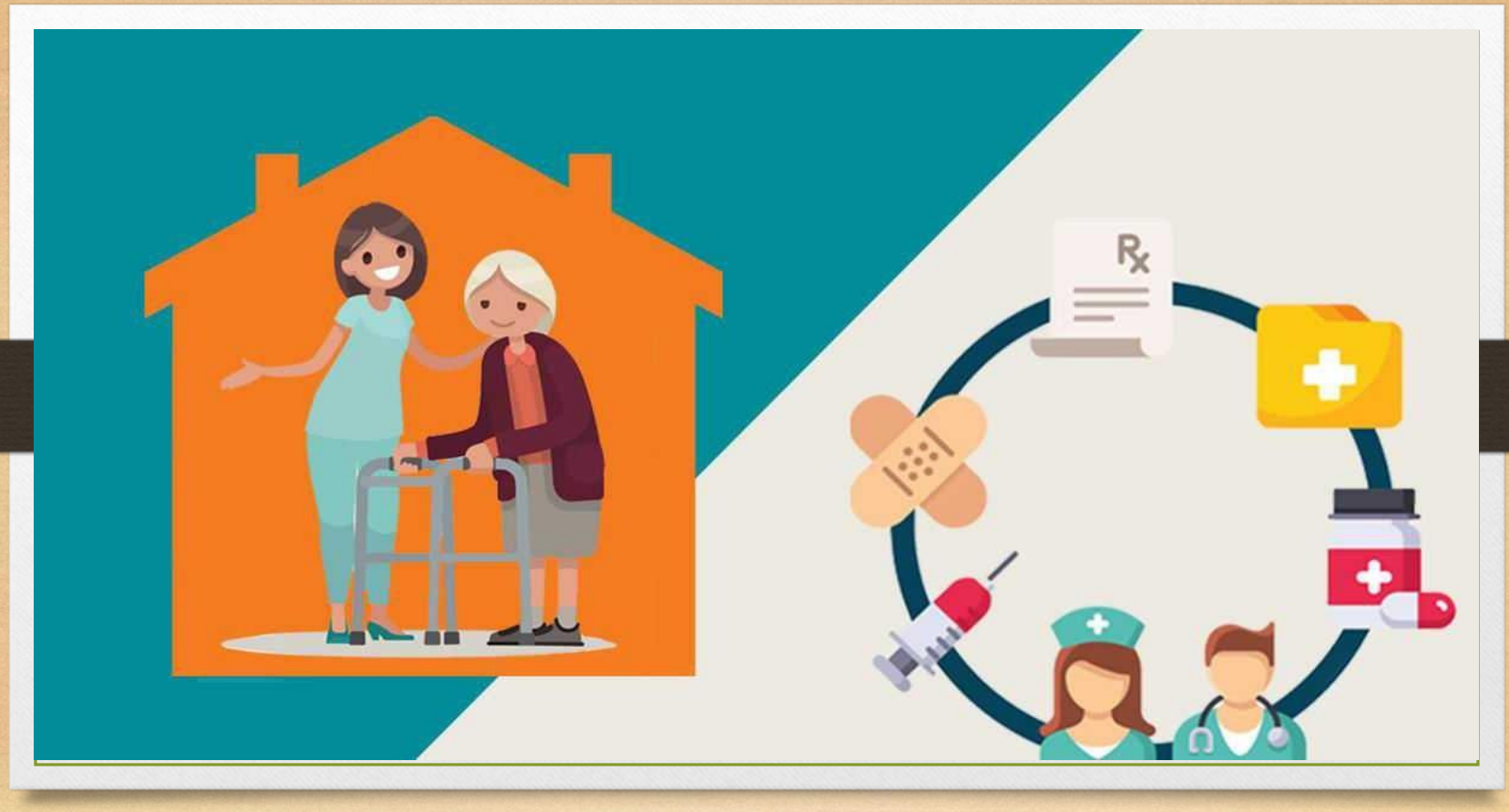
Study on discharge process of IPD Patient

