A STUDY ON REDUCING DISCHARGE PROCESS TIME FOR MCH PATIENTS AT APOLLO HOSPITAL, LUCKNOW

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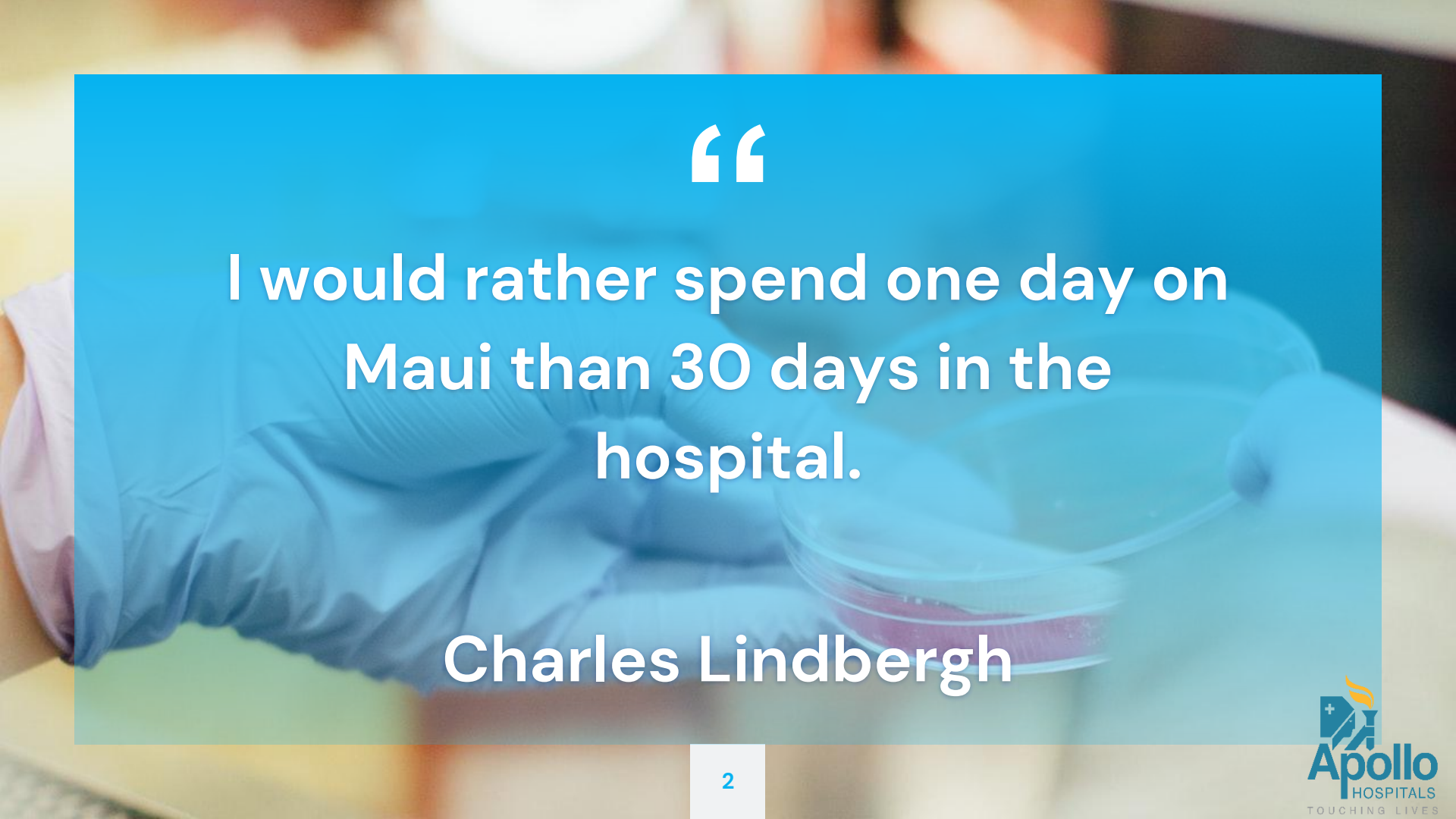

“

I would rather spend one day on Maui than 30 days in the hospital.

