GAP ANALYSIS OF DISCHARGE PROCESS IN TERTIARY CARE HOSPITAL

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Thesis Presentation Outline

INTRODUCTION

01

Official ending of patient's treatment at healthcare facility.

Study aims to understand the Discharge Process at Krishna Hospital and identify areas of improvement.

02

Efficiency of discharge planning

Types:

Discharge on advice

Discharge on request

LAMA Patient

Death

03

Need for the study

This study aims to improve discharge planning at Hospital to ensure smoother patient transitions, higher satisfaction, and better hospital efficiency.

04

Objectives of the Study

To understand the current process

To identify the causes of delay

To provide recommendation

DISCHARGE PROCESS

Step 01
Discharge initiation by consultant.

Step 02
Discharge summary preparation.

Step 03
Checked by consultant.

Step 04
Patient sent for billing.

Step 05
Bill clearance done by patient.

Step 06
confirmation slip sent to ward.

Step 07
Discharge summary given to patient and released.

LITERATURE REVIEW

Theory 01

Chaudhari, P.S., Shinde, V., & Gudhe, V. (2021)
Retrospective data collection
Identifies gaps in communication, handover processes, and administrative tasks contributing to discharge delays

Theory 02

Dr. Anil Patel (2019)
Systematic Sampling
Focused on discharge summary preparation and billing process as major delay points, recommended automation.

Theory 03

Dr. Sandeep Sharma (2018)
Random Sampling
Analyzed Discharge Process delays, identified key factors affecting turnaround time, and suggested workflow improvements

Theory 04

Dr. Rahul Mehta (2020)
Convenience Sampling
Studied the role of interdepartmental communication, found significant delays due to poor coordination, proposed regular training sessions

RESEARCH OBJECTIVES

Objective #1

To understand the current process of discharge and difference between current and desired turnaround time for discharge.

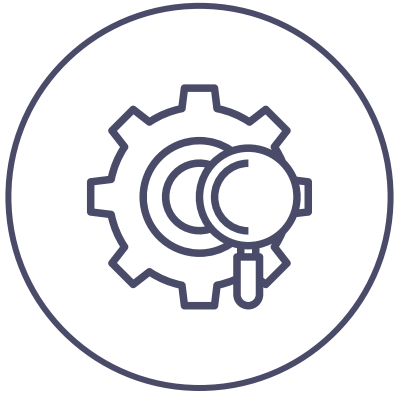
Objective #2

To identify the causes of the delay in discharge. For example, lack of communication, coordination with patients/ relatives' etcetera…

Objective #3

To provide suggestions to streamline discharge process along with optimized use of resources.

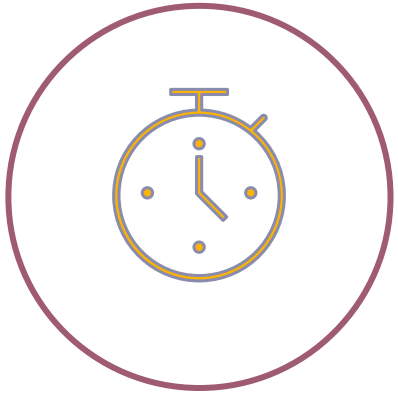
METHODOLOGY



Research Question: What are the factors leading to gap between actual turnaround time and studied turnaround time for patient discharge

Study Design: Cross-sectional observational study

Study setting: Krishna Hospital, Gondal



Duration of Study

3 months

Sample size

50 Patients

(Total: 223 patient

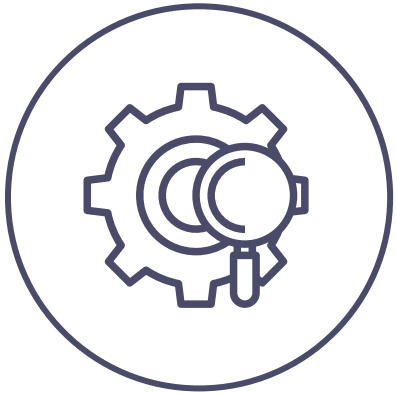
Cash Patient- 80-90

Ayushman Bharat- 60-70

Insurance Patient- 40- 50)

