STUDY ON DELAY IN DISCHARGE PROCESS

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Introduction

In the present focused world, quality provided by the hospital services is playing a vital part in the advanced society. Among different elements influencing the health services framework, Discharge process is one of the essential components identified with patient satisfaction.

The process of discharge and billing process starts as soon as the patient is advised or said discharged either in written form or in verbal form. Thus, it is important step and impacts the picture of the hospital services and patient satisfaction .

Rationale

This Report is intended to reduce the delay in discharge process in Care Hospitals, Banjara Hills, as main goal is to provide best patient care.

Objectives

. To find out the major causes leading to delay in Discharge Process.

. To find out the Percentage Contribution of various causes leading to delay in Discharge .

Research Methodology

Type of study *:* A Descriptive, quantitative, in depth Study.

Study area– Day Care Ward, of Care Outpatient Centre, Banjara Hills, Hyderabad.

Duration of Study– 4 Weeks, from (20 April 2017 -20 May 2017)

Type of Data- Quantitative

Technique– Direct Observation.

Sample size – 144

Sampling technique- Simple Random Sampling.

Data collection-Primary and Quantitative (4 weeks)

Data entry- Manually

Data Analysis- Using bar charts in Microsoft Excel.

Discharge Process Flow

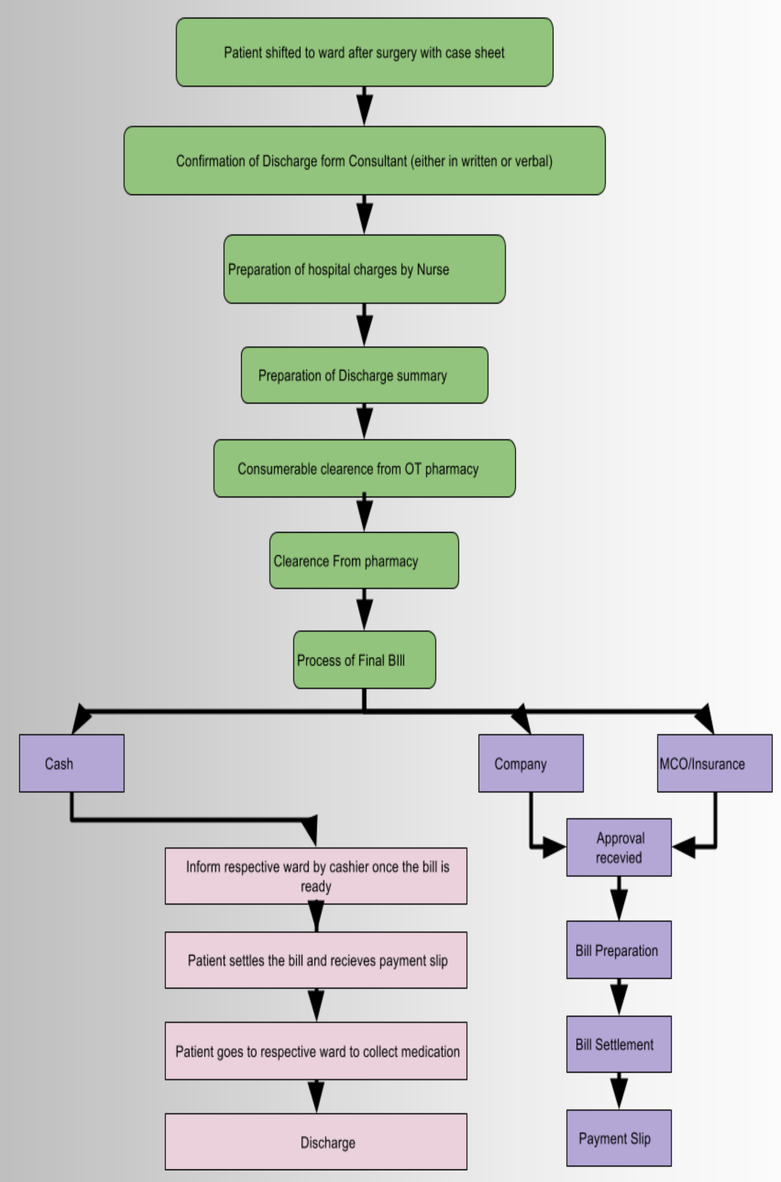

Fig 1 : workflow Process of Discharge

Data Analysis

-	Cash Patient (N= 73)	Insurance Patients (N=41)	Credit Patients (N=29)	NABH Standards
Total time to type Discharge Summary .	00:50:35	01:40:13	00:57:43	00:30:00
