STUDY ON DISCHARGE TAT FOR CASH AND INSURANCE PATIENTS

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MBA (HOM-26)

KIMS HOSPITAL, SECUNDERABAD

- KIMS Hospitals is one of the largest corporate healthcare groups in India. Its network of 12 hospitals and 4000 beds is spread across Telangana, Andhra, and Maharashtra)
- Provide multi-disciplinary integrated healthcare services, with a focus on tertiary and quaternary healthcare at an affordable cost.
- KIMS Secunderabad is 750 bedded and has 25 specialties including cardiac sciences, oncology, neurosciences, gastric sciences, orthopaedics, organ transplantation, renal sciences, and mother & child care.

- **MISSION**: Provide Affordable quality care to our patients with a patient-centric system and process. Enable clinical outcome-driven excellence by engaging modern medical technology. Provide a strong impetus for doctors to pursue academics and medical research.

- **VISION:** To be the most preferred healthcare services brand by providing affordable care and the best clinical outcomes to patients.
  And to be the best place to work for doctors and employees.

INTRODUCTION

Hospitals use the term Discharge TAT (Turnaround Time) to describe how long it takes to release a patient once their treatment is finished. This covers the interval between the time the doctor decides the patient is stable enough to be discharged and the time the patient is actually released.

Aim - To understand the discharge process of KIMS Hospitals, Secunderabad. And to identify the factors that contribute to the delay in the discharge of patients from the Inpatient Department.

Objectives:

- To manually track the discharge process of cash and insurance patients.
- To identify factors that affect discharge Turn Around Time (TAT)
- To suggest measures to reduce the Inpatient Discharge Turn Around Time

METHODOLOGY

Research Questions:

- What is the average discharge TAT between the doctor's advice time of the discharge and the real discharge initiation time by the nurses in hospitals?
- What is the average discharge TAT between the system checkout and physical checkout by the patient in hospitals?
- What are the reasons that affect discharge?
- What interventions can be used to improve discharge TAT in hospitals?

Research Approach:

- Qualitative Approach: This method entails obtaining comments from staff, family, and patients regarding their experiences with the discharge procedure.
- Quantitative Approach: In this method, quantitative data is used including patient's name, IP No., and discharge TAT.

- **Study setting:** The study is conducted in KIMS Hospital.
- **Study population:** The study population will consist of 100 patients of all age groups who are discharged from the hospital in Secunderabad (India).

Operational Definitions

- DA- Doctor's Advice
- DI – Discharge Initiation
- LBHP – LAN Bill Handover to Patient
- SC- System Checkout
- PC – Physical Checkout

Inclusion Criteria:

- All age groups (pediatrics to geriatrics).
- All the cash and Insurance patients.
- Covering all medical as well as surgical cases.
- Includes both planned and unplanned discharge.
- All the departments

Exclusion Criteria:

- Patients who are discharged against medical advice (DAMA)
- Patients who are transferred to another facility,
- Corporate patients that are admitted
- Patients who expire during hospitalization.

- Study Instruments: HIMS (hospital information management system)

- Daily reporting sheets
- Physical checkouts register
- FC Module (for system checkouts)
- Remedinet (software for insurance)
- i-porter (software for pharmacy returns, wheelchairs or stretchers)