Charles Lindbergh

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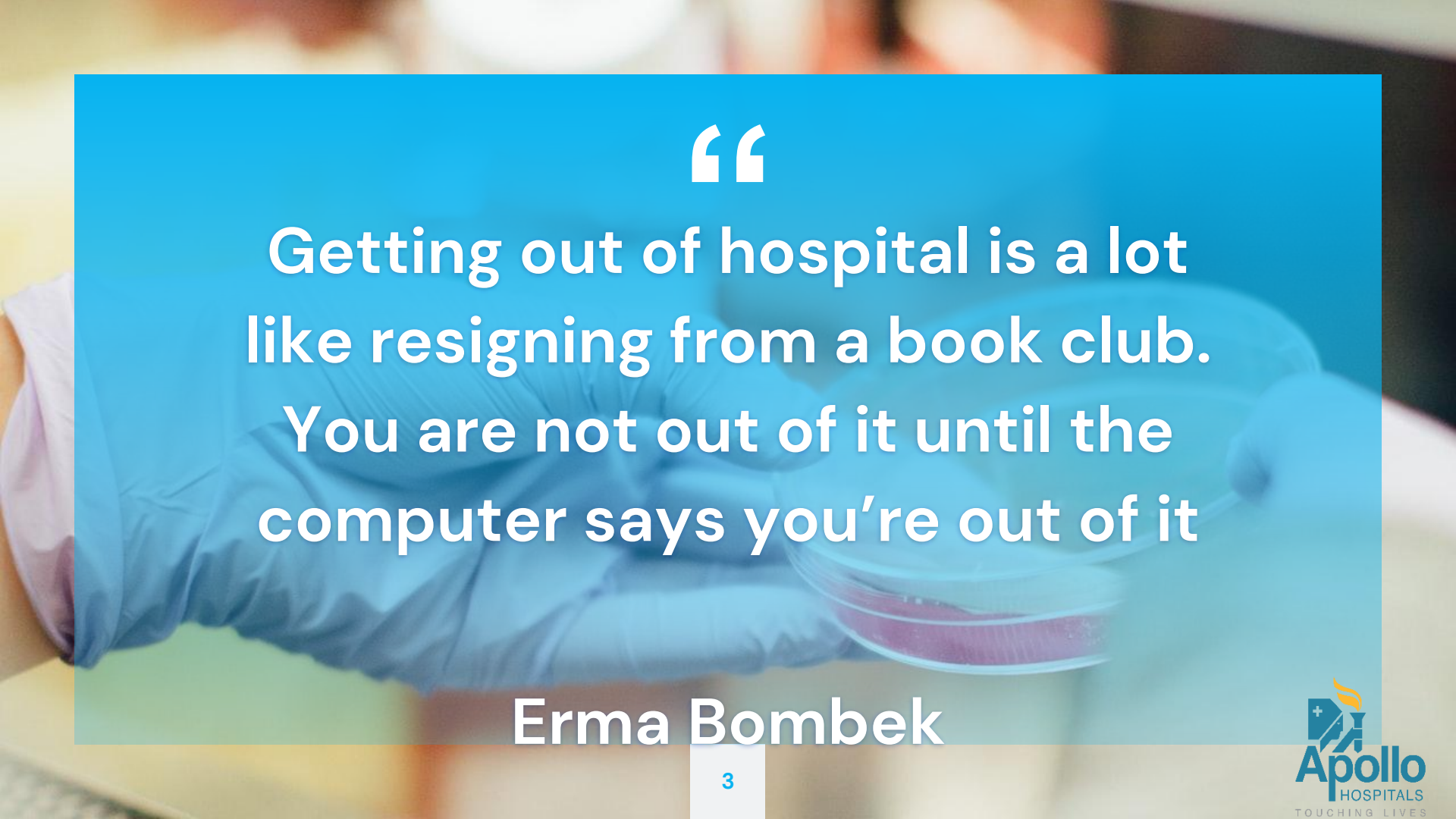

“

Getting out of hospital is a lot like resigning from a book club. You are not out of it until the computer says you’re out of it

Erma Bombek

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WHAT IS DISCHARGE?

- Discharge from the hospital means the departure from the hospital.
- It can be of the following types :
  - A formal discharge of the patient by the attending doctor.
  - A transfer to any other facility such as a rehabilitation centre or a nursing home
  - Left against medical advice (LAMA) due to personal reasons.

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WHAT IS DISCHARGE PLANNING?

- It is a systematic planning for the preparation of the patient to leave the hospital facility and for continuity of care.
- It is a critical link between the treatment received in the hospital by the patient and the post-discharge care provided in the community.

