Dissertation Training

at

Oscar Super Speciality Hospital, Jhajjar

Discharge Turn Around Time and Reasons for Delay

By

Dr. Smriti Rana

Enroll No. – PG/20/084

Under the guidance of

Dr. Nishikant Bele

PGDM (Hospital and Health Management)

2020-22

International Institute of Health Management Research

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The certificate is awarded to

Dr. Smriti Rana

in recognition of having successfully completed her Dissertation in the department of

Operations

and has successfully completed her Project on

Discharge Turn Around Time and Reasons for Delay

From: 15 Feb 2022 to 05 May 2022

At: Oscar Super Speciality Hospital, Jhajjar

She comes across as a committed, sincere & diligent person who has a strong drive & zeal for learning.

We wish her all the best for future endeavours.

(Ms. Sneha Juneja)
Head Training & Development
Oscar, Jhajjar

Ms. Sneha Juneja
HR HEAD
Oscar Group of Hospitals

(Dr. Vipin Sangwan)
Medical Superintendent
Oscar, Jhajjar

OSCAR Super Speciality Hospital & Trauma Centre Pvt. Ltd. ★ JHAJJAR HARYANA

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Dr. Smriti Rana student of PGDM (Hospital & Health Management) from International Institute of Health Management Research, New Delhi has undergone dissertation at Oscar Super Speciality Hospital, Jhajjar from 15 Feb 2022 to 05 May 2022.

The Candidate has successfully carried out the study designated to him during internship training and his/her approach to the study has been sincere, scientific and analytical.

The Dissertation is in fulfilment of the course requirements.

I wish her all success in all her future endeavours.

22/6/2022

(Dr. Sumesh Kumar)
Associate Dean
Academic and Student Affairs
IIHMR, New Delhi

(Dr.NishikantBele)
Associate Professor
Mentor
IIHMR, New Delhi

Certificate of Approval

The following dissertation titled "Discharge Turn Around Time and Reasons for Delay" at "Oscar Super Speciality Hospital, Jhajjar" is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of PGDM (Hospital & Health Management) for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

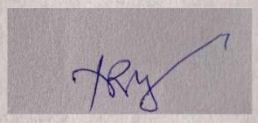
Name	Signature
DR. SHILPA Ghosh	
DR. PANKAJ TALREJA	

Certificate from Dissertation Advisory Committee

This is to certify that Dr.Smriti Rana, a graduate student of the PGDM (Hospital & Health Management) has worked under our guidance and supervision. She is submitting this dissertation titled "Discharge Turn Around Time and Reasons for Delay" at "Oscar Super Speciality Hospital, Jhajjar" in partial fulfilment of the requirements for the award of the PGDM (Hospital & Health Management).

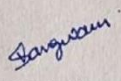
This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

Institute Mentor



(Dr.NishikantBele)
Assistant Professor
IIHMR, New Delhi

Organization Mentor



(Dr. Vipin Sangwan)
Medical Superintendent
Oscar Super Speciality Hospital

INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH, NEW DELHI

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled Discharge Turn Around Time and Reasons for Delay and submitted by Dr. Smriti Rana,Enrollment No. PG/20/084 under the supervision of Dr.NishikantBele for award of PGDM (Hospital & Health Management) of the Institute carried out during the period from 15 Feb 2022 to 05 May 2022 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Signature

FEEDBACK FORM

Name of the Student: Smruti Rana

Name of the Organisation in Which Dissertation Has Been Completed: Oscar Superspeciality Hospital (Jhajjar)

Area of Dissertation: Operations

Attendance: Punctual throughout

Objectives achieved: Project done and dusted

Deliverables: Ensuring smooth flow of process at vaccination. Handled patients with all patience and proliferation.

Strengths: Sincere, has clarity on work, understands process completely and asset to the organisation

Suggestions for Improvement:
Learn with experience

Suggestions for Institute (course curriculum, industry interaction, placement, alumni):

Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)

Ritu

Date: 5th May 2022
Place: Jhajjar.

OSCAR Super Speciality Hospital & Trauma Center Pvt. Ltd. JHAJJAR HARYANA

ACKNOWLEDGEMENT

A successful project is a combination of efforts, encouragement, guidance from the experienced people . I express my acknowledge and extend a heartfelt recognition to the following individuals, who made the project possible.

I express my sincere thanks to IIHMR Delhi, who gave me this opportunity. My gratitude to Dr. Nishikant Bele (mentor) for his constant mentorship throughout the internship.

My special thanks to Dr .Vipin Sangwan (Medical Superintendent Oscar hospital) for his cooperation, help and encouragement.

I sincerely thank my organization mentor Miss Ritu (head of Operations department) for her constant guidance throughout the summer training. She made me understand how Operations department work in a hospital. She helped me to understand the hospital workflow and culture better, while also provided her valuable insight in my field of interest.

