A Interventional study to reduce TAT in the discharge process

Medica super specialty hospital, Kolkata

(7TH February 2017 – 7TH may 2017)

Submitted by-

Meghna Rathi

MBA(HM-20)

Roll No. 0303

CONTENTS

Research Methodology

Research Question-

- What are the gaps in the discharge process which are leading to delay?
- What are the factors leading to delay in discharge process?

Objective-

1. To understand the process flow of discharges in the hospital.
2. To find out the gaps.
3. To find out the reasons of delay in discharge process
4. To recommend measures to reduce the delay

Study design: Interventional study

Study setting: Medica super specialty hospital Kolkata

Time frame:7th February 2017 to 7th May 2017.

Sample technique:

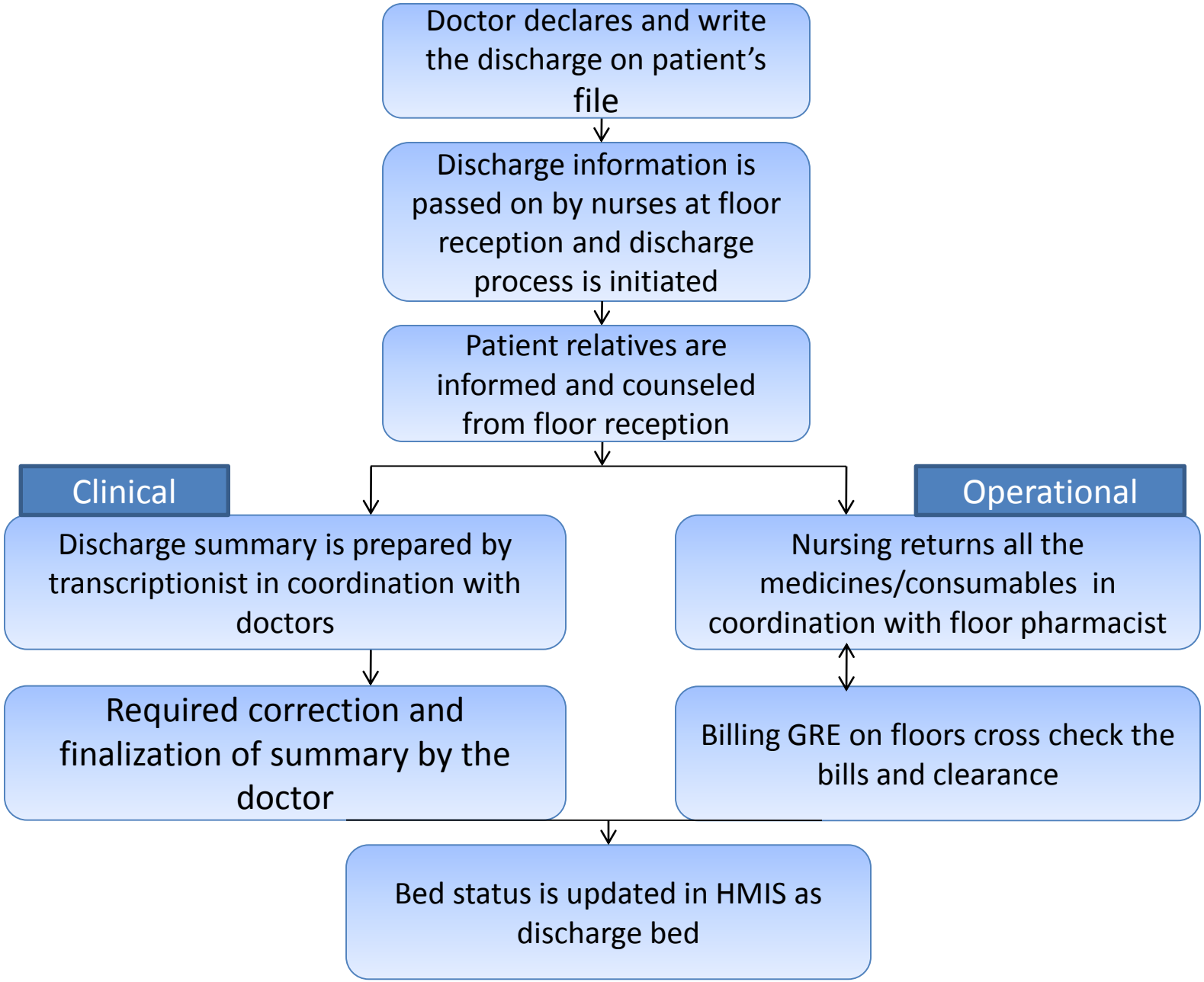
Inclusion- All schedule (cash, TPA & corporate) are included.

