A STUDY ON DELAYS IN DISCHARGE PROCESS

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

By

Jatin Raj

Under the Supervision and Guidance of

Dr Varsha Tanu

2024

FLORES Hospital
Caring for you... Always

Completion Certification from the Organization

CERTIFICATE

This is to certify that Dr JATIN RAJ of 27Th (batch) of IIHMR UNIVERSITY has worked with our organization for his/her summer internship from 28 March 2024 to 28 June 2024 (date).
The overall performance shown by him during the period was good. This certificate is being issued to meet the requirements of the IIHMR University.

Date: 29/06/2024

(Signature of organization Mentor)

Name: Sandeep Mittal

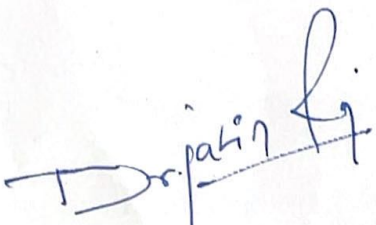
Designation: HR

Seal/Stamp of the Organization

FLORES HOSPITAL
(Aunit of Mridula Health Care Pvt. Ltd.)
NH-1, Block-G, Dector-11,
Pratap Vihar, Ghaziabad-201009

DECLARATION BY STUDENT

I hereby declare that this dissertation titled " **A STUDY EVALUATION OF TURNAROUND TIME OF DISCHARGE PROCESS SUPER SPECIALITY HOSPITAL**" is the Bonafede record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.



Dr. Jatin Raj

Date-06/07/2024

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that dissertation titled **A study on delays in discharge process** superpecialty hospital in Ghaziabad is a record of the research work undertaken by **Dr. Jatin Raj** in partial fulfilment of the requirements for the award of the degree of MBA in Hospital and Health Management from the IIHMR University, Jaipur under my guidance and supervision and his approach to the research study has been sincere, scientific, and analytical.

Dr. Varsha Tanu

IIHMR University, Jaipur

Date: 06/07/2024

Dr. Sanjay Gupta

IIHMR University, Jaipur

Date: 06/07/2024

ABSTRACT

The primary area in a hospital that requires streamlining is the patient discharge procedure, which is directly tied to patient satisfaction. The length of time it takes to complete the discharge process is a crucial sign of the care's quality. According to NABH, the discharge process should not take longer than 180 minutes to complete. The patient is more likely to recall the discharge procedure because it is the last phase of their hospital stay. Therefore, a delay in the discharge process might make patients feel down and put more strain on the beds in the hospital. Restructuring the hospital discharge procedure is becoming more important in order to cut expenses and needless readmissions.

The aim of this study was to give an overview of remedies that can assist providers and policymakers in improving hospital discharge, as well as insight into hospitalization challenges and their underlying causes. Additionally, it tried to pinpoint the primary causes of delays, pinpoint trouble spots, and make suggestions. The study was conducted at Flores Hospital over a period of three months. The time needed for the production of the patient record, conclusion of the discharge statement, billing submission, and patient evacuation from the ward comprised the total amount of time needed for the discharge procedure.

The end things time was recorded using HIS. The duration of each step was determined using good tools, a basic average, and was noted and evaluated for patients with insurance as well as those paying cash. The results of this study demonstrate that leaving the room is a significant contributor to delays, which increases the time that hospital patients must wait until receiving a bed. Numerous bottlenecks were discovered, ranging from the amount of time it took to finish invoicing to the length of time for nursing clearance and pharmacy clearance. The study's findings led to two recommendations for reducing the time it takes to release patients: adequate staffing and training in effective communication for staff. According to the report, delayed release and the unorganized hospital discharge process are two of the key issues that limit the ability to shorten waiting lists and provide healthcare effectively and efficiently.

Acknowledge

I would like to recognize my solemn thanks to our Institute, Indian Institute of Health Management Research to give me such an opportunity so that we can enhance knowledge in Hospital and Health related distribution.

I genuinely thank Dr. M.K. Singh, Director of Flores Hospital, Ghaziabad for giving me opportunity to do the Dissertation in such a well reputed organization.

