Gap Analysis of Turnaround time in Discharge Process of a Healthcare Delivery Care: A study of Manipal Hospitals, Jaipur

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INTRODUCTION

- Discharge is a process encountered in the hospitals where the doctors allows his patients to rest at home as the later does not need the continuous support and care of the medical staffs within hospital
- It is followed by a discharge summary mentioning the causes of admission, diagnosis, the treatment in between, final condition and the future diagnosis
- Discharge process is the final stage during the patient journey so it leaves a big imprint on patient's mind and will be remembered by the patient. Thus, TAT for the process directly impact the patient satisfaction
- As per NABH, "Discharge is a process by which a patient is shifted out from the hospital with all concerned medical summaries ensuring stability. The discharge process is deemed to have started when the consultant formally approves discharge and end with the patient leaving the clinical unit
- Turnaround Time as per the Manipal Hospital- "Time when consultant confirms discharge till the time patient is physically out of his room"
- Observing Turnaround time will permit the hospital to measure the efficiency of the bed management and effectiveness of the operating process within the hospital

AIM & OBJECTIVES

AIM

- The aim of the study was to reduce the turnaround time for the discharge process performed at Manipal Hospital, Jaipur

OBJECTIVES

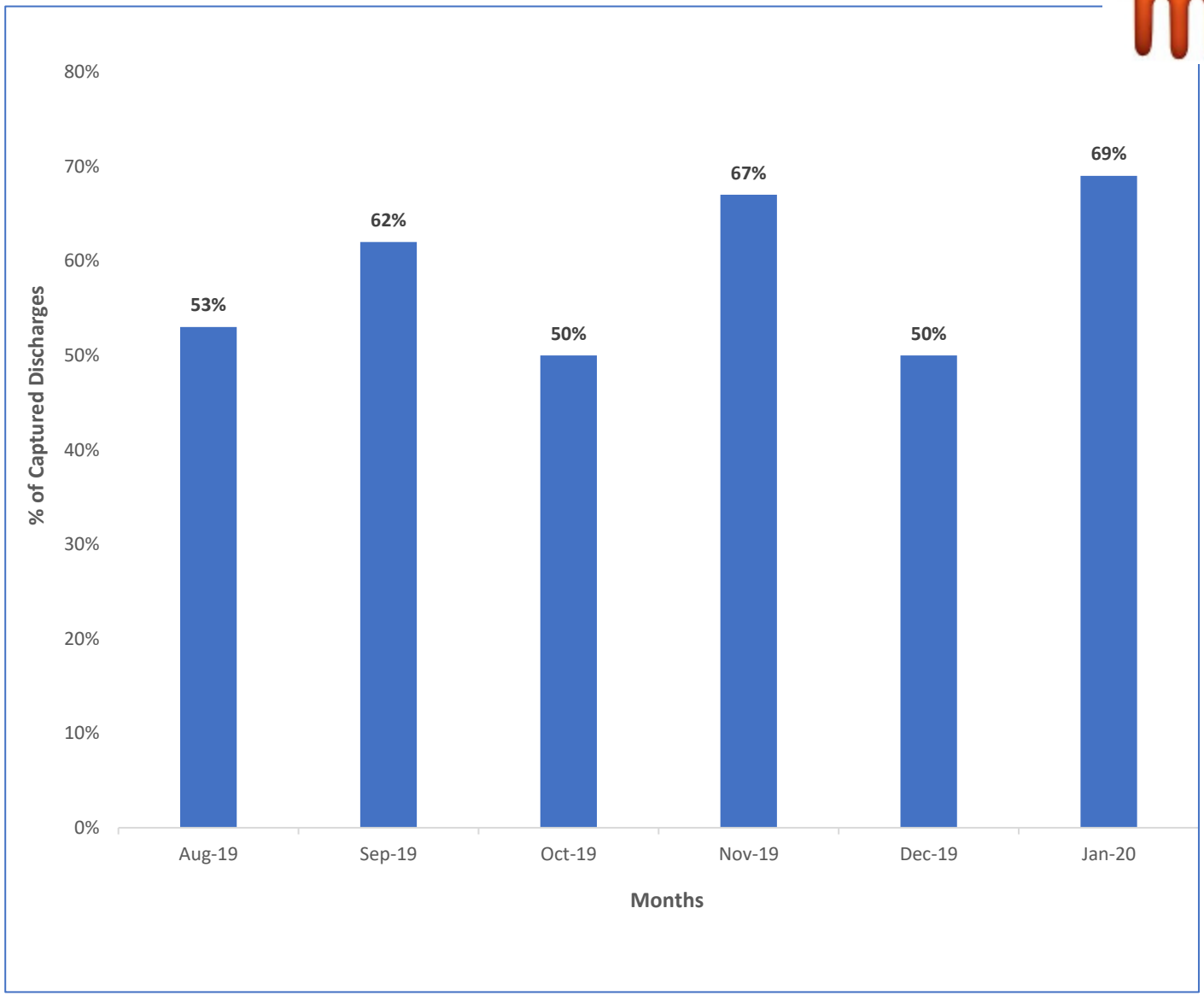
- To understand the process flow of discharges in the hospital
- To find out the gaps
- To find out the reasons of delay in discharge process
- To recommend measures that can reduce the delay

RESEARCH METHODOLOGY

- **Study Design:** Retrospective, Descriptive design
- **Setting:** IP Department, Manipal Hospitals, Jaipur
- **Total Population:** 4,324 patients who have been admitted from Aug19 to Jan20
- **Sample Size:** 2,510 patients
- **Sampling Technique:** Complete Enumeration
- **INCLUIONN CRITERIA:** All the patients admitted in GW, MSW,SSW
- **EXCLUSION CRITERIA:** Patients admitted in HDU, ICU, ER, Sundays

