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“Our mission is to bring healthcare of international standards within the reach of every individual. We are committed to the achievement and maintenance of excellence in education, research healthcare for the benefit of humanity.”

PATIENT'S LENGTH OF STAY & DISCHARGE TIME

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INTRODUCTION

In hospital Patient's average length of stay (ALOS) is an important performance indicator of hospital management and efficiency. Delayed discharge refers to the situation where a patient is deemed to be medically well enough for discharge but where they are unable to leave hospital because arrangements for continuing care have not been finalized. Identification of the barriers to timely discharge may help direct efforts towards reducing unnecessary hospital stay (ALOS). Reducing ALOS will release capacity in system. Delayed discharges have an impact on hospitals' ability to cut waiting lists and deliver healthcare effectively and efficiently. The problem is also frequently related to the need for a whole systems approach to avoid difficulties and disputes at the boundary between health and social care.

RATIONALE

The discharge process is a critical bottleneck for efficient patient flow. This paper focuses on identifying the problems which impacts on discharges. A database was taken then decided to study the entire discharge procedure of patients. Study focus on to arrive at the exact time taken for discharge and to find out the time taken for each process. 183 patients were identified for the study and the breakup of the time taken for each step in the discharge procedure was observed.

AIM'S

- To study and analyze reasons of delay in discharge time and process contributing towards prolonged stay of patients and to optimize ALOS further.

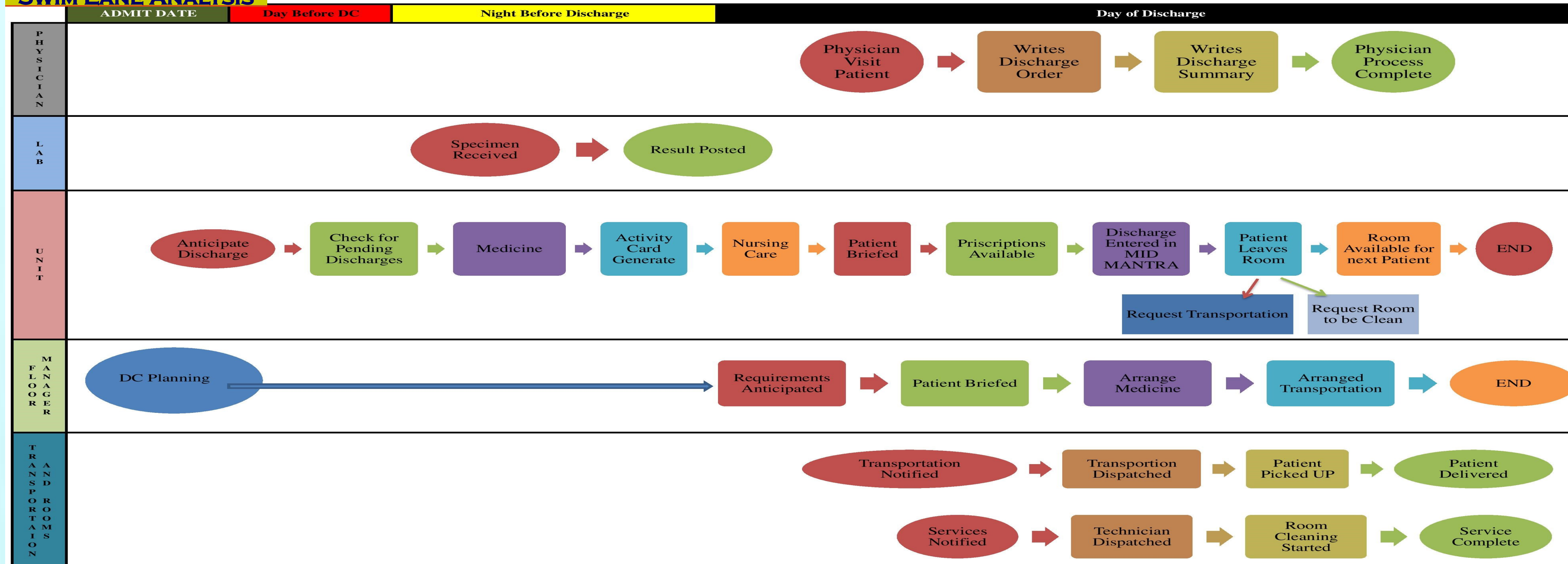
OBJECTIVE

- To study existing discharge process.
- To find out time delay in discharge process and ALOS.

