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4 INTRODUCTION

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Discharge can be defined as a process by which an episode of treatment and/or care provided to a patient is concluded by a healthcare provider. Discharge planning is critical to ensuring rapid, safe and smooth transition from hospital to another care environment. It involves addressing the needs of the patient, family and health care system and to promote the optimum functioning of patients, families and support system.

Discharges are of four major types:-

1. **PLANNED DISCHARGE:** These discharges are declared a day prior in the evening when a patient is deemed clinically fit to be discharged the next day.
2. **UNPLANNED DISCHARGE:** When the treating physician declares the discharge based on condition of the patient and considering level of care required.
3. **DISCHARGE ON REQUEST:** It is the decision taken by the patient or attendant to be released from hospital with discharge summary.
4. **LAMA:** Leave against medical advice is a patient willing to leave even though not declared fit to be discharged and is given LAMA summary.

This study focuses on the planned discharges which are a major practice in the hospital and the key issues related to discharge of the patients.

Delay in discharges is one major issue in hospitals which happens when a patient who is declared clinically fit to be discharged by the treating consultant continues to occupy the bed in the hospital thereby causing the loss of financial profitability due to increased waiting time for next admission.

There are various persons involved in a discharge process:-

1. **DOCTORS:** They are the treating consultants under whom the patient gets admitted. They are the primary source of declaring the discharge of the patient after monitoring the clinical condition of the patients.
2. **NURSES:** They are the care providers who are the ones to initiate the discharge process from their end after being intimated by the doctor and would also include various clearances.
3. **TPA/ BILLING:** This department prepares the bill and is largely involved with bill settlement of all the discharge patients.

4. **FLOOR MANAGER:** This person is wholly responsible for coordinating the discharges between various departments.
5. **PATIENT WELFARE OFFICER (PWO):** This person is responsible for communicating any issues pertaining to discharges to the department concerned thereto.
6. **GDA'S:** They are also an important part of discharge process since they take the files, discharge summaries and assist in coordinating for smooth discharges.

A proper discharge management process involves co-ordination among all these departments in order to ensure the smooth discharge process. Delays can happen at two major levels: Organization and Patient. This study thus aims to find out all the factors contributing to the delays in discharges and provide recommendations to time the discharge process.

Background of discharges at Fortis La Femme:-

Fortis La Femme is a 45 bedded Mother and child care hospital based in Delhi. The patients who come to La Femme are either for delivery or for surgery thereby specialized in Obstetrics and Gynecology. In case of delivery patients, there are two modes of delivery namely Normal Vaginal Delivery (NVD) and Lower Segment Cesarean Section (LSCS). In case of NVD, the patient stays in the hospital for 2 days and in case of LSCS, the patient stays in the hospital for 3 days. Apart from these two, patients come for the surgery and conservative management for which there are no ideal days of stay as they get discharged as per the condition. However, they are considered in planned admissions.

The doctor comes for morning rounds and declares the discharge to the nurse handling the patient. The discharge summary is prepared a day prior and finalized on the day of discharge after doctor's rounds. The billing policy of the hospital is 11 A.M to 11 P.M. This implies that the billing clearances have to be done before 11 A.M and other clearances including pharmacy, doctor's rounds to be completed before that. The discharge TAT for different categories of patients are as follows:-

Cash Patients- 90 Minutes

TPA Patients- 240 Minutes

International Patients- 120 Minutes

The discharge process for Cash patients comprises of the following steps:-

1. After the treating physician declares the discharge, the ward nurse sends the discharge billing docket to the billing with a receiving on a separate register and informs verbally on phone after which the billing starts preparing the bill.
2. After this, the billing prepares the bills and sends the final bill to the patient through a GDA in order for patient to go through the detailed bill and raise any queries at the time of discharge itself and get the financial clearances done.
3. In case there is any doubt regarding any item/ procedure being charged in the bill, the billing person goes to the patient and clears the doubts.
4. If not, the patient comes to the IPD Billing counter and bill settlement is done.
5. After the financial clearance, nurse hands over the discharge summary to the patient with detailed instructions for self care and follow up.
6. After all these formalities are completed, the patient checks out and vacates the room.

