

Study on discharge process of IPD patient

Apex hospital, Jaipur



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Roll no :- 1097

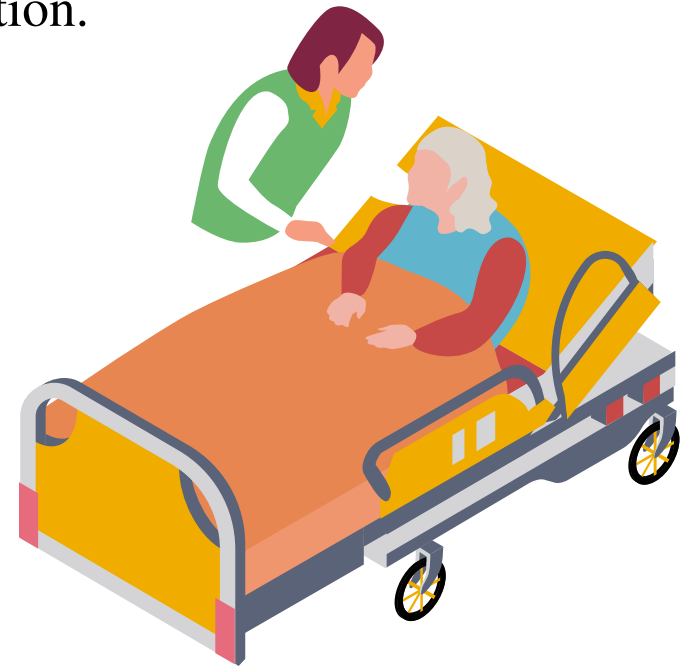
content

- Introduction
- What is discharge
- Types of discharge
- Major key holders
- Discharge process flow
- Design and methodology
- Analysis
- Interpretation
- Recommendations
- conclusion



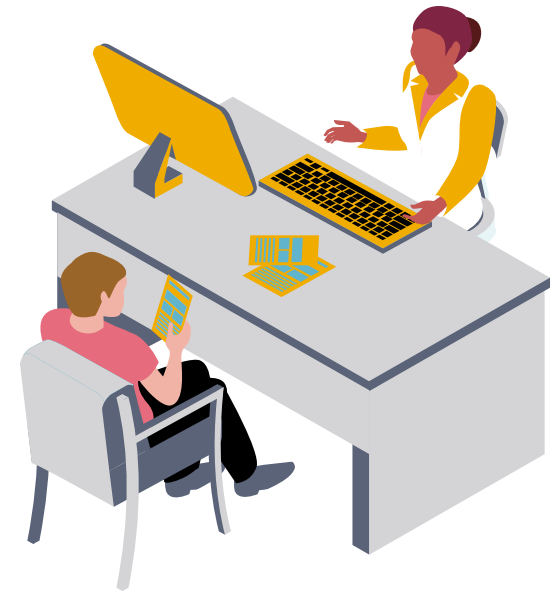
Introduction

- A patient's stay in the hospital is a significant event that includes three processes: admission, actual hospitalization, and discharge.
- The procedure of being discharged from the hospital is the last stage and one that the patient is likely to remember clearly. Low patient satisfaction can occur even if everything else went well and the discharge process was lengthy and tedious. It is a crucial area since it affects how patients feel, the hospital's reputation, and patient satisfaction.



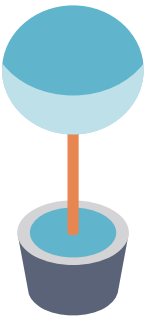
What is Discharge

- It is defined as the end point of hospitalization period after which patient either leaves the hospital or may be transferred to other facilities.
- Also the discharge process represents the final contact between patient and the healthcare professionals & the outcomes of all procedures undergone by patient are recorded at this time.