METHODOLOGY

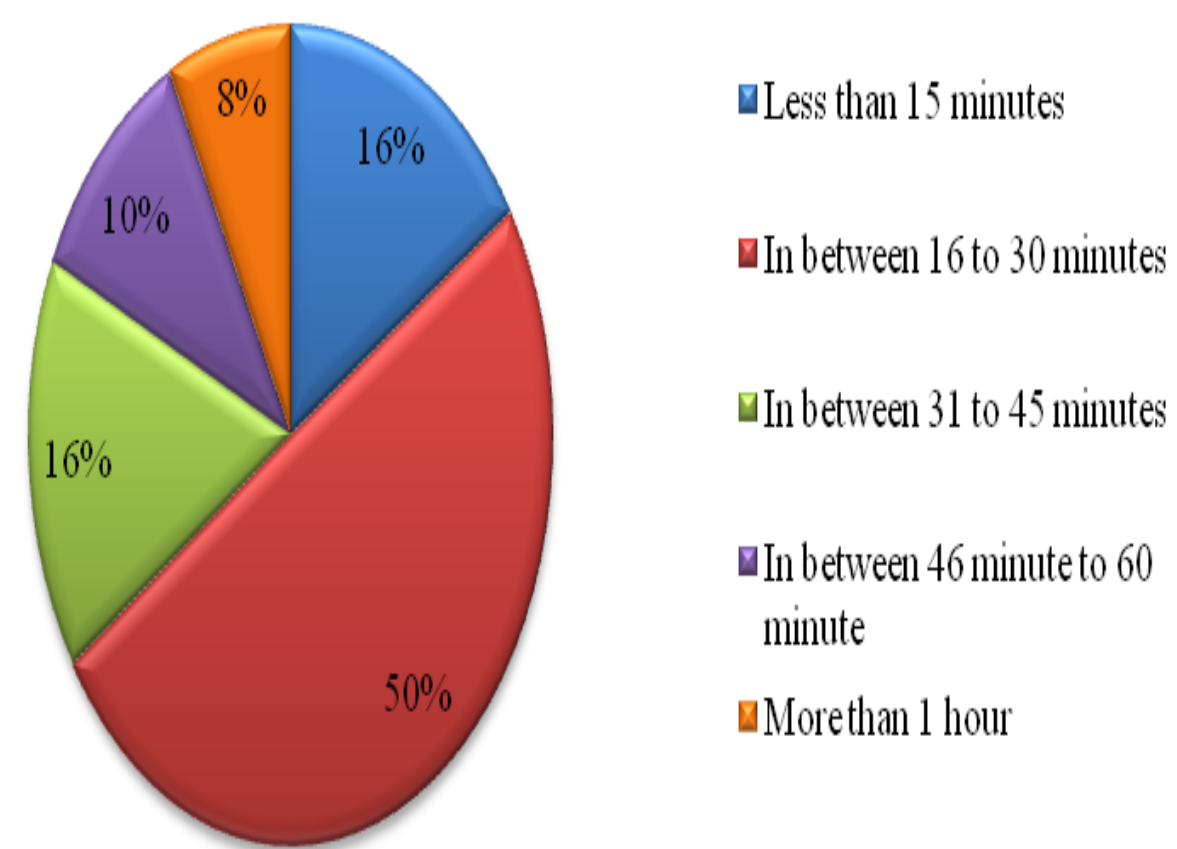
- Study Type** -- Observational Cross-Sectional, Analytical
- Study Population** – Patients to be discharged & their relatives, nursing staff, floor manager of Apollo Hospital
- Study Area** – In-Patient Department Building, Apollo Health City, Arilova, Vishakhapatnam
- Duration of Study** – Four weeks
- Type of Data** – Quantitative, Qualitative
- Sample Size** – 183 Discharge processes
- Sampling Method** -- Purposive sampling
- Data Collection** -- Manual
- Inclusion criteria** -- Discharged procedure of patient's discharged between 10th to 29th April and admitted between 3rd to 16th April 2017.

