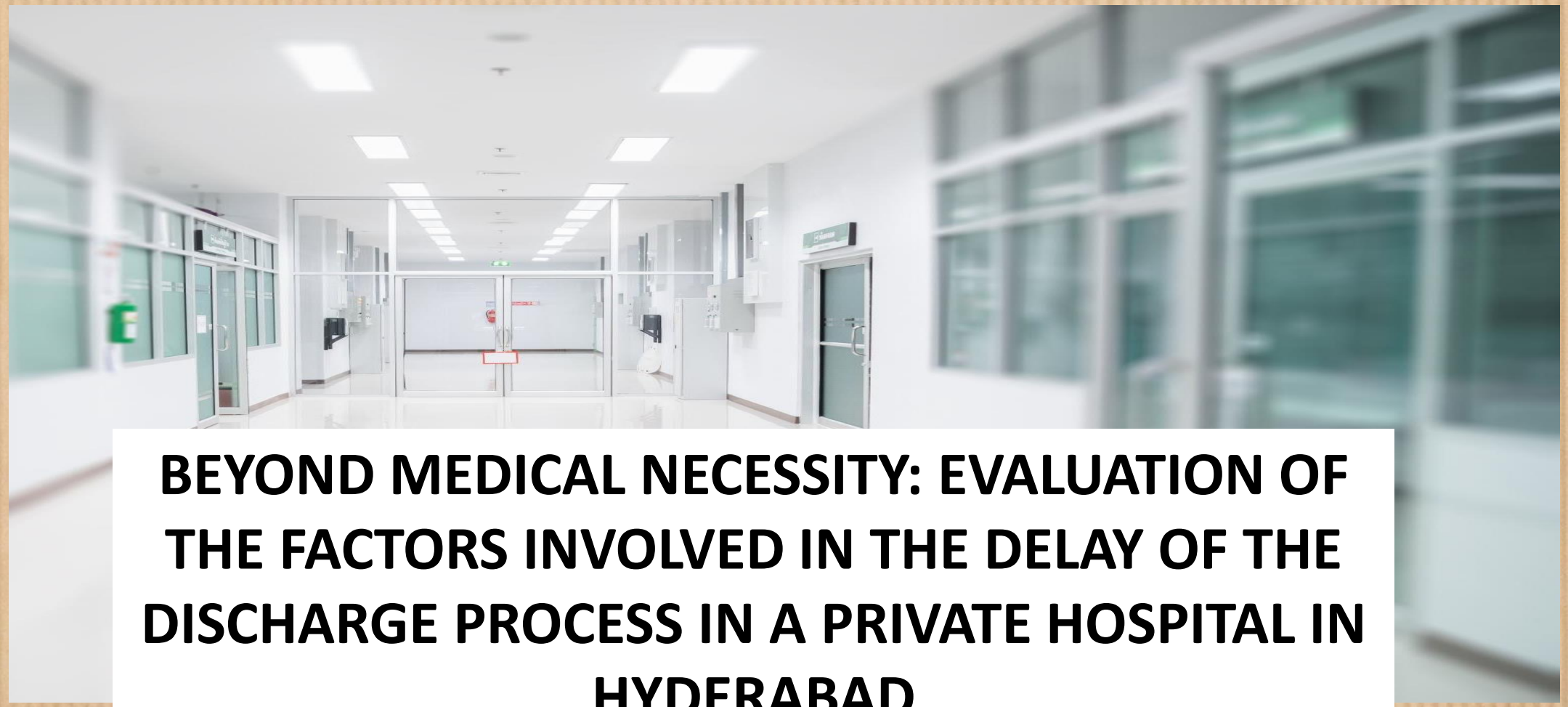

BEYOND MEDICAL NECESSITY: EVALUATION OF THE FACTORS INVOLVED IN THE DELAY OF THE DISCHARGE PROCESS IN A PRIVATE HOSPITAL IN HYDERABAD

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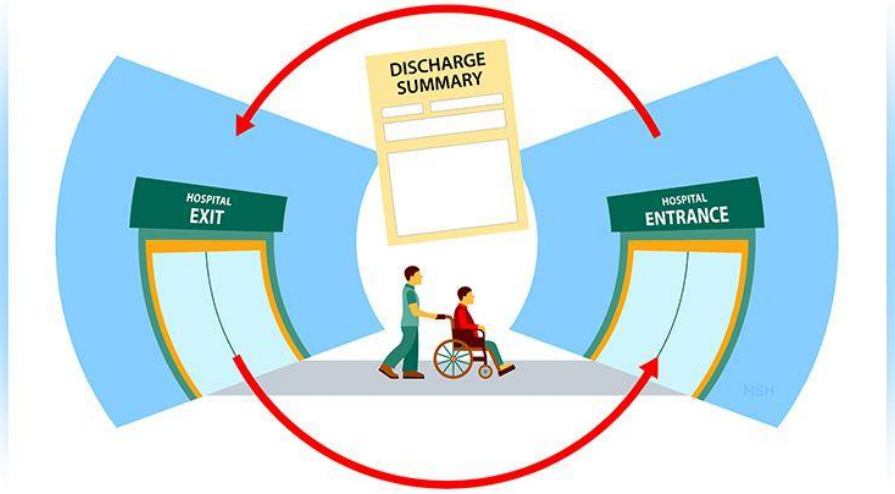
Discharge process involves a set of activities that includes an interdisciplinary team approach that includes the patients, nurses, billers, and consultants from various departments. They together help in the transfer of patient from an environment of hospital back to their stable environment in their home.

