

DISCHARGE PROCESS MAPPING AND TURNAROUND TIME IN MULTIDISCIPLINARY TERTIARY CARE HOSPITAL

Dissertation Presentation

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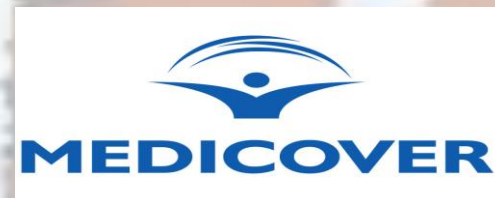


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Introduction

- **Purpose of research:**
 1. to map the discharge process and measure the turnaround time in a multidisciplinary tertiary care hospital
 2. identify bottlenecks and gaps in the discharge process, and develop recommendations for process improvement.
- **Problem being investigated:** delay in the discharge process of patients.
- **Context and importance:**
 1. In a multidisciplinary tertiary care hospital, the discharge process is a critical aspect of healthcare delivery.
 2. Patient satisfaction, quality of care, and hospital profitability are closely linked to the efficiency and effectiveness of the discharge process.
- **Aims and Objectives** – It maps the discharge process, measures turnaround time, identifies gaps, and develops recommendations for process improvement in a multidisciplinary tertiary care hospital.

Review of Literature

- Six Sigma approaches have been shown to significantly enhance the discharge process, especially in overcrowded hospitals.
- Patient discharge includes medical, budgetary, legislative, logistical, and documentation components that must be fulfilled correctly, making it time-consuming.
- Insufficient operational advancements are the primary cause of prolonging the discharge cycle, according to Silva et al.
- Between 1980 and 2012, overseas research found significant and minor difficulties in improving the discharge process and exploiting it for the commercial benefit of hospitals.
- According to a study conducted in the US, roughly 20 percent of hospital LOS may be excessive.
- The annual expenses of delayed discharge in the United Kingdom are estimated to reach £100 million

Objectives

Understand the Process Flow of the Discharge Process:



- Analyze and document the step-by-step journey of a patient from admission to discharge.
- Identify the sequence of actions, departments involved, and communication channels.

Identify Gaps in the Hospital Discharge System:



- Conduct stakeholder interviews with staff, patients, and caregivers to uncover pain points and inefficiencies.
- Review existing data to pinpoint areas where delays or breakdowns commonly occur.

Recommend Process Change Initiatives about the Existing Hospital Discharge Process:



- Propose specific process improvements based on identified gaps and root causes.
- Ensure recommendations are practical, measurable, and aligned with hospital goals for patient care and operational efficiency.

Methodology

- **Study Design-** Quantitative.
- **Setting** – Medcover Hospital, Pune
- **Sampling technique-** Random sampling
- **Study Population** – Patient admitted in IPD.
- **Data collection method** – Primary Data Collection.
- **Inclusion Criteria-** Insurance and Paying Discharged patients of multidisciplinary tertiary care hospital, Pune
- **Exclusion criteria-** The Government, NH (Nursing homes), Overseas, Corporate companies, Staff category admissions of multidisciplinary tertiary care hospital, Pune.

Patients getting discharged on Sundays
- **Duration of Study-** 25 March 2024 to 24 June 2024
- **Sample Size-** 200

Barriers



Medical Barriers

Complex medical conditions, unresolved symptoms, or unexpected complications can prolong hospital stays as doctors need to ensure patients are stable before discharge.



Doctors

Availability of doctors for final rounds, completing discharge summaries, or coordinating with other specialists can cause delays if schedules are not synchronized.



Type of Payment

Verifying insurance coverage, processing claims, or arranging payment methods can lead to administrative delays if not handled promptly.



External Influences

Coordination with the patient's relatives or caregivers for transport, home care arrangements, or decision-making can prolong discharge if agreements or preparations are not in place.

Key Findings

- **TPA patients' planned discharge process time was 4 hours and 51 minutes, which was 2.59 times longer than Cash-patients.**
- **TPA patients had an unplanned discharge process duration of 5 hours and 46 minutes, 2.73 times longer than Cash patients.**
- **The interruption in the movement of files from one department to another is high due to a lack of coordination between the nurses and ward boys.**
- **The Completing a patient's discharge summary is sometimes delayed due to system error.**
- **The HMIS used for making a discharge summary is not good; it takes time to select a lab investigation report, As the system cannot select more than one investigation at a time.**
- **The time taken to make the discharge summary of unplanned planned discharge is high.**

Recommendations

- **The HMIS should be updated to take less time to make a discharge summary.**
- **It is advisable to plan and execute a discharge so that the TAT of making the discharge summary has been reduced.**
- **It is advisable to update the day-to-day activity of a patient from the date of admission on the system to reduce the TAT of the discharge process.**
- **Increasing the support staff also helps reduce the discharge process's TAT.**
- **Orientation of staff (Doctors, Nurses, and attendants) about the relevance and importance of the discharge process.**
- **Design a process around the patient and their family to minimize the movement and waiting time.**
- **Regular analysis and quality control programs can be undertaken to check the measures' feasibility.**
- **Encouraging the patients to vacate the bed / to shift on couches as early as possible after receiving the ATG.**



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Thank you