SWIM LANE ANALYSIS

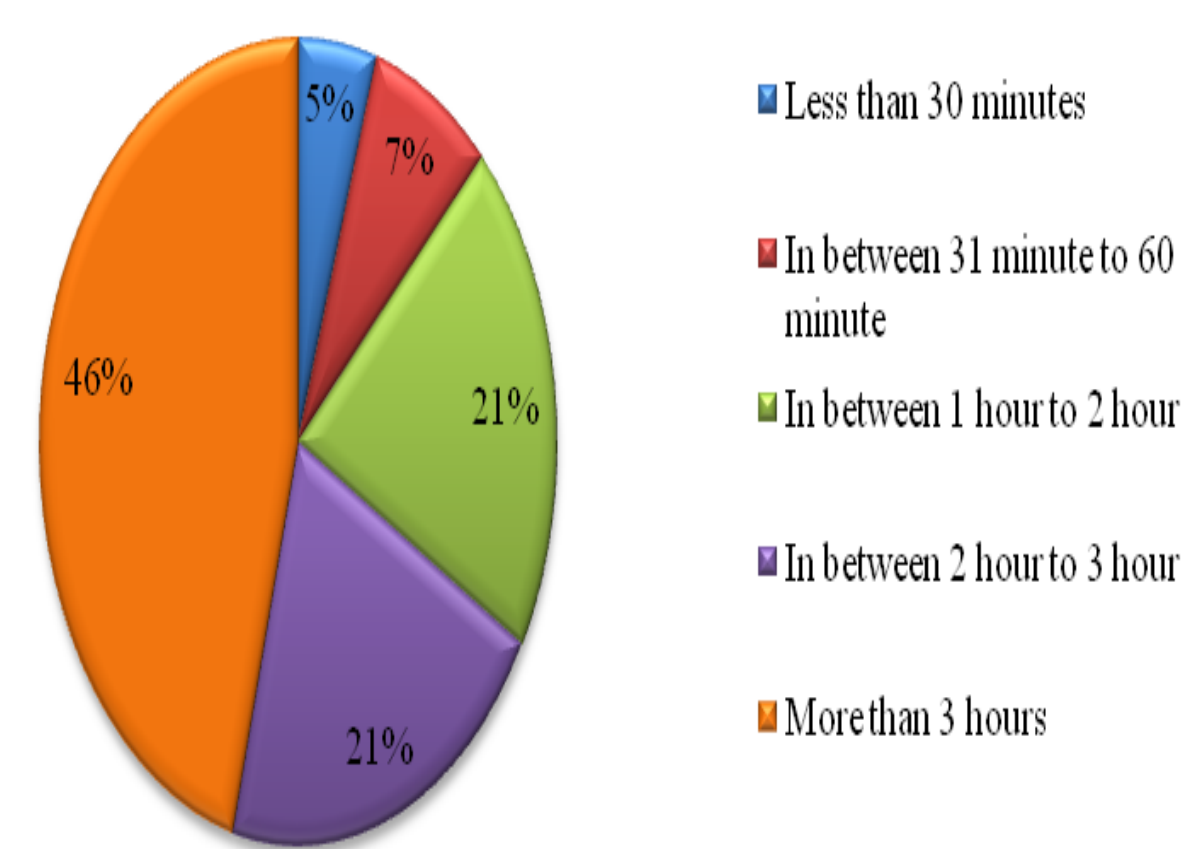


DATA INTERPRETATION & SPECIFIC PROJECT FINDINGS

