Assessment and Evaluation of Turn around Time of Discharge Process in Sakra World Hospital,Bangalore

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2013-15

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Organization profile:

- Sakra World Hospital (A unit of Takshasila Hospitals Operating Private Limited) is a joint venture companybetween Kirloskar Group, Toyota Tsusho and Secom Hospitals. It is India's first MNC hospital committed to the advanced medical care that enhances the value of human life.
- Sakra combines synergies of these large entities to provide the cutting-edge medical technologies and herald a change in the current healthcare systems and processes. Sakra is dedicated to ensuring good health of the community. This flagship 350-bedded multi-super specialty hospital situated in Bangalore was launched in February, 2014.

VISION:

We commit to medical care that enhances the quality of human life**.**

MISSION:

- Providing high quality medical care through cutting edge technology and highly skilled manpower.
- Caring Beyond the treatment include complete after-care.Being responsible for the patients well-being and continuous enhancement of his quality of life**.**

Introduction:

- Turnaround time is the period for completing a process cycle or time taken to deliver output once the process is submit to operate, often turnaround time tool is used to evaluate whether the processes are economically advantageous, making the most efficient use of time and materials.
- Discharge turnaround time can be defined as the interval from the time the consultant orders for discharge of the patient to the time physical walkout of the patient from the floor.
- Monitoring discharge turnaround time allows hospital to measure the efficiency of bed management and effectiveness of the operating process within the hospital.
- A fast discharge process can ensure early availability of patient beds, which in turn can reduce the waiting time of patient admissions or even reduce the incidence of patient rejection due to unavailability of beds .

Objectives:

- To understand the discharge process at Sakra World Hospital-Bangalore.
- To estimate the turnaround time for the discharge process at the hospital .
- To assess the average time taken to complete discharge process at various levels of the discharge event.
- To address the problems for delay causing areas of discharge process

Study Methodology:

1.Study Design

Present study is based on the Cross-sectional survey, observational, descriptive study of 211 discharges from various wards of the hospital.

2. Methodology

2.1. Data collection period: The data collected between mid April to Mid May 2012 for three weeks.

2.2 Data **collection:**

2.2.1. Secondary data: Review of literature- Various studies related directly or indirectly to the objective of the present study have been reviewed. The secondary data were collected from various sources that include journals, Articles, Reports of various surveys, and relevant websites quoted at there rference section.Secondary data was also obtained from HIMS about various time of discharge

- **2.2.2. Primary Data**: To understand discharge process, interviews were conducted with the hospital staff and based on the information gathered; a flow chart of the discharge process at the hospital was prepared. Primary data were collected for 211 discharges with the help of tabulated TAT time assessment sheet which were filled with the real time during each discharge event by the hospital staff. The captured time were cross checked by the help of hospital information management system software. .
- **2.3.Sampling method**:

  this study used a sample of convenience. The samples size was determined by the number of discharges for duration of one month from the hospital between February 2015, hence determined samples were under consideration of following inclusion and exclusion criteria.
- **2.3.1. Inclusion**: All the inpatient discharges
- **2.3.2. Exclusion**: discharge process of casualty admissions, daycare process/procedure admissions, newborn Admission were excluded from the TAT data collection. Event of death during hospitalization and discharge Against medical advice cases were excluded from the Present study. Patients discharging from the hemo-dialysis ward and of chemotherapy session patients also were excluded From the study.

