IIHMR UNIVERSITY
Institute Of Health Management Research, Jaipur

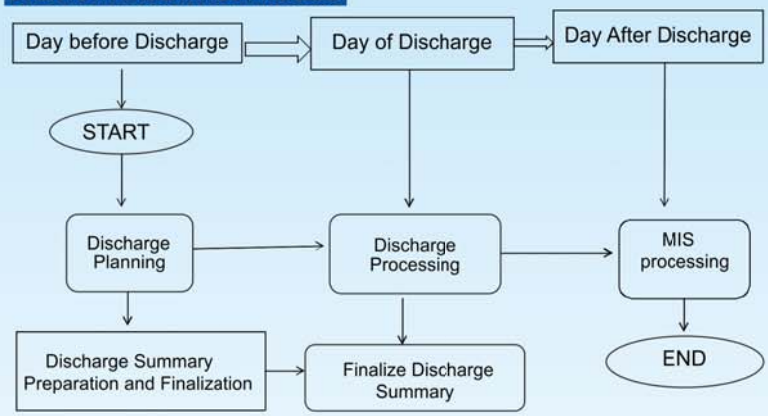
PROJECT ON DISCHARGE PROCESS

MAX HEALTHCARE

AIM :

- To avoid unplanned discharges
- To ensure the patients get discharged by 2pm
- To learn issues during the discharge process & causes of delay in discharge.
- To observe and monitor bed preparation time after discharge.

EVENTS IN DISCHARGE PROCESS



Steps to be followed a day previous Planned Discharges:

➢By the Doctor
Discharge and drug advice are written..
➢By Floor RMO/ Typist/ Coordinator
Finalize list of Plan discharges
Obtain Drug advice
Planned intimation.
Discharge Summary preparation& finalization
File preparation and completion
TPA summaries scan and send to TPA desk.

➢By Nursing Staff
Drug collection
Drug return/indent
Report collection.
File Preparation.

➢By Billing Staff – Back end
Bill preparation
Package conversion

Actions Taken on the day of Planned Discharges-

➢By the Nursing Staff
Patient readiness (to start as soon as the bill is settled)
➢By Ward Secretary
Bill Finalization and coordinate for cash and TPA patients
Bill settlement.
Discharge slip signing
System updated – bed ready.
➢By House keeping Staff
Room clean up
Bed Ready
Change status to available

➢By billing (Back end)
Bill finalization-cash
Bill settlement, discharge& call to ward secretary – TPA
➢ BY TPA Executive
Obtain Discharge Summary from RMO.
Obtain bill for billing
Take approval from TPA
➢By Security
Collect Discharge slip from patient/attendant
Inform housekeeping supervisor

Methodology

Type Of Study : Quantitative Analytical
Study Population : All Discharge patients at Max Super Speciality Hospital, Patparhganj, New Delhi
Study Area : PPG-1 , PPG-2 (Both the buildings of hospital)
Duration of study : 2 weeks in each building
Sample size : 132+127 in PPG-1 and PPG-2 respectively
Data collection : Primary and secondary (from discharge coordinators)
Data Analysis : Using tabular columns, bar charts, pie diagrams

Observations

Obstacles during discharge process

IN PPG-1

- TPA approval
- Summary delay
- Clinical reasons such as late round of doctors, symptoms or pending investigations. As seen on 2nd floor, TSH sample sent before discharging newborns.
- Food service timings
- Housekeeping service – when more time taken by GDA's to prepare room
- Insufficient computer on wheels
- Transport service issue
- 7 beds took time more than 15 minutes to get ready.
- 4 were in ground floor economy. Housekeeping staff took 30 to 45 minutes to prepare them.
- The rest 3 were single rooms.
- As too many discharge happens around the same time, this adds to the time consumed in making room ready for the next admission.

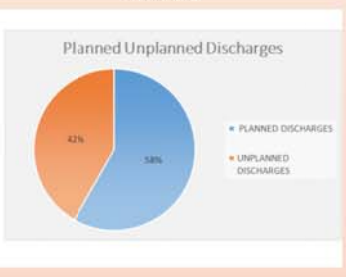
IN PPG-2

- Unavailability of attendant
- Billing issues – pharmacy return, clearance delay, pending TPA approval
- International patients waiting in rooms after billing , leaving room as per their convenience
- Too many unplanned discharges cause delay
- Discharge intimation being not entered into the system on time
- Housekeeping takes 30 to 40 minutes for single room, 20 to 30 minutes for economy and double rooms.

