MEITRA HOSPITAL

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Study on Discharge Process at Meitra Hospital

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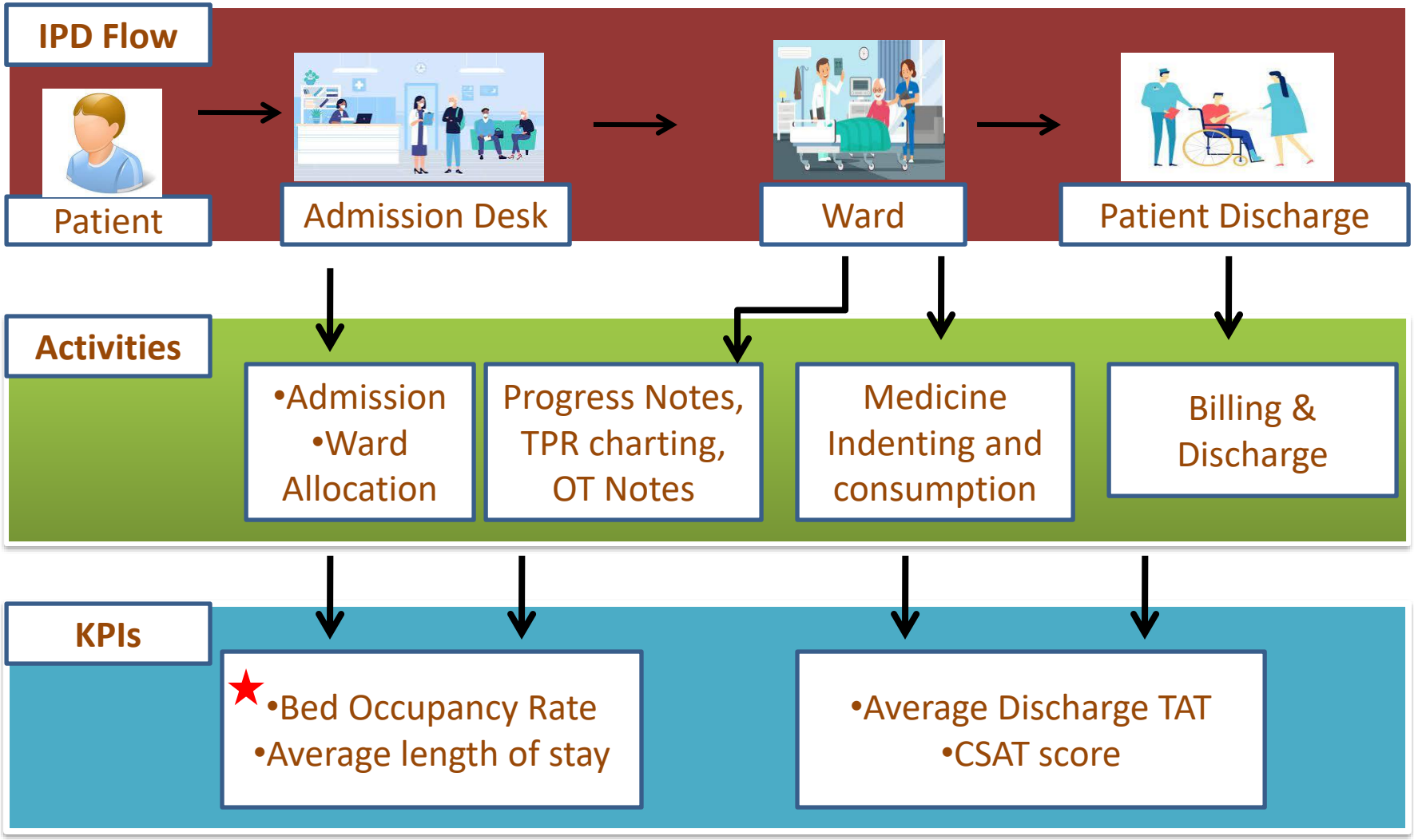
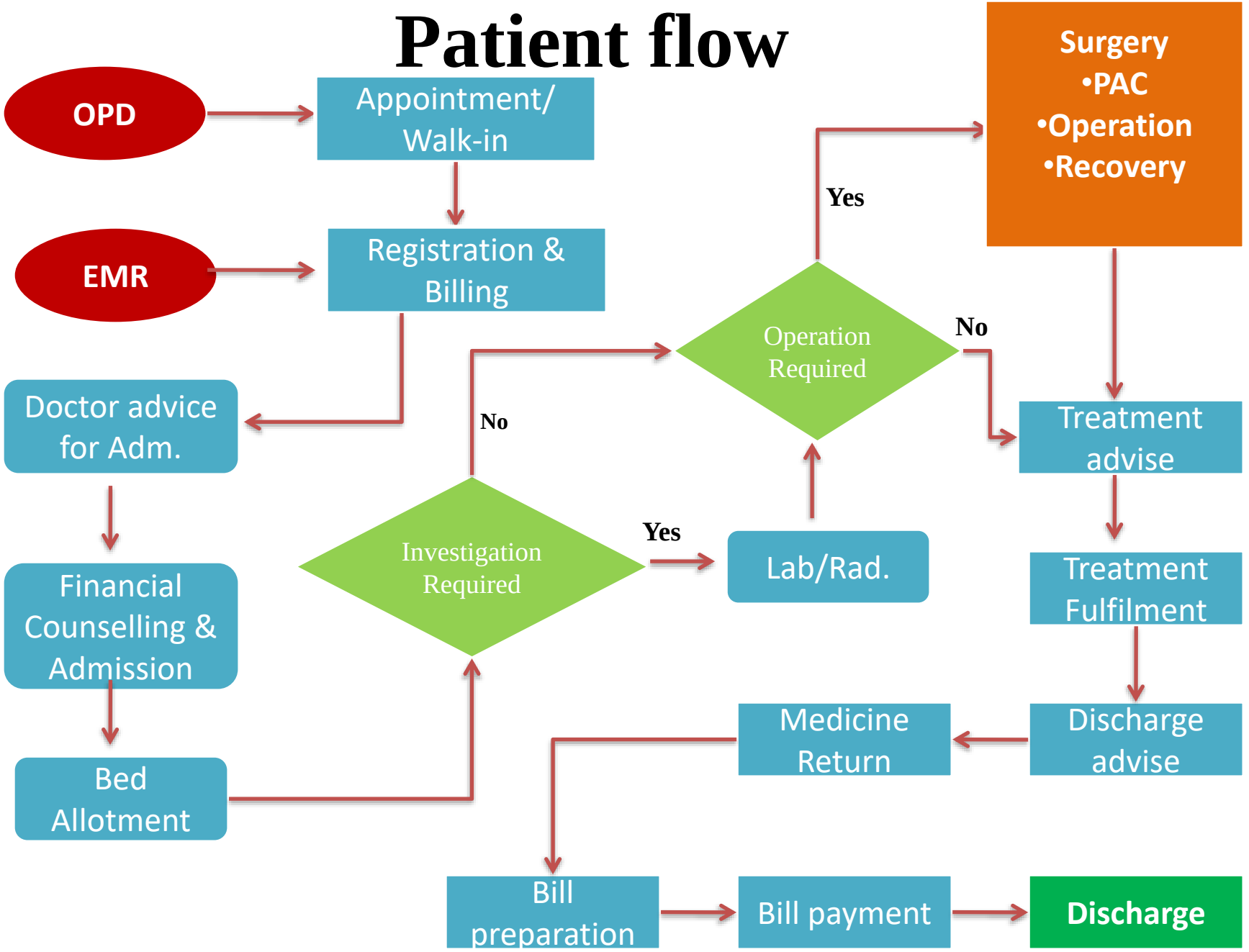
BACKGROUND