- **2.4.Sample Size**: 211 discharges from various wards of the hospital.
- **2.5.Study respondents**: The departmental staffs who were directly involved in the discharge process were considered.

  i)Wards and nursing station

  ii) Discharge secretary desk

  iii) Hospital pharmacy

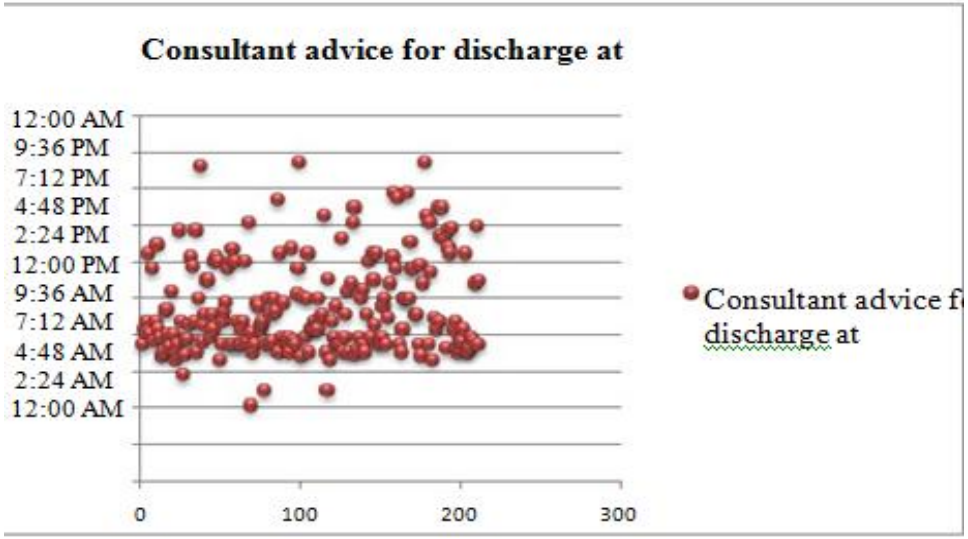
  iv) Patient billing department

  vi)Insurance desk
- **2.6 Data collection tool:** A tabulated TAT time assessment sheet was developed with respect to the flow discharge process at various departments. The sheet consists of various entries for the capture of the time at each level of the discharge process

Result & Findings

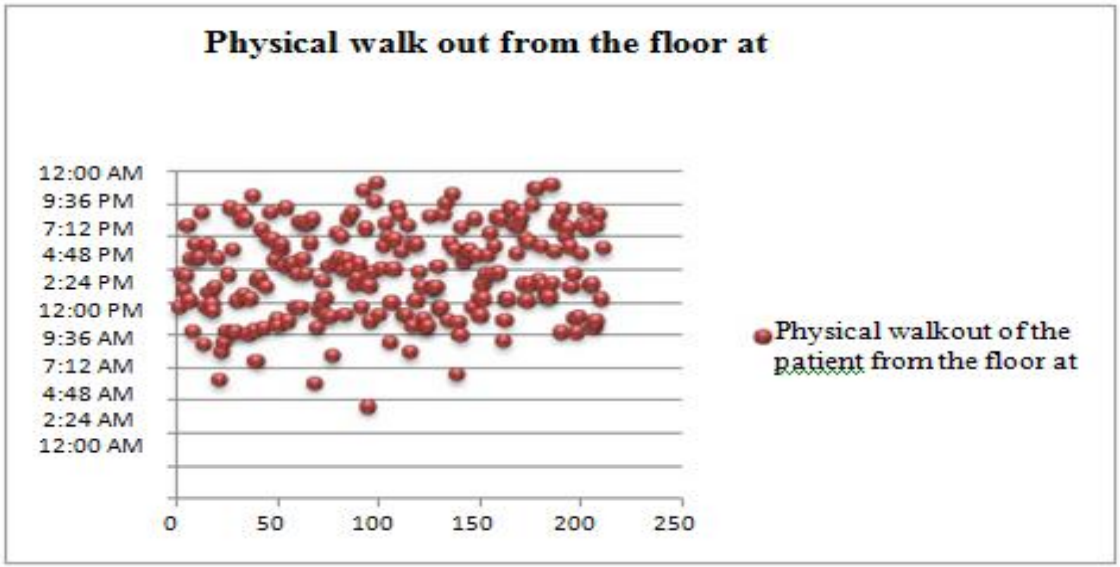
1. Advice for discharge and physical walkout of patient:

Findings showed that consultants visit and advise for discharge between 5:00AM to 9:00 PM and physical walkout of the patient from the floor is between 6:45 AM to 11:09 PM.



