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Enhancing Patient Satisfaction through a Standardized Inpatient Discharge Process: A Quality Improvement Project Using the PDSA Framework

Dr.Sangeetha S[1], Ms. F. Yasmeen Banu[2], Dr.Ramkiran[3]

[1]Chief Administrative officer, Opearional Department, Iswarya Hospital
[2]Guest Relation Officer, Guest relation, Iswarya Hospital
[3]Quality Manager, Quality, Iswarya Hospital

Abstract

Background: Delays and communication gaps during inpatient discharge can negatively affect patient experience. At Iswarya Hospital, concerns included delays after the consultant's discharge decision, unclear communication regarding discharge status and billing or insurance steps, and poor coordination among nursing, billing, insurance and pharmacy teams.

Aim: To improve patient satisfaction by standardizing the inpatient discharge process and making it coordinated, efficient and patient-centred.

Methods: A quasi-experimental before-and-after quality improvement project was conducted using the Plan–Do–Study–Act (PDSA) framework from January to June 2026. Consecutive feedback forms from discharged patients were analysed. Baseline feedback was collected during January–February 2026 (104 forms), a standardized discharge checklist was implemented during March–April 2026, and post-intervention feedback was collected during May–June 2026 (125 forms). A total of 355 feedback forms were reported as analysed across all project phases. Outcomes included patient feedback on communication (Q7) and the discharge process (Q8), recorded complaints and average discharge turnaround time.

Results: The proportion of patients reporting clear communication (Q7) increased from 45% to 85%, while the proportion rating the discharge process as smooth and well explained (Q8) increased from 36% to 90%. Recorded complaints decreased from 20 to 8 cases, a reported reduction of 60%. Average discharge turnaround time improved by 13.5%. Poor ratings decreased from 21% to 4% for Q7 and from 27% to 3% for Q8.

Conclusion: Implementation of a standardized discharge checklist was associated with improved patient feedback, fewer recorded complaints and faster average discharge turnaround. Continued monitoring, periodic audits and repeated PDSA cycles are important to sustain the improvement.

Keywords: patient satisfaction; inpatient discharge; discharge checklist; quality improvement; PDSA; communication; discharge turnaround time

Introduction

The inpatient discharge process involves multiple sequential activities and coordination among clinical and administrative departments. When these activities are not coordinated, patients and their attendants may experience prolonged waiting, uncertainty about discharge status, and difficulty understanding billing, pharmacy and insurance requirements. Such experiences may contribute to dissatisfaction and repeated complaints.

At Iswarya Hospital, the Guest Relations Department identified recurring concerns related to discharge delays, communication gaps and coordination between nursing, billing, insurance and pharmacy services. Delays were reported after the doctor advised discharge, while patients were not always clearly informed about the status of discharge, billing or insurance-related steps. These observations indicated a need for a consistent process with visible steps and clearer departmental accountability.

A quality improvement project was therefore undertaken to standardize the inpatient discharge workflow. The project used the PDSA framework to identify process gaps, implement a checklist, review patient feedback and operational outcomes, and incorporate the revised process into routine practice.

Aim and Objectives

The aim was to improve patient satisfaction by standardizing the inpatient discharge process, making discharge coordinated, efficient and patient-centred.

- To reduce inpatient discharge turnaround time and avoidable subprocess delays.
- To improve patient communication and the smoothness of the discharge experience.
- To reduce complaints related to discharge delays and coordination.

Patient experience was assessed using feedback questions Q7 (communication) and Q8 (discharge process).

Methods

Study design and setting

This was a quasi-experimental before-and-after quality improvement project conducted at Iswarya Hospital under the Guest Relations Department from January to June 2026. The PDSA framework guided the improvement activities.

Participants and sampling

Consecutive sampling of discharged patients was reported. The project presentation records 355 feedback forms analysed across all phases. The baseline phase (January–February 2026) included 104 forms, and the post-intervention phase (May–June 2026) included 125 forms. The number of forms attributable to the implementation phase and the exact participant eligibility criteria were not specified in the project material.

Baseline assessment

The baseline assessment identified four main problem areas: delays after the doctor advised discharge, inadequate communication with patients and attendants, gaps in coordination among nursing, billing, insurance and pharmacy, and repeated complaints reflected in patient feedback.

