



A STUDY ON IDENTIFICATION OF CAUSE OF DELAY IN INPATIENT DISCHARGE AND TO INCREASE PATIENT SATISFACTION

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ABSTRACT

The aim of the study is to find the cause of delay in inpatient discharge and to increase the patient satisfaction. Objective of the study is to identify the cause of delay in inpatient discharge and to suggest some valuable information related to it to rectify the problem. Due to Discharge summary, Pharmacy, Nurses delay and Allied services the discharge of inpatients is getting delayed and this may lead to dissatisfaction in inpatients. The study is being done in order to find out the cause and to provide suggestion related to the findings.

Keywords: Patient Satisfaction, Inpatients Discharge, Allied Services.

INTRODUCTION

Discharge from the hospital is the point at which the patient leaves the hospital and either returns home or is transferred to another facility such as one for rehabilitation or to a nursing home. Discharge process will be done when the patient recovered fully. Because of certain criteria like Nursing, Pharmacy, Transportation etc, the inpatient discharge is getting delay. Hence the patients are experiencing very moderate level of satisfaction during their discharge.

REVIEW OF LITERATURE

Lixin Ou *et. al.*, (2009) reported that Discharge Delayed most commonly associated with the patient's medical conditions, delayed health care services or medical consultation, delay in diagnostic services and delayed allied health services. Elderly patients, those who live alone and patients from a non-English-speaking background were experiencing more delayed in getting discharged.

Murchison R.S. (1999) expressed that rapid changes are occurring in community needs in the hospital. Hospital information system helps to integrate the data from bedside monitors and ancillary equipment. This technology enables faster, easier, and fewer patient transfers, continuous monitoring, and remote access of patient information.

Clerkin D, Fos PJ, Petry FE. Adm.(1995). have suggested the efficient assignment of the bed allocation. Bed allocation is based on a matching process in accordance with patient needs and hospital bed characteristics. For the further study the Data has been collected at the time of admission and updated during the patients length of stay in the hospital. This decision support system in conjunction with existing hospital information systems will result in more

effective management of physical and human resources. The improvement in efficiency of use of resources will have an associated reduction in cost.

Cohen L, Martorella C. (2000) studied that when there is a rapid increase in hospital census the bed utilization in the hospital will also increase. According to that the bed availability report can be developed to provide relevant information about hospital census rate. With the help of that information the bed availability reports have been produced in the form of graphical representation. These graphs help to identify trends and provide useful data when there is a need in bed allocation.

Muhammad Umair Majeed *et. al.*, (2012) reported that elderly patients experiencing acute surgical admission and discharge in community hospitals so there is a delay associated with care providing for elderly patients. The financial considerations behind bed capacity in primary and secondary care and the provision of care for elderly services need to be balanced. Unnecessary occupancy of acute hospital beds with its associated health and economic implication can be avoided.

Ghada R. *et. al.*, (2015) in their study commented that discharge timing was the primary outcome (time from discharge order to patient leaving the room). Patients whose discharge order was written before noon, percent of patients leaving the room by noon, hospital length of stay (LOS), and LOS of admitted ED patients are the criteria which has been included for calculating secondary outcomes.

Shobitha Sunil, Sarala K.S., R G Shilpa (2002) mentioned about the quality of care provided by the hospital is depending upon the time taken for the completion of discharge process. As per NABH, the time completion of the discharge process should not exceed 180 minutes. Discharge process is the last stage in every patient's journey in the hospital and it should be remembered by the patient. So delay in the discharge process can be depressing to the patients and also it increases the pressure on hospital beds.

Stevens M, Reininga IH, Boss NA, van Horn JR. (2006) expressed that the quality of medical care provided by the hospital depends upon the patients' satisfaction. Over the last 30 years the rating given by the patients is highly satisfied which remains remarkable. This study has investigated whether the assessment of patient satisfaction at different time points resulted in different outcomes.

Young, Gary J. JD *et. al.*, (2000) reported that among demographic characteristics, age and health status had a significant effect on patient satisfaction. This study reveals that hospital size also had a significant effect on patient satisfaction score.

Aine Carroii and Maura Dowling (2007) commented in their review study that the discharge from hospital is routine and uneventful. Careful planning is required while discharging the patient and to ensure continuity of care. This review reveals that the essential elements for discharge planning are: communication, coordination, education, patient participation and collaboration between medical personnel. Outcomes measures of successful discharge planning include patient satisfaction and quality of life. Smooth and efficient coordination of this process reduces stress and anxiety for the patient, family, nurse, doctor, hospital and community services.