The discharge process for TPA patients comprises of the following steps:-

1. After the treating physician declares the discharge, the ward nurse sends the discharge billing docket to the billing with a receiving on a separate register and informs verbally on phone after which the billing starts preparing the bill.
2. As soon as billing receives an intimation, a mail is sent to TPA with the final bill for approval.
3. If there is any query, TPA cases get withheld and investigators from the insurance comes to scan the patient files and ask the attendant about the related queries.
4. When the final approval comes, the patient is intimated by the billing department about the same and get the financial dues cleared.
5. After the financial clearance, nurse hands over the discharge summary to the patient with detailed instructions for self-care and follow up.
6. After all these formalities are completed, the patient checks out and vacates the room.

There are certain Value Added Services provided to the Obstetric patients:-

1. **Photoshoot:-** This involves complementary baby and family photograph which is clicked a day prior to discharge.
2. **Hand and foot impressions:-** Baby's hand and foot impressions are taken on a clay mould to record baby's first steps a day prior to discharge.

The delay in planned discharges is a key issue and concern in the hospital which affects the discharge patients as well as the patients awaiting admission due to time taking formalities and delays. The Obstetrics patients face issues due to Muhurat at home to welcome the mother and the baby and the delays cause patient dissatisfaction. Other issues with the delays are the shifting of patients from Recovery room (OT) and Labor delivery room (LDR) to the wards as per next aligned LSCS and NVD cases to be done in LDR and OT.

REVIEW OF LITERATURE

1 Hospital discharge describes the point at which inpatient hospital care ends, with ongoing care transferred to other primary, community or domestic environments. Reflecting this, hospital discharge is not an *end point*, but rather one of multiple transitions within the patient's care journey. The organisation and provision of this *transitional care* typically involves multiple health and social care actors, who need to co-ordinate their specialist activities so that patients receive integrated and, importantly, safe care. The inherent complexity of co-ordinating a large number of actors, often based in distinct organisations, leads to the view that hospital discharge can be a vulnerable, time-dependent and high-risk episode in the patient pathway. A prominent example of this complexity is 'delayed discharge', where the patient remains in hospital because of the failure to appropriately co-ordinate care between agencies.

The problems of delayed or poorly planned discharge illustrate the broader challenge of integrating health and social care. Analysing the causes of these delays, Tierney *et al.* point to a range of common factors, including (a) poor communication between health and social care; (b) lack of assessment and planning for discharge; (c) inadequate notice of discharge; (d) inadequate involvement of patient and family; (e) over-reliance on informal care; and (f) lack of attention to the special needs of vulnerable groups. Reflecting this and other evidence, policies have repeatedly sought to improve discharge planning, especially the integration of health and social care agencies .

2 Achieving safe, timely and person centred discharge from hospital to home is an important indicator of quality and a measure of effective and integrated care (Joint Improvement Team, 2014). Delayed discharge refers to the situation where a patient is deemed to be medically well enough for discharge but they are unable to leave hospital because arrangements for continuing care have not been finalized (Bryan, 2010). The Health Service Executive Special Delivery Unit (SDU) defines delayed discharge as: "A patient who remains in hospital after a senior doctor has documented in the healthcare record that the patient can be discharged (Health Service Executive, 2013). One systematic review, found that the percentage of inappropriate use of acute care beds ranged between 15% and 50% (Sheppard, 2010). The issue of delayed discharge from hospital is a longstanding concern nationally and internationally and although it is a common problem, few countries have managed to

successfully tackle it (Joint Improvement Team, 2010). According to Hendy et al, (2012), discharge delays are costly for hospitals and depressing for patients .

The process of discharging patients is complex requiring the coordination of multiple different groups including physicians, nurses, ancillary service staff, patients, their families, and in some settings the finance/billing department .

OBJECTIVES

GENERAL OBJECTIVE:-

To root out the significant reasons for delay in planned discharges of patients and give recommendations to time the current discharge procedure.

