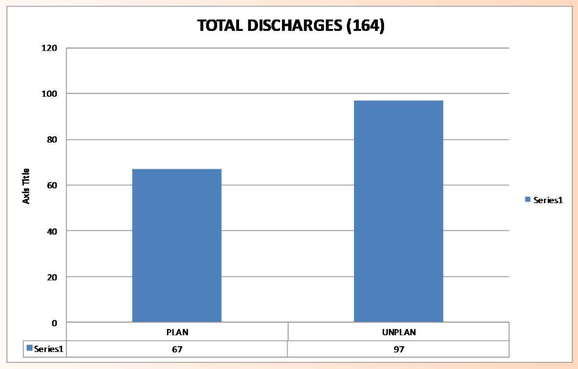
SUMMER TRAINING AT GLOBAL HOSPITAL ,MUMBAI .

TRACKING , MONITORING ANDPLANNING OF DISCHARGE PROCESS .



The total number of discharges that were observed during the time came out to be 164, out of which 57% discharges were planned and 43% discharges were unplanned. This shows a higher amount of unplanned discharges which affects the bed turnover rate of the hospital as it will hinder in planning of admissions of new patients.

Total number of CASH patients in PLAN was observed as 43%(28) and TPA -57%(39)

Total number of CASH patients in UNPLANNED was observed as 55%(53) and TPA – 45%(44)

INTRODUCTION

The discharge process is the last step during a patient's length of stay. A planned and timely discharge of a patient after completion of treatment is not just a matter of convenience for the patient and his family but also beneficial for the hospital .

OBJECTIVES

. To identify , track and monitor the entire discharge process of the hospital in order to capture the requirements of process.

METHODOLOGY

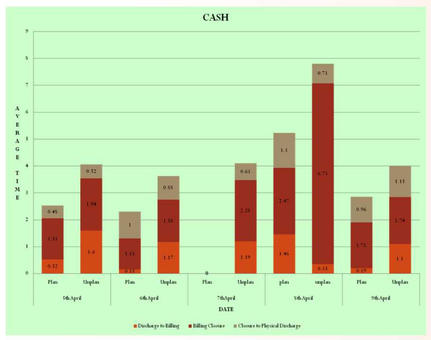
- Study design: Descriptive study .
- Sampling: Convenient method sampling
- Sample area: Global hospital, Mumbai
- Tool: MS Excel sheet prepared
- Method: Observational

RATIONALE

. To monitor and track the discharge process and observe the problem areas suggesting the recommendations for the same in the discharge process

DATA ANALYSIS

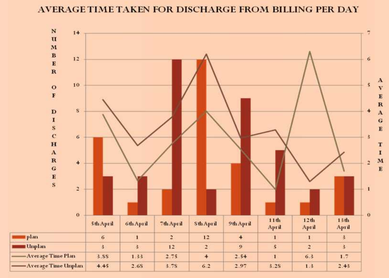
COMPLETE DISCHARGE MONITORING



The above graph shows average time taken by different processes in the whole discharge process both in CASH and TPA cases even depicting few delays on few days which helped to track the reasons behind the delays and to find ways to avoid such delays in future.

AVERAGE TIME TAKEN FOR DISCHARGE FROM BILLING PER DAY

CASH

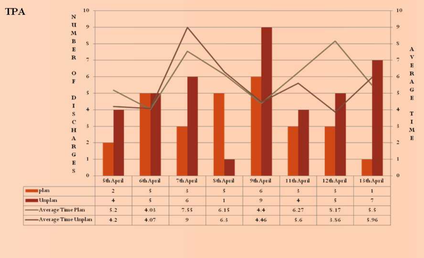


It was observed that maximum average time for planned patients was 6.3 hours which was observed due to lack of RMO on the IPD wing leading to delay in preparing the discharge summaries of the patients which increased the average time.

For unplanned patients, maximum time calculated was 6.2 hours which was observed due to delay from the consultant's side as they were not certain about the discharge.

AVERAGETIMETAKEN FORTHE DISCHARGE FROM BILLING

TPA

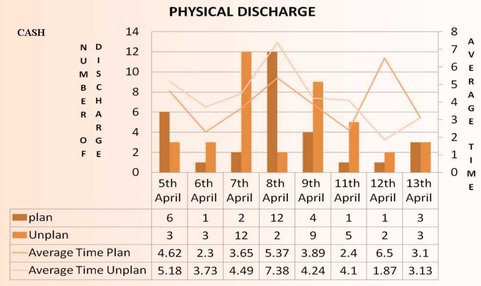


It is observed that maximum average time for planned patients was 8.17 hours as these are TPA cases i.e. THIRD PARTY ASSURANCE so they tend to take a span of 6-8 hours to complete the insurance formalities and provide the claim to the patients.

For unplanned patients maximum time was calculated as 6.3 hours, it was observed again due to delay from the billing department to complete the insurance claim formalities.

PHYSICAL DISCHARGE

CASH

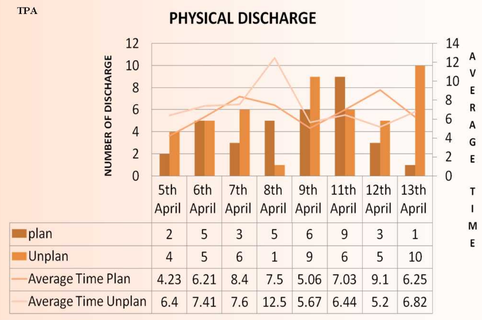


It is observed that maximum average time taken for cash patients to physical leave the hospital from the closing of billing for planned patients was 5.37 hours

The maximum average time taken for TPA patients to physically leave the hospital from the closing of billing for planned patients was 7.5 hours and for unplanned patient's was12.5 hours.

TPA

PHYSICAL DISCHARGE



These delays were majorly due to:

- delay from the patient's side
- unavailability of the consultant
- Delay in dispatch of final investigatory report s.

CONCLUSION

1.The study suggests huge numbers of unplanned discharges which leads to delay in the whole process of discharges.
2.The average time for billing of unplanned TPA cases is higher than for unplanned CASH cases.
3.Maximum time consumption was observed due to delay in the billing process.
4.Reasons for bottleneck in the process as observed : lack of standardization, lack of preparation and miscommunication between the staff.
5.Loopholes are seen in the HIS system which makes it difficult to intimate all the departments together which are concerned, at the time of initiation of discharge.
6.For the improvements and maintenance of improvement, if any, we must equip our staff with the knowledge to adequately track and analyze our discharge data in real time. This can be accomplished using daily

RECOMENDATIONS

- A standard procedure of discharge should be implemented and staff should be made aware of the same.
- Discharges should be planed and also confirmed a day prior to the actual date of discharge.
- HIS system upgradation should be done in order to reduce paperwork and total time.
- A proper reporting protocol should be set for the discharge team and staff should be made aware of the same.
- Adequate manpower should be available on the floors.
- For the improvements and maintenance of improvement ,if any ,we must equip our staff with the knowledge to adequately track and analyze our discharge data in real time

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