumas homicides accident & suicidal cases in the police case register inform it to the police station

To attend health camps

To make the arrangement of beds in other hospital in case of unavailability of bed in this hospital

To carry out minor surgical procedure like CLW suturing suture removal Dressing plastering etc

ICU Incharge Nurse:

To identify specific problem in the ward that interferes with the implementation of nursing care to the patient. Obtain information from on duty staff about the previous shift any problem that has to be solved or reported and discuss the problem with appropriate administrative & medical personal and do the further study if required.

To check and maintain of equipment for providing care and treatment to the patient like Crash cart Intubation tray Dressing Trolley, Oxygen Supply Suction apparatus etc.

To help the staff as and when necessary.

To evaluate the Nursing care performance and suggest management for any change of nurse.

To arrange staffs & material for various program organized by the department eg. First aid assistance for camp.

Daily checking of availability of stock items especially the emergency & expensive items

To regularize the stock item by checking while indenting for the pharmacy & Store.

To maintain communication book for all the staff

Checking and Maintain of all capital and asset item of the department including its repair or replacement.

Staff Nurse :

To check inventory of various equipment and medicine in the A&E Department.

To take charge from the previous shift staff nurse

To receive the patient in the department attend the patient immediately and quick assessment

To carry out the order given by the RMO's

To send sample to lab for various investigation by the house keeping staff.

To send the patient to various department for investigation

To maintain ICU patient Register

To assist for various procedure done in the department.

Patient care Attendent (PCA):

Shifting the patient on trolley / Wheelchair

Attending & accompanying all ambulance calls

Cleaning and dusting of the department , ambulance and Equipment

Transportation of the material to and from other department

Transportation of blood sample from ICU to LAB

Keeping Tracks of the department wheel chair trolley and bring them to desired site from where they are accessible

Other duties assigned by RMO/ Nursing Staff.

Record Generated in ICU :

High Risk Consent

Inventory Book

Unidentified patient register

Investigation report Book

Service :

D.Y Patil Hospital having various icu units , Medical ,Cardia ,Paediatrics Neonatal ICUs

Icu unit having Well advanced monitor ventilator with syringes pump these all facility is been given to patient in icu as a basic life support (BLS)and treatment is given to patient by qualified medical staff like doctors and nurses in critical or serious cases. In the hospital the icu has their own medical centrailed gas and suction and air and the ratio of nurse toward the patient is 1:1 Patients are being provided by Ventilator and Fusion Pump .That's supported by well working diagnostic laboratory or laboratory medicine which is located on ground floor of the hospital. Warning blankets in order to maintain optimal patient temperature

Program:

In the D.Y Patil hospital there had been conduct several programs so far Although we are taking only one program which are fellowship program and Anorectal disease.

The first program was

Free Diagnosis and Treatment Camp for Anorectal Disease:

This camp is free for every needed patient and they had conducted camp at many places as it should be assessable for every patient and It was conducted on 17/04/18 from 10.00 am to 2.00 pm at mahavir international trust Turbhe Navi Mumbai

Those patient who wanted to undergo in the surgery for those patient the camp had given 20% off on their operative procedure. Number of patient had been diagnosed and treated there.

Initiative:

The D.Y patil hospital has taken so many initiative so hospital is working very dedicately for the environment to decrease the carbon Environmental consciousness and sustainability/Alternate initiative such as the hospital renewed a natural resource like hospital has a solar energy unit which is having four unit rain water harvesting is available in hospital which stored water for the upcoming use and the hospital are working to decrease the damage or control the damage like the prohibited the plastic waste and Remove the biomedical waste from the hospital as per the standard operation protocol (sops), Hospital quality assurance committee inspect campus and garden ,E-governance encouraged to reduce use of paper in office

Globally reach:

D.y patil university also conducted international visit like Dubai.

It is an international event also we can say the program which has been conducted on 14th feb - 17th feb 2019. It was global medical summit where so many international speaker had been come for an event. it is a stage for the medical professional like doctors all over country and this platform are transforming the healthcare industry into globally.

