

Synopsis

1. TITLE: Gap Analysis of Discharge Process in Tertiary Care Hospital

2. INTRODUCTION

Hospital discharge processes are crucial for patient flow, efficient bed utilization, and overall patient experience. Timely discharge reduces hospital stay costs and improves patient satisfaction. However, delays in discharge can occur due to various factors, leading to increased TAT. This study aims to identify gaps contributing to extended TAT in the discharge process at Krishna Hospital, Gondal.

3. RESEARCH QUESTION

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

4. OBJECTIVES

- To identify the different stages involved in the discharge process at Krishna Hospital, Gondal.
- To measure the current TAT for patient discharge at Krishna Hospital, Gondal.
- To identify areas within the discharge process where delays occur most frequently.
- To analyze the reasons for these delays and identify potential gaps in communication, workflow, or resource allocation.
- To recommend strategies to bridge these gaps and improve the efficiency of the discharge process.

5. HYPOTHESIS

Null Hypothesis

There is no significant difference in the turnaround time (TAT) of the discharge process in Krishna Hospital Gondal.

Alternate Hypothesis

There is a significant difference in turnaround time (TAT) of the discharge process in Krishna Hospital Gondal.

6. MATERIAL AND METHODS

Study Design: This study will utilize a cross-sectional observational study design.

Setting: The study will be conducted at Krishna Hospital, a multispecialty hospital located in Gondal, Gujarat.

Study Population:

- **Inclusion criteria:** All adult patients discharged from Krishna Hospital, Gondal during a defined period.
- **Exclusion criteria:** Patients who died during hospitalization or were transferred to another facility.

Study Tools:

- **Medical records review:** Data on patient demographics, diagnosis, length of stay, and discharge TAT will be collected from electronic medical records (EMR).
- **Semi-structured interviews:** Key stakeholders involved in the discharge process for e.g., nurses, physicians, etc... will be interviewed to understand their perspectives on delays and potential gaps.

Duration of Study: The study is expected to be completed within 3 months.

Sample Size: A sample size of 50 patient records will be analyzed, along with interviews with key stakeholders.

Sampling Technique: A convenient sampling technique will be used to select patient records based on discharge and length of stay. Purposive sampling will be used to select key stakeholders for interviews.

Data Collection Procedure: Data will be collected through a review of medical records and semi-structured interviews conducted in person or via phone.

Operational Definitions:

- **Turnaround Time (TAT):** Defined as the total time elapsed between the decision to discharge a patient and their actual departure from the hospital.
- **Discharge Delay:** Defined as any event or factor that prolongs the discharge process beyond a predetermined timeframe.

7. DATA ANALYSIS PLAN

Data from medical records will be entered into a spreadsheet and analyzed using descriptive statistics (e.g., mean, median, range) to calculate TAT and identify stages with frequent delays.

8. ETHICAL CONSIDERATIONS

This study will adhere to ethical principles. Informed consent will be waived for the medical record review. Interview participants will be informed about the study objectives and their right to confidentiality will be ensured. All data will be anonymized.

9. IMPLICATIONS OF RESEARCH

Findings from this gap analysis will help identify areas for improvement in the discharge process at Krishna Hospital, Gondal. By addressing these gaps, the hospital can achieve faster TAT, leading to improved patient flow, bed utilization, and overall patient experience.

Additionally, the study findings may be applicable to other healthcare settings facing similar challenges.

10. REFERENCE:

1. Chaudhari PS, Shinde V, Gudhe V. A Study on Reducing the Discharge Turnaround Time of IPD Patients at AVBRH.
2. Sharma MR, Kapadia N, Raval MS, Shah MS, Patel MA. A STUDY OF DISCHARGE PROCESS WITH STRATEGY TO REDUCE THE TURN AROUND TIME IN TERTIARY CARE HOSPITAL.
3. Hisham S, Rasheed SA, Dsouza B. Application of predictive modelling to improve the discharge process in hospitals. Healthcare Informatics Research. 2020 Jul;26(3):166.