I would like to express my warm gratefulness to Mr. Sandeep Mittal, Team Leader, Flores Superpecialty Hospital, Ghaziabad for his support. From his busy schedule he took some time for me, helps me to know how the organization run and taught various things in order to facilitate my training. He was always there to help; without him I can't imagine to complete my Dissertation in a fluent way.

Thanks to my Institutional mentor Dr. Varsha Tanu at IIHMR University, Jaipur for completing this Dissertation and guide me in every step and clearing all my doubts about the Dissertation.

And last but not the least I would like to thank my family and friends for their care and support, without them it was impossible to complete this Dissertation.

Table of Content

List of Symbols and Abbreviation

Symbol/Abbreviation	Full Form
TAT	Turnaround Time
IP	Inpatient
OP	Outpatient
RMO	Residential Medical Officer
TPA	Third Party Administration
NABH	National Accreditation Board of hospital

INTRODUCTION

The standard of medical care is becoming increasingly crucial in today's competitive environment. The most crucial procedures connected to a positive patient experience in a hospital are the admission billing and discharge processes, among other elements affecting the health care system. From the time of admission until the time of discharge, a patient is considered to have been hospitalized.

In the modern day, lifestyle diseases have taken the place of communicable diseases, and as more individuals move into older age groups, the prevalence of lifestyle diseases is rising. Too many fatalities have been caused by automobile accidents in addition to other severe ailments. Additionally, as medical technology advances, diagnostic methods improve, and people become more conscious of their health, there has been a rise in hospitalizations throughout time, which hospitals must manage with their limited resources. Both the need for clinical care hospitalizations and the quality of all hospital services have increased. A health center/ hospital is a comprehensive structure with many detailed steps and a diverse range of qualified workers.

A patient's stay in the hospital is a significant event that includes three processes: admission, actual hospitalization, and discharge, as well as billing in the first and last steps. The best clinical treatment may be provided by a hospital having some of the top medical consultants and advanced medical equipment. However, one must go through additional procedural requirements in order to receive clinical care in a hospital. The patient wants to see the doctor as soon as possible and receive medical attention. The longer it takes a patient to contact a consultant in the hospital, the more dissatisfied that patient will be with the care they receive there. The patient, who is already under stress, is burdened by the intricacy of the procedural formalities at the time of admission, invoicing, and discharge.

Profile of Organisation

Flores Hospital, Ghaziabad

FLORES Hospital, a 100 bed super specialty tertiary care hospital is truly futuristic in its services & technology and brings together some of the most talented medical professionals in India. The hospital is equipped with state-of-the-art technology for better quality services. The hospital provides preventive, diagnostic, therapeutic, rehabilitative, and palliative and support services all under one roof and is designed to meet patient care and research requirements of the new millennium. FLORES Hospital provides comprehensive multi-specialty tertiary care facilities through its center of excellence.

Mission: our Responsibilities is to fulfill our obligation towards society, the hospital, under the aegis of SDS Memorial medical research and development society, organizes free health checkup camps in places where medical facilities are not easily accessible.

Vision: our vision is to continuously upgrade our health facilities so as to provide medical care always to me and all and make state of the art medical treatment affordable by all including the weaker section of the society.

Scope of Services:

No	Scope of Service
1	Cardiology
2	Oncosurgery
3	Cardiac Surgery
4	Gastroenterology
5	Dialysis & Vascular Surgery
6	Oncology & Haematology
7	Gastrointestinal Surgery
8	Neurology & Neurosurgery
9	Critical Care Medicine (ICU)
10	General & Laparoscopic Surgery
11	Plastic & Reconstructive Surgery
12	Orthopaedic & Reconstructive Surgery
13	Pathology
14	Pharmacy
15	Radiology

No	Not in Scope
1	Paediatrics & Neonatology
2	Radiation Therapy
3	Organ Transplant
4	Rehabilitation
5	Blood Bank

Literature Review

The increasing demand for high-quality medical treatment has necessitated continuing improvement in the majority of business practices. Patient safety and care quality must be closely analyzed for enhancements in order to obtain the best performance out of the organization. Understanding organizational analysis is essential for a hospital to improve operations and improve patient and family comfort.

