TO STUDY THE TURNAROUND TIME OF DISCHARGE PROCESS

Internship Training
at
Sterling Hospital, Bhavnagar

By
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Under the guidance of
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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 Roshni Desai, a student of MBA Hospital and Health Management from IIHMR University, Jaipur has undergone internship training at "Sterling Hospital, Bhavnagar" from 2nd February to 30th April2015.

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

The Dissertation is in fulfilment of the course requirements.

I wish her all success in all his future endeavours.

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To whom it may concern

This is to certify that Ms. Roshni Desai the student of IIHMR University, Jaipur has approached us for internship as a management trainee in our sterling Hospital, Bhavnagar unit from 2nd February to 30th April with Project entitled

- Discharge process and its improvement.

During her internship she has been regular, sincere, committed, responsible and hard working person.

We wish her all the best for prosperous career and future assignments.

For sterling add life India Ltd.,

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Deepak Verma,

Asst.Manager-HR

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **"To study the turnaround time of discharge pocess"** submitted by **Roshni Desai**, Enrollment No. **1493**, under the supervision of **Dr. Vijay Pratap Raghuwanshi** for award of MBA Hospital and Health Management of the university carried out during the period from Feb 2, 2015 to April 30, 2015 embodies 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.

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Acknowledgment

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Acronyms

IPD - In Patient Department

OPD – Out patient department

OT-Operation Theater

C.C.U- Cardiac care unit

M.O – medical officer

M.I.C.U – Medical intensive care unit

S.I.C.U – Surgical intensive care unit

C.S.S.D – Central sterile and storage department

I.C.C.U- Intensive critical care unit

IP No – Indoor patient identification number

DAMA – Discharge against medical advice

DOR – Discharge on request

Introduction

Nobody willingly gets admitted in a hospital. To a person getting admitted, nothing is scarier than the sight and thought of OT and wards filled with sick patients. To him, the moment he is certified fit for discharge, is the happiest and relieving moment. Only he can explain the urge to get back home and be with his family, but what comes in the way is the time taken to discharge the patient.

So, when the discharge time in a leading hospital is over five hours, then one can understand what woes it can cause to patients. This was the problem that Fortis Escorts Hospital, Amritsar was grappling with for quite some time. Patient feedback form and regular patient satisfaction survey revealed that the lengthy discharge procedures left patients and their family members worried and thus reduced the overall patient satisfaction level. Most importantly, it also reflected on the poor operational efficiency of the hospital.

Discharge is defined as, "a release of a hospitalized patient from the hospital by the admitting physician after providing necessary medical care for a period deemed necessary" .It is also defined as, "the process of activities that involves the patient and the team of individuals from various discipline working together to facilitate the transfer of patient from one environment to another".

The patient as well as his relatives is eager to resume their routine life immediately and any undue delay in the discharge process leads to patient dissatisfaction and takes a toll on image of the hospital, even after a successful and satisfactory treatment.

The process comprises of clinical, financial, legal and administrative and recordkeeping aspects starts right from writing of discharge orders to settlements of all kinds of hospital bills is a time consuming process; but if executed in an organized way with assistance from trained medical, para-medical and administrative staff, can be completed as per global standards or those prescribed by hospital accreditation boards like NABH at national level.

The time study measures the time required to perform a given task in accordance with a specified method and is valid only so long as the method is continued. Once a new work method is developed, the time study must be changed to agree with the new method.

Hospital is the most important service industry. Today, everybody is concerned about the Quality of Health Care **facilities** and the term "Quality" becomes an essential element to combat competition in the Healthcare Environment. In the process of attaining Quality, each and every process in the Hospital needs to be optimized to the fullest satisfaction of the patients. One such process that drives direct attention from the patients is the preparation and the timely availability of discharge summary at the time when they are leaving the hospital. The success of any organization depends on its resource utilization and by ensuring the proper discharge process; we can assure patient satisfaction and also utilizing resources for more patient care.