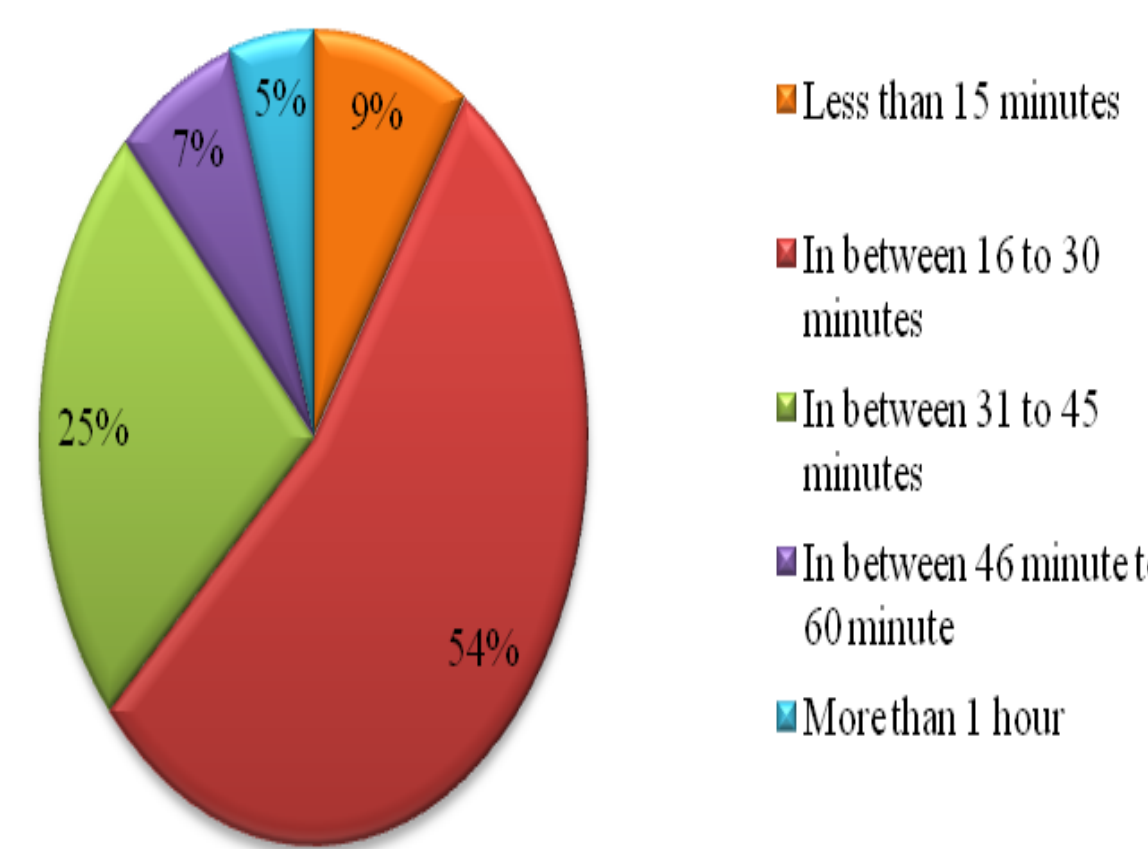
Time Difference between Intimation & ACG (Standard 30 minute)