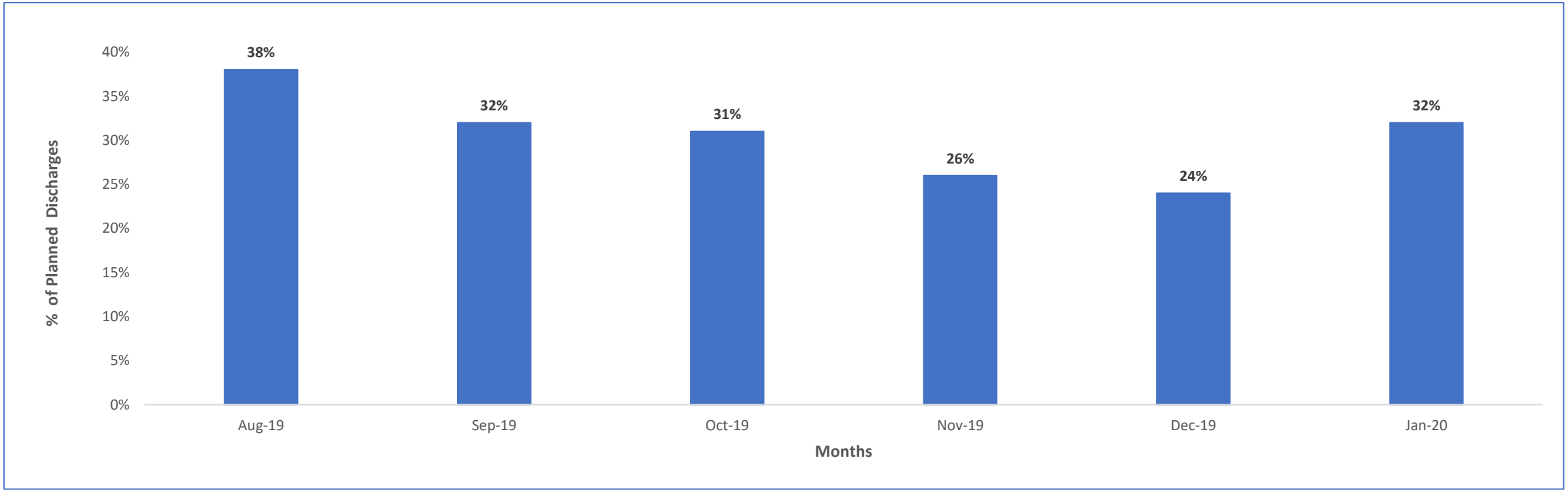
Percentage of Captured Discharges

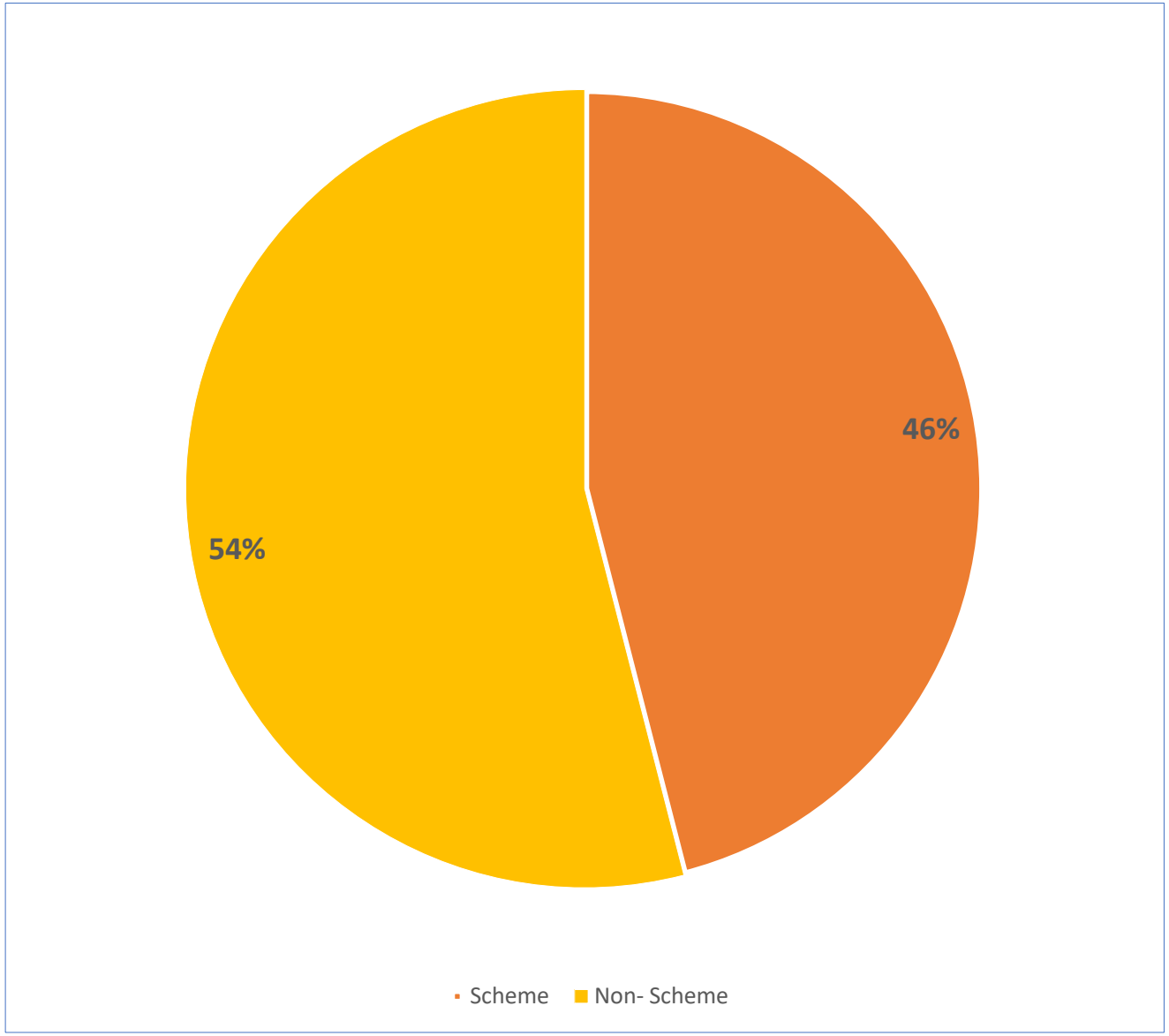
- **<u>Interpretation</u>**:
- The above figure depicts the highest number of captured cases were in the month of January (69%) followed by November (67%) and September (62%) whereas the lowest cases were captured in the months of December (50%) and October (50%) followed by August (53%).



