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Analysis of the Turn Around Time of Discharge process of Inpatient Department in Narayana Super- Speciality Hospital, Gurugram.

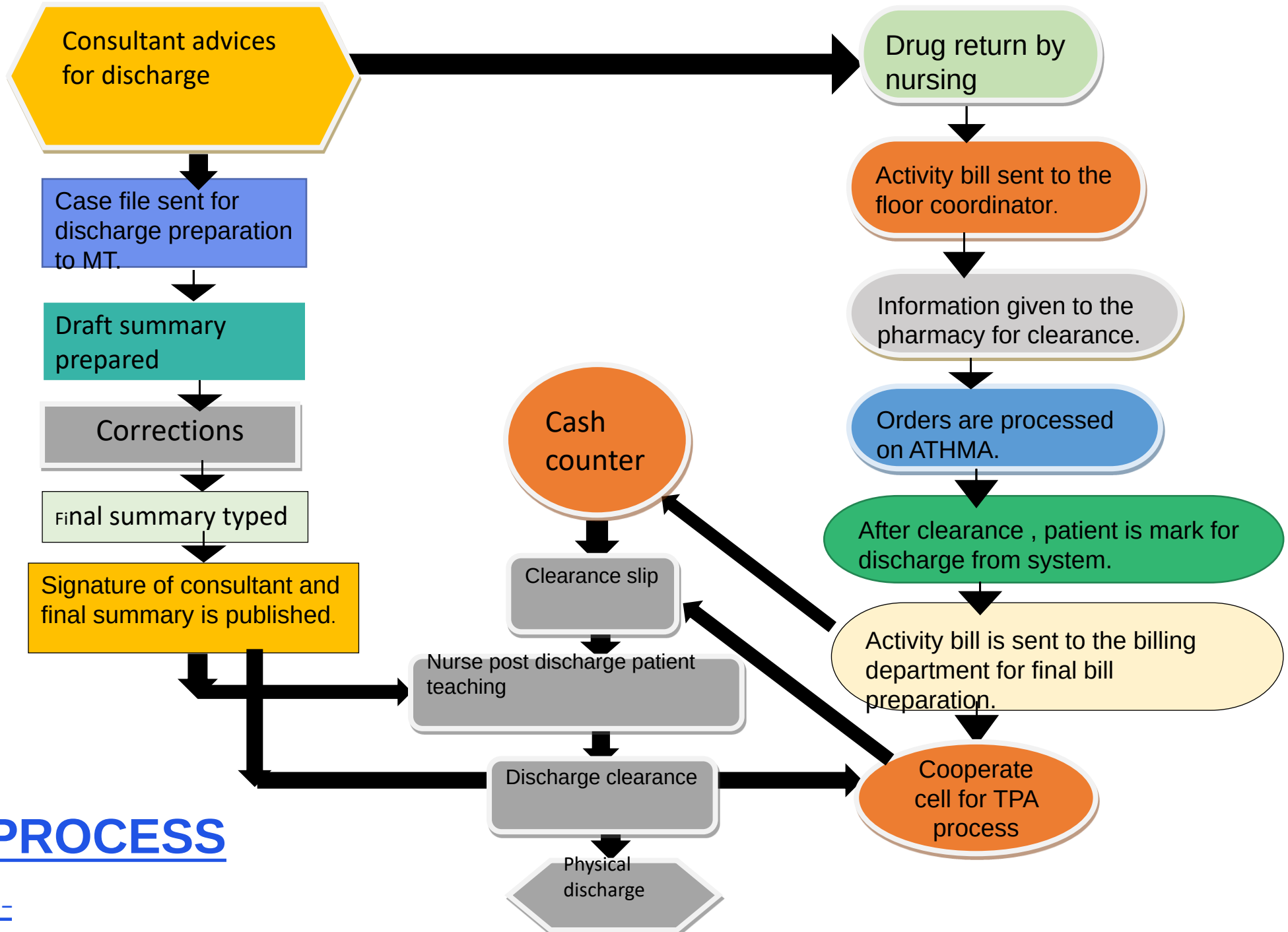
TABLE OF CONENTS

INTRODUCTION

- Discharge is “the process of activities that involves the patient and the team of individuals from various discipline working together to facilitate the transfer of patients from one environment to another.”