Discharge process mainly involves:

- Consultant notification of patient discharge
- Discharge Summary Prepared
- Discharge Initiated
- Drugs Returned to Pharmacy
- Drugs Returned Acknowledged by Pharmacy
- Patient Settlement of bill
- Patient discharged



PROBLEM STATEMENT

The discharge process involves a number of steps until closure of bills. A delay may cause patient dissatisfaction and impact the operational efficiency of the organization

AIM OF THE STUDY:

The aim of the study is to study the contributing factors towards the delay in discharge process until the closure of the bills in a private hospital in Hyderabad.

OBJECTIVES:

1).To study the process flow of discharge in the hospital

2).To find out the reasons for delay in discharge patients including both cash and insurance patients until closure of bills

3).To devise suggestions to improve the delay in the discharge process.

MATERIAL AND METHODS

STUDY DESIGN AND SETTING

A descriptive cross-sectional time and motion study was conducted in a 250-bedded private hospital in Hyderabad from March to May 2023.

STUDY POPULATION

The study population comprised of individuals admitted in the hospital and undergoing the discharge process

STUDY TOOL

The time and motion study comprised of checklist that was framed, and time taken was recorded from discharge initiation time, discharge summary preparation, pharmacy clearance to the bill closure.

SAMPLE

A suitable sample size of around 160 patients was collected from patients admitted in the IPD

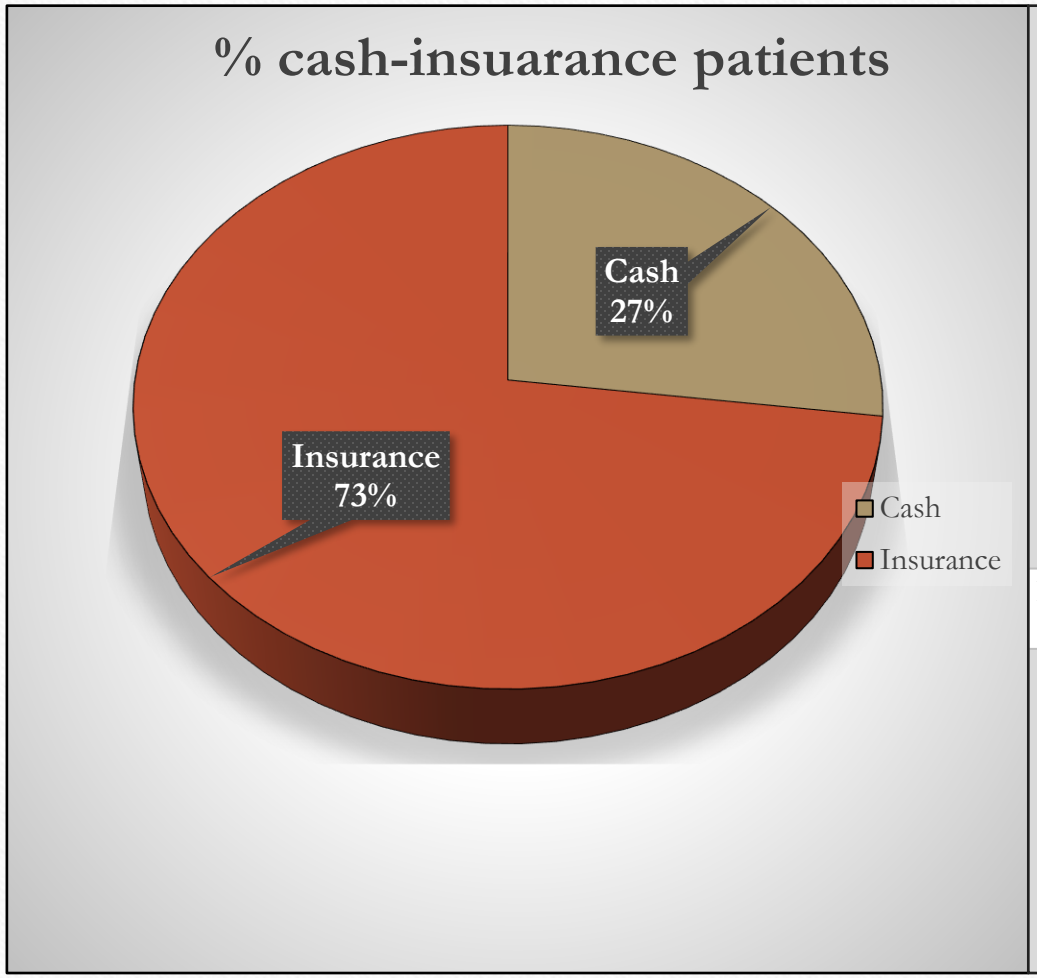
SAMPLING TECHNIQUE

A Convenience sampling which is a non-probability sampling technique was used by the researcher of the study

