TO STUDY THE PROCESS OF DISCHARGE IN IN-PATIENT DEPARTMENT IN BABYLON HOSPITAL, JAIPUR

SUBMITTED TO:

- **Dr. Pallavi Choudhary Agarwalla**

Assistant Professor, IIHMR University, Jaipur

- **Dr. Dhananjay K Mangal**,

Director, Babylon Hospital, Jaipur

SUBMITTED BY:

- **Dr. Sapna Patel**

Babylon

(A Unit of Babylon Hospital Pvt. Ltd.)
CHILDREN'S HOSPITAL & PERINATAL CENTRE
(ICMCH RECOGNISED CHILD HEALTH TRAINING INSTITUTE)
NNF Accreditated NICU

CERTIFICATE

This is to certify that Dr. Sapna Patel in partial fulfilment of the requirements for the award of the degree of MBA Hospital and Health Management from the IIHMR University, Jaipur has successfully completed her internship at Babylon Hospital, Adarsh Nagar, Jaipur during March 22, 2021 to June 19, 2021.

Place: Jaipur

Date: 25/06/2021

Head of the Organization

Dr. Dhananjay K Mangal, MD

Consultant Paediatrician & Fellow guide
Director
Babylon Hospital Pvt Ltd.
Adarsh Nagar, Jaipur
Email- drdjbabylon@gmail.com
Phone No.- 9414028048

BABYLON HOSPITAL PRIVATE LIMITED
311, Adarsh Nagar, Jaipur (Raj.) 302004

INTRODUCTION

A) About the Hospital

Babylon Hospital is a Super Specialty Institute of Mother and Child Health caring Women and Children.

SERVICES OF BABYLON HOSPITAL

1. OBSTETRIC **& GYNAECOLOGICAL FACILITIES**

2. NEONATAL **INTENSIVE CARE**

3. PEDIATRIC **INTENSIVE CARE UNIT**

4. **SURGICAL UNITS**

5. **CHILD DEVELOPMENT AND SUPPORT CENTRE**

SPECIALITIES AT BABYLON HOSPITAL

1. **Neonatal care**

2. **Child and Adolescent Care**

INTRODUCTION

B) Discharge Process

Discharge from the hospital is the point at which the patient leaves the hospital and either returns home or is transferred to another facility such as one for rehabilitation or to a nursing home.

The aim of discharge planning is to reduce hospital length of stay and unplanned readmission to hospital, and to improve the co-ordination of services following discharge from hospital.

Discharge planning may lead to increased satisfaction with healthcare for patients and professionals.

The problems concerning hospital discharges are of a number of different types, occur too soon, are delayed, are poorly managed from the patient perspective, are to unsafe environments.

The benefits of effective discharge planning for **the patient** , **For the carer(s)** ,**For the staff, For organization.**