Percentage of Planned discharges

- **Interpretation:**
- The above figure shows that the highest number of planned discharges were done in the month of August (38%) followed by September (32%) and January (32%). Also, that out of all six months December (24%) had the least planned discharges along with October (31%) and November (26%).

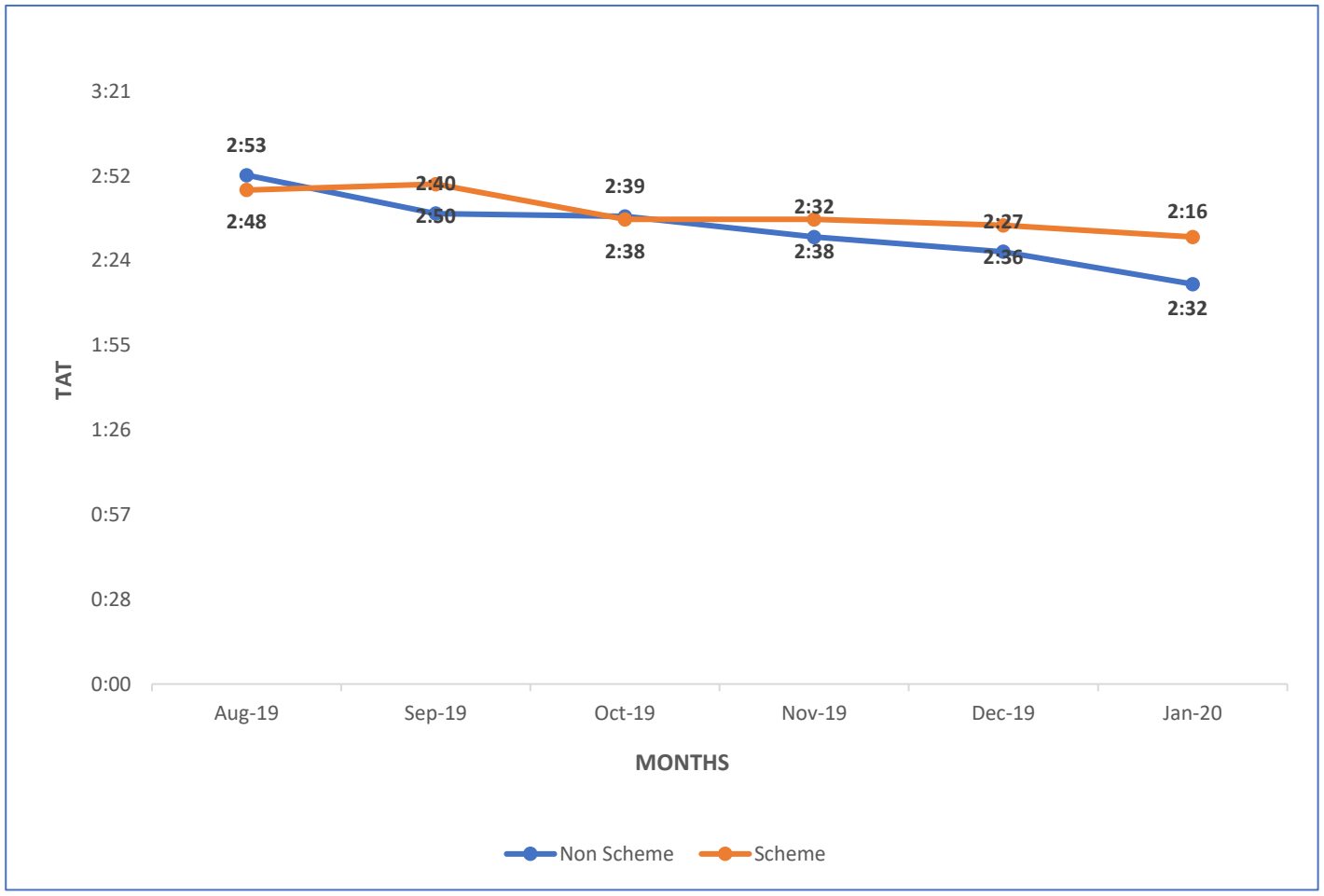




Percentage of payor type

- **Interpretation:**
- Out of the sample of 2510, 54% of the payor type were part of Non- Scheme and the rest 46% were part of scheme.