OBJECTIVES

- To identify the causes of delay in discharge of the inpatient.
- To identify timely allied services to reduce discharge delay.
- To study the level of satisfaction regarding discharge of the inpatient.

SCOPE

The benefit of the study for the researcher is that is helped to gain knowledge and experience and also provided the opportunity to study and understand the discharge delay and to increase patient satisfaction.

LIMITATIONS

- Due to the lack of time unable to collect large number of data.
- Some of the respondents are not interested to answer.

METHODOLOGY OF STUDY

The project is a systematic presentation consisting of the enunciated problem, formulated hypothesis, collected facts of data, analyzed facts and proposed conclusions in form of recommendations.

DATA COLLECTION

The data has been collected from the both the sources primary and secondary sources.

PRIMARY DATA

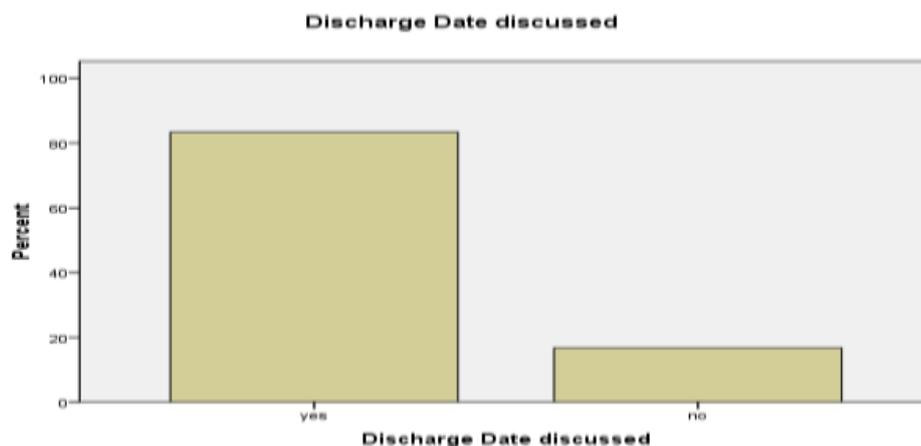
The researcher made questionnaire and circulated among the inpatients in the hospital.

SECONDARY DATA

Data collected from websites, the inpatients and the hospital employees.

Table 1: Discharge date has been discussed

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	25	83.3	83.3	83.3
No	5	16.7	16.7	100.0
Total	30	100.0	100.0	



Inference: The above table and chart shows that 83.3% of the respondents are agreed that their discharge date has been discussed before the day the discharge 16.7% of the respondents said that their discharge date has been discussed with them on the same day only.

Table 2: When was the discharge date discussed

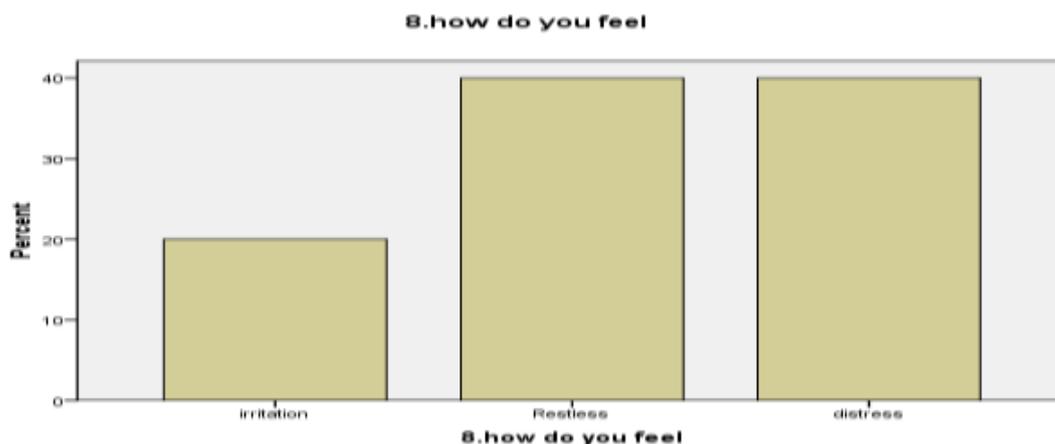
	Frequency	Percent	Valid Percent	Cumulative Percent
a week before	2	6.7	6.7	6.7
2days before	5	16.7	16.7	23.3
a day before	5	16.7	16.7	40.0
on the day	18	60.0	60.0	100.0
Total	30	100.0	100.0	



Inference: The above table and chart shows that 60% of respondents are informed that their discharge date has been discussed on the same day only,16.7% of the respondents said they have informed before the day of discharge,16.7% of them were informed 2 days before and 6.7% of them were informed a week before.