Study on Discharge process at Meitra Hospital

IP Touch Points, Activities and KPIs



Patient flow



Department

S. No	Department
1	Cardiology
2	Orthopedics
3	Neurology
4	Gastroenterology
5	Pulmonology
6	General Medicine
7	Neurosurgery
8	MEDICAL & HEMATO ONCOLOGY & BMT
9	Gastro Surgery
10	Cardiothoracic Surgery
11	Nephrology
12	General Surgery
13	Gynecology
14	Urology
15	Critical Care Unit
16	ENT
17	Plastic Surgery
18	Neuro Intervention
19	Vascular Surgery
20	Endocrinology

Hospital Information System

arcusair
by IQVIA

Admission, Discharge, Transfer

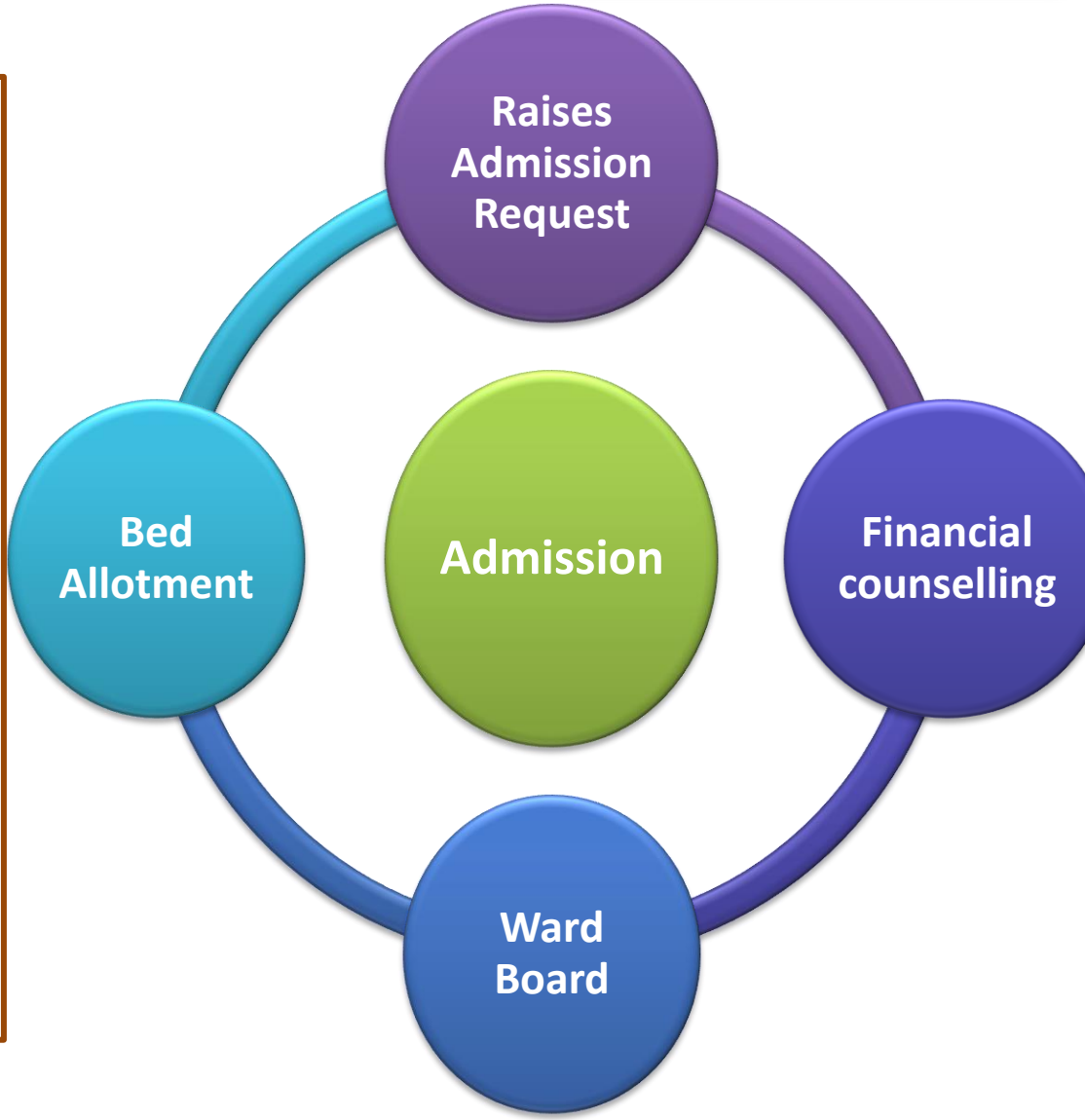
Appointment Scheduling

Bed Management

Billing

Admission

- ❖Doctor advise the patient for admission.
- ❖Consultant raises the request for admission through HMIS.
- ❖Adm. Request checked by financial counsellors
- ❖FC checks the status of vacant beds in ward board.
- ❖From Inpatient admission request list patient name is selected and patient information is reconfirmed.
- ❖The bed is allotted after taking a general consent from the patient or patient bystander.



Financial Counselling & Adm.

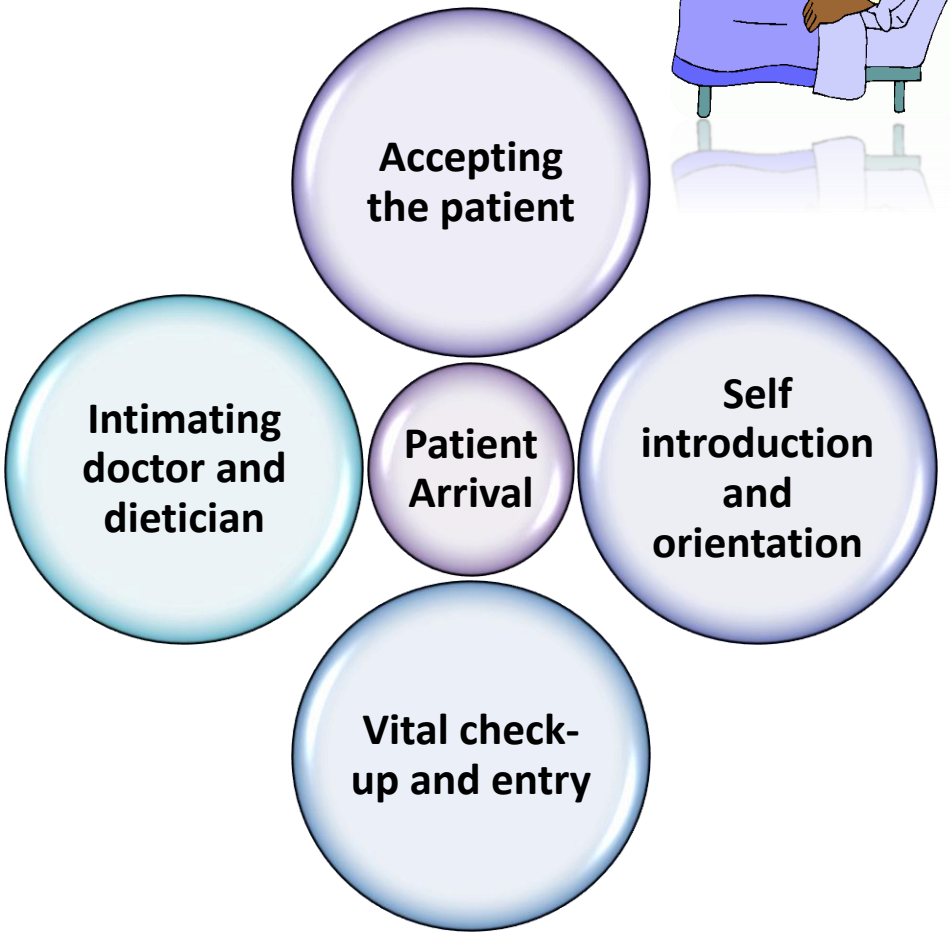
- PCS staff explains the procedure details and charges.
  -Bed charges per day(fixed as per the bed category)
  -Nursing charges per day(fixed as per the bed category)
  -Doctor charges per day(varies)
  - Infection control charge(fixed)
  -Investigations
  -Initial Deposit
- In ward board it shows the status of beds.
- General consent for admission.
- Financial counselling sheet- Demographic details, bed type, procedure details and charges.
- Admission form- carries information about the bed allotment is attached in the patient folder.
- One attendant pass is given for each patient.

