

Study of Hospital Discharge Process viz a viz Prescribed NABH Standards

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ABSTRACT

Introduction: NABH defines discharge as a process by which a patient is shifted out from the hospital with all concerned medical summaries ensuring stability. The discharge process is deemed to have started when the consultant formally approves discharge and ends with the patient leaving the clinical unit. The study aimed to view the discharge process of SKIMS, compare it with NABH criteria AAC 13 and 14 and look for any bottlenecks.

Material and Methods: The study was carried out in General medicine and General Surgery wards of inpatient department of SKIMS. It was an observational type of study where in all the patients who got discharged in the said wards from 10am to 4pm daily (Except Sundays) were observed for Discharge process including average time taken and the existing Discharge Process in SKIMS was compared with National board of Hospitals and health care organization (NABH) standards and objective elements.

Results: A total of 710 Discharged patients were observed during the study period which includes 417 patients from General surgery department and 293 patients from General medicine side. The results show that the average time taken for discharge process was 240 minutes for those who had a planned discharge and had to pay out of pocket (Self-Payment). It was 255 minutes for those who had been discharged against medical advice (DAMA) while it was 270 minutes for below poverty line (BPL) patients who had to exempt hospital charges. The discharge time for all types of discharges was higher when compared to NABH criteria's.

Conclusion: The results clearly indicate that average time taken for all types of discharges in SKIMS is more than prescribed NABH criteria. SKIMS as per the observations is following many objective elements of standards AAC 13 and 14 but discharge process and time needs to be defined and documented. The SKIMS should formulate a policy regarding a discharge process of a hospital wherein steps and time taken should be clearly defined and all measures should be taken in order to adhere to NABH standards.

Keywords: Discharge Process, NABH, AAC

INTRODUCTION

Hospital discharge process is defined as, “the process of activities that involves the patient and the team of individuals from various discipline working together to facilitate the transfer of patient from one environment to another”¹

As per NABH, “Discharge is a process by which a patient is shifted out from the hospital with all concerned medical summaries ensuring stability. The discharge process is deemed to have started when the consultant formally approves discharge and ends with the patient leaving the

clinical unit²

Hospital discharge process is one of the very lengthy procedures. Discharge time taken by hospitals is an important indicator of quality of care and patient satisfaction. The patient as well as his relatives are eager to resume their routine life immediately and any undue delay in the discharge process leads to patient dissatisfaction and takes a toll on image of the hospital, even after a successful and satisfactory treatment. Delay in Discharge of the patient also increases the pressure on beds of the hospital and is bad for both hospitals and the patients. It increases cost to the hospitals and is depressing to the patients. Delayed discharge also increases the patient's exposure to hospital acquired infections.³ So, effective strategies must be in place to solve this issue.

National Accreditation Board for Hospitals and Health Care Organizations (NABH) has set a standard of 180 minutes for the completion of the discharge process. Hence, maintaining an acceptable level of discharge time provides competitive edge to the organization.^{4,6}

Researchers suggest that appropriate discharge processes enable the list of available beds for admission to be kept current and accurate, and ‘in addition, we can obtain useful data by accurate registration of patients in the admission book ...’ and calculating there from the admission and discharge dates for each patient. Complications in the discharge process and unnecessary routines causes discharge delay and patient dissatisfaction. The discharge process represents the final contact between the patient and the hospital health professionals, and the outcome of all procedures undergone by the patient are recorded at this stage. The study aimed to view the discharge process of SKIMS, compare it with NABH criteria AAC 13 and 14 and look for any bottlenecks.

MATERIAL AND METHODS

It was an observational type of study undertaken on patients discharged from the General Medicine and General Surgery Wards of of Sheri-Kashmir institute of medical sciences (SKIMS), Srinagar a 783 bedded tertiary care hospital

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Study design

The study was carried out in General medicine and General Surgery wards of inpatient department of SKIMS. It was an observational type of study where in all the patients who got discharged in the said wards from 10am to 4pm daily (Except Sundays) were observed for their discharge process and the time taken for discharge from physician writing orders on case sheet to completion of billing process was noted for every patient and discharge summaries were observed and compared with NABH criteria

A total of 710 cases were studied. Among them 417 (58.73%) discharges belonged to General Surgery ward and 293 (41.27%) discharges were from General Medicine ward. The discharges included planned discharge cases (Self payment and BPL) and those who were discharged against medical advice (DAMA). The existing Discharge Process in SKIMS was compared with National board of Hospitals and health care organization (NABH) standards and objective elements.

Study Period

The study was carried for 3 months duration (from 1st Nov 2017 to 31 Jan 2018) for data collection and observations.

Study population

The study population were all patients irrespective of gender who were discharged from the said wards daily from 10am to 4pm except Sundays as no planned discharge was scheduled for Sundays.

