# DISCHARGE TIME TRACKING OF INPATIENT IN MAX HEALTHCARE

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# INTRODUCTION

- The process of discharge planning begins with an early assessment of the patient's projected care needs. Physicians, nurses, case managers, dieticians, educators, therapists, and social workers are all involved in effective discharge planning.

- The following is a list of the information to be conveyed in discharge process:

- Results of test and surgeries performed.
- Case Summary.
- Test list.
- List of tests to be performed after discharge for e.g. . x-ray.
- Medication List with dosage and frequency.
- Discharge patient instructions that needs to be followed.
- Follow up appointment details.
- Discharge instructions on activity level, diet etc. to attendant

# INTRODUCTION

- The point on which a patient leaves the hospital and either returns home or is moved to other facility, such as a rehabilitation center or a nursing home, is known as discharge from the hospital. The medical instructions that the patient will require to fully recover are included in the discharge.

- CRITERIA FOR PATIENT TO BE “FIT FOR DISCHARGE”

  The patient is deemed "fit for release," if physiological, social, functional, and psychological factors, as well as a multidisciplinary evaluation are considered. The patient is secure to be released or transferred to home or other premises from the hospital. If a patient is deemed to be fit for discharge, he or she no longer requires the services of a secondary care provider or a specialist and where:

  - A patient’s condition review, including medication adjustments, can be shared with the doctor.
  - Ongoing general, nursing, and rehabilitation needs can be met at home or through primary/community/intermediate/social care services.

# RATIONALE OF THE STUDY

- The purpose of this study is to identify the discharge planning process of healthcare staff working at Max Hospital, Shalimar Bagh.
- To identify the barriers to conducting the existing system's discharge planning, and on suggesting points for developing an effective and efficient patient discharge planning process.
- The findings will be used to help Max Hospital design a discharge planning policy.
- In addition, the current study will give more data for future research in this vital topic.

# OBJECTIVES

- To study the process involved in patient discharge at Max Hospital, Shalimar Bagh.
- To observe the process involved in patient discharge process at Max Hospital.
- To study the workflow and responsibilities of various departments involved in discharge process.
- To estimate average time taken in discharge of patients from the hospital.
- To find out the gaps causing delay in discharge process.

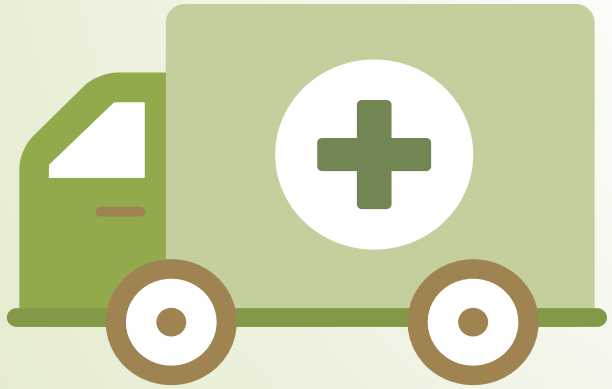
# RESEARCH METHODOLOGY

- **Study Design-** Descriptive cross-sectional study.
- **Study Location-** Max Hospital, Shalimar Bagh.
- **Sample Size-** 130 patients.
- **Sampling Technique-** Convenience Sampling.
- **Data Collection-** Primary Method.
- **Tools Used-** Microsoft Excel.
- **Inclusion Criteria-** IPD Patients.
- **Exclusion Criteria-** Day care Patients, Patients Discharged after 5 PM , Emergency Patients & OPD Patients.

# DATA COLLECTION AND ANALYSIS

- Primary data was collected using observation & discharge process
- Time of every department & their movements are collected for 30 days & 130 patients are monitored.
- Time taken between each event is calculated .
- The data analysis are performed through graphs using MS Excel.