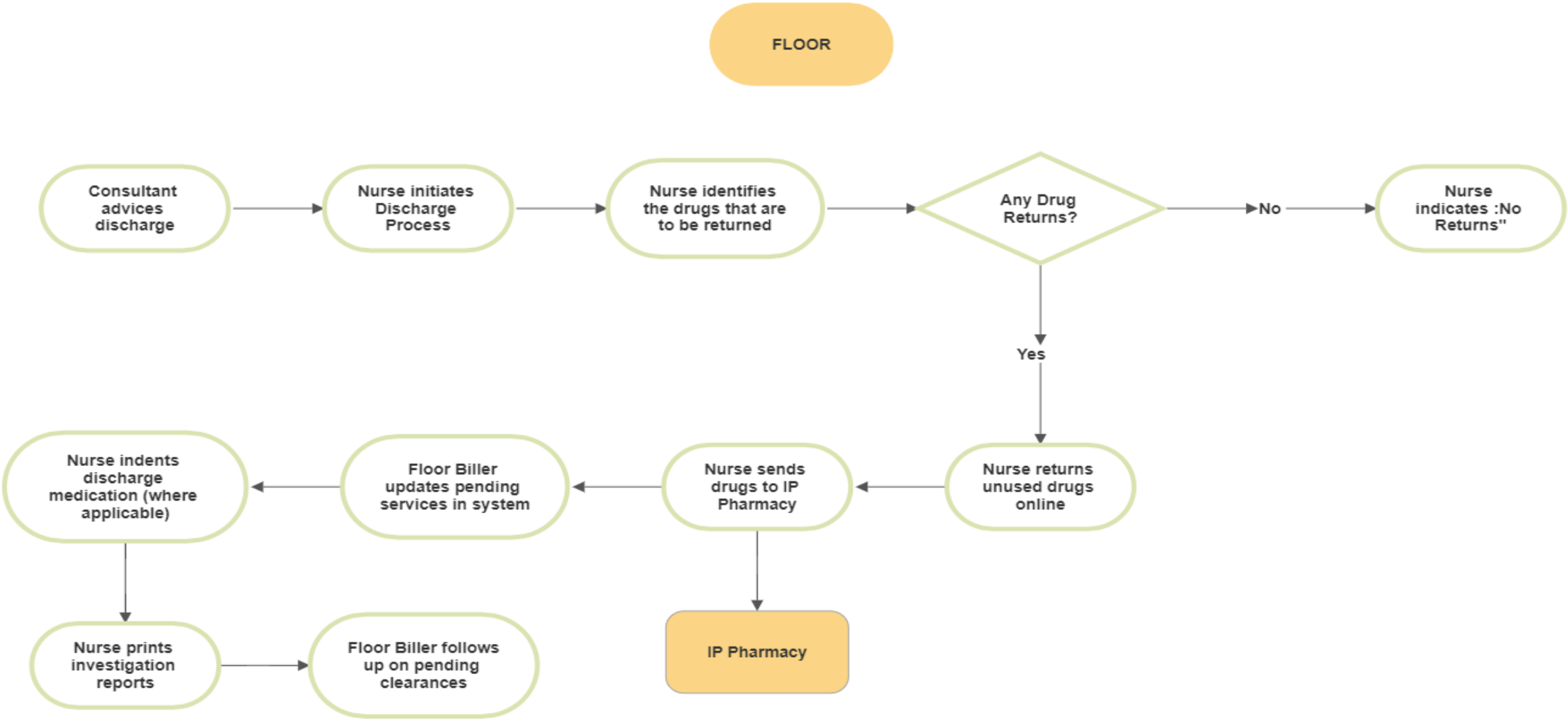
STAKEHOLDERS OF THE DISCHARGE PROCESS

- DMO
- Nurses
- Doctors/Consultants
- Patient and attendees
- IP/OT/Cath Lab Pharmacy
- F&B/Blood Bank
- RM/FM (Relationship/Floor Manager)
- FB (Floor Biller)
- AE (Audit Executive)
- FC (Financial Counselor)
- Insurance Backend/TPA/ Insurance Department
- Security Team
- Transport Team
- Housekeeping/GDA Staff