Intervention

A standardized discharge checklist was introduced during March–April 2026. The checklist arranged the discharge process into seven sequential steps:

1. **Discharge decision:** The consultant confirms that the patient is fit for discharge and documents the order.
2. **Inform patient:** The patient and attendant are informed, and instructions are explained.
3. **Discharge summary:** The summary is prepared, checked and signed, and a copy is given to the patient.
4. **Pharmacy and returns:** Unused medicines are returned and the final bill is processed.
5. **Billing:** Charges are verified and the final bill is prepared.
6. **Insurance/TPA:** Documents are sent and approval is followed up.
7. **Clearance and handover:** Payment is verified and the summary is handed over.

The intended workflow was to ensure that the right information reached the right department at the right time, with clear accountability and fewer avoidable delays.

PDSA implementation

Plan: Identify gaps in discharge, billing, insurance and communication and plan a standardized workflow.

Do: Implement the standardized checklist during March–April 2026 and track feedback, turnaround time and complaints.

Study: Compare Q7 and Q8 satisfaction, complaints and discharge turnaround time before and after implementation.

Act: Embed the process into routine practice, continue monitoring and repeat the cycle when new barriers are identified.

Outcome measures and analysis

The reported outcome measures were the percentage of patients giving positive feedback for Q7 (communication) and Q8 (discharge process), the number of recorded complaints, and the percentage change in average discharge turnaround time. The project material provides aggregate before-and-after percentages and counts. It does not specify the operational definition or units of discharge turnaround time, the exact calculation method, statistical tests, confidence intervals or p-values; these should be added from the original project dataset before journal submission.

Results

A total of 355 feedback forms were reported as analysed across the January–June 2026 project period. The baseline phase comprised 104 forms and the post-intervention phase comprised 125 forms.

The proportion of patients reporting clear communication increased from 45% to 85%. Positive ratings of the discharge process increased from 36% to 90%. Recorded complaints declined from 20 to 8, representing a reported 60% reduction. Average discharge turnaround time was reported to be 13.5% faster. Poor ratings declined from 21% to 4% for Q7 and from 27% to 3% for Q8.

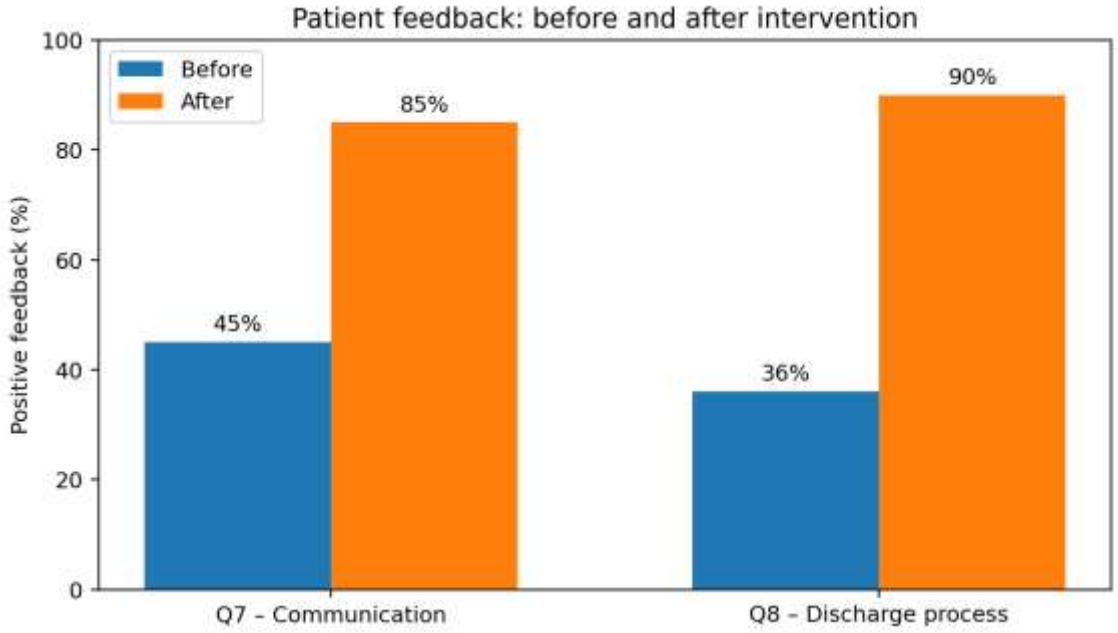


Figure 1. Positive patient feedback for communication (Q7) and discharge process (Q8), before and after the intervention.