Financial Counselling & Adm.

- The advance deposit amount is taken from the patient, In case of cash patient 80% of the amount is taken for surgeries.
- In case of TPA patients no cash deposit is there if they have a pre-authorization.
- GDA takes the patients to the floor to the floor they are admitted with patient folder.
- Total approx estimate is given but it is indicative in nature and may vary as per the patient medical condition.
- If the patient or patient attendant wants to clarify about the charges or approximate bill they contact the financial counselling desk.
- COVID antigen/TRU NAT is mandatory for the patient and bystander.

Patient Arrival

- Under Inpatient-Ward Board-
- Accepting the patient through HMIS.
- Nurses will self Introduce and orient the patient.
- The floor coordinators give welcome card to patients and tell about the basic amenities available, if the patient have any queries they can call to floor coordinators.
- Room Orientation,-alarm, bed control, call bell.
- Bar for old age patient in restroom.
- Dieticians design the nutritional plan for patients.



Electronic Medical Records

Daily orders

-orders for the day only, includes medication, investigations, diet plan to be done that day only.

Continuous orders

-orders that are to be continued during the stay.

Progress Notes

-these are used for patient progress during the stay.

Laboratory Investigation

-The results of investigation are updated under this.

Discharge Summary

-The summary is prepared by Physician assistant /GDMO/Junior doctors.

Charting

-Daily vitals are updated 4-hourly or as per the instructions of the doctor.

IP Order

-for ordering of medicines, investigations, consumables (routine or stat).

Pathology

- for histopathology and PAP smear reports.

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Discharge Process

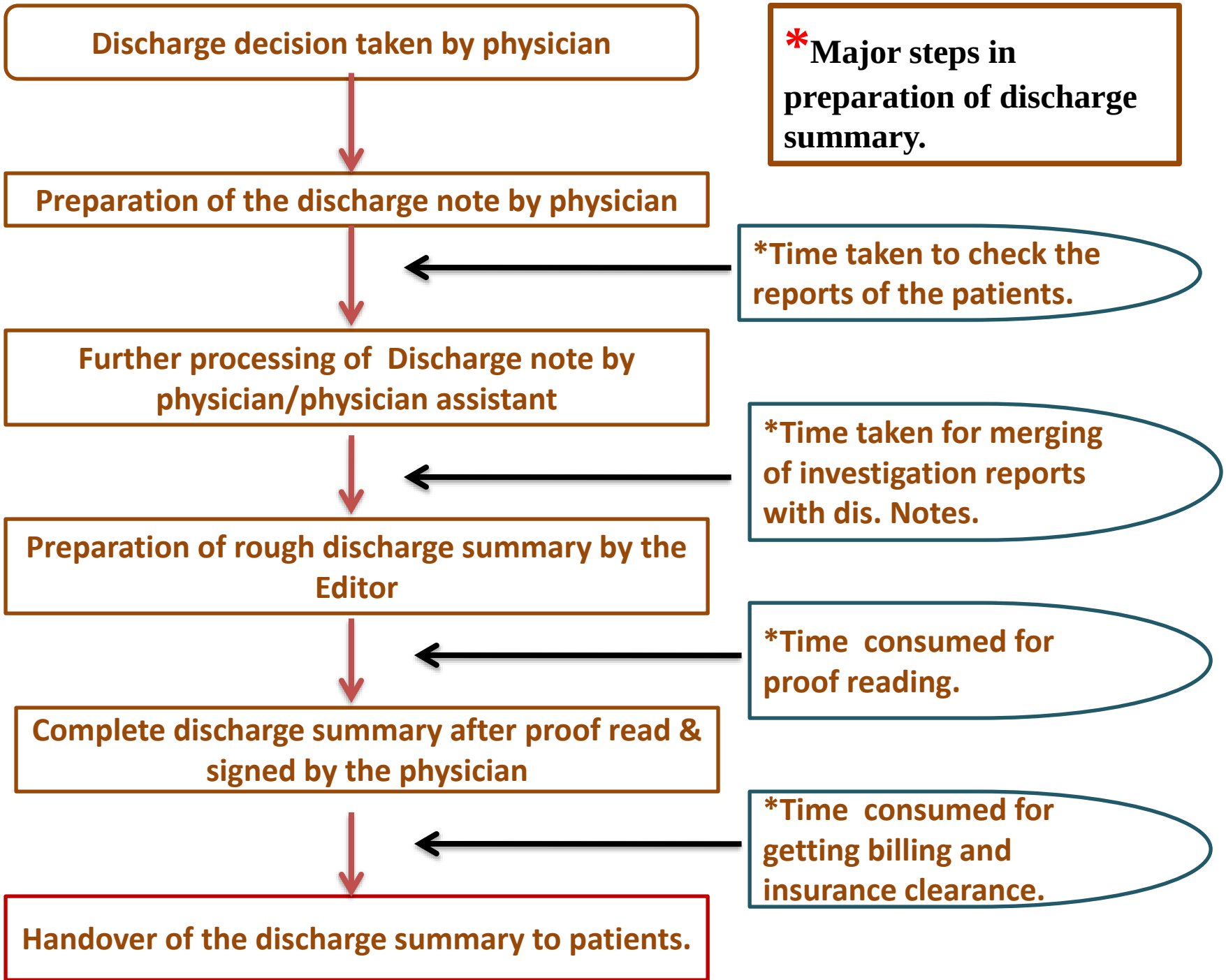
Key Stakeholders of Discharge Process

Benchmarks by Hospitals for Discharge Process

- Fortis Hospital Gurgaon has set a benchmark of 90 minutes for the total time.
- Aster Hospitals has the benchmark of 120 minutes, but states that it depends on the on whether it is a cash or insurance billing.
- Narayana Hrudalaya ha se the time limit to 1pm for all the general discharges on working days.

