SUMMER TRAINING PRESENTATION

by

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Under the guidance of

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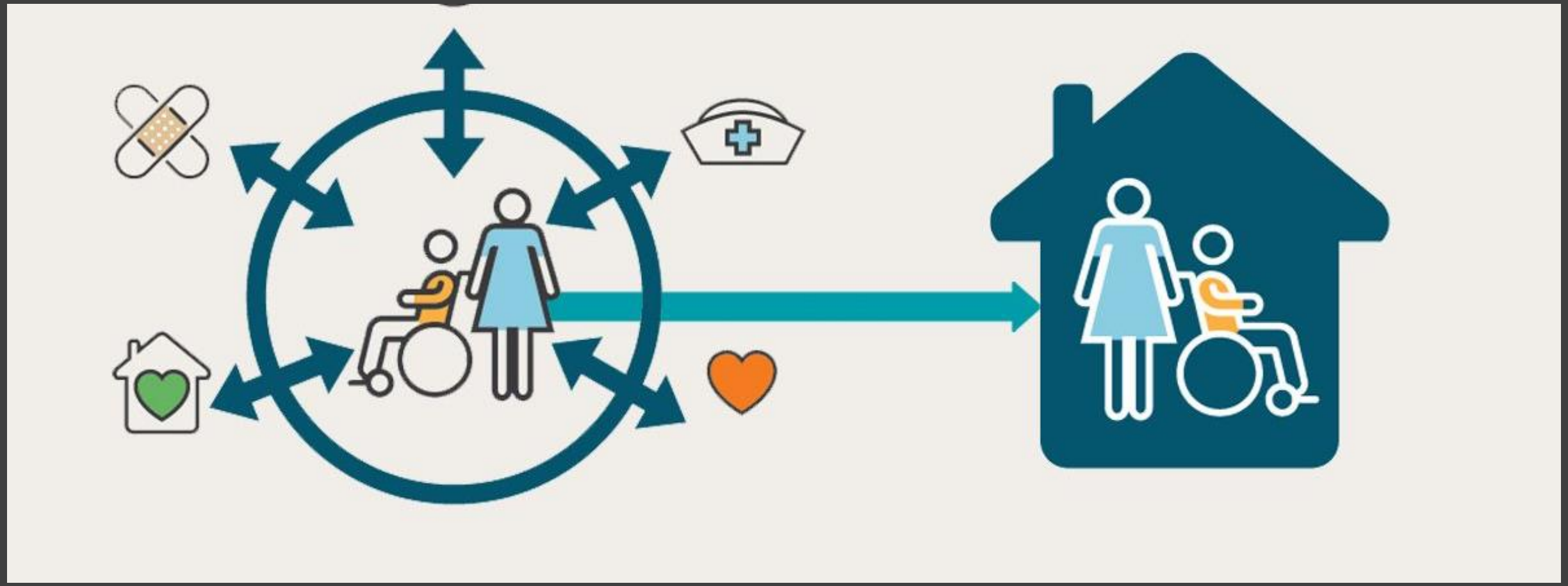
- **Max Healthcare** is one the leading providers of comprehensive world class healthcare services since 1985
- The core principle of providing "**Patient Centered Care.**"
- **Purpose:** To Serve, To Excel.
- Max Super Speciality Hospital, Mohali, a 200 + bedded hospital established in September 2011 in collaboration with Government of Punjab, surfaced in a build-up area of 3.14 acres.
- It has around 85 doctors, 350 trained staff and 26 specialties, committed in providing highest standard of medical excellence.
- In 2013 , Max received its NABH and NABL accreditation for maintaining high standards in clinical care and support service and confirming their commitment towards continuous Quality improvement.