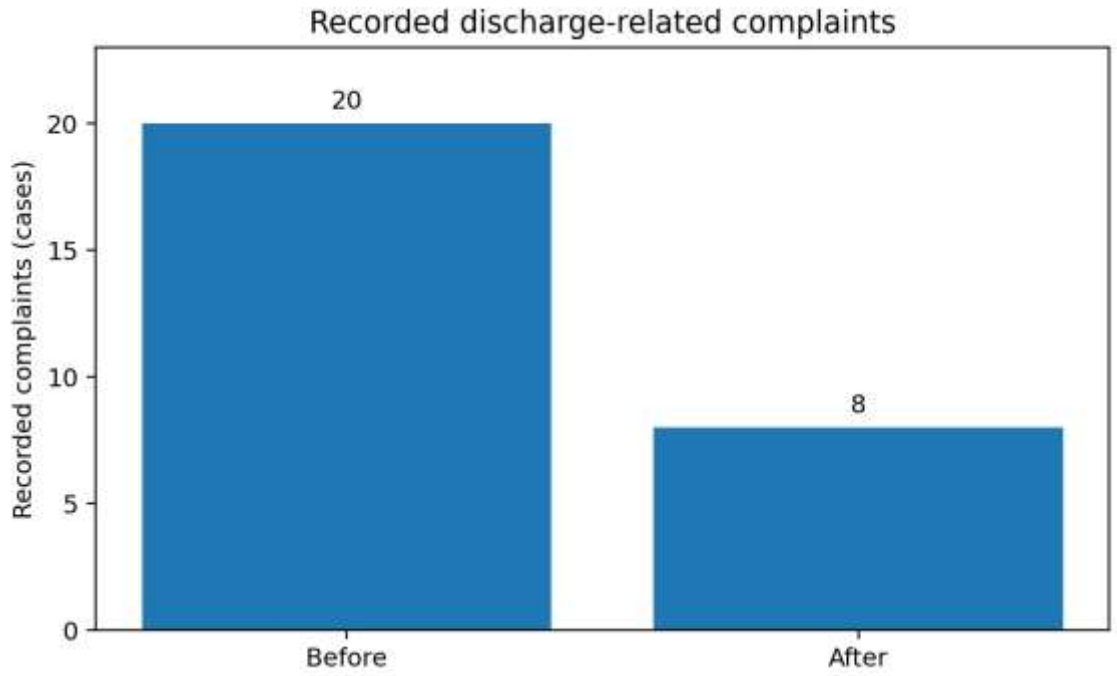


Figure 2. Recorded discharge-related complaints before and after the intervention.

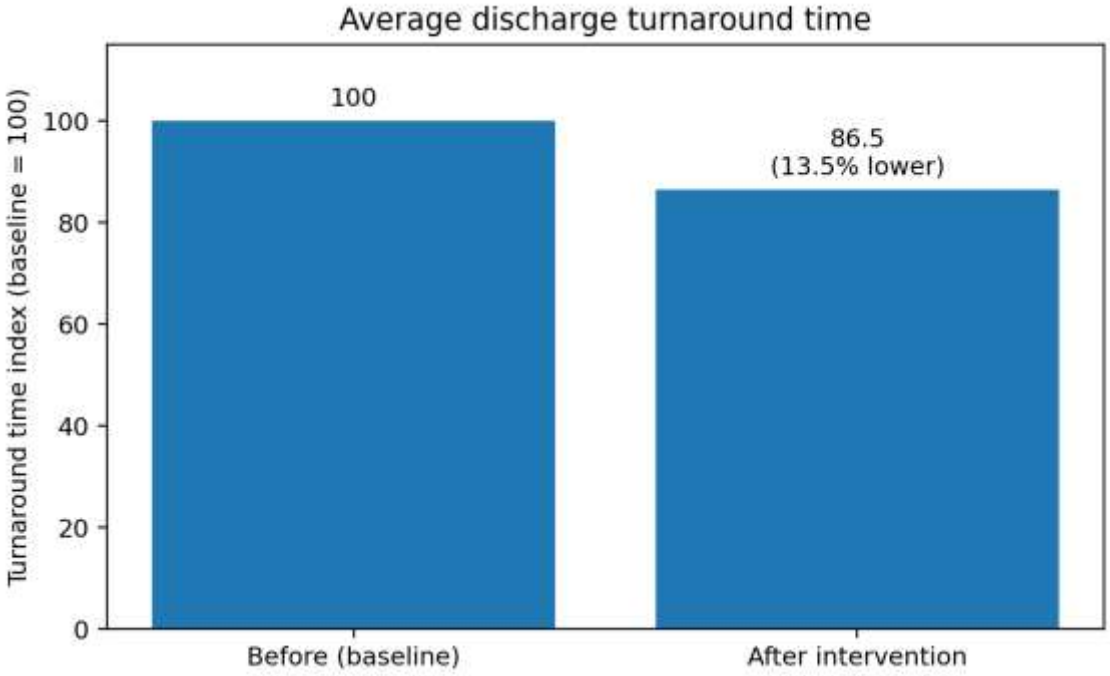


Figure 3. Discharge turnaround time index, with baseline normalized to 100; post-intervention value reflects the reported 13.5% reduction.

