A Study on Discharge Process in 500 Bedded Multispecialty Hospital

Internship Training
at
Apollo Gleneagles Hospital , Kolkata

By
Priyanka Shrivastav

Under the guidance of
Dr. Neetu Purohit

Post Graduate Diploma in Hospital & Health Management
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IIHMR UNIVERSITY
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INSTITUTE OF HEALTH MANAGEMENT RESEARCH
1, Prabhu Dayal Marg
Sanganer Airport, JAIPUR - 302 011, INDIA
Tel. : 3924700, 2791431-32
Fax : 91-141-3924738
E-mail : iihmr@iihmr.org
URL : http://www.iihmr.org
Gram : HEALTHINST

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This is to certify that **Dr Priyanka Shrivastav** student Of Post Graduate Diploma In Hospital And Health Management Research , Jaipur has undergone internship training at **Apollo Gleneagles Hospital ,Kolkata** from 3 Feb to 30 April 2014 .

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

The internship is fulfillment of the course requirements .

I wish her all success in all her future endeavors

Dr Ashok Kaushik
Dean , Academics And Student Affairs
IIHMR Jaipur

Dr Neetu Purohit
Associate Professor
IIHMR Jaipur

Apollo Gleneagles HOSPITALS KOLKATA

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This is to certify that **Dr Priyanka Shrivastav** has done her internship Training with us from 03.02.2014 to 30.04.2014 in Quality Assurance Department.

She has completed her project on **"Overall study of the Quality Assurance Department"**, at Apollo Gleneagles Hospitals Kolkata.

We wish her all the best for her future.

For Apollo Gleneagles Hospitals, Kolkata

Joydeep Das
Sr. Manager-HR

Date: 30.04.2014

Hospital : 58, Canal Circular Road, Kolkata-700 054, Tel. : 91 33 2320 3040/2320 2122, Fax : 91 33 2320 5184/2320 5218
Gariahat Clinic : 48/1F, Leela Roy Sarani, (Gariahat), Kolkata-700 019, Tel. : 91 33 2461 8028/8079/8451/8547/9482/9483, Fax : 91 33 2461 8180
E-mail : hospital@apollogleneagles.in

INSTITUTE OF HEALTH MANAGEMENT RESEARCH
1, Prabhu Dayal Marg
Sanganer Airport, JAIPUR - 302 011, INDIA
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Fax : 91-141-3924738
E-mail : iihmr@iihmr.org
URL : http://www.iihmr.org
Gram : HEALTHINST

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled " **A Study On Discharge Process In 500 Bedded Multispeciality Hospital** is submitted **by Dr Priyanka Shrivastav** Enrollment no. **1357** under the supervision of **Dr Neetu Purohit Associate Professor, IIHMR Jaipur** for award of **Postgraduate Diploma In Hospital And Health Management** of the institute carried out during the period from **3 Feb To 30 April 2014** embodies my 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.

Priyanka

Signature

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I genuinely thank my parents, family and friends for their blessings and support. Last but not the least I am thankful to God, for getting an opportunity to learn from this organization.

ABBREVIATIONS

TPA THIRD PARTY ASSURANCE

DS DISCHARGE SUMMARY

GRO GUEST RELATION OFFICER

SWOT STRENGTH , WEAKNESS , OPPORTUNITY, THREATS.

DAMA DISCHARGE AGAINST MEDICAL ADVICE

MLC MEDICOLEGAL CASE

CGHS CENTRAL GOVERNMENT HEALTH SCHEME

IP IN PATIENT

CORP CORPORATE

RMO REGISTERED MEDICAL OFFICER

HMIS HOSPITAL MANAGEMENT INFORMATION SYSTEM.

Contents

DISSERTATION

Title: A Study on Discharge Process In 500 Bedded Multispecialty Hospital

2.1 INTRODUCTION

Discharge can be broadly defined as 'the processes, tools and techniques by which an episode of treatment and/or care to a patient is formally concluded by a health professional, health provider organization or individual. Discharge from hospital is a process, not an isolated event. It involves the development and implementation of a plan to facilitate the transfer of an individual from hospital to an alternative setting/home where appropriate. Components of the system (family, hospitals, primary care providers , community services and social services) must work together. Activity and performance standards should be frequently monitored and there should be openness to innovative solutions . All hospitals have their own operational policies for discharge planning. As with admissions, the standard of discharge management impacts on hospital efficiency , quality and safety of patient care. Good discharge management is vital to ensure patient satisfaction , bed availability for emergency and elective admissions ,quality of patient care . For effective discharge planning estimated date of discharge should be documented ,communicated to the patient and relevant personnel within 24 hours of admission , streamlined (eg. prescriptions and letter should be completed in a timely manner, transport booked and test results made available promptly).

2.2 LITERATURE REVIEW

Discharge planning is an inconsistent process which varies from hospital to hospital. It is the development of an individualized discharge plan for the patient prior to leaving the hospital, to ensure that patients are discharged at an appropriate time and with provision of adequate post-discharge services . A 2010 systematic review identified greater patient satisfaction and small decreases in length of stay and readmission rates with discharge planning. Respondents to a survey of interdisciplinary staff at Montreal General Hospital identified the following discharge planning issues (Teniers 1997) : Discharge date not known in advance , Lack of communication and coordination between disciplines and various departments , Lack of clear documentation of the discharge plans in the patient's medical chart , Lack of clear
hospital policy , Patient and family not adequately informed about chronic care fees , Failure to include the patient and family in the discharge planning process .Delayed discharges are believed to compromise the quality of patient care, reflect a lack of efficiency and effectiveness within the continuum of care as well as a lack of service coordination. In 2005, a multi-institutional group created a discharge checklist containing a number of elements that are either required during the

preparation of the patient for discharge. Checklists provide an effective mechanism for ensuring discharge communications (the discharge summary and direct communication with both aftercare providers and patients/families) reliably incorporate all key elements. In a Cochrane Database Systematic Review of discharge planning from hospital to home, Shepperd et al (2003) report than nearly 30 per cent of all hospital discharges are delayed for non-medical reasons. The causes of such delay, reported by the U.S. Department of Health in 2003, include inadequate assessment resulting in, e.g., poor knowledge of the patient's , social circumstances; poor organization, e.g., late booking of transport; and poor communication between the hospital and providers of services in the community. In Australia, NSW Health released a 2001 policy that recommends two strategies for effective discharge: the use of a discharge risk screening tool to identify those at risk of discharge delay and a discharge plan containing an estimated date of discharge. The importance of a clear policy on discharge to chronic care is mentioned as a necessary improvement measure in more than one of the studies reviewed; delays in discharge from acute to long-term care are a common problem in health systems around the globe; national policy measures have been implemented in the U.S. and the U.K. to address this problem at the systemic level; some interventions are possible at the hospital level. A study of 80 social workers employed in 36 not-for-profit acute care hospitals in Cook County, Illinois provides an overview of the tasks of discharge planning within the categories of assessment, coordination, documentation, counseling and linkage. Ten core tasks of discharge planning are identified. The authors conclude discharge planning consists primarily of concrete resource provision with a counseling component based upon decision-making. They cite a study that found that in discharge planning, psychosocial problems and relationship issues are addressed to the extent that they interfere with timely discharge (Kadusin & Kulys 1993)

2.3 RATIONALE OF STUDY

This study is done in Apollo Gleneagles hospital, Kolkata . It is 510 bedded multispecialty hospital and one of the best hospitals at Kolkata . There was some issues regarding delay in discharge of patient so management wanted to analyze the bottlenecks and take preventive and corrective actions to improve the process.

Discharge time has important implications on the hospital working as it affects patient satisfaction, utilization of hospital resources, revenue generation , timely access to inpatient bed ,assured continuity of care .This study is mainly done to streamline the whole process and provide quality care during discharge of patients henceforth ,satisfaction.

2.4 RESEARCH QUESTIONS

- What is the average time taken for discharge process in the hospital?
- What are the steps during discharge process in which delay is occurring?
- What are the reasons of delay during these steps ?

2.5 AIM OF THE STUDY

To analyze discharge process and find out reasons of delay in Discharge time in the Hospital.

2.6 OBJECTIVE

- To study discharge process flow in the hospital and time taken at each step.
- To find the steps of discharge process in which delay is occurring and their reasons.
- To streamline the discharge process reducing the time for discharges.