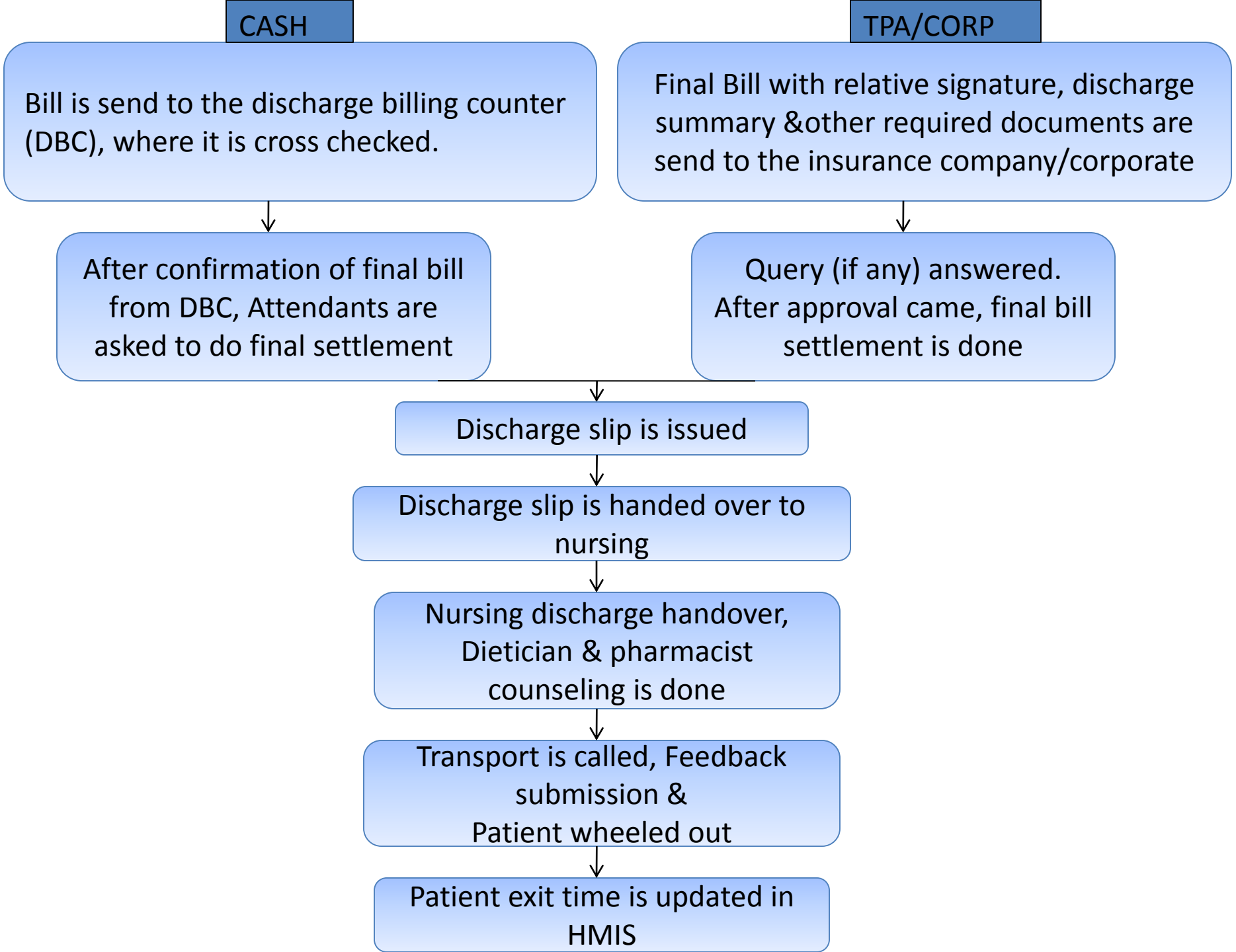
Exclusion- Discharges direct from emergency department are not included.

Sample size: 500

Methodology : A pre-post study was done for all the discharge cases in the hospital and difference in TAT was recorded.

Process flow




CASH
TPA/CORP
Bill is send to the discharge billing counter (DBC), where it is cross checked.
Final Bill with relative signature, discharge summary &other required documents are send to the insurance company/corporate
After confirmation of final bill from DBC, Attendants are asked to do final settlement
Query (if any) answered. After approval came, final bill settlement is done
Discharge slip is issued
Discharge slip is handed over to nursing
Nursing discharge handover, Dietician & pharmacist counseling is done
Transport is called, Feedback submission & Patient wheeled out
Patient exit time is updated in HMIS

Target time for discharges

- **Cash discharges**: 3 hours from time of declaration
- **Corporate discharges**: 4 hours from time of declaration
- **TPA discharges**: 6 hours from time of declaration

Steps divided for study

STEPS	Description	Ideal time
Step 1	Time taken from discharge declaration to the receiving of final summary	1 hour
Step 2	Time taken from receiving final summary and bill finalization	30 minutes
Step 3	Time taken from receiving final summary and bill finalization	45 minutes
Step 4	Time taken from discharge slip handover to floor reception to the physical discharge of patient	30 minutes

STEPS

Average waiting time
hour : minutes

DECLARATION

STEP 1

Receiving FINAL SUMMARY

1: 27

STEP 2

BILL FINALIZATION (bill send to billing counter)

