MONITORING DISCHARGE PROCESS TURN AROUND TIME FOR SMOOTH FUNCTIONING OF IN-PATIENT DEPARTMENT AT HCG CANCER HOSPITAL, JAIPUR

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MBA-HM 24

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INTRODUCTION

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.

The discharge process of the patient is a complex process that begins with the doctor’s advice which is based on the patient’s clinical report followed by discharge summary, bill preparation, pharmacy approval and bill clearance.

NABH has set a standard of 180 minutes for the completion of the discharge process. Hence, maintaining an acceptable of discharge time provides competitive edge to the organization.

There are two types of discharges:

1. **Planned discharge**
2. **Unplanned discharge**

INTRODUCTION

Planned discharge: The discharge summary is prepared in advance or advised by the doctor a day before and all other dues are cleared.

Unplanned discharge: In this the process starts after doctor completes his morning round followed by summary preparation and bill clearance.

Similarly, we can categorize the patients based on how they pay-

Cash Patients- Patients who pay cash and do not use their insurance are included in this group.

TPA Patients- Patients who claim their money at the time of discharge are claim patients.

DISCHARGE PROCESS FLOW, HCG HOSPITAL, JAIPUR

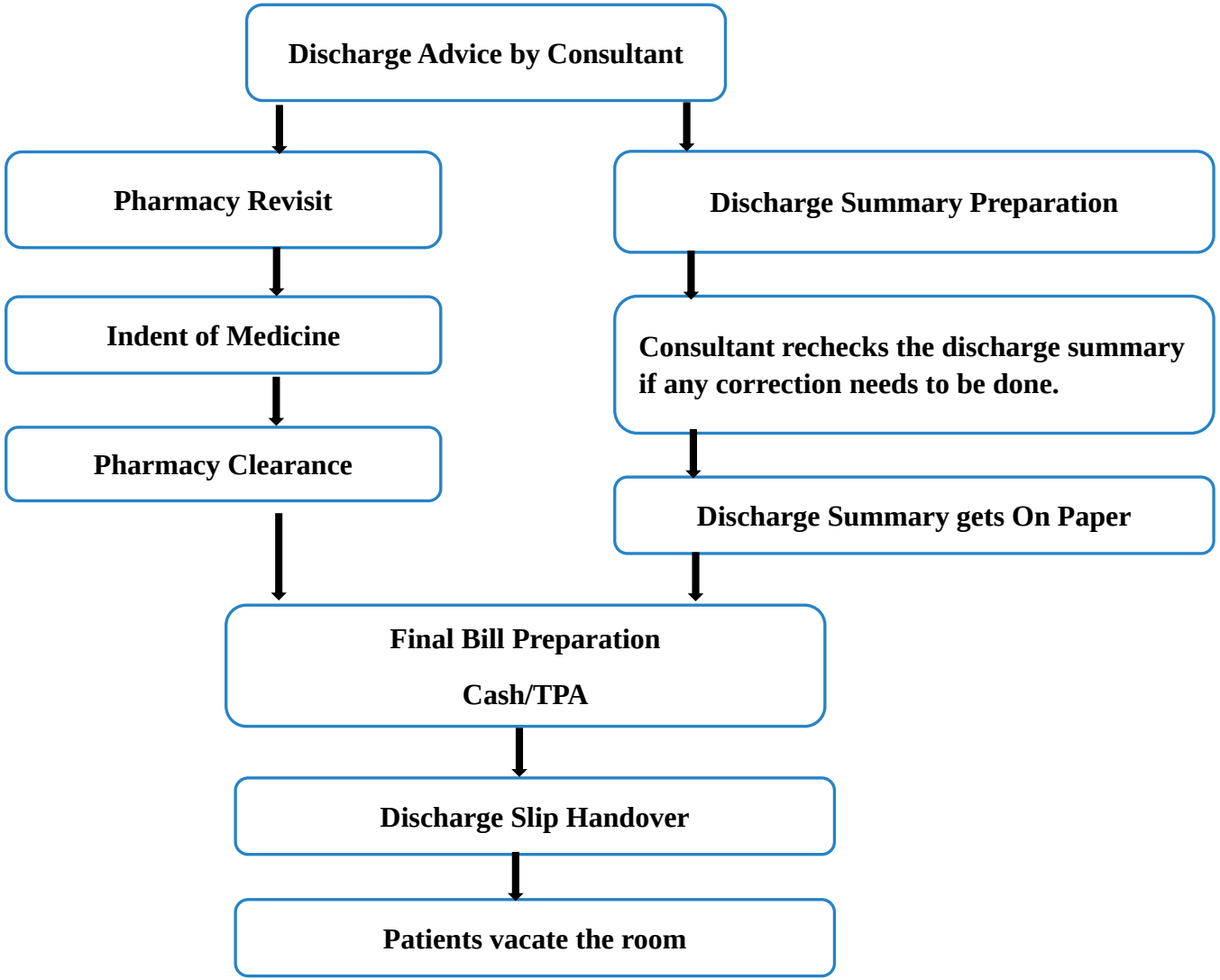


Fig.1: Operations Department, Discharge process of HCG Hospital, Jaipur

HOSPITAL BILLING ORGANOGRAM

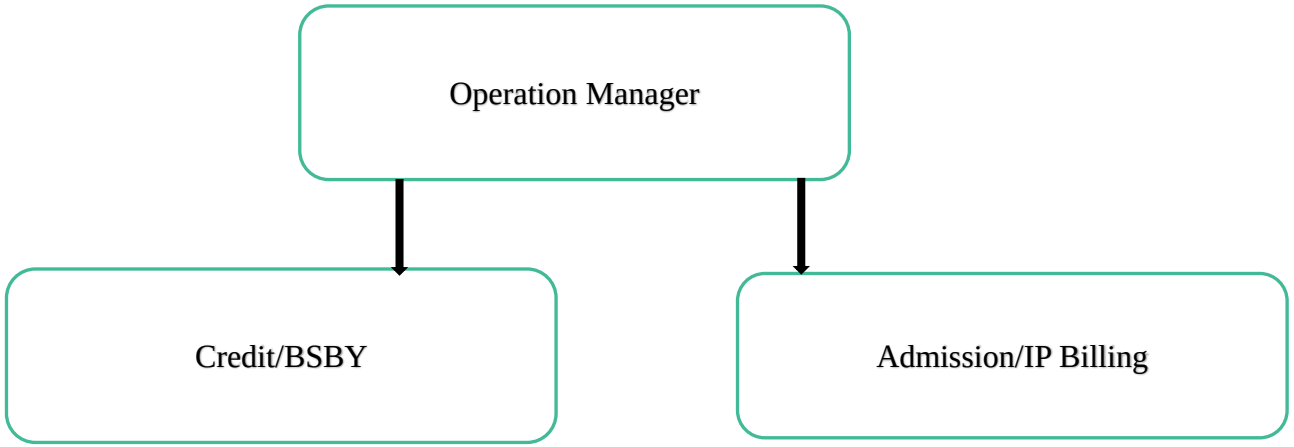


Fig.2: Operations Department, Billing Organogram

STAKE HOLDERS OF DISCHARGE PROCESS

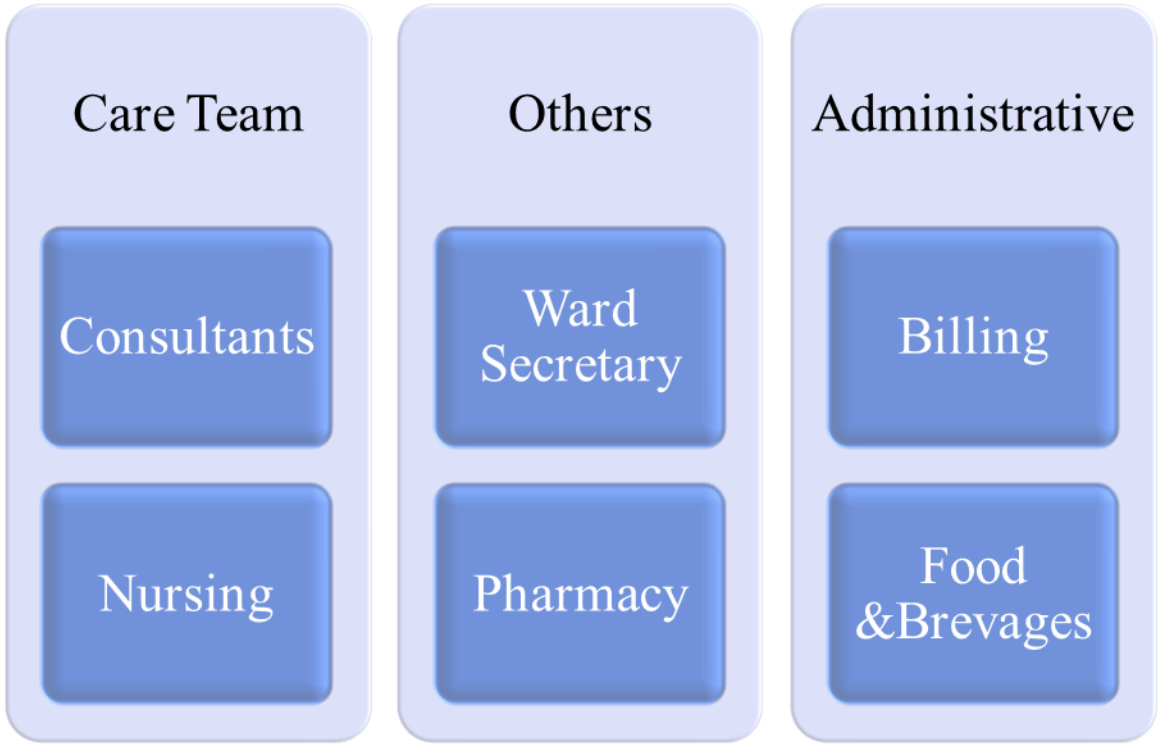


Fig. 3: Stakeholders of Discharge Process

OBJECTIVES

- To monitor discharge process and calculate the turnaround time for both TPA and Cash patients in April 2021.
- To identify the reasons for the delay in discharge and give corrective recommendations for the same.

METHODOLOGY

HCG-The Tertiary Care Hospital is one of the India's most distinguished tertiary care hospital. HCG Hospital Jaipur is NABH accredited and provides medical, surgical, and radiation oncology services. It has 10 dedicated beds for bone marrow transplant unit with stringent and infection control practices.

- **Research Design-** Descriptive Cross-sectional Study.
- **Sample Size-** IPD discharges of April 2021. Being a single specialty (Oncology) and due to covid number of discharges were less.
- **Sampling Method-** Non-probability Convenience Sampling
- **Data Collection Technique-** Interview, discharge registers, HIS (Hospital Information System)
- **Tools and Techniques-** Microsoft Excel and Fishbone Diagram

PLAN OF ANALYSIS

IPD discharge data was gathered in April 2021. The data came from the discharge registers, the hospital information system, and in-dept interviews with nursing personnel, pharmacists, and the billing department.

Turn Around Time (TAT)-

In general, “turnaround time (TAT) means the amount of time taken to complete a process or fulfill a request.

$$\textbf{Average TAT} = \frac{\text{sum TAT of all patients}}{\text{Total number of patients}}$$

