

A STUDY OF DISCHARGE PROCESS WITH STRATEGY TO REDUCE THE TURN AROUND TIME IN TERTIARY CARE HOSPITAL

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ABSTRACT

Discharge patients from the hospital are a complex process that fraught with challenges. Discharge planning is the development of an individualized discharge plan for the patient prior to leaving the hospital, to ensure that patients are discharged at an appropriate time and with the provision of adequate post discharge services for patient satisfaction. The present study has been conducted on 100 admitted patients to understand the flow of discharge process. Various timings including discharge intimation time, billing submission time, pharmacy clearance time, final bill intimation time, final bill clearance time, final summary time, final summary time, handover time, and time taken for

preparation of room for next patient was monitored to the actual time taken at each step from discharge intimation to the physical room vacancy. In results of study the maximum turnaround time is 08:00 hours was consumed between discharge intimation to handover to patient, and average 5:00 hours' time has been taken between discharge intimation to room preparation for next patient. **Objective:-** The objective of study is to reduce the discharge turnaround time. To suggest measures to improve bed availability by reducing the discharge time. **Methodology:-** The data available in concerned areas are gathered on day to day basis for study include the discharge summaries on regular basis feedback from patient and staff of various departments and ward through pre tested question is obtained. The discharge process was observed for one week to find out the working pattern and the process in the inpatient services department and to identify the time delay by discussing with the staff of the department questionnaire method. Issue regarding patient discharge solved by using the method of meeting "WARD AS UNIT".

KEYWORDS:- Discharge planning, Discharge process, Discharge intimation, Turnaround time, Ward as unit, Issue and Solution of discharge planning.

INTRODUCTION

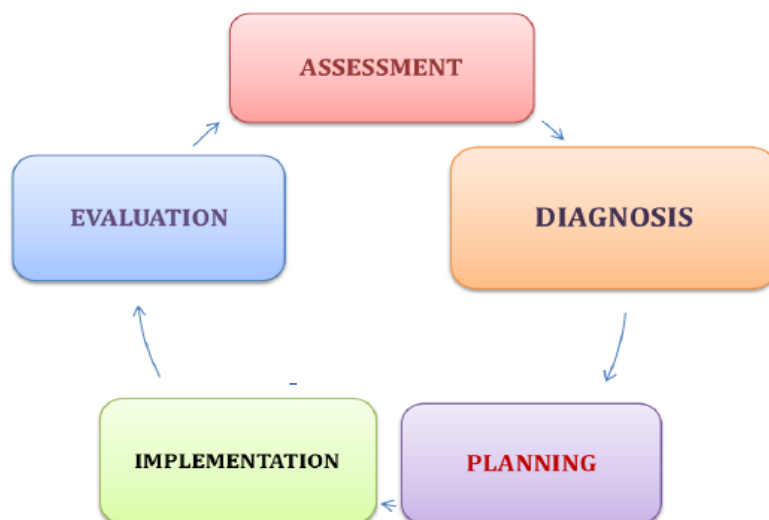
Definition of discharge:- Discharge from hospital is the point at which the patient leaves the hospital and either returns home or is transferred to another facility. The processes, tools and techniques by which an episode of treatment and /or care to patient is formally concluded by healthcare professional, healthcare provider. Discharge is final step of treatment procedure during patient's length of stay, and timely discharge can be defined as" when patient is discharged home or transferred to an appropriate level of care as they are clinically stable and fit for discharge.

The discharge process represents final contact between Patient and Hospital healthcare professional.

