Original Research Paper

Volume-9 | Issue-4 | April-2019 | PRINT ISSN No 2249-555X

Management

REASONS BEHIND DELAY IN DISCHARGE OF PATIENTS

Dr. Akash Anand Senior Resident (Hospital Administration), AIIMS, New Delhi

KEYWORDS :

Delay in patient discharges is perplexing for the patient as well as the hospital. A smooth discharge process is a part of quality of care in the hospital and provides much needed comfort and goodwill to the patient. Needless to mention a smooth and swift discharge process also has an affect on the Average Length of Stay and makes a bed available for use by the next in-patient.

Thus a delay in discharge of patient is a matter of concern not only for the patient and relatives but also for the hospital administration.
The study was done to identify the reasons for delay in discharge at a 2000 bedded tertiary care teaching hospital.

Problem statement:
The hospital operations faced a problem of delay in discharge process of admitted patients. It was anticipated that this was because the Sister In-charge of wards collected all patient files to be discharged and sent them together to the billing department. This caused the staff in the billing department to be burdened with files during a particular time.

A study was carried out to investigate the reasons of delay in the discharge and suggest ways to improve the operations of the hospital.

AIM:
To study the reason behind delay in discharges.

OBJECTIVES:
1. To determine the process flow of discharge of patient with regards to the movement of the file.
2. To determine the processes which cause delay of discharge.

Review of Literature:
Remaining in hospital beyond the necessary time has long been a concern, contributing, as it does, to reduced care quality and increased costs.[1] Moreover, keeping the user within the health care system keeps them away from family and community life, as well as exposing them to avoidable risks such as hospital infection, depression, loss of physical conditioning, deep vein thrombosis and falls.

Discharge: Discharge includes the patient who have left the hospital (cured, improved etc.) and the number who have been transferred to another health or social institution. [2]

The main reasons for delay in a study done by de Silva et al in two hospitals were, respectively, waiting for complementary tests (30.6% versus 34.7%) or for results of performed tests to be released (22.4% versus 11.9%) and medical-related accountability (36.2% versus 26.1%) which comprised delays in discussing the clinical case and in clinical decision making and difficulties in providing specialized consultation (20.4% versus 9.1%).[3]

Another study done by P Hendy, JH Patel, T Kordbacheh, N Laskar and M Harbord prospectively determined the frequency, causes and potential cost implications of delays for 83 consecutive patients, who were inpatients for a total of 888 days. 65% of patients experienced delay whilst awaiting a service. 48% of patients experienced delays that extended their discharge date. Discharge delays accounted for 21% of the cohort's inpatient stay, at an estimated cost of £565 per patient; 77% of these hold-ups resulted from delays in the provision of social and therapy requirements.[4]

Discharge delays are costly for hospitals and depressing for patients. Investment is required to enable health and social-care professionals to work more closely to improve the patient journey.

METHODOLOGY:
1. Observation of the file movement from the wards to the billing section.
2. Observation of file load and arrival pattern in the billing section with respect to time.
3. Observation of processes involved in discharge procedure in the wards.
4. Observation of load and arrival pattern in the typing cell with respect to time.

Inclusion criteria:
All cash and credit files arriving at billing department from 0800 hours to 2000 hours.

Exclusion criteria:
Free cases, exam cases, Discharge against medical advice (DAMA) and death.

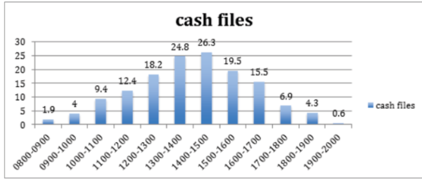
Observations and results:
Process of discharge-
1. Consultant decides to discharge the patient after rounds.
2. The intern and the junior resident type discharge summary. For medicine and Orthopedics department the medical transcriptionist types the discharge summary after receival of history sheet by the House Keeping staff.
3. After typing the discharge summary the transcriptionist calls the respective ward to send the HK staff.
4. The HK staff carries the discharge summary and history sheets back to the ward.
5. After receival of the discharge summary the nursing staff calls the junior resident for modifications and signature after verification.
6. The discharge summary is verified and signed by the concerned staff.
7. In the meantime the nursing staff sends the unused drugs for refund.
8. The file is then sent to billing department with the discharge summary and refunded drugs bill.
9. Cash patients pay the required amount and receive the "may be discharged" slip.
10. Credit and Insurance patients submit the file at the billing department with other require documents and receive the "may be discharged slip". The Insurance companies receive the documents till 1530 hours.
11. The slip is shown at the respective ward and then the patient is discharged.