SPECIFIC OBJECTIVES:-

- To monitor the discharge process and the expected timelines.
- To find out the time taken in different steps of discharge process.
- To identify the reasons for delay in planned discharges.
- To ensure that the desired level of compliance is achieved for planned discharges by giving necessary recommendations.

METHODOLOGY

Sampling Method:-

The method of sampling is Convenient Sampling technique and total 100 samples were taken from April 1st, 2019 to May 20th, 2019.

Sample Size:-

Sample size was 100 out of which 70 discharges were Cash patients and 30 were TPA.

Study Area:-

Fortis La Femme, Greater Kailash-2 wards.

Data Collection Plan:-

Primary:-

- Direct Observation of discharge process and documentation of activities.
- Interaction with the staff involved in discharge process.

Secondary:-

- **HIS:** Hospital Information System used in this hospital is “Trakcare”. The intimation is put on system by the nurse and billing as and when ready, indents and receipts and check outs are done on the system. The timings can be monitored from the “Report Hook” software and thus delays and gaps can be analyzed.

Study Tools:-

The tool that was created for the study is as follows:-

Discharge TAT tracker: Manual discharge TAT tracker was made for the study and cross checked with the system report to find out any significant variations made.

Following four phases were monitored and recorded in case of Cash discharges:-

1. Time of intimation by ward to bill preparation.
2. Time of bill preparation to informing the patient.

3. Time of informing the patient to bill settlement.
4. Time of bill settlement to checking out of the room.

Following four phases were monitored and recorded in case of TPA discharges:-

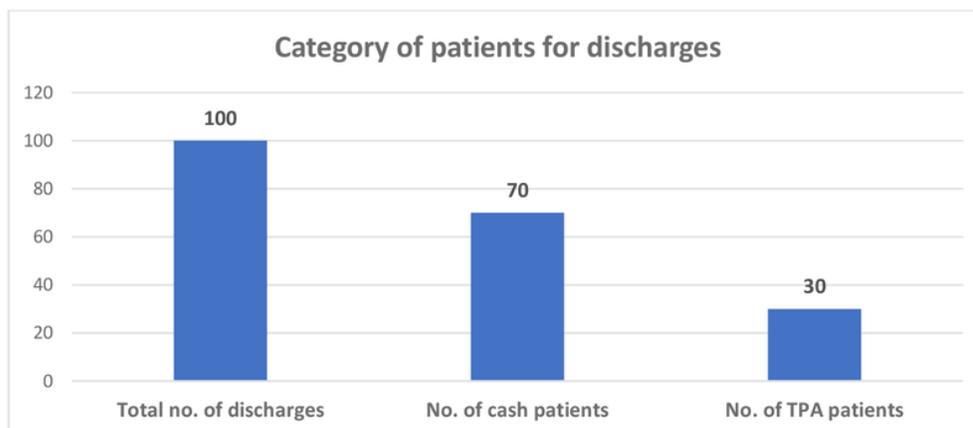
1. Time of intimation by ward to bill preparation.
2. Time of bill preparation to intimating the TPA.
3. Time of intimating TPA to bill settlement.
4. Time of bill settlement to checking out of the room.

Exclusions:-

- LAMA
- Unplanned discharges
- Discharge on request
- Discharges from ER
- Conservative Management cases
- International Patients

RESULTS AND DISCUSSION

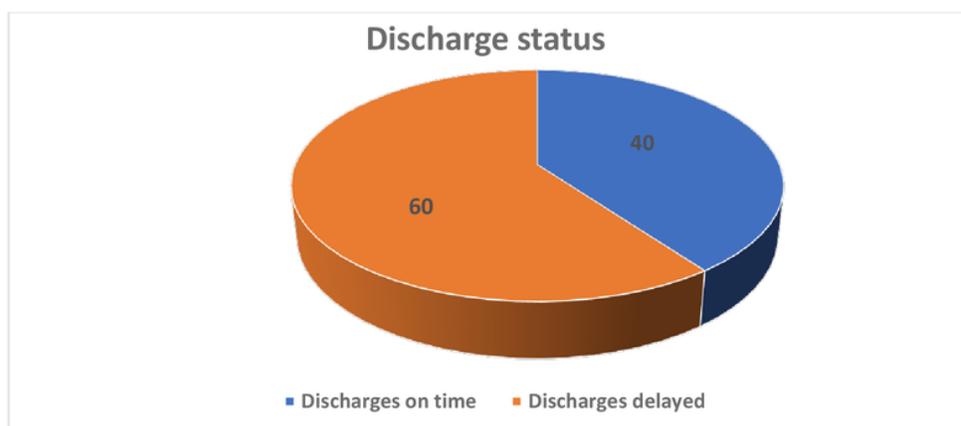
- **Category wise patients for discharges:-**