FISHBONE DIAGRAM

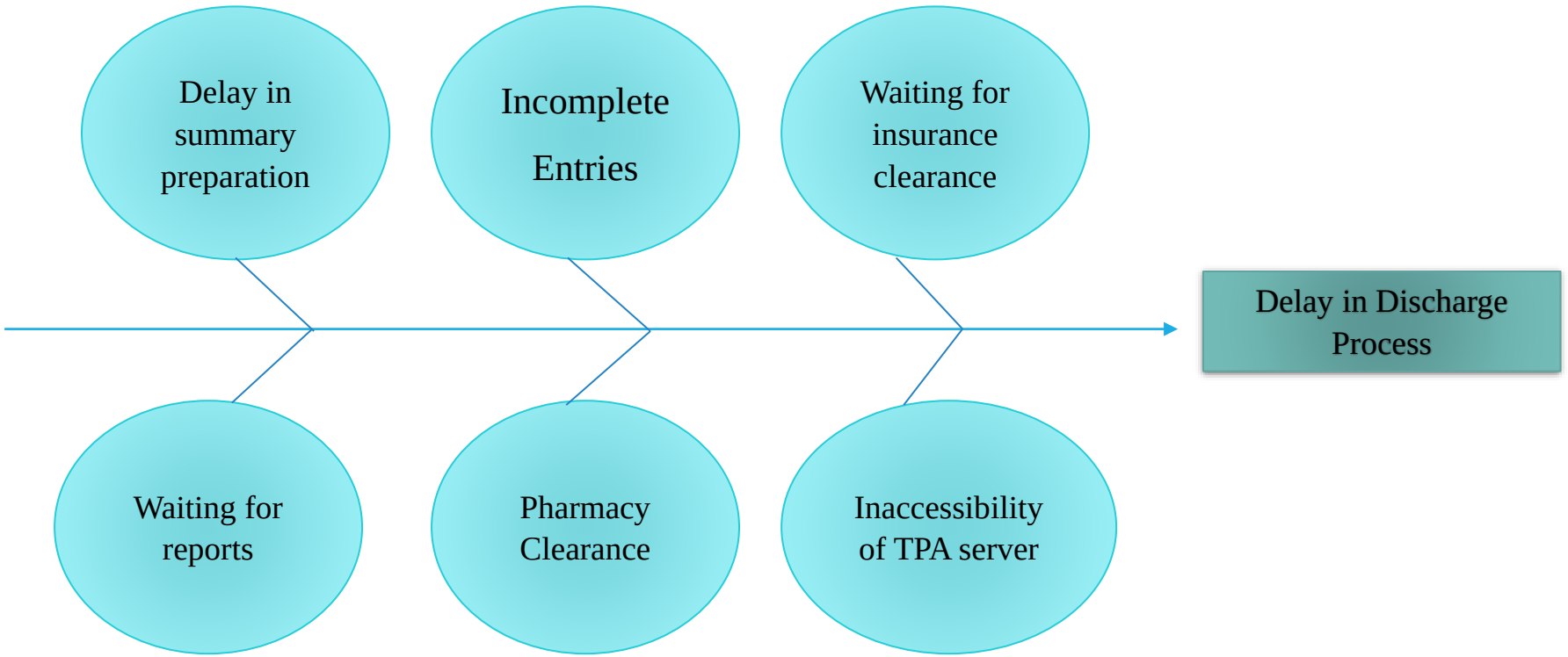


Fig. 4: Showing reasons for delay in discharge process

FISHBONE DIAGRAM

This fishbone diagram is also known as cause-and-effect diagram. Here it is used to display the delay in the discharge process. In this diagram the problem is stated in the far-right corner in the box, which is connected to the central spins represents the cause.

The delay is the discharge process can occur due to following reasons:

- **Consultant/Physician-**
  - Delay in discharge summary preparation.
  - Incomplete documentation

