

ABSTRACT

INTRODUCTION: As the final step in the hospital experience, the **Discharge Process** is likely to be well remembered by the patient. Therefore, Discharge process is a critical bottleneck for efficient patient flow which translates into a reduction in effective bed capacity and admission process delays. Patients can also be diverted to other hospitals in turn leading to major patient/family dissatisfaction, loss of hospital revenue and loss of competitive edge.

To better understand this contested concept, this study provides a brief description of the historical accounts that framed the emergence of delayed hospital discharges as a phenomenon. Finally, this study tries to bring out that the presence of hospital delays in a health system tends to be considered as an indicator of two possible system inefficiencies: a failure in the discharge planning process, which generally blames social services departments for not ensuring timely services, or a shortage of alternative forms of care for this group of patients.

METHODOLOGY: The study uses DMAIC Principle to highlight the Discharge Process at RGCI. Excel Sheet checklist has been used for data collection throughout the study. Various Quality tools have also been applied to highlight the major findings and give suitable recommendations such as- Process Mapping, Root Cause Analysis (RCA) & Healthcare Failure Mode Effect Analysis (HFMEA).

CONCLUSION: Delayed Discharge process leads to unnecessary bed occupancy, thus affecting both, the existing patients to be discharged and the new admissions in the hospital thereby putting undue pressure on the already strained resources of the hospital. Thus, the study details out the essential aspects of the discharge process, identify sources of errors that can impact on outcomes and give recommendations to re-engineer the same for improved efficiency. Considerable improvement has been noticed while comparing the Case & Control Phases.