DISSERTATION AT MAX HOSPITAL, PATPARGANJ NEW DELHI.

A STUDY ON DELAY IN DISCHARGE PROCESS IN A MULTI-SPECIALITY HOSPITAL.

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Certificate No – 2022/11059

CERTIFICATE
OF ACHIEVEMENT

MAX Healthcare

Max Institute of Medical Excellence

Certifies that

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has completed Internship in the department of

Medical Administration

at Max Super Speciality Hospital, Patparganj, New Delhi

from 28th March 2022 to 24th June 2022

Dr Vinitaa Jha
EVP Research & Education
Max Healthcare Institute Ltd

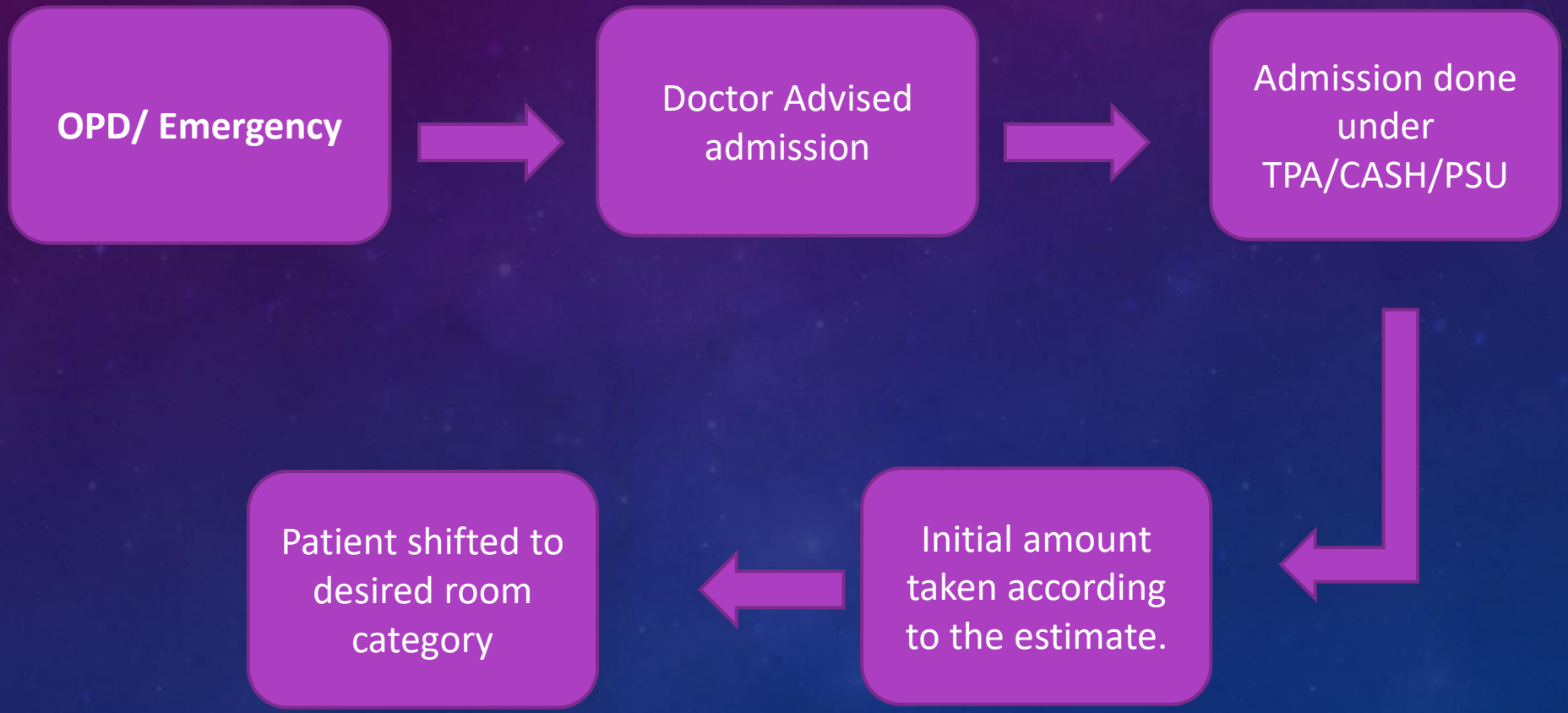
About the hospital

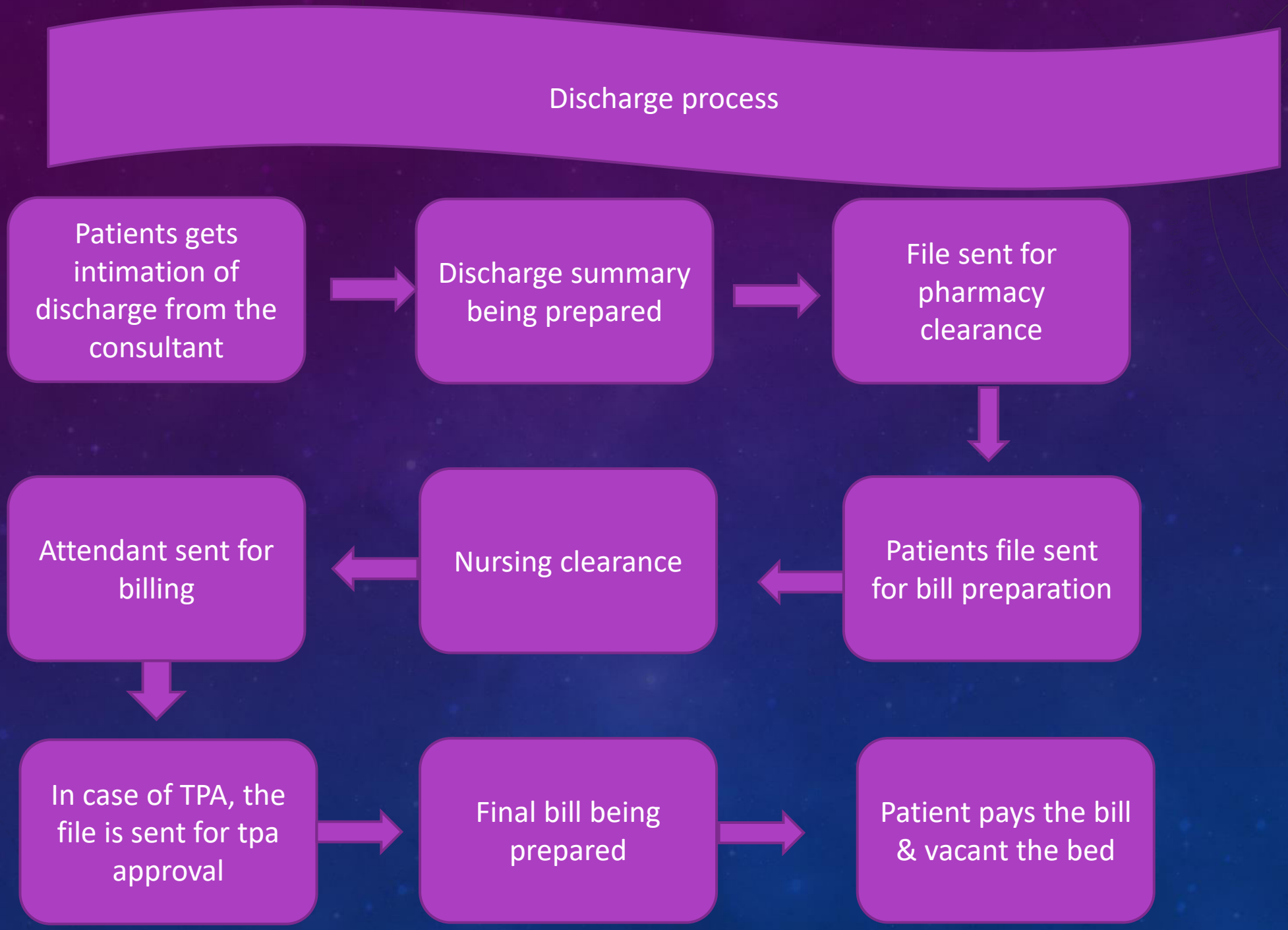
- Max Super Specialty Hospital, Patparganj is 400+ bed Healthcare facility and a division of Balaji Medical Diagnostic Research Centre that offers more 26 specialty With over 510 medical experts and leading doctors on staff, as well as a nursing staff of over 770 nurses, along with 116 ICU and 14 HDU beds. 11 high-end modular Operation Theatres

VISION OF THE HOSPITAL

- **COMPASSION-**The organisation understands patients better and is always sympathetic to their needs. This fosters a culture of providing higher-quality patient-centered care. The organisation ensures that the needs of the patients are met with dignity..
- **EXCELLENCE**-There is a constant endeavor to achieve the highest standards of medical expertise and patient care. The organization understands being the best is a continuous journey of becoming better version of itself every day.
- **EFFICIENCY-** By being responsive to our patients' needs and delivering what they truly require with precision and timing, we have created a responsive healing environment. The organisation is centralised yet quick, advanced yet seamless in providing the precise care our patients require.
- **CONSISTENCY-** Organization always follows through on our commitments and ensures the highest level of patient care is provided at all stages, every time. Organization believes that only through consistency can we gain the trust of our patients and achieve our objectives.