Interpretation:-

- Out of total 100 discharges, 70 patients were Cash and 30 were TPA.

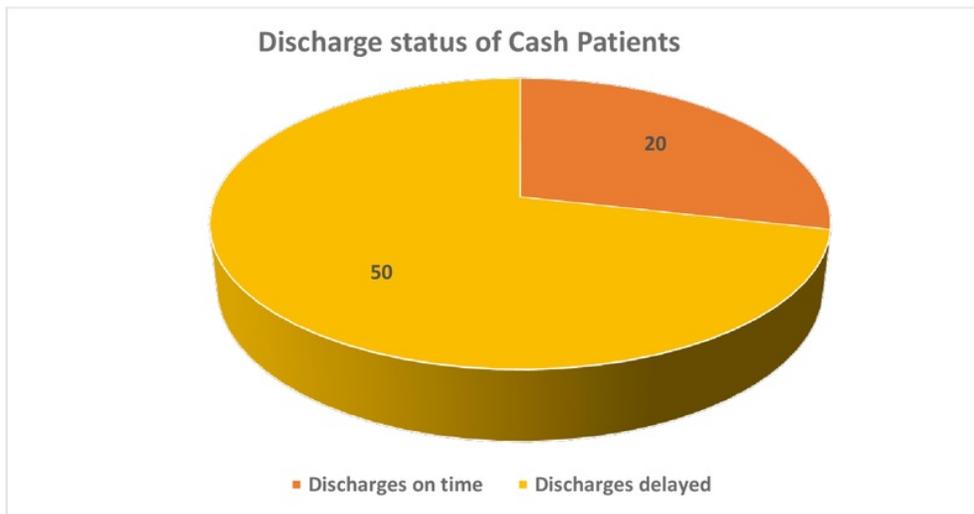
- **Discharge Status:-**



Interpretation:-

- Out of total 100 discharges, 40 discharges were on time and 60 discharges were delayed.

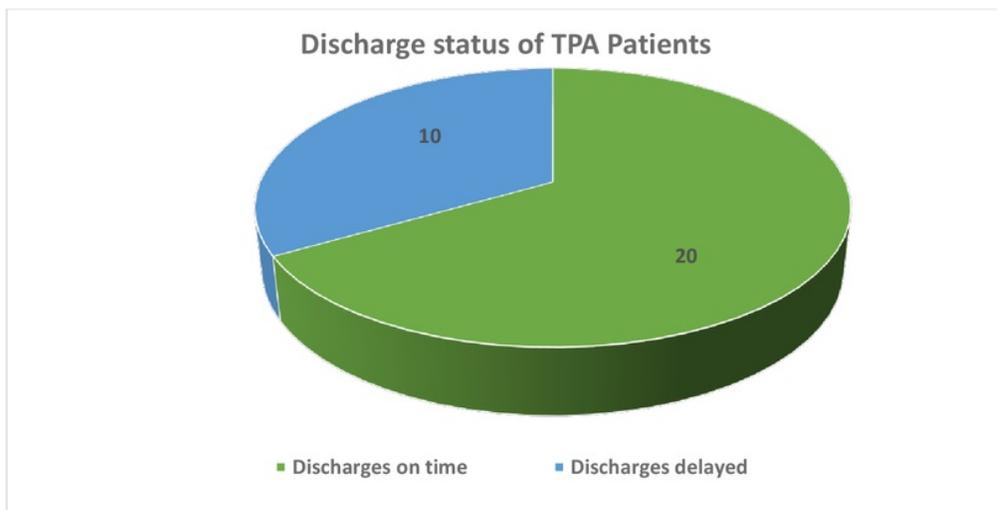
- **Discharge Status of Cash patients:-**



Interpretation:-

- Out of total 70 Cash patients, 20 discharges were on time and 50 were delayed discharges.