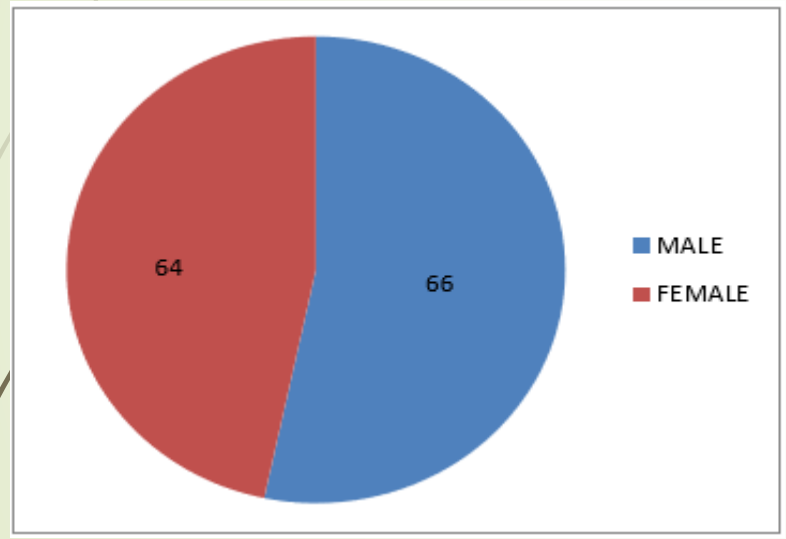
# DISHARGE PROCESS AT MAX HEALTHCARE



- Discharge intimation on previous night
- Discharge initimation given
- Nursing Clearance
- Pharmacy Clearance
- Bill Prepration according to mode of payment
- Bill settlement and discharge slip handover
- Bed release Updation
- Bed ready Updation

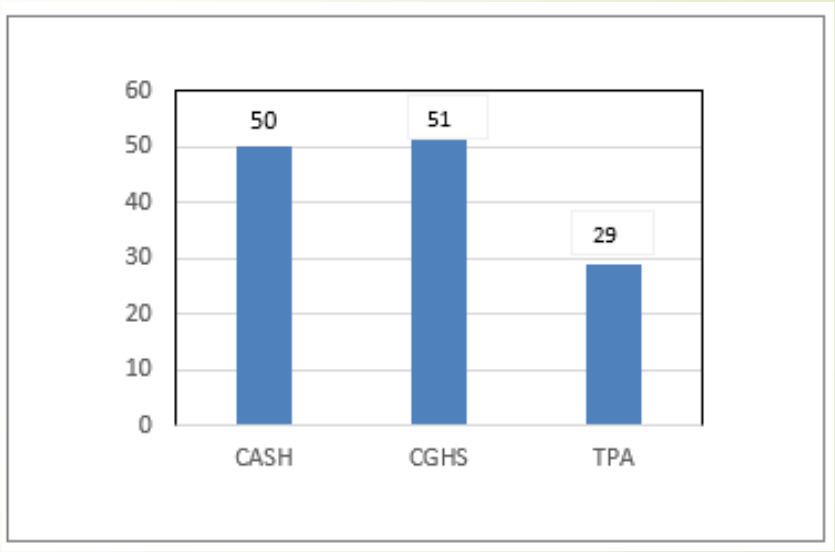
# ANALYSIS

**Graph 1: Showing number of gender of selected sample**



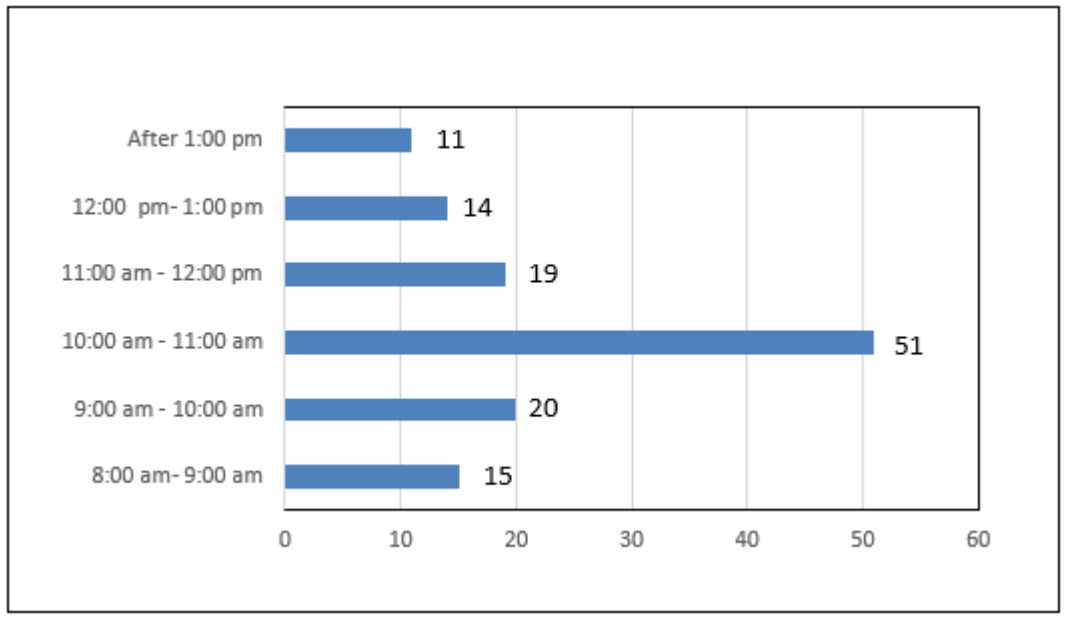

Maximum patients were male (51%) out of 130 selected sample.