Table 3: How do you feel when discharge gets delayed

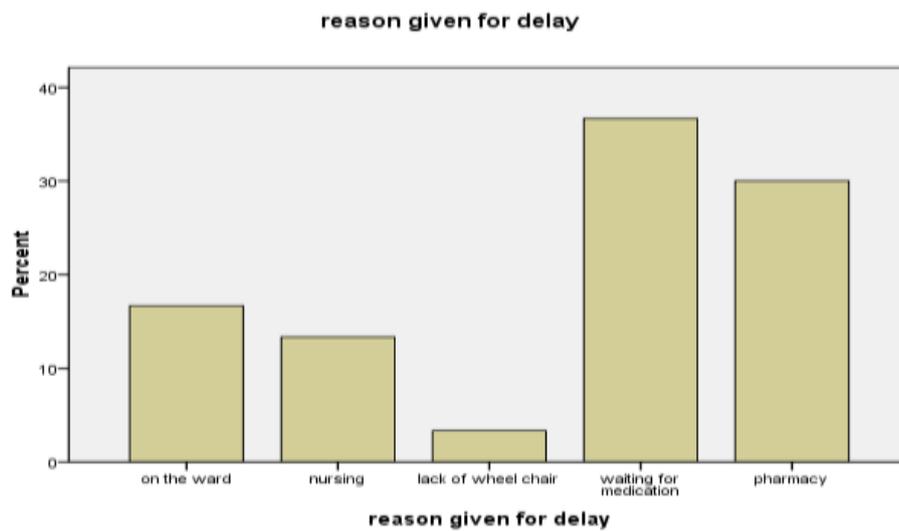
	Frequency	Percent	Valid Percent	Cumulative Percent
Irritation	6	20.0	20.0	20.0
Restless	12	40.0	40.0	60.0
Distress	12	40.0	40.0	100.0
Total	30	100.0	100.0	



Inference: The above table and chart shows that 40% of respondents felt restless when discharge gets delayed, 40% respondents felt distress and 20% of respondents felt irritation when discharge gets delayed.

Table 4: Reasons given for delay

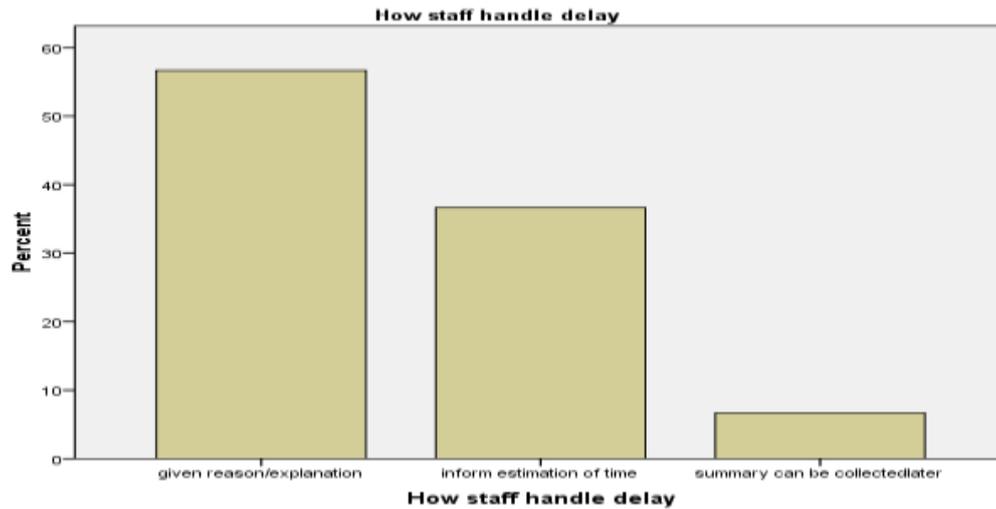
	Frequency	Percent	Valid Percent	Cumulative Percent
Ward delay	5	16.7	16.7	16.7
Nurse Delay	4	13.3	13.3	30.0
lack of wheel chair	1	3.3	3.3	33.3
Waiting for medication	11	36.7	36.7	70.0
Pharmacy delay	9	30.0	30.0	100.0
Total	30	100.0	100.0	



Inference: The above table and chart shows that 16.7% of the patients gets delayed in discharge because of the process in ward, 13.3% of the patients discharge gets delayed because the time taken to write the discharge summary by the nurse. 3.3% of the respondents said that their discharge gets delay due to lack of supportive services. 36.7% of the patients experience delays because delay in delivery of discharge medicines. 30% of the respondents expressed that their discharge gets delayed due to long time taken to get medicines in pharmacy.

