Study on Discharge Process at SRCC Children's Hospital (A Unit of Narayan Hrudayalaya Ltd.) Mumbai

By

Priyanka Baghel

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2015-2017

The IIHMR University, Jaipur

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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that Dr. Priyanka Baghel of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at SRCC Children's Hospital (Managed by Narayana Health), Mumbai from 13th February, 2017 to 13th May, 2017.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.

(Col.) Dr.Ashok Kaushik
Dean, Academics and Student Affairs
The IIHMR University, Jaipur

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SRCC Children's Hospital

Managed by Narayana Health

CERTIFICATE

This is to certify that Dr. Priyanka Baghel student of MBA-HM has completed her Project entitled "Study on Discharge Process at SRCC Children's Hospital (Managed by Narayana Health), Mumbai"

To the best of my knowledge this project report is original work of candidate.
I am fully satisfied with the project work and recommended its acceptance in the partial fulfilment of the requirement of the award of the degree of Masters of Business Administration (Hospital Administration).

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(A Unit of Narayana Hrudayalaya Ltd.)
1-A, Haji Ali Park, K. Khadye Marg,
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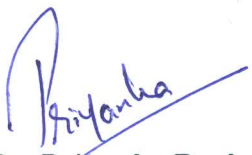
Date: 22-04-2017
Place: Mumbai

Mr. **Ritesh Kumar**
Head- Administration
SRCC Children's Hospital,
(Managed by Narayana Health)
Mumbai

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **Study on Discharge Process at SRCC Children's Hospital (A Unit of Narayana Hrudayalaya Ltd.) Mumbai**from **13th February 2017 to 13th May 2017**and submitted by **Dr. Priyanka Baghel,** Enrollment No. **0323** under the supervision of **Dr. Susmit Jain, Assistant Professor,** for award of MBA in Hospital and Health Management of the University carried out during the period from **13th February, 2017 to 13th May, 2017** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

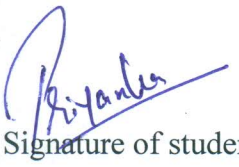


Dr. Priyanka Baghel

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that all ethical issues have been considered while collecting data for my dissertation titled 'Study on Discharge Process at SRCC Children's Hospital (Managed by Narayana Health), Mumbai".



Signature of student

ABSTRACT

TITLE: Study on Discharge Process at SRCC Children's Hospital (A Unit of Narayana Hrudayalaya Ltd.) Mumbai

Submitted by: Dr. Priyanka Baghel, MBA HM Batch 20, R.No. 0323

Guided by: Dr.Susmit Jain, Asstt. Professor, IIHMR University, Jaipur.

BACKGROUND

Patient discharge process from hospital is a significant process and determines the working of in-patient department. Any delay in discharge process leads to delay in patient admission process, thus disturbing smooth in-patient flow of hospital. Overdue stay of patient in hospital increases the utilization of hospital resources. This also affects the patient satisfaction level during hospital stay.

OBJECTIVES

- To study the discharge process with reference to time and steps involved.
- To identify the reasons leading to delay in discharge process.

METHODOLGY

STUDY DESIGN: Descriptive study.

SAMPLE SIZE:60.

SAMPLING TECHNIQUE: Convenience Sampling was employed.

SAMPLE SELECTION: All the patients discharged from the hospital during study period.

DATA COLLECTION PROCEDURE: Primary data was collected using records from Nursing Department, Pharmacy and Billing department.

DATA ANALYSIS PROCEDURE: The data collected was analyzed using MS Excel.

RESULTS

The sample consists of maximum number of patients of bill clearance by individual cash payment mode. The percentage of patient discharge before 11:00 am in planned discharges was 51%. The cause of delay in discharge process was mainly due to delay is discharge summary and billing, which was 32% and 24% respectively. There was high percentage of delay in patient discharge due to nurses (12%) and also due to delay in bill clearance by attendents (15%). Average TAT for individual cash payment patients was 5 minutes more than required time. In case of TPA payment it was 15 minutes above the required time.

CONCLUSION

From study, it was concluded that there were few gaps analyzed in discharge process. The patients to be discharge consisted of maximum number of cash payment patients, followed by TPA payment mode. More than half of the patients were discharged before 11:00 am. Major reason for delay in discharge process was due to delay in discharge summary and billing. The average turnaround time for discharge of patients remained slightly higher than the required/ideal time.

Acknowledgement

Any idea is not revolutionary or feasible enough, if it's not supported, improvised or trimmed enough before its implementation. A single page is not sufficient enough to thank all those people who helped me during the course of the dissertation, but a few important contributors do worth a mention.

I express my sage sense of gratitude and indebtedness to our Chairman, Dr. S.D. Gupta, IIHMR University, Jaipur. I am greatly indebted him for providing valuable guidance at all stages.

It's my pleasure to place on record my best regards, deepest sense of gratitude to my Dissertation Guide Dr. Susmit Jain for his judicious and precious guidance which were extremely valuable for my study.

I wish to express my indebted gratitude and special thanks to Mr. Rupesh Choubey, Facility Director, SRCC Children's Hospital,Mumbai (A Unit of Narayana Hrudayalaya Ltd.) , who in spite of being extraordinarily busy with his duties took time out to hear and guide me.

"An Endeavour over a period can be successful only with the advice and support of a mentor. I take this opportunity to express my deepest thanks to Mr. Ritesh Kumar, Head Administration, SRCC Children's Hospital (A Unit of Narayana Hrudayalaya Ltd.), for taking part in useful decision, giving necessary advices, positive and supportive attitude and continuous encouragement. I choose this moment to acknowledge his contribution. A humble 'Thank you sir'.

I owe a debt of gratitude to all my teachers for grooming me and my colleagues for the inspiration needed to work with dedication and motivation.

Last but not the least, I would like to thank all my batch mates of MBA-HM 2015-17 for being there through thick and thin and making these 2 years of MBA a great learning & memorable experience.

Dr. Priyanka Baghel

Roll no. 323

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LIST OF ABBREVIATIONS

TAT- Turn Around Time

TPA- Third Party Administrator

HR- Human Resource

CON- Chief of Nursing

PCS- Patient Care Services

PWD- Patient Welfare Department

CSSD- Centre Sterile Supply Department

ENT- Ear Nose Throat

OT- Operation Theater

PHC- Primary Health Center

GDA- General Duty Assistant

I.P. pharmacy- In Patient pharmacy

HIS- Hospital Information System

F&B- Food & Beverages

EDOD- Expected Day of Discharge

UHID- Unique Health Identification

IPID- In Patient Identification

Study on Discharge Process at SRCC Children's Hospital (A Unit of Narayana Hrudayalaya Ltd.) Mumbai

1. Introduction

Discharge from the hospital is the process by which the patient leaves the hospital and either returns home or is moved to another facility such as one for rehabilitation/therapy or to a nursing home. Discharge involves the medical instructions that will aid the patient to fully recover.