Sample technique

Convenience sampling



Sample selection

50 Patients data collected of self paid category

Data Collection

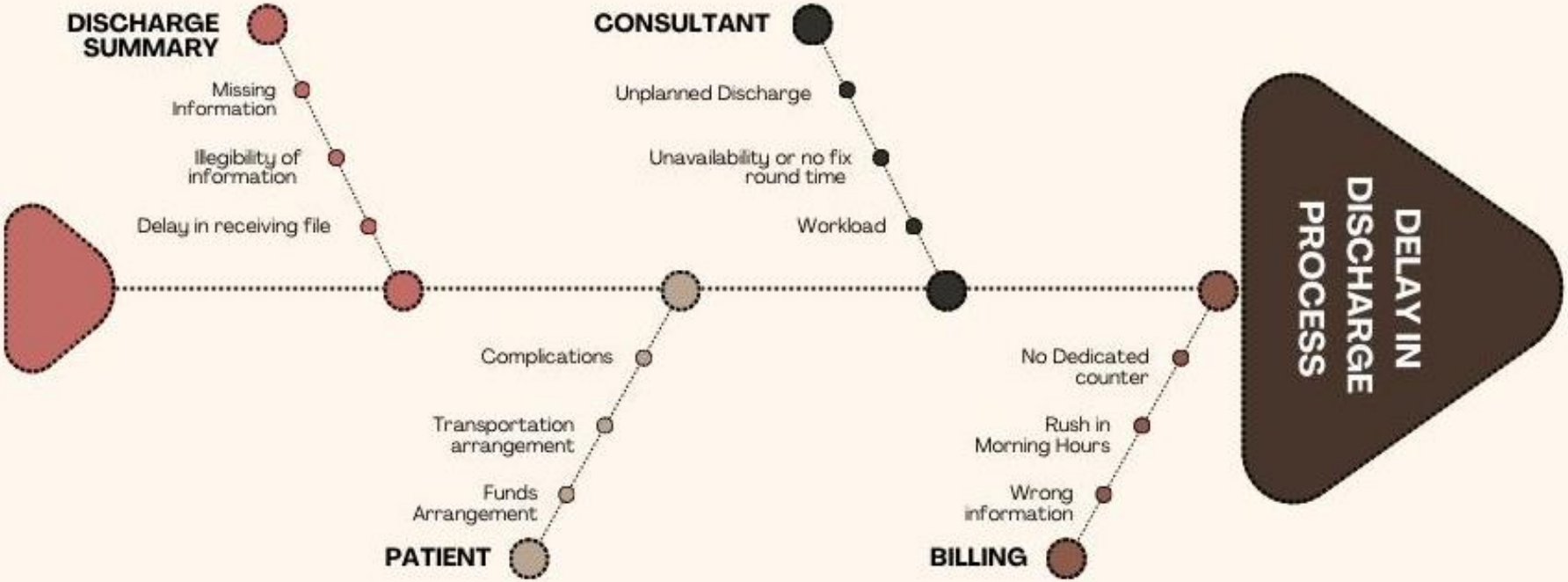
1. **Primary sources**
2. **Secondary sources**