Table 5: How the staff handled delay

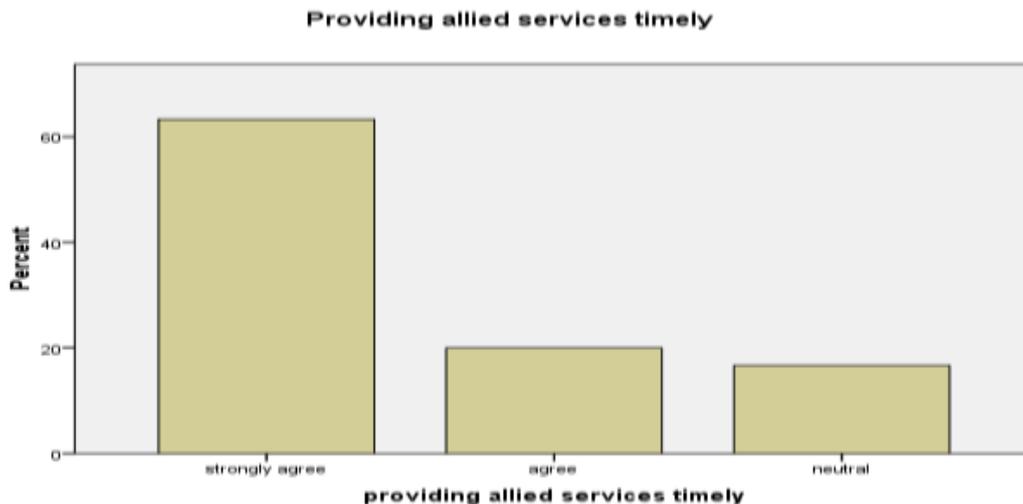
	Frequency	Percent	Valid Percent	Cumulative Percent
given reason/explanation	17	56.7	56.7	56.7
inform estimation of delay time	11	36.7	36.7	93.3
summary can be collected later	2	6.7	6.7	100.0
Total	30	100.0	100.0	



Inference: The above table and chart shows that 56.7% of respondents agree that the staff have given explanation about the delay, 36.7% respondents agreed that they were informed the estimation of delay time, 6.7% of respondents were requested to collect their summary later.

Table 6: Providing allied services

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	19	63.3	63.3	63.3
Agree	6	20.0	20.0	83.3
Neutral	5	16.7	16.7	100.0
Total	30	100.0	100.0	

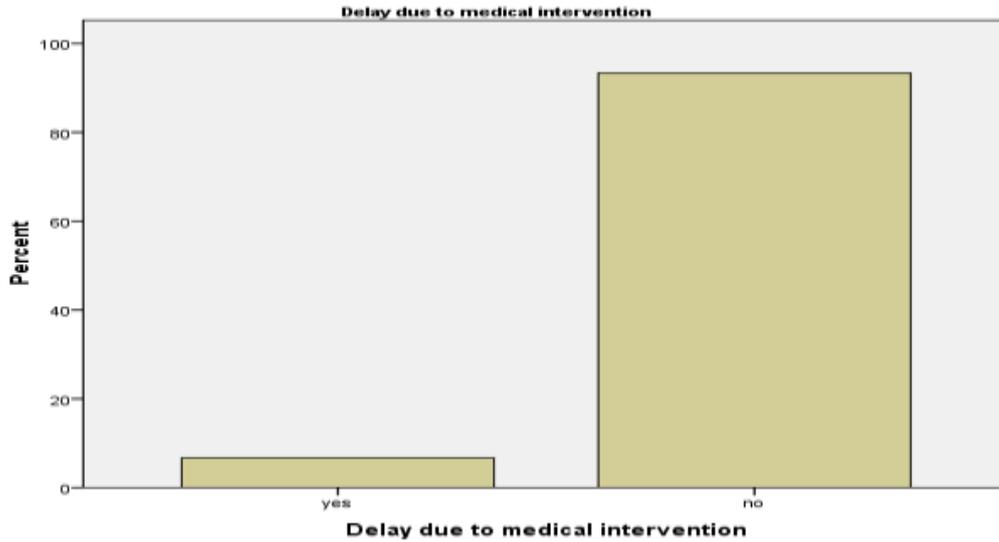


Inference:

The table and chart shows that 63.3% of respondents said that there is no delay because of allied services, 20% of respondents said sometimes there will be delay because of allied services and 16.7% of the respondents felt neutral about the timely allied services.