This program seeks to stimulates and also they are changing the experience with good in speaker and also providing clue based learning through various of parts like stimulation workshop.

Bibliography:

<http://www.dypatil.edu/schools/ayurveda/free-diagnosis-and-treatment-camp-for-anorectal-diseases/>

<https://dypatilunikop.org/index.php/green-initiatives/>

Tuberculosis:

The National tuberculosis Awareness program was organized on 13th sep 2015 in various part of the Navi Mumbai jointly by Department of pulmonary Medicine, D.y patil hospital as well as Navi Mumbai municipality corporation , Revised National tuberculosis control program and various NGO's. So Doctors and Interns From D.y patil hospital were allotted in four of those Tuberculosis camp sites namely,

1. **Urban health centre shirvane Village-** Dr Azad Alam Resident of department of pulmonary , Dr sanket jain 2nd year of resident of department of pulmonary medicine , Dr ankit gaurav Intern , Dr Natasha Bengali intern ,Dr Ashish mishra intern
2. **Urban health centre Sector 20 Nerul-** Dr Abhijeet Aahuja, Resident of department of pulmonary , Dr kanishk sinha 2nd year resident of departmental of pulmonary medicine , Dr surbhi intern , Dr shivani intern
3. **Urban health centre Digha-** Dr padmara Ankale , Resident of department of pulmonary (under many intern)
4. **Urban health centre , Shivaji nagar Nerul** –Dr bhushan patil, , Professor & head of department ,Dr Aleena mariam, Resident of department of pulmonary (under many intern)



The Objective of this Tuberculosis Camp :

Firstly, Screening of Tuberculosis on a large scale.

Secondly, To spread the awareness about Tuberculosis and its repercussion on present day society and decrease TB induced pain and social economic burden

Thirdly, To educate the masses about the disease and control its spread.

Implementation:

They had been implemented the all four campaign to improve the effectiveness and economic efficiency of chronic care delivery and the organization made a strategic before conducting a campaign they did a marketing in order to cover many more patient and provide opportunities for the community to check themselves in tuberculosis program and also provide treatment at lowest cost.

Action taken:

All the doctors and the intern was doing well for the betterment of the health service for the community also they had taken so many initiative for the community like they conducted an Awareness campaign for the community to know the disease of tuberculosis like how is being transferred from community to community and what kind of precaution should be made to avoid tuberculosis and also all Intern had done the street play one more significant of street play is in community service is it spread the awarnesss about the disease and its prevention and available treatment. Street play is very important role in teaching and learning process and had a great impact on understanding the subject well many patient relative had seen street play

A brief handout regarding tuberculosis awareness had been distributed to spread the awareness about the disease

Deliveries and Outcomes :

In 2015, 43 TB patients were detected. AFB at diagnosis was positive in 35/43 patients. Of them, AFB scores resulted of +1, +2, and +3 in 6, 5, and in 24 cases respectively. 4 patients were treated for TB with resolution of symptoms. Favourable TB treatment outcomes were reached in 29 cases out of them 23 were treatment completed and 6 cured. Of patients who didn't achieve a favourable TB treatment outcome.

There were many people who do not know that they are having Tuberculosis which had been detected on the test and had asked for follow up to D.Y. Patil hospital.

Continuous quality improvement Program:

This program which had been conducted by hospital in order to improve the quality of hospital by doing Accrediation and also given the training to each and every staff of the hospital like how the staff should behave with patient in the hospital also looking to the treatment which is been provided to patient is it proper or not.