- According to NABH, a cash patient should take approx. 120 minutes whereas in case of TPA , 300 minutes is maximum time for completing the whole discharge process.

DISCHARGE PROCESS FLOWCHART -



OBJECTIVES

- To calculate the average Discharge Turn around Time of TPA, PSU and Cash patients of IPD.

- To identify the Gaps in the Discharge Process.

METHODOLOGY

- **Study area**- Narayana super – specialty hospital , Gurugram
- **Study design** – A prospective , observational time motion study was conducted in the inpatient department of Narayana hospital .
- **Sampling Unit** – patients who got normal discharged from the wards for 30 days.
- **Sampling Size**- A sample size of 209 normal discharge patients.
- **INCLUSION CRITERIA -** This study includes cash , TPA , CGHS, ECHS patients who had planned or unplanned normal discharges from wards.

❑**EXCLUSION CRITERIA** – In this study , LAMA , DEATH, DOR, DAMA discharges and discharges from ICU , SICU were excluded.

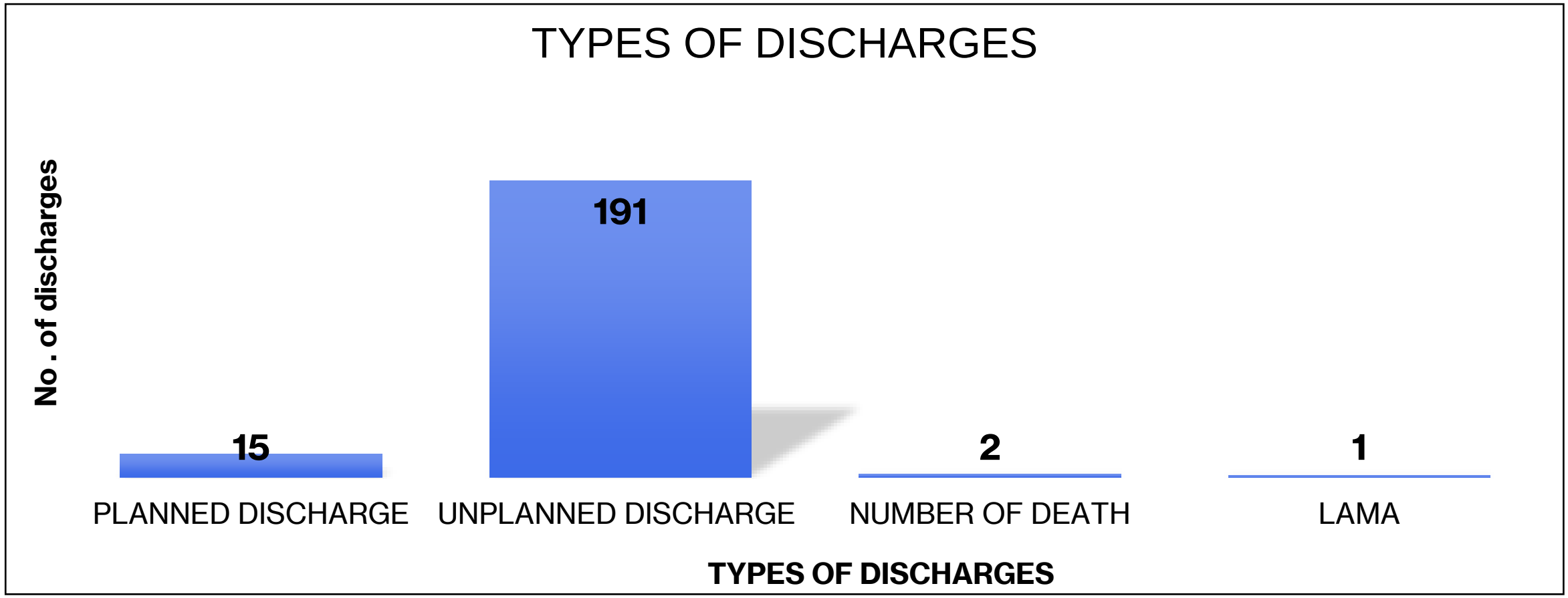
- **DATA DESIGN TOOL-**

MRN	Patient Name	Bed Number	Consultant	Discharge Type	SPONSOR	Discharge Announcement	Discharge Summary	Pharmacy Clearance	Mark for Discharge Time	Billing	Physical Discharge	Total TAT	Remarks