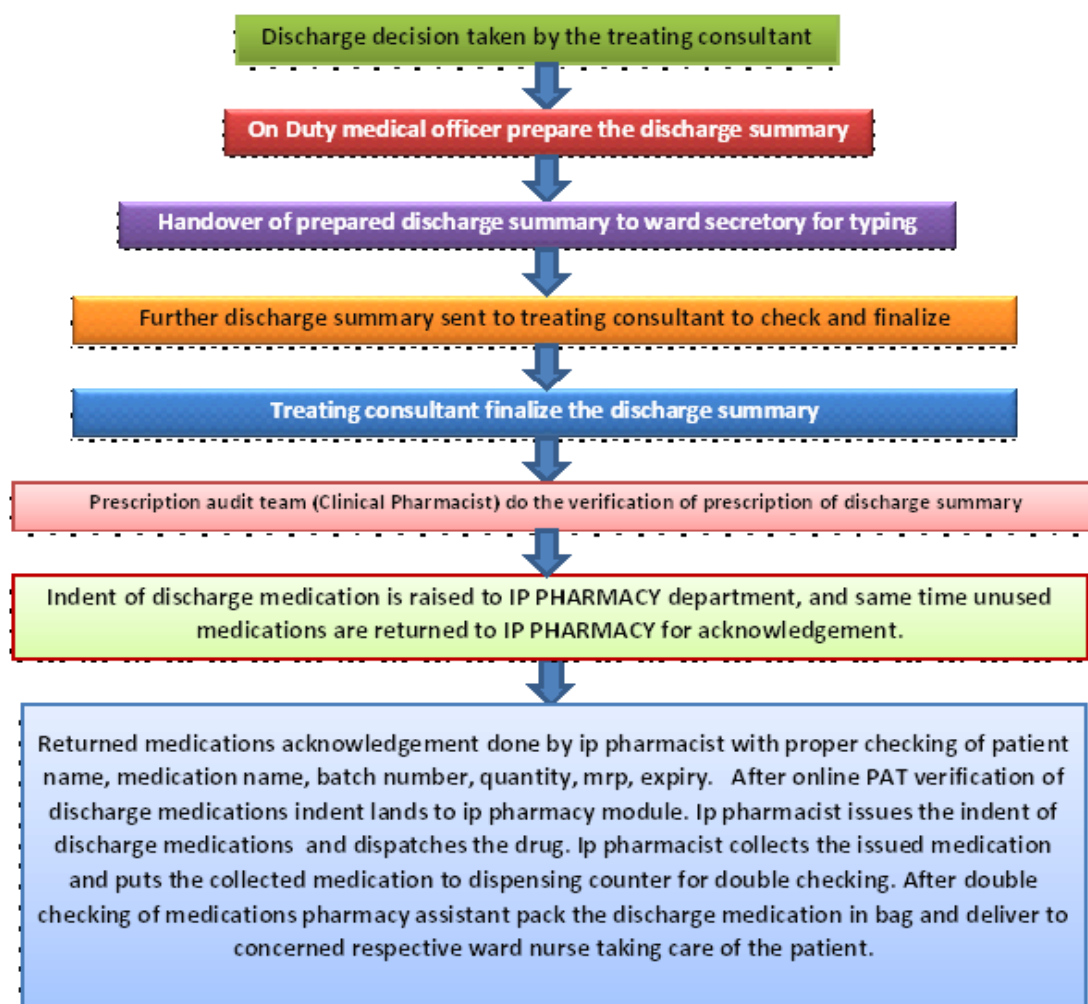
Discharge process:- The discharge process represents final contact between patient and hospital healthcare professional, and outcomes of all procedures undergone by the patients are recorded at this stage. Improving the quality of discharge process should be therefore lead to an increase in patient satisfaction.

