IIHMR UNIVERSITY

Summer Training Report on Turn Around Time in Discharge process.

Submitted by –

Dr. Arka Kundu

Guided by DR. Daya Krishan Mangal

MBA In Hospital and Healthcare Management

Batch of 2020 - 2022

Introduction

- **During 19th century, only medical professionals were expected to maintain high quality of standards in the hospitals. Decision taking and decision making both powers were in the hand of doctors. Now the scenario has been changed as patients are more aware of about their health and they are more informed about the process. Additionally, health care sector has become one of the fastest growing industry in the country. So apparently patient has an opportunity to make a choice. Today's patient's expectation is higher compared to the earlier time. They want highest level of service that they ordinarily find in virtually all other retail buying. So, against this background of highly competitive environment and the growing consumerism patient satisfaction has become an impotent measurement for monitoring healthcare performance of existing health plans. Patient are the best judge, since they accurately assess and provide inputs which can help in the overall quality of healthcare provision.**

- The main text of the report will have two parts.

(i) Observational Learning.

(ii) Project Report.

Observational learning :

Vision

- To provide best of patient services and clinical excellence .

Mission

- To create scientific facilities of excellence on a robust spine of research , academic and evidence based medicine .
- Calcutta Medical Research Institute is pledged to deliver effective and affordable medical services in a clean and caring environment.

- **Moto**
- To continuously update our human technological assets aligned with the nice international improvement in scientific science
- **Strength**
- Quality of people, Teamwork.

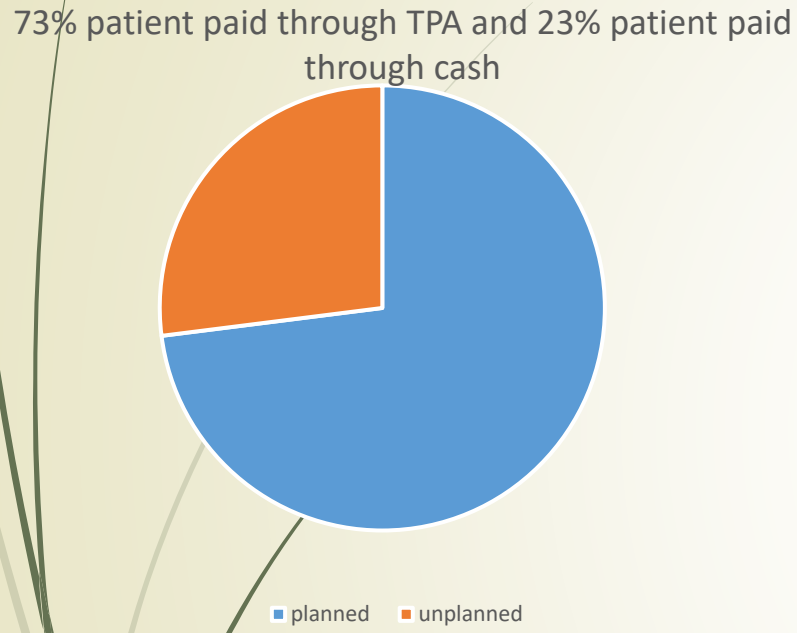
Objectives of the training:

- To learn about the various services offered by the hospital and to observe how work is carried out in various departments.
- To gain a sense of the hospital.
- To develop knowledge about the various departments in a hospital.
- To find the problem related to the different departments and give appropriate suggestions for the improvement.
- Mode of Data collection:

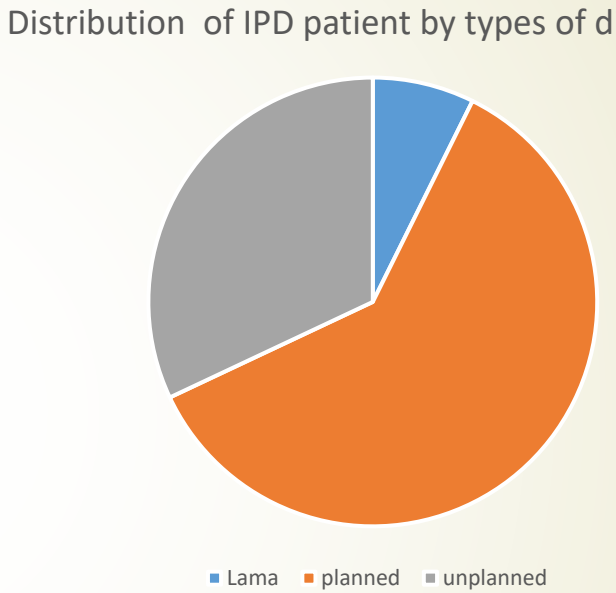
- Patient satisfaction is an integral part of Quality Improvement program at facility level. It provides essential information regarding patient perceptions and experiences with quality services, which will, of course, assist service providers in improving processes and service delivery. Apart from taking patient feedback a Patient Satisfaction improvement program includes analyzing feedback given by patients, root cause analysis to identify the causes of low satisfaction, preparing action plan and taking remedial measures to complete the cycle of continuous improvement