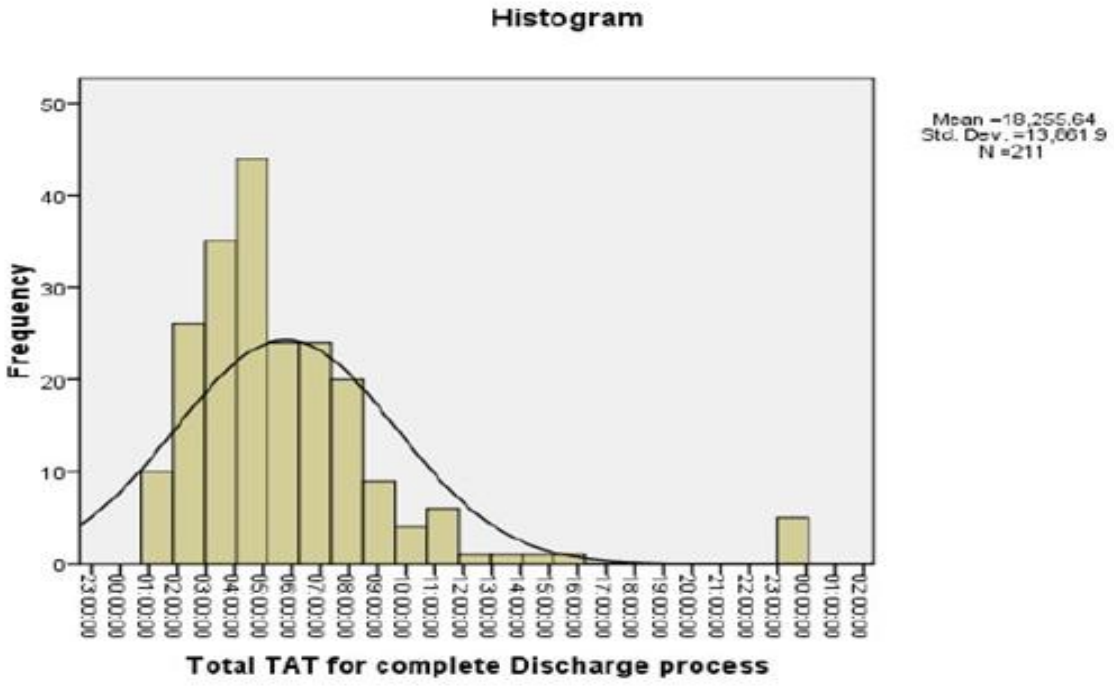
Graph (1): Time of advice for discharge by consultant

Although the advice for discharge and physical walkout of the patient is scattered throughout the day, the advice for discharge is concentrated between 8:30 AM and12:00 PM.