Analysis

• In PPG-1

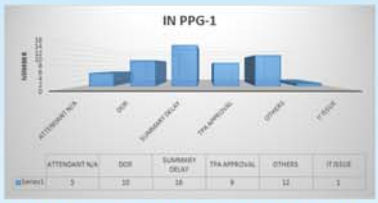
• In PPG-2

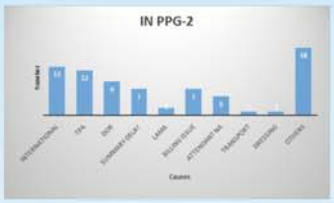


TIME TARGET BY 2PM

AREA	BY 2PM	AFTER 2PM (DELAYED)
PPG-1	79 , 60%	53 , 40%
PPG-2	52 , 41%	75 , 59%

CAUSES OF DELAY





SUMMARY DELAY DEPARTMENT WISE

8th FLOOR ANALYSIS

As It was found that international patients get discharged from the system but vacate room as per their convenience, some pay the bill and stay back according to their flight timings, some delay bill payment despite being medically fit to go. A detailed analysis was done on 8th floor to track these patients.

Analysis of international patient floor (8th floor) :
Out of the total 22 patients discharged over a week, only 6 vacated the room by 2pm.
The cause of delay for 16 patients is depicted below in pie diagram 2

37% were found to be international patients. Discharge timing was collected from IP billing and room vacating time was obtained from housekeeping record. It revealed that out 7 international patients only 1 vacated before 2pm.

RECOMMENDATIONS

- To avoid as much as possible unplanned discharges.
- To orient international patients well in advance and ensure that they cooperate with hospital policies .
- Proper co operation and co ordination among various departments (medical, Paramedical staff, lab technicians, discharge coordinators, transport, housekeeping ...)
- Number of housekeeping staff can be increased or job rotation , job sharing among housekeeping staff can be done to ensure room getting ready within ideal time. Training can be provided to be able to complete the task on time.
- Training of doctors and nurses to make sure intimation is put on time, doctor rounds on time , nurses to accompany doctors, manuals can be provided about this information to them.
- Job recognition to appreciate the good work .
- Number of systems can be increased along with monitoring to ensure efficient and effective use of resources.
- Counsel patients to prevent DOR , also to anticipate based on the patient-professional relationship established
- TPA clearance process to be initiated in advance.
- A checklist to accelerate process for planned discharge patients.
- A post discharge checklist for ensuring and tracking timely services of housekeeping

CHECKLIST FOR PLANNED DISCHARGE

PRE DISCHARGE

Name :
Room no :
EHPG no:
Date :

S.NO	Checks to be done	YES	NO	N/A
1.	Is the rough summary ready ?			
2.	Has the billing been done ?			
3.	Are there any pending references ?			
4.	Are there any pending reports?			
5.	Is there any pharmaceutical clearance to be done ?			
6.	Will there be any need of transport services assistance required?			
7.	If yes , then please choose	Wheel chair	Stretcher	Ambulance / others
8.	Does the patient needs any home care ?			
9.	Has the patient received careful instructions from dietician/therapists/ others ?			
10.	Has the patients / attendants queries been answered well ?			
11.	Is there any dressing to be done ?			
12.	Are there any investigations to be sent coming morning ?			
13.	Has the medications been explained ?			

POST DISCHARGE

Name :
Room no :
EHPG no:
Date :

S.NO	Checks to be done	YES		NO		N/A	
1.	Any delay in the discharge ?						
2.	If yes , then specify cause	TPA Approval	Billing issue	Late rounds/ referrals	Late intimation	Summary delay	IT issue
		Pharmacy clerance	Food Service related	Transport issue	Pending investigation	Pending reports	others
3.	Room/bed vacant on time						
4.	Room ready on time post discharge (within 30 min)						
5.	Patient satisfied on discharge						

Mentor:
Dr. P.R. Sodani
Dean, Training

Made By:
Dr. Zubeda Hasan
MBA-HM-21, 0517