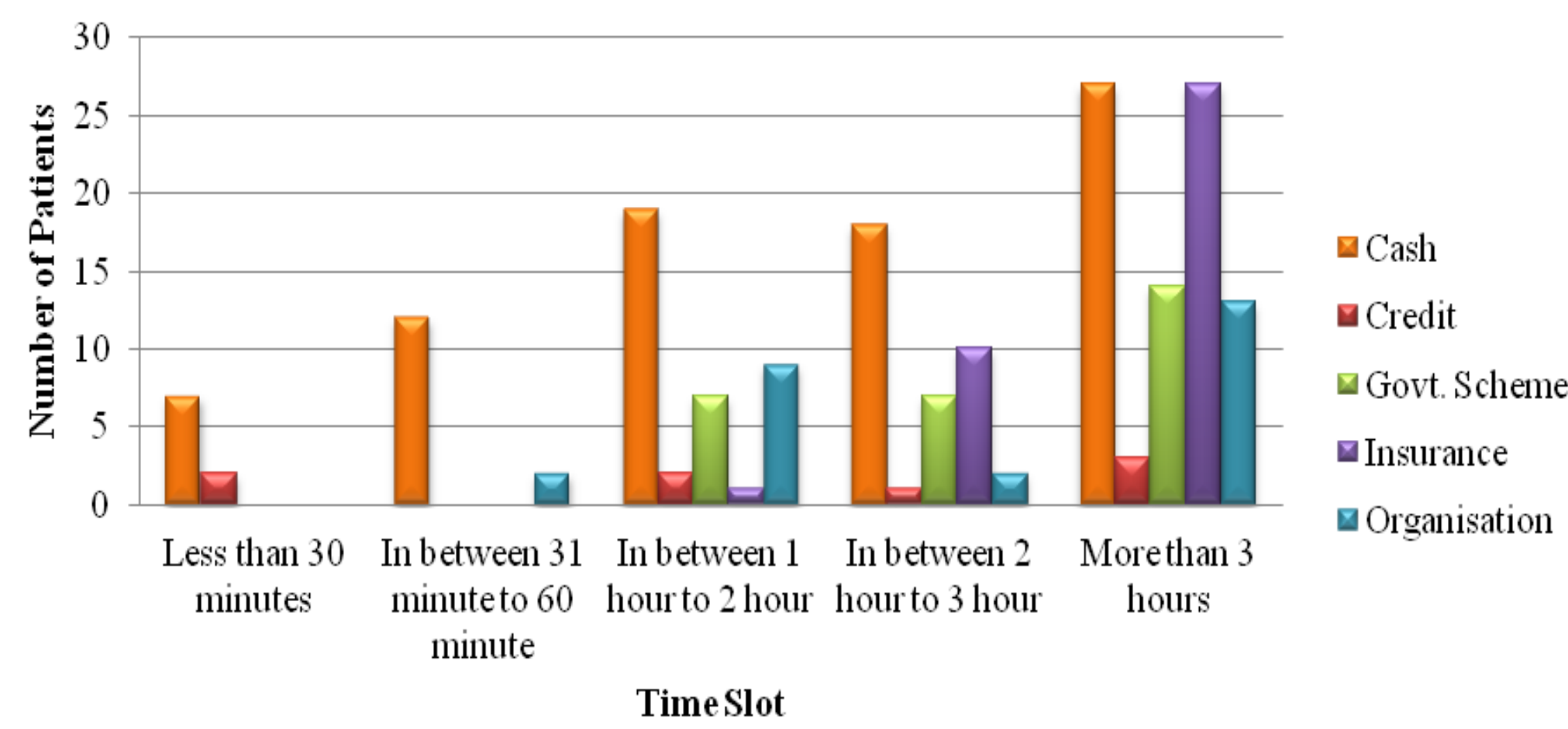
Time Difference between ACG & Bill Clearance (Standard 3 Hour)



