A STUDY ON PATIENT PERCEPTION TOWARDS INPATIENTS DISCHARGE PROCEDURES IN MULTI-SPECIALTY HOSPITAL AT SALEM

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ABSTRACT - The major area that needs to be streamlined in hospital is discharge process of patients which is directly related to patients' satisfaction. The aim of the study is to find out the root cause for delay, highlight the areas that needs improvement and provide suggestions. The study was done in one of the prominent hospitals in Tamil Nadu for a period of 3 months. A checklist was framed and time taken for each process was recorded and analyzed both for self-payment and insurance patients using simple percentage analysis, simple average and quality tools. From this study, it is evident that high percentage of delay is due to vacating the room which consequently increases the waiting time of inpatients for bed allotment. Based on the findings proper training in communication skills for staff, adequate staffing and framing of policy for patient's discharge are some of the recommendations given. The study concludes that delayed discharges is one of the prime factors and have an impact on ability to cut the waiting lists and deliver healthcare effectively and efficiently.

Keywords: Patient Satisfaction, Bed Allotment, Delayed Discharge

1.INTRODUCTION

A hospital mainly provides two types of services, being outpatient and inpatient services. Out of which the outpatient is a person who receives ambulatory care in the hospital, which do not require an overnight hospital stay. "An "inpatient" is a person who has been admitted to a hospital for purposes of receiving inpatient hospital services Health law Professional Series. The inpatient in a hospital has to go through and experience three different stages. First is admission next is Intervention and the final stage is discharge. During the discharge of the patient, after the necessary interventions, a number of procedures have to take place by engaging various staff members and departments making the process complex.

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 (Davies & Macaulay). It is a very important indicator of quality of care and patient satisfaction.

STATEMENT OF THE PROBLEM

Patient discharges are delayed due to lack of communicated discharge plan/date, patient and family expectations, cost, and coordination and timing of health service delivery. This causes frustration and disruption for staff and patients and families.

OBJECTIVES OF THE STUDY

- To study patient discharges according to various departments in your hospital
- The study Time taken for bill clean in your hospital
- To effects of health care community changes in your hospital
- To find service provide to the discharged patient after leave this hospital
- To study factors affecting waiting time in the discharge process in your hospital
- It reasons of patient might be holding the Alternative Level of Care
- Alternate level of care institutions making them outside the scope of the hospital

SCOPE OF THE STUDY

Discharge from the hospital has always been the topic of research and there has been continuous striving to reduce the time of discharge. If patients are dissatisfied, it has been observed that the major factor for their dissatisfaction is been delay in discharge process. It is the need of an hour in today's competitive world to achieve cent per cent patient delight and to find the factors extending time in discharge process and try to rule out these factors.

LIMITATION OF THE STUDY

- The study was the inherent risk of personal bias from the researcher because of their role as a hospital pharmacist.
- In an attempt to reduce this risk, all analysis was grounded in the data.
- Despite the range of hospitals involved in the study, a limited sample specific to the
- Study participants were not enough for random sampling.
- This study is based on patients management, secure access of all users into the health care delivery process.
- There were constraints in many areas like.

REVIEW OF LITERATURE

Connelly et al. (2022) All practitioners recognized the relevance of both models to some extent, with the sympathy for the model varying across the range of practitioners involved in the study. We found that the Care philosophy was more

strongly held by Doctors and Social Care Practitioners, whilst the Flow philosophy was more strongly held by Occupational Therapists, Managers and Discharge Coordinators. On average, however, there was significantly stronger support for the Flow model across the group than for the Care model. What this greater support for the Flow model means in practice is not yet understood.

SimaAjami, (2023) collected the data using questionnaires, observation and checklist. The collected data was analyzed using SPSS and OR methods. Queuing model was used to study the reasons for delay in the discharges. Average waiting time for all the wards was found to be 4.93 hours. As per hospital personnel opinion the main reasons identified for the delay were delay for the discharge summary completion, lack of proper guidelines for the staff involved in the discharge process and absence of Hospital Information networking systems.

JanitaVinayaKumari, (2023), thinly stages of hospitalization i.e. the discharge and the billing process is more likely to be remembered by the patient. A study was conducted in a tertiary care teaching hospital to calculate the average time taken for the discharge of the patient. For the purpose of collection of data for the study registers were designed and kept in wards and the billing office. 2205 patient records were analyzed. The average time taken for the discharge of the patient was 2 hours and 22 minutes.

