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Gap Analysis of Turn Around Time in Discharge Process

Gap Analysis in Discharge Process

- Definition: Discharge process starts with authority with respected doctor permission to patient for a sound health with standard reports verification then a billing is to be executed alongside discharge summary is finalized.

Objectives

- Observation of day to day discharge process and also study organization sops for standard time delivery.
- Find delay reasons and discuss with organization for their implementation status

Instrumentation

Prepared checklist to monitor vital episodes with time frame at required patient distribution floors Calculate turn around time by checklist analysis and compare with Standard Sops

Work Flow in Discharge Process

- Preparation of Discharge Summary at night for planned discharge patient
- Medicines are returned at night or early morning as per requirement
- Consultants visits to patients consult observe vital parameters and advice for discharge
- Billing activity is sent with help of GDA to billing counter or pharmacy if medicines not returned at night
- After pharma clearance financial clearance is executed
- In between discharge summary is signed after corrections made clear
- No dues slip generated and patient is discharged as per Hospital sops completion

Methodology

- **Study Design:** Cross-sectional analytical study
- **Duration of study:** Three Months
- **Sample Size:** 224 Patients out of 700 Patients on average discharged under study period.
- **Sample Area:** 3 rd Floor & 4 th Floor (WING A & C) , CTV Area
- **Sample Technique:** Random Sampling
- **Sample Selection**: 224 Patients are collected in which 163 Patients are of self-category and 61 Patients are of TPA category. In which timely discharge patient tat tracking excluded
- **Standard Sop time :** 2 Hr. (Self category) & 4 Hr. (TPA category)

Data collection:

- A **checklist** is also being prepared for record each step of discharge process and random data are to be filled to access selection bias.
- **Data analysis:**