A lengthy, inefficient process for discharging in-patients is a common concern for the hospitals in India. It not only causes frustration to the patients and family members, but also leads to delays for incoming patients from admitting.

Review of literature

- **Prevention of delay in the patient discharge process**

Planning for a patient's post discharge needs care does not begin on the day when decision is made to release the patient from the hospital. It is generally accepted that discharge planning should start before admission (for a planned admission) or at the time of admission (for an unplanned admission). A combination of individual factors, most notably age, medical factors such as presence of multiple pathology, and organizational factors such as lack of alternative forms of care facilities put patients at risk of delayed discharge. Moreover, lack of nurses' participation also contributes toward the delaying of discharge. In this article, the author provides strategies to improve nurses' participation in discharge planning and discusses the importance of involving patients and their caretakers in decision making.

- **Exploring the principles of best practice discharge to ensure patient involvement**

It is often a challenge to know where to start implementing a new policy. the obstacles that staff might face on a daily basis; this is the key to the new process being sustainable. For example, if there is no clinical management plan, this alone may cause staff to dismiss the process and "do it their own way".

The process used on each ward must be the same, underpinned by specialist aspects of discharge planning relating to the individual area. For example, adding to the process may be acceptable but missing elements from it will delay discharges.

The discharge process must work efficiently out of hours and must not add to delays caused by lack of transport, medications and so on.

The discharge policy must also support the process; a wise step may be to reconsider the elements within your discharge policy .

If we can consider and start to conquer these problems in individual wards, policies supporting organizational safety, patient satisfaction and reduced length of stay should start to become integrated within practice. The discharge process at all levels is important to trusts' efficiency and effectiveness and is well worth a comprehensive review – using the 10 step approach.

- **Saying no to Discharge Woes**

In a location like Amritsar, where patients used to come from far-flung villages, discharge time of five hours and 30 minutes had wide repercussions. The whole family would wait for the patient to be discharged and then due to delays, they would have to travel at night which would unnecessary hassle. These complaints increased by each day.

The increased patient discharge time also obstructed the growth of the hospital. Explains Jasdeep Singh, Director, Fortis Escorts Hospital, Amritsar, "Another compelling reason to look into this matter was our growth. Our occupancy had gone up from 50 per cent or so in 2007 to 80 per cent in 2008. Our patients had to wait for a bed to be allocated so that admissions could take place." The discharge took place throughout the day, but a major cluster of the admissions happened before noon.

Since many patients had to wait for beds, the first encounter with the hospital resulted with dissatisfaction. Slowly the patients, most of them were emergency cardiac cases, started their

stint in the hospital with a lot of inconvenience, which earlier was limited to just the time of discharge.

Explaining the urgency, Singh shares, "We had to do something to stay ahead of our competition. We could not afford to lose our patients who entrusted us with their lives and came to us with high hopes. Something had to be done to correct the situation."

- **Reaching Bed Demand through quick discharge**

To maintain a competitive edge, a major focus of hospitals today is to increase bed capacity without the need to build and staff additional beds. Hospitals need strategies to determine and communicate patient's readiness for discharge, and to improve their ability to track bed availability. Coordination of patient activities is complicated at academic hospitals and requ0ires that efficient communication of various disciplines be in place to minimize delays in admissions, discharges and cancellations of scheduled surgical procedures. Previous studies have reported that hospital capacity can be increased without the need to build and staff additional beds. More than a decade ago, Clerkin ,developed a decision support tool to improve hospital bed assignment of patients at the time of hospital admission or during the hospital stay. In 2000, Cohen and Martorella[7] also implemented a bed availability report to provide relevant information about hospital-wide inpatient activity and facilitate patient placement. Recently, reported that ED overcrowding is a critical problem nation-wide. To facilitate patient flow out of their ED, they identified the causes of delays in discharges and admissions, instituted the practice of flagging the charts of patients ready for discharge, and implemented admission orders to decrease patient waiting times.

