QIP- Reducing the TAT of Discharge Process in the IPD

By

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Agenda

- Definition
- Research Methodology
- Exclusion Criteria
- Discharge Process Flowchart
- Facts and Figures
- Pharmacy Workload Distribution
- Analysis
- Recommendations

Definition

- Planned Discharges are those which are informed to the nurses a day prior than the actual discharge.
- Unplanned Discharges are announced on the same day without any prior knowledge to nurse.

Research Methodology

- Type of study:

A cross sectional, descriptive study was done at In-patient department (Wards).

- Study subjects:

Stakeholders involved in the discharge process i.e Pharmacist, Billing Personnel, Nurses, Consultants/RMO/Registrars, GDA, Ward Clerk and Investigations Departments.

Research Methodology

- Sampling techniques:

Primary data or samples were selected based on random sampling method

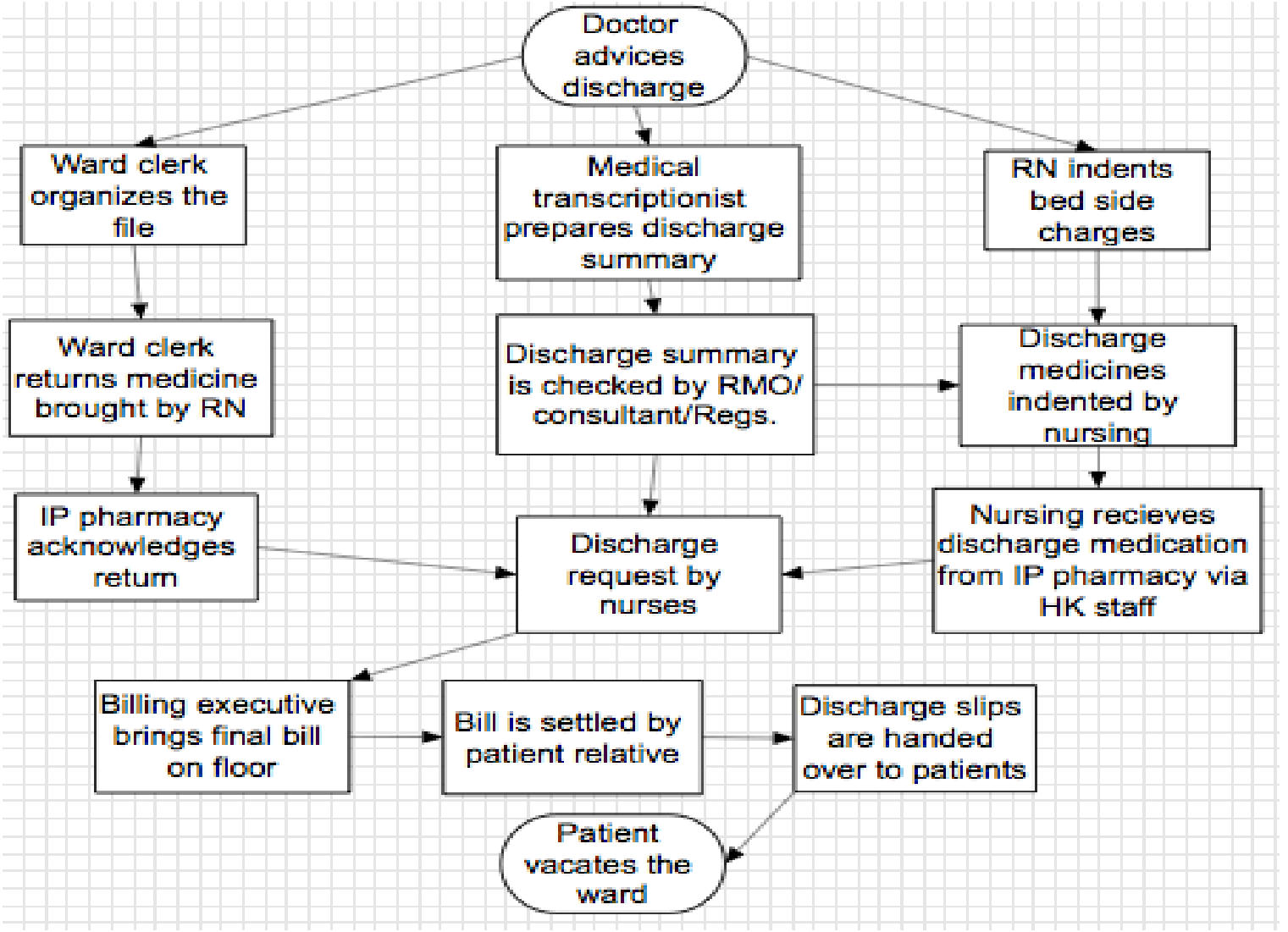
- Sample size: 122 samples were collected based on observation. 5 samples per day taken from total number of estimated discharges i.e 150. The estimate discharge was calculated based on average of the past three months
- Data type used:

Primary data, via observation

Exclusion Criteria

- Daycare and ICU discharge or deaths were not included in this study. Only TPA and cash patients were included in this study.
- The discharge process starts from the time doctor advises discharge to the time when the patient physically vacates the ward.

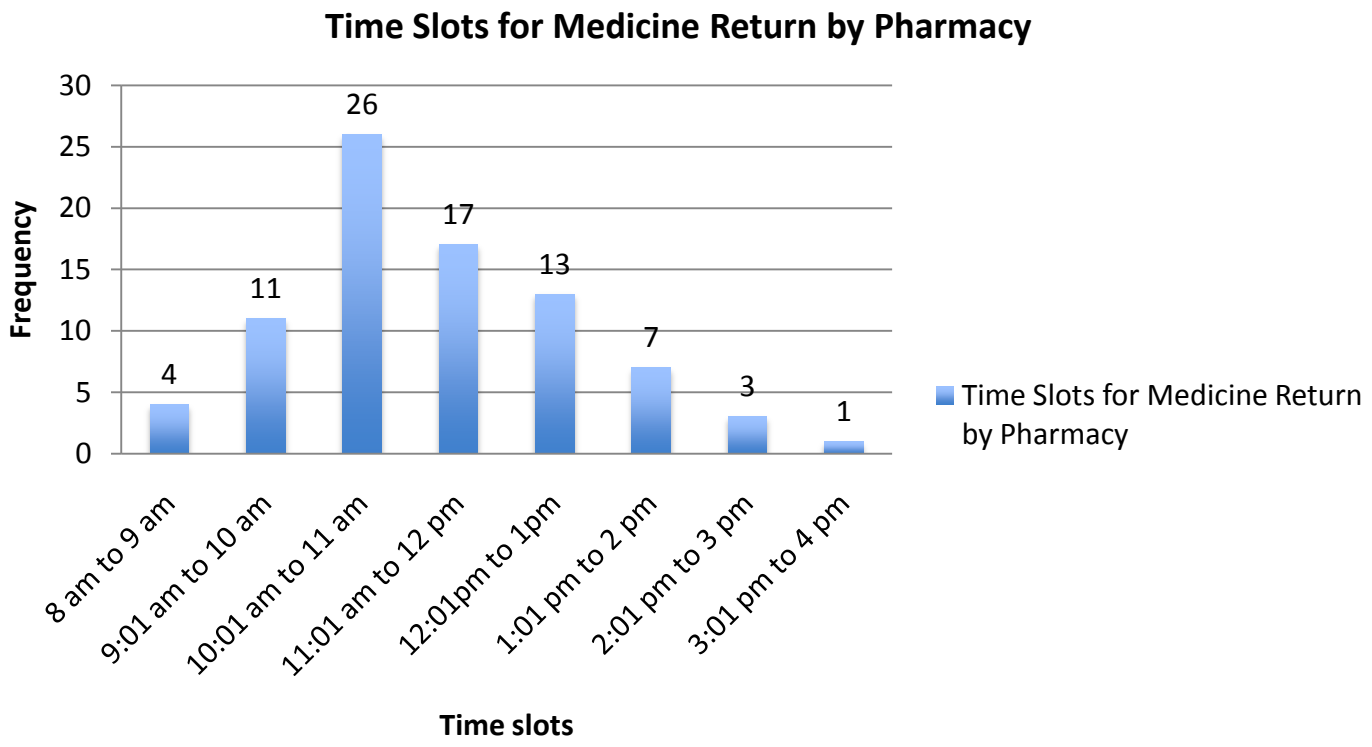
Discharge Process Flowchart



Facts and Figures

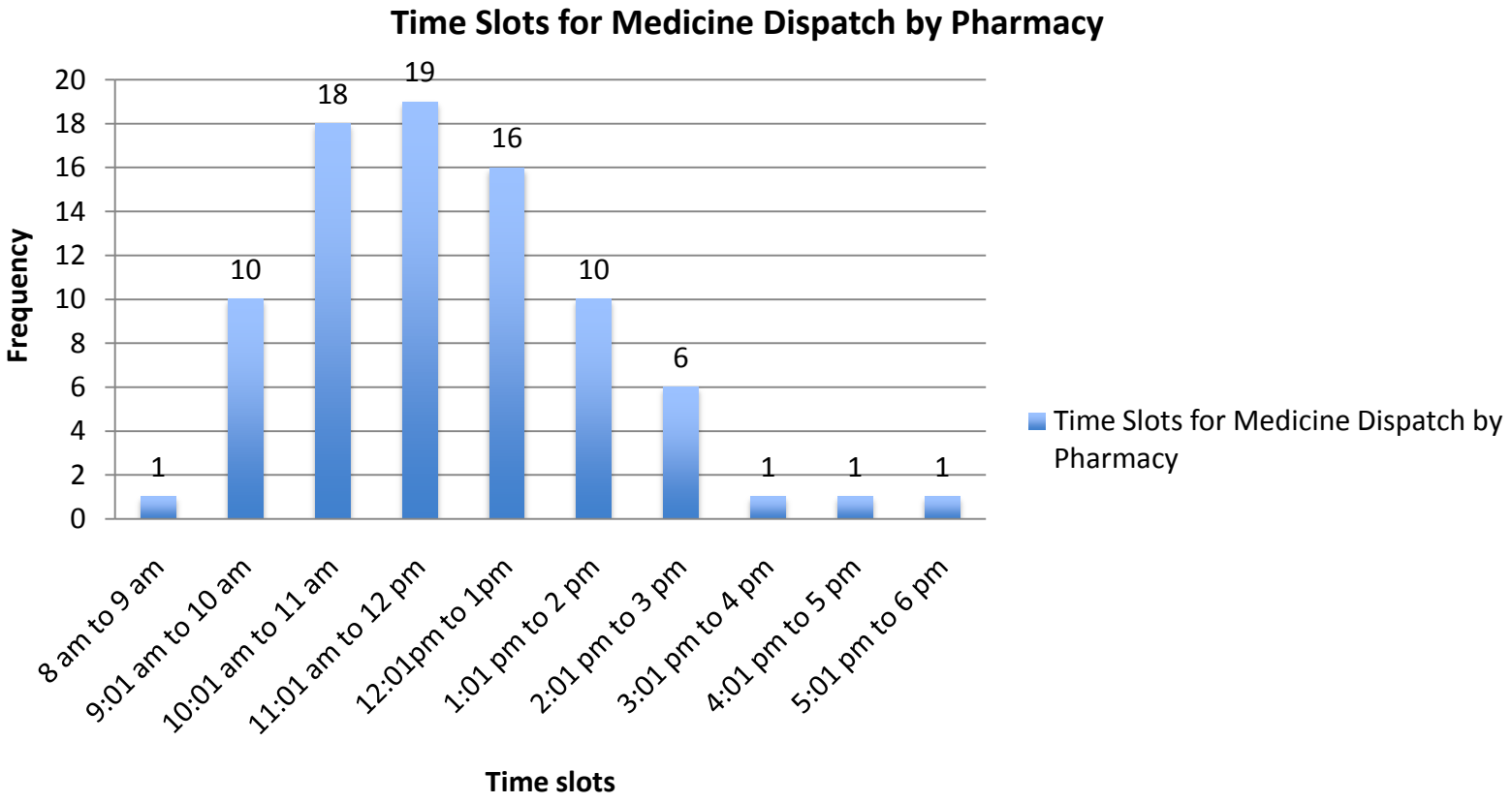
		Patient Type			
		TPA Planned (n=6)	TPA Unplanned(n=4)	Cash Planned (n=74)	Cash Unplanned(n=38)
Time breakup for various activities	Time taken to finalize discharge summary	2:05	1:49	1:30	1:24
	Time taken from medicine received by ward clerk to the time medicines return was acknowledged by pharmacy	0:16	0:47	0:09	0:09
	Drug turnaround time till drug receiving by RN	0:27	0:33	0:23	0:27
	Time taken from discharge intimation to discharge slip handover	5:06	4:43	0:31	0:30
	Final TAT	6:55	7:42	3:08	2:25

