Turn Around Time of Discharge process In Asian Heart Institute

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Hospital Profile

- **Asian Heart Institute (AHI)** has been set up with an aim to provide world-class cardiac care in India- situated at the Bandra-Kurla Complex (BKC)

- The hospital promises to provide quality cardiac care to patients at reasonable costs.

- Internationally accredited with ISO 9001:2000, JCI & NIAHO, AHI reaffirms its commitment towards world class cardiac care by being **India's Highest Accredited Hospital**

- **Vision**

  Globally preferred center of excellence

- **Mission**

  To operate as a world class heart hospital, incorporating the latest technological advances and ethical practices to provide quality heart care at a reasonable cost.

- **Core Values**

  1. Customer Satisfaction
  2. Highest Quality
  3. Culture of High Performance
  4. Integrity & Ethical Practices
  5. Innovation & Change

Introduction

- Discharge is the process by which an episode of treatment of a patient is formally concluded by a health profession or a hospital.

- Going home is perhaps the most welcomed, appreciated, and greatly anticipated event in a hospital stay.
- Discharge process being the final step in the hospital, is likely to be well remembered by the patient.
- Even if everything else went satisfactorily, a slow frustrating discharge process can result process can result in low patient satisfaction.

Delay in Discharge Process

- **Delayed Discharge** (sometimes referred to as delayed transfer or bed locking), refer to the situation where a patient is deemed to be medically well enough for discharge, but, where the patient is unable to leave the hospital due to slowing down of the entire process.

- Total Time for discharge in AHI –
  - Angiography & Angioplasty cases- 60 min
  - Surgical- 90 mins
  - TPA- 3 hrs

AIM

To study discharge process in Asian Heart Institute along with gap analysis in discharge process.

RATIONALE

This study focuses on

- Understanding the current discharge process
- Identifying areas resulting in delay and
- Giving recommendations for improvement of the same.

OBJECTIVES

- To study the inpatient discharge process in Asian Heart Hospital, Mumbai.
- To process map the discharge process of the hospital.
- To study activity diagram of discharge process of inpatient from Hospital.
- To study the problem faced by various stakeholder in the discharge process.

Methodolgy

- The study conducted on focused Various activities in hospital related to discharge process, including
  - Nursing station
  - Patient care department
  - Billing Department
  - Insurance Department (TPA)
  - Doctors Activity

- **The approach for the project involved 3 steps**
  - Project design
  - Data Collection
  - Data Analysis

PROJECT DESIGN

- It was first important to understand the process being followed in the hospital. Hence, a process map was developed and a track of activities and the time at which activity was done was noted.
- **Study Design-** Cross-Sectional
- **Study Area-** Asian Heart Institute
- **Sampling-** Non-Probability purposive sampling
- **Sample Size** – 426
- **Duration of study** – 45 day
- **Inclusion Criteria-** All IPD discharges occurring from 8am to 8pm
- **Exclusion Criteria-** Discharge against Medical Advised and Discharges after 8

Process Mapping of Discharges in AHIRC

Concerned Doctor to intimate discharge a day Prior.

↓

Nursing to conduct Pending test

↓

Nursing to Send billing docket to the billing counter in the morning.

↓

Billing to take 15 min for Angioplasty Bill preparation and 30 mins for any surgery.

↓

Billing calls the relative to clear the bill and handover a copy of bill with paid stamp to be given to the nurse.

By the time bill is prepared Nurse intimates the RMO, Cardiac Rehab and Dietician.

Once the nurse receives the paid copy it ensures that patient can be move out. She checks if the discharge summary , diet chart is explained and cardiac rehab session is over she calls the patient care executive.

Patient care executive escorts the patient to the main door of the hospital.

Process Mapping of TPA Discharge

Concerned Doctor to intimate discharge a day Prior.

↓

Nursing to conduct Pending test

↓

Nursing to Send billing docket to the billing counter in the morning.

↓

RMO to prepare the final Discharge Summary and explain it to the relative before sending it to billing department, which has a TPA help desk.

↓

TPA help desk to send all the required document to TPA for approval an d follow up done unless approval is received.

By the time bill is prepared Nurse intimates the Cardiac Rehab and Dietician.

Once the nurse receives the paid copy it ensures that patient can be move out. She checks if the diet chart is explained and cardiac rehab session is over she calls the patient care executive.

Patient care executive escorts the patient to the main door of the hospital.

DATA COLLECTION METHOD

Timings Identified-

- Marked for discharge- It's the time when Doctor has agreed on patient discharge and the process is to be initiated.
- Clinical Discharge- When patient gets a pharmacy clearance.
- Bill Ready- Once the clinical discharge is done billing is to be initiated and bill made should be accurate in a specific time.
- Financial Discharge- the time when patient or relative clear off the bill.
- Physical Discharge- when patient finally leaves the room.

Source of Data

Primary Data-

- Direct Observation
- Interaction with nursing, billing and pharmacy staff.
- Participation in almost all discharge Process for getting accurate data

