



A Study of Discharge Process With A Special Focus on Reducing the Waiting Time in A Tertiary Care Teaching Hospital

KEYWORDS

Discharge process, patient satisfaction, discharge delays

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ABSTRACT OBJECTIVES: To study flow of discharge process in Narayana General Hospital. To study the bottlenecks in the discharge process resulting in delays. To identify measures to reduce the discharge time. To suggest measures to improve bed availability by decreasing discharge time.

METHODS: The material 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 by questionnaire method.

RESULTS: The patients overall experience about the discharge process of the Narayana hospital, 30% opined as excellent, 20% very good, 25% opined as good, 15% of patients opined as average and the remaining 10% was opined as poor. Overall 75% Patients are satisfied with the discharge process.

CONCLUSION: Majority of the questions about discharge process revealed that the patients in the study hospital are happy. Hospital administrator with his operations team can develop Benchmarks for each important activity to reduce the delays. The smooth discharge process will improve patients satisfaction. If all the stumbling blocks are addressed, the delays in discharge process is curtailed and patient satisfaction will be improved.

Introduction:

The hospital discharge process is a basic bottleneck in hospital management, discharge process is the main strategy that covers many hospital activities. discharge process is the last patient contact with hospital system. therefore, it is the most important stage affecting patient's satisfaction. If the process takes long time, not only it makes patients dissatisfaction but it also will not be beneficial for the hospital.

As early as 1885, the need for effective discharge planning was recognized discharge is defined as the process of releasing an admitted patient from the hospital. All developed countries have bed population ratio ranging from 3 to 10 per 1000 population, where as in our country the ratio is less than one, approximately 0.84 beds per 1000 population. The bed: population ratio was not increased, with increased population in India resulting in great demand for hospital bed. The demand for hospital bed caused by two reasons.

- 1.By decreasing discharge time
- 2.By decreasing length of stay of patients.

Effective discharge procedures have gained increasing importance globally over recent decades but evidence suggest that hospital discharge continues to be an area of problem to practice. delayed discharge cause frustration not only to the patient but also to the attendants. Delayed discharge poses a significant problem to the integrity and functioning of the hospital, due to increased number of hospital acquired infection and prolonged length of stay may cause depression or functional dependence. Health-care providers must examine every process to ensure efficient smooth discharges from the hospital. Delayed discharge from acute hospital has been cause of concern

for the last 10 years. older people with complex health needs are particularly vulnerable to delayed discharge with negative consequences for their health and well being. In 2000 the national audit office estimated that in 1998/99, 2.2 million bed days could be attributed to delays in discharge in this group, with a cost to the UK National Health Services(NHS) of about £170 million a year. The house of common health committee concluded that delayed transfer affected 6% of all acute beds and cost the NHS £720 million in 2001/2.3. Delayed discharge (sometimes called delayed transfer or bed blocking) refers to the situation where a patient is deemed to be medically well enough for discharge but where they are unable to leave hospital because arrangements for continuing care have not been finalized. This paper focuses on identifying the impact of policy measures on delayed discharge searches of all key medical databases were undertaken, and papers were then selected where evidence is specially linked to the impact of policy on delayed discharges.

AIMS OF THE STUDY

- 1.To study the discharge process.
- 2.To reduce the delay in time of discharge process in Narayana Medical College & Hospital.

OBJECTIVES OF THE STUDY

- 1.To study flow of discharge process in Narayana General Hospital.
- 2.To study the bottlenecks in the discharge process resulting in delays.
- 3.To identify measures to reduce the discharge time.
- 4.To suggest measures to improve bed availability by decreasing discharge time.

Methods

The material 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.

A) OBSERVATIONAL STUDY: - 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 by questionnaire method.

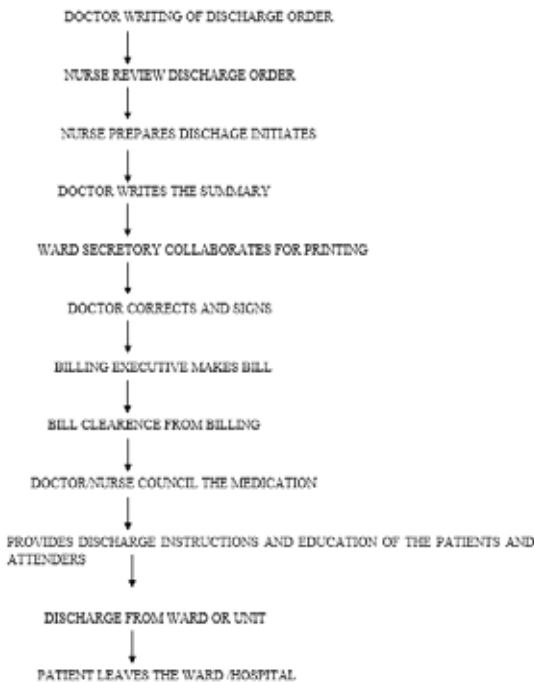
B) QUESTIONNAIRE METHOD: - A sample questionnaire is given to the patients (N=100) in the respective patient care areas shall be collected to analyze the satisfaction level about the discharge process.