Discharge Process

1. Doctor Informs the nursing about the discharge.
2. Physician assistant marks for discharge advise.
3. Ward secretary recheck and update missing orders and returns the medicine to the pharmacy .
4. Medical discharge marked and then it's viewed by billing department. Discharge summary finalization by the doctor.
5. Bill finalization by the billing department.
6. The floor coordinator informs the attendee about the bill.
7. The attendee pays the bill and gets a clearance slip.
8. Nursing staff explains the discharge summary
9. Patient vacates the room


*Major steps in preparation of discharge summary.
Discharge decision taken by physician
Preparation of the discharge note by physician
*Time taken to check the reports of the patients.
Further processing of Discharge note by physician/physician assistant
*Time taken for merging of investigation reports with dis. Notes.
Preparation of rough discharge summary by the Editor
*Time consumed for proof reading.
Complete discharge summary after proof read & signed by the physician
*Time consumed for getting billing and insurance clearance.
Handover of the discharge summary to patients.

Discharge Plan

Discharge Advice

- Patient status (Improved/LAMA/Expired)
- Discharge type Planned/Unplanned
- Discharge date , time and care provider

Medical Discharge

- Discharge summary
- Pharmacy Return (by ward secretary).
- Clearance from OT(in case of surgeries).

Discharge Clearance

- Diet(dietician see the daily charges.)
- IP pharmacy Store (the returned medicines are accepted by the pharmacy).

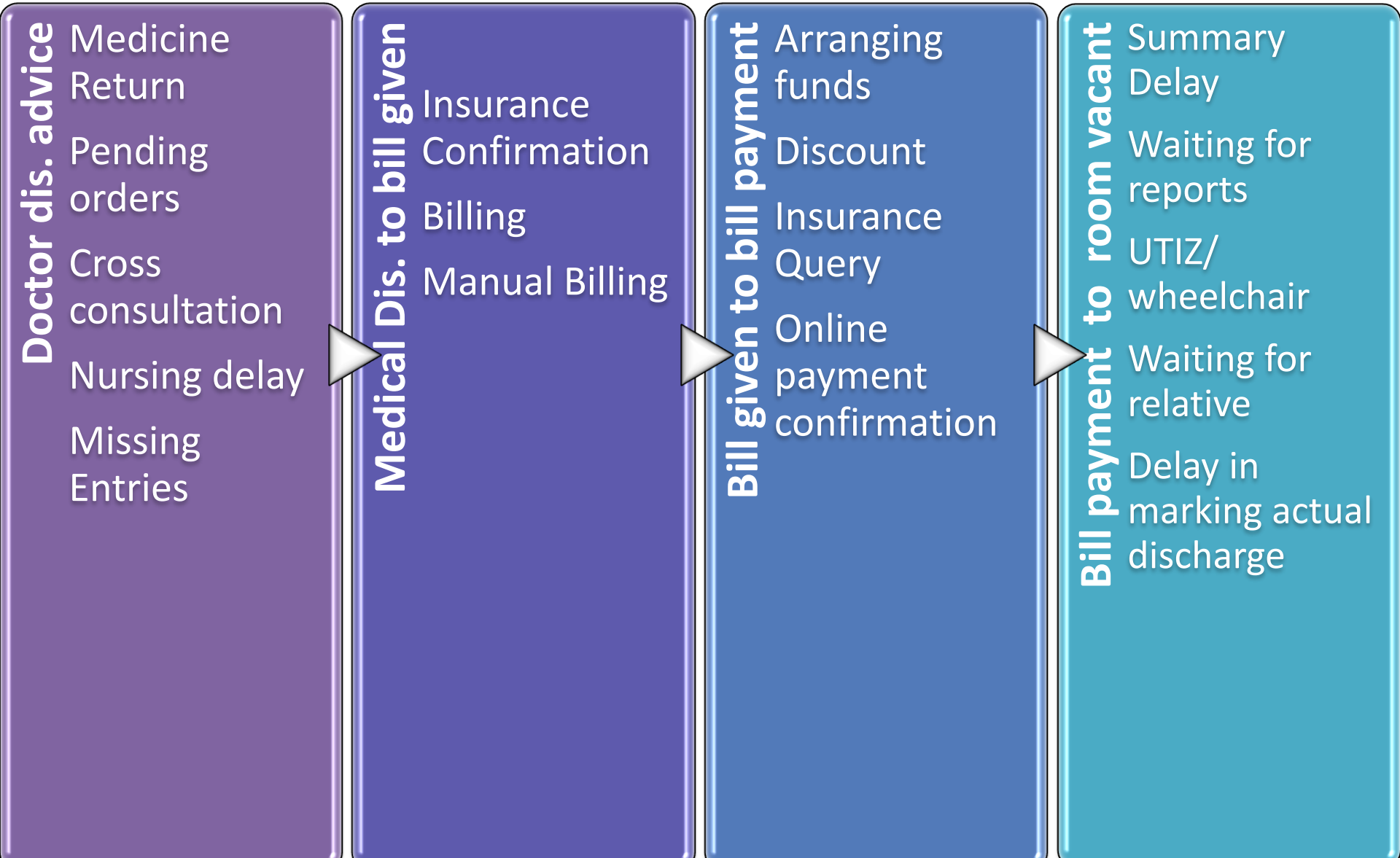
Bill preparation

- Bed expenses,
- Consultations,
- Investigation through PACS
- Cross checking through dis. Summary and progress notes
- Implant charge

Final Discharge

- Discharge clearance slip
- Discharge summary and reports to patients.

Reasons for delay in discharge process



Patient satisfaction survey

ELEGANT SURVEYS

Floor coordinators goes to every patient room daily and also at the time of discharge with the tab to fill this survey. There is complaint system also which directly send the complaint to the respective department and it also shows whether corrective actions taken for that complaint.

Patient satisfaction survey

- The detailed survey is filled by floor coordinators or by patients/bystander.
- It also provides data on Net promoter score(promoters, passives, detractors)
- It includes the following set of questions for departments:

-Rating (scale 1-5)
- Suggestion (comment)
-Complaint(comment)
-Compliments(comment)
-Hospital visit
-Appreciation for staff
-Improve our services
-Recommend to friend or colleague(NPS score).

NPS/CSAT Score

- **Net Promoter Score -** The NPS is a measure of customer satisfaction and customer loyalty. It is based on a single question, How likely is it that you would recommend Responses **between 0-6 are classified as detractors and responses between 9 and 10 as promoters.**

  Net Promoter Score = percentage of promoters minus the percent of detractors.

- **CSAT SCORE-**Customer Satisfaction Score (CSAT) is a customer loyalty metric used by companies to gauge how satisfied a customer is with a particular interaction or overall experience.

  (#) positive responses / (#) total responses X 100 = (%) CSAT.

  Customer Satisfaction (CSAT) is calculated by dividing all the positive responses by the total number of responses and multiplying by 100. This results in your CSAT percent.

Methodology

- **RESEARCH QUESTION:**
- What is the average TAT of the discharge process of IPD patients?
- What are the factors leading to increased TAT of the discharge process of IPD patients?

- **SAMPLE SIZE-** IPD discharges from March 2021(888) to April 2021(807).
- **DATA ANALYSIS PROCEDURE:** Microsoft Excel, Fishbone diagram, Graphs.
- **RESEARCH DESIGN-**Descriptive and Analytical study.
- **RESEARCH APPROACH-** Quantitative Approach
- **METHOD OF GATHERING DATA-** HMIS, Discharge registers on floors, TAT checklist, and In-depth interviews.
- **ETHICAL CONSIDERATIONS:** Data security, privacy, and confidentiality to be maintained.