Pharmacy Workload Distribution



Maximum Workload : 10 am to 12 pm

Pharmacy Workload Distribution



Maximum Workload : 10 am to 12 pm

Facts and Figures

Type	TAT
TPA planned	6:55
TPA unplanned	7:42
Cash Planed	3:08
Cash Unplanned	2:25

Consultant based delay	Frequency
Consultant or reg. awaited to finalize Discharge Summary	36
Investigation ordered on the day patient is planned for discharge	5
Discharge meds yet to be confirmed by consultant	4
Waiting for consultant (either Ecg, drains or Discharge Summary finalization)	4
Procedure on the day of discharge	3
Ortho reg. in OT	2
Total	54
Time taken for finalizing discharge summary	1:30

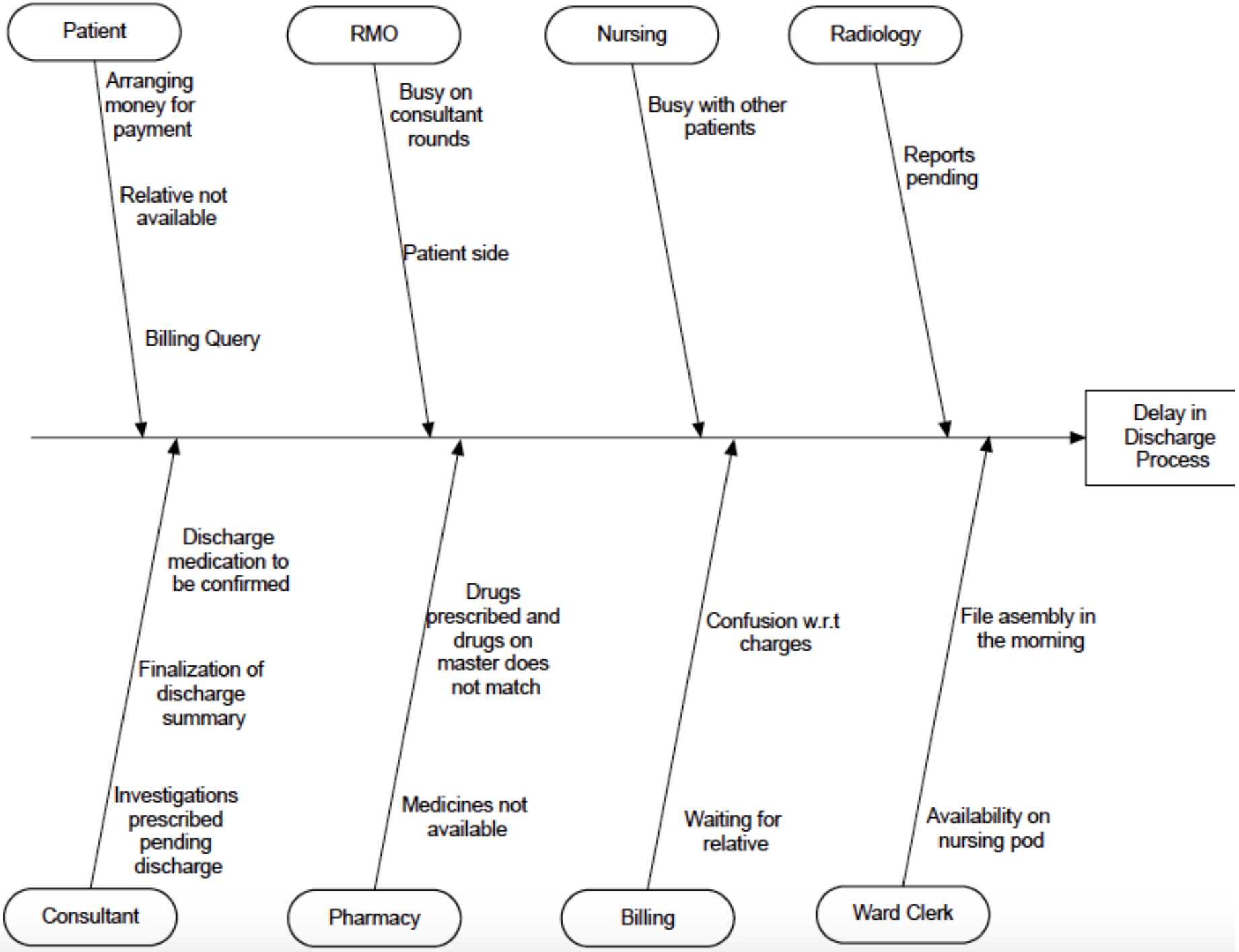
Patient based delay	Frequency
Waiting for relatives	10
Patient is arranging money	5
Patient wanted to meet dr. before leaving	4
Patient checking the bill	3
Pt. arranging money from trusts	2
Total	24
Time taken by patient to leave after billing	0:10

Nursing based Delays	Frequency
Busy with another set of patients leading to a mistake	7
Time taken from the time meds were received to the time discharge intimation was put	0:25