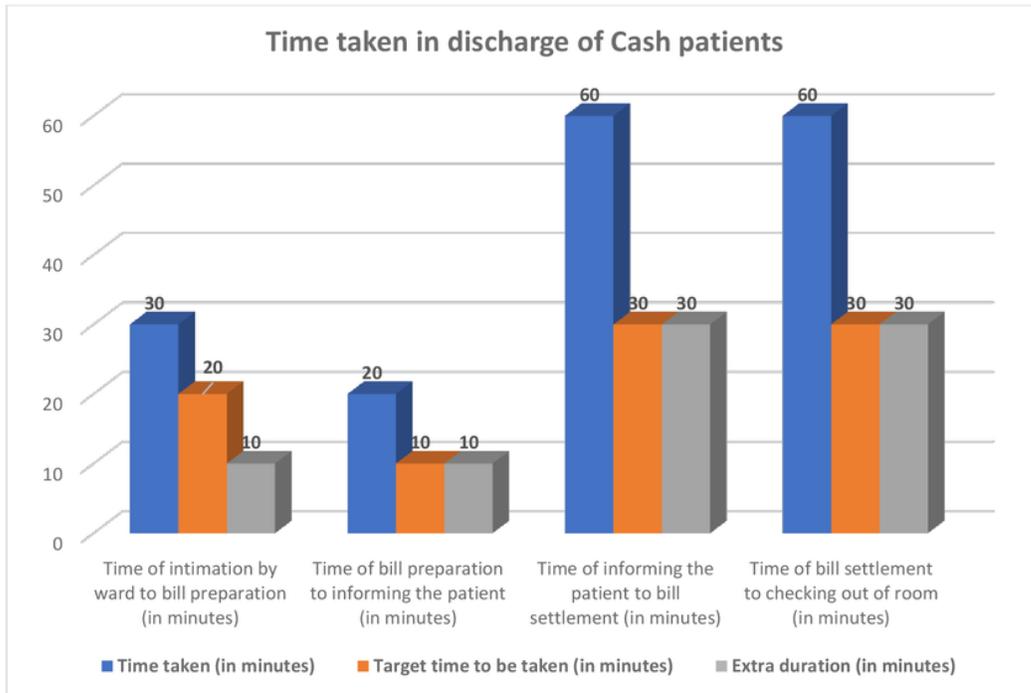
- **Discharge Status of TPA Patients:-**



Interpretation:-

- Out of 30 TPA discharges, 20 discharges were on time and 10 discharges got delayed.