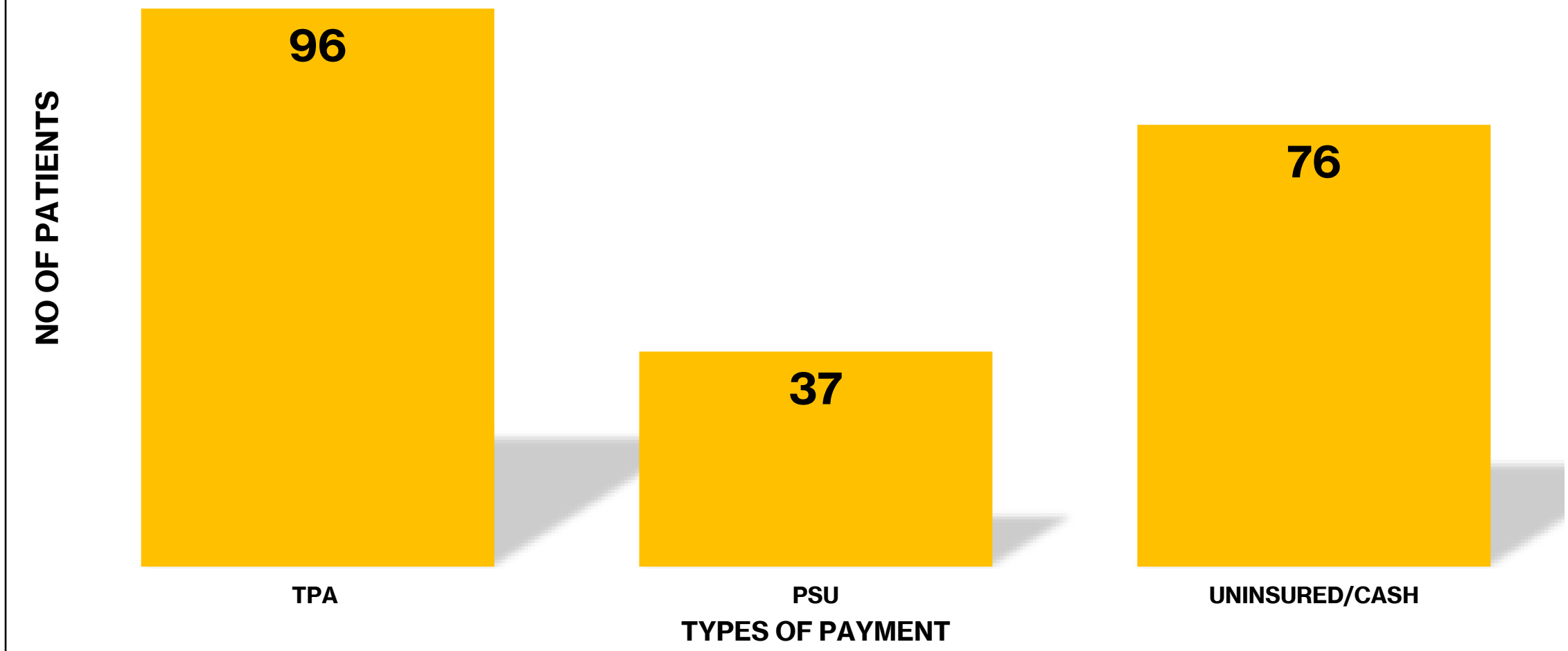
- **Data collection –**

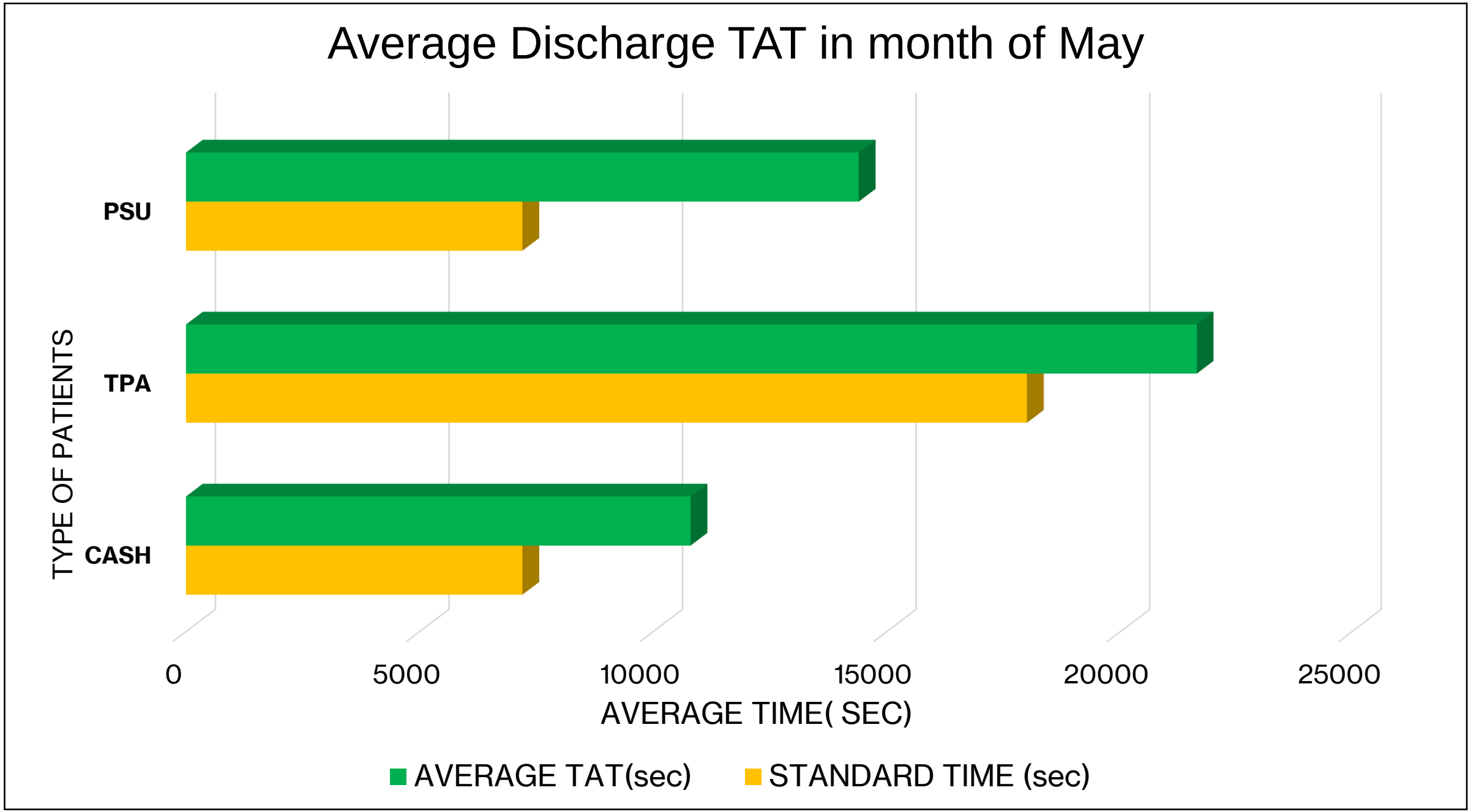
After designing the tools for data collection, the data was collected and recorded by observing and tracking all the patients planned and unplanned discharge for a day on excel.