**Graph 2: Showing category of selected sample acc. To their mode of payment**



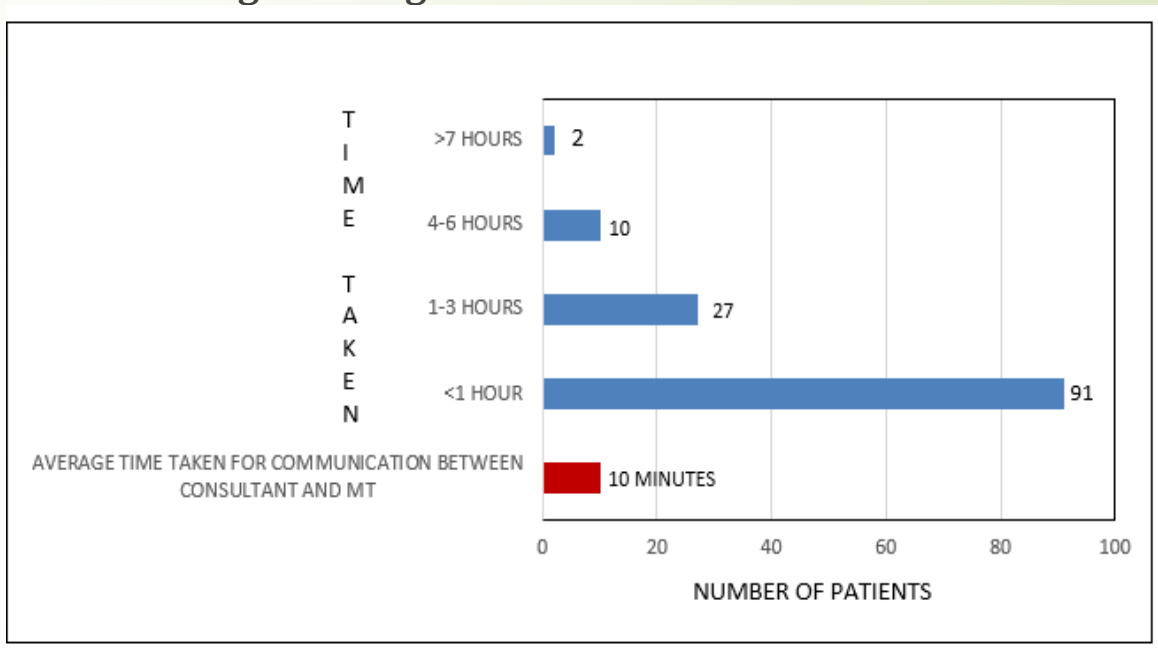

Out of 130 patients taken in the study 51 patients were CGHS credit patients, 50 patients were Cash patients, and 29 patients were TPA patients.

**Graph 3: Showing peak hours of discharge of patients**



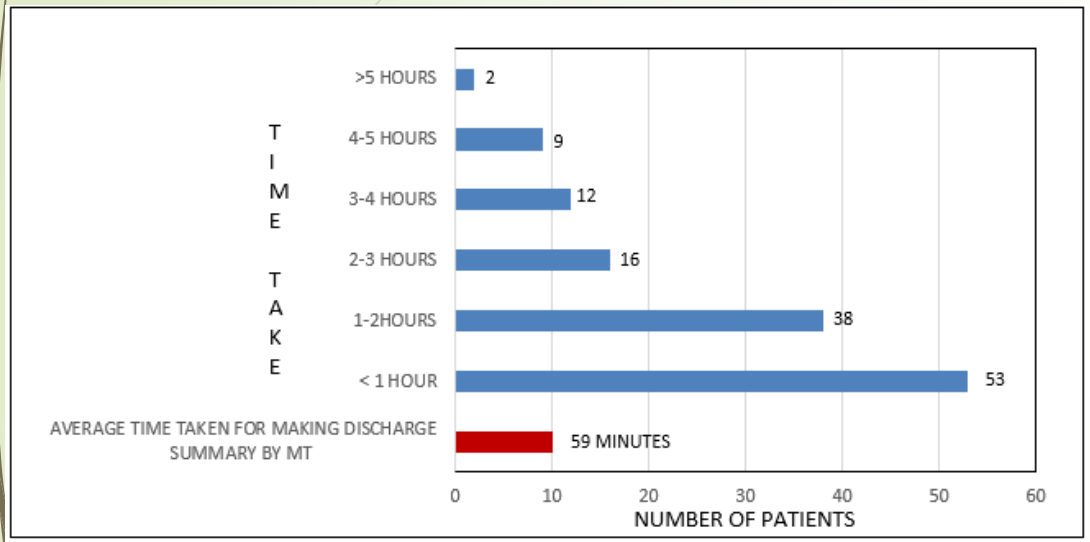

The number of patients discharged were maximum between the time range of 10:00 am to 11:00 am, whereas less number patients were discharged after 12:00 noon.