WEEK	ACTIVITY	OBJECTIVE	KEY LEARNING
1 **(May 10 – 15, 2021)**	Observed the working of IPD, OPD & Emergency	To understand the process flow of the IPD, OPD and Emergency department.	Learnt the process flow of patients in OPD; learnt how the beds are designated in case of emergency and triage; and what is the process for hospitalization of the patient ; learnt about the machines and staff members assigned for each work in the department.
2 **(May 17 – 22, 2021)**	Observed the working of Operation theatre, ICU and Cath labs	To understand the process flow of Operation theatre, ICU and Cath labs	Learnt about the various procedures done in the Operation Theatre and Cath Labs; learnt about the process flow of patient in ICU and Cath lab
3 **(May 24 – 29, 2021)**	Observed the working of allied departments like Pharmacy, Blood bank, Laboratory , MRD , Radiology , CSSD , Food and beverage department , & Security .	To understand the process flow of the allied departments.	Learnt about the functioning and process flow of two type of IP pharmacy and OPD pharmacy ; Learnt about the different areas and their purpose in the blood bank ; learnt the process flow of sample collection and testing in the laboratory ; Learnt how the files were stored in the MRD room ; Learnt the functions of the security department and how to manage in case of emergency ;learnt the procedures done in radiology department and what all machines are kept in the department
4 **(May 31 – June 5, 2021)**	Observation of the discharge process	To understand the process flow of discharge for IPD patients	Learnt the process of discharge ; met the Resident medical officer and consultants of various departments in regard with the coming morning discharges.
5 **(June 7 – 12, 2021)**	Auditing of the discharge summary	To understand the reasons for delay in the discharge summary	Learnt the use of CPRS and HIS system to track the discharge progress and delays.
6 **(June 14 – 19, 2021)**	Monitor the turnaround time for discharge process for Cash and TPA patients	To understand the gaps in the process of discharge and factors affecting the discharge process in Cash and TPA patient	Learnt the reasons for delay in the process of discharge in cash and TPA patients
7 **(June 21 – 26, 2021)**	Monitor the turnaround time for discharge process for Cash and TPA patients	To understand the gaps in the process of discharge and factors affecting the discharge process in Cash and TPA patient	Learnt the reasons for delay in the process of discharge in cash and TPA patients
8 **(June 28 – July 2, 2021)**	Compiled the data of all the discharges and based on the observations, presented a report on the discharge process in the organisation	To understand the gaps in the process of discharge and factors affecting the discharge process in Cash and TPA patient	Met the MS and presented the compiled data of 2 weeks and the factors causing the delay and learnt how the management plans to take actions for the reducing the gaps and smoothen the process.



PROJECT TITLE

A STUDY ON TURNAROUND TIME OF DISCHARGE PROCESS FOR CASH AND INSURANCE PATIENTS

INTRODUCTION

Journey of a patient in hospital can be divided into three phases:

Admission → Intervention → Discharge

As per as NABH, “Discharge is a process by which a patient is shifted out from the hospital with all concerned medical summaries ensuring stability.”

Discharge planning is an interdisciplinary approach to continuity of care and a process that includes identification, assessment, goal setting, planning, implementation, coordination, and evaluation.

- Turnaround time(TAT) refers to the time interval from the time of submission of a process to the time of the completion of the process.
- TAT for discharge process is used as a key quality indicator for improvement in services.
- It is the time taken from the discharge information received till the final approval is received from the billing department and the patient is physically moved out of the hospital or to another facility.
- Average TAT = Sum TAT of all patients /Total Number of Patients

GENERAL PRINCIPLES FOR EFFECTIVE DISCHARGE

- Start the planning of the discharge before or on admission of the patient.
- Identify whether the patient's discharge is simple or complex, involving both the patient and the attendant.
- Set a discharge within 24–48 hours after admission and discuss it with the patient and attendant.
- Look for the patient's recovery status after the interventions and surgical care, and coordinate discharge through efficient leadership and distribution of duties.
- On daily basis, review the clinical plan with the patient and take any action towards updating the progress of the patient with their discharge.
- Use discharge checklist 24 to 48 hours prior to discharge of the patient