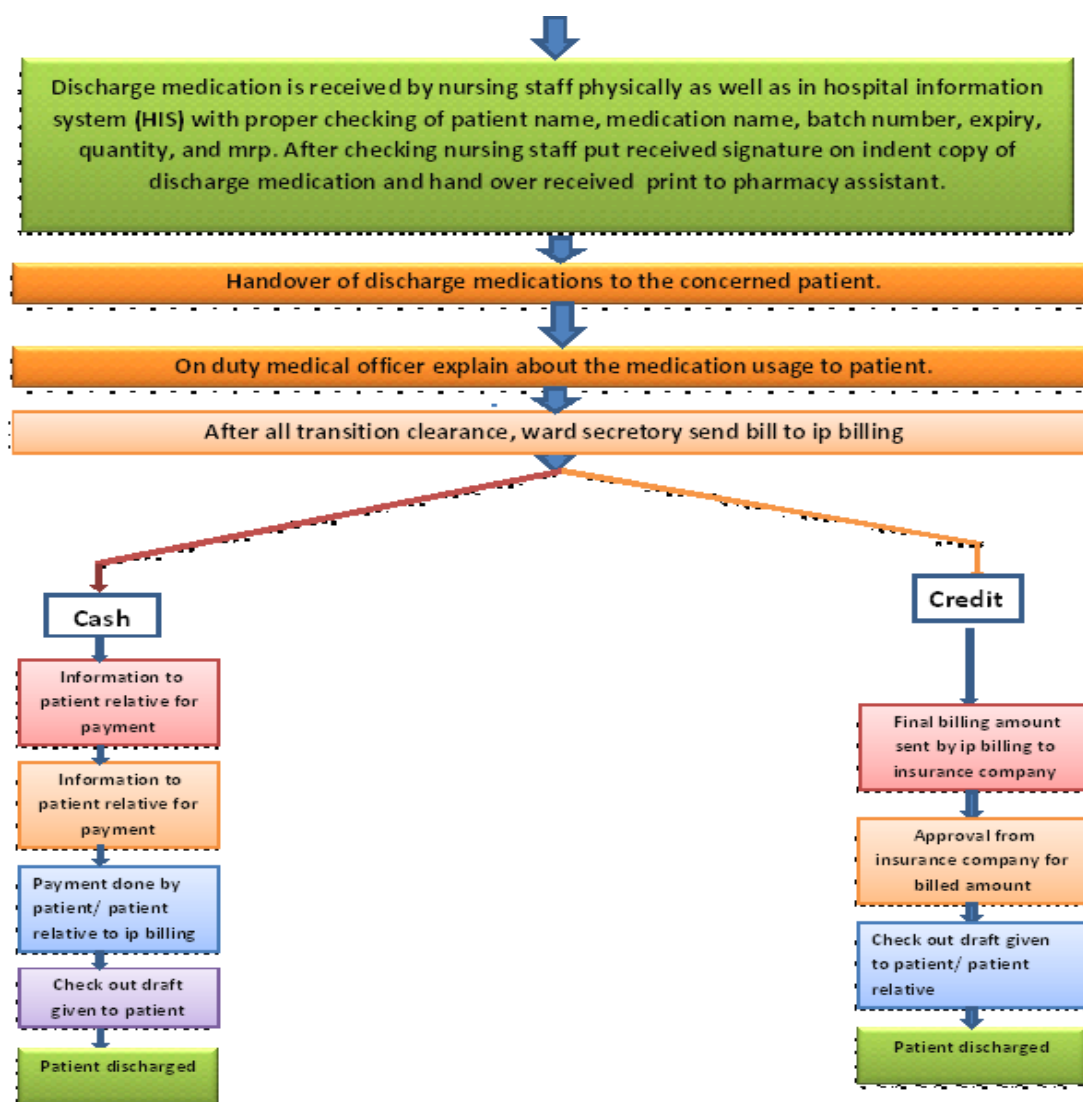
A fast effective discharge process can ensure early availability of new patient, which in turn can reduce the waiting time of patient admission or even reduce the incidence of patient rejection due to non- availability of beds. Discharge process is the last patient contact with hospital system; therefore it is the most important stage affecting patient satisfaction. If the process takes long time, not only makes patient dissatisfaction but it also will not be beneficial for hospital. Discharge process involves patient assessment, patient diagnosis, planning, implementation, and evaluation.

STEPS OF DISCHARGE PROCESS..



