

## A STUDY ON THE INTERNAL TRASFER OF PATIENTS AND THE ASSOCIATED DELAYS, IN ONE OF THE MULTISPECIALITY HOSPITALS IN COIMBATORE

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### ABSTRACT:

**Purpose:** The study aims to analyze the delayed discharge of ICU patients and identify the reasons for delay. **Methods:** This is Descriptive research that aims to find the reasons for discharge delay in ICU and Ward. A convenience random sampling method is used to collect data. The instruments used for data collection was a Check list. **Result:** A total of hundred data were collected from the Medical Intensive Care Unit patient who has consented to participate in the study. While the minimum age of the participant was 19years and the maximum age was 85 years. The study shows that the maximum number of discharge occur in night time. That the percentage is 53% and the minimum number of discharge occurs in day time. That the percentage is 47%. And also reasons of causes for delays can be list out. **Future scope:** The findings and suggestion are also expected to pave the way for future research work.

**Keywords:** Medical Intensive Care Unit (MICU), Discharge delay, Transfer, Ward.

### INTRODUCTION:

Internal patient transfers are a crucial part of patient care that is frequently done to enhance the patient's current management. It could entail moving the patient to another hospital that offers more sophisticated care or moving them inside the same facility for any diagnostic procedure. Maintaining the continuity of medical care is the major goal of all such moves.

Due to the shortage of ICU beds and the challenge faced by medical staff in recognizing patients' rapid critical deterioration, delayed ICU discharge refers to both the waiting period for patients in need of critical care in non-ICU settings. The population's ageing and the rising number of patients anticipated to benefit from ICU admission have increased the need for critical care, which is the main cause of the increased delayed ICU admission. Financial limitations, patient attendant responses, patient unsteadiness, and poor communication amongst medical staff are the main causes of delayed ICU or ward admittance.

Critical patient care, lower treatment quality, and have negative financial effects. The impact of the department the patient was admitted to was also evaluated. This study looked at the incidence, expenses, and causes for delayed discharge from the ICU.

Inter- and intra-unit coordination is crucial to avoiding a patient flow bottleneck and the associated staff stress, poor patient care, and time wastage. The Medical Intensive Care Unit (MICU) and the Ward have trouble setting up effective patient transfer and report times. According to preliminary statistics, MICU nursing staff overload and a heavy workload were to blame for report delays.

The study's goal is to improve teamwork, patient flow, and the inter- and intra-unit interaction between the MICU and the Ward by lowering nurse-related report time delays, fostering proactive workflow management, and reducing nurse-related

report time delays. For the patient flow to be maintained awareness must be raised and transfer times must be shortened.

## OBJECTIVE:

- To find the reasons for delayed discharge of patients from ICU/Ward.
- To analyze reason for extended stay of patients to be discharged from ICU/Ward.
- To suggest the reasons, where possibility of delayed admission can be avoided.

## REVIWE OF LITERATURE:

Lucienne TQ Cardoso, et al (2011), the number of patients who require intensive care is greater than the number of beds available, intensive care unit (ICU) entry flow is obstructed. This phenomenon has been associated with higher mortality rates in patients that are not admitted despite the irneed,and inpatients that are admitted but are waiting for a bed. The purpose of this study is to evaluate if a delay in ICU admission affects mortality for critically ill patients.

Vincent Liu , et al (2012), Patients with intensive care unit (ICU) transfers from hospital wards have higher mortality than those directly admitted from the emergency department. To describe the association between the timing of unplanned ICU transfers and hospital outcome.

Robert R and Coudroy R (2015) The potential Influence of bed availability on triage to intensive care unit (ICU) admission is among the factors that may influence the ideal ratio of ICU beds to population: thus, high bed availability (HBA) may result in the admission of patients too wellor too sick to benefit, whereas bed scarcity may result in refusal of patients likely to benefit from ICU admission.

