A STUDY ON DISCHARGE PROCESS IN 500 BEDDED MULTISPECIALITY HOSPITAL (APOLLO GLENEAGLES HOSPITAL,KOLKATA)

BY
DR PRIYANKA SHRIVASTAV
PGDHM
IIHMR JAIPUR

Apollo Gleneagles HOSPITALS KOLKATA
TOUCHING LIVES

Organization Accredited by Joint Commission International

INTRODUCTION

- Apollo Gleneagles Hospital , Kolkata is 500-bedded multispecialty hospital
- With Joint Commission International (JCI) accreditation.
- It is a joint venture of Apollo Group of Hospitals, India and Parkway Health of Singapore which is a leading healthcare group in Asia..

MISSION :

The Mission Of Apollo Hospitals Is To Bring Healthcare Of International Standards Within The Reach Of Every Individual.

Hospital is Committed To The Achievement And Maintenance Of Excellence In Education, Research And Healthcare For The benefit of humanity.

VISION OF THE HOSPITAL:

Envisioning Apollo Gleneagles Hospitals' future as - The most trusted healthcare brand in the country and beyond.

LOGO :

Truly touching lives…

ANALYSIS OF DISCHARGE PROCESS

Discharge from the hospital is broadly defined as the processes , tools and techniques by which an episode of treatment to a patient is formally concluded by a health professional.

Discharge time has important implications on the hospital working as it affects：

- Patient satisfaction.
- Revenue generation.
- Timely access to inpatient bed .
- Assured continuity of care .

AIM OF THE STUDY

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

OBJECTIVES

- To know the steps involved in patient discharge and time taken at each step.
- To find reasons of delay.
- To find scope of reducing the delay in discharge of the patients. .

METHODOLOGY

- **DURATION OF STUDY**. February to March 2014.
- **STUDY DESIGN** : Cross sectional ,Prospective and Analytical study
- **STUDY AREA** : Ward , Billing department, Insurance desk, Corporate cell.
- **SAMPLE SIZE**: 150 discharge patients. KrejcieandMorgan.pdf
- **TOOLS AND TECHNIQUE**:

  Primary data is collected by observation .

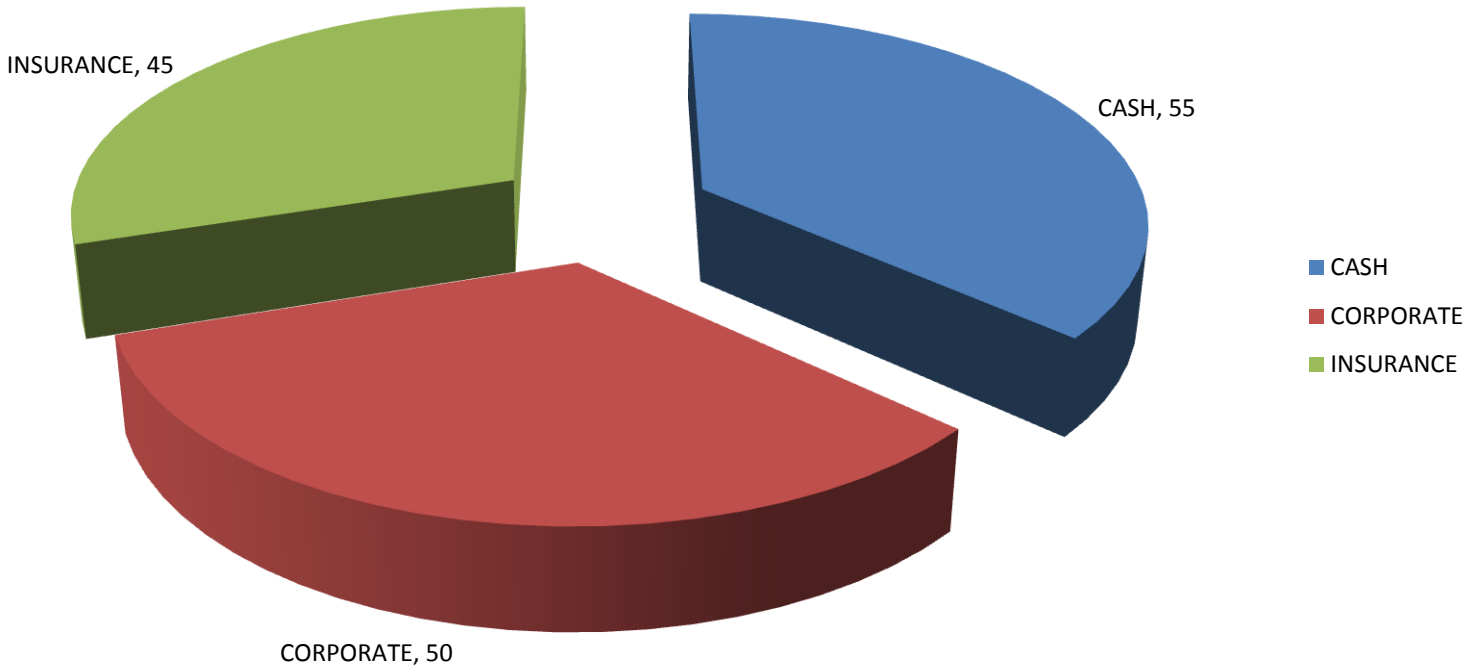
  Discharge tracking sheet was prepared for major steps of discharge process and timing was recorded from study areas. DISCHARGE PROCESS TRACKING SHEET.xlsx