I thank the management staff and specially patients of Oscar hospital who helped me in completing my project , without their contributionit would not be possible, they have indeed been essential for finalizing this project.

TABLE OF CONTENTS :

LIST OF SYMBOLS AND ABBREVIATIONS

ENT : Ear Nose and Throat

ICU: Intensive Care Unit

ICCU: Intensive Coronary Care Unit

ECG: Electrocardiogram

CT: Computed Tomography

EEG: Electroencephalogram

NABH: National Accreditation Board for Hospitals

ISO: International Organization for Standardization

Ma: Milliampere

ECHO: Echocardiogram

TMT: Treadmill test

PET: Positron Emission Tomography

CSSD: Central Sterile Supply Department

Obs.: Obstetrician

V D : Venereal Disease

HR: Human Resource

PCS : Patient Care Service

EHR: Electronic Health record

DAMA: Discharge Against Medical Advice

BPL: Below Poverty Line

IPD: In Patient Department

OPD: Out Patient Department

MT: Medical Transcription

TPA: Third Party Administrator

TAT: Turn Around Time

SPSS: Statistical Package for Social Sciences

OVERVIEW OF HOSPITAL

INTRODUCTION

The hospital is fully equipped with dedicated department of Laparoscopic Surgery, General Surgery, Gynaecology, ophthalmology, ENT, Paediatrics, Orthopaedics, Dental, Skin, Anaesthesia, Nephrology, cardiology, oncology, Gastroenterology, Plastic surgery, Neurology, Urology. 13 bedded ICU/ICCU equipped with ventilator (07) support and monitoring facilities, centralized oxygen. Urology department with facilities for laparoscopic surgery and a complete range of various Specialty departments are an asset to offer holistic care at this multispecialty hospital. Oscar Super Speciality Hospital & Trauma Centre has specialized team of doctors for patient's care. The facilities of well equipped Operation theatre with C-Arm and anaesthesia work station with ventilator support, ambulance, canteen, Pharmacy, Physiotherapy, Super Specialist OPD, economy and private Rooms, ICU/ICCU, 24 Hours Service for pathology Labs, Digital X-Ray, Ultrasound, Colour Doppler, Echo, ECG, CT Scan, EEG and comfortable room services & many more facilities. Oscar , a multi-super-strength, quaternary consideration hospital , which has been considered among perhaps the best medical hospital in Jhajjar and near by areas. Oscar Hospital, has gone through an exhaustive on location survey of the quality and security of care being given and is focused on persistently fulfilling thorough global guidelines. Oscar Hospital, Jhajjar has acquired its situation as one of the top medical hospital in near areas utilizing trend setting innovation and top clinicians to convey the absolute best in medical care. Their drives appropriately catch the beat of individuals they serve, going from redid preventive wellbeing checks to quaternary consideration from very specific clinicians directing uncommon and complex medical procedures. It showed restraint 'first' then, at that point, and has kept on being so.

MISSION

To provide maximum health care along with personalized medical attention & facilities to the best in an honest & friendly environment and at prices affordable to all.

VALUES:

• Patient centricity-resolves to best results and experience for patients

• Integrity – show moral mental fortitude to shout out and do the right things

• Teamwork-proactively support one another and work as one group

• Ownership-be mindful and invest wholeheartedly in our activities

• Innovation-consistently improve and enhance to surpass assumptions

AFFILIATIONS AND ACCREDITATIONS:

Oscar hospital accepts that the accreditation of clinic's projects and divisions is another enormous achievement that supports the establishment's situation in the medical care area and will add to its prominent quality clinical benefits. Oscar Hospital is authorize by National Accreditation Board for Hospitals and Healthcare Providers (NABH) and follow the arrangements of the board to take into account a lot of wanted necessities of the patients and to set quality boundaries in medical care industry.

Government, Regulators and Industry with a plan of lab accreditation through outsider appraisal for officially perceiving the specialized ability of labs. The accreditation administrations are accommodated trying, alignment and clinical research facilities as per International Organization for Standardization (ISO) Standards.

INVESTIGATION FACILITIES

Wide range of investigative facilities is available 24 hrs.

1. Pathology lab

(Microbiology, clinical pathology, immunology, haematology, clinical Chemistry and Histopathology,).

2. Radiology Department

(CT Scan, x- Ray using 500 MA, 100MA)

3. ULTRASONOGRAPHY/ COLOR DOPPLER/ ECHO/ TMT/ PFT/ECG/EEG

SUPPORT FACILITIES

CSSD
Centralized Sterilization and Supply department

PHARMACY

A-24 hour Medical and Surgical shop

PHYSIOTHERAPY
A well equipped physiotherapy unit to meet demands of elderly, post-traumatic, postoperative and sick patients to help them in early mobilization and recovery.

MEDICALRECORDS
Patient's medical records are maintained for retrieval at any required time.

KITCHEN
Hospital runs a Kitchen for patients and their relatives.