REVIEW OF LITRATURE

TITLE	AUTHOR	DATE/ YEAR	OBJECTIVES	KEY FINDINGS
The causes of discharge delays from acute medical unit in a tertiary teaching hospital, Brunei Darussalam	Dayang Nur Hilmiyah et al	2021	➢ The main aim of this observational study was to identify the causes of discharge delays among acute medical unit patients admitted in the Raja Isteri Pengiran Anak Saleha Hospital, Brunei.	➢ A total of 357 patients were admitted to the acute medical unit over the 4-month period; 218 patients (61.1%) experienced discharge delays. ➢ Of these 218 patients, 158 patients (72.5%) encountered discharge delays mainly due to intrinsic patient factors, while the discharge delays in 88 patients (40.4%) were attributed to hospital factors. ➢ The main reason for discharge delays for patient factors was slow recovery among 67 patients (30.7%), whereas for hospital factors it was the weekend limitation of services available in 23 patients (10.6%).
Patient Centric Approach Reduces Delayed Discharge from Hospital Post Medical Advice: An Indian Perspective	Sunil Omanwar, Rakesh Kumar Agrawal and Swati Omanwar	September 15, 2020	➢ The study was designed to evaluate a large private hospital and study the incidences of delay in discharge of patient, corrective action/steps which can be taken to resolve the delay in discharge and study the consequences resulting from delay of discharge , post medical advice.	➢ Seventy-two discharges were studied on a field study**.** The results indicate that 16% of discharges get cancelled and the occurrence of delay in discharge are due to lack of coordination, communication amongst the staff members and lack of shared understanding about the problem. ➢ It was also observed that process design is a critical factor and the missing gaps in design result in locating a systemic delay in discharges.

TITLE	AUTHOR	DATE/ YEAR	OBJECTIVES	KEY FINDINGS
A study on causes of delay in discharge process in one of the prominent hospitals in Tamil Nadu	Ms.S. Arthi , S.Divya	4 April 2020	➢ To study the discharge process of Patients. ➢ To find out reasons for the delay in discharge process. ➢ To recommend measures to reduce discharge time of Patients.	➢ The average time taken for cash patients is 6 hours 90 mins and insurance patients is 7 hours 20mins. ➢ From this study, it is evident that high percentage of delay is due to vacating the room which consequently increases the waiting time of inpatients for bed allotment.
A Study on Delay in Discharge Process, in One of Multispeciality Hospital in Tanjore	K. Revathi , Mrs. U. Suji	4, June 2020	➢ The study was conducted to identify the reasons and determinants of discharge delay in acute patients care.	➢ New nurses are not formally trained in the discharge process. ➢ There is only one billing counter for IP and OP. ➢ It is too late for insurance patients to get approval from their respective companies. ➢ Main cause of delay in discharge of inpatients is in providing medicines in the ward or collecting medicines in the pharmacy before getting discharged. ➢ More Time is consumed in preparation of Discharge summary.

RATIONALE

- Discharging patients in a time-consuming and inefficient manner is a crucial component to increase patient satisfaction which
- It acts as a critical bottleneck for the efficiency in the patient flow to the hospital.
- Delays occurring in the process could lead to reduced bed capacity and delays in admission process which will lead to dissatisfaction among patients and indeed affects the quality of healthcare facility.
- Through this study the various factors hindering the process of discharge are identified and measures can be implemented to cut the time it takes to discharge a patient, which will help enhance patient experience and patient contentment in regard to the hospital services.

STUDY OBJECTIVES

- To study the steps involved in the discharge process for cash and TPA patients
- To calculate the TAT for cash and TPA patients
- To identify hindering factors that affect the delay in the discharge of patients.

METHODOLOGY

Study Area: The first and the third floor IPD ward at Max Super Speciality Hospital, Mohali