Discharge of the patient from hospital is a complex, multi-stage process requiring integrated communication among the inpatient care team. It involves integration of different services such as visiting doctors, nurses, physiotherapist, dietician, GDAs, I.P. pharmacy and blood bank services. Discharge planning is a service that considers the patient's needs after the hospital stay. Planning of discharge process starts right at the time of admission, and continues till the patient leaves the hospital. As the process is a lengthy one, and requires cooperation from many departments, it is quite complicated and requires good communication between all the departments to have a smooth flow of the discharge patients.

As discharge is the wind-up step in the hospital experience, it is likely to be well remembered by the patient. Even if everything else went satisfactorily, a slow, frustrating discharge process can result in low patient satisfaction. Slow or unpredictable discharge leads to delay in patient movement from the hospital, this in turn leads to delayed admission of the patient, thus disturbing the whole process.

2. **Research Question**

Is the current patient discharge process satisfactory, and to find out the gaps if not satisfactory? Does the discharge process need to be supervised solely?

3. Problem statement

Why do patients to be discharged get delayed, even when the whole process is planned and prior information about discharge patients given to patient's relatives and departments concerned?

4. Problem justification

The discharge process is a lengthy procedure which starts even before the patient in admitted in hospital in case of planned admissions, and starts at the time of admission in unplanned admissions delay in discharge can lead to increase patient dissatisfaction. Delay in discharge process further results in delay admission of new patient thus results in displeasing the patient on the very first day and results in over all disturbance in Inpatient movement. Delay in discharge results in operational increase cost to the hospital by increase utilization.

Delay in patient discharge also increases the operational cost to the hospital by utilizing the hospital resources.

5. Objectives

- To study the discharge process with reference to time and steps involved.
- To identify the reasons leading to delay in discharge process.

6. Limitations of study

The large sample size was not available as the hospital is a start-up , thus the result

outcome of the study cannot be generalized to the entire population.

7. Literature review

Delay in the discharge process leads to patient dissatisfaction on the last day, even when the whole treatment procedure till date have been satisfactory. Delay in discharge process further delay the admission process of new patients, thus displeasing the patient on first day of admission. This over all disturbs the inpatient movement. Delay in patient discharge also increases the operational cost to the hospital by utilizing the hospital resources.

The discharge process is a lengthy procedure which starts even before the patient in admitted in hospital in case of planned admissions, and starts at the time of admission in unplanned admissions. As the average length of stay of patient is reducing, the time for preparing the discharge of patient is also decreasing. According to Deptt.of health, England (2001), delayed hospital discharges have become a significant issue.

Armitage (1981), mentions in his article that discharge of patients is not a single process, but a lengthy process consisting of negotiation involving nurse, doctors, paramedical staff, patients and their relatives. Patient may want to leave earlier than the doctor's say leading to unplanned discharge, or may want to stay for more time leading to cancellation of the plan discharge. Discharge process is comprehensive in terms of time because it involves a number of people who come together informally at different time of discharge. Patients who stay for a longer period in hospital gets aware of their surroundings and may play an important role in discharge process.

Glasby et al, (2004) in a report on patient discharge says that 21 studies show delay in discharge can vary from 8%-66%, and the cause is quiet diverse ranging from internal hospital delays to delays by patient relatives. A study by Roberts (1975) showed that patients do not always receive the services they require at the time of discharge. Skeet's(1979) study presented evidence of unmet needs and ignorance towards dischargepatients. Waters(1987)did a study on discharge planning of geriatric is suggested that discharge planning is not seen as a priority by ward nurses and doctors

Udayai& Kumar (2012) studied various activities involved in discharge process. They found out those activities that hindered the actual process and called them ‘time traps’. These time traps when removed from the process reduced the waste and increased the speed of process, thus, gave positive results.

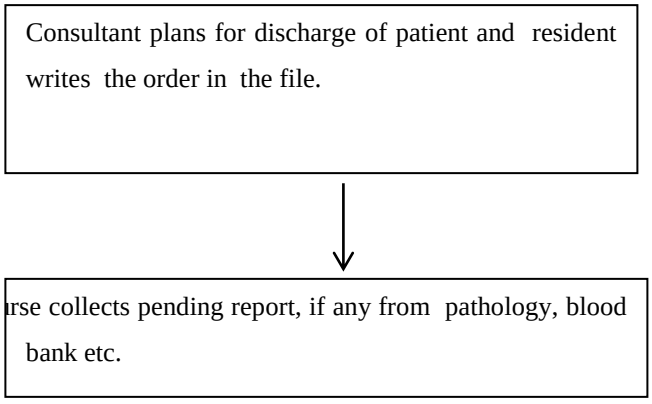
Maloney et al (2007) did a study on improving discharge process and hospital communication practices. They devised a patient tracker system, a software which improved the communication between different departments and improved the process from admission to discharge of patient.

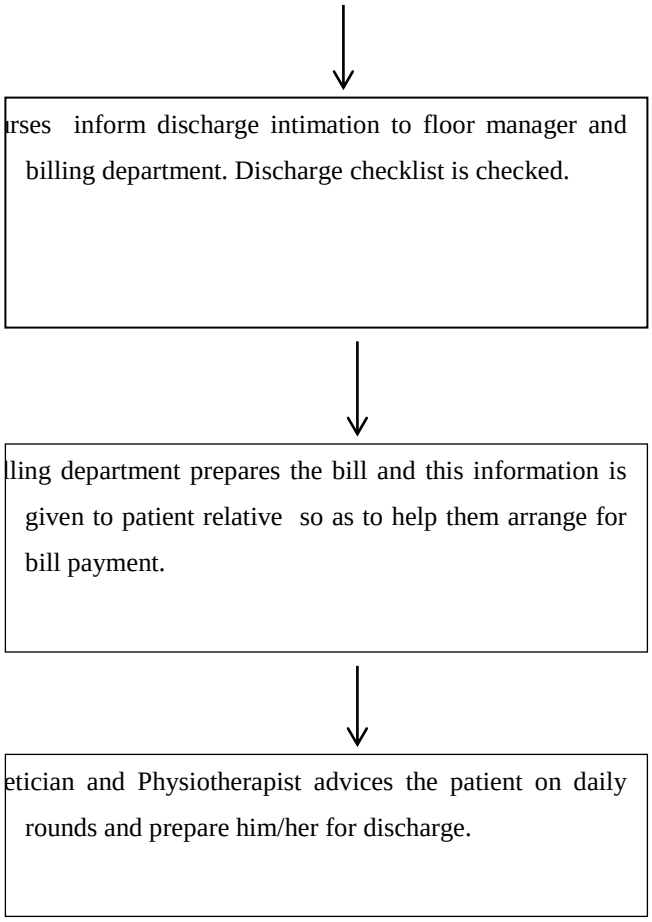
Ali Pirani (2010), discusses that combination of individual factors like age etc., medical factors such as presence of multiple pathology, and organizational factors such as lack of alternative forms of care facilities influences discharge process. Also, lack of nurses' participation contributes toward the delaying of discharge.