A hospital must, in the words of Joint Commission (2010), "have organizational values such as good communication, patient and their related centered care, and tailored care according to associated diversity which must trickle down to multiple levels at hospital and not only clinical care. Because there's not a single solution to all patient-related problems, it is important to standardize the methods. Patients must be offered assistance while completing out admission paperwork and advised of their entitlements during hospitalizations in a tongue that is relevant to them. Patients' requirements must be taken into account during discharge and moves, and they must be involved in the decision-making processes. By determining any unmet needs, a complete follow-up plan should also be created.

Additionally, it is essential to comprehend how emergency rooms are managed in accordance with specializations, taking into account both regular hospital beds and acute medical beds as well as planned patients and extreme circumstances. Bed management becomes crucial in order to examine whether hospital patient influx may be controlled and to standardize admissions, invoicing, and discharge procedures. It

is a highly sophisticated management method that enables the effective management of hospital and patient capacities through the utilization of material and human resources.

According to Ortiga, Berta et al, (2012*). "With the use of information technology along with process management, a process can be standardized so as to have streamlined flow of patient in their care pathways."*

Therefore, in addition to offering patient care, a hospital needs to focus on standardizing the admission and departure procedures, which it may eventually manage by regulating the duration of stay and the quality of service provided. It is because the hospital has no influence over how clinical care will turn out.

P.R.Harper and A.K. Shahani, (2002) The complexity of hospital operations and the various unknown variables connected to them, claim the publishers of the journal Models for the Management and Planning of Room Capacities in Hospitals, necessitate a well-planned approach for successful bed management. A logistic regression or scenario can be useful in this circumstance.

"The strategic objectives that should be reached when engaging in patient care in a healthcare organization or in a hospital should be more defined, this would help in having a consistency in process of discharge," it is said in Health Strategy Implementation Project, 2003. Additionally, it sheds insight on the following topics:

- In order to provide good patient care, it is important to consider the environment surrounding the patient, including the patient's relatives,

the medical staff, and others. Having excellent communication and technology would also be beneficial.

- The resources must be used as effectively as possible.
- Arranging elective and acute admissions so that both types of admissions receive the highest possible standard of care.

A hospital can be periodically reviewed against guidelines to determine its adherence to them and demonstrate its effectiveness when using a well-balanced collaborative process and by formulating better guidelines.

Richard Anthony (2005). explains that no one should take the hospitalization's endpoint for granted and that the patient should be followed up to the very conclusion of the hospital's care provision. The care and safety of patients upon discharge can be affected by severe bottlenecks, which can be identified through a thorough study of the discharge process that takes into account every area involved. The procedure can also be redesigned to improve patient care overall.

Karen Bryan (2010) offers a few views on the strategies that might be used in hospitals to reduce discharge delays in her paper on policies to reduce hospital discharge delays. Among them are:

- The top management's dedication to managing delayed discharges.
- A clear follow-up plan following discharge.
- The consultant's dedication to following the hospital's protocols.
- Determining discharge supervisors or a team of people who can help nurses during discharge planning or even during release, such as monitoring patients while in the hospital, patient information for

withdrawal, handling medical interview transcripts, and help in the understanding.

• Aligning patient care with bill-paying procedures and other procedures, like claim processing. However, consideration must be given to the patient's condition when aiming to reduce delayed discharges, not only to boost hospital throughput. If this is not taken into consideration, readmissions will indirectly have an impact on how efficiently the hospital operates.

David Anthony, VK Chetty, Anand Kartha, Kathleen McKenna, Maria Rizzo De Paoli, Brian

Jack As an illustration, the article on re - engineering the hospital release process from the Multifaceted Process Evaluation noted that discharge "may be seen as a risky position in which latent situations occur so that pointy end individuals are designed to fail. In their analysis, errors that really are aware at the moment of hospital discharge—both active and latent—are considered. Active errors here include that occur when a patient is being discharged from the hospital when making knowledge-based judgments at the point of care.