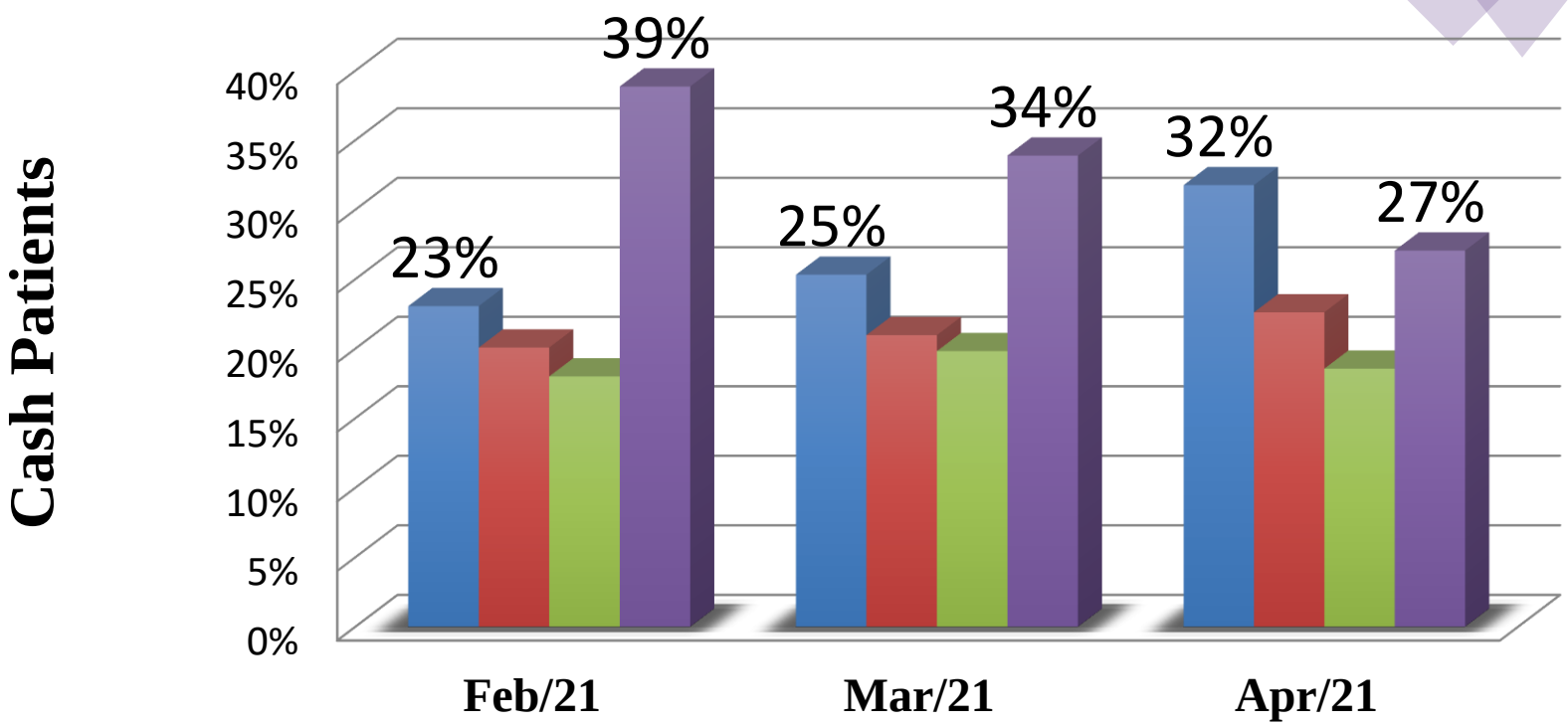
NATURE OF DATA

- Primary Data from TAT sheet and Discharge registers present on floors.
- Informal interview with the Nursing staff, Ward secretary, Dieticians, Clinical Pharmacist present on the nursing stations.
- Informal interview with the Guest Relations Executive
- Informal interview with pharmacist and billing personnel.
- Secondary Data from Standard Operating procedures (SOP’s), Manuals and HMIS (Arcus Air).

DATA COLLECTION & ANALYSIS

Study on Discharge process at Meitra Hospital

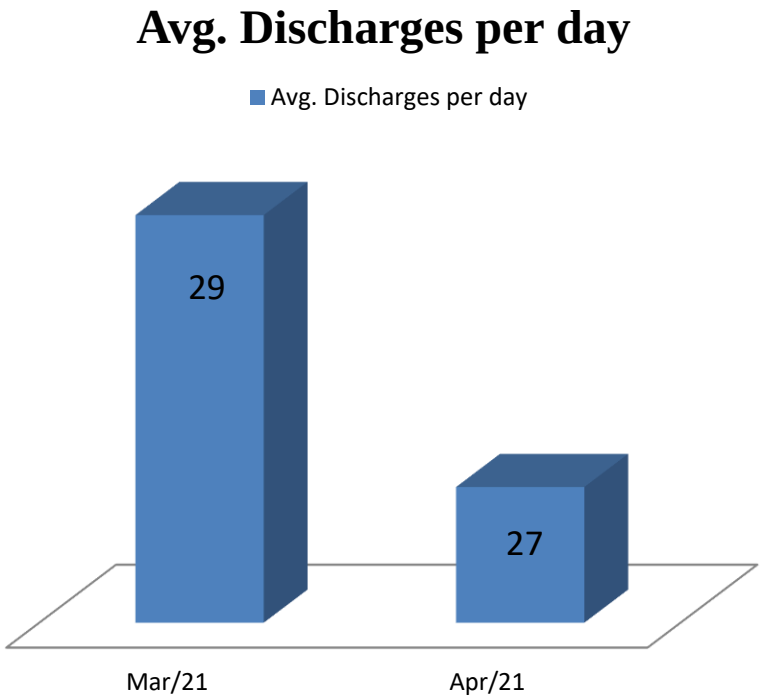
Discharges

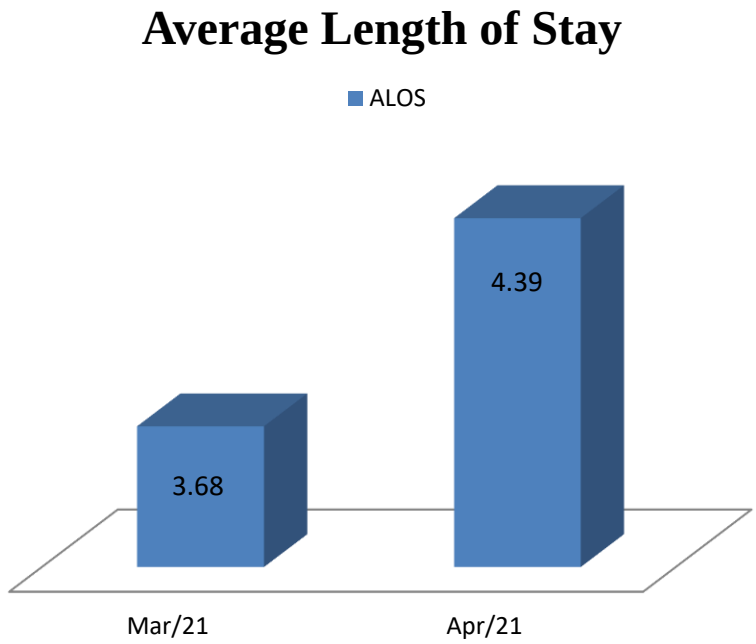


	Feb/21	Mar/21	Apr/21
01-120 min	23%	25%	32%
120- 180 min	20%	21%	23%
180 min - 240 min	18%	20%	19%
240 min & above	39%	34%	27%