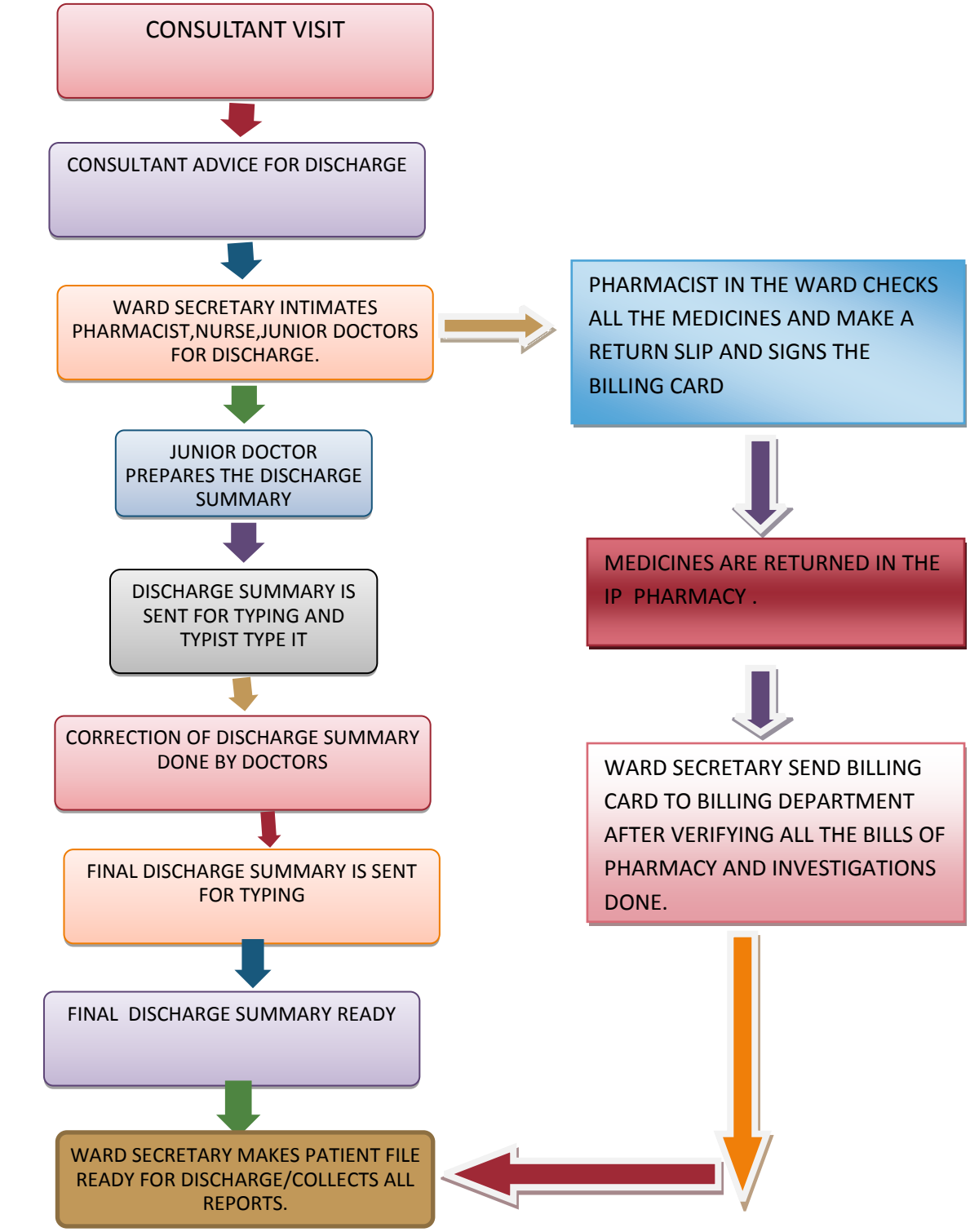
2.7 RESEARCH METHODOLOGY

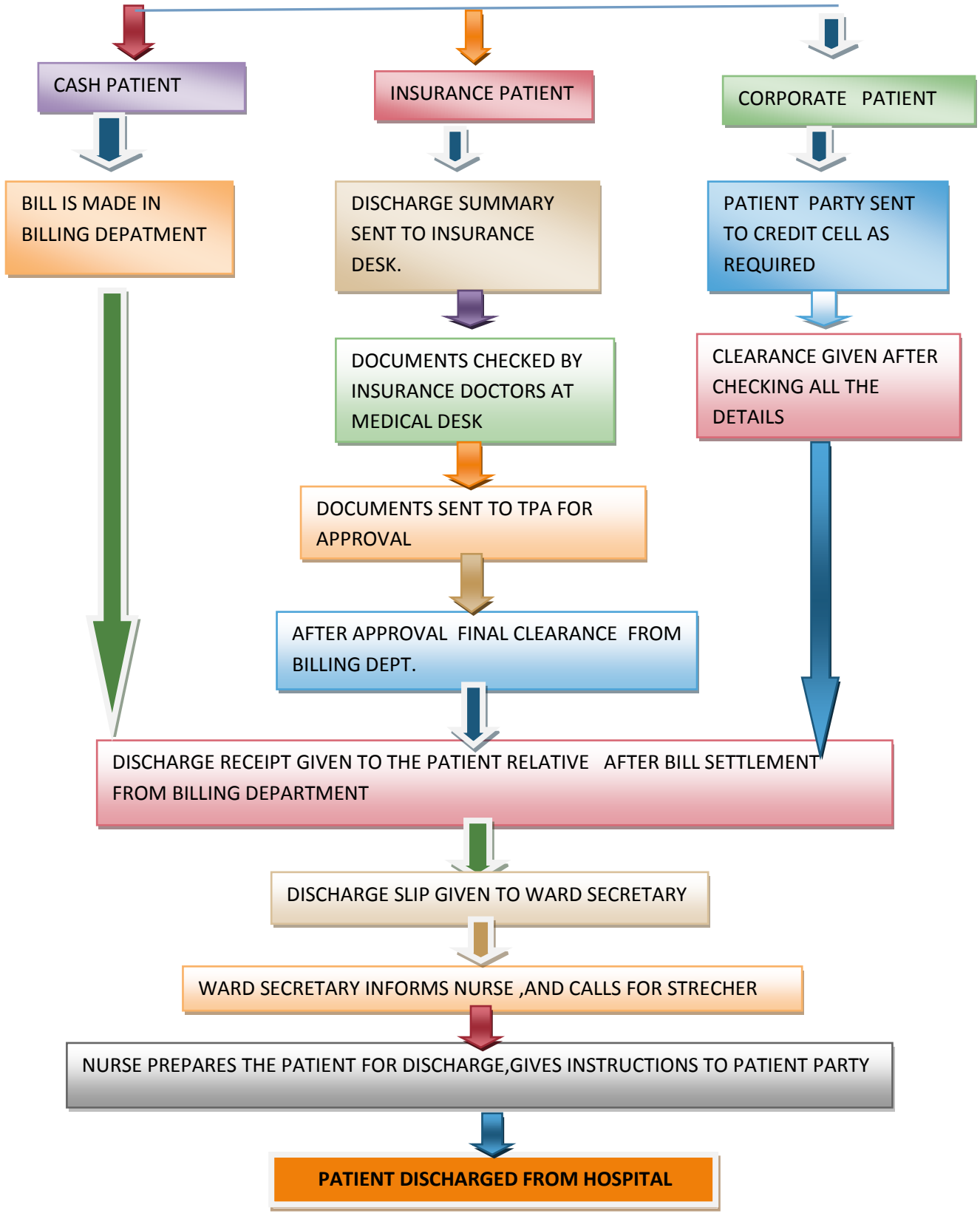
- **Study area**: Data has been collected for discharge patients in hospital at the time from Wards , billing department , Insurance desk , corporate cell and inpatient pharmacy in the Apollo hospital .
- **Study design**: Cross-sectional, prospective and analytical study.
- **Study duration** : Feb to April 2014
- **Study population** : Discharge patients , Consultants , junior doctors , ward secretary, nurses ,assistants from billing ,insurance and corporate cell.
- **Sample size** : 150 patients.
- **Data collection tool and technique** : Primary data is collected by observation .Discharge tracking sheet for different steps of discharge process is made and time is recorded by observation and getting information from different study area .

2.8 ANALYSIS AND RESULTS

2.8.1 DISCHARGE PROCESS FLOW: Discharge process of the hospital was analyzed by observation and study areas was identified. Based on this process flow key steps were identified and a discharge process tracking sheet was made. According to this tracking sheet data was collected.

DISCAHRGE PROCESS FLOWCHART

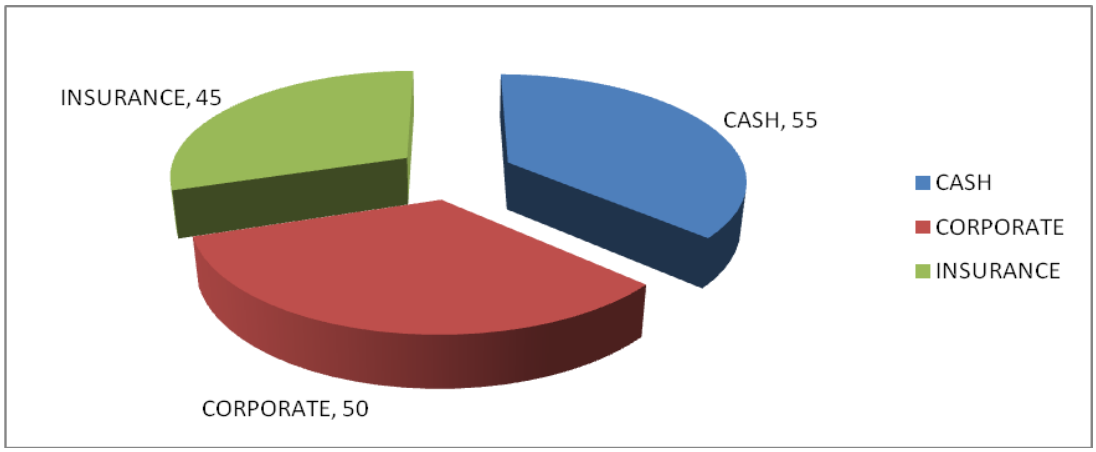



CASH PATIENT
INSURANCE PATIENT
CORPORATE PATIENT
BILL IS MADE IN BILLING DEPATMENT
DISCHARGE SUMMARY SENT TO INSURANCE DESK.
PATIENT PARTY SENT TO CREDIT CELL AS REQUIRED
DOCUMENTS CHECKED BY INSURANCE DOCTORS AT MEDICAL DESK
CLEARANCE GIVEN AFTER CHECKING ALL THE DETAILS
DOCUMENTS SENT TO TPA FOR APPROVAL
AFTER APPROVAL FINAL CLEARANCE FROM BILLING DEPT.
DISCHARGE RECEIPT GIVEN TO THE PATIENT RELATIVE AFTER BILL SETTLEMENT FROM BILLING DEPARTMENT
DISCHARGE SLIP GIVEN TO WARD SECRETARY
WARD SECRETARY INFORMS NURSE ,AND CALLS FOR STRECHER
NURSE PREPARES THE PATIENT FOR DISCHARGE,GIVES INSTRUCTIONS TO PATIENT PARTY
PATIENT DISCHARGED FROM HOSPITAL

2.8.2 PAYMENT MODES

The following graph shows different types of payment modes. Discharge steps for all three types of payment modes have some difference so they are studied separately. Total number of patients under study were 150.Out of all 150 patients , 45 patients were paying through cash ,55 patients were insurance patients , and 50 patients corporate (which includes all companies and health scheme like west Bengal health scheme ,central government health scheme.etc.).