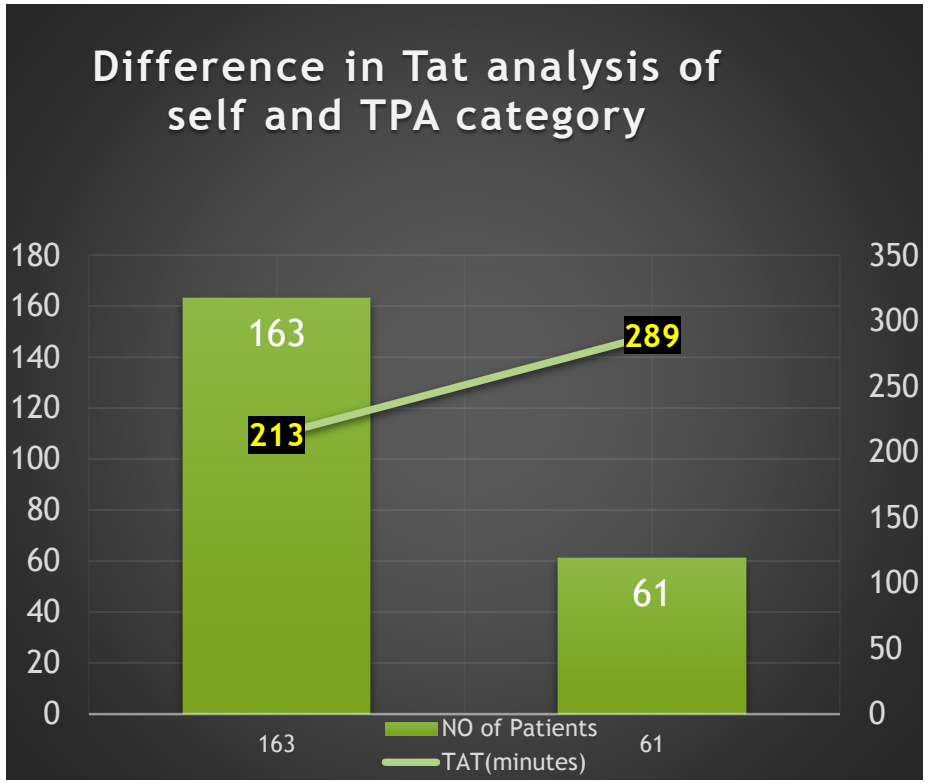
  MS EXCEL

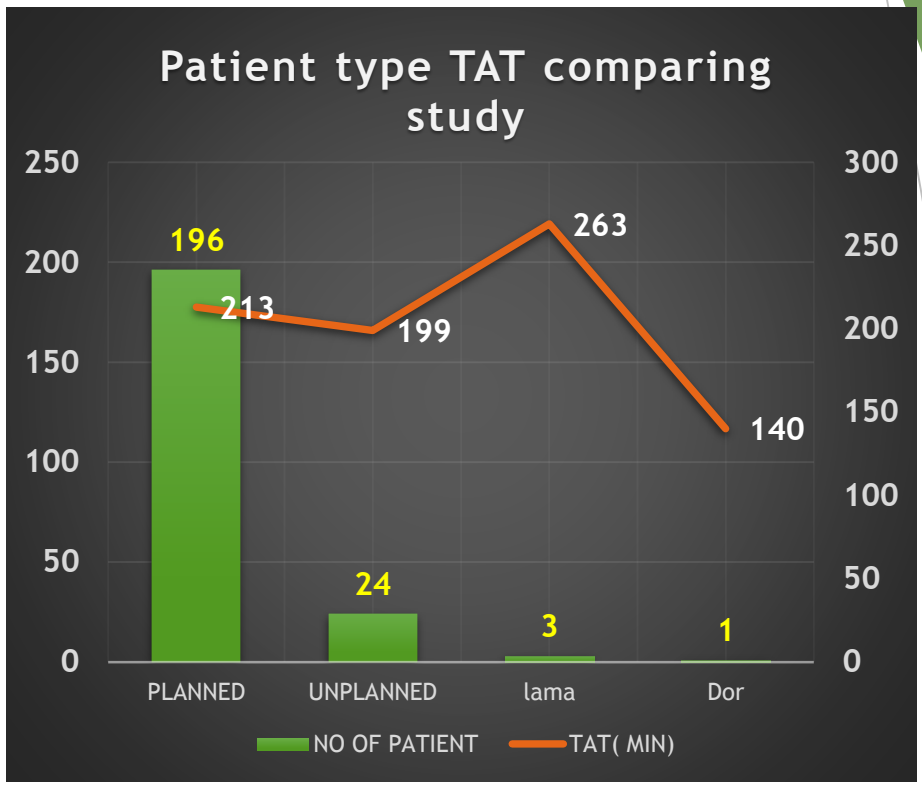
Patients Distribution

Category	No of Patients
SELF	163
TPA	61

FLOOR	CATEGORY	NO OF PATIENTS
3 rd Floor	SELF, TPA	39,22
4 th Floor	SELF, TPA	125,38

Turn Around Time Analysis(Average time)