Clinical summaries prepared during discharge play a vital role in discharge process. Any error or delay in discharge summery preparation leads to delay in discharge. Sarzynski et al (2016) assessed clinical summaries in three relevant ways i.e. content of summary, organization of summary, and its readability, understandability &action ability. The summary should contain 14 unique messages, including non-medical instructions. Improvement in discharge summary improves the post-discharge care. Leqault el at (2012) did a study on preparation of discharge summaries by first year internal medicine residents and found that medication details were frequently omitted or inaccurate, and that family physicians identified lack of clarity about follow-up plans, further investigations and visits to consultants.

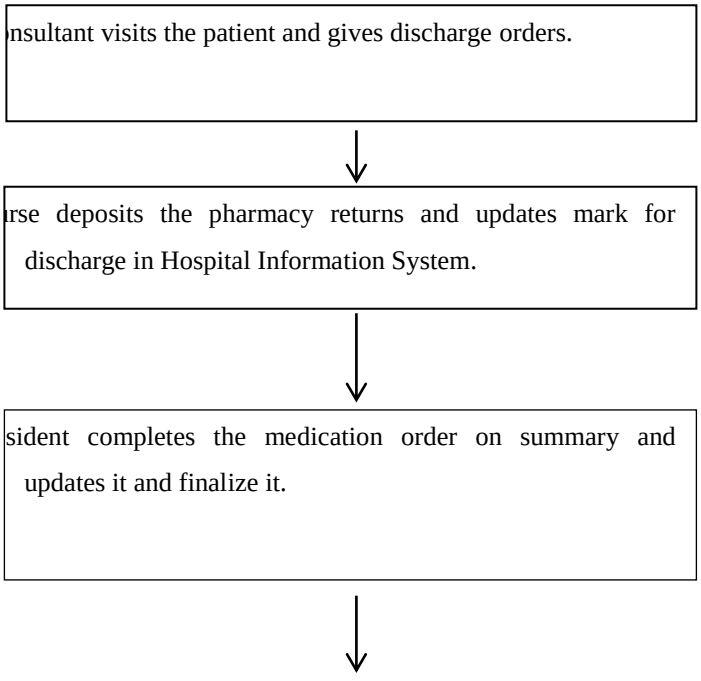
Discharge process involves following things:

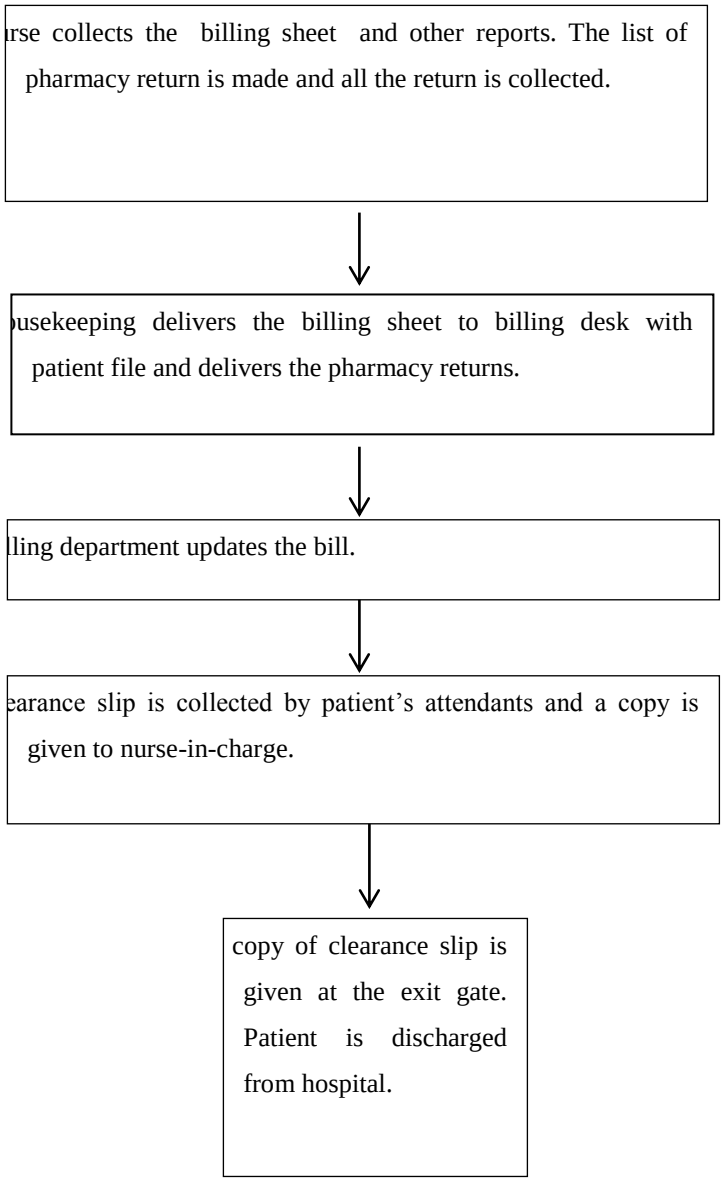
Day before discharge:

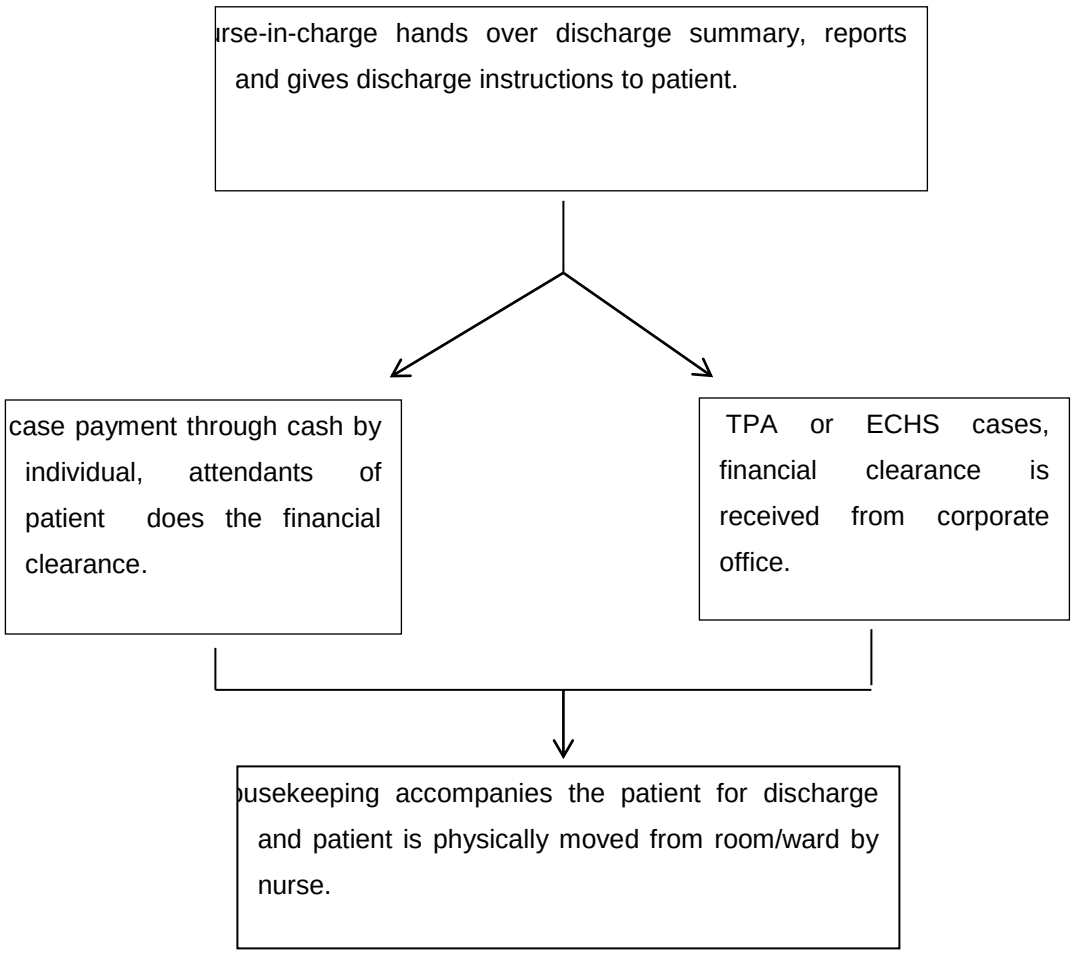




On day of discharge:




ırse collects the billing sheet and other reports. The list of pharmacy return is made and all the return is collected.
ɔusekeeping delivers the billing sheet to billing desk with patient file and delivers the pharmacy returns.
lling department updates the bill.
earance slip is collected by patient's attendants and a copy is given to nurse-in-charge.
copy of clearance slip is given at the exit gate. Patient is discharged from hospital.



Steps of discharge process on the day of discharge:

Step 1: Patient discharge confirmed by Primary Consultant.

Step 2: Pharmacy return are indented into the system by nurse and pharmacy returns sent to I.P. pharmacy by pneumatic chute.

Step 3: Patient discharge intimation is updated on HIS.

Step 4: Billing activity sheet and patient file sent to billing counter .

Step 5: Nurses contacts I.P. Pharmacy to get the clearance for patient to be discharged.

Step 6: A rough copy of discharge summary made by resident doctors is checked by the consultant and alterations are made by them, if required.

Step 7: The discharge summary once finalized is printed on letter head and signed by the respective consultant and Xerox copy is kept for medical record department.

Step 8: Billing department receives the clearance for I.P pharmacy and completes the billing procedure.

Step 9: Bill update received on the system and patient or his attendants asked to get finance clearance by nurse in-charge.

Step 10: Patient is counseled by physiotherapist and dietician before discharge.

Step 11: Nurse and floor in charge gets the patient ready for discharge.

Step 12: Finance clearance slip received by nurse.

Step 13: Discharge summary and all the documents handed over to patient and all the discharge instructions given by nurse.

Step 14: Patient discharged from the ward/room on wheel chair accompanied by Housekeeping.

Step 15: Beddings of the old patient changed and all is cleaned by housekeeping. Bed is ready for new patient.

8. Pert analysis:

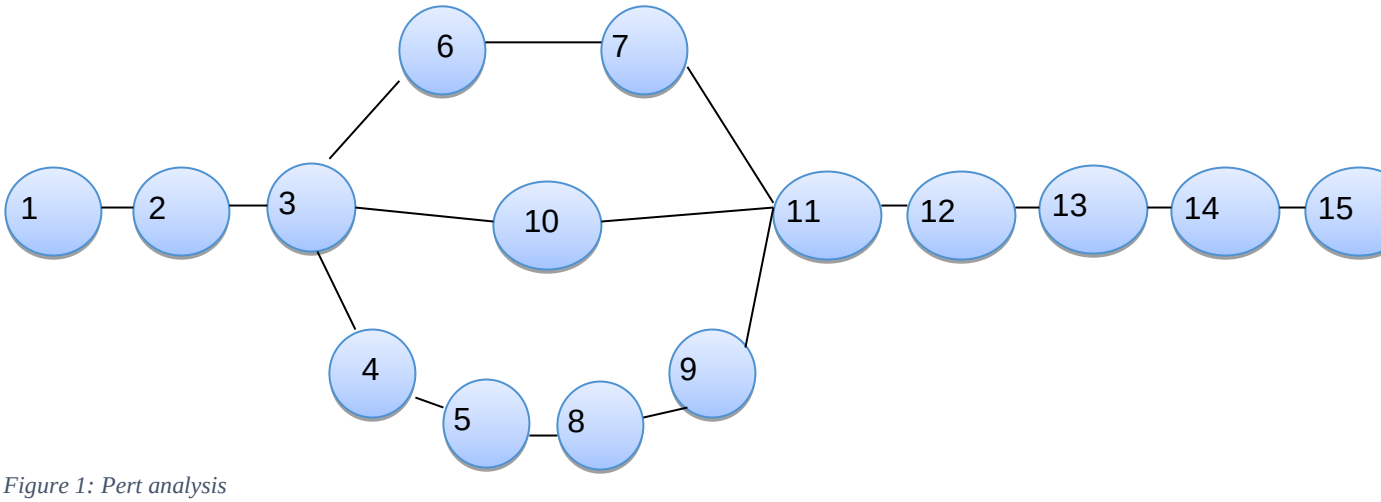


Figure 1: Pert analysis

9. Elements of discharge process

- Discharge planning: It is an individualized discharge plan for the patient before he/she leaves the hospital. It is to ensure that the patient gets adequate post discharge service and discharged at an appropriate time and , post discharge services, home care services or transfer to some alternative health facility are planned.
- Discharge summary: It includes the summary of whole treatment provided in the hospital. It is the primary mode of communication between the hospital and after discharge care providers, an so is a very curtail paper work. It contains the admission date, treatment done, outcomes of the treatment, discharge date, medication to be taken, follow up care, plan for any additional service like nursing home/rehabilitation center, if any.
- Medication reconciliation: It includes the review of list of medicines that are to be taken by patient after discharge. This helps the patient to identify which medicines are to be taken, how to take them and what is the use of those medicines after discharge.
- Patient instructions: At the time of discharge, the patient is provided with the documents that include appropriate instructions and patient education material and all that is explained to patient about the disease condition, precaution and further line of treatment that is required.
- Discharge checklist: It includes the checklist of the elements that are required at the time of discharge. It acts as an effective mechanism for ensuring a smooth discharge procedure of the patient from hospital. This checklist starts day before discharge in case of planned patients.

10. Type of discharge patients

Based on type of discharge:

- Planned discharge: The date of discharge is decided from prior by Primary Consultant, and all the people associated with discharge process are informed previously about it.
- Unplanned discharge: Unplanned discharges are instant discharges, the date of discharge is not decided before hand and decition is taken on the same day.

