Delay In Discharge Process in PARAS HMRI Hospital

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Introduction

- NABH defines discharge as a process by which a patient is shifted out from the hospital with all concerned medical summaries ensuring stability.
- The process is said to be started once the consulting doctor orders discharge and it includes all the processes till patient vacates the bed.
- Different literature review done on the subject suggests, discharge process is a lengthy process and most of the time hospital management cannot match with the benchmark as stated in their SOP.
- This results in delay in admission process (as a significant numbers of beds are occupied by discharge patient) and dissatisfaction among patients ultimately hampering their revenue generation.
- It was important to carry out this study as the hospital's feedback state most of their patients were not satisfied by their discharge process.
- This study tries to map the discharge process and estimating TAT by comparing with their SOP.

Objective

- To study the discharge process of Super speciality Hospital.
- To study the process of discharge in PHMRI hospital.
- To identify different steps involved in the discharge process.
- To identify measures that can contribute to the reduction of TAT of discharge process.
- To have a look at all of the elements worried in Discharge Process.
- The core objective of the project is to find appropriate solutions for the delay and provide good services to our patients.

Literature Review

- Discharge time taken by hospitals is one of the quality indicators. Hence, maintaining an acceptable level of discharge time provides competitive edge to the organization.
- Communication gap between the health professionals and providers, and coordination of work affected the continuity of care at the discharge process. - *Study on Quality and safety of hospital discharge.Hesselink.G.et.al.2012. [2]*
- Planning the discharges plays an important role in reducing the burden of pharmacy issue return and provides for timely bill settlement for self-paid and insurance patients. -*Admissions and Discharge Guidelines: Health Strategy Implementation Project.2003. [3]*
- A cross-sectional study conducted at a large multispecialty hospital showed that with an increase in planned discharges, clearance time reduced substantially in pilot study when compared with the main study. The overall mean clearance time for different departments also reduced substantially. -*Role of discharge planning and other determinants in total discharge time at a large tertiary care hospital. Mehta Shweta, Nair Jayesh, Rao Sunil, Shukla Kasturi.2015[4]*
- The outcome of six sigma implementation resulted in increase in revenue for the month during a study and had a positive patient satisfaction during the discharge process. Thus, six sigma is believed to reduce the average time taken during the process and delivery of quality services at an optimum cost. -*Study on implementing six sigma to improve hospital discharge process,Kirti Udayal.K(2012)[5]*