ADMISSION PROCESS




Discharge process
Patients gets intimation of discharge from the consultant
Discharge summary being prepared
File sent for pharmacy clearance
Patients file sent for bill preparation
Nursing clearance
Attendant sent for billing
In case of TPA, the file is sent for tpa approval
Final bill being prepared
Patient pays the bill & vacant the bed

KEY STAKE HOLDERS OF DISCHARGE

OBJECTIVES

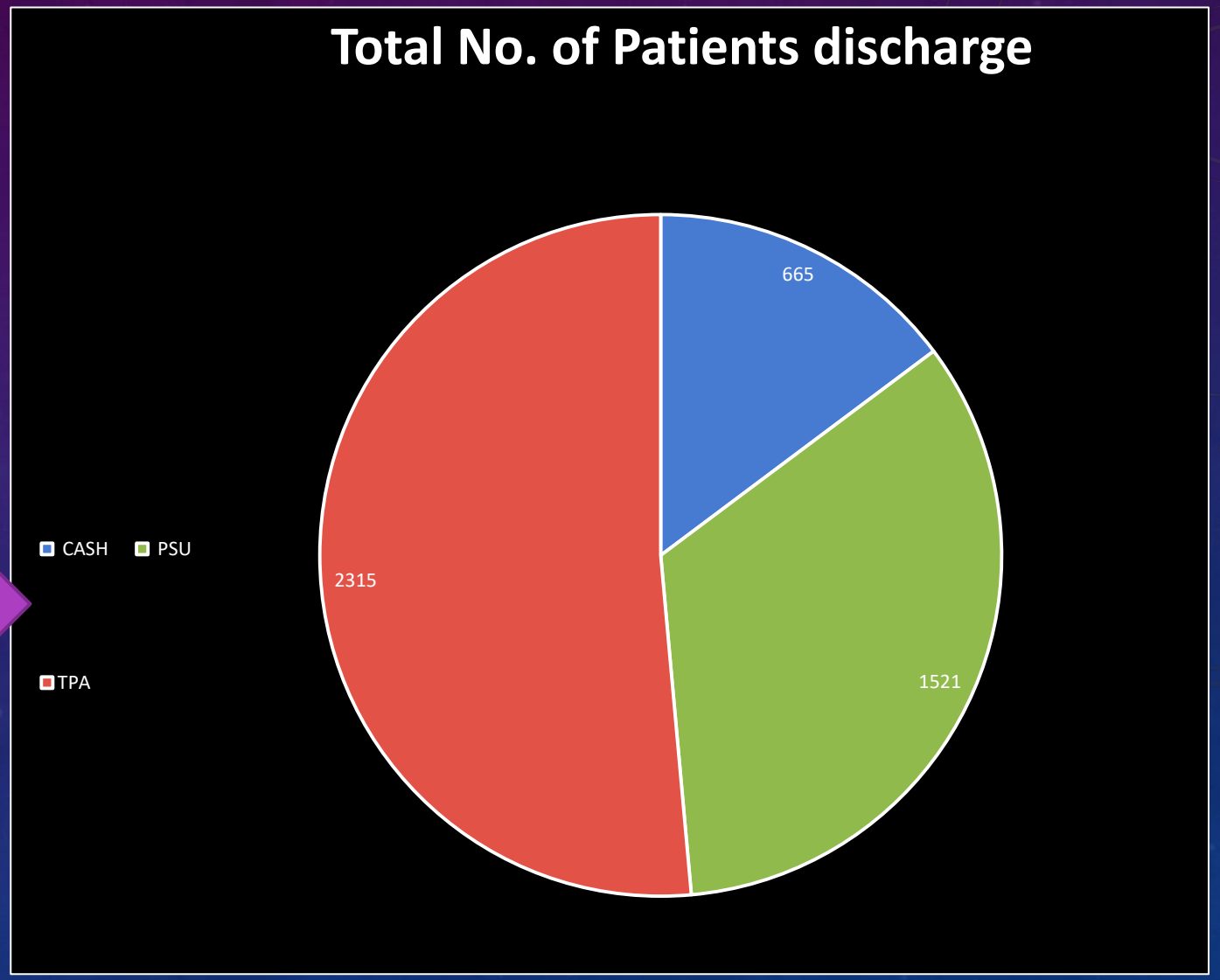
- To estimate the Average Discharge turnaround time of the patients in a multi-speciality hospital.
- To minimize bottlenecks in discharge process.
- To increase number of admissions by quicker discharging of existing patients.
- To study the bottlenecks causing delay in the discharge process
- To identify factors causing delays in discharge time
- To suggest strategies to reduce the TAT in discharge, if required

METHODOLOGY

LOCATION	STUDY OF INPATIENT DEPARTMENT OF MAX HOSPITAL, PARPATGANJ
STUDY DESIGN	Observational cross-sectional descriptive study
SAMPLE SIZE	Total no. of patients discharge in the month od April & May (4501)
SAMPLE TECHNIQUES	Convenience sampling
DATA COLLECTION TOOL	HIS, TAT list
DATA COLLECTION TECHNIQUE	Observation and category wise list collection.