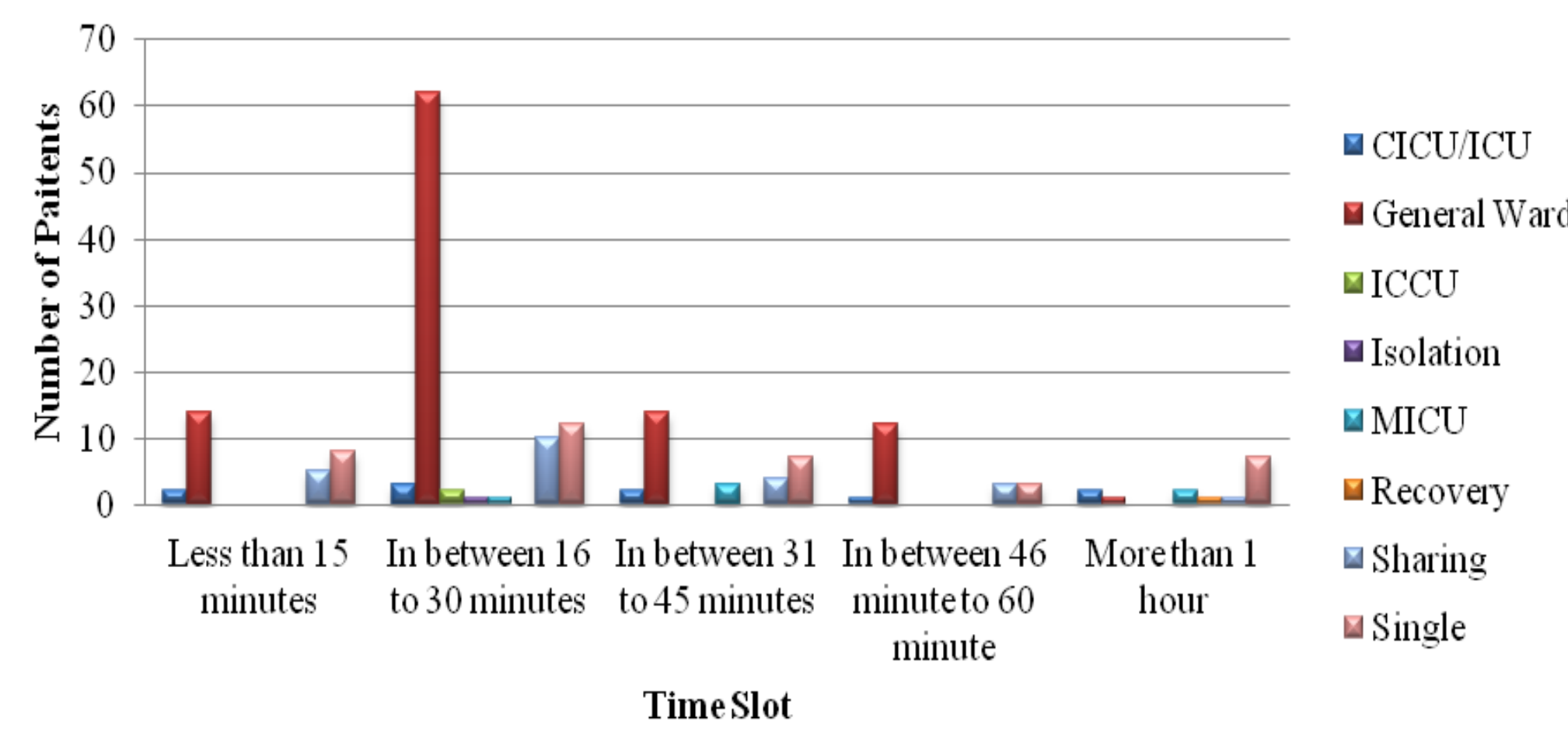
Time Difference Bill Clearance & Phy Discharge (Standard 30 minute)



