DISSERTATION REPORT

AT

YASHODA SUPERSPECIALITY HOSPITAL AND CANCER INSTITUTE, GHAZIABAD.

STUDY OF DISCHARGE AND ANALYSE THE GAPS AND SCOPE OF OPERATIONAL IMPROVEMENTS IN DISCHARGE PROCESS AT YASHODA HOSPITAL, GHAZIABAD.

BY

DR. KASHISH MOHAN (PT)

PG/21/140

UNDER THE GUIDANCE OF

MRS NAGMA KHAN

DR PANKAJ TALREJA

PGDM (Hospital & Health Management)

2021-23

INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT AND RESEARCH, NEW DELHI

The certificate is awarded to

Dr. Kashish Mohan (PT)

In recognition of having completed her Dissertation in the Operations Department.

And successfully completed her project on

To study the process of discharge and analyze the gaps and scope of operational improvement in the discharge process at Yashoda Superspeciality Hospital and Cancer Institute.

16th January 2023- 31st May 2023

AT

Yashoda Superspeciality Hospital and Cancer Institute, Ghaziabad.

Comments:

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MRS. NAGMA KHAN

SENIOR MANAGER,

YASHODA SUPERSPECIALITY HOSPITAL AND CANCER INSTITUTE,

GHAZIABAD.

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Kashish Mohan (PT)** student of PGDM (Hospital and Health Management) from International Institue of Health Management Research, New Delhi has undergone internship at Yashoda Superspeciality Hospital and Cancer Institute from 16th January 2023 to 31st May 2023.

The candidate has successfully carried out the study designed to her during dissertation and her approach to the study has been sincere and analytical.

The internship is in fulfilment of the course requirements. We wish her all the success in all her future endeavours.

Dr. Sumesh Kumar
Associate Dean, Academic and Student Affairs,
IIHMR, DELHI.

Dr. Pankaj Talreja
Controller of Examination,
IIHMR, DELHI.

CERTIFICATE OF APPROVAL

The following dissertation titled **"TO STUDY THE PROCESS OF DISCHARGE AND ANALYZE THE GAPS AND SCOPE OF OPERATIONAL IMPROVEMENT IN THE DISCHARGE PROCESS AT YASHODA HOSPITAL,SANJAY NAGAR,GHAZIABAD"** is hereby approved as a certificate study management carried out and presented in manner satisfactorily to warrant is 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 dissertation only the purpose it is submitted.

Dissertation Examination Committee for evaluation of the dissertation.

Names:	**Signature:**
Jacob Puliyel	
RATIKA SAHTANI	
Dr. Sumant Swain	

CERTIFICATE FROM DISSERTATION ADVISORY COMMITTEE

This is to certify that Dr. Kashish Mohan (PT), a graduate student of PGDM (Hospital and Health Management) has worked under the guidance and supervision. She is submitting her dissertation titled "STUDY OF DISCHARGE AND ANALYSE THE GAPS AND SCOPE OF OPERATIONAL IMPROVEMENTS IN DISCHARGE PROCESS" at Yashoda Hospital, Ghaziabad in partial fulfilments of the requirements for the award of the PGDM (Hospital & Health Management). This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

Institute Mentor: Dr. Pankaj Talreja

Designation: Associate Professor, Controller of Examinations.

Organization: IIHMR, Delhi

Org. Mentor: Mrs. Nagma Khan

Designation: Senior Manager, Operations

Organization: Yashoda Superspeciality Hospital and Cancer Institute, Ghaziabad.

INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH

NEW DELHI

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "**STUDY OF DISCHARGE AND ANALYSE THE GAPS AND SCOPE OF OPERATIONAL IMPROVEMENTS IN DISCHARGE PROCESS**" at **Yashoda Superspeciality Hospital and Cancer Institute** submitted by Dr. Kashish Mohan (PT) Enrollment No. PG/21/140 under the supervision of Mrs. Nagma Khan, Dr. Pankaj Talreja for award of PGDM (Hospital and Health Management) of the Institute carried out during the period from 16th January 2023 to 31st May 2023 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Dr. Kashish Mohan (PT)

FEEDBACK FORM

Name of Student	-:	Dr. Kashish Mohan (PT)
Dissertation Organization	-:	Yashoda Superspeciality Hospital and Cancer Institute, Gzb
Area Of Dissertation	-:	Operations Department
Attendance	-:	Regular
Objectives Achieved	-:	Study on the process of discharge and analyze the gaps and scope of operational improvement in the discharge process at Yashoda Hospital.
Strengths	-:	Hardworking, problem solving, self motivated
Suggestion for Improvements	-:	NA
Suggestion for Institute (Course curriculum, industry Interaction, placement, alumni)	-:	No

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Acknowledgement

The satisfaction and exhilaration that come with the successful completion of the project would be incomplete without mentioning the people who made it possible, so first and foremost I would want to thank The Almighty GOD whose favour makes all things possible.

I would like to take this opportunity to thank and express my sincere gratitude to my faculty supervisor, Dr. Pankaj Talreja (Associate Professor, Controller of Examination, IIHMR, New Delhi), my hospital guide, Mrs. Nagma Khan, Senior Manager, Operations, Yashoda Superspeciality Hospital & Cancer Institute, Ghaziabad, and to all those without the help of whom I could not have written this unique piece of writing. They gave me invaluable advice and time during the study, made helpful ideas, had a positive attitude and was constantly encouraging, for which I am incredibly grateful.

I owe the entire hospital personnel my sincere gratitude and appreciation.

Last but not least, I want to express my sincere gratitude to my parents for their love, support, education, belief in me, and for helping me get ready for the future.

CONTENTS

Abbreviations

NABH : National Accreditation Board for Hospital

TAT : Turn Around Time

TPA : Third Party Administrator

CGHS : Central Government Health Scheme

ECHS : Ex-Serviceman Contributory Health Scheme

ESI : Employee State Insurance

LAMA : Left against Medical Advice

MLC : Medico Legal Cases

HIS : Hospital Information System

OPD : Out Patient Department

IPD : In Patient Department

DGHS : Directorate General of Health Services

MCD : Municipal Corporation Department

ONGC : Oil and Natural Gas Corporation Limited

NDRF : National Disaster Response Force

NCR : Northern Central Railway

SPSS : Statistical Package for Social Sciences

GDP : Gross Domestic Product

AAC : Access, Assessment and Continuity of Care

Executive Summary

Every hospital's patient release procedure is a multi-step process that involves numerous personnel and departments. These processes influence and have an impact on the patient discharge procedure. Discharges must be timed to coincide with other activities and prepared in consultation with all the departments and disciplines involved.

Prior to leaving the hospital, the patient develops a unique discharge plan with the help of discharge planning, which ensures that they are released on time and with the appropriate post-discharge care.

A universal discharge time can be established as a means of standardising events. The process is made simple for personnel to follow along with. Following NABH principles, consistency in structures and procedures, tactical and prompt service planning (year reviews, monthly feedbacks), and other factors are significant components of such a strategy. Conventions and paths that are linked (e.g., shared in primary and secondary care) are based on international best practises, making it possible to quickly access objective measurements of performance.

In terms of content, an attempt is made to evaluate the time access and content gaps in the Yashoda Hospital discharge procedure. This research was done as a requirement for the PGDHM programme given by IIHMR, Delhi.

The purpose of this study was to examine the discharge process for patients who were admitted to the hospital in one of three patient categories: Private, Panel, or TPA. Particular attention was paid to the length of time it took for files to be received at the billing section, the creation of discharge summaries, their verification, and the creation of final bills. This project also seeks to identify the underlying factors that contribute to process delays, identify SOPs, and attempt to identify potential remedies and operational enhancements. The Yashoda Hospital's IPD is where this study was carried out.

A total of 300 patients were discharged from the hospital over the duration of the study. Data were acquired through descriptive and quantitative research, and process mapping was carried out by direct observation. Out of 300 patients, 61 were TPA members, 22 were cash-paying (Private), and 217 were panel members.

Chapter 1: About Yashoda Hospital

The Yashoda Super Speciality Hospitals' Cancer Institute was founded by Dr. Dinesh Arora in 2019 with the unwavering goal of becoming a one-stop shop for offering medical and counselling-based treatments to all of our cancer patients. We take great satisfaction in being one of the top medical facilities for accurately detecting and successfully treating a wide range of cancer-based problems, so if you're looking for Medical Oncology therapies in Delhi NCR, your search ends at our welcome mat.

Our skilled oncologists have access to a wide range of medical oncology treatment trajectories to combat their cancers and feel better. These treatments include standard and experimental restorative techniques with chemotherapy and other biological therapies. The Hospital is considered to be one of the most reputed hospitals of Western U.P.

Yashoda Hospital is located in the heart of the city, easily accessible from all the corners of Ghaziabad.

With five floors, 110 beds, and superspecialties, including orthopaedics, plastic surgery, medical oncology, surgical oncology, radiation oncology, haematology, robotic surgery, general surgery, nephrology, urology, internal medicine and many others, the hospital is surrounded by lush flora.

IPD Beds of a number of categories General, Semi-private, Private and Chemo Wards are catering to varied requirements of our valued patients.

Mission

Serving all people through exceptional health care, persistent quality, sympathy, respect and

community outreach.

Values

Guide for Institutional and Organizational behaviour at Yashoda Superspeciality and Cancer

Institute is **CARE** which stands for

- **C** for compassionate care for our patients and their loved ones
- **A** for accountability, transparency and honesty in our services
- **R** for respect towards our patients, their loved ones and towards each other
- **E** for excellence in everything we do

As a part of social corporate responsibility, Yashoda Hospital conducts no cost Health screening

camps, free OPDs and have dedicated facilities for the unprivileged patients.

CHAPTER 2 : Discharge Process

IPD and OPD services are two subcategories of hospital services. An organisation that provides care for ambulatory patients who come for diagnosis, treatment, or follow-up care is known as an outpatient department. The term "unit" describes medical services that are offered the same day. Up until the point when hospitalisation may be required, the patient is assessed and treated in the outpatient department (OPD). The hospital's in-patient services, or ward section, make up 35–50% of the entire hospital complex, making it the most significant and substantial component. The main goal of the in-patient area is to accommodate patients at the stage of their sickness when their dependence on others is the greatest. Thus, the nursing station, the beds it serves, and the work, storage, and public rooms required to provide the patients' nursing care would be included in the inpatient care area, ward, or nursing unit. The high operational costs have a direct impact on hospital budgets. All hospital administrators must fully understand how expensive in-patient care is and concentrate on excellent planning and efficient use of these services.

It is crucial for hospitals that patients who are admitted are released from their care in a safe and efficient manner that is advantageous to both the patients and the organisation. Studies observing rising disease trends and an increase in the population of seniors clearly demonstrate the need for frequent use of healthcare services. Growing competitiveness results from increased healthcare demand. A company's success depends on maintaining the trust of its clients. Systems and processes are created to continuously please customers. In addition to receiving satisfactory care, our customers' patients and attendants expect timely service, accessibility and affordability of services, courteous behaviour, privacy and dignity, and informed treatment and cure throughout their journey from admission to leaving the hospital, or patient discharge.

Research has revealed that a number of events occur throughout the patient release process that influence everyone involved, despite the hospital's efforts to ensure a prompt and efficient departure. After the required interventions, several procedures that require the involvement of numerous staff members and departments must be carried out after the patient's release, making the process complex but efficient.