Flores hospital, Ghaziabad



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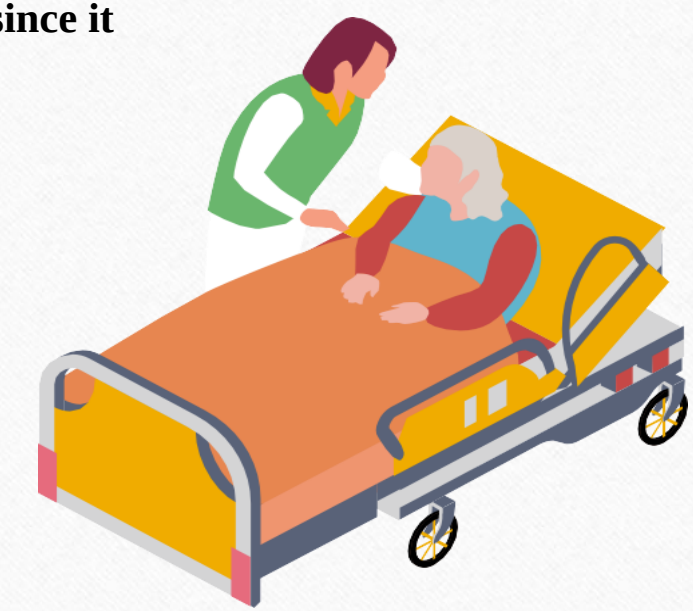
Content

- Introduction
- What is discharge
- Types of discharge
- Major key holders
- Discharge process flow
- Design and methodology
- Analysis
- Interpretation
- conclusion

Introduction

- A patient's stay in the hospital is a significant event that includes three processes: admission, actual hospitalization, and discharge.
- The procedure of being discharged from the hospital is the last stage and one that the patient is likely to remember clearly. Low patient satisfaction can occur even if everything else went well and the discharge process was lengthy and tedious. It is a crucial area since it affects how patients feel, the hospital's reputation, and patient satisfaction.