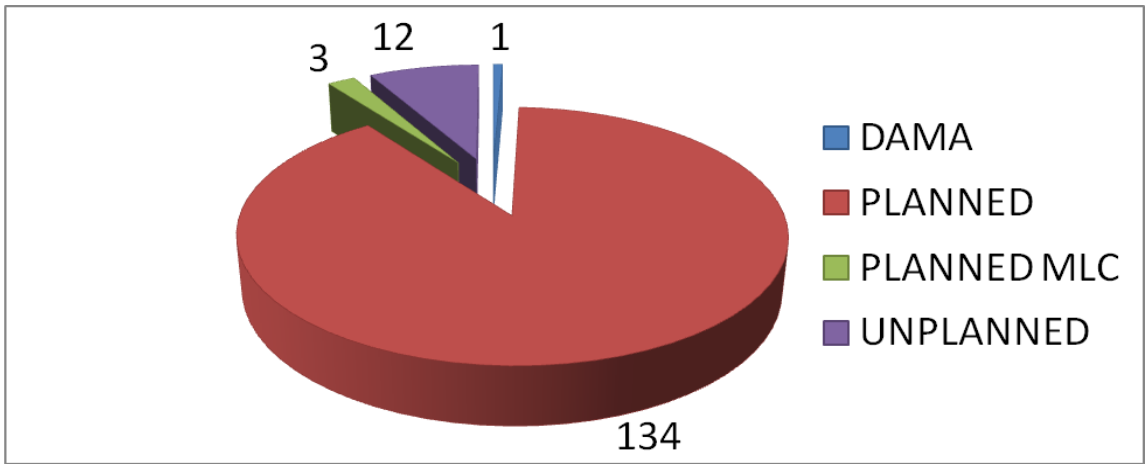
Figure 1 Different Type of Payment Modes



2.8.3 TYPES OF DISCHARGE CASES

DAMA Discharge against medical advice they have to fill a DAMA form which is to be signed and approved by medical superintendent.
Medico-legal case: Any case of accident or any mishap is a medico legal case. They have to get clearance from security after billing clearance to discharge the patient.
Planned cases are those cases which are planned one day before for the discharge.
Unplanned case: Cases which discharged on the same day of consultant advice for discharge.

Figure 2: Different Types of Discharge Cases



2.8.4 DISCHARGE TIME FOR CASH , CORPORATE AND INSURANCE PATIENTS:

The graph below shows average , maximum and minimum time taken for discharge for cash ,corporate and insurance patients .**According to norms of the hospital average time taken for cash and corporate patients should be 2 hrs for insurance patients 4 hrs**. The graph below shows average time for cash patients was 3 hrs, which reached maximum upto 6 hrs. Average time for corporate patients was 3 hrs which was more than the norms of hospital. Maximum time of discharge for corporate patient reached upto 7 hrs 45 min .Average time for insurance patients was 6 hrs 30 min which reached to 11hrs 30 min. Discharge time for insurance patients was also more than the norms .This shows that there was delay in discharge time.

Figure 3 : Discharge time for cash patients

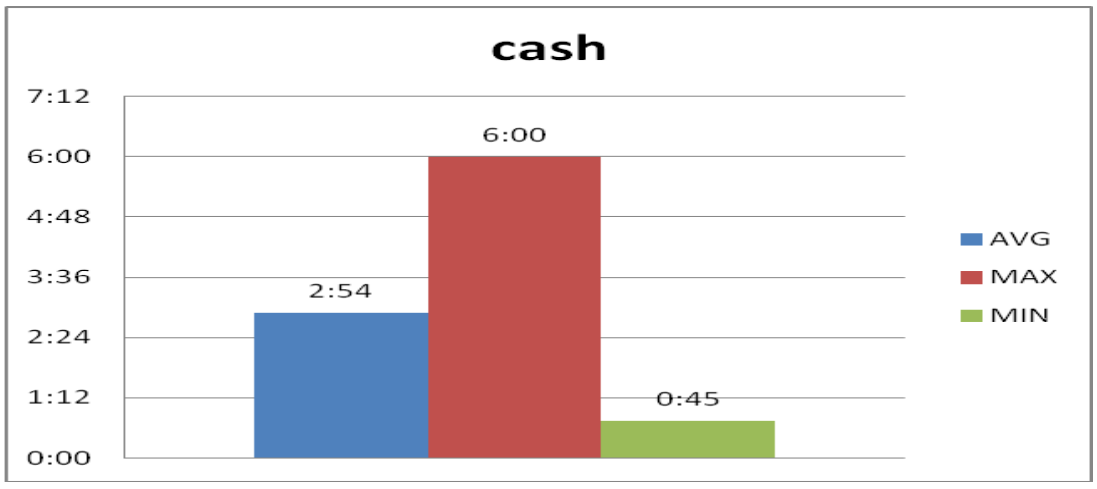
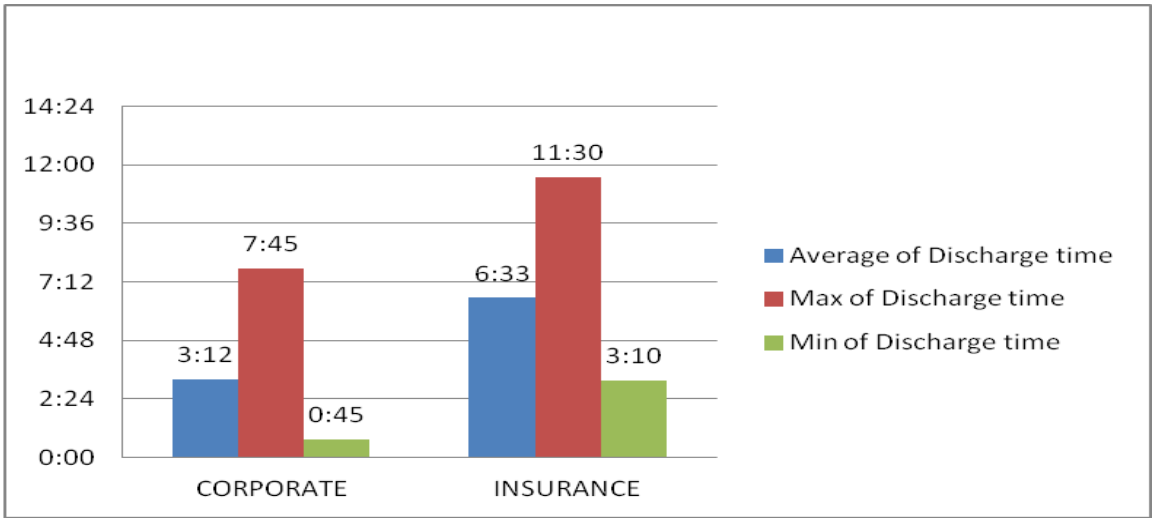


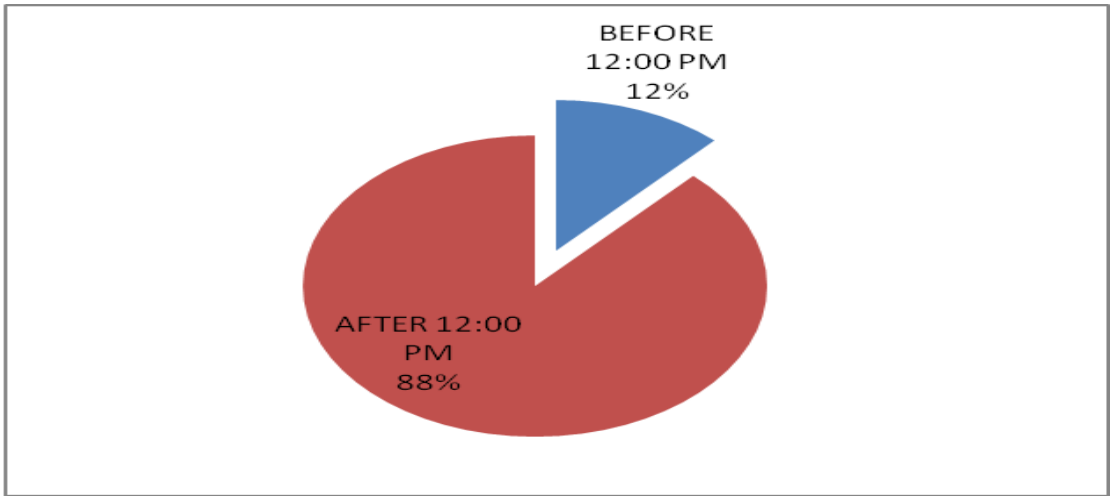
Figure 4: Discharge time for corporate and insurance patients



2.8.5 PLANNED CASES DISCHARGED BEFORE AND AFTER SCHEDULED TIME

According to the norms of the hospital all the planned cases should be physically discharged from the hospital till 12:00 noon. The graph below shows that 88% of the planned cases were discharged after 12:00 PM. This shows delay in planned cases. There was average delay of 2 hrs from the scheduled time for all the planned cases.

Figure 5: Percentage of Planned cases discharged before and after 12:00 pm.



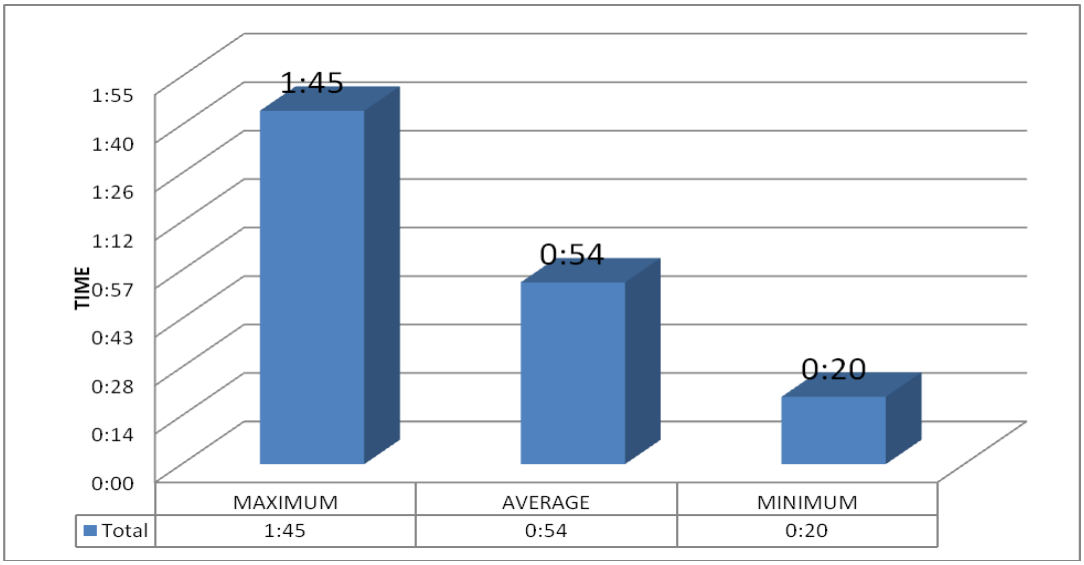
2.8.6 STATUS OF DISCHARGE SUMMARY FOR PLANNED PATIENTS ON DAY OF DISCHARGE

A rough discharge summary was written by junior doctors after the consultant advice for discharge, a day before day of discharge in case of planned cases .This discharge summary was then reviewed again in the morning by consultants and corrected , and finally typed. In all the planned cases under study(100%) ,rough discharge summary was written and typed one day before the day of discharge.