ANALYSIS/GRAPHS

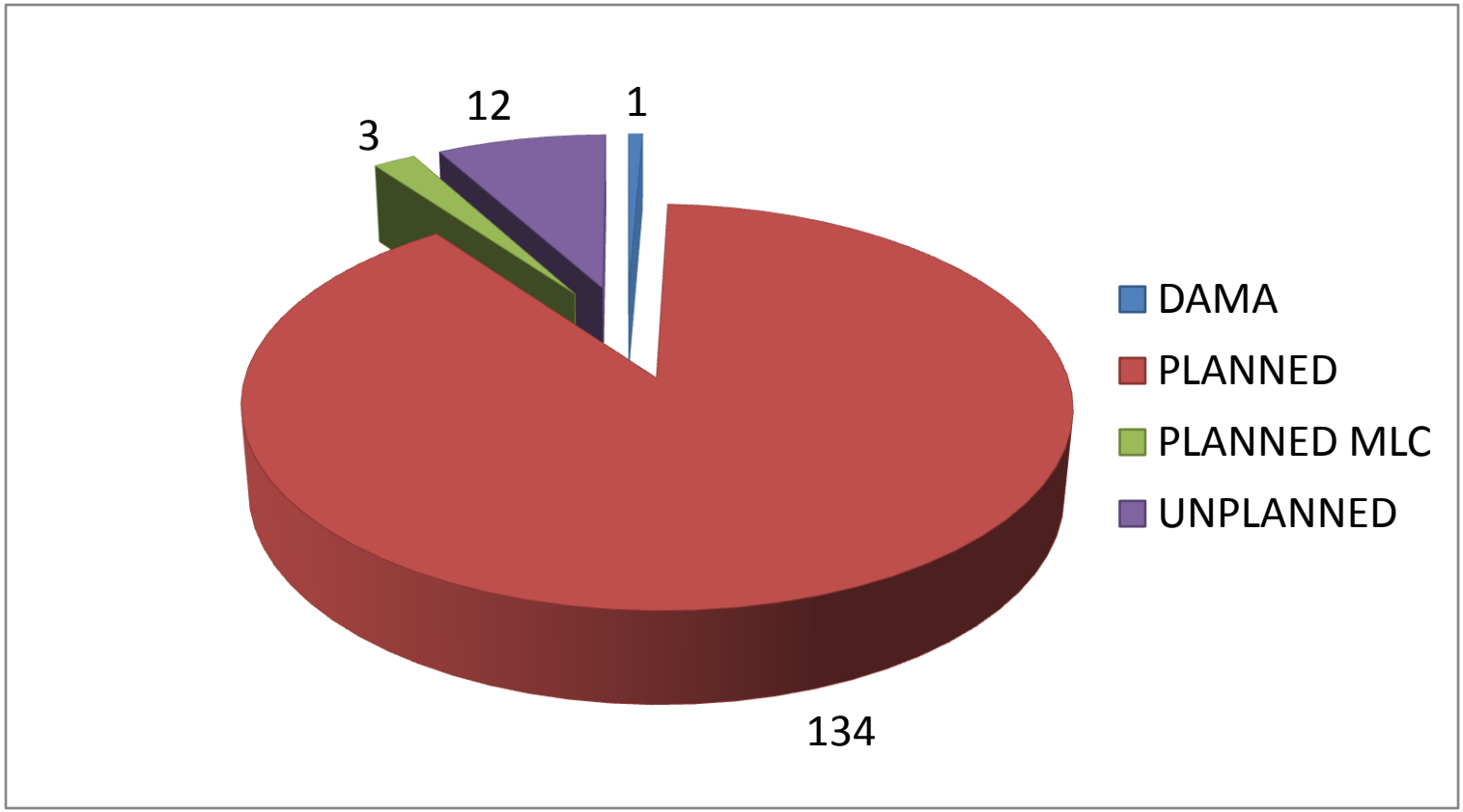
DISCHARGE PROCESS FLOW

DISCHARGE PROCESS FLOW.docx

PAYMENT MODES



TYPE OF DISCHARGE CASES

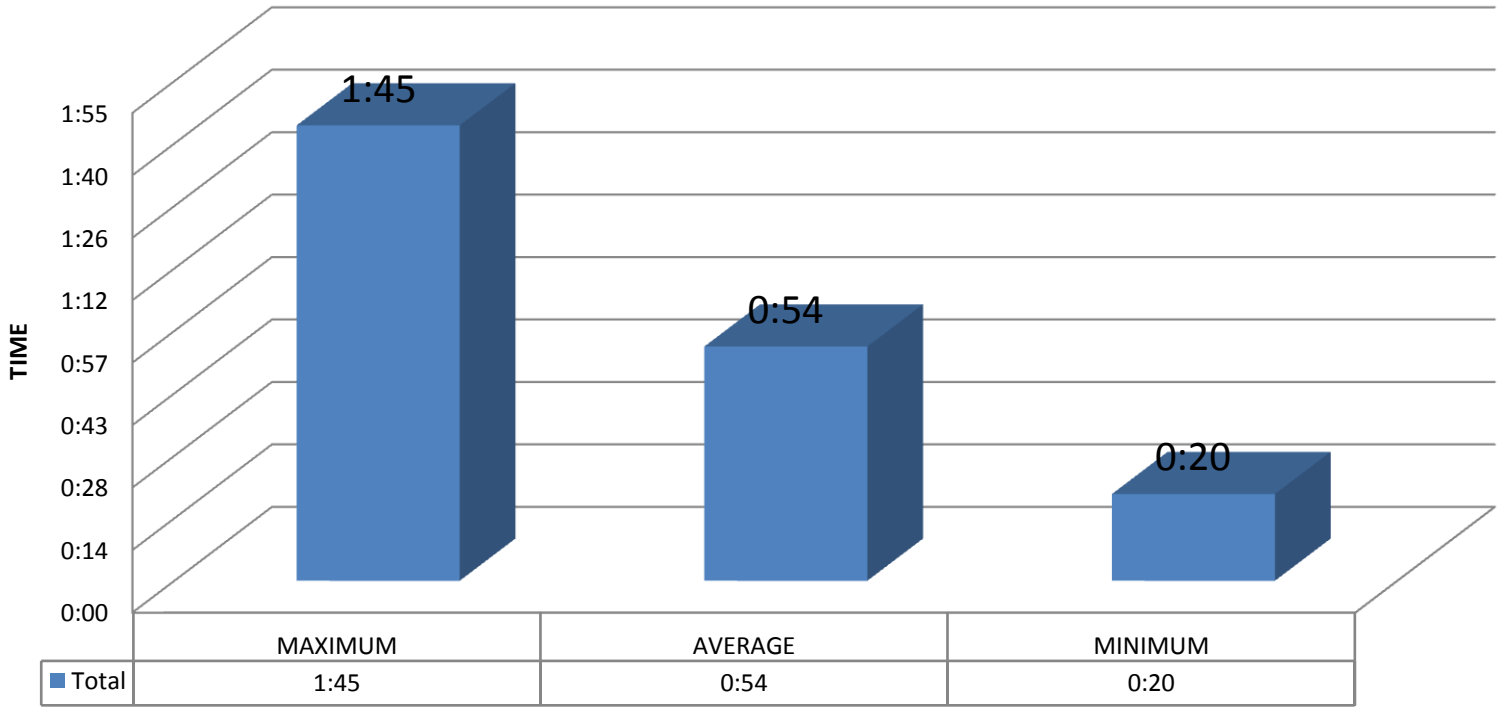


Planned cases are those cases which are planned one day before for the discharge.
Unplanned case: Cases which are planned on the same day for discharge
DAMA Discharge against medical advice they have to fill a form which is to be signed and approved by medical superintendent.
Medico-legal case: Any case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

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

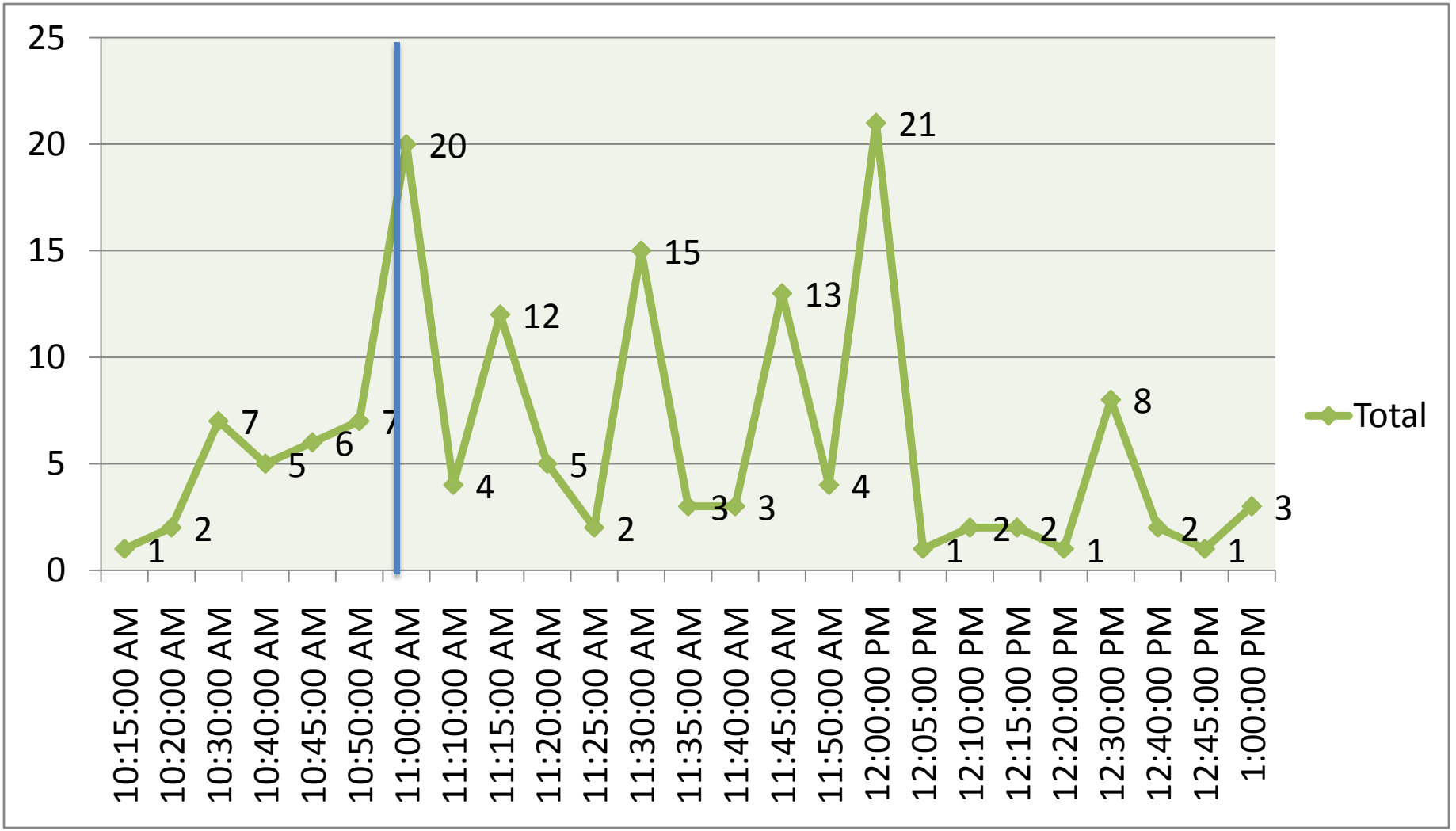
In all the planned cases under study(100%) ,Rough Discharge summary was written and typed one day before the day of discharge.