**Graph 4: Showing time gap between written discharge communication by doctor and time of providing. Intimation to MT for making discharge.**



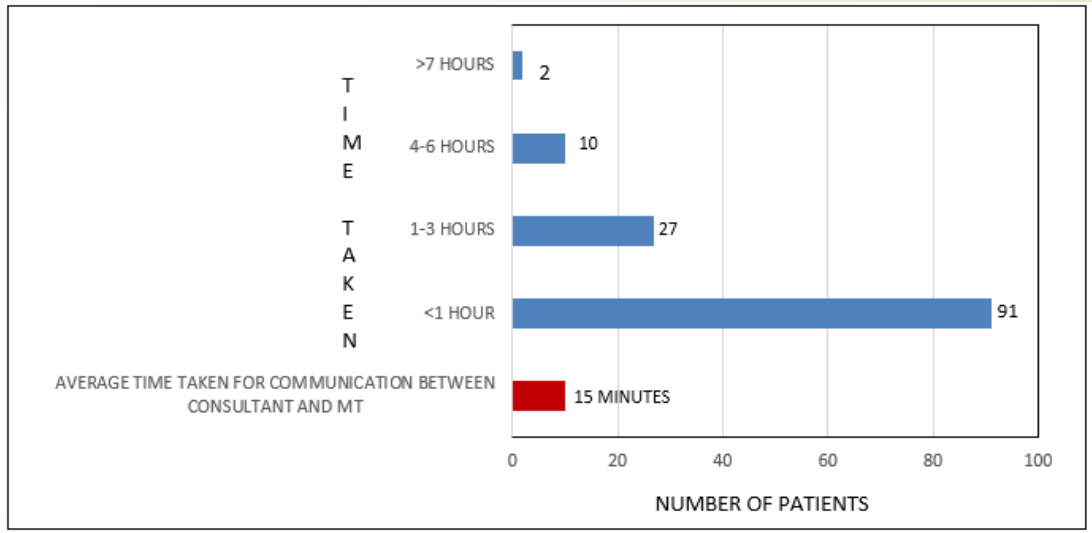

It has been observed that out of 130 patients, communication between consultants and MT took place within 1 hour for 91(70%) patients.

**Graph 5: Showing time taken to make final discharge summary by MT**



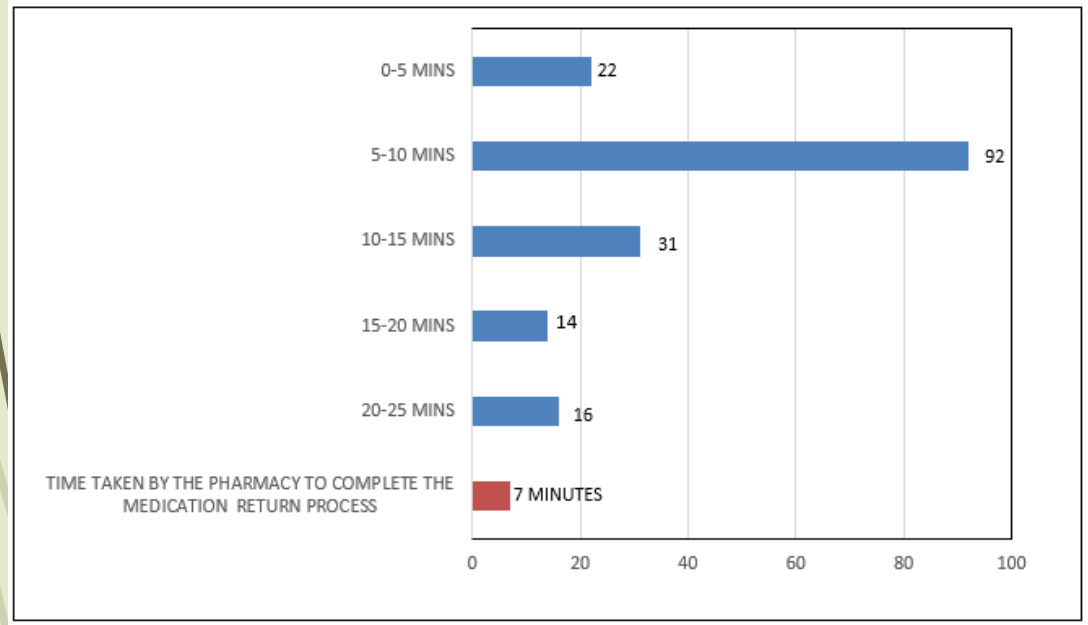

Typing of discharge summary by the Medical Transcriptionist on an average took 59 minutes.