- **Time taken in length of discharge process of Cash Patients:-**

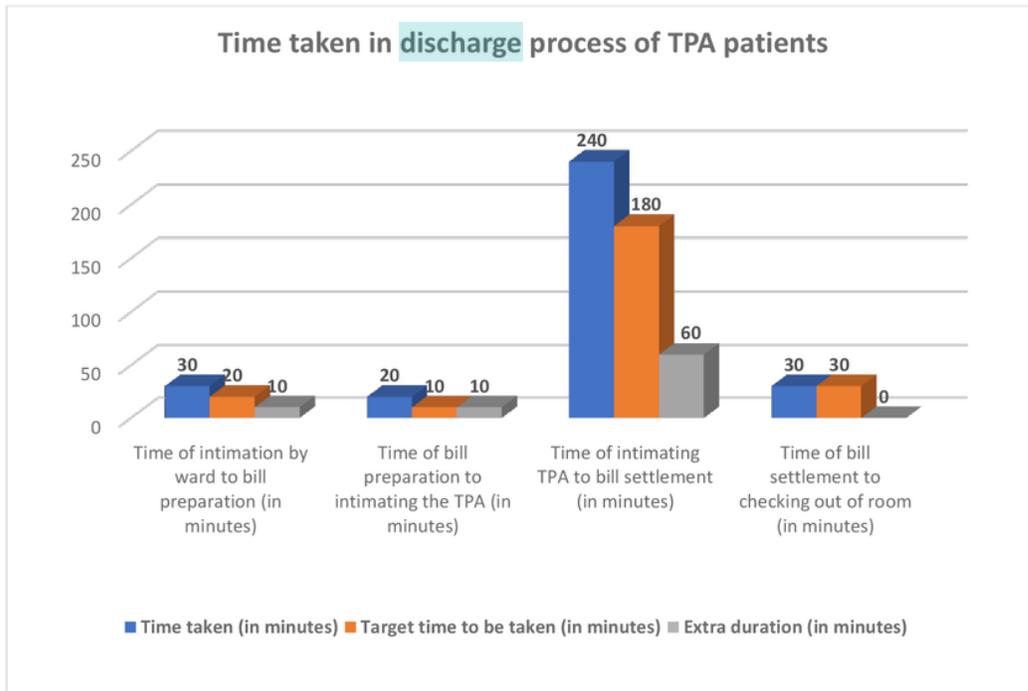


Interpretation:-

The above figure shows that there are 4 steps involved in discharge process of Cash patients.

- After getting intimation from ward, bill has to be prepared within 20 minutes which got completed in 30 minutes thereby taking extra 10 minutes.
- After preparing the bill, the patient has to be intimated by billing within 10 minutes which took 20 minutes taking extra 10 minutes.
- After informing the patient, the attendant has to settle the bill within 30 minutes which took average 60 minutes thereby taking extra 30 minutes.
- After the bill is cleared, the patients took 30 extra minutes to vacate the room which has to be done within 30 minutes after bill settlement.

- Time taken in length of discharge process of TPA Patients:-



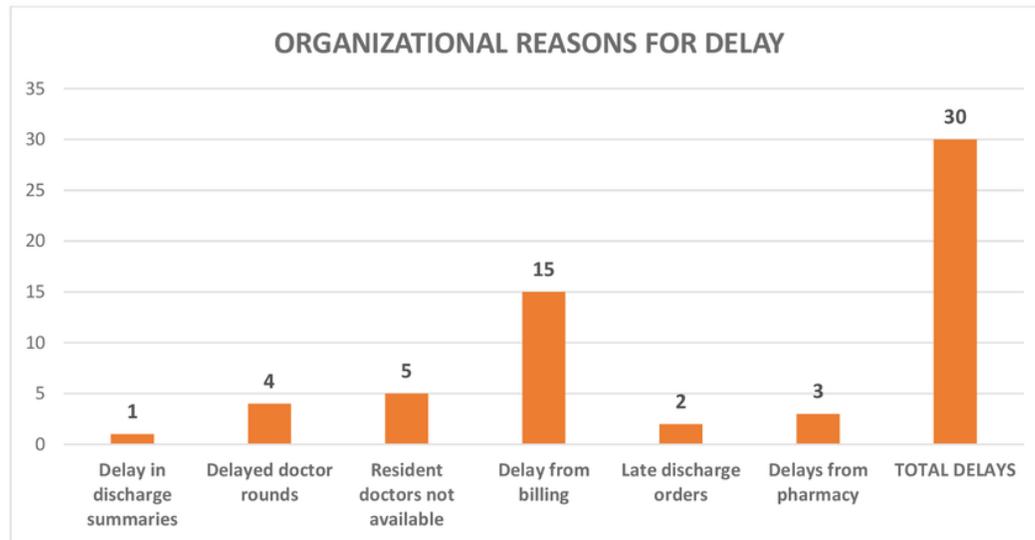
Interpretation:-

The above figure shows that there are 4 steps involved in discharge process of TPA patients.