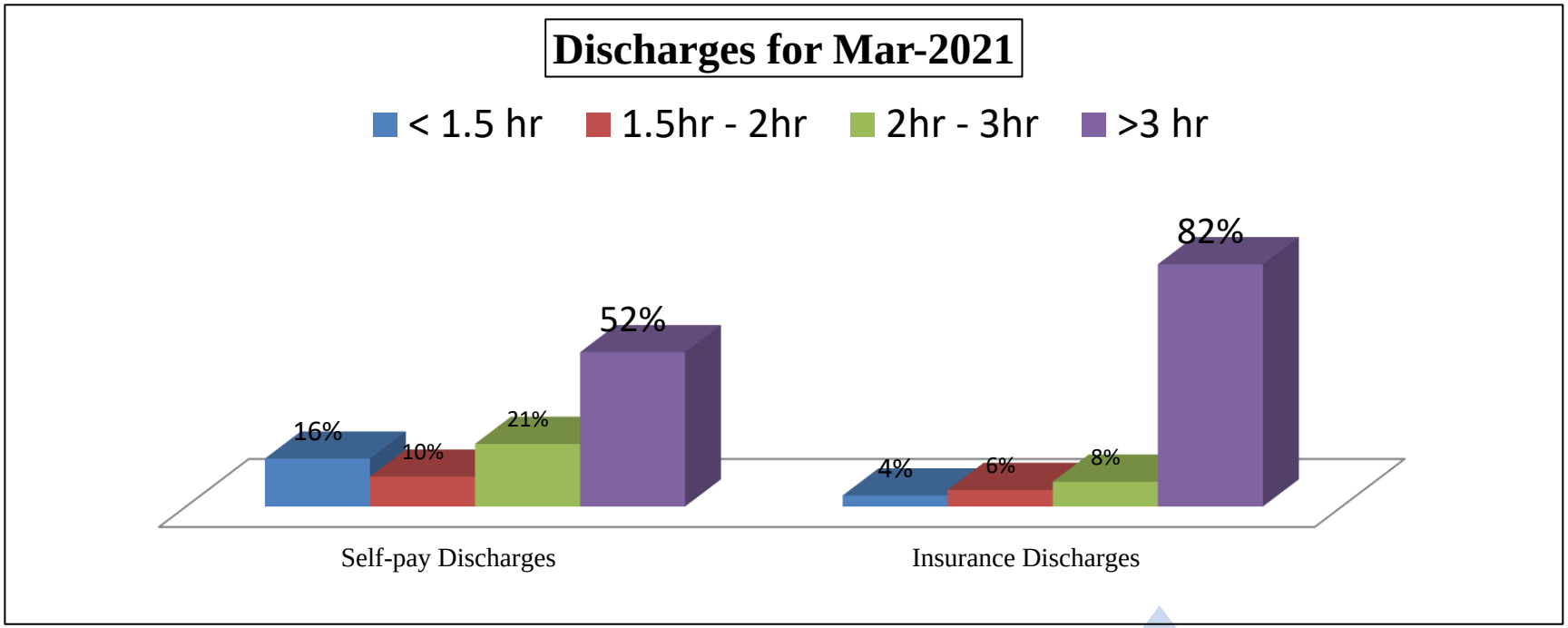
Table1: Parameters- ALOS and discharges per day.

Parameters	Mar-21	Apr-21
Discharges	888	807
No. Of days	31	30
Avg. Discharges per day	28.65	26.9
Total length of stay days	3272	3544
ALOS	3.68	4.39