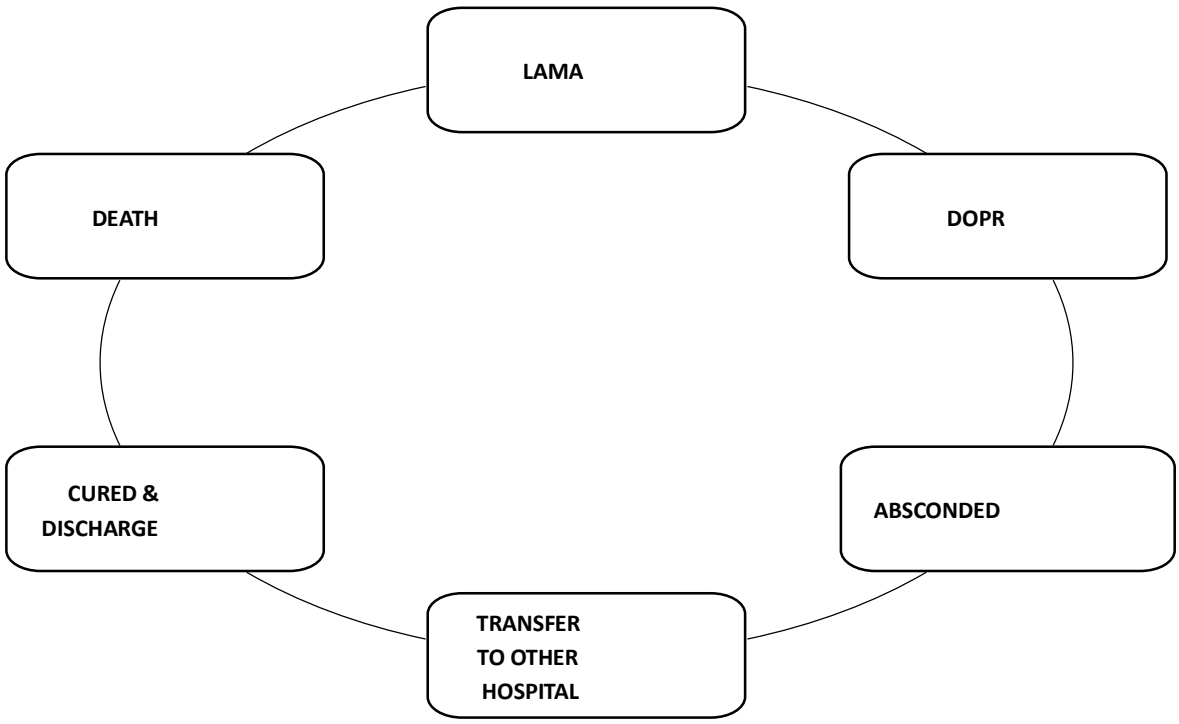
As per B.M. Sakharkar (The Author of ‘Principles of Hospital Administration and Planning’), “Discharge is the release of an admitted patient from the hospital”.

As per NABH, “Discharge is a process by which a patient is shifted out from the hospital with all concerned medical summaries ensuring stability”.

When the consultant determines that the patient is well enough to continue receiving home care services or needs to be transferred to a different category of facility (rehabilitation, mental), the discharge process begins. In many hospitals, the admission and discharge procedures can become bottlenecks, which negatively impacts the hospital's productivity.

People typically avoid being admitted to hospitals because of the unexpected expenditures associated with doing so. Instead, they prefer to wait until they have been discharged and then rush to get better and resume their regular lives. Any unjustified delay in the discharge process hurts both the organisation and the patients. Lack of information and communication causes the patient to be ignorant of the procedure and time commitment, which frequently causes annoyance, discouragement, and discontent. Additionally, it raises the risk of hospital acquired infections being contracted by a patient. Even when a patient had a positive experience, a delay might cost the organisation money and damage the hospital's reputation.

TYPES OF DISCHARGE



Discharge Planning

Future management functions can be developed from a fundamental planning framework. Planning for discharge begins with choosing a good date for the end of hospital care and notifying the patient's and their loved ones to get ready to take the patient home. The procedure also includes planning for post-discharge services like visiting care, physical therapy (physiotherapy or occupational therapy), and home sample collection. It is a goal-oriented, ongoing activity with the dual objectives of cost containment and patient outcomes improvement. In the end, it reduces unwelcome extended hospital stays, unanticipated readmissions, and improves the promptness of services and departmental coordination.

Planning for a patient's discharge starts early in their hospital stay. To maintain accurate treatment data, hospitals should discharge patients. In order to accurately represent our active client list and to compile statistics reports, it is crucial to keep track of discharge patients.

Cash, Panel & Insurance/TPA

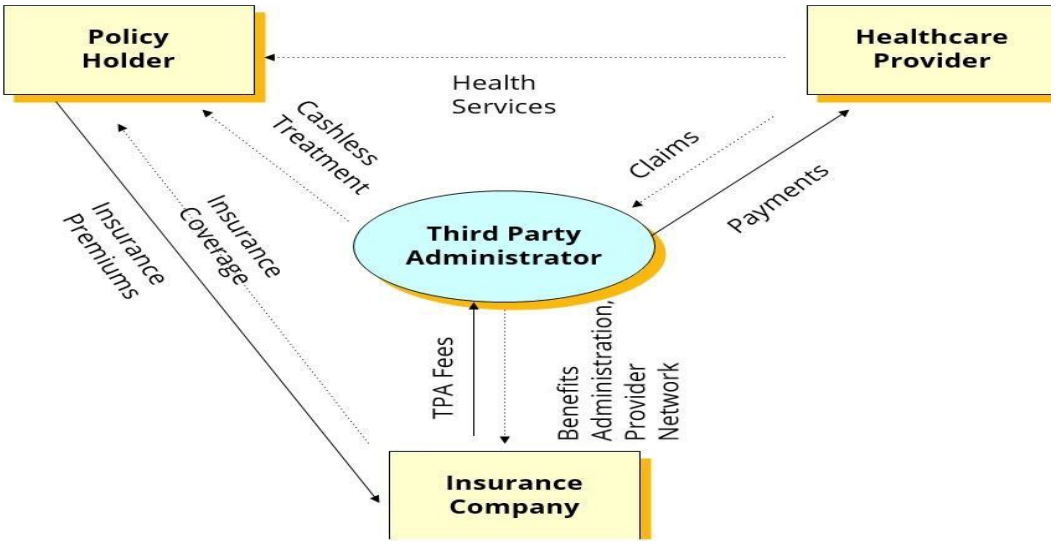
A group of patients, including Cash, Credit, and Insured/TPA patients, are released from the hospital.

- A cash patient is someone who pays the entire bill in cash, credit/debit cards, UPI payments, or local currency at the time of discharge.
- Empanelled patients pay a reduced fee for services, or the appropriate panel makes the payment, or the patient makes the payment and receives a reimbursement. In the study, a few of the panels that were studied included CGHS, ECHS, ESI, UP POLICE, DGHS, OFM, MCD, ONGC, NDRF, and NCR.
- Insurance is a contract (policy) that provides financial protection or reimbursement against losses from an insurance firm to a person or an organisation. In order to make payments to the insured more manageable, the company combines the risks of its clients, for which the insured pays a premium.

The insurance provider, in turn, pays the insured for medical expenses under the following conditions:

- Insured should be admitted to hospital/ nursing home
- Treatment of diseases should not fall under any exclusion under the policy
- Upper cap of compensation limited to sum insured under the policy

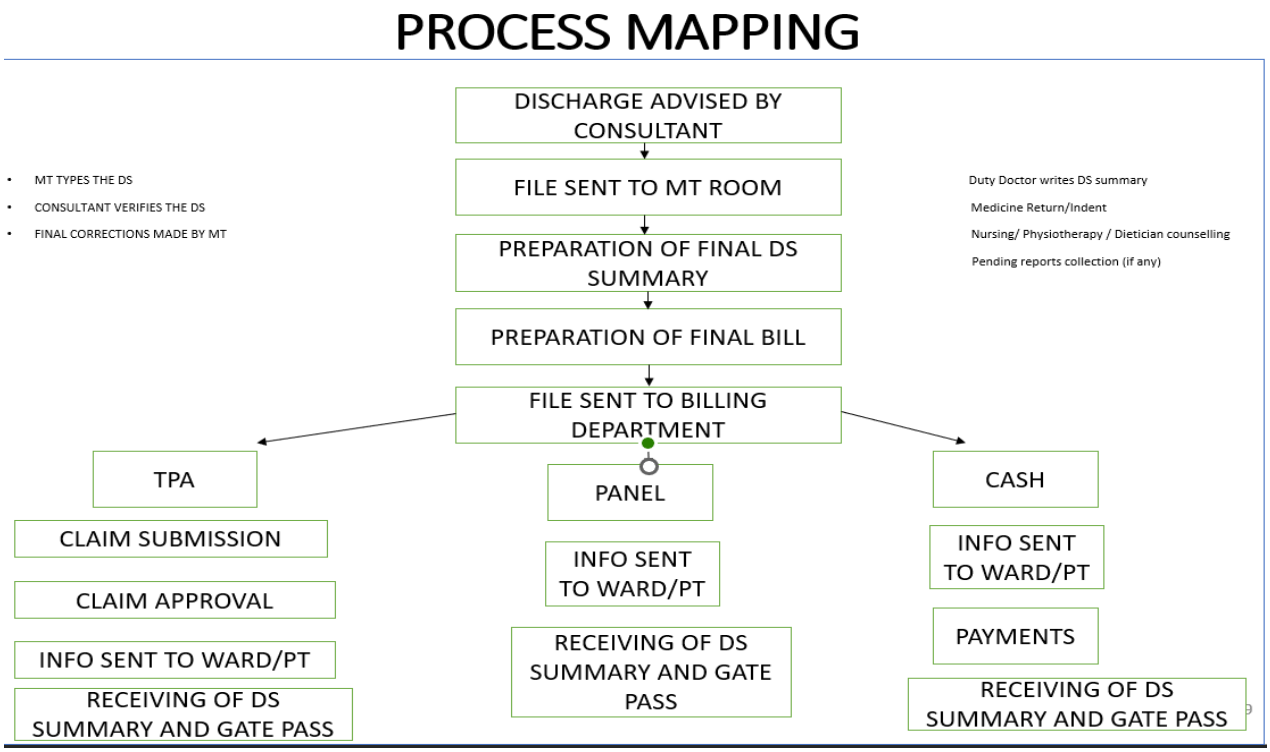
• TPA: Third Party Administrators are the link in the chain of the integrated delivery system that unifies all the elements of the delivery of health care, such as doctors, hospitals, patients, insured and insurers. Eg: ICICI Lombard, GIPSA, MAX BUPA, etc.

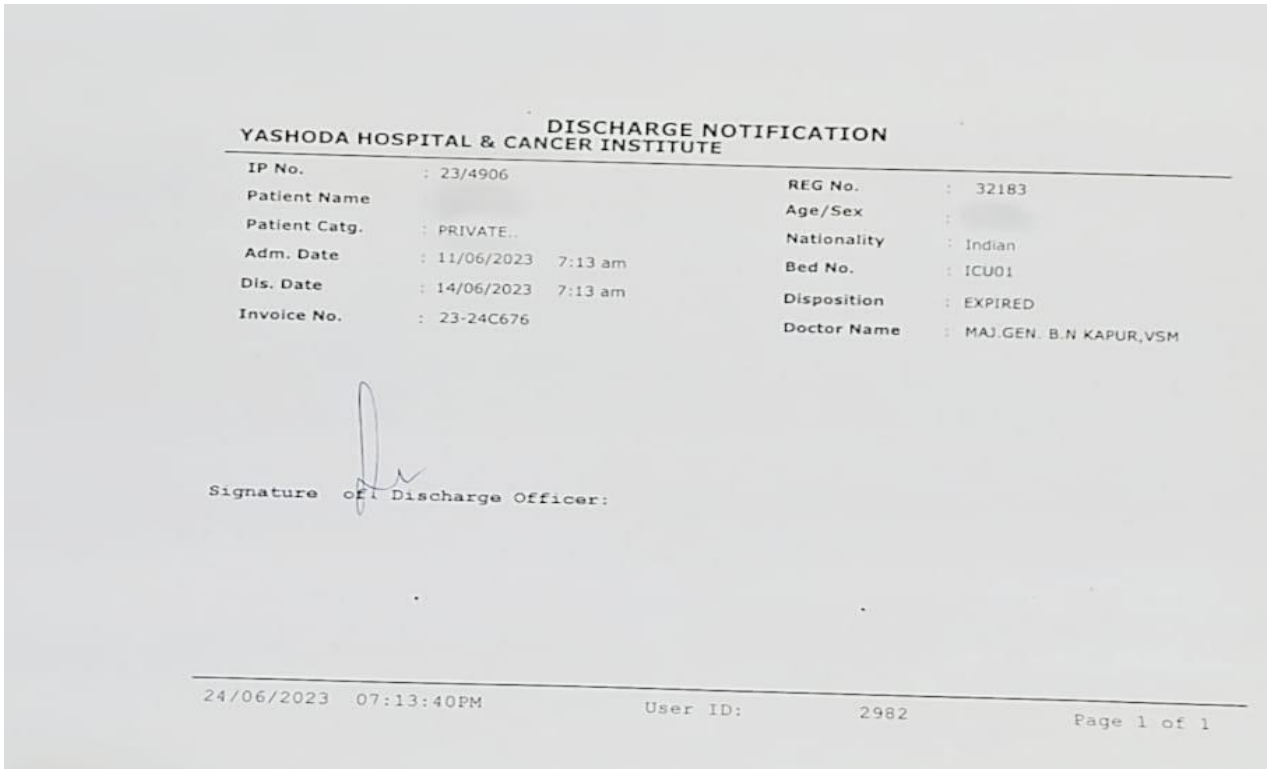


Hospital discharge is a process rather than a single occurrence. A plan for facilitating the transfer of a patient from the hospital to the appropriate setting should always be developed and put into action. Depending on the departmental locations, activities, and manpower planning of an organisation, the discharge process may be unique to that organisation. Process mapping can help to understand this.