INTRODUCTION

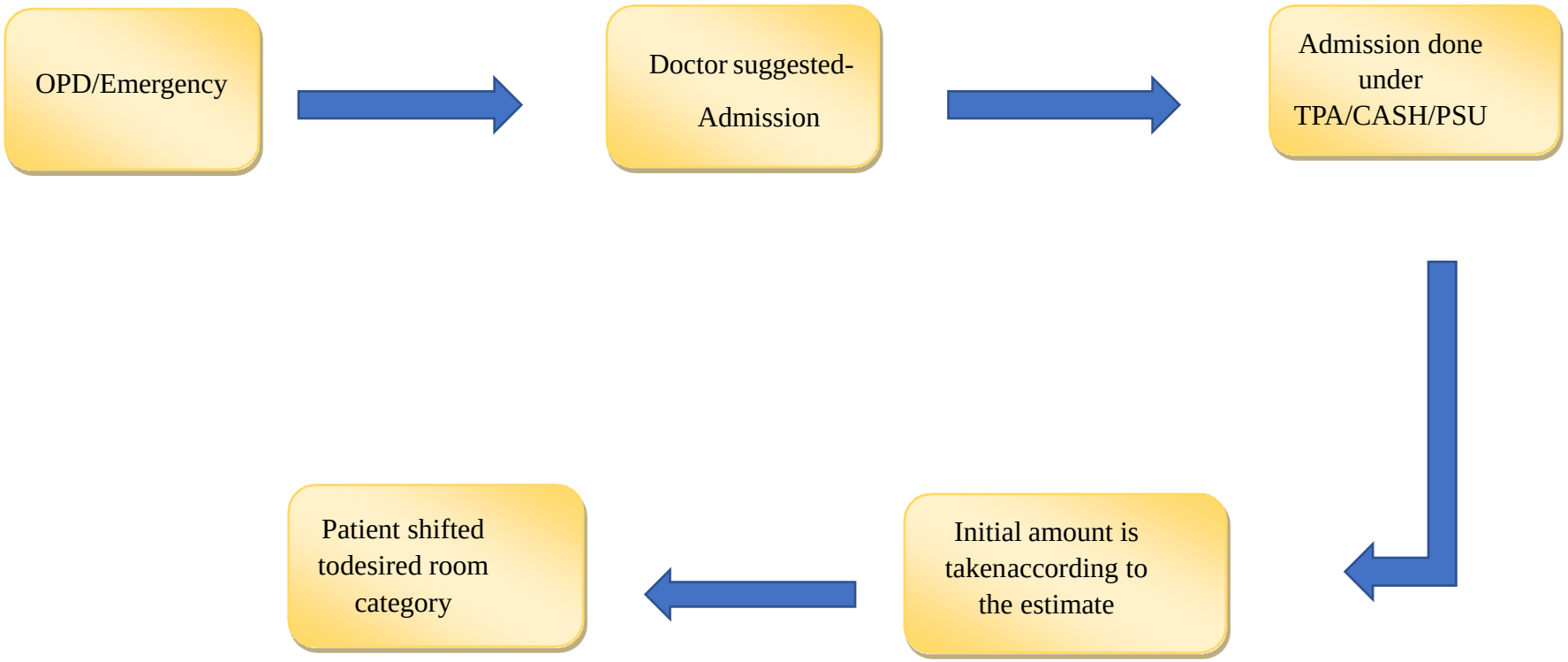
C) Discharge Process Flow

1. ADMISSION

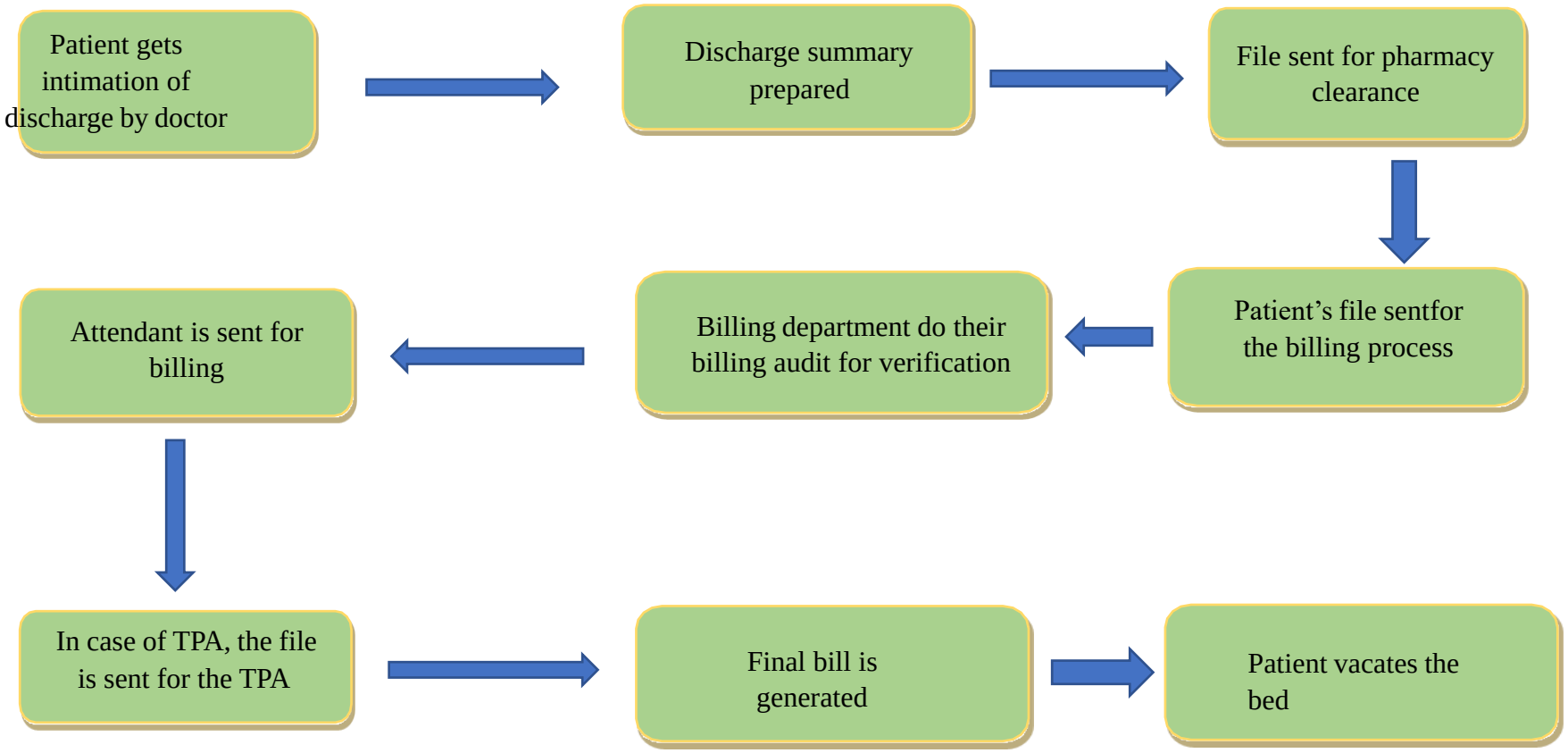
2. **BILLING AND DISCHARGING PROCESS**

ADMISSION

Patient comes for admission in ward after consulting by doctor in Emergency/OPD



BILLING AND DISCHARGING PROCESS



REVIEW OF LITERATURE

S.NO.	TITLE	AUTHOR	YEAR	FINDINGS
1.	Predictive Modelling for Turn Around Time (TAT) of Discharge Process for Insured Patients in a Corporate Hospital of Pune City	Kasturi Shukla, Shrishti Upadhyay	February 15, 2018	The cross-sectional study was done on insured in-patients of a corporate hospital to identify the predictors of discharge delays. According to this study, discharge delay for insured patients is a common phenomenon. Further the delay from hospitals must be checked by timely submission of discharge summary and required reports as well as sending a quick reply to the generated queries.
2.	Turn Around Time - TAT for Discharge Process	Human Konnect	April 7, 2017	In this article, explained about discharge process, satisfactory/Unsatisfactory experience, major bottlenecks in the discharge process are identified. The major bottlenecks in the discharge process are identified as below: Delay in start of discharge process. Delay in completion of discharge card. Delay in completion of final case file. Delay in preparation of final bill. Delay in financial clearance.

REVIEW OF LITERATURE

3.	An analysis of the average waiting time during the patient discharge process at Kashani Hospital in Esfahan, Iran: a case study	Sima Ajami, Saedeh Ketabi	2004	The results showed that the average time for patients to complete the discharge process was 4.93 hours. The hospital personnel involved identified the main factors affecting average waiting time as patients' financial problems and distance between different wards. The longest hospital stay was 5.7 days in the Neurology ward. Findings showed there was a queue in completing medical records at the nursing and medical equipment stations.
4.	A Study on Discharge Process of Discharged Patients of a Multispecialty Hospital Ludhiana	Harmanjot Kaur , Roopjot Kochar	2017	The present study results revealed that maximum turnaround time of 9:07 hours was consumed between discharge intimation to handover to patient and on an average 5:07 hours time has been taken between discharge intimation to room preparation for the next patient. Minimum turnaround time of 18 minutes has been recorded for updation of billing card on floor and its receipt at IP billing. An average turnaround time of 4:05 hrs has been observed between discharge intimation and room vacancy by the patient.

RESEARCH GAP

TPA/Insurance approval delay & Transaction Delay because of attendant's unavailability.

Slow Process at reception, under motivated staff & less coordination amongst staff, misinformation to attendants.

