

INTRODUCTION

As the delivery of chemotherapy continues to shift from the inpatient setting to ambulatory day services the demand for rapid access to treatment in **CDU's (Chemotherapy day unit)** is on the rise. For many health services, admission for day chemotherapy treatment is a high-volume **Diagnosis Related Group (DRG)** that impacts on a broad range of hospital services.

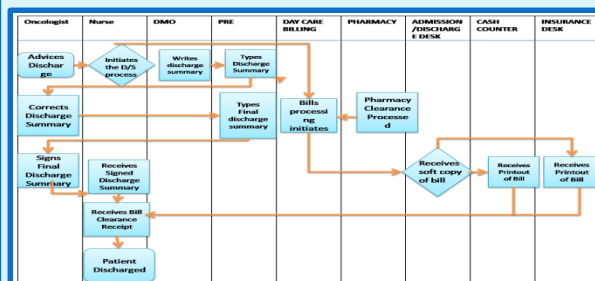
OBJECTIVES

1. To understand the discharge process for chemotherapy day care unit at CARE hospital.
2. To suggest change in the functioning of the discharge process that can accelerate the process.

METHODOLOGY

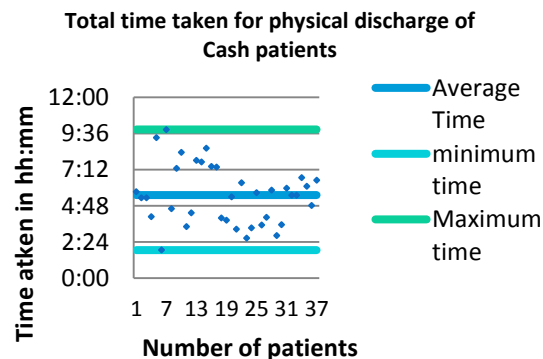
1. **Study Design:** Descriptive, Cross sectional study
2. **Research Approach:** Quantitative
3. **Sample Technique:** Convenient sampling.
4. **Sample Size:** 50
5. **Duration:** 3rd to 18th May, 2018
6. **Location:** CARE Hospital, Chemotherapy day care unit, Hi-tech city, Hyderabad
7. **Primary Data:** Structured checklist
8. **Data Collection Procedure:** The data regarding discharge process was collected through observation and structured checklist. It was then analyzed in excel sheet and represented in form of tables and graphs.

Swim Lane diagram depicting CDU Discharge Process in CARE Hospital



FINDINGS

Sl. No	Parameter	Time taken in h:mm					
		Cash Patients (35)			Non-Cash Patients (15)		
		Min	Average	Max	Min	Average	Max
1	Time Taken To Initiate Discharge Process	0	1:02	4:45	0:03	0:36	2:20
2	Time Taken For Discharge Summary DEO- Consultant	0:10	0:21	1:37	0:07	0:42	3:45
3	Time Taken For Pharmacy Clearance	0	0:09	0:37	0	0:17	1:40
4	Time Taken For Bill Preparation	0:05	0:39	2:20	0:10	1:02	1:55
5	Time Taken From Bill Preparation To Bill Settlement	0	1:19	4:59	0:34	2:50	5:20
6	Time taken from discharge initiation process to bill clearance	0:05	1:07	4:45	0:05	1:06	2:10
7	Time taken by pharmacy to sent bills to billing	0	0:20	2:10	0:05	0:11	0:46



CONCLUSION

A cancer patient who comes to hospital for chemotherapy is already in so much pain and stress, which gets aggravated due to delay in various process involved in their discharge. A constant effort should be made to reduce the delay.

SUGGESTIONS

1. A discharge manager should be appointed who will be accountable for the entire procedure. She/he should be able to approach any department in order to accelerate the discharge process.
2. Electronic record system should be used by data entry operators and oncologists for viewing and editing. This will reduce the time taken by the physical movement for the discharge summary.
3. A revised document designed specifically for CDU in order to strengthen the source of information.
4. Since the discharge process is a complex process involving diverse people from various departments, inter-departmental communication should be strengthened so that the patient is always aware of her/his discharge status.