2.8.7. TIME TAKEN FOR (CORRECTION AND TYPING) OF DISCHARGE SUMMARY

On the day of discharge rough typed discharge summary was corrected and then final discharge summary was typed which was signed by consultants/RMO/registrar. Graph below shows total time taken for correction and typing of discharge summary on the day of discharge. Average time for (typing and correction) was 54 min. Average time taken at typing pool was34 min .Average time taken for correction was 20 min .

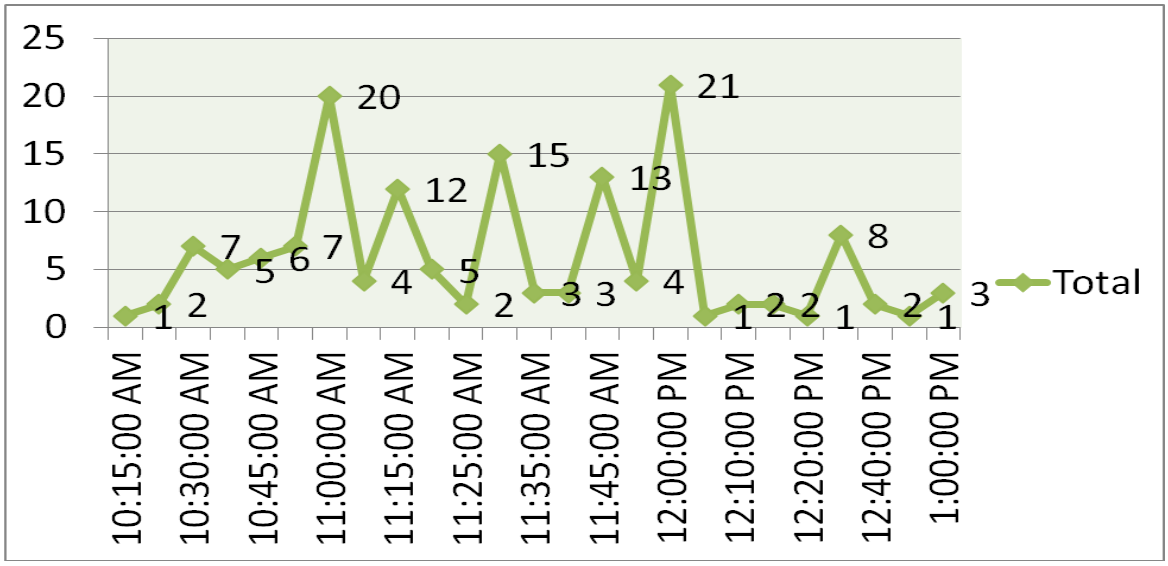
Figure 6: Time taken for correction and typing of discharge summary



2.8.8 TIME AT WHICH DISCHARGE SUMMARY IS FINALISED FOR PLANNED DISCHARGES :

According to graph x axis shows time at which discharge summary was finalized and y axis shows number of discharge summaries of patients. This graph is mainly showing the frequency .Most of the discharge summary was finalized till 12 pm ,and few of them were finalized after that. There was delay in finalization of discharge summary .

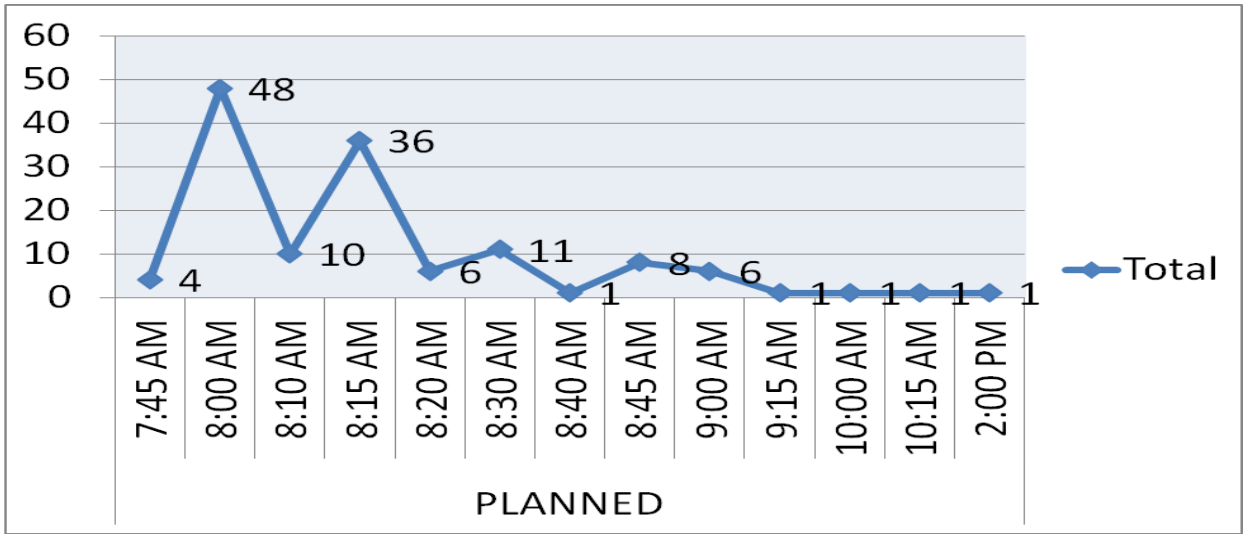
Figure 7 : Time at which discharge summary is finalized for discharge planned discharges .



2.8.9 MEDICINE RETURN TIME FROM THE WARDS TO IP PHARMACY FOR PLANNED PATIENTS:

In every ward there was a pharmacist who daily updates medicines which are consumed by the patients and also send the request to IP pharmacy for the required medicines prescribed by doctors. On the day of discharge medicines which are not used are returned by the pharmacist. For planned patients they are intimated one day before and return is done next day early morning. For unplanned patients medicines are returned according to the time at which consultant advices for discharge. Graph below shows frequency which depicts that maximum return for planned patients are done between 8 am to 8:30 am ,and few of them after 8:30 am.Once medicines are returned by pharmacist these are collected by pharmacy boys and then again rechecked at IP pharmacy, and pharmacy clearance is given . Information is sent to billing department through HMIS and deductions are made from the patient bill accordingly.

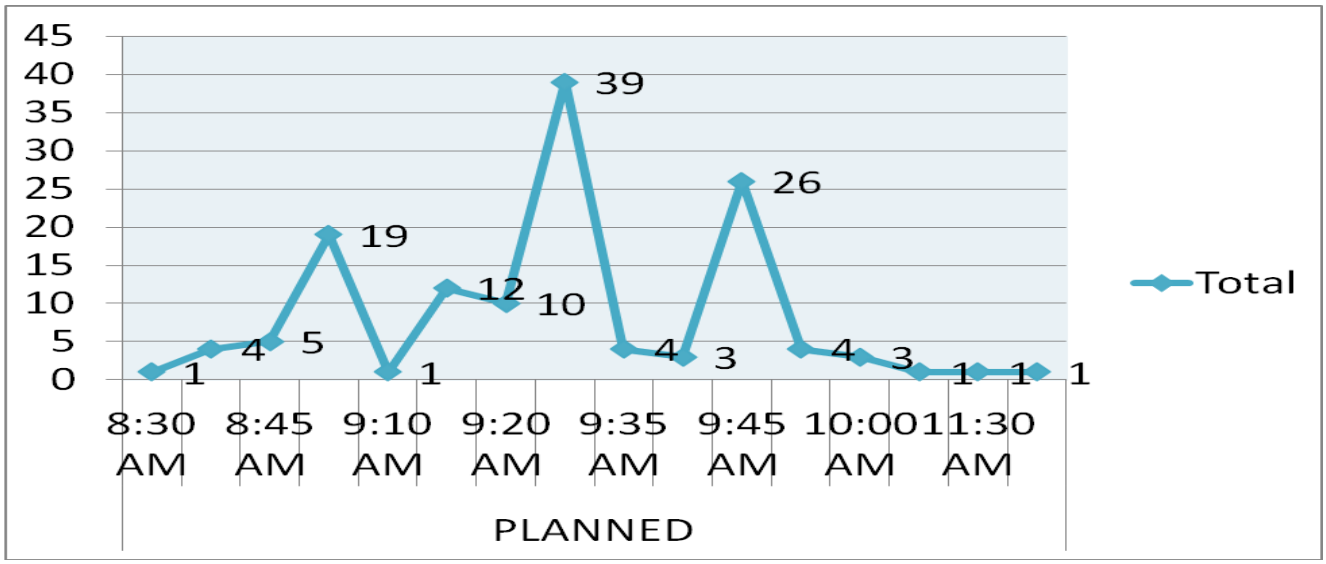
Figure 8: Time of medicine return versus number of discharges for planned patients.



2.8.10 TIME OF IP PHARMACY CLEARANCE FOR PLANNED PATIENTS:

The graph below shows time at which medicine was received and IP PHARMACY Clearance done , after it was returned by wards pharmacist at the time of discharge. Most of the time medicine was received and clearance done between 9 to 9:30 am and in less cases after that.