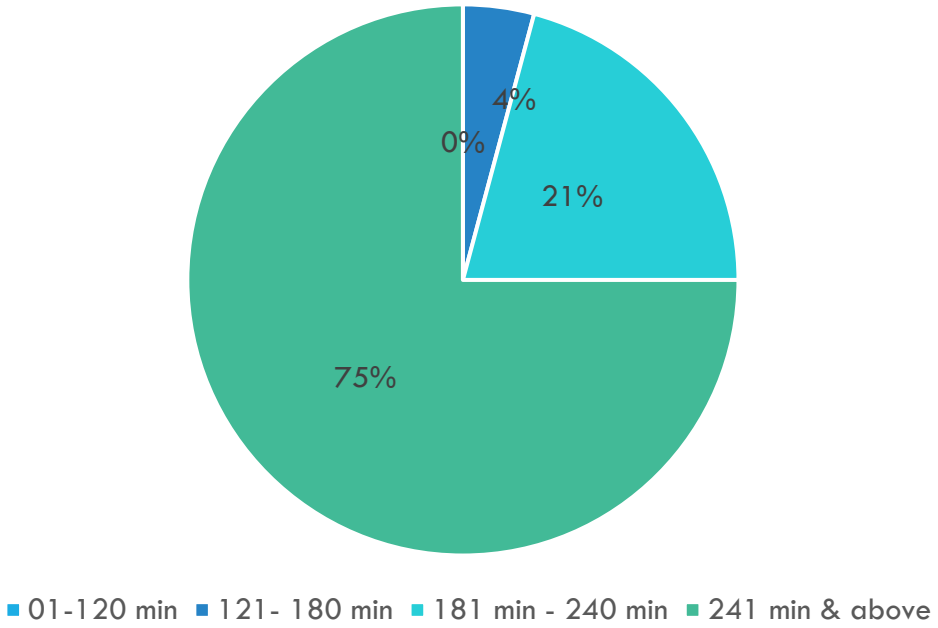
FISHBONE DIAGRAM

- **Pharmacy-**
  - Medicine Return
  - Absence of any medicine leads to changes in discharge summary.

- **Administrative section-**
  - Inaccessibility of server leads to delay in payment of TPA patients.
  - Waiting time for the approval in TPA reports.

RESULTS

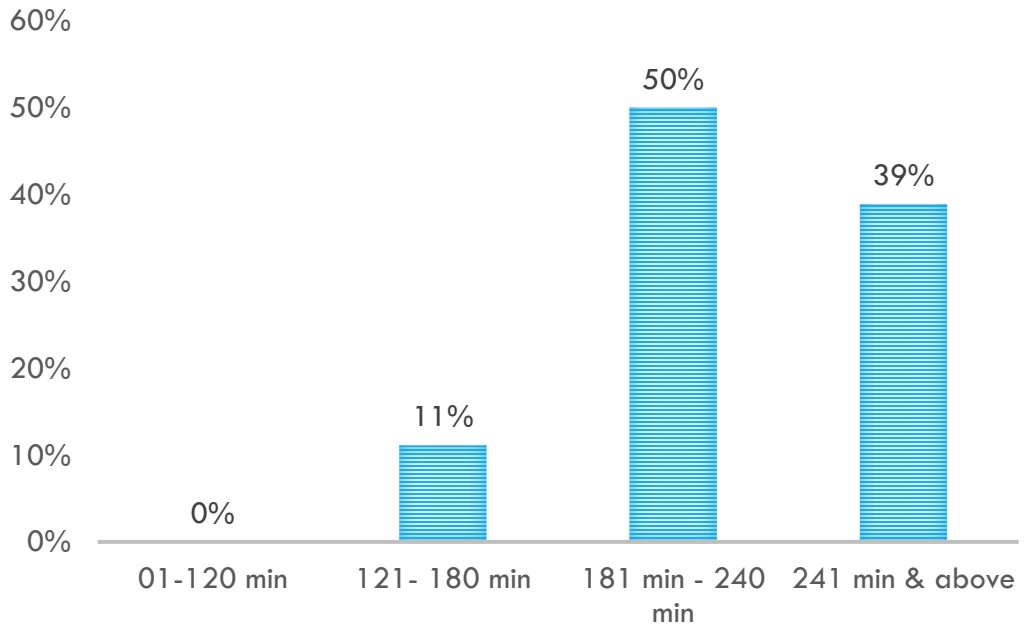
Fig.5: Total discharge time for all the patients



The results of the same are given in Fig.5. It was observed that 75 percent of the discharge process took more than 241 minutes or 4 hours to complete the process. Further it was found that remaining 21 percent took 181 to 240 minutes to complete the discharge process. Remaining 4 percent took 121 to 180 minutes to complete the discharge process.