PROCESS BRIEF

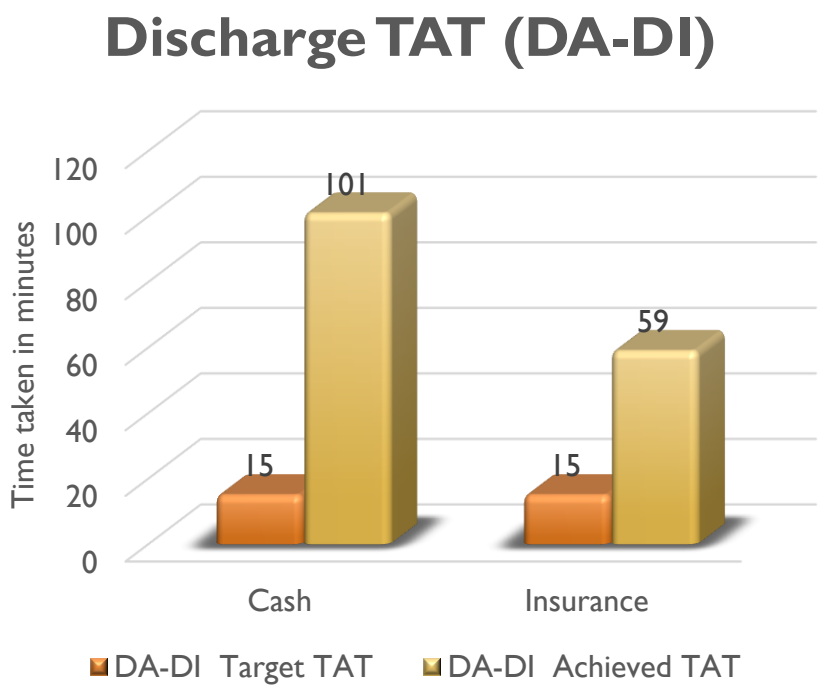
- Discharge Notification to team
- Discharge process counseling to patient
- Pharmacy returns
- Discharge Medication indents (where applicable)
- Investigation reports printing
- Discharge summary printing
- In-Patient bill readying
- Clearance from OT & IP Pharmacy (where applicable)
- Clearance from the blood bank (where applicable)
- Clearance from F&B
- Clearance from Cath lab (where applicable)
- Bill clearance by patient
- Issue Check out slip
- Counseling on the discharge summary
- Patient checkout
- Room readiness for the next patient.
- Discharge cancellation

PROCESS FLOW - INITIATION



ANALYSIS AND INTERPRETATION

Process	Target	Samples: Mar 2023 – May 2023				
		Total Samples	Achieved the TAT (Numbers)	Did not achieve the TAT (Numbers)	Average Discharge TAT (in mins)	Remarks
DA-DI (Cash Patients)	15 mins	50	12	38	101 mins (1 hour 41 mins)	Above Target
DA-DI (Insurance Patients)	15 mins	50	14	36	59 mins	Above Target



DATA COLLECTION

(i) Doctor Advice Time

- Case sheet
- Display board
- Manually

(ii) Discharge Initiation

- EHR (Electronic Health Record)
- Excel Sheets

OBSERVATIONS

CONSULTANTS

- No specific time for rounds (incase of confirming the planned discharges)
- Resident doctor advice discharge which is further confirmed by senior consultants which takes time.
- 3 hours delay in cross-consultation IP patient was taken to OPD in wheelchair for doctor's review.

NURSES

- Pharmacy returns before initiating the discharge request on HIMS to comply with TAT.
- Negligence by nurses busy in other works
- IP Pharmacy indent delayed.
- Unprofessionalism by nurses
- They did not know about planned discharges and no one took in charge of who initiated the request. They made the false assertion that the floor biller made the request.
- Delay in pharmacy clearance by 1 hour from the nursing end.

IP, OT, CATH LAB PHARMACY

- Discharge is cancelled by doctor but to cancel the discharge on HIMS, OT clearance is needed and there is a delay from OT side (personnel not receiving call).
- Delay in OT pharmacy clearance
- Pharmacy clearance was delayed as the bed bath was damaged and additional payment was to be charged from the patient.
- Delay in pharmacy return by half hour because a pack of wipax was found open
- Pharmacy delay (transporter came late)

MEDICAL PROCEDURES

- Extra Investigations
- Dialysis
- Endoscopy
- Urine culture

PATIENT AND ATTENDANTS

- Unwillingness of patients and attendants to get discharged.