Graph (2): time of physical walkout of patient from the floor

Total turnaround time for discharge process

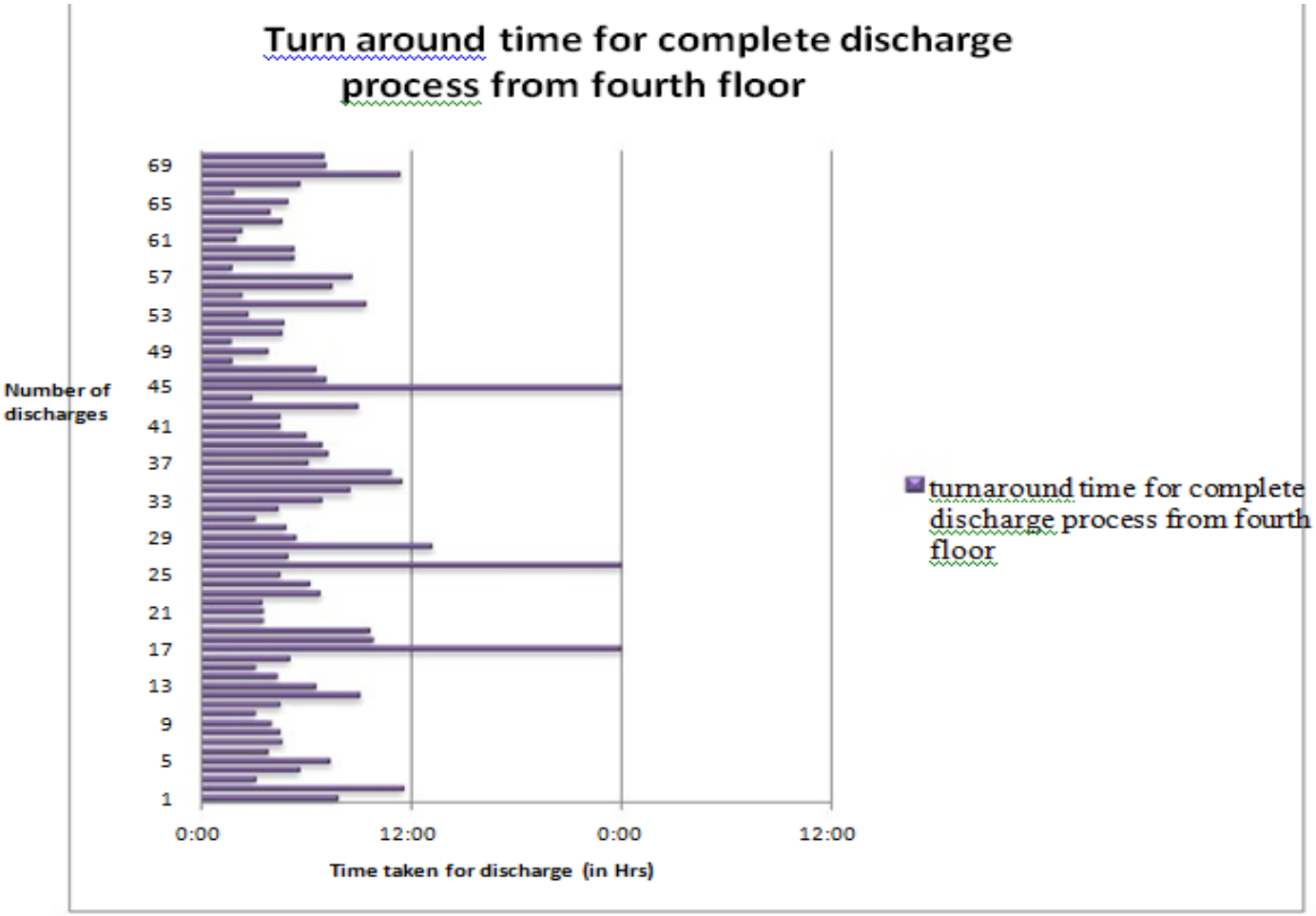


Graph (3): Distribution of time taken for discharge process at Sakra WorldHospital –Bangalore

- Finding shows that the average time taken for the discharge of the patients from the hospital is 5 hours and 49 minutes. Of which 5 discharges were exceeding 24hours for discharging patient.
- Discharge process of insurance cover/ cashless mode of payment patients were the highest of 8 hours and 5 minutes as compared to corporate and cash payment mode patients.

Mode of payment	Mean	N	Std. deviation
Cash payment	04:31	129	02:52
Insurance cover/cashless patient Payment	08:05	73	04:27
Corporate payment	06:05	9	01:49
Total	05:09	211	03:51