Secondary Data-

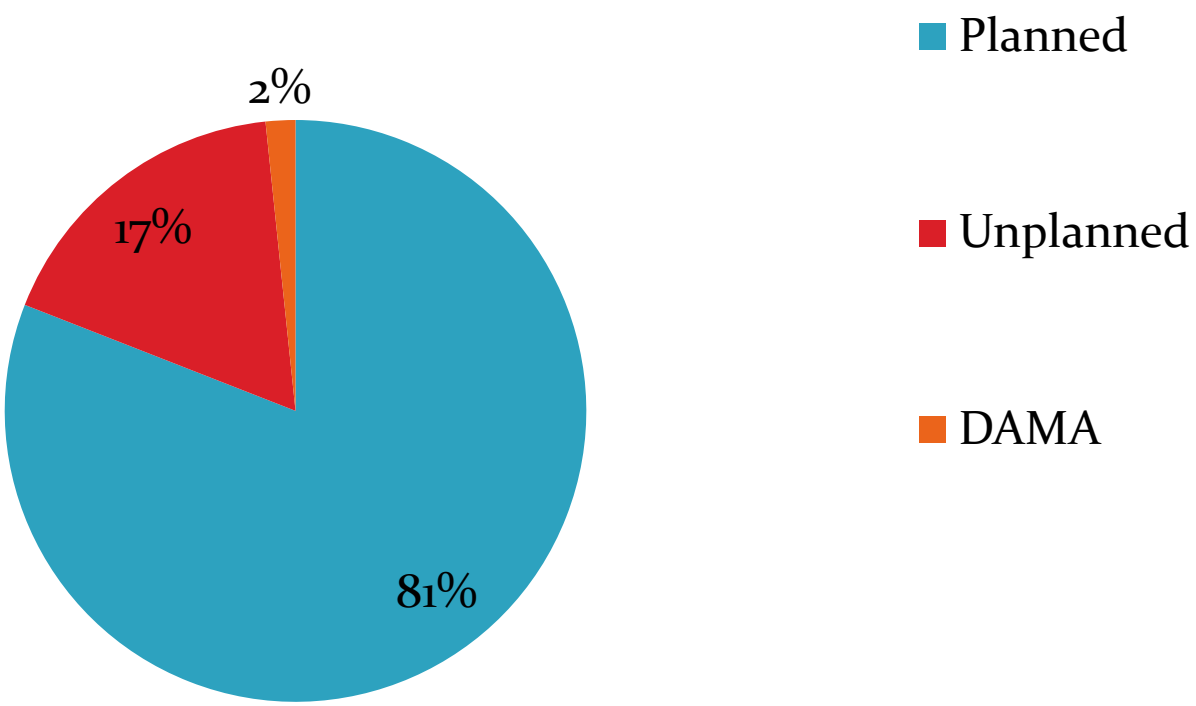
- Time extracted from HIS
- Data extracted from patient File.

DATA ANALYSIS

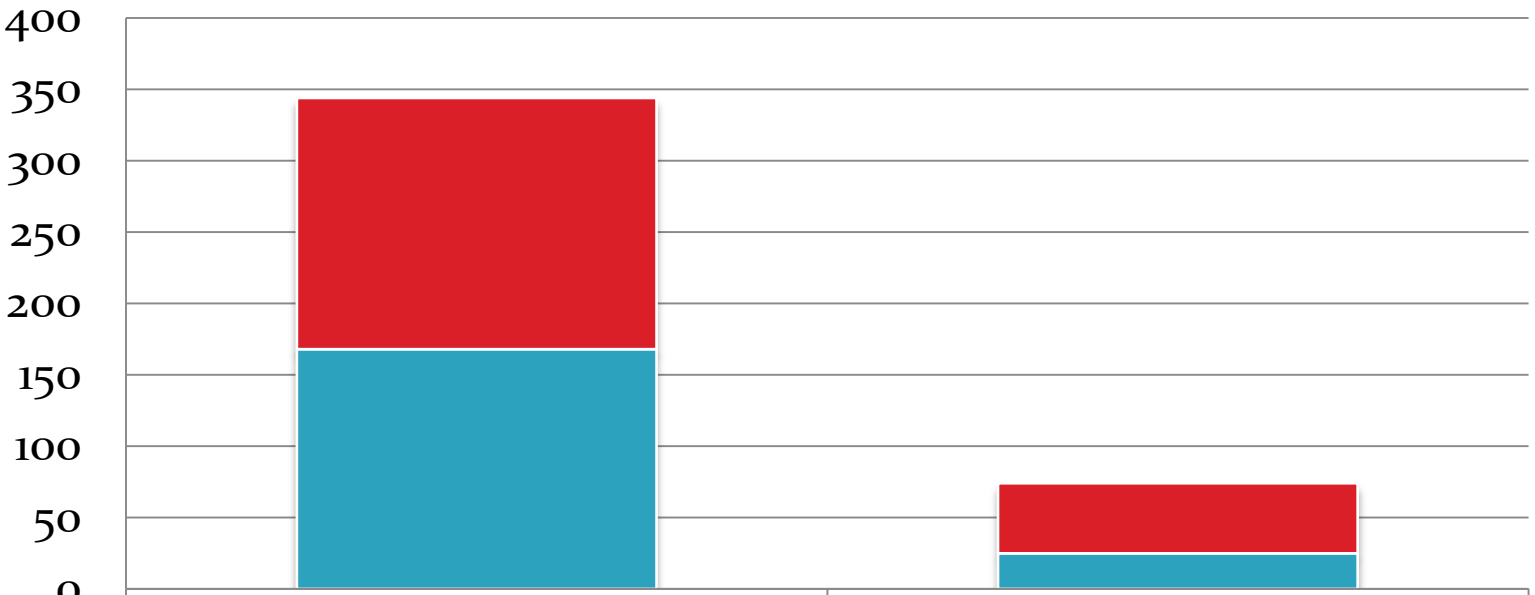
Types of Discharges -In Asian Heart Institute there are following type of discharges

- Planned Discharges – Patient who are fit for discharge and are conveyed by doctor a day prior.
- Unplanned Discharges- Discharge is decide on the same day either after Doctor's round or after receiving reports.
- Discharge Against Medical Advice
- Death Discharges
- On account Discharges – Patient leaves the hospital premise before preparation of final bill by paying an amount higher than the expected bill.
- Day Care Discharges.

