

	<b>INODAYA Hospitals - Kakinada</b>		Documentation code: <b>INH/AAC.Doc.No-35</b>
	<b>Policy on Discharge</b>		Prepared Date: 11/11/2025
	<b>Reference:</b> AAC.12.NABH Standards – 6 <sup>th</sup> Edition		Issue date: 11/11/2025
	Issue No: 01	<b>Review no:00</b>	Review Date: 10/11/2026

**1. PURPOSE:**

The policy standardizes the patients discharge process – with regards to counseling of family members, coordination with various departments/agencies. The policy also addresses patients leaving against medical advice & patients discharged on request

**2. POLICY DETAILS:**

- a. Patients discharge process in our hospital is planned by our consultant based on the plan of care & regular re-assessments. The discharge plan is discussed with the patient & family
- b. Clearly documented procedures are available for discharge process with well defined roles of various departments/agencies involved in the process
  - i. Cash billing department
  - ii. Credit Department
  - iii. Pharmacy Department
  - iv. Operations Department
  - v. Nursing Department
  - vi. Medical Records Department
- c. All MLC discharges are informed to Local police department
- d. Documented procedures and available for patients leaving against medical advice & patients discharged at request
- e. The concerns of the patients leaving against medical advice are captured by the Customer Relationship Executive and documented in the patient feedback form for taking corrective or preventive actions as and when necessary
- f. According to our hospital policy all patients leaving against medical advice/ on request - are counseled in presence of the patient’s relatives of the consequence of leaving against medical advice. Patients leaving against medical advice after prior counseling are documented in the Discharge Against Medical Advice form and necessary declaration is obtained from the patient/attendant

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- g. All patients discharged against medical advice/on request are provided with a discharge summary. One copy of the discharge summary is retained in the case sheet of the patient

### 3. GENERAL PROCEDURAL DETAILS:

- a. All the discharges (except discharges against Medical advice, and death) are planned at least one day before the day of discharge by the primary consultant in consultation with the other treating consultants as and when required. The discharges are identified one day prior (notified as D – 1 “D minus 1 day” ) to the actual discharge date and the nursing staff are informed of the next day’s discharges for prior planning by the staff members for an efficient discharge process
- b. On the “D minus 1 day” the following processes are carried out for smooth process on the day of discharge:
1. The consultant informs the nursing team of the next day’s discharges to start the relevant processes – mentioning “plan for discharge” in the doctors documentation one day prior to actual discharge day
  2. After the consultant indicates for discharge – the nursing staff coordinates with the primary consultant for preparing the rough discharge summary
  3. The rough discharge summary is received in the 3rd Floor MRD typing pool for preparation of draft discharge summary (denoted as DS1)
  4. The draft discharges summary (DS1) is sent for corrections to the respective primary consultant on the day prior to actual discharge
  5. After the DS1 is corrected the discharge summary is denoted as DS2 and process for preparation of final discharge summary denoted as F-DS is carried out on the day of discharge
  6. After step 1 of the above “D minus 1 day” process the nursing team checks the case sheet for any deficiencies with regards to the following concerns:
    - i. Any missing entries with regards to the activity card/HMIS
    - ii. Any pending post-op investigations with regards to scheme/insurance cases

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- iii. Any pending post-intervention investigations that needs to be conducted for scheme/insurance cases
  - iv. Check for any OT/ Cath lab related procedures and their status in HMIS relating to the said discharge process
  - v. Check for any pharmacy concerns with reference to the pharmacy module – receiving medications/acknowledgement concerns
  - vi. Check of any HMIS related concerns- raising of procedures/interventions/material indents that needs to be processed
  - vii. A complete check of the activity card based on the care provided to the patient in our hospital
- c. On the day of discharge (denoted as D) the following processes are carried out:
1. Consultant finalizes the discharge summary after assessing the patient for fitness for discharge during their morning rounds
  2. Pharmacy indenting and returns are carried out with regards to the discharge instructions
  3. Initiation/intimation of discharge process is carried out in the HMIS module
  4. The final discharge summary is generated in the Typing pool for the consideration of the consultant
  5. The consultant/ Resident counsels the patients on the discharge instructions & signs the discharge summary
  6. The case record with the signed copy of the discharge summary is forwarded to the Creditbilling sections for releasing the discharge slip after closure of the billing formalities
  7. On presentation of the discharge slip at the nursing counter the concerned nurse explains the discharge summary and hands over the necessary documents to the patient attendees
  8. The patient and their attendees are accompanied by the Housekeeping transport team for final discharge from the hospital
  9. The discharge slip is submitted to the security desk at the time of discharge
- d. In case of discharges against medical advice, the primary consultant explains the consequences of such discharge to patient/attendant. The explanations provided to

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the patient is clearly documented in the case file and patient's/attendant's signature and declaration is obtained on the Discharge Against Medical Advice form

- e. Case file is sent by the assigned nurse/IP Executive to the primary consultant/other treating consultants for preparation of a consolidated discharge summary by the Primary consultant – and patients are counseled that the discharge process takes about 5-6 hours to process Discharges against medical advice
- f. In case of death, death summary is prepared by the Primary Consultant after taking necessary inputs from the other treating consultants as and when required within 24 hours of death of the patient. Two copies of the death summary is prepared - One summary report will be handed over to the patient and one will be sent to the MRD.