- **Study approach** – this was quantitative experimental study , which aimed to produce knowledge about the cause of the phenomenon. This type of study emphasizes on statistical or mathematical analysis of data
- **Study design** – it was an observational descriptive cross sectional type of study (time motion study) wherein patient who got discharge during working hour 9am to 5 pm were sleeted on daily basis for a period of two months and observed to know their discharge turnaround time in which the time gap in between consultant requesting discharge to the patient vacating bed was calculated and compared with the hospital SOP.
- **Study participants** - study participants were patient discharging from all IPD departments.
- **Sample technique** – non probability convenient sampling (technique where subjects are selected because of their convenient accessibility and proximity to the researcher)
- **Tool for data collection** – primary data – Observation . Everyday 2-3 patients were mapped and their data was collected using excel tool .
- **Sample size** – 150
- Table of target Turn around Time for cash as well as TPA patients with respect to the process and type of discharge .

Project Topic : Turn Around Time In Discharge process :



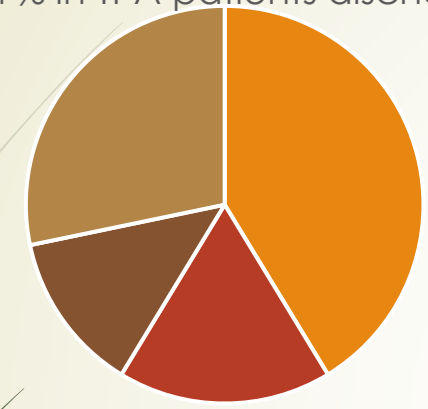
- Inference :
- In this study , process mapping of 150 patients was done of which 73% were TPA and 23% of patient paid through cash .



- Interpretation:
- As seen in the graph, number of planned (91) discharge is more as compared to that of unplanned (48) and lama (11) . Planned discharge results in reduction in turnaround time.

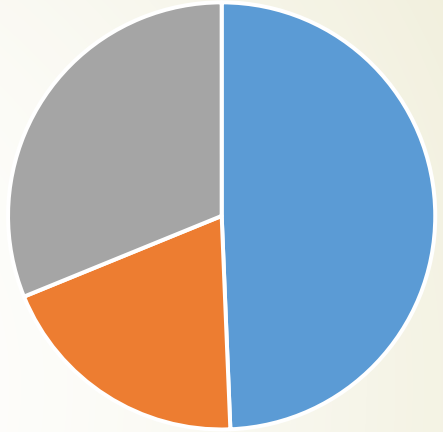
- Time consumed in making discharge:

Time taken in % in TPA patients discharge



- Time taken for final signed DS creation after consultant announced to discharge in mins
- Time gap from med return to pharmacy clearence mins
- Time difference between MFD to SFB in mins
- Time difference between activity sheet and bill settled