DIETICIAN

AMBULANCE
Fully equipped ambulance for transfer of sick Patient to the center round the clock.

LAUNDRY
Facility for cloth washing and drying.

GENERAL DISCIPLINES

MEDICINE

SURGERY

OBS. & GYNECOLOGY

OPHTHALMOLOGY

ENT

PEDIATRICS

ORTHOPAEDICS

PLASTIC SURGERY

DENTAL

SKIN & V.D

PSYCHIATRY

ANAESTHESIA

SPECIALIZED DISCIPLINES

JOINT REPLACEMENT AND SPINE SURGERY

PLASTIC SURGERY

NEURO SURGERY

UROLOGY

PEDIATRIC SURGERY

LAPROSCOPIC SURGERY

CARDIOLOGY

NEPHROLOGY

OBERVATIONAL LEARNINGS :

After our joining in Oscar Hospital, the HR-Department organized an induction programme for us, to orient us with the over-all functioning of the hospital's clinical, non-clinical and support system departments.

It was a great experience, which gave us insight of , how all clinical, non-clinical and supporting departments are interlinked in making hospital a complete entity which serves mankind

I had visited following departments:

1) Information centre
2) Out patient department
3) PCS-patient care services
4) Operations department
5) Quality department
6) Radiation & oncology
7) In patient department
8) Pharmacy
9) Intensive care unit

OPERATIONS DEPARTMENT

As the healthcare sector undergoes a rapid change in the face of reform, pressure to decrease costs, and emphasis on improving service quality, healthcare organizations are turning to operations managers and tools to increase overall efficiency.

With all of these complex factors, healthcare operational performance is a full team effort that must include clinical and non-clinical operations. It requires an overview across myriad disciplines, systems, and tools to drive the change necessary to meet the demands of today's healthcare patients and stakeholders.

The practice of operations management in healthcare includes overseeing all practices established to monitor and manage the many processes occurring to drive the services produced, spanning financing, staffing, policy, and facilities. These practices can range from quality assurance, care coordination, staff certification and licensing, credentialing, overseeing health insurance and related claims risks, organizing medical review, legal, auditing, and compliance programs.

Overall, operations management in healthcare requires overseeing the day-to-day practices of the hospital that influence the patient's experience while also taking on higher-level strategic operations.

Adhering to the operating budget, financial goals, and objectives with economic and efficient performance

Establishing policies and procedures that support high-quality healthcare service, in partnership with hospital management, medical teams and the surrounding community

Managing a team of healthcare professionals

Influencing strategic decisions related to hospital functions

Resolving operational issues and analyzes workflow

Patient Focus

All the emphasis on cost reduction can put a strain on the services and quality provided to patients, particularly if poorly managed budgets hamper technology and equipment purchases. The operations manager can help oversee costs and ensure service levels are met.

Communication

Transforming healthcare institutions requires good communication. First, executives need to understand the data and support driving change to ignite processes. Then, all departments and roles need to understand processes and objectives to really drive change.

Technology tools, like EHRs, can also unlock more cohesive communication. Bed Management systems help coordinate patient placement across the healthcare system, ultimately reducing stays and better managing capacity.

Process Improvement

One of the key challenges facing healthcare is high costs that stem from overusing emergency-based, expensive or technological methods of healthcare. Not to mention the many instances where care is simply

never paid for being patients are uninsured. That burden is then shared with taxpayers, health insurance holders, and the healthcare institution

PROJECT OUTLINE

INTRODUCTION

The National Accreditation Board for Hospitals & Healthcare Providers defines discharge as the process by which a patient is moved out of the hospital with the relevant medical reports in order to ensure stability. When the consultant formally agrees discharge, the discharge procedure is said to have begun, and it finishes when the patient leaves the clinical unit.

One of the most time-consuming procedures is hospital discharge. Hospital discharge times are a key indicator of care quality and patient satisfaction. Even after a successful and satisfactory treatment, the patient and his relatives want to get back to their normal lives as soon as possible, and any unnecessary delay in the discharge procedure causes patient discontent and harms the hospital's reputation.

The demand on hospital beds grows when a patient is delayed in being discharged, which is harmful for both hospitals and patients. It raises hospital costs and makes patients feel depressed. In addition, delaying release raises the patient's risk of contracting a hospital-acquired infection.

As a result, effective ways for resolving this problem are required. The National Accreditation Board for Hospitals and Health Care Organizations (NABH) has established a criteria for completing the discharge process of 180 minutes. As a result, maintaining an appropriate amount of discharge time gives the company a competitive advantage.

According to the researchers, appropriate discharge processes allow the list of available beds for admission to be kept current and accurate, and 'we can also obtain useful data by accurately registering patients in the admission book and calculating there from the admission and discharge dates for each patient.'