DISCHARGE PROCESS FLOW CHART





Discharge planning

Discharge Planning is a routine feature of health system. The aim of discharge planning is to reduce hospital length of stay and unplanned readmission to hospital and to improve the coordination of services following discharge from hospital. Discharge planning is the development of a personalized plan for each patient who is leaving hospital, with the aim of containing costs and improving the patient satisfaction outcomes. Discharge planning should ensure the patients leave hospital at an appropriate time in their care and that, with adequate notice, the provision of post discharge services will be organized. The individuals concerned and their carer(s) should be involved at all stages and kept fully informed by regular reviews and updates of the care plan. Planning for hospital discharge is part of an ongoing process that should start prior to admission, and as soon as possible for all other admission. During discharge planning two ends involved that is 1) - front end, 2) Back end Front end involves doctors, nurses, patient, and patients' relative. Back ends involve billing department,

TPA and insurance department, pharmacy and diagnostics department, medical record department. During the discharge of patients all representatives from front ends and back ends should be properly informed, so that they can plan accordingly for action to discharge the patient on appropriate time.

Issue of discharge planning

1) Hospital system issue

- ❖ Discharge date is not known in advance and planning for discharge at the last minute.
- ❖ Lack of effective communication between front end representatives and back end representatives.
- ❖ Lack of clear documentation of the discharge plans in the patient medical charts and file.
- ❖ Lack of communication between ward operating representative between patient, Patient relative and interdepartmental
- ❖ Lack of effective process for patient bill and insurance clearance.

2) Patients / Patients relative issue

- ❖ Patients and Patient relative are not adequately informed about the discharge date.
- ❖ Patients and Patients relative are not informed about chronic care fee, treatment package.
- ❖ Failure to involve the patients and patients relative in the discharge planning process.

Solution for discharge planning issue

- ❖ Improve the communication with patients and patient's family concerning the discharge date and planning.
- ❖ Provide accurate information to patients and patient's relatives on chronic or acute disease care and its fee or package.
- ❖ Hold patients family meetings of high risk patients within 24-48 hours of admission.
- ❖ Informed to pharmacy (for arrangement of required discharge medicine) and diagnostic department (for reporting of diagnosis) in advance so that clearance could be on appropriate time.
- ❖ Improving effective communication between billing department and TPA insurance company for clearance.
- ❖ Doctor assessment for patient discharge should be effective and after decision of discharge, message should be conveyed to inter -department representative who are involved in discharge process.

The key principle for effective discharge and transfer of care are

- 1) Unnecessary admission are avoided and effective discharge is facilitated by whole system approach to assessment process and the commissioning and delivery of services.
- 2) The engagement and active participation of individuals and the carer(s) as equal partner is central to the delivery of care and in the planning of successful discharge.
- 3) The process of discharge planning should be co-ordinated by a named person who has responsibility for coordinating all stages of the patient journey. This involves liaison with the pre- admission case co- coordinator in the community at the earliest opportunity and the transfer of those responsibilities on discharge.
- 4) Staff should work within a framework of integrated multidisciplinary team working to manage all aspects of the discharge process.
- 5) Effective use is made of transitional and intermediate care services, so that existing acute hospital capacity is used appropriately and patients achieve optimal outcomes.

The benefits of the effective discharge planning are for the patients are

- Need are met.
- Do not experience unnecessary gaps or duplication effort.
- Understand and sign up the care plan.
- Patients satisfaction due no harassment.

For the carer(s)

- Feel valued as partner in the discharge process.
- Consider their knowledge has been used appropriately.
- An aware of their right to have their needs identified and met.
- Feel confident of continued support in their caring role and get support before it becomes a problem.
- Are given a choice about undertaking a caring role.

For the staff

- Feel their expertise is recognized and used appropriately.
- Receive key information in a timely manner.
- Understand their role in discharge planning and process.
- Can develop new skills and roles.
- Work within a system which enables them to do so effectively.
- Resources are used to the best effect.

- Service is valued by patients and patients relative.
- Meet targets and can therefore concentrate in delivery system.



METHODOLOGY

The data available in concerned areas are gathered on day to day basis for study include the discharge summaries on regular basis feedback from patient and staff of various departments and ward through pre tested question is obtained. The discharge process was observed for one week to find out the working pattern and the process in the inpatient services department and to identify the time delay by discussing with the staff of the department questionnaire method.