DATA ANALYSIS & INTERPRETATION

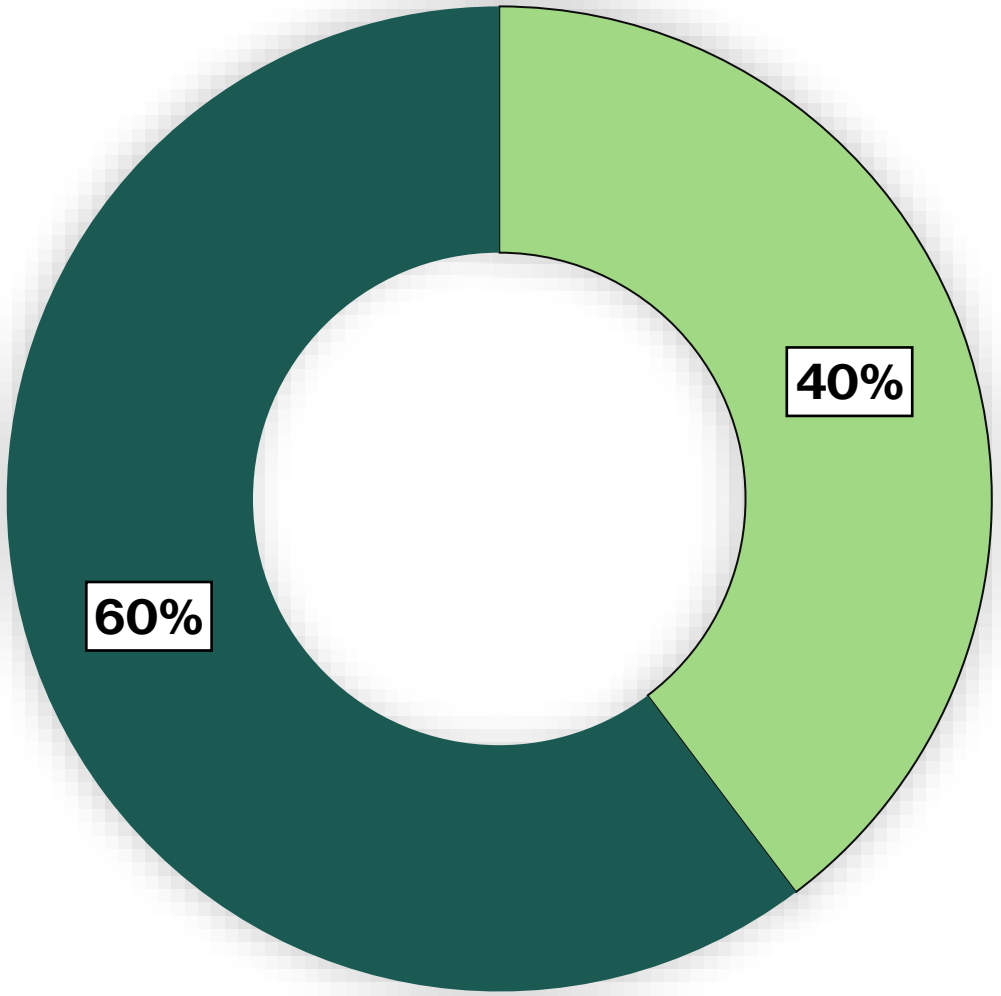


PATIENTS' NUMBER BASED ON PAYMENT TYPE

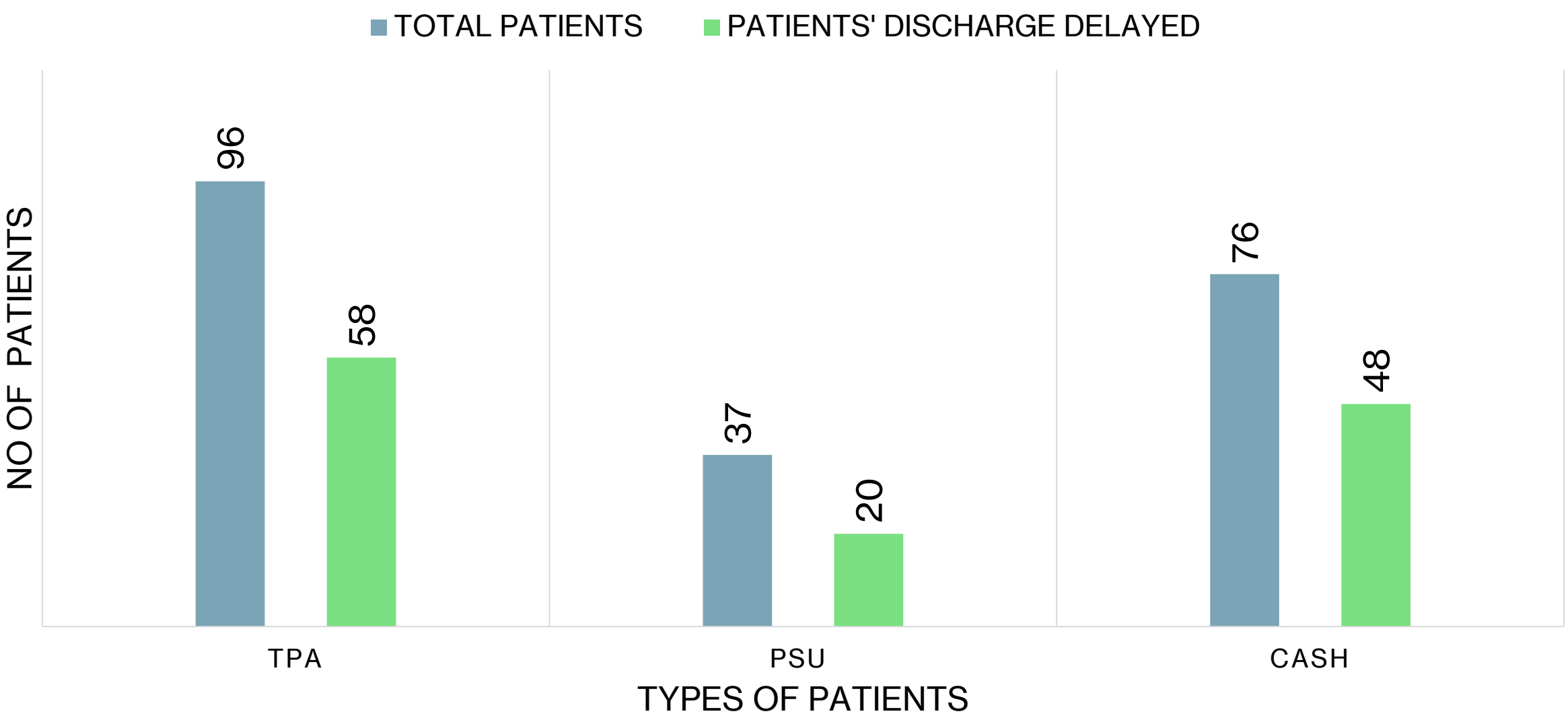



Average Discharge TAT in month of May
TYPE OF PATIENTS
PSU
TPA
CASH
0
5000
10000
15000
20000
25000
AVERAGE TIME(SEC)
AVERAGE TAT(sec)
STANDARD TIME (sec)