00:27

CASH	Corp.	TPA
2:11	2:30	3:40

STEP 3

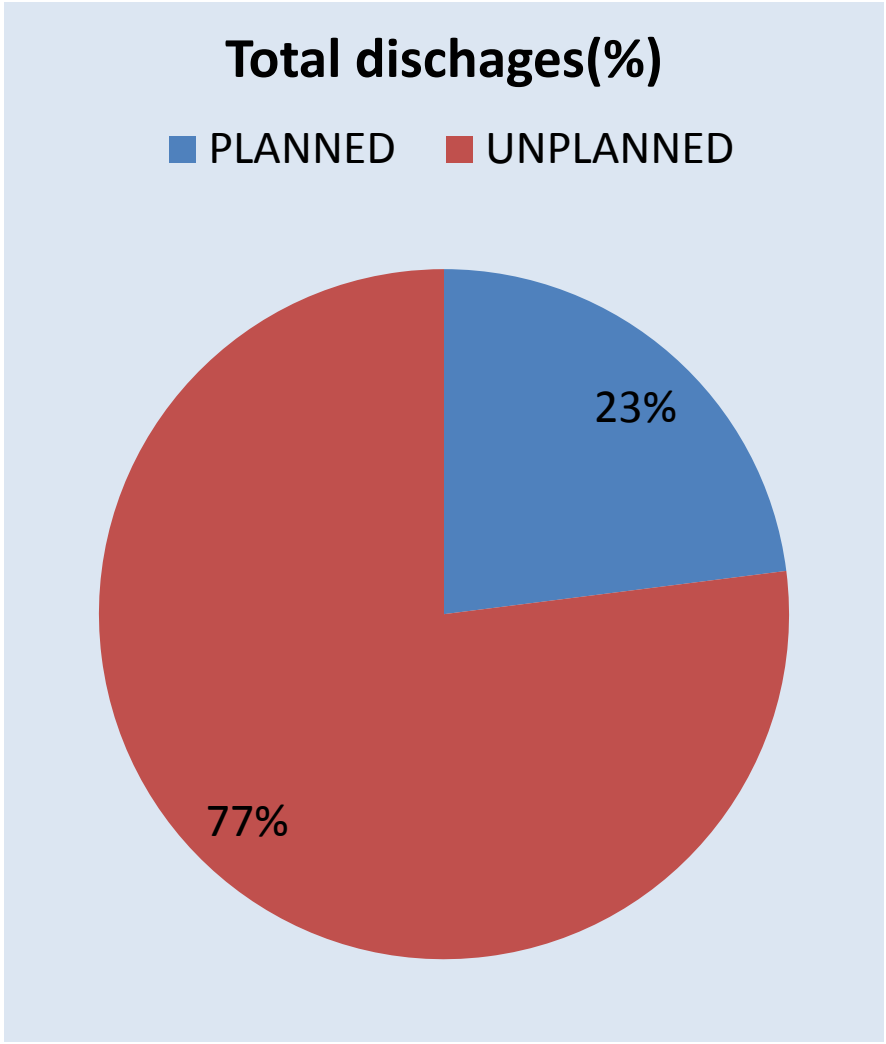
Discharge SLIP handover

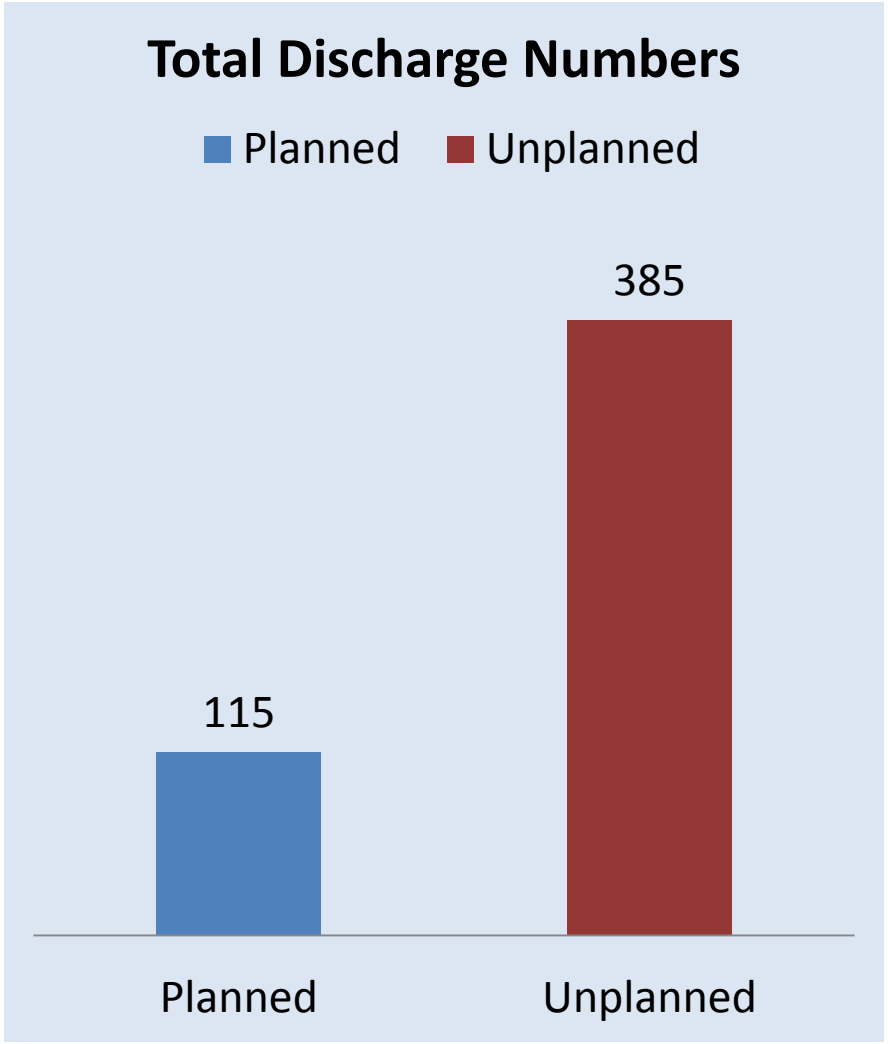
STEP 4

00:52

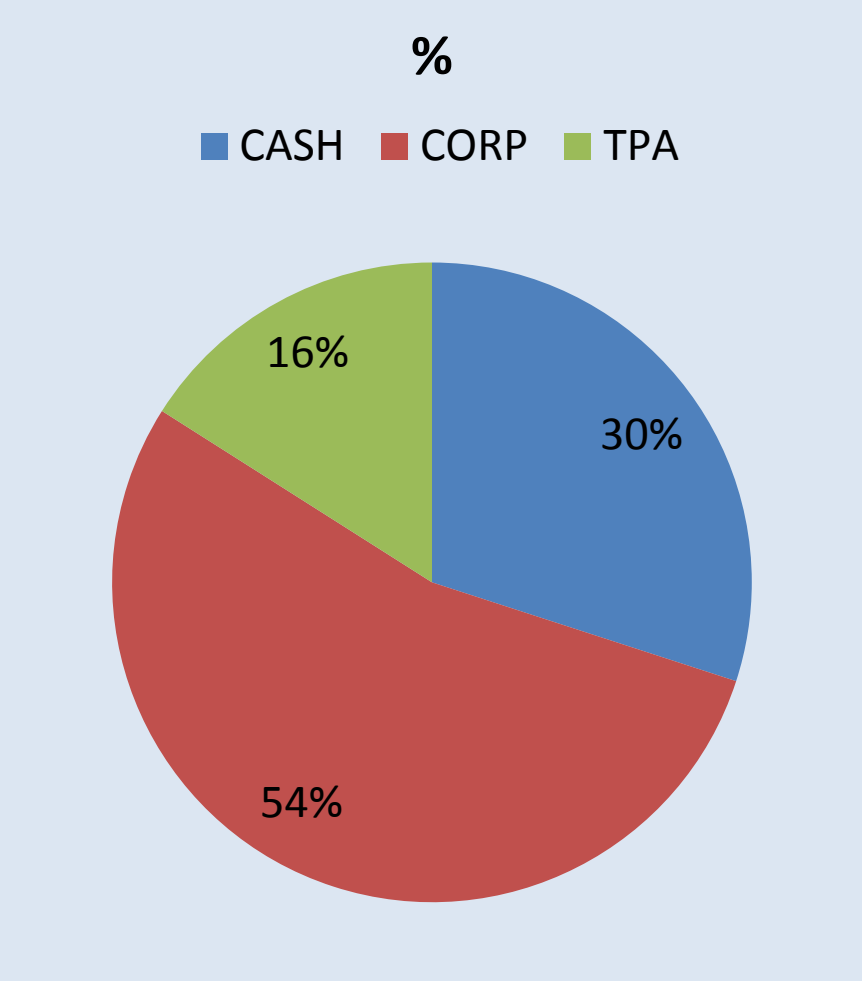
WHEELED OUT