Data Analysis

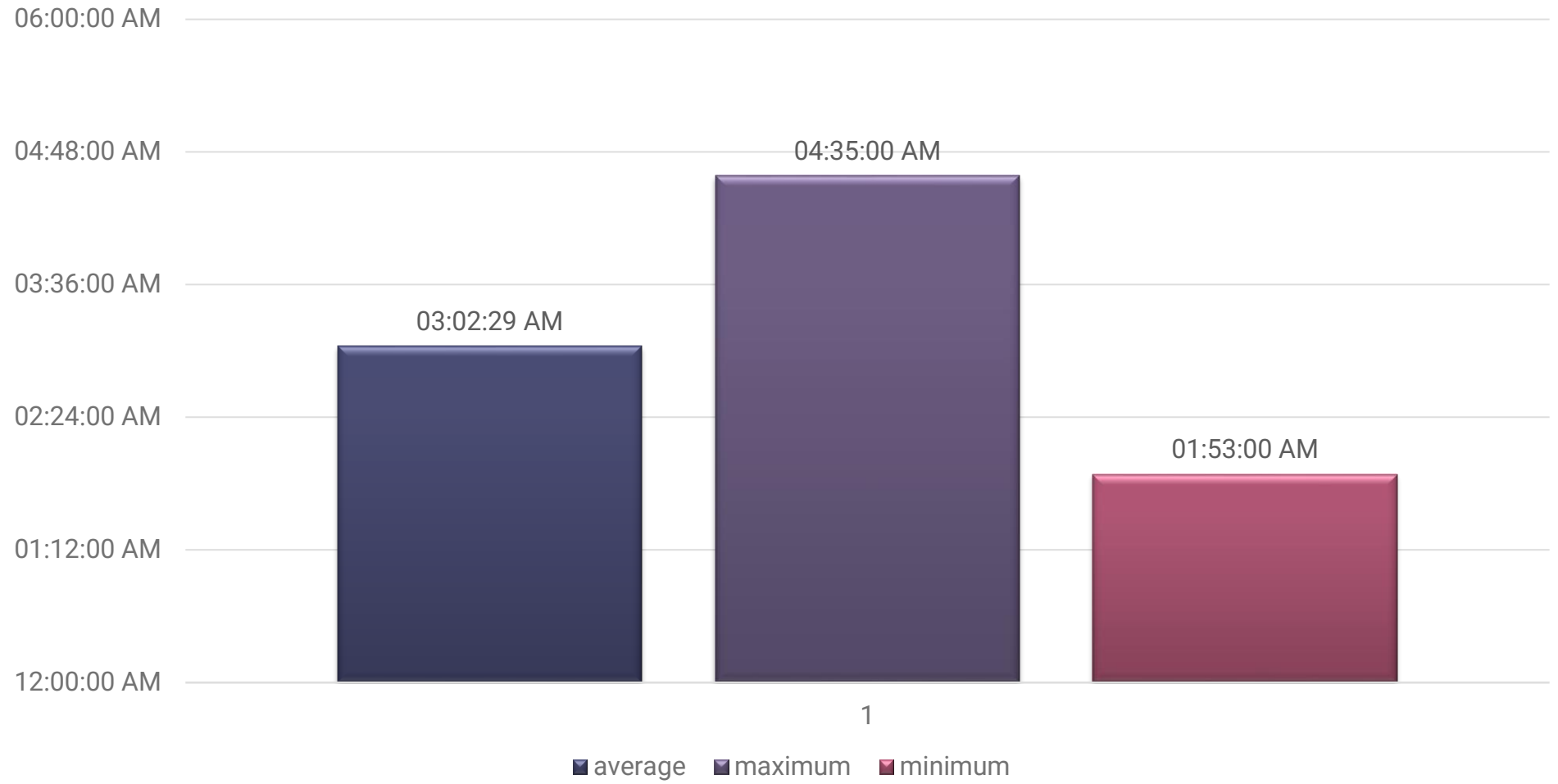
Statistical tools: mean, median

Data Visualization

CAUSE AND EFFECT DIAGRAM



DISCHARGE TIME FOR CASH PATIENTS



FINDINGS

Out of total 50 Patients, the average time taken for discharge was 3 hours 2 minutes

Out of 50 patients, 13 patients were discharged under the standard discharge time for patients.