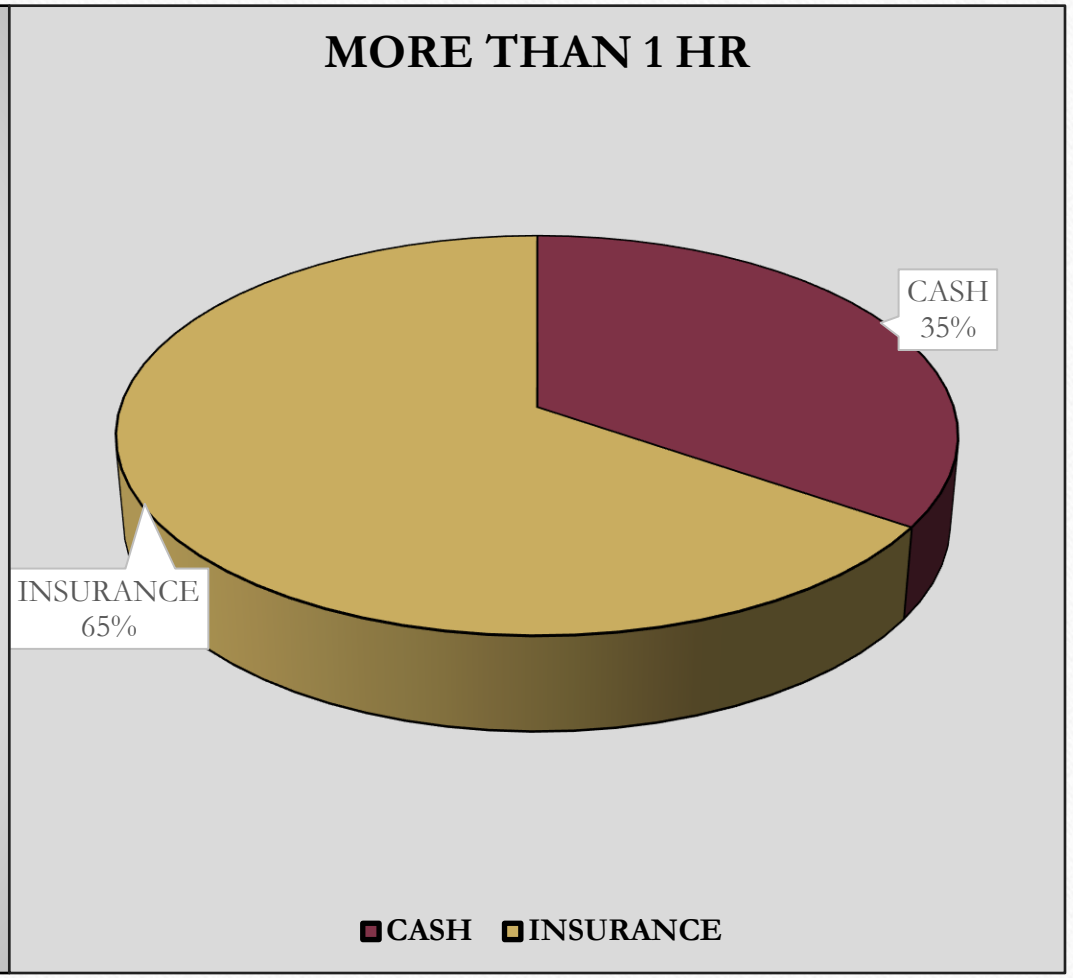
DATA ANALYSIS

The collected data was analyzed using simple percentage and simple average analysis and quality tools such as pareto

