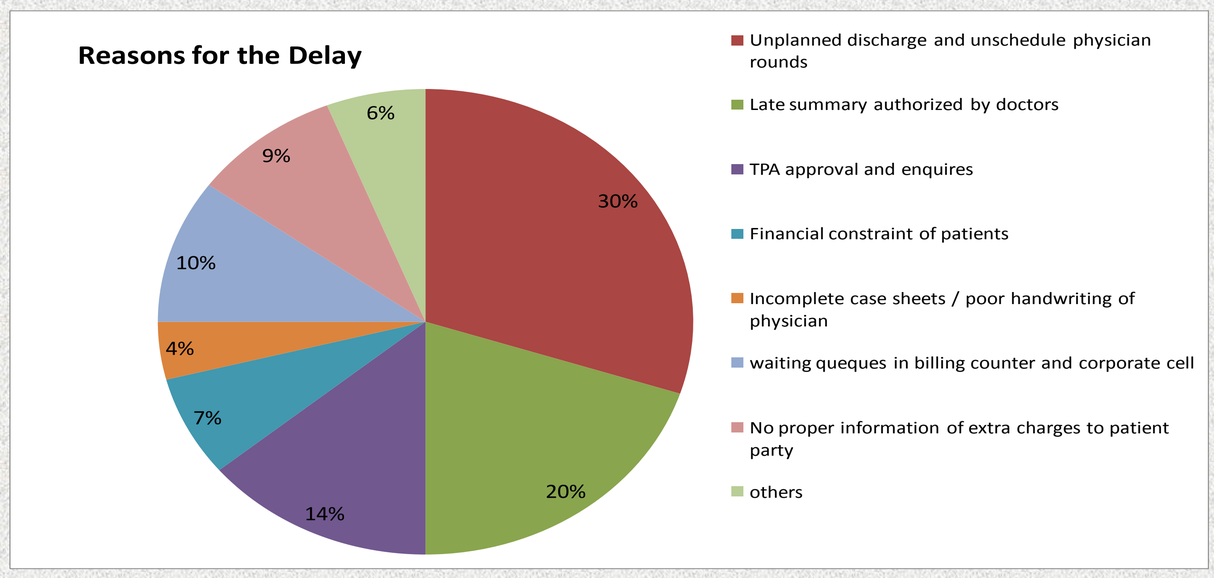
TURN AROUND TIME OF INPATIENT DISCHARGE PROCESS

INTRODUCTION:

This study describes the turn around time of inpatient discharge process ie, right from consultant declares discharge to patient leaves room, along with the reasons of delay at Narayana Institute of Cardiac Sciences. A 706 bed hospital had a paucity of literature exists regarding delay in discharge process. Hence we sought to



OBJECTIVES:

1. To find different factors that determine the turnaround time [TAT] for discharge process.
2. To Identify the measures that can contribute in reduction of the TAT for discharge process.

METHODOLOGY:

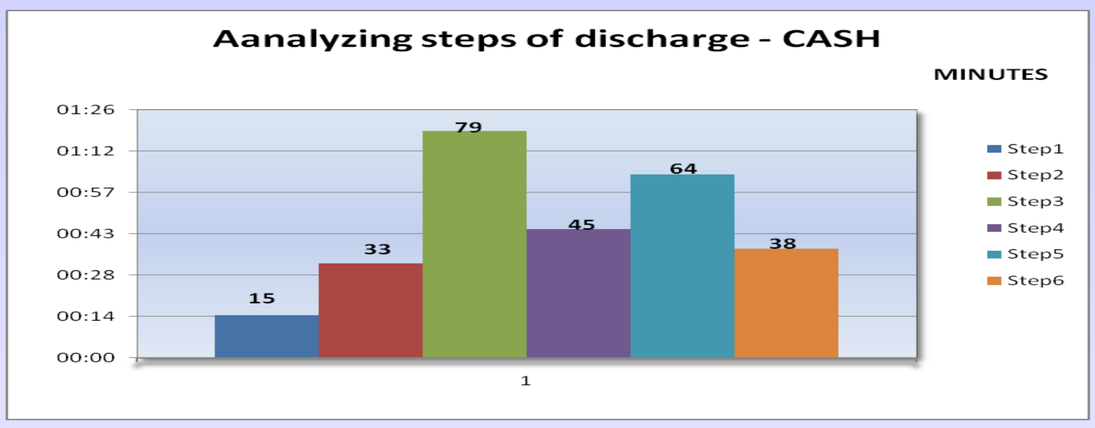
Study design: Cross-sectional, prospective study. **Study Area:** Narayana Institute of Cardiac sciences-Bengaluru
Department: IPD wards 1st to 4th floor.
Sample criteria: A random sample of 150 patients was taken.
Inclusion criteria: Insured (TPA/Corporate) and Uninsured (Cash) patients.
Exclusion criteria: Intensive Therapy Unit and Critical Care Unit discharges and transfers.
Sample size: 150 (75 Insured, 75 uninsured)
Sampling method: Simple random sampling method.
Tool: Self administered Performa.
Category of respondents: Patients, Patient party, Nurses, Floor managers, Summary typist, Billing staff, Corporate cell staff.