Discharge delays and patient discontent are caused by complications in the discharge procedure and superfluous rituals. The discharge process is the last point of interaction between the patient and hospital health personnel, and it is at this point that the results of all treatments performed on the patient are recorded.

DISCHARGE PROCESS

1. On rounds, the doctor plans a discharge and records it in the case file.

2. The patients/relatives are informed of the discharge by the resident doctor/staff nurse.

3. The resident doctor completes a discharge for a self-pay, DAMA, or BPL case and gives it to the staff nurse.

4. The staff nurse creates a Discharge alert and distributes it to patients/relatives along with a signed Case sheet/exemption form (for BPL).

5. Relatives of patients are transferred to the cash counter for final bill settlement, and those who are below the poverty line are sent to

administration for hospital fee exemption and then to the MR division for final approval.

6. Patients' family provide the ward staff nurse the bill settlement/approval.

7. A staff nurse checks for bill settlement/approval by comparing receipts and case sheets, and then gives patients/relatives a discharge narrative along with counselling from a concerned resident doctor/staff nurse.

8. Discharge of the patient.

IN – PATIENT DEPARTMENT

In patient department (IPD) is the department which take cares of patients, admitted to hospital either from ambulatory care department (OPD) or from the emergency.

It consists of the staffs which provide quality of medical-care to patients admitted here.

- Every in-patient department has Sister's Counter, Sister's Room, Injection or Dressing room, Duty Doctor's room, Patients room and General Ward.
- On every IPD floor there is one MT(medical technician) room, who is responsible for making Discharges of floor Patients.
- Every IPD floor has been assigned a floor coordinator who works in connection with sisters and TPA staff and look after patients, needs other than medical.
- They take full responsibility of smooth discharge process of floor patients.
- Nurse to bed ration is 1:5 or 1:6 that is one sister is taking care of 5-6 patients.

ABSTRACT

The length of time it takes to complete the discharge procedure is a key determinant of care quality. The time it takes to complete the discharge procedure should not exceed 180 minutes, according to the NABH. The patient's trip in the hospital ends with the discharge process, which is more likely to be remembered by the patient. As a result, delays in discharge can be discouraging for patients while also increasing the burden on hospital beds.

The purpose of this study was to look at how long it took for patients to be discharged from Oscar Hospital and to see how satisfied they were with the process.

The overall time spent on the discharge procedure was divided into time spent on drafting the discharge summary, completing the discharge statement, billing, and allowing the patient to leave the ward. The patient's impressions and satisfaction with the hospital discharge process were recorded using a standardised questionnaire.

The time spent on billing contributed the most to the total time spent on discharge, followed by the time spent on drafting the discharge report. The majority of patients assessed their discharge experience as average to below average, and they thought the hospital's release process was disorganised.

RATIONALE

In most hospitals, delayed discharge is a common problem because the discharge Turn Around Time (TAT) for insured patients is longer than for uninsured ones. The purpose of this study was to identify the factors of discharge delays in insured and uninsured inpatients. Second, the impact of the TAT of various discharge process steps on

the overall discharge TAT was investigated. Finally, the intermediate TATs with the best overall TAT prediction effect were selected.

LITERATURE REVIEW

A study was done in Iran to analyze the waiting time for the discharge. The author Sima Ajami, (2007) collected the data using questionnaires, observation and checklist. The collected data was analyzed using SPSS and OR methods. Queuing model was used to study the reasons for delay in the discharges. Average waiting time for all the wards was found to be 4.93 hours. As per hospital personnel opinion the main reasons identified for the delay were delay for the discharge summary completion, lack of proper guidelines for the staff involved in the discharge process and absence of Hospital Information networking systems

According to Janita Vinaya Kumari , (2012), the final stages of hospitalization i.e. the discharge and the billing process is more likely to be remembered by the patient. A study was conducted in a tertiary care teaching hospital to calculate the average time taken for the discharge of the patient. For the purpose of collection of data for the study registers were designed and kept in wards and the billing office.

2205 patient records were analyzed. The average time taken for the discharge of the patient was 2 hours and 22 minutes.

A time motion study conducted in a hospital by Swapnil Tak et al., (2013), observed that there is a delay for all the types of discharges i.e. insurance patients, cash patients, DAMA etc. in the hospital.

The total time taken for the discharge was compared against the NABH standards. The total time taken for insurance, self- payment and DAMA patients was 278, 337 and 302 minutes respectively. As per the satisfaction survey conducted by the author, 69.80% of the patients felt that the discharge process was lengthy and 61.53% of the patients believed that process can be speeded up.

According to Silva et.al (2014), the main reasons for discharge delays are the processes and can be improved by appropriate interventions. The study was conducted in two Teaching hospitals by reviewing the medical records of the patient admitted to internal medicine ward. A pilot study was conducted to determine the sample size. The delays in discharges that occurred in two hospitals were 60% and 50.7% respectively. The main reasons identified for the delay were waiting for the test reports, delays in making clinical decisions and in providing specialized consultation

Objective-

- ✓ To study the discharge process, calculate the turnaround time, and identify the reasons for delays.

