

A TIME MOTION STUDY TO EXPLORE THE REASONS FOR DELAY IN IN-PATIENT DISCHARGES

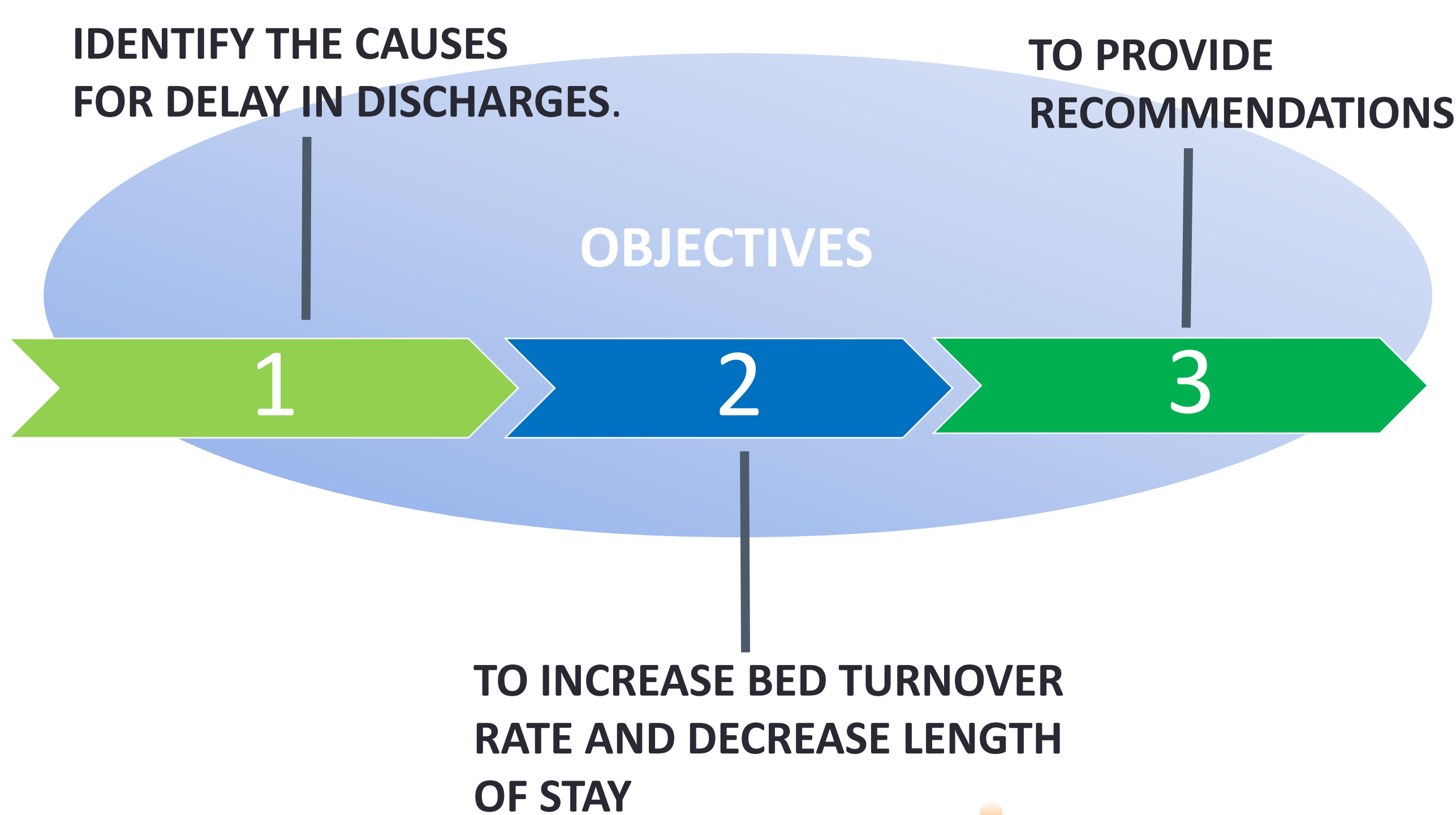