The study's objectives include observing Yashoda Superspeciality and Cancer Institute's patient discharge procedure, determining the timeliness of the procedure, identifying bottlenecks and addressing them in the course of my employment.

Chapter 3: Process Mapping





DISCHARGE NOTIFICATION

YASHODA HOSPITAL & CANCER INSTITUTE

IP No.	: 23/4906	REG No.	: 32183
Patient Name		Age/Sex	:
Patient Catg.	: PRIVATE..	Nationality	: Indian
Adm. Date	: 11/06/2023 7:13 am	Bed No.	: ICU01
Dis. Date	: 14/06/2023 7:13 am	Disposition	: EXPIRED
Invoice No.	: 23-24C676	Doctor Name	: MAJ.GEN. B.N KAPUR,VSM

Signature of Discharge Officer:

24/06/2023 07:13:40PM User ID: 2982 Page 1 of 1

Chapter 4: Objectives

General Objective:

- To study the process of discharge and analyse the gaps and scope of operational improvement in the discharge process at Yashoda Hospital.

Specific Objectives:

- To access the Discharge time for Cash, Credit and TPA patients.
- To find the actual cause of delay & SOPs for the discharge process.

Purpose of the study:

The goal of the study is to comprehend the entire procedure and identify any issues with the discharge process in order to make improvements based on the recommendations during my additional training and education in the hospital.

Scope of Study:

The scope of this study is to assess the procedures, tasks, resources, and departments involved in the process at Yashoda Hospital and to enhance both its general operation and daily operations.

Chapter 5: Methodology

- **Study design:** A cross sectional study based on Observation and on process mapping and Quantitative research enumerating the percentage of discharges within time and enumerate analyses i.e., the time span of each of the steps for discharge as well as various elements leading to discharge on or off time.

- Study Area: In Patient Department of Yashoda Superspeciality Hospital & Cancer Institute:

  - Ward 1: 18 Beds
  - Ward 2: 20 Beds
  - General Ward: 23 Beds
  - Chemo ward : 15 Beds
  - Icu : 24 Beds

- **Sampling Method:** Purposive Sampling

- Sampling Strategy:

- All patients discharged from the Ward 1, 2, Chemo, ICU and General ward (Male & Female). All patients are studied at each phase of discharge tracked (Patient file received at MT Room, Preparation of Final Discharge Summary, Medicine indent and receiving time, Time taken for TPA approvals, Time patient receives Gate Pass and Signs Discharge Summary). These patients are from variety of segments including:

✓ Private (Cash patients)

✓ Government Panel (CGHS, CAPF, ESI, UP Police, Railways, UPPCL Etc.)

✓ TPA (GIPSA, NIVA BUPA, ICICI LOMBARD, STAR HEALTH, HDFC Ergo Etc.)

➢ Resources used:

- HIS (Pharmacy clearance, Final Billing, Admission, Discharge)
- Hospital Staff (GDA's, Pharmacists, Nursing in charge, nursing staff at station, Billing executive, TPA executive, Medical Transcriptionist, TPA & Billing Head, DNS, Consultants, Medical officers)
- Admission & Discharge register at Nursing station
- Medical Records (Patient case file)

➢ Procedure Adopted:

- The hospital's manual, records, policies, MOUs, licences, concerned authorities, and other sources were used to gather information about the Institute, the idea behind its foundation, location, the surrounding region, history, planning, manpower, organisational structure, and other facts.
- Observations were made of the hospital's various departments' clinical, supporting, ancillary, and administrative services.
- Studying the recognised departments that were engaged also me in my effort to gather facts and information. Personal observation, as well as coordinating and directing the departments and personnel involved in that operation's management.

➢ Data Collection:

Data was collected by primary and secondary sources:

○ Primary:

- Participatory observation
- Discussions with Medical Officer, Pharmacists, Nurse, DNS, Ward Coordinators
- Interaction with Medical Transcriptionist, Consultants, Billing Executive, GDA Staff

○ Secondary:

- Work manual of the departments
- Registered records of particular departments & patients
- Broachers, Website, Policy, Articles & Columns
- HIS
- Information was collected for location/ layout, equipment's used, policies and procedures .

➢ Expected Outcome:

The goal of a time motion study is to analyse a situation, look at the scenario's goals, and come up with a better, more effective approach or system. To identify the crucial tasks and search for indicators from which new approaches might arise, accurate observations and recording of the current working procedures were made. To ascertain how long it takes the competent staff to execute a given task to the current needed level of performance, several work patterns were observed and timed.

➢ Time Frame:

12th April- 31st May 2023

Chapter 6: Literature Review

According to a joint research by an industry association and Ernst & Young, India will require up to 17.5 crore more beds by the end of 2025. In 2017, 0.53 beds per 1000 inhabitants were identified in India, according to data from the World Bank. India is a popular destination for medical tourists, which adds to the burden of disease and the strain on the healthcare system in the nation.

The healthcare industry in the nation is expanding quickly and offers several opportunities. By 2022, the government wants to raise healthcare spending to 3% of the GDP. The government provided a sizable amount for COVID in the Union Budget of 2021 and is actively promoting healthcare and hospitals. India had an estimated 714 thousand hospital beds spread across 69 thousand hospitals in 2019, according to data released by the Statista committee. Outnumbering governmental hospitals, the private sector provided about 1.1 million of these beds. The healthcare industry faces intense competition, and as a service industry, it is motivated by fulfilling and surpassing the expectations of its clients. One of the most crucial phases of the patient journey is patient discharge.

The procedure involves many different departments, such as Nursing, Billing, TPA, Pharmacy, Dietetics, and Physiotherapy, as well as many different people, such as Consultants, Duty Doctors, Medical Transcriptionists, Nursing staff, Billing executives, General Duty Assistant Staff, etc. Understanding the overall procedure and its operations is crucial for hospital managers in order to successfully and efficiently manage the operations.

For my Literature Review, I have used the following keywords:

1. Discharge process
2. Patient Discharge
3. Patient Discharge and Hospital
4. TAT for Discharge and Study
5. Average time and delay in discharge

The following published papers are reviewed:

Silva Ajami et al.'s study from 2007 examined the window for discharge. The team used checklists, questionnaires, and their own observations to collect data, which was then analysed using the SPSS programme. The researchers employed the queuing model. The author's findings include an average time of 4.93 hours, a lack of staff supervision, a delay in finishing the discharge statement, and a lack of HIS.

In a tertiary care healthcare organisation in 2012, Janita Vinaya Kumari et al. did a study on the final stage of a patient's hospitalisation, or patient discharge. According to the author, the discharge and billing processes are the ones that patients and attendants are more likely to recall. The study's objective was to determine the typical wait time before patient release. The research team created and personalised study registers, which were kept in the wards and the billing department. A sample of 2205 patients was examined in total. The results showed an average waiting time of 2 hours and 22 minutes.

In order to examine the delays in the discharge of all patient categories, including insured patients, patients who paid with cash, patients who paid with DAMA, etc., Swapnil Kumar et al. conducted a time motion study in a hospital in 2013. To compare the typical time required for a patient to leave an institution, the NABH's standard time was employed. It was discovered that the duration for insured patients, self-payments, and DAMA was 5 hours and 13 minutes, 6 hours and 2 minutes, and 5 hours and 29 minutes, respectively. In his study, the author also performed a satisfaction poll of patients, finding that a total of 69.80% of them said the process was protracted and the remaining 30.20% said it took the expected amount of time for them to leave the hospital. A total of 61.53% patients voted that the discharge process should be speeded up.

In order to improve the appropriate findings, Dr. Silva et al. undertook a study in 2014 to identify the primary cause of delays in the patient discharge process from two teaching hospitals. Internal medicine ward patients' admission and discharge records were examined. To establish the sample size, the author carried out a pilot study. They discovered that

hospital A's release was delayed by 60% and hospital B's discharge was delayed by 50.7% between the two teaching hospitals. The primary causes of the delay in the discharge process were determined to be the lack of timely availability of investigation reports, the decision-making process regarding the patient's clinical health and discharge, and the provision of specialised consultation.

At Apollo Hospitals in Bhilai, a three-month study was carried out in 2014 with the aim of determining discharge process delays compared to industry standards. The goal was to analyse the entire process, analyse it, and identify any difficulties that might have arisen at different stages of the process. The study's goal was to draw out a strategy for time savings and process optimisation. The six units where the patient's records were followed were included in the time motion study the author did. A sample of 300 patients was chosen at random for this cross-sectional investigation over a three-month period. During the study, respondents were interviewed, including nurses, employees of the discharge pool, on-call physicians, and administrators. At least 50% of all patients released during the trial period were to be followed up on by the researchers when they arrived. The discharge took place two hours earlier than usual, at two hours instead of four. All patients were tracked, including cash, credit, TPA, planned and unforeseen discharges. Time for Cash, Credit, Unplanned, and Planned Discharge was found to be 3.6 hours. 4.2 hrs. respectively 4.1 and 3.4 hours.

The Asian Heart Institute conducted a study to determine the TAT of the discharge process and to examine any gaps and standard operating procedures. It was a 45-day cross-sectional research that included both quantitative and qualitative analysis. Purposive non-probability sampling was the method utilised in the sampling process. In order to gather the data, primary sources like observations and interactions with employees and departments as well as secondary sources like the patient file and HIS were used to determine the causes of the delay. The causes were divided into various groups, including patient-caused delays, hospital-caused delays, delays brought on by TPA approvals, delays brought on by the patient's worsening clinical condition, etc.. The main reason found behind the delay in the discharge process was gap in the information flow and inter-departmental communication.

Mr. Khanna et al. (2016) studied the timeliness of the discharge process and its impact on crowding and flow performance at a tertiary care hospital. The study's goals included

determining the best time for patients to be discharged, reducing overcrowding and workload, and improving inpatient flow. The patient journey, from admission to discharge from the hospital, was studied and improved using the patient records during a fifteen-month period. Discrete event stimulation was used to comprehend the flow performance. Eighty percent of the discharges were completed before afternoon, which left nine additional beds available for incoming inpatients. The average time it takes for a bed to become available to be occupied, duration of stay, and bed occupancy were targeted and lowered. The study revealed that discharges completed before noon, or until 11 AM, improve patient flow and performance.

Dr. Soundara Raja (2017) conducted research in a tertiary care hospital with the intention of identifying the factors influencing patient admission delays. The goal of the study was to identify the underlying reason and make recommendations for resolving the issue utilising useful information. The patients were dissatisfied for a number of reasons, including the length of time it took to prepare the discharge report, clearance from the pharmacy, delays caused by support services, and nursing staff.

Chapter 7: Discharge Process at Yashoda Hospital

Hospital Recorded Time for Discharge of Private, Government Panel and TPA Patients

S.NO	CATEGORY	TIME	MEASUREMENT CRITERIA
1.	CASH	2 HOURS	Patient medical records Pharmacy clearance Ward admission discharge register HIS
2.	GOVERNMENT PANEL	2 :30 HOURS	
3.	TPA	4 HOURS	

Quality Objectives:

Sl.	Quality Objectives	Performance Indicators	Measurement Criteria	
			Criteria	Frequency
1	Service Level	Staff availability (Doctors, Nurses & Support Staff)	Duty Roster Attendance Record	Monthly
		Discharge time PVT Patients – 2 hrs. Govt. Panel – 2: 30 hrs. TPA–4 hrs.	Patient medical records Pharmacy clearance Ward admission/ Discharge register	Quarterly
		Billing completion time (25 minutes)	Pharmacy clearance, Billing, Discharge record	Monthly
		Comprehensive Discharge instructions	Patient discharge summary	Monthly
2	Customer satisfaction	Coordination between all Staff	Patient feedback Form	Monthly
		Courtesy level	Patient feedback form	

-Discharge process at Yashoda Hospital & Research Centre:

- The primary treating consultant is primarily in charge of making decisions about patient discharge; they do so during their visit prior to the day of discharge and communicate those decisions to the attendant, relative, nursing staff, and medical officer.
- The doctor makes the final decision on the patient's discharge during the visit on the day of discharge based on the patient's clinical condition.
- Patients are examined to determine whether they can be released on the planned day or not.
- The ward nurse and RMO on duty are informed as soon as the patient is deemed to be in good condition.
- The nursing staff returns any additional medications of the patient, prepares draft of the discharge summary, and provides patient counselling regarding post-discharge care.