**Graph 6: Showing time taken by the nurse for preparing activity sheet & pharmacy return and handling over the medication to GDA for returning it to pharmacy.**



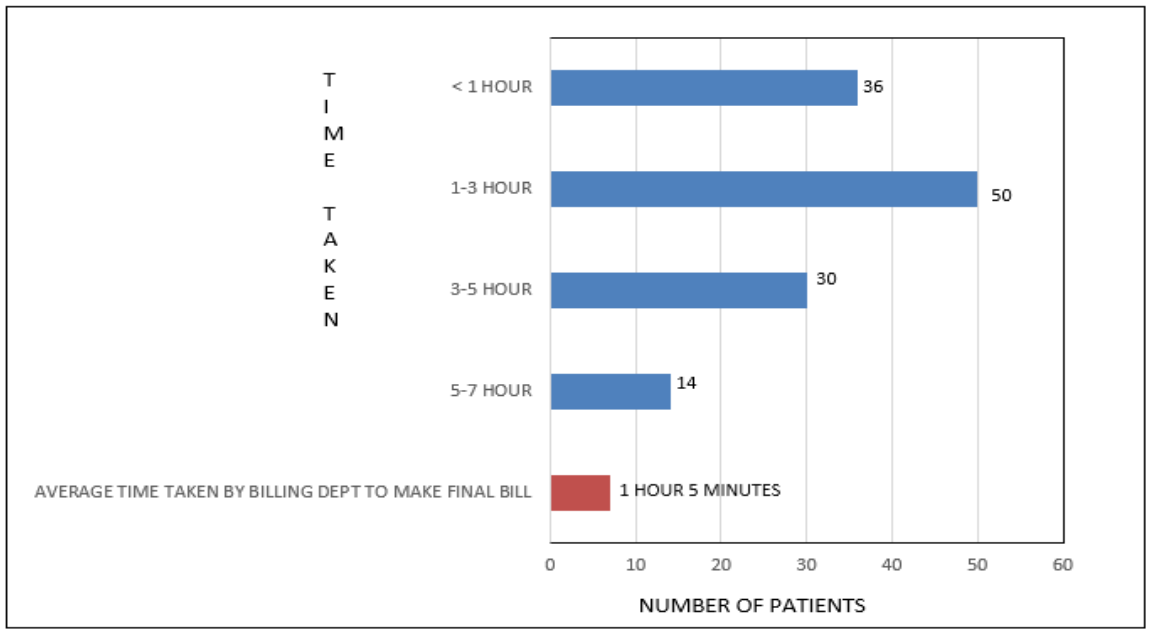

The average time taken by Nurse to prepare the activity sheet, pharmacy return and handling the return medicine to GDA is 15 minutes.

**Graph 7: Showing time taken by pharmacy to complete the medication return process.**



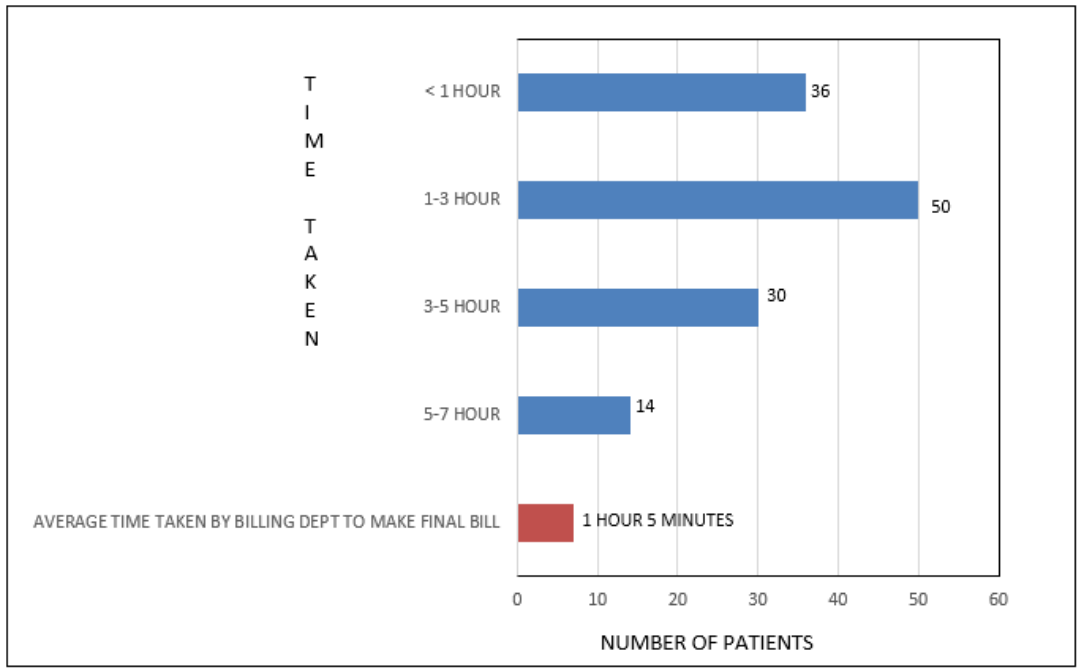

The time taken by the Pharmacy to complete the medicine return process took 7 minutes on an average whereas maximum time was 25 minutes and minimum were 1 min.