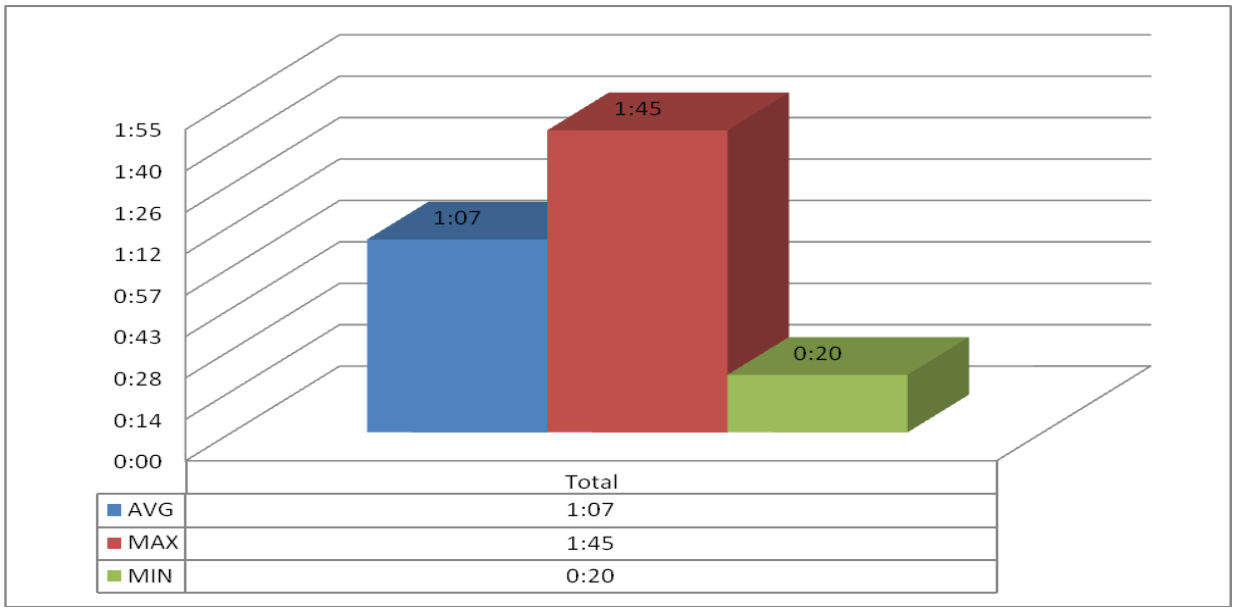
Figure 9 Time Of IP Pharmacy Clearance For Planned Patients versus number of discharges.



2.8.11. TIME TAKEN FOR IP PHARMACY CLEARANCE AFTER PHARMACY RETURN IS DONE FROM WARDS

Time difference in clearance of IP pharmacy after pharmacy return was done from the wards..Maximum time taken was 1 hrs 45 minutes. Average time taken was 1:00 hrs.After pharmacy clearance was done, billing department gets information through HMIS , and accordingly deductions are made from patient bill.

Figure 10: Time taken for IP Pharmacy Clearance after pharmacy return is done from wards



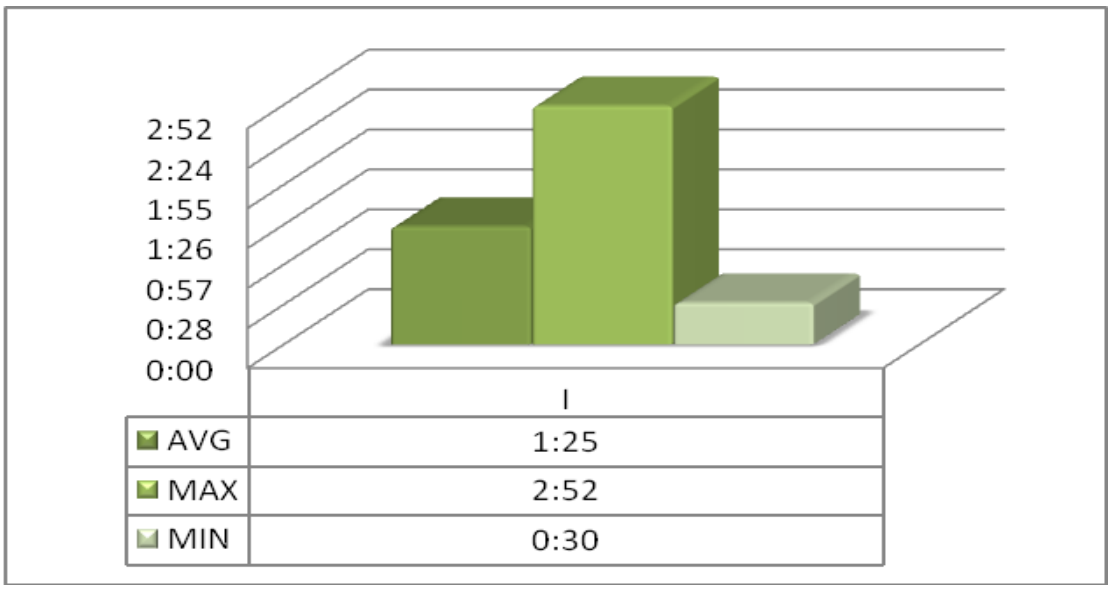
2.8.12 TIME TAKEN AT INSURANCE DESK

After final discharge summary was made ready and signed by consultants / RMO/ registrar , ward secretary calls at insurance desk to collect the discharge summary One staff from insurance goes at every floor to collect it .After discharge summary was received at insurance desk, it was checked at medical desk by insurance doctors .After all the proceedings documents were faxed or mailed to respective TPA. Further follow up was done with the TPA for approval . After approval was received patient party was called through mobile to reach at insurance desk. Non medical bills are calculated and then finally clearance was done from insurance.Patient relatives has to go to billing department to clear any remaining bill for final bill settlement .

TIME TAKEN TO SEND THE DISCHARGE SUMMARY TO RESPECTIVE TPA

After discharge summary was received , further it was sent to medical desk for corrections. If any error was there then again it was sent to wards for correction. After final check all the documents are sent to TPA .This graph shows Maximum time taken to sent the documents to TPA was 2:50 min ,minimum time taken was 30 min and average time taken was 1:25 min.

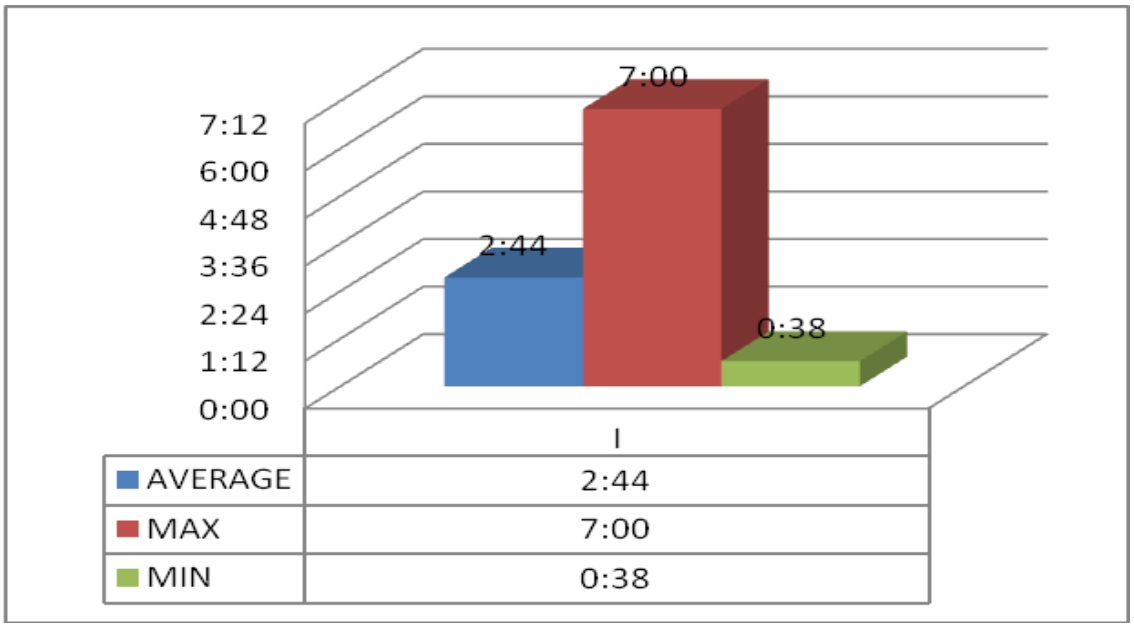
Figure 11: Time Taken To Send The Discharge Summary To Respective TPA.



TIME TAKEN FOR APPROVAL AFTER DOCUMENTS SENT TO TPA

The graph below shows time of approval after documents sent to respective TPA. Maximum time taken was 7 hrs , minimum time taken for approval was 40 min , average time taken was 2 hrs 45 min. There was Delay when TPA raises any query regarding discharge summary or any other documents related to patient discharge.