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PURPOSE OF A DISCHARGE PROCESS?

- In any hospital, time taken for discharge process is the key indicator for efficiency, quality and patient satisfaction.

- The delay leads to increased process times and reduced patient satisfaction leading to a loss of overall brand value of the hospital and decreased patient care.

- It is imperative to reduce the process time of the discharge of the patient and it could be done by correcting the delay bottlenecks in the entire process.

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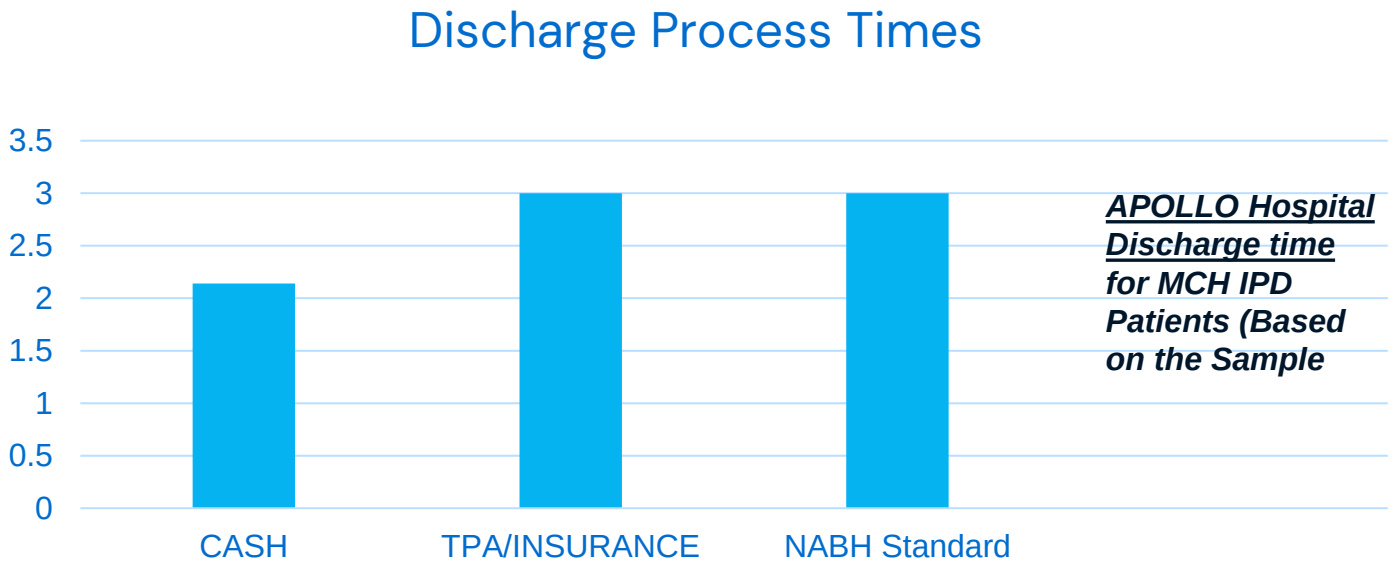
WHY MCH WARDS CHOSEN FOR STUDY?

