DISSERTATION PRESENTATION

ON

Study on turnaround time of discharge process for cash and insurance patient

INTRODUCTION

- Discharge planning is “a process used to decide what a patient needs for a smooth move from one level of care to another”
- The discharge process runs parallel along with some departments as Pharmacy, Billing, Insurance and Nursing.
- The NABH defines discharge as a procedure wherein a patient is removed from the hospital with all the medical reports concerned which guarantee stability
- In general, the basics of a discharge plan are:
  - Evaluation of the patient by qualified personnel
  - Discussion with the patient or his/her attendant
  - Planning for homecoming or transfer to another care facility
  - Determining whether caregiver training or other support is needed
  - Referrals to a home care agency and/or appropriate support organizations in the community
  - Arranging for follow-up appointments or tests

DOCUMENTATION REQUIRED AND STUDIED

- Discharge summary prepared, stamped and signed
- Proper clearance from impatient department
- Clearance from pharmacy
- Clearance from laboratory
- Approval from patient affairs departments
- Approval from billing
- Justification if required

OBJECTIVES & RESEARCH QUESTION

- **Research Question:**
  - What is the turn around time of the discharge process for cash and TPA patients at Motherhood hospital, Navi Mumbai
  - What are the reasons for the delay in the process of discharge for cash and TPA patients
  - What were the gaps in the discharge procedure?

The following objectives were kept in mind while conducting the study-

- To study the process of discharge at Motherhood Hospital
- To assess the turn around time at the time of discharge
- To understand the gap in the process of discharge and factors affecting the discharge process in cash and TPA patients

METHODOLOGY

Study setting: In-patient Department at Motherhood Hospital, Navi Mumbai

Type of study: Descriptive and observational

Study population: IPD patients at General ward, deluxe/exclusive and sharing ward

i. ***Inclusion criteria:*** Cash or insurance covered patients stay of 24hours or more at General ward, maternity or critical care areas like ICU, MICU

ii. ***Exclusion criteria:*** Emergency cases. Night indents are not mentioned for primary data collection

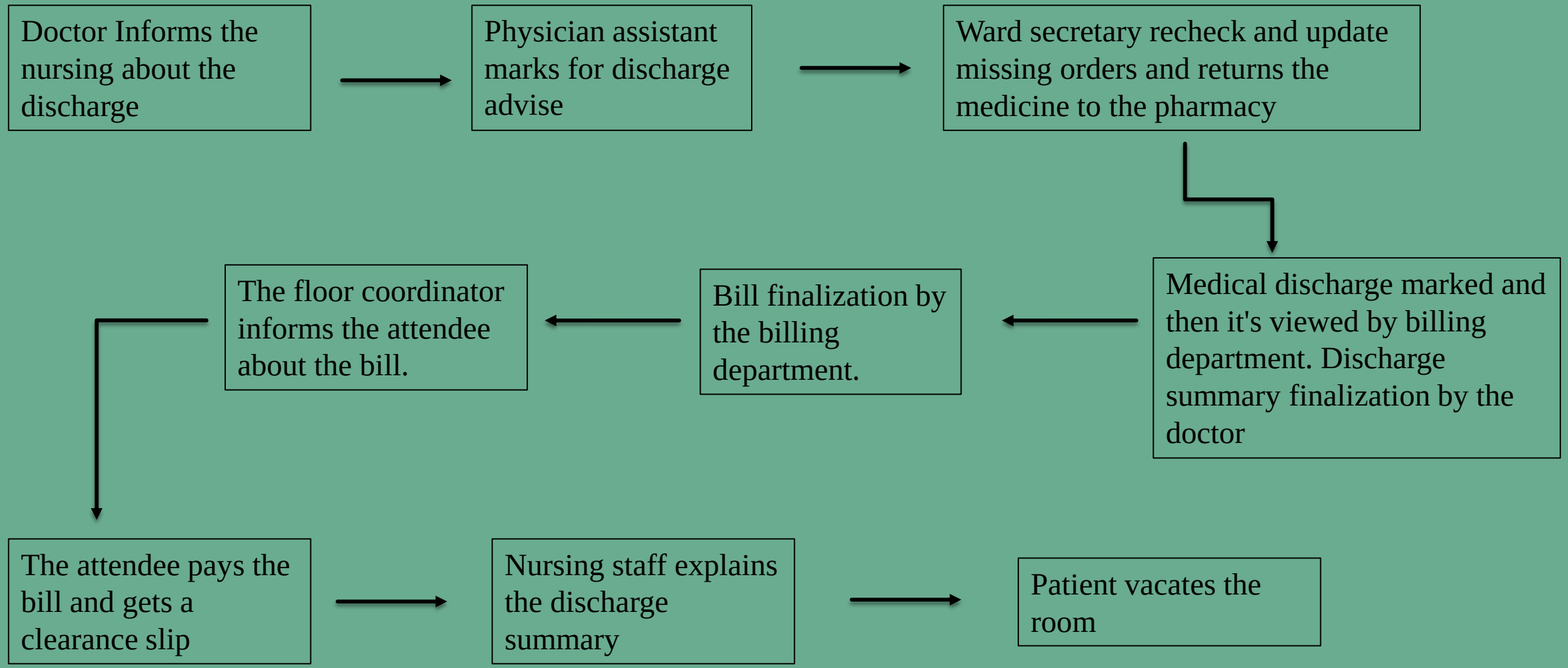
iii. ***Study tools:*** Discharge checklist, discharge tracked through HMIS