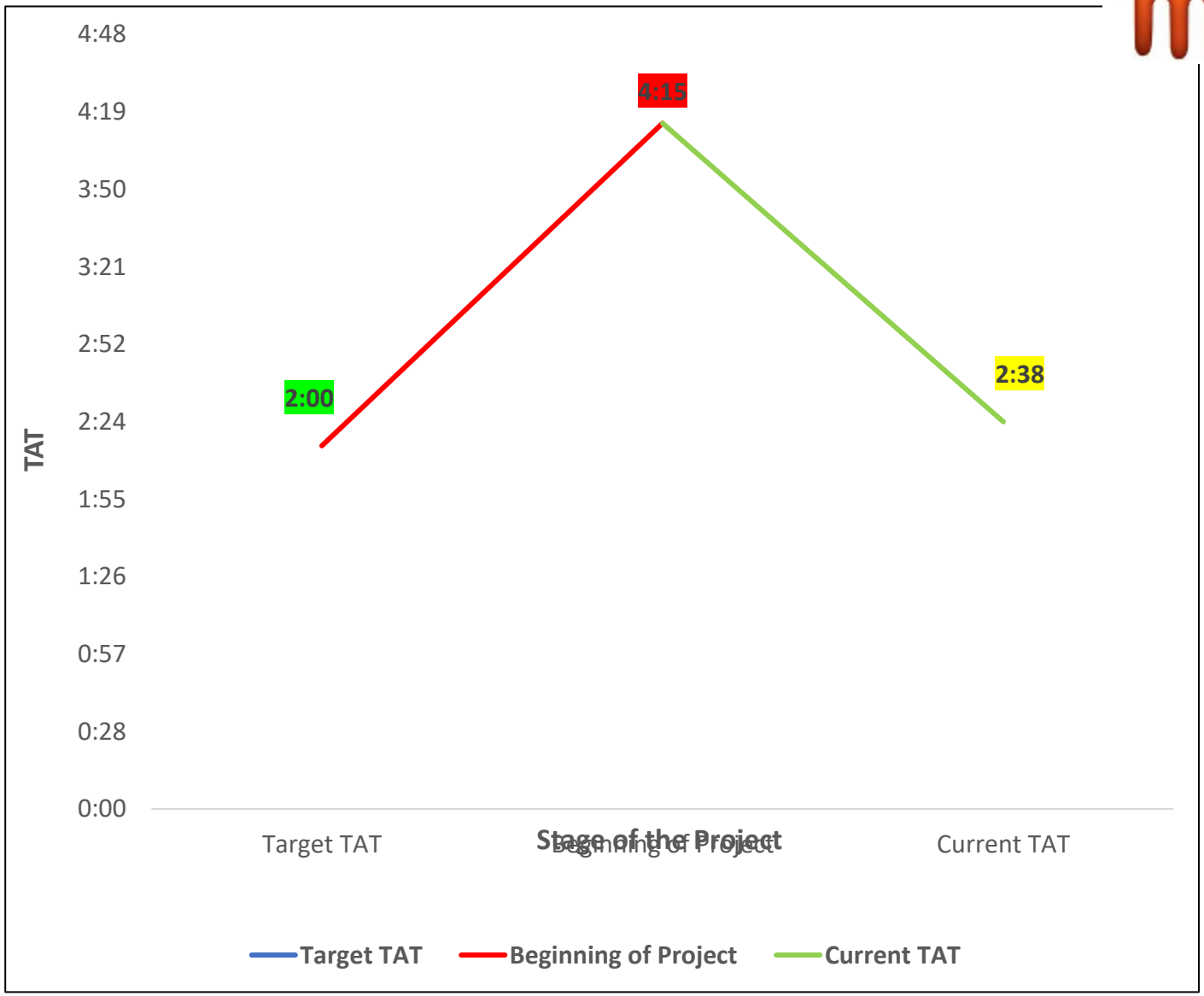
Payor wise TAT



- **<u>Interpretation</u>:**
- The figure depicts that the in Non- scheme highest TAT was observed in the month of September which was 2:50 hrs. and the lowest TAT was observed in the month of January which was2:32 hrs. Whereas, in the scheme category the highest TAT was 2:53 hrs., in the month of August and the lowest in the month of January of 2:16 hrs.

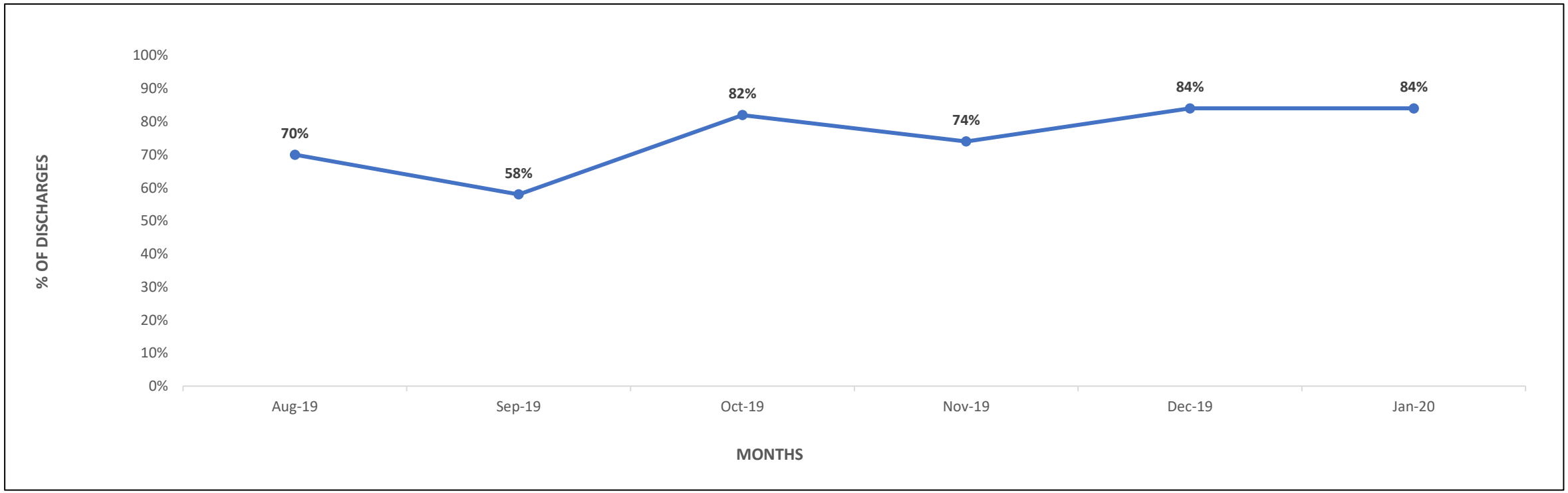
Reducing TAT with Planned Discharges

- **<u>Interpretation</u>:**
- The above chart depicts that the planned discharge project was started with TAT of 4:15 hrs. in April which was reduced to 2:38 hrs. The hospital still aims to decrease TAT to 2:00 hrs.

