



A COMPARATIVE TIME MOTION STUDY OF PATIENT DISCHARGE PROCESS IN A QUATERNARY HOSPITAL

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ABSTRACT

Introduction: Discharge time, a crucial quality indicator, is dependent on several other factors like clearance time and patient-related issues. The discharge process represents the final contact between the patient and the hospital health professionals, and the outcomes of all procedures undergone by the patient are recorded at this stage.

Aim: To observe and record the time needed for completion of discharge process for all types of discharges and to compare the average time taken for completion of discharge process for health insured and self payment patients.

Methods: The research was conducted in a 256 bedded Quaternary hospital in Chennai. The research was done by collecting the data from adult cardiac patients in the department of Ward, Billing and Insurance.

Results: Time taken to complete discharge process: The overall discharge process took 677.67 minutes among self-payment and 793.27 minutes among health insurance. Overall time taken in discharge process: The highest time consumption was in the ward where it was 800 minutes for health insured patients and 690 minutes for self-payment patients.

Conclusion: Lengthy and in-efficient process of discharging in-patient from the hospital is an essential component that needs to be addressed in order to improve the quality of health care facility.

KEYWORDS : discharge time, patient's satisfaction, quality

INTRODUCTION

Delayed discharge or 'bed blocking' are terms used to describe the inappropriate occupancy of hospital beds. Delay in discharging surgical patients from hospital is a long-standing and common problem. Delayed discharges have an impact on hospitals' ability to cut waiting lists and deliver healthcare effectively and efficiently. Improving the quality of the discharge process should therefore lead to an increase in patient satisfaction. As a result patients are likely to return to a health centre where they have experienced an efficient discharge process when they next seek treatment. In turn, efficiency and productivity are increased at the hospital

AIM

- To observe and record the time needed for completion of discharge process for all types of discharges.
- To compare the average time taken for completion of discharge process for health insured and self payment patients.

MATERIALS AND METHODS

The research was conducted in a 256 bedded Quaternary hospital in Chennai. The research was done by collecting the data from adult cardiac patients in the department of Ward, Billing and Insurance. Data collection has taken place in two levels namely primary data and secondary data. The primary data was recorded by observing the discharge time from the ward of the Quaternary Hospital. The secondary data is collected by the available secondary resources taken from related books, journals, research article and various website. With the survey method, data are obtained through answer based on information collected from a sample of respondents. The questionnaire has three parts namely:

1. Socio-demographic profile
2. Time taken for discharge process
3. Patients satisfaction on discharge process

RESULTS

Among the 60 respondents 50% were self payment groups (Non-insured) and remaining 50% were insured groups (availed Health Insurance). More than half (56.6%) of respondents were concentrated among the insured group and less than half (46%) among the self-payment. Distribution of Gender according to type

of discharge: There were about 20 (67%) and 23 (77%) male respondents in self payment and insured groups respectively. Similarly both the groups had 10 (33%) and 7 (23%) female respondents respectively. The median length of hospital stay was found to be 5 days. Two-third (67%) of self-payment respondents had to stay more than 5 days. Contrastingly 70% of insured respondents had hospital stay of less than 5 days. 27 patients are getting discharged through self-payment mode and 4 through the health insurance. The mean time taken by a staff nurse to send the billing confirmation to ward secretary is about 3.25 Hrs. (196 minutes) among self-payment respondents and 4.04 Hrs. (264 minutes) among health insured. The overall time taken towards discharge process in the ward is 690 minutes among self-payment and 800 minutes among health insured patients and it is found to be statistically significant. It almost took an hour (62 minutes) to send bills and document to insurance company and slightly less than an hour (51 minutes) to send approval to billing department. But to get approval from the company it required more than 1.49 Hrs. (109 minutes). Among health insured group it took equally 76 minutes to prepare interim bill and to send the bill to insurance department but for self-payment it required only less than an hour (55 minutes) to prepare the interim bill. The overall time taken towards discharge process in the billing department was 410 minutes among self-payment patients and 455 minutes for health insured respondents. Nearly 490 minutes was taken for the completion of discharge summary among self-payment as against health insurance (440 minutes). The overall discharge process took 677.67 minutes among self-payment and 793.27 minutes among health insurance. The highest time consumption was in the ward where it was 800 minutes for health insured patients and 690 minutes for self-payment patients. About 24 (80%) self-payment and equal numbers of insured respondents were satisfied with the explanation of discharge procedure by staff nurse. About 29 (96.6%) self payment and 26 (87%) insured respondents were satisfied with the explanation of post discharge by staff nurse. Among the self-payment respondents majority of 27 (90%) of them were satisfied with the handing over of medical record to patients by staff nurse of ward. And among insured respondents almost 25 (83%) of them were satisfied. About 24 (80%) self-payment and equal numbers of insured respondents were satisfied with the overall discharge

process.

CONCLUSION

The findings of this study clearly indicate that there is a delay in all types of discharge “when compared with prescribed time”. The present study concludes that some delays are necessary for insurance and hospital procedure purposes, there are still many preventable days that affect the process like contingencies, patient believed or had been told they could stay, orders written at inconsistent times, inconsistent anticipation by nurses. Lengthy and in-efficient process of discharging in-patient from the hospital is an essential component that needs to be addressed in order to improve the quality of health care facility. Time and tedious discharge procedure, also eventually contributes to patient dissatisfaction and thus reflexes on future growth of hospital.

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