-Preparation of Discharge Summary:

 Once the final decision is made, Consultant or duty doctor on advice of the consultant prepares the summary consisting of information of the following:

a. Reasons for Admission
b. Investigations performed and summarized information about the results c. Diagnosis
d. Records of procedures performed
e. Patient condition on Discharge
f. Medical commands
g. Follow up Advice when and how to obtain urgent care
h. Emergency number of the hospital
i. Dietary advice
j. Revisit date

- Medical Transcriptionist types the Discharge Summary from the patient file received at Billing and the discharge summary is sent for correction and signature by consultant.

3 copies of final discharge summary kept in patient file by ward nurse.

• Three copies are given: one to the accounting department, one to the patient/attendant, one to the case file.

• The nursing staff provides the patient/attendant with medication collection and instructions as provided by the treating consultant.

• The patient or attendant signs the report about receiving the discharge summary that is kept at the billing counter.

-Final Billing of Patient:

- On the day of discharge, confirmation of patient discharge is made by the consultant or the ward nurse.
- Patient's file is sent to the billing section for the final billing settlement by floor in charge or ward sister

-Patient Counselling:

• As stated in the DS summary, the dietician consults with the patient regarding nutrition, the nurse instructs regarding medicines, and other matters before to final discharge.

• The patient is told that they will be returning to the hospital.

• The nursing station's discharge register contains notes about the discharge.

• The patient and their family leave the hospital.

• The ward attendants wheel elderly patients, new mothers, and other patients to the hospital exit area so they can be seen off.

-Billing Section Formalities:

Patient relative is called from the billing department after the patient file is transferred to the billing department. The bill is cleared (if the patient is paying) and a cash receipt is taken by signing all three copies of the bill; a clearance slip is then issued by the accounts officer / patient attendant.

• Clearance slip and a copy of the receipt were delivered to the in-charge sister in the ward by patient attendant. Patient relative is called from the billing department after the patient file is transferred to the billing department. The bill is cleared (if the patient is paying) and a cash receipt is taken by signing all three copies of the bill; a clearance slip is then issued by the accounts officer and given to patient attendant.

-LAMA (Left Against Medical Advice):

- No patient may be confined in a hospital against their will in accordance with their rights.
- The nursing staff and the concerned doctor should attempt to convince the patient to stay while also attempting to ascertain the reason for their desire to leave. If possible, the issue should be remedied.
- In spite of this, if the patient still wants to discharge himself or herself from the hospital, all reasonable measures should be taken to ensure the patient/authorized attendant signs a form to this effect before leaving the hospital. It is the doctor's responsibility to explain to the patient that if the patient leaves the hospital against medical advice, the hospital ceases to be responsible for his or her care. In case patient/relatives want to get discharged against medical advice; the same is indicated in the patient case record by the primary treating consultant/medical officer.
- A written consent is taken from the patient/relatives in the LAMA form.
- If the patient declines to sign the form, it is expressly noted in the medical records.
- Records are kept of the conversations and risks related.
- The attendant or relative is urged to pay off all debts.
- A summary of the discharge is created and provided.
- One copy is included for record-keeping purposes in the patient file.

- Discharge on Request:

- Yashoda Hospital offers DOPR (discharge on patient request) in the event of the patient's impending death. Discharge summary is prepared and is given.
- One copy is included for record-keeping purposes in the IPD file.

- Medico Legal Cases:

- All medical-legal cases and those accepted by court order are handled in the same way as planned discharges, where information is forwarded to the relevant authorities prior to discharge.
- In the case of MLC, the RMO or nurse fills out the medical legal papers and notifies the police.
- All investigation reports and supporting documentation are kept safe; the on-call staff nurse is in charge of ensuring this.
- MLC is documented and the police are notified upon admission, discharge to home, transfer to another hospital, or death.
- A summary of the discharge is drafted and provided. A copy of DS summary is enclosed in file for record purpose.

- Pharmacy Clearance:

Before clearing the bill and transmitting the file to the billing department, the pharmacy staff makes any final deductions from the bill and receives "pharmacy clearance" from the Ward nurse or Sister in charge.

- Patient Expiry:

• The principal treating consultant, medical officials, and nursing staff notify the patient's family in the event of death. Family members of the patient are given access to the body.

• The ward nurse prepares the body for cleaning as necessary. The body is cleansed and wrapped in a clean linen by designated professionals.

• Three copies of the death certificate and death summary are created by RMO.

• A stamp is placed on the death certificate and death summary.

• Within an hour after death, the body is given to family members or kept in the mortuary.

• The body is given to the family members together with one copy of the death certificate and death summary, while the second copy is attached to the patient's case files.

• The neighbourhood police station is notified in medical-legal matters, and they determine whether a postmortem is necessary.

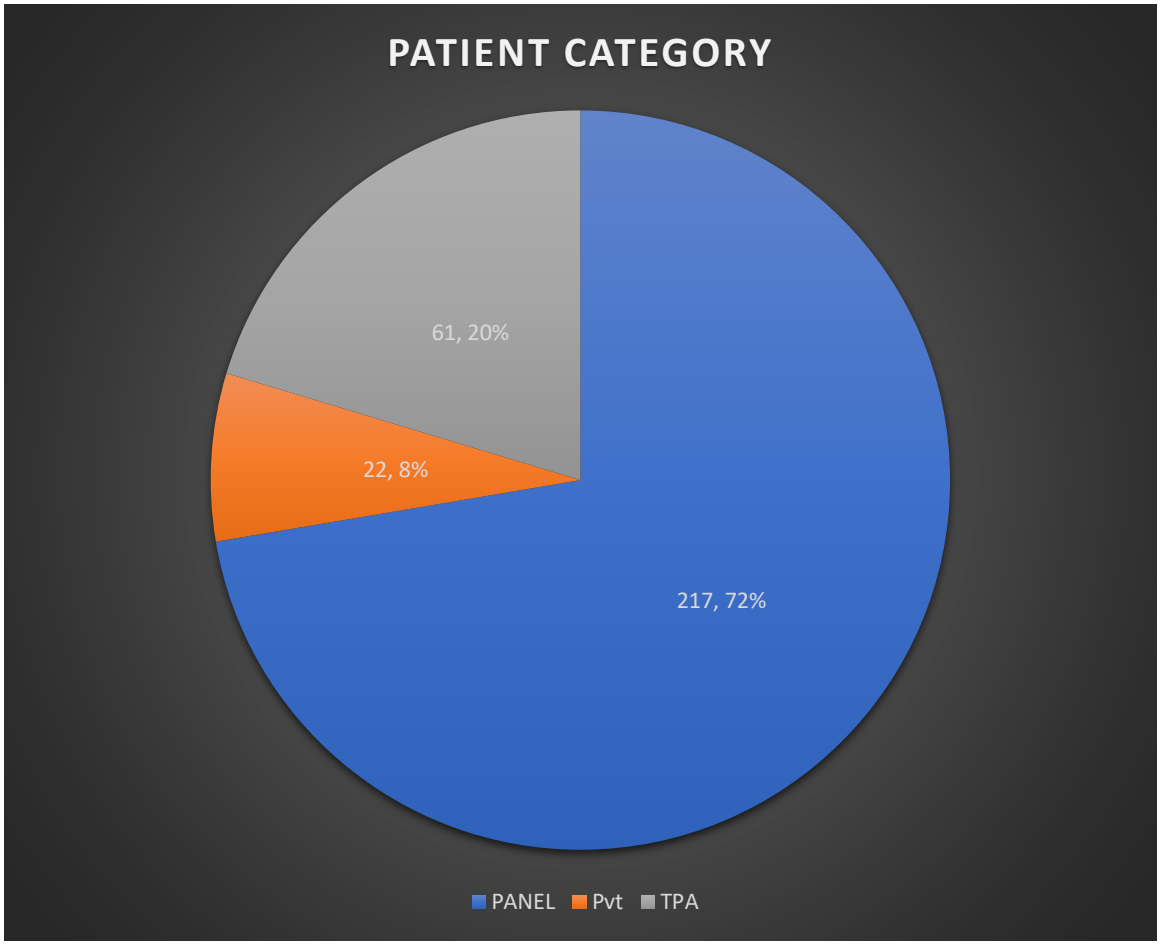
- **Records Generated**

    - Patients Case File
    - Discharge Summary
    - Death Certificate
    - Death Summary
    - LAMA form
    - Admission Discharge Register
    - Final Bill (for Special Patients)