Study type: Descriptive study

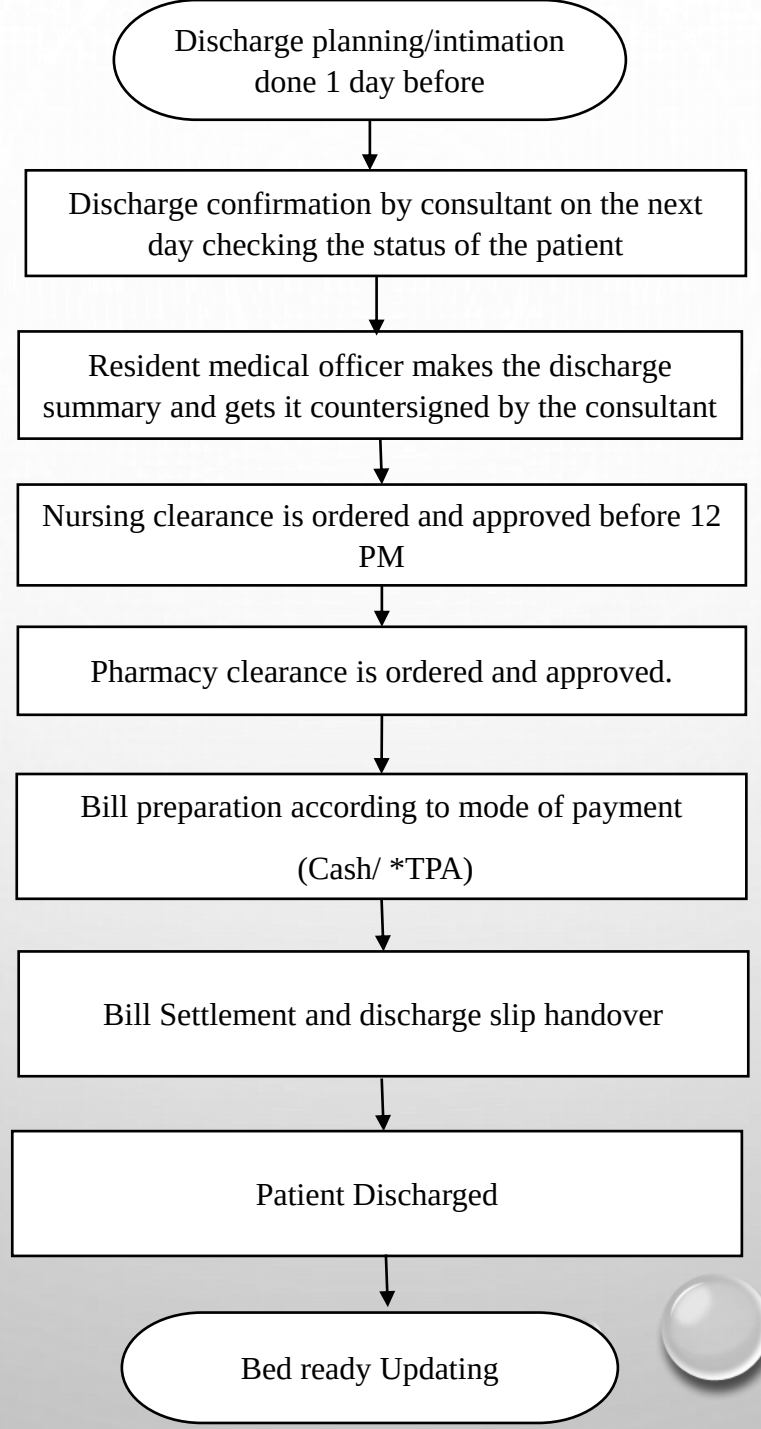
Study duration: May 24 to June 14, 2021

Sampling and Sample size: Convenient sampling, 150 Patient discharges (both cash and insurance) between 9 am to 6 pm

Method of Data Collection and Tool: Observation and checklist with time taken for each process was recorded and analyzed for both Cash and insurance patients

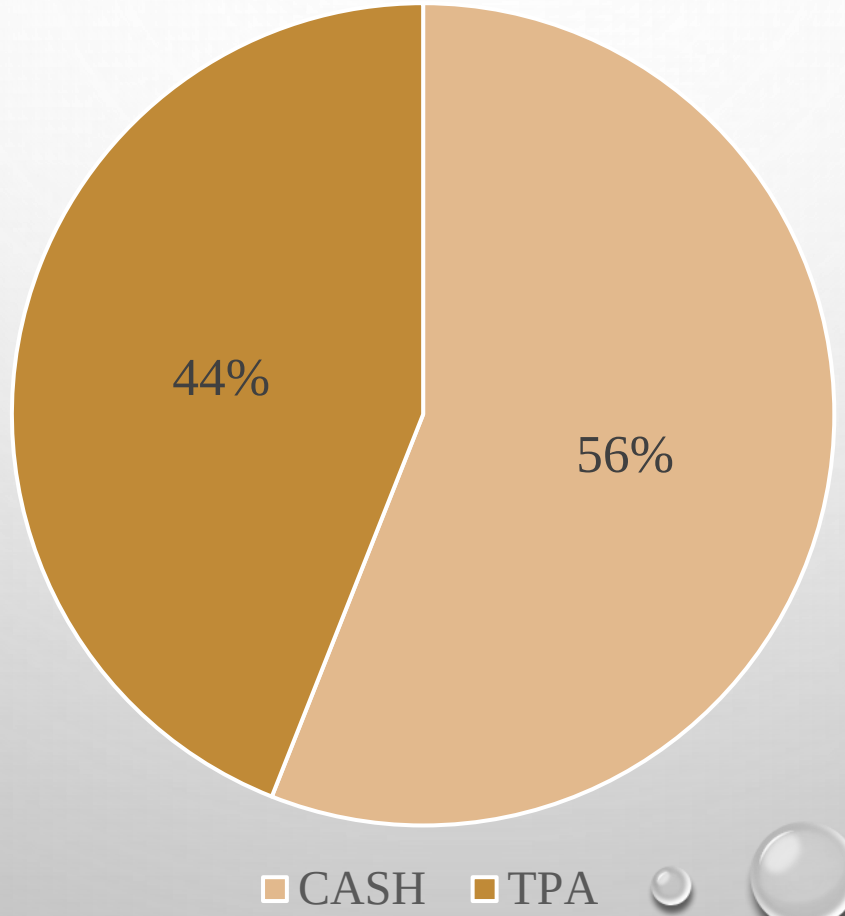
Data Analysis: Percentages, Average, TAT, Process flow, and Root Cause Analysis