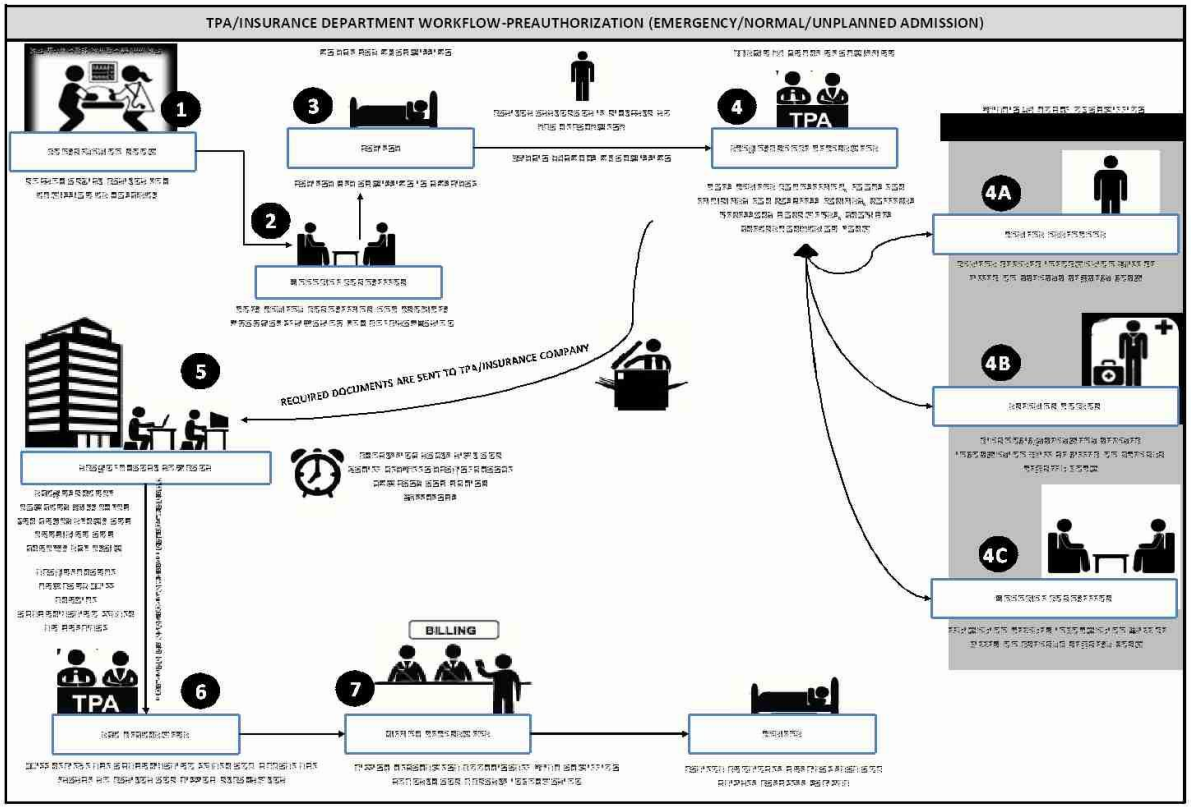
- Among the floor of discharge- fourth floor patients have to wait for 6 hours 19 minutes compared to other floor discharges which are less lengthy.
- Of 72 discharges from the fourth floor, 3 discharges were exceeding 24 hours, 8 discharges were exceeding 9 hours, and 19 discharges were exceeding 5 hours for completion.


Turn around time for complete discharge process from fourth floor
Number of discharges
69
65
61
57
53
49
45
41
37
33
29
25
21
17
13
9
5
1
0:00
12:00
0:00
12:00
Time taken for discharge (in Hrs)
turnaround time for complete discharge process from fourth floor

- Among the department wise Obstetrics and gynecology department and Orthopedics department patients' discharge process were lengthier. Although other departments namely Urology, ENT and Plastic surgery discharges found lengthier, probably they may be exceptional cases due to lesser sample size. Of 9 ENT cases the major cause of delay was at the insurance desk of which about 5 hours 10 minutes were spent on waiting for the enhancement process from the TPA and about 3 hours and 42 minutes were spent by the insurance desk.