- **Sampling Method:** Convenience sampling-

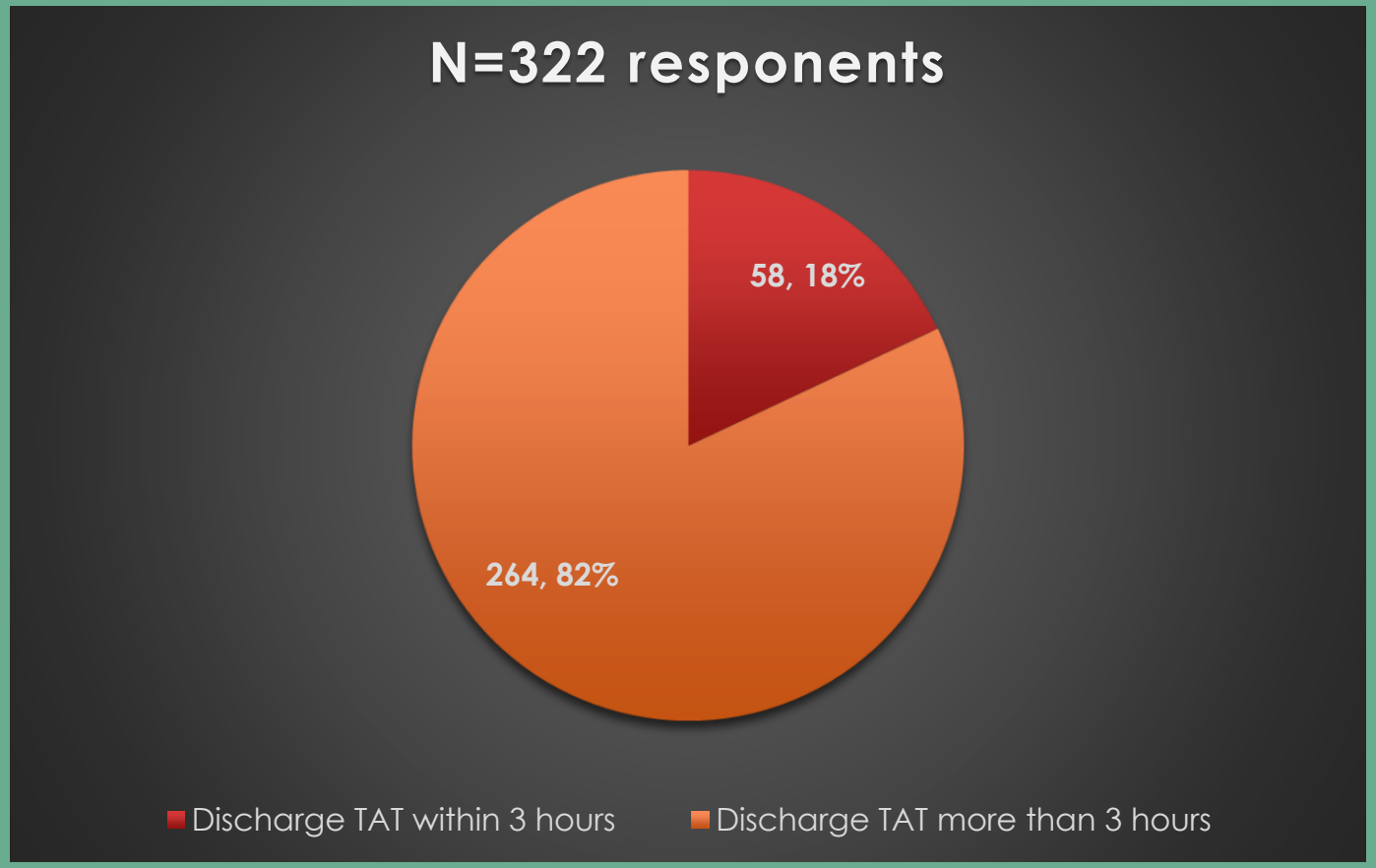
  Only IP are taken and the indents are taken in daylights. The night indents are not monitored