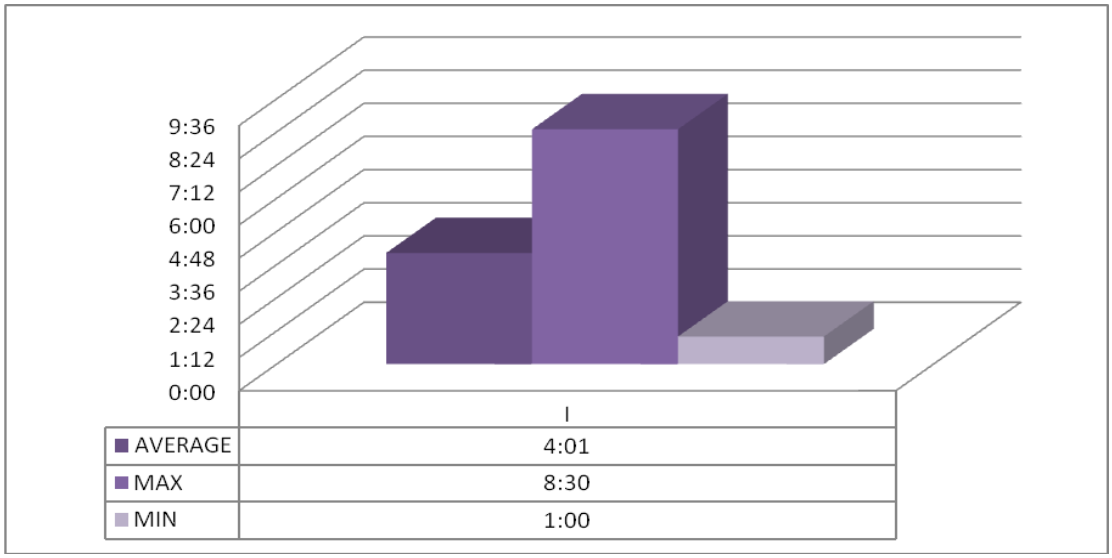
Figure 12 : **Time Taken For Approval After Documents Sent To Respective TPA**



TOTAL TIME TAKEN FOR INSURANCE CLEARANCE

This graph shows total time taken for insurance clearance after discharge summary was received at insurance desk. Above graph shows maximum time taken for approval was 8:30 hrs, minimum was 1 hrs and average was 4 hrs. Once documents are faxed to TPA further follow up was done with the TPA .After approval was done then non medical bills calculations are made .Delay in approval was there if any query from TPA eg regarding discharge summary and any additional documents are required .In some cases after approval if patients have queries regarding non medical bills then also delay occurs.

Figure 13: Total Time Taken For Insurance Clearance



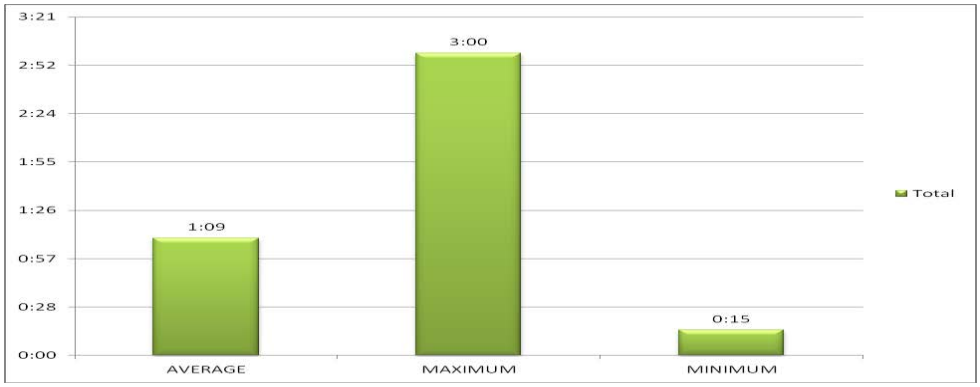
2.8.13 TIME TAKEN AT BILLING DEPARTMENT

Ward secretary brings Billing card to the billing department.(Billing card is having information about pharmacy bills, investigations done , consultant charges etc. which is updated by ward secretary accordingly).After billing card is received at billing department ,card is reviewed and final bill is prepared .Patient is discharged from billing department and is noted as discharge time. Cash patient party comes at billing department , settles their bill and discharge slip is given to them .Corporate patients have to go to corporate office for clearance as required and then finally get discharge slip from billing department. Insurance patients :final bill is sent through HMIS to insurance cell and further processing is done from there .After final approval final billing settlement is done from billing department and discharge slip is given to them.

TIME TAKEN FOR MAKING BILL READY AFTER BILLING CARD IS RECEIVED AT THE BILLING DEPARTMENT

After billing card was received at the billing department , assistants verify the billing card and prepare the bill. After bill was prepared patient was discharged from the billing (not physically). The above graph shows time duration between when the card was received and when bill is made ready . Maximum time taken is 3 hrs., Average time taken is 1 hrs. Minimum time taken is 15 min.

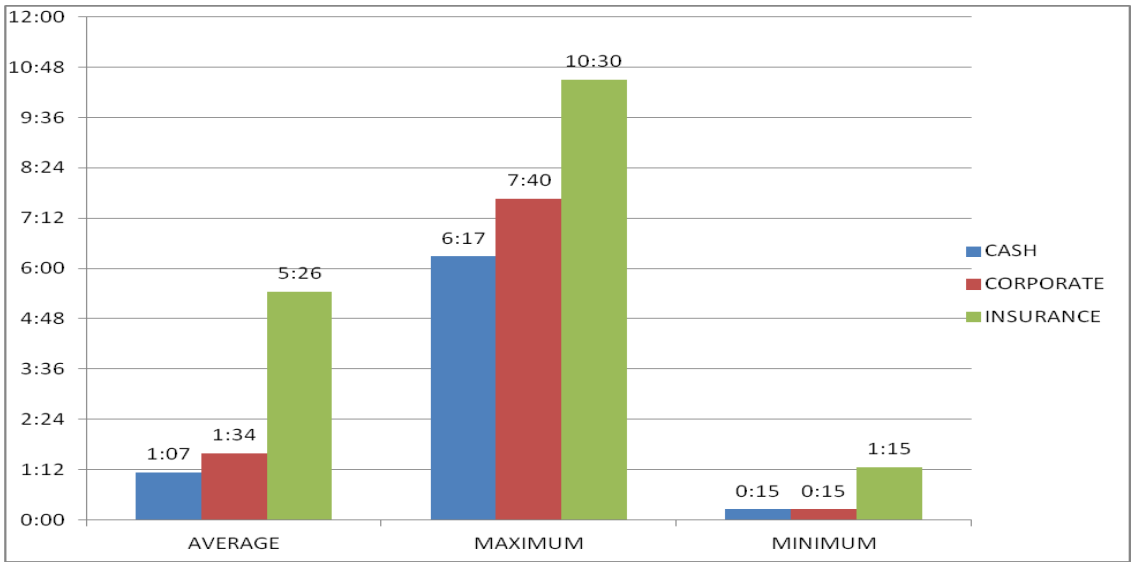
Figure 14: Time Taken For Making Bill Ready After Billing Card Is Received



TIME TAKEN FOR BILLING CLEARANCE AFTER BILL WAS MADE READY

The above graph shows comparative time taken for cash , corporate and insurance patients for billing settlement after bill was made ready. For cash patients average time taken = 1 hrs. For corporate average time taken = 1 hrs 30 min. For insurance it was 5 hrs. For insurance maximum time was taken among cash and corporate. If all the factors for discharge is favorable then minimum time taken for cash patients =15 min. For insurance patients minimum time taken = 1 hrs 15 min.

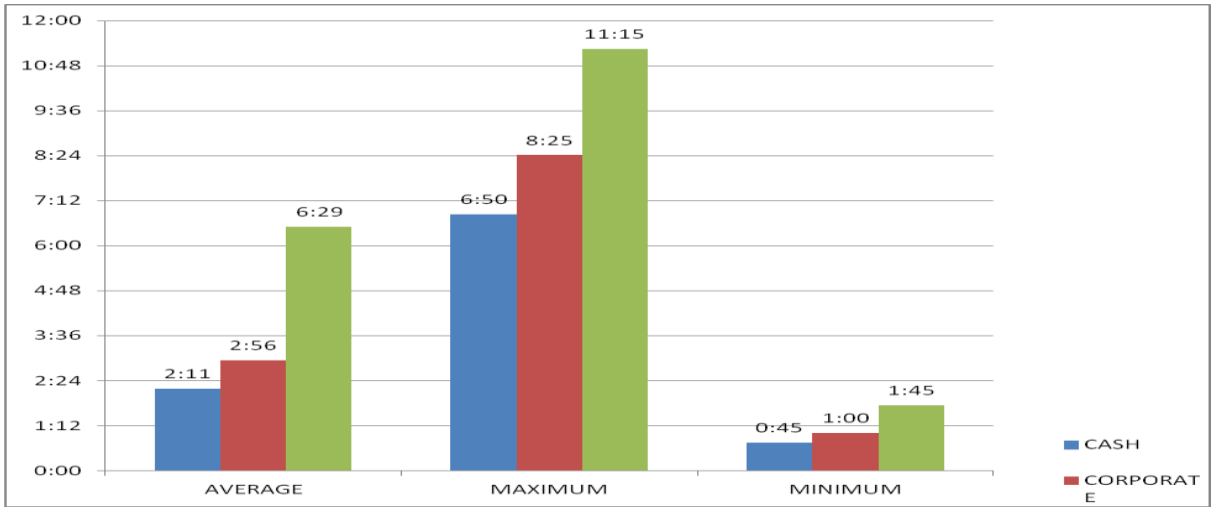
Figure 15: Time Taken For Billing Clearance After Bill Was Made Ready



TOTAL TIME TAKEN FOR BILLING CLEARANCE

The above graph shows total time taken for billing clearance after billing card was received at the billing department Time taken for cash , corporate and insurance patients were different .For cash patients average time taken for billing clearance was 2 hrs 15 min approx.. ,for corporate it was~3 hrs and for insurance patients it is 6:30 hrs. this shows that time taken for cash ,corporate was less for insurance patients .Minimum time taken for cash=45 min ,for corporate = 1hrs and or insurance is ~2hrs. It means if process was streamlined and all other factors favorable then billing clearance can be done in less time.