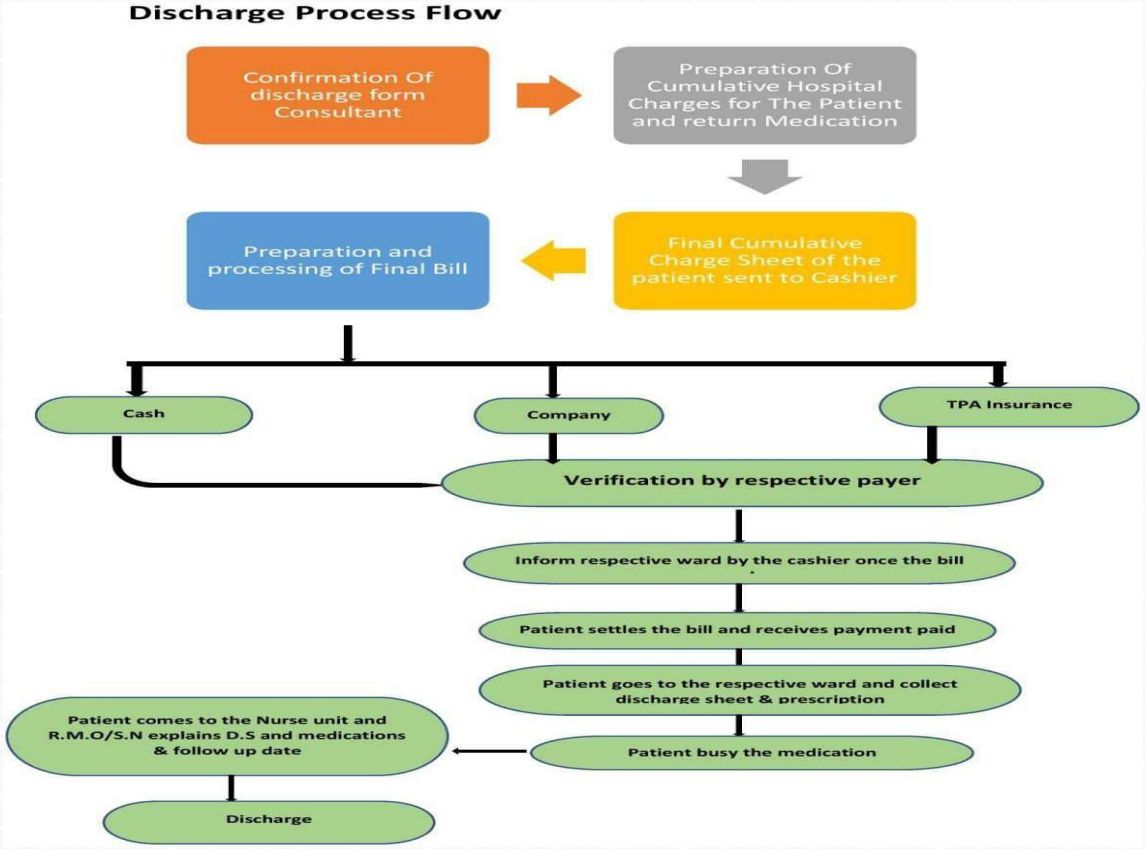
What Is DIscharge

- It is defined as the end point of hospitalization period after which patient either leaves the hospital or may be transferred to other facilities.
- Also the discharge process represents the final contact between patient and the healthcare professionals & the outcomes of all procedures undergone by patient are recorded at this time.

Purpose of Discharge?

- To prepare patient and caregiver physiologically for the transfer of patient with highest level of independence that is possible.
- To avoid dissatisfaction among patient and reach maximum satisfaction level.
- To provide efficacy of the system.

Discharge process flow



Major key holders

Research design & Methodology

Objective	• To study discharge process flow of IPD patient. • To identify discharge process bottlenecks.
Study setting and population	• In patient department(IPD) • Discharges of 3 months
Study design & sample size	• Study design used is descriptive &observational • Total of 1150 discharged patient were studied

Research design & Methodology

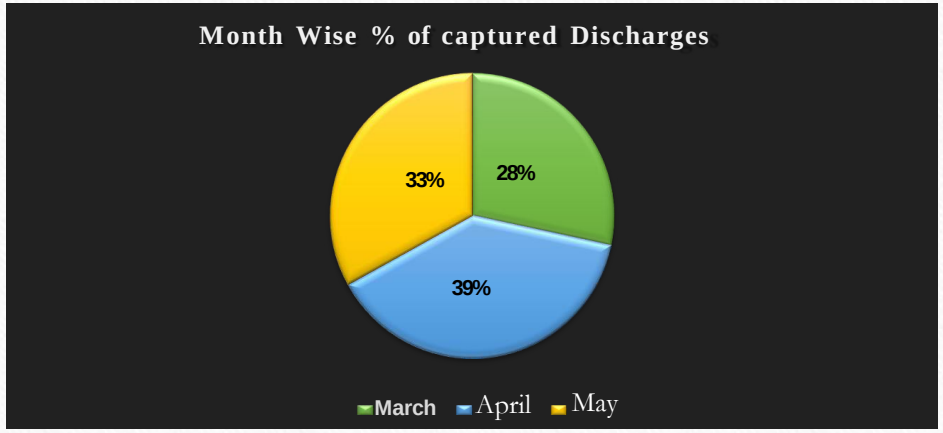
Source of data collection	• **Primary data was collected by employees of hospitals, and secondary data was collected from hospital records, HIS, hospital brochures**
Study tool	• **Discharge tracker by HIS**
Data analysis tool	• **For the purpose of analysis MS excel is being used in the study.**

Analysis:

- **The data obtained was analyzed in different manner:-**

1. **Percentage on the basis of month.**
2. **Payor wise distribution of planned and unplanned discharges.**
3. **Percentage distribution of speciality wise discharges.**
4. **Distribution of discharges from credit category before and after 12:00pm.**
5. **Total time taken during discharge intimation to room vacancy.**
6. **Total time taken during discharge intimation to pharmacy clearance.**
7. **Percentage wise distribution of reasons for delay in discharge.**

Analysis cont..



The percentage of patients captured over the course of three months is shown in the above mentioned figure: 1. The highest percentage of discharges, was recorded in the month of April, followed by 33 percent in the month of May , and the lowest percentage, or 28 percent, in the month of April.

Analysis cont..

