



Improving Patient Discharge Process Efficiency to Reduce Delays

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INTRODUCTION

The discharge process is the final step of inpatient care and crucial for hospital efficiency.

Delays in discharge affect:

- Bed turnover and new admissions
- Patient satisfaction
- Operational costs

At PIMS, Udaipur, discharge inefficiencies were observed due to:

- Manual documentation
- Poor interdepartmental coordination
- Delayed investigation and billing clearance

This study investigates these issues and suggests improvements to enhance discharge efficiency and patient care.

About the Organization – PIMS, Udaipur

Pacific Institute of Medical Sciences (PIMS), Udaipur

- **Founded by:** Tirupati Balaji Educational Trust
- **Location:** National Highway 27, Bhillo Ka Bedla, Udaipur, Rajasthan
- **Campus Area:** 32.14 acres
- **Hospital Capacity:** 900-bed tertiary care, multi-speciality facility
- **Services Offered:** General & Specialized Medicine, Surgery, Orthopedics, Gynecology, Intensive Care, Diagnostics, Emergency
- **Mission:** To provide affordable and compassionate care without discrimination
- **Vision:** Commitment to quality healthcare and patient satisfaction





Aim & Objectives

Aim:

- To enhance discharge efficiency in a tertiary care hospital.

Objectives:

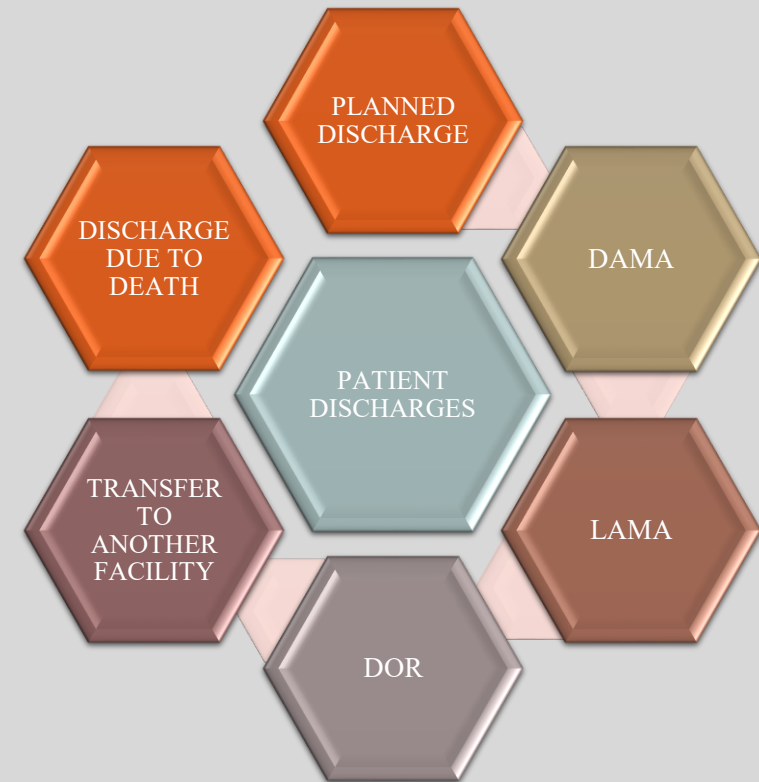
- Identify causes of discharge delays
- Calculate average discharge turnaround time (TAT)
- Recommend strategies to reduce delay and improve satisfaction

Literature Review Insights

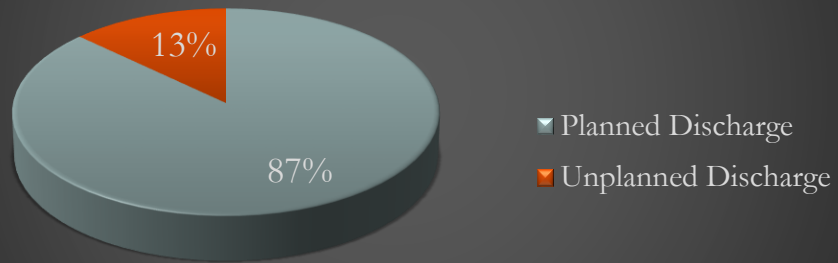
- Early planning shortens hospital stays (Shepperd, 2013)
- EMRs reduce paperwork delays (Amenders, 2006)
- Dedicated discharge teams ensure smoother workflows (Morrell-Scott, 2019)
- Patient-family engagement leads to fewer post-discharge issues (Hesselink, 2012)
- SBAR communication boosts inter-department clarity (Wong et al., 2008)

