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TIME STUDY OF PATIENT DISCHARGE WORKFLOW

Vision

"To serve humanity with accessible and affordable quality healthcare."
This aligns perfectly with Aster's brand promise, "We'll Treat You Well,"

Organisational Structure

IP OPERATIONS

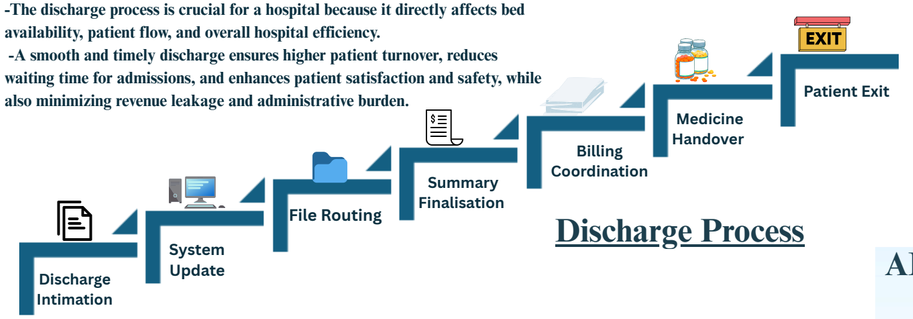
CEO → COO → HOD OPERATIONS → IP MANAGER → TEAM LEAD → EXECUTIVES → ASSOCIATES

Objectives

- To study the patient discharge workflow from discharge intimation to final exit.
- To measure time taken at each key step, including summary preparation, pharmacy, billing, and nursing clearances.
- To identify delays and process inefficiencies affecting discharge turnaround time (TAT).

Importance of Discharge Process

-The discharge process is crucial for a hospital because it directly affects bed availability, patient flow, and overall hospital efficiency.
-A smooth and timely discharge ensures higher patient turnover, reduces waiting time for admissions, and enhances patient satisfaction and safety, while also minimizing revenue leakage and administrative burden.

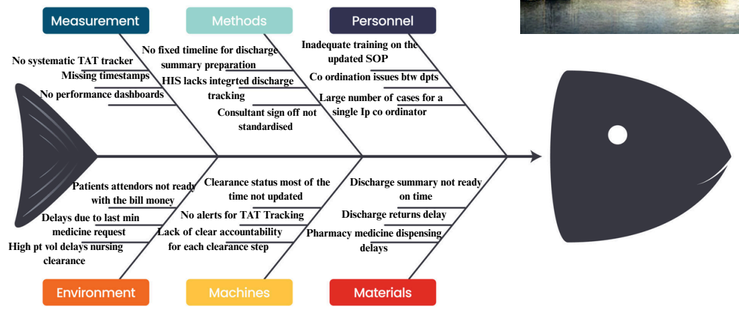


Discharge Process

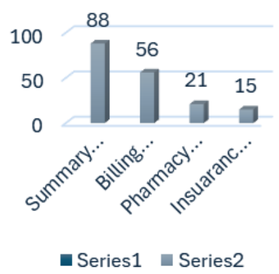
"SOP vs Actual Process: Gap Analysis Table"

PROCESS STAGE	SOP REQUIREMENT	REALITY
1.Early Discharge Flag	HIS flag set 24 h in advance	Mostly verbal; HIS not updated
2.Discharge Confirmation	Consultant to mark in HIS	Mostly verbal reconfirmation during next morning rounds
3.File Routing	Within 30 min of confirmation	Often sent at night but reprocessed only next morning
4.Summary Preparation	Finalised within 1 hour	Takes 10 mins to 4–5 hrs
5.Cross Consultation	Completed before discharge confirmation	Often advised during last rounds
6.Clearance Process (Alden)	Post-summary finalisation	Initiated in parallel during summary prep
7.Insuarance	Quick clearance	Mostly efficient; occasional 1 hr delay due to billing lag
8.Pharmacy + Billing	Coordinated clearance	Prone to bottlenecks, esp. during peak hours

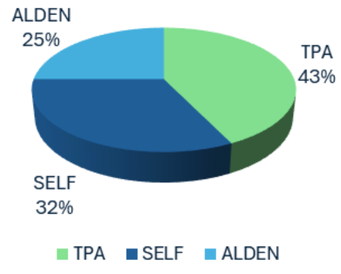
Discharge Process Cause & Effect Analysis



"Department-Wise Contribution to Discharge Delays (N = 180)"



"Patient Payment Mode Distribution (n=180)"



Study Type & Sample Size: Descriptive cross sectional study . 180 discharged patients (n=180).