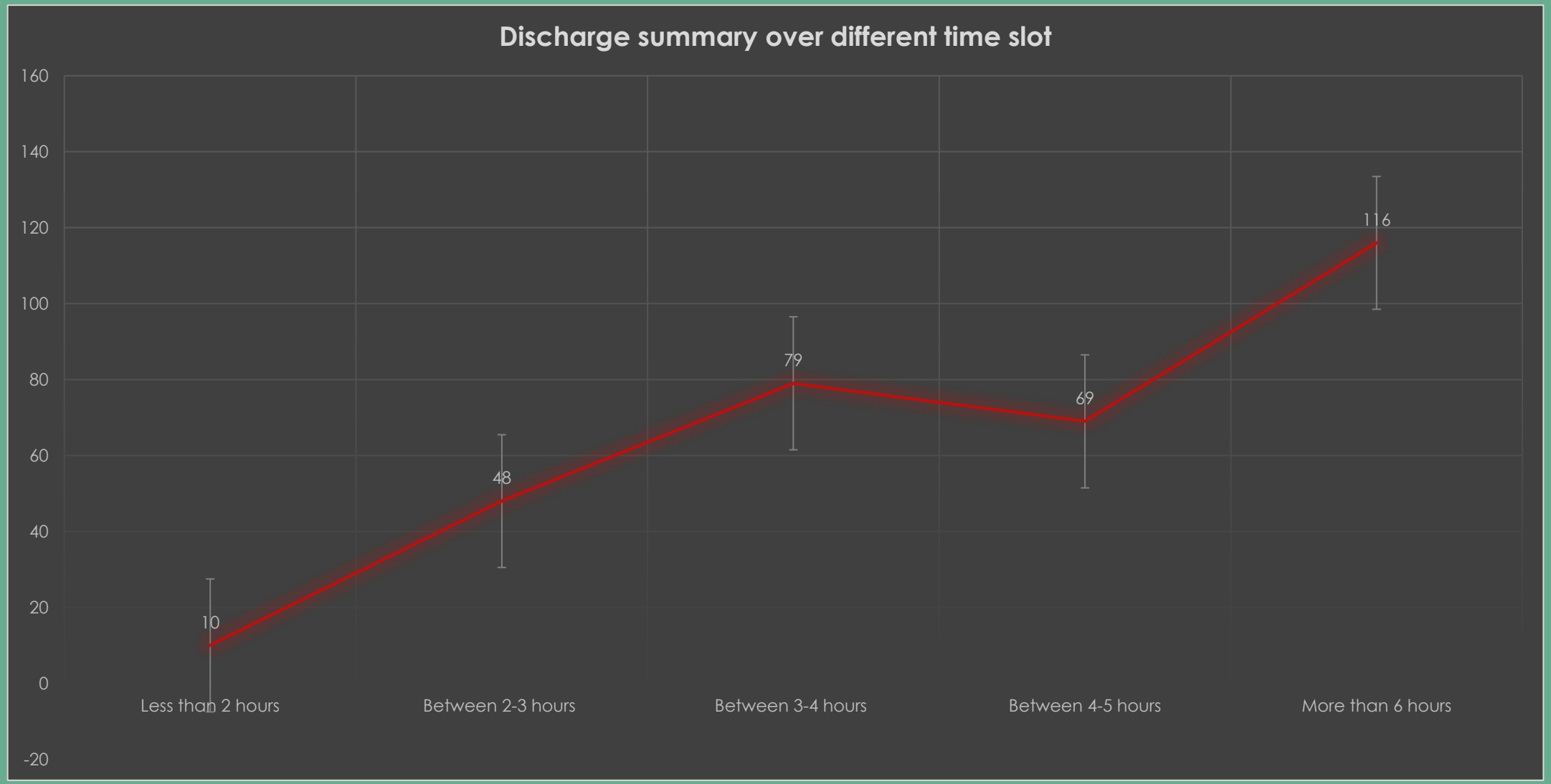
- **Sample size:** 322 discharges

DISCHARGE PROCESS FLOW



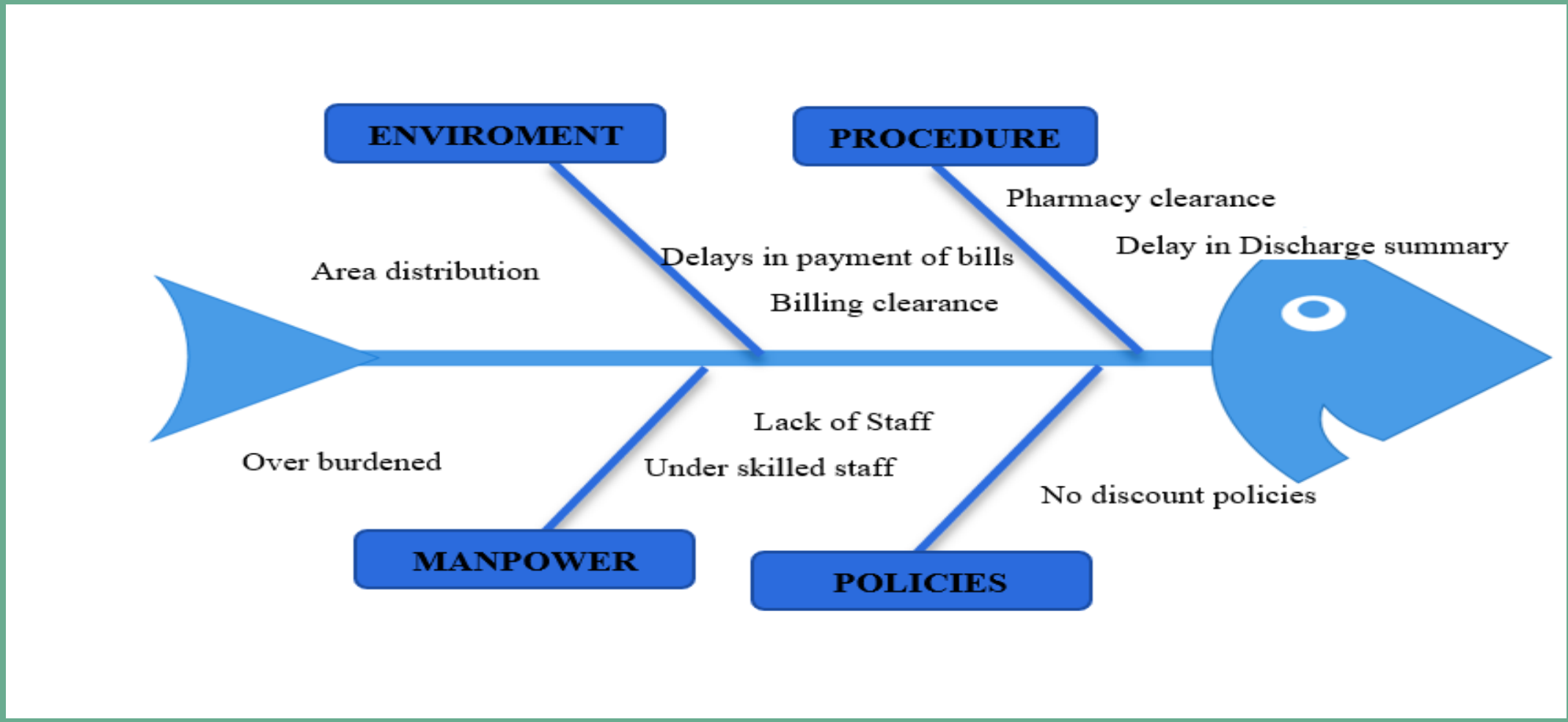
FINDINGS


N=322 responents
58, 18%
264, 82%
Discharge TAT within 3 hours
Discharge TAT more than 3 hours


Discharge summary over different time slot
160
140
120
100
80
60
40
20
0
-20
10
48
79
69
116
Less than 2 hours
Between 2-3 hours
Between 3-4 hours
Between 4-5 hours
More than 6 hours

- The main reasons for delay in discharge for the highest number of patients i.e. (116) are,
  - Insufficient cash available at the time of discharge among the attendants
  - Expecting discounts on the final bill settlement
  - Pharmacy returns of few medicines which can’t be returned