- Discharge against medical advice: The patient is not fit enough to be discharged, but he/she wants to leave the hospital because of his/her own personal reason. Discharge summary is made and a consent is taken by nurse and is signed by the patient/ relatives and hospital permits the patient to go against medical advice.

Based on payment mode:

- Individual cash payment: The patients who does their financial clearance in the form of cash. Their payment is done by patient/relatives.
- Third party administrator (TPA): The insurance patients who have cashless treatment or hospitalization based upon their health policy and the benefits are included in it.

The billing department of hospital settles the bill of the patient with his /her insurance company during the time of the discharge.

11. Turn around time (TAT) for discharge process

It is the total time taken for the discharge process i.e. from the first step which starts with discharge intimation by Primary Consultant to discharge the patient to last step which is the physical movement of the patient from the hospital.

This could be different for different types of patients:

Patient type based on payment mode	**TAT for discharge process**
Cash	90 minutes or 1 ½ hour
TPA	240 minutes or 4 hours

The target time for discharge of patients in morning is 11:00 AM i.e. the discharge process should be completed before 11am. This helps in preventing delay in admission of new patients and enables smooth flow of in-patients.

12. Methodology

Study Design: Observational study

Study Time:13 February,2017-13th May, 2017

Sample size: 60

Department: In-patient department

Place of study:SRCC Children's Hospital (A Unit of Narayana HrudayalayaLtd.),Mumbai.

A prospective study was conducted in the ICCU, General ward, double room and single room. The design was observational, were the whole discharge was observed without any interference and data collected was analyzed accordingly.

The data was collected from 60 patients hospitalized in SRCC Children's Hospital (A Unit of NarayanaHrudayalaya Ltd.),Mumbai. Sample consisted of both planned and unplanned discharges. The patients to be discharged were studied, and the discharge activity was followed from the time of intimation to the time of discharge.

The study sample consisting of data collected from 13 February,2017-13th May, 2017 is the initial sample. On Feb 13th,2017 a floor manage was appointed who was exclusively suppose to look after the ICCU, Wards and Rooms.

13. **Sample size**:

Sample size based on bill clearance or payment mode consist of maximum number of individual cash patients, who cleared their bill through cash payment. It contributed 80%of total sample size and 48 in number.

Cashless payment mode consisting of TPA finance clearance contribute 20%TPA finance clearance patients.

	Sample size based in bill clearance mode	Percentage of sample size
Cash	48	80%
ECHS	12	20%

14. Surveillance

Discharge clearance date-time report.

S.no	Patient no.	DATE	Payment mode	Time of intimation	Time taken for bill formation	ne taken to clear the bill	Time taken for patient to get ready	Patient discharge time	TAT

Discharge clearance date-time report.

Patients discharged on time	Billing	Summary	Pharmacy consignment	Consultant	Bill clearance	Nurse /GDA	Any other reason

15. Data analysis

Data analysis was done by using Microsoft Excel 2010.

The following table shows the data for planned and unplanned discharges in the sample.

	No. of patients
Planned discharges	38
Unplanned discharges	22

The following table shows the number of discharges before 11:00am, discharges from 11:00am to 12:00pm and discharges after 12:00pm in the sample.

Discharge time	Total no. of discharges	Before 11	11 to 12	After 12
No. of patients discharged				

Average TAT for patients who does their clearance by cash payment, ECHS and TPA clearance is given below in table.

Average TAT

	Ideal TAT (in hours)	Average sample TAT (in hours)
Cash	1:30	1:36
TPA	4:00	4:15

The following table shows the number of patients discharged on time, and the reasons for delay in discharge of the patients whose discharge process was late.

	Sample
Sample size	60
Patient discharged on time	
Billing delayed	
Discharge summary delayed	
Pharmacy consignment delayed	
Delay by consultant	
Delay in bill clearance by patient/attendant	
Delay by nurse/GDA	
Delay due to any other reason	

Note: There can be more than one reason for delay for discharge of a patient.

16. Results

The sample consisted of 38 planned discharges which formed 63% of the total data and 22 unplanned discharges which is 37% of total data. Thus, the compliance of discharge patients for the sample is 63%.

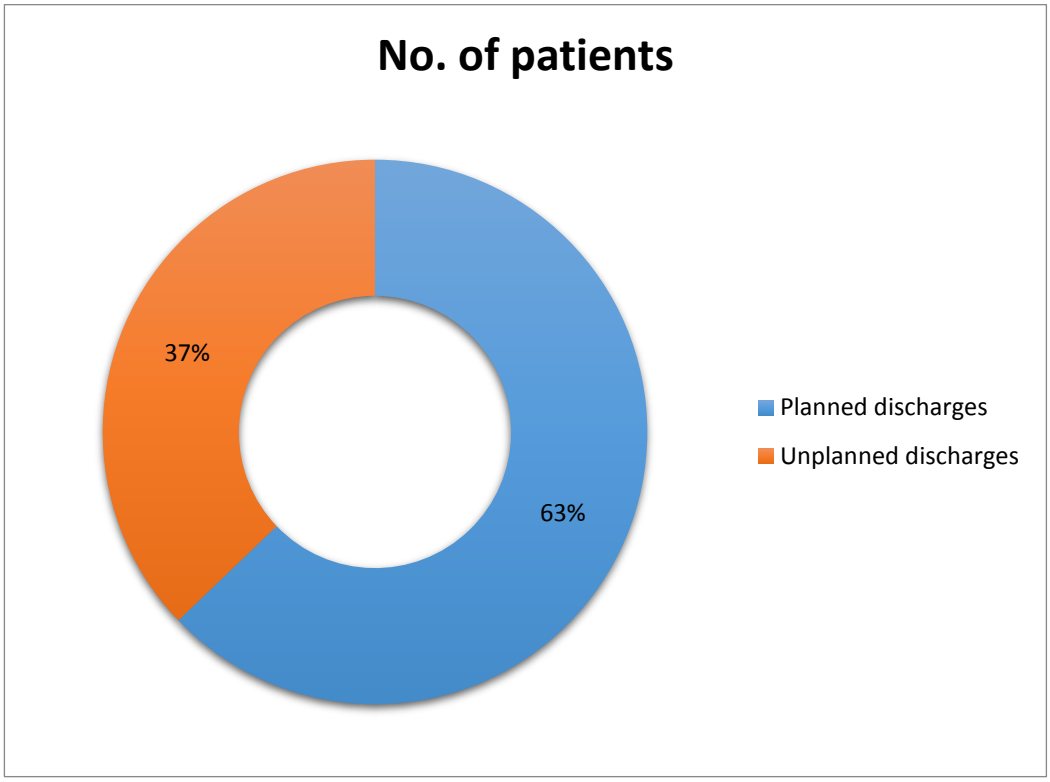


Figure 2: Planned and Unplanned Discharges

The sample consist of maximum number of patients i.e 70% of bill clearance by individual cash payment mode, followed by least number of patients in sample 30% were the clearance to be done via TPA .