TIME TAKEN FOR (CORRECTION + TYPING) OF DISCHARGE SUMMARY .



Average time for (typing+ correction)=54 min
Average time taken at typing pool=34 min
Average time taken for correction =20 min

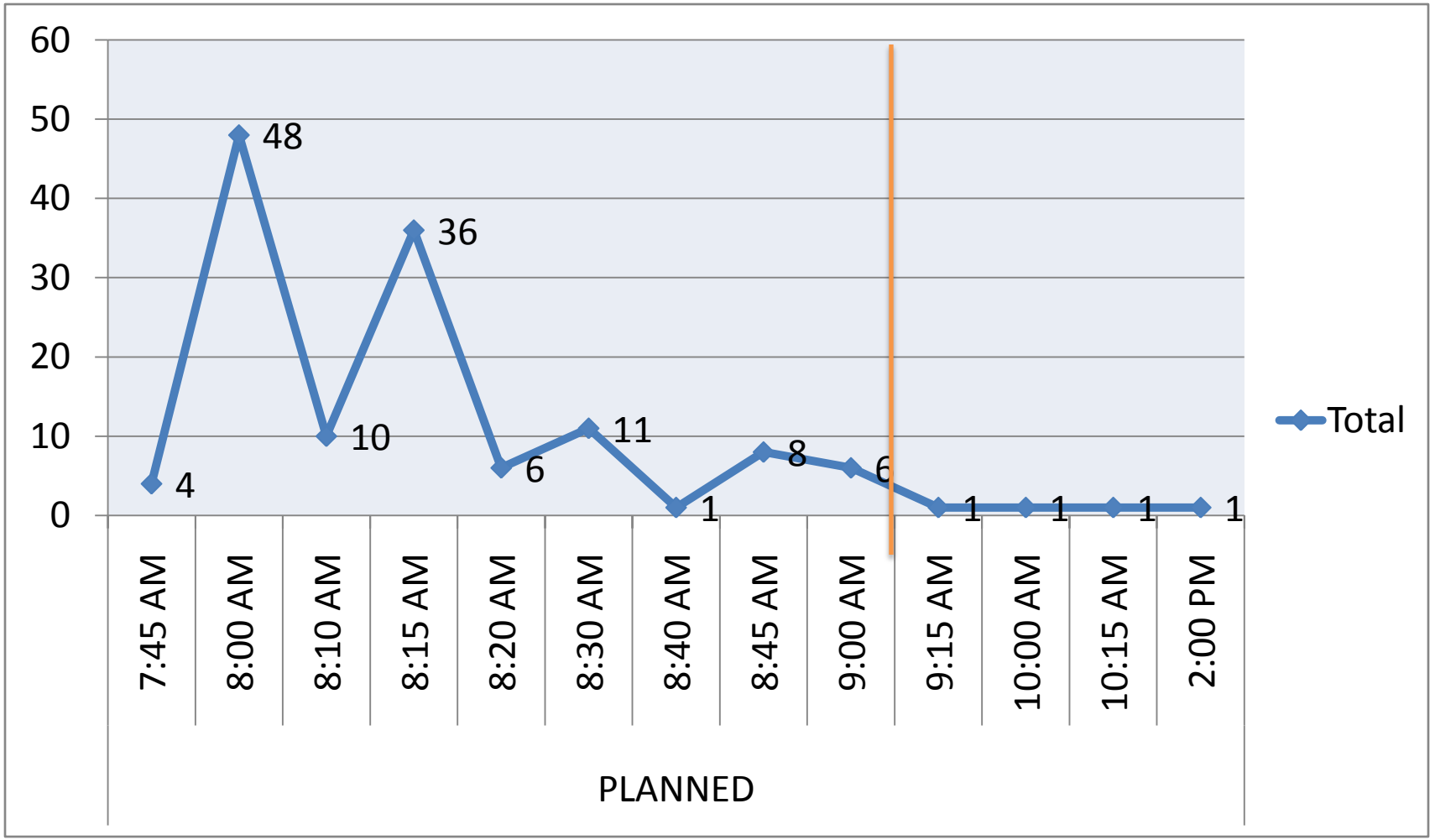
TIME AT WHICH DISCHARGE SUMMARY IS FINALISED FOR PLANNED PATIENTS



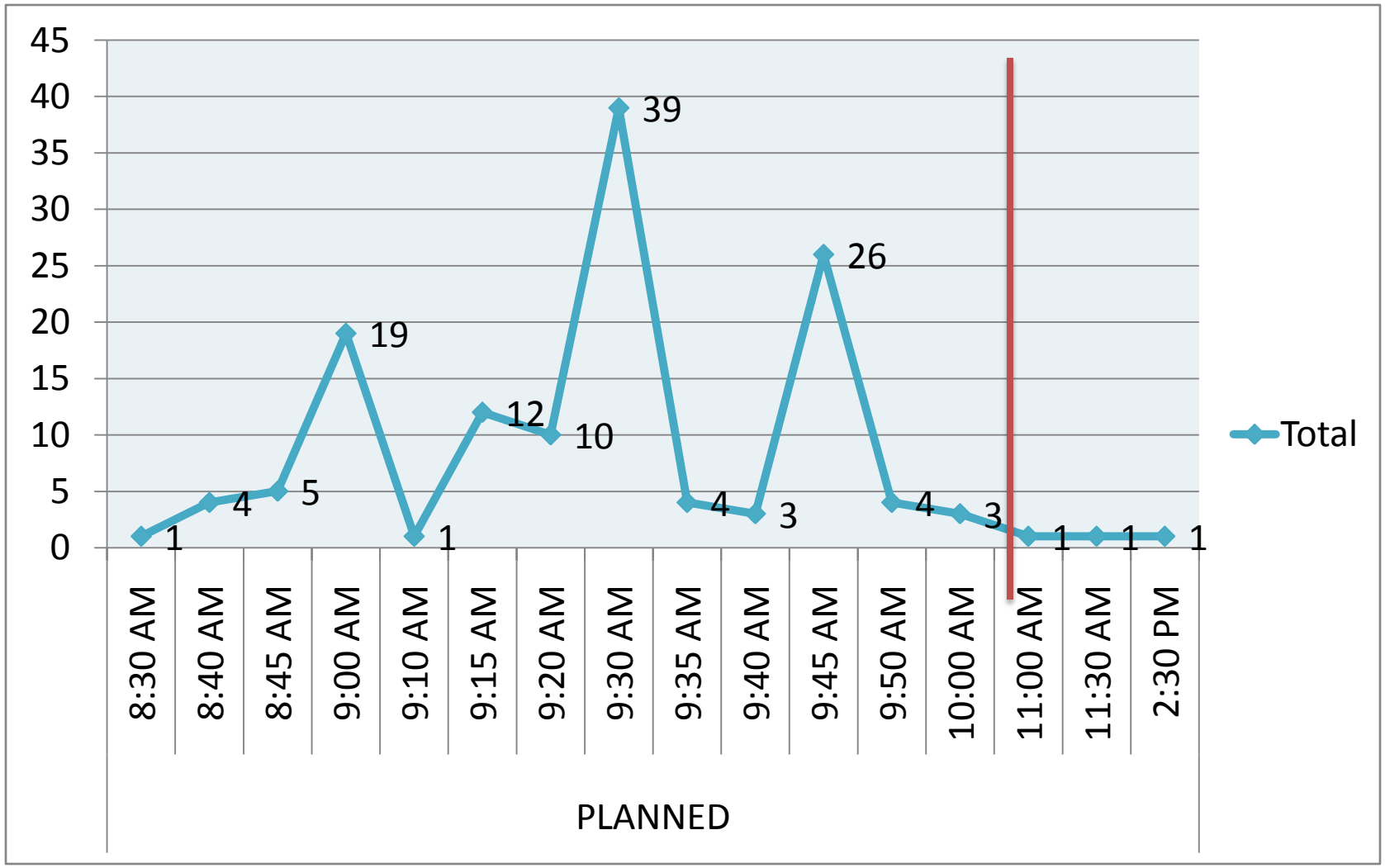
REASONS OF DELAY IN FINALIZING DISCHARGE SUMMARY

- Delay in correction of Discharge summary by the doctors.
- Late rounds of consultants .
- No fixed time. of consultants round .
- Time taken at typing pool