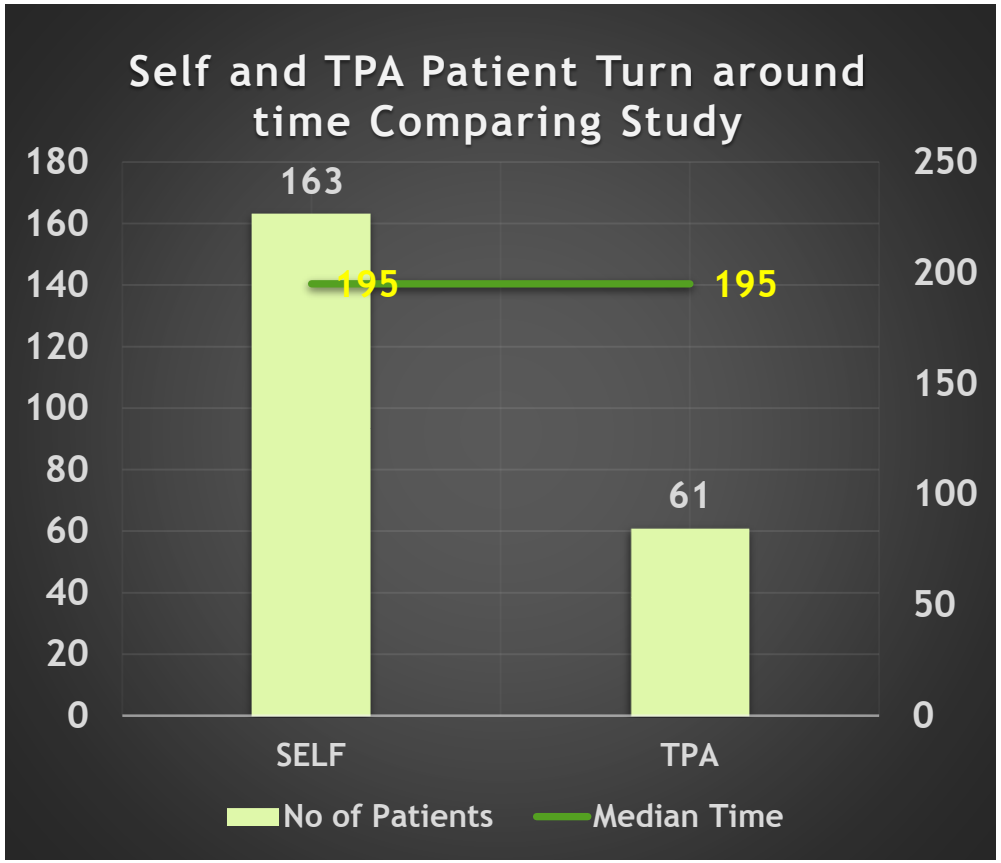


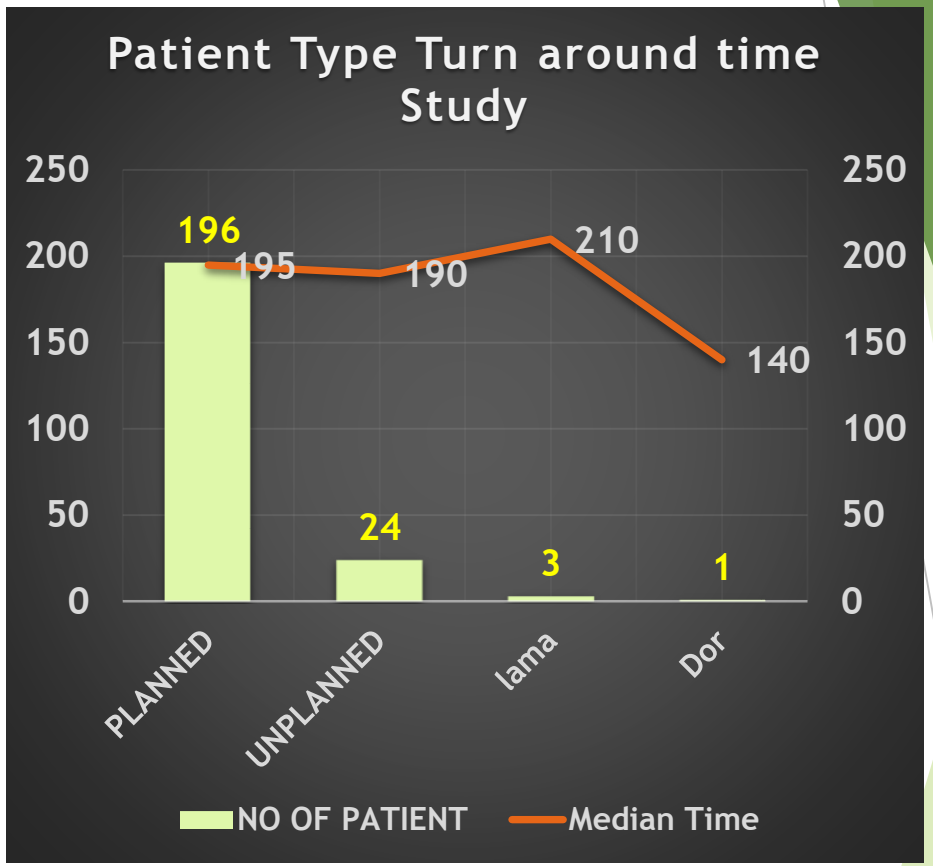


It is quite clearly interprets Self Per patient Tat Average is 3.33 mins Hrs. as Compared to TPA Per Patient discharge almost reaches 5 hrs. than.

It interprets unplanned discharge patient avg. Tat is 199 mins as comparing to planned discharge patient avg.TAT is 196 mins, As in less sample more tat of unplanned patient.

Turn Around Time analysis(Median time)