- After getting intimation from ward, bill has to be prepared within 20 minutes which got completed in 30 minutes thereby taking extra 10 minutes.
- After preparing the bill, the bill has to be sent to TPA by mail within 10 minutes which took extra 10 minutes.
- After TPA approval comes, bill has to be settled within 180 minutes and took extra 60 minutes.
- All the TPA patients checked out of the hospital within 30 minutes. No delays in this phase was observed.

REASONS FOR DELAY IN CASH DISCHARGES

- **Organizational reasons for delay:-**



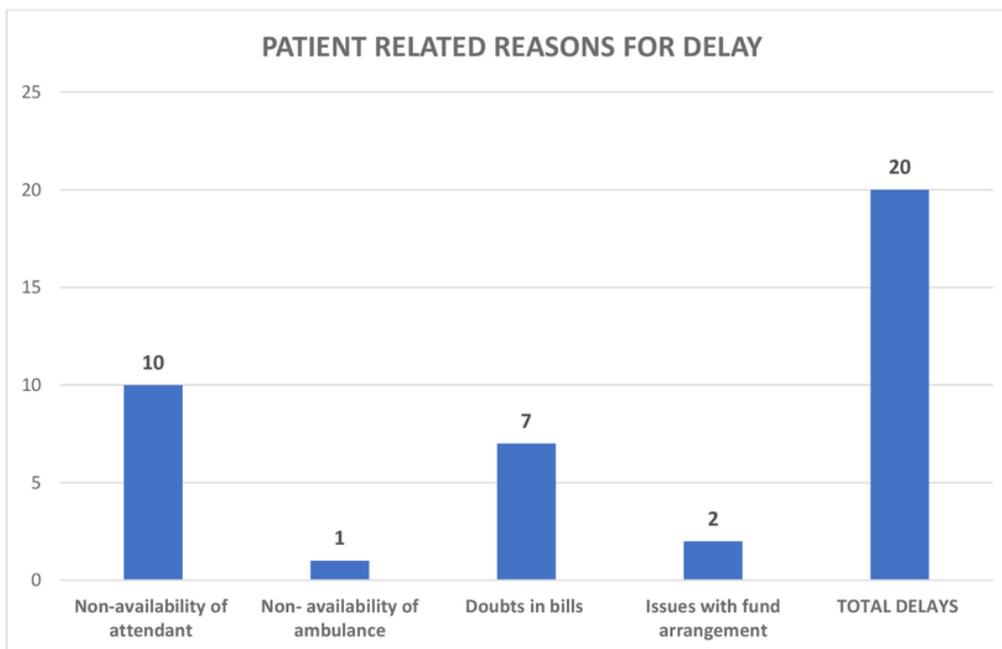
Interpretation:-

Out of total 50 delayed cash discharges, 30 delays have occurred due to organizational factors.

- Out of these 30 delays, 1 occurred due to delay in discharge summaries/ last minute additions/ omissions.
- 4 delays occurred due to late doctor rounds since doctors were occupied in OT or were not available.
- 5 discharges got delayed due to non- availability of RMO's who cross check and sign the discharge summaries in the morning before discharges.
- 2 delays occurred due to late discharge orders in the morning by the treating physician.
- 2 delays were due to the pharmacy since some medicines were added in the early morning and were not available in the hospital pharmacy.
- Maximum delays (15) were due to delay from billing end for which following reasons were documented:-

1. **Shortage of Manpower:-** Due to manpower crunch, there was only one person on the IPD billing desk for preparation of final bills after intimation by the nurse and query handling of the attendants and visitors. This added to the burden on one personnel to prepare each bill within 20 minutes and initiate the process.
2. **Technical Barriers:-**Due to the error in the HIS, the system crashed and printer issues lead to blurred bills which took longer due to theredods.

- **Patient related reasons for delay:-**



Interpretation:-

- Out of total 50 delayed cash discharges, 20 delays have occurred due to the delays from patient's end.
- Out of these, 1 delay occurred due to delay in ambulance service.
- 2 patients faced issues regarding fund arrangement due to huge variation from estimated amount.
- 50% of the delays (10) were due to the non-availability of attendant with the patient on the day of discharge which is the main cause of delay in bill settlement followed

by (7) delays due to attendant's doubts related to the bill which is due to the following reasons:-

1. Any investigations done/ extra medicine added in the bill increased the bill amount.
2. Mandatory charge of Rs. 630 is added for blood arrangements made by the hospital in case of emergency during surgery which was misinterpreted by the attendants as the blood transfused and creates doubt.
3. Refunds made under special offers were separate from the total bill amount.
4. PAN Card was mandatory to be taken from patients with final bill equal to or more than Rs. 2L for which attendants took time to bring and submit.