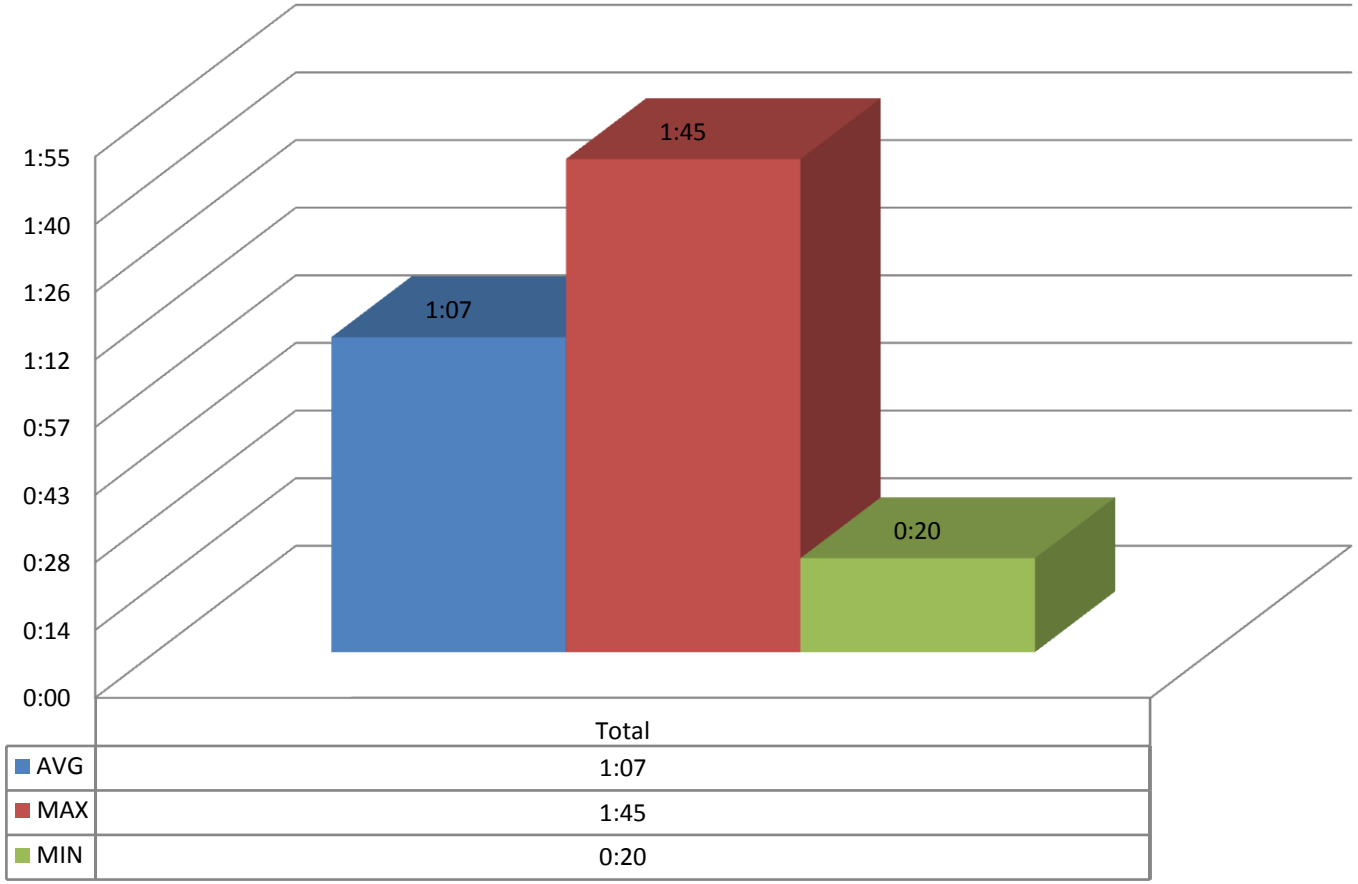
MEDICINES RETURN TIME FROM THE WARDS TO IP PHARMACY FOR PLANNED PATIENTS



TIME OF IP PHARMACY CLEARANCE FOR PLANNED PATIENTS



Time taken for IP Pharmacy clearance after pharmacy return is done from wards



INSURANCE DESK

TIME DISCHARGE SUMMARY RECEIVED	DS CHECKED AT MEDICAL DESK ,DOCUMENTS SENT TO RESPECTIVE TPA	APPROVAL FROM TPA

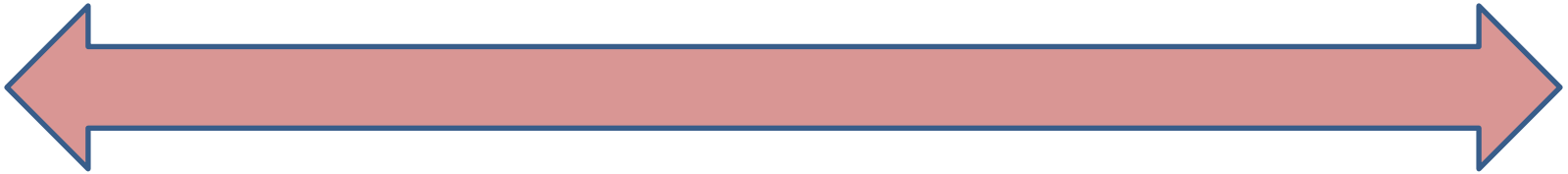
	TIME TAKEN TO SEND THE DOCUMENTS TO RESPECTIVE TPA AFTER DISCHARGE SUMMARY IS RECEIVED	TIME TAKEN FOR APPROVAL AFTER DOCUMENTS SENT TO RESPECTIVE TPA	TOTAL TIME TAKEN FOR INSURANCE CLEARANCE
AVERAGE	1 hrs 15 min	2 hrs 45 min	4:00 hrs
MAXIMUM	2 hrs 30 min	6 hrs	8:30 hrs
MINIMUM	30 min	45 min	1 hrs 15 min

REASONS OF DELAY FOR INSURANCE PATIENTS:

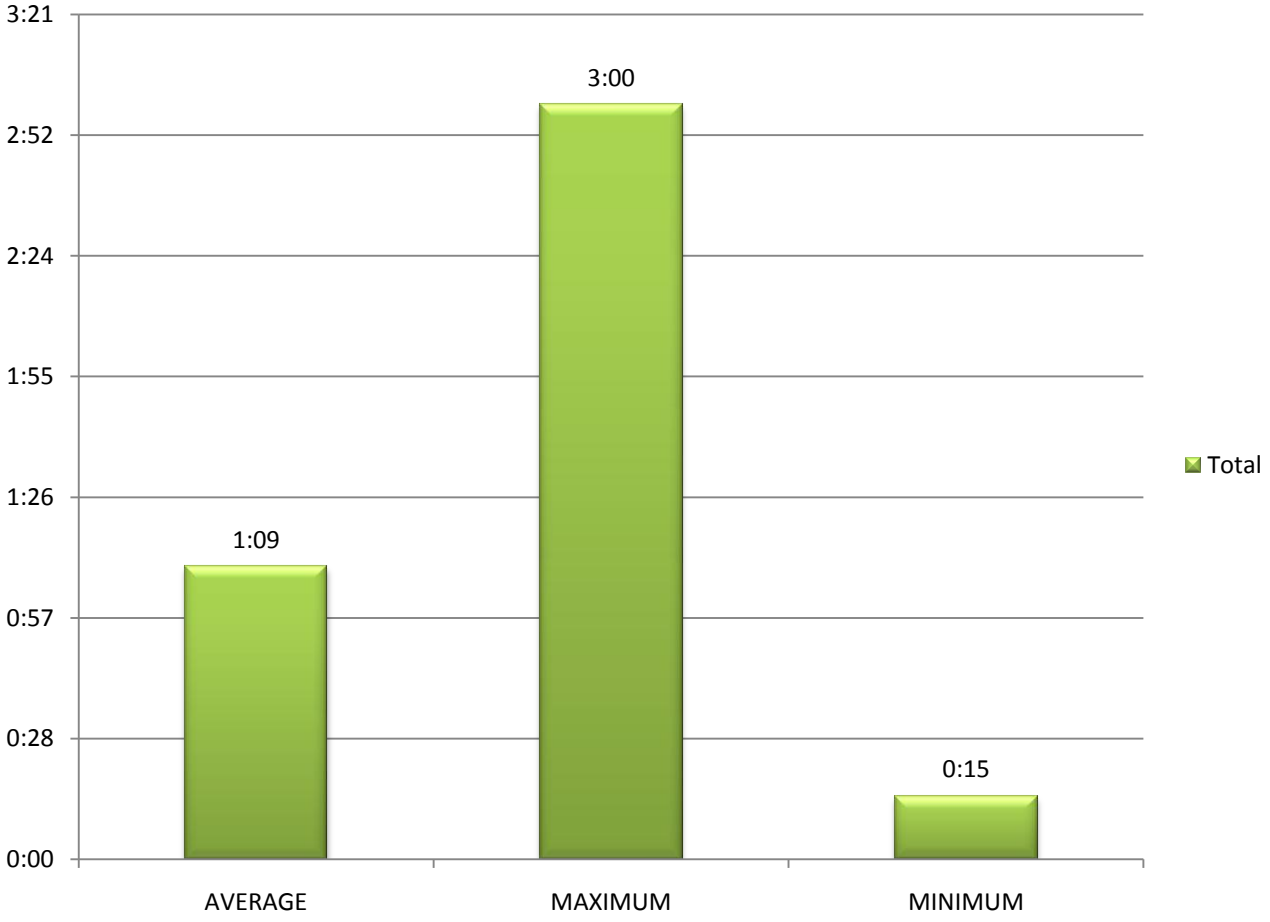
- In receiving final discharge summary from the wards so delay in further processing and faxing the documents to the concerned TPA.
- If some corrections is to be made in the discharge summary .
- If some documents are required / query from concerned TPA.
- In solving patient queries .(e g non medical bills)

TOTAL TIME AT THE BILLING DEPARTMENT

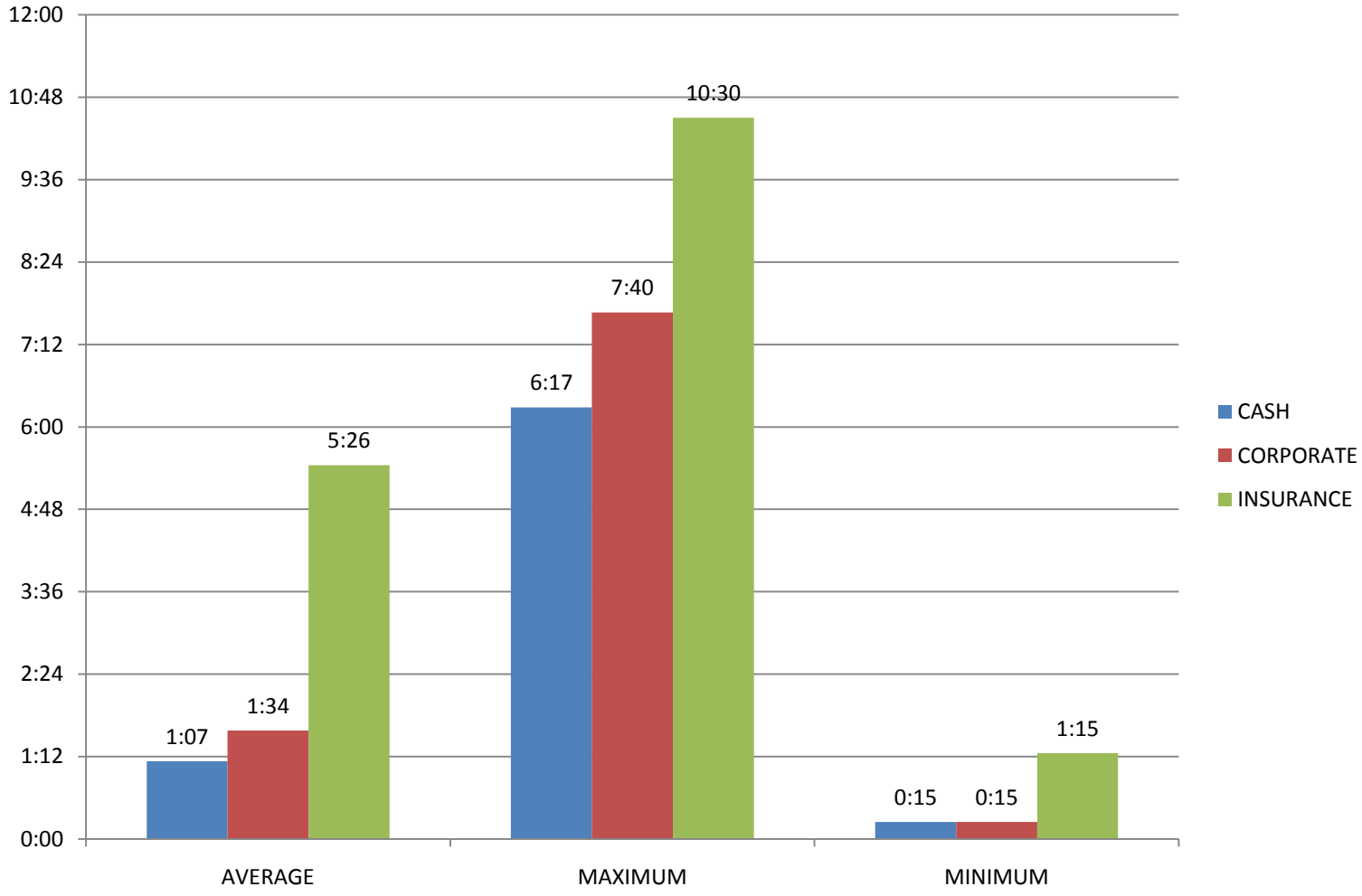
TIME @BILLING CARD RECEIVED	TIME @ DISCHARGE TIME FROM BILLING (BILL READY)	BILL SETTLEMENT TIME