Quality has three component high accuracy compliance with applicable standard and high customer satisfaction and in the quality management process employees is given clear instruction on what they must to consistently meet or exceed the quality standard

Quality goal:

- Provide proper training
- Estimate the progress and development growth
- Provide faster response to every patient

Quality Objective:

- To measure each component or equipment and achieve improvementproduct testing can measure accuracy and compliance with standard and these test in can show the product meet customer expectation
- To provide a proper treatment or service to patient

The Third program was Fellowship program:

This is the third program or we can also say a event which was conducted by the d. y patil hospital while the term fellowship is used by variety of different program generally fellowship are short term oppurtunities lasting from a few month to several years focus on the professional development of the fellowship are sponsored by specific association or organization seeking to expand leadership in their field

Immaculately designed the program in diverse specialties of medicine radiology and surgery are complied in a format to guide your medical skills in right direction with precisely rooted curriciulum and highy celebrated idol in field of medical science as our official faculty chief member and joining these program could well be the game changer of your career

Basically the universal launched 3 main fellowship under which there are 16 sub-fellowship. These fellowship program extend from 6 month 2 year courses which are wholly base on hands on training under guidance of high professional and renowned doctor of india

Fellowship in medical speciality:

- Fellowship and certificate course in critical care medicine
- Certificate course in Diabetology
- Fellowship in interventional cardiology
- Fellowship in cosmetology

Fellowship in surgical speciality:

- Fellowship in reproductive medicine
- Fellowship in minimal access obstetrics
- Fellowship in middle ear surgery
- Fellowship in phaco surgery

Fellowship in Radiology:

- Fellowship in body imaging
- Fellowship in womens' imaging
- Fellowship in interventional radiology
- Fellowship in reproductive medicine

Fellowship program provides funding for academics research or other purpose to select candidate the meet the program criteria many fellowship are associated with specific school and certain discipline but there are many non academic fellowship program as well.

Highlight of program (fellowship in radiology)

Fellowship will be responsible for developing MR&CT protocol as well as for using the workstation to create both MR&CT 3d reconstruction

Fellowship are to be involued in a vasriety of MR studies including abdominal and pelvic imaging like cardiac MRIMRCP et

Awariness:

1. Web site and web page:

Internet gave a boon to marketing of these program each marketing element were picked by the web page and the sites even they got the linked through these medium interested candidate



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2. Emailing:

As technology has grown it is necessary to grow with trend now a days email are used on a daily basis first they made a gmail account medicalfellowship@gmail.com where was large amount of email addresses that they used to get by calling and by web leads the fellowship mailed was designed in such away that every doctor who receive the mail can read it properly.



3. Telemedicine:

They had a standard communication to market our program through calling . It was much effective way to market and bring in the interested candidate. We would describe all the facility and service d.y patil university will be provided during their one year course

Objective of study:

1. To study the importance of marketing mix with respect to medical fellowship launched by d. y patil school of medicine
2. To study the average rate of awareness made by facebook page, website and through international lead in fellowship program launched by d.y patil school of medicine
3. To study the skill of communicating via telecommunication email etc

Title:

Comparatively study of intervention to reduce hospital length of stay

Objective:

There are two objective primary and secondary objective generally primary objective is used to evaluate the effect of strategy to reduce or decrease the length of stay (LOS) of patient in the hospital on the 1 year period. The essential is percentage of patient is comparable with Discharge which is being analysed on index day. We evaluating the affect of strategy on length of stay for that we are retrieving Information from Administrative Data or from Administration department to analysis the every patient who are having substantial length of stay in the hospital. At a time of implementation we basically compare the readmission and mortality rate like how do we compare there will be a formula to evaluate the readmission rate

Readmission Rate : 30 days of discharge from day of admission divided by total number of patient which is has been included in the study as same the mortality who died 30 day of discharge from day of admission divided by total number of patient included in the study. Also the study was to analysed the impact of weekend hospital intervention on process of care and clinical outcomes generally the intervention which is include Diagnostic services improved weekend discharge process and also the increase the physician care of management services on weekend

We have to demonstrated the nature of resources and intervension which has been used to decrease the length of stay in the hospital also have to recognize the changeable factor which is known to effect the length of stay in the hospital and also analysis the effect of treatment to reduce or decrease the length of stay in hospital. Inorder to reduce length of stay the objective would be analysis the affect on pharmacist intervention on length of stay in acute care of hospital