(Hendy et al., 2024) So, there is a requirement of effective strategies to effectively manage the discharge process. A standard time duration of 3 hours (180 minutes) is being suggested by the National Accreditation Board for Hospitals and Health Care Organizations. According to the faulty operation processes are the major reasons for the delay and appropriate interventions can improve the process. The main reasons identified for the delay were waiting for the test reports and delays in making clinical decisions and providing specialized consultation.

RESEARCH METHODOLOGY

According to industrial research institute in research methodology, research always tries to search the given question systematically in our own way and find out all the answers till conclusion. If research does not work systematically on problem, there would be less possibility to find out the final result. For finding or exploring research questions, a researcher faces lot of problems that can be effectively resolved with using correct research methodology.

RESEARCH DESIGN

To make the research systemized the researcher has to adopted certain method. The method adopted by the researcher for completing the project is called research methodology. Research is a process in which the researcher wishes to find out the end result for a given problem and thus the solution helps in future course action. The research has been defined as "A careful investigation or enquire especially through search for new facts in any branch of knowledge". To give more additional to the old research new ones are conducted.

SAMPLING TECHNIQUES

Disproportionate stratified random sampling techniques has been used in sampling due to the following reasons: It provides information about parts of the all the area of *Salem.*

SAMPLING SIZE

A sample size is guaranteed to its temperament of information assortment. Information assortment depends on the essential information is 130 respondents are taken as the example for this investigation.

DATA COLLECION

The following techniques were adopted for data collection.

Primary data

Primary data was collected through face-to-face interviews while filling up questionnaires. (130 respondents).

Secondary data

Relevant information was gathered from magazines, newspapers and project reports that formed the secondary data.

CHI-SQUARE TEST

NULL HYPOTHESIS

H_O: There is no significance relationship between Age and Patient perceptions of service to helped in this hospital

ALTERNATIVE HYPOTHESIS

H_1: There is a significance relationship between Age and Patient perceptions of service to helped in this hospital.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.134E2[a]	9	.000
Likelihood Ratio	220.470	9	.000
N of Valid Cases	130		

a. 4 cells (25.0%) have expected count less than 5. The minimum expected count is 1.78.

RESULT

Hence the value is less than 0.05, we accept null hypothesis and reject alternate hypothesis. So there is no significant difference between Age and Patient perceptions of service to helped in this hospital.

CORRELATION

The table shows that the relationship between educational qualification and Time taken for discharge summary preparation

Correlations

Educational qualification	Pearson Correlation	1	.962**
	Sig. (2-tailed)		.000
	N	130	130
Time taken for discharge summary preparation	Pearson Correlation	.962**	1
	Sig. (2-tailed)	.000	
	N	130	130

**. Correlation is significant at the 0.01 level (2-tailed).

RESULT

This is a positive correlation. There are relationships between educational qualification and Time taken for discharge summary preparation

ANOVA

NULL HYPOTHESIS

H_0: There is no significance relationship between Monthly income and discharges planning for patient in this hospital.

ALTERNATIVE HYPOTHESIS

H: There is a significance relationship between Monthly income and discharges planning for patient in this hospital.

ANOVA

Monthly Income			Sum of Squares	df	Mean Square	F	Sig.
Between Groups	(Combined)		123.359	3	41.120	586.537	.000
	Linear Term	Unweighted	102.695	1	102.695	1.465E3	.000
		Weighted	122.479	1	122.479	1.747E3	.000
		Deviation	.880	2	.440	6.273	.003
Within Groups			8.833	126	.070		
Total			132.192	129			

RESULT:

Since the calculated value is less than the table value. So, we accept the null hypothesis. There is no significance relationship between Monthly income and discharges planning for patient in this hospital.

SUGGESTIONS

- 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 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 on-going activity

CONCLUSION

Patient discharge is a complex process involving cooperation and coordination of all departments and staff in the hospital. Discharging patient in a timely manner is a challenging task. Through improvement in their processes, other hospitals have become successful in reducing the time taken for discharge process (Fortis Hospital, Gurgaon had reduced the time taken for discharge to 90 minutes). In this study, time taken for discharge process in Hospital was analyzed. It was found that time taken for billing completion was contributing the most to the total time taken for the discharge process. With adequate staffing and patient counselling the time taken for billing completion can be reduced. Thus, improving the time taken for discharge not only improves patient satisfaction but also helps in effective bed management for the hospital.

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