A STUDY ON DISCHARGE PROCESS AMONG CASH, PANEL & TPA PATIENTS

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

By

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Under the Supervision and Guidance of

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2024

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TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Abhishek Raghav** student **of IIHMR University, Jaipur** has completed his internship at **"Sharma Hospital, Neem ka thana"** from **19th march to 18th June 24.**

Sharma Hospital & Research institute, Neem ka thana is a 50 bedded hospital.

During this period, he was inducted, oriented and trained in the working and processes of **Operation department** under the guidance of **Dr. Megha.**

During this period we found him sincere, intelligent, obedient and hard working.

We wish him all the best for future endeavors.

For **SHARMA HOSPITAL AND RESEARCH CENTRE, NEEM KA THANA**

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Head HR & Training

DECLARATION BY STUDENT

I hereby declare that this dissertation titled Recruitment process at Cloudnine hospitals is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma .Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Ayushi 29/6/24

AYUSHI AGARWAL

Date 29-06-2024

Certificate from Faculty Guide and School Dean

CERTIFICATE

This is to certify that dissertation titled Recruitment process at Cloudnine hospitals is a record of the research work undertaken by (Ayushi Agarwal) in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and ~~his~~/her approach to the research study has been sincere, scientific, and analytical.

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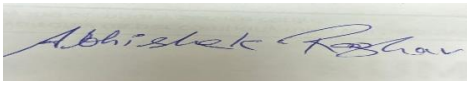
Date:02/07/2024
Place: Jaipur

(Dr. Abhishek Raghav)



Abstract

Unpredictable hospital costs cause patients to hesitate about admission and seek prompt discharge to resume normal life. Delays in the discharge process can frustrate patients, increase dissatisfaction, and raise the risk of Hospital Acquired Infections. For hospitals, such delays lead to prolonged bed occupancy, higher costs, and potential damage to the hospital's reputation, even after an otherwise satisfactory stay.

Aim- To study the discharge process among cash, panel & TPA patients.

Objectives

- To outline the discharge process & create a process map
- To observe the average discharge TAT for Cash, Panel and TPA patients.
- To identify the actual cause of delay in the dischargeprocess

Keyword-

Discharge Process, Turnaround Time, Inpatient Department, Patient discharge, Discharge Planning, Process Mapping

Methodology-

A descriptive observational study was done on the inpatient discharges among the cash , panel & TPA patients. The various components discharge times were captured to measure the average discharge TAT.

Result-

Out of 555 patients, the average discharge TAT was 2 hour 27 mins for 177 cash patients, 5 hour 12 mins for 214 TPA patients & 3 hour 2 mins for 164 Panel patients. Reasons for the delay were identified using cause & effect diagram and recommendations were made for improvement of discharge process.

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Abbreviations

NABH : National Accreditation Board for Hospital

TAT : Turn Around Time

TPA : Third Party Administrator

CGHS : Central Government Health Scheme

ECHS : Ex-Serviceman Contributory Health Scheme

ESI : Employee State Insurance

LAMA : Left against Medical Advice

MLC : Medico Legal Cases

HIS : Hospital Information System

OPD : Out Patient Department

IPD : In Patient Department

DGHS : Directorate General of Health Services

MCD : Municipal Corporation Department

ONGC : Oil and Natural Gas Corporation Limited

NDRF : National Disaster Response Force

NCR : Northern Central Railway

SPSS : Statistical Package for Social Sciences

DAMA : Discharge against Medical Advice

GDP : Gross Domestic Product

AAC : Access, Assessment and Continuity of Care

SOP : Standard Operating Procedures

Chapter 1: Introduction

Hospital services can be categorized into IPD and OPD services. An Out Patient Department is an establishment, which cares for ambulatory patients who come for diagnosis, treatment or follow up care. Unit refers to health care services provided on a same-day basis. The patient is examined and given treatment in OPD up to the time hospitalization may become necessary. In-patient services or ward area is the most important and largest single component of the hospital, forming 35-50% of the whole hospital complex. The prime objective of in-patient area is to provide accommodation for patients at the point in an illness when dependence on others is at its highest. The inpatient care area, ward or nursing unit, would thus include nursing station, the bed Discharge it serves, and the necessary services, work, storage and public areas needed to carry out the patients nursing care. Operational costs are very high, which directly affects the hospital budgets. It is essential for all hospital administrators to be fully aware of the cost intensive nature and to focus on effective planning and efficient utilization of in-patient services.

It is very important for Hospitals that admitted patients are Discharged from hospital care in an innocuous and well-organized way that is beneficial to both the patients and organization. Studies witnessing rising disease trend Discharge & growing number of geriatric populations clearly indicates the need for frequent need for healthcare services. Rising demand of healthcare comes with a great competition. Sustained customer confidence is integral to the success of an organization. Systems & processes are designed to satisfy customers on a continuous basis. Our customers Patient & Attendant not only want satisfactory treatment but also psychological satisfaction, prompt services, accessibility & affordability of services, Courteous behavior, Privacy & dignity, Informed treatment and cure during their journey that starts from Admission to Leaving the Hospital i.e. Patient Discharge. Despite the Hospital's efforts for a timely and effective Discharge, research has shown that a number of events occur in the process of the patient Discharge that affects all involved in the process. During the Discharge of the patient, after the necessary interventions, a number of procedures have to be performed by engaging various staff members and departments making the process complex but effective.