PHYSIOTHERAPISTS

Delay in physiotherapy session which delayed initiation as the doctor advised discharge after a physiotherapy session.

IT ISSUES

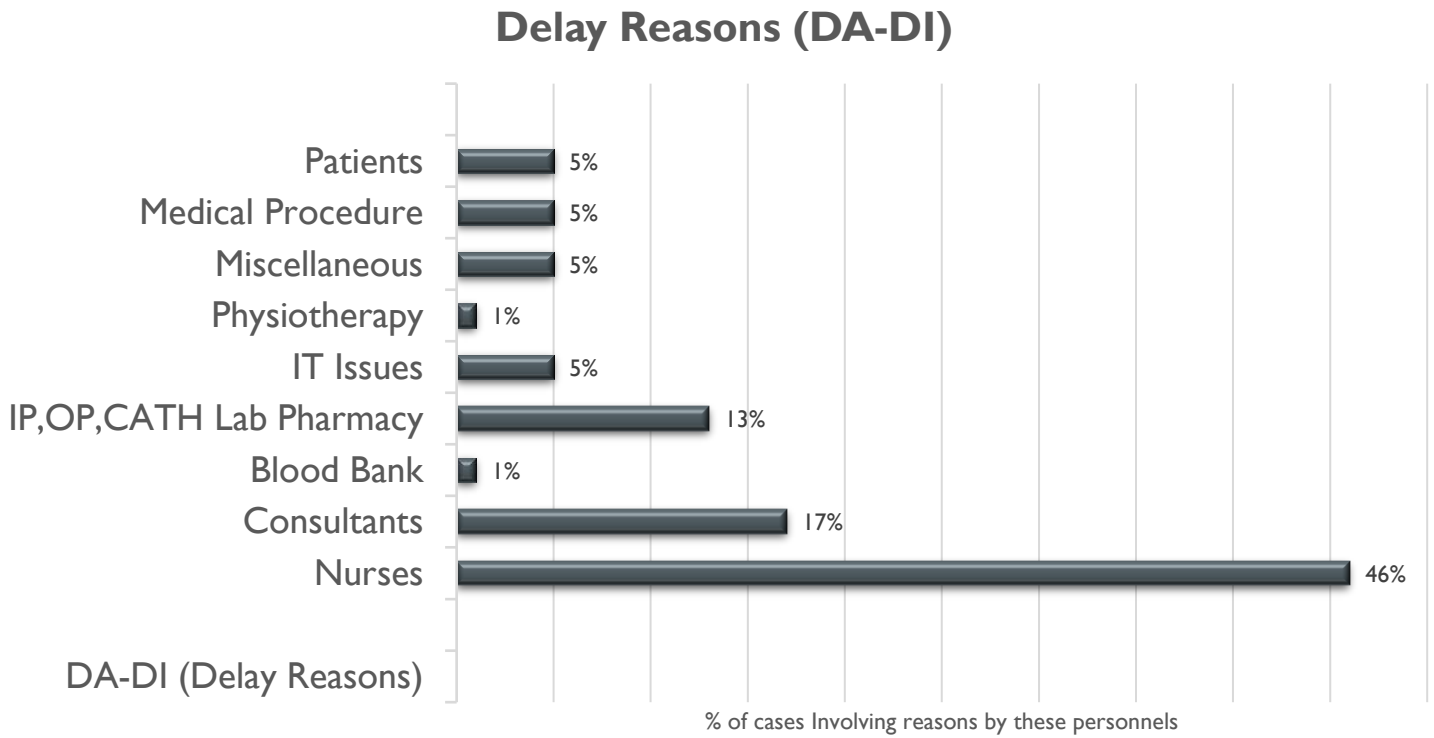
- Delayed pharmacy returns because i-porter had some technical issues
- Typist's system was not working
- System lag or error