RECOMMENDATIONS

After analysing 100 samples, it has been derived that the reasons for delays in discharges are avoidable and manageable. Evidently, due to lack of various organisational and patient related factors, delays happen.

Following are the recommendations to manage **ORGANISATIONAL** factors causing delay:-

1. Discharge summaries are to be typed an evening prior in order to avoid wastage of time in the morning.
2. The treating consultants have to take IPD rounds before starting their OPD at 10 a.m. These visits should be notified in the HIS by the nurse in-charge in the ward.
3. The pharmacy has to maintain a proper stock of all the required medicines and it should be sent to the ward on priority within one hour of indenting. If wards do not receive the order within time limit repeatedly, the same should be reported to the floor manager for necessary action.
4. Consultant to sign on all investigation reports, documents, forms on priority basis if the discharge is declared early in the morning on the day of discharge. If possible, in case of planning of discharge by the doctor in the morning, it should be shifted to evening discharge.
5. One resident doctor each from Obstetrics & gynae and Neonatology should be available on each floor in the morning to sign the discharge summary and dressing of the patients.

6. Manpower to be arranged by the HR department. The same shall be put across in the daily morning meetings so as to get a solution at the earliest.
7. HIS to be strengthened and proper maintenance to be done and reviewed by IT department. The complaints shall be lodged on the system under the specified ticket numbers and action to be taken at the earliest.

Following are the recommendations to manage **PATIENT RELATED** factors causing delay:-

1. To address the issue of non-availability of attendant and general delay by patient, A **Discharge Counselling Sheet** is to be prepared in coordination with the billing department and patient is to be counselled on the following parameters by the Floor Manager:-
 - Timings of discharge clearances
 - Discharge process
 - Activities to take place in the morning
 - Documents to be submitted by the attendant
 - Things to be brought from home for baby and mother
 - Modes of payment
 - Terms and Conditions
 - Any other important points to be discussed

The same shall be signed by the attendant/ patient one day prior to discharge so that the patient as well the attendants are aware of their importance in facilitating a smooth discharge process.

2. For doubts in bills and fund arrangement issues, an interim bill to be provided by the billing department an evening prior to discharge in order to give the patient an idea of the payable amount as well as time to go through the bill and mark in case of any query.
3. In one case, ambulance took very long to come as the baby had to be shifted to the other branch though the mother got discharged. The same shall be facilitated by the front office. If hospital ambulance is unavailable, the hospital tie ups should be reached and connected with on priority basis.

In case of TPA patients specifically, The attendants should be counselled a day before about the duration of TPA process and the documents required for TPA to be checked a day prior in order to avoid last minute hassles. The TPA discharges got delayed only due to long waiting hours for approval by TPA.

CONCLUSION

The discharge process at Fortis La Femme is an interdisciplinary and collaborative process. It is the clinical priority for all the care providers. Although, HIS has streamlined the discharge process to a large extent and helped to facilitate smooth information communication. Timeliness of discharges is a major concern in the hospital.

Out of 100 discharges, 70 discharges were Cash patients and 30 were TPA patients. Around 60 of discharges were delayed and 40 discharges were on time. Out of 70 Cash patients, 50 discharges got delayed due to various organizational factors and 20 discharges got delayed due to patient related factors.

In case of TPA discharges, the hospital was bound to wait for approval from TPA and thus no organization related and patient related factors were recorded. The processing for TPA from billing end was done after being intimated by ward nurses and was intimated to the patient. The extra duration taken was due to the shortage of manpower.

The same can be well managed by the above given recommendations and proper coordination and efficient communication among various departments and persons involved in the discharge process.

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