Errors occur when latent circumstances or system failures develop as a result of weaknesses in the structure or design of a technological system. For instance, nurses and the first residents at several hospitals conduct the discharge process. Due to the demanding nature of their jobs and competing priorities (such as new patients that require attention), they do not place a high premium on discharge, which could prolong the process. In order to understand the discharge planning as a whole and reverse engineer the process, flow chart of the discharge planning was done in this study. A failure mode and impact analysis

was also carried out in order to identify the most likely mode of failure, the resultant problem, and the necessary steps.

Objectives

· **To understand the average time taken for the entire discharge process for both self-payment patients and insurance patients.**

· **To study the delay points in the discharge process.**

METHODOLOGY

4.2. Research Questions:

- What are the hospital's policies regarding discharges?
- What is the hospital discharge procedure?
- What issues are there during hospital discharge? What are the issues' main causes and bottlenecks?

4.3. Hospital setting under the study:

4.4.1. Flores Hospital:-

The institution was designed with the goal of providing the best possible clinical research, education, and training at a reasonable price, as well as the highest standards of medical care in the fields of cardiology, cardio-thoracic surgery, neurology, oncology, neurosurgery, orthopedics, nephrology, vascular surgery, bariatric, gastroenterology, urology, and diabetics, among others. Apex is governed by the tenets of treating patients with consideration, compassion, and dedication. brings together a top-notch group of medical professionals, scientists, and clinical researchers to promote collaborative, multidisciplinary research, sparking original insights and findings, and more quickly transforming scientific advances into improved methods for disease prevention and patient diagnosis.

Vision: -

Delivering modern healthcare that is quality conscious, technology-driven, and patient- and staff centered while making every effort to assure ongoing education and training for both multifaceted individual growth and linear organizational progress.

Mission: -

To deliver comprehensive, high-quality treatment at a reasonable cost in a clean atmosphere with tenacity, devotion, and compassion

The hospital's infrastructure has roughly 180 beds, including about 60 ICU beds, 4 operating rooms, and cutting-edge digital flat panel monitors. Cath lab, a cutting-edge dialysis unit, and 16 more top-notch facilities All of these amenities may be found in the wings A and B, which have 7 floors each and 6 floors, respectively. Currently,

approximately 160 consultants and 650 staff members collaborate to handle more than 11000 inpatients alone in a single year. With outstanding medical competence and cutting-edge facilities, this hospital is unquestionably one of the most popular healthcare facilities in the city, serving the needs of patients from all over the world.

It provides good accessibility to both local and foreign patients thanks to its convenient location in the southern part of the city, around 12 kilometers from the main railway station and 13 kilometers from the domestic and international airport.

Additionally, this hospital has agreements with all of the main TPAs and insurance providers. Poor people registered in the chief minister's program receive treatment for any cardiovascular issues as well as for issues with other specializations. The multi-bed general ward, semi-private wards, private wards, luxury rooms, and ultra deluxe rooms are the several types of IPD beds. Every room has air conditioning, and suites come with a couch and an extra bed for the patient's family members. Additionally, this facility provides preventative health checkup plans such the Whole Body Check Up, Pre Employment Health Check Up, Executive Health Check Up, and Basic Health Screening. In order to offer specialized treatment to patients that are critical in nature, hospitals also have facilities like ICCU, cardio thoracic ICU, and medical ICU.

4.4. Sources of data collection:

4.4.1. Primary sources

- Employees of hospitals, such as ward coordinators, nurses, patient service administrators, floor managers, resident doctors, ward boys, insurance counter personnel, etc

4.4.2. Secondary sources

The information regarding the number of wards and anticipated discharges was gathered from hospital records.

- The hospital management information system supplied information on when bills were generated, when TPAs or insurance companies responded, etc.
- Information like pharmacy clearance time and billing card checking time, among other things, were collected via billing cards.

Hospital brochures were utilized to learn about the facilities and specifics of the hospital's infrastructure.

4.4.3. Non-participant observation process:

Discharge process was observed to comprehend the overall sequence of processes and from observing the behavior and occurrences without participating in this research in order to study the full procedure as well without affecting the response of the specimen and sources under the study while one is present and thus capturing the full procedure whenever the event or activity is happening. This method involves observing happenings, activities, and connections in order to actually understand things in their natural environment. Since they're not actively taking part in this event being seen, the spectator is a nonparticipant.