As per B.M. Sakharkar (The Author of 'Principles of Hospital Administration and Planning'), "Discharge is the release of an admitted patient from the hospital".

As per NABH, "Discharge is a process by which a patient is shifted out from the hospital with all concerned medical summaries ensuring stability".

The Discharge process starts from the moment consultant approves that the patient health is well enough, patient can continue on home care services, or need Discharge to be shifted to additional category of facilities (rehabilitation, psychiatric). The admission and Discharge processes can act as bottlenecks in many of the hospitals and thus adversely affect the efficiency of the hospital.

Hospital costs are unpredictable, and people usually refrain from admitting to hospitals and are eager to get treated and continue their routine life following Discharge from the Hospital. Any undue delay in Discharge process is hurtful to patients as well as organisation. For patients, lack of knowledge and communication makes patient unaware of the process and time consumption that often results in irritation, disheartening, and dissatisfaction. It also increases the chances of patient exposure to Hospital Acquired Infections. For organisation, delay results in prolonged bed occupancy i.e. cost to company and take a toll on hospital's image even after satisfactory stay.

TYPES OF DISCHARGE

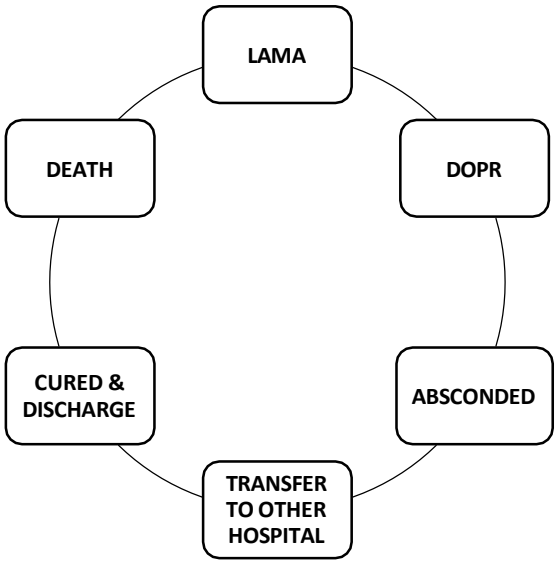

Figure 1.1 Types of Discharge

1.1 Discharge Planning

Planning provides the basic foundation from which future management function arise. Discharge planning starts from identifying a suitable day fixed for the termination of care in the hospital and informing the patient and relatives to prepare to take the patient home. The planning for post Discharge services such as visiting care, physical therapy (physiotherapy or occupational therapy), and home sample collection are also involved in the process. It is a goal oriented continuous activity with the aim of cost containing and improving patient outcomes. It ultimately serves to reduce unwanted longer hospital stay, unplanned readmissions, and to improvise the timeliness of services and co-ordination among departments.

Discharge planning begins early during patients hospital stay. Hospitals should Discharge patients in order to retain accurate treatment statistics. It's important to keep track of Discharge patients for statistical reporting and to have an accurate portrayal of our active clients list.

1.2 Cash, Panel & Insurance/TPA

A category of patients gets Discharged from the Hospital i.e. Cash, Credit & Insured/TPA patients.

- A cash patient is the one who pays the final bill at the time of Discharge either by Credit/Debit Card Discharge, UPI Payments, and Currency.
- Empaneled patients are the one who pays discounted rate for the services, or the payment is done by the respective panel, or patient pays and the payment gets reimbursed. Few of the panels observed in the study were CGHS, RGHS, AYUSHMAN BHARAT YOJANA, etc.
- Insurance is a contract (policy) in which an individual or entity receives financial protection or reimbursement against losses from an insurance company. The company pools clients' risks to make payments more affordable for the insured and the insured pays some amount of money as the premium. Insurance company, in turn, compensates the insured in respect of health care expenses subject to following conditions:

- Insured should be admitted to hospital/ nursing home
- Treatment of diseases should not fall under any exclusion under the policy
- Upper cap of compensation limited to sum insured under the policy

- TPA: Third Party Administrators are the middlemen in the chain of integrated delivery system that brings all the components of health care delivery such as physicians, hospital, insured & insurer into a single entity. E.g. MAX, NIVA BUPA, GIPSA, ICICI Lombard, etc.

Discharge from the hospital is a process and not an event alone. It should always include the progression and implementation of a plan to facilitate the transfer of an Individual from the hospital to an appropriate setting. Discharge process may be distinctive to organizations depending on their departmental locations, operations, manpower planning and can be understood by Process mapping.

The study is aimed to view the Discharge process of Sharma Hospital & Research Centre, to identify the timeliness of process, to find out bottlenecks and work upon them during my job and to do an internal audit based on NABH Chapter 1 AAC 3 and 14 about Patient Discharge.

1.3 Purpose of the study:

The purpose of the study is to understand the whole process and find out the problems in the Discharge process so that improvements based on the recommendations can be worked upon during my further training and learning in the Hospital.