Types of Discharges

1. Planned – Standard discharge with follow-up
2. DAMA/LAMA – Patient leaves against advice
3. DOR – Discharged on request
4. Transfer – Moved to other facility
5. Death – Requires formal documentation



Percentages of Planned and Unplanned Discharges



Methodology

- **Design:** Descriptive cross-sectional
- **Sample Size:** 100 discharges (87 planned, 13 unplanned)
- **Tools:** Time-tracking of each step, HMIS data
- **Analysis:** TAT, departmental trends, UHID delays



Step-Wise Delays

Longest steps:

- Finalization of discharge by doctor
- Discharge summary creation

Medium delays:

- Billing, clearance, and insurance

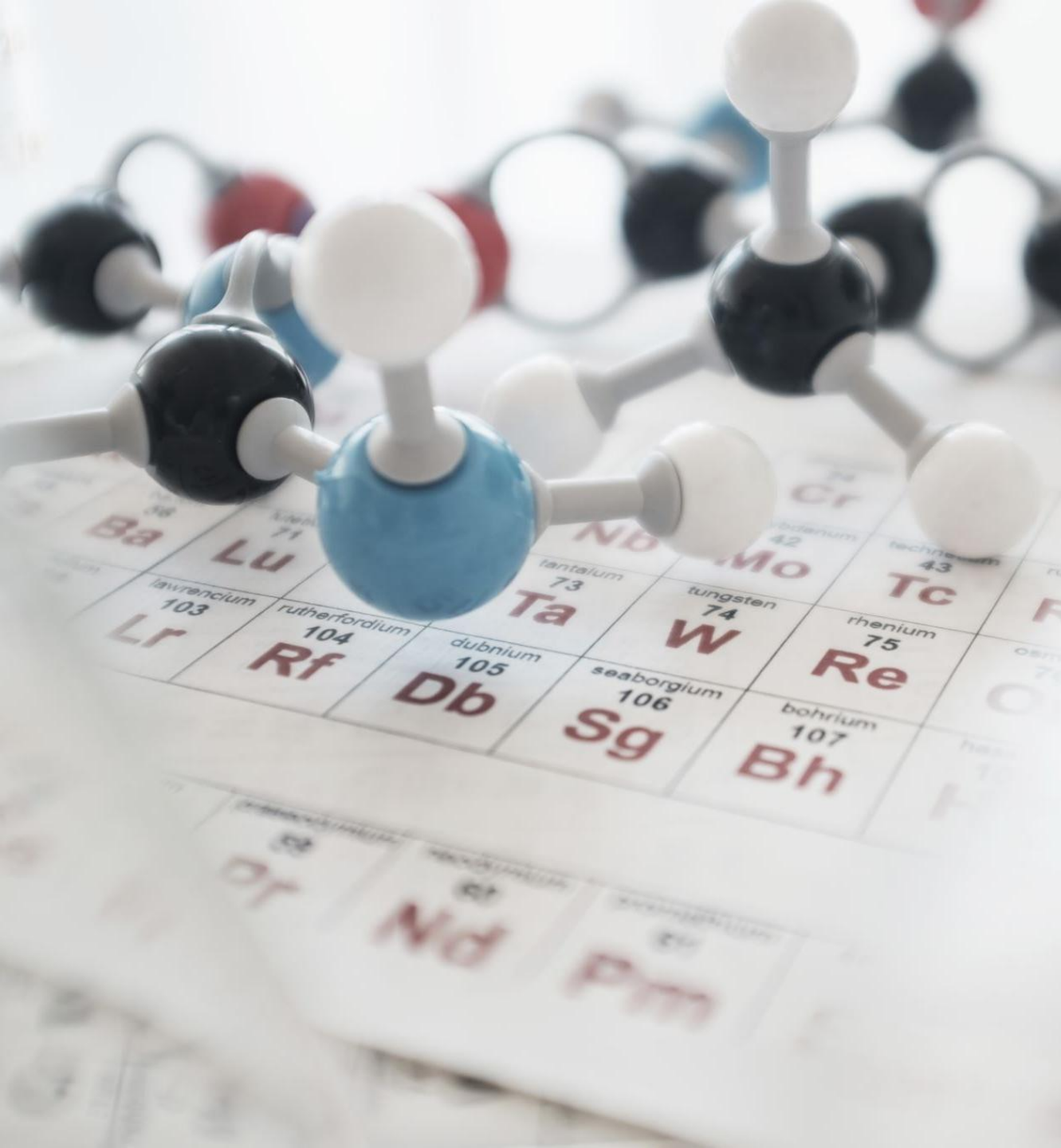
Minimal delays:

- Handover, pharmacy, and physical departure

Conclusion: Delays stack up early in the discharge chain.

