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A STUDY ON ADMISSION AND DISCHARGE AT ZULEKHA HOSPITAL SHAJAH

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INTRODUCTION

The point at which a patient departs from the hospital, either returning home or transferring to another facility for rehabilitation or nursing care, is known as discharge. This process includes providing the patient with medical instructions essential for their complete recovery. Discharge planning is a comprehensive service that takes into account the patient's post-hospitalization needs, incorporating various services such as home nursing care, physical therapy, and blood drawing at home. The discharge of patients from a hospital is a complex procedure with inherent challenges. Since hospitalization is typically a short-term event, the determination of a patient's discharge plan ideally commences upon their admission to the hospital [1].

The professional aspect of discharge planning extends beyond merely following the organization's procedures. It involves considering the unique aspects of each case in alignment with the organization's principles. This also necessitates a comprehensive understanding of operations and the ability to intervene effectively within the organization [2]. According to a Cochrane Database Systematic Review on hospital-to-home discharge planning, it is reported that almost 30 percent of all hospital discharges experience delays due to non-medical reasons. Causes of such delays, as identified by the U.S. Department of Health in 2003, include insufficient assessment leading to poor understanding of the patient's social circumstances, organizational issues such as late booking of transport, and inadequate communication between the hospital and community service providers [3].

AIM

To evaluate the process flow in admissions and discharges in the hospital to bring out the reasons for delay which could be worked upon to reduce the delays.

RESEARCH OBJECTIVES

General objective:

To study the patient Admission and Discharge process in Zulekha Hospital, Sharjah to reduce the delays in the admissions and discharges.

Specific Objectives:

1. To analyse the steps involved in the admission and discharge process and to find out the average discharge and admission time.
2. To root out the significant reasons for the delay.
3. To recommend steps to reduce the delays.

RESEARCH METHODOLOGY

The data for the study was collected through various methods, including a time motion study, direct observations of the discharge process, and recording of critical activities. Interactions with key personnel such as nurses, billing staff, and other individuals involved in the discharge process were also conducted to gather insights. The secondary data was obtained through the Hospital Information Management System. The data collection tool involved manually tracking the admission and discharge processes. The study encompassed a sample size of 80 admissions and 100 discharges, employing a descriptive cross-sectional study design. The study duration spanned from May 8th to May 14th, 2014. Through these comprehensive data collection methods, the study aimed to provide a detailed understanding of the admission and discharge processes in the specified healthcare setting.

RESULTS & DISCUSSION

Among the 100 samples taken, 54% discharges were within the time frame whereas 46% were delayed with the average standard time. The average standard time of discharge was 180 minutes, but the study showed 222 minutes i.e. discharges was late by 42 minutes on an

average. For study purpose, further divides the discharge process into 3 different phases and set an average standard time for each of the phase for all cases. For various stages the average processing time is, marked for discharge to clinical discharge is 72 minutes, clinical to financial discharge is 40 minutes and financial to physical discharge was 67 minutes and the total average time taken was 220 minutes in which there was delay of 40 minutes. There were different reasons for the delay of discharge process. The different reasons were found in the different phases of the discharge i.e., delayed entries by nurses in Medical Record files; file kept at waiting at nursing station to forward it to billing desk; all affairs are not running parallel and there is lack of coordination in different departments because sometimes status of patient is unknown (whether cash or TPA; planned or unplanned); and patient usually becomes restless on seeing final bill, leads to their unwelcomed queries resulting in delay in discharge.

CONCLUSION

The admission and discharge process at Zulekha Hospital was an interdisciplinary, collaborative process across the continuum of care. It was a clinical priority for all health care team members. Although, the use of HIMS in the admission and discharge process was there but still the discharges in the hospital were being delayed beyond expected time. Hospital bed demands sometimes exceed capacity, long time taken for discharge process leaded to unnecessary bed occupancy, thus affecting both, the existing patients to be discharged and the new admissions in the hospital. A misalignment between the demand for beds and their availability led to delays and bottlenecks in the process. Therefore, ensuring efficient and accurate bed management was crucial for enhancing service delivery.

REFERENCES

1. *Nagaraju, D., & Yi, P. (2005). Improvement of hospital discharge process by value stream mapping. In Proceedings of the 17th Annual Society for Health Systems Management Engineering Forum (pp. 12-13).*

2. *Ajami, S., & Ketabi, S. (2007). An analysis of the average waiting time during the patient discharge process at Kashani Hospital in Esfahan, Iran: a case study. Health Information Management Journal, 36(2), 37-42.*

3. *Derayeh, S. (2003). How can we apply methods and systems of analysis in patients discharge process in hospitals. In Proceedings of the 4th National Congress of Medical Records (pp. 24-26).*