Aim: To study on process of discharge among cash, panel & TPA patients

Objectives

- To outline the discharge process & create a process map
- To observe the average discharge TAT for Cash, Panel and TPA patients
- To identify the actual cause of delay in the discharge process

Scope of Study:

The scope of this study is to analyse the steps, activities, manpower, departments involved in the process at Sharma Hospital & to improve the everyday functioning and the process as whole.

Chapter 2: Literature Review

By the end of 2025, India will need as many as 17.5 crore additional be Discharge according to a combined study by an industry body and Ernst & Young. According to World Bank, data on Bed per population in India was found to be 0.53 Be Discharge per 1000 people in 2017. India is among the favorite choice for medical tourism that contributes to the loading the healthcare system along with the disease burden in the country.

The healthcare market in the country is growing with a tremendous rate with great opportunities. The Government is aiming to increase healthcare spending to 3% of the GDP by 2022. In Union Budget 2021, Government allocated a huge amount for COVID and is supporting the healthcare and hospitals by all means. As per data published by Statista committee, India had an estimated 714 thousand hospital be Discharge spread out over 69 thousand hospitals in 2019. Of these around 1.1 million be Discharge were in private sector, outnumbering the public hospitals. There is strong competition and the healthcare sector being a service sector is driven by customer satisfaction, meeting & exceeding the customer expectations. Patient Discharge is one of the most important part of the patient journey in the hospital.

Various departments including Nursing, Billing, TPA, Pharmacy, Dietetics, Physiotherapy and a number of individuals including Consultants, Duty Doctor, Medical Transcriptionists, Nursing staff, Billing executive, General duty assistant staff, etc. are involved in the process. Being a Hospital Manager, it is important to understand the overall process and its operations in order to effectively and efficiently managing the operations.

For my Literature Review, I have used the following keyword Discharge:

1. Discharge process
2. Patient Discharge
3. Patient Discharge and Hospital
4. TAT for Discharge and Study
5. Average time and delay in Discharge

2.1 The following published papers are reviewed:

Study conducted by Silva Ajami et al. (2007) to analyse the time for Discharge. Data collection means were questionnaires, checklists and the observations made by the team and analysis on software SPSS was done. The model of queuing was used by the researchers. Average time of 4.93 Hours found and lack of guidance to staff involved, time for completion of Discharge summary, absence of HIS are the results made by the author.

In 2012, a study was conducted by Janita Vinaya Kumari et al. in a tertiary care healthcare organisation upon the end stage of the patient hospitalisation i.e. patient Discharge. Author says that the Discharge and the billing process are the activities that are more likely to be remembered by the patient/attendant. Aim of the study was to calculate the average waiting time for the patient Discharge. Study registers were customised and designed by the research team and kept in the ward Discharge and the billing department. A total sample of 2205 patients was analysed. The findings were 2 hour 22 minutes average waiting time.

Swapnil Kumar et al. in 2013 conducted a time motion study in a hospital to observe he delay in the Discharge of all category of patients i.e. insured patients, cash payments, DAMA, etc. in the hospital. Standard time suggested by the NABH was used to compare the average time taken for the patient leaving the institution. Time taken for insured patients, self-payments, DAMA was found out to be 5 hour 13 minutes, 6 hour 2 minutes and 5 hour 29 minutes respectively. Author in his study also conducted a satisfaction survey and found that a total of 69.80% patients claimed that the process in lengthy and the rest 30.20% patients felt that it took normal and expected time for them to leave the hospital. A total of 61.53% patients voted that the Discharge process should be speeded up.

In 2014, Dr Silva et al. conducted a study to find out the main reason behind delay in the process of patient Discharge from two teaching hospitals was conducted with the purpose to improve the appropriate findings. Admission and Discharge record of patients leaving from ward of internal medicine were reviewed. Author conducted a pilot study to determine the sample size. They found that among both of the teaching hospitals, there is a delay of 60% in hospital A and 50.7% delay in the Discharge of hospital B. Investigation reports were not available timely, delay in making decision regarding the patient clinical health and Discharge & Specialized consultation provision were found to be the main source of the delay in the Discharge process.

In 2014, a study was conducted for a period of three months at Apollo Hospitals, Bhilai with the objective of identifying the delay in the process of Discharge against the standard time. The aim was to process review analyzing the whole process and finding out complications challenges at various steps under the process. The purpose of the study was to strategize the time reduction and process mapping. Author conducted a time motion study including all six units where the record Discharge of patient were followed. This cross-sectional study was conducted with a sample of 300 patients selected randomly during the 3 period of three months. Respondents were interviewed during the study including nurses, Discharge pool staff, duty doctors and administrators. The researchers came with an aim of following at least 50% of the total patients Discharged during the study period. The standard time for the Discharge was 2 hour which was two hours less than average time i.e. 4 hours. All patients including cash, credit, TPA, planned and unplanned Discharges were tracked. The finding was time for Cash, Credit, unplanned and planed Discharge was 3.6 hrs. 4.2 hrs. 4.1 And 3.4 hour respectively.

Study was conducted at Asian Heart Institute to find out the TAT of process of Discharge and to analyze the gaps and standard operating procedures. It was a cross-sectional study conducted for 45 days where quantitative and qualitative analysis was done. Sampling techniques used was non-probability purposive sampling. To collect the data, primary sources such as Observations, Interactions with staff and departments and secondary sources such as HIS, Patient file were used to find out the reasons accounting for the delay. The reasons were categorized into different categories such as delay occurred by patient, delay for which the hospital is responsible, delay resulted from TPA approvals, delays resulted by deteriorating clinical condition of the patient, etc. The main reason found behind the delay in the Discharge process was gap in the information flow and inter-departmental communication.