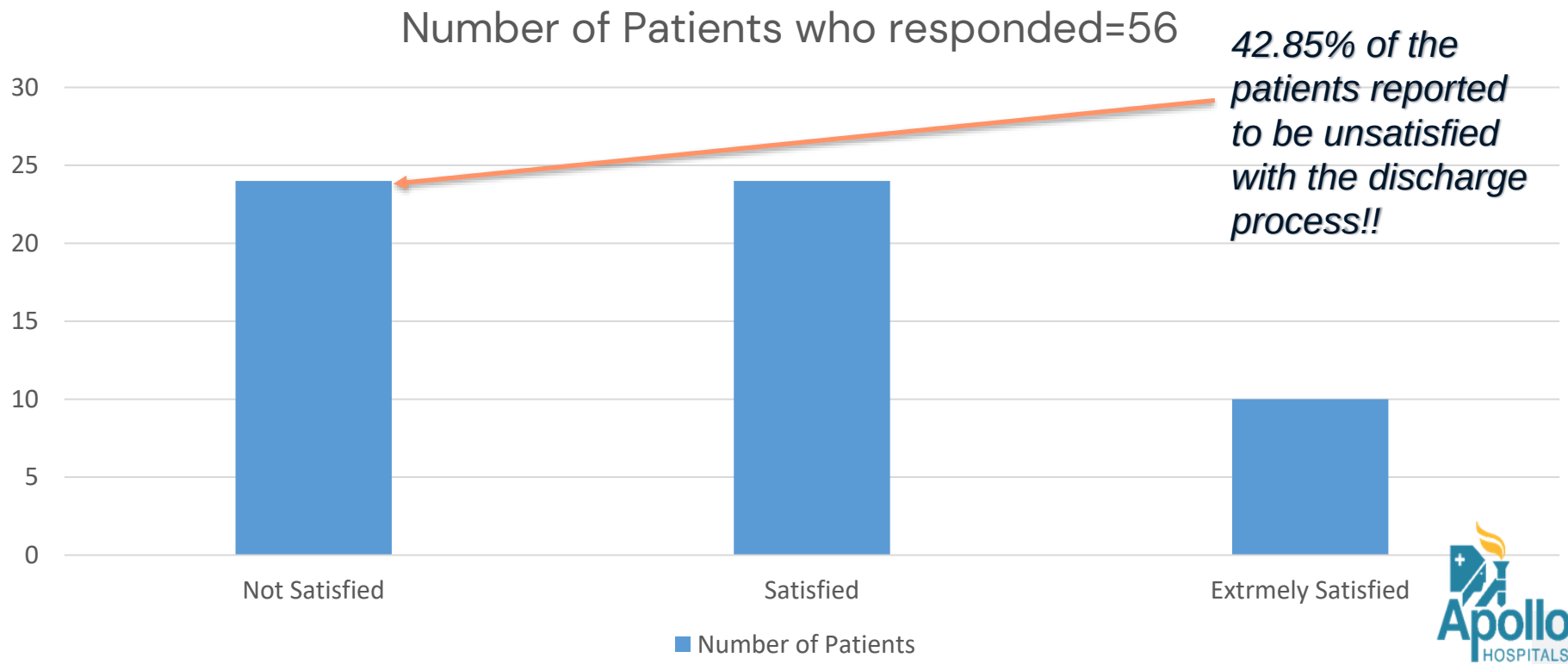
- A large number of patients and their attendants who had given the feedback to expedite the discharge process at the MCH wards.



WE MEET NABH STANDARDS

.....but there is a scope of further improvements

SATISFACTORY FEEDBACK



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OBJECTIVES OF THE STUDY

- To reduce Average length of stay (ALOS) and to reduce bed occupancy rate (BOR). Bed occupancy rate indicates the actual utilization of the in-patient infrastructure for a defined period of time.
- To increase number of admissions by quicker discharging of existing patients.
- To decrease pressure on hospital beds.
- To minimize bottlenecks in discharge process.
- To identify factors of delayed discharge.
- To increase patient satisfaction by decreasing waiting time for discharge.
- To maintain continuous quality improvement as discharge process is one of the most important quality indicators

PURPOSE OF THE STUDY :

- To ensure timely discharge of patients.
- To give prior information to the families of the patients

METHODOLOGY:

- Primary Quantitative live data was collected (for one month - from 1st Feb, 2021 to 28th February, 2021) from Obstetrics and Gynecology department, Apollomedics Hospital, Lucknow relating to discharge by day-to-day interaction with hospital staff and nursing stations staffs and duty doctors.
- Past quantitative data was collected from case sheets (of 15 days from 15th January to 31st January 2021).
- Secondary data was collected from journals and books related to the topic of study, Internal Standard Operating Procedures (SOPs), Apollo Hospitals discharge manual, in-patient manual, and our discharge policy.

SAMPLE SIZE:

- Inclusion criteria was the patients who stayed in the hospital for the more than 12 hours and only patients admitted under Obstetrics & Gynecology department.
- A sample size of 86 patients in the process of discharge from hospital were selected,observed and tracked during the tenure of the study

METHODS OF DATA COLLECTION:

- Observation and interaction with hospital staff.
- Stratified Random.