OBJECTIVES

- To study the process of discharge at Babylon hospital, Adarsh Nagar, Jaipur. Specific- To Identify the cause of delays to discharging patients from the Inpatient Department and develop interventions to minimize such delays.
- To understands the bottlenecks and to study barriers / delay in discharge process.
- To reduce high TAT of discharge and to propose recommendations based on the study findings.

Methodology

Location	Study of Inpatient department of Babylon Hospital, Adarsh Nagar, Jaipur.
Study design	Exploratory; Mix of Qualitative and Quantitative
Sample size	129 cash patients.
Sample technique	Conveniance Sampling
Data Collection technique	Primary and Secondary data collection
Data Collection **Tool**	Checklist (Patient discharge checklist) and Discharge files
Data Collection Technique	Observation

Data collection

Process involved discussion with the administrative staffs on the managerial issues, communicating with the other staff and going through the records.

Primary	Secondary
By interacting with the executives, doctors, nursing staff and other relevant employees of the hospital.	**Through registered records, HMIS of the hospital**
Through direct observations.	**Literature available about the hospital like magazines, pamphlets, brochures, written documents.**

ANALYSIS

1.

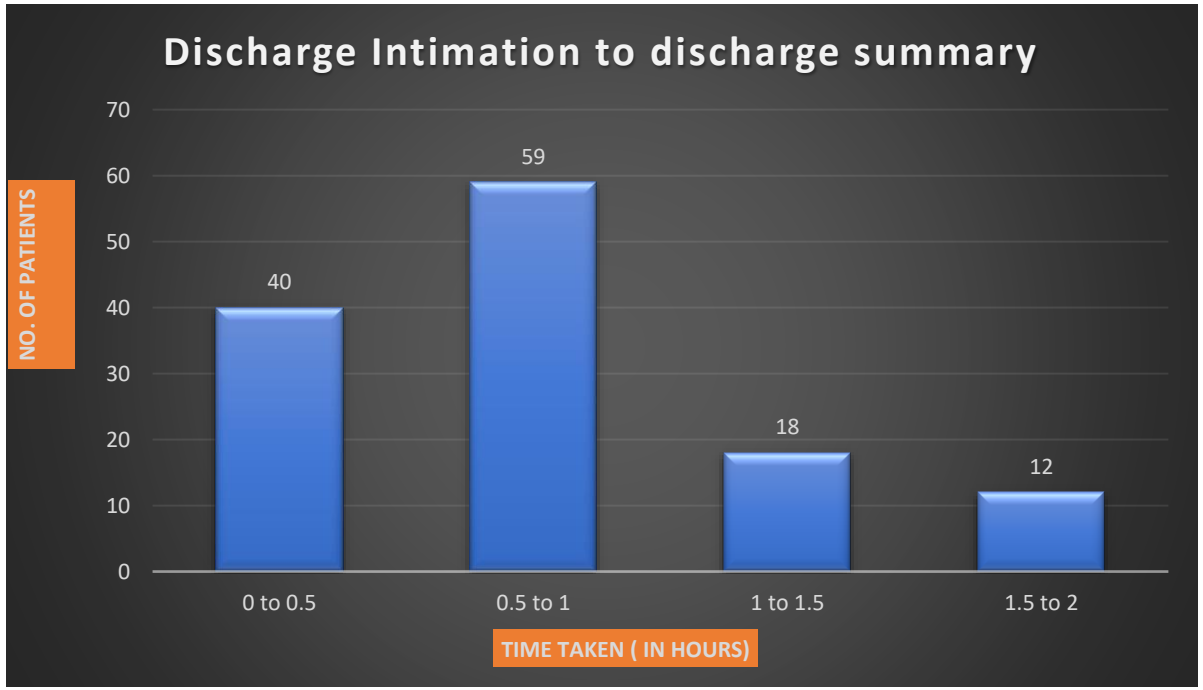


Figure 1 basically shows the total time taken to prepare a discharge summary of a patient after discharge being ordered by the consultant. It is observed that the total time taken to prepare discharge summary for maximum no of patient i.e. 59 patients was 0.5-1 hours, for 40 patients was 0-0.5 hours, for 18 patients was 1-1.5 hours followed by 1-1.5 hours for 12 patients.

