

CHAPTER: 19

TO ANALYZE THE ADMISSION, TURN-AROUND TIME AND FIND THE WAYS TO REDUCE THE PATIENT WAITING TIME

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INTRODUCTION

Within the hospital and healthcare system, inpatient services hold a vital significance. Patients are admitted to the hospital for different durations depending on the severity of their illnesses. The inpatient facility usually takes up around 30-35% of the hospital's operational space, involving substantial capital investment and operational expenses [3]. It is crucial to guarantee the utmost quality in medical and nursing care facilities for patients availing inpatient services. The admission process entails a comprehensive procedure that involves systematic paperwork. Documentation on the Hospital Information System (HIS) is a prerequisite before admitting a patient, a task typically taking 15-20 minutes per patient. Instances where the admission process for any patient exceeds the 20-minute mark result in delays. Delays in the admission process not only tarnish the hospital's reputation but also lead to patient dissatisfaction. In the hospital industry, achieving 100% customer satisfaction is challenging but equally crucial, especially considering that hospitals deal with patients' lives. Admission to the hospital serves as the initial step for patients before receiving the required medical treatment [1,2].

RESEARCH OBJECTIVES

1. To understand the process of inpatient admissions.
2. To carry out admissions and assess the turnaround time.
3. To identify factors contributing to the escalation of turnaround time (TAT) in the admission process.

RESEARCH METHODOLOGY

A comprehensive descriptive study was conducted on In-Patient (IP) admissions, with a specific emphasis on analyzing the turnaround time associated with the admission process. The objective of the study was to examine the duration between the reception of the admission request form and the completion of the entire

admission procedure.

The study gathered primary data through observational means, encompassing all individuals seeking inpatient admissions, including those from both the Out-Patient Department (OPD) and emergency cases. Employing a systematic random sampling technique, the research focused on a sample size of 200 patients admitted to the hospital. The collected primary data was then analyzed to assess the turnaround time for the admission process within the In-patient department. This analysis involved tracking the duration from when the patient received the admission request form, either from the emergency or OPD, until the entire admission process was completed, and the patient was assigned to the designated room.

RESULTS & DISCUSSION

Information was gathered for 200 patients undergoing In-Patient (IP) admissions, with each patient being systematically monitored through every stage of the process. The time taken for each step was meticulously documented according to the developed process map. The collected data was categorized into planned and unplanned admissions, with 104 patients falling into the planned category and 96 under unplanned admissions. The study revealed that 70% of admissions encountered delays due to various reasons. The most significant cause of delay was the unavailability of beds, given the consistently high occupancy levels in the hospital, making it challenging to accommodate new admissions until beds were freed up through patient discharges. Out of 140 patients, 60 experienced delayed admission due to the lack of available beds. Other factors contributing to admission delays included incomplete patient documents, delays in Third Party Administrator (TPA) processing, patients not obtaining estimates for the line of treatment, and limited working counters leading to long queues and subsequent delays in admissions.

CONCLUSION

To alleviate patient waiting times, it was recommended to either increase the number of counters for in-patient admission or manage staff in a way that ensures at least two counters are operational simultaneously, facilitating shared workload. This necessitates effective human resource management. Furthermore, addressing the spatial constraints of the In-Patient Department (IPD) admission area is crucial. Increasing the available area for IP admissions or establishing a dedicated waiting area in front of IP admissions was proposed.

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