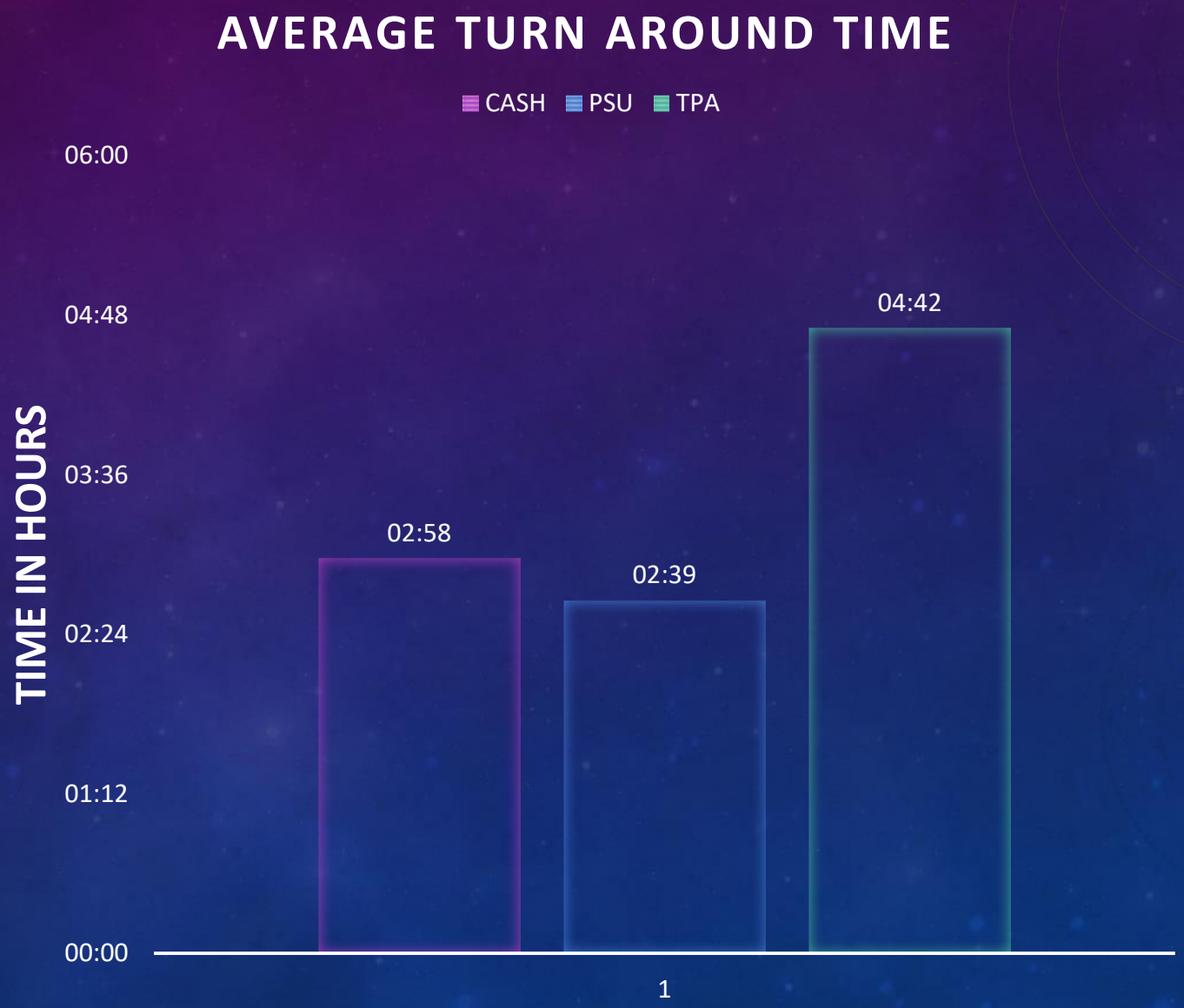
DATA ANALYSIS

The graph show that the No. of patients discharged in the month of April & May and are divided into three categories of mode of payment i.e. a) CASH b) TPA c) PSU.
Total patients discharge in these categories are CASH, TPA & PSU- 655,2315 &1521 respectively.