Chapter 8: DATA ANALYSIS

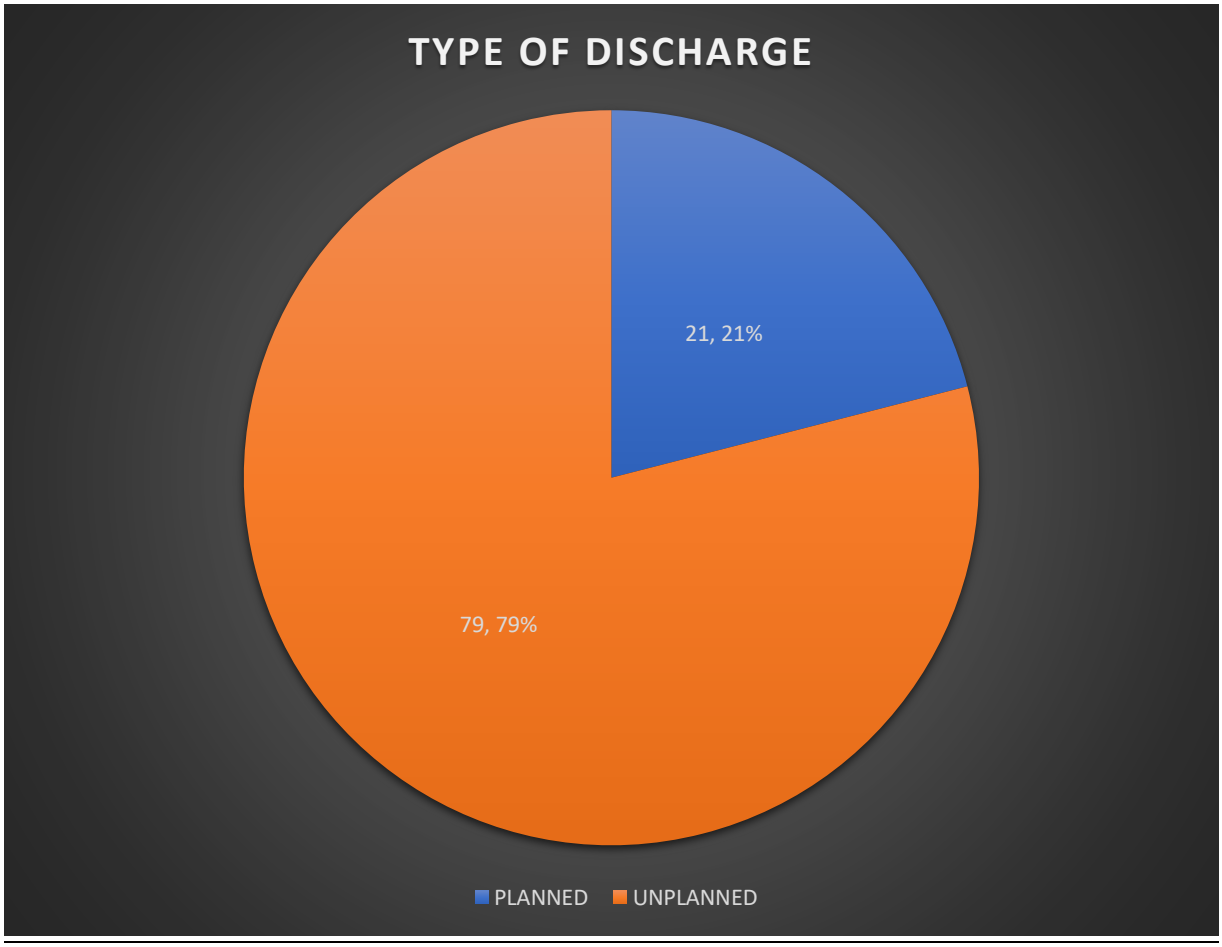
CATEGORY WISE TOTAL NUMBER OF PATIENTS

S.NO	CATEGORY	TOTAL NUMBER OF PATIENTS
1.	**CASH**	22
2.	**TPA**	61
3.	**PANEL**	217
TOTAL		300

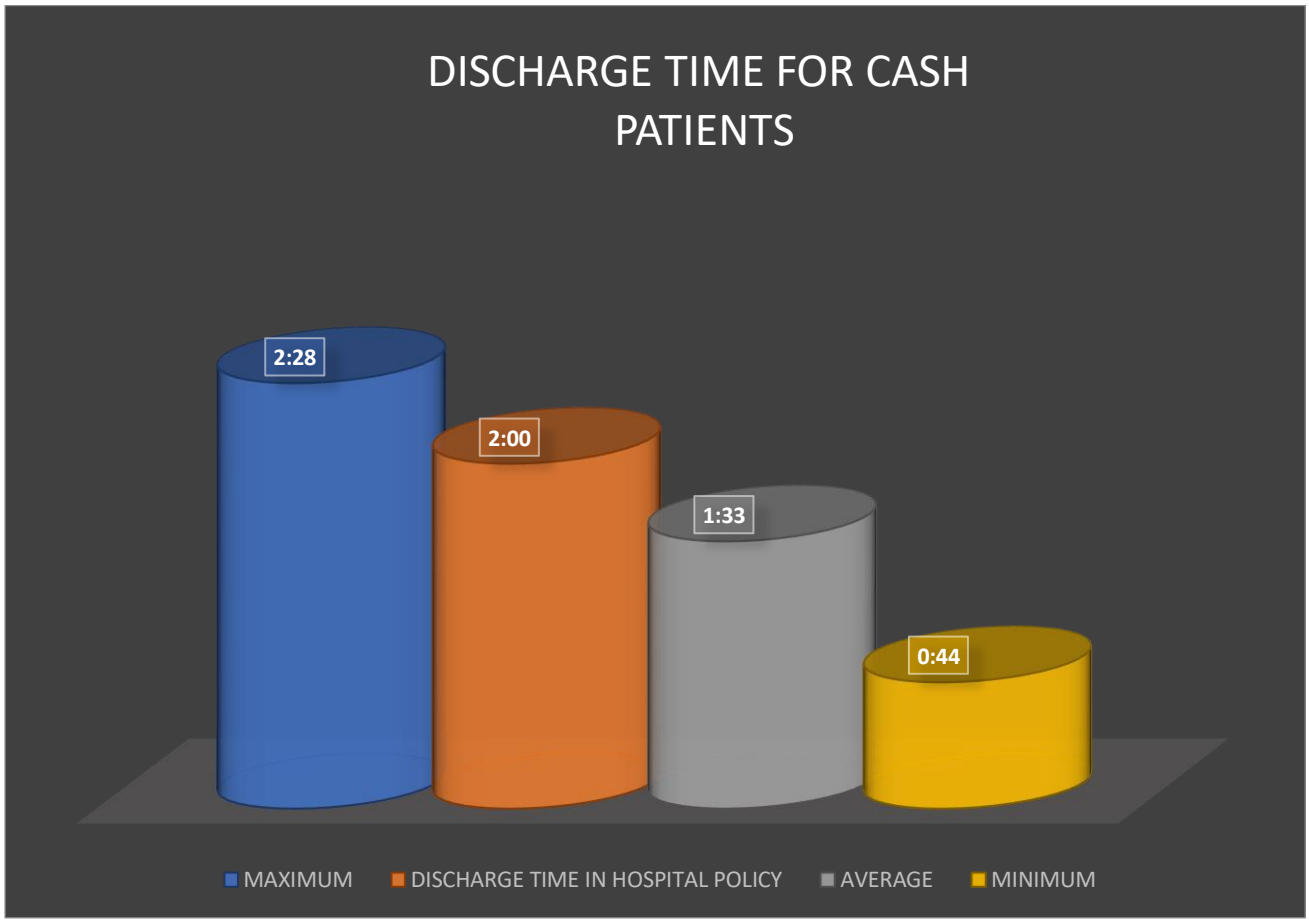


TYPE OF DISCHARGE

S.NO	CATEGORY	TOTAL NUMBER OF PATIENTS
1.	UNPLANNED	237
2.	PLANNED	63
TOTAL		300

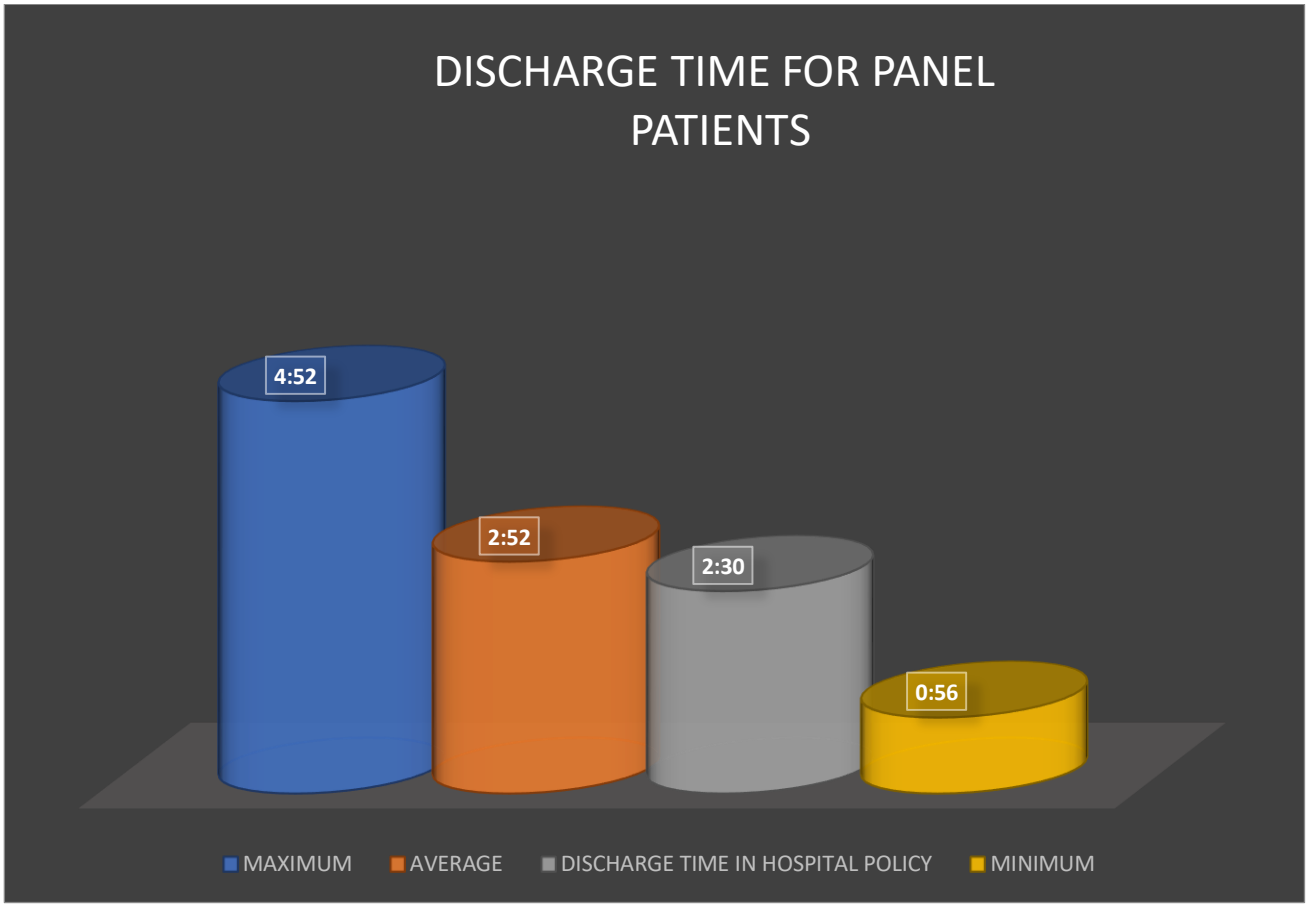


- **Discharge Time for Cash Patients:**



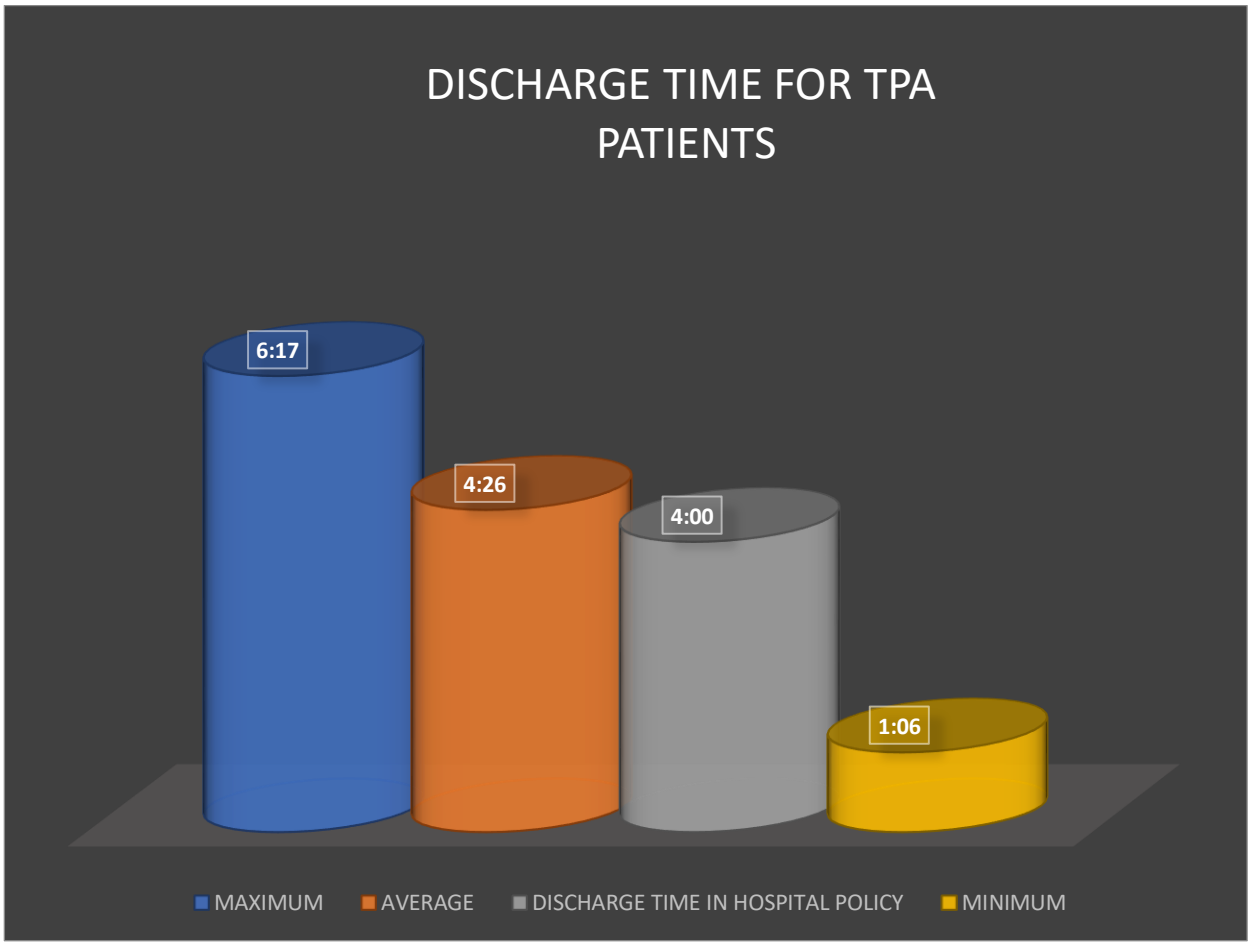
- The average time for Discharge for 22 Cash Patients is 1 Hour 33 minutes.
- The discharge time as per hospital policy for cash patients is 2 Hours.
- The maximum recorded time is 2 Hour 28 Minutes.
- The Benchmark for the patient discharge of Cash category is 44 minutes.