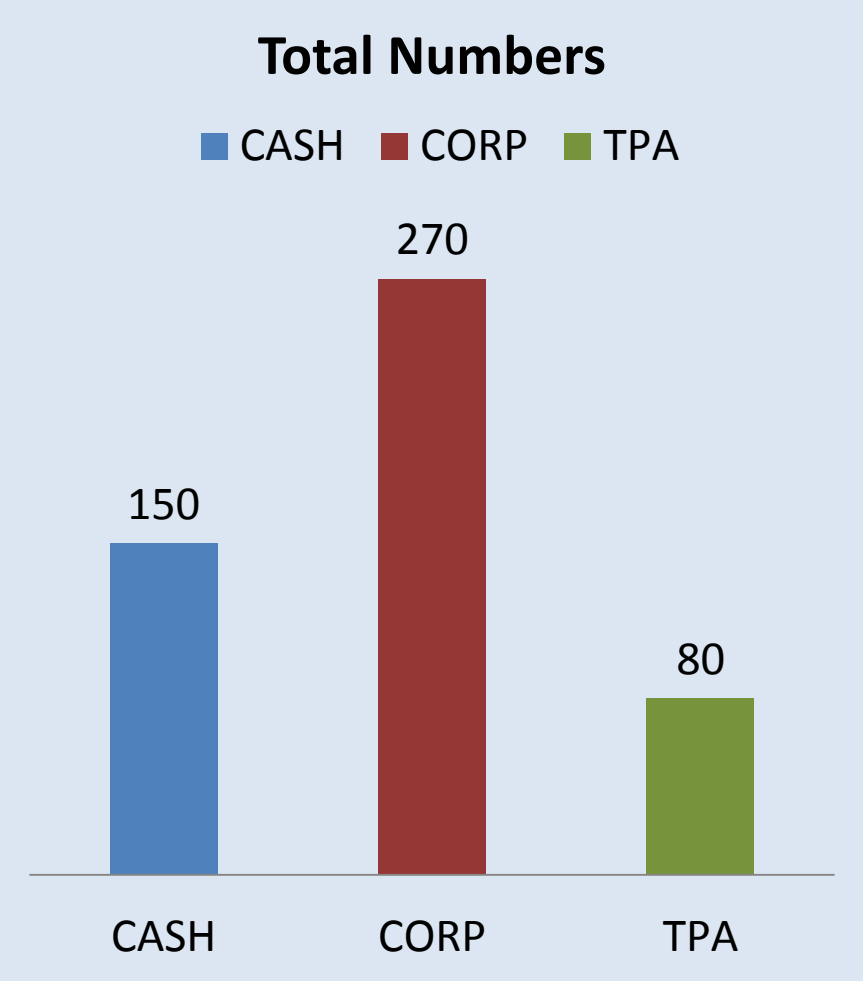
Planned Vs Unplanned Discharges





SECHEDULE WISE DISCHARGE

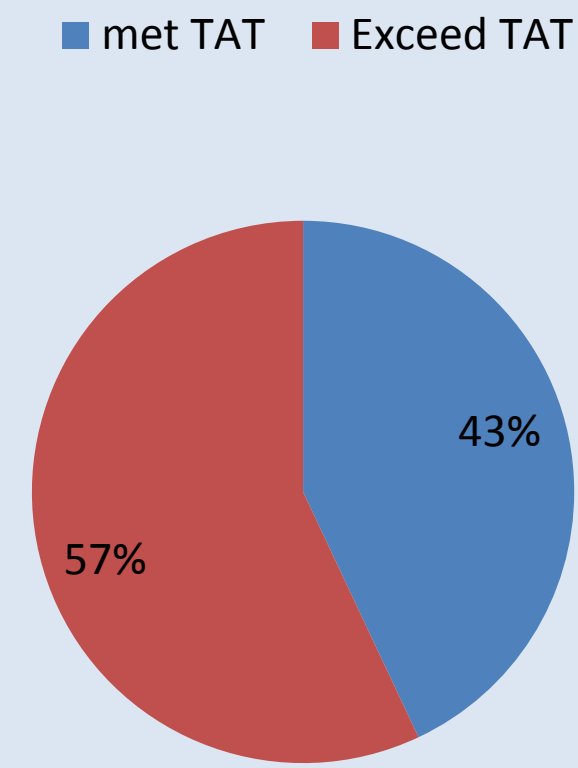


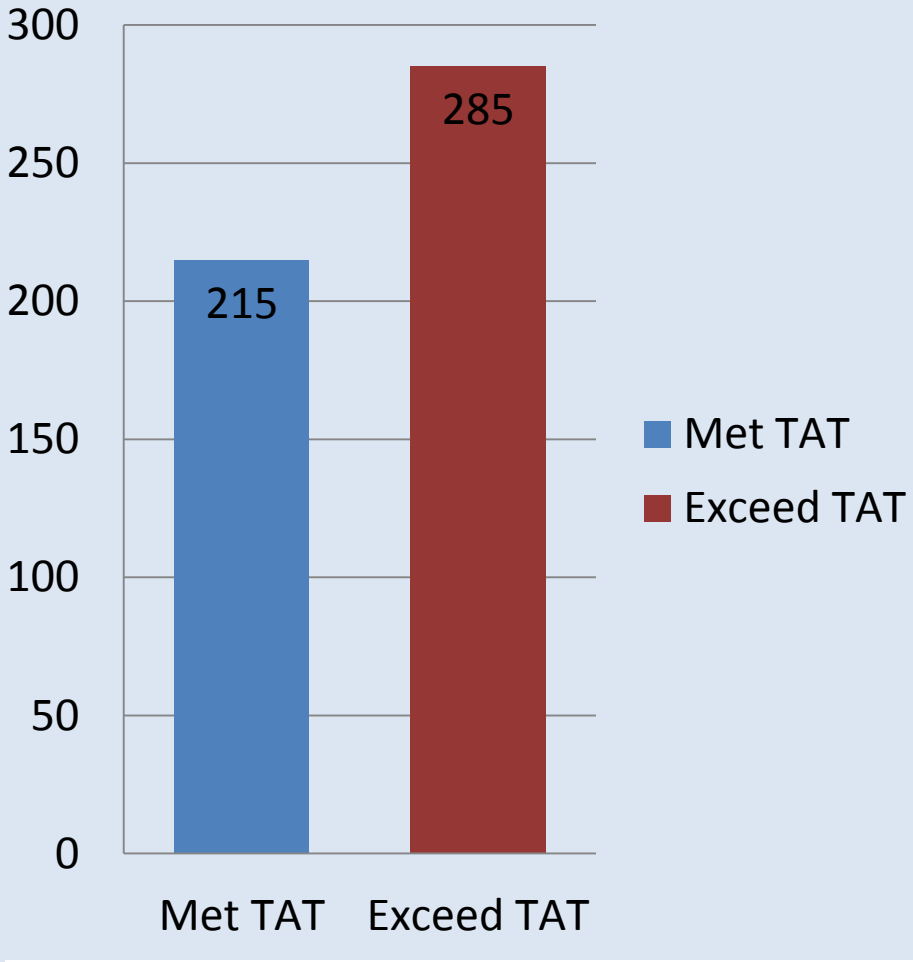


TAT for different schedules

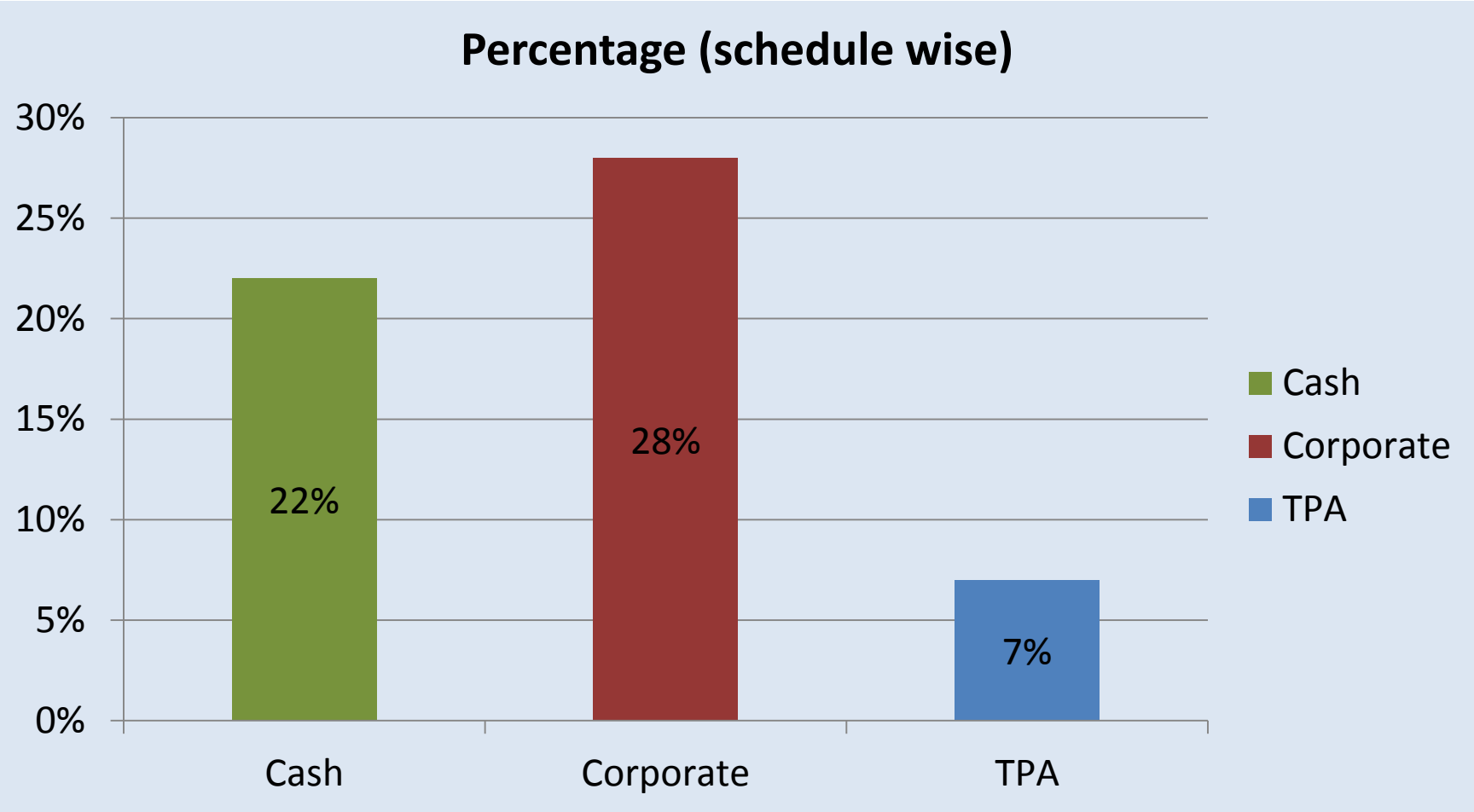
Schedule	Average waiting time	
Cash	Planned	Unplanned
	3 hours 20 minutes	4 hours 45 minutes
TPA	Planned	Unplanned
	4 hours 28 minutes	7 hours 19 minutes
Corporate	Planned	Unplanned
	4hours 12 minutes	4 hours 40 minutes