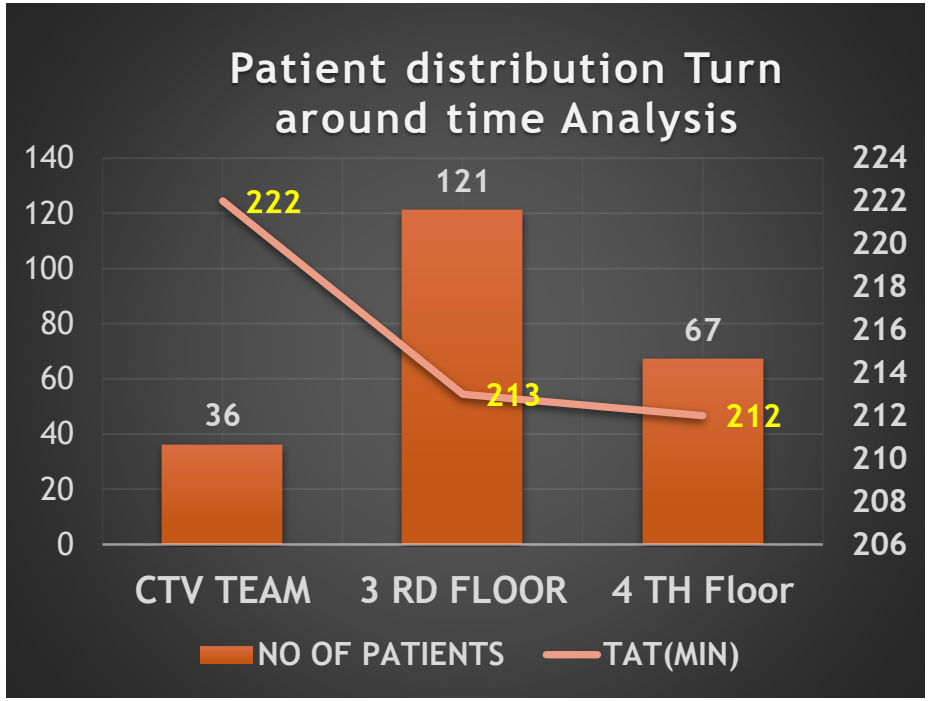


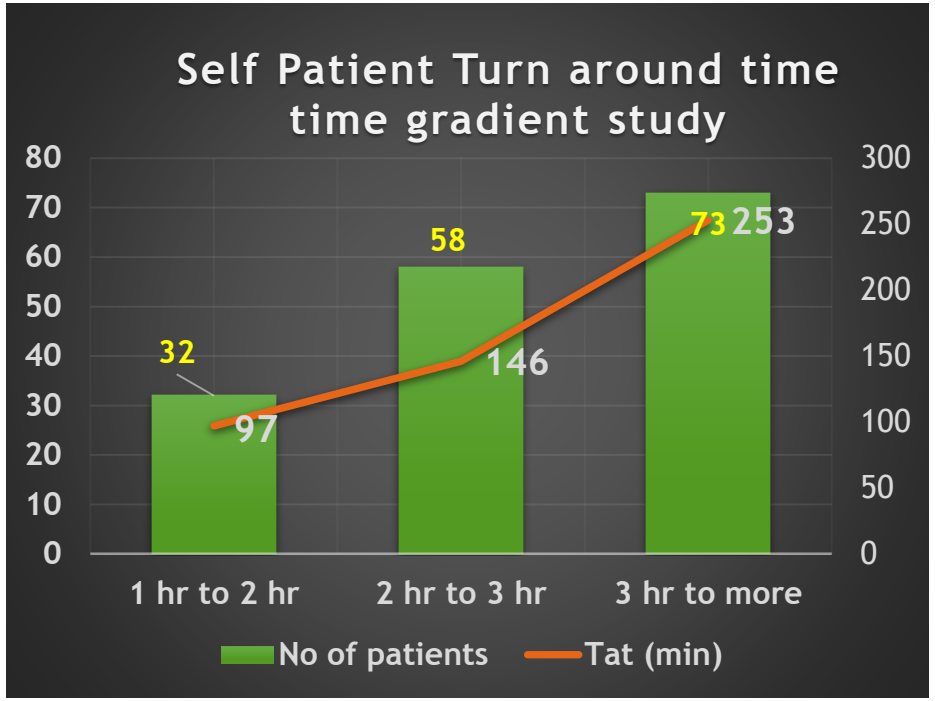


It interprets here median time for both Self and TPA category patients are 195 min

It interprets here 195 median time(min) for planned discharge patients where as 190 median time(min) for unplanned patient type which is quite high as their sample is low also

Turn Around Time Analysis(Average Time)