Discharges in AHI

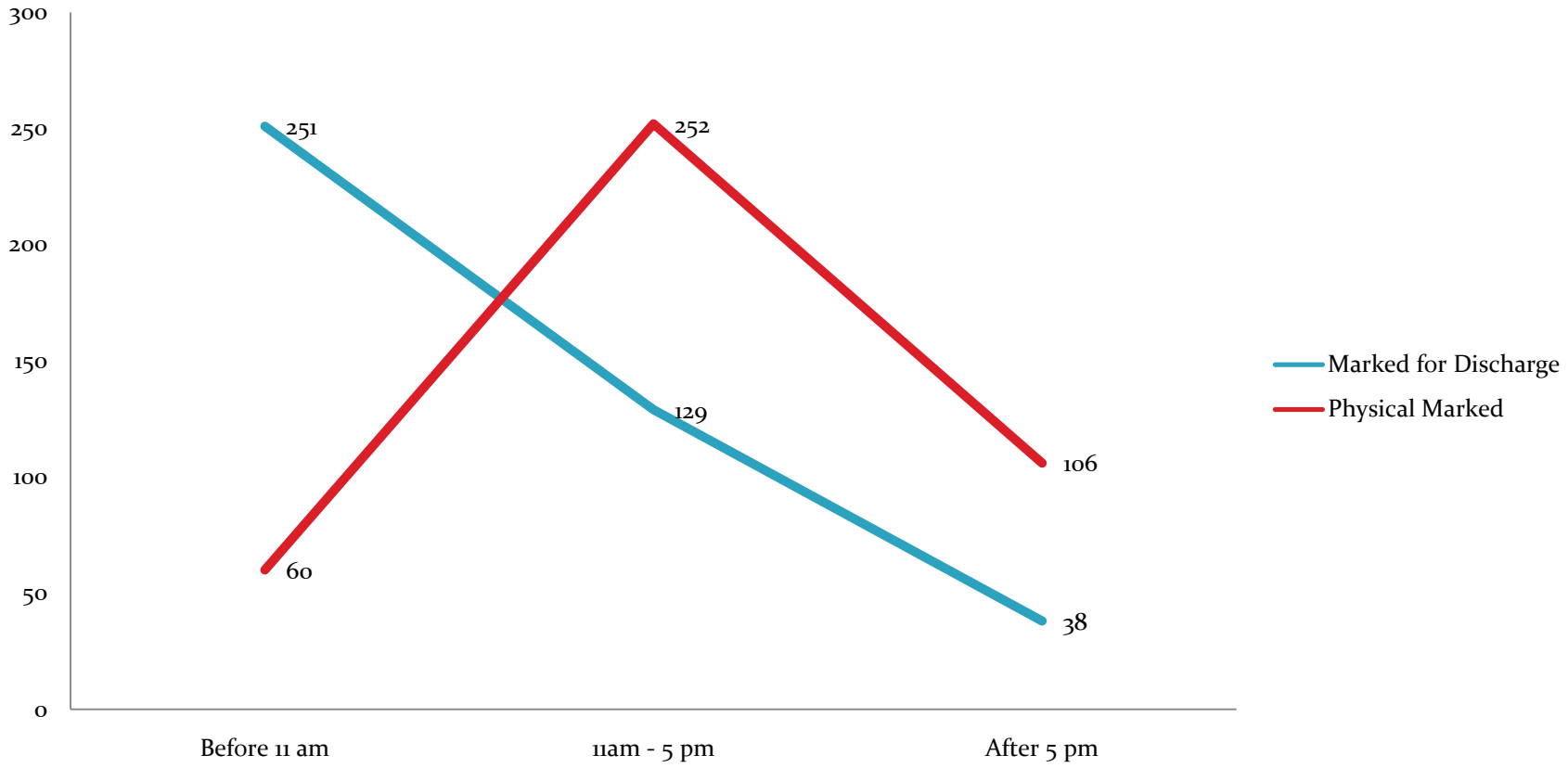


Delays In AHIRC



	Planned	Unplanned
No Delay	176	49
Delay	168	25

Marked for Discharge Vs Physical Discharge

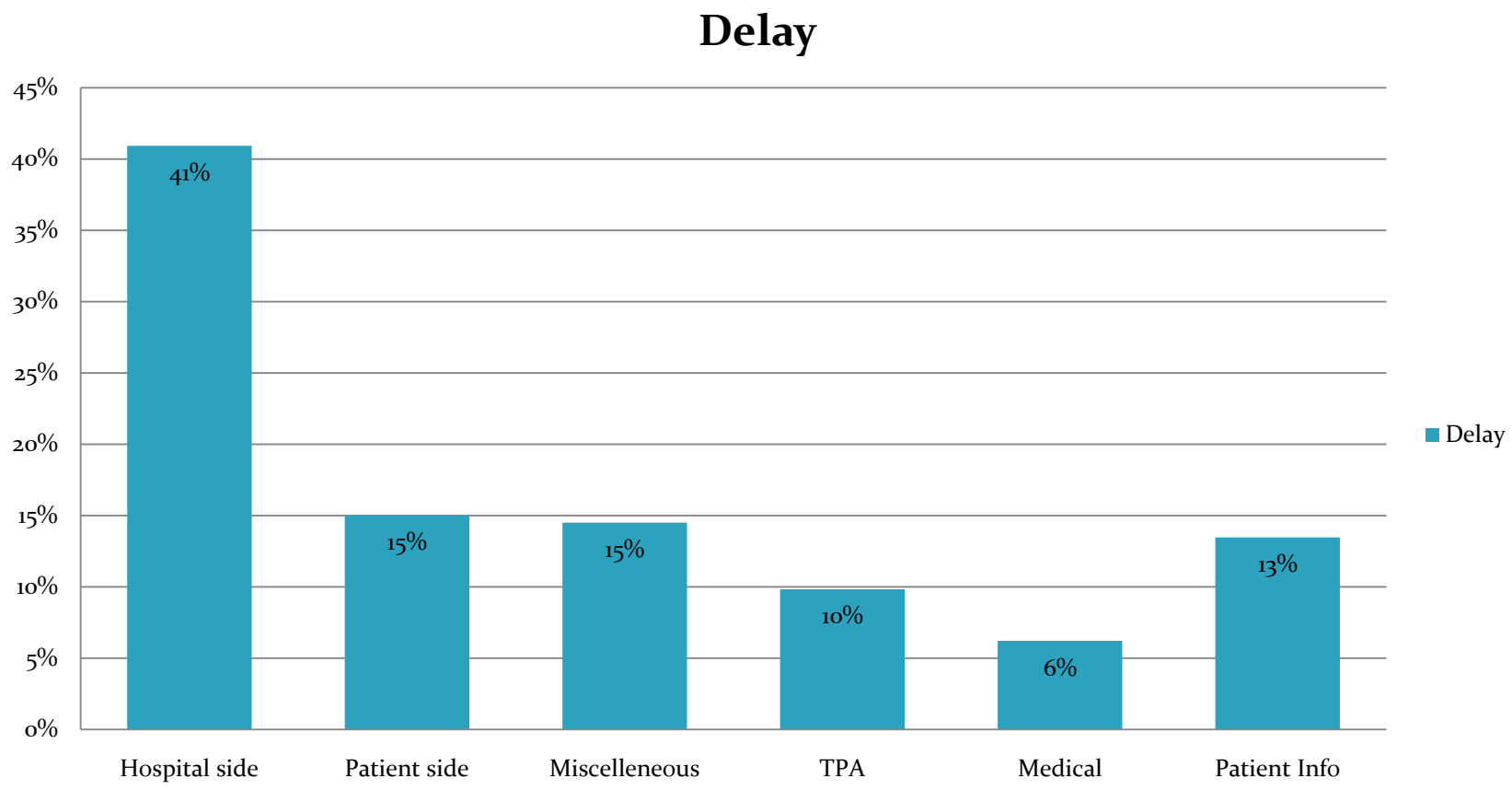


Reasons for delay

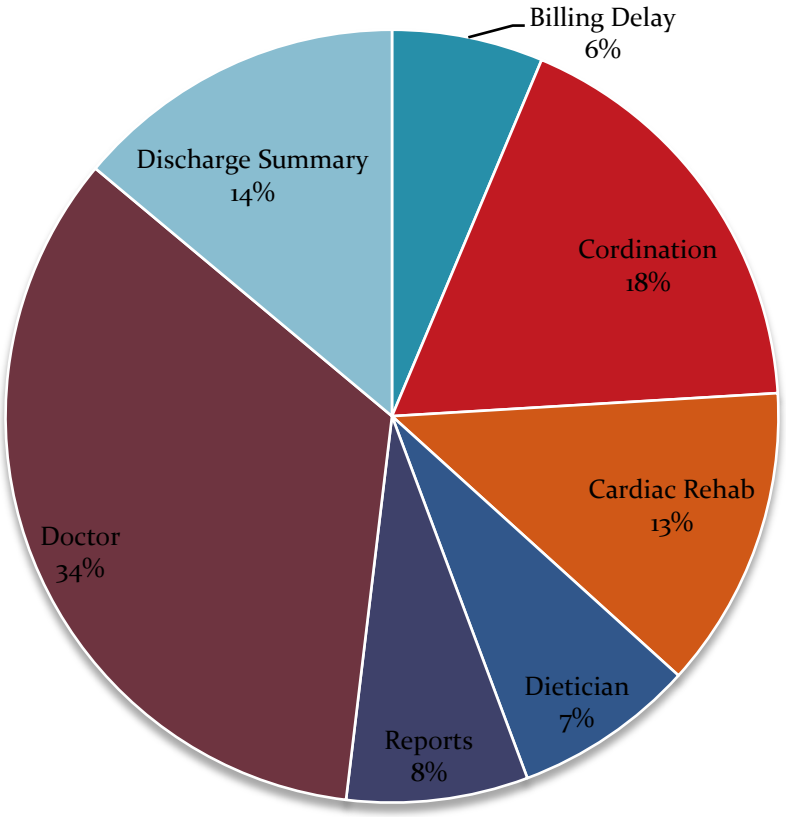
- While conducting the study, I came across the following possible reason for delay in discharge patients.

These are as follows:

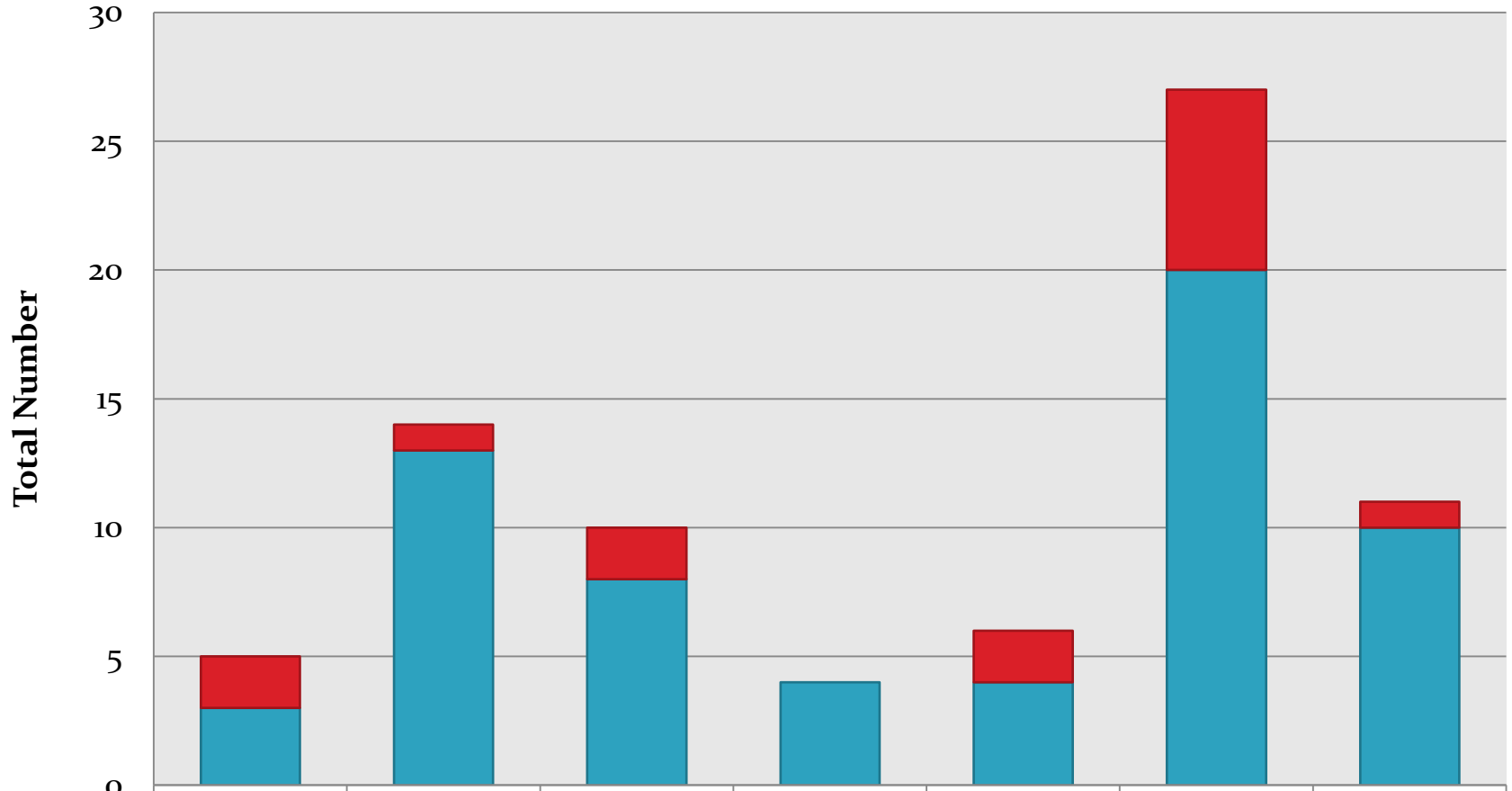
- Delay in billing by billing department.
- Delay in clearing the pharmacy bill by pharmacy department
- Delay in approval from TPA
- Delay due to doctor's visit
- Delay due to Discharge Summary
- Delay due to cardiac Rehab Lectures
- Delay due to lack of information given to patient
- Delay due to clearance of bill by patient
- Delay due to some patient wanted to leave late or leave after having lunch or dinner.