Discussion

Following implementation of the standardized discharge checklist, the project reported improvement across all measured outcomes: patient-reported communication, the discharge experience, recorded complaints and average discharge turnaround time. The checklist made the steps in the discharge process visible and established a defined sequence spanning consultant decision-making, patient communication, discharge summary preparation, pharmacy returns, billing, insurance/TPA processing, final clearance and handover.

The improvement in Q7 and Q8 suggests that a structured workflow may support clearer communication and a more coordinated discharge experience. The reduction in recorded complaints and reported improvement in turnaround time are also consistent with fewer process delays. However, because this was a before-and-after project without a concurrent comparison group, the observed changes cannot be attributed solely to the checklist. Other operational changes during the project period may have influenced the outcomes.

The project emphasizes that discharge is a multi-department process rather than an isolated task. Sustained improvement requires ongoing coordination, monitoring of patient feedback and turnaround time, periodic compliance audits, review of deviations and corrective action when recurring barriers are identified.

Sustainability and Recommendations

- Retain the standardized checklist as part of the routine inpatient discharge process.
- Continuously monitor Q7, Q8, discharge turnaround time and discharge-related complaints.
- Conduct periodic audits of checklist compliance and document process deviations.
- Use complaints and patient feedback as real-time signals for improvement.

- Repeat PDSA cycles when new or recurring barriers are identified.

Limitations

The source project summary does not provide the exact study population, eligibility criteria, detailed data collection procedures, the number of feedback forms in each project phase beyond the baseline and post-intervention counts, the operational definition of discharge turnaround time, or statistical analysis. The before-and-after design is also vulnerable to temporal and other confounding influences. These details should be retrieved from the project records and incorporated before submission.

Conclusion

The implementation of a standardized inpatient discharge checklist at Iswarya Hospital was associated with improved patient-reported communication and discharge experience, fewer recorded complaints and a 13.5% improvement in average discharge turnaround time. Embedding the checklist into routine practice, supported by continuous monitoring, audits and repeated PDSA cycles, is important to maintain the gains.

Declarations and information to complete before submission

- Ethics/quality improvement determination: Confirm whether institutional ethics committee review or an exemption/quality improvement determination was obtained. Do not state approval unless documented.
- Consent: Specify whether patient consent was obtained for feedback collection and/or use of de-identified data for publication, as applicable.
- Funding: Add the funding statement or state that there was no external funding, if confirmed.
- Conflicts of interest: Obtain and insert author declarations.
- Author contributions: Confirm each author's role in project conception, implementation, data collection, analysis and manuscript preparation.
- Data availability: State whether de-identified project data can be made available and under what conditions.
- Corresponding author: Add the designated corresponding author's institutional email and contact details.
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References

1. Ogrinc G, Davies L, Goodman D, Batalden P, Davidoff F, Stevens D. SQUIRE 2.0 (Standards for QUality Improvement Reporting Excellence): revised publication guidelines from a detailed consensus process. BMJ Qual Saf. 2016;25(12):986–992. doi:10.1136/bmjqs-2015-004411.
2. Taylor MJ, McNicholas C, Nicolay C, Darzi A, Bell D, Reed JE. Systematic review of the application of the plan-do-study-act method to improve quality in healthcare. BMJ Qual Saf. 2014;23(4):290–298. doi:10.1136/bmjqs-2013-001862.

3. Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance. 2nd ed. San Francisco: Jossey-Bass; 2009.
4. Gonçalves-Bradley DC, Lannin NA, Clemson L, Cameron ID, Shepperd S. Discharge planning from hospital. Cochrane Database Syst Rev. 2022;2(2):CD000313. doi:10.1002/14651858.CD000313.pub6.
5. Naylor MD, Brooten D, Campbell R, Jacobsen BS, Mezey MD, Pauly MV, et al. Comprehensive discharge planning and home follow-up of hospitalized elders: a randomized clinical trial. JAMA. 1999;281(7):613–620. doi:10.1001/jama.281.7.613