Discharge process mapping and turnaround time in multidisciplinary tertiary care hospital.

Synopsis Submitted to

The IIHMR University, Jaipur

for the partial fulfillment for the

award of the degree of Master of

Business Administration (MBA)

in

Hospital Management

By

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Under the Supervision and Guidance of

VINOD KUMAR SV

2024

SYNOPSIS

TITLE:

Discharge process mapping and turnaround time in multidisciplinary tertiary care hospital.

INTRODUCTION:

Discharge Turnaround Time (TAT) is a pivotal metric in healthcare management, reflecting the efficiency of hospital operations and patient flow. The NABH defines discharge as the process by which a patient is transferred from the hospital, with all relevant medical reports confirming stability. The discharge procedure is believed to have started when the consultant formally recommends discharge and ends when the patient leaves the clinical unit.

RESEARCH QUESTION:

What strategies can be implemented to optimize Discharge Turnaround Time and improve hospital efficiency while maintaining high-quality patient care?

OBJECTIVES:

- To understand the process flow of the discharge process.
- To identify gaps in the hospital discharge system.
- Identify the root cause of delays in discharging and develop interventions to minimize such delays.
- To recommend process change initiatives about the existing hospital discharge process in the study site

HYPOTHESIS:

Implementing targeted interventions and process improvements will reduce Discharge Turnaround Time (TAT) without compromising the quality of patient care, thereby enhancing hospital efficiency and resource utilization.

MATERIAL AND METHODS:

STUDY DESIGN: The study will utilize a mixed-methods, quantitative and qualitative data approach. Quantitative data will be gathered by analyzing IPD records and case outcomes, while qualitative data will be obtained from interviews and surveys with IPD staff.

SETTING: The study will be conducted on the IPD Floor of Medicover hospital, Pune.

STUDY POPULATION: Patients admitted to the hospital in IPD and are Insurance or cash-paying patients.

INCLUSION CRITERIA:

- Patients admitted to IPD
- Healthcare providers who are involved in IPD services
- Insurance and paying discharged patients of multidisciplinary tertiary care hospital

EXCLUSION CRITERIA:

The Government, NH (Nursing homes), Overseas, Corporate companies, Staff category admissions of multidisciplinary tertiary care hospital, Pune.

STUDY TOOLS:

DURATION OF STUDY: The study will be conducted for 3 months i.e. 1st April 2024 to 30th June 2024.

SAMPLE SIZE: The study will include 200 patients (100 Insurance and 100 Cash paying) who presented to the IPD during the survey.

SAMPLING TECHNIQUE: A purposive sampling technique will be used to select relevant patients who meet the criteria for inclusion in the study. Sample size calculation will be based on the estimated frequency of Insurance or cash-paying cases.

DATA COLLECTION PROCEDURE:

Maintaining Time records from discharge initiation to discharge completion of a patient
Sorting patients according to payment types i.e Insurance or Cash paying patients
Analysing data using appropriate statistical methods and qualitative analysis.

DATA ANALYSIS PLAN:

Quantitative data analysis will involve statistical techniques such as descriptive statistics, regression analysis, and trend analysis to identify patterns and correlations related to Discharge TAT and associated factors. Qualitative data will be thematically analyzed to extract key themes and insights from interviews and surveys.

ETHICAL CONSIDERATIONS:

This study will adhere to ethical guidelines regarding patient privacy and confidentiality. Informed consent will be obtained from participants, and all data will be anonymized to protect individual identities.

IMPLICATIONS OF RESEARCH:

The findings of this research will provide valuable insights into optimizing Discharge TAT to enhance hospital efficiency and patient care. Practical recommendations derived from the study can guide healthcare facilities in implementing effective strategies to streamline discharge processes and improve overall operational performance.

REFERENCES:

(Raval, S., Kapadia, N., & Sharma, R. (2022). REDUCE IN-PATIENT DISCHARGE PRESCRIPTION TAT, THINK IN MINUTES NOT IN HOURS!!!!!.)

(Shukla, K., & Upadhyay, S. (2018). Predictive modelling for turn around time (TAT) of discharge process for insured patients in a corporate hospital of Pune city. Journal of Health Management, 20(1), 56-63.)

(Hisham, S., Rasheed, S. A., & Dsouza, B. (2020). Application of predictive modelling to improve the discharge process in hospitals. Healthcare Informatics Research, 26(3), 166.)

(Pandit, A., & Prashar, S. (2019). A study of the Discharge Process of a Multi-Specialty Hospital. SCOPUS IJPHRD CITATION SCORE, 10(5), 6.)