PARETO CHART

Analysis

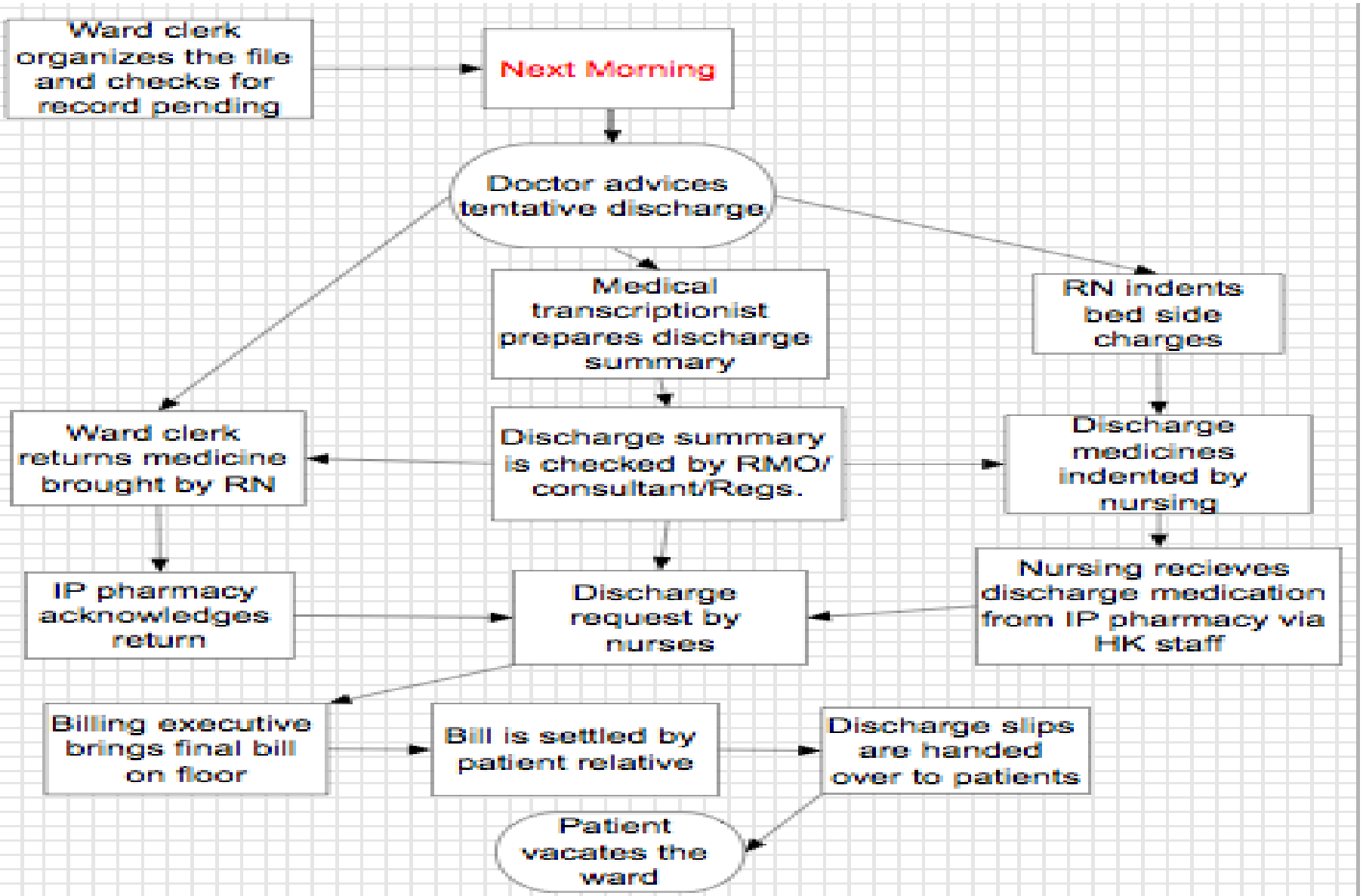
FISHBONE DIAGRAM


Patient
RMO
Nursing
Radiology
Arranging money for payment
Relative not available
Billing Query
Busy on consultant rounds
Patient side
Busy with other patients
Reports pending
Delay in Discharge Process
Discharge medication to be confirmed
Finalization of discharge summary
Investigations prescribed pending discharge
Drugs prescribed and drugs on master does not match
Medicines not available
Confusion w.r.t charges
Waiting for relative
File asembly in the morning
Availability on nursing pod
Consultant
Pharmacy
Billing
Ward Clerk