1. *Discharge Criteria List.* The intern upon admitting a patient entered an initial diagnosis as well as a list of discharge criteria into the *Patient Tracker* "Discharge Criteria"). The discharge criteria were specific, quantifiable medical conditions that, when met, triggered the discharge of the patient.
2. *Daily Communication with the Attending Physician Regarding Discharge Criteria.* The house officers worked with the attending physician daily to plan for the discharge of each patient. In addition to the patient's current condition and plan of care, the physicians discussed the patient's discharge criteria and updated *Patient Tracker* if needed.
3. *Regular Discharge Assessments by Nurses.* Twice a day, (2 a.m. – 6 a.m.; and 2 p.m. – 6 p.m.), each patient care nurse assessed his or her patients against the physician-defined discharge criteria in the *Patient Tracker* software.
4. *Morning Discharge Rounds.* Each morning, from 7:30 a.m. to 8:00 a.m., the medical teams reviewed *Patient Tracker* and identified the patients who were noted by the nursing staff to "Meet Discharge Criteria Now" The team rounded on these patients first and the senior resident of each team entered the
5. *Bed Control Meetings.* Three times a day, the nursing supervisor and charge nurses met to discuss pending admissions, transfers, and discharges.
6. *Discharge Planning Notes.* House-wide care managers used *Patient Tracker* to identify patients that would require home care arrangements and/or other discharge planning assistance. The care managers entered their notes and task lists into the system "Care Manager", thus updating physicians and nurses on their activities.

7. *Ongoing Communication.* Throughout the day, physicians, nurses, and consultants used *Patient Tracker* to update patients' discharge status and to communicate with each other.

Operational Definitions

- **Discharge** -Discharge is defined as, "a release of a hospitalized patient from the hospital by the admitting physician after providing necessary medical care for a period deemed necessary

A **discharge** plan for your hospitalization is actually established when you are admitted to the **hospital**.

- **Simple /routine discharge**

Most people who are discharged from hospital need only a small amount of care after they leave. This is called 'minimal discharge'.

- **Complex discharge**

✓ If you need more specialised care after you leave hospital, your discharge or transfer procedure is referred to as a 'complex discharge'. For example, you may:

✓ have ongoing health and social care needs

✓ need community care services

✓ need intermediate care

✓ be discharged to a residential home or care home

- **Inpatient department :-**

Inpatient" means that the procedure requires the patient to be admitted to the hospital, primarily so that he or she can be closely monitored during the procedure.

- **DAMA**

Against Medical Advice, or AMA, sometimes known as DAMA, Discharge Against Medical Advice, is a term used in health care institutions when a patient leaves a hospital against the

advice of their doctor. While leaving before a medically specified endpoint may not promote the patient's health above their other values, there is widespread ethical and legal consensus that competent patients (or their authorized surrogates) are entitled to decline recommended treatment.

Research Methodology:

Problem statement

There is often a significant delay between a patients being identified for discharge on the ward round to actual discharge from the unit.

'Discharge delays cause patient flow constraints which negatively impacts patient satisfaction, safety, hospital capacity and financial performance'.

Objective

General:-

- To study the process of discharge at Sterling Hospital , Bhavnagar.

Specific:-

- Identify the cause of delays to discharging patients from the Inpatient Department and develop interventions to minimize such delays if any.
- To propose recommendations based on the study findings.

Methodology :-

- Location of study

Inpatient department of sterling hospital, Bhavnagar.

