Sukanya Uengtrakul

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of Master of Public Health Health Systems Development Programme College of Public Health Chulalongkorn University Academic Year 2000 ISBN: 974-130-746-2 © College of Public Health, Chulalongkorn University Bangkok, Thailand

## I101424270

Thesis Title	: Pilot Project Managing Summary Discharge System in IPD At Roi-et Hospital
Ву	: Sukanya Uengtrakul
Program	Master of Public Health (Health Systems Development) College of Public Health
Thesis Advisor	: Tanawat Likitkererat, M.Sc.

Accepted by the College of Public Health, Chulalongkorn University, Bangkok Thailand in Partial Fulfillment of the Requirements for the Master's Degree

Junlee Minnlungeloung, Dean of the College of Public Health

(Samlee Plianbangchang, M.D., Dr.P.H.)

THESIS COMMITTEE

Sothing Pungid , Chairperson

(Assistant Professor Sathirakorn Pongpanich, M.A., Ph.D)

Thesis Advisor

(Tanawat Likitkererat, M.Sc.)

....., Member

(Assistant Professor Jiruth Sriratanaban, M.D., Ph.D.)

line The Member (Professor Edgar J. Love, M.D., Ph.D)

### ABSTRACT

This study is aimed to Managing discharge summary system of inpatient department at Roi-Et Hospital. The objective of the development is to reduce numbers of overdue charts to be less than 10% and no loss of charts. The study time was from the 1<sup>st</sup> March to the 31<sup>st</sup> of August 2000. The technique of TQM was applied to encourage all the personnel of the organization to participate in work improvement. This TQM technique could solve the problem effectively.

This study collected all the summary discharge charts from 23 inpatient wards. The Cross Functional Team was also set up to solve the problem of overdue and lost charts. The team was composed of doctors, nurses, Internal Medical Record Statistics personnel, and personnel of the medical information center. The statistics used for data analysis was the percentage.

The results from the study are as follows.

- There were 12,024 charts (99.80%) which were summarized and sent to Internal Medical Record Statistics Unit.
- 2. There were 24 overdue charts (0.2%)
- 3. there were no lost charts. (0%)

Hence the TQM technique has shown to be a suitable alternative for each hospital to develop work system to achieve the quality system.

#### ACKNOWLEDGEMENT

Proffessor Chitr Sitthi-amorn, Associate Professor Watana S. Janjareon, Associate Dean and the entire academic staff of the college of Public Health, Chulalongkorn University, offered their valuable time throughout the years of this study. It was written, revised and re-written and now presented as a thesis for a Master degree of Public Health.

I would also like to express my sincere gratitude to Dr Nuntavan Vichit-Vadakarn and Dr Sathirakorn Pongpanich Dr Jiruth Sriratanaban for their scholarly guidance, support and Constructive criticisms throught my thesis writing

I am very grateful and appreciative to Ajarn Thanawat Likitkererat my advisor, Ajarn Ratana Somrongthong, Ajarn Watcharin Tanyanont for their guidance, kindness, encouragement and deep concern throught the whole process of my thesis and data analysis I have been very impressed and grateful.

The Roi-et hospital in Roi-et Province of Public Health is acknowleged for providing financial support throught my study. In addition, I wish to extend my hearty thanks to Dr. Somchai Nitpanitch Director of Roi-et Hospital, Supunne Tangpukdee Ubonwan Senachai, Utaine Pukmaruk, Suwalee Rungreng and the Medical information center for helping analyse and collecting team of data during the study.

Finally, I wish to express my deepest gratitude to my mother, for her warmest concern and support. Special words of thanks are due to my husband, and my lovely daughters for their understanding, love, encouragement and their confidence in my competence to succeed.

# CONTENTS

4

	PAGE
ABSTRACT	iii
ACKNOWLEDGEMENTS	iv
CONTENTS	v
LIST OF TABLES	vii
LIST OF FIGURES	viii
CHAPTER I	1-3
INTRODUCTION	1
CHAPTER II PROJECT DESCRIPTION 2.1 Rationale	4-50
2.2 Goals & Objectives	4 10
2.3 Approaches, methods, and/or techniques	11
2.4 Activity plan with time table	13
2.5 Problems, conflicts, and means for resolution	19
CHAPTER III PROJECT EVALUATION	51-58
2.1 Introduction	51
2.2 Purpose	51
2.3 Evaluation question	52
2.4 Evaluation design	55

			PAGE
	2.5 Data collec	ction methods	56
	2.6 Data analy	sis and Results	57
СНАР	TER IV	DISCUSSION AND CONCLUSION	59-65
CHAI	PTER V	RECOMMENDATIONS	66-67
REFE	RENCES		68-69
APPE	NDICES		70-82
	Document 1		. 71
	Document 2		. 73
	Document 3		. 75
	Document 4.		. 76
	Document 5.		. 77
	Document 6.		. 78
	Document 7.		. 80
	Document 8.		

.

#### **STUDENT CURRICULUM VITAE**

83-84

# LIST OF TABLES

-

.

.

### PAGE

1	Activity Plan with Time Table	13
2	Activity Plan of Implementation	14
3	Cause of Problem and solving Solutions	30
4	Classification of Problems according to their order of importance	32
5	Force-field Analysis	38

## **LIST OF FIGURES**

92

. ÷

-

1	Conceptual Framework	18	
2	Shows accumulated numbers of overdue summary discharge charts	20	
3	Shows accumulated numbers of lost summary discharge charts	21	
4	Detail Process Flowchart	24	
5	Number of Overdue / Lost Charts in March 2000	27	
6	Problem Tree	28	
7	Objective Tree	33	
8	Model of Implementation of Inpatient	34	
9	Numbers of overdue charts within 4 months	43	
10 Numbers of Lost charts within 4 months			
11 Percentage of summary, overdue and lost discharge charts			
	before using TQM process	45	
12 Percentage of summary, overdue and lost discharge charts			
	after using TQM process	45	
13 Standard flow chart shows the circulation of summary			
	discharge charts after launching the project	48	
14 Evaluation Design			

## PAGE