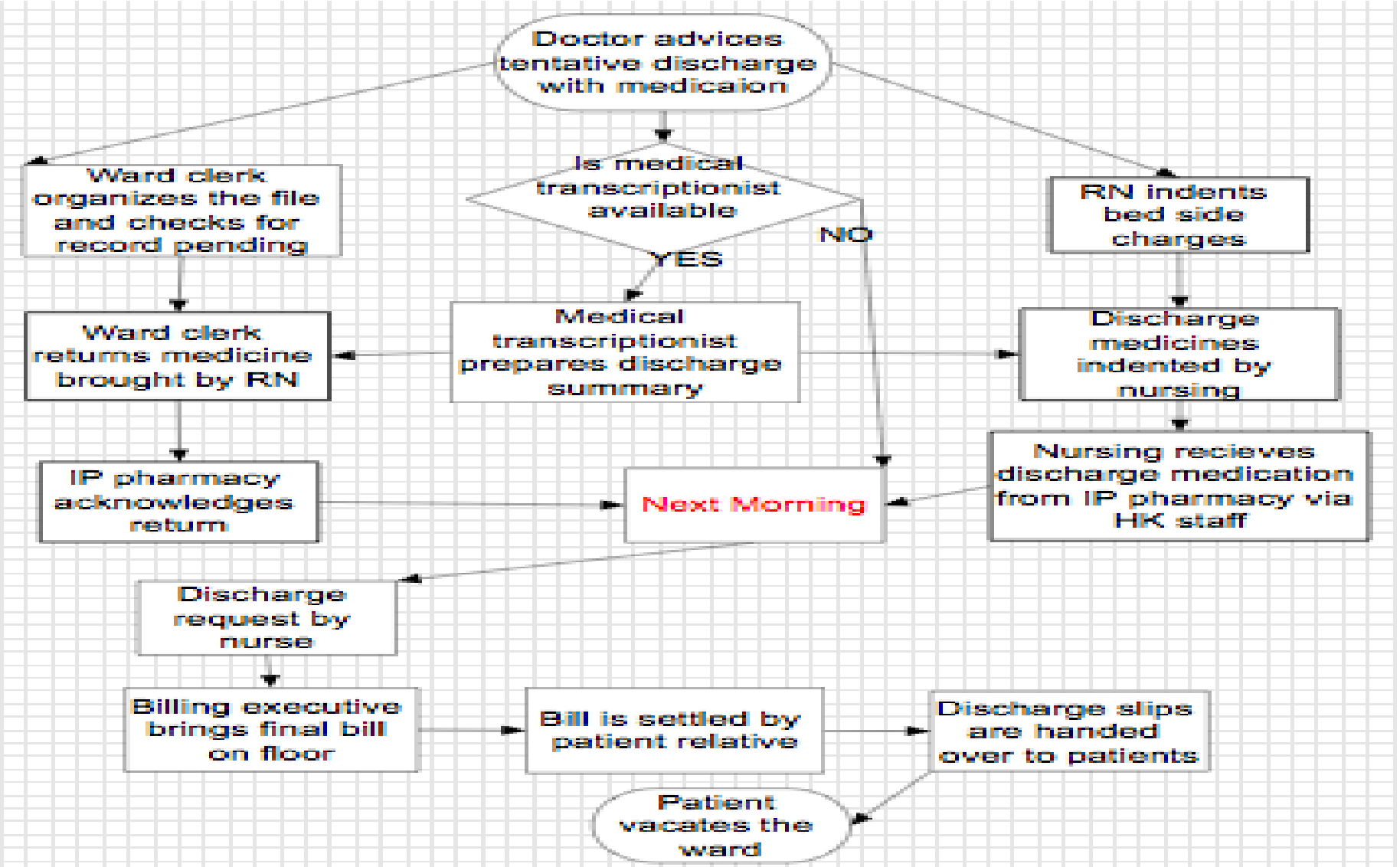
Impact Control Matrix

Control	Impact: High	Impact: Medium	Impact: Low
In control	Changes in the HIS to cut the extra work of MT	DS finalization by consultant	Medicine unavailability
	Medication confirmation	Investigations report availability	HK staff delay
	Consultant rounds	RN discharge instruction	Patient file assembly
Out of control	Funds arrangement by the patient	Patient requirements	IT system updates downtime
	Bill settlement	Patient relative availability	Patients buying medicines from outside hospitals
		RMO busy with patients	

Recommended Flowchart (Unplanned)



Recommended Flowchart (Planned)



Recommendation

- Assign all patients of discharge to one nurse per nursing station, resulting in a focused approach.
- Update the HIS to allow the MT to make changes in discharge summary directly without copy and pasting the discharge summary on word and editing it.
- A checklist for explaining the patients, the if's and but's of charging.

Recommendation

- Ward clerk should update files of patients for discharge a day prior.
- Setup a time bracket in which all consultants/registrars can come and check the patients.(at least surgeons)
- If discharge is planned, the doctor should prescribe the medicines when on rounds.

Recommendations

- Incase of referrals, primary consultant's decision should be final to discharge patient.
- Patient should be given interim bill daily so as to prevent delays in bill settlement.

THANK YOU