Types of discharges:

- ❑ **Planned Discharge:** Patient's treatment is over and the doctor had advised discharge.
- ❑ **Abscond:** Patient leaves the hospital without prior information.
- ❑ **LAMA/DAMA:** In this case patient chooses to leave the hospital against the medical advice of treating physician.
- ❑ **Referral:** Referred for further treatment



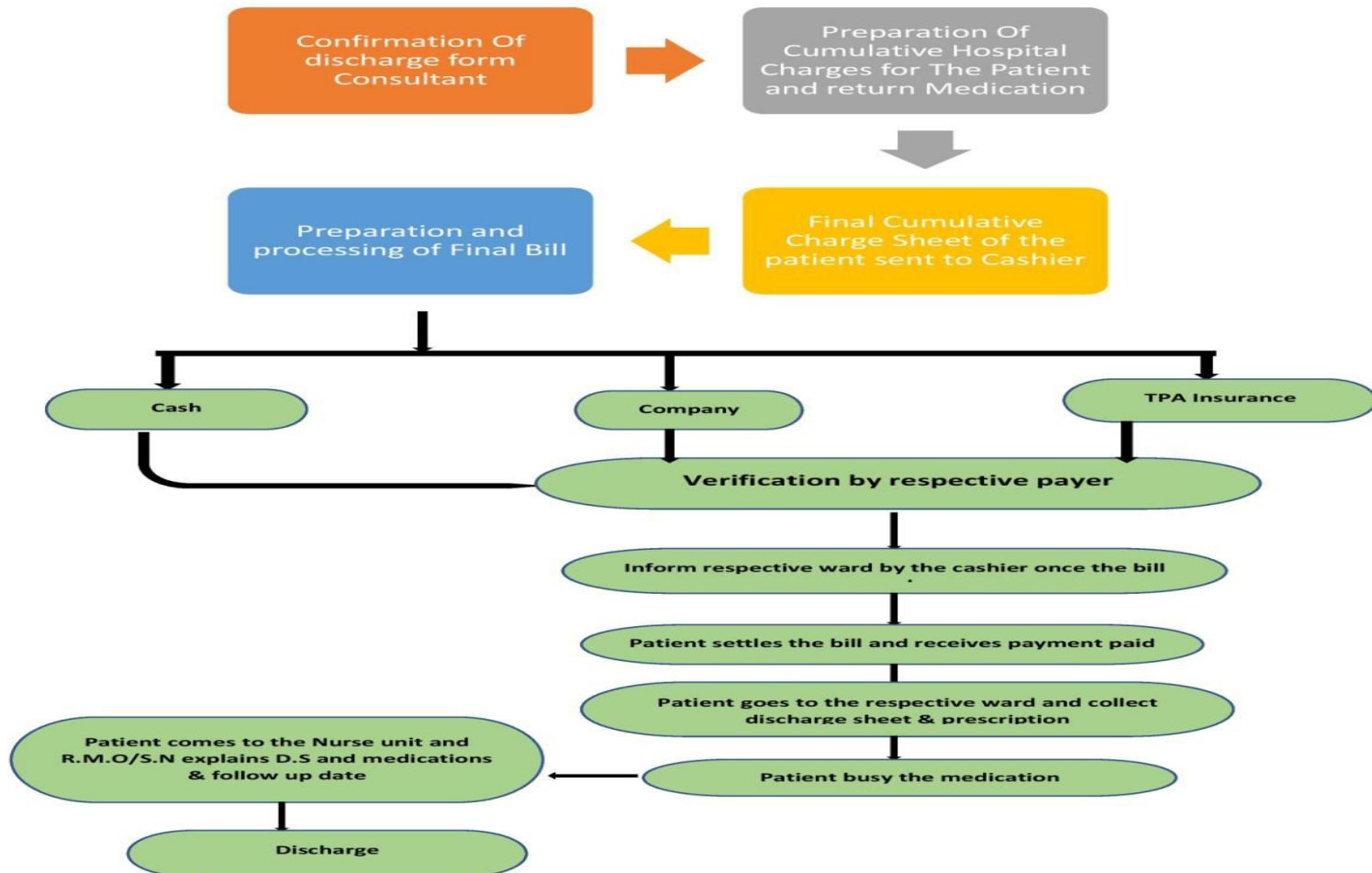
Purpose of discharge planning ?