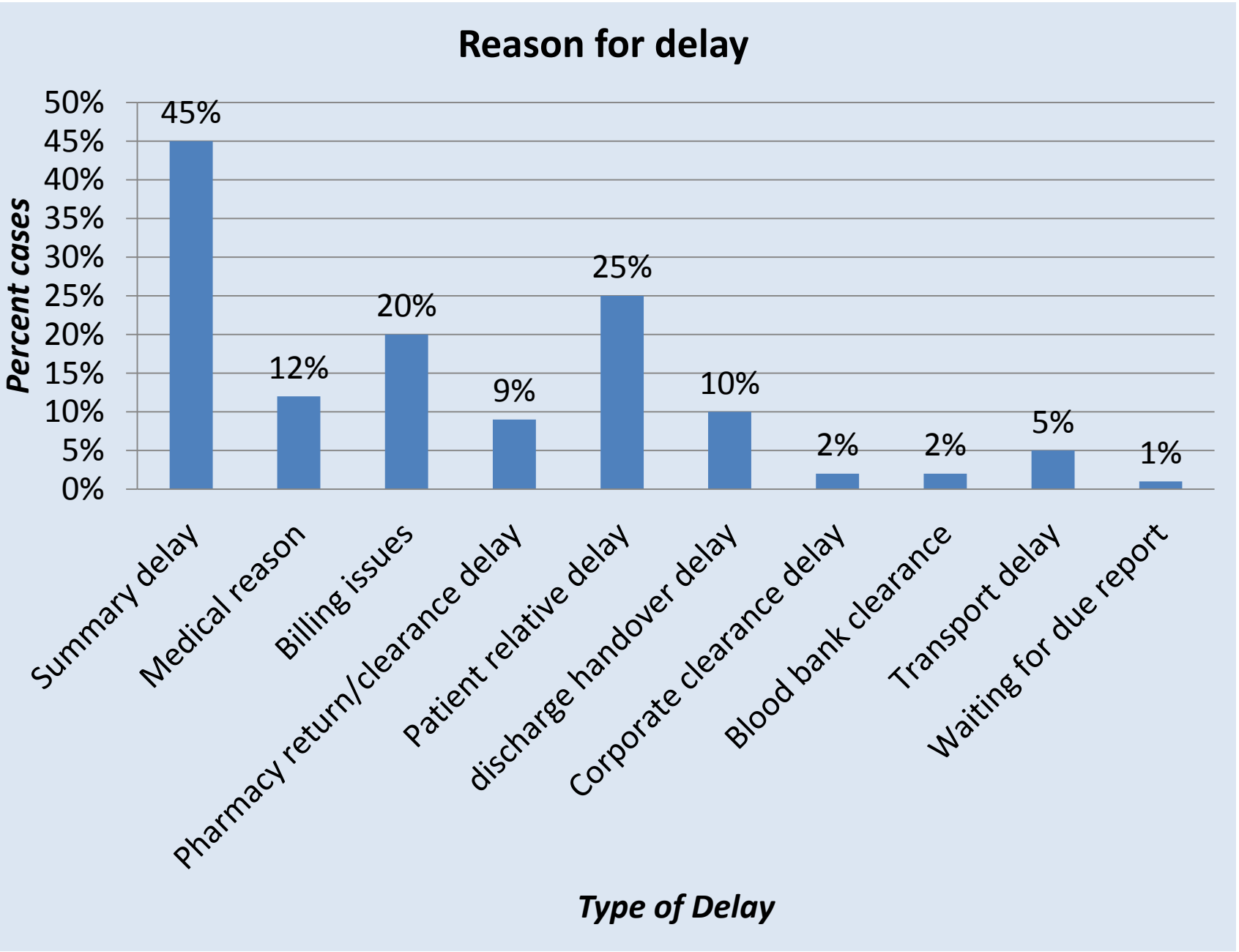
Finding from current TAT





Bifurcation of exceed TAT

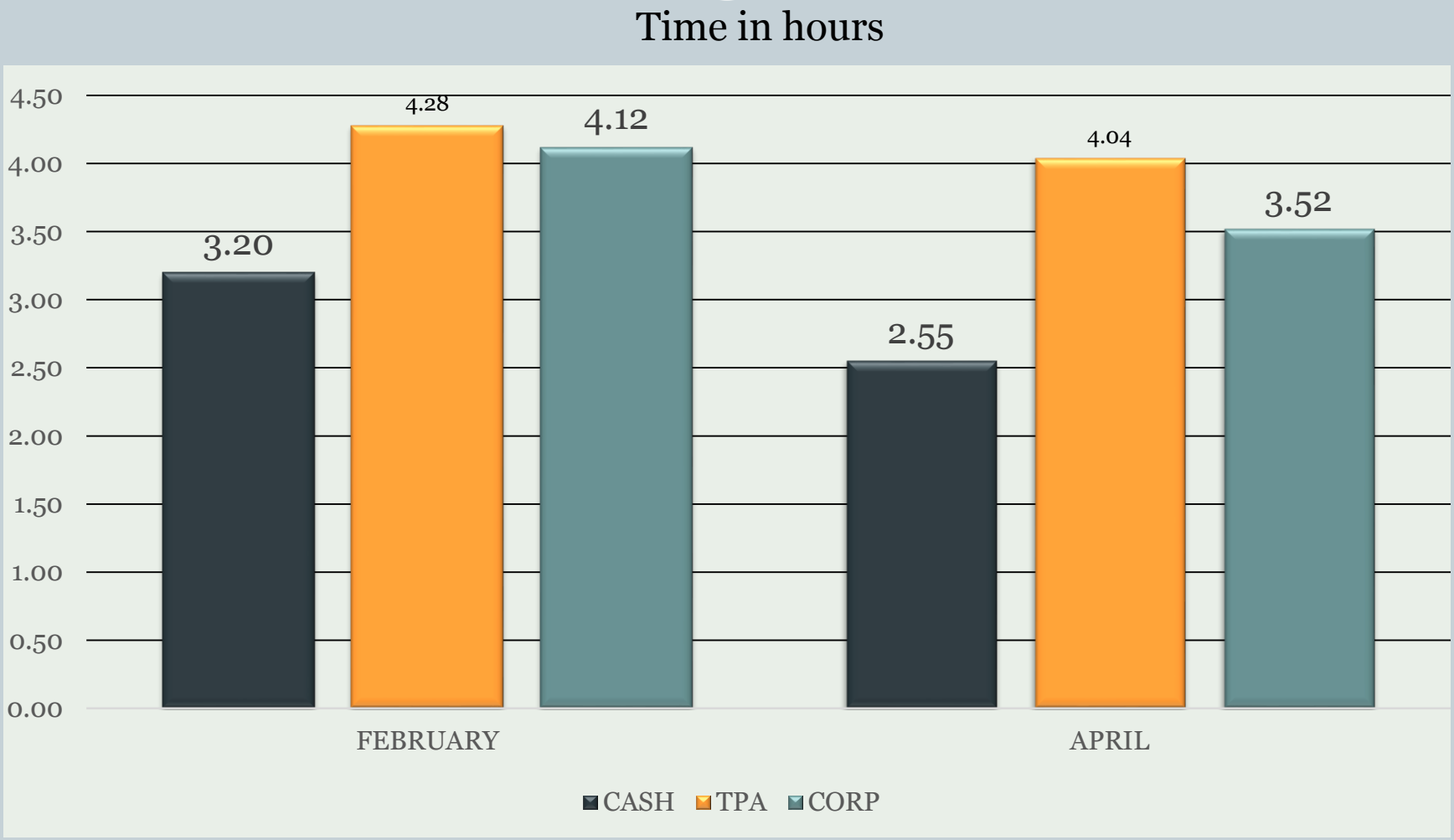



Reason for delay
Percent cases
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
45%
12%
20%
9%
25%
10%
2%
2%
5%
1%
Summary delay
Medical reason
Billing issues
Pharmacy return/clearance delay
Patient relative delay
discharge handover delay
Corporate clearance delay
Blood bank clearance
Transport delay
Waiting for due report
Type of Delay

New initiatives