DISCHARGE FLOW CHART



RESULTS

PERCENTAGE DISTRIBUTION OF CASH AND TPA PATIENTS



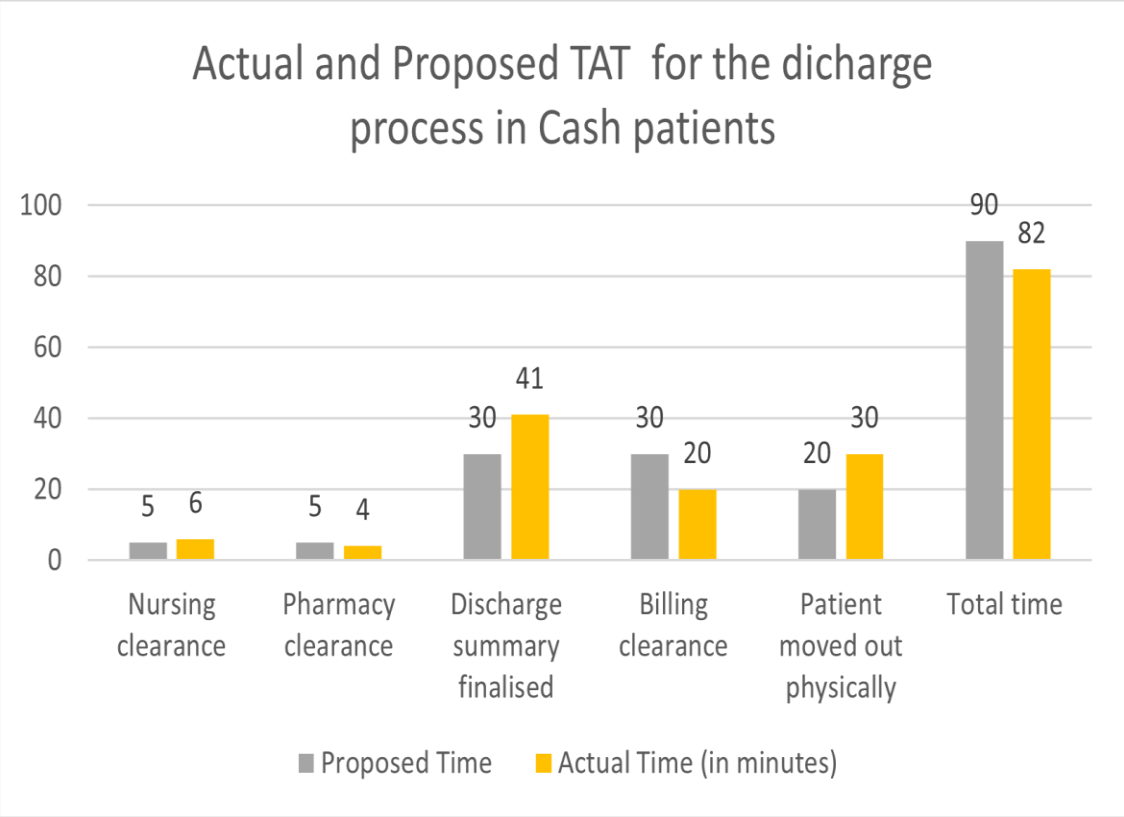
DISTRIBUTION OF AVERAGE TAT FOR CASH PATIENTS (AVERAGE TAT – 90 MINUTES)