- **Discharge Time for Panel Patients:**



- The average time for Discharge of 217 Panel Patients is 02 Hours 52 minutes.
- The discharge time for Panel patients as per hospital policy is 02 Hours 30 Minutes.
- The maximum recorded time is 4 Hour 52 Minutes.
- The Benchmark for the patient discharge of Panel category is 56 Minutes.

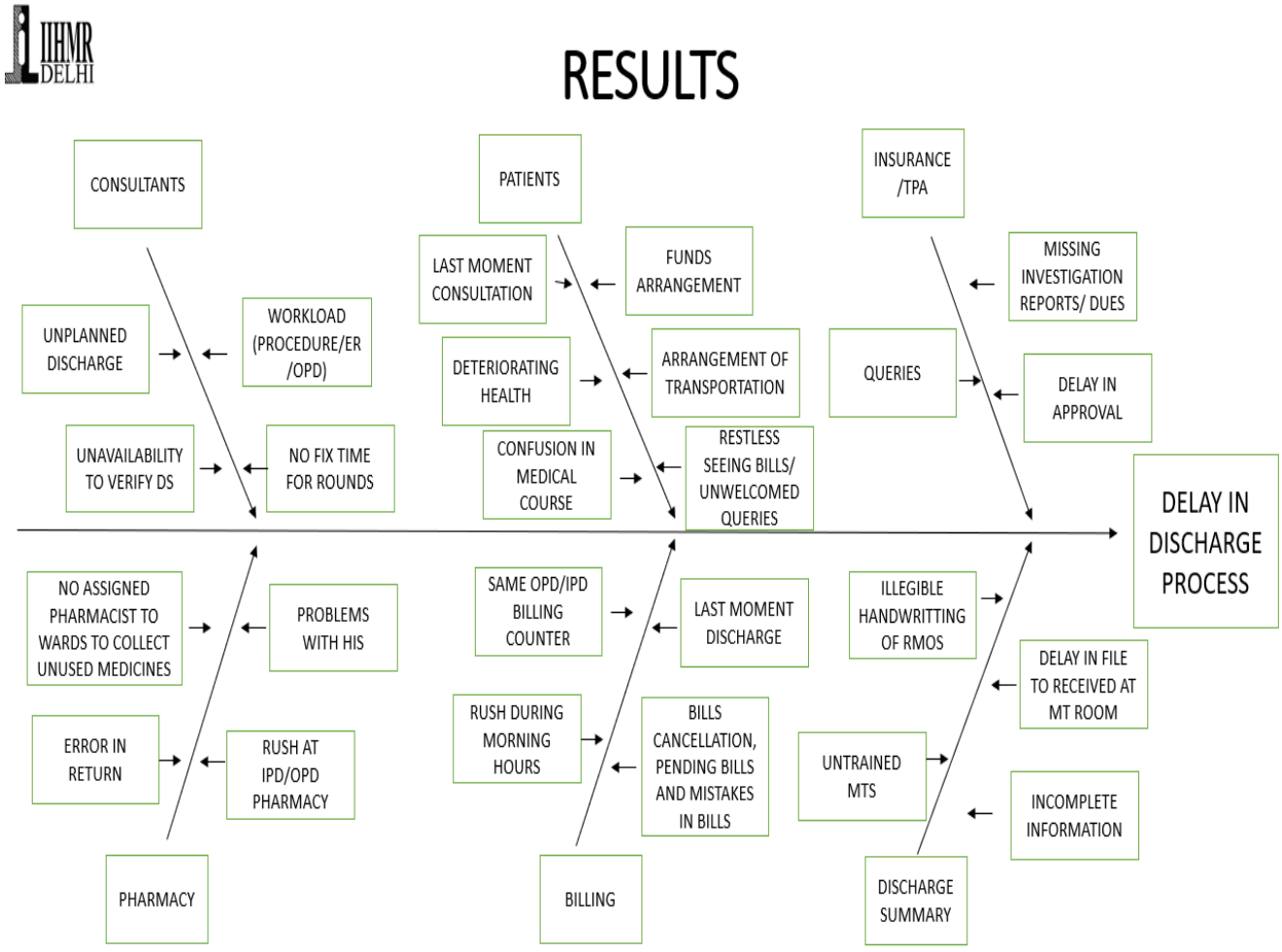
- **Discharge Time for TPA Patients:**



- The average time for Discharge of 61 TPA Patients is 04 Hours 26 minutes.
- The discharge time for TPA patients as per discharge policy is 04 Hours.
- The maximum recorded time is 06 Hours 17 minutes.
- The Benchmark for the patient discharge of TPA category is 01 Hour 06 Minutes.

Chapter 9: Results

CAUSE AND EFFECT DIAGRAM



-Other Reasons for the Delay in Discharge Process:

- Lack of staff training and knowledge about discharge process.
- Untrained MTs: Typing errors and mistakes by Medical Transcriptionist in Discharge Summary repeatedly.

- Shortage/ Unavailability of GDA: The GDA staff takes the unused medicines from the IPD patient to the pharmacy and billing department for clearance. The GDA are also assigned many other duties which include attending patient, doctors, nurses and administrative staff and helping out them in their activities. Morning hour has maximum number of discharges which demands a great number of GDA going for discharges activities. Lack of GDA or absenteeism of them contributes to delay in the discharge process.
- Lack of coordination between departments because sometimes the status of patient is not known (whether Cash/ Panel/ TPA)
- Sometimes patient card doesn't work.
- Excessive medicines ordered by Nurse: More return time.
- All reports are not available on HMS which is required to send TPA for Cashless.
- Photocopies & Printing of the reports/ discharge summary takes time.
  - Another important matter of concern is late DS summary preparation as it involves many steps:

a) Doctors who are not involved in the treatment are asked to write summary in patient file. They have to go through entire notes which causes delay

b) Sometimes DS is prepared late due to workload on Medical Transcriptionist.

c) Sometimes everything is ready, but couldn't still be served to patient because nursing staff is very busy and they send the file late to Billing Section.

d) Sometimes staff tends to try accumulating 2 or 3 discharges simultaneously so delay occurs in completing notes, pharmacy clearance, sending down file.

 Miscellaneous: There are various other reasons which delay the discharge process. Some patient prefers to leave after lunch. Some patients have conveyance and other issues which extend their stay. Few have sudden queries for which they request to consult doctor before going home which takes time.

- Patients are sometimes not in a condition to pay huge amount of bills genuinely so discounts are given to such category of people based on humanitarian basis but this requires consultation and approval of higher authority.

Chapter 10: Conclusion

It is challenging to discharge patients properly. Interdepartmental cooperation and effective communication amongst all parties engaged in the discharge process can result in an efficient and on-time release.

In this study, the time taken for Discharge of Cash, TPA and Panel patients at Yashoda Superspeciality Hospital and Cancer Institute has been analysed. It has been found that the Time taken for DS of Cash patients , 1 hour 33 minutes, is within the hospital policy which is of 2 hours. For TPA patients, delay of 26 minutes has been found. And for Panel patients delay of delay of 22 minutes has been found. The various reasons associated with the delay in the process have been identified and will be worked upon.

The primary cause of the disarray in the discharge process is unplanned discharges. The Discharge should be prepared in advance in conjunction with the patient/family, according to NABH Chapter 1 AAC 13.

Chapter 11: Recommendations

- Planned discharge: medicines return, cross consultations, report collection & Summary preparation.
- Round timings of the doctor can be tried to be fixed preferably in the Morning. Nurse should know the expected discharge date so that she could complete her notes, reports collection, & return unused medicines to the Pharmacy.
- Patient shouldn't be discharged immediately on request. He could be planned for evening discharge so that it should also turns out as an appropriate discharge otherwise, not only case in itself will be delayed but also shackles the strength of other planned discharges.
- Discharge coordinator/ nurse should coordinate for parallel workflow which is seen absent in many cases, such as to, inform to dietician or physiotherapy, or should inform the housekeeping department for wheel-chair, transportation team for ambulance services (if required) as initiated by treating physician during the time she is preparing DS for smooth process.
- In cashless patients, documents should be collected with the time so that the nurse doesn't have to rush to collect reports or clearances.
- Patient to be well informed about time of whole process and steps involved in it.
- Giving priority to TPA patients file for making discharge summary, and Bill preparation as they take the most time for receiving the approval of the claim.
- Colour coding of file folders.
- Interdepartmental coordination and communication (Training, sensitization, meetings, communication channel)
- Timely report collection & departmental clearance.
- Training of Nurse to prepare Discharge Summary.
- Separate IPD & Billing counters.
- Training of Medical Transcriptionist on Regular basis especially in case of new joinees and interns.

Chapter 12: Limitations of the Study

- Includes only In Patient Department patients admitted for more than 24 Hours.

- TAT for TPA patients is accessed through email.