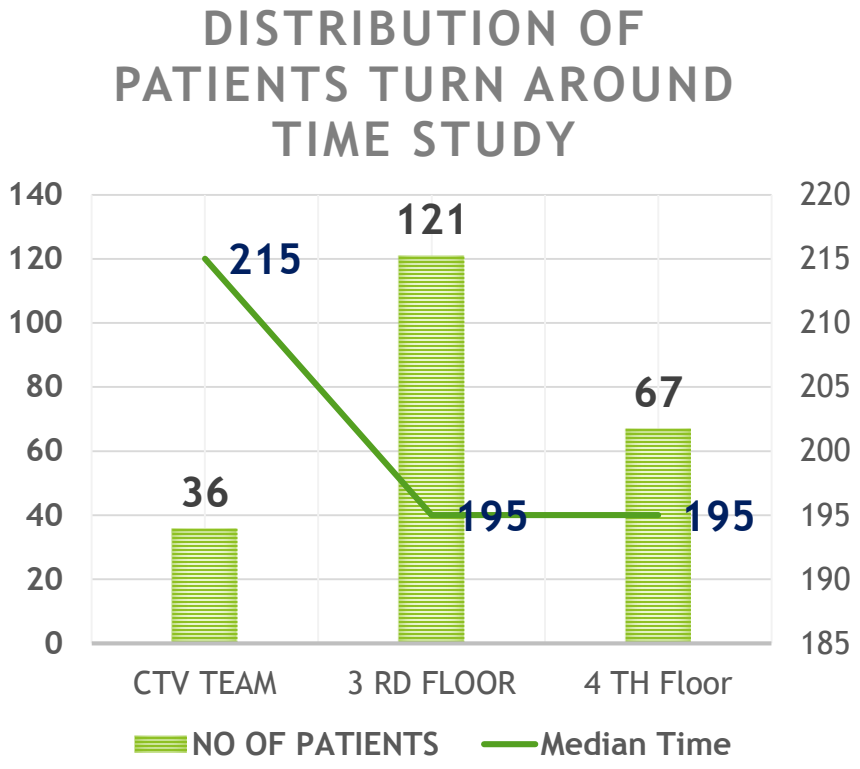


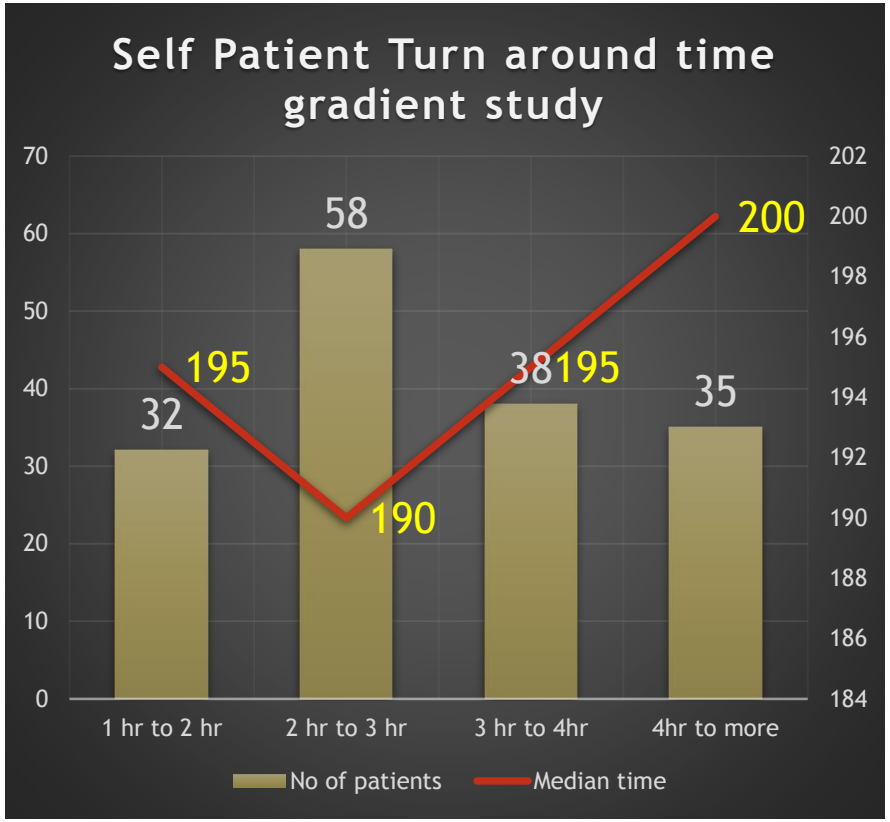


It interprets here TAT score of various floors where more focus is needed to given to make process value stream

It interprets here 32 patients discharge under only 2 hr. i.e. 97 min on average , needed to focus more on 73 patients discharge more than 4 hrs. i.e. 253 min on average.

Turn around time Analysis(Median time)