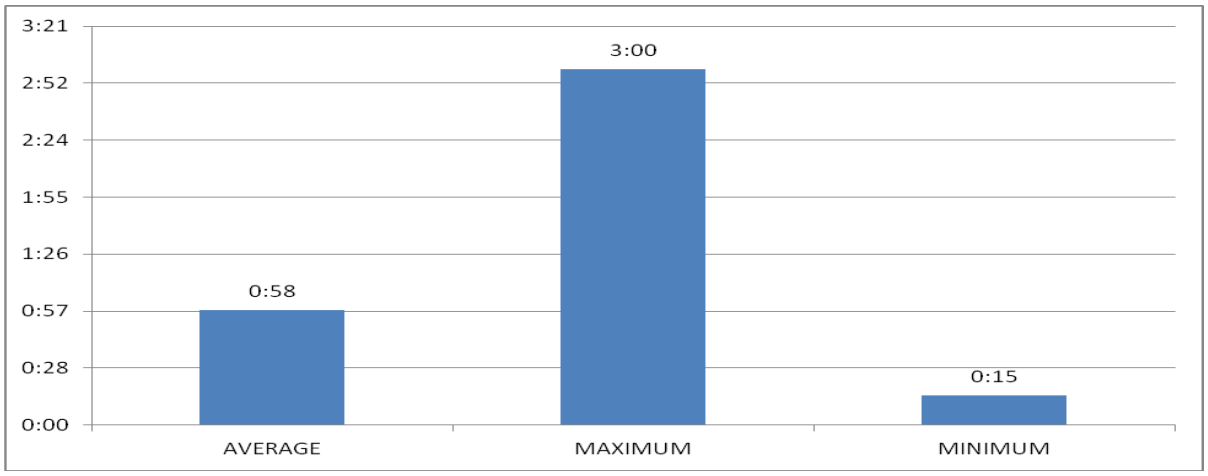
Figure 16: Total Time Taken For Billing Clearance



2.8.14 TIME TAKEN FOR PATIENT DISCHARGE AFTER BILLING CLEARANCE

After billing settlement was done patient party was given a discharge slip from billing department. Then patient party goes to their respective patients wards and hand over discharge slip to the ward secretary ,who then informs nurse to prepare the patient for discharge and calls to bring the stretcher. Graph below shows time taken for patient discharge after billing clearance is done .maximum time taken is 3:00 hrs. Average time taken is 1 hrs and minimum is 15 minutes.

Figure 17: Time taken for patient discharge after billing



2.8.15 REASONS OF DELAY

REASONS OF DELAY IN FINALIZING DISCHARGE SUMMARY

- In case of planned rough discharges summary is typed one day before .it is then corrected and finalized after consultants round . There was delay in correction of discharge summary if rounds are delayed. Time is also taken at the typing pool .

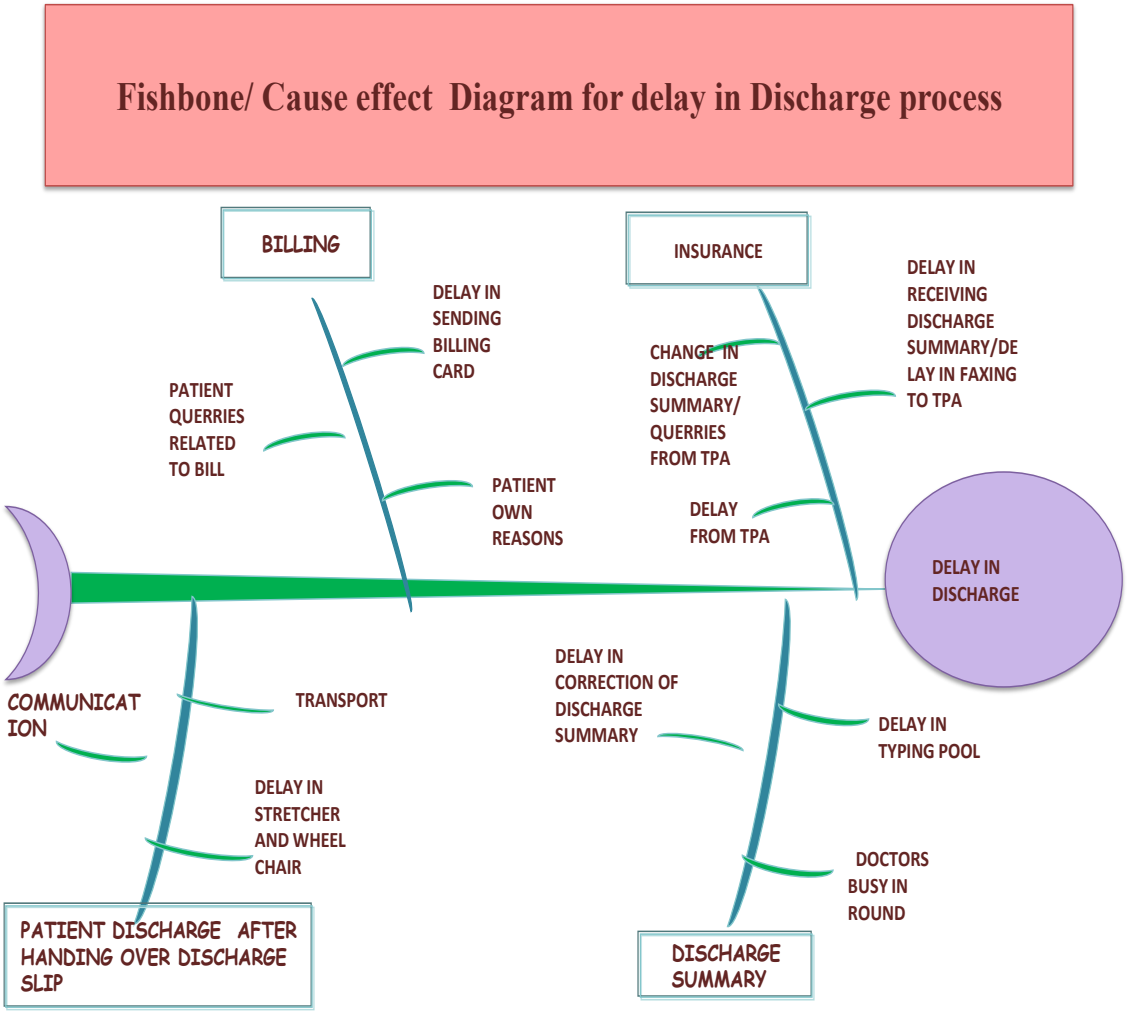
REASONS OF DELAY IN BILLING CLEARANCE

- Delay in billing settlement due to arrangement of money by the Patient relatives and in dealing with Patient queries regarding bill amount .For insurance patients: Delay in receiving final discharge summary from the wards so delay in further processing and faxing the documents to the concerned TPA. Delay if some corrections is to be made in the discharge summary checked by medical desk, if some documents are required by concerned TPA, Delay in solving patient queries .(e g non medical bills),and Time taken in approval of bills by the concerned T.P.A.

REASONS OF DELAY AFTER BILLING SETTLEMENT BY THE PATIENT

- There was delay after billing settlement when Patient relatives hand over discharge slip to ward secretary The main reasons were : Communication problem between ward secretary and nurse, Patient not prepared for discharge (eg dressing not done),Delay in bringing stretcher /wheel chair, arrangement for ambulance /vehicle, Patient waiting for lunch, and delay from patient ends.

2.8.15


Fishbone/ Cause effect Diagram for delay in Discharge process
BILLING
INSURANCE
DELAY IN SENDING BILLING CARD
PATIENT QUERRIES RELATED TO BILL
PATIENT OWN REASONS
CHANGE IN DISCHARGE SUMMARY/ QUERRIES FROM TPA
DELAY IN RECEIVING DISCHARGE SUMMARY/DE LAY IN FAXING TO TPA
DELAY FROM TPA
DELAY IN DISCHARGE
COMMUNICAT ION
TRANSPORT
DELAY IN STRETCHER AND WHEEL CHAIR
PATIENT DISCHARGE AFTER HANDING OVER DISCHARGE SLIP
DELAY IN CORRECTION OF DISCHARGE SUMMARY
DELAY IN TYPING POOL
DOCTORS BUSY IN ROUND
DISCHARGE SUMMARY

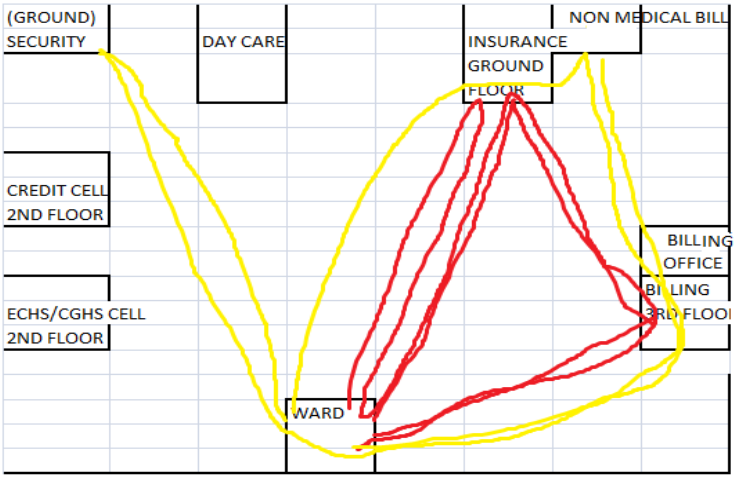
2.8.16 SPAGHETTI DIAGRAM FOR MOVEMENT OF PATIENT RELATIVE DURING DISCHARGE PROCESS:

Distance covered by patient relatives (approx. not measured)

- Patient party movement for patient on 4 th floor .
- Distance from ward to insurance desk on ground floor =120 meters approx.
- Distance from ward to billing dept.=40 meters approx
- Distance from ward to corporate cell=50 meters approx
- Distance from IP Building to Day care=150 meters approx.
- Distance from billing dept. to credit cell= 20 meters approx.
- Distance from insurance to billing=100 meters
- Miscellaneous = 50 meters

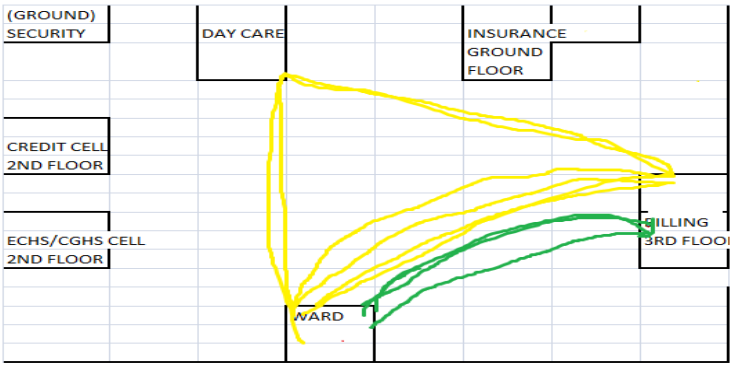
SPAGHETTI DIAGRAM FOR INSURANCE PATIENTS

The above figure shows path of patient relative they have to follow for clearance of discharge of the patient. In case of insurance patients they have to go to billing department to know the exact bill , then to insurance department to know the status of TPA. Then again they come to wards .If some document is required by the TPA then again they have to come from wards to insurance cell. When approval is done then ,they are informed through mobile and they again have to come to insurance cell. Then they come to billing department on 3 rd floor to settle the final bill.From here if the patient is at 4th floor they finally move to wards .If case is medico-legal then from wards they have to go to security cell on ground floor for final clearance .So they have to travel lot for getting the patient discharged from the hospital.