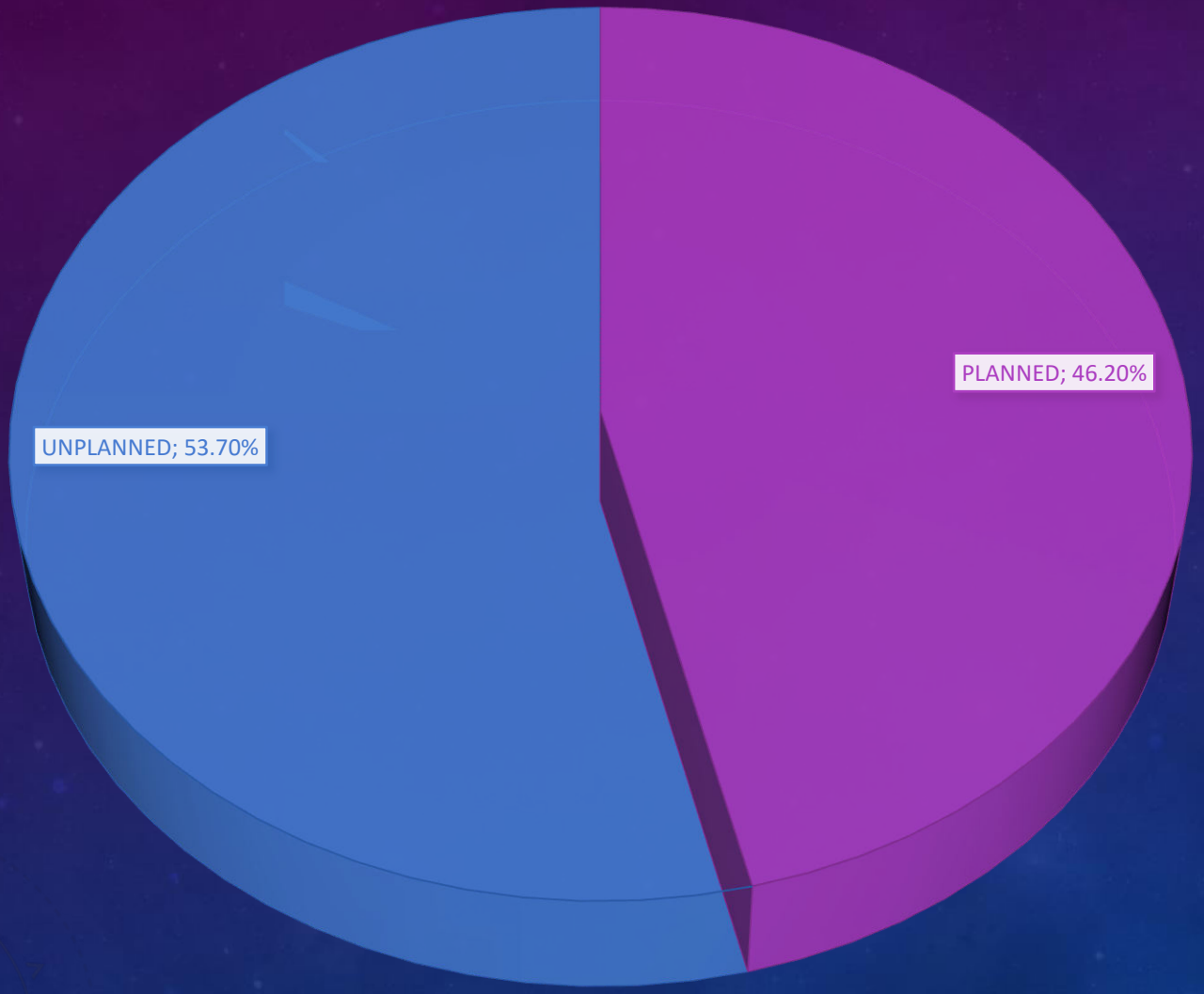


The graph shows that each category has different Avg. TAT, as it differs due to mode of payment. Avg. TAT of cash payees -2hr 58min, TPA – 4hr 42 min & PSU- 2hr 39min.

It is observed that TPA patients takes the most time to gets discharge from the system is because the timely company approval is necessary due to the same reason TAT become high.