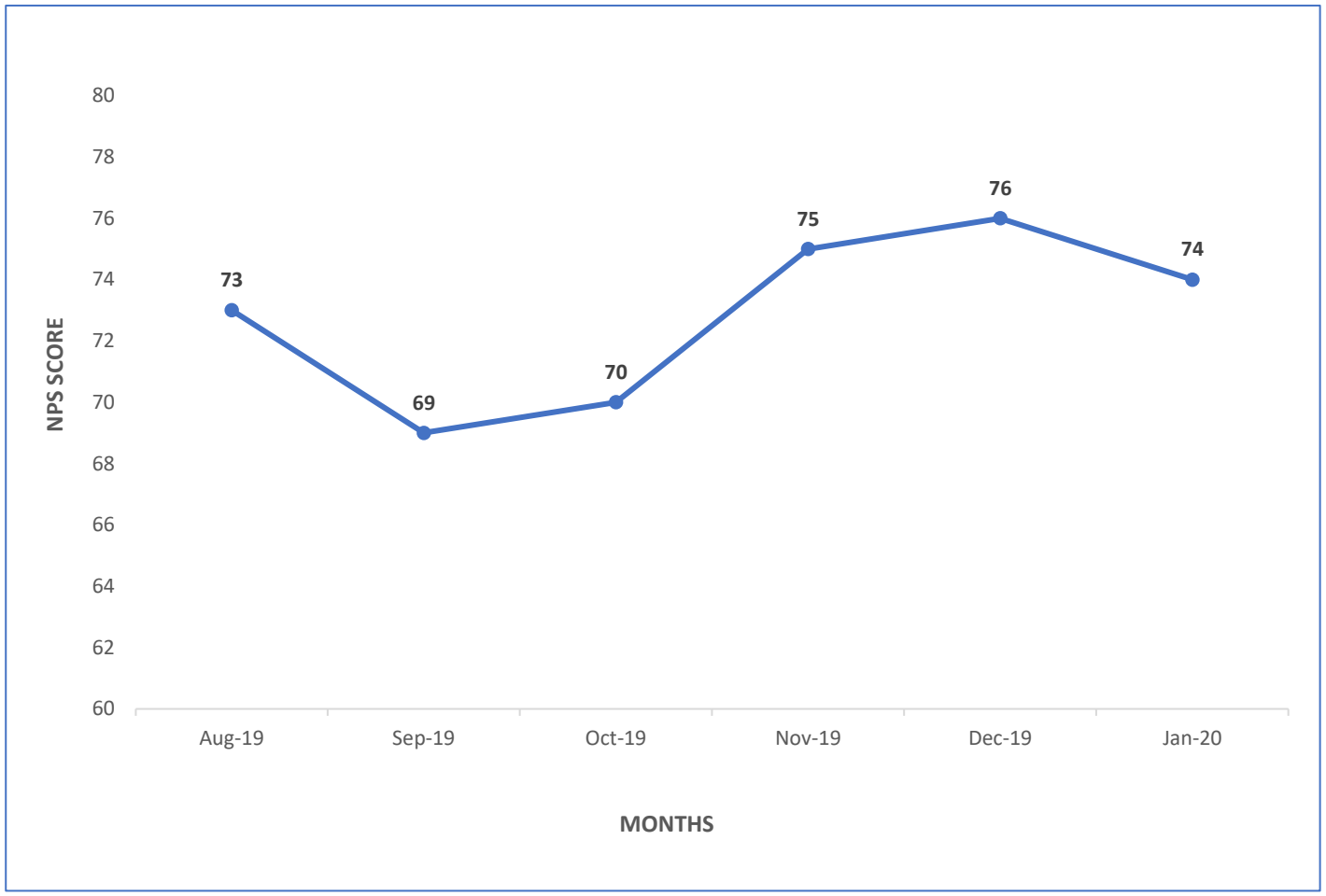


Percentage of discharges completed within 3:00 hrs.

- **<u>Interpretation</u>:**
- The figure above depicts the percentage of patients discharged from the hospital within the timeframe of 3:00 hrs. According to NABH, the ideal discharge for a hospital is 3:00 hrs that is why this table is created to calculate the percentage of the discharged patients that falls on or before 3:00 hrs. This table shows the highest number in the months of January and December and the least in the month of September.