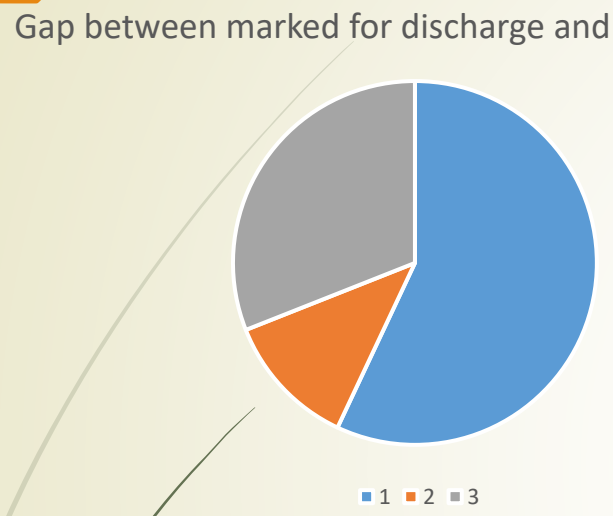
Time taken in cash patients discharge



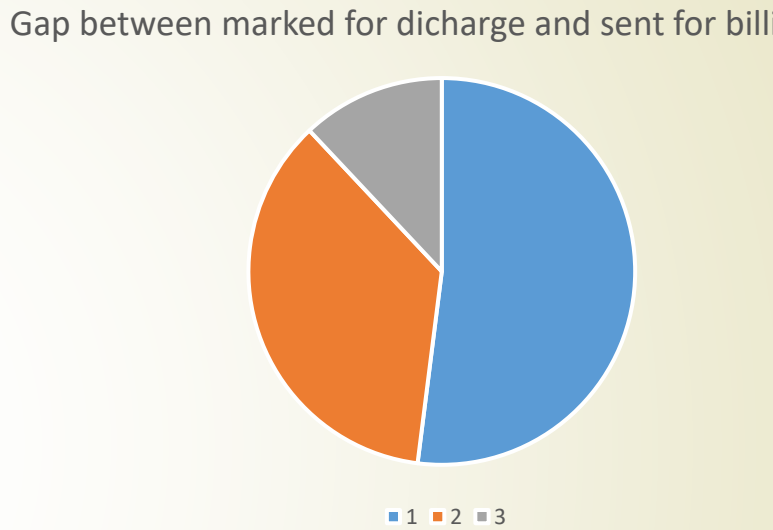
- Time taken for final signed DS creation after consultation announced to discharge in mins
- Time gap from med return to pharmacy clearence mins
- Time difference between MFD to SFB

- Interpretation:
- It was observed that 38% of the total time taken in discharge process goes in preparation of discharge summary which accounts for on an average of 205.81 minutes in case of TPA patients and 237.38 minutes in cash patients.

Gap between marked for discharge an sent for billing on HIS :

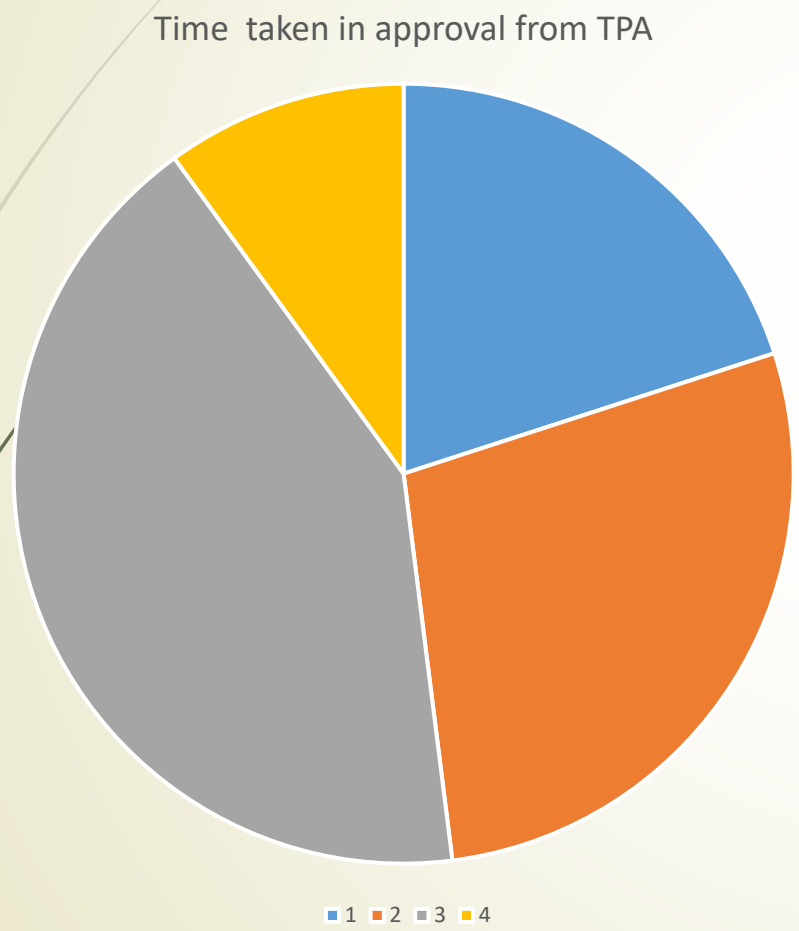


- TPA Patients :
- Interpretations :
- Less than 30 minutes is taken in 57% of cases in TPA patients while 12% cases take 30 to 60 minutes and 31% cases take more than 60 minutes for marking ‘ Marked for discharge ‘ and ‘sent for billing’ on HIS which is either the nursing staff us preoccupied in work , forget to mark or sometime because of engage system.
- In long stay cases it takes time in service check while further delays the process.



- Cash Patients :
- Interpretation :
- 52% cases take less than 30 minutes , 36% cases take between 30 to 60 minutes and 12% cases take more than 60 minutes .
- The reason for this is same as in TPA CASES i.e the nursing staff is preoccupied in work , forget to mark or sometimes because of engaged system.