- A) Observational study:** - The discharge process was observed for two week to find out the working pattern and the process in the inpatient services department and to identify the time delay by discussing with the staff of the department by questionnaire method.
- B) Questionnaire method:** - A sample questionnaire is given to the patients (N=100) in the respective patient care areas shall be collected to analyze the satisfaction level about the discharge process.

Duration of the study – Observed period is 1 month. Method of data collection: - The data is collected through observation study with discharge process which was selected over a 4 weeks period. Pre tested questionnaire on discharge process from the nursing staff/ward secretary which were given to the patients on the date of discharge. The questionnaires were compiled, collected and analyzed.

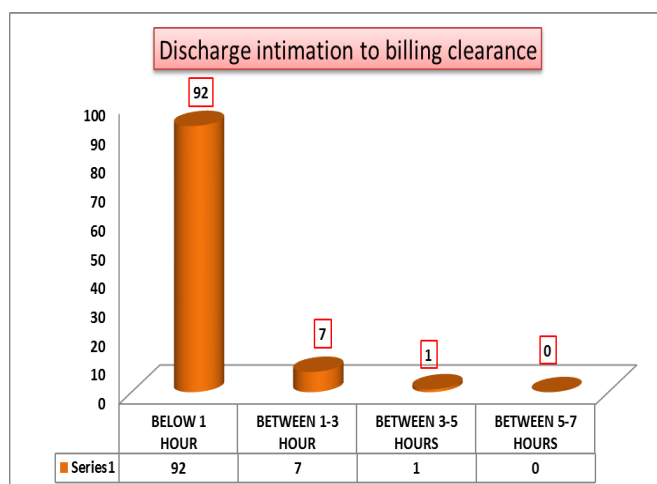
Ward as unit meeting:- Its name explain the meaning." Ward as unit meeting" has proven very effective to solve the issues, related to patient discharge. In this meeting all wards bounds in one unit. All representatives from every ward, who are involved in patient care services and discharge, come together at one platform to discuss, what hurdles they are facing at the time of patient discharge?, and what are the solution for same?. This meeting is very useful to keep the representative proactive to reduce patient discharge TAT.

Turnaround time

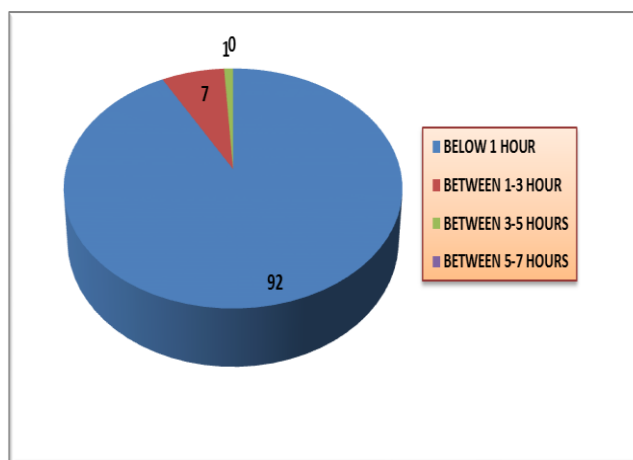
TAT which need to be calculated during the discharge process and planning

- 1) TAT1- Discharge intimation to billing clearance.
- 2) TAT2- Discharge Intimation to final summary.
- 3) TAT3- Discharge intimation to room vacancy.
- 4) TAT4- Discharge intimation to pharmacy clearance.
- 5) TAT5- Final summary signed to hand over to patient.
- 6) TAT6- Billing clearance to hand over to patient.
- 7) TAT7- Total time taken from room vacancy by patient to room prepared for next patient.