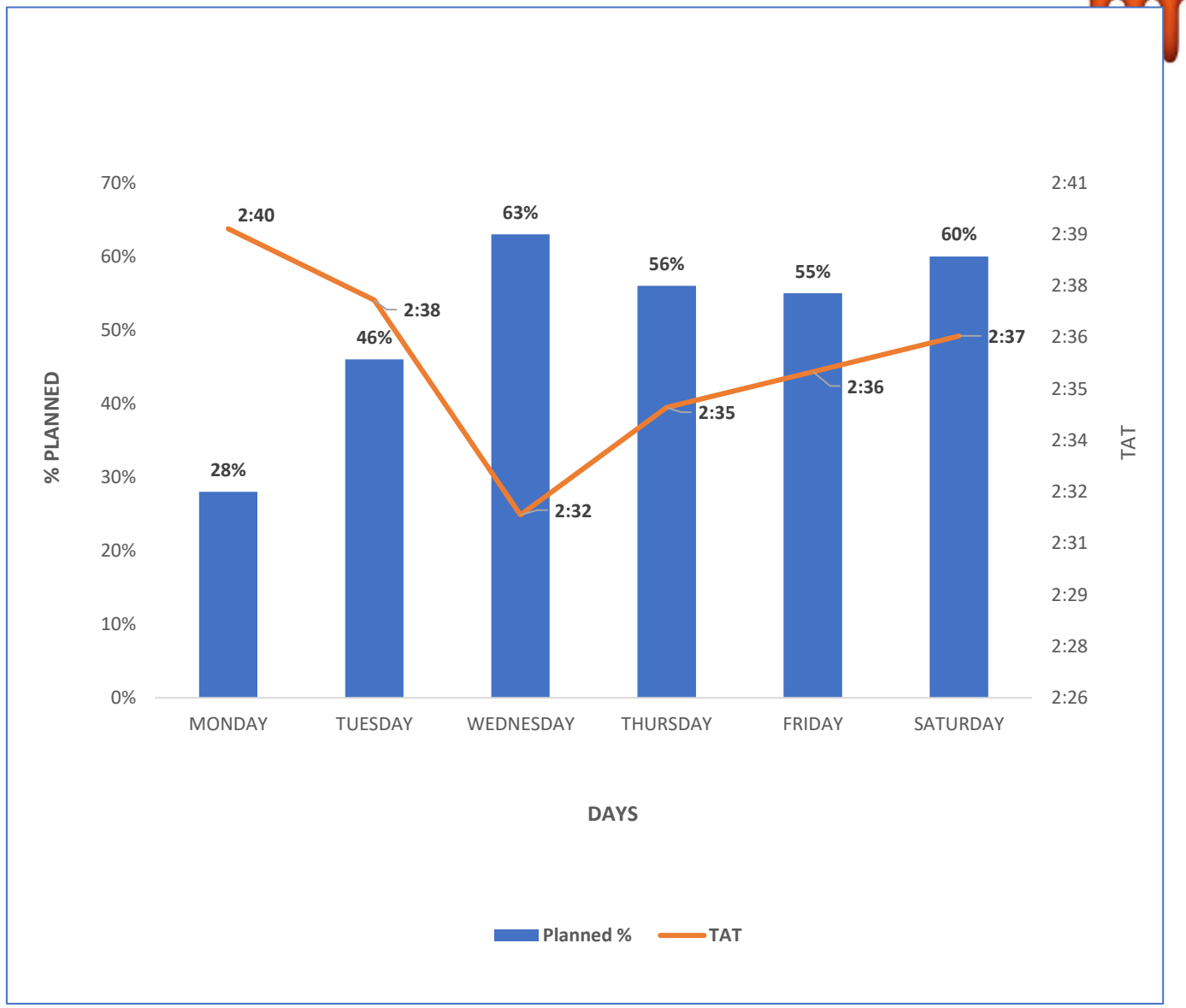
Discharge NPS Score



- **<u>Interpretation</u>:**
- The NPS for the past 6 months shows that the it started with the score of 73 in August and then it declined in the month of September and October, but got improved in the month of November with the score of 75. December had the highest score of 76 which again decreased in the month of January.

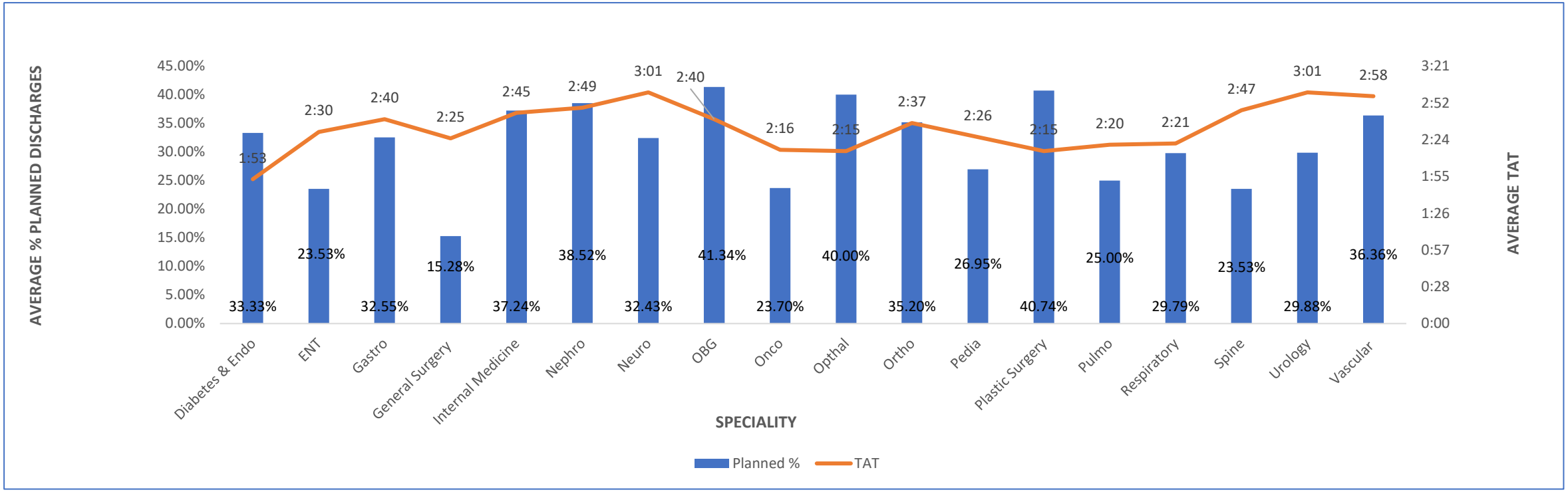
Correlation between Planned Discharges and TAT (Overall Trend)

- **<u>Interpretation</u>:**
- This clearly shows that the day which have the least amount of planned cases had the highest number of TAT i.e. Monday had only 28% planned discharges so the TAT was the highest as 2:40 hrs whereas on Wednesday as the percentage of planned cases increases the TAT tends to fall to 2:32 hrs.