RESEARCH DESIGN:

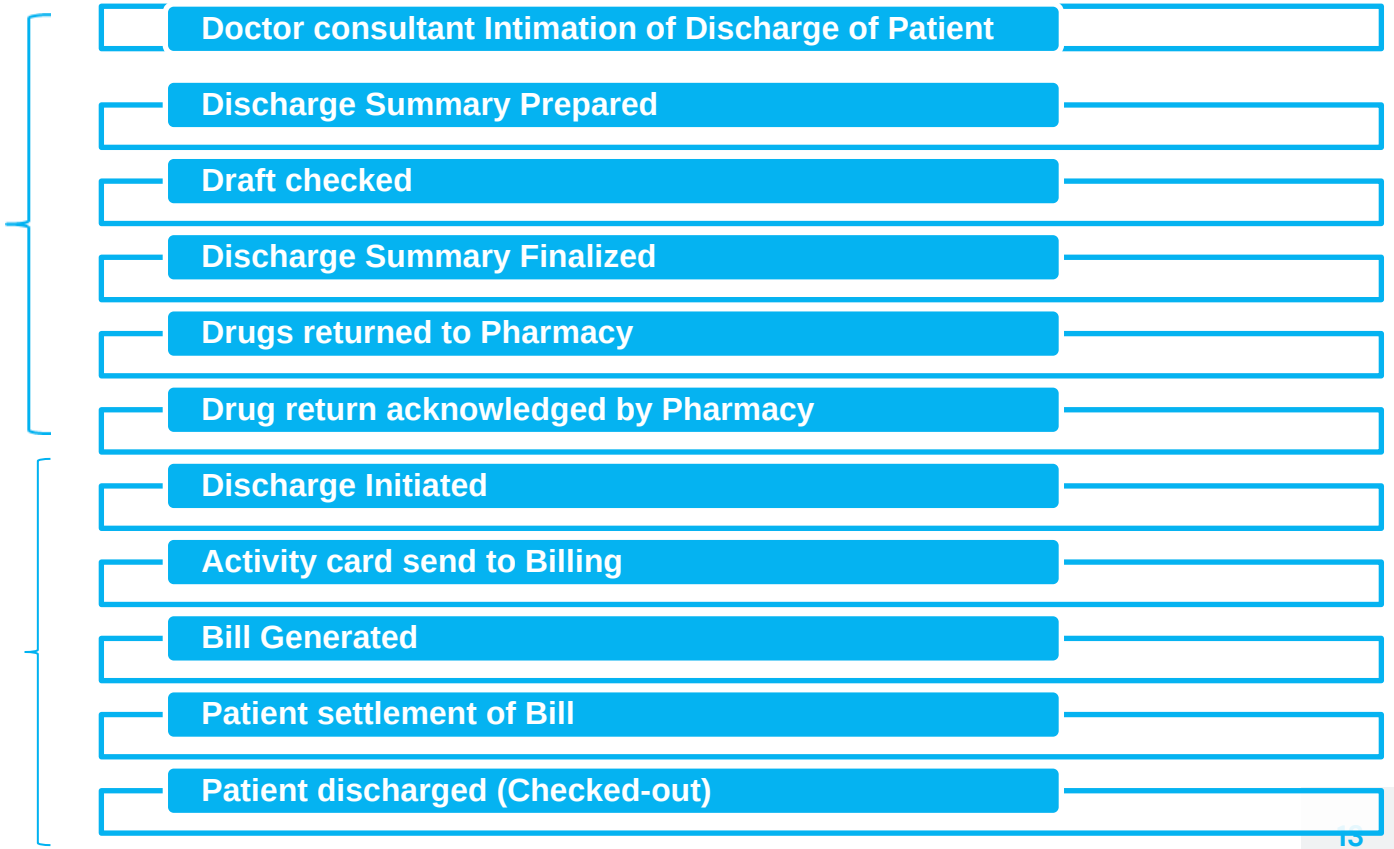
- This study is a process mapping by observation.
- It is a qualitative and quantitative research.

LIMITATIONS OF THE STUDY:

- The study is focused on only one particular type of department only i.e.; MCH patients in Obstetrics & Gynecology department
- The study focusses only on In-Patient Department.
- The period of study is only three months
- Only patients with planned or delayed discharge were considered while LAMA patients were excluded from the study.