Total time for Consumable Clearance	01:02:14	00:59:51	01:08:46	00:30:00
Total time for Pharmacy Clearance .	00:38:18	00:57:19	00:50:37	00:30:00
Delay in Bill Preparation	00:48:06	02:00:40	00:30:50	00:30:00
Total Time For Bill Settlement.	00:47:53	00:43:01	00:42:17	00:30:00
Total time	03:27:03	05:27:04	03:19:00	02:30:00

Table 1:Comparison of Average Time Taken According to Type of Discharges and NABH Prescribed Standards

Table 2:Comparison of Average Time Taken According to Type of Wards and NABH Prescribed Standards

	General Ward (N=41)	Sharing Ward (N=44)	Single Ward (N=19)	NABH Standards
Delay in Preparation of Discharge Summary	00:57:41	01:24:00	01:06:19	30 Minutes
Delay in consumables Clearance	01:08:28	01:11:32	01:25:20	30 Minutes
Delay in Pharmacy Clearance	00:35:00	00:51:35	00:47:56	30 Minutes
Delay in Bill Preparation	0:34:47	0:51:29	0:46:53	30 Minutes
Delay in Bill Settlement	0:34:47	0:54:52	0:50:12	30 Minutes
Total Time	03:50:44	05:13:28	04:56:39	2 Hours 30 Minutes

	ENT Cases (N=77)	Vascular Cases (N=55)	Ortho Cases (N=9)	Gynaic Cases (N=9)	Opthal Cases (N=8)	Plastic Cases (N=9)	NABH Standards
Delay in Preparation of Discharge Summary	00:36:51	00:39:42	00:23:53	00:28:00	00:53:45	00:26:40	30 Minutes
Delay in consumables Clearance	00:55:15	00:54:06	00:57:33	00:22:53	00:42:52	00:26:20	30 Minutes
Delay in Pharmacy Clearance	00:57:34	00:30:09	00:33:20	00:16:13	00:11:45	00:16:13	30 Minutes
Delay in Bill Preparation	0:34:59	0:54:41	0:58:27	00:25:07	00:31:53	00:41:27	30 Minutes
Delay in Bill Settlement	0:21:39	0:30:12	0:27:47	00:29:47	00:23:08	00:35:33	30 Minutes
Total time	3:26:19	3:28:51	3:21:00	2:02:00	2:43:22	2:26:13	2 Hours 30 Minutes

Table 3:Comparison of Average Time Taken According to Type of Surgeries and NABH Prescribed Standards