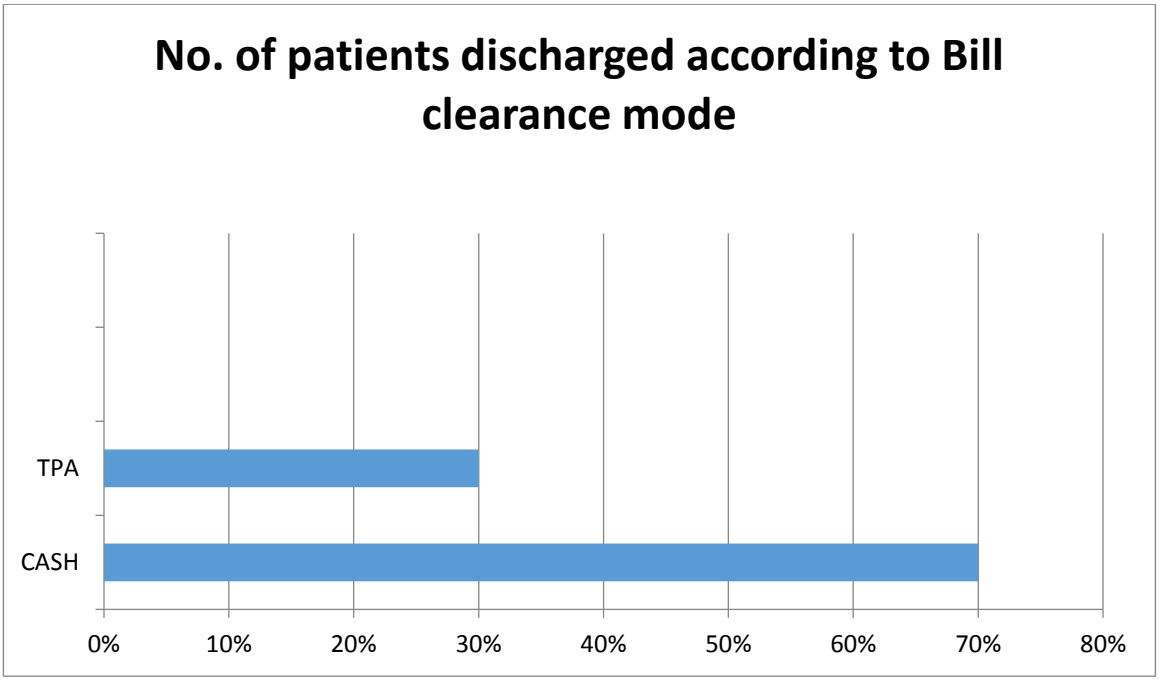


Figure 3: No. of patients discharged according to Bill clearance mode

The column chart shows the percentage of patient discharge before 11:00 am is 51% of total sample size. The patient discharge from 11:00am to 12:00pm is 14%. The total patients discharged before 12:00 pm is 65% of total sample size. Patient discharge after 12:00pm is 35%.

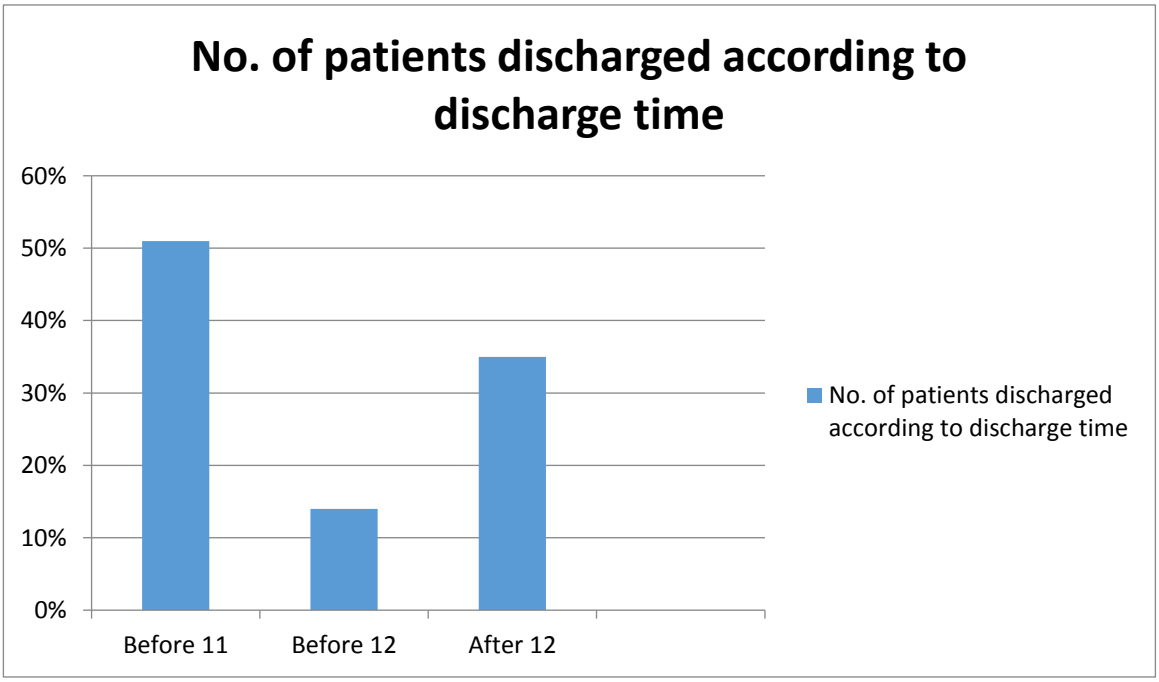


Figure 4: No. of patients discharged according to discharge time

Average turn around time (TAT) of discharge process, as seen in the graph is above this deal/ required time. Average TAT for individual cash payment patients is 5 minutes more than required time and in case of TPA payment it is 15 minutes above the required time.