- ❑ To prepare patient and caregiver physiologically for the transfer of patient with highest level of independence that is possible.
- ❑ To avoid dissatisfaction among patient and reach maximum satisfaction level.
- ❑ To provide efficacy of the system.

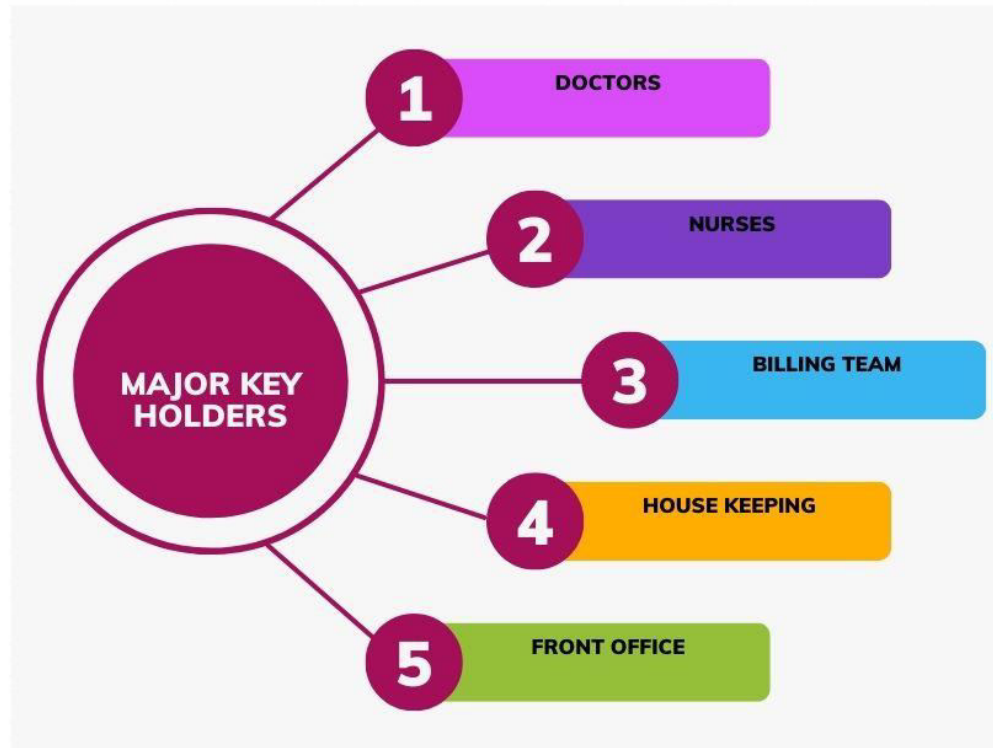


Discharge process flow

Discharge Process Flow



Major key holders



Research design & Methodology

Objective

- To study discharge process flow of IPD patient.
- To identify discharge process bottlenecks.

Study setting and population

- In patient department(IPD)
- Discharges of 3 months

Study design & sample size

- Study design used is descriptive & observational
- Total of 1150 discharged patient were studied

Research design & Methodology

Source of data collection

- Primary data was collected by employees of hospitals, and secondary data was collected from hospital records, HIS, hospital brochures