- Study design

  Experimental

  - Sample size

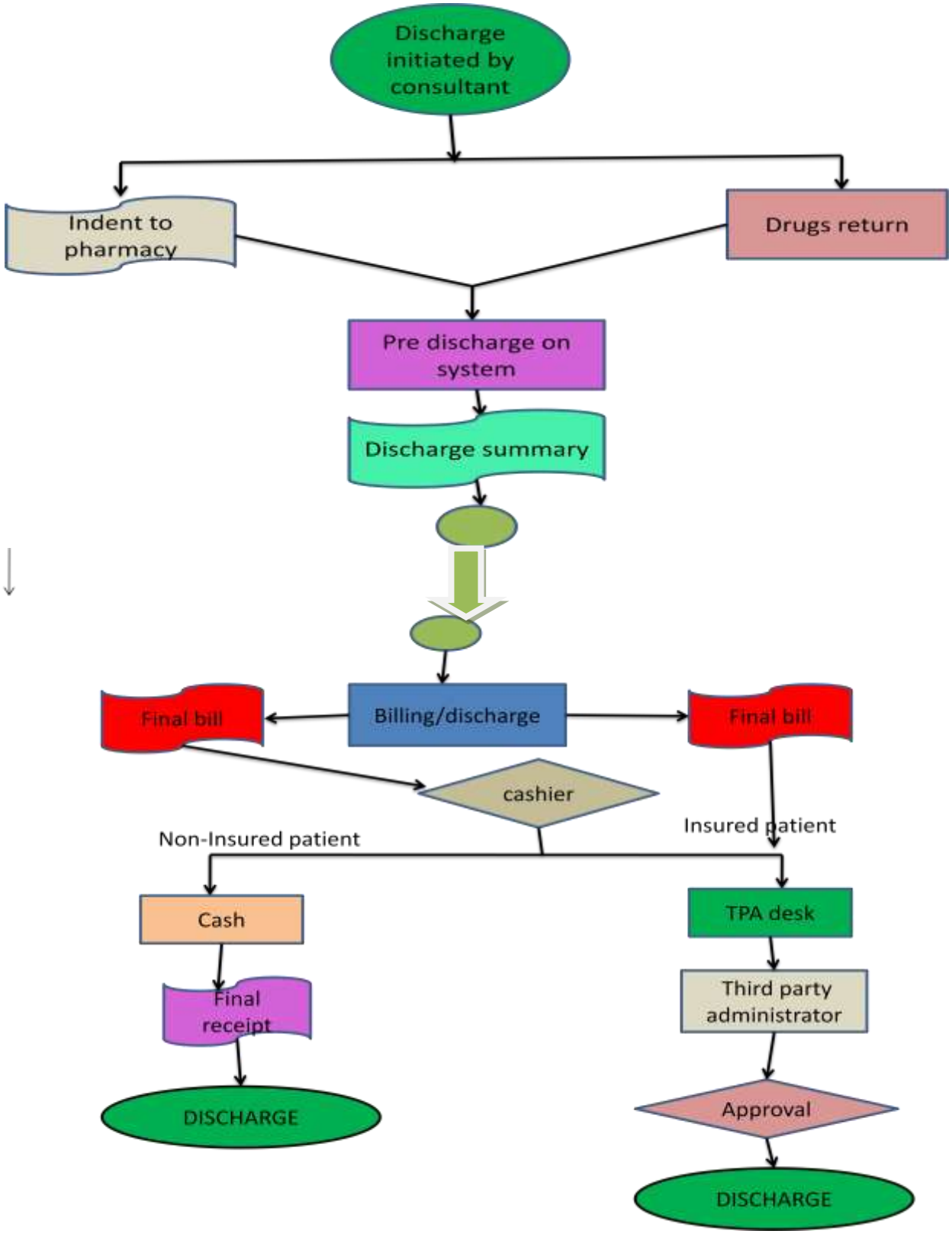
    120cash patients.

- Sample technique – non probability sampling.(CONVENIANCE SAMPLING)
- Data collection technique

  Primary data collection.