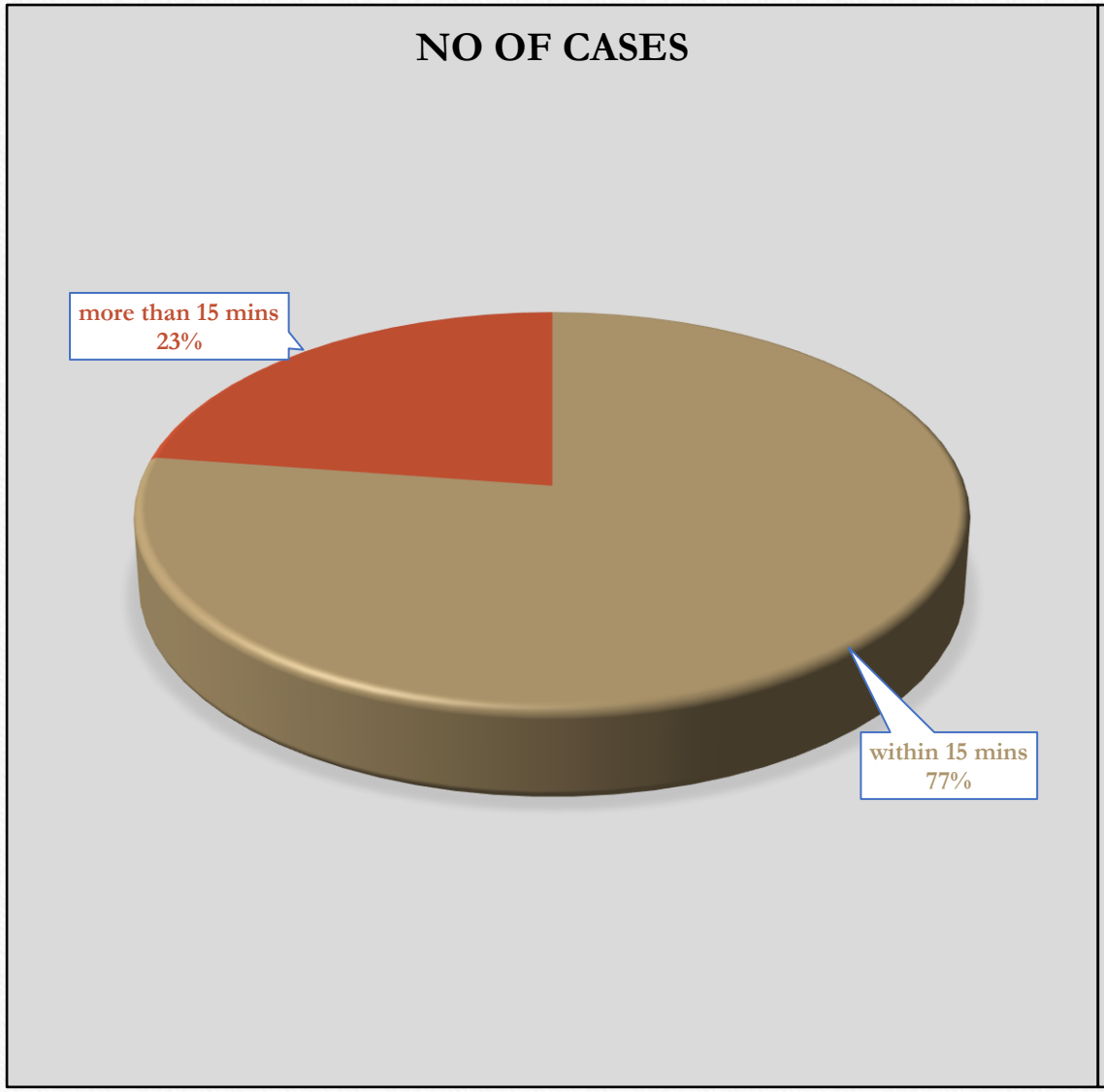
RESULTS



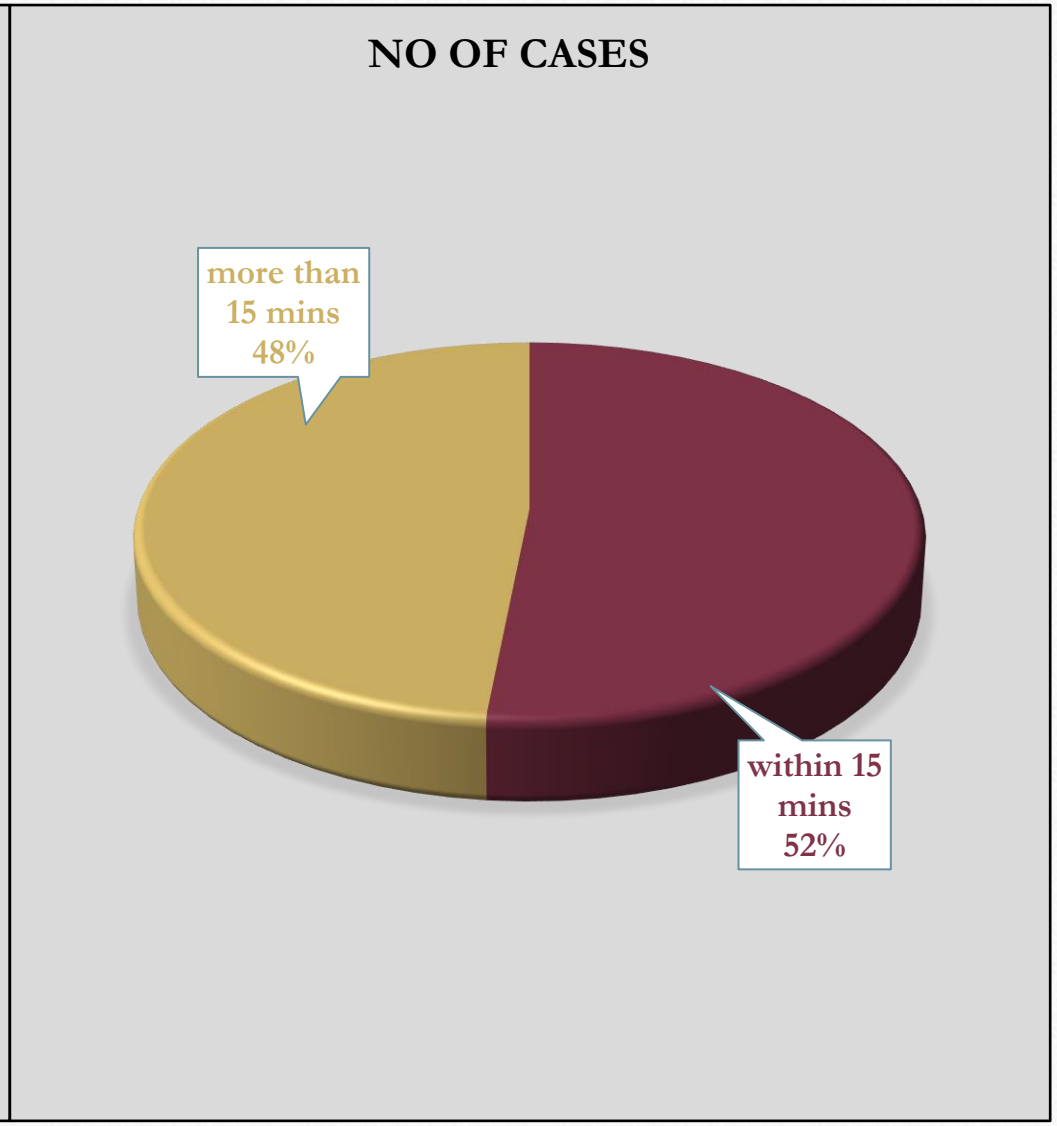
DISTRIBUTION OF CASH-INSURANCE PATIENTS



BILL CLOSURE-PAYER TYPE NO OF CASES