- Final Discharge billing settlement (cash/ TPA) started from the floor itself.
- Follow-up for discharge summary.
- Follow up of Discharge status.
- All planned TPA discharges documents are sent for approval a day prior to discharge.
- New category of discharges- probable discharges is included a day prior to discharge.
- Verbal feedback of all discharge patients before they wheeled out.

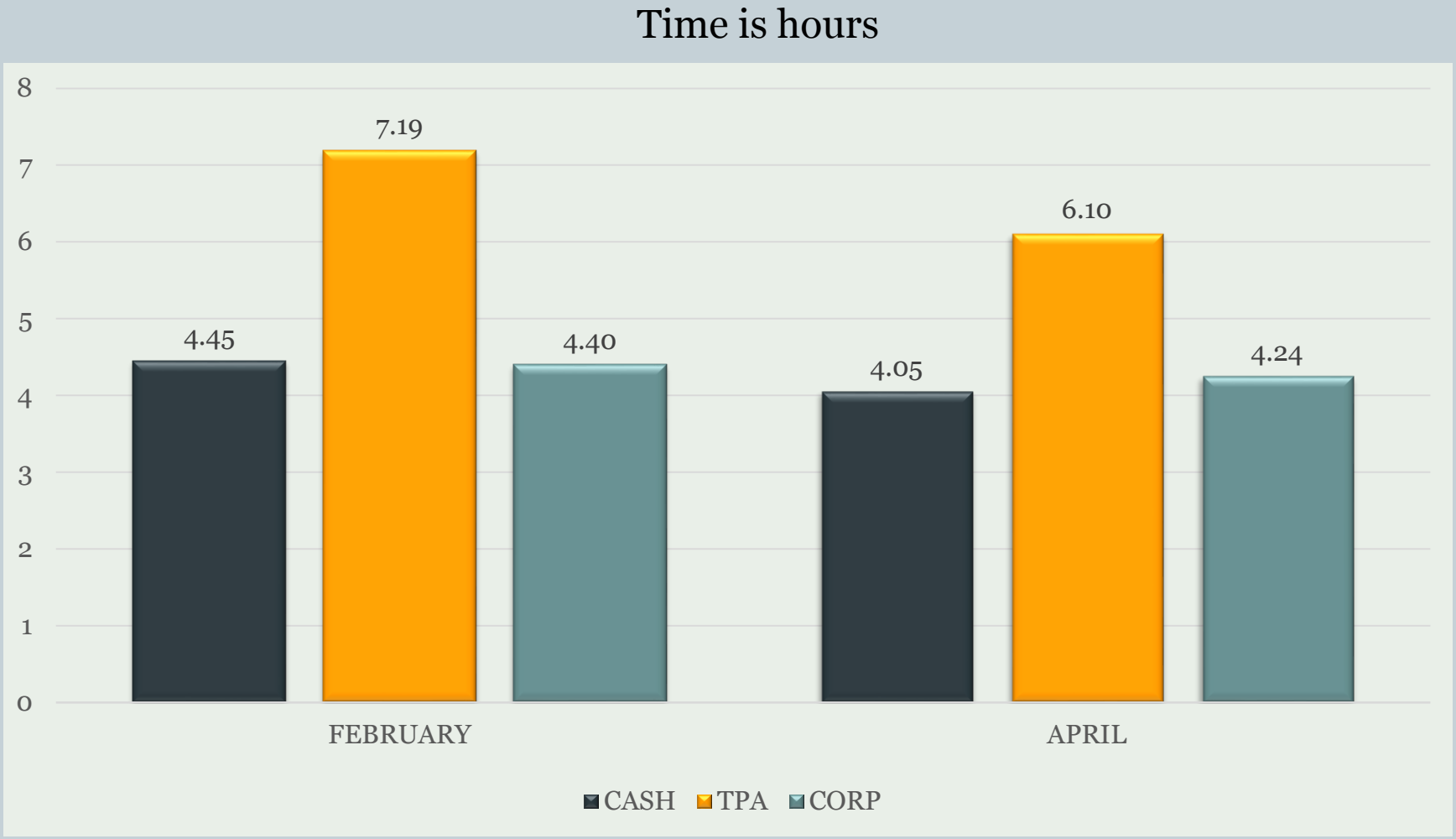
AVERAGE TIME TAKEN FOR PLANNED DISCHARGES (SCHEDULE WISE)