Steps for Discharge Process

Consultant confirms discharge

Unused drug return & marking sent for discharge on HIS by nurse

Handwritten Discharge summary by RMO

Pharmacy clearance

MT prepares 1st draft

Correction by doctor

Signature by doctor

Bill preparation

File sent to TPA

SMS received by attendant

Bill cleared

TPA approval received

Attendants gives discharge notification tn nurse

Nurse explains medication

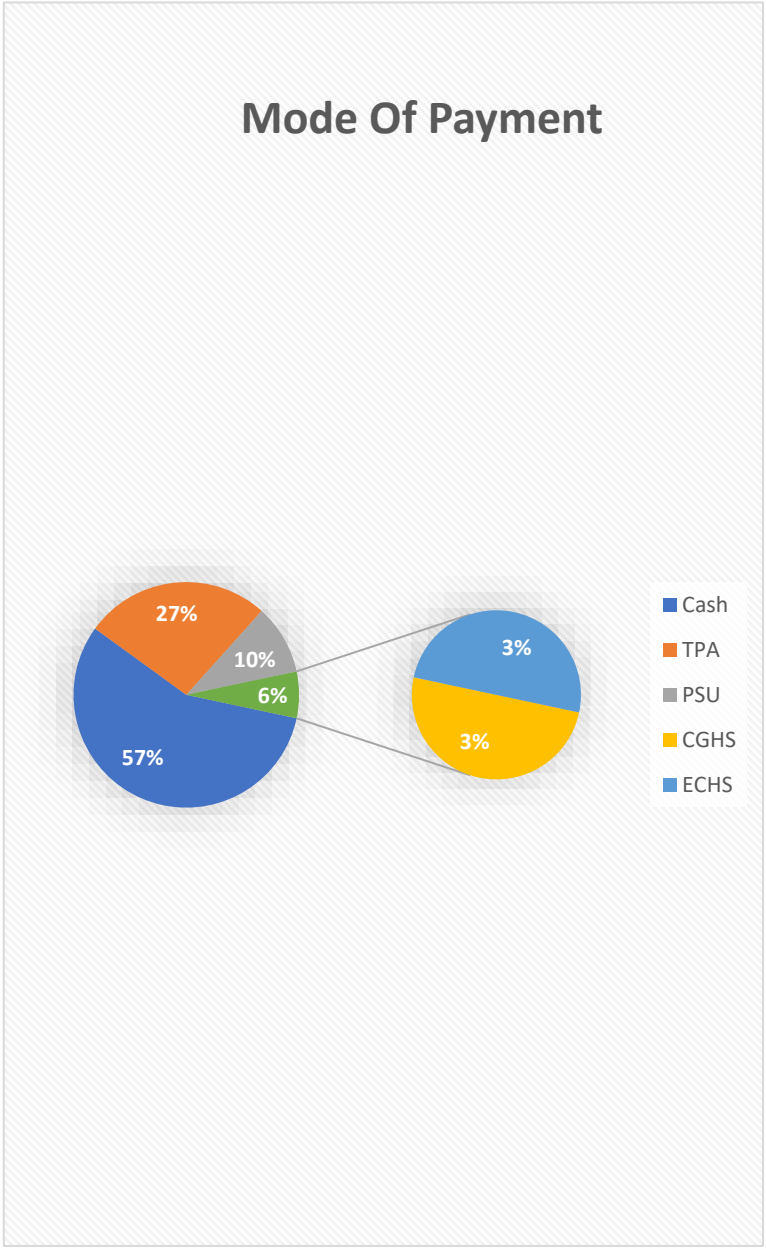
Patient vacates bed

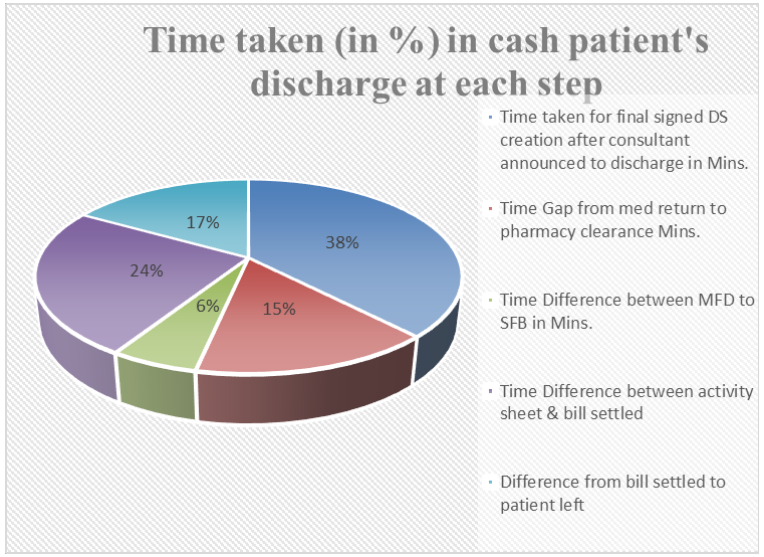
Methodology

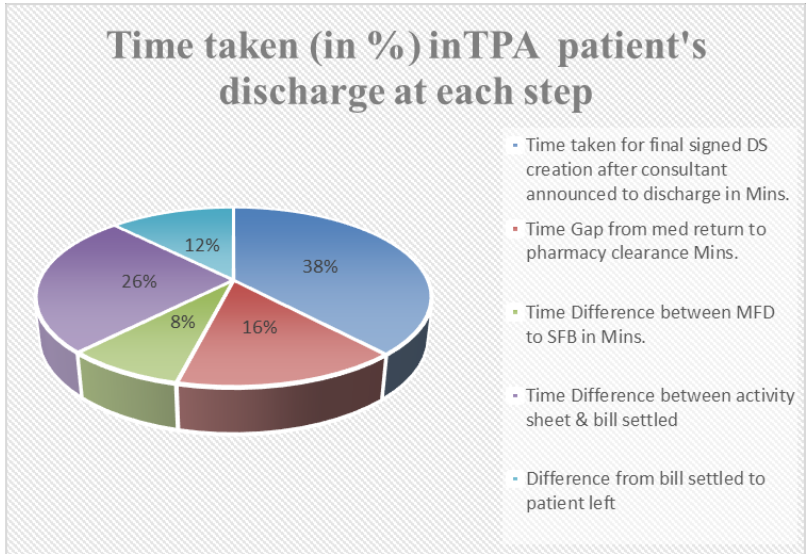
- **STUDY DESIGN:** Small scale descriptive study
- **SAMPLE SIZE**: The total sample size is 30.
- **TARGET GROUP**: Cash, Credit, TPA patients.
- **STUDY AREA**: PARAS HMRI Hospital, Patna.
- **DATA COLLECTION METHOD:** Primary data collection through observation and patient discharge checklist. Secondary data collection is from the information obtained through Hospital records.
- **INCLUSION CRITERIA:** Cash, Credit and TPA patients of planned and unplanned discharges.
- **EXCLUSION CRITERIA:** Discharges done directly from the ICU, lama patients, day care patients

Key Findings

- **Interpretation–** As observed in the study, cash patient accounts to 57% which is far more than the total percentage of TPA patient that is 27%.