Table 7: Delays due to medical intervention

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	2	6.7	6.7	6.7
no	28	93.3	93.3	100.0
Total	30	100.0	100.0	



Inference: The table and chart shows that 93.3% of respondents said that there is no delay because of medical intervention, 6.7% of respondents experienced rarely discharge delay due to medical intervention.

Table 8: Rating discharge experience

	Frequency	Percent	Valid Percent	Cumulative Percent
very good	6	20.0	20.0	20.0
fairly good	19	63.3	63.3	83.3
neither good nor bad	5	16.7	16.7	100.0
Total	30	100.0	100.0	



Inference: The above table and chart shows that 63.3% of respondents felt fairly good about their discharge experience, 20% of the respondents felt very good and 16.7% of the respondents were agreed with neither good nor bad about their discharge experience.

ANALYSIS OF DAY OF DISCHARGE AND AVAILABILITY OF ALLIED SERVICES

Null Hypothesis: There is no significant difference among the day of discharge with respect to availability of Allied Services.

Alternative Hypothesis: There is a significant difference among the day of discharge with respect to availability of Allied Services.

Table 10: analysis of day of discharge and availability of allied services

ANOVA					
Availability of Allied Services					
	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	3.522	4	.881	1.579	.211
Within Groups	13.944	25	.558		
Total	17.467	29			

Interpretation: From the table it is found that the significant value is greater than 0.05 there is no significant difference among the day of discharge with respect to availability of Allied Services.

FINDINGS

- According to the data 83.3% of the respondents are agreed that their discharge date has been discussed clearly, whereas 16.7% of the respondents said that their discharge date has been discussed clearly.
- The data shows that 60% of respondents are informed that their discharge date has been discussed on the same day only.16.7% of the respondents said they have informed before the day of discharge.16.7% of them were informed 2 days before and 6.7% of them were informed a week before.
- It is found that 40% of respondents felt restless when discharge gets delayed, 40% respondents felt distress and 20% of respondents felt irritation when discharge gets delayed.
- The data shows that 16.7% of the patients gets delay in discharge because of the process in ward gets delayed,13.3% of the patients discharge gets delayed because the time taken to write the discharge summary by the nurse, 3%of the respondents said that their discharge gets delayed due to lack of supportive services, 37% of the patients experienced delay due to delay of delivery in discharge medicines in the wards and 30% of the respondents said that their discharge got delayed because of long time taken to get medicines from the pharmacy.
- Main cause of delay in discharge of inpatients is in providing medicines in the ward or collecting medicines in the pharmacy before getting discharged.
- According to the data 56.7% of respondents agrees that the staff explained about the delay,36.7% respondents agreed that they were informed estimation of delay time, 6.7% of respondents were requested to collect their summary later to avoid delay.

- It is found that 63.3% of respondents said that there was no delay because of allied services, 20% of respondents said sometimes there was delay because of allied services and 16.7% of the respondents felt neutral about the timely allied services.
- The data shows that 93.3% of respondents said that there was no delay because of medical intervention, 6.7% of respondents experienced rarely discharge delay due to medical intervention.
- According to the data 63.3% of respondents felt fairly good about their discharge experience, 20% of the respondents felt very good and 16.7% of the respondents were agreed with neither good nor bad about their discharge experience.
- It is found that there is no significant difference among the day of discharge with respect to availability of Allied Services.

SUGGESTIONS

- To inform inpatients about the discharge at least a day before.
- To ensure that the discharge summary is readied before discharging the inpatients and Doctor's personally meet the inpatients and advice them about the follow up medication.
- To increase the number of staff in the pharmacy that helps in decrease the waiting time for collecting medicines.
- To provide timely allied services.

CONCLUSION

It is reported that the study reveals that majority of the inpatients in Gastro care hospital are highly satisfied with their discharge procedure, while a few are dissatisfied with their discharge procedure due to unnecessary delay which leads to distress of the inpatients. Main cause of delay appears to be in providing medicines before the patient is discharged. Corrective actions suggested in order increasing the satisfaction of all the patients.

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