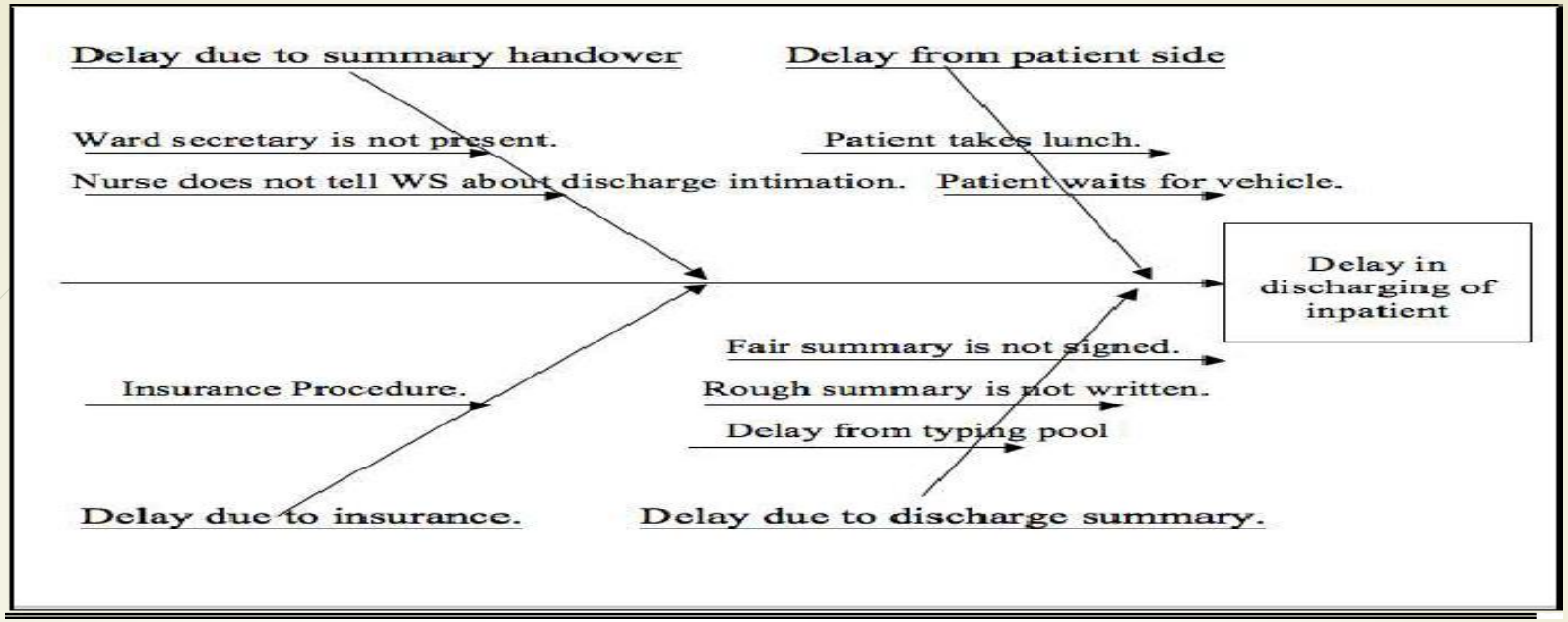
Time taken in TPA clearance :



- Interpretation :
- 42 % cases take less than 60 minutes, for 28% cases between 60 to 120 minutes is taken, 20% cases take between 120 to 180 minutes and for the remaining 10 cases it takes more than 180 minutes.
- 63 patients has been discharged less than 60 minutes , 42 patients has been discharged between 60 to 120 minutes, 30 patients has been discharged 120 to 180minutes and for the remaining 15 patients has been discharged more than 180 minutes.

- TPA case :
- According to hospital SOP the time taken must be 4 hours , but it was found that the time taken varies from 2hours 15minutes to maximum 4hours 30mintes in the TPA cases.

- Cash cases :
- According to the hospital SOP the total time consumed in the cash cases must be 3 hours but it was found that in actual the time varies from 2 hour 15 minutes to 4 hour 30 minutes.



Conclusion :

- Out of 150 patients 73% were TPA patient and 27% patient were cash or self paying patient.
- Discharge summery takes 38% of total time in discharge process
- According to NABH the gap between drug return by nursing staff on HIS and pharmacy clearance should be 30 minutes but is observed that in most of the cases exceeds from more than 45 minutes.
- It is observed that delay in preparation of Discharge certificate due to delay in Discharge summery preparation in discharge pool.
- It is observed that often radiological reports not provide In time due to this reason clearance is delayed while final clearing time.

Suggestions:

- The typing of discharge summery for each patient happen day to day basis, it will be better if discharge summery is prepared at before night to avoid the last minute chaos.
- Define time line for each activity in the discharge process which is not captured in HIS
- Online preparation of discharge summery
- Popup / alert when discharge TAT gets hampered in HIS
- Regular billing notification to attendant and bystander.
- Appointing discharge cell, to ensure seamless timely discharge
- Draft summery preparation for discharge
- Consultant should finalize the discharge summery before 12pm, to improve the delay in initial clearance, to minimize in patient days calculation, to control the bed occupancy rate effects.
- Weekly training should be given to the nursing staff to improve the discharge process flow
- In each unit respective person should be allotted for internal clearance of the department to enhance the process.

Thank you