DATA PRESENTATION & ANALYSIS

Discharge Process Flow in Apollo Hospitals



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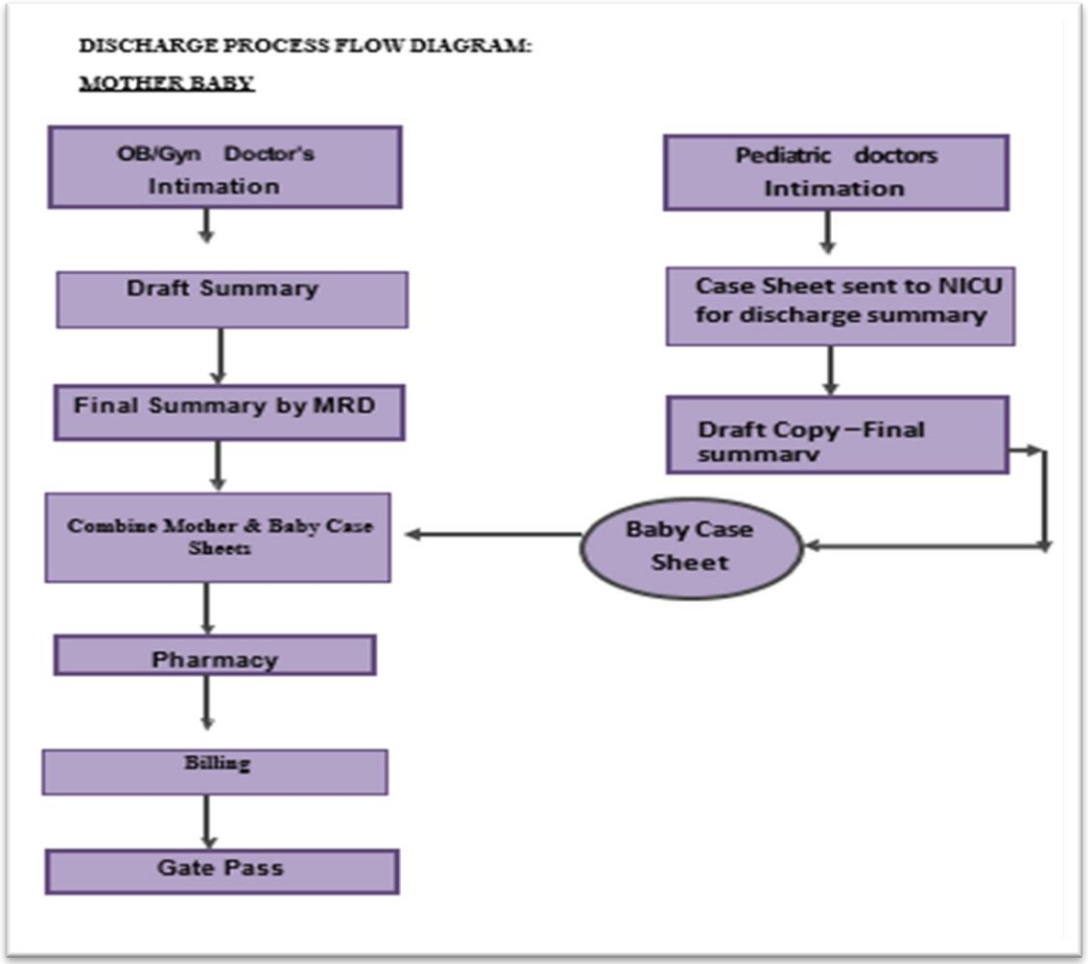
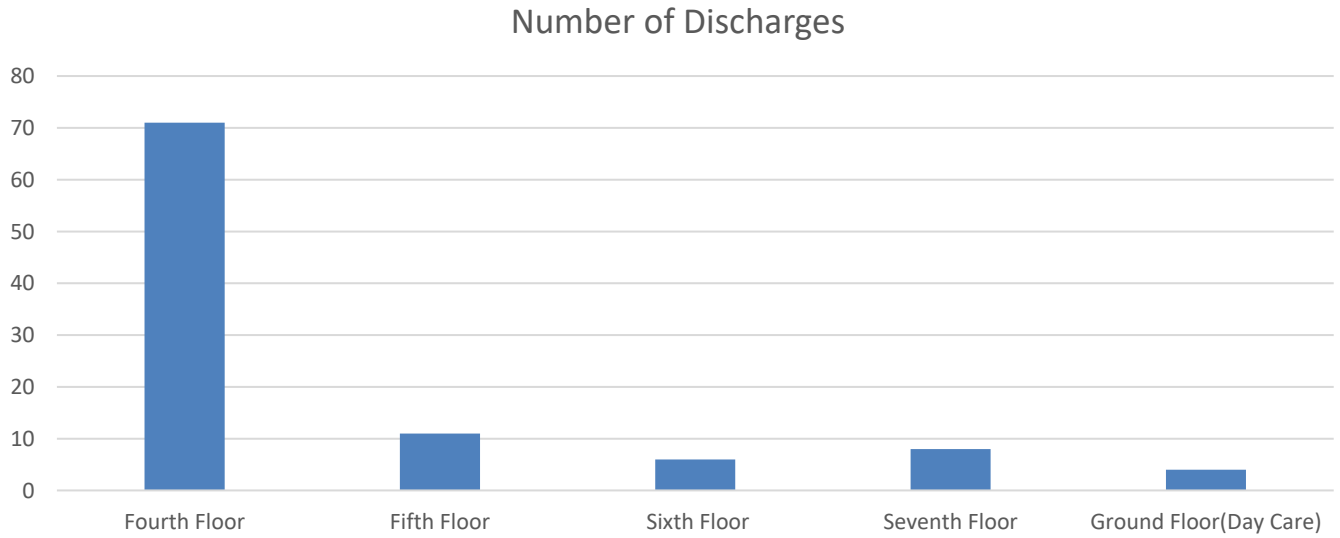