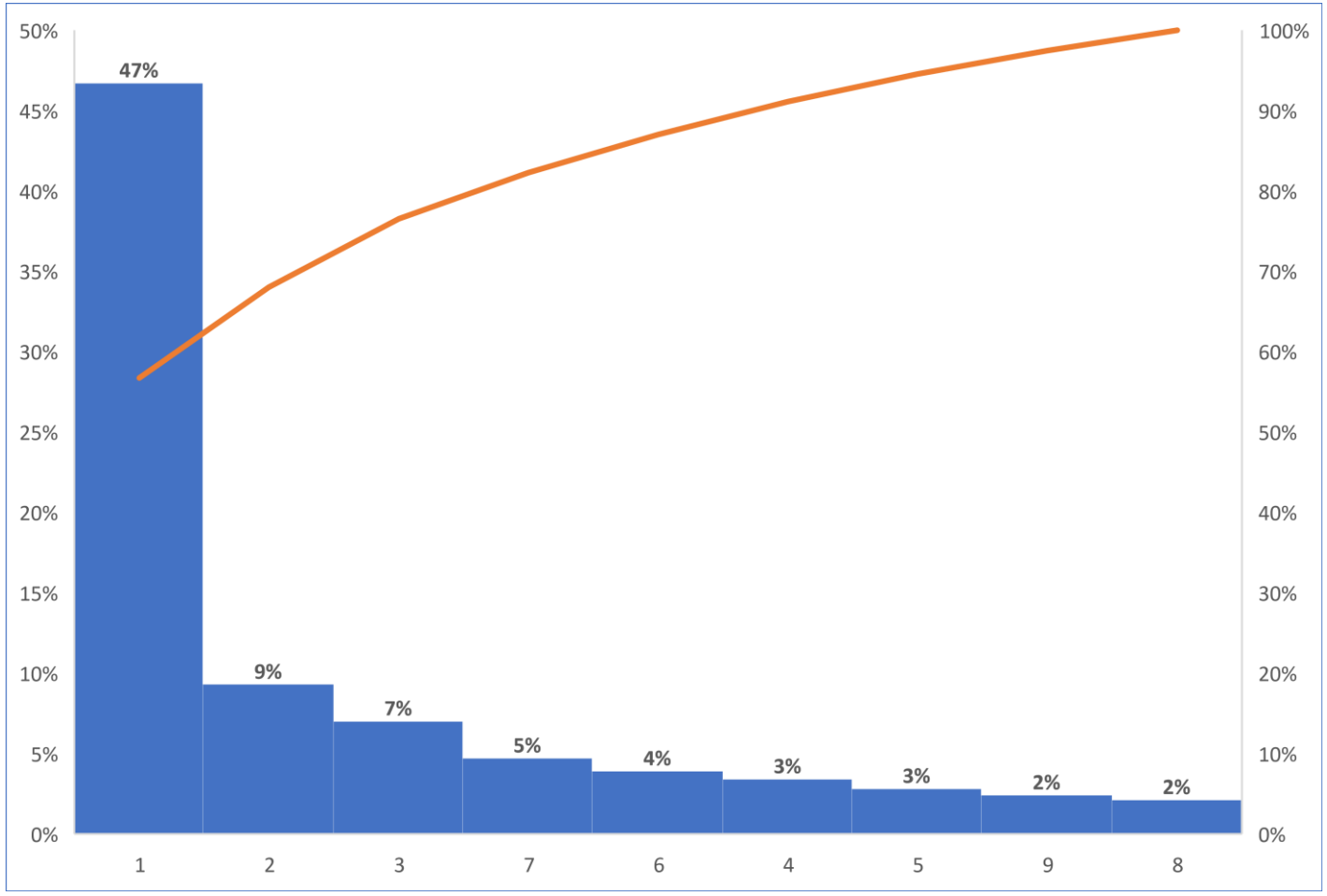


Speciality wise percentage Planned Discharge V/S Average TAT (Overall Trend)

- **Interpretation:**
- Out of all the speciality, highest TAT was observed in Neurology and Urology of 3:01 hrs and the lowest TAT was observed in Diabetes and Endo of 1:53 hrs.