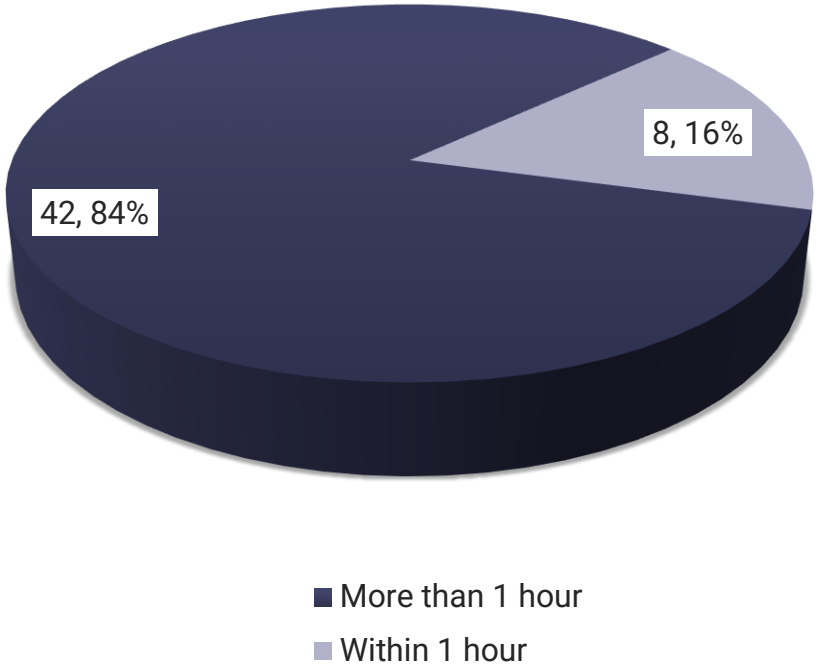
Rest of the patients took more than 2 hours for completion of discharge process.

The maximum time recorded was 4 hours 35 minutes.

The minimum time recorded was 1 hour 53 minutes.

TIME TAKEN FROM DISCHARGE INITIATION TO BILLING

Duration	Patient Count
More than 1 hour	42
Within 1 hour	8
Grand Total	50



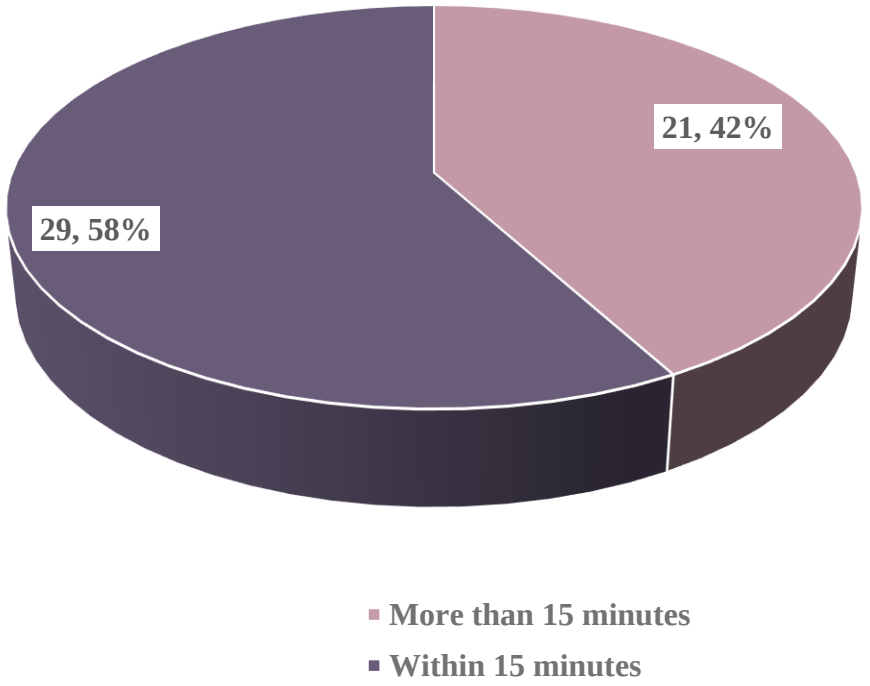
FINDINGS

The above Graph depicts time taken from orally discharge declared by consultant to initiation of billing. In which the average time taken for this process was 1 hour 23 minutes.