#### **4. PROCEDURAL DETAILS & REPOSIBILITY MATRIX FOR PLANNED DISCHARGES**

<b>Step</b>	<b>Activity</b>	<b>Responsibility</b>
1	The primary consultant initiates the discharge process of his patient – other treating consultants give their respective inputs with regards to the patient's discharge one day prior to the actual discharge date to the attending nursing staff to be prepared for the discharge	Primary Consultant & other treating consultants, Nursing In-charges & IP Executive
2	Coordination of discharge formalities with other treating consultants – and obtaining their inputs regarding the patients discharge	Consultants & Nursing Staff
3	Consultant reviews the opinion given by other treating consultants and takes a final decision with regards to the patients discharge	Primary Consultant

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4	The Concerned area nursing in-charge requests the consultant to document the rough discharge summary – and checks the activity card, HMIS process relevant to the discharge – on the day prior to actual discharge	Primary Consultant, Nursing staff
5	The Finalized Discharge summary is prepared with necessary corrections on the day of discharge by the primary consultant after assessing the patient for discharge	Consultants &MRD Typing Pool staff
6	Check for recommended medicines in the Discharge summary and indent according to the patients eligibility on the day of discharge	Nursing staff&IP-Pharmacy
7	For clarification with regards to the eligibility of patients for discharge medication – contact the credit cell for details& Eligibility List	Nursing staff & Credit Cell
8	Cash patients are informed of the cost of the medicines and acknowledgement from the patient/attendant is obtained for issuing discharge medications and inclusion into the Final Bill	Nursing Staff
9	According to the requirements of the finalized discharge summary, the sister In-charge will return back all unused/not required medicines pertaining to the patient	Nursing staff & IP pharmacy
10	One time indent is prepared based on summary which contains following: a. Advised Medications b. No of days the medications are required	Nursing staff & IP pharmacy
11	Online returns are sent to the pharmacy. The pharmacy processes the pharmacy bill, discounts the return drugs	Pharmacy In-Charges

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	and adds for the Indented medicines. Pharmacy bill is included in the final bill. The pharmacy section will close the pharmacy status in the HMIS	
12	The finalized discharge memo is entered into the HMIS module with necessary details pertaining to the follow up visits & discharge instructions	MRD typing pool staff
13	The activity card is forwarded to the billing section for finalization of bill amount & Payment of bills by Cash patients	Area Nursing In-Charges & IP Cash billing staff
14	For credit patients – Credit cell refers to HMIS process and authorizes the discharge of the credit patients	Credit cell staff
15	Based on the discharge slip authorized by IP billing section/Credit cell the area nursing in-charge & Junior Resident explains the discharge instructions to the patients, Security staff is informed of the discharge	Area Nursing In-charge, Junior Resident, Security staff members
16	Feedback from IP patients is obtained by the Executives and any concerns with regards to the discharge process are addressed	Operations Executives

### **5. TIME SCHEDULE FOR DISCHARGES**

Discharges in our hospital are planned in such a way that patients are not inconvenienced because of the discharge timings:

We have 2 discharge time windows for all discharges:

Morning discharge window: 11 AM – 3 PM

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Evening discharge window: 4 PM – 7 PM

All discharges are planned such that the patient leaves the hospital premises only during the above mentioned windows. If there are any delays in the discharge process the patients are counseled to get discharged from the hospital during the next discharge window for their convenience.

- Cash patients are discharged in maximum of 2 hours
- Credit and insurance patients are discharged in maximum of 4 hours

#### **6. GRIEVANCE REDRESSAL PROCESS**

All patient complaints with regards to the discharge process are informed to the Operations Executive

The Operations Executive documents the grievance / complaint through the patient feedback form and address the issue in coordination with various departments. Feedback with regards to the process & services of our hospital is captured through the feedback form by the CRM(PRE) executive. The feedback form is forwarded to the Quality systems office for further process.

#### **7. SUPPORTIVE DOCUMENTS:**

1. Discharge process checklists
2. Patient Feedback form

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