Mr Khanna et al. (2016) conducted a study in a tertiary care hospital to find out the timeliness of the process of Discharge and its influence on crowding and flow performance. The study was conducted with an objective of identification of optimal Discharge time and the target to deduct the over burdening and crowding along with improvising the inpatient flow. The patient record Discharge for a period of fifteen months were used to understand and work upon the

patient journey i.e. admitting to leaving the hospital. For understanding the flow performance, discrete event stimulation was used. They found that eighty percent of the Discharges were done before afternoon that resulted in the availability of nine more be Discharge for the upcoming inpatients. The average time taken for a bed to be available to get occupied, length of stay, and bed occupancy were targeted and reduced. Study indicated that the Discharges done before the noon i.e. till 11 AM Discharge to an improvised patient flow and performance.

Dr Soundara Raja (2017) published a study in a tertiary care hospital with the goal to find the reasons contributing to delay in patient admitted to the ward. Identification of the root cause and providing recommendations for the same using valuable information and rectifying problem was the scope of the study. Time taken for the preparation of the Discharge summary, clearance from the pharmacy, delay due to support services and nursing staff were the reasons leading to dissatisfaction for the patients.

Chapter 3: Methodology

- **3.1 Study Design:** A Descriptive study based on observation of record available of discharge patients, process mapping & enumeration the percentage of Discharges within time and `enumerate analyses i.e. the time span of each of the steps for Discharge as well as various elements leading to Discharge on or off time.

- **3.2 Study Area:** In Patient Department of Sharma Hospital & Research Centre (50 bedded hospital).

- **3.3 Ethical Considerations**

  Approval was taken from Hospital senior management & Medical Admin department for the study. Patient confidentiality was maintained throughout the study by protecting any patient identifiers such as demographic data.

3.4 Sampling:

All patients Discharged from the Ward 1,2,3, General ward (Male & Female) from 1st April & 31st May 2024 are included. (A sample of 555 Patients)

All patients were studied at each phase of Discharge tracked (Patient file received at Billing, Preparation of Final Discharge Summary, Preparation of Final Bill, Time taken for TPA approvals, Time patient receives Gate Pass and Signs Discharge Summary).

These patients are from variety of segments including:

- Private (Cash patients)
- Government Panel (CGHS, ECHS, Chiranjeevi yajna)
- TPA

- 3.5 Resources used:

- HIS (Pharmacy clearance, Final Billing, Admission, Discharge)
- Hospital Staff (GDA's, Pharmacists, Nursing in charge, nursing staff at station, Billing executive, TPA executive, Medical Transcriptionist, TPA & Billing Head, DNS, Consultants, Medical officers) A discussion was done with them.

- 3.6 Procedure Adopted:

- Information regarding the Institute, concept behind the establishment, location, area, history, planning, manpower, organizational hierarchy and other details were collected from hospital's manual, record Discharge, policies, MOUs, Licenses, concerned authorities and from other sources.
- Various departmental services (clinical, supportive, ancillary & administrative) of the Hospital were studied by observation.

- Studying the identified departments involved also helped me to collect information and data. Personal observation and by coordinating and supervising the concerned personnel's, departments in operational management of that

- 3.7 Data Collection:

Data was collected of discharge patients using the checklist mentioned in Table 3.1. Patient demographics were captured along with payer type. Components of discharge time captured were as follows-

1. MFD time (Marked for Discharge)
2. Time of Discharge Summary finalization
3. Time of Pharmacy Clearance
4. Time of Financial Clearance
5. Time of Physical Clearance
6. Discharge TAT = (Time of Physical Clearance) – (Time of MFD)

Sr. NO.	UHID	Patient Name	Admitting doctor	Department	D.O.A	D.O.D.	Ward	Payer	Marked for Discharge (MFD) time	Time of discharge summary finalized	Pharmacy Clearance	Financial Clearance	Physical Clearance	Discharge TAT (A-B)	Remarks