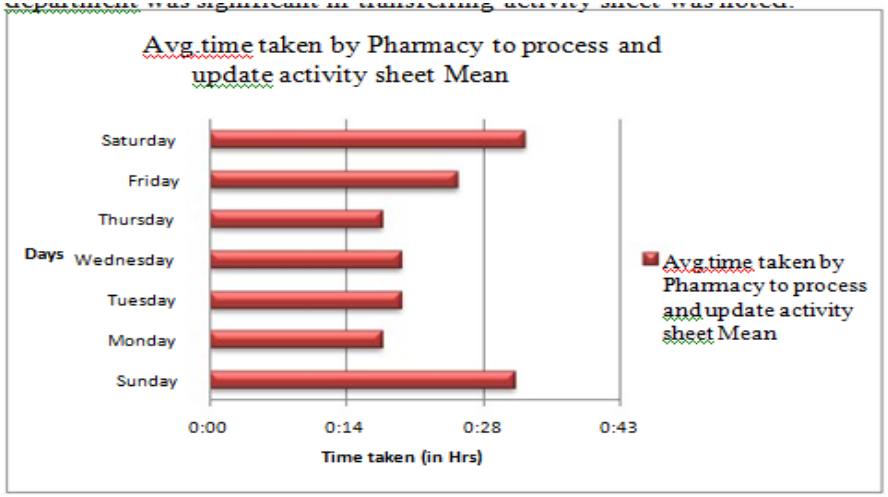
- Of 59 ObG patients' 44 patients were with the cash payment mode and average time taken to clear the bill by patient was 1 hour and 52 minutes and time lag between nursing station and discharge secretary desk in transferring finalized discharge summary to nurse station was 54 minutes. Possible suggestion for the delay in timlag and improving the bill clearing time will be discussed in the further part.

DISCHARGE PROCESS FLOW FOR TPA PATIENTS



Pharmacy department

- Average time for updating activity sheet was found more on Friday, Saturday and Sunday; the hospital pharmacy need to be well prepared in for these days of week to reduce the delay in discharge process.



Graph (5): time taken for discharge process at pharmacy-day wise

Suggestions :

- Proper integration of HMIS module should be done.
- Identify the department which has maximum no. pf unplanned discharges and resolve the problem.
- Develop a checklist for the the nurse and physician assessement for the discharges.
- Check the doctor,wards and specialities for maximum ALOS and take remedial necessary action by talking to the consultant.
- Ask the consultant for EDOD of his patients during his rounds.
- For patient planned for discharge next day

❑ Ensure dicharge summary completed a day prior.

❑ Ensure all imaging files are reported and lab reports collected day before.

- Discharge planning should be continually updated and improved and all the concerned departments should be made aware of the latest updates.
- More time is wasted in communication especially in between nursing station and billing station regarding bill checking.HMIS should be integrated.
- In case when patient is waiting for a discount and the doctor is not available or he is in OT ,he must be shifted to any of the transit beds say to the daycare,thus creating scope for new admissions.
- The discharge time shouls be fixed,sufficient number of discharges should be done before 1 pm in the day sothat demand can be accomodated.This will improve balance between bed supply and demand during peak hours and reduce queing time in other critical areas.

- Discharge summary should be fed in into electronic record system so that the doctor can access it when required, this will be helpful in management of admissions and appointment for follow up.
- In credit billing case pre-authorization letter should be given in advance to the respective company and if detail about credit company is not given by the patient on time the patient need to be informed for the same.
- During the admission inform the patient about the expected bill amount so the patient can make arrangements for payement of bill as and when required.
- Inform patients regarding the expected time of discharge well in advance so that they can arrange for the vehicle etc for transportation after discharge.

Conclusion

- The present study aims at understanding and analyzing the discharge process at Sakra World Hospital- Bangalore, by using the turnaround time as a tool for evaluation of efficiency discharge flow. The study reflects a customized analysis of discharge process at the hospital in consideration of various departments which were directly involved in the discharge process. The study point-outs the possible delay causing area in discharge process and recommends suggestions to overcome the delay.


THANK YOU