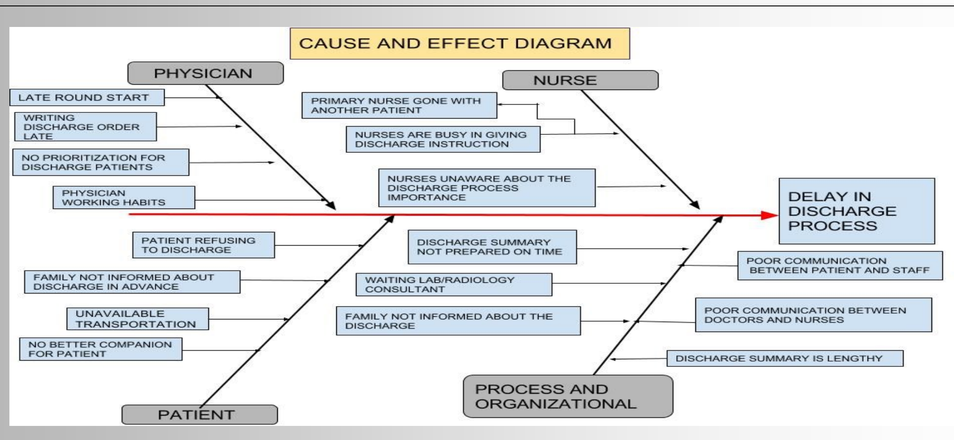

Fig 2 :
A fish bone diagram illustrating the possible causes for the delayed discharge

Findings

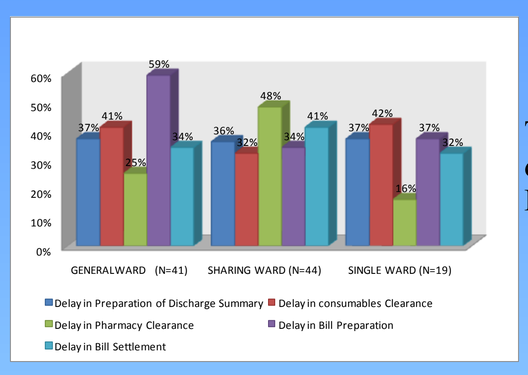

Fig 3:
This figure shows Percentage Distribution of different Causes of the Delay in Discharge Process according to the Type of Ward.

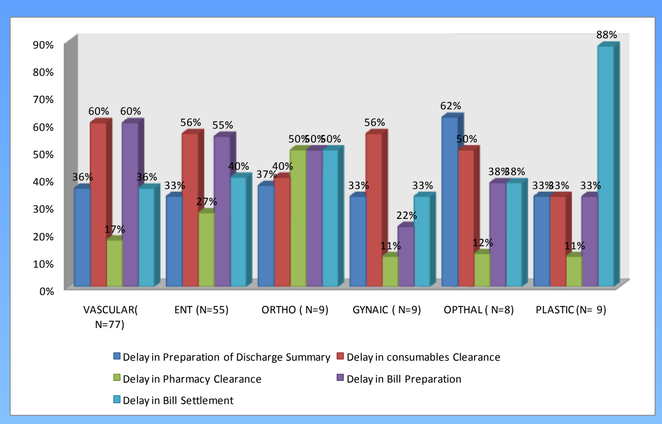

Fig 4:
This figure shows Percentage Distribution of different Causes of the Delay in Discharge Process according to the Type of Surgery.

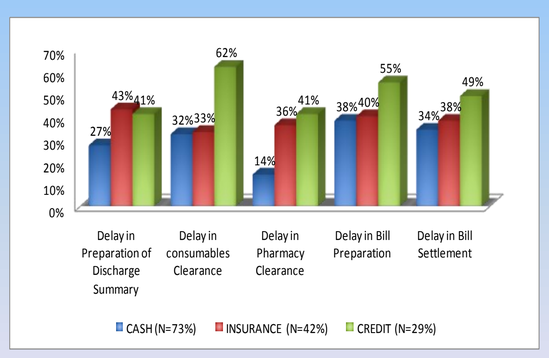

Fig 5:
This figure shows Percentage Distribution of different Causes of the Delay in Discharge Process according to the Mode of Payment.

Recommendations

In the study findings, to improve the time needed and to make discharge procedures more patient friendly and satisfactory for various types of discharges, it could be recommended that: -

All departments should be staffed adequately, depending on the patient load in the hospital.
Staff, involved in these departments should be skilled and trained properly , in discharge process . coordination of care ,communication skills for better interaction with patients and their relatives.

Prioritization of discharged Patients , Preparation of discharge summary on time.

Family Readiness for Discharge , Nurses provide discharge instruction in Timely manner.

Hospital should have their own norms for Discharge. Administration can work on building SOP for the hospital discharge process .

Feedback to learn about their performance.

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