**Graph 8: Showing time taken by billing department to prepare the final bill.**



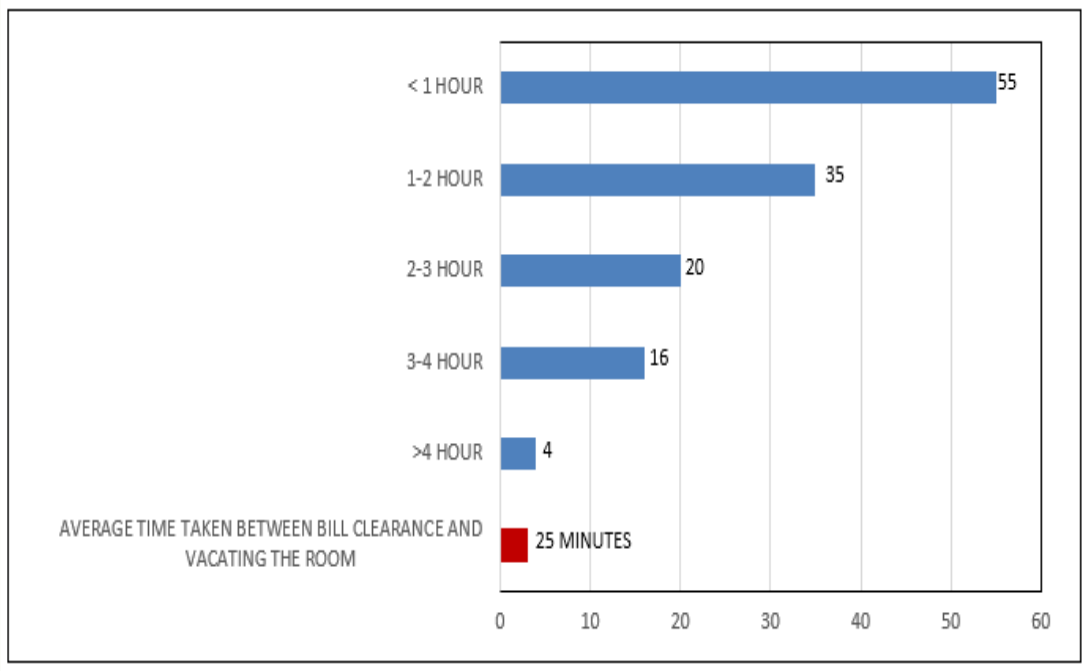

The maximum time taken by billing department to prepare the final bill was 6 hours 10 minutes. whereas minimum time taken was 5 minutes. on an average it took 1 hour 5 minutes to prepare the bill.

**Graph 9: Showing time taken by the patient to clear the bill.**




Once the final bill was prepared, the patient or his attendant had to clear the bill. On an average it took 1 hour 5 minutes.