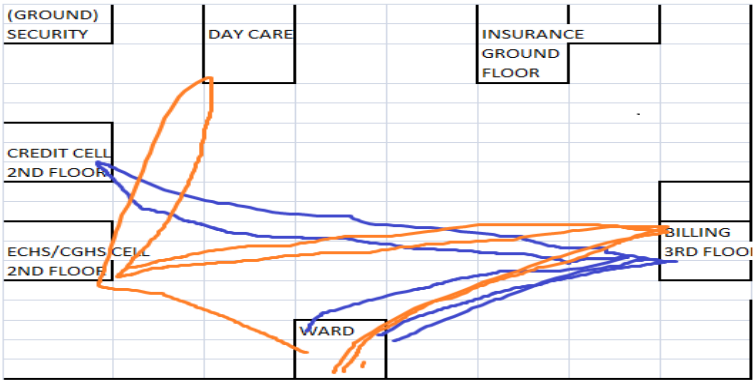
SPAGHETTI DIAGRAM FOR CASH PATIENTS

Above graph shows path of cash patients party during discharge .firstly they go to billing dept ,if it is clear to the patient party then they settle their bill(green line) ,but if any queries are there (yellow line) then hey again come to the wards to clear their doubts. Then they go to day care to meet the consultants .from day care they come to billing department to settle their bill and then finally to ward.They have to travel lot from wards to 3 rd floor then day care at ground floor., then vice versa and finally to wards.



SPHAGETTI DIARAM FOR CREDIT PATIENTS

CREDIT patients party are also tracked as CASH and INSURANCE patients . Above figure shows spaghetti diagram for credit patient party .firstly they have to go to billing on 3rd floor , then according to the requirement of the corporate they have to go to corporate office on 2 nd floor. From there they have to come to 3rd floor billing department and then again to wards.



INFERENCE FROM SPAGHETTI DIAGRAM

- Billing Department and Insurance desk , corporate office ,health scheme office are at different floors .So patients relatives has to move many times at different places as per payment modes.
- In case of any query regarding bills then again patient has to meet doctor regarding their billing amount..
- Patient relative has to travel extra distances for clearance of bill .

2.9 RECOMMENDATIONS

Following recommendations were given to quality assurance department to streamline the discharge process and reduce delay in discharge time:

- Correction of discharge summary (mainly of insurance cases should be) done one day before in case of all planned case.
- Clubbing of step of preparing rough discharge summary, typing ,then correction and finally typing should be done so that minimum time is consumed in unnecessary motion.Rough discharge summary should be corrected by the consultant and send to typing pool simultaneously by which time motion can be reduced.
- Fixed time duration for consultants round (mainly in morning hours)
- In morning hours mainly till 12:00 pm discharges are more so there should be two typist to type the corrected discharge summary.
- Delay in stretcher and wheel chair should be managed by increasing number of manpowers.
- Discharge intimation form (given below) should be filled so that discharge patient status can be tracked at every step.
- Some software apps should be there so that as soon as patient bill get ready concerned person will get a message on their mobile and they will be informed. This can reduce their waiting time in the billing department and will keep them informed about their billing status.
- Anticipated discharge time is communicated to staff, patient, and most importantly to patient's family ,as the primary reason patients don't leave when ready is because :
- * the patient is having meal
- * packing is not done
- * vehicle/ambulance not available
- * finances not arranged
- Assistants can be appointed for insurance/ corporate patients in billing department who can be a bridge between billing department and Insurance/corporate patients and patient party does not have to move on different floors .

- Committee can be made for admitted and discharge patients who can keep a check on admission and discharge process and patients can clear their doubts with them.
- Discharge checklist for patients and their caregivers so that they can be aware of discharge process and even hospital can also keep a track that any important information for the patient is not missed.

3.0 CONCLUSION

Patients with delayed discharge were common. Reasons of delay was analyzed and recommendations were given to reduce delay . If recommended measures are considered valid and applied in the system, the duration of time can be greatly reduced. An improvement in the discharge procedure will increase the patient satisfaction immensely as discharge is observed to be one of the most common reasons for dissatisfaction amongst the patients. For effective discharge planning family, hospital staff, doctors , nurses must work together and performance standards should be frequently monitored and there should be openness to innovative solutions

3.1 LIMITATION OF STUDY.

The above Study is limited to Orthopedic department in the hospital .So complete status for discharge process of all the departments was not captured. And also most of the study sample is of planned cases, very few unplanned cases are taken into account. So interpretations are mainly based on planned orthopedic discharge cases.

3.2 ETHICAL CONSIDERATIONS

Confidentiality of data maintained and would not be shared. It is only taken for study purpose and no information of hospital departments would be revealed elsewhere other than for academic purpose.

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Mc William, C.L. & J.F. Sangster. 1994. "Managing patient discharge to home: the challenges of achieving quality of care." International Journal for Quality in Health Care. 6(2):147-161.

Health & Social Care Joint Unit and Change Agents Team. 2003. Section 3.3 "Whole system working for hospital discharge" and Section 3.4 "The contents, characteristics and components of good inter-agency discharge policy." In: Discharge from hospital: pathway, process and practice. London, England: Department of Health

Guidelines of discharge process from JCI (Joint Commission International) manual .

ANNEXURE 1

DISCHARGE INTIMATION FORM

UHID: _____ Patient' Name: _____
Date of Admission: _____ Date of Discharge: _____

(To be filled by the doctor in charge)

Type of discharge: ☐ **Planned** ☐ **Unplanned** ☐ **Medico legal**

Time doctor intimates the patient and staff for discharge: ☐

Name of doctor in charge: _____ Doctor Signature: _____

(To be filled by Doctors/RMO/REGISTRAR)

Time of writing discharge summary …….

Time discharge summary corrected …….

If any delay, reason:

Name of doctor/RMO/Registrar

(To be filled by nursing station)

Time in charge nurse/ WS received the final discharge summary: ☐

Time Billing card sent for billing: ☐

If any delay, reason:……..

Name of nurse in charge _____ Ward Secretary signature:_____

(To be filled by pharmacist)

Time drugs return is done ☐ Time pharmacy clearance done: ☐

If any delay, reason: _____ Pharmacist signature: _____

(To be filled at insurance desk)

Time discharge summary received……
Any change in discharge summary/…….. (Yes/No)…..
Time of FAX……
Time of Approval……..

If any Delay , reason…….

Signature Insurance Dept. In charge……

(To be filled at billing counter)

Time billing card received: ☐ Time of discharge from billing ☐

Time billing settlement done: ☐

Type of patient: ☐ Cash ☐ International patient ☐ ECHS/CGHS ☐ TPA

If any delay, reason: _____ Billing in charge signature: _____

(To be filled by Floor coordinator)

☐ **In time** ☐ **Delayed**

If delay, Reasons:

_____
_____
_____
_____
_____

Signature……

****

ANNEXURE 2

DISCHARGE PLANNING CHECKLIST FOR PATIENTS AND THEIR CAREGIVERS

Patient Name: UHID NO:

Bed No: IP NO:

ACTIONS	
HAVE YOU BEEN EXPLAINED/ TRAINED ABOUT:	
1. Diagnosis and health condition.	YES / NO
2. Medicines , doses and duration of intake	YES / NO
3. Food –drug and drug –drug interactions and side effects of medication prescribed.	YES/NO/NA
4. Diet / Nutrition to be followed post discharge.	YES / NO
5. Rehabilitation services post discharge.	YES/NO/NA
6. Pain management techniques.	YES/NO/NA
8.Any task that require special skills like wound dressing	YES/NO/NA
9.Use of special equipments (eg: nebulizers ,insulin pens ,glucometer , CAPD)	YES / NO/NA
10. Special l Precautions to be taken .	YES/NO/NA
11. Investigations to be done post discharge.	YES/NO/NA
12.Follow up instructions given.	YES/NO
13. Referrals if needed.	YES/NO/NA
14. WHEN/HOW to seek emergency care .	YES/NO

My allocated nurse/ doctor have explained the above mentioned points in my own language and I have understood the same.

Patient / Patient Next of kin signature…….

Relation with the patient …… date n time……..

ANNEXURE 3

DISCHARGE TRACKING SHEET

DATE	
IP NO	
PATIENT NAME	
CONSULTANT NAME	
PAYMENT MODE	
TYPE OF DISCHARGE	
TIME CONSULTANT ADVICE FOR DISCHARGE	

TIME DISCHARGE SUMMARY IS PREPARED BY JUNIOR DOCTORS	
TIME DISCHARGE SUMMARY IS SENT FOR TYPING AND TYPIST TYPE IT	
TIME DOCTORS CORRECTS THE DISCHARGE SUMMARY	
TIME CORRECTED DISCHARGE SUMMARY IS SENT FOR FINAL TYPING	
TIME FINAL DISCHARGE SUMMARY READY	
TIME DISCHARGE SUMMARY RECEIVED AT INSURANCE DESK.	
TIME DISCHARGE SUMMARY SENT TO CONCERN TPA	
APPROVAL TIME FROM TPA	
TIME MEDICINES RETURN FROM THE WARDS TO IP PHARMACY	
TIME MEDICINE RECEIVED AND IP PHARMACY CLEARANCE DONE	
TIME BILLING CARD RECEIVING TIME BILLING DEPT	
DISCHARGE TIME FROM BILLING DEPARTMENT(BILL READY)	
BILLING CLEARANCE TIME	
PATIENT DISCHARGE TIME	