Project Report

Dissertation Project on-

"A study on Discharge Process at Apollo Victor Hospital"

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INTRODUCTION

Discharge is referred to as when the patient is free to return to home after his period of recovery at the hospital. It is the most significant moment for a patient as they are now free of the ailment which affected them and can return to their normal life and duties. It’s also a crucial moment for the hospital as a hospital can make or break its reputation due to ill planned discharge process.

AIM

"To study and streamline the Discharge Process in Apollo Victor Hospital"

OBJCTIVES

1. To review the discharge process in the hospital.
2. To estimate the Discharge Turnaround time for Cash, Credit and Insurance Patients.
3. To identify the key reasons for delay in Discharge.
4. To suggest strategies to reduce time taken for processing discharge, if required.

Study Site:

- Apollo Victor Hospital, Goa

Study Period:

- 70 days (March 1th to April 10th, 2016)

Study type:

- Descriptive and Analytical study

Study Population:

- Nurse, discharge staff, duty doctors and administrative staff

Sample size:

- 170 patients

Study type:

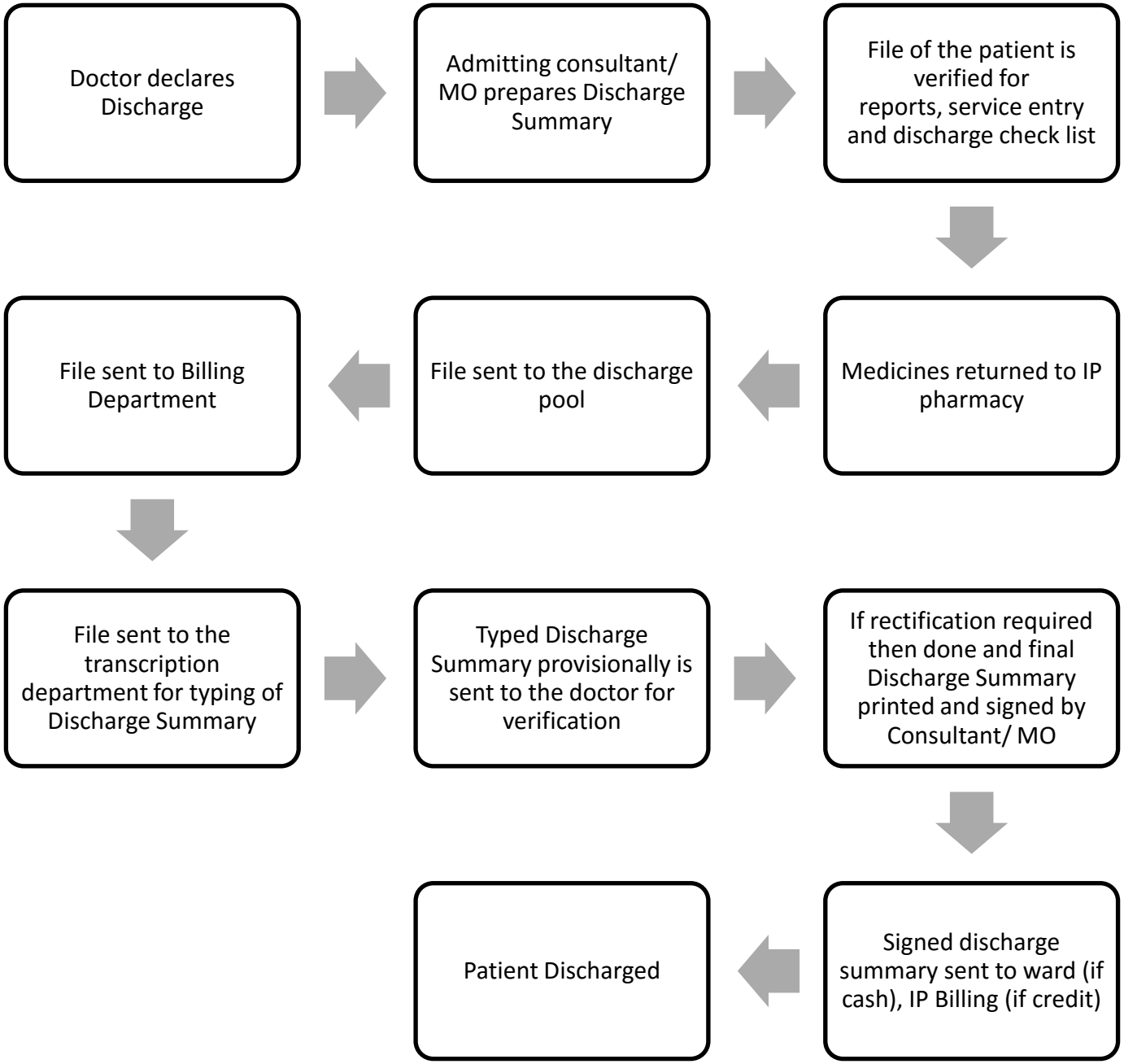
- Descriptive Study.