Total	215
Cash	144
Credit	65
Others (free, exam, DAMA, Death)	6

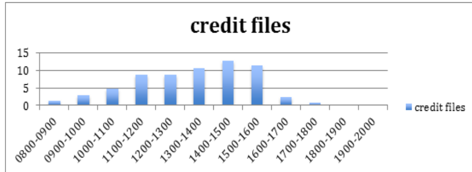
Table 1. Average number of files arriving per day

Shifts	Trauma	Central billing	OPD
0800 – 1630	1	10	12
1000 – 1800		12	
1130- 1900	1	8-9	
1830 -0830	1	2	

Table 2: Shift-wise distribution of staff in Billing department

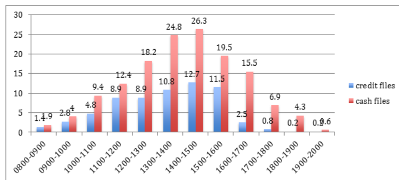


Graph 1: Distribution of arrival of cash files per hour

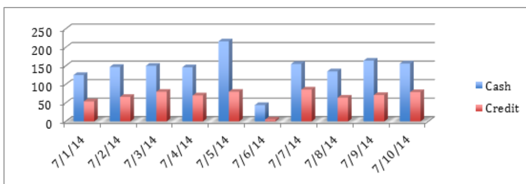


Graph 2: Distribution of arrival of credit files per hour

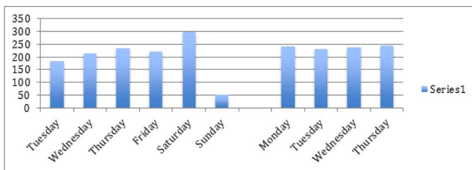
Maximum percentage of files i.e. 67.02% of credit files arrive from 1200-1600 hours. This was the peak time of arrival of files.



Graph 3: Comparison between cash and credit files arrival per hour



Graph 4: Comparison between cash and credit arrival per day



Graph 5: Weekday comparison of number of discharges

Out of the total number of files arriving at the billing department between 1200-1600 hours the maximum percentage belongs to the following departments:

Medicine – 78.75%
Ortho – 76.96%
Obstetrics and Gynecology (OBG) – 87.42%

The following tables demonstrate the percentage of credit files being sent to the billing department between 1200-1600 hours from Medicine, Orthopedics and OBG departments.

Unit	Percentage
Med 1	80.95%
Med 2	71.42%
Med 3	76.47%
Med 4	86.66%
Med 5	78.94%
Med 6	80%
Med 7	76.47%
Med 8	57.89%
Med 9	100%

Table 3: Unit wise percentage of credit files arriving from 1200 to 1600 hrs. from Medicine dept.

Unit	Percentage
Ortho 1	80%
Ortho 2	50%
Ortho 3	92.30%
Ortho 4	91.66%
Ortho 5	70.83%

Table 4: Unit wise percentage of credit files arriving from 1200 to 1600 hrs. from Orthopedics dept.

Unit	Percentage
OBG 1	75%
OBG 2	87.5%
OBG 3	85.71%
OBG 4	88.88%
OBG 5	100%

Table 5: Unit wise percentage of credit files arriving from 1200 to 1600 hrs. from OBG dept.

CONCLUSION:

The study was done to investigate into the reasons of delay in discharge and to find out whether it was caused by the practice of sending files together for billing. It was discovered that some department units plan their discharge in advance and thereby reduce the burden of files coming at a particular time to the billing department.

Some of the reasons of delay are enumerated below:

1. For surgical specialties on OT days there is delay because the signature of the staff has to be sought from the OT.
2. There is delay in typing of the discharges by the typists because during the maximum workload only one person is present in the typing cell. Further study for utilization of typing staff is being carried out.
3. It was observed that department units that sent files to billing department in a staggered manner planned the discharge from the previous day. (Ex- Med-8, Ortho-2). This reduced the number of files being sent from these department units during the peak hours. Therefore, it was suggested to other departments to plan the discharge a day before.

REFERENCES:

1. Lim SC, Doshi V, Castasus B, Lim JKH. Factors causing delay in discharge of elderly patients in a acute care hospital. Ann Acad Med Singapore. 2006;35(1):27–32.
2. Davies R, Macaulay HMC. Hospital Planning and Administration. Geneva. World Health Organization. 1946.
3. Da Silva et al. Reasons for discharge delays in teaching hospitals. Rev Saude Publica. 2014 Apr; 48(2): 314–321.
4. P Hendy, JH Patel, T Kordbacheh, N Laskar and M Harbord. In-depth analysis of delays to patient discharge: a metropolitan teaching hospital experience. Clinical Medicine 2012, Vol 12, No 4: 320–3.