Sampling Technique: Purposive sampling — only patients who completed all clearance steps were included.

Study Duration & Data Collection Method: Conducted over a 2-week period, covering weekdays
Real-time observation using time-tracking sheets and shadowing staff through discharge steps.

Inclusion and Exclusion Criteria

Inclusion: Patients discharged from IPD (Inpatient Department) who experienced a delay in their discharge clearance process.
Exclusion: Patients who left against medical advice (LAMA), absconded, or were transferred to another facility.

Learnings

1.Understanding of SOP vs Actual Practice
2.Insight into Interdepartmental Dependencies
3.Importance of Time Management
4.Role of Digital Systems

ALDEN- Alden Insurance Service at Aster primarily supports cashless and assisted insurance claims processing, seamlessly integrating with Aster's digital ecosystem—like the myAster app—to help patients from pre-authorization through settlement.

"Although the hospital strives to adhere to the NABH-recommended discharge turnaround time of 180 minutes, occasional delays occur due to multifactorial challenges such as interdepartmental coordination gaps, patient-side formalities, and system limitations."

Department Clearances Before Discharge

Summary Clearance
- Consultant/physician completes and signs the discharge summary, ensuring all clinical details and advice are included.
- Summary is uploaded in the HIS, printed, and handed over to the patient or family at discharge.

Pharmacy Clearance
- Ensure all discharge medications are issued and verified against the discharge prescription.
- Confirm that discharge returns (unused in-patient medicines) are collected and documented by the pharmacy.

Billing Clearance
- Final bill is prepared after consolidating all services (room charges, investigations, procedures, pharmacy, etc.).
- Patient/family is informed of the final payable amount, and billing is cleared (cash/insurance as applicable).

Nursing Clearance
- Nurse ensures patient's clinical file is complete, all investigations/procedures are documented.
- Final handover of medications, discharge instructions, and belongings to the patient/family

Main Observations

- Consultants usually announce planned discharges verbally during the morning round (often one day ahead, sometimes same day).
- Nurses send the file to Billing/Insurance at night, but processing restarts only after the doctor reconfirms on the next morning round.
- IP Coordinators meet patients after confirmation and outline the process.
- Discharge summary preparation time varies widely (≈10 min – 4-5 h) depending on the consultant.
- While the summary is pending, billing, pharmacy and insurance clearance start once the doctor reconfirms.
- During final rounds, doctors may order last-minute cross-consults; the summary is completed only after these notes and discharge medications are added.
- After summary finalisation, staff compile reports, arrange follow-up, and collect discharge medicines.
- Billing and pharmacy clearance frequently become bottlenecks, extending total turn-around-time (TAT).

Challenges Faced

- 🕒 Time Constraints: Managing real-time observation across multiple departments without missing steps.
- 📋 Tracking Multiple Cases: Difficulty in accurately monitoring multiple discharges happening at the same time.
- 📉 Unstructured Data: HIS data was not always clear or timestamped properly, requiring manual validation.
- 🗣️ Limited Access to Doctors/Coordinators: Difficulty in getting interviews or clarifications during peak hours.
- 📅 Process Variations: Differences between emergency, same-day, and planned discharges made standard tracking challenging.
- 😓 Pressure During Peak Hours: High-pressure environment made it difficult to ask questions or intervene without interrupting patient care.

Suggetions

Mandate HIS-based discharge flagging
No clearance should begin unless the consultant marks the discharge formally in the HIS. Automatic reminders can prompt this action.

Standardise Discharge Summary Templates
Use templated sections with clinician pre-fill options and PA/medical scribe support to reduce preparation time.

Proactive Handling of Late Cross-Consults
HIS to prompt clinicians to confirm "no further consults pending" before allowing discharge flag to be set.

Load-balanced Clearance Counters
Identify peak discharge times and staff billing/pharmacy accordingly. Consider adding a "Rapid Discharge Desk".

THANK YOU