Study tool

- Discharge tracker by HIS

Data analysis tool

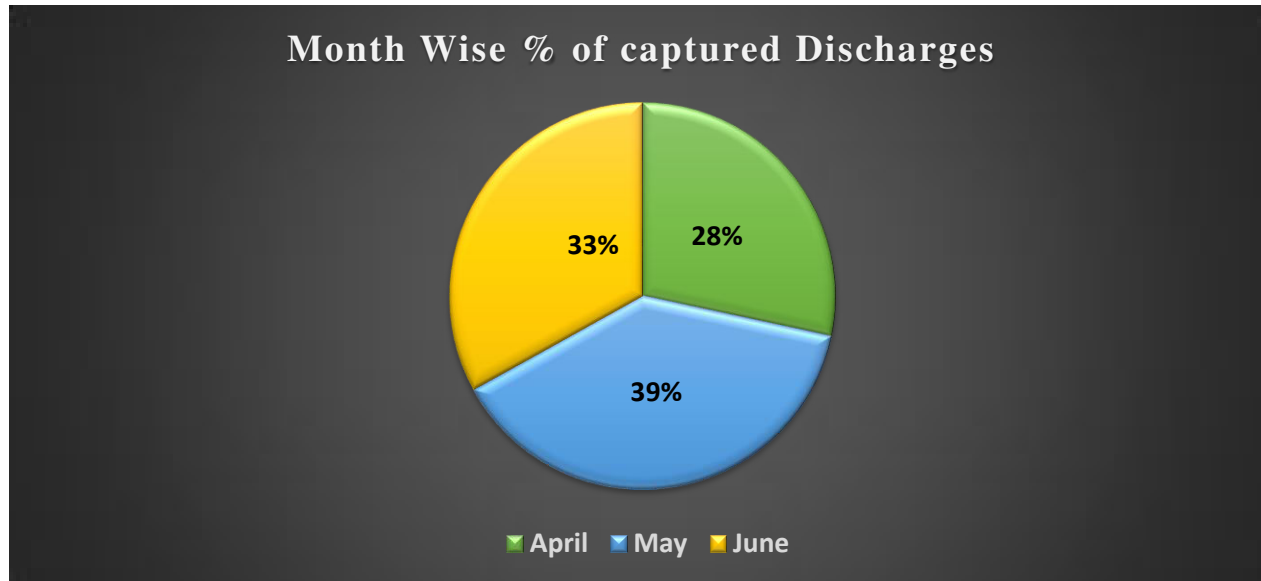
- For the purpose of analysis MS excel is being used in the study.

Analysis:

□ The data obtained was analyzed in different manner:-

1. Percentage on the basis of month.
2. Payor wise distribution of planned and unplanned discharges.
3. Percentage distribution of speciality wise discharges.
4. Distribution of discharges from credit category before and after 12:00pm.
5. Total time taken during discharge intimation to room vacancy.
6. Total time taken during discharge intimation to pharmacy clearance.
7. Percentage wise distribution of reasons for delay in discharge.

Analysis cont..



The percentage of patients captured over the course of three months is shown in the above mentioned figure: 1. The highest percentage of discharges, was recorded in the month of May, followed by 33 percent in the month of June, and the lowest percentage, or 28 percent, in the month of April.

Analysis cont..



Distribution of planned and unplanned patient discharges by patient category and non-category is shown in Figure 2.

By the above figure it is quite clear that at Apex Hospital, the bulk of discharges—whether they include credit patients or patients who pay with cash—are unexpected. Only 16% of cash patients have planned discharges, and only 8% of credit patients do. There were more unexpected discharges, 43 percent in the credit category and 33 percent in the cash category.

Analysis cont..

