Optimizing Patient Discharge Process
Time Motion Study at CKS Hospital, Jaipur

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Background & Rationale

- • Discharge = final clinical touchpoint impacting throughput & patient satisfaction.
- • Prolonged delays observed at CKS Hospital despite digital infrastructure.
- • Inefficiencies affect bed availability, revenue & NABH quality benchmarks.
- • Time Motion Study (TMS) chosen to uncover hidden workflow gaps.

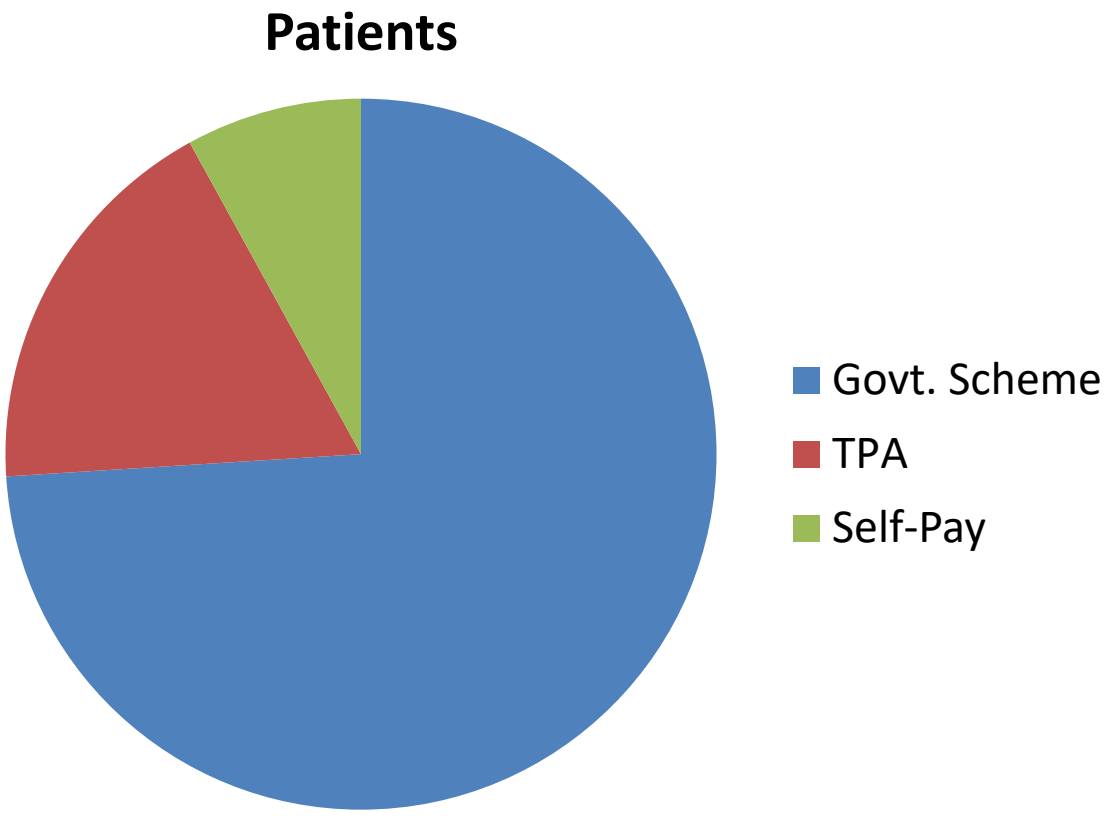
Study Objectives

- • Map the existing discharge workflow end-to-end.
- • Measure time taken for each step via Time Motion Study.
- • Identify bottlenecks & inter-departmental delays.
- • Recommend evidence-based improvements to cut Turn-Around-Time (TAT).