Analysis of TAT for Planned Discharges

- Cash discharges- after the implementation the TAT reduced to 25 minutes
- TPA discharges- after the implementation the TAT reduced to 24minutes
- Corporate discharges- after the implementation the TAT reduced to 20 minutes

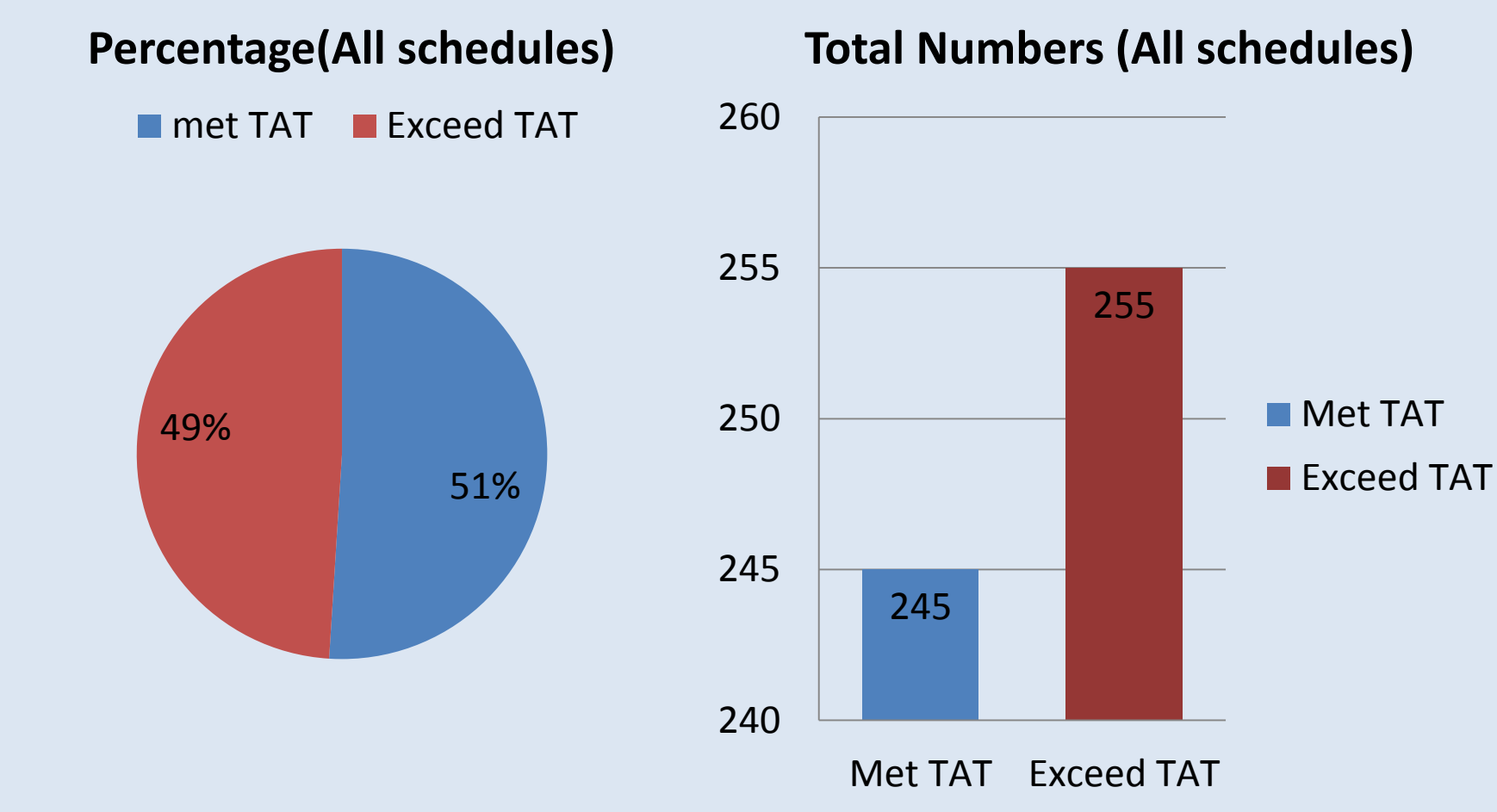
AVERAGE TIME TAKEN FOR UNPLANNED DISCHARGES (SCHEDULE WISE)



Analysis of TAT for Unplanned Discharges

- Cash discharges- after the implementation the TAT reduced to 40 minutes
- TPA discharges- after the implementation the TAT reduced to 1 hour 9 minutes
- Corporate discharges- after the implementation the TAT reduced to 16 minutes

Met TAT Vs Exceed TAT



The percentages of patient discharges which met the TAT is increased to 8%

Result

- **Cash**- The average waiting time before the intervention was –

Average waiting time	planned	unplanned
	3hours 20 minutes	4 hours 45 minutes

The average waiting time after the intervention was -

Average waiting time	planned	unplanned
	2 hours 55 minutes	4 hours 5 minutes

Average waiting time reduced	Planned	Unplanned
	25 minutes	40 minutes

Result

- **TPA**- The average waiting time before the intervention was –

Average waiting time	planned	unplanned
	4hours 28 minutes	7 hours 19 minutes

The average waiting time after the intervention was -

Average waiting time	planned	unplanned
	4 hours 4minutes	6 hours 10 minutes

Average waiting time reduced	Planned	Unplanned
	24 minutes	1 hour 9 minutes

Result

- **Corporate**- The average waiting time before the intervention was –

Average waiting time	planned	unplanned
	4hours 12 minutes	4 hours 40 minutes

The average waiting time after the intervention was -

Average waiting time	planned	unplanned
	3 hours 52 minutes	4 hours 24 minutes

Average waiting time reduced	Planned	Unplanned
	20 minutes	16 minutes

CONCLUSION

- The Medica Hospital like any other hospital was facing difficulties with the discharge process. The discharge of the cash patients requires strict monitoring and control for the effective results of the discharge management framework. This requires a focused approach and joint commitment from all the concerned departments. The process requires continuous reviews and corrective measures.
- The interventions done were helpful in reducing the TAT and continual monitoring of the same will help in sustaining the TAT.

THANK YOU