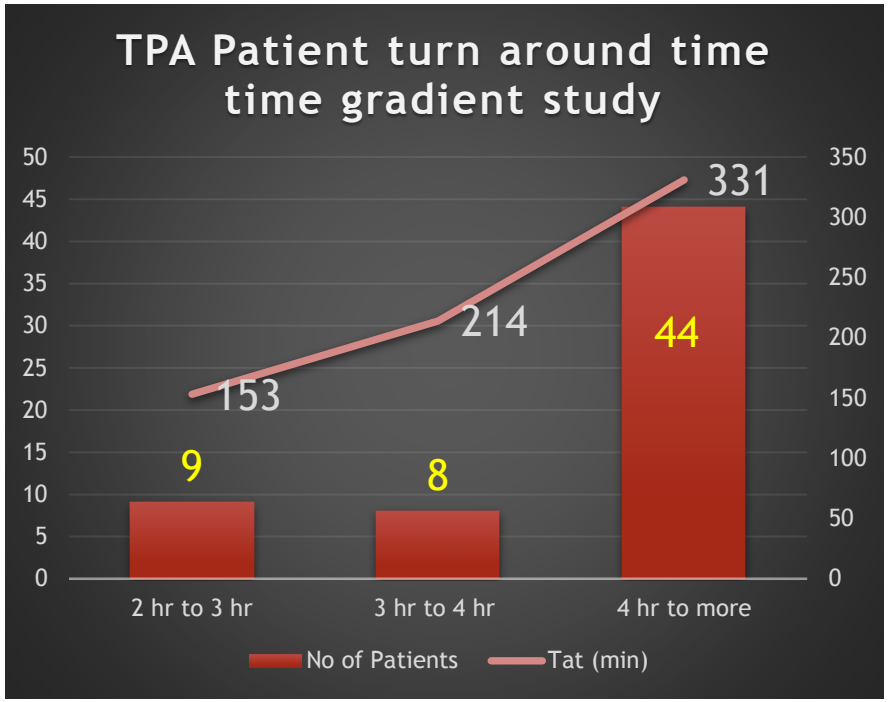


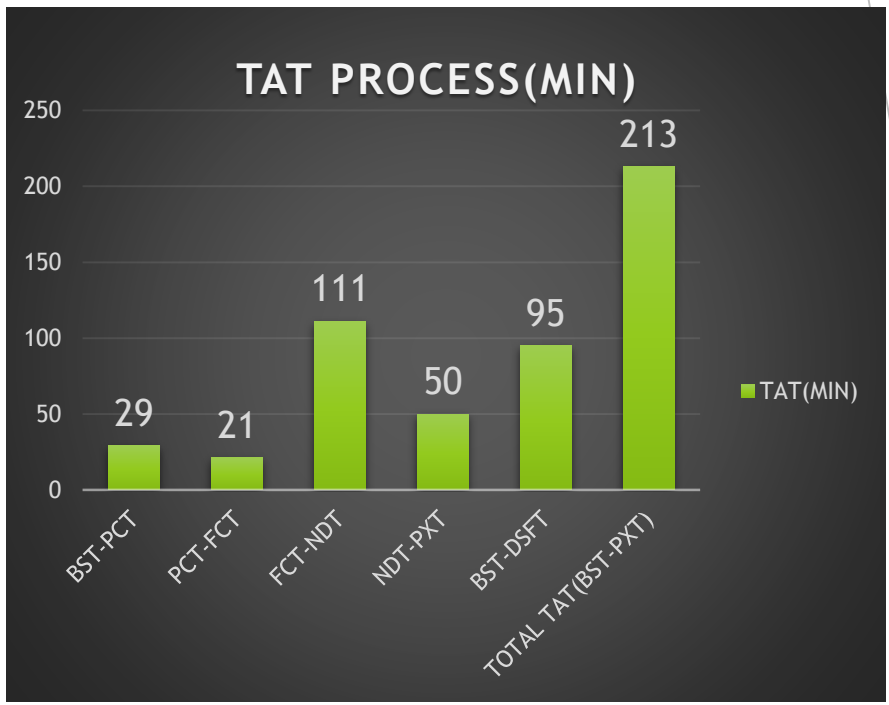


It interprets here still patient sample size of 3 rd floor and 4 th floor are different but median is same 195 min where as ctv patient size is small but median time is 215 min

It interprets here maximum median time is 200 min which is in range of 4 hr. to more, still other time range median time is almost similar (195,190,195) min

Turn Around Time Analysis(Average time)