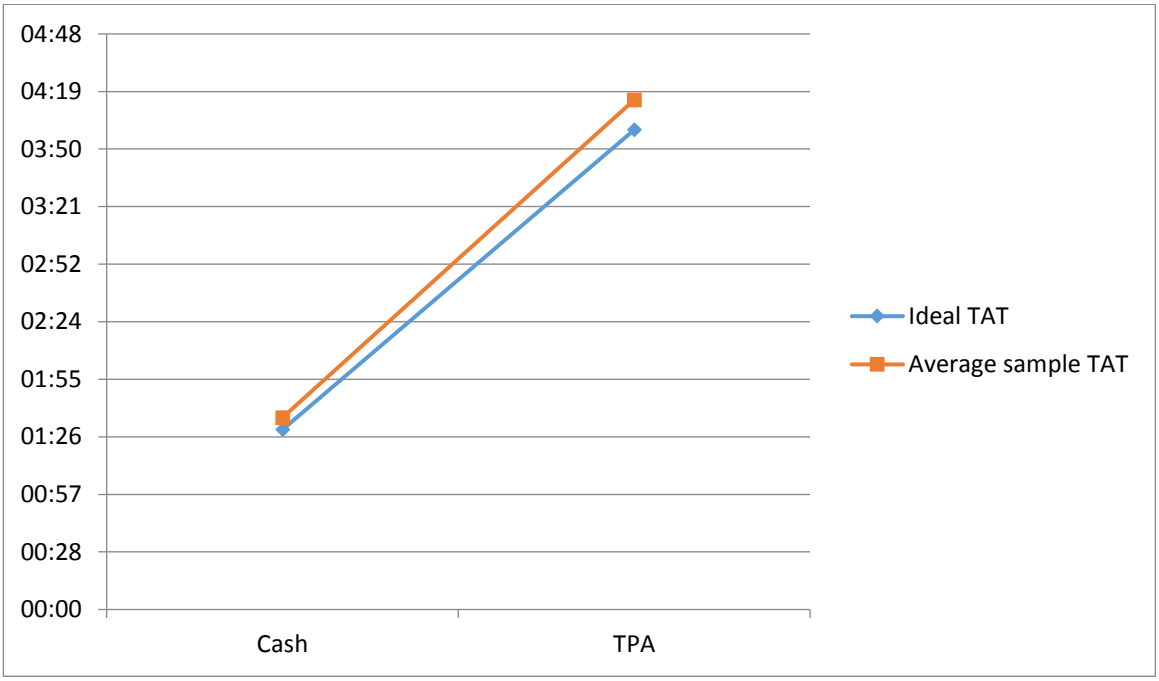


Figure 5: Ideal TAT and Average TAT

The cause of delay in discharge process , as shown in pie chart, was mainly due to delay is discharge summary and billing, which was 32% and 24% respectively. There was high percentage of delay in patient discharge nurses(12%) and also due to delay in bill clearance by attendents(15%).

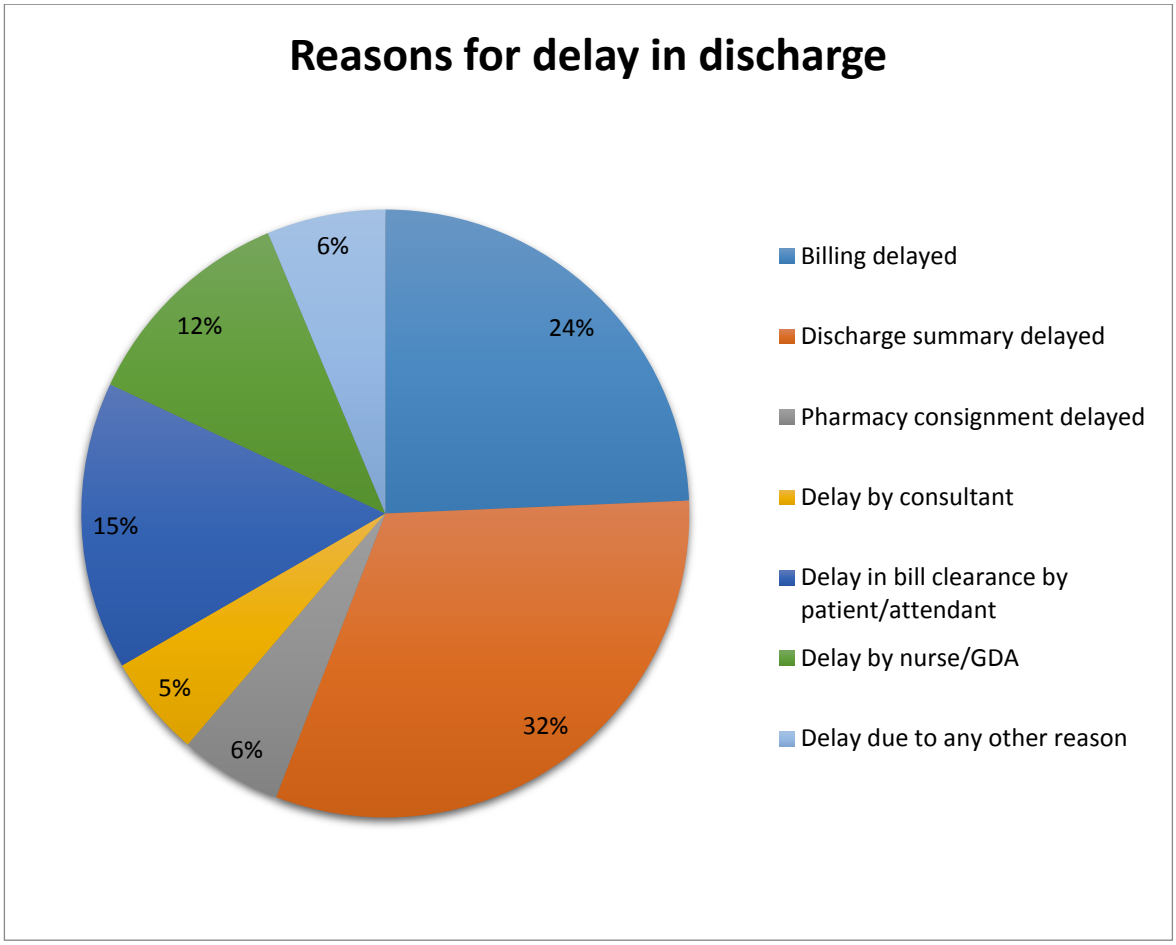


Figure 6: Reasons for delay in discharge

Reasons for delay in discharge process

1. Billing process delayed- Billing process of an in-patient occurs every day by daily updating the charges from 'billing activity sheet' in evening. At the time of discharge, the billing activity sheet of that day is sent to the billing counter for updating the bill of that day. Each billing update takes around 10- 15 minutes. The delay in billing occurs due to accumulating of many billing activity sheets when intimation of patient discharge is made.
2. Discharge summary delayed- As discharge summaries are made by the junior residents one night before discharge, the summary may need some corrections before its handed over to patients. The summary also needs to be updated in few cases where the consultant has made some changes. Then the final discharge summary has to be signed by consultant. This course of formation of discharge summary is time consuming and

so may cause delay in discharge of patient. As handing over of discharge summary to patients may take time, the patient is moved to discharge lounge after the clearance to bill in many cases.