Table 3.1 Table prepared for data collection by researcher

Chapter 4 RESULT & ANALYSIS

Chapter 4.1 -Discharge Process at Sharma Hospital

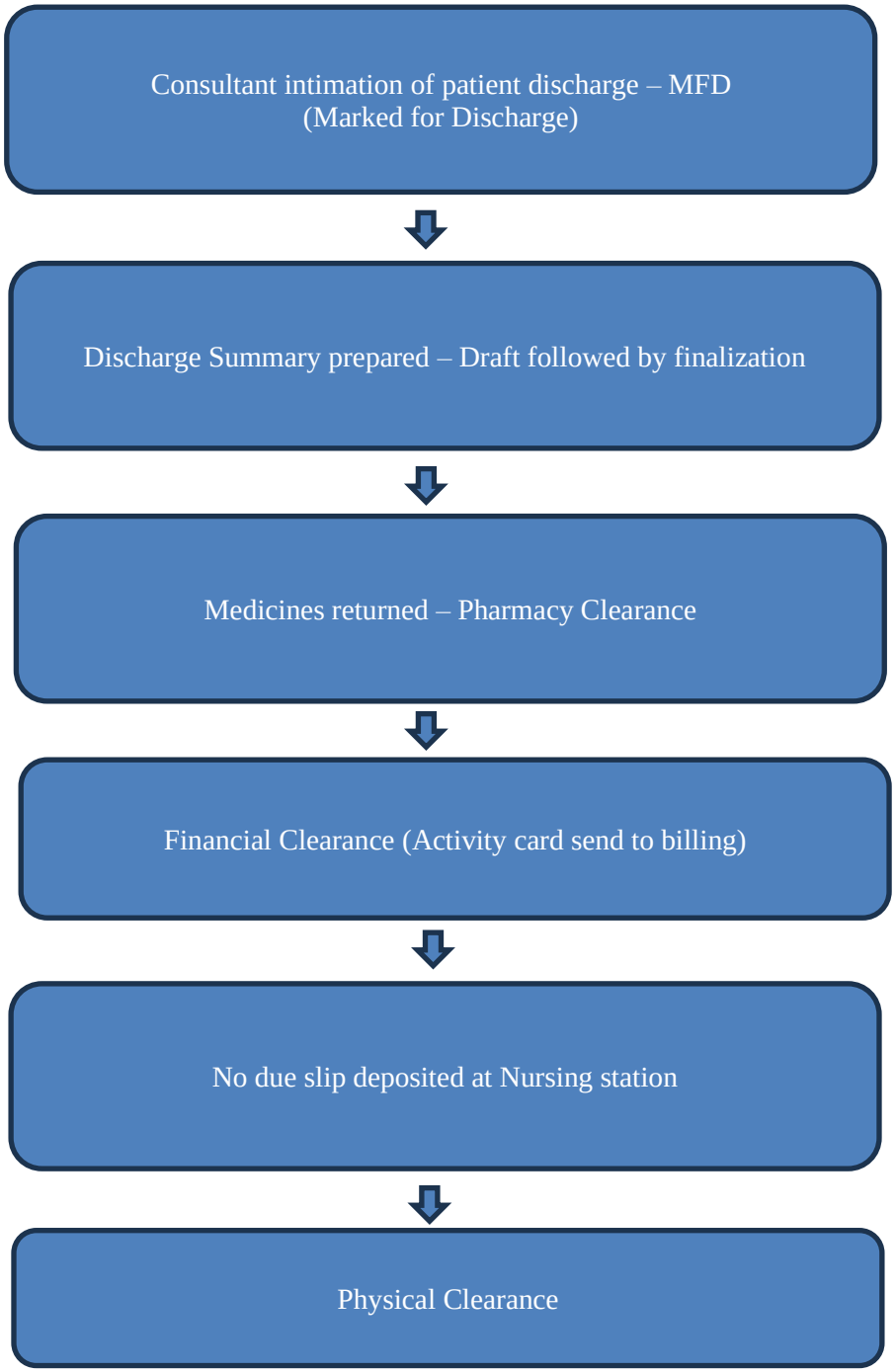

Fig 4.1 Discharge Process

4.1 Marked For Discharge (MFD):

- The primary treating consultant is majorly responsible for making decisions regarding patient Discharge and finalises such decisions during their visit prior to the day of Discharge and the same is informed to the attendant/relative/Nursing staff/ Medical Officer.
- During the visit on the day of Discharge, the doctor finalises the patient Discharge based on patients' clinical condition.
- Patients examination is done to ascertain whether they can be Discharged or not on the scheduled day.
- The nursing staffs refund Discharge the extra medicines of the patient, a draft of the Discharge summary is prepared and patient counselling regarding post Discharge care is done.

4.2 Preparation of Discharge Summary:

- Once the final decision is made, Consultant or duty doctor on advice of the consultant prepares the summary consisting of information of the following:
    a. Reasons for Admission
    b. Investigations performed and summarized information about the results
    c. Diagnosis
    d. Record Discharge of procedures performed
    e. Patient condition on Discharge
    f. Medical common Discharge
    g. Follow up Advice when and how to obtain urgent care
    h. Emergency number of the hospital
    i. Dietary advice
    j. Revisit date

- Medical Transcriptionist types the Discharge Summary from the patient file received at Billing and the Discharge summary is sent for correction and signature by consultant

- 3 copies of final Discharge summary kept in patient file by ward nurse.
- One is given to the patient/attendant and the other one is attached to the case file and 3rd copy is given to accounts department.
- The patient/attendant is advised by the Nursing staff for medication collection and instruction as communicated by treating consultant.
- The patient /attendant sign the report kept at billing counter regarding receiving of Discharge summary.

- 4.3 Final Billing of Patient:

- On the day of Discharge, confirmation of patient Discharge is made by the treating doctor or the ward nurse.
- Patient's file is sent to the billing section for the final billing settlement by floor in-charge or ward sister.

- 4.4 Patient Counselling:

- Prior to final Discharge, the dietician counsels the patient regarding the diet, nurse instructs regarding prescriptions, revisit etc.
- The patient is informed about the revisit to the hospital.
- Record Discharge of the Discharge are noted in the register of Discharge kept at nursing station.
- Patient along with the relatives leave the hospital.
- In case of old patients, delivery patients, etc. they are taken to the hospital exit area in wheel chairs by the ward attendants and seen off.