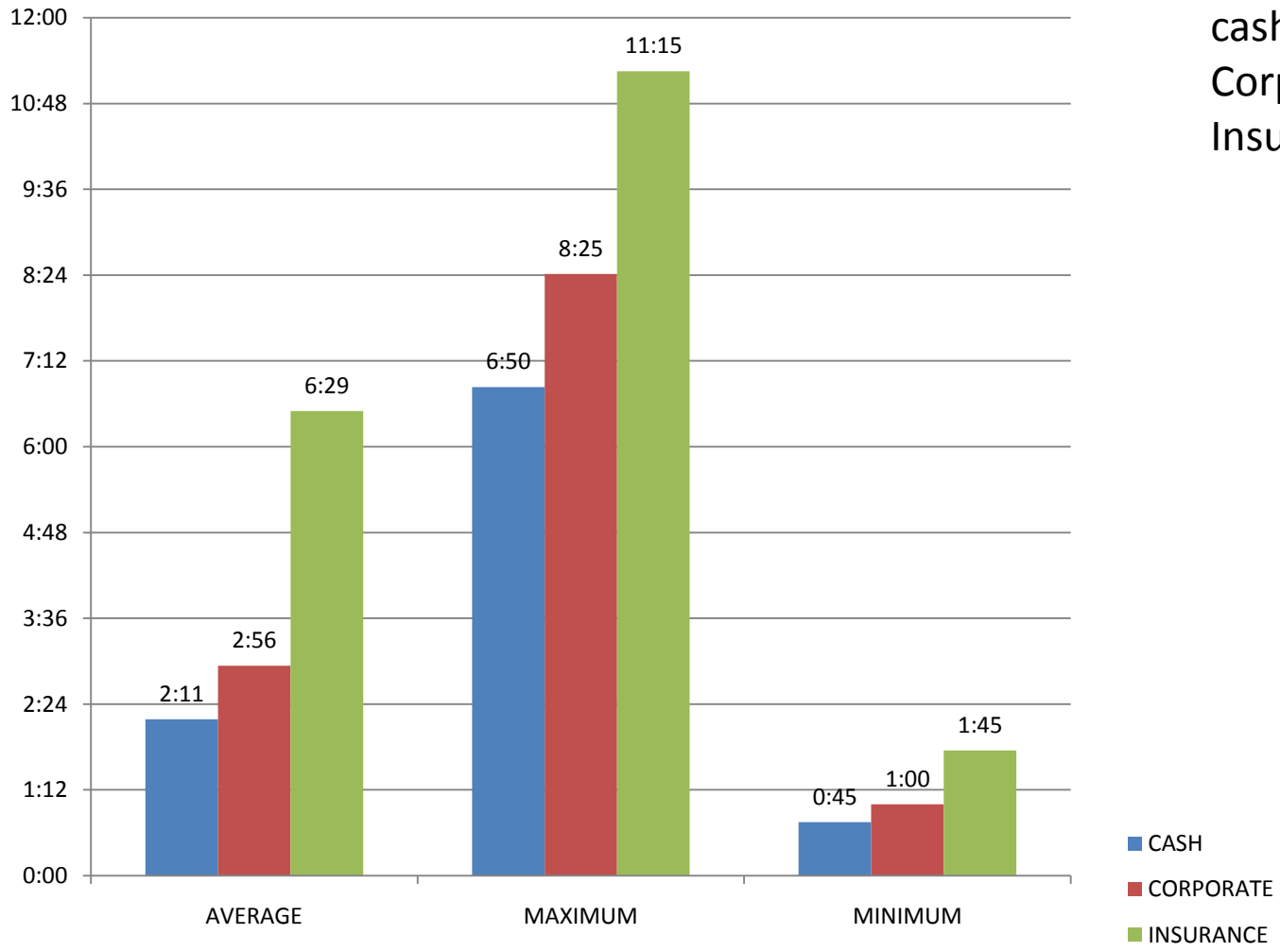
TIME TAKEN FOR MAKING BILL READY AFTER BILLING CARD IS RECEIVED AT THE BILLING DEPARTMENT



TIME TAKEN FOR BILLING CLEARANCE AFTER BILL IS MADE READY

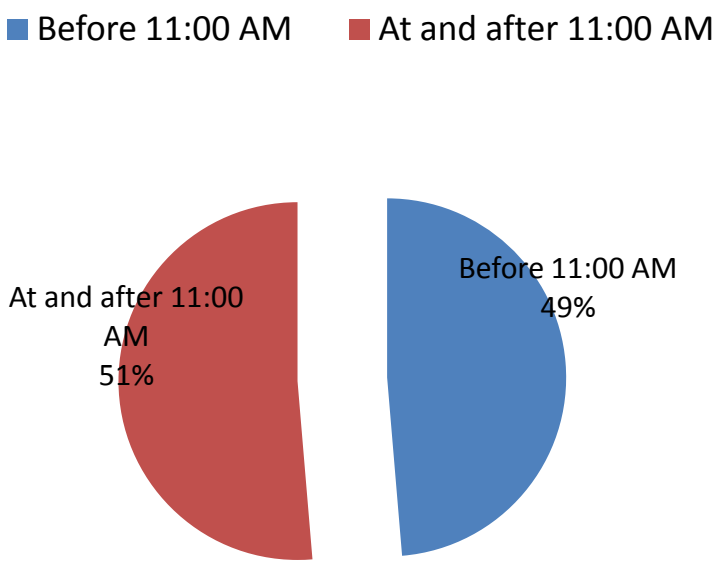


TOTAL TIME TAKEN FOR BILLING CLEARANCE



cash <=1hrs
Corporate<=2 hrs
Insurance<=4hrs

DISCHARGE TIME FROM BILLING FOR PLANNED DISCHARGE



Billing discharge should be done before11:00 AM ,otherwise patients are charged for other day.

Reason of delay : Delay in sending billing card.

REASONS OF DELAY IN BILLING CLEARANCE

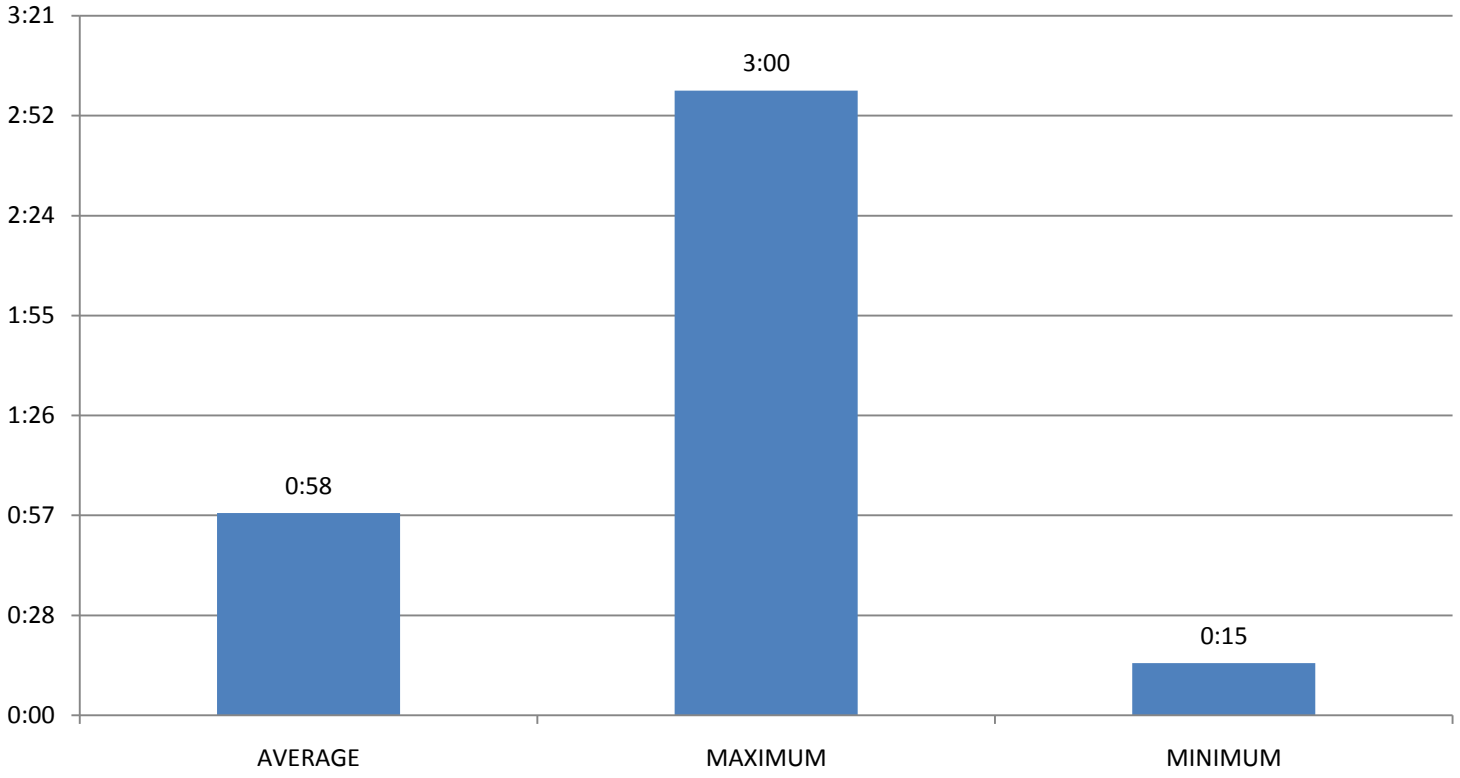
- Patient own reasons for delay in billing settlement.(Arrangement of money).
- Patient queries regarding bill amount.
- Miscommunication between patient relatives ,billing department and ward secretary: Sometimes patients bill is ready and they did not get information from the ward secretary to go for clearance of bill .
- Delay in insurance settlement .