Delay
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
41%
15%
15%
10%
6%
13%
Hospital side
Patient side
Miscelleneous
TPA
Medical
Patient Info
Delay

Hospital Side Delays

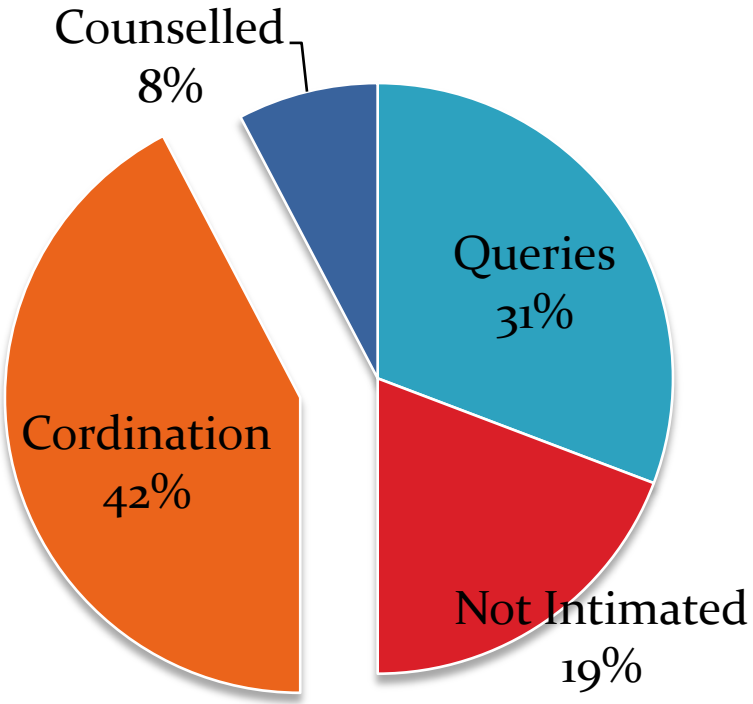


Hospital Delays

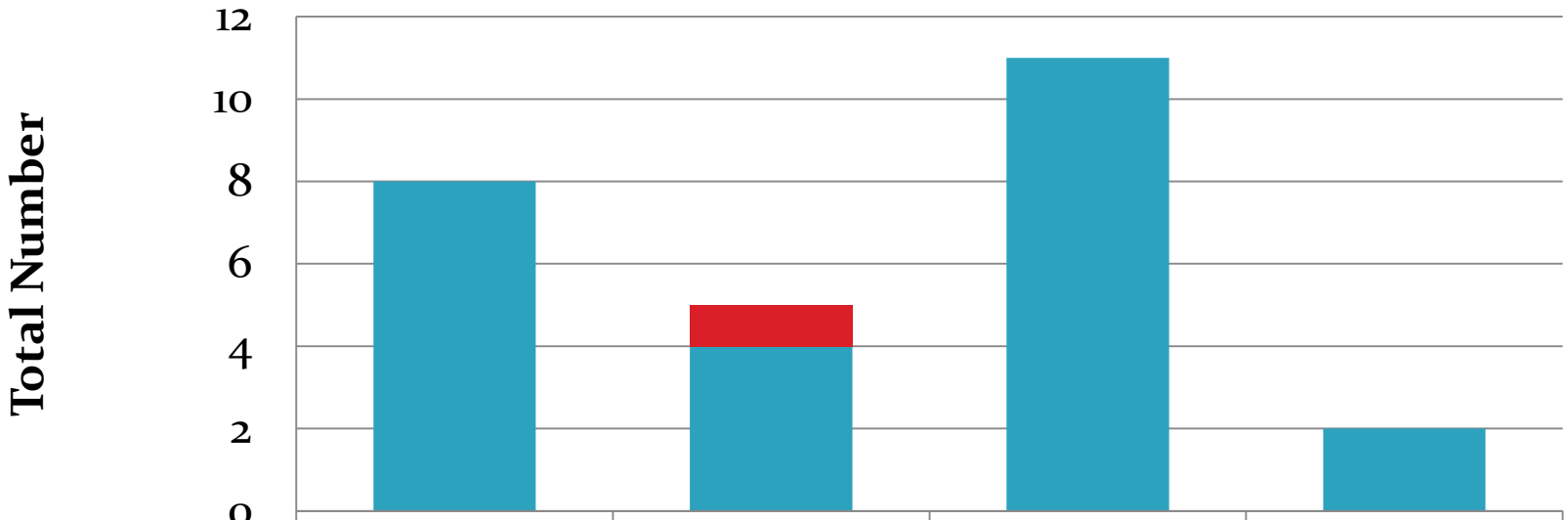


	Billing Delay	Cordinatio n	Cardiac Rehab	Dietician	Reports	Doctor	Discharge Summary
Unplanned	2	1	2	0	2	7	1
Planned	3	13	8	4	4	20	10

Delay due to Lack of Information from and to Patient (Flow of Communication)

