A STUDY ON DISCHARGE PROCESS

APOLLO BSR HOSPITAL, BHILAI

BY:

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ABOUT THE ORGANISATION: Apollo BSR

A multi specialty hospital

175 bedded

Located in Bhilai

Established in 2007

VISION: To be the most preferred Health care service provider in the community by continuously improving the existing standard of Medicare

MISSION: Apollo BSR Hospitals always provide comprehensive and modern healthcare solutions to patients with a humane approach.

A STUDY ON DISCHARGE PROCESS AT APOLLO BSR HOSPITAL

AIM:

- To study the discharge process in the hospital and to suggest improvements if any.

RESEARCH QUESTIONS:

- Which step caused delays in the process of Discharge?
- What improvements need to be done in the process of discharge to decrease its process time?

OBJECTIVES OF THE STUDY:

The objectives of the study were:

- To review the current discharge process in a hospital
- To identify step/point of delays in the discharge process of hospital against the standard time
- To analyze the discharge process of the hospital and find out the challenges at each step of the process
- To suggest strategies to reduce time taken for processing discharge, if required.

METHODOLOGY:

- APOLLO BSR hospital, Bhilai.

- Nurse, discharge pool staff, duty doctors and administrative staff.

- Reviewed current patients' records (Feb to April 2014) for time motion study
- Reviewed existing discharge process at the hospital
- Selected sample of 300 patients .

- Observation and taking notes
- Datasheet for recording data.
- Format for recording the time and movement of patient file
- Informal Interviews

- Data collection was done from the following wards of the hospital:
  - Discharge pool
  - Billing Department
  - TPA/Cashless department.
  - Wards
    - General Ward (discharged patients 140)
    - Day care (discharged patients 40) ,
    - NRHM ward (discharged patients 15) ,
    - Private wards (discharged patients 40) and
    - semi private wards (discharged patients 32)
    - Gynecology ward (discharged patients 33)

Ethical considerations:

- Kept the data confidential and anonymous
- The data collected used for research purposes.

CURRENT DISCHARGE PROCESS AT APOLLO BSR:

Doctor Advised Discharge

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Admitting Consultant/MO prepares Discharge Summary

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Patient file verified for service entry and availability of reports and discharge checklist

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Medicines and consumables are returned to IP Pharmacy

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File sent to discharge pool for typing of discharge summary

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File receiving entry done in discharge register kept at discharge pool and availability of reports is checked

File sent to Cash Billing and acknowledgement of file is done in discharge register kept at cash billing

Discharge summary typed in HMIS and provisionally sent to doctor for verification

If modification required then done in HMIS and final Summary printed and signed by consultant/ MO

Signed discharge summary sent to ward (If cash), Cash Billing (Corporate/TPA)

LAMA PROCESS AT APOLLO BSR:

Consultant counsels the patient for pros and cons of LAMA and treatment along with further medication details are well explained

Consent form of LAMA is filled up by admitting consultant and duly signed by patient/relative and doctor

Admitting consultant/MO prepares LAMA Summary

Patient file verified for service entry and availability of reports and discharge checklist

Medicines and consumables returned

File sent to discharge pool for typing of LAMA summary

File receiving entry done in discharge register kept at discharge pool and availability of reports is checked

File sent to Cash Billing and acknowledgement done in discharge register kept at cash billing

LAMA summary typed in HMIS and provisionally sent to doctor for verification

If modification required then done in HMIS and final Summary printed and signed by consultant/ MO

Signed LAMA summary sent to ward (If cash), Cash Billing (Corporate/TPA).

RESULTS:

- The discharge time on average was found to be about 4.1 hours.

Ward wise distribution of discharge time: (n=300)

Wards	Number of Beds	No. of Discharge processes studied	Average Discharge time
General Ward (Male Female, Oncology)	36	140	4 hours
Private wards	12	40	3.8 hours
Semi Private wards	20	32	3.87 hours
Gynecology ward	12	33	3.86 hours
Day Care ward	12	40	3.9 hours
NRHM ward	10	15	3.95 hours
Total Sample	108	300	

Discharge time of the hospital: n=300

Analysis of Time	Time in hours
Mean Discharge Time	4 Hours (16.3%)
Minimum Time	2.25 Hours (3.1%)
Maximum Time	8.5 Hours (0.3%)

CASH PATIENT:

- For Cash Patient the analysis is given below:

Sample Size: 145

Analysis of data	Time in hours
Mean Discharge time	3.6hours (16.1%)
Minimum Time	2.25 hours (5.6%)
Maximum Time	6.5 hours (3.4%)

- Many a times delay is caused by patient not having money or the hospital not informing the patient about the discharge beforehand so that he/she can arrange for the money and transportation beforehand.