Methodology-

- Study design- Descriptive cross- sectional
- Study setting – Oscar Super speciality Hospital , Jhajjar, Haryana
- Duration of study- 3 months
- Study population- Inpatients (60 cash 60 TPA)
- Sample size- 120
- Sampling method – Non probability convenience sampling
- Data collection tool- Primary Data collection

METHOD

This study moves abreast with time, and data was collected from the selected samples known as descriptive non probability convenience study, Done in Oscar Hospital, located in Jhajjar , Haryana . The data was collected from IPD departments of the hospital, regarding turn around time of discharge . Samples were taken conveniently. Data collection was done primary through questionnaire asked from patients , from 15th February to 5th

May through the primary data . The study was undertaken following the approval of the Head of Operations Department and Medical Director of Oscar hospital.

OUTLINE OF THE RESEARCH APPROACH

The study was carried out in phased manner.

PHASE 1

In the first phase, observation of the entire work process of operations department was done, with in-depth analysis of the process-flow and Hospital policies for Discharge . On the Basis of this, two questionnaires were made, one for cash patients and another for TPA patients to find out Gaps in the process and reasons for delay . These questionnaires were having questions which helped us to gauge the process and setbacks of patient response towards discharge process.

PRIMARY RESEARCH – PHASE II

In the second phase , questionnaire filled by the patients was analyzed through excel sheet and the average time of discharge was calculated .

In total 120 samples were taken in total

DATA ANALYSIS

- This is a prospective study with sample size of 120 including patient of both cash and TPA , in stipulated time period. In this we moved forward with two questionnaires one for cash patients and other for TPA patients , these questionnaires were having questions which helped us to gauge the process and setbacks of patient response towards discharge process with support of hospital staff . The aim of this project was to find out the factors that are responsible for the delay in the discharge process .
- Straight forward questions were asked to the patients or the attendants of the patients .
- Organizations must closely review the environment and continuously plan to gain a competitive advantage due to increasing competition in todays market and business environment . Organizations need to adjust their operations and manage structure to retain customers and maintain profitability and survive competitiveness , especially when the competitive market is associated with cost and unsatisfied customers . Likewise , being one of the largest service sectors , hospitals often come across situations where the available resources fail to deliver desired output , resulting in the increasing bed demand against the capacity . As a result , there will be an undesirable delay , postpone of the treatment or cancellation of admission . Patient dissatisfaction and damage to loyalty , hospital revenue is compromised and competitive edge .

PATIENT QUESTIONNAIRE

Q1. Turn around time for the discharge ?

Q2. Activities/ reasons which directly or indirectly cause delay ?