- 4.5 Billing Section Formalities:

- Bill audited and three copies made – patient copy, record copy and accounts copy
- Patient relative called from the billing section after patient file goes to Billing Department
- Bill cleared (if paying patient) and cash receipt taken by signing all three copies of the bill; clearance slip then issued by Accounts officer / Patient attendant
- Clearance slip along with copy of the receipt given in the ward to sister-in-charge Patient attendant.
- Bill receipt no. with amount entered in to the admissions and Discharge register in the ward and Discharge summary, investigation reports and films handed over to the patient attendant by Sister-in charge

4.6 Pharmacy Clearance:

- Unused Medicine is returned to the pharmacy before clearing bill and sending file to the Billing Department.
- Pharmacy staff makes final deductions from the bill, if any, and gives 'pharmacy clearance' by Ward nurse / Sister in charge.

- 4.7 Record Discharge Generated

- Patients Medical Record File- Sent to MRD
- Discharge Summary
- Death Certificate & Death Summary (if applicable)
- LAMA form (if applicable)
- Admission Discharge Register
- Final Bill (for Special Patients

Chapter 4.2 :

4.2.1 CATEGORY WISE TOTAL NUMBER OF DISCHRAGE PATIENTS

Table 4.1 shows the category wise distribution of discharge patients. Based on 555 patients' payment methods at Sharma Hospital, 31.89% of patients (177 patients) paid with cash, 38.56% of patients (214 patients) had Third-Party Administrators (TPA) cover, and 29.55% of patients (164 patients) received assistance from corporate panels or government programs.

S.NO	CATEGORY	TOTAL NUMBER OF PATIENTS
1.	**CASH**	**177**
2.	**TPA**	**214**
3.	**PANEL**	**164**
TOTAL		**555**

Table 4.2.1- Category wise distribution of discharge patients

4.2.2 Discharge Time for Cash Patients:

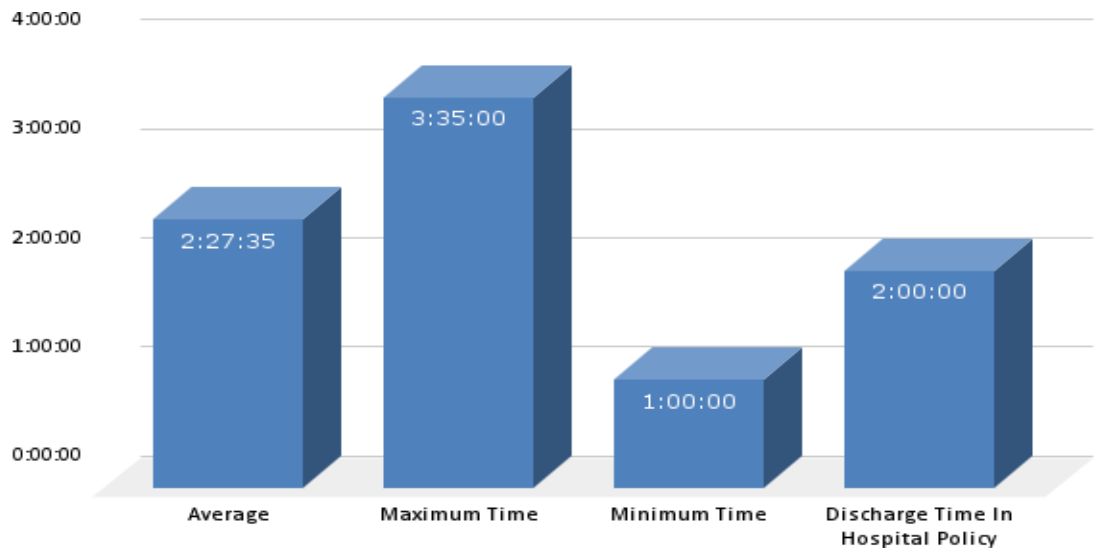

Fig 4.2.1 Discharge TAT for Cash patients

Figure 4.1 shows the Discharge TAT for Cash patients. The average time for Discharge for 177 Cash Patients is 2 Hours 27 minutes. Out of 177 patients, 19 (10.7%) were Discharged under the Hospital policy time for Cash patients. Rest, 158 (89.3%) took more than 2 hours for the completion of Discharge process. The maximum recorded time is 3 Hour 35 Minutes.