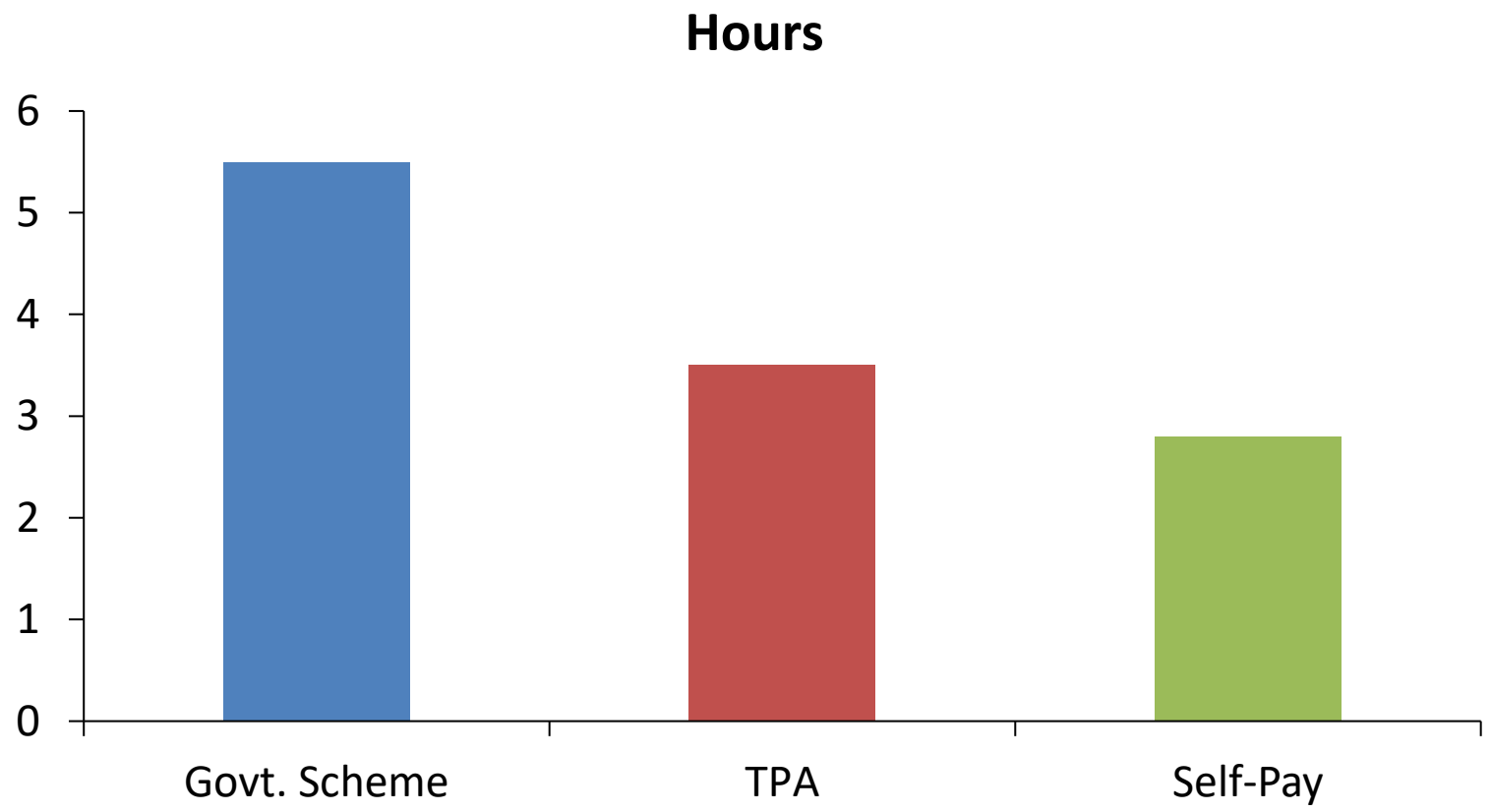
Methodology Snapshot

- • Design: Descriptive & observational (TMS).
- • Setting: Operations Dept., CKS Hospital, Jaipur.
- • Duration: 10 Mar – 10 May 2025 (2 months).
- • Sample: 100 inpatient discharges across wards.
- • Tools: Checklists, observation sheets, digital timers, staff questionnaires.

Patient Mix by Payor Category



Average Discharge Time by Payor



Current Discharge Workflow (High-Level)

- • Medical clearance → Summary preparation → Billing sheet dispatch
- • Billing & scheme verification → Pharmacy clearance → No-dues issuance
- • Nursing file compilation → Transport arrangement → Patient exit

Key Delay Contributors

- • Manual typing & corrections of discharge summaries.
- • Wait for consultant signatures.
- • Paper-based scheme clearance & financial counselling.
- • Pharmacy not pre-informed; meds reconciliation delay.
- • GDA / transport availability during peak discharge hours

Staff Feedback Highlights

- • 85 %: Summary delay is top pain-point.
- • 78 %: Need earlier billing intimation from wards.
- • 90 %: Prefer digital discharge dashboard.
- • 62 %: Early-morning discharge planning (< 11 AM) reduces TAT.

Expected Benefits

- • ↓ Average discharge time by ≥ 40 %.
- • ↑ Bed turnover & revenue realization.
- • ↑ Patient satisfaction & NABH compliance.
- • ↑ Staff productivity via reduced rework & wait time.

Conclusion & Next Steps

- • Secure leadership buy-in for proposed digital tools.
- • Pilot revised workflow on 6th Floor (Semi/Deluxe).
- • Monitor KPIs weekly; iterate based on feedback.
- • Scale hospital-wide by January 2026.

Recommended Interventions

- • Launch real-time digital discharge tracker (dashboard & alerts).
- • Standardize summary templates; introduce voice-to-text option.
- • Pre-authorize pharmacy & billing 2 hrs before target discharge.
- • Cross-train staff & align shift handovers with discharge peaks.
- • Set KPI: 80 % discharges completed within