Figure: 1- Total time taken for a discharge summary to be prepared

ANALYSIS

2.

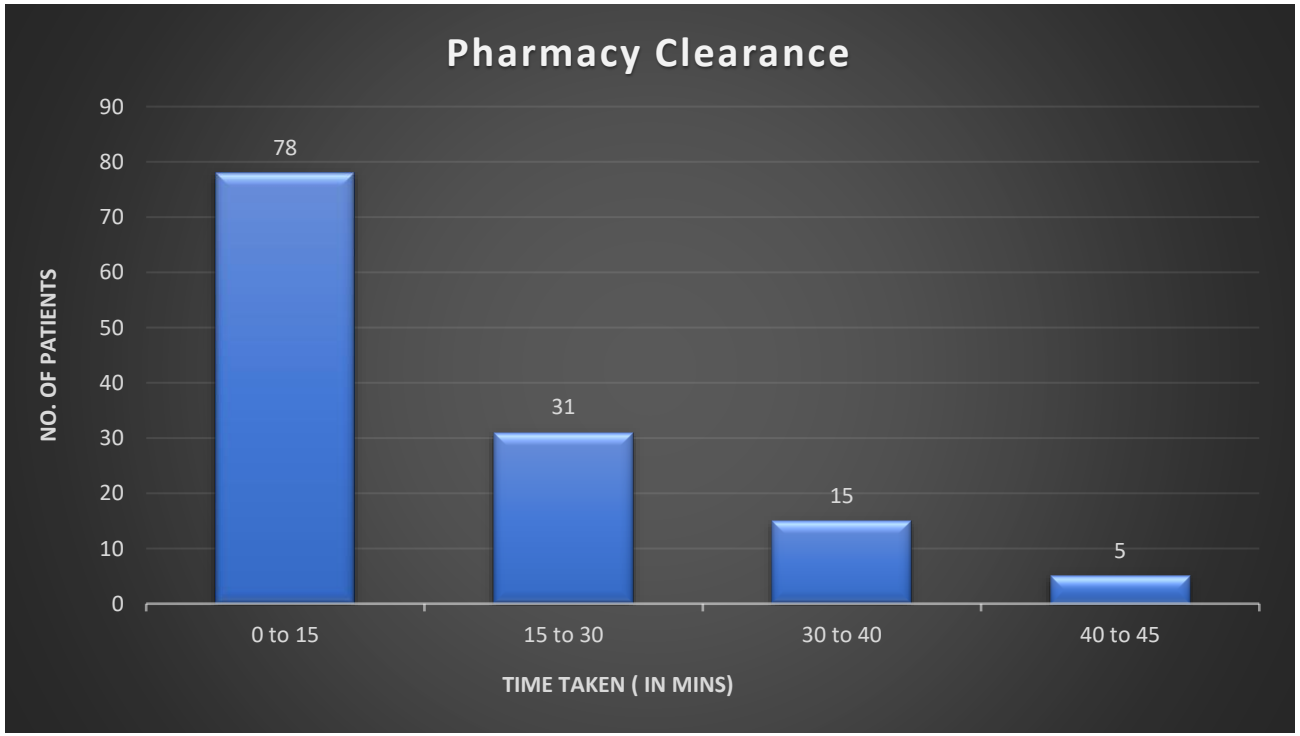


Figure: 2- Total time taken for pharmacy clearance

Figure 2 basically shows the total time taken for unused medicines to be returned and to get pharmacy clearance after discharge summary is made.It is observed that the total time taken for pharmacy clearance for maximum no of patient i.e. for 78 patients was 0-15 minutes, for 31 patients was 15-30 minutes, for 15 patients was 30-40 mins followed by 40-45 minutes for 5 patients.

ANALYSIS

3.