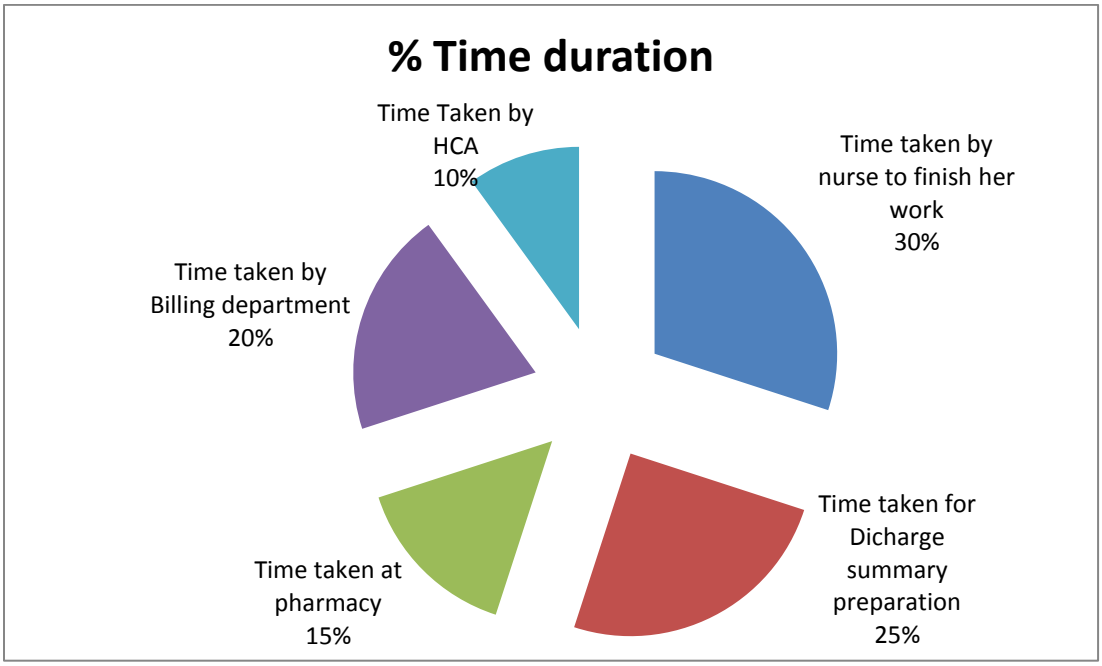
- Tool – check list (patient discharge checklist).

Discharge process mapping :



Results and Discussion:

Reasons For Delay in discharge comprises of:



Activity	% Time duration	Mean time
		In Hours
Time taken by nurse to finish her work	30%	1.2hr
Time taken for Discharge summary preparation	25%	1hr
Time taken at pharmacy	15%	0.6hr
Time taken by Billing department	20%	0.8hr
Time Taken by HCA	10%	0.4hr