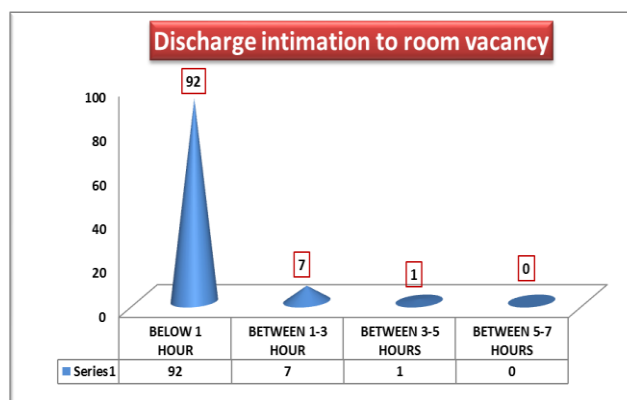
❖ **Tat 1:- Total time taken during discharge intimation to billing clearance is calculated as the time gap between the discharge intimation to bill clearance by patient.**



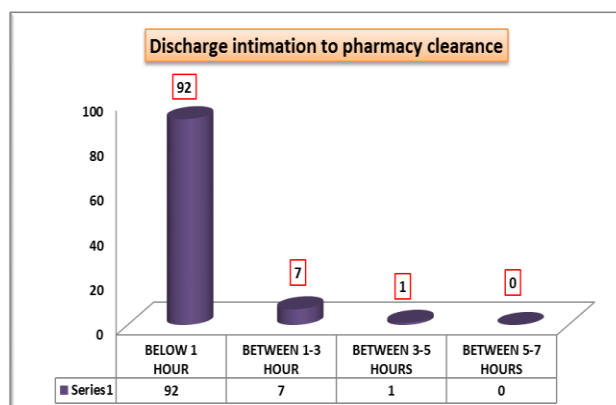
- ❖ Tat 2:- Total time taken during discharge intimation to final summary is calculated as the time gap between the discharge intimation to final summary signed by doctor.



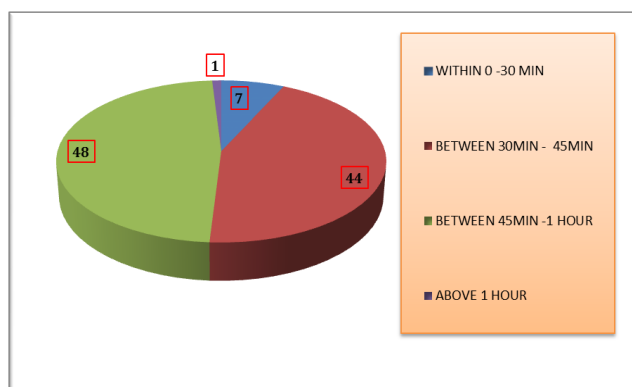
- ❖ Tat 3:- The total time taken during discharge intimation to room vacancy is calculated as the time gap between the discharge intimation to physical vacancy of room by patient.



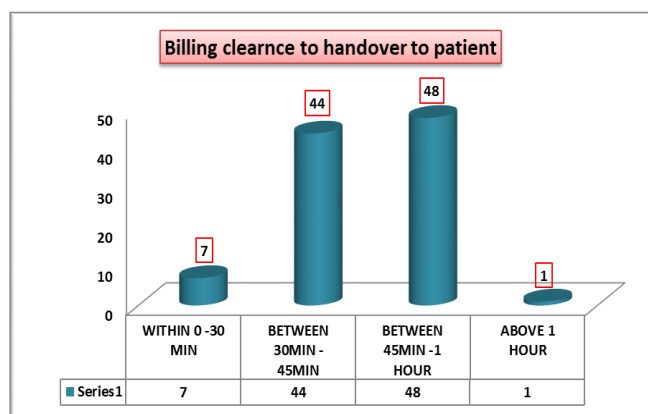
- ❖ Tat 4:- The total time taken during discharge intimation to pharmacy clearance time is calculated as the time gap between the discharge intimation to pharmacy clearance by ip pharmacy.