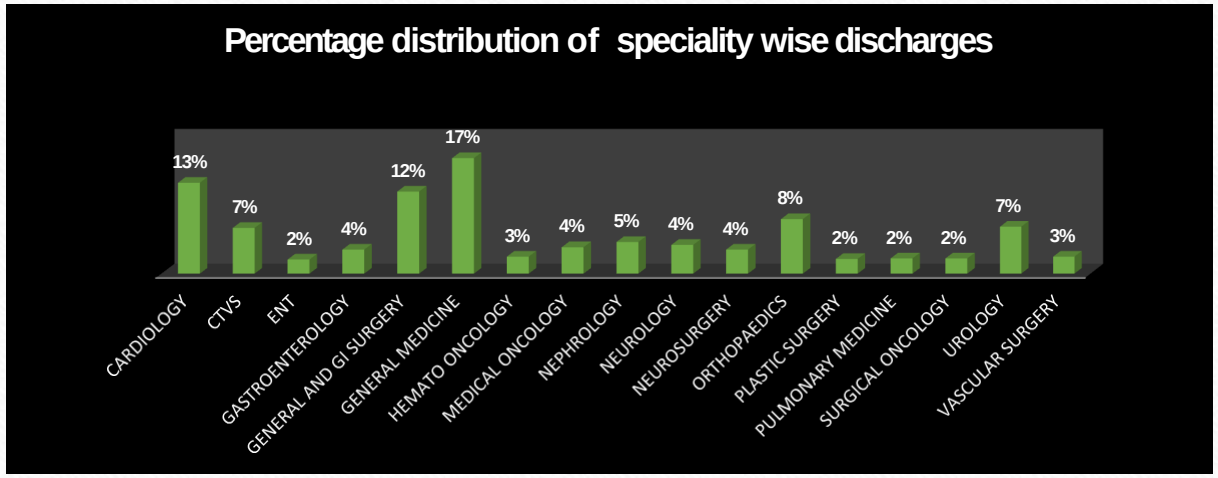
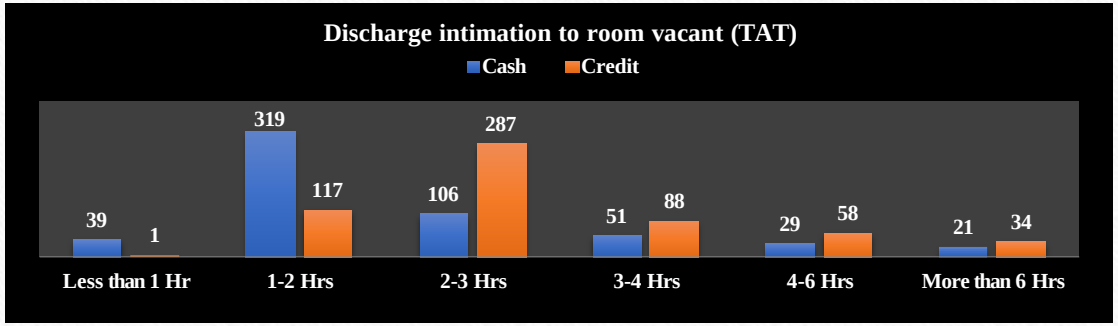


Figure 2 displays the percentage distribution of discharges broken down by specialty. The above statistic clearly shows that the Department of General Medicine handled the majority of discharges.

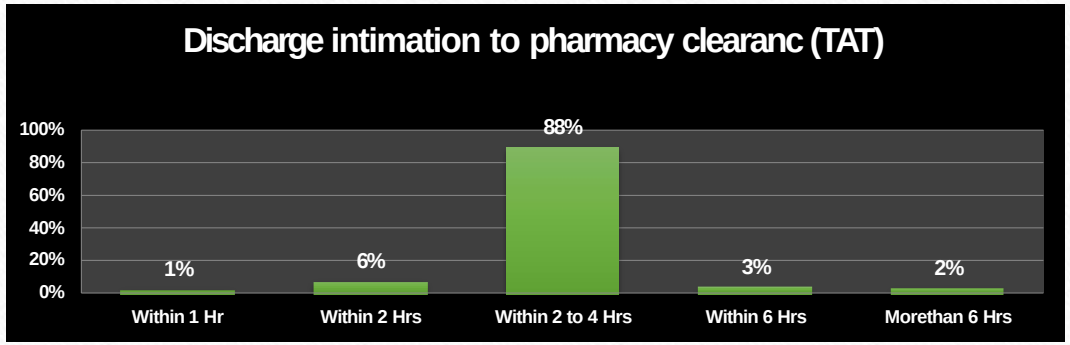
The least number of discharges came from departments like ENT, Plastic surgery, and Pulmonary medicine, which were then followed by cardiology, general, and GI surgery.