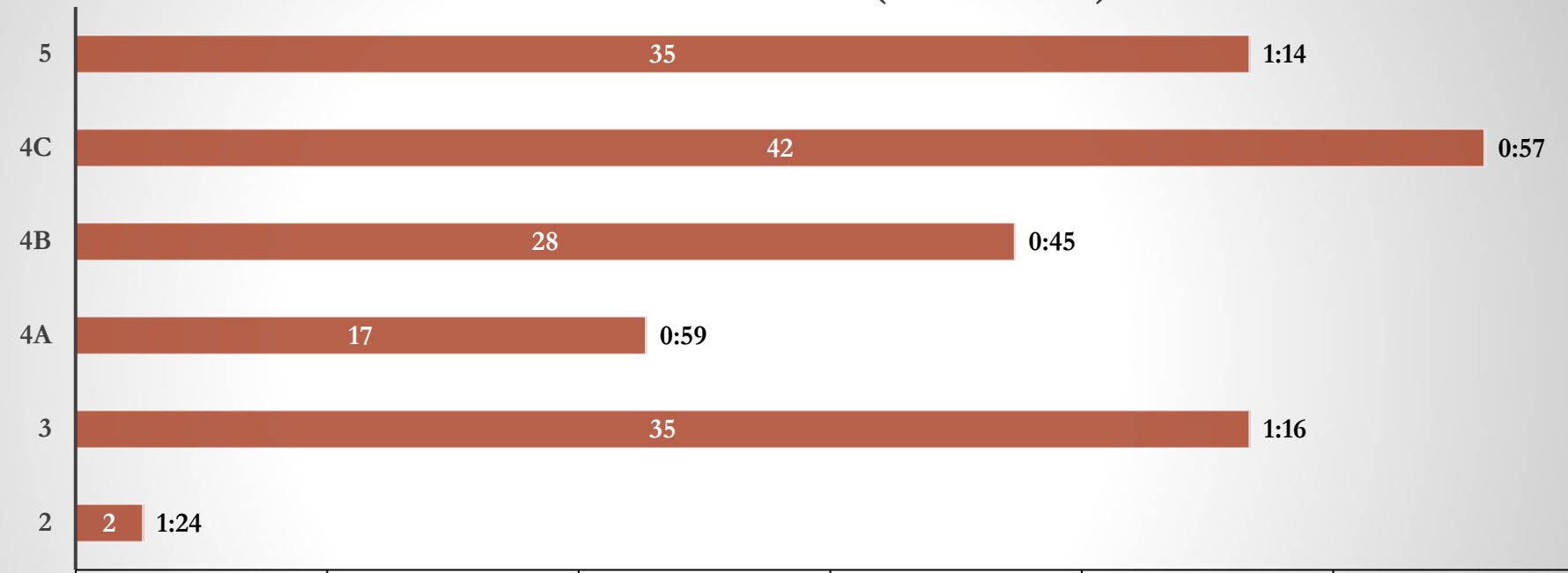


NURSING TAT (CASES MORE THAN 1 HR TO WITHIN I) HR)



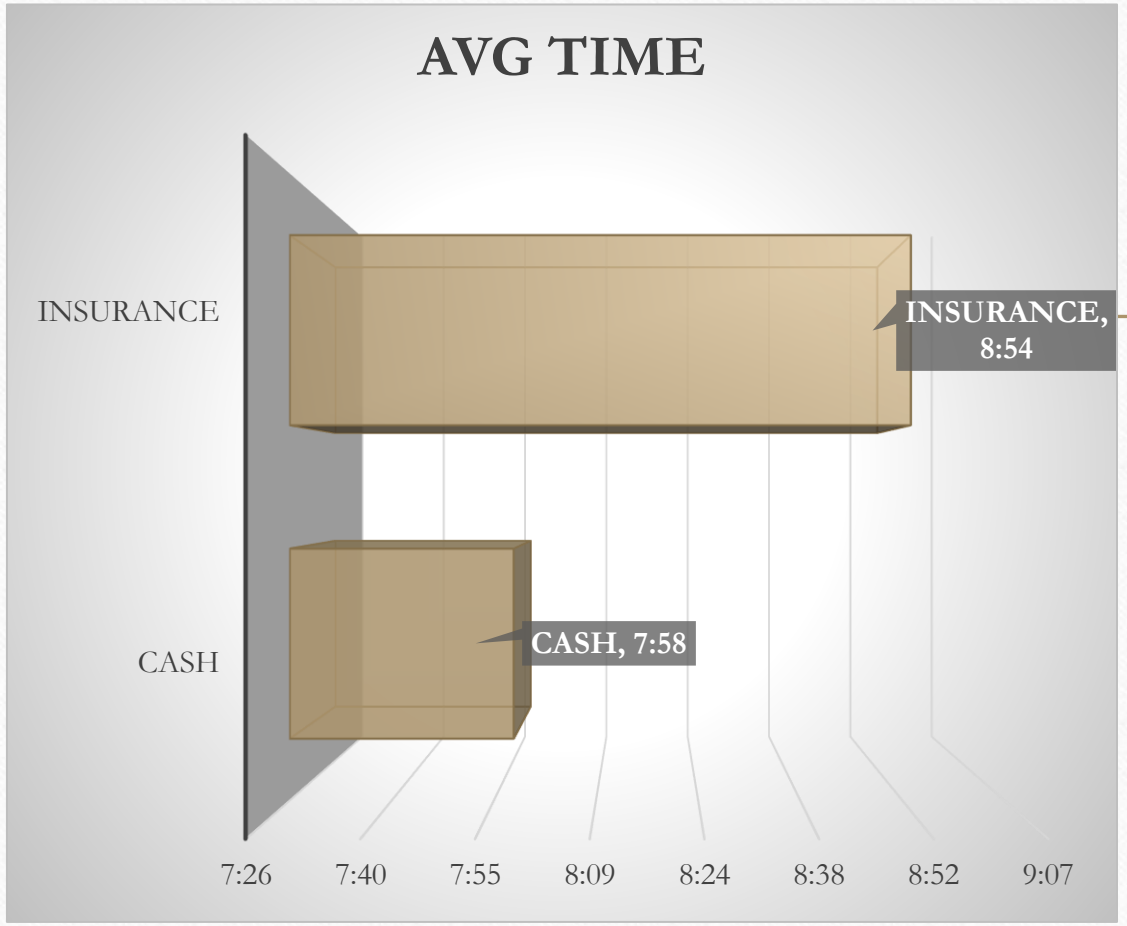
PHARMACY CLEARANCE TAT(CASES MORE THAN 1 HR TO WITHIN I) HR)