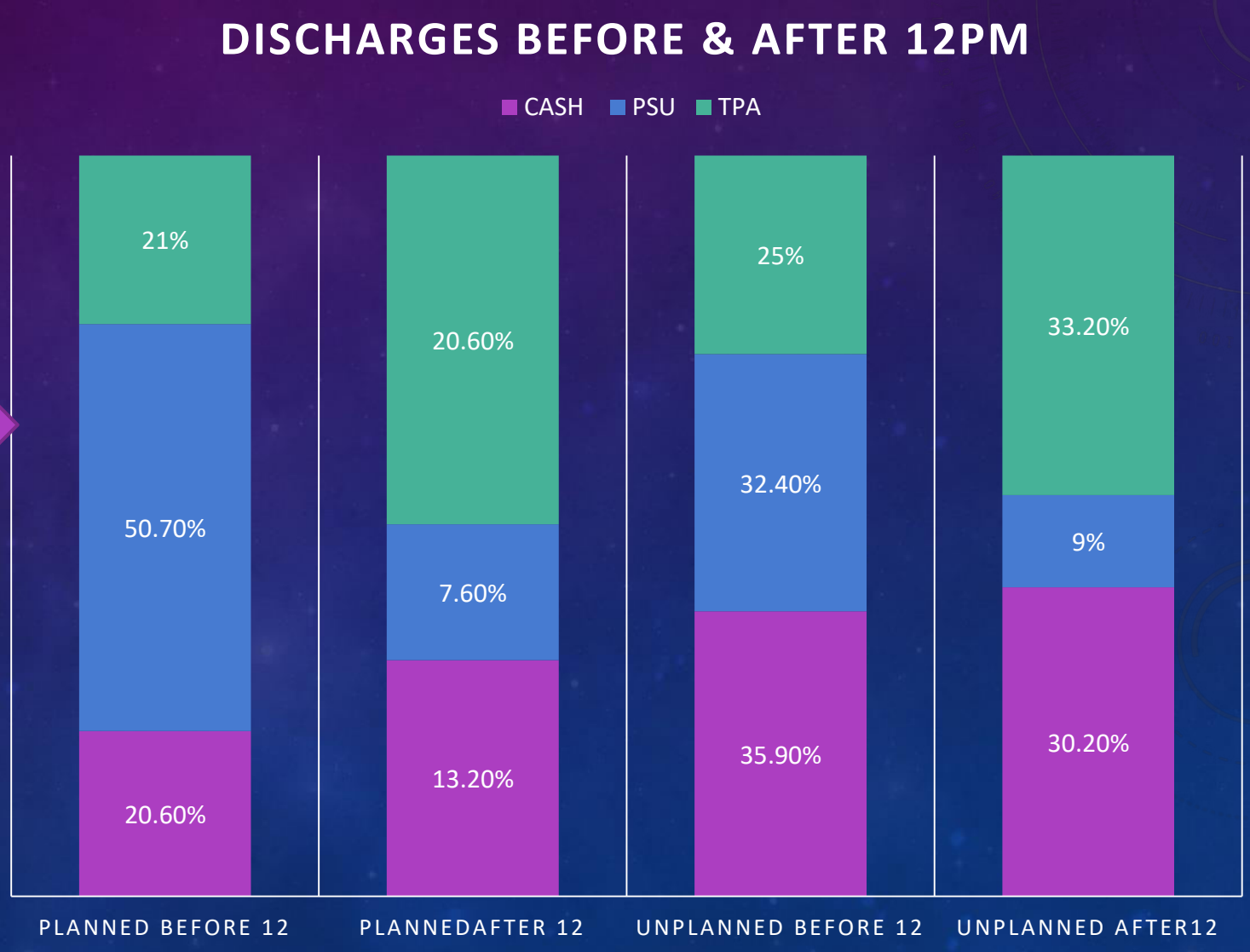


TOTAL PLANNED AND UNPLANNED DISCHARGES

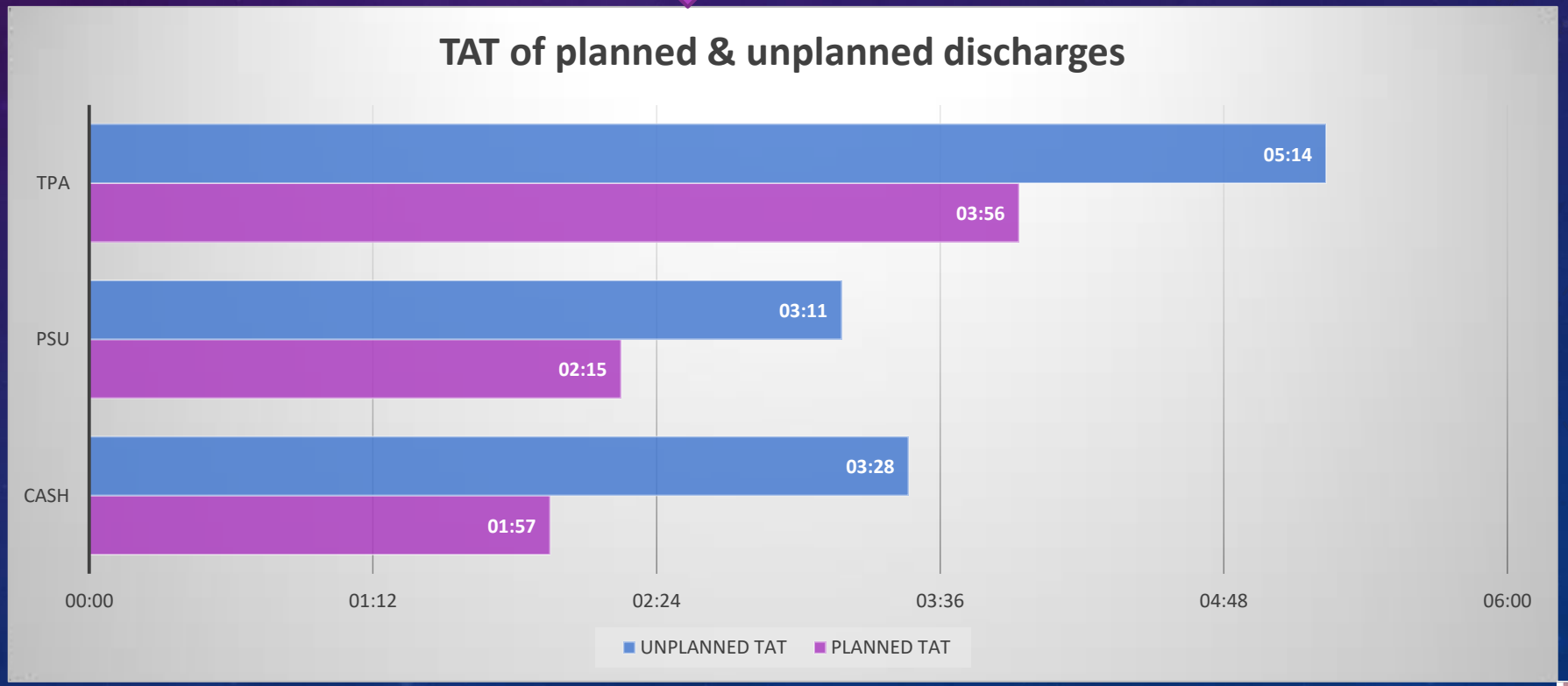


There are total 4501 discharge out of that 46.2% are planned and 53.7 are unplanned. And from Fig. 9 we can say that unplanned discharge has greater AVG.TAT than planned.

