STUDY INPATIENT DISCHARGE PROCESS AND ASSESS THE FACTORS CAUSING DELAY IN PATIENT DISCHARGE

GUIDED BY - DR. TANJUL SAXENA

PRESENTED BY – DR HEMLATA SHARMA

INTRODUCTION

Discharge by definition is to formally terminate a patient care and releasing him/her from hospital[pl] or health care facility. It is very complex process it involves various stakeholders, Discharge process is an important indicator of quality of care. Any delay in discharge process leads to dissatisfaction and affects the image and revenue generation of the Hospital.

AIM

To study The discharge process management and observe and record the time needed for completion of discharge process and factors causing delay.

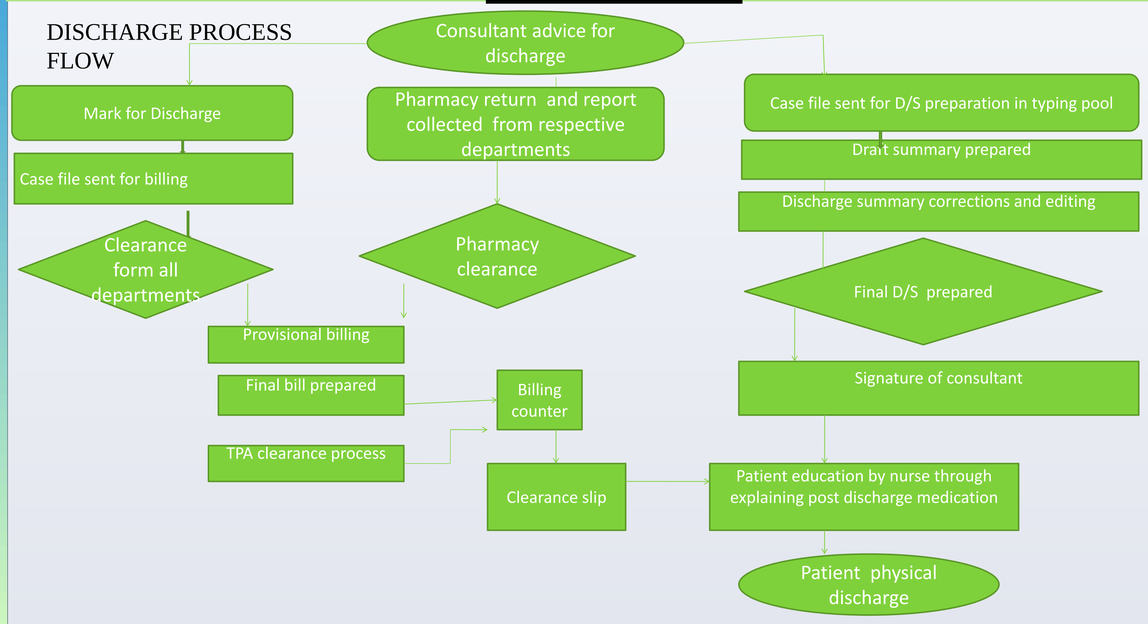
OBJECTIVES

1. To evaluate the in-patient discharge process at C.K.Birla Hospital.
2. To calculate Turn around time (TAT) of discharge process of Cash and TPA patients.
3. To study and find out the major causes that leads to delay in discharge process.

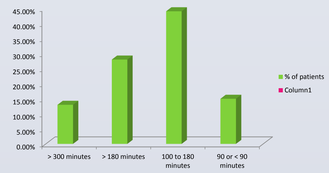
Methodology:

Study design : Observational, Descriptive,
Location of the study : The study was conducted at C.K.Birla Hospital, Jaipur
Study duration:2nd April to 2nd June 2018
Study subject: Patient who are admitted in the C.K.Birla Hospital
Sampling method: Purposive sampling
Sample Size: 110 In-patients
Data: Primary data
Data type :Quantitative
Data collection Technique: Direct Observation

KEY FINDINGS



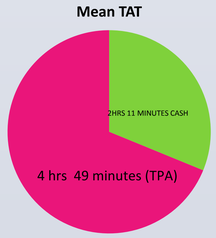
During the project 110 patients included in the study and the average time taken in the discharge process was :178 minutes



Interpretation : 44% patient got discharged 100 to 180 minutes, 28% patient got discharged in more than 180 minutes, 13% patient got discharged more than 300 minutes and only 15% patient got discharged in 90 or less than 90 minutes

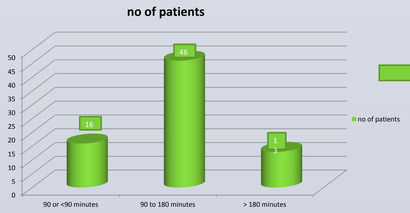
- Turn around Time Analysis (TAT)

Interpretation: Average Turn around time (TAT) for cash patients is 2 hrs 11 minutes (131minutes), and Average Turn around time (TAT) for TPA patients is 4hrs 49 minutes(289minutes).



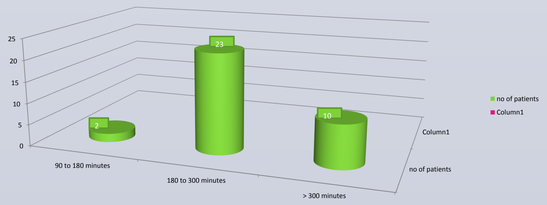
Cash= 75
TPA=35

CASH



Interpretation: Out of 75 patients 46 patients got discharged between 90 to 180 minutes, 16 patients got discharged in less than 90 minutes and 13 patients got discharged after 180 minutes

Interpretation: Out of 35 patients ,Average TAT of 23 patients is between 180 to 300 minutes , 10 patients got discharged after 300 minutes and only 2 patients discharged between 90 to 180 minutes.



TPA

REASONS FOR DISCHARGE DELAY

DOCTOR
- Late wards rounds
- Discharge summary not signed on time
- Template of discharge not filled by resident doctors

NURSING STFF
- Delay in explaining medicines at discharge time
- Busy in completing case files
- Delay in sending billing files
- Late nurse response

TYPING POOL
- Editing discharge summary
- Delay in corrections in discharge summary
- Lack of knowledge of medical terminology in staff
- Lack of manpower

PROCESS AND ORGANIZATIONAL
- Lack of proper coordination between departments
- Delay in food delivery
- Under utilization of GDA staff
- Delay in calling transport pool for taking files and patients
- Delay in insurance clearance

PHARMACY
- Delay in return in unused medicines

HMIS
- No patient treatment detail mention on system
- Manual recording of discharge summary

RECOMMENDATIONS

Fix time duration of Doctors round
Resident doctors fill the discharge templates
Update the patient case file daily
Return discontinued medications daily in the wards
Early intimation of discharge through the system to all the respective departments
Preparation of data base sheet which contains full detail of patient
Training of GDA staff
Expected planned discharges should be actively followed except emergency conditions
Availability of summary typist in various floors can save movement of files time ,physicians for corrections and signatures