

POLICY ON DISCHARGE PROCESS

Purpose

To ensure a standardized, safe, and efficient discharge process that ensures continuity of care, timely communication, patient education, and compliance with regulatory requirements.

Scope

This policy applies to all clinical and administrative staff involved in patient discharge activities, including physicians, nurses, billing, pharmacy, and medical records personnel.

Policy Statement

The hospital shall discharge patients only after:

- Clinical clearance by the treating physician.
- Completion of discharge summary and instructions.
- Clearance from pharmacy, billing, and other departments.
- Proper patient or caregiver education regarding post-discharge care.

Discharge Types

- Routine Discharge - Patient has recovered or stabilized.
- Discharge Against Medical Advice (DAMA/LAMA) - Patient opts to leave against physician advice.
- Emergency Discharge - Immediate discharge due to emergencies like transfers.
- Death/Expired Case - Separate death discharge process followed.

Discharge Process Flow

a. Initiation:

- Treating consultant determines clinical readiness.
- Informs nursing station to begin discharge planning.

b. Documentation:

- Discharge Summary (clinical course, medications, investigations, follow-up).
- Final diagnosis coded as per ICD-10.
- Physician signs and updates discharge orders in EMR.

c. Clearance Process:

- Pharmacy: Return of unused drugs, patient education on prescriptions.
- Billing: Final bill prepared, insurance settled (if applicable).
- Nursing: Removal of IV lines, checking vital signs, discharge checklist.
- Medical Records: All forms signed and compiled.

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d. Patient Instructions:

- Education on medications, dietary precautions, activity restrictions.
- Follow-up appointment schedule and helpline numbers.

Discharge Timing

Preferred discharge timing is between 10:00 AM - 12:00 PM to allow patient and family time for arrangement.

Discharge Against Medical Advice (DAMA/LAMA)

Proper counseling to patient/family.

Risk explained and documented.

DAMA form signed and uploaded in EMR.

Role & Responsibility

Treating Physician: Clinical clearance, discharge orders, summary

Nurse-in-charge: Execution of discharge checklist, patient education

Billing Department: Bill preparation, insurance coordination

Pharmacy: Final medicine issue/returns, counseling

Medical Records Dept.: Final documentation, coding, archiving

Audit & Monitoring

Monthly audit of discharge TAT (turnaround time).

Feedback forms analyzed for delays and communication issues.

Reporting to hospital quality committee.

References

- NABH Guidelines
- Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations
- Ministry of Health & Family Welfare (MoHFW) Notifications