Chapter 13: References

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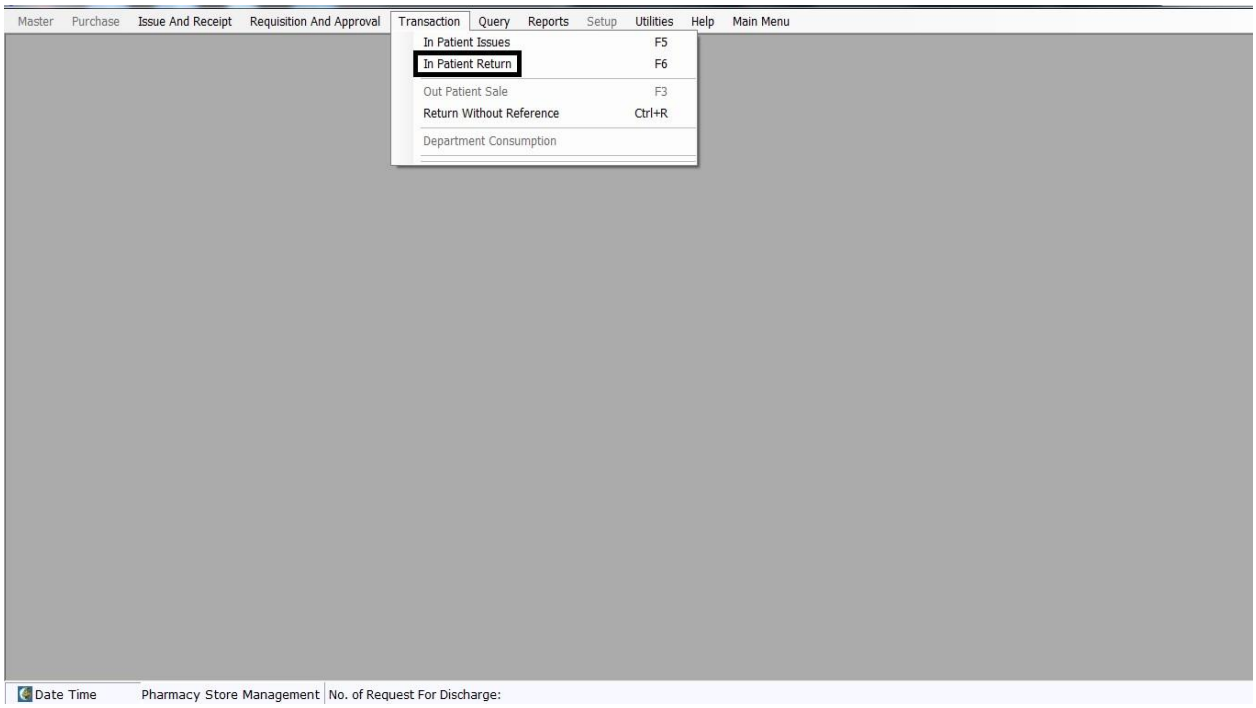
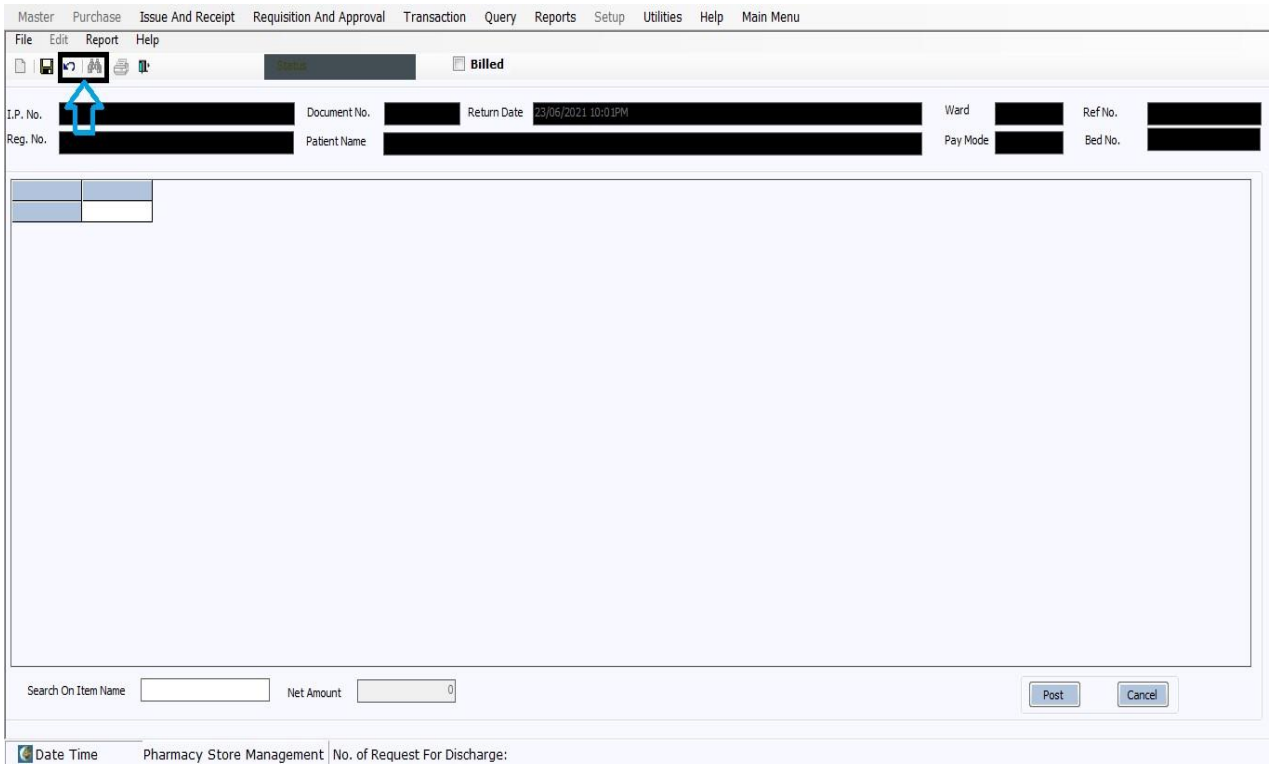
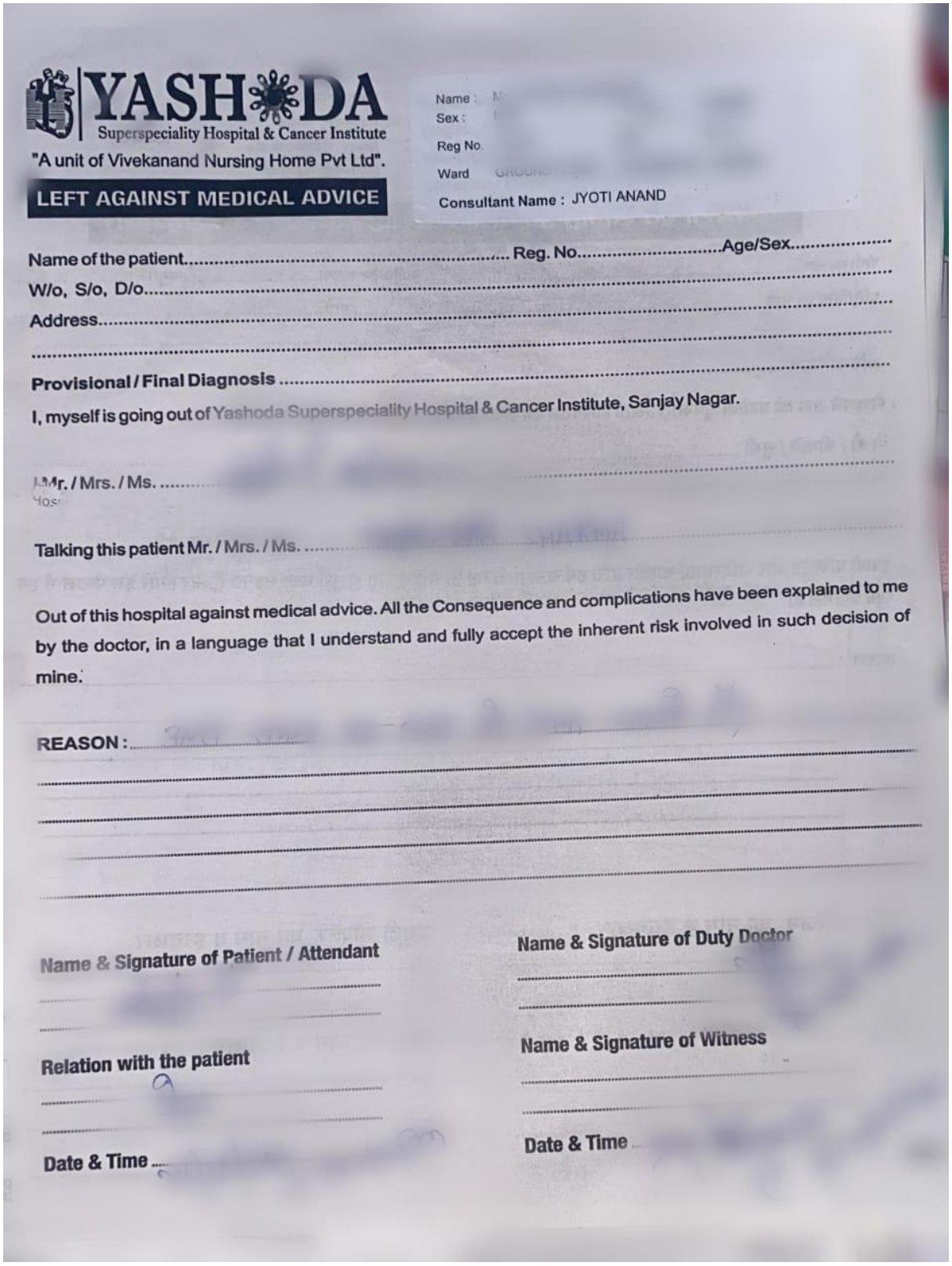
- https://www.researchgate.net/publication/273340797_Role_of_discharge_planning_and_othe r_determinants_in_total_discharge_time_at_a_large_tertiary_care_hospital
- https://pubmed.ncbi.nlm.nih.gov/26845068/

ANNEXURE: MEDICINE RETURN (IPD PHARMACY)





ANNEXURE: LAMA FORM



YASHODA
Superspeciality Hospital & Cancer Institute
"A unit of Vivekanand Nursing Home Pvt Ltd".

Name :
Sex :
Reg No.
Ward
Consultant Name : JYOTI ANAND

LEFT AGAINST MEDICAL ADVICE

Name of the patient..... Reg. No..... Age/Sex.....
W/o, S/o, D/o.....
Address.....
.....
Provisional / Final Diagnosis .....
I, myself is going out of Yashoda Superspeciality Hospital & Cancer Institute, Sanjay Nagar.

Mr. / Mrs. / Ms. .....
Hos

Talking this patient Mr. / Mrs. / Ms. .....

Out of this hospital against medical advice. All the Consequence and complications have been explained to me by the doctor, in a language that I understand and fully accept the inherent risk involved in such decision of mine.

REASON : .....
.....
.....
.....

Name & Signature of Patient / Attendant
.....
.....

Relation with the patient
.....
.....

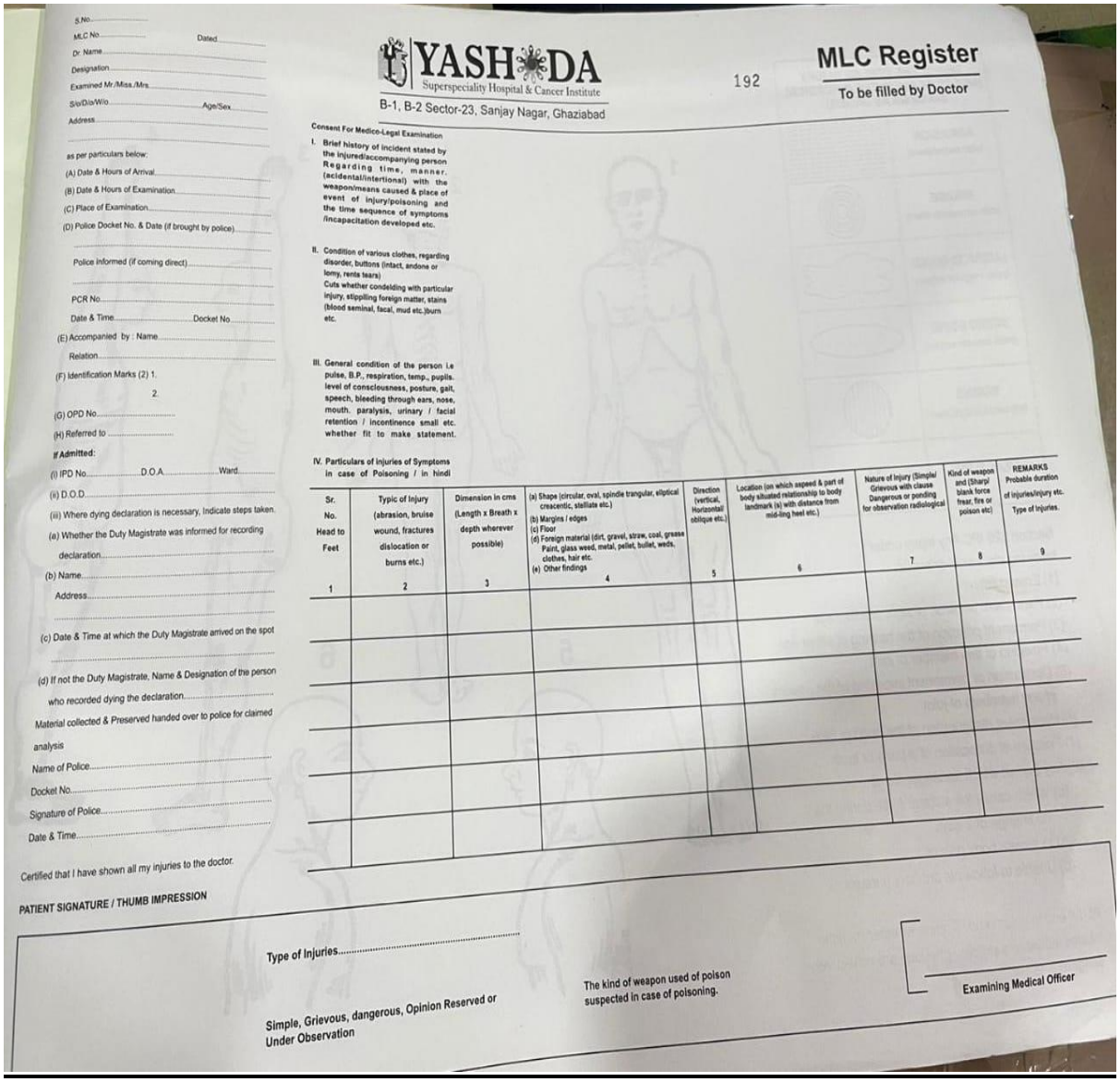
Date & Time .....

Name & Signature of Duty Doctor
.....
.....

Name & Signature of Witness
.....
.....

Date & Time .....