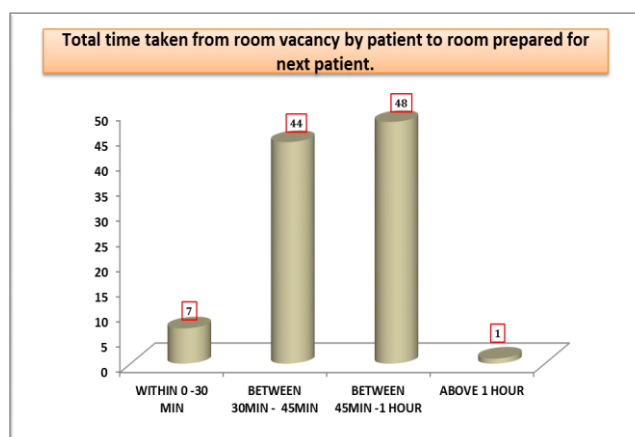
- ❖ Tat 5:- The total time taken during final summary to handover to patient is calculated as the time gap from final summary ready to complete handover to patient.



- ❖ Tat 6:- The total time taken during billing clearance to handover to patient is calculated as the time gap from bill clearance to complete handover to patient.

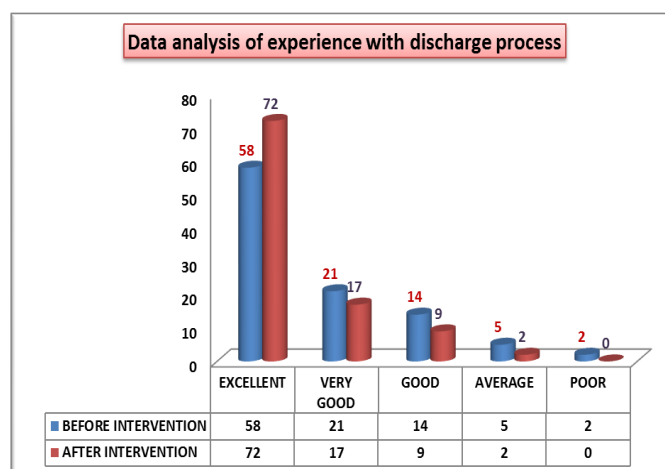


- ❖ Tat 7:- The total time taken from room vacancy by patients to room prepared for next patient by housekeeping department is calculated as the time gap from physical vacancy of room by patient to room preparation for next patient by housekeeping department.



Data Analysis and Interpretation

➤ Experience of discharge process



Above table depicts that before intervention, patients overall experience about discharge process 58% opined as excellent, 21% as very good, 14% opined as good, 5% average, 2% opined as poor. But after intervention and after applying above method significant patient satisfactory result obtained. After intervention 72% patients opined as excellent, 17% very good, 9% good, 2% average and none patient opined discharge process as poor.

Recommendations

- 1) At least 70 to 80% of the discharges are elective; hence for this the doctors can advise to prepare the discharge summaries one day in advance, so that the delay in discharge process can be reduced.
- 2) The coordination between the nurses, ward secretaries, pharmacists, billing executives, floor managers and doctors must be improved to reduce the discharge delays.
- 3) The services and coordination by medical staff should be further improved to obtain customers satisfaction especially to focus on to reducing the delay in discharge process especially of discharge summary.

CONCLUSION

Majority of questions about discharge process revealed patient in the study hospital are happy. Hospital administrator with his operation team can develop benchmark for each important activity to reduce the delay in discharge process. The smooth discharge process will improve patient's satisfaction.

It was found out that much time is needed for patient settlement of billing and patient seeing off from hospital because of varied reasons and solution to which were suggested in solution of discharge process issues.

The present study results that maximum turnaround time is 08:00 hours was consumed between discharge intimation to handover to patient, and average 5:00 hours' time has been taken between discharge intimation to room preparation for next patient.

As per data analysis and interpretation, about discharge process before intervention 58% opined as excellent, 21% as very good, 14% opined as good, 5% average, 2% opined as poor. But after intervention and after applying above method significant patient satisfactory result obtained. But After intervention and implementation of strategy 72% patients opined as excellent, 17% very good, 9% good, 2% average and none patient opined discharge process as poor.

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