RESULTS

A discharge process in Sheri- Kashmir Institute of Medical sciences (SKIMS) undergoes a step wise process depicted below

Steps of Discharge Process in SKIMS

1. Doctor Plans a discharge on rounds and writes it on case file
2. The patients/relatives are informed by Resident doctor/ staff nurse regarding a discharge
3. Resident doctor prepares a discharge for either a self-payment, DAMA or a BPL case and Hands it over to staff nurse.
4. Staff Nurse prepares Discharge alert and hands it over to patients/relatives along with Case sheet/exemption form (for BPL) duly signed.
5. Patient's relatives sent to cash counter for final bill settlement and those who are BPL are sent to administration for exemption of hospital charges and subsequently to MR section for final approval.
6. Patients relatives hand over the bill settlement/approval to ward staff nurse
7. Staff nurse checks for bill settlement/approval by cross checking with receipt and Case sheet and hands over Discharge summary to patients/relatives coupled with Counselling by Concerned resident doctor/staff nurse
8. Patient Send off.

Comparison of SKIMS Discharge Process with NABH Standards

NABH Standards (AAC. 13)

The organization has a documented discharge process.

Objective Elements

a. The patient's discharge process is planned in consultation with the patient and/or family.

Interpretation: The patient's treating doctor determines the readiness for discharge during regular reassessments. The same is discussed with the patient and family.

Protocol in SKIMS: It was observed that this objective element is being followed in SKIMS and treating doctor discusses the discharge prospects with patients and relatives.

b. Documented procedures exist for coordination of various departments and agencies involved in the discharge process (including medico-legal and absconded cases).

Interpretation: The discharge procedures are documented to ensure coordination amongst various departments including accounts so that the discharge papers are complete well within time. For medico-legal cases (MLC) the organization shall ensure that the police are informed.

Protocol in SKIMS: The discharge procedures in SKIMS are well defined but they are not documented in the form of a policy. During the discharge process there is coordination amongst various departments and for medico legal cases these is a medico legal cell which is functional 24x7 in SKIMS and ensures the involvement of police in each and every case of medico legal nature.

c. Documented policies and procedures are in place for patients leaving against medical advice and patients being discharged on request.

Interpretation: The organization has a documented policy for such cases. The treating doctor should explain the consequences of this action to the patient/attendant. This policy could address the reasons of LAMA for any possible corrective and/or preventive action by the organization.

Protocol in SKIMS: The treating doctor in SKIMS always explains the consequences of discharge against medical advice (DAMA) and left against medical advice (LAMA) and notes it down on the patient's case sheet. The LAMA patients are called on their phone numbers to convince them regarding their treatment. There is no documented policy for DAMA and LAMA and no separate format is used for such a purpose.

d. A discharge summary is given to all the patients leaving the organization (including patients leaving against medical advice and on request).

Interpretation: The organization hands over the discharge summary and reports to the patient/attendant in all cases and a copy is retained in the medical record. In LAMA cases,. The patient's right to refuse treatment and his/her request to leave the organization is respected, the declaration of the patient/attendant is to be recorded on a proper format and a discharge summary and all reports are handed over as usual. Terminology used to refer to such patients may differ, but the

intent of issuing the discharge summary with reports remains the same.

Protocol in SKIMS: This objective element is being followed in SKIMS and discharge summary is handed over to every discharged patient including DAMA and LAMA cases and one copy is retained in medical records section. There is no proper format in SKIMS to record declaration of LAMA/DAMA patients/attendants

e. The organization defines the time taken for discharge and monitors the same.

Interpretation: The hospital defines discharge time and monitors delay if any. The organization shall make an effort to ensure that all steps involved in the discharge process are completed in timely manner and delays are avoided. The normal discharge time as per NABH standards is 180 minutes which includes 30 minutes each for preparation of discharge summary, return of unused medicines to pharmacy, preparation of bill, and bill settlement/approval and 60 minutes for clearance from all departments.

Protocol in SKIMS: The SKIMS has not documented procedures for discharge and as such has not defined normal discharge time in a hospital. The present observation made by this study shows that the average time taken for discharge process was 240 minutes for those who had a planned discharge and had to pay out of pocket (Self- Payment). It was 255 minutes for those who had been discharged against medical advice (DAMA) while it was 270 minutes for below poverty line (BPL) patients who had to exempt hospital charges owing to their BPL status and had to approach administration before they could get clearance from Medical records section. The discharge time for all types of discharges was higher when compared to NABH criteria's.

NABH Standards (AAC.14)

Organization defines the content of the discharge summary.

Objective Elements

a. Discharge summary is provided to the patients at the time of discharge.

Interpretation: The discharge summary shall be signed by the treating doctor or a member of his/her team. Patient/family acknowledges the receipt of the same.

Protocol in SKIMS: This objective element is being followed in SKIMS and Discharge summary is handed over to every discharged patient and it is duly signed by a treating doctor.

b. Discharge summary contains the patient's name, unique identification number, date of admission and date of discharge.

Interpretation: Self-explanatory.

Protocol in SKIMS: All the objective elements are present in discharge summary of SKIMS

c. Discharge summary contains the reasons for admission,

significant findings and diagnosis and the patient's condition at the time of discharge.

Interpretation: Self-explanatory.

Protocol in SKIMS: Discharge summary contains all elements except Patients condition at the time of discharge. The advice to patient on discharge is well documented.

d. Discharge summary contains information regarding investigation results, any procedure performed, medication administered and other treatment given.