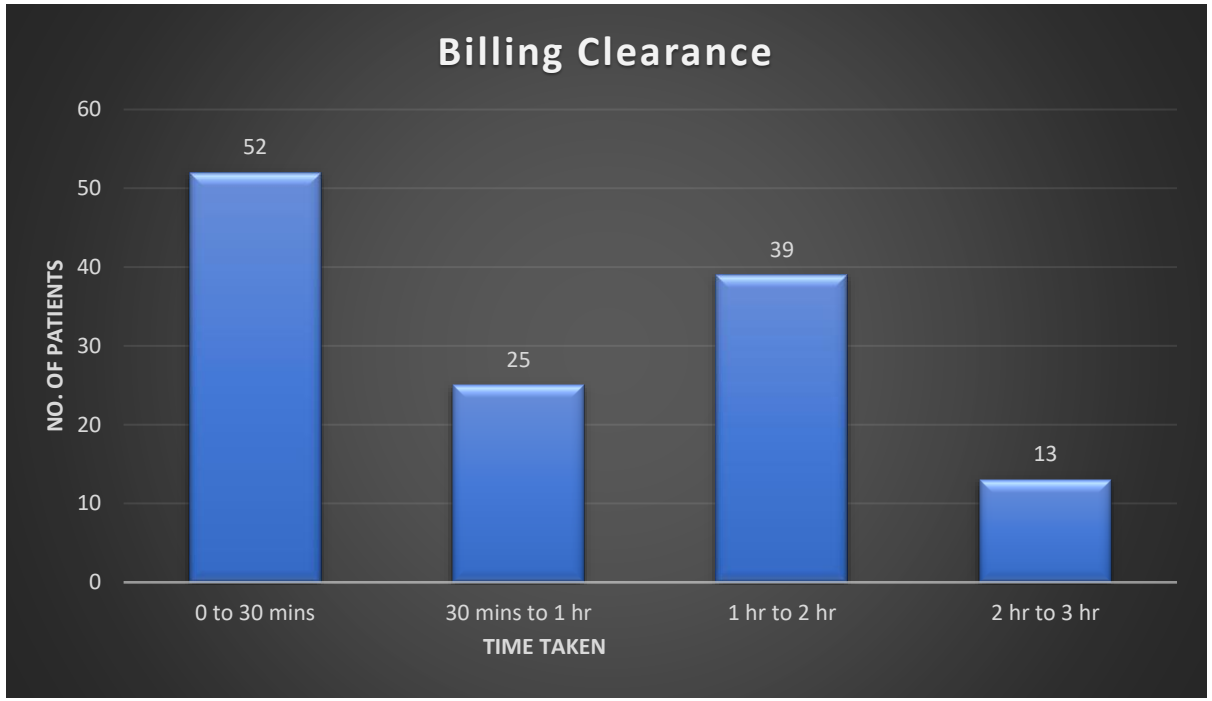


Figure: 3- Total time taken for clearance

Figure 3 basically shows the total time taken by the billing department to prepare the total bill of the patient.

It is observed that the total time taken for billing clearance for maximum no of patient i.e 52 patients was 0-30 mins, for 39 patients was 1-2 hour, and for 25 patients was 30 mins to 1 hour, followed by 2-3 hours for 13 patients.

ANALYSIS

4.