However, the maximum time taken for this process was 2 hour 21 minutes. While minimum time taken for this process was 40 minutes.

TIME TAKEN FROM BILLING TO BILL CLEARANCE

Duration	Patient Count
More than 15 minutes	21
Within 15 minutes	29
Grand Total	50



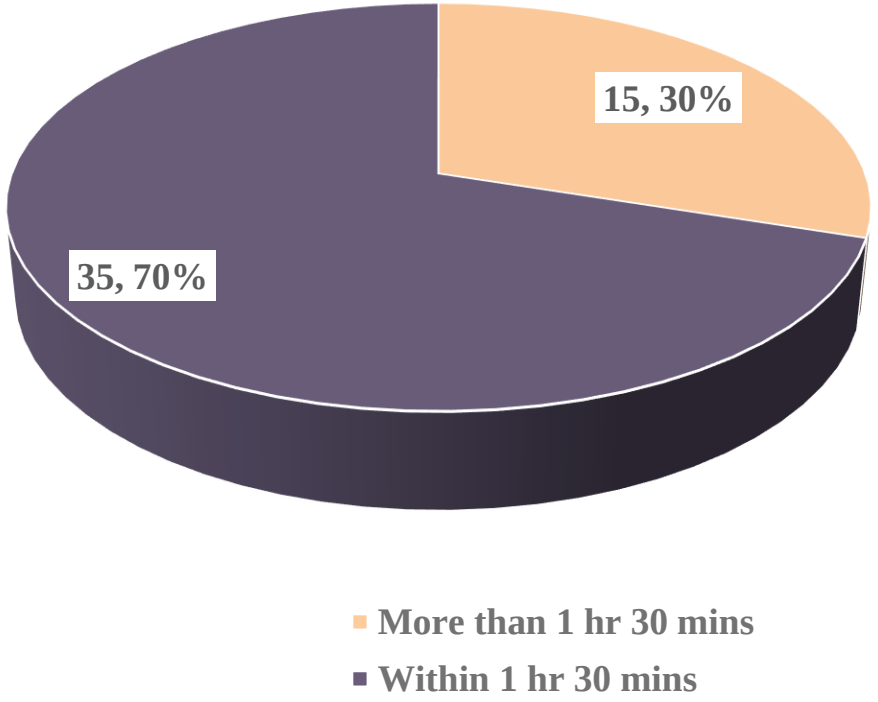
FINDINGS

The above Graph depicts time taken from orally discharge declared by consultant to initiation of billing. In which the average time taken for this process was 17 minutes.

However, the maximum time taken for this process was 1 hour 12 minutes. While minimum time taken for this process was 3 minutes.

TIME TAKEN FROM BILL CLEARENCE TO PATIENT LEFT HOSPITAL

Duration	Patient Count
More than 1 hr 30 mins	15
Within 1 hr 30 mins	35
Grand Total	50