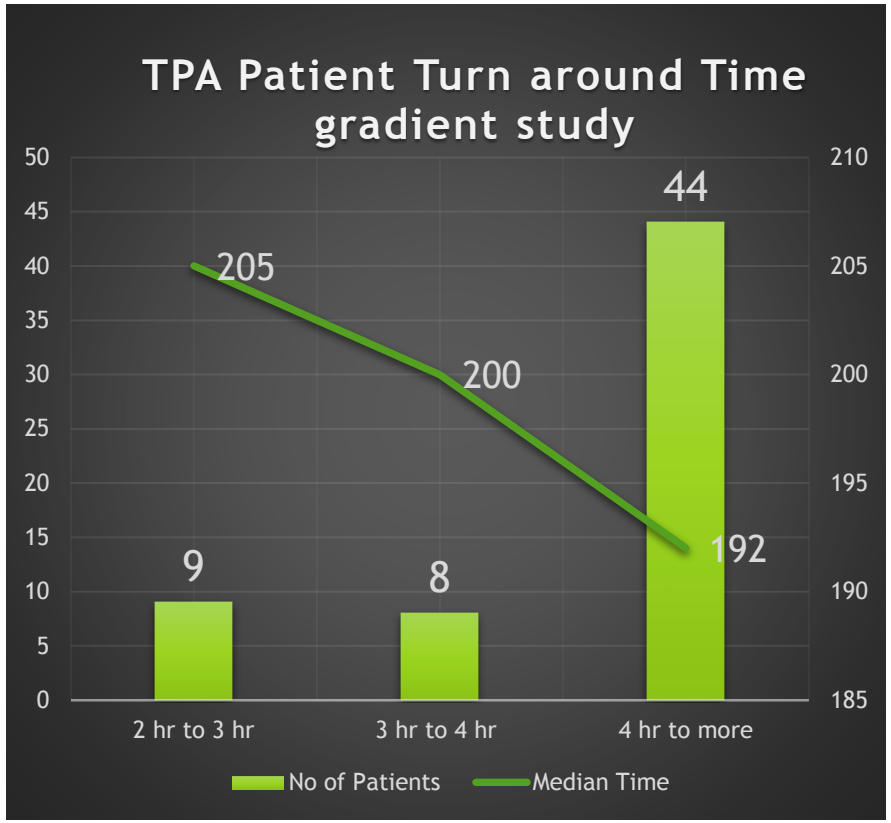


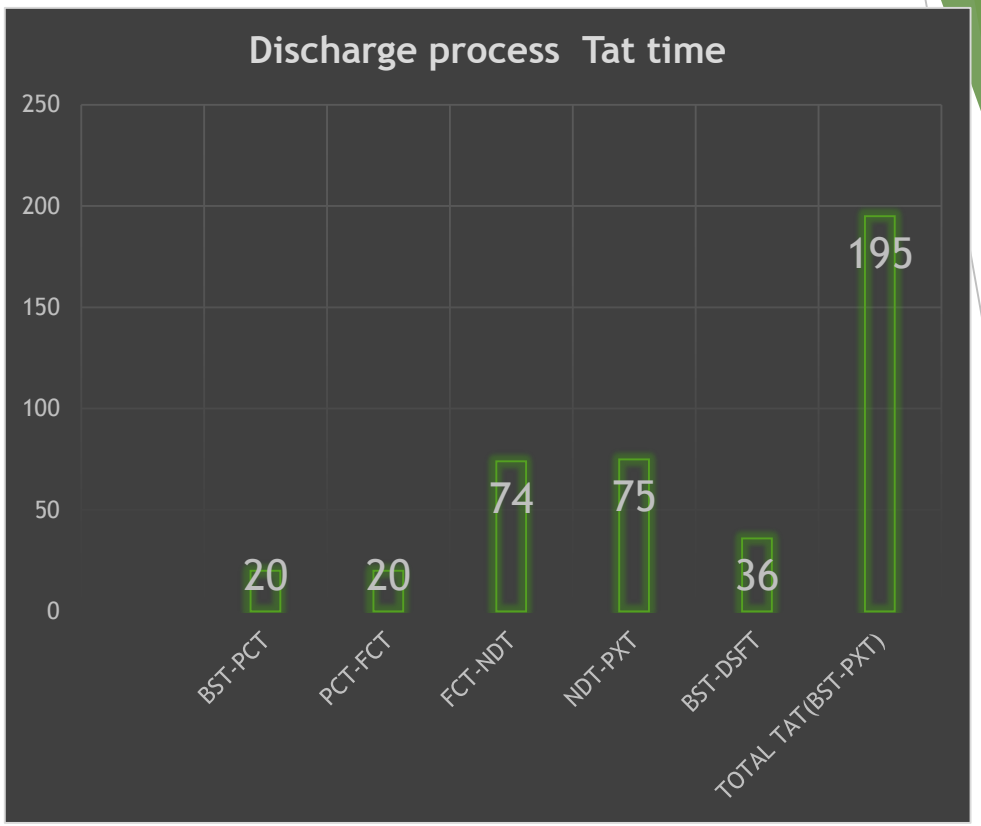


It interprets clearly 17 Patients clearly discharge under 4 hr. which is quite good ,more focus of 35 patients which consumes more than 5 hrs. on average.

It interprets clearly two concern areas here billing ready to no dues generation slip(111 mins) , and no dues to patient exit (50 mins) on average consume lot of Tat.

Turn around time Analysis(Median time)