ANNEXURE: MLC FORM



S.No.....
MLC No..... Dated.....
Dr. Name.....
Designation.....
Examined Mr./Miss./Mrs.....
S/o/D/o/W/o..... Age/Sex.....
Address.....

as per particulars below:

(A) Date & Hours of Arrival.....
(B) Date & Hours of Examination.....
(C) Place of Examination.....
(D) Police Docket No. & Date (if brought by police).....
Police informed (if coming direct).....
PCR No.....
Date & Time..... Docket No.....
(E) Accompanied by : Name.....
Relation.....
(F) Identification Marks (2) 1.
2.
(G) OPD No.....
(H) Referred to .....
If Admitted:
(i) IPD No..... D.O.A..... Ward.....
(ii) D.O.D.....
(iii) Where dying declaration is necessary, Indicate steps taken.
(a) Whether the Duty Magistrate was informed for recording declaration.....
(b) Name.....
Address.....
(c) Date & Time at which the Duty Magistrate arrived on the spot
(d) If not the Duty Magistrate, Name & Designation of the person who recorded dying the declaration.....
Material collected & Preserved handed over to police for claimed analysis
Name of Police.....
Docket No.....
Signature of Police.....
Date & Time.....

Certified that I have shown all my injuries to the doctor.

PATIENT SIGNATURE / THUMB IMPRESSION

YASHODA
Superspeciality Hospital & Cancer Institute
B-1, B-2 Sector-23, Sanjay Nagar, Ghaziabad

192

MLC Register
To be filled by Doctor

Consent For Medico-Legal Examination

I. **Brief history of incident stated by the injured/accompanying person Regarding time, manner, (accidental/intertional) with the weapon/means caused & place of event of injury/poisoning and the time sequence of symptoms /incapacitation developed etc.**

II. **Condition of various clothes, regarding disorder, buttons (intact, andone or lomy, rents tears) Cuts whether condelding with particular injury, stippling foreign matter, stains (blood seminal, facal, mud etc.)burn etc.**

III. **General condition of the person i.e pulse, B.P., respiration, temp., pupils. level of consclousness, posture, gait, speech, bleeding through ears, nose, mouth. paralysis, urinary / facial retention / incontinence small etc. whether fit to make statement.**

IV. **Particulars of injuries of Symptoms in case of Poisoning / in hindi**

Sr. No. Head to Feet 1	Typic of Injury (abrasion, bruise wound, fractures dislocation or burns etc.) 2	Dimension in cms (Length x Breath x depth wherever possible) 3	(a) Shape (circular, oval, spindle trangular, eliptical creacentic, stalliate etc.) (b) Margins / edges (c) Floor (d) Foreign material (dirt, gravel, straw, coal, grease Paint, glass weed, metal, pellet, bullet, weds, clothes, hair etc. (e) Other findings 4	Direction (vertical, Horizontal/ oblique etc.) 5	Location (on which aspeed & part of body situated relationship to body landmark (s) with distance from mid-ling heel etc.) 6	Nature of Injury (Simple/ Grievous with clause Dangerous or ponding for observation radiological 7	Kind of weapon and (Sharp/ blank force frear, fire or poison etc) 8	REMARKS Probable duration of injuries/injury etc. Type of injuries. 9

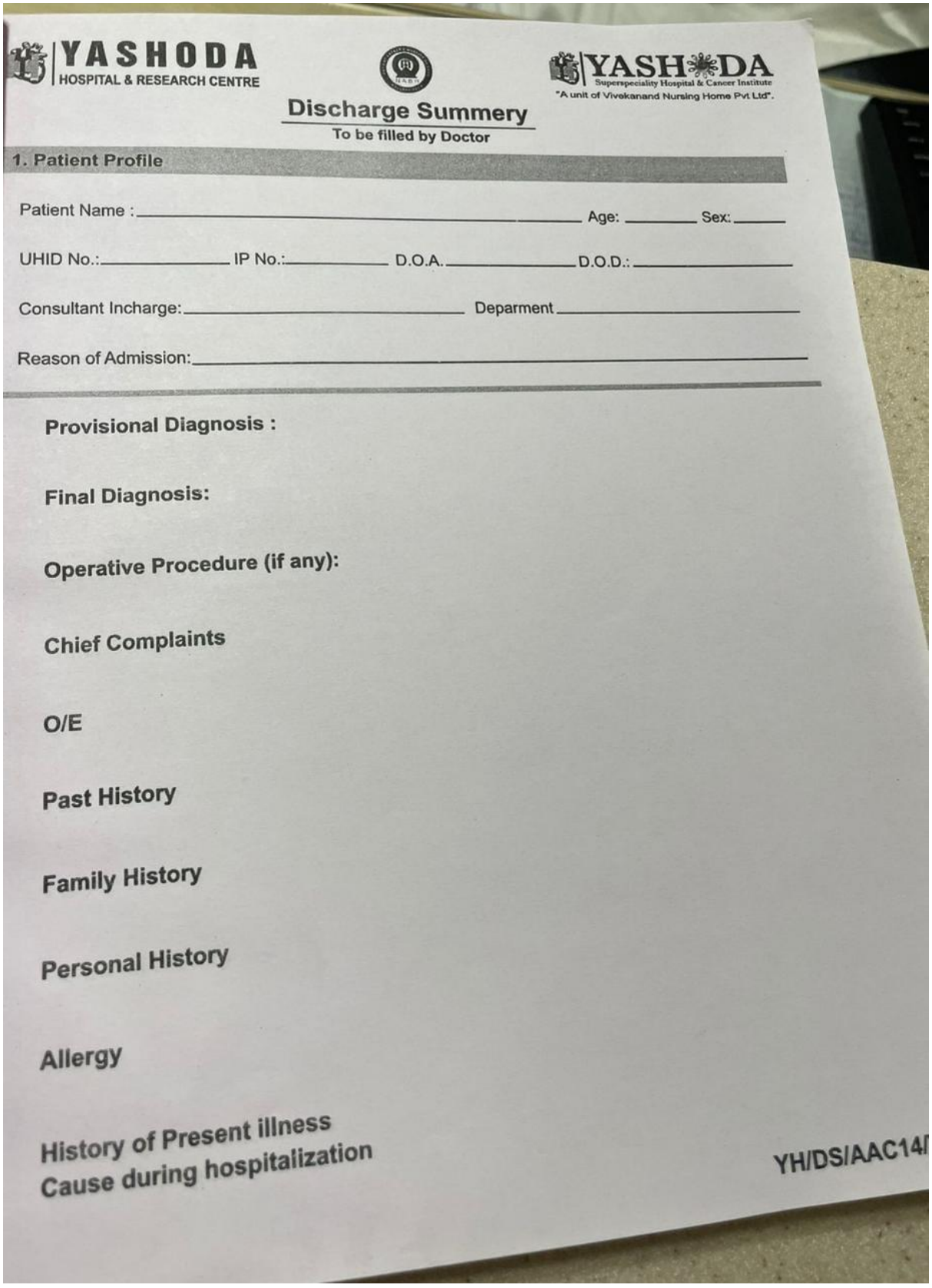
Type of Injuries.....

Simple, Grievous, dangerous, Opinion Reserved or Under Observation

The kind of weapon used of poison suspected in case of poisoning.

Examining Medical Officer

ANNEXURE: DOPR FORM



YASHODA
HOSPITAL & RESEARCH CENTRE

YASHODA
Superspeciality Hospital & Cancer Institute
"A unit of Vivekanand Nursing Home Pvt Ltd".

Discharge Summery
To be filled by Doctor

1. Patient Profile

Patient Name : _____ Age: _____ Sex: _____

UHID No.: _____ IP No.: _____ D.O.A. _____ D.O.D.: _____

Consultant Incharge: _____ Deparment _____

Reason of Admission: _____

Provisional Diagnosis :

Final Diagnosis:

Operative Procedure (if any):

Chief Complaints

O/E

Past History

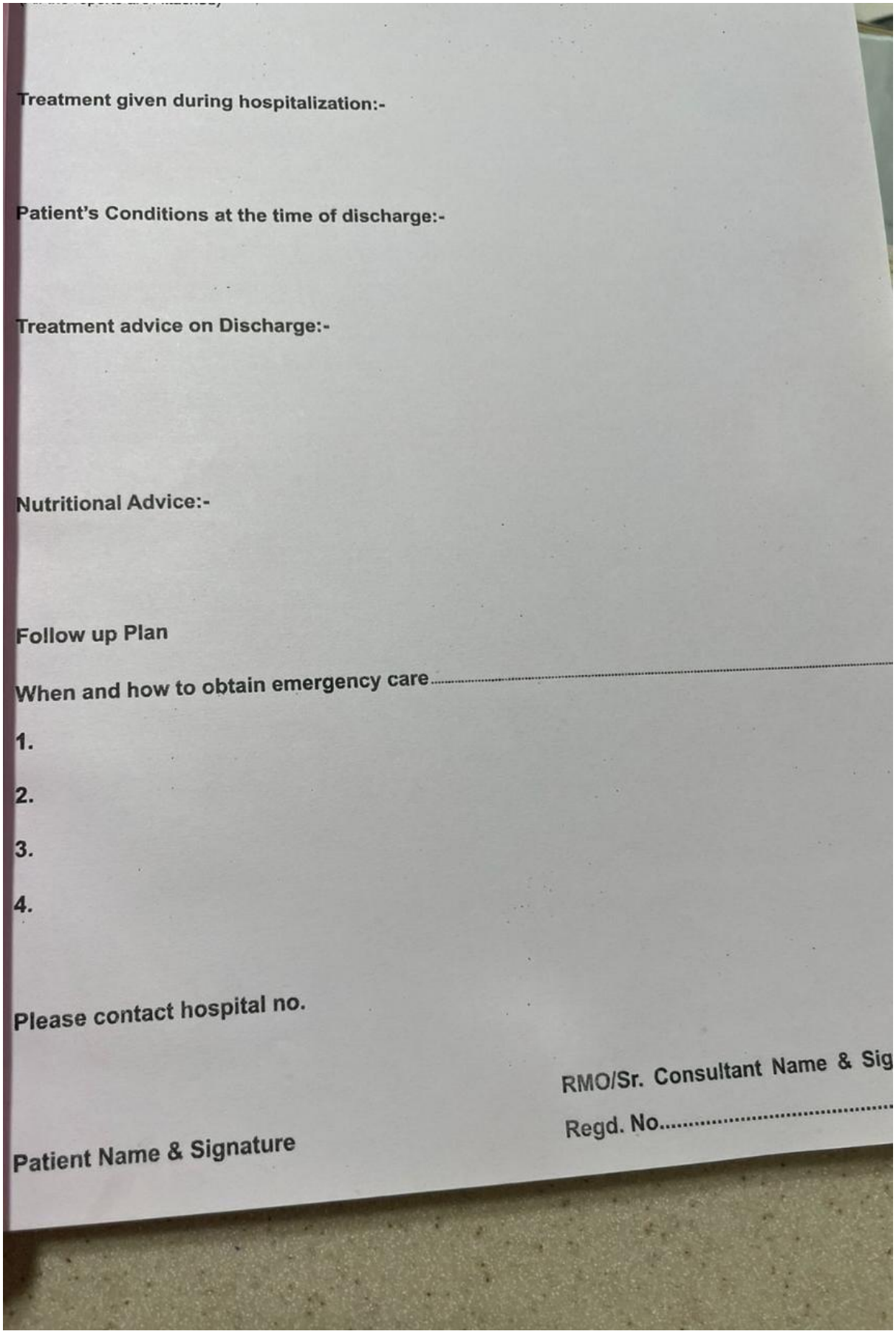
Family History

Personal History

Allergy

History of Present illness
Cause during hospitalization

YH/DS/AAC14/



Treatment given during hospitalization:-

Patient's Conditions at the time of discharge:-

Treatment advice on Discharge:-

Nutritional Advice:-

Follow up Plan

When and how to obtain emergency care.....

1.

2.

3.

4.

Please contact hospital no.

RMO/Sr. Consultant Name & Sig

Regd. No.....

Patient Name & Signature

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Name of Student (in block letter)	**Dr. Kashish Mohan**		
Enrolment/Roll No.	PG/21/140	**Batch Year**	2021-2023
Course Specialization (Choose one)	Hospital Management	Health Management	Healthcare IT
Name of Guide/Supervisor	Dr/ Prof.: Pankaj Talreja		
Title of the Dissertation/ Summer Assignment	Study of Discharge And Analyse the Gaps and Scope of Operational Improvements in Discharge Process at Yashoda Hospital, Ghaziabad.		
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Date of validation (DD/MM/YYYY)	30/06/2023		

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