Methods of data collection:

- Primary Data- Observation and Informal Interview
- Secondary Data- Records of hospital

Objective 1.
To review the Discharge Process in the hospital.

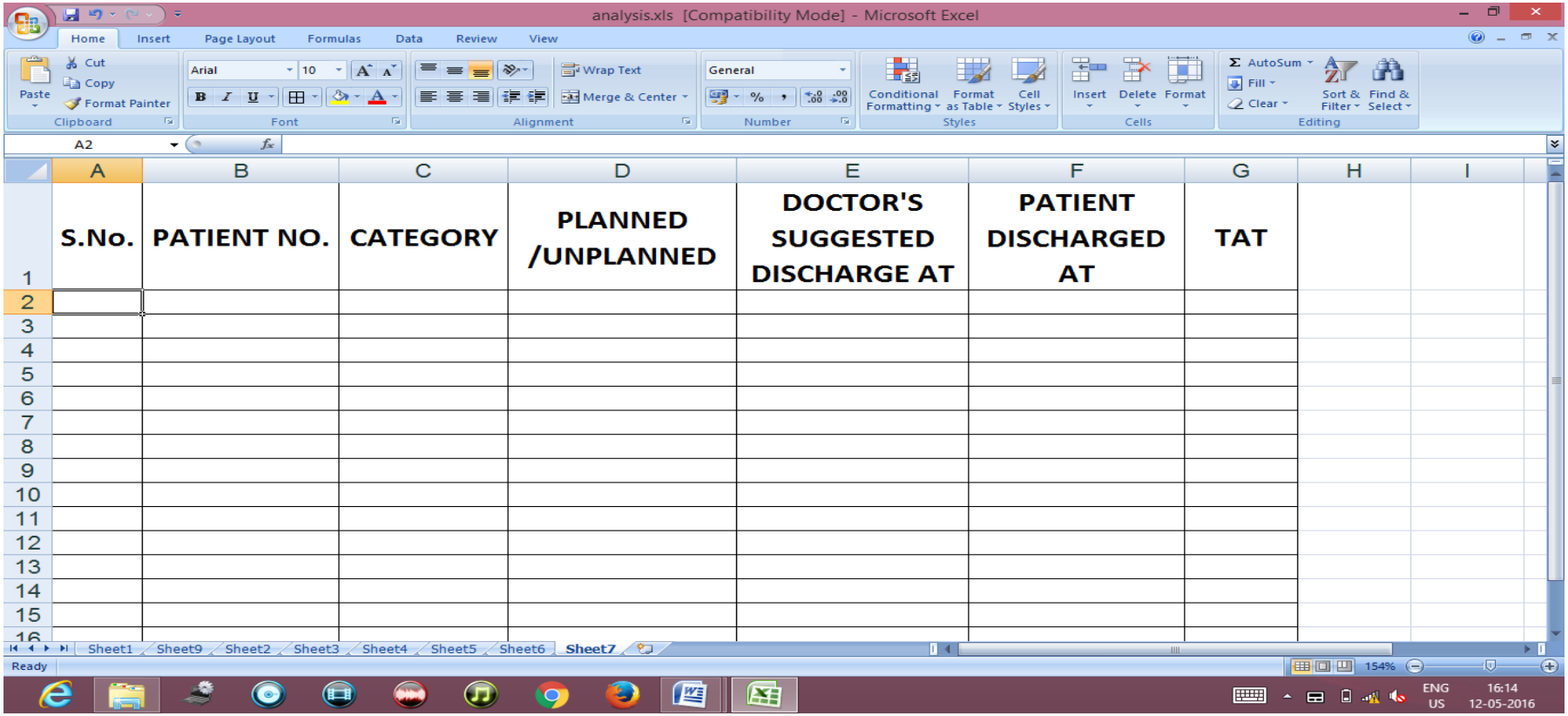
As a first step of process, normal discharge process of hospital was studied from the SOP manual of the hospital and then the staff concerned was interviewed to get a better understanding of the process. The normal Discharge process was:


Doctor declares Discharge
Admitting consultant/ MO prepares Discharge Summary
File of the patient is verified for reports, service entry and discharge check list
Medicines returned to IP pharmacy
File sent to the discharge pool
File sent to Billing Department
File sent to the transcription department for typing of Discharge Summary
Typed Discharge Summary provisionally is sent to the doctor for verification
If rectification required then done and final Discharge Summary printed and signed by Consultant/ MO
Signed discharge summary sent to ward (if cash), IP Billing (if credit)
Patient Discharged

Objective 2.

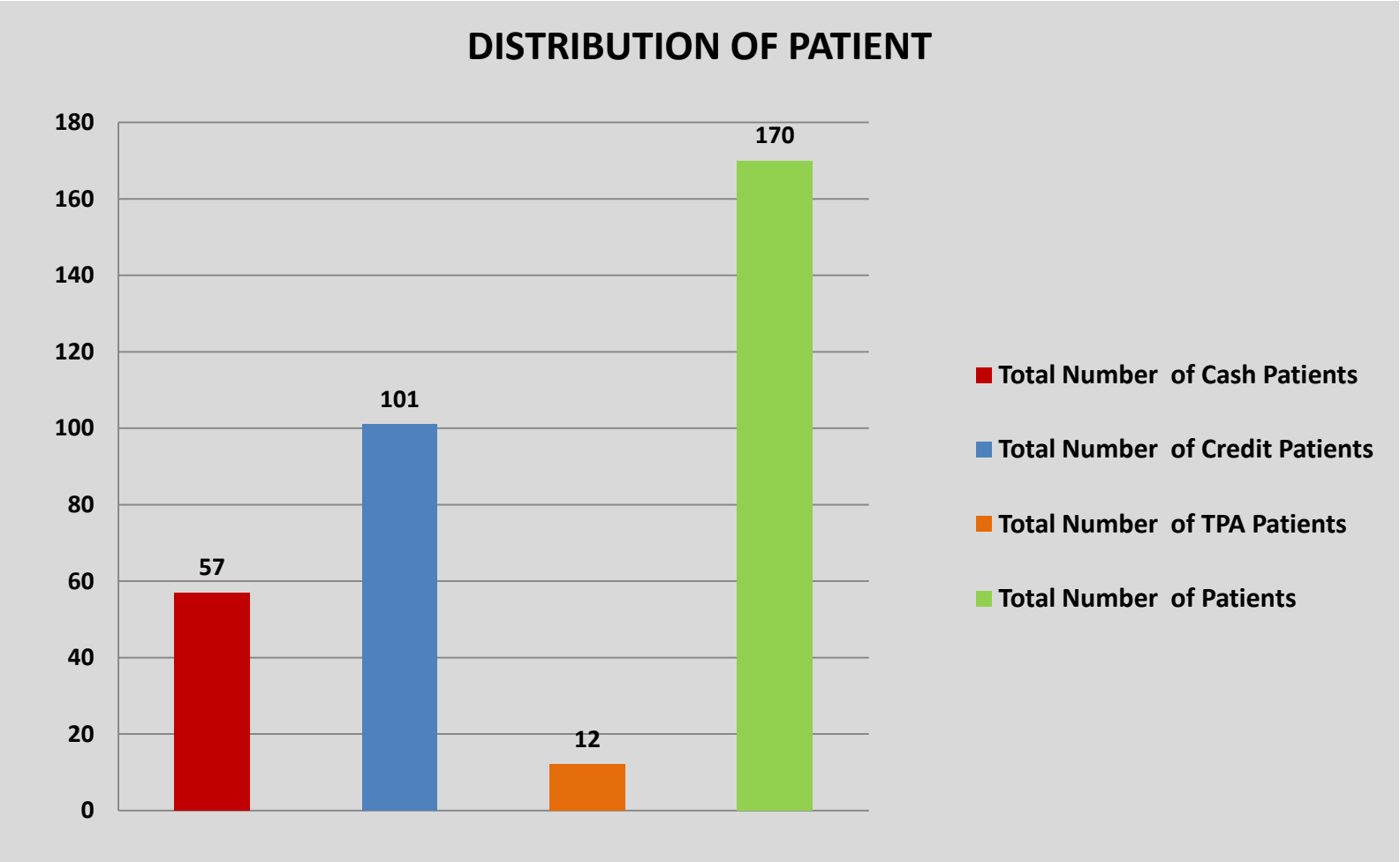
To estimate the Discharge Turnaround time for Cash, Credit and Insurance Patients.