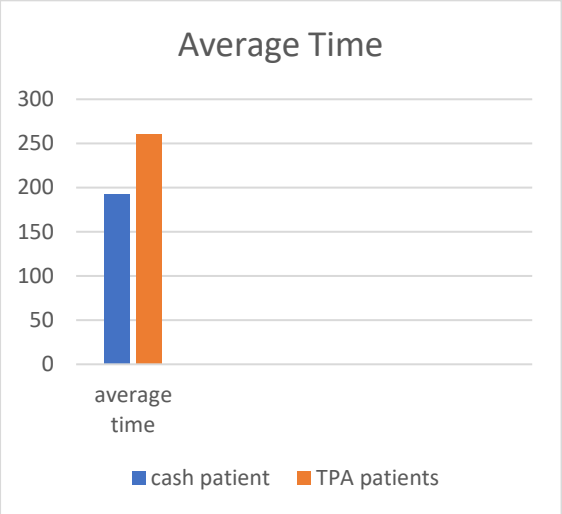
ANALYSIS OF QUESTIONNAIRE

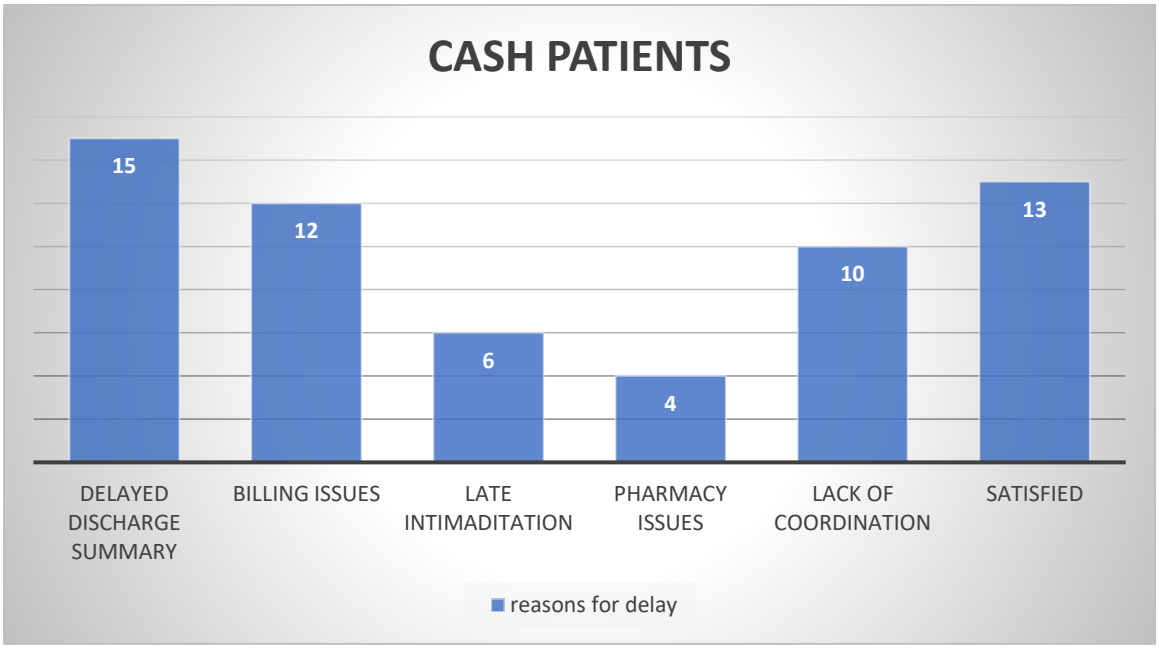
CASH PATIENT				TPA PATIENT		
Ser	Time	Reason		Ser	Time	Reason
1	170 mins	billing got delayed		1	210 mins	late in documentation
2	210 mins	discharge summary delayed		2	330 mins	Delayed claim approval
3	100 mins	discharge summary delayed		3	190 mins	delayed claim approval
4	80 mins	lack of coordination		4	240 mins	discharge summary delayed
5	190 mins	billing got delayed		5	360 mins	delayed claim approval
6	110 mins	lack of coordination		6	170 mins	late in documentation
7	260 mins	discharge summary delayed		7	290 mins	delayed claim approval
8	110 mins	discharge summary delayed		8	180 mins	delayed claim approval
9	180 mins	billing got delayed		9	300 mins	late in documentation
10	200 mins	discharge summary delayed		10	250 mins	discharge summary delayed
11	310 mins	lack of coordination		11	280 mins	late in documentation
12	280 mins	lack of coordination		12	170 mins	delayed claim approval
13	140 mins	discharge summary delayed		13	190 mins	late in documentation
14	250 mins	billing got delayed		14	320 mins	late in documentation
15	230 mins	pharmacy delayed		15	200 mins	delayed claim approval
16	110 mins	discharge summary delayed		16	270 mins	delayed claim approval
17	330 mins	lack of coordination		17	190 mins	delayed claim approval
18	140 mins	pharmacy delayed		18	310 mins	discharge summary delayed
19	120 mins	late intimidation to staff		19	360 mins	lack of coordination
20	170 mins	billing got delayed		20	280 mins	late intimidation
21	200 mins	discharge summary delayed		21	210 mins	delayed claim approval
22	90 mins	pharmacy delayed		22	340 mins	late in documentation
23	130 mins	billing got delayed		23	200 mins	delayed claim approval
24	190 mins	late intimidation to staff		24	390 mins	lack of coordination
25	310 mins	lack of coordination		25	310 mins	late intimidation
26	270 mins	discharge summary delayed		26	260 mins	delayed claim approval
27	220 mins	billing got delayed		27	180 mins	discharge summary delayed
28	100 mins	pharmacy delayed		28	350 mins	late intimidation

29	180 mins	discharge summary delayed		29	230 mins	no comments
30	80 mins	no comments		30	290 mins	late in documentation
31	250 mins	late intimidation to staff		31	310 mins	delayed claim approval
32	320 mins	discharge summary delayed		32	220 mins	discharge summary delayed
33	140 mins	lack of coordination		33	330 mins	lack of coordination
34	170 mins	billing got delayed		34	200 mins	no comments
35	100 mins	no comments		35	270 mins	late intimidation
36	290 mins	lack of coordination		36	360 mins	late in documentation
37	300 mins	late intimidation to staff		37	300 mins	late in documentation
38	80 mins	no comments		38	190 mins	no comments
39	190 mins	billing got delayed		39	260 mins	lack of coordination
40	120 mins	no comments		40	200 mins	no comments
41	230 mins	discharge summary delayed		41	340 mins	delayed claim approval
42	250 mins	lack of coordination		42	190 mins	late in documentation
43	310 mins	discharge summary delayed		43	280 mins	late intimidation
44	110 mins	no comments		44	210 mins	no comments
45	180 mins	billing got delayed		45	300 mins	delayed claim approval
46	160 mins	billing got delayed		46	220 mins	no comments
47	210 mins	no comments		47	350 mins	delayed claim approval
48	270 mins	lack of coordination		48	290 mins	late in documentation
49	90 mins	no comments		49	180 mins	lack of coordination
50	330 mins	late intimidation to staff		50	310 mins	delayed claim approval
51	110 mins	no comments		51	250 mins	late in documentation
52	180 mins	pharmacy delayed		52	280 mins	delayed claim approval
53	270 mins	discharge summary delayed		53	190 mins	discharge summary delayed
54	190 mins	lack of coordination		54	160 mins	no comments
55	100 mins	no comments		55	270 mins	late in documentation
56	140 mins	pharmacy delayed		56	300 mins	delayed claim approval
57	170 mins	billing got delayed		57	190 mins	late intimidation
58	250 mins	late intimidation to staff		58	180 mins	no comments
59	220 mins	billing got delayed		59	240 mins	discharge summary delayed
60	310 mins	discharge summary delayed		60	360 mins	Delayed claim approval