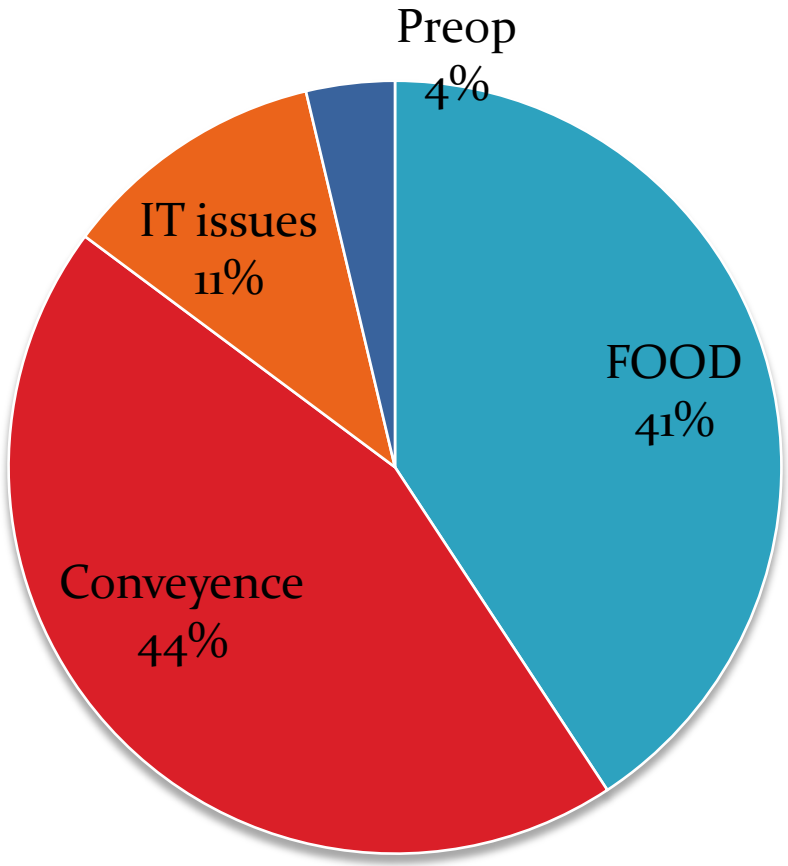


Lack In Patient Information

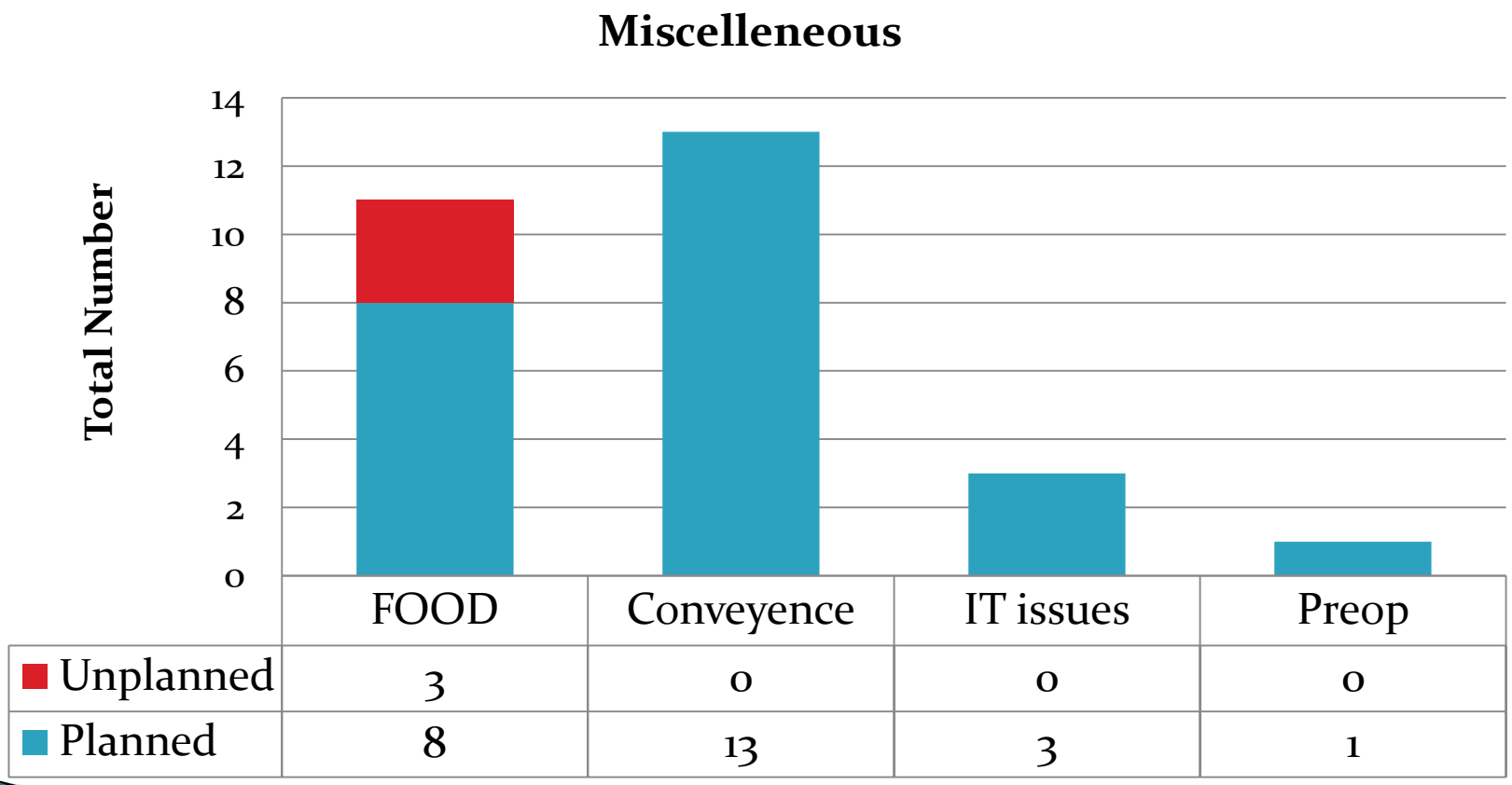


	Queries	Not Intimated	Cordination	Counselled
Unplanned	0	1	0	0
Planned	8	4	11	2