PLANNED VERSUS UNPLANNED DISCHARGE TIME

	UNPLANNED	PLANNED
AVERAGE	5 hrs20 min	4 hrs 15 min
MAXIMUM	9 hrs	11:30 hrs

Not huge gap between planned and unplanned discharges as it was being expected.

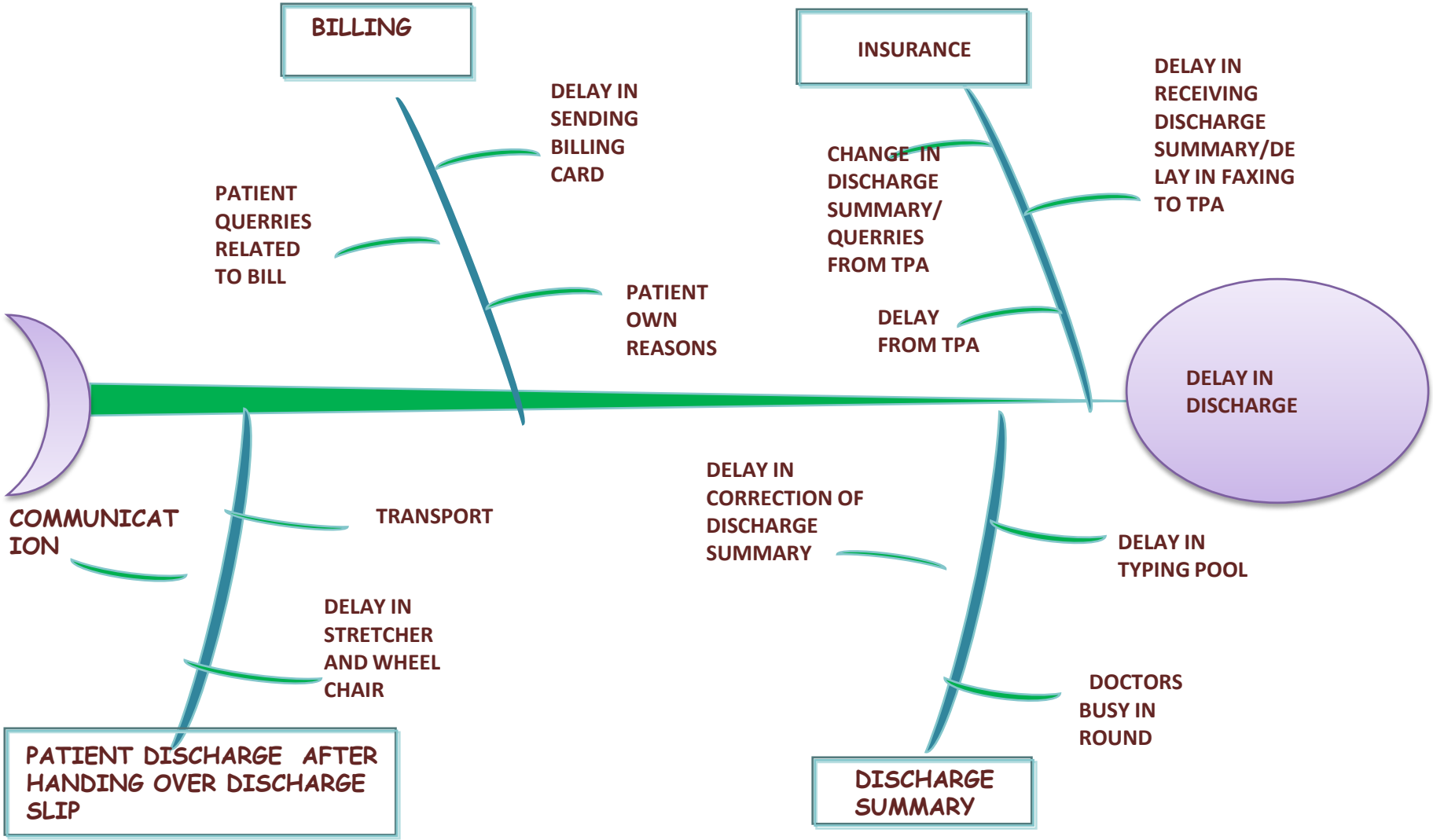
TIME TAKEN FOR PATIENT DISCHARGE AFTER BILLING CLEARANCE



REASONS OF DELAY FOR DISCHARGE OF PATIENT AFTER BILLING CLEARANCE

- Communication problem between ward secretary and nurse. Patient hand over discharge slip to ward secretary but delay is there .
- Patient not prepared (e g dressing) for discharge.
- Delay in bringing stretcher /wheel chair.
- Arranging for ambulance /vehicle
- Patient waiting for lunch.
- Patient own reasons.

Fishbone/ Cause effect Diagram for delay in Discharge process



Spaghetti diagram for movement of Patient Relative during discharge process for billing settlement.

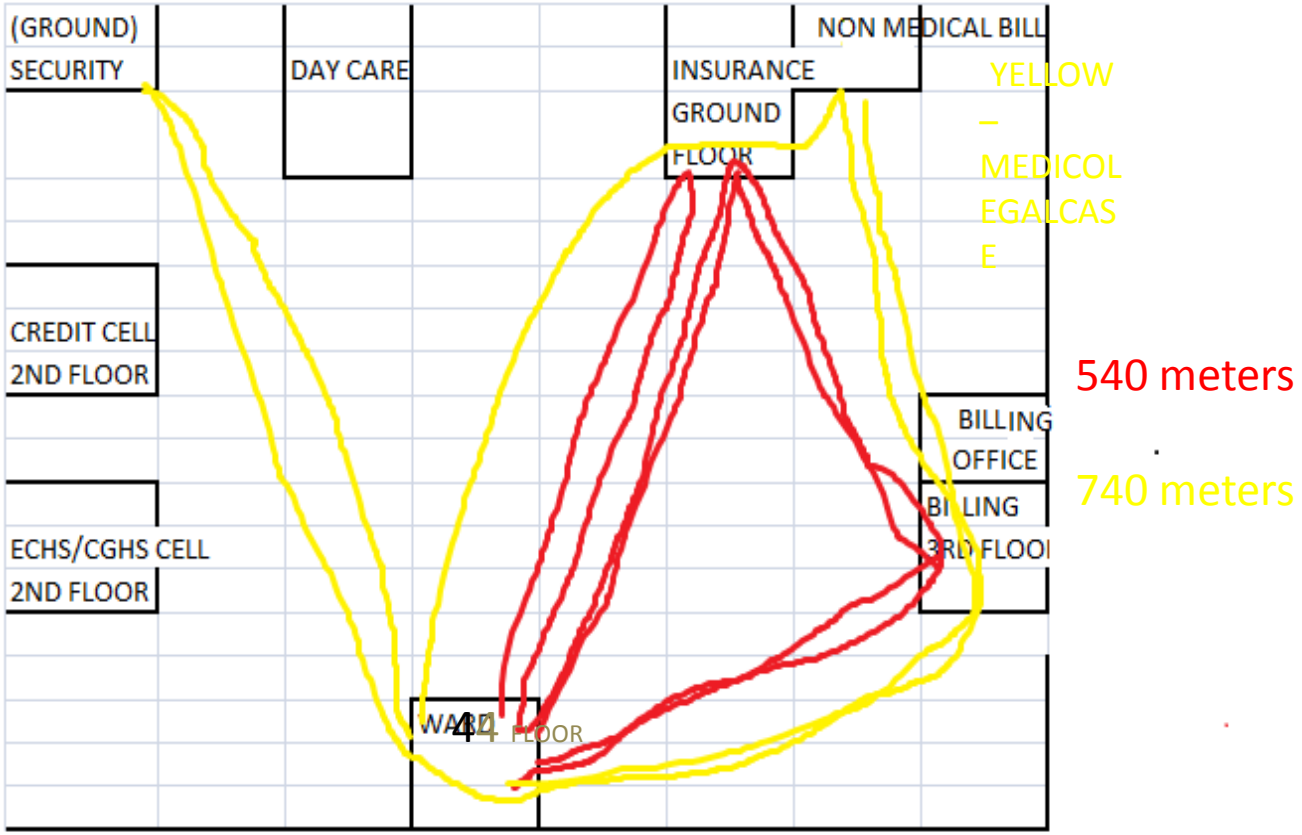
Distance covered by patient relatives(approx. Not measured)