Interpretation: In addition it could also have the name of the primary physician and other consultants involved in the treatment.

Protocol in SKIMS: All the elements are followed in Discharge Summary of SKIMS

e. Discharge summary contains follow-up advice, medication and other instructions in an understandable manner.

Interpretation: This shall also incorporate preventive aspects, where appropriate. The organization ensures that the follow-up advice, medication and other instructions are explained to the patient and or relatives in a language and manner that they understand. Medical terms eg BD, TDS, QID should not be used.

Protocol in SKIMS: All the objective elements are being followed. The patients and relatives are made to understand in a convenient language. It was observed that the Medical terms e.g. B.D, TDS etc. are being still used by medicos in SKIMS.

f. Discharge summary incorporates instructions about when and how to obtain urgent care.

Interpretation: The organization should outline conditions regarding when to obtain urgent care. For example, a post-op patient should report when having fever, bleeding/discharge from site. This could be in the form of what medicines to take, when to consult a doctor or how to seek medical help and contact number of the hospital/doctor. The organization ensures that instructions about when and how to obtain urgent care are explained to the patient and or relatives in a language and manner that they understand.

Protocol in SKIMS: The doctors in SKIMS ensure that patients/relatives properly understands how to obtain urgent care but conditions for the said purpose are not outlined in the discharge summary of SKIMS.

g. In case of death, the summary of the case also includes the cause of death.

Interpretation: In case the cause of death is not clear and a post mortem is being performed (e.g MLC), the same shall be documented.

Protocol in SKIMS: This element is followed in SKIMS.

DISCUSSION

As per NABH, "Discharge is a process by which a patient is shifted out from the hospital with all concerned medical

summaries ensuring stability. The discharge process is deemed to have started when the consultant formally approves discharge and ends with the patient leaving the clinical unit.

The admission and discharge processes can act as bottlenecks in many of the hospitals and thus adversely affect the efficiency of the hospital. It is a very important indicator of quality of care and patient satisfaction. Delay in Discharge of the patient also increases the pressure on beds of the hospital. Delay in discharge is bad for both hospitals and the patients. It increases cost to the hospitals and is depressing to the patients. Delayed discharge also increases the patient's exposure to hospital acquired infections.³ So, effective strategies must be in place to solve this issue. National Accreditation Board for Hospitals and Health Care Organizations has set a standard of 180 minutes for the completion of the discharge process. Fortis hospital Gurgaon has set a bench mark of 90 minutes for the total time

A comparative observational time motion study of all types of patient discharges in a hospital by Swapnil Tak et al⁷ carried out in a tertiary care 350 bedded hospital in Pune city on 354 discharged patients of all types of discharges, comprising of Insurance patients (104), self-payment patients (227) and discharges against medical advice (DAMA) revealed that the average time taken for each step of discharge procedure for Individual patients (278 minutes), Insured patients (337 minutes) and Patients discharged against medical advice (302 minutes) was markedly higher when compared with standards prescribed by National accreditation board for Hospitals (NABH). Longest time (113 minutes) was taken for Insurance covered patients mainly because of delays in bill approval process. The time taken for return of unused medicines to the pharmacy department was more or less, at par with NABH standards (30 minutes), the shortest being for individual patients (28 minutes), which was 2 minutes lesser than the prescribed time.

“Analysis of time taken for the discharge process in a selected tertiary care hospital” by Shobitha Sunil, et al⁸ revealed that in most of the patients about 50.9% of the patients discharge was taking more than the standards prescribed by NABH i.e. 180 minutes. Hence to reduce the time taken, a ward based coordinator must be in place to coordinate and monitor discharge. There should be appropriate guidelines for the staff involved in the discharge process and it should be common throughout the hospital.

Study on discharge process in 500 bedded multispecialty hospital by Priyanka Shrivastava⁹ revealed that there was delay in the discharge time. Number of Patients who were discharged after scheduled time was more than that before scheduled time. Discharge time for cash, corporate and insurance patients was also exceeding the norms of NABH. Discharge process steps were analyzed and reasons of delay found were late round of consultants, delay in correction of discharge summary, delay in insurance clearance, delay after billing settlement when patient is not prepared for discharge, and delay in arrival of stretcher.

CONCLUSION

The results clearly indicate that average time taken for all types of discharges in SKIMS is more than prescribed NABH criteria. SKIMS as per the observations is following many objective elements of standards AAC 13 and 14 but discharge process and time needs to be defined and documented. The SKIMS should formulate a policy regarding a discharge process of a hospital wherein steps and time taken should be clearly defined and all measures should be taken in order to adhere to NABH standards.

Time and tedious discharge procedure, also eventually contributes to patient dissatisfaction. All departments involved in the discharge process should be adequately staffed, depending on patient load in the hospital. Hospital administration should themselves carry out a periodic time motion studying of all concerned departments and identify the reasons for the delays and difficulties in implementation of procedures. Hospital administration should also take feedback from patients about services including discharges as an ongoing activity.

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