A Study on Turnaround Time (TAT) in Discharge Processes for Private Patients, Ayushman Bharat Patients, and Other Empanelled Patients in a 150-bedded Hospital

SYNOPSIS SUBMITTED TO

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BATCH

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1.TITLE

A Study on Turnaround Time (TAT) in Discharge Processes for Private Patients, Ayushman Bharat Patients, and Other Empanelled Patients in a 150-bedded Hospital.

2.INTRODUCTION

Studying Turnaround Time (TAT) in discharge processes is important for several reasons:

- Efficient TAT ensures that patients are discharged promptly, leading to higher satisfaction levels and better overall patient experience.
- Analyzing TAT helps in optimizing resources such as beds, staff, and equipment, ensuring smoother operations and reduced waiting times.
- Shorter TAT can lead to cost savings by reducing unnecessary hospital stays and improving bed turnover rates.
- Monitoring TAT is a key indicator of the hospital's ability to provide timely and effective care, which directly impacts patient outcomes and quality of care.

The logic for comparing TAT among private patients, Ayushman Bharat patients, and other empanelled patients lies in understanding the differences in resource utilization, insurance coverage criteria, payment processes, and discharge planning, which can influence TAT significantly.

3.RESEARCH QUESTIONS

1.What are the average TATs for private patients, Ayushman Bharat patients, and other empanelled patients in hospital discharge processes during March-May 2024.

2. What factors contribute to differences in TAT among these patient categories?

3.What are facilitating and hindering factors in the discharge process?

4.OBJECTIVES

1.To map the discharge processes and study TAT for private patients, Ayushman Bharat patients, and other empanelled patients; and role of key stakeholders .

2..To identify facilitating and hindering factors in smooth discharge process.

5.MATERIAL AND METHODS

STUDY DESIGN: cross-sectional study will be used.

SETTING: 150 bedded hospital in Delhi**.**

STUDY POPULATION: IPD patients who are going to discharge during March -May , 2024

SAMPLING AND SAMPLE SIZE:

On an average eight IPD patients are discharged in the hospital where the study will be conducted. Keeping in view the two months duration for collecting data, appx 400 (8x50) IPD patients will be discharged. Assuming that the Intern will be able to cover four discharge cases per day, a total of 200 discharge cases will be completed.

STUDY TOOLS: The study will use HIS software for the data collection to collect information for TAT, patient flow and hospital efficiency.

DURATION OF STUDY: Three months (March -May, 2024).

DATA COLLECTION METHODS:

- Review of guidelines
- Observation
- Process mapping
- Interview

DATA COLLECTION TOOLS

- Checklist for reviewing the guidelines.
- Datasheet for recording timings and other details of the patient like file number, admission date, discharge date, health problem for which s/he admitted, etc. using hospital information system .
- Process map (flow chart)
- Interview schedule for nursing and other staff who are involved in the discharge process

OPERATION DEFINITIONS:

The Turnaround Time (TAT) in discharge processes is defined as the time interval from the moment a discharge order is issued for a patient until all discharge-related tasks are completed and the patient is ready to leave the healthcare facility. This includes but is not limited to finalizing discharge summaries, medication reconciliation, arranging follow-up appointments, providing discharge instructions to the patient and caregivers, and completing any administrative or billing procedures. TAT is measured in hours or days, depending on the facility's workflow and standards, and is a critical metric for evaluating the efficiency and quality of discharge processes.

6.DATA ANALYSIS PLAN:

Descriptive statistics will be used like

- Number and proportion of IPD patients discharged within the Standard TAT (refer to the guidelines) limit.
- Number and proportion of IPD patients discharged in Lesser than the standards by different groups/ categories of discharged patients.
- Number and proportion of IPD patients discharged for Higher than the standards by different groups/ categories of discharged patients
- Distribution of the patients by age, gender, provisional diagnosis, type of IPDs, etc
- Facilitating and hindering factors will be analyzed using SWOT

7.ETHICAL CONSIDERATIONS:

Ensuring that patient data is anonymized and protected throughout the research process to maintain confidentiality and comply with data protection regulations. Ensure that the research design and implementation uphold protocols and principles of fairness and equity, particularly in terms of patient care and access to healthcare services.

Maintaining transparency in all aspects of the research, including data collection, analysis, and reporting, to uphold the integrity of the study.

8.IMPLICATION OF RESEARCH:

Insights from the study may highlight areas where resources can be allocated more efficiently to improve TAT and overall healthcare delivery.The research findings may have implications for healthcare policies, particularly in terms of reimbursement mechanisms, healthcare financing, and patient care guidelines.By identifying disparities in TAT among different patient groups, the research can contribute to efforts aimed at promoting equity in healthcare delivery and access to services.

9.REFERNCES:

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