Total	100%	4 Hr

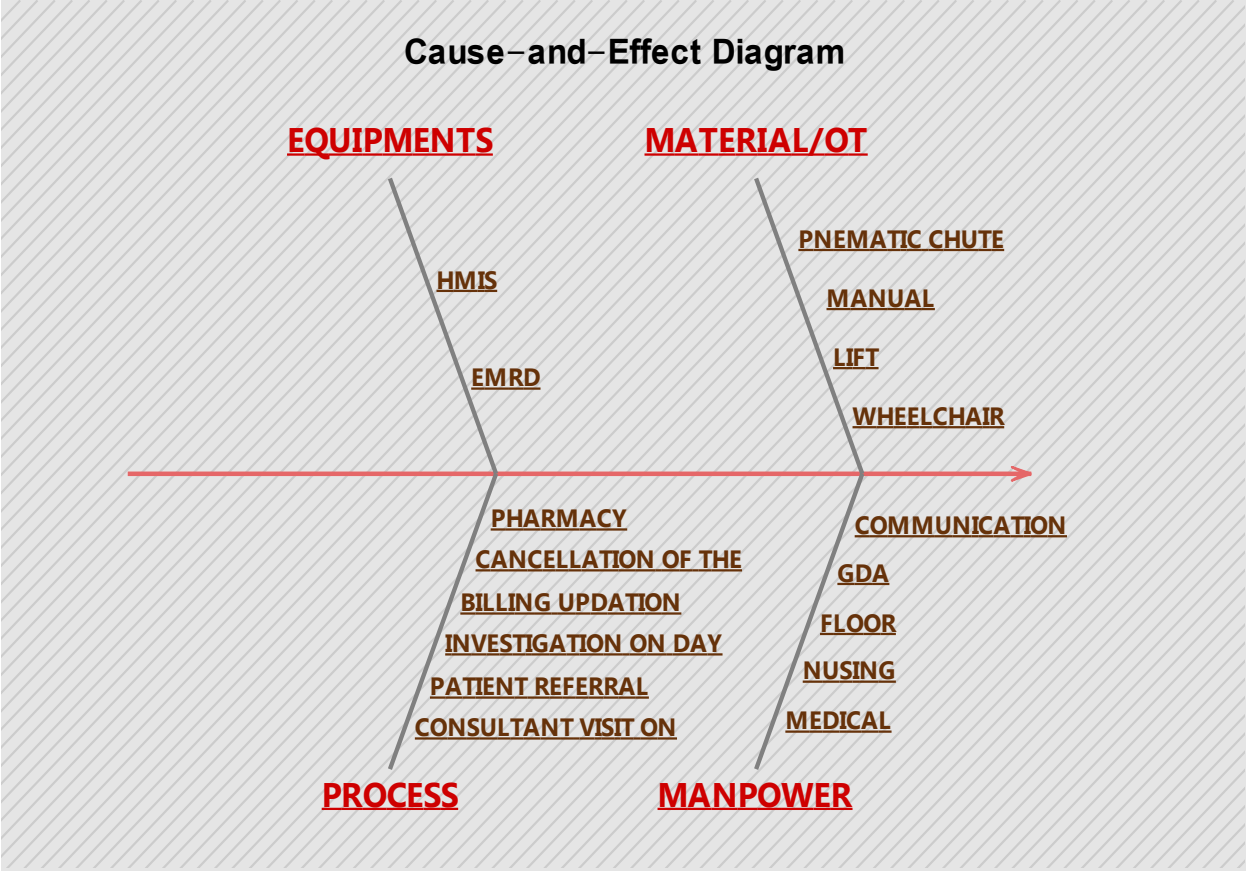
Interpretation of data:

- From the graph its seen that the maximum time of overall discharge process was getting consumed by Nurses in finishing documentation of patients overall stay, pending Nursing Notes , collecting reports from other departments etc.

  Overall 30% of time consumed by them.
- After that Discharge summary preparation also a major contributing factor towards delaying the Discharge of the patient, it almost comprise of 25% , which was because there were not specific typist assign for respective floors, it was managed by single typist for all the IP wards.
- The other departmental contribution was seen to be of pharmacy department, 15 % of total discharge time.
- The billing department was contributing 20% as billing officer has to also explain the patient queries at the time of payment.

Findings

The overall contributing reasons for delay in discharge process can be seen in cause and effect diagram,



- Miscommunications: - between doctors and nurses when doc planed discharge for patient. Between nurses and patient relatives.
- Staffing issues – typists are not available on every floor. They are not on time so there is a delay in typing discharge summary.
- Delay in authorisation of discharge summary, some time consultants are busy with some other works like surgeries other rounds, it takes time to sign the discharge summary.

- Incomplete hospital charges:-at the time of bill preparation some of the charges found in complete, orders are not accepted by the dept. call them and accept the orders it takes time.
- Delay in authorisation of discharge summary by the consultant they may be busy with some other works.
- Incomplete hospital charges – sometime hospital charges are not accepted by the department it increases the billing errors.

✓ Interim bills are not given frequently to the patient relatives.

✓ At discharge counter they cross check the hospital charges, call the respective department to accept the charges to complete.