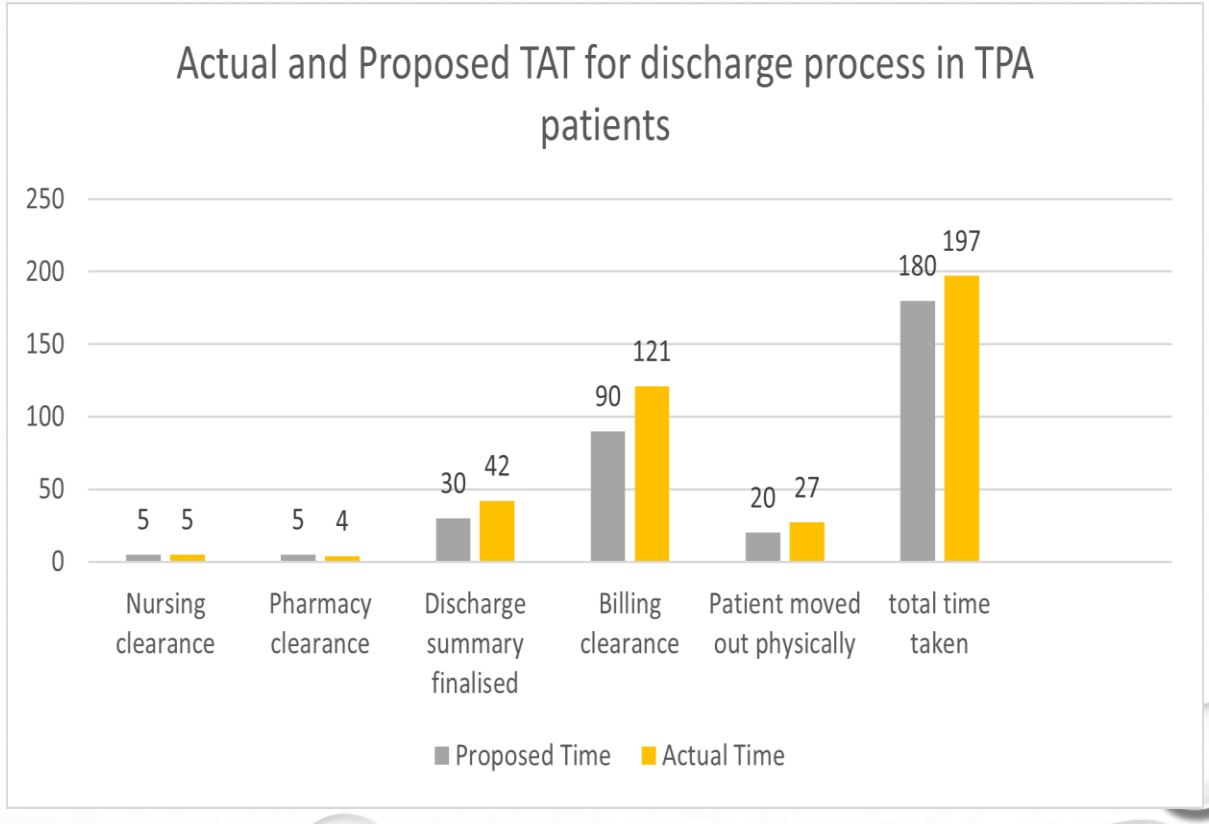
Duration (in Minutes)	Percentage
Below Average 85	46%
86-95	11%
Above 95	43%

DISTRIBUTION OF AVERAGE TAT FOR TPA PATIENTS (AVERAGE TAT – 180 MINUTES)

