Synopsis for Dissertation Submitted

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By

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STUDY OF DISCHARGE PROCESS AMONG CASH, PANEL & TPA PATIENTS

INTRODUCTION:

Discharge planning is critical to ensuring rapid, safe, and smooth transition from hospital to another care environment; it involves the social work fictions of high-risk screening, Counselling, locating, and arranging resources, consultation/ collaboration, patient and family education, patient advocacy via chart documentation. It is a complex activity requiring a wide range of clinical and organizational skills to address needs of patient, family, and health care system, to promote the optimum functioning of patients, families, and support systems. Delay factors may be internal (waiting for discharge summaries; waiting for clearance from billing department, transfer between nursing staff; lack of documentation of discharge plan, external (lack/delay of access to rehabilitation, home care resources, long term care facility, and psychosocial (waiting for family adjustment to illness, waiting for patient condition to improve, realistic expectations of patient/family and social isolation of patient.

RESEARCH QUESTIONS:

How can healthcare facilities optimize discharge processes to minimize delays, enhance proactive planning for bills and discharge summaries, and reduce the occurrence of unplanned discharges?

OBJECTIVE:

- To define discharge process with responsibilities and timelines.
- To identify if bills and discharge summaries are being planned.
- Barriers leading to delay in tentative discharges.
- Communicating to all the consultants, residents and nursing staff the need to plan tentative date of discharges.
- To identify number of unplanned discharges in a day.
- To prepare 100% interim summaries for patients after 48 hours of admission

HYPOTHESIS:

Patients who receive timely discharge have better health outcomes, have lesser rates of readmissions.

If tentative discharges and planned to 100%, if will also increase the effective utilization of Hospital

MATERIAL AND METHODS:

STUDY TYPE: Descriptive study

SETTING: Sharma Hospital

STUDY POPULATION

- **Inclusion criteria**: All patient discharges in non-critical care.
- **Exclusion criteria:** Patients admitted through emergency and those in Critical Care units.

DURATION OF STUDY: Three Months (1st April 2024- 31st May 2024)

SAMPLE SIZE: 555 samples.

DATA COLLECTION METHOD: Real-time tracking of patients and data is recorded from the patient files and HIS

OPERATIONAL DEFINITIONS:

- **Tentative Discharge-** The anticipated date that an inmate will be released from incarceration after the application of adjustments for any gain-time earned or credit for time served.
- **Discharge Summary** Finalization Discharge orders given by the consultant during the rounds which is informed to the staff and in charge nurse. The duty doctors start typing the discharge summary along with file completion by the doctor and nursing staff. After completion of rough summary, the summary s sent to consultant to finalize the summary.
- **Pharmacy Clearance** Once the discharge is finalized and file is taken to the pharmacy to all the medicines disposable are returned to the pharmacy one the request of return is put in the HIS system by the nursing staff. The unused medicine is labelled, packed and then sent to IPD pharmacy and the discharge intimation is being raised by the assigned nurse.
- **File preparation**: Discharge file is completed by RMO and assigned nurse. File check-up: The file is checked by billing department. The status in the HIS is updated as bill ready.
- **Bill Clearance**: After the bill is updated, the patient is informed about the same and asked to clear the bill, or get clearance in case of TPA.
- **Physically out**: Once the discharge slip is submitted to the nursing counter, RMO explains the discharge summary to the relatives and the patient is left at the ground floor with help of wheelchair.

DATA ANALYSIS PLAN:

The software majorly used is Microsoft Office Suite, including the following:

- For Analysis: MS Excel, MS Word

IMPLICATIONS OF RESEARCH:

To understand implication of the Discharge process in a tertiary care hospital with a define, measure, analyze, improve, and control (DMAIC) approach. For this study we will use process mapping, Ishikawa Analysis to make decisions.
Discharge is point where the patient leaves from the hospital or transfer to home, other healthcare center, or rehabilitations center. Discharge is a last process in hospital, so it fixes it into patient mind, and it reflects the hospital Image. This process starts when the doctors decides that the patient is physically fit, and he / she is able to take care of him / herself. Patients are discharged in 3 conditions when they are physically fit, or they take DAMA (Discharge Against Medical Advice) and Death. In this paper study the discharge process by applying the DIMAC (Define, Implement, Measure Analysis and control) Tool. DIMAC is quality tool which is to reduce time in discharge process and improve good quality of work. Discharge leads to patient satisfaction, decreasing time in discharge process increases the patient satisfaction.

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