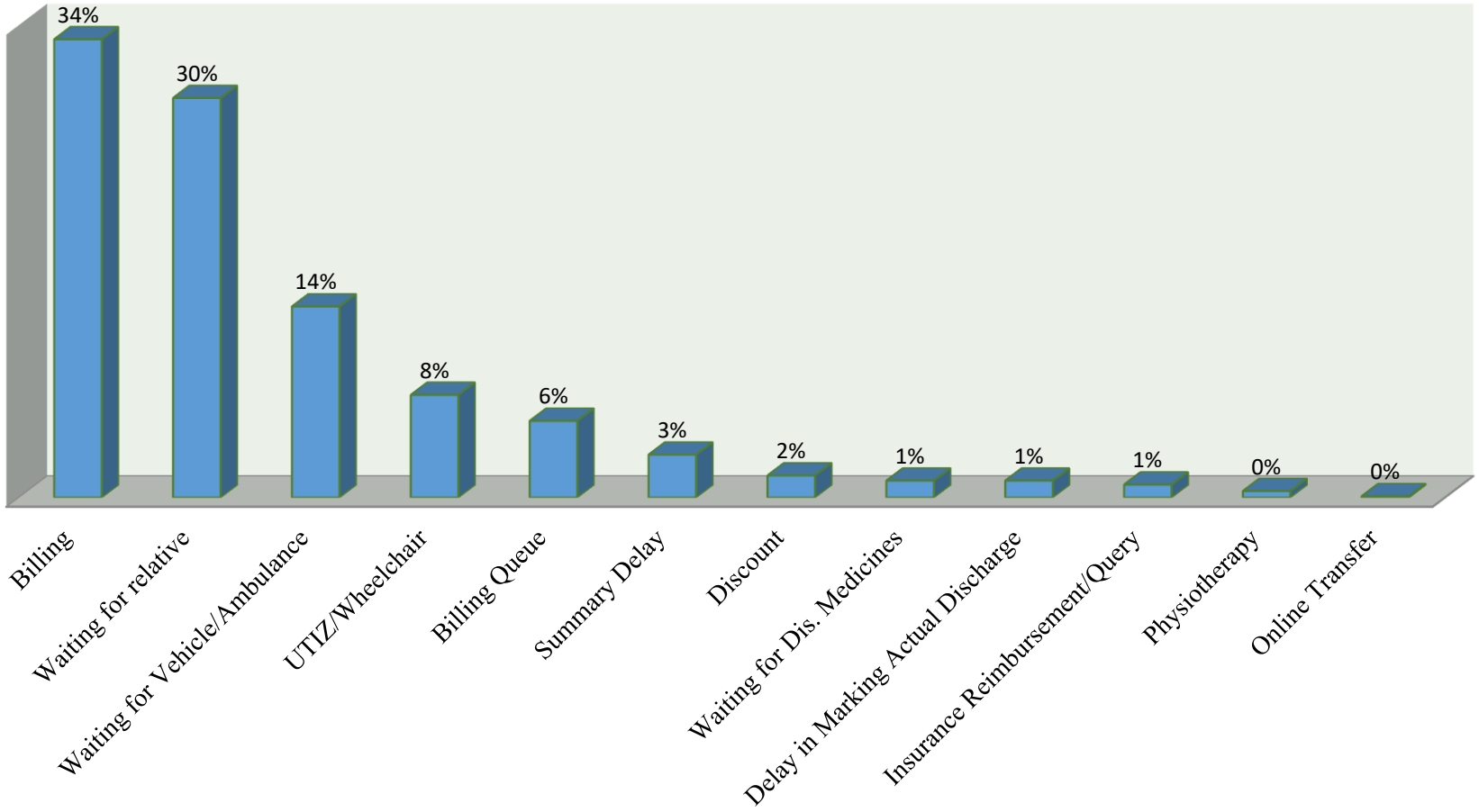




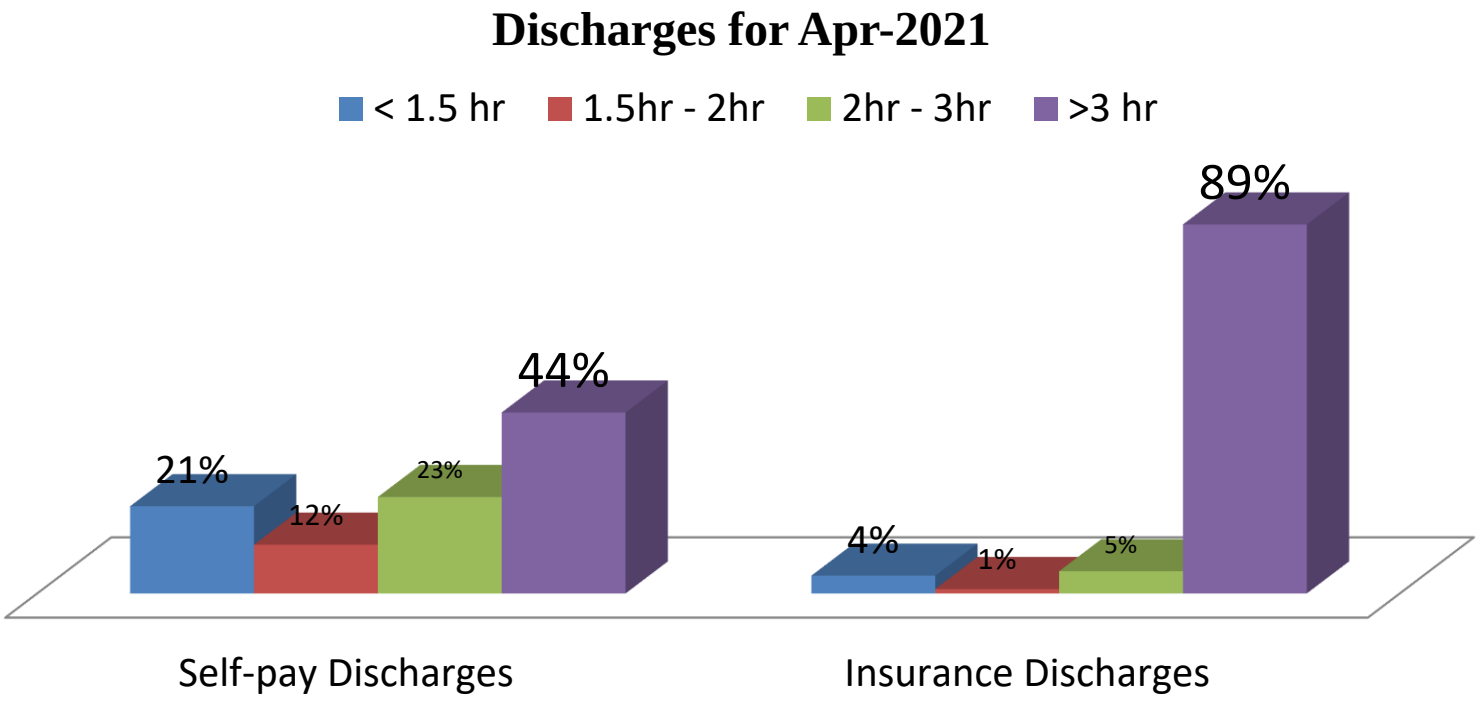
Discharges for Mar-2021				
Med. Discharge to Actual Discharge (888)	**Self pay (781)**	**Self-pay Discharges**	**Insurance (107)**	**Insurance Discharges**
< 1.5 hr	127	16%	04	4%
1.5hr - 2hr	79	10%	06	6%
2hr - 3hr	166	21%	09	8%
>3 hr	409	52%	88	82%



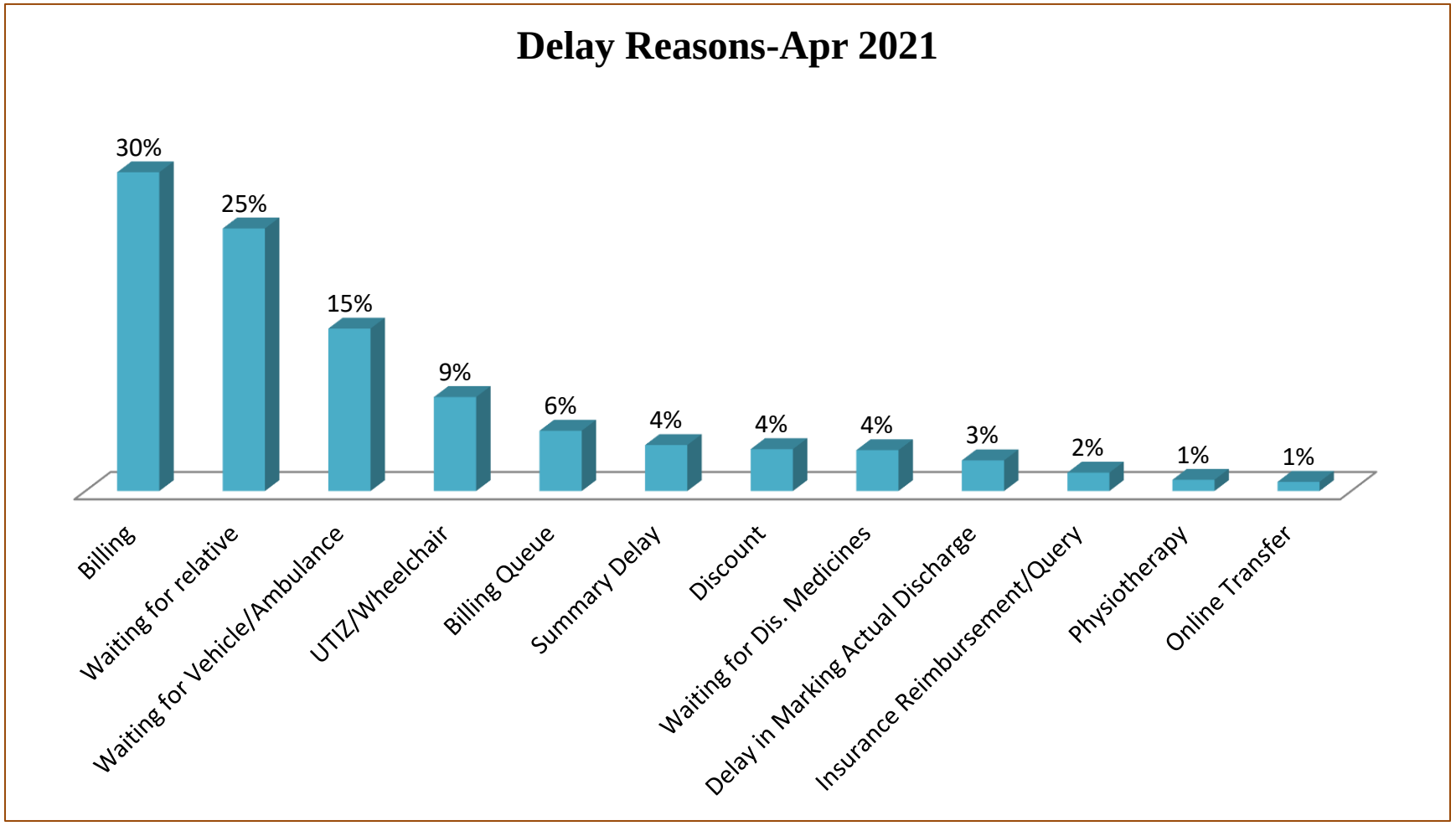
Graphical representation of delay factors in Mar-2021.