4.2.3Discharge Time for Panel Patients:

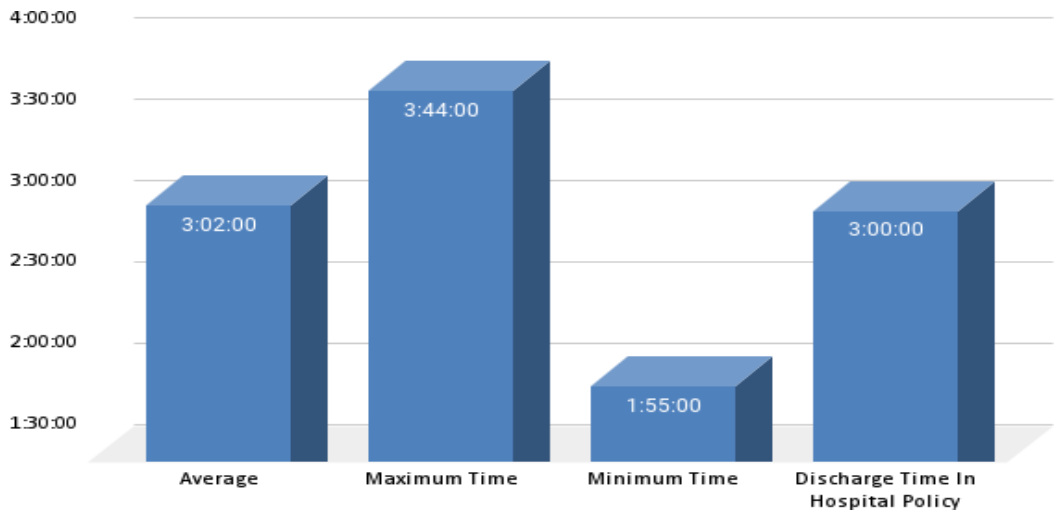

Figure 4.2.3 Discharge TAT for Panel patients

The average time for Discharge of 164 Panel Patients is 03 Hours 02 minutes. Out of 164 patients, 76 (46.3%) were Discharged under the Hospital policy time for Panel patients. Rest, 88 (53.7%) took more than 3 hours for the completion of Discharge process. The maximum recorded time is 3 Hour 44 Minutes.

- ## 4.2.4 Discharge Time for TPA Patients:

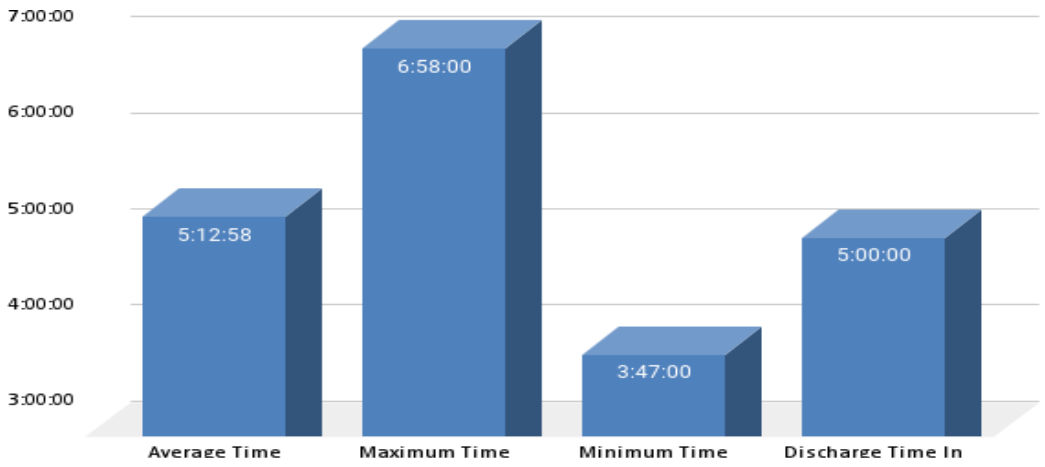

Figure 4.2.4 Discharge TAT for TPA patients

- The average time for Discharge of 214 TPA Patients is 05 Hours 13 minutes. Out of 214 patients, 105 (49.6%) were Discharged under the Hospital policy time for Panel patients. Rest ,109 (50.4%) took more than 5 hours for the completion of Discharge process. The maximum recorded time is nearly 7 Hours.

  Table 4.2, 4.3 & 4.4 shows the time wise distribution of different components of discharge TAT among Cash, TPA & Panel patients

-

Cash Patients

Sr. No	Activities	Average Time
1.	**File Received at Billing from the time of Consultants Advice**	**55 Minutes**
2.	**Preparation of Final Discharge Summary**	**43 Minutes**
3.	**Preparation of Final Bill**	**25 Minutes**
4.	**Final Payment**	**24 Minutes**
	Total	**2 Hour 27 Minutes**

Table 4.2.2 Time wise distribution - Cash patients

Panel Patients

Sr. No.	Activities	Average Time
1.	**File Received at Billing from the time of Consultants Advice**	**76 Minutes**
2.	**Preparation of Final Discharge Summary**	**56 Minutes**
3.	**Preparation of Final Bill**	**22 Minutes**
4.	**Patient/Attendant signs receiving of Discharge summary and given gate pass**	**25 Minutes**
	Total	**3 Hours 2 Minutes**

Table 4.2.3 Time wise distribution of Panel patients

TPA Patients

Sr. No.	Activities	Average Time
1.	**File Received at Billing from the time of Consultants Advice**	**57 Minutes**
2.	**Preparation of Final Discharge Summary**	**64 Minutes**
3.	**Preparation of Final Bill**	**19 Minutes**
4.	**TPA claim submission**	**23 Minutes**
4.	**TPA claim approval**	**1 Hour 40 Minutes**
5.	**Patient/ Attendant signs receiving of Discharge Summary and given gate pass**	**43 Minutes**
	Total	**5 Hour 13 Minutes**

Table 4.2.4 Time wise distribution for TPA patient

Chapter 5: Discussion

A Fishbone Diagram is a tool used to methodically discover and illustrate potential causes of a certain problem or effect. It is sometimes referred to as an Ishikawa Diagram or a Cause-and-Effect Diagram. To identify the underlying reasons of an issue, it can be helpful to visually classify likely causes into groups.