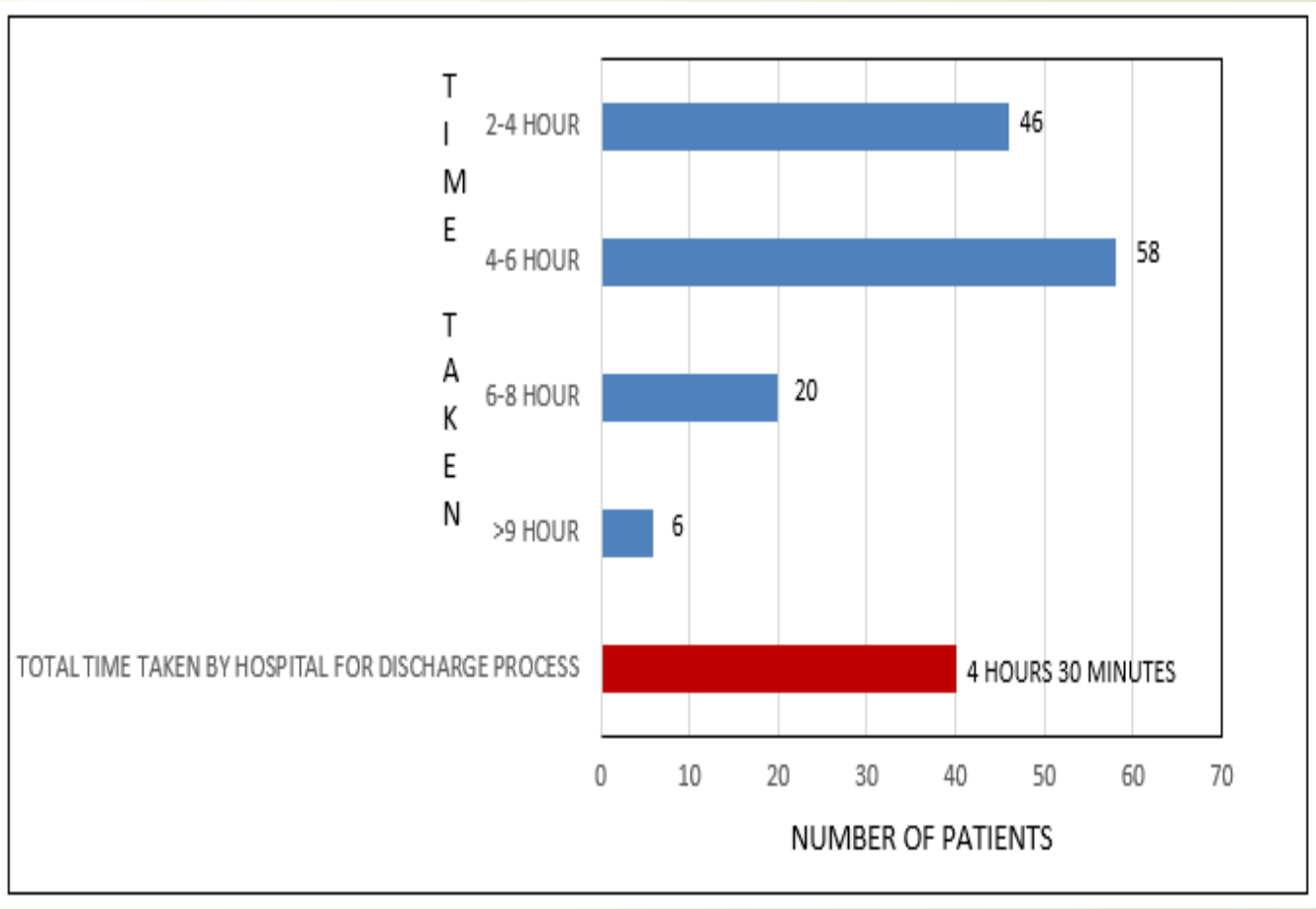
**Graph 10: Showing time gap between clearance of the bill and patient vacating the room**




The average time taken was 25 minutes. Once bill is cleared, the process of vacating room is completed mostly within 1 hour for 55 (43%) patients but in some cases, more than 4 hours were consumed for 4 (3%) patients.

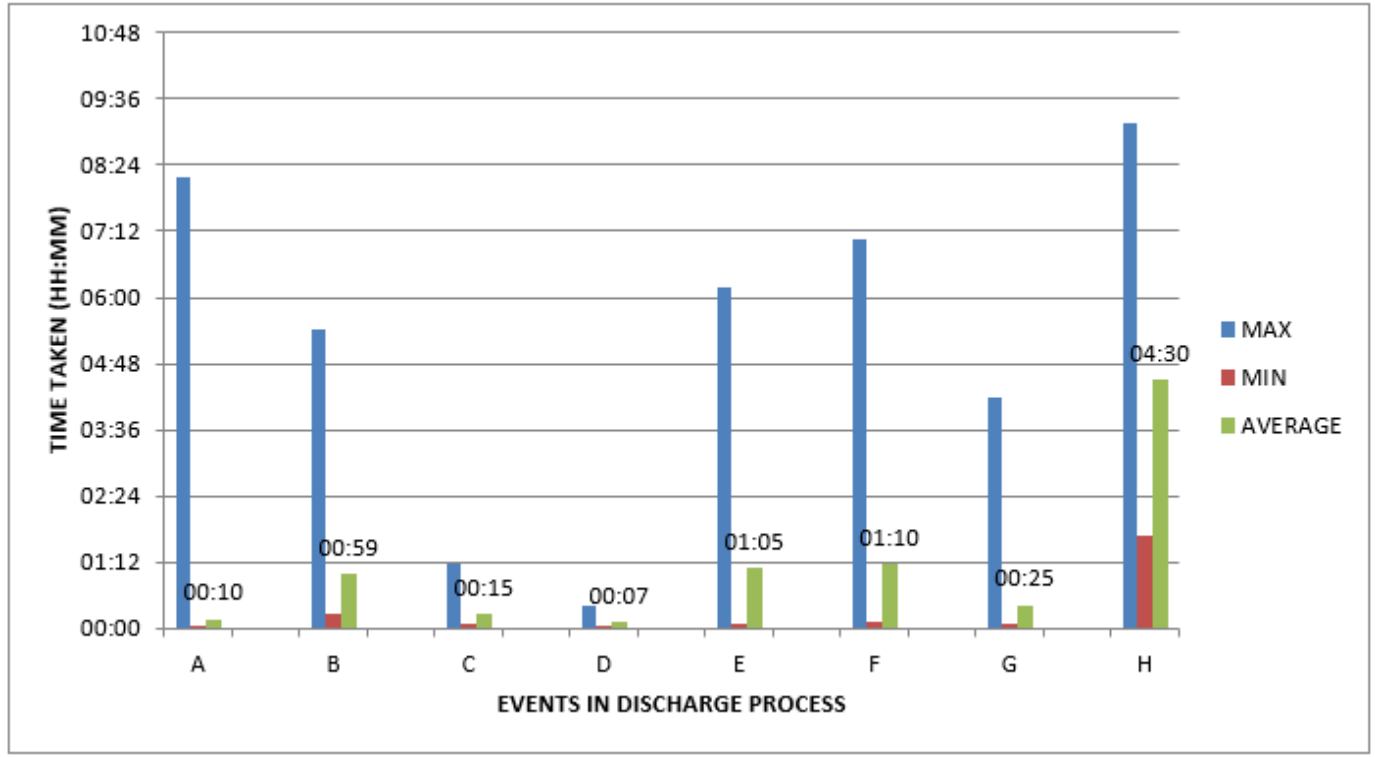
**Graph 11: Showing average time taken by the hospital for discharge process of patient.**