DISCHARGE PROCESS FLOW DIAGRAM:
MOTHER BABY
OB/Gyn Doctor's Intimation
Draft Summary
Final Summary by MRD
Combine Mother & Baby Case Sheets
Pharmacy
Billing
Gate Pass
Pediatric doctors Intimation
Case Sheet sent to NICU for discharge summary
Draft Copy – Final summary
Baby Case Sheet

PATIENT DISCHARGE LOAD AT VARIOUS FLOORS



Total No. of discharges	86
4th Flr	71
5th Flr	11
6th Flr	06
7th Flr	08
Ground Flr(Day Care)	4

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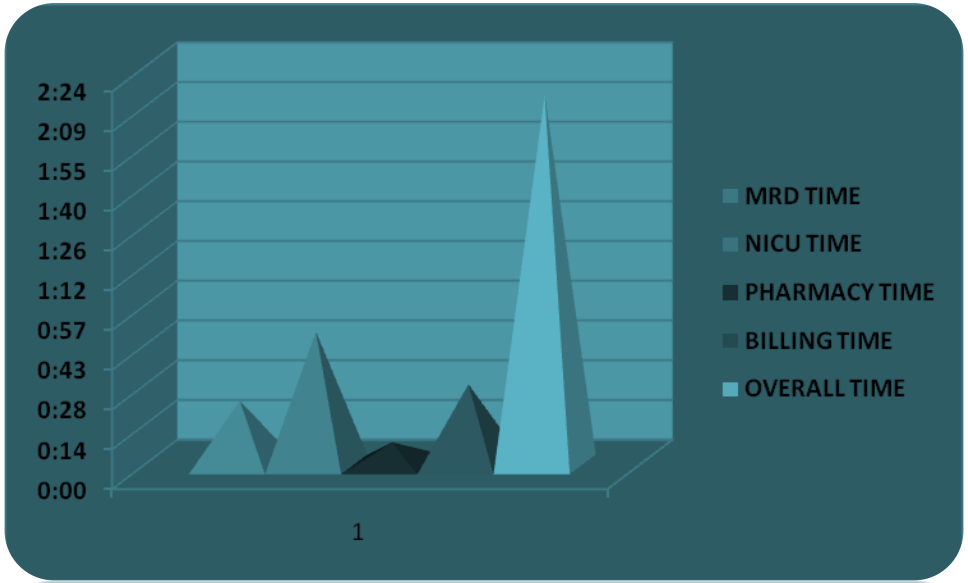
AVERAGE TIME ELAPSED IN THE DISCHARGE PROCESS: DEPARTMENT-WISE