Analysis cont..



The total amount of time needed is calculated using the period of time between the patient's physical vacancy of the room and the discharge notice to room vacancy. Figure 3 shows that, on average, for 319 cash patients, it takes between one and two hours until a room becomes available, while for 106 cash patients, it takes between two to three hours, for 51 cash patients, it takes between four to six hours, for 39 cash patients, and it takes more than six hours for only As a result, 319 patients had a total time gap between receiving their discharge notice and having a room available, whereas only 21 patients had a total time gap of more than 6 hours.

Analysis cont..



The total amount of time needed for pharmacy clearance is calculated using the delay between discharge notifications for medications cleared by IP Pharmacy. Figure 4 depicts the total time needed from discharge notice to pharmacy clearance. It reveals that for the majority of patients (1017), this time period is between two and four hours, with only 13 patients—or 1% of the total—having a discharge gap of less than an hour. Furthermore, there was a delay of more than 6 hours for 24 patients.

Analysis cont..

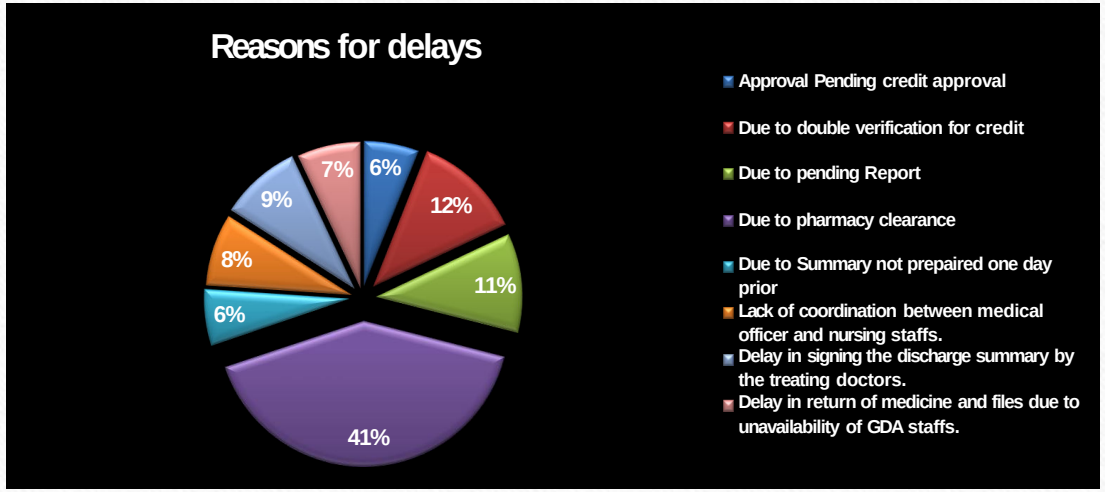


Figure:5 displays the percentage-wise breakdown of the causes of discharge delays at the top hospital. The majority of delays, or 49%, are driven on by a patient's diagnostic report. These are followed by double verification for patients with credit, which causes for 25% of delays, and pharmacy clearance, which accounts for 16% of discharge delays. Roughly 6% of all discharges are delayed since this discharge summary was not prepared a day in advance.

Interpretations:-

- 11% Delay by pending reports .
- pharmacy clearance takes up about majority time in the entire process i.e 41% delays in the discharge process is due to late pharmacy clearance.
- As the radiology department is in their transition phase investigation processing and reporting mugs up lot of time which indirectly leads to long waiting time.
- Also 12% of the discharges gets delayed due to double verification of the credit patients documentation before commencing discharge by the TPA department.

Conclusion

- Discharge of patients is one of the important area that needs improvement in hospital. In order to reduce the delay in discharge ,the hospital needs proper cooperation and coordination of other department staffs. Through this study the time taken for both cash and insurance patients were analyzed. The factors for delay were identified and suggestions were given which will decrease the time taken for bed allotment for next patient which eventually increase the reputation of the hospital and reduce the patients waiting time.


THANK YOU