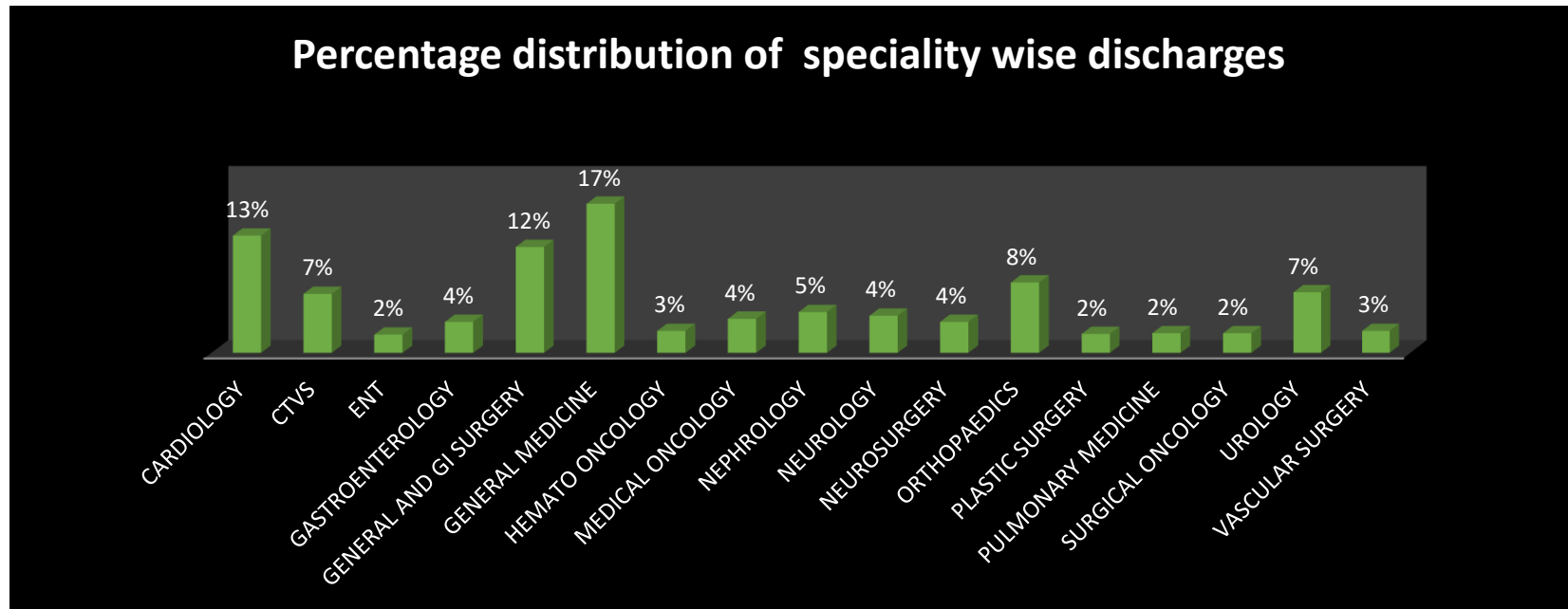
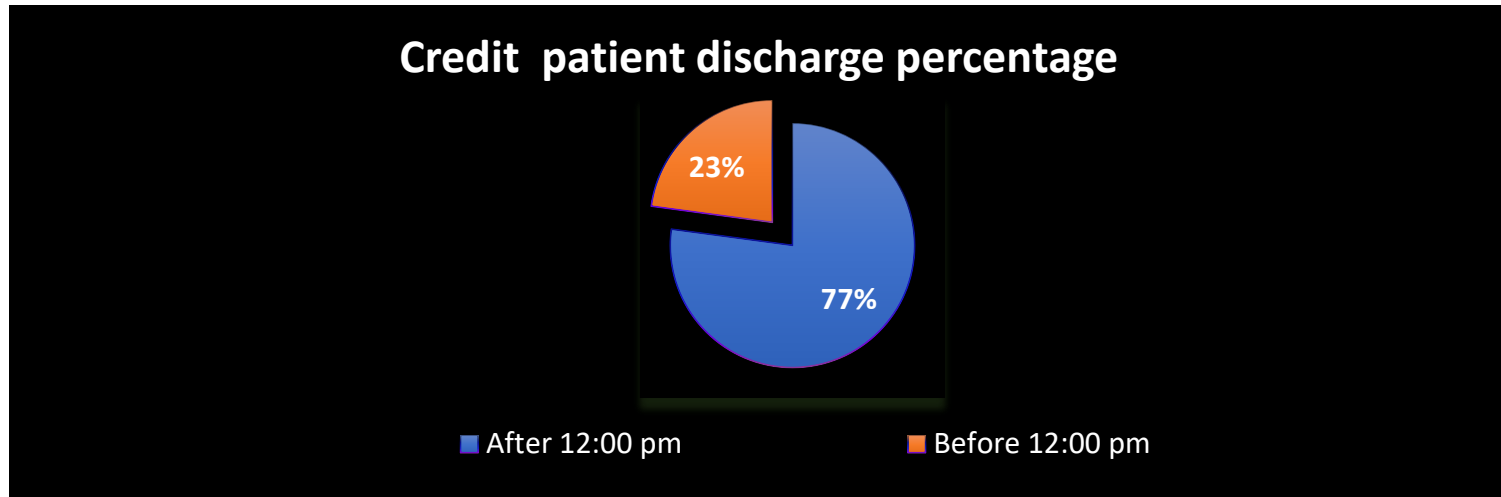


Figure 3 displays the percentage distribution of discharges broken down by specialty. The above statistic clearly shows that the Department of General Medicine handled the majority of discharges.