Miscellaneous Reasons

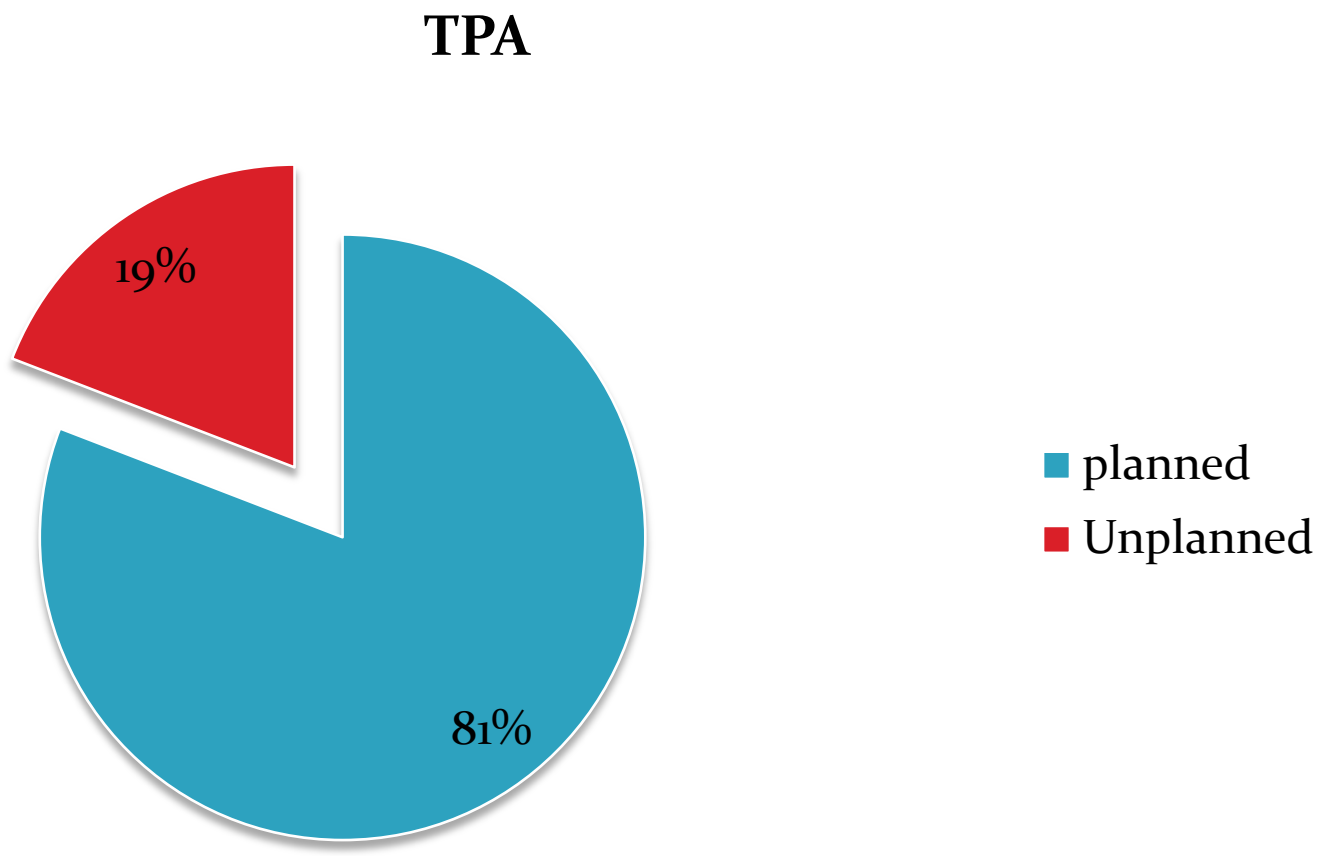


Miscelleneous

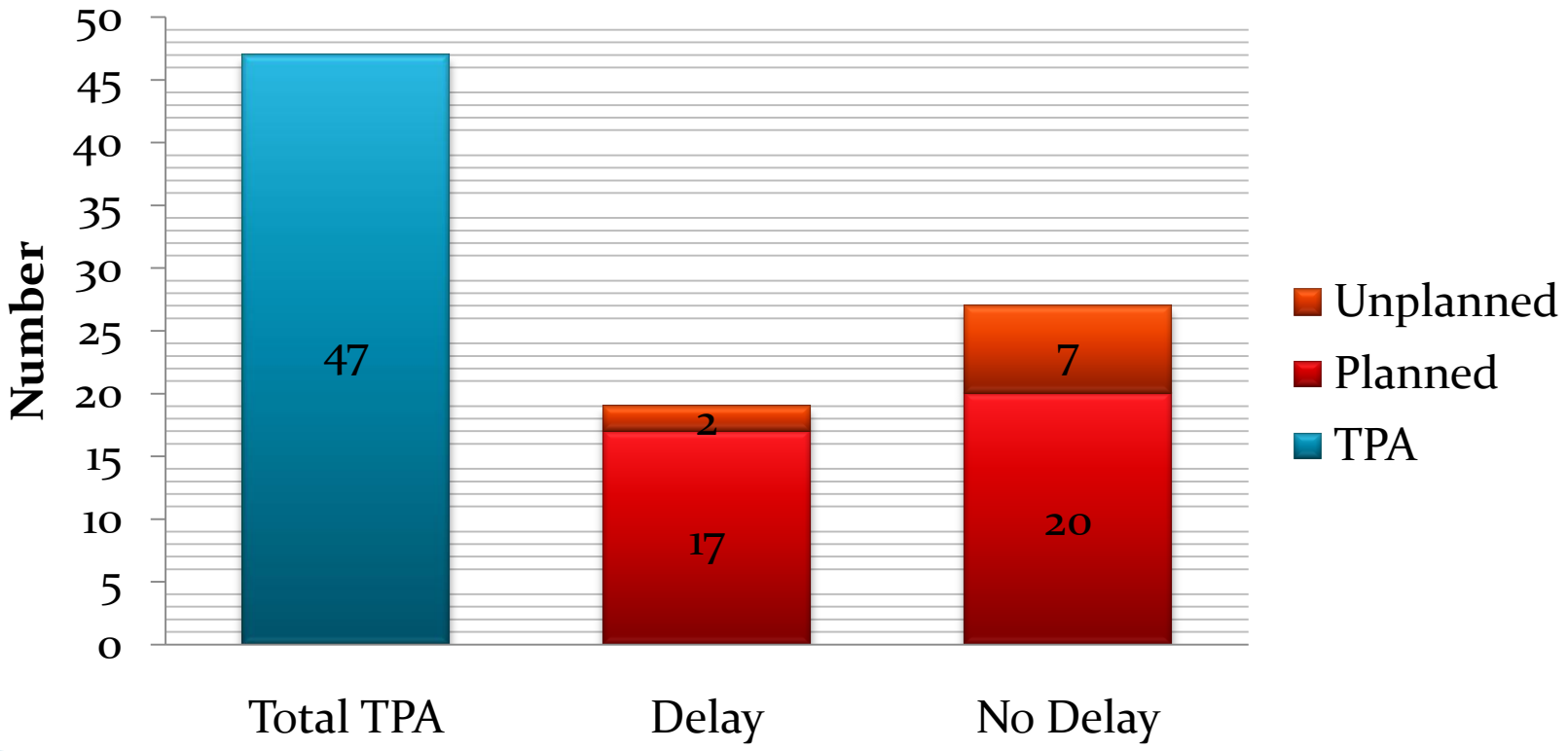


	FOOD	Conveyence	IT issues	Preop
Unplanned	3	0	0	0
Planned	8	13	3	1

TPA Discharges.