Methodology:

To find out the main reason for delaying discharge process so there should be three component discharge process began with order of physician or consultation subsequently order has been placed in the system like Hospital information system (HIS) and prior the discharge which is required is Lab test and the imaging also the turnover timing which is extended from 2 hrs that mean its delay there was a tool which has been developed by management to reduced the length of stay and also the nurse was trained to use it mostly discharge delay occurred in 3 units such as general medicine nephrology and gastroenterology basically the nurse checks four point date and time of decision to discharge , placing order on system, physically left from the ward ,and last one is when bed is ready for next patient generally delay occurred because of operative Imaging procedure and Lab investigation and most imporatantly is requesting pharmacy team to coordinate with head nurse to improve discharge medication.

Generally they performed a trial which has been done in the large hospital in Italy the hospital aim is to reduce the length of stay (LOS) of the patient in the hospital at a time of trial the realized there would be 12 wards which is having long length of stay so they participated those ward for the study and they measured the effectiveness of each patient who are eligible for the study in the hospital during month index patient and the admission of the patient and discharge of the patient on index day or for those patient who are having less than 90 days which has been excluded. University hospital of parma which is large Italian hospital and having 1267 beds and over 52000 Admission per year basically geriatrics units and general medicine mostly admit patient from Emergence Ward and 15% would be the entire Admission and also 7 % of patient would be transferred to long term as we know that 12 medical ward has been participated in the study having greater length of stay (LOS) All medical wards like, 9 general medicine, 1 geriatrics, 2 long term care and long term care increase the length of stay in the hospital as of seriousness of patient.

In order to reduce length of stay we organize a Rapid Evidence Assesment (REA) so many intervention has been implemented to reduce length of stay also looking for the patient management process and providing hospital initiative services delivering tp the patient or community We looks for the pharmacist contribution to reduce length of stay in acute care of hospital so initially have to analysed and compare the affect of intervention In three essential areas such as medicine and pediatrics also there will be a pre implementation and post implementation in order to reduce length of stay and both the intervention focuses on the discharge service like discharge prescription writing

Research design: Quasi experimental design and also the parallel group was the randomized trial strategy which had been implemented from FEB-2008 To FEB-2009 they had exclude the month of august 2008 it had been reduction of staff also and beds capacity as well during the holiday season the data which been analysed and completed in feb 2011. So the strategy of randomization trial was stratified acc to their ward types and importantly the staffs were blinded into the trial

Keywords: Length of stay , Discharge, Patient flow , clinical pharmacy, pediatrics, medication error, unnecessary hospital days, audit cluster randomized trial , quality of care, weekends, weekdays electronic health record

Time Period : Jan 1995 to Jan 2013

Result:

If we look for the compatibility between discharge and patient so Generally 55% patient judge to compatible with discharge delay because of problem of staff control and also compatible discharge is reduced by 17% through strategy. As we seen discharge is not happened in weekend day most of the discharge occurred on Monday itself because of staff problem or resource problem or management problem . so after intervention the problem has been solved then patient length of stay is reduced by 14% and also continue to decreased by 2% as compared to trend and also proportion of weekend is increased or replete by 13% at the time of intervention and also persistently increased by 3% per month and the intervention has no affect on readmission or mortality They increased the staff of the hospital by hiring the staff for weekend days also from 5.5% to 13.5% in order to reduce the length of stay and also each Friday the physician or medical staff review the plan for each patient at bedside and during research 58,166 hospitalization showing total 39703 unique patient in that 49.2% were on medical service, 35.3% were on surgical service 15.2% were on other service and the adult patient was the 62.1 year and 49.2% of patient were female and the 98.2% of patient were black and also mainly two period happened one is pre intervention period and other one is post intervention period so preintervention of weekend discharge 20.2% and post intervention period of weekend discharge is 23.2%. There has been improvement on discharge timing with an improvement in mean from 17.6 to 8.3 hours 49% on median 6.35 to 4.2% (18%) they also improved turnaround timing mean improved from from 45% to 16.3% (68%) and median from 26.2% to 6.4% (80%), mainly prior intervention 15% of discharge experienced delay in procedure while on after intervention 5% of discharge experienced delay in procedure here we can see the huge difference in turnover timing and Average length of day has been reduced in the three medical Ward almost 12 days to less than 10 days in 2 years