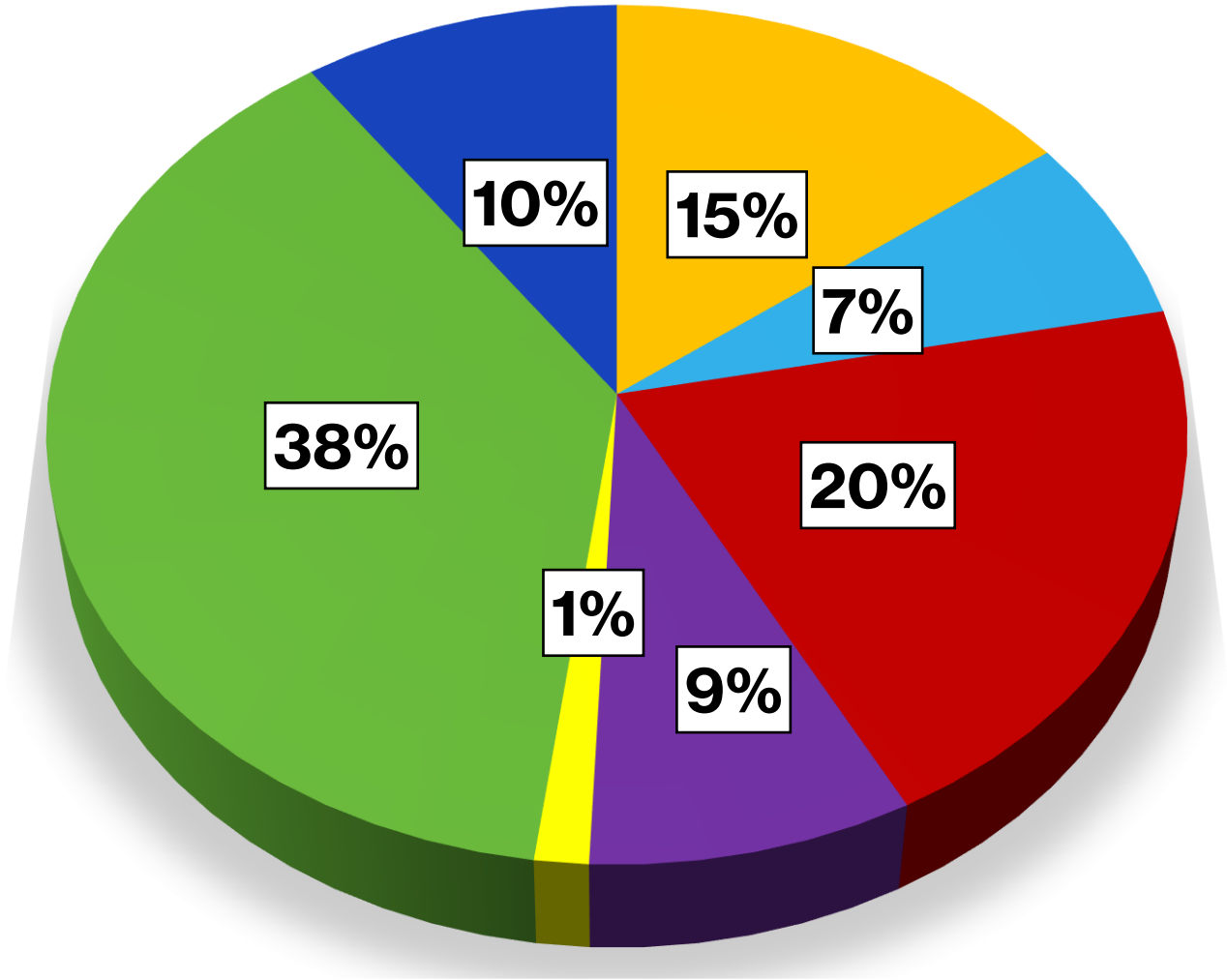
PERCENTAGE OF DELAYED DISCHARGES



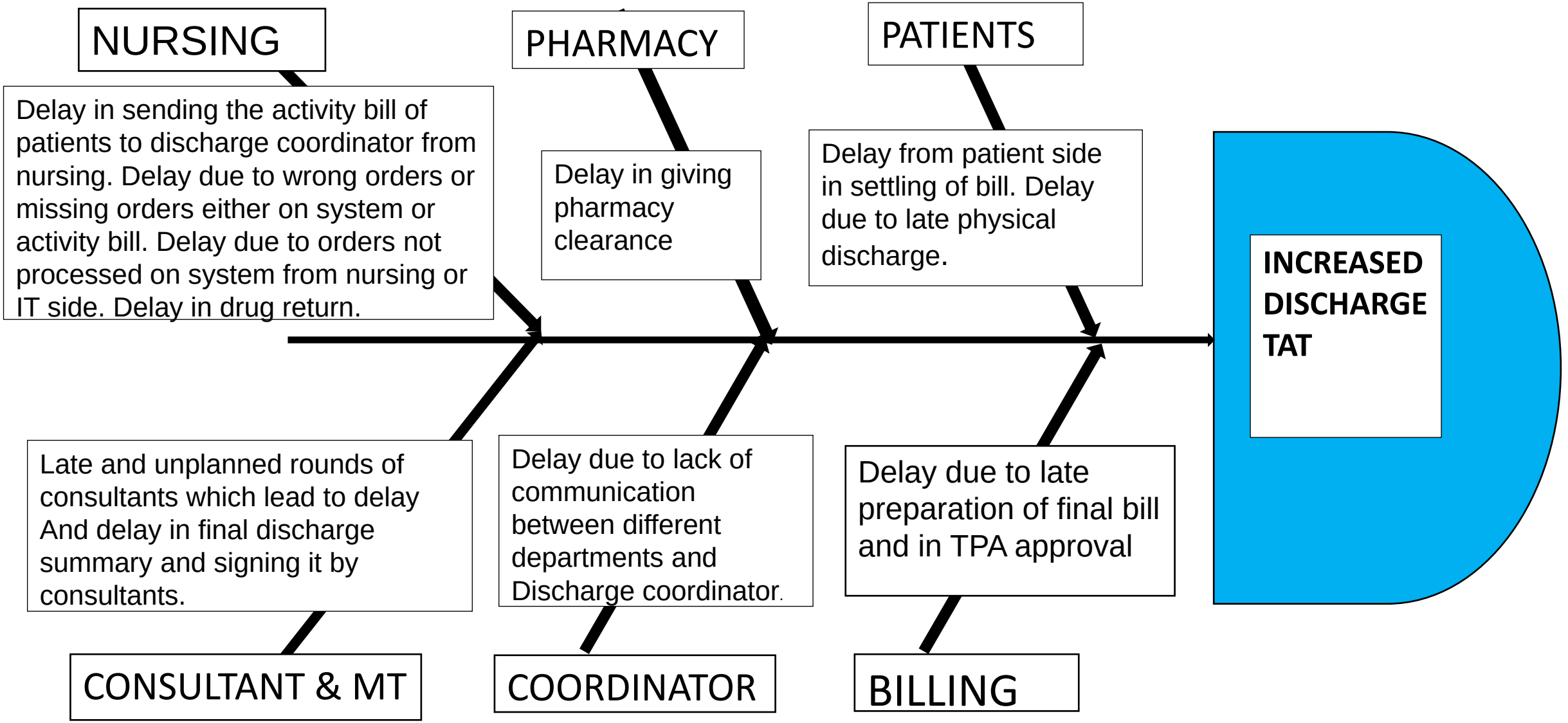
NUMBER OF PATIENTS' DISCHARGE DELAYED



REASONS FOR DELAY OF DISCHARGE PROCESS



REASONS FOR DELAY



RECOMMENDATIONS

- More discharges should be planned and it should be actively followed .
- To keep Night billing staff so that daily activity update in billing on same date can be done and plan discharge bill will be ready a day prior and next day can be finalized and patient will be ready for discharge.
- Pharmacy usually check the record manually for giving clearance because of which it takes a lot of time. If this whole process can be digitalize and records can be maintained on system properly so it will be more accurate and will take less time.
- Maximum orders on ATHMA should be auto processed like Lab investigations, diagnostic , administrative.
- After final bill is ready , inform the patients' attendants and follow up regarding the bill settlement.
- After bill is settled , the teaching or explaining done by nursing regarding post discharge should be not be late so that physical discharge can be done on time.

- For effective discharge process training should be conducted for different departments so that there is no misunderstanding regarding their roles .
- A day prior preparation of draft discharge summary should be practiced.
- Sensitizing the attendants availability at all time during discharge process in hospital.
- Keep 2-3 GDAs specifically for discharge so that they are available at the time of need which will reduce the time taken in receiving and sending the activity bill or files.
- Discharge coordinator should coordinate with the patients and help them if they have any queries so that patient also know where they are and how much time will it take otherwise they will get confused and anxious and keep running from one department to other which will lead to dissatisfaction.

CONCLUSIONS

- Through the time motion study, it was concluded that the overall discharge TAT for cash patients was found to be 10800 seconds (4 hrs 12 mins) whereas for TPA patients it was 21647 seconds (6 hrs 48 mins) and for PSU patients it was 14400 seconds (3 hrs 12 min) respectively which was more than the standard time.

- Various reasons like delay in sending activities to discharge coordinator from nursing side , delay in giving pharmacy clearance , delay in final bill preparation or final discharge summary contribute to the delay in the discharge process of the patients and leads to patients unsatisfaction.

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THANK YOU

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