CREDIT PATIENT:

- For Credit Patient the analysis is given below:

Sample size: 155

Analysis of data	Time in hours
Mean Discharge time	4.2 hours (20%)
Minimum Time	2.5 hours (4.7%)
Maximum Time	8.5 hours (0.7%)

- Credit patients have to obtain approval from various organizations like TPA or corporate like ESIC, BHEL, BSP etc. which takes around 2-2.25 hours on an average, this time is of significance as it is not in the control of the hospital.
- Delay in hospital side comes normally form lack of discharge planning and interdepartmental co-ordination.

UNPLANNED DISCHARGE:

- For Patients with unplanned discharge the analysis is given below:

Sample Size: 238

Analysis of data	Time in hours
Mean Discharge time	4.1 hours (18.9%)
Minimum Time	2.25 hours (2.1%)
Maximum Time	8.5 hours (0.4%)

- Here we have taken those patients as unplanned discharges whose discharge summaries were not made before hand and/or the nursing staffs were not informed prior to the day of discharge about the discharge of the patient by the doctor.
- We can see here that out of a sample of 300 patients almost 80% of the sample i.e. about 238 patients had unplanned discharges

PLANNED DISCHARGE:

- For Planned Discharge the analysis is as given below:

Sample Size: 62

Analysis of data	Time in hours
Mean Discharge time	3.4 hours (17.9%)
Minimum Time	2.25 hours (8.9%)
Maximum Time	5 hours (7.1%)

- We have taken those discharges as planned which had their discharge summaries made beforehand and/or the nursing staff was informed about the discharge of the patient; although making discharge summaries beforehand doesn't necessarily signify that the discharge was planned beforehand.

Discharge process step by step:

Discharge advised and file sent to discharge pool:

Mean time	Max time	Min. time
1.13 hours	3 hours	0.50 hours

- When Doctor advises discharge the duty nurse then checks the file for all the reports and documents and attaches a discharge checklist.
- Many a time the doctor advises discharge summary to be prepared before advising discharge, the biggest problem in this step was doctors not mentioning the discharge time .
- during the study periods it was observed some times that the RMOs didn't prepare adequate discharge summary or left it blank.

File Sent to Billing from Discharge Pool:

Mean Time	Max. time	Min. time
12.8 minutes	105 minutes	5 minutes

- In this step the file is sent to billing department for constructing bill from the discharge pool.

File received from billing:

Mean time	Max. time	Min. time
30.9 minutes	135 minutes	5 minutes

- In this step the file is received from billing department after the bill is prepared and returned to the discharge pool
- Main problem in this step arises when the patient is admitted for a long time.
- This can be corrected by daily or twice/thrice weekly audit of bill for the patient.
- The patient can also be informed beforehand about large amounts

File sent to ward:

Mean time	Max. time	Min. time
17.3 Minutes	175 Minutes	5 Minutes

- In this step the file is sent to ward from discharge pool after receiving from billing department.
- Files can be received directly by ward attendant from the billing department

Receiving of approved discharge Summary at the ward:

Mean Time	Max. time	Min. time
2.1 Hours	6.5 hours	.5 Hours

- In this step the approved final discharge summary is sent to the ward after being approved by the Consultant.
- When the consultant advises discharge, the duty doctor prepares a rough discharge summary which is then sent to the Discharge Pool along with the file where it is printed and sent for approval from the consultant.
- In this process the main delay is in getting summary approved by the Consultant.

Suggestions:

- File from the ward can be directly sent to billing, removing the extra distance travelled by file when it is sent to discharge pool from where it is re-sent to Billing.
- Consultants should be included in the discharge process and efforts should be taken to increase planned discharges.
- Supervision of Duty Doctors, so that they finish rough discharge summary on time and write complete discharge summary.
- A medical Transcriptionist can be hired who can prepare and print discharge summary.
- The discharge summary can be updated either daily or in every 2 days so that time can be saved on the day of discharge and the discharge summary can be approved by the consultant straightaway.

- Daily updating of bill can be done along with daily audit of the bill of the patient and patients can be asked to deposit small amounts every 2-3 days.
- Inter departmental co-ordination can be increased so that all the concerned departments (Duty Doctor, Consultant, TPA/Corporate Billing, Cash Billing, Nursing Staff and Discharge Pool) know about the discharge of the patient and are prepared for the discharge
- An assistant could be hired for Consultants who are very busy, assistant would be from medical field and will co-ordinate with the consultants for discharge process

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Thank You