The least number of discharges came from departments like ENT, Plastic surgery, and Pulmonary medicine, which were then followed by cardiology, general, and GI surgery.

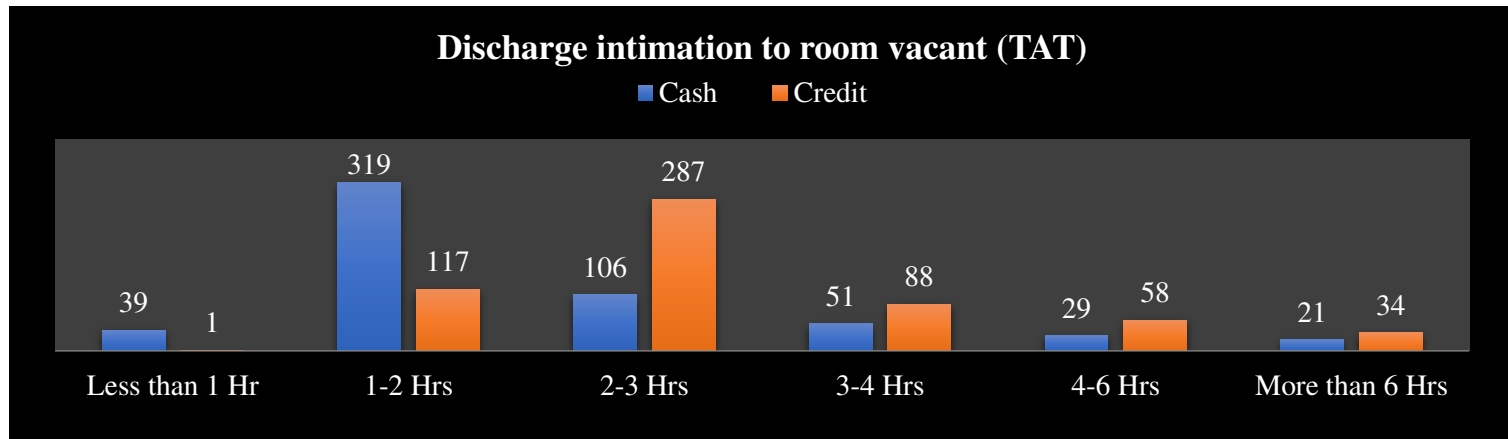
Analysis cont..



The percentage distribution of patients with credit categories who were discharged before 12:00 p.m. and after 12:00 p.m. is shown in the above mentioned figure:4. The image makes it abundantly evident that the majority of credit category discharges—i.e., 77 percent of all credit discharges—take place after 12:00 p.m., which has a significant effect on the patient release process. The delay in discharge is brought on by the lengthier time required for awaiting permissions from the relevant insurance provider and by the double verification of the credit documents.

According to the ideal discharge criterion, just 23% of patients are discharged before 12:00 pm

Analysis cont..