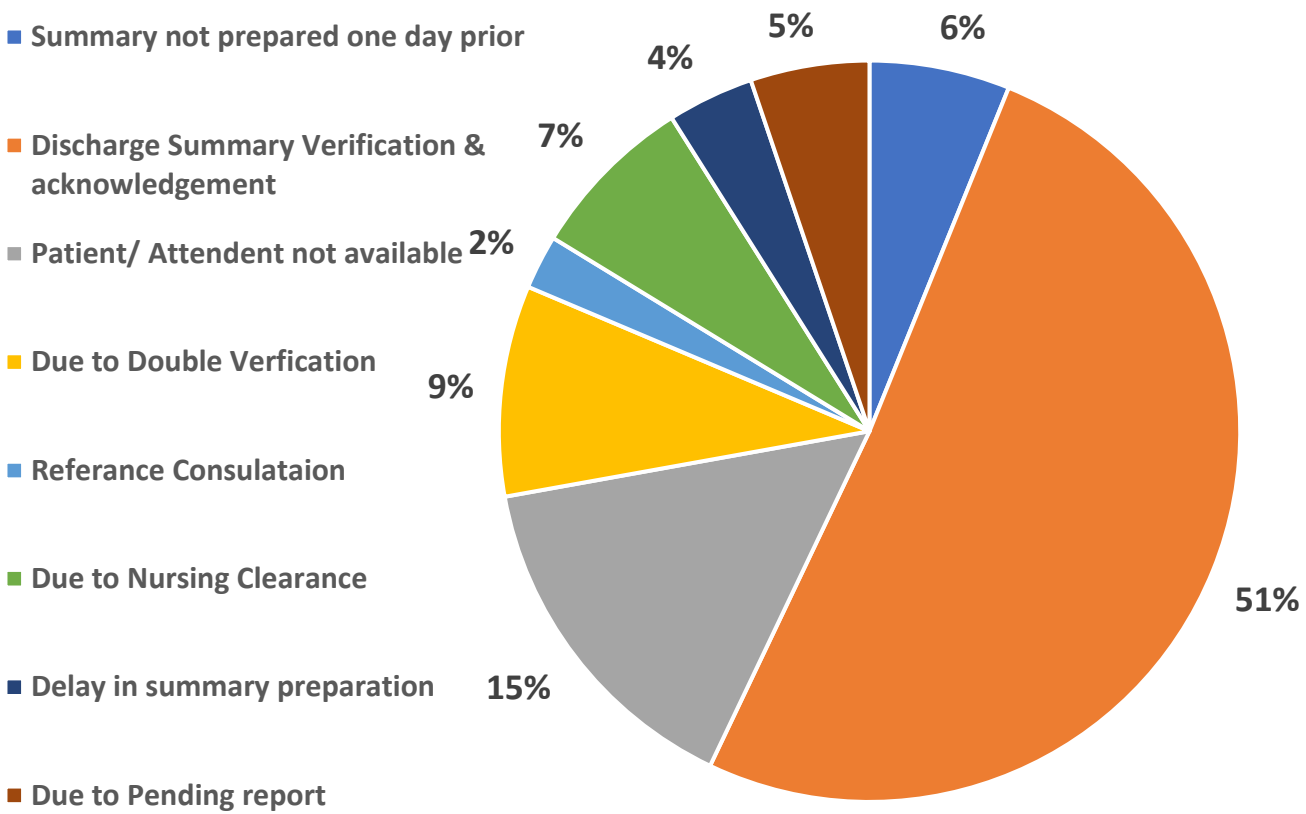


PARETO CHART



1. **Delay in Summary Verification and Acknowledgement by consultant**
2. **Delay in Discharge Summary Preparation**
3. **Patient/Attendant not available for Final Bill Clearance**
4. **Delay due to reference consultation**
5. **Delay due to Missing Reports**
6. **Consultant was not available due to involvement in OT / OPD**
7. **Delay due to Double verification of Discharge Summary**
8. **Delay due to Nursing Clearance**
9. **Delay due to procedure**

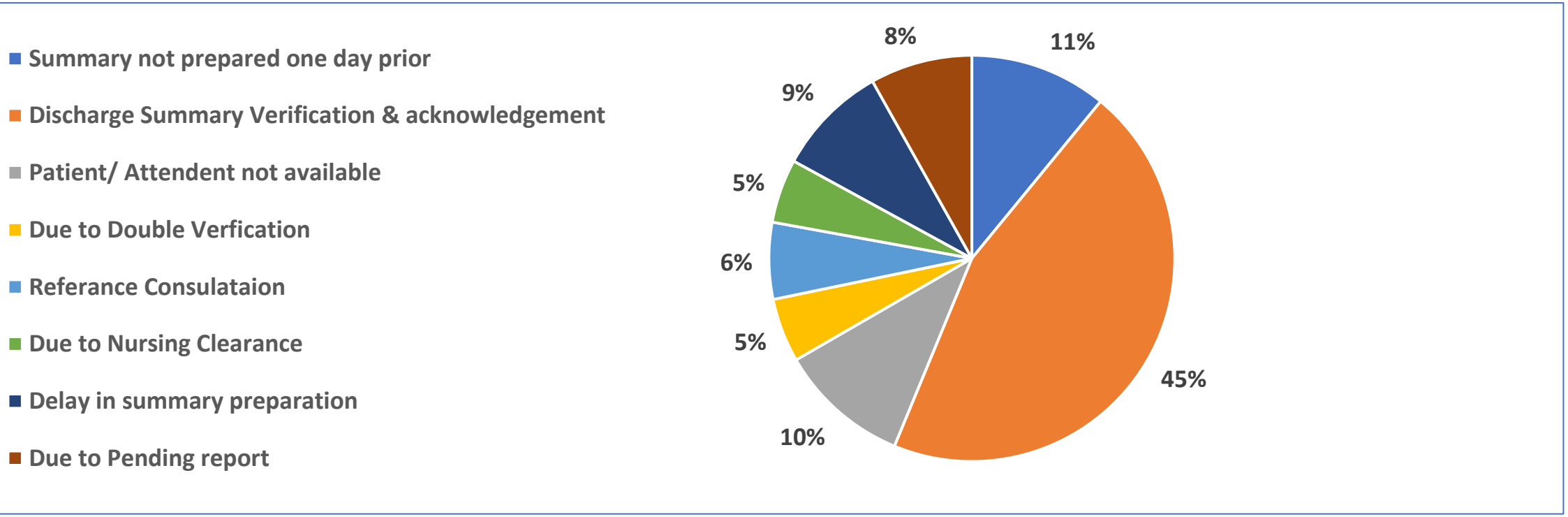
Reasons for Increased TAT for Non- Scheme patients



- **Interpretation:**
- Maximum percentage of delay in discharge was observed in Discharge Summary Verification and Acknowledgement with 51% followed by Summary not prepared one day prior to discharge with 15%.

Reasons for Increased TAT for Scheme patients

- **Interpretation**:
- Maximum percentage of delay in discharge was observed in Discharge Summary Verification and Acknowledgement with 45% followed by Delay due to summary preparation due to a greater number of unplanned cases and unexpected number of files to be addressed followed by Discharge summary was not prepared one day prior with 11%.



RECOMMENDATIONS

- Proper communications between doctors and staff should be encouraged
- Ontime rounds of consultants, as well as availability at the time of discharge summary verification should be promoted
- Duty doctor should supervise the discharge summary, so that draft of summary is written correctly to save time with minimum error in the first draft itself
- Cross referrals should be done a day prior to the day of planned discharge
- Hospital could design ‘CME' sessions for typist
- Resident doctor at each ward can solve queries regarding discharge medicines, etc., of the patient
- All the stakeholders engaged in discharge process should be appropriately available, based on the patient load
- A "Discharge Tracker" on an web-based software can be introduced to deal with the discharge procedure
- Making pharmacy people more trained to hasten the process of clearance and process of discharge medicine
- “Discharge Lounge” could be constructed so that the bed can be made available on time for new admissions

Conclusion

- From the above study, it can be concluded that there were a greater number of unplanned discharges as compared to planned discharges which is causing the delay. Hence, the hospital should more focus, and work towards planning a greater number of discharges as planned by including all the consultants and minimizing the number of unplanned discharges. This investigation gives a far-reaching outline of patient release issues and basic reasons. It provides a guiding structure including strategies based on theory and practical tools to support care providers and the policy makers.
- “Discharge tracker” is an effective tool for the care providers and policy makers to analyse and prioritize observational strategies and tailor them to the requirements of individual facility and healthcare system which is currently being used by Manipal Hospital, Jaipur and it is proving to be efficient tool to reduce TAT.

Thank You