TIME MOTION STUDY OF DISCHARGE PROCESS FOR CASH PATIENTS.

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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 , 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.

PROBLEM STATEMENT

- High Turn around time (TAT)of discharge process in Sterling Hospital , Bhavnagar.

RATIONALE /NEED FOR STUDY

- Decrease in bed turnover and hospital's productivity.

- Negative impact on patient satisfaction.

- Moreover performance makes consumer return to the same provider and spread more favourable "word of mouth" recommendations.

RESEARCH QUESTION

- How to reduce (re-engineer) the high TAT (turn around time) of discharge process?

RESEARCH OBJECTIVE

- **General :-**
- ✓ To study the process of discharge in Sterling Hospital , Bhavnagar.
- **Specific :-**
- ✓ To find out the reasons of high TAT in discharge process.
- ✓ To understands the bottlenecks .
- ✓ To study the barriers / delay in discharge process.
- ✓ To reduce high TAT of discharge.

OPERATIONAL DEFINATION

- **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.

RESEARCH METHODOLOGY

Location of study

- Inpatient department
- Nursing station
- Billing Department

Study design

- Experimental

Study period

20th Feb. to 30th March

Sample size – 120 patient.

Sample technique –probability sampling.(CONVENIANCE SAMPLING)

DATA COLLECTION TECHNIQUE

TIME MOTION STUDY OF DISCHARGE PATIENT (PATIENT DISCHARGE CHECK LIST).

A	B	C	D	E	F	G	H	I	J

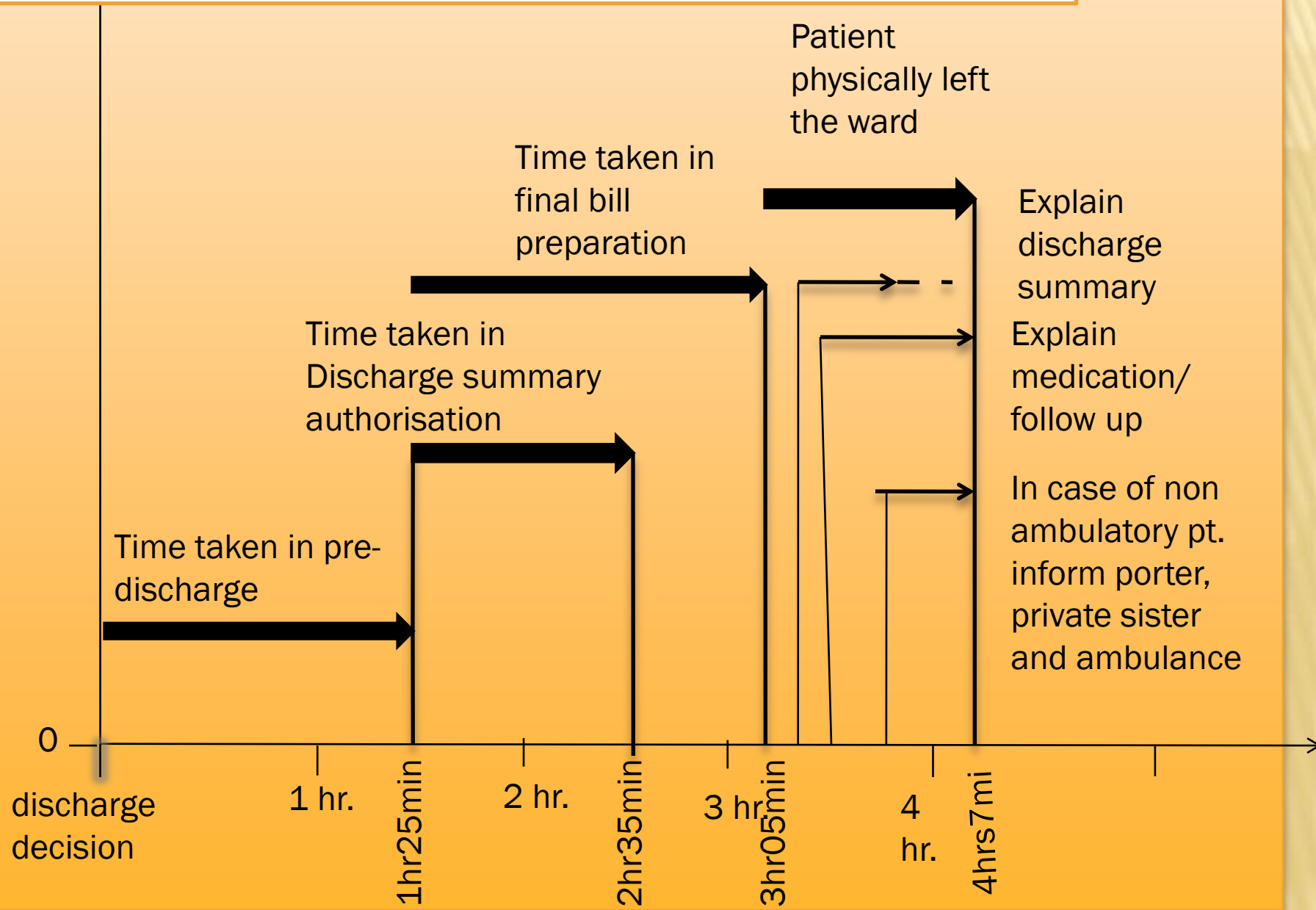
A- sr.no.
B- bed no
C- UHID
D- discharge advised by consultant.
E- pre-discharge closing time
F- summary authorised time
G - bill closing time.
I - physically patient left the ward
J- total discharge time