Location of the study – The study was conducted in a selected hospital Nellore. This 1500 bedded medical collage teaching hospital and with well equipped modern technologies and rendering excellent service.

Duration of the study – observed period is 4 weeks. 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.

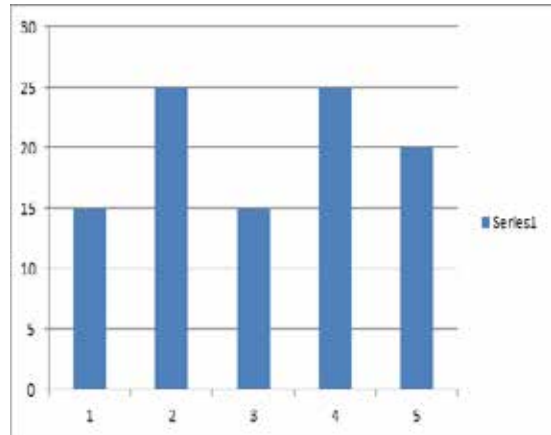
**FLOW CHART OF DISCHARGE PROCESS:
DOCTOR WRITING OF DISCHARGE ORDER**



DATA ANALYSIS & INTERPRETATION

Discharge process is delayed?

Highly Delayed	Delayed	Not so delayed	Dissatisfactory	Can be improved
15	25	15	25	20

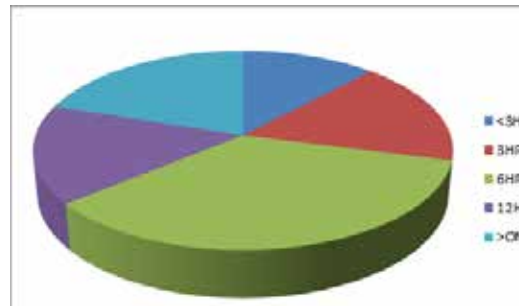


INTERPRETATION:

The above table depicts that 15% of the patients opined that the patients opined that the discharge process is highly delayed and 15% of patients opined that is not so delayed. However, 25% of patients are not satisfied and the remaining 20% opined that the process can be improved. Over all 55% of patients opined that it is delayed.

Time taken for discharge process?

<3 hr	3hr- 6hr	6h-12hr	12hr -24hr	>ONE DAY
12	17	35	16	20



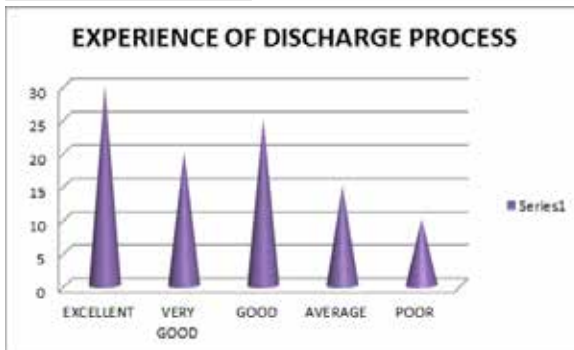
INTERPRETATION:

As per the above charts it reveals in respect of time taken on the discharge process, 12% of patients opined that the process was <3 hrs, 17% of patients opined the process was 3hr-6hrs, 35% of patients was opined that the process was 6hrs-12hrs, 16% patients opined that the process was 12hrs -24hrs and 20% of patients opined that the process took more than one day.

For cash patients 3-6 hrs for discharge process. However, 20% patients felt that it took more than one day which should be corrected immediately by the administration.

Experience with discharge process:

EXCEL- LENT	VERY GOOD	GOOD	AVERAGE	POOR
30	20	25	15	10



INTERPRETATION:

The above table depicts that the patients overall experience about the discharge process of the Narayana hospital, 30% opined as excellent, 20% very good, 25% opined as good, 15% of patients opined as average and the remaining 10% was opined as poor. Overall 75% Patients are satisfied with the discharge process.

RECOMMENDATIONS:

- 1) At least 80 to 85% of the discharges are elective, hence for this the doctors can advice to prepare the discharge summaries one or two days in advance, such 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:

It is observed in different studies across the world that there is delay in discharge process even in the very well established health care institutes. Even it is happening in the study hospital throw many patients are happy. Majority of the questions about discharge process revealed that the patients in the study hospital are happy. Hospital administrator with his operations team can develop Benchmarks for each important activity to reduce the delays. The smooth discharge process will improve patient's satisfaction. Further studies on the same subject have to be undertaken to identify bottle necks. If all these stumbling blocks are addressed, the delays in discharge process is curtailed and patient satisfaction will be improved.

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