BLOOD BANK

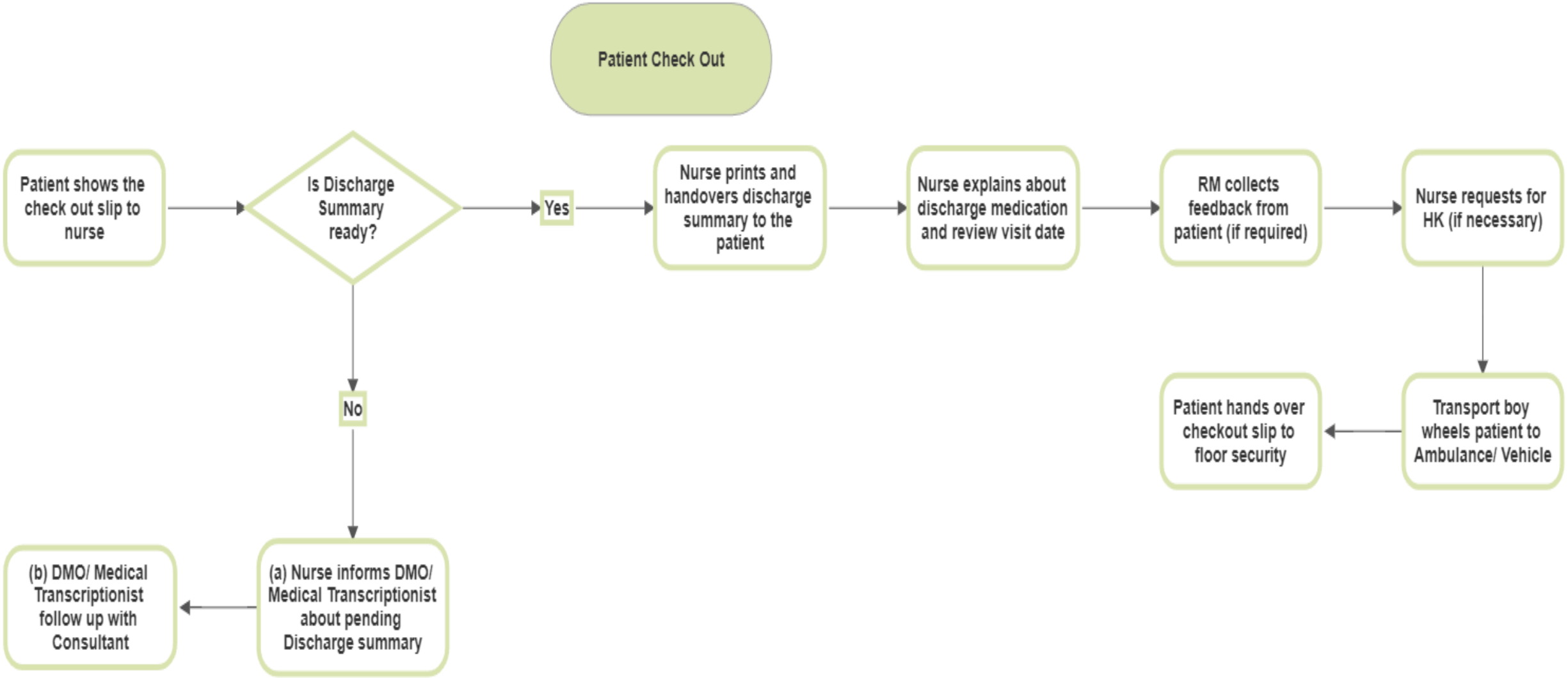
Cross Matching of blood took so long that patient had to stay for one more day and discharge cannot be initiated.

MISCELLANEOUS

- Lack of nursing staff 22 patients in a wing and hardly one or two are the staff nurses which look after the discharge process
- 15 discharges in a day in a single wing which makes it harder to process and initiate every discharge on time.