Key Findings

- ☐ Manual file review is slow and inconsistent
- ☐ Centralized summary process causes queues
- ☐ Summary needs proofreading, approval — time-consuming
- ☐ Billing often begins late due to poor notification
- ☐ Insurance adds delay if documents are incomplete
- ☐ Communication gaps between departments are evident



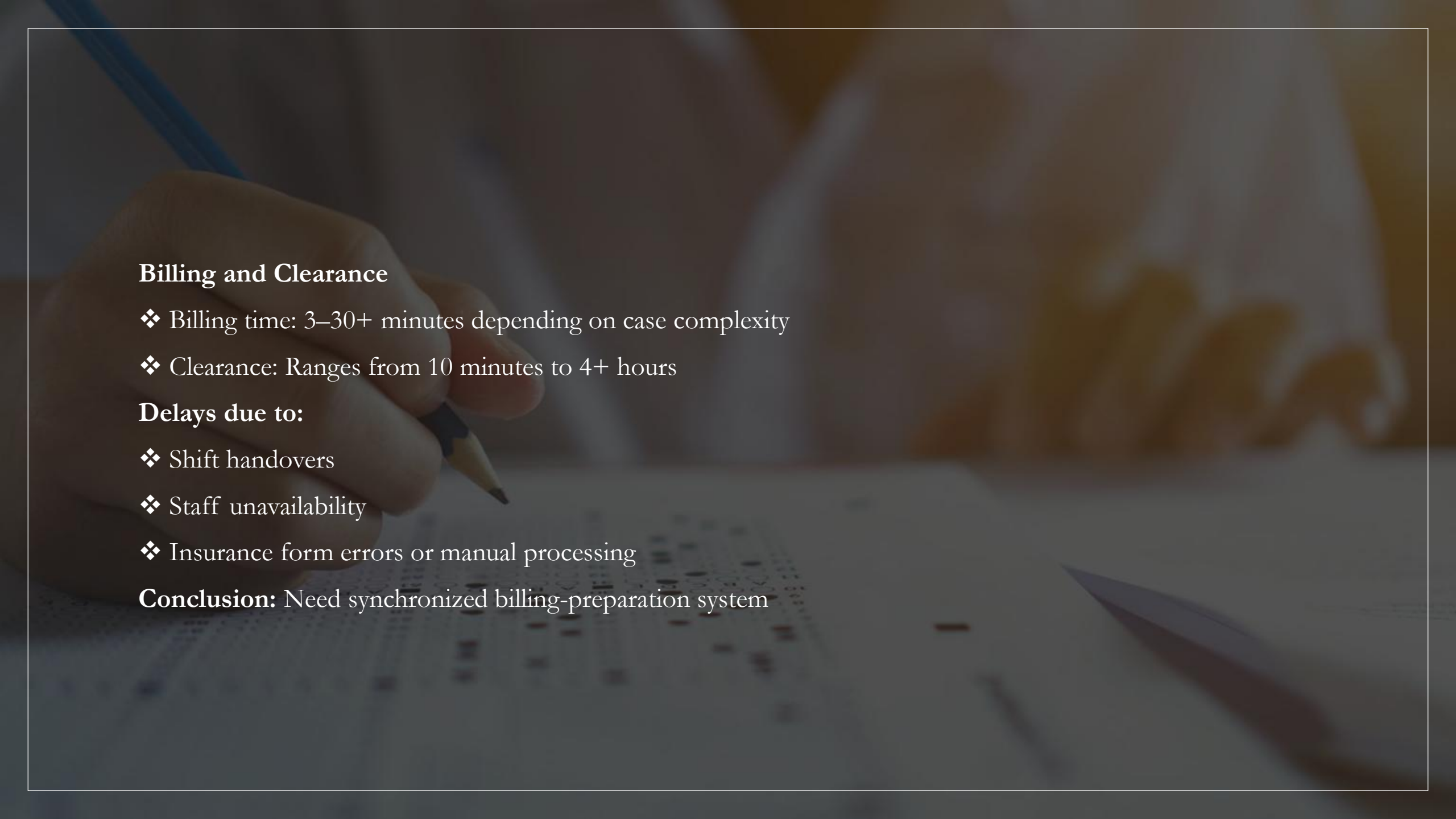
Finalization Time Analysis

- ❖ Some UHIDs took 250+ minutes
- ❖ Major variation in doctor rounds and availability
- ❖ Delays in receiving investigation reports before summary creation
- ❖ Some cases had missing or negative timestamps → system issues