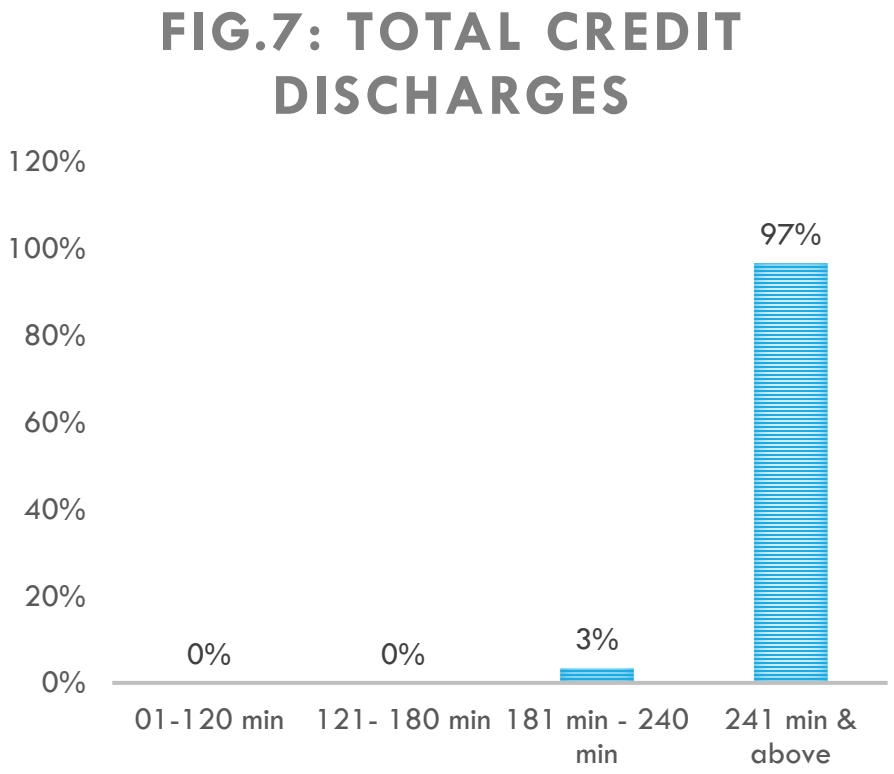
RESULTS

FIG.6: TOTAL CASH DISCHARGES



The total number of cash discharges in April month in HCG Hospital is 18. The TAT for cash discharges is mentioned in Figure.6. It was observed that 50 percent of the discharge process took 181 to 240 minutes. Further the 39 percent of the discharge process took 241 minutes or above. Remaining 11 percent took 121 to 180 minutes to complete the discharge process.

RESULTS



The total number of credit discharges occurred in April month in HCG Hospital was 30 during April 2021. The TAT for credit discharges is mentioned in Figure.7. It was observed that 97 percent of the discharge process took 241 minutes and above. Further only 3 percent of the discharge process took 181 minutes to 240 minutes.

DISCUSSION

The study is conducted to know about the discharge process in the hospital. As we all know it is a complicated process which requires coordination and communication with different departments (IPD and Administrative).

The study was conducted in HCG Hospital, Jaipur where the sample population is taken from IPD patients in April month.

The discharge process is monitored by discharge registers and hospital information system and gaps resulting in delay in discharge process were identified, discussed thoroughly.

The reasons for delay are mentioned by cause-and-effect diagram.

DISCUSSION

The quantitative data is used to prepare charts and graphs. It was observed that 75 percent of the discharge process took more than 241 minutes or 4 hours to complete the process.

Further it was found that remaining 21 percent took 181 to 240 minutes to complete the discharge process. In case of cash discharges, it was observed that 50 percent of the discharge process took 181 to 240 minutes.

For TPA discharges 97 percent of discharge process took 241 minutes and above.

CONCLUSION

The study was carried out at HCG Hospital Jaipur to keep track of the turnaround time for IPD patients (Cash and TPA) and to ensure that the discharge process run well.

The discharge process is a lengthy one that begins with doctor’s advice based on the patient’s clinical report then includes a discharge summary, bill preparation, pharmacy approval, and bill clearance.

TAT is related to the patient satisfaction. So, the hospital should always try to work and reduce the TAT for discharge processes.

In case of cash discharges, it was observed that 50 percent of the discharge process took 181 to 240 minutes. For TPA discharges 97 percent of discharge process took 241 minutes and above.

CONCLUSION

This time can be reduced if the nursing staff and physician will complete all the documents in the timely manner.

Planned discharges can be encouraged, which will relieve the nursing staff of some of their responsibilities and discharge summaries can be prepared ahead of time for planned discharges.

The nursing staff can keep eye on GDA to see if it is doing its job efficiently. We can lower the TAT this way.

RECOMMENDATION

The format of the discharge process can be included in hospital management system or can be attached to the patient's file in which entry can be made by doctors, nurses, pharmacist, and billing. To maintain smooth functioning and for constantly checking the discharge time.