Chloe de Grood, et al(2018), Patient care transfer from an intensive care unit (ICU) toa hospital ward is frequently

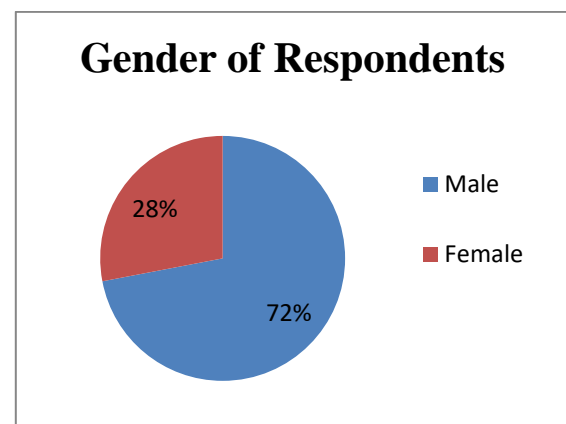
difficult, dangerous, and ineffective. We evaluated patient and provider perceptions on impediments to high-quality transfers, facilitators of such transfers, and suggestions for streamlining the transfer procedure.

## METHODOLOGY:

This is descriptive research that aims to analyze the delayed discharge of ICU patients and identify the reasons for delay. A convenience random sampling method is used to collect data. The instruments used for data collection was a Check list. The Checklist comprised Patient demographic Details, such as patient name, age, diagnosis etc and also check list contains Date and time of admission in critical care area, Date and time of planning for transfer. Actual date and time of transfer. And also reasons of causes for delays can be list out. A total of hundred data were collected from the Medical Intensive Care Unit patient who has consented to participate in the study. And also reasons of causes for delays can be listed out.

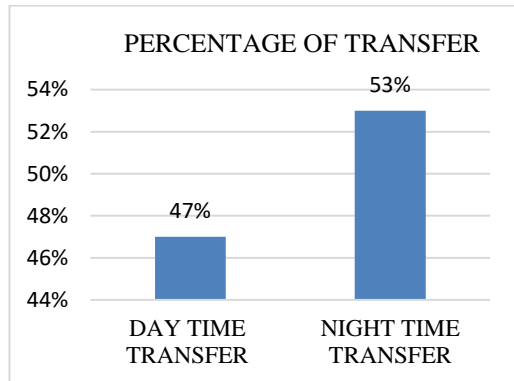
## ANALYSIS:

**Chart I Chart showing gender of admitted patients in ICU**



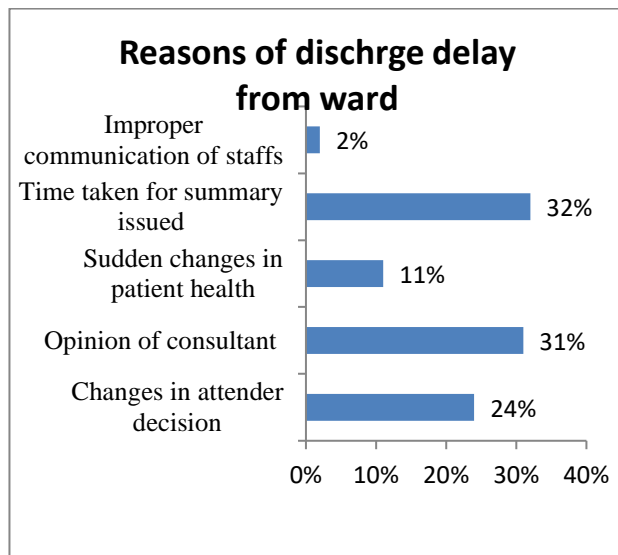
The above chart I shows that 28% of female patients and 72% of male patients, respectively, were admitted to the intensive care unit.