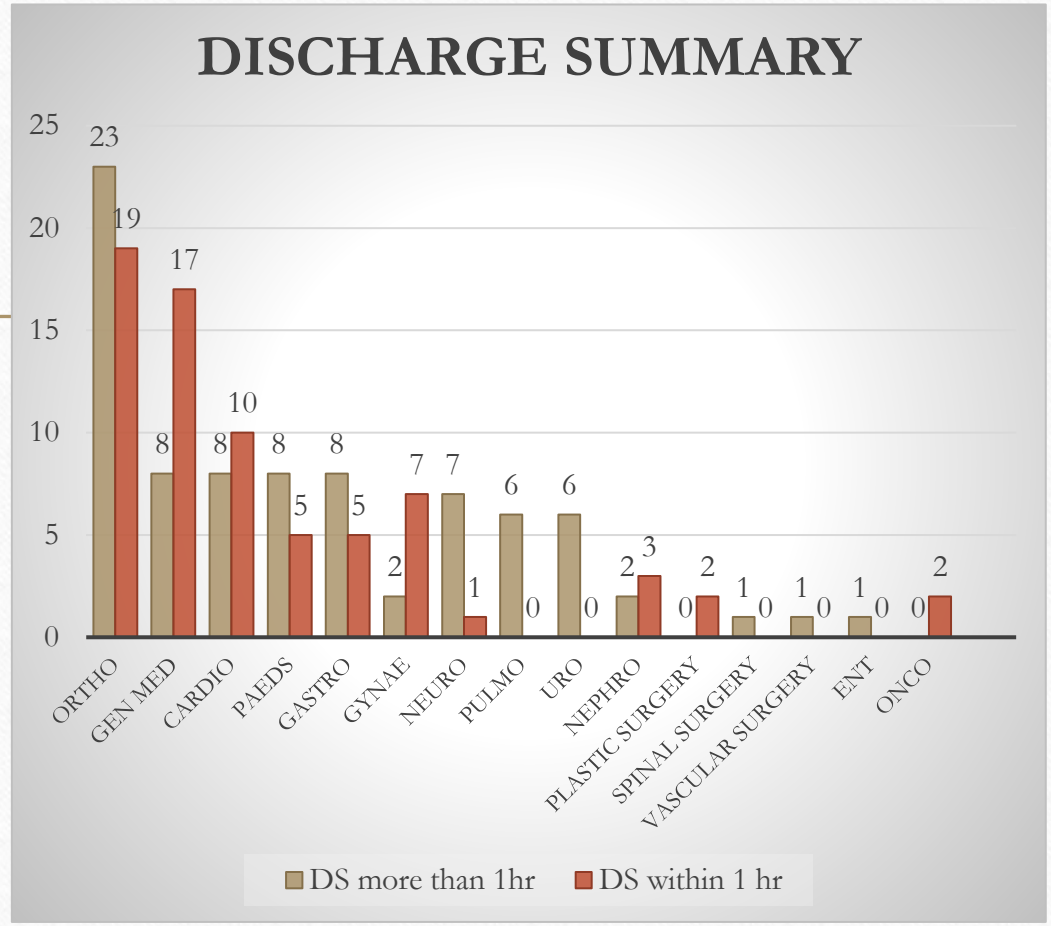
AVG TIME TAKEN FOR DISCHARGE UNTIL BILL CLOSURE (DI TO LC)



	2	3	4A	4B	4C	5
Total cases	2	35	17	28	42	35
Av time taken	1:24	1:16	0:59	0:45	0:57	1:14