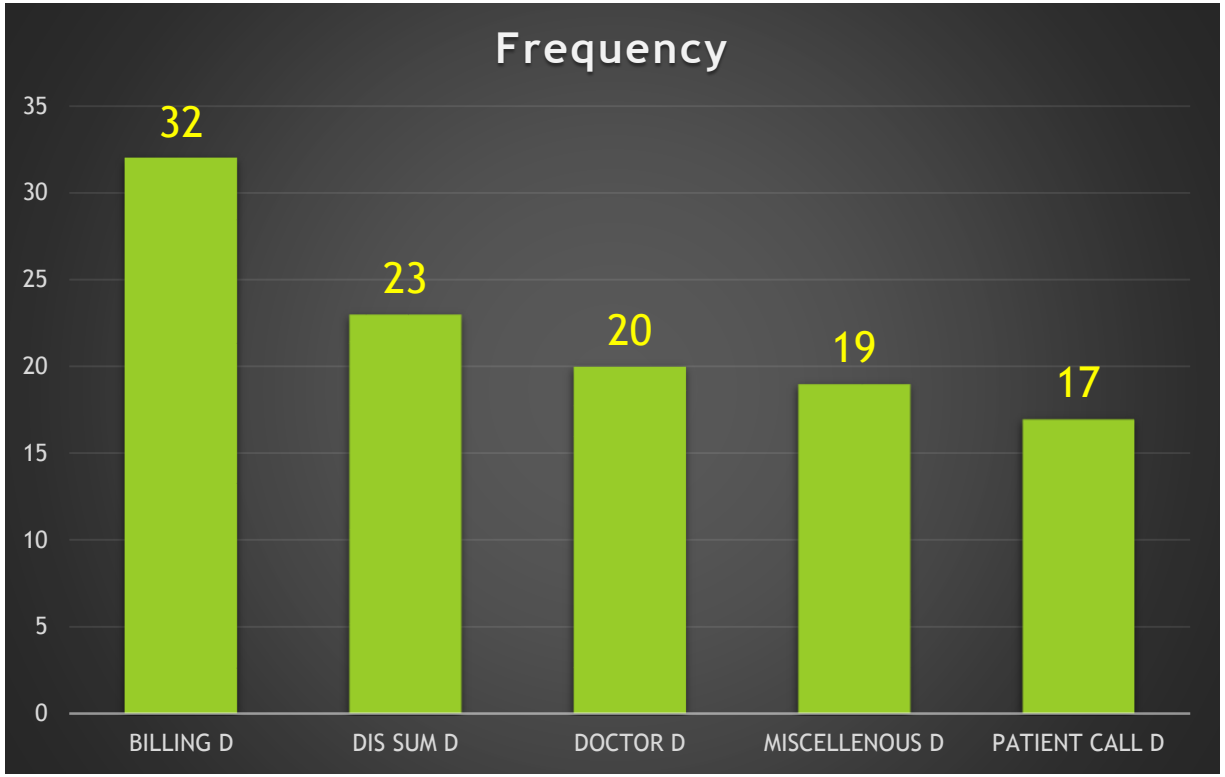




It interprets here minimum median time is 192 mins in time range of 4 hr to more cases of TPA patient discharge

It interprets here higher median time is seen in two activities i.e. 74 min and 75 min in final billing to no dues generation and no dues to patient exit

Reasons for delay in Discharge(Frequency)



It interprets here billing delay, discharge summary correction delay and doctor consultation delay covers maximum frequency in numbers as these elements effects 80 percent in delay of discharge process

Limitations

- Low time frame (month) study
- Limited amount of time period per day
- Sample size only covered from two floors only
- Patients are excluded due to cancellations or postponed of discharge
- Many a times it is with patient side delay not solving organization objectives
- No ready to talk on cost point implementation during discussion

Result/Conclusions

- In result considering discussion it is all patient involving both Self and TPA patient category turn around time is 3.33 hrs.(Average)
- In result considering discussion it is all patient involving both Self and TPA patient category turn around time is 3.15 hrs. (Median)
- In which Self-patients are on 3 hr. 11 minutes turn around time of 163 patients on average which is quite high as compared to organization SOP
- Where **TPA** patients are on **4 hr. 49** minutes of 61 Patients on average.
- Unplanned discharge Turn around time is also high.
- Median score differentiate with average score to interpret skewness or outliers position and also details where maximum no of patient discharge time shares

Discussions: Talk point with Organization

- There should be more planned discharge needs to happen for control Turn Around Time
- Medicines need to be returned before consultation round better it to be returned in night
- All reports for planned discharge patients to be compiled in patient file in early morning
- A Separate folder will needed to prepare for collection of all billings and discharge summary of planned discharge patient for making process faster .
- A Change in panacea HMIS system if possible for planned discharge patient with TPA and self patient coding with different color highlights for quick actions in discharge process.
- A telephone call is to be made as no dues generate slip of patient to nurse in charge.
- A request is made visit early to system follow TPA planned discharge or critical first patient to self planned discharge patient
- TPA patient signed summary as early with TPA breakout would needed to reach on TPA cell in early hours or also convey TPA patient attendant to converse TPA party or TPA agent as early as possible so clearance be on time.
- Design CME sessions for typist for better understanding with medical terminology to avoid spelling mistakes which demands multiple correction in dis summary gets delayed process.
- Hire a medical transcript writer and installation OCR software units with HMIS system
- Clear discount policy , fast bug free HMIS system(IT AUDIT) to avoid day to day billing delay process.

“Doctors are Brains, Nurses are Heart and Management is Backbone of Hospital Body in Which Standard SOPS Work as Oxygenated Blood”

Thank You