OBSERVED REASON FOR DELAY

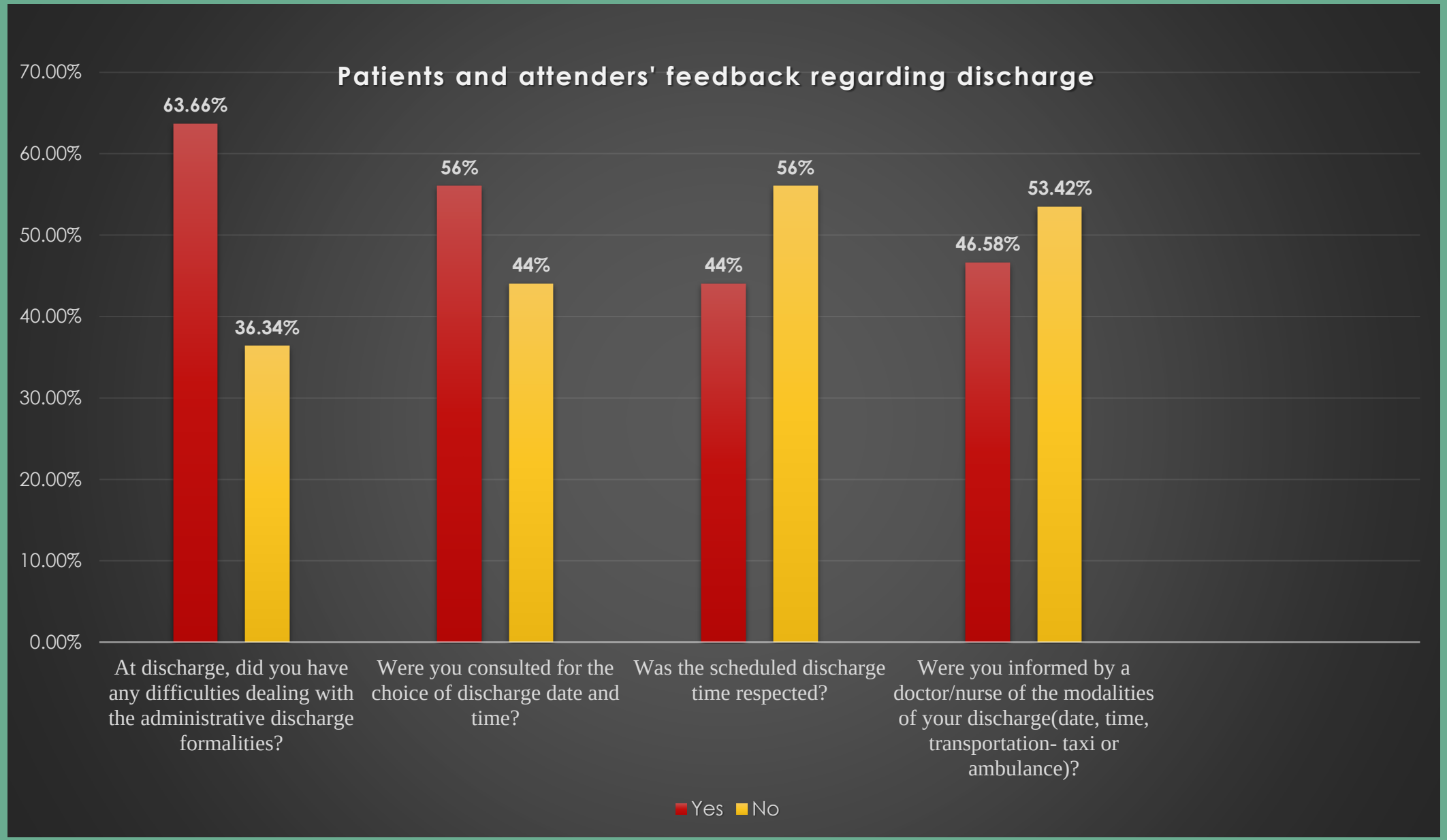


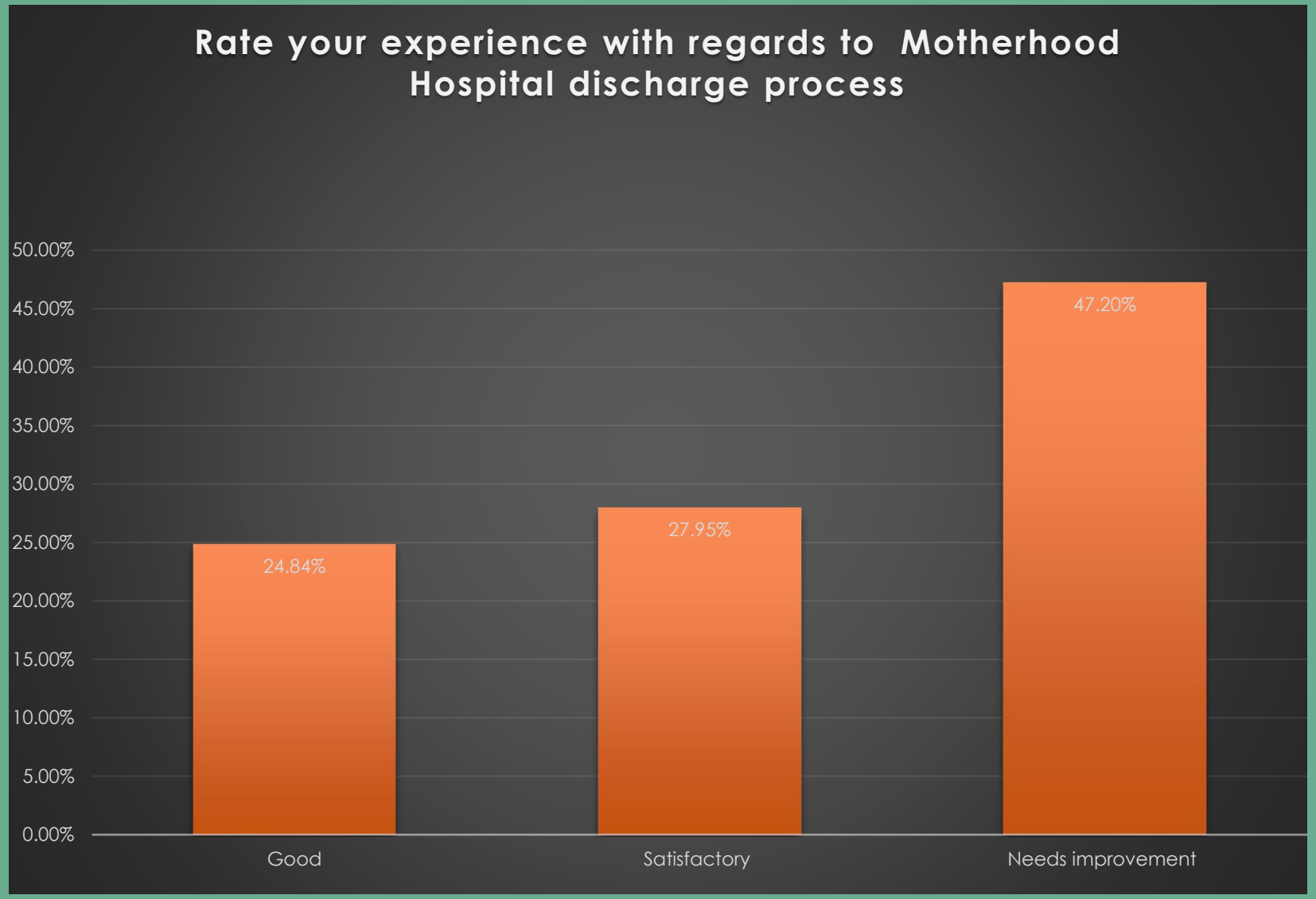
Fish bone analysis

- Area distribution- Motherhood have billing and pharmacy in opposite direction and laboratory on different floors, it consumes a lot of time for clearance and causes confusion for the patients attendants moving multiple times

- Manpower- Nursing department is the most over burdened staff as hospitals nurse to patient ratio is less and show lacking

  - Nursing staff is under skilled where the basic training was not given and a simple procedure like cannulation were not done mannerly


Patients and attenders' feedback regarding discharge
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
63.66%
36.34%
56%
44%
44%
56%
46.58%
53.42%
At discharge, did you have any difficulties dealing with the administrative discharge formalities?
Were you consulted for the choice of discharge date and time?