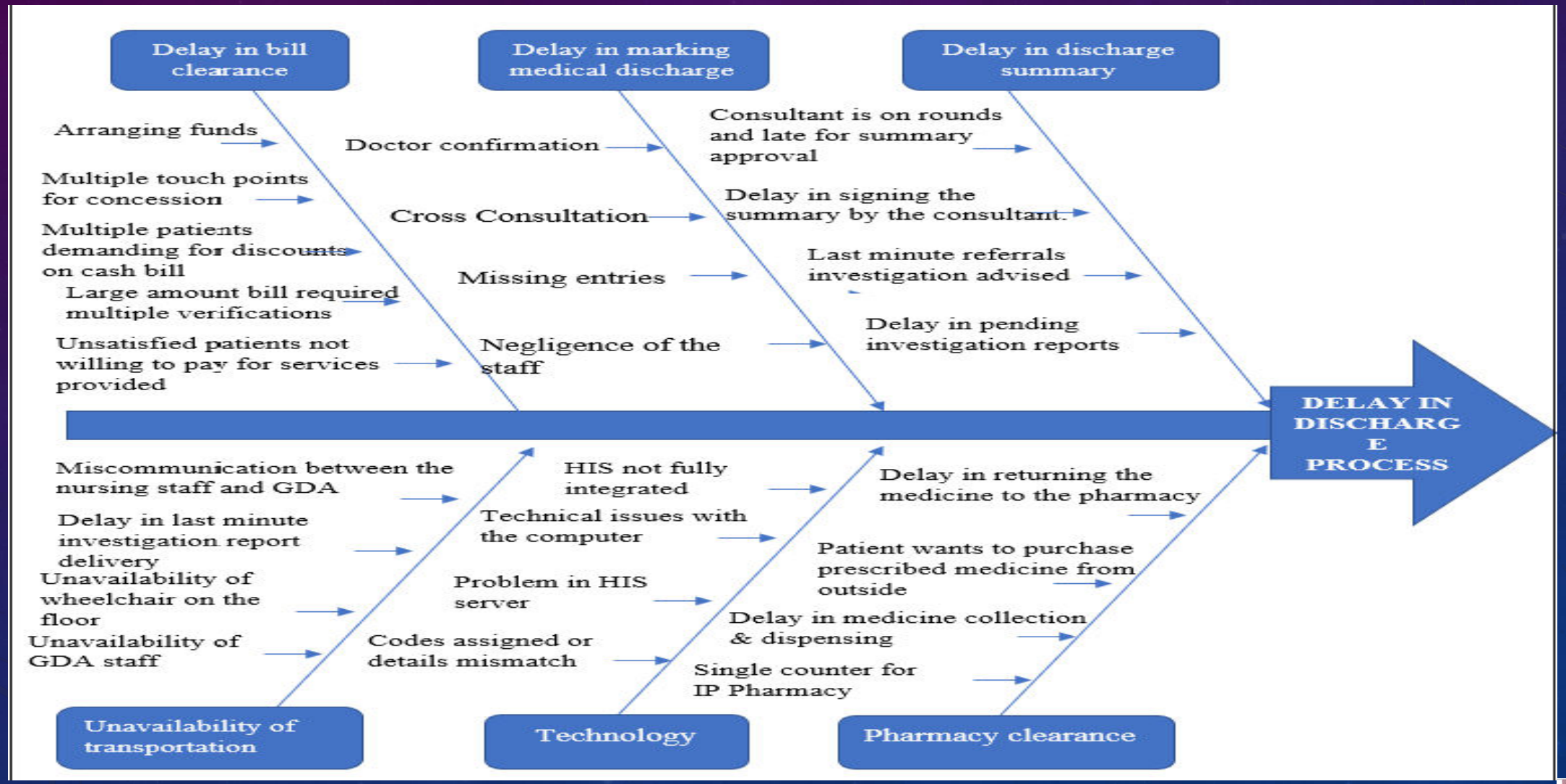
The graph shows the most patient discharged before 12pm is PSU payer in comparison to other payees. The hospital works on discharge the patient before 12pm as the benchmark set for the hospital. However, achieving the same has obstacles like Cash payers arranging the funds, delay in pharmacy clearance, delay in nursing clearance, TPA patient waiting for the approval, denial of TPA approval then patient paying through cash, etc.



Above graphs shows that unplanned discharge tends to delay in discharge process due to which TAT is higher in comparison to planned discharge. Delay in unplanned discharges can be caused by any various reasons such as delay in finalizing the discharge summary, consultation pending from secondary specialty, delay due to last min investigation, etc.



During the observation period, the factors depicted in Fig. 11 were discovered and classified into six categories based on the categories typically classified using the Ishikawa diagram method. The Ishikawa cause diagram allowed for the consideration of organizational variables such as standardization and process, communication issues, and workload, all of which can have an impact on discharge TAT.



RECOMMENDATIONS

- Increase in planned discharges will reduce the impact of factors such as medicine return, nursing delay, pending orders, and missing entries.
- Pending investigation referral cause delays its should be done a day before for planned discharges.
- Timely finalization of discharge summary.
- Checking each patient's IP billing at night and motivating duty doctors to promote before the morning shift, they can contribute to the discharge summary preparation,enhancements to the summary.
- Planning of discharges being increased to ensure more plan discharges and avoid unnecessary bulk of unplanned discharge.
- Billing team to prepare bill for the plan discharge patients during night and patient attendant to be informed about outstanding bill.
- On the same day, the nursing team should update order entries.
- For planned discharges, Doctors must prepare discharge summaries ahead of time in order to reduce discharge delays.
- To reduce discharge delays, nurses, ward secretaries, pharmacists, billing executives, floor managers, and doctors must be coordinated.

CONCLUSION

- According to the findings of this study, a greater No. of planned discharges can help reduce total discharge process time and avg. TAT.
- As a result, an effort should be made to plan more possible discharges in order to improve the discharge process flow. The major problem that was identified was that no. of unplanned discharges is more than 50%, which leads to delay in the discharge process as it increases Avg. TAT that has been standardized by NABH to be 180mins. It has been noticed that planned discharge of cash patients fall under the standards of the same.
- Doctors rounds causes delay in finalizing the discharge summary, a daily basis track is done, recommended the hospital for same.
- In conclusion, we have a lot of say over admission and discharge standards, as well as length of stay. There is enormous potential to restructure patient routes and improve patient flow, resulting in significant benefits for bed management and hospital administration.


THANK YOU