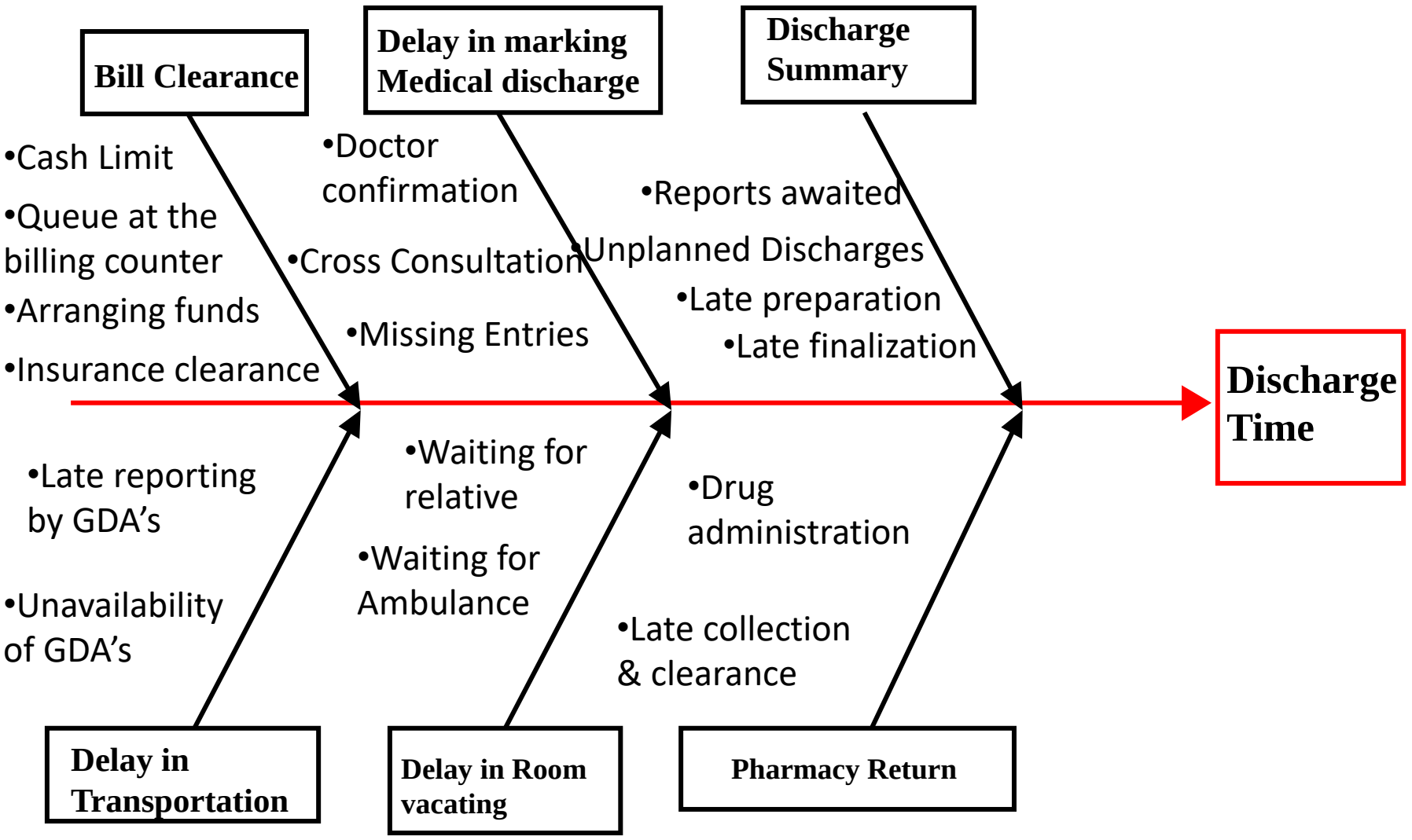
Discharges for Apr-2021				
Med. Discharge to Actual Discharge (856)	**Self pay (763)**	**Self-pay Discharges**	**Insurance (93)**	**Insurance Discharges**
< 1.5 hr	161	21%	04	4%
1.5hr - 2hr	90	12%	01	1%
2hr - 3hr	178	23%	05	5%
>3 hr	334	44%	83	89%



Graphical representation of delay factors in Apr-2021.



Cause and Effect Diagram



Observations from IPD Billing

- In about 30-35 percent of cases the reason for delay in discharge is billing.
- The package of CABG patients should be incorporated in the software, as it takes about 60-120 min in bill preparation.
- In around 50% of discharges there are missing entries from the clinical team.
- There is a technical error or IT issues while billing related to medicine return.
- It was seen that the average time taken to finalize the bill after checking the entries for a patient with length of stay of 4-7 days is 15 min to 40 min.
- There are missing entries from the nursing side and medical discharge is marked, there should be system to update and check the entries. The better updating will help in making the billing process smother.
- Only three systems are available for IPD billing as when they have full strength of employees, they can’t utilize it.

Observations from Inpatient feedback

- The detailed survey on patient satisfaction in IPD is taken by the floor coordinators. The complaints and suggestions received from the patient regarding the discharge process are as follows.
- Delay is getting the discharge summary.
- Improper coordination between the departments.
- Discharge process can be a bit faster
- Lack of coordination between the departments.

(The complaints and suggestion are taken directly from the Elegant Survey App).

Recommendations

- Planned discharges should be increased as it will reduce the delay of factors like medicine return, nursing delay, pending orders and missing entries.
- Financial counseling should be done in the HIS as the option is available and financial counselors should get it customized.
- The Financial counselors may get the advance payment for admission through an online payment gateway, so that cash limit can be maintained, and it would help at the time of discharge.
- The nursing team should update order entries on the same day.
- Investigation reports should be collected on the same day from respective departments, or the department may send reports to respective floors.
- If the discharges are planned, the doctors can prepare discharge summary in advance, such that the delay in discharge process can be reduced.
- The coordination between the nurses, ward secretaries, pharmacists, billing executives, floor managers and doctors must be improved to reduce the discharge delays.
- Staff recruited for these departments should be trained in discharge process and should have efficient communication skills for better interaction with patients/relatives.
- Reminder messages/emails can be sent to bystanders as the bill gets prepared and online payments should be encouraged.
- After receiving request from nursing team, the Patient transporting staff shall be made immediately available.

Conclusion

- Patient discharge is a complex process involving coordination of all departments and staff in the hospital. Discharge patient in a timely manner is a challenging task. In this study, time taken for discharge process in patients in Meitra hospital was analysed. It was found that time taken for clearance of the bill was contributing the most to the total time taken for discharge process. With adequate staffing and improving communication skills billing clearance can be reduced. Thus, time taken for discharge not only improves patient satisfaction but also helps in effective bed management for the hospital.
- In conclusion, admission, and discharge standardization and therefore length of stay are largely in our control. There is a significant opportunity to redesign patients' pathways and improve patient flow to create important benefits for bed management and hospital throughput, which ultimately improve quality and the safeness of patient care.

Service Recovery

An organization's ability to correct service errors is an important factor in achieving success in today's service economy.

1. Chance to rectify our mistake
2. Chance to improve patient’s perception of our care
3. Opportunity to earn more loyalty than if the mistake never happened!

Thank You