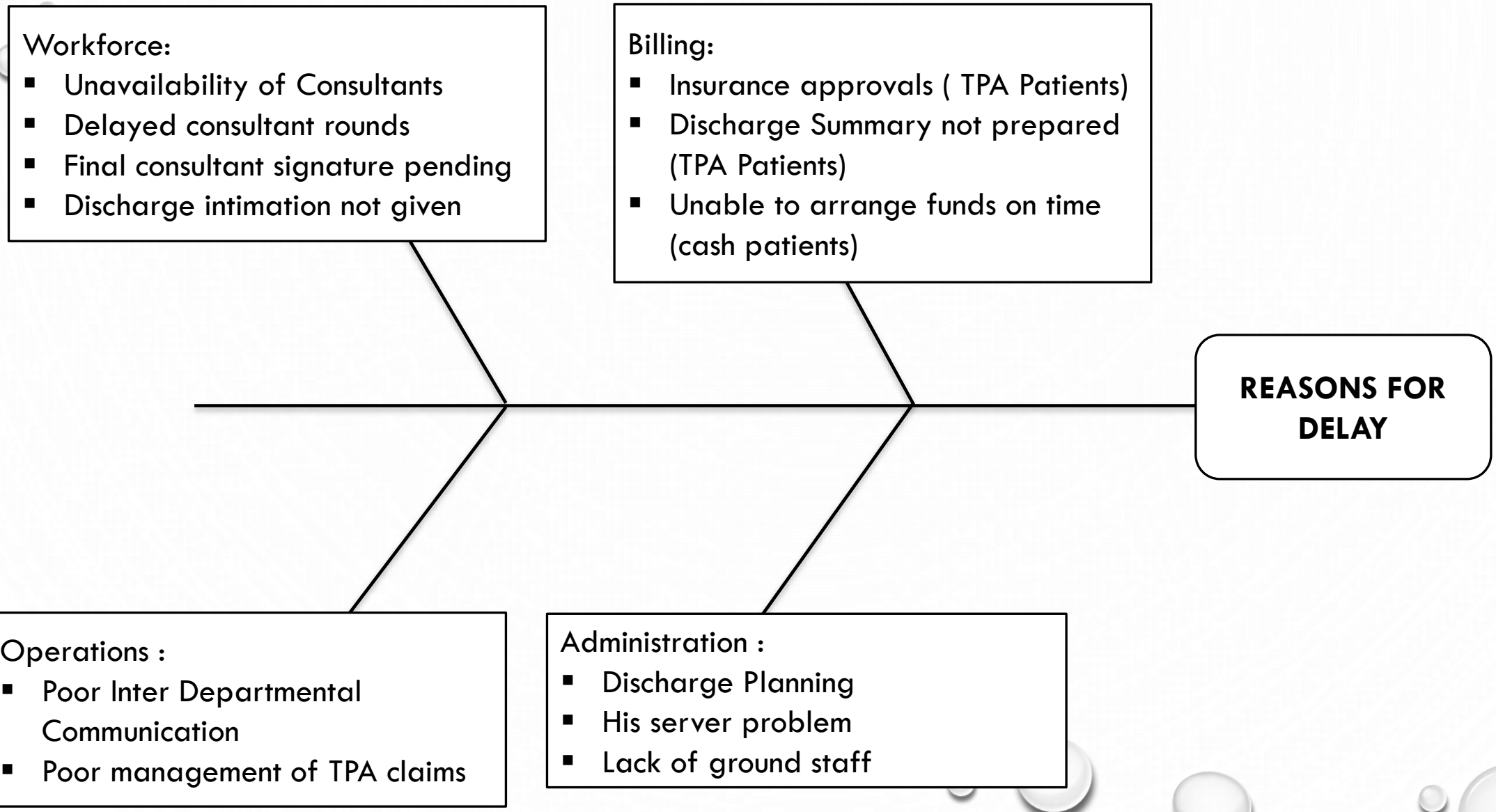
Duration (in Minutes)	Percentage
Below 175	67%
176-185	5%
Above 185	28%

AVERAGE TIME TAKEN IN DISCHARGE PROCESS IN CASH AND INSURANCE (TPA) PATIENTS





ROOT CAUSE ANALYSIS – FISH BONE



CONCLUSION

The results of our present study show that billing is a major area in the discharge process. Maximum delays are seen in TPA patient's due insurance approval delays. In order to optimize the delay , hospitals can hire major TPA's and complete the approval process quicker for faster discharge.

Another area of delay is the discharge summary preparation and signature by consultant. In order to reduce this time , ward secretary can ensure the preparation of discharge summaries are ready by the next day for signature and correction by consultant.

Another pivotal reason for delays is due to lack of staff and transport system like wheelchairs on each floor. This can be rectified by providing adequate wheelchairs in each floor with a ward boy to help the patients while vacating.

Thus , discharge of patients is one of the important area that needs improvement in hospital.The increased TAT is a harmful factor for any hospital because it majorly tampers with patient satisfaction and quality of care that a hospital can give.

By taking care of the hindering factors , the delay in the process could be lessened which will in turn contributes to improve patient satisfaction and help to improve the efficiency of the hospital services.

THANK YOU.