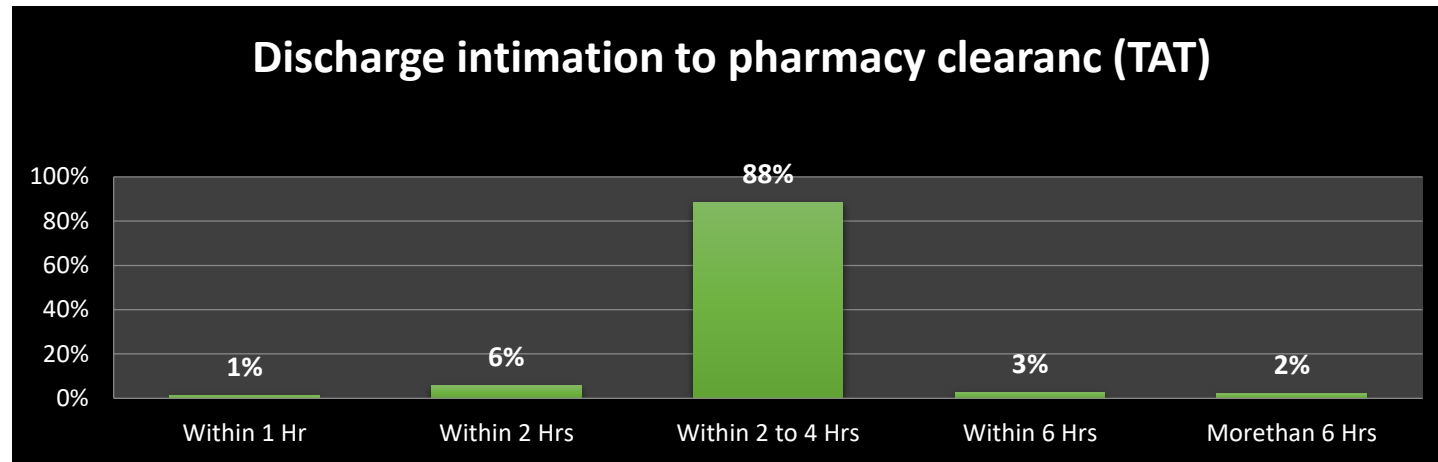


The total amount of time needed is calculated using the period of time between the patient's physical vacancy of the room and the discharge notice to room vacancy. Figure 5 shows that, on average, for 319 cash patients, it takes between one and two hours until a room becomes available, while for 106 cash patients, it takes between two to three hours, for 51 cash patients, it takes between four to six hours, for 39 cash patients, and it takes more than six hours for only 21 patients. As a result, 319 patients had a total time gap between receiving their discharge notice and having a room available, whereas only 21 patients had a total time gap of more than 6 hours.

Analysis cont..

- Additionally, it has been noted that for credit patients, 287 patients are discharged within the first two to three hours, followed by 88 patients who were discharged within the third to four hours, 58 patient were discharged within the fourth to sixth hours, and 34 patients were discharged within the seventh to twelfth hours.
- Due to challenges obtaining authorization from their specific organizations, patients who paid with credit had to wait up to 2-3 hours longer to be discharged than those who paid with cash.

Analysis cont..



The total amount of time needed for pharmacy clearance is calculated using the delay between discharge notifications for medications cleared by IP Pharmacy. Figure 6 depicts the total time needed from discharge notice to pharmacy clearance. It reveals that for the majority of patients (1017), this time period is between two and four hours, with only 13 patients—or 1% of the total—having a discharge gap of less than an hour. Furthermore, there was a delay of more than 6 hours for 24 patients.

Analysis cont..

