TURN OVER TIME OF DISCHARGE PROCESS

Presented By: - Dr. TARASHI SINGH
(Pg/24/111)

Mentor: Dr.PREETHA G.S MAM

Introduction

Discharge refers to the process of releasing a patient from a healthcare facility, such as a hospital, after they have received treatment and no longer require inpatient care.

IMPORTANCE OF DISCHARGE:

1.Continuity of care
2. Improved patient outcomes
3. Reduced hospital readmissions
4. Enhanced patient satisfaction

Objective

1.To ensure a safe, timely, and well-coordinated transfer of the patient from hospital to home or another facility.
2. reduce readmission risks by ensuring patient understanding of post-discharge care.

Methodology

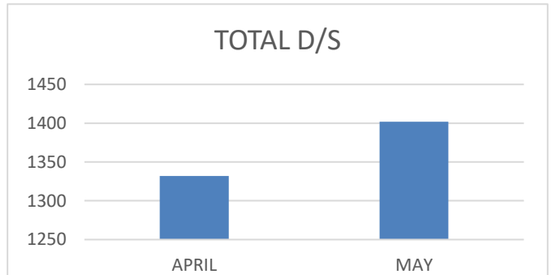
A sample size of **APRIL AND MAY** discharged patients was considered.

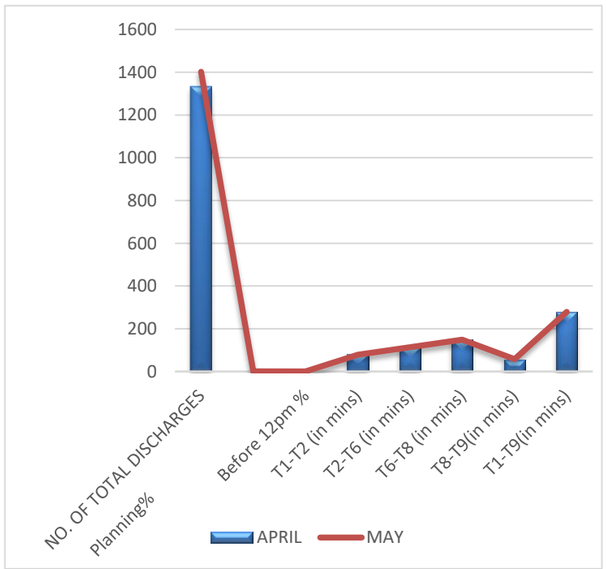
a) TAT from Nursing Dr intimation to Nursing clearance **= T1-T2**
b) TAT from Dr intimation to Final bill preparation **= T1-T6**
c) TAT from final bill preparation to bill settled **= T6-T8**
d) TAT from bill settled to bed vacate **= T8-T9**
e) TAT from Dr intimation to Bed vacate (Overall TAT) **= T1-T9**

Results

MHC	APRIL	MAY
NO. OF TOTAL DISCHARGES	1332	1402
Planning%	49%	49%
Before 12pm %	21%	21%
T1-T2 (in mins)	83	78
T2-T6 (in mins)	115	113
T6-T8 (in mins)	148	149
T8-T9(in mins)	54	58
T1-T9(in mins)	277	279

	TOTAL D/S
APRIL	1332
MAY	1402





Discussion

The average total discharge time (T1-T9) was 277 minutes in April and 279 minutes in May, showing minimal variation. The billing stage (T6-T8) took the most time (~149 mins), highlighting it as a key delay point. Only 21% of discharges occurred before noon, and planning was done in just 49% of cases–indicating a need for better early discharge coordination.

Conclusion

To reduce discharge time, focus should be on early planning and improving billing efficiency. Enhancing coordination between departments can lead to faster bed turnover, improved hospital flow, and higher patient satisfaction.

References

1.Institute for Healthcare Improvement. (n.d.). Patient-Cantered Care Improvement Guide. Retrieved from www.ihi.org.
2. Max Hospital Internal SOPs and Patient Feedback Reports (Accessed during Internship, May to June 2025).