MRD TIME	0:23
NICU TIME	0:48
PHARMACY TIME	0:08
BILLING TIME	0:29
OVERALL TIME	2:14



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Findings & Conclusions

- From the consultant doctor's intimation of discharge till the time the pharmacy acknowledged the return of all the unused drugs and medicines there was hardly any time wasted and all procedures occurred in accordance of NABH guidelines.
- However it can be further improved as the following issues was seen on a regular basis:
  - Case sheets are stacked up together they dispatch for action which may prolong discharge time for some patients. Often, discharge time is not monitored for punctuality.
  - Process is also delayed due to IT issues.
  - Case sheets may get mixed up which may result in confusion/ambiguity and consequent delays.
  - Lack of awareness among staff regarding importance of discharge process.
- However till the time the discharge was initiated till the time patient leaves the hospital premises there are delays seen. As per the guidelines and SOP of Apollo Hospitals, the entire process should ideally take 1 hour. But the billing process itself takes more than 30 minutes at most times and the actual check-out takes another 40 minutes on an average.
- The reasons may be :
  - Much time was required in the settlement of the bill.
  - Explaining the prescription to the patients.
  - Removal of IV Cannula
  - Availability of GDAs/Porter/Ward boys to carry the patient on wheel chairs to exit.
  - Management and execution of "Fond Farewell" system which is a policy of Apollo Hospital.

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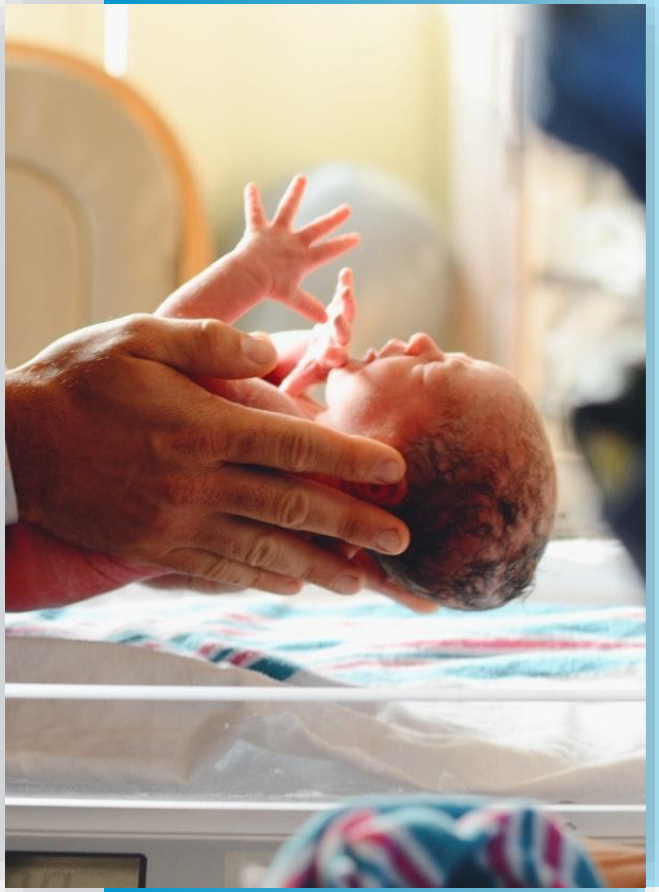
SUGGESTIONS FOR IMPROVEMENT

- Although the discharge process is supported by the automated in-house portal MedMantra yet lack of awareness of some of the nursing staff and departmental staff leads to gaps in tracking and monitoring of all discharges. It is advisable to conduct periodic training by the IT department to all the stakeholders to ensure that all discharge related departments complete their tasks as early and as efficiently as possible
  - Advance preparation of the tentative/anticipated discharges by the various departments involved in the discharge process.
  - Review & Corrections of the Discharge summary by the duty doctors in the night.
  - Initiate rounds by the Obstetrics and Gynecologists along with the Pediatrician in the early hours of the morning.
  - Initiate visits of the Pharmacy assistants to the MCH wards and their nursing stations to review case sheets to avoid any downstream delays.
  - Every day, a statement for the amount accrued to your account should be provided to the patient/attendant.
- All the nursing staff and other staffs involved in the discharge of the patient should effectively counsel the attendants and their patient about the discharge process well beforehand
  - Keep proper alignment of files/case sheets and classify by types (what types are you referring to?) .There should be a system which separates patient case sheets by type (insurance, cash, credit etc)come first serve must be followed.
  - Order of priority of patients must be followed in the following way:
    - Cash>Credit>Private Insurance>Government Insurance
    - First in First Out (FIFO).

The First of her life was at our Hospital.....

It’s amazing to be present when a new life enters the world.

There is nothing quite like it!



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People pay the doctor for his troubles. For his kindness they still remain in his debt.

Thanks!

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