TAT turn around time = Waiting time + Burst time
Turnaround time (TAT) is the time interval from the time of submission of a process to the time of the completion of the process.

Average time of discharge for cash patients = 192 minutes
Average time of discharge for TPA patients = 260 minutes

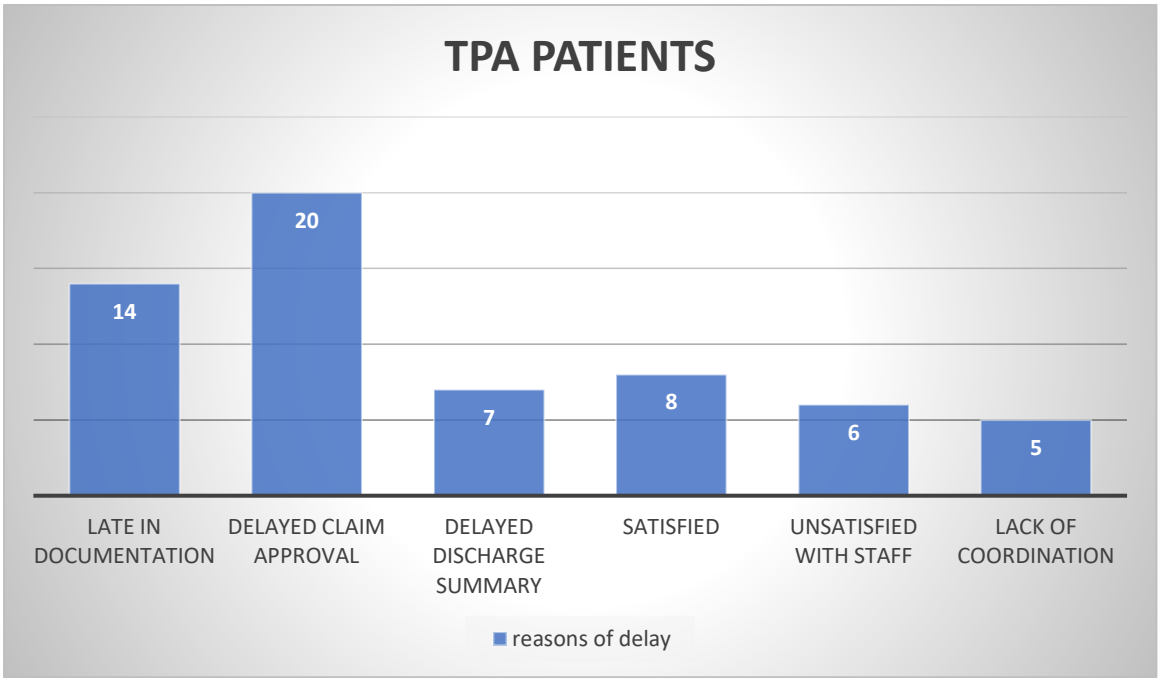




Cash patients

- 15 patients in total constituting for almost 25% got delayed discharge summary from the doctor which in turn resulted in delayed discharge and unsatisfaction in the patients
- 12 patients in total constituting for almost 20% got stuck in the billing issues which resulted in delay of the discharge .

- 6 patients faced the issue in delaying the process by the staff due to delay in intimidation regarding discharge by the doctor which was result of mainly due unplanned discharge.
- While only 4 patients faced issue at the pharmacy counter in returning the unused medicines .
- 10 patients in total were disappointed by the lack of coordination in the staff and passing on the information incompletely
- 13 patients were satisfied with the process and had no comments for delay .



TPA patients :

- 14 patients constituting for almost 23% faced issue in delay in sending documents by the TPA department to the insured company .
- 20 patients constituting almost 34% had the delay in claim approval which resulted in delay of the discharge process

- 7 patients faced delay in discharge summary papers which later increased the whole process of discharge .
- Only 8 patients were satisfied with the discharge process .
- 6 patients were unsatisfied with the staff as the did not informed them priorly about discharge and were not informed timely about claim approval .
- 5 patients had the issue in staff coordination . Insurance documents were not submitted timely and prepared timely to fasten the process .