Discussion:

In order to reduce length of stay in the hospital and also improve the discharge process we should focus on communication it must be better between the staff of radiology and head nurse to coordinate the discharge procedure and also to improve the discharge patient flow and has to minimize delay also there should be proper communication between nurse and the housekeeping in order to manage beds for the another patient after undergone the discharge of initial patient. The physician round should be done by regular basis to prepare the discharge planning for the patient also there should be proper coordination between the nurse and the pharmacy in order to prepare medication for the patient after discharge. The strategy should be responsibility of physician toward the patient otherwise unnecessary prolongation may be harmful to the patient. We also should identify those patient who are staying in the hospital without having symptom and still admitted in the hospital and also if the physician unnecessary not giving discharge to patient we must see in one month how many discharge has been occurred under same physician then will get to know the reason. If the hospital is accredited with National board of health and hospital (NABH) or Joint commission international (JCI) which mean quality is there in hospital or they are providing good quality of treatment to patient that mean the length of stay of patient will be appropriate and discharge process as well.

Title:

Comparatively study of intervention to reduce hospital length of stay

Introduction

There should be safe and time discharge to avoid the inappropriate readmission. The potential of negative outcomes and experience have been identified. Delay discharge occur when treatment and intervention is given properly or some other reason as well also bad communication process, also or furthermore when patient is ready to go home but can not leave hospital as of Lack of care support or bad accommodation . Inappropriate readmission after discharge patient again come to hospital mainly delayed discharge should be avoidable process is slow in the system like hospital information system (HIS) and also many studies explained that there is difference in hospital quality of care like weekday as weekday are having good quality of care rather than weekend day as the staffs is not available and not proper treatment is given to patient in those weekend days. So weekend days having high number of mortality and discharge was substantial lower on weekend days mainly delay in care in weekend days which leads to less number of discharge in hospital and higher chances of nosocomial infection. So average length of stay is most essential factor of efficiency shorter the length of stay decrease the cost of patient at the time of billing

Objective:

Objective is used to analyse the patient's substantial length of stay in the hospital.

To analyze the effect of pharmacist intervention on stay of patient in acute care of hospital.

To analyze the ratio of staffs toward patient in order to decrease stay in the hospital.

To analyze the patient recovery rate after taking intervention.

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Review of literature:

STUDY	METHODOLOGY	RESULT	STRENGTH	WEAKNESS
Intervention to encourages initial discharge and keep away the unsuitable hospital re admission	<p>Data was take out from the chosen paper build on survey question</p> <p>like sample size population of interest, moto of the paper and component of intervention/ policy.</p> <p>CCAT has been used in study. Provide Scoring on the basis of the sample size design data collection and ethical matter</p> <p>Database were search medline socialscience</p>	<p>Ultimately, 9211 papers were recognize of which 10870 was not real</p> <p>The title and abstracts of 8631 papers was selected, which follow in the exclusion of 8081 papers.</p> <p>Analysis of 340 papers was finished for the left papers and this resulted in a more exclusion of 250 papers. Following the analysis and the data taken out.</p> <p>80 papers which encounter the inclusion criteria.</p>	<p>Paper which were involue and giving high level of confirmation of intervention</p> <p>There is a team of Multidisciplinary and who are member of different discipline such as social worker, psychologist therapist.</p>	<p>There are studies has been missed as search were confined to publication in Eng language</p> <p>Search was not thoroughly and is more susceptible to the reporting bias.</p>