Total cases Av time taken

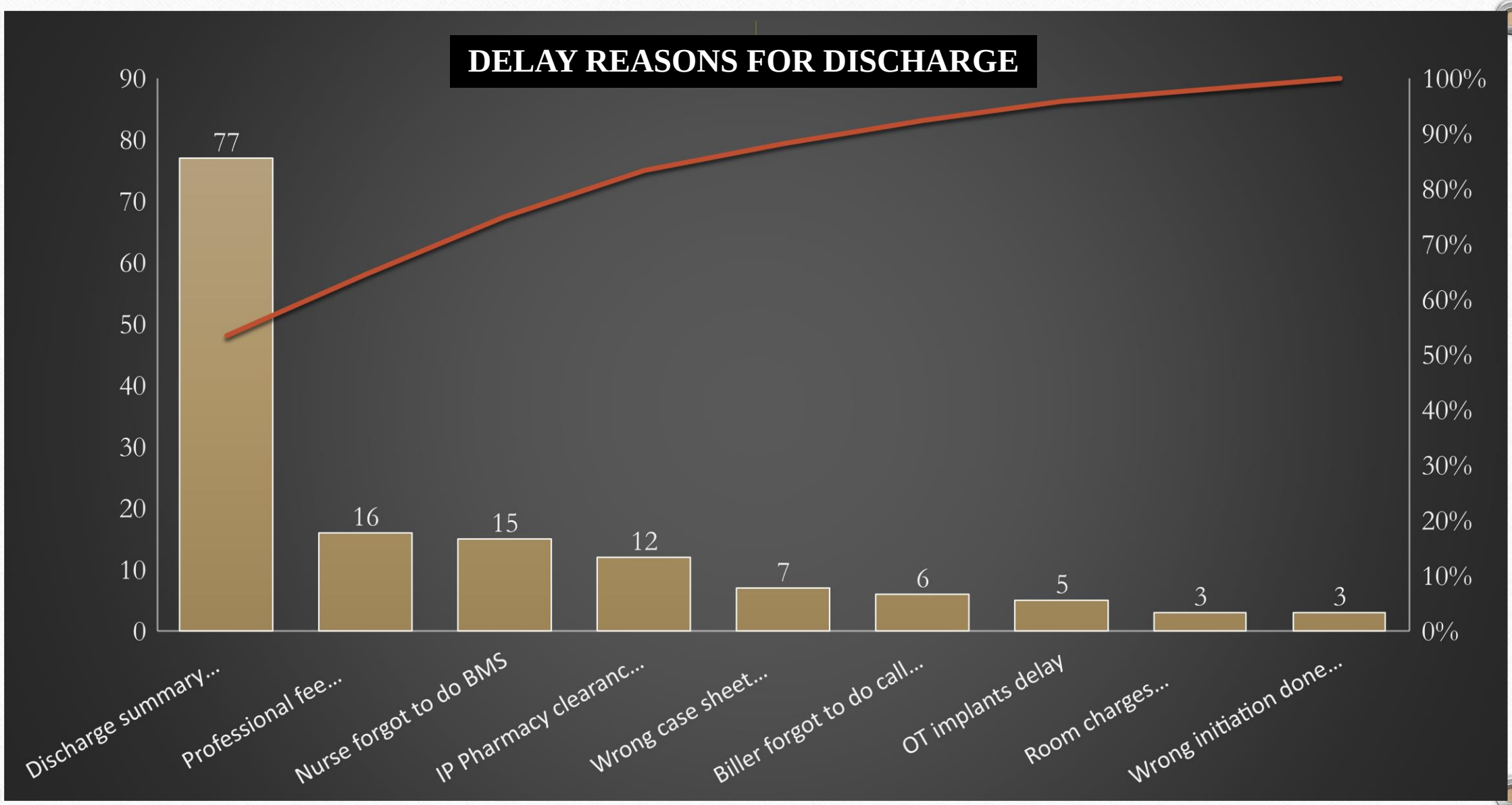




TIME TAKEN FOR DISCHARGE SUMMARY (PAYER TYPE)

DISCHARGE SUMMARY COMPLETION (DEPARTMENT WISE)

DELAY REASONS FOR DISCHARGE



FINDINGS AND SUGGESTIONS

The present study saw a greater number of insurance cases (73%) as compared to cash patients (27%)

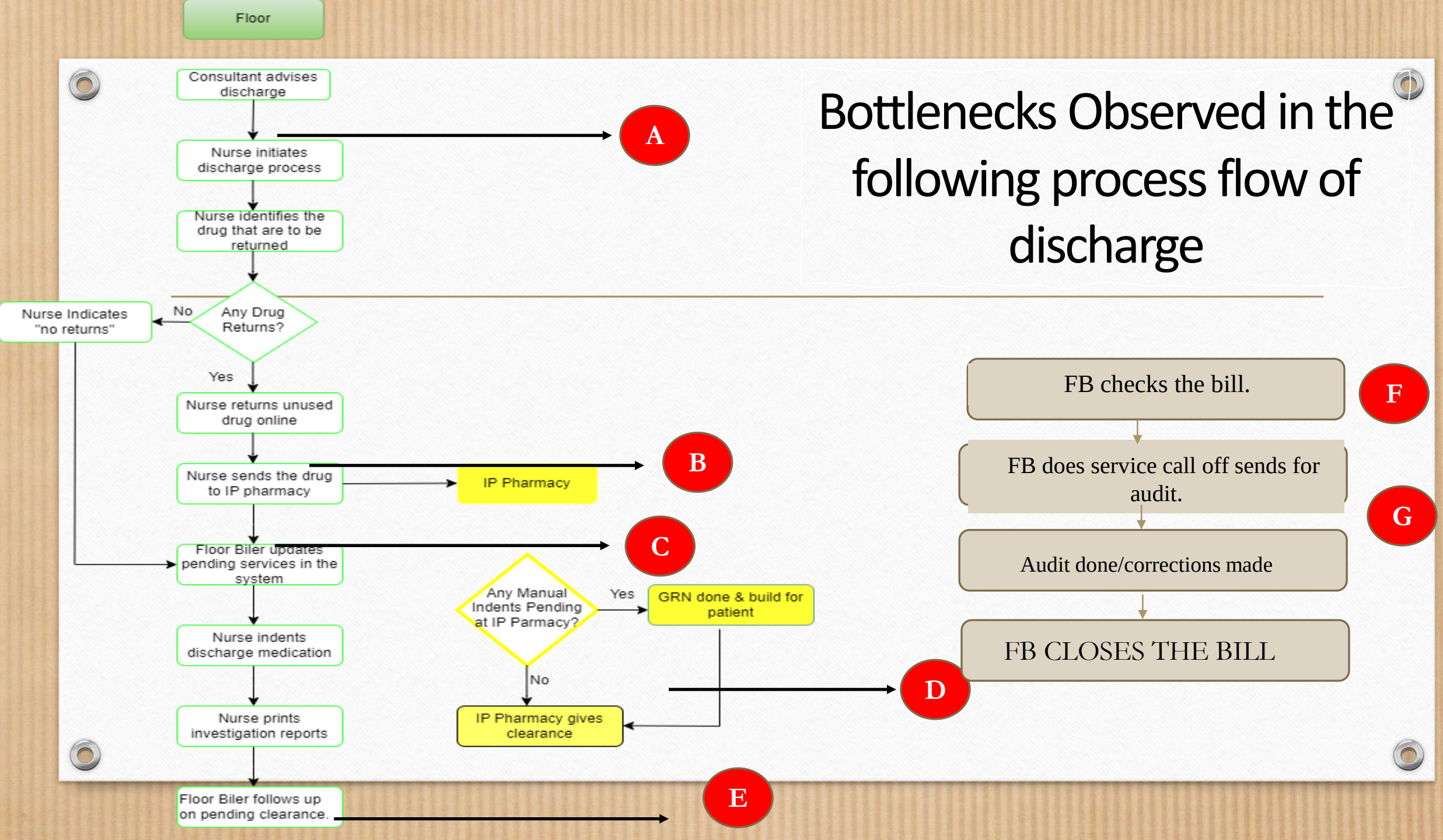
Another major finding in our study was that the billing completion time took longer time for ortho, and Gen med cases followed by Paeds and Obs patients.