To improve the discharge process there should be effective communication between the departments (IPD department, pharmacy, billing).

For maintaining the smooth functioning of the discharge process the discharge summary can be prepared overnight for planned discharges and changes can be made in the morning so as the reduce the delay in the discharge process.

Record should be updated on the same day by the nursing staff.

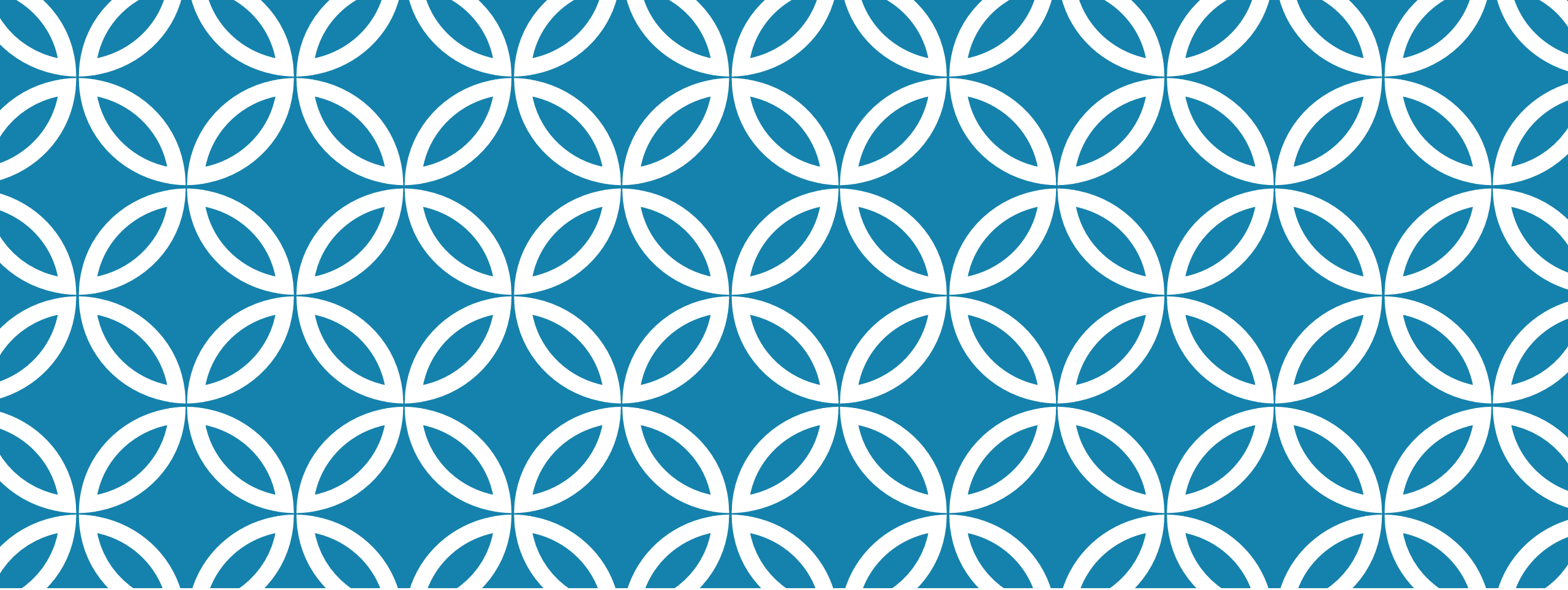
The nursing staff should check all the documents whether the activity or summary is made or not.

RECOMMENDATION

- One person from each department might be assigned the task of monitoring for mistakes in the discharge process.
- In the case of TPA patients, the approval process takes time so, the initial documentation work can be done more precisely to reduce the discharge time.
- Staff must get training on the discharge process.
- Billing of cash and TPA patients can be done in different counters. This will reduce the discharge time.

LIMITATIONS

- HCG Hospital is a single specialty (Oncology) that solely treats cancer patients, the sample size is smaller.
- The HIS system is not fully integrated, the TAT is manually recorded.
- The data for the delay in TPA is not available so this can be the limitation of the study.



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