Was the scheduled discharge time respected?
Were you informed by a doctor/nurse of the modalities of your discharge(date, time, transportation- taxi or ambulance)?
Yes
No


Rate your experience with regards to Motherhood Hospital discharge process
50.00%
45.00%
40.00%
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
24.84%
27.95%
47.20%
Good
Satisfactory
Needs improvement

DATA ANALYSIS

- The average turn around time is 4 hours and 28 mins
- Out of 322 patients, 82% of the discharge time is more than 3 hours and only 18% of the patient's discharge were less than 3 hours.
- Out of 322 discharge,
  - 116 patients discharge were more than 6 hours(insurance one),
  - 69 patient's discharge time was between 4-5 hours,
  - 48 patient's discharge was done between 2-3 hours
  - only 10 patients discharge process was completed with 2 hours from the time primary consultant ordered for discharge.

SUGGESTIONS

- Time of completion of discharge summary should be captured in the system
- Billing Desk and cash collection should be on the same floor for patient ease.
- Provisional discharge summary should be made by DMO and sent to billing desk for a better outcome
- A discharge summary template should be already prepared for planned discharges.
- The problem of understaffing should be solved by appointment of more professional staff
- PAD department should be prepared to collect the pending cash in advance for planned discharges
- Training sessions should be organized for regular updating of expertise among the employees of all the supporting departments.
- Installation of a LCD screen which shows the patient discharge details for a better information and avoiding disturbance by attendant at nursing station.

Thank You

Neha Singh
Roll no- 1141
MBA(Hospital and Health Management)
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IIHMR University, Jaipur