3. Pharmacy consignment delay- Pharmacy consignment may be delayed in case of any kind of implants , where there may be some issue of cost of implant from vendor's side.
4. Delay by consultant- Consultant round may be time consuming as consultant has to see many patients. So the patients visited by consultant at the end may be delayed due to delay in intimation of discharge by the doctor. Sometimes, the consultant may get busy with some other emergency leading to delay in patient visit.
5. Delay in bill/ financial clearance- Bill payment is mostly done by attendants/relatives in case of cash payment. ECHS clearance slip is also received by the relatives of the patient. The attendants arriving late on the day of discharge, or queuing up at the billing counter leads to delay in the bill payment. Patient's attendants may also want to check the bill when its more than their expectation. Also few patients may want some discount on the bill. All these leads to postponed bill payment.
6. Delay by nurses - Because of the work load of sick patients in the ward/rooms, the patients to be discharged, who have recovered from the sickness and are in better condition than the other patients becomes the least preferred one to look after, causing delay in patient discharge.
7. Delay from corporate office for finance clearance in TPA case- In case of cashless treatment, the insurance company has to approve the patient's bill before the patient is discharged. This process involves a long process and may take time.
8. Delay by attendants/relatives of the patient- The attendants coming from long distances reach the facility late, which leads to delay in finance clearance and delay in patient discharge.

Out of the total sample size of 60 patients, 35 patients were discharged on time, and 25 patients discharge process was delayed due to one or more reasons.

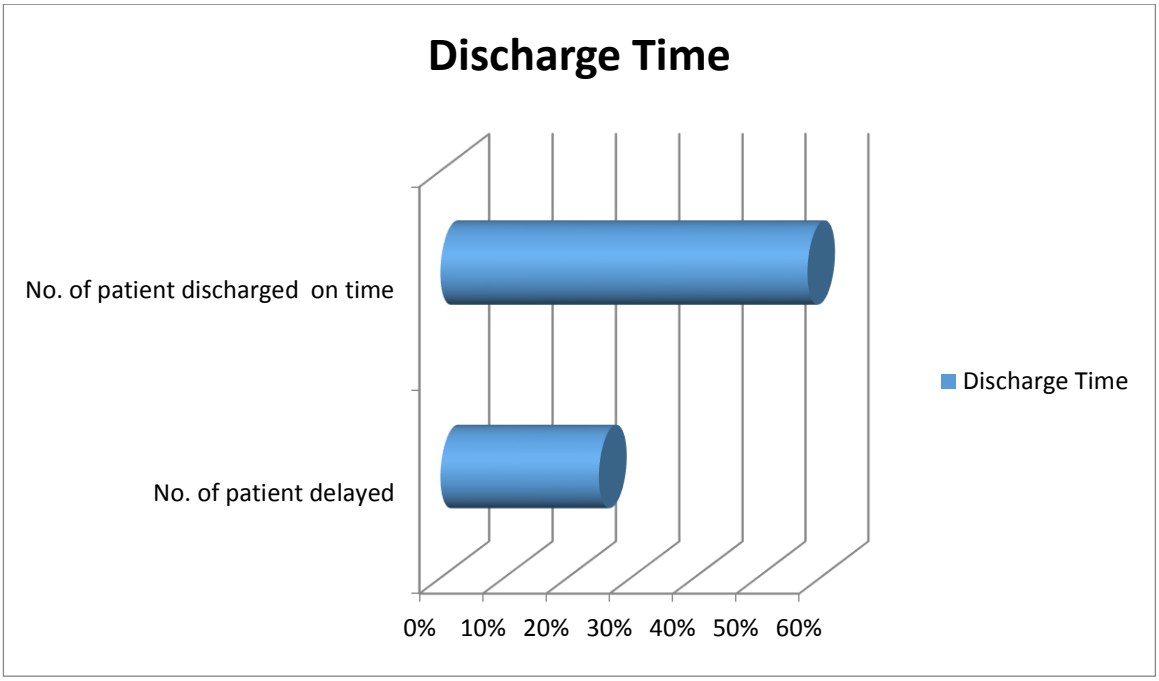


Figure 7: Discharge Time

17. Conclusion

From study, it is concluded that there were few gaps analyzed in discharge process. The patients to be discharge consisted of maximum number of cash payment patients, followed by ECHS and then TPA payment mode. More than half of the patients were discharged before 11:00am. Major reason for delay in discharge process was due to delay in discharge summary and billing. The average turn around time for discharge of patients remained slightly higher than the required/ideal time.

18. Suggestion

1. EDOD chart

EDOD (expected day of discharge) chart- As the name suggests, EDOD chart gives the information about the anticipated discharge day of the patient. EDOD chart is placed on the wall near the patient. It consists of the name of the patient, name of the clinician/doctor and expected day of discharge column. All these are to be filled in by nurse after consulting

from the doctor. This chart is very helpful in planning the discharge process as it prior gives an idea about the discharge time, thus helping both the hospital staff and the relatives/ attendants of the patient.

2. Discharge checklist

Discharge Checklist

Patient's Name:_____

UHID:_____ IPID: _____

Age:_____ Sex:_____

D.O.A.:_____ Unit:_____

Patients own responsibilities for elements of discharge such as transport, requirements can be clarified, discussed and agreed in advance						
Date		Name of Patient/Attendant	Patient / Attendant Signature (Relationship)	Name of the Counseller with Emp.ID	Time of Counselling	To be done by
	Please keep arrangements for your patient's clothing, footwear conveyance and Finance before discharge. In case the room/bed is not cleared by 11 am, half day rent will be charged in addition to the total billing amount. (In case you require ambulance for transferring patients, please inform the IPD reception one day prior)					Nursing
	Patient is being discharged, once bill is finalised, the bed/room would have to be vacated. (Facility of Discharge Lounge can be availed). In case the room/ bed is not cleared by 11 am, half day rent will be charged.					Nursing
	Physiotherapy Discharge advice given					Physiotherapist
	Diet Discharge advice given					Dietician
	Medication and Discharge instructions given					Patient Educator/Nurse

We are expecting this discharge on clinical recovery of your patient but the same can be deferred in accordance with the treating consultant

Figure 8: Discharge Checklist

Discharge checklist should be prepared one day prior to discharge of the patients. The checklist should consists of information that is to be educated to patient and patient's attendants a day before discharge in order to helps the attendants to arrange all necessities for discharge in advance and prevents the last day panic by attendants. It consists of the tasks that are done by nurse, physiotherapist and dietitian before the patient is discharge. Features of discharge checklist are:

1. Name, age, sex, UHID, IPID, DOA, unit are to be filled in by nurse.
2. Instructions for attendants of the patient to be discharged to keep the arrangements for patient's clothing, footwear, conveyance and finance before 11:00am. Warning for application of half day rent in case the billing delayed after 11:00am.
3. Instruction for moving the patient to discharge lounge after 11:00am, once the financial clearance is received.
4. Physiotherapy discharge advise explained to patient and attendant.
5. Diet discharge advise explained to patient and attendant.
6. Medication and other discharge instruction given by nurse.

For each counseling done, name of the patient/ attendant who is counseled, their signature,

name of the counselor and date & time of counseling is noted down in the checklist.

Learning points

The experience of three month training in SRCC Children's Hospital (A Unit of Narayana Hrudayalaya Ltd.),Mumbai was very fruitful and productive for me. The main objective of the training to visit all the department and premises and to do the intensive study of each was successfully achieved. Thesummer training equipped me with understanding of the hospital functions and enhanced my capability. This exposure to professional world helped me learn professionalism, soft skills and enriched my knowledge.

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