Delay In TPA


Number
50
45
40
35
30
25
20
15
10
5
0
47
2
17
7
20
Total TPA
Delay
No Delay
Unplanned
Planned
TPA

Bottlenecks in Effective Discharges

1. ***Doctors Rounds***- Even for planned discharges it was found that patient waited for Doctor's round before leaving.

2. ***Appointment with Doctors***

3. ***Discharge Summary***- RMO ratio poses big problem as it is not only making of Discharge Summary but also explaining the same.

4. ***Cardiac Rehab Lecture***- The lecture is schedule just before the discharge for about 45 min to 1 hr leading to blockage of room until patient return and empties the room.

5. ***Dietician Ratio***- It was found that just one dietician per floor was allotted presently due to shortage of staff.

6. ***Gap in the flow of Information between staff and patient***- Patient are usually not aware about the whole discharge process they do whatever they are asked to do, by chance if they miss out something that may lead to delay in the process. Less information about the time of discharge to the relative causing delay in arrangement of transport. Similarly, If relative doesn't convey their requirement in advance then there is delay in discharge process as arrangement of medicines and some corporate letters.

7. ***Reports***- collection of reports from various department either due to unawareness of the reports to be collected or negligence by the nursing staff.

9. ***Medical Issues***- sudden test or patient kept for observation.

10. ***Financial Clearance***- Relative take their leisure time to clear off the outstanding or are busy arranging the money as they did not expected the amount in the bill. It was also noticed that even if relative pay off the amount well in time they may not give the paid copy of bill to nurse.

11. ***Patient not from Mumbai***- It was also found that patient from outside Mumbai or international may pay off the bill but then wait for the flight or train.

Suggestion to Streamline the Discharge Process

- **Effective discharge begins during admission.** At the time of the admission of the patient, the physician, based on the patient's condition and severity of disease, charts out a treatment plan and following that if a discharge plan is identified up front for each patient it shortens the discharge.

- If doctors can enter "**anticipated discharge**" orders at least 24 hr ahead of discharge. This way the process would be initiated earlier and thus finish easier.

- Doctors have a tendency to visit the more sick patient before the less sick, this a resulting in further delay in the discharge process of the potential patient lined up for discharge. (Incentive/Reward can be given to Doctors who visit patient timely on respective rounds.

- Visual Improvement- Tentative planned date of discharge to be written on the white board at nursing station. Relative is counselled and convey about the same.

- Tools- A checklist should be used by Nurse and Relatives.(Annexure 2, 3)

CHECK LIST FOR NURSING

Nursing Activity	Discharge day 2	Discharge Day 1	Day of Discharge
Update planned date of discharge after consultation with doctor.			
Radiology Reports			
Echo Reports			
Lab Reports			
Other Diagnostic Report Like Angiography CD			
Dietician Counselling			
Cardiac rehab Session			
Pharmacy Return			
Any Special request from Patient side			
Inform to other department			
Arrangement of wheel chair and transport for patient.			
Update in HIS as soon as patient bed is vacated.			

CHECK LIST FOR RELATIVES

Relative Activity	Discharge Day 1	Day of Discharge
Expected Time Of Discharge		
Dietician Counselling		
Cardiac rehab Session		
Pharmacy Return		
Any special Pharmacy purchase		
Any Certificate required		
Arrangement transport for patient.		
Any queries to be solved		
Paid copy Given to nursing		
Collection of all reports		

- Patient care executive should ask patient or relative near the tentative date for any special requirement or any travel plans.

- While signing **MOU with TPA**, care should be taken to add a clause of early approval or adding half day charges or full day charges in advance.

- **Discharge Lounge Arrangement**- Patient who are fit enough and are either waiting for Doctor or conveyance, or other relative or some special requirement can be shifted to this lounge so that they will not cause any delay in actual discharge process.

Provisions for Discharge Lounge

- Specially Trained lounge staff.
- Drinking water
- Audio Visual Health display and Magazines.
- Associated Dinning area.
- All the staff should be trained to counsel the patient to move to lounge.
- This will be great relevance especially for patient who come from far off areas. The cost of availing this facility will be lesser than the room tariff and the hospital resource of the relieved bed will be channelized for a new patient who requires it more.

- The discharge summary is typed from the day, the patient is admitted, is updated on daily basis and on the day of discharge, only minor additional information is added.

- To speed up the billing process and to ensure quick turnaround of the final bills, all bills are updated every night to ensure minimum time taken on the day of discharge.

- **Enclosed billing counter-** It was observed that a constant disturbance exists at the billing counter, since a number of patients usually come so the billing counter for giving constant reminder for their bill updates, or enquires for personal nurses etc.

- To improve the coordination with in the hospital provision should be added where in as soon as the marked for discharge is done, SMS is sent thought the system to Pharmacy in charge and patient care executive.

- Cardiac Rehab Lectures and dietician session can be scheduled a day prior in the evening before the tentative date if in case discharge not planned, even if patient doesn't gets discharged it will save time.

Conclusion

- An effective patient discharge requires proper coordination among all the departments and all stakeholders who are involved in discharge process.

- All steps of discharge process are linked to each other as chain, so if delay occurs in any single step then it cause delay in subsequent steps of patient discharge.

- A fast discharge is directly related to patient satisfaction as it is patient last quality experience in the hospital so it should deal effectively and harmoniously so that patient can take good memories with him back home.

Thank You