Patient party movement for patient on 4 th floor

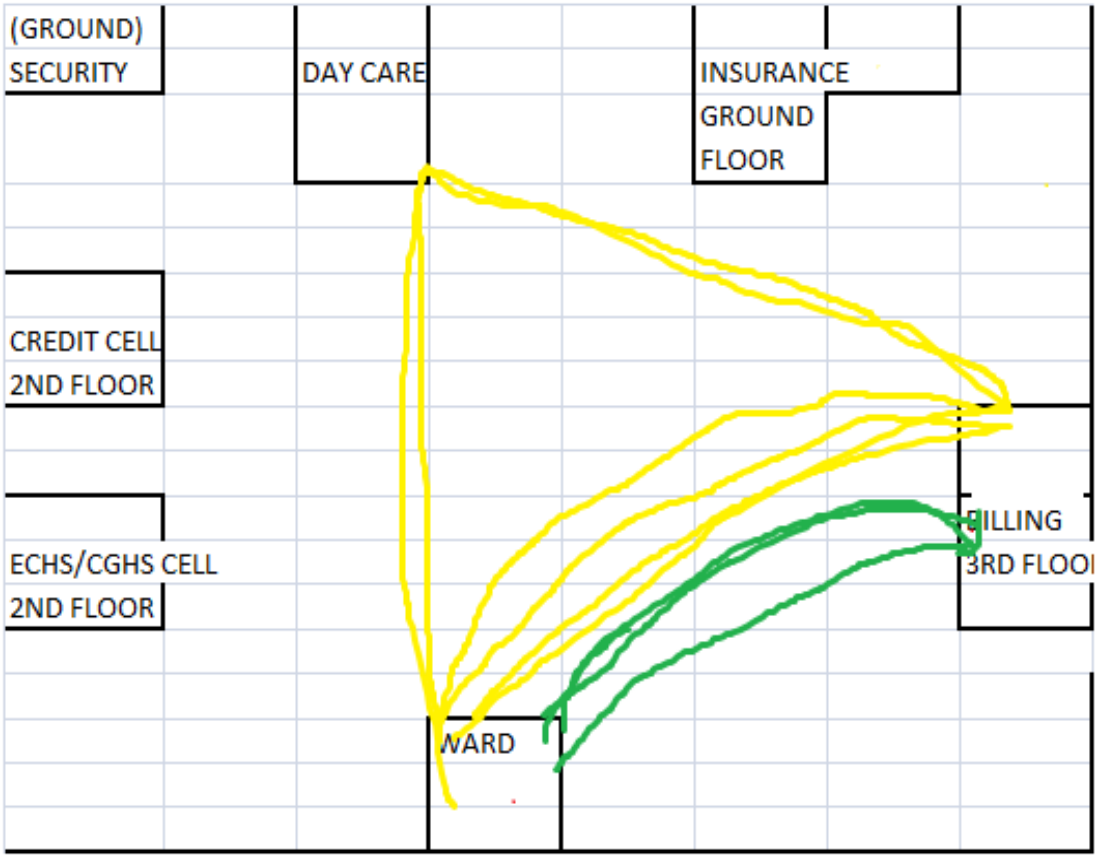
- Distance from ward to insurance desk on ground floor =120 meters approx.
- Distance from ward to billing dept.=40 meters approx
- Distance from ward to corporate cell=50 meters approx
- Distance from IP Building to Day care=150 meters approx.
- Distance from billing dept. to credit cell= 20 meters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

IPD BLOCK
FOURTH FLOOR -WARDS
THIRD FLOOR - WARDS, BILLING DEPARTMENT
SECOND FLOOR – WARDS, CORPORATE CELL
FIRST FLOOR –OT , ICU
GROUND FLOOR- INSURANCE DESK, SECURITY
OPD BLOCK: DAY CARE BUILDING

INSURANCE PATIENTS.



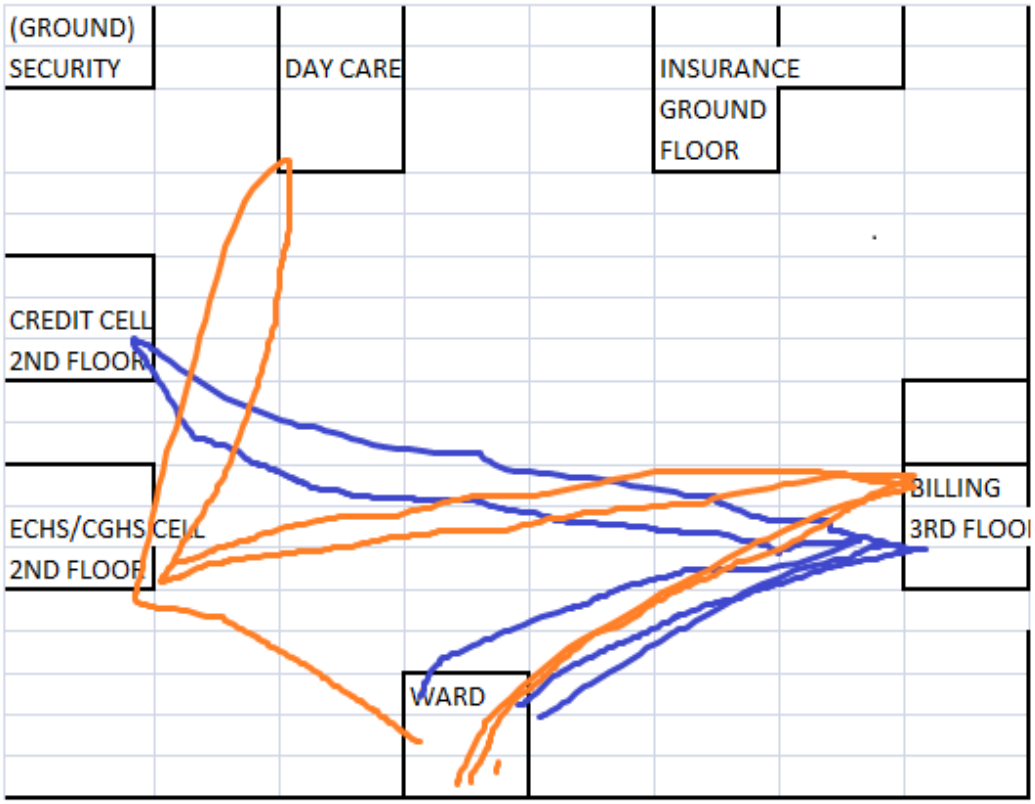
CASH PATIENTS



Minimum:
160 meters

Max:500
meters

CREDIT PATIENTS



- DISTANCE TRAVELLED APPROX.=340 meters

- DISTANCE TRAVELLED APPROX=
  - 200 METERS

OBSERVATIONS

- 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.

- If some query is there then to meet doctor patients has to go to day care building regarding their billing amount.

RECOMMENDATIONS

- Correction of discharge summary should be done on the same day when consultant advices for discharge in case of all planned case.
- Rough discharge summary should be corrected by the consultant and then sent to typing pool for final typing. This will prevent delay in insurance clearance.
- Clubbing of steps to be done so that minimum time is consumed in unnecessary motion.
- 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 on one floor to type the corrected discharge summary.

Recommendation

- Delay in stretcher and wheel chair should be managed by increasing manpower for intra-hospital transportation.

- Discharge intimation form (given below)should be filled so that discharge patient status can be tracked at every step.DISCHARGE INTIMATION FORM.docx

- 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 will keep them informed about their billing status.

Recommendation

•Insurance desk ,billing and credit cell should be closer to each other to prevent unnecessary movements for the patient party during discharge.

•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.

DISCHARGE CHECKLIST.docx

CONCLUSION

For effective discharge planning :

•Development and implementation of a plan to facilitate the discharge of patient.

• Family, hospital staff, doctors , nurses must work together.

•Activity and performance standards should be frequently monitored and there should be openness to innovative solutions


L
Thank You