According to the hospital policy the time taken for pharmacy clearance is within 15 minutes. 52% of the cases had pharmacy clearance within 15 minutes while 49% took more than 15 minutes of time in approval for the same.

Accordingly in our study the discharge summary completion took more than i.e., 8 hrs 54 mins in insured patients while 7 hrs 58 mins for cash patients admitted in the hospital

In our study it was noted that nursing TAT i.e the time taken by the nurses in raising the discharge initiation to sending the dugs returns to the pharmacy within 15 minutes was 77% while only 23% of the cases took more than 15 mins of time to start off with the discharge initiation and seek pharmacy clearance

Bottlenecks Observed in the following process flow of discharge

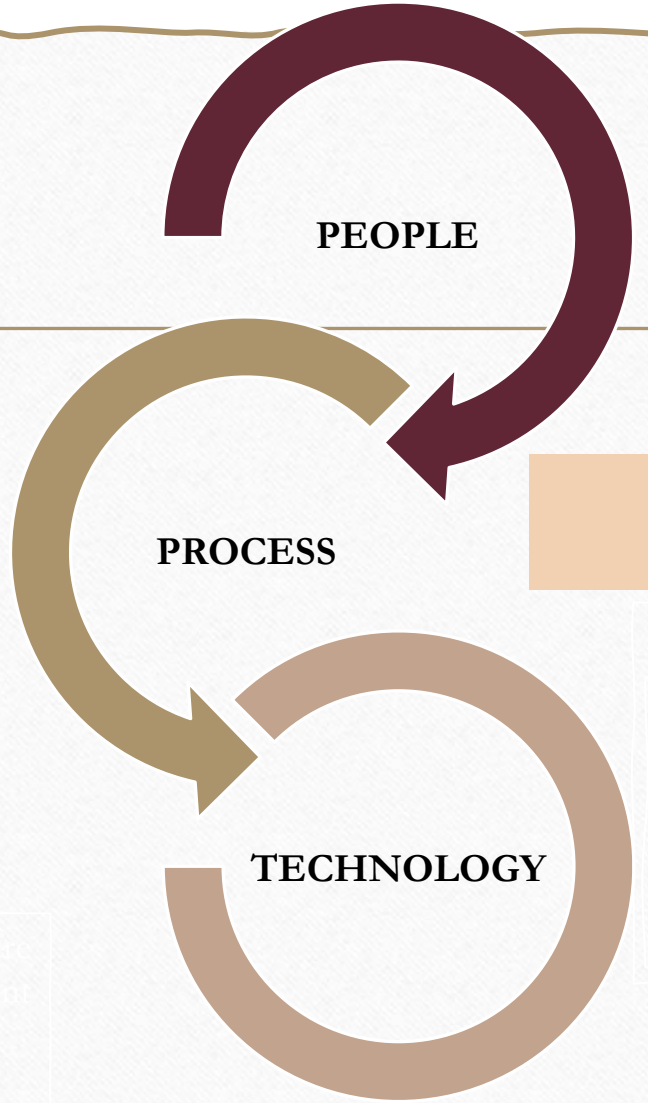


BOTTLENECK	ROOT CAUSE	RECOMMENDATIONS
Delay in start of discharge process	The discharge process starts unpredictably only when the consultant examines the patient and advice the patient to get discharge during rounds	✓ More attention to planned discharges. Regular updation of notes in EHR.
Delay in completion of discharge summary	Activity begins only after consultant announces discharge of the patient	✓ Real-Time Documentation ✓ Implement decision support tools within EHR systems
Nurses delay	They are not aware at times of pending clearances and without proper clarity raise the initiation flag or at times send the wrong case sheets	✓ Communication with Billing Staff Continuous Education and Training
Delay in preparation of bill	Billers have to cross confirm the professional fee, surgeon fee. They themselves fail to follow the process flow cause of more case sheets and just two billers are present for three floors System errors also reported	✓ If there is change in policy, they should be briefed few days before ✓ Task delegation ✓ Training and peer champions ✓ IT infrastructure to be strengthened

CHANGE MANGEMENT

Step1: Creating a climate for change

- Collaborate with practice staff to "get the vision right" a common understanding of why the current state is suboptimal and change is needed.
- Having clinical champions respected by their peers, who can communicate the shared vision



Step 2: Engaging the enabling organization

- To have an internal committee with a team of few nurses and physicians for continuous monitoring of bills updation
- Constructive feedback, changes made for quality improvement, and continuous learning.

Step 3: Implementing and sustaining the changes

- To have an efficient IT infrastructure with continuous monitoring to prevent missed out fields

CONCLUSION

The discharge process is an important area that needs improvement in the hospital.
Through this study the hospital management can closely look into the bottlenecks especially related to discharge summary approval and delay in the closure of the bills which play a pivotal role in the discharge process for both cash and insurance patients and thus based on the suggestions can implement various strategies to decrease the delay in the discharge process and increase patient satisfaction

THANK YOU