- Discharge Process Tracking Form

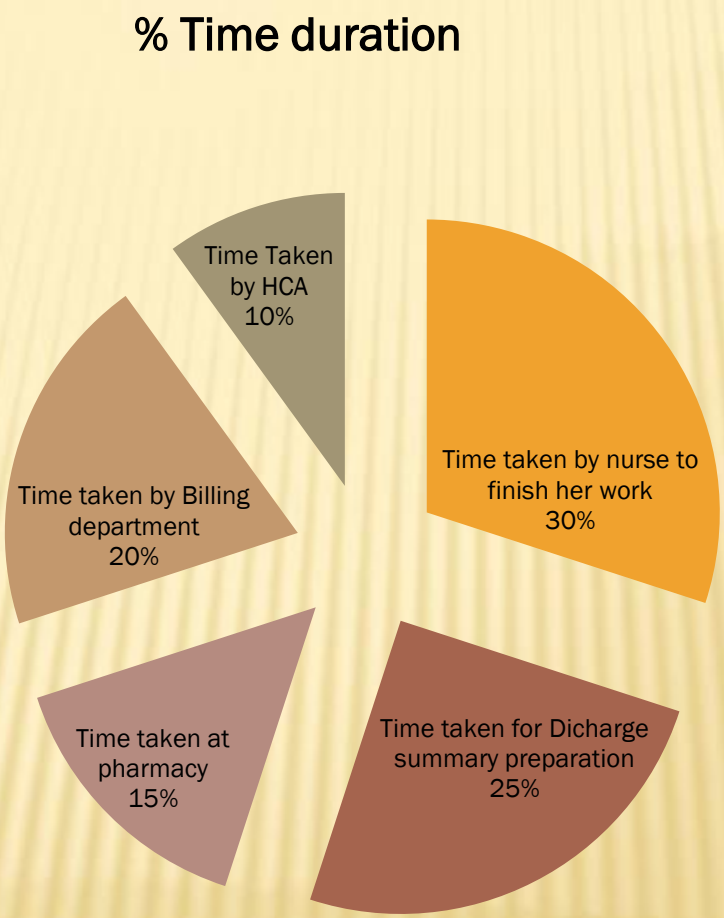
DATA PROCESSING AND ANALYSIS :-

- DATA PROCESSING:-
- Sorting of data.
- Data processing
  - categorising
  - coding
- Completion.
  - manual
  - Computer (MS Excel)

Break-up of TAT of Discharge process



Reasons for delay in discharge :-



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

CRITICAL FINDINGS :-

- Miscommunications .
- Staffing issues.
- Delay in authorisation discharge summary.
- Incomplete hospital charges.
- Further investigation after pre-discharge.

- During discharge one consultant refers the patient to other consultant without knowing / conforming the schedule of that consultant.
- Delay due to things which are not avoided during discharge .
- Other external factors for delay in discharge are financial problems , patient don’t want to go from ward.

RECOMMENDATIONS

1. Discharge summary has to be timely updated by the concern doctors from the day when patient is admitted to the hospital .

2. Online discharge summary is updated and completed by consultant for quick and easy access by the typist.

3. In absence of consultant authorisation to junior consultant to sign the discharge summary to avoid the delay in discharge.

4. All orders have to be accepted by the concern dept to avoid the delay at the end. all online orders should be accepted timely.

5. Interim bill are give at frequent intervals to ensure ease of part payments and verification of bills.

6.Mechanism to avoid Billing errors eg: duplication of charges, last moment additions of services

7. For billing queries financial counsellor should be there to handle the queries and should be sitting near to the discharge billing counter.

8. All the billing clerks should be trained to handle the queries and counsel the patient relatives.

9. On the day of discharge any referral has to be given only after confirming the availability of respective doctor.

10.. Upgrading IT. (automation for ambulance and porter with a parallel phone call and message with time)

11. Separate patient lounge on each floor. utilisation of patient lounge can be re looked by management.

12. Patient lounge with reclining bed on 3rd and 5th floor at ICU waiting area for those patients whose billing has been done.

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

- **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.

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.