CONCLUSION

- Patient satisfaction, utilisation of hospital resources, revenue generation, timely access to an inpatient bed, and assured continuity of care are all affected by discharge time.
- Many factors can contribute to discharge time, including poor communication between health and administrative staff, lack of assessment and planning for discharge, inadequate notice or unplanned discharge, insufficient involvement of the patient and family, and over reliance on technology.
- According to the NABH recommendations, the average time for both cash and TPA patients was excessive.
- The time required by the external insurance company for claim approval contributed the most to the total time required for discharge , followed by the time required by the TPA desk to send those documents to the insurance company
- Patient dissatisfaction arises as a result of the lengthy and arduous discharge process .

- Delay in preparation of discharge summaries contributed the most to the total time which are done by ward staff , followed by the payment of the final bill by the attendant of patient waiting to be discharged .
- The patient or the patient's attendants keep track of various timings such as discharge notification time, billing card submission time, drugs clearance time, pharmacy clearance time, final bill intimation time, final bill clearance time, final summary time, handover time, and room vacancy.
- TPA patient discharges require additional attention.
- Patient unhappiness and loss of loyalty, as well as a reduction in hospital revenue and a loss of competitive advantage.
- To ensure patient happiness, a quality process for patient care, bed availability, and customer loyalty, a hospital must have a solid discharge process.
- A fast discharge process can ensure early availability of patient beds , which in turn , can reduce the waiting time of patient admissions or even reduce the incidence of patient rejection due to unavailability of beds .

DISCUSSION

- The study was conducted at Oscar hospital to study turn around time for the discharge process .
- Discharge process being the integral process for any hospital it needs to be maintained within the limit as set by the NABH i.e. 180 minutes .
- Low turn around time for discharge process infers that the patient leaves the hospital in as low as possible time this shows the efficiency of the hospital and thus increases the bed capacity of the hospital many folds .

- The turn around time for the study was calculated by the questionnaire asked from either to the patients or the attendants of the patient .
- They reported the time and the reason which they felt was the reason that caused the delay in the process .
- The reported answers were evaluated in excel sheet calculating the average time and prevalence of main reason for the delay in discharge .
- It was found that time delay in cash patients was much less than the TPA patients , this infers that more steps need to be taken for improvement in TPA patients discharge .
- Study showed that more cash patients were satisfied with the hospital services and the process they left hospital with satisfaction which gains the loyalty towards the hospital .
- TPA process was a time consuming process and the claim approval was delayed which loosened the patient interest and have a negative impact for both the hospital and the insurance company .
- Earlier studies done have also showed that delayed discharge summary , lack of proper coordination of the staff are the prevailing reasons .
- People have also said the process can be speeded up by taking few steps .
- This will also reduce the burden on the hospital because the staff will be trained and the new software will be incorporated to speed up the process which will reduce the time so the bed will be vacated soon and will be available for next patient thus increasing the revenue for the hospital and creating patient loyalty by positive impact on patients .

RECOMMENDATION

- Staff training should be done , all personnel participating in discharge process should be sufficiently staffed , particularly TPA department.
- A ward based coordinator must be in place to coordinate and monitor discharge to reduce the extra time taken in the procedure
- Advance information , daily updating bills , upgrading IT , daily payment steps can help in the improvement of the discharge process .
- A lengthy and inefficient process of discharging inpatients from the hospital must be addressed to improve the quality of health care facilities.
- Experienced TPA staff should be placed in adequate numbers so that the smoothened working is maintained
- The hospital should establish procedures and plans, such as beginning discharge planning on the day of admission. The doctors are familiar with the usual package patient, who has already decided on the final bill and whose discharge card is practically identical the majority of the time; it should begin as soon as the patient is in.
- The resident doctors cause some slight delays because they are always overworked and find it difficult to write or enter a comprehensive Discharge card manually. With digital ICPs and TAT enabled to estimate timings, clinical software will be a huge assistance.
- A communications system with a set of standardised protocols is always beneficial; caregiving personnel should have a morning meeting or huddle to address the number of scheduled discharges for the day, whether it is 1 or 50. As a daily activity, a list should be produced and disseminated among the caregivers.
- If every ward or floor has a particularly allocated Discharge Nurse, the best results will be achieved.
- The TPA desk's best practise is to seek a pre-approval as soon as

possible once the opd and the surgical date has been set. Patients should be given a checklist with ready consents and disclaimers about timeframes and final approval processes before they are admitted to the hospital.

- Consultants should explain the patients with all the hassles of managing a smooth discharge. They cannot just say to the patient you are fit to go home now. Instead they can start simply by saying things like, let me initiate your Discharge process once it's over I will tell you when to go home.

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