FINDINGS

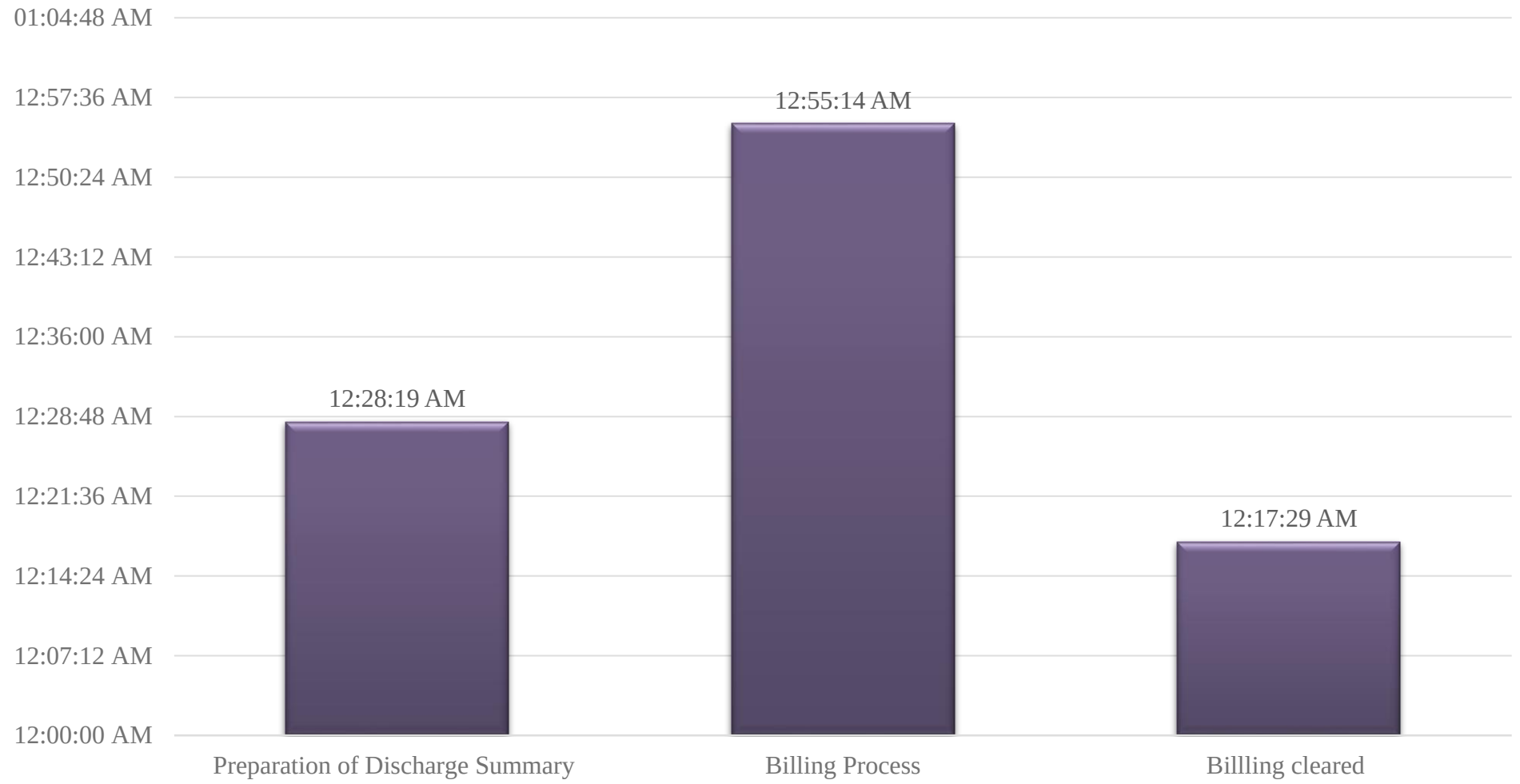
The above Graph depicts time taken from orally discharge declared by consultant to initiation of billing. In which the average time taken for this process was 1 hour 21 minutes.

However, the maximum time taken for this process was 1 hour 58 minutes. While minimum time taken for this process was 40 minutes.

AVERAGE TIME TAKEN TO COMPLETE MAJOR ACTIVITIES

SR. NO.	ACTIVITIES	AVERAGE TIME
1	Preparation of Discharge Summary	00:28:19
2	Billing Process	00:55:14
3	Billing Cleared	00:17:29

AVERAGE TIME COMPLETE MAJOR ACTIVITIES



FINDINGS

The average time taken for the preparation of discharge summary was 28 minutes 19 seconds.

While the average time taken for billing process was 55 minutes 24 seconds.

However, the average time taken for bill clearance was 17 minutes 29 seconds.

Discussion

Discussion Tip #1

Results reveal critical inefficiencies in the discharge process, emphasizing the need for streamlined communication and standardized protocols to enhance patient care and hospital operations."

Discussion Tip #2

Major findings include communication breakdowns and administrative delays. Implementing targeted interventions can significantly reduce discharge times, leading to better resource utilization

Discussion Tip #3

It was found that certain administrative steps took longer than expected indicating need for further investigation and targeted training programs.