Time Difference between ACG & Bill Clearance (Standard 3 Hour) -Payment Mode



Time Difference between Intimation & ACG (30 minutes) - Wardwise



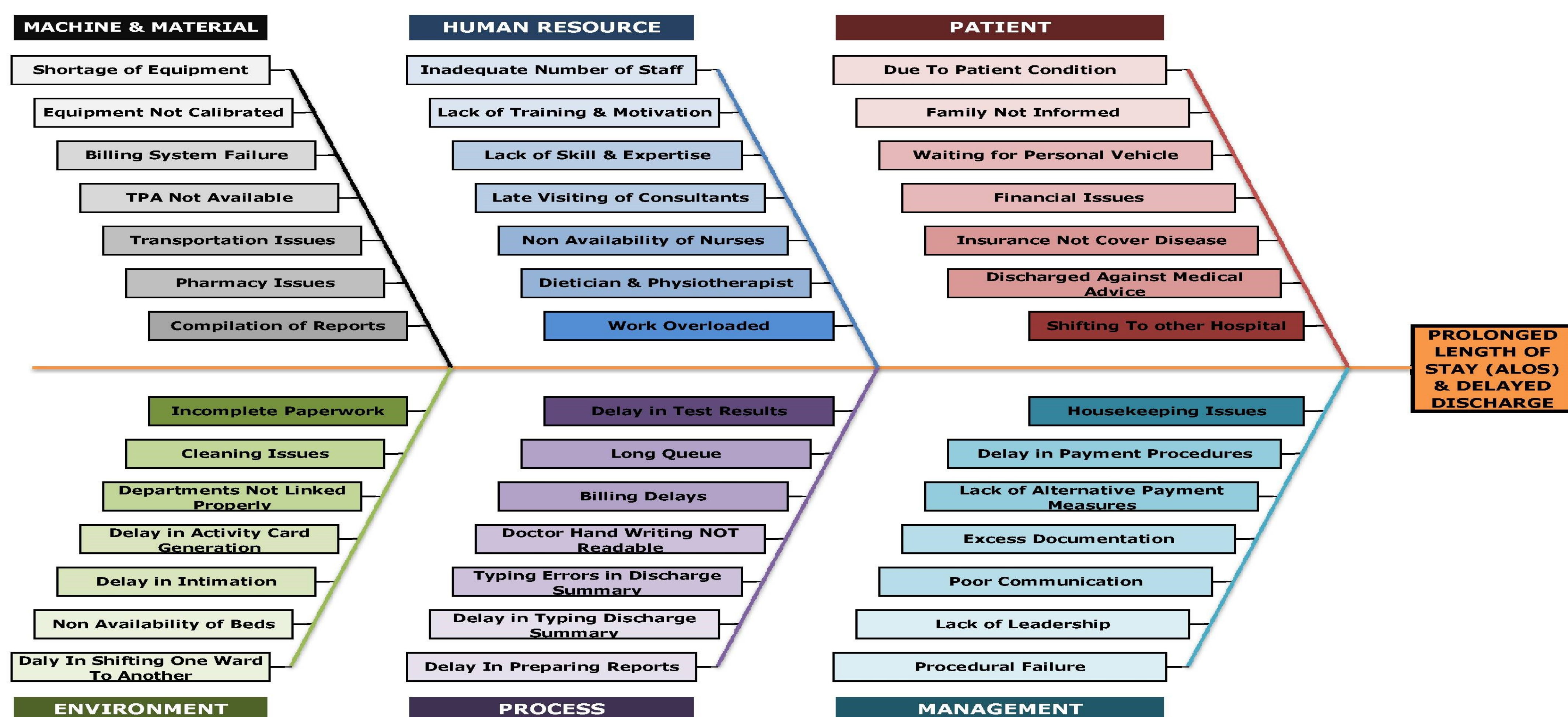
Standard Time Difference ACG & Bill Clearance (3 Hours) - Payment Mode

Payment Mode	Less than 30 minutes	In between 31 minute to 60 minute	In between 1 hour to 2 hour	In between 2 hour to 3 hour	More than 3 hours	Grand Total
Cash	7	12	19	18	27	83
Credit	2	0	2	1	3	8
Govt. Scheme	0	0	7	7	14	28
Insurance	0	0	1	10	27	38
Organisation	0	2	9	2	13	26
Grand Total	9	14	38	38	84	183

Standard Time Difference Intimation & ACG (30 minutes) - Ward

Ward	Less than 15 minutes	In between 16 to 30 minutes	In between 31 to 45 minutes	In between 46 minute to 60 minute	More than 1 hour	Grand Total
CICU/ICU	2	3	2	1	2	10
General Ward	14	62	14	12	1	103
ICCU	0	2	0	0	0	2
Isolation	0	1	0	0	0	1
MICU	0	1	3	0	2	6
Recovery	0	0	0	0	1	1
Sharing	5	10	4	3	1	23
Single	8	12	7	3	7	37
Grand Total	29	91	30	19	14	183

Fish Bone Analysis for Delay in patient Discharge



OBSERVATION'S

- Average length of stay (ALOS) found is 6.7 days.
- Many of the discharge cases takes more than three hours.
- ACG is delayed due to many discharges at same time.
- The physicians and the patients complained that the tests reports were not available on time which delayed in treatment as well as in discharge.
- Nursing unit do not update discharges timely on system.
- Typing discharge summary takes too long and due to excess work load and lack of staff.
- As interim bills were not being prepared on a regular basis, the cases of default of payment were very high which was making it difficult for the bill clearance.

RECOMMENDATION

- Encourage pre-planned discharges.
- Interim bills should be prepared on regular basis.
- Discharge process should be clearly explained to patients.
- A typist should be appointed with each nursing unit.
- Discharges should be updated on system timely.
- Minimize the cases of default of payment.
- Patients should be informed early about their estimated cost and discharge date.