The total time taken in the discharges of sample patients taken was on an average 4 hours 30 minutes. The maximum time was 9 hours 10 minutes and minimum was 1 hour 40 minutes. From the above graph it has been observed that in case of 58 (45%) patients the discharge process is completed in between 4 to 6 hours. Also, it has been seen that it took more than 9 hours for 6 (7%) patients which needs to be reduced.



**Graph 12: Showing maximum, minimum and average time taken in various events in discharge process.**

| TIME (HH:MM) | A | B | C | D | E | F | G | H |
|---|---|---|---|---|---|---|---|---|
| MAX | 08:10 | 05:25 | 01:11 | 00:25 | 06:10 | 07:04 | 04:10 | 09:10 |
| MIN | 00:02 | 00:15 | 00:04 | 00:01 | 00:05 | 00:07 | 00:05 | 01:40 |
| AVERAGE | 00:10 | 00:59 | 00:15 | 00:07 | 01:05 | 01:10 | 00:25 | 04:30 |




| | |
|---|---|
| A | Time gap between written discharge communication by the doctor and time of providing intimation to MT for making discharge |
| B | Time taken to make final discharge summary by the MT |
| C | Time taken by the nurse for preparing activity sheet & pharmacy return and handling over the medication to GDA for returning it to pharmacy. |
| D | Time taken by Pharmacy to complete the medication return process. |
| E | Time taken by Billing department to prepare the final bill. |
| F | Time taken by the patient to clear the bill. |
| G | Time gap between clearance of the bill and patient vacating the room |
| H | Total time taken by the hospital for discharge process of patient. |

From the above graph it is clear that the events taking longer time in discharge process are- **preparation of bill, clearance of the bill and typing of discharge summary.**

# CONCLUSION

- For healthcare professionals, patients, and caregivers, hospital patient discharge process is a complex process.
- Effective discharge planning has the potential to improve health of patient's while also reducing patient costs.
- The satisfaction rate of patients with the process of discharge in Max Hospital was found to be only 35% in the month of April. The average time taken for discharge of a patient was 4 hours 30 minutes. Which is much higher than the estimated target of the hospital i.e. 1 hour.
- Various reasons for delayed discharges include longer time taken by the typist to type the discharge summary, improper nursing activity, longer time in clearance of bill in case of TPA patients.
- Hospital management should set an aim to decrease the discharge time to 1- 2 hours and increase the inter-departmental co-ordination so that the aimed timing is achieved.

- All pending Lab/Radiology reports should be collected during night time and filed in the patient's records.
- Inter departmental communication and communication between nurses & patient attendant need to improve.
- Nurses should properly check the medication before sending requisition pharmacy to avoid extra accumulation of drugs.
- Nurses should not send the pharmacy return of many patients in bulk which increases the pharmacy return time.
- IP Billing section to keep a track of outstanding balance.
- Number of GDA should be increased.
- Checklist for discharge at patient bedside can be implemented e.g., not planned, discharge tomorrow etc.

# RECOMMENDATIONS

- Doctors should provide the information to the assigned nurse as well as Floor Manager about the tentative discharges during the evening rounds (1 day prior to discharge)
- As the peak hours of discharge is between 10:00 am to 11:00 am, the Doctor's morning round should be completed before 9:00 am and first, "to be discharged" patients should be seen by the doctor.
- Tentative discharge summary should be prepared by MT in the night-time proceeding the day of discharge.
- In case of planned discharges, medications return should be done in the night time 1 day prior to discharge.
- Morning dose of all medications should be kept separately for giving to the patient.

# THANK YOU!