Discussion Tip #4

Based on findings it is recommended for implementing an electronic discharge system and real-time data sharing to improve discharge efficiency

CONCLUSIONS / FINDINGS

This study aimed to investigate the turnaround time (TAT) in the discharge process at Tertiary care hospital

Communication Breakdowns, Inefficient Workflows, Administrative Delays

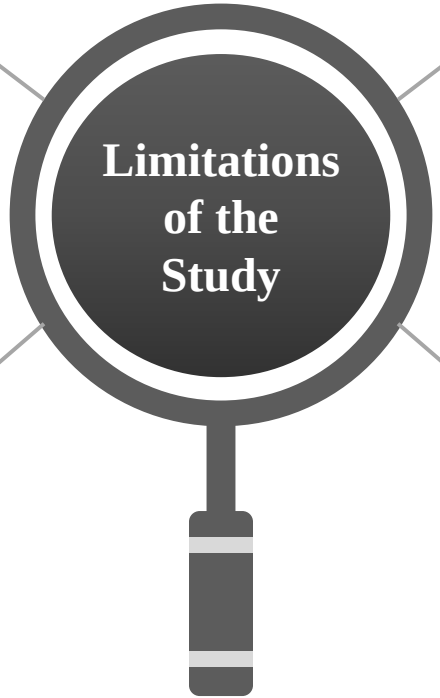
Providing a comprehensive analysis, Highlighting specific areas for improvement

single healthcare facility, limited period, Only included cash (self-paid) patients

impact of specific communication strategies, cost-effectiveness of implementing the suggestions, The role of patient education and engagement

Implement Planned Discharges, Introduce Feedback Mechanisms, Improve Interdepartmental Coordination

LIMITATIONS OF YOUR STUDY



01

Limitation1

Focused on a specific healthcare facility.

02

Limitation 2

Only conducted in In Patient Department. (IPD)

03

Limitation 4

Study period was 3 Months only.

04

Limitation 6

Only Self-Paid patients were considered.

SUGGESTIONS

1. **Planned Discharge**
   Planned discharge should be initiated which leads to completion of some steps beforehand.

2. **Doctor's round timings**
   The round timings should be fixed and preferably in the morning.

3. **Expected Discharge date known priorly**
   The medical officer and nurse should be aware of expected discharge date.

4. **Parallel Workflow**
   Nurse should arrange for parallel workflow. Notify dietitian or transport team or housekeeping staff.

5. **Feedback Mechanism**
   Feedback regarding discharge process should be taken for continuous improvement.

6. **Explain discharge process to patient**
   Patient should be informed at prior about the whole discharge process.

7. **Training and education**
   Training and knowledge about discharge process and summary preparation should be provided.

8. **Quarterly decrease of 15 minutes**
   Will be an ongoing process and target should be set to reduce timing to 30 to 35 minutes within 2 years.

9. **Proper interdepartmental communication and coordination**
   To reduce communication gap during discharge process.

10. **Timely report collection**
    Timely report collection and departmental clearance should be conducted to avoid delay in discharge.

REFERENCE

Reference 1

Chaudhari PS, Shinde V, Gudhe V. Predictive Modelling for Turn Around Time (TAT) of Discharge Process for Insured Patients in a Corporate Hospital of Pune City. Indian J Health Sci. 2021;11(2):89-95.

Reference 2

Predictive modelling for discharge process. Health Informatics Res. Available from: https://www.e-hir.org/m/journal/view.php?number=1029

Reference 3

An Analysis of the Average Waiting Time during the Patient Discharge Process at Kashani Hospital in Esfahan Iran: A Case Study. J Res Health Sci. https://jrh.gmu.ac.ir/browse.php?a_id=1884&slc_lang=en&sid=1&ftxt=1&html=1

Reference 4

Smith, J. (2016). "Improving Patient Discharge Process: A Case Study from XYZ Hospital," Journal of Healthcare Management, vol. 45, no. 2, pp. 112-118.

QUESTIONS