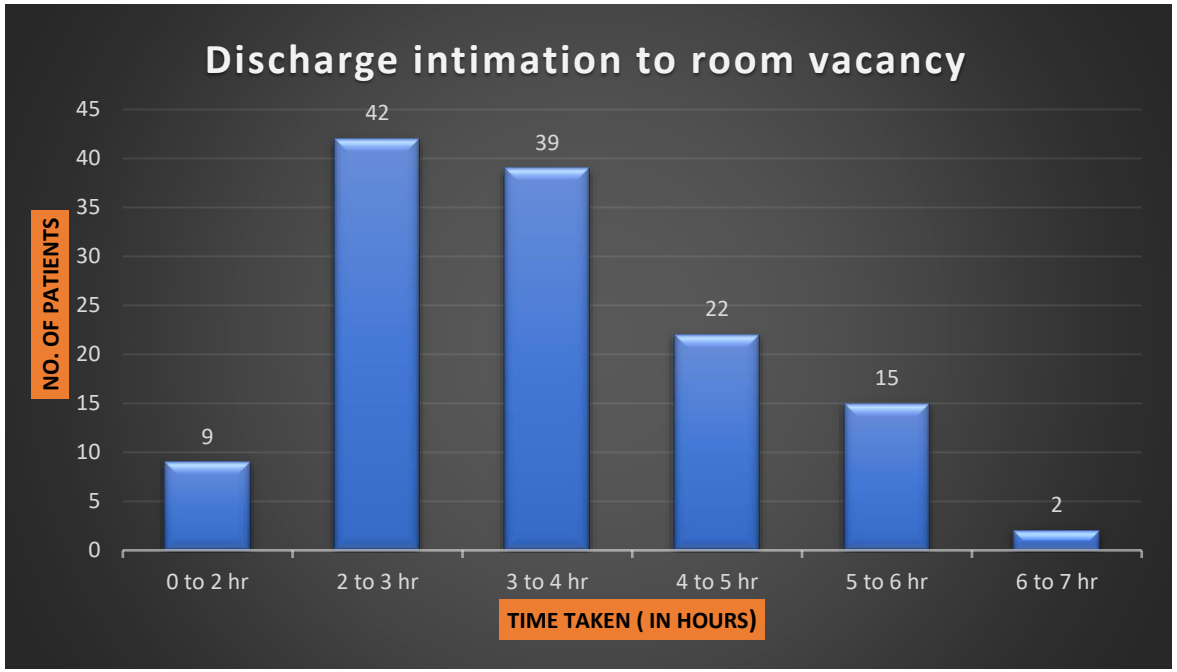


Figure: 4- Total time taken during discharge intimation to room vacancy

Figure 4 basically shows the total time taken by a patient to leave bed after the discharge being ordered by the consultant.

It is observed that the total time taken to leave bed after the discharge being ordered by the consultant for maximum no of patient i.e. for 42 patients was 2-3 hours, for 39 patients was 3-4 hours, for 22 patients was 4-5 hours and for 15 patients was 5-6 hours, for 9 patients was 0-2 hours and least 6-7 hours for 2 patients.

FINDINGS AND DISCUSSION

Average time taken in every steps

S. No	Particulars	Average time (in hours)
1.	Discharge intimation to room vacancy	3:55
2.	Discharge summary	0:53
3.	Pharmacy clearance	0:16
4.	Billing clearance	1:14