In this study, to identify the bottlenecks in the process of discharge & identify the reasons for discharge delay, Fishbone diagram was used.

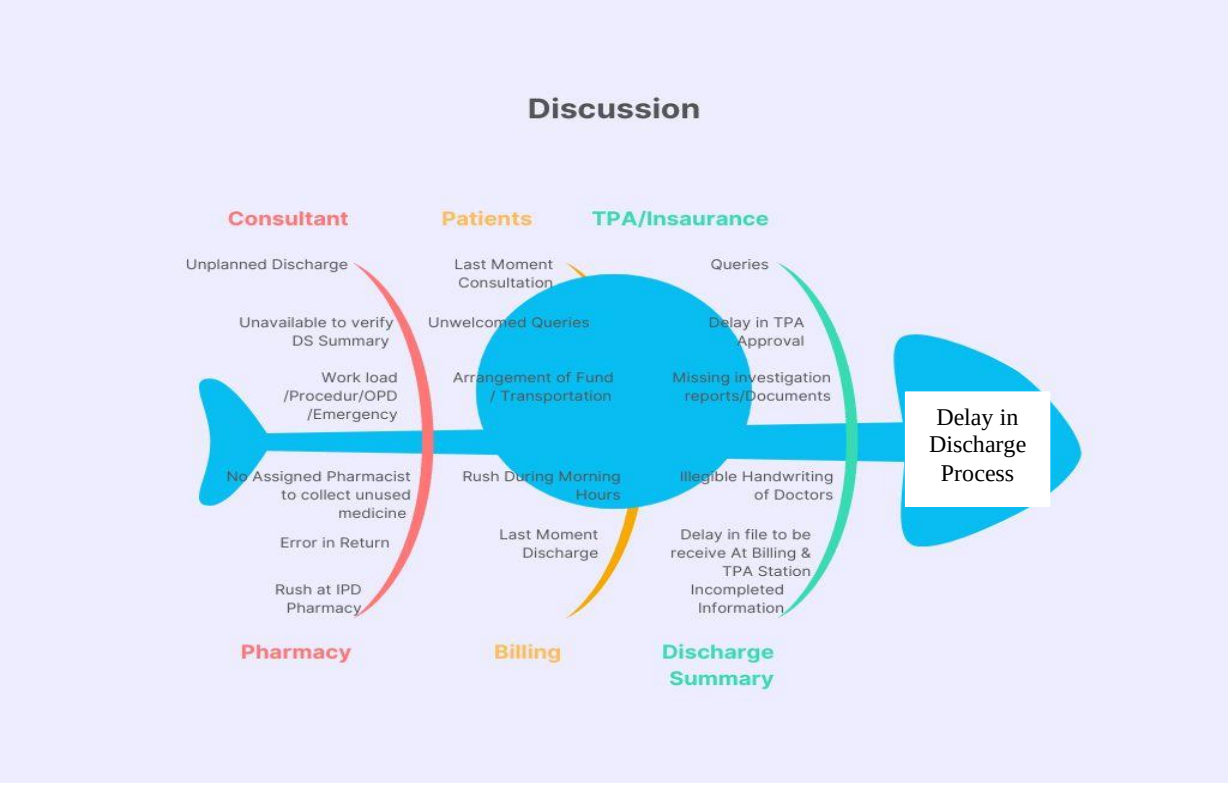

Figure 5.1 Cause & Effect diagram- Root cause analysis

Chapter 6: Conclusion

Discharging patients in an appropriate way is complicated. Effective and well-timed Discharge can be attained by interdepartmental coordination and proper communication between all involved in the process of Discharge.

In this study, the time taken for Discharge of Cash, TPA and Panel patients at Sharma Hospital and Research Centre has been analyzed. It has been found that the Time taken for DISCHARGE of Cash patients is delayed by 27 Minutes compared to time mentioned in Hospital Policy. For Panel patients, it is nearly the same. And for TPA patients, delay of 12 minutes has been found. The various reasons associated with the delay in the process have been identified and will be worked upon.

Unplanned Discharges are the main reason for the chaos in the Discharge Process. In NABH Chapter 1, AAC 13 clearly mentions that the Discharge should be planned in advance in consultation with patient/ family. Two non-compliances have been found in the internal audit for which necessary action is taken.

Chapter 7: Recommendations

- Planned Discharge: medicines return, cross consultations, report collection & Summary preparation.
- Round timings of the doctor can be tried to be fixed preferably in the Morning.
- Nurse should know the expected Discharge date so that she could complete her notes.
- Patient to be well informed about time of whole process and steps involved in it.
- Giving priority to TPA patients file for making Discharge summary, and Bill preparation as they take the most time for receiving the approval of the claim.
- Color coding of file folders.
- Interdepartmental coordination and communication (Training, sensitization, meetings, communication channel)
- Timely report collection & departmental clearance.
- Training of Nurse to prepare Discharge Summary.
- Separate IPD Billing counters.

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