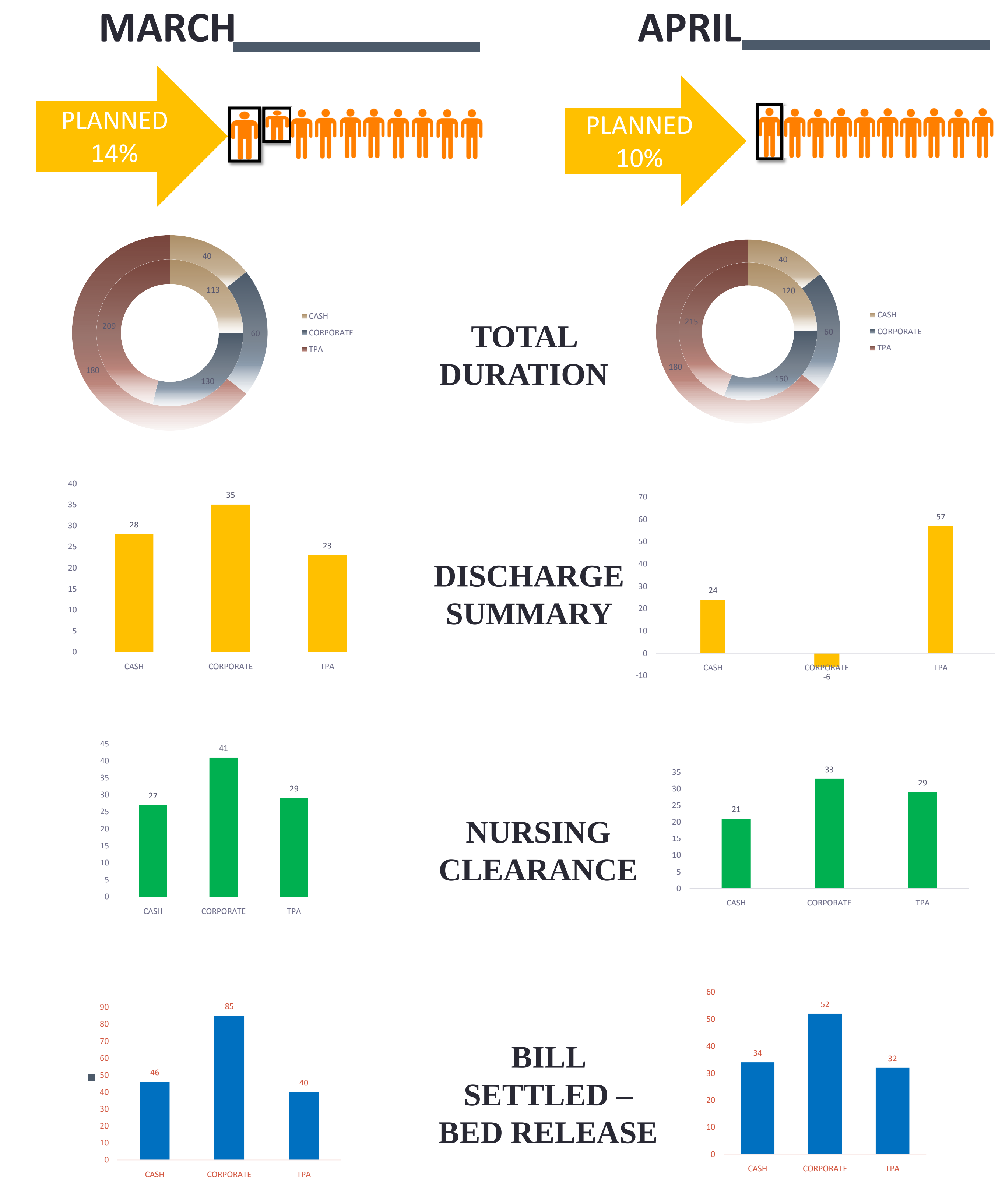
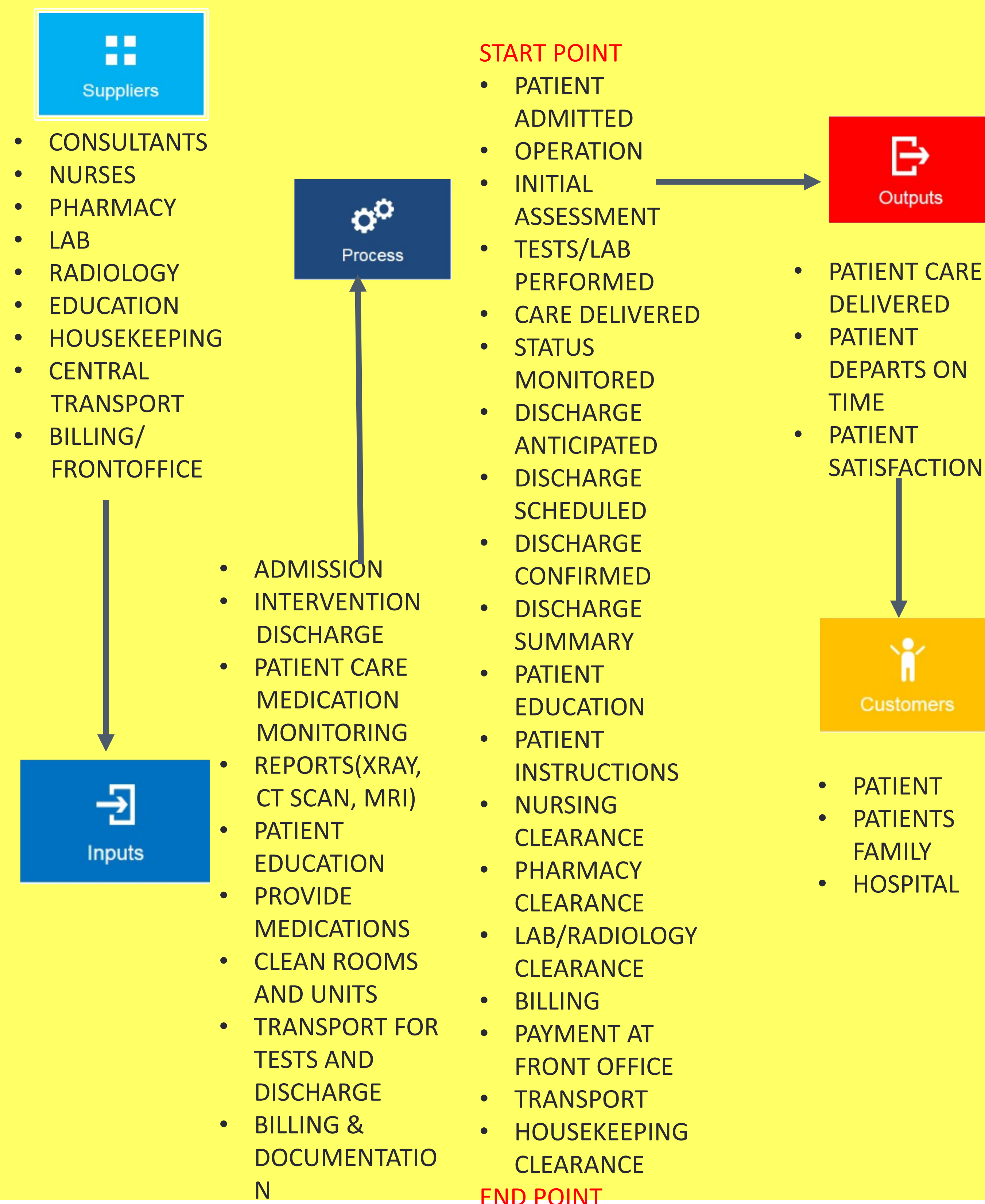
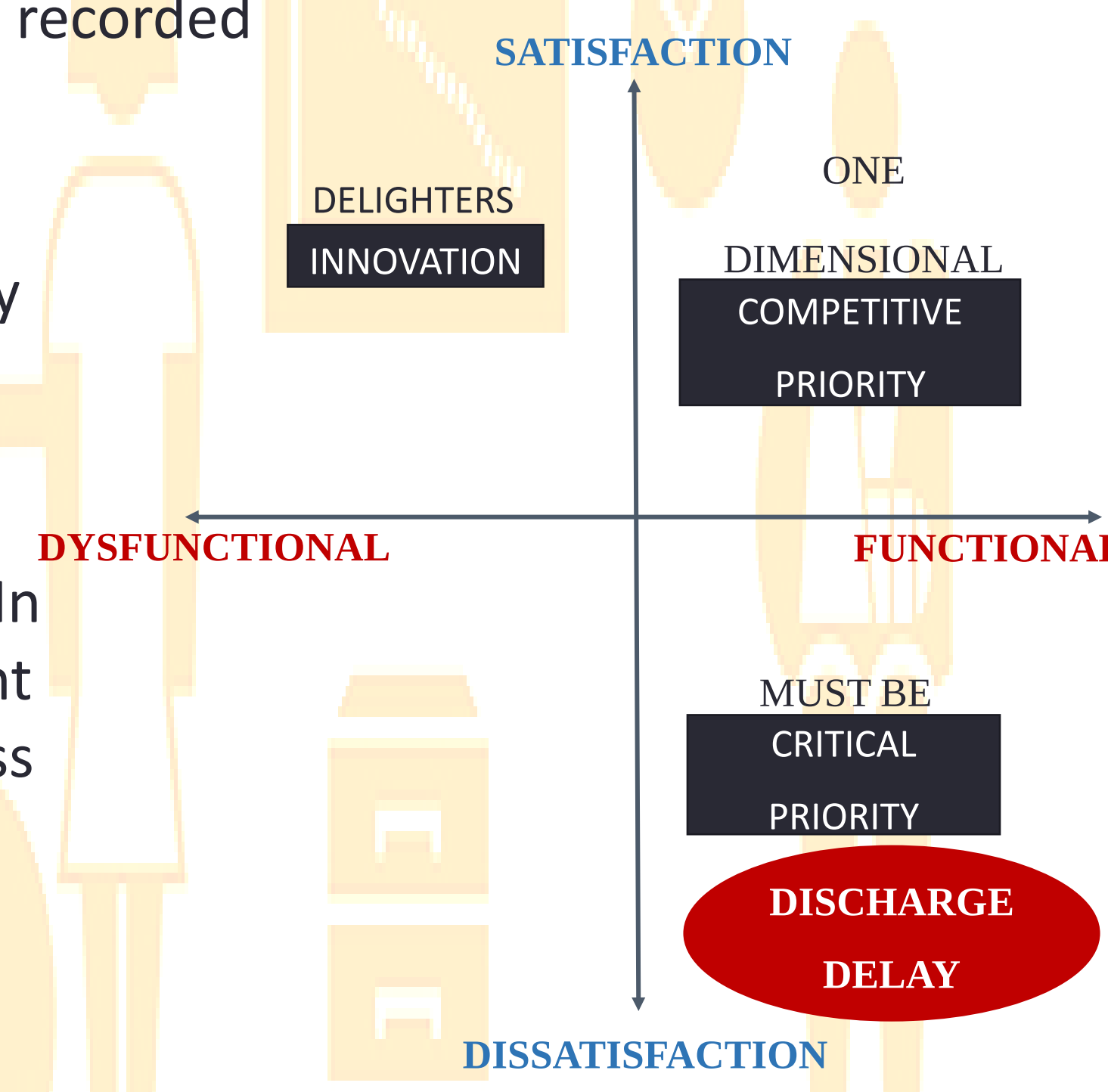
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Discharge process represents the final contact between patients and hospital health professionals and the outcome of all the procedures a patient has undergone are recorded at this stage