FINDINGS AND DISCUSSION

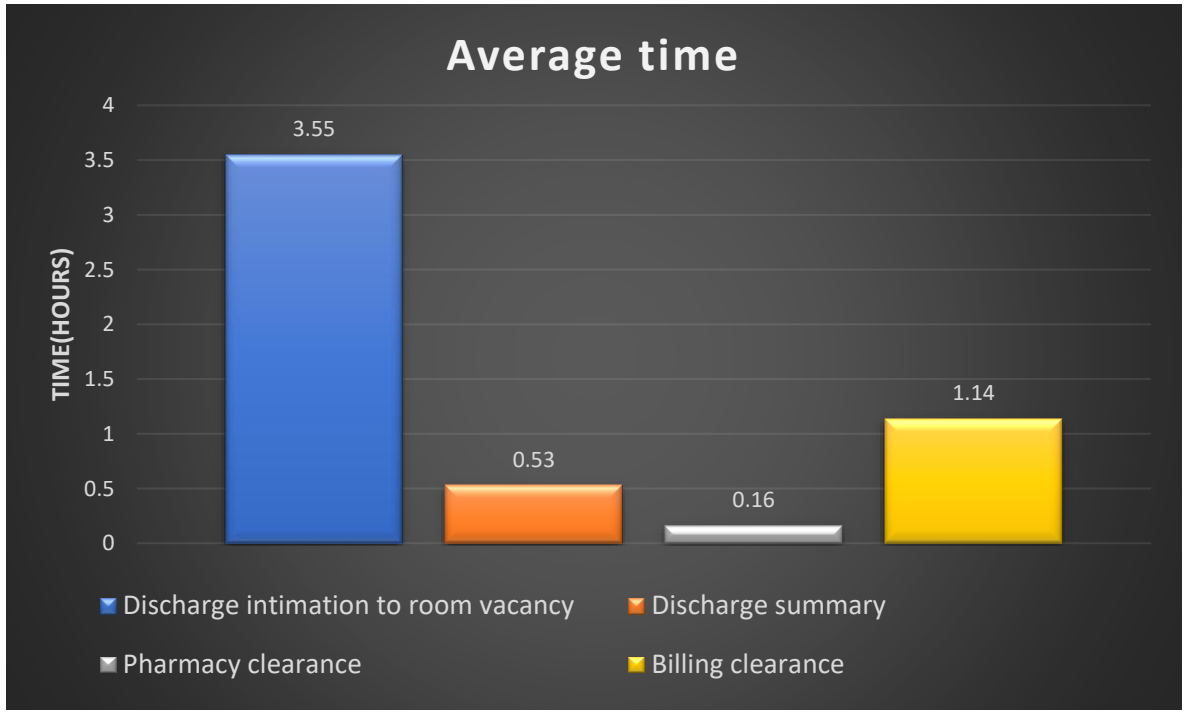


Figure:5- Average time taken in different processes of discharge

Figure 5 basically shows the average time taken in different processesof discharge.

It is observed that the average time taken in the entire process of discharge i.e. the time when consultant ordered till the time the patient left the bed was 3 hours 55 minutes which is more than the standard time recommended by NABH i.e. 180 minutes.

It was observed that the average time taken in preparing discharge summary is 53 minutes while for pharmacy clearance was 16 minutes. Moreover, the average time taken in billingclearance was 1 hour 14 minutes.

CONCLUSION

The present study results showed that the average TAT-1 i.e. the time when consultant ordered till the time the patient left the bed was 3 hours 55 minutes which is more than the standard time recommended by NABH i.e. 180 minutes. It was observed that the average TAT-2 i.e. time taken in preparing discharge summary is 53 minutes while average TAT-3 i.e. time taken in pharmacy clearance was 16 minutes. Moreover, the average TAT-4 i.e. time taken in billing clearance was 1 hour 14 minutes.

SUGGESTIONS AND RECOMMENDATIONS

Advance information: - Advance planned discharge by physicians so that the nursing staff can prepare accordingly.

Discharge summary of planned patients must be prepared a day before night.

Discharge summary is typed from the day when patient is admitted to the hospital, is updated on a daily basis and on the day of discharge, only minor additional information is added.

Daily updating bills: - To speed up of the billing process and to ensure quick turnaround of the final bills, all bills are audited and updated every night to ensure minimum time is taken on the day of discharge. The aim is to complete all the discharges before 11am every day, so that the same beds could be made ready for the new admissions.

Upgrading IT: - To ensure speedy processes, IT systems too were upgraded. Some automation in the Hospital Information System (HIS) was brought in to enable a faster billing process as well as availability of diagnostic reports online which ensured that there was minimal delay.

Daily Payment: It is not easy to ensure that the attendants are ready with the balance of the payment and logistic arrangements.

A ward-based coordinator must be in place to coordinate and monitor discharge to reduce extra time taken in the procedure.

REFERENCES

[1] Harmanjot Kaur, Roopjot Kochar. A Study on Discharge Process of Discharged Patients of a Multispecialty Hospital Ludhiana. International Journal of Engineering and Management Research.May-June2017.Availablefrom:

https://www.ijemr.net/DOC/AStudyOnDischargeProcessOfDischargedPatientsOfAMultispecialityHospitalLudhiana.pdf

[2] Human connect. Turn Around Time - TAT for Discharge Process. April 7, 2017. Available from:

https://www.linkedin.com/pulse/turn-around-time-tat-discharge-process-human- konnect

[3] Kasturi Shukla , Shrishti Upadhyay. Predictive Modelling for Turn Around Time (TAT) of Discharge Process for Insured Patients in a Corporate Hospital of Pune City. February 15, 2018. Available from:

https://journals.sagepub.com/doi/pdf/10.1177/0972063417747701

[4] Sima Ajami, Saedeh Ketabi. An analysis of the average waiting time during the patient discharge process at Kashani Hospital in Esfahan, Iran: a case study. 2004. Available from:

https://pubmed.ncbi.nlm.nih.gov/18195405/-

5] Dalal AK, Poon EG, Karson AS, et al. (2011). Lessons learned from implementation of a computerized application for pending tests at hospital discharge. Journal of Hospital Medicine. 6:16. Available from:

https://psnet.ahrq.gov/issue/lessons-learned-implementation-computerized-application-pending-tests-hospital-discharge


Thank you