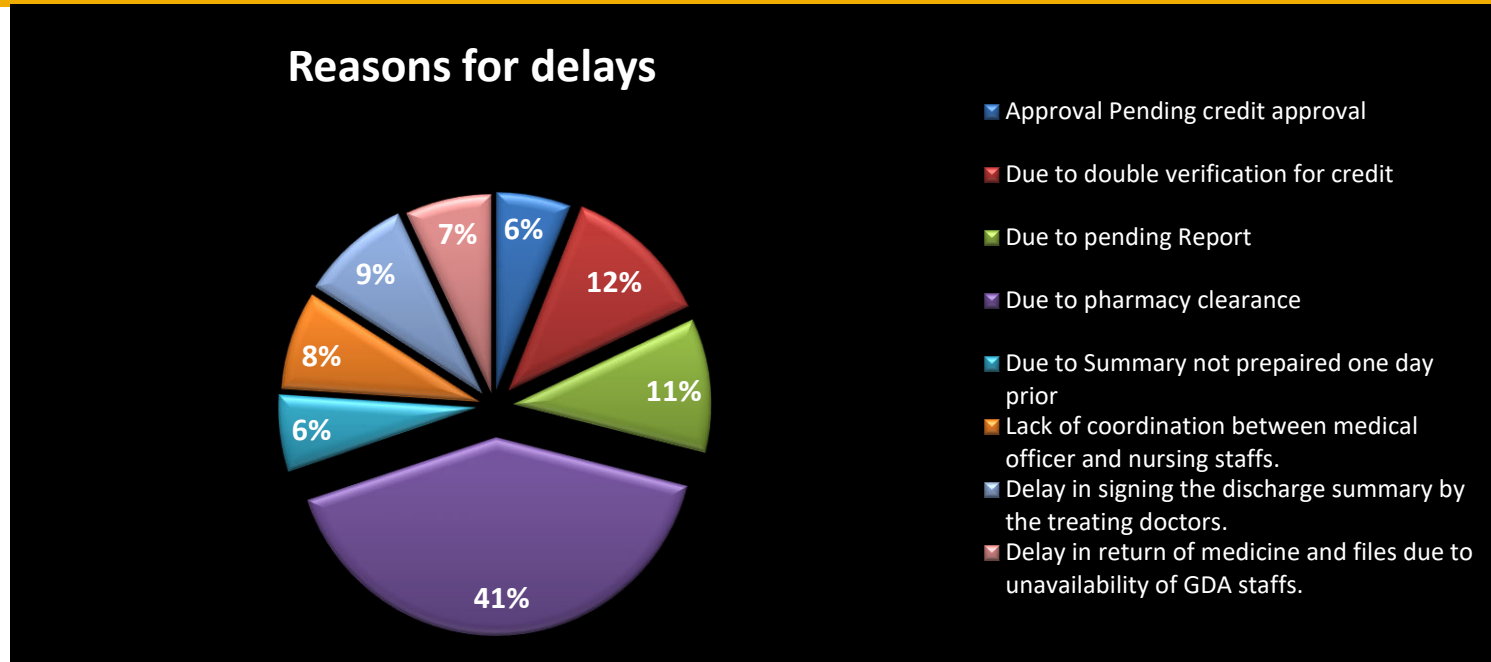


Figure:7 displays the percentage-wise breakdown of the causes of discharge delays at the top hospital. The majority of delays, or 49%, are driven on by a patient's diagnostic report. These are followed by double verification for patients with credit, which causes for 25% of delays, and pharmacy clearance, which accounts for 16% of discharge delays. Roughly 6% of all discharges are delayed since this discharge summary was not prepared a day in advance.

Interpretations:-

- ❑ The study shows that about more than half of the discharged patient belonged to credit category. In which 43% are unplanned discharges and only 8% were planned discharge
- ❑ 77% of the discharges are done post 12:00pm. Due to which patient has to suffer long waiting time and dissatisfaction.
- ❑ pharmacy clearance takes up about majority time in the entire process i.e 41% delays in the discharge process is due to late pharmacy clearance.
- ❑ As the radiology department is in their transition phase investigation processing and reporting mugs up lot of time which indirectly leads to long waiting time.
- ❑ Also 12% of the discharges gets delayed due to double verification of the credit patients documentation before commencing discharge by the TPA department.

Recommendations:-

- ❑ There should be timely initiation of discharge process as soon as the doctors orders for discharge.
- ❑ TPA help desk should give prior information about patient who is planned
- ❑ For Insurance patients discharge ,the approval time takes about 4-5 hrs due to too many queries and approval by TPA. In order to optimize the delay ,the hospital can hire major TPA's and complete the approval process quicker for faster discharge of insurance patients.
- ❑ Another area of delay is discharge summary preparation and signature by consultant. Discharge when preplanned, ward secretaries should ensure that all the summaries are ready by the next day for signature and correction by consultant.
- ❑ Reason for delay in bed allotment is due to fail in closing the discharge status in HIS after the patients vacating which is caused because of lack of knowledge or inadequate staffs in the ward. The staffs and secretaries should be properly trained in every details of discharge process.

Conclusion

- Discharge of patients is one of the important area that needs improvement in hospital. In order to reduce the delay in discharge ,the hospital needs proper cooperation and coordination of other department staffs. Through this study the time taken for both cash and insurance patients were analyzed. The factors for delay were identified and suggestions were given which will decrease the time taken for bed allotment for next patient which eventually increase the reputation of the hospital and reduce the patients waiting time.



THANK YOU