Billing and Clearance

- ❖ Billing time: 3–30+ minutes depending on case complexity
- ❖ Clearance: Ranges from 10 minutes to 4+ hours Delays due to:
- ❖ Shift handovers
- ❖ Staff unavailability
- ❖ Insurance form errors or manual processing

Conclusion: Need synchronized billing-preparation system



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Discussion

Discharges should be proactive, not reactive

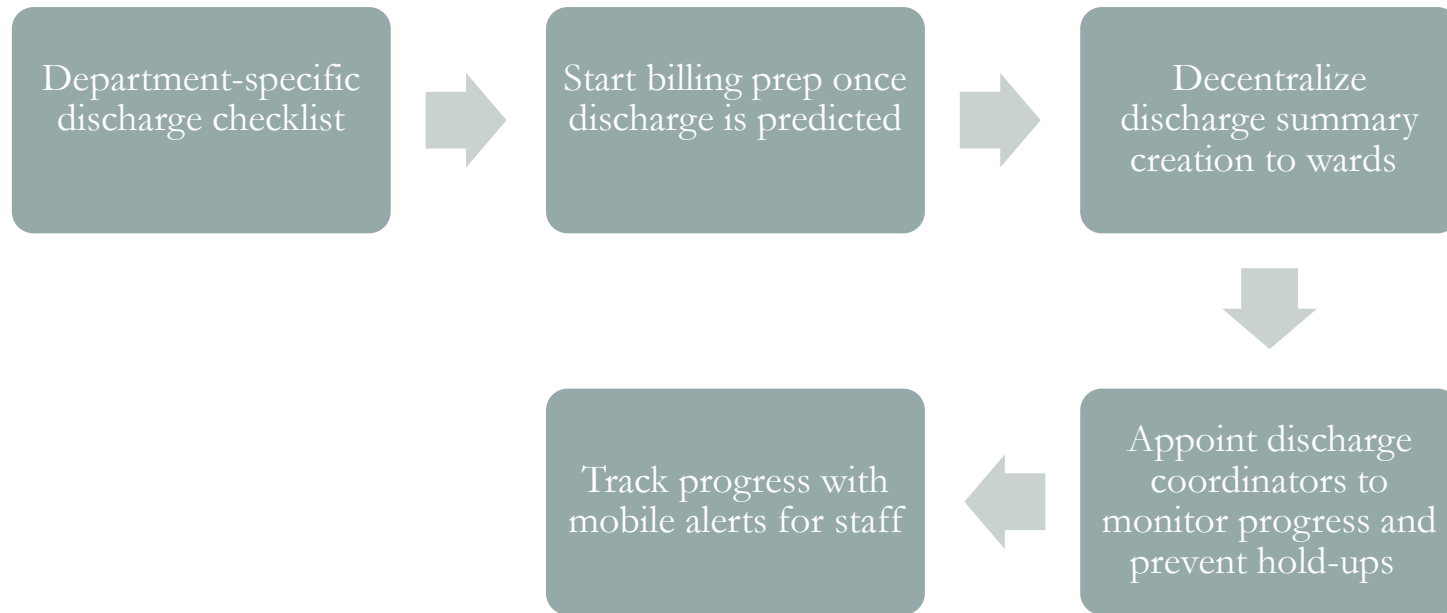
Planned discharges still face longer delays than emergency ones

Major causes: Lack of standardization, poor communication, paper-based work

Centralized processes create bottlenecks; decentralization is the solution

Patient experience is directly impacted by delays in the discharge process

Process Recommendations



Conclusion

Discharge inefficiencies at PIMS are preventable

Digitization, decentralization, and early coordination are essential

Planned discharges must be handled more efficiently

A streamlined discharge process = Better bed turnover + Satisfied patients + Reduced costs