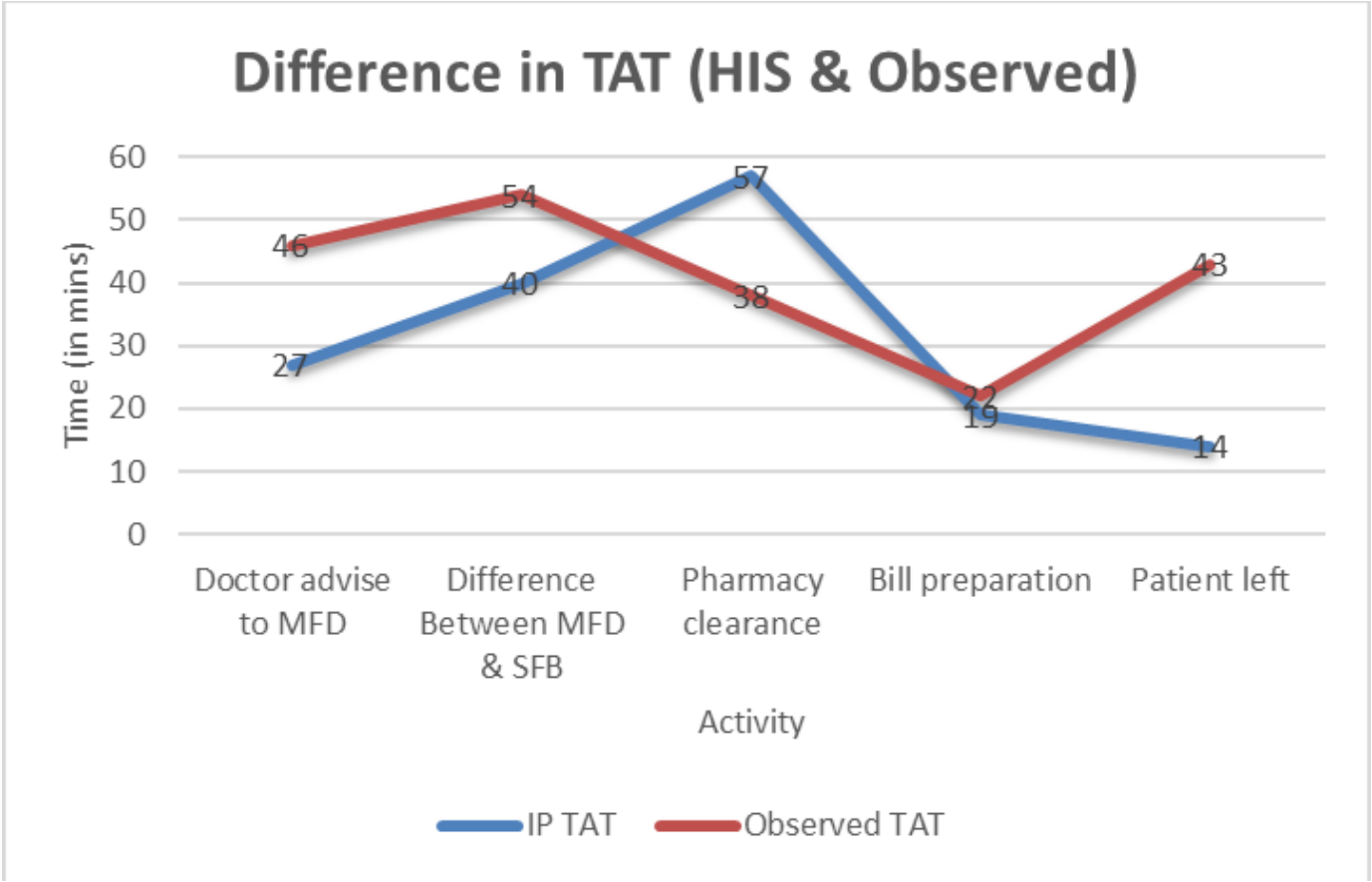






- **Interpretation–** Time taken in preparation of discharge summary is maximum, 38% of total time taken in discharge process in case of both cash and TPA patient's discharge followed by time taken in pharmacy clearance 26% and 24% in TPA and Cash patient respectively.

- **Interpretation–** There was a huge gap in turnaround time of what was observed and what was there in their HIS. When the average at each step in the observed data was compared with the average at each step in HIS it was found that total average time taken in discharge according to HIS was more than the actual time taken for the process.



Reason For The Delay In Discharge Process

1. Medicines not intended on time.
2. File revoke process took longer time.
3. Clearance from the TPA taking longer time.
4. Improper updation of HIS.
5. Lack of communication gap between the GDA's while transferring file from one deskto another.
6. Delay in sending files to the billing department.
7. Many discharges on the same day also a reason for delay in discharges.
8. Facilitators were not present at the time of discharge.
9. Attendants not aware how to collect the bill copy from the billing department.
10. Delay from the attendant's side because of financial issue in cash patient.
11. There is also noticed lack of accountability taken by the house keeping regarding bedrelease.

Recommendations

- Financial counselling should be done with patient and facilitator a day prior to discharge so there is no confusion regarding the billing.
- Discharges should be planned a day prior and same should be discussed wit the patients and facilitators.
- Proper communication between all the concerned departments related to discharge.
- A counsellor to handle difficult patient.
- An updated HIS will improve the real time of TAT.
- Cash patient should be informed in advance about the payment process so there is no delay and confusion at the time of discharge.
- Control on the flow of the activities of all the concerned staffs.
- Departments must take the accountability to improve the delay.

Conclusion

Patient discharge is a complicated technique related to cooperation and coordination of all departments and staffs withinside the medical institution.

Discharging affected person in a well-timed way is a challenging task. In this study, time taken for the release technique in PARAS HMRI Hospital changed into analyzed.

The required turnaround time as stated in Hospital SOP for cash patient is 3hours and for TPA it is 4hours but it was found that in reality the time varies from **1 hour 30 minutes to 7 hours 44 minutes** and **2 hours 50 minutes to 11 hours** respectively

It was observed that the maximum time taken was in preparation of discharge summary which according to them was pharmacy clearance

With good enough staffing and affected person counselling on time, this time may be reduced.

Thus, enhancing the time taken for discharge now no longer only improves affected person pleasure however additionally facilitates in affective mattress control for the medical institution.

References

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2. *Study on Quality and safety of hospital discharge.Hesselink.G.et.al.2012.pdf*
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6. *https://en.wikipedia.org/wiki/Survey_methodology*