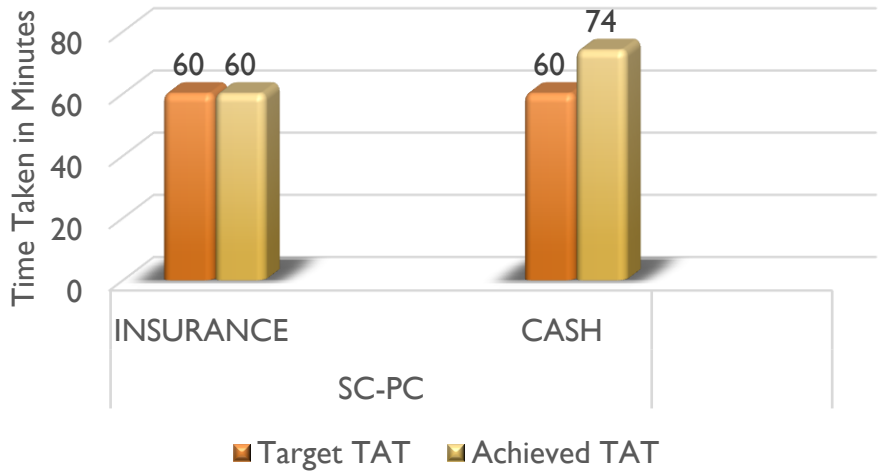


PROCESS FLOW - CHECKOUT



ANALYSIS AND INTERPRETATION

Process	Target	Samples: Mar 2023 – May 2023				
		Total Samples	Achieved the TAT (Numbers)	Did not achieve the TAT (Numbers)	Average Discharge TAT (in mins)	Remarks
SC-PC (Cash Patients)	60 mins	50	29	21	74 mins	Above Target
SC-PC (Insurance Patients)	60 mins	50	37	13	60 mins	Within Target



DATA COLLECTION

(i) System Checkout

- EHR (Electronic Health Record)
- Checkout Slip
- Excel Sheets

(i) Physical Checkout

- Checkout Register
- EHR (Electronic Health Record)

OBSERVATIONS

DMO

- Discharge summary not prepared and approved on time.
- Unavailability of typists resulting in further delay in the process.

NURSES

- Physical checkout was delayed because Foley's catheter was not removed for 1 hour after system checkout
- Discharge Summary being given late to the patient and explained.

TRANSPORT TEAM

- Patient waiting for the stretcher
- 15-30 minutes delay in bringing the wheelchair

CONSULTANTS

- The doctor had to confirm some medication and cross-check the same for discharge summary hence physical checkout was delayed by 2.5 hours.
- Doctors are not signing or approving DS due to their busy schedule in OPD or OT.
- Physical checkout was delayed because the patient was waiting for the doctor's final visit.
- The patient had some doubt regarding the injection which he wanted to clear from the doctor, but the doctor and all the staff was in OT.
- Delay in replying to medical queries (requires a letter from the doctors)

MISCELLANEOUS

- Patient attendees are not aware of 60 min check out time post the bill clearance.
- Lack of communication among staff and between staff and patients regarding the discharge process.

IT ISSUES

- System lag or error
- The time of physical checkout is not accurately shown in EHR. It shows the time when the nurse releases the bed not when the patient physically vacated the room.

PATIENT AND ATTENDANTS

- Unavailability of patient attendants for some discharge procedures (like summary explanation and handover).

- Unwillingness of patient to go on the same day of a doctor advising discharge.

- The discharge process took time and delayed approval resulting in the patient staying for one more day.

- Delay in collecting the discharge medications by attendants.

- The patient requested the nurse to change the hand cannulation from right to left as it was paining.