FINDINGS:

1.UNINSURED: The average time taken for discharge process of cash patients is **274** minutes ie. **4** hours **34** minutes.

⇒ The following are average time taken for each step,

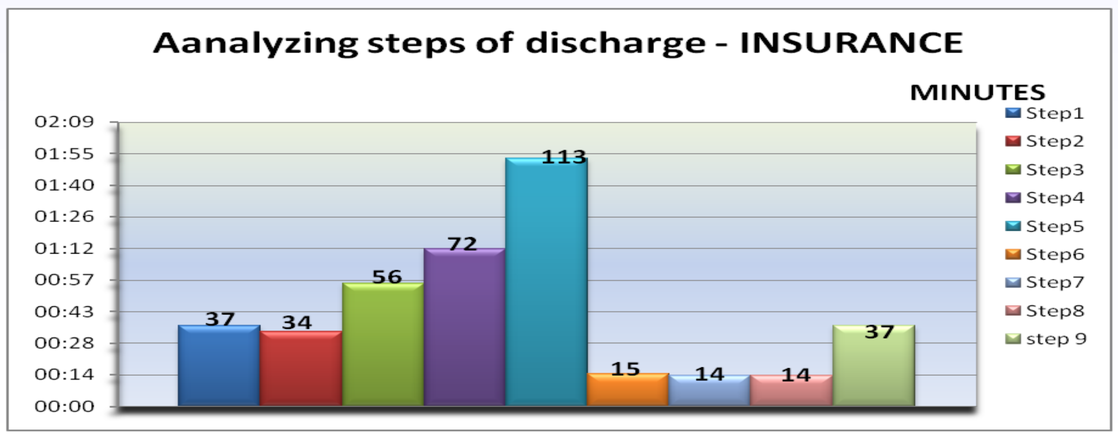
Step1: Physician advices for discharge to file sent for summary counter is **15**minutes.
Step2: Physician advices for discharge to intimation sent (billing sheet) to billing counter is **33**minutes.
Step3: File received from ward to final discharge summary preparation is **79**minutes.
Step4: Billing intimation received to provisional / final bill preparation is **45** minutes.
Step5: Patient party intimated provisional / final bill to bill clearance is **64**minutes.
Step6: Patient party clearing bill to physical discharge of patient is **38**minutes.



2 . **INSURED:** The average time taken for discharge process of insurance patients it is **392** minutes ie, **6** hours **32** minutes.

⇒ The following are average time taken for each step,

Step1: Physician advices for discharge to file sent for summary counter is **37**minutes.
Step2: Physician advices for discharge to intimation sent (billing sheet) to billing counter is **34**minutes.
Step3: File received from ward to final discharge summary preparation is **56**minutes.
Step4: Billing intimation received to final bill preparation is **72**minutes.
Step5: TPA processing, from Corporate cell to respond of TPA is **113**minutes.
Step6: TPA respond to sending back to billing counter is **15**minutes.
Step7: Billing counter intimates patient party for difference amount bill/ clearance slip is **14**minutes.
Step8: Patient party clears amount bill / collects clearance slip is **14** minutes.
Step9: Patient party clearing bill to physical discharge is **37**min.



CONCLUSION:

*The average time taken for discharge process is high for Insured patients than Uninsured patients.
*Lack of Intra department communication.
*Unavailability of doctors for summary corrections and for signature on final D/S.
*TPA approval and Enquires.
*Planning the discharges can reduce the total time of discharge process considerably and also helps in reducing the clearance time by different departments.

RECOMMENDATIONS:

1. Expected date of discharge / planned discharges should be actively followed expect emergency conditions.
2. For effective admissions and discharge process training should be conducted to all the department staff (Flow charts, checklists).
3. Doctors should completely fill case sheet on day of admission and good hand written notes should be followed.
4. Inpatient billing and summary typists should be shifted Inpatient ward floor.
5. A day prior preparation of draft discharge summary Provisional bill / extra charges should be clearly informed 24 hours prior.
6. Segmenting corporate cell into 3 areas reduces waiting queues:
   Pre-authorization request
   Admissions
   Discharge
7. Introducing EMR.
8. Floor coordinators should analyze patient needs/ conditions and regularly monitor concerned floor staff and track delays control them immediately.

DISCHARGE PLANNER FOR FLOOR MANAGERS

PATIENT DETAILS:

Patient Name: Language:
MRN no: DOA:
Admitting Dx: EDOD:
Planned Rx: DOD:

INTRA-DEPARTMENT CHECKLIST:

SL no.	Department	Date and Time	Pending status reasons
1	Reports		
2	OT notes		
3	Draft discharge summary / final discharge summary		
4	Provisional bill / final bill		

PATIENT CHECKLIST:

1. If any, Emergency intervention additional charges: Informed
   *Amount: _____
2. Discharge intimation prior 24 hours to patients :
   *Available patient party: Name : _____ , Mobile :_____
   *Transportation

REMARKS:
Anticipated problems in discharge process

Signature of floor manager

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