Not having a highly structured discharge planning and scheduling process causes patients and family members to become frustrated with untimely discharges and also leads to delays for incoming patients from Direct Admission, Surgery or the Emergency department.

Earlier patient discharges will alleviate capacity constraints; improve patient throughput and bed availability. In short, an efficient discharge process translates into additional beds and new patient revenues.

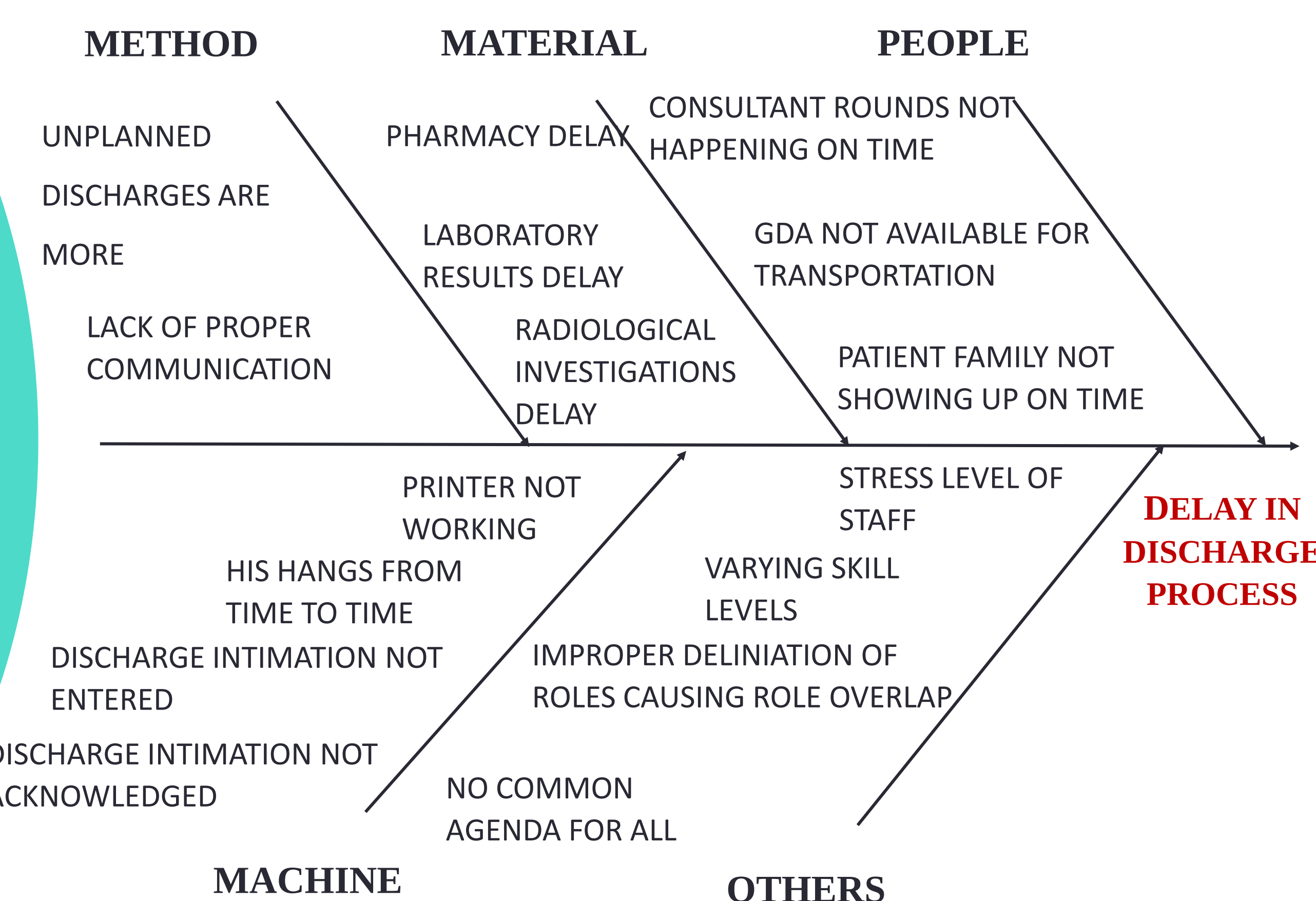


STUDY POPULATION - Patients discharges from MICU, CCU, MSP1, MSP2, NICU, HDU, ECOWARD, SICU, RICU, CT VS-ICU
SAMPLE SIZE – 360
SAMPLING METHOD – Simple random sampling
STUDY TYPE – Descriptive analysis of secondary data for the month of March, primary data for the month of April

This observational study was carried out in a tertiary care hospital in Mohali on 360 discharged patients comprising of Cash patients, TPA patients and Corporate patients(both planned and unplanned)



FISH BONE DIAGRAM – ROOT CAUSE ANALYSIS



Number of planned discharges should be increased

Medical transcriptionists should be hired

Consultant rounds should take place on time

Equal attention should be paid to documentation and billing of all the three categories of discharges

Discharge summary should be typed from the moment intimation is given and completed well in time

Synchronizing total run time (value added time), optimizing wait and move time & eliminating queue time

Every nursing station should have a housekeeping staff and GDA positioned at them