- Waiting for the transport facilities or the attendees after clearing the bill

- Delay in checking out because of lack of awareness, lack of preparedness

- Delay in arranging cash

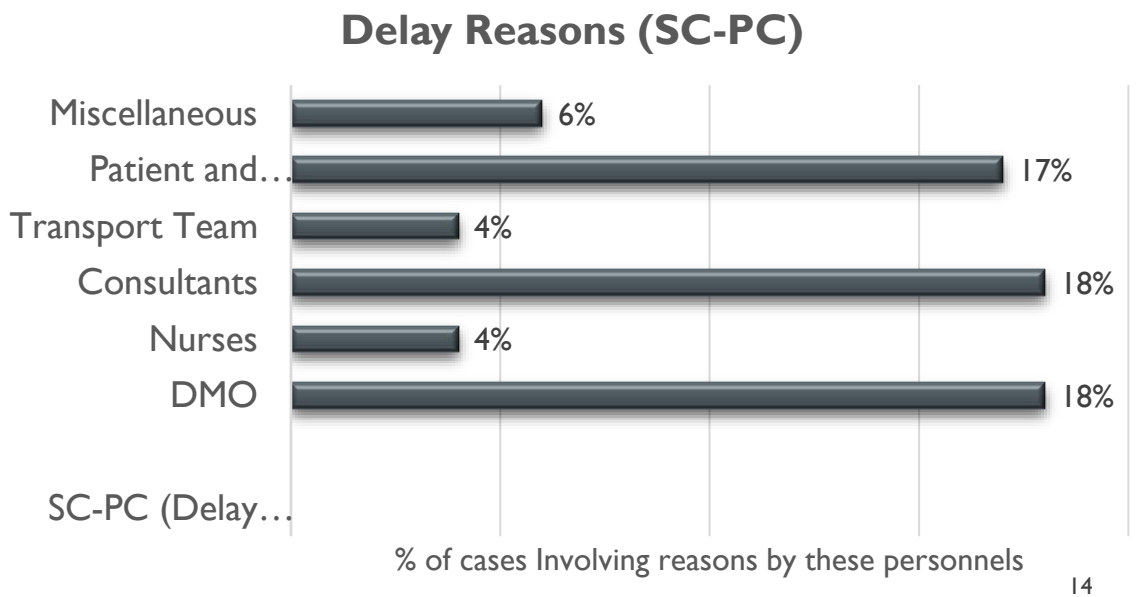
SECURITY TEAM

- The security podium is only present on one side of the lift and not on the other side so some patients go without giving checkout slips to security.

- Security (especially night shifts) fail to maintain a record of the physical checkout of every patient which results in missing data.

PATIENT AND ATTENDANTS

- Unavailability of cash.



Other reasons which hamper the discharge process:-

- Wrong timings are written on the display board
- The wrong patient is displayed on the board when another patient is in the room
- Display board about discharge patients and their timings are not updated timely
- Extra room rent charged to the patient even if it's not a delay in the process from the patient's side and one day is extended.
- Delay in replying to queries
- Approval of Insurance is not frequently checked
- Delay in clearing a doubt regarding payment to FC which took 2.5 hours and further delayed the physical checkout

SUGGESTIONS

OPERATIONAL

- Conduct regular training sessions and workshops for staff members involved in the discharge process.
- Implement a comprehensive discharge management system that integrates all departments involved, streamlines communication, and monitors the progress of each discharge case. (Discharge Planning Team)
- Regularly update display boards with accurate timings and patient information to avoid confusion or delays.
- Aware patients and attendees about the 60-minute checkout time post-bill clearance.
- Allocate specific staff members responsible for initiating discharge requests to ensure accountability.
- RM must ensure that nurses provide discharge summaries to patients on time and ensure proper explanations of them.
- Install additional security personnel on each side of the lift.

DIGITALIZATION

- Improve communication between patients and attendants - Similar to the doctor's app, there should be a patient app that allows patients to track their discharge process, see the status of their treatment reports, diagnoses, and medications, and raise questions by speaking to an agent in the app (similar to customer services).
- In the doctor's app, there can be a feature of discharge advice in which doctors can advise discharge from their phone and it can be notified to all the departments involved in the discharge process and DA can be captured.
- There should be a security pin that has to be entered while requesting pharmacy returns which can only be obtained by initiating the discharge request on HIMS.
- Discharge summary approval can be digitalized by the doctor's app where the doctor can see the DS and approve it on the app.
- System must be checked regularly for lags and IT issues.
- The security who updates the patient's Physical Checkout details on the register can update it on HER for capturing real-time of patient vacating the room.

THANK YOU

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2nd Year

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