- Further investigation after pre discharge- sometimes consultant prescribe some investigations at the time of discharge, before leaving the hospital to find the things all right. Patients are waiting for reports.

Recommendations

1. Advance information: - Advance planned discharge by physicians so that the nursing staff can prepare accordingly. Nurses are trained to confirm the date of discharge from the treating consultant during his round every day. : Nurses were trained to confirm the date of discharge from the treating consultant during his rounds every day.
2. Trained nurses to prepare discharge summary: - because typist are not available on every floor. Maximum times discharge should be planned by consultant during night rounds by the time nurses prepare discharge summary, so only few additions and authorisation by consultant during morning visits.

3. Discharge summary is typed from the day when patient is admitted to the hospital:-. The discharge summary is typed from the day the patient is admitted, is updated on a daily basis and on the day of discharge, only minor additional information is added. "The summary is to be checked and signed by the consultant during his morning visit to the patient on the day of discharge,
4. Daily updating bills:- To speed up of the billing process and to ensure quick turnaround of the final bills, all bills are audited and updated every night to ensure minimum time is taken on the day of discharge. The aim is to complete all the discharges before 11am every day , so that the same beds could be made ready for the new admissions.
5. Upgrading IT: - To ensure speedy processes, IT systems too were upgraded. Some automation in the Hospital Information System (HIS) was brought in to enable a faster billing process as well as availability of diagnostic reports online which ensured that there was minimal delay
6. Daily Payment: It is not easy to ensure that the attendants are ready with the balance of the payment and logistic arrangements. "So, whenever there is a credit from the patients' side, the attendant is asked to pay the amount on a daily basis, so that in the end there is not a bulk of payment to be made,
7. Separate patient lounge: - as soon as the bill is closed patient is move towards the lounge so that the room will get prepared for the next patient.
8. Implementation of discharge tracking list :

It was prepared and it includes whole discharge process with timing. After giving discharge to patient by consultant, his/her file is processed for discharge till billing through discharge tracking list and also responsible person identified that is helpful by indicating where problem is existed?

And what is the problem?

PATIENT DISCHARGE TRACKING PROCESS FORM				
	DISCHARGE EVENTS	**TIME**	**RESPONSIBILITY & NAME**	**REMARKS**
1	Anouncement of discharge by Consultant at		**MO:**	
2	Nurse starts filing work for discharge at		**NURSE:**	
3	Nurse finished work at		**NURSE:**	
4	Whole discharge summary is ready (After Doctor's visit) at		**MO:**	
5	File sending to Pharmcy Dept. to return medicine at		**INHARGE/MO:**	
6	File sending to Billing Dept. from Pharmcy at		**PHARMCY:**	
7	Work finished by desk officer of Billing Dept. & sending to Revenue at		**BILLING OFFICER:**	
8	Check out Whole file by billin Dept. & inform to relative at		**BILLING/REVENUE:**	
9	Discharge slip sent to Ward by Billing Dept. at		**BILLING OFFICER:**	
10	Patient is explained for Mdicines,diet and advice at		**MO:**	
11	Patient leaves Ward and finaly Physically discharged at		**INHARGE/MO:**	
STARTNG TIME:	**ENDNG TIME:**			
	TOTAL TIME:			
	PLANNED DISCHARGE:		**DAMA:**	
	WAS DISCHARGE SUMMARY READY?			
	WAS FILING WORK DONE?		**DOR:**	
	UNPLANNED DISCHARGE			
	MO:-		**NURSE:-**	

This form is helpful to identify problem in discharge of patient. It gives right time for each event of Discharge process. Efficiency of Discharge process can be elicited.

- **Description Of Form:-**

- Discharge Events done By Responsible Person Of Hospital:-

Announcement of discharge by Consultant:-

In any type of discharge, weather it is Planed, Unplanned, DAMA, DOR- **Medical Officer** has to note time of announcement of discharge with his/her name. It is initial and very important event of discharge process of Patient.