The data was collected in this format:

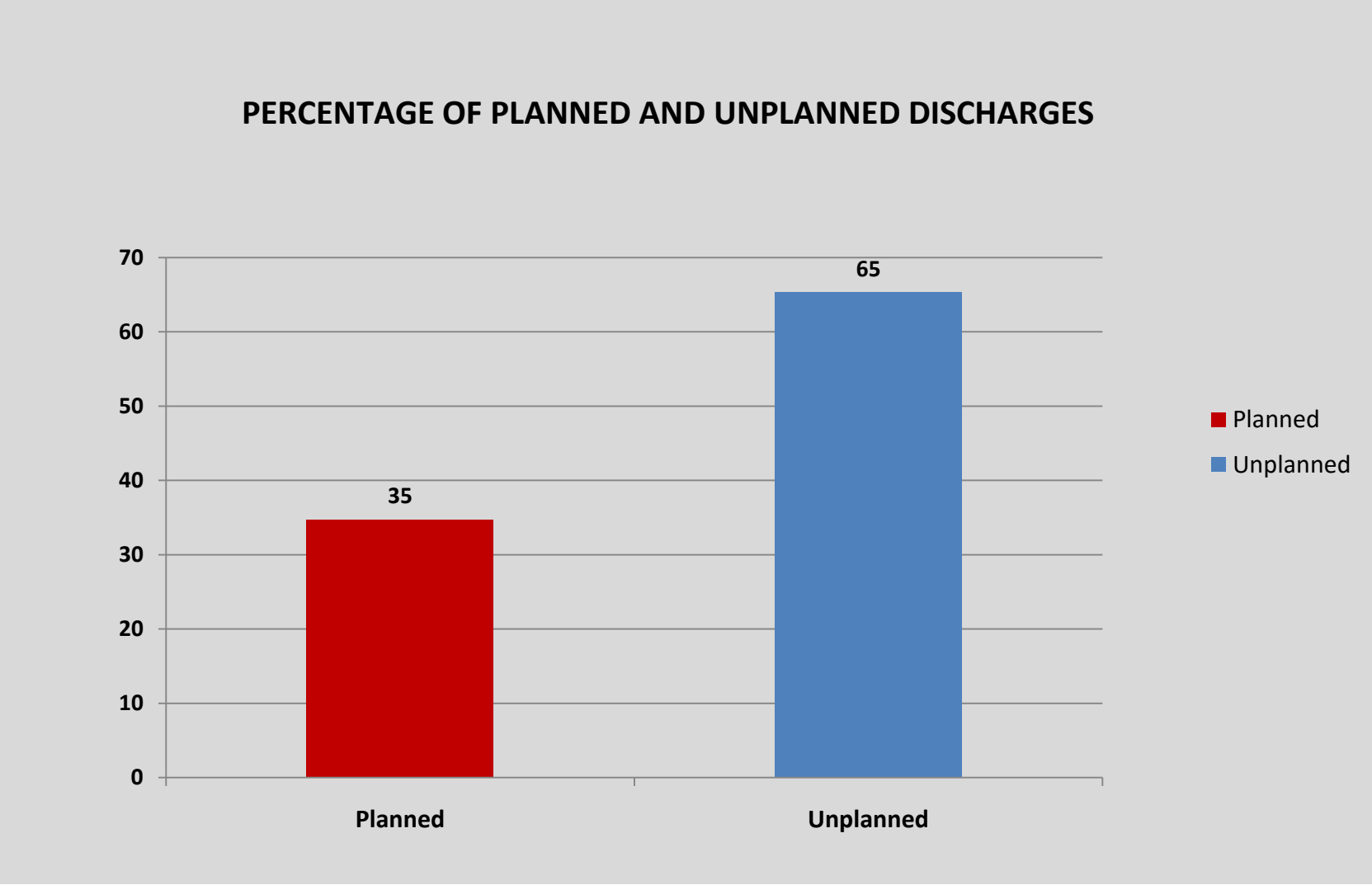


Findings:

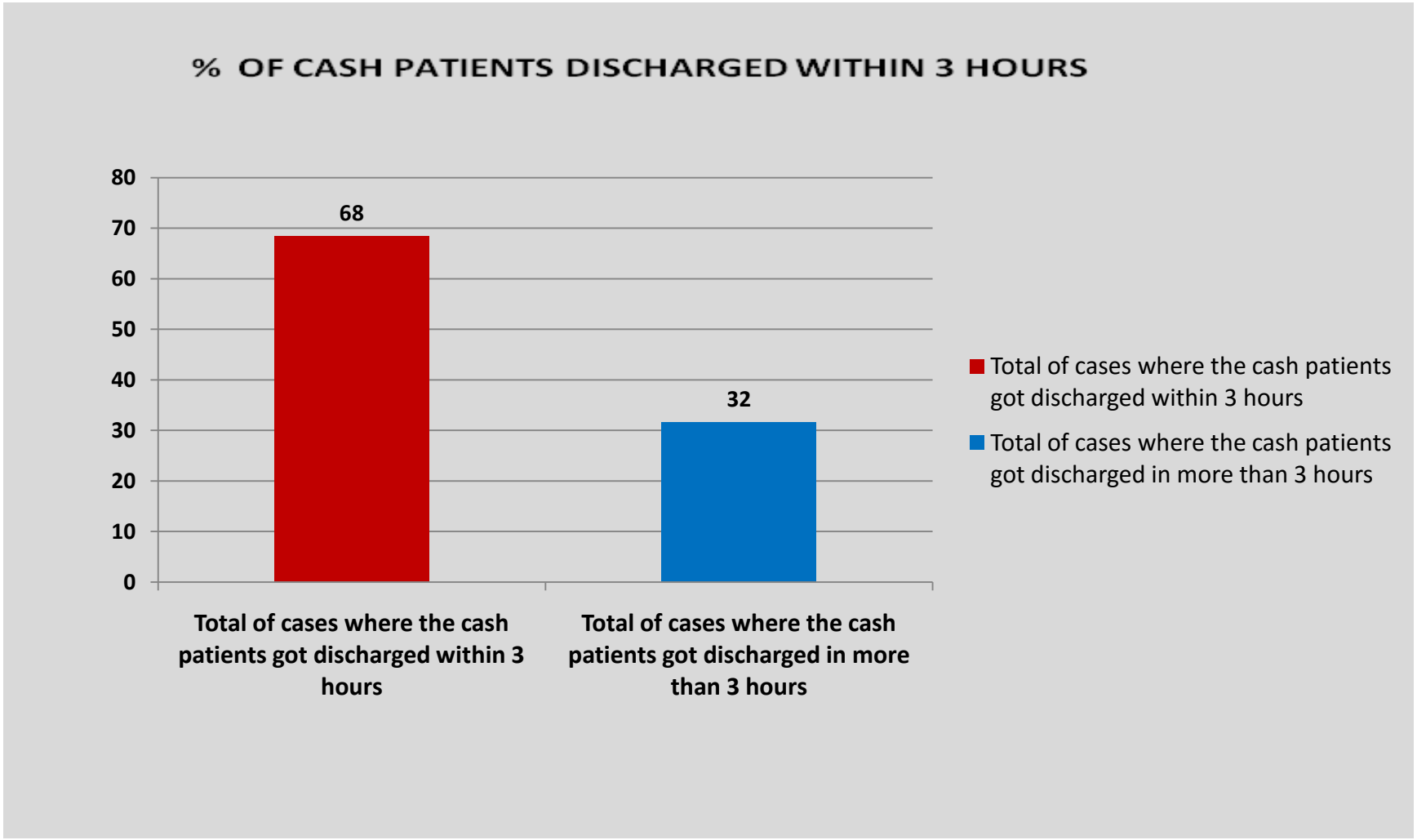
1. DISTRIBUTION OF PATIENTS



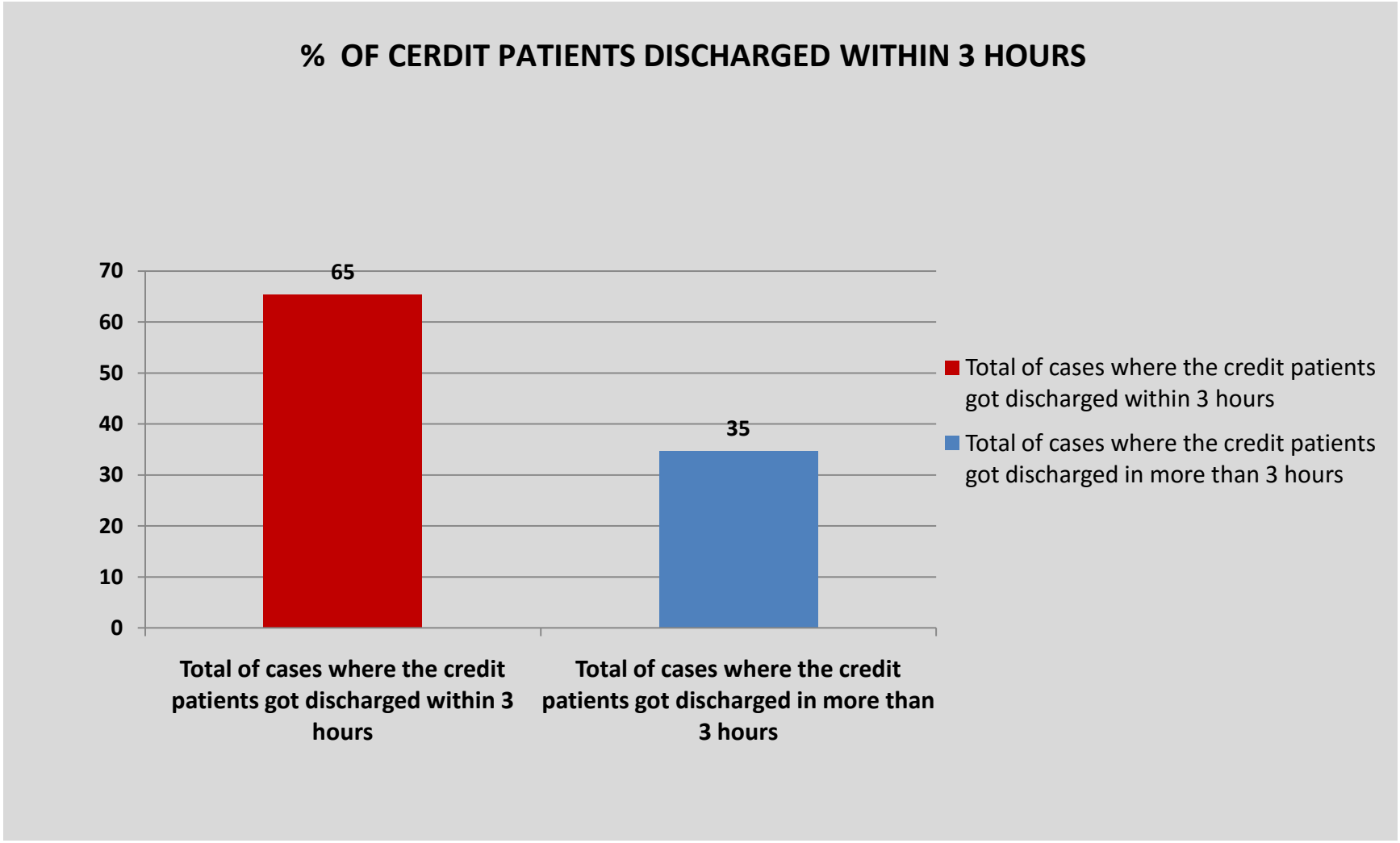
2. PERCENTAGE OF PLANNED AND UNPLANNED DISCHARGES



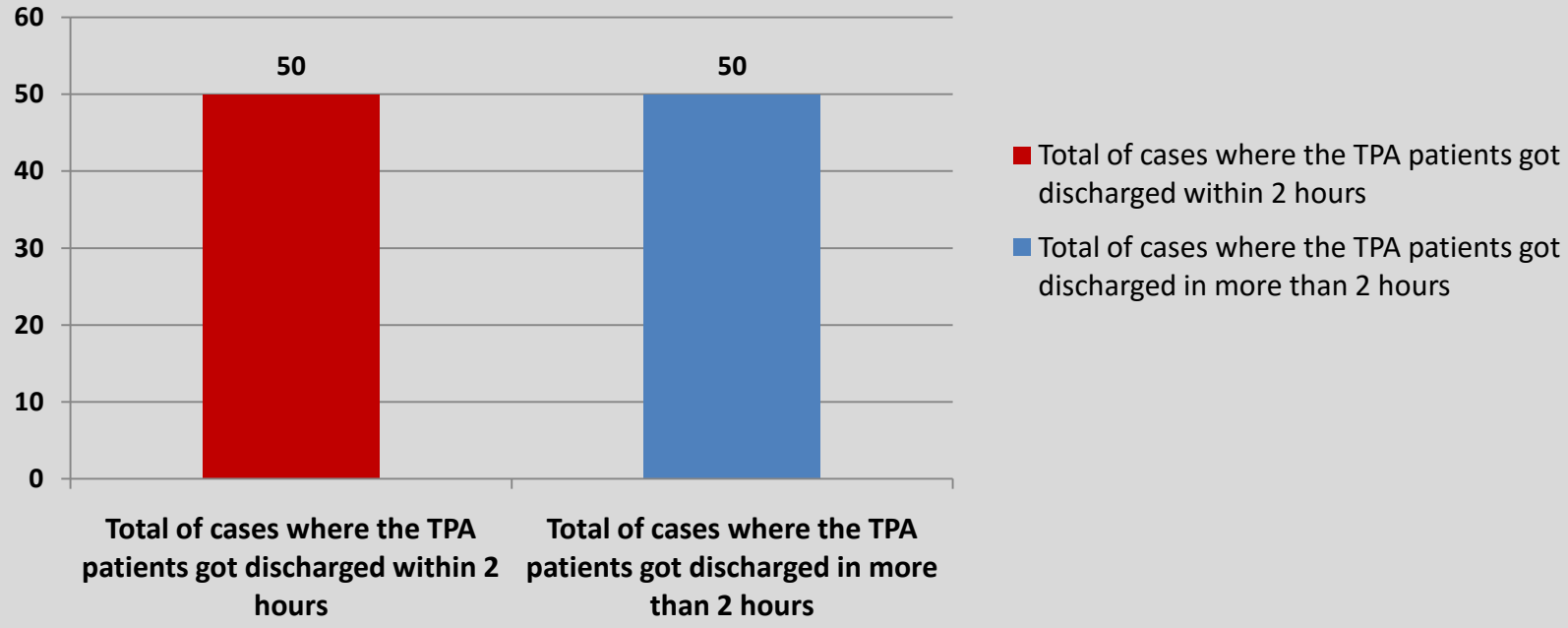
3. PERCENTAGE OF CASH PATIENTS DISCHARGED WITHIN 3 HOURS



4. PERCENTAGE OF CREDIT PATIENTS DISCHARGED WITHIN 3 HOURS



5. PERCENTAGE OF TPA PATIENTS DISCHARGED WITHIN 2 HOURS



Objective 3.
To identify the key reasons for delay in Discharge.

- No proper co-ordination among the staff.
- One ward boy required at the discharge summary room for the purpose of movement of file to different department.
- Doctors not coming on time for their rounds.
- Staff required at billing counter.
- Some doctors not giving the tentative discharge that creates the burden on nursing staff.
- Patient’s attendant not present sometimes for clearing the dues at counter.
- Very few Planned Discharges.
- No proper time recorded in registers.

RECOMMENDATIONS

- Consultants should be included in the discharge process and efforts should be taken to increase planned discharges.

- Resident doctor at the summary room can solve the queries.

- Duty doctor should supervise so that rough discharge summary is written correctly and discharge pool staff doesn't has to re check the entries in the system, this saves time of discharge pool.

- Fixing the time for doctors round in the morning.

- The discharge summary can be updated in every 2 days so that time can be saved on the day of discharge.

- Duty doctor can sign the rough summary along with its notes at the time of discharge. This can be used by the junior doctors and they can sign the final discharge summary.

- More staff at the billing counters.

- Inter departmental co-ordination can be increased so that all the concerned departments know about the discharge of patient before and can be prepared with the formalities and documentation for the discharge.

CONCLUSION

After a thorough analysis of the collected data, I hereby conclude that long waiting time of the patients is annoying and causes inconvenience to both patient and department. Also it increases the dissatisfaction level of the patients. The delay if minimized can significantly reduce long waiting time of patients. Lack of co-ordination among employees is also a major problem creator is the hospital. It can be corrected by proper training of Employees. This will help the department to function with optimum efficiency and provide quality care to patients.

THANK YOU