STUDY	METHODOLOGY	RESULT	STRENGTH	WEAKNESS
Influence of an treatment to refined Weekend Hospital Care at an Academic Medical	<p>It was an descriptive study of patients hospitalized at Tisch Hospital.</p> <p>Only those patient are included who are more than 18 years of age and older.(Inclusion criteria)</p> <p>Those patient are excluded who were discharged on Nov 30, 2011.(Exclusion criteria)</p>	<p>The study involve 56,123 patient, representing a total of 38,703 different patients. Of these patient 47.5 % was on the medicine service, 376.3 % were on surgical services, and 13.2 % were on other services</p> <p>The percent of weekend discharges was 18.1 % in the before treatment period and 22.0 % in the after treatment period. The comparative of weekend discharges raised by 11 % at the time of the treatment and carry on to raised by 2 % per month</p>	<p>Every doctor and their team analysis the every patient plan on friday in the hospital</p> <p>7-Day Hospital Initiative was introduced by directory and increased elective surgeries on weekends</p>	<p>There are services, like radiology , pathology being underutilized on weekends</p> <p>Unavailability of staffs in weekend days</p>

Methodology:

This study is based on secondary data collected. The descriptive design has been used in the study. Various search platforms like Medline PubMed, springer, Google scholar, , were reviewed to collect coherent data .Articles already published in journals within the years 2013 - 2019 were included. The keywords are like Discharge, patient , length of stay unnecessary hospital days, weekends, weekdays , Quality of care, readmission rate the following term were used to search article like Intervention to reduced (los), Reduce inappropriate admission

It followed eligibility criteria the inclusion criteria were used paper that were published from 2013 to 2019 were only include and paper written in English and available as full text form .

the exclusion criteria were the paper that were before 2013 were excluded article published on non scientific website and also those article that are not having proper information about study.

Result:

Health care provider has lack of knowledge length of stay how much they effect the financial part. and The accessibility of proper training and education toward reducing length of stay to every staffs of hospital

Pharmaceutical care like giving proper medication to patient in order to improve health and also to reduce length of stay clinical and avoid to adverse reaction to patient by pharmaceutical manager

There is also transitional care basically they focuses on transfer process from hospital to home safely without kind of crisis in order to prevent readmission rate and staff visiting home for patient

Patient education intervention is beneficialy for the target group before discharging the patient the hospital aim is to delivery patient to home safely .

Hospital readmission rate is reduced due the medicine and proper diet advice telephonic follow up screening intervention for patient with (copd) so clincal management program include cardiac rehabilitation which is reduced readmission rate.

Staffs should be increased in hospital by hiring in order to reduce length of stay. Giving oral supplement to patient and after innnovation quality in hospital which reduces the los of every patient

Discussion:

The physician round should be done by regular basis to prepare the discharge planning for the patient also there should be proper coordination between the nurse and the pharmacy in order to prepare medication for the patient after discharge .

The strategy should be responsibility of physician toward the patient otherwise unnecessary prolongation may be harmful to the patient in hospital

QI initiative helped staff of hospital focuses on attention on hospital nutrition care and which leads to reduced LOS.

QI intervention so will reduced the cost per day of patient increased quality of life of Malnutrition is the major effect on older people and for those who are having critical illness some patient showing risk of malnutrition at admission in hospital and because of malnutrition the people died in short mortality morbidity increased and decreased quality of life and increase hospital stay (LOS)

Giving oral supplement to patient and after innovation quality in hospital which reduces the LOS of every patient Because of nutritional test we can reduced the risk of people with prediction and give more health nutrition to be health person in hospital nutritional plan should be there for the ill patient in order to recovery soon

If any patient having malnutritional problem here nurses can give ONS to increased body weight and also promote recovery from illness and ONS reduced LOS within 30 days and cost as well. Patient should focuses on education in hospital.

Conclusion:

There should be proper communication between nurses and housekeeper to manage beds for another patient after discharge.

There should be accountability of physician toward patient to get patient discharge early and keep away from needless extension could be damaging to patient.

Also patient should focus on education in hospital which should carry on at home after discharge from hospital involve follow up.

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