Nurse starts filing work & finished it for discharge:-

After announcement of discharge, **Nurse** arranges all documents including treatment sheet, reports, Sheet of given services to patients, Doctor's visit Sheet etc. according to MRD checklist. Here, in case of planned discharge Nurse is asked to finish filing work at previous night of discharge. She/he indents remained and newly prescribed medicines.

Nurse has to note time of starting and finishing of filing work with his/her name.

Whole discharge summary is ready(After Doctor's Last visit):-

Discharge summary officer plays significant role in making discharge summary. So except diagnosis and medicines on discharge, she made discharge summary within 1-2 days after admission of patient. **Medical Officer** has to note time of finished discharged summary with his/her name.

File sending to pharmacy:-

File is send to pharmacy Department to return vials or other medicines. **Nursing in-charge or Medical Officer** has to note time of sending file to pharmacy with his/her name.

File sending to Billing department:-

Returned medicines were checked by pharmacy department and then file is send to billing department. This time has to be noted by Pharmacy department.

Here **Housekeeping staff** plays role to send file of discharged patient from Ward to Billing department.

Work of Billing department:-

First of all desk officer makes a bill according to stay of patient in hospital and then he sends file for further checking and he has to note that time with his name in the discharge form.

Then time of checking of whole file is noted in the discharge form by Billing /Revenue department.

Finally desk officer makes discharge slip and sends it to ward and that time is also noted in the discharge form.

Patient is explained for medicines, diet & advice:-

This job is done by **Medical officer.** This time is also noted in the discharge form with his/her name.

Patient leaves ward and finally physically discharged:-

Thus the patient is finally discharged physically and this time is noted by **nursing in-charge**

- **Checklist for patient after discharge :-**

Remember to do the following before you leave hospital:

- Provide a forwarding address for any post.
- Make sure you have the medication you need.
- Make a follow-up appointment if you need one.
- Ask the nurse in charge of your ward for any medical certificates you may need.
- Collect any cash and valuables you may have handed in for safekeeping.
- Check that you have all your belongings.

Results after implementation of Recommendations and Discharge tracking list:

		Mean time	Before implementation of recommendations	After implementation of recommendations
Activity	% Time Consumed	Hr	Min	Min
Time taken by nurse to finish her work	30%	1.2hr	72 min	20 min
Time taken for Discharge summary preparation	25%	1hr	60 min	30 min
Time taken at pharmacy	15%	0.6hr	36 min	20 min
Time taken by Billing department	20%	0.8hr	48 min	20 min
Time Taken by HCA	10%	0.4hr	24 min	10 min
		4 hr	240 min	100 min

Conclusion

An effective Discharge requires proper coordination among all the departments and stakeholders who are involved in discharge process. All the steps in the Discharge process are linked to each other as a chain, so if delay occurs in any single step it delays the overall discharge process. At last discharge is directly linked with the patient satisfaction as it should be deal effectively and harmoniously so that patient should take good memories while going back home.

References

1. http://www.ihi.org/resources/Pages/Changes/ScheduletheDischarge.aspx

2. House of Commons Health Committee Delayed Discharges' (2001-02). London: The Stationery Office. 6. Department of Health (2002). Fair access to care services (LAC (2002)13). London: Department of Health. 7. Department of Health

3. Myers C, Green T. Forecasting demand and capacity requirements. Healthc Financ Manage. 2004.

4. Falvo T, Grove L, Stachura R, et al. The Opportunity Loss of Boarding Admitted Patients in the ED. Acad Emerg Med. 2007

5. Clayton PD, Narus SP, Huff SM, Pryor TA, Haug PJ, Larkin T, Matney S, Evans RS, Rocha BH, Bowes WA, 3rd, Holston FT, Gundersen ML. Building a comprehensive clinical information system from components. The approach at Intermountain Health Care. Methods Inf Med. 2003;42(1):

6. Murchison RS. Get patient information anytime, anywhere. Nurs Manage.