**Chart II Chart showing patients transfer time from ICU**



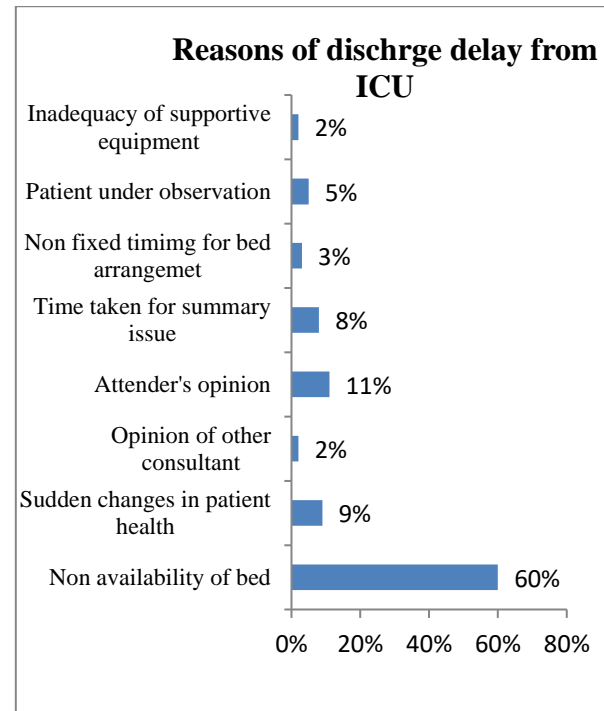
The above chart II showing that 53% of ICU patients were transferred at night and 47% were transferred during the day.

**Chart III Chart showing reasons of patient delayed discharge from ward**



The above chart III showing the factors that contribute to patient discharge delays from the ward. Of those factors, 11% are consultant opinions, 19% are changes in attender decisions, 15% are summary issues, 5% are unexpected changes in the patient's health, and 1% are improper staff communications.

**Chart IV Chart showing reasons of patient discharge delayed from ICU**



The above chart showing the reasons for patient discharge delays, including 11% due to consultant opinion, 19% due to changes in attender decision, 15% due to summary issue, 5% due to unexpected changes in the patient's health, and 1% due to improper staff communication.

#### FINDINGS:

1. The factors that contribute to a delayed ICU or ward admission include a lack of ICU beds, crowding in an emergency, and patient-related factors, such as sepsis as an admission diagnosis. This is because discharge procedures, such as generating bill reports and making beds, take longer than expected.
2. The time taken to clean the rooms after a patient is released is considerable. Patient attendants can take a long time to close the bill payment.

3. Only the third and fourth wing wards have the supportive equipment that ICU patients required while being transferred to the ward.
4. 72% of male patients and 28% of female patients, respectively, were admitted to the intensive care unit. From the ICU, 47% of patients were transferred during the day and 53% during the night.
5. The reasons for patient discharge delays from the ward include 11% due to consultant opinion, 19% due to changes in attender decision, 15% due to summary issue, 5% due to sudden changes in patient health, and 1% due to ineffective staff communication.
6. 60% of delayed discharges were due to a lack of beds; 9% of patients experienced sudden changes in health; 2% of cases were due to consultant opinions; 11% were due to changes in attender decisions; 8% were due to the time it took to issue summaries; and 3% were due to non-fixed timing for bed arrangements. 2% of the delay is attributable to inadequate supportive equipment, and 5% is related to the patient being under observation.

**SUGGESTION:****1. LACK OF ICU ROOMS AND BEDS:**

- After a patient is discharged, the housekeeping crew is in responsibility of overseeing the room's cleaning within 30 minutes. The discharge summary of patients is scheduled for the proper time.
- Scheduling the patients' discharge times the day before and assigning the housekeeping crew to clean

the rooms at the designated time.

- Allocating rooms in advance for patients who will be admitted as soon as possible.

**2. ATTENDER RESPONSES TO DELAYED PATIENTS:**

- Ask the carers of the patients to decide quickly whether to continue their care in the same hospital.
- Ask the patient attendants to finish the admissions process an hour in advance.

**3. TRANSPORTATION:**

- Assign the necessary staff members right away to move patients to the ICU or the ward.
- Use the Central Transport System (CTS) to keep track of the ward boys so that patients can be transferred quickly to the ICU or ward.

**4. INCORRECT SUPPORTIVE EQUIPMENT:**

- Only the third and fourth wings contained the equipment facilities that an ICU patient would need while being transferred to a ward.

Therefore, the department of biomedical engineering should always stock up on supportive equipment.

**CONCLUSION:**

Patients in intensive care units who were transferred too delay had longer hospital stays and greater rates of intensive care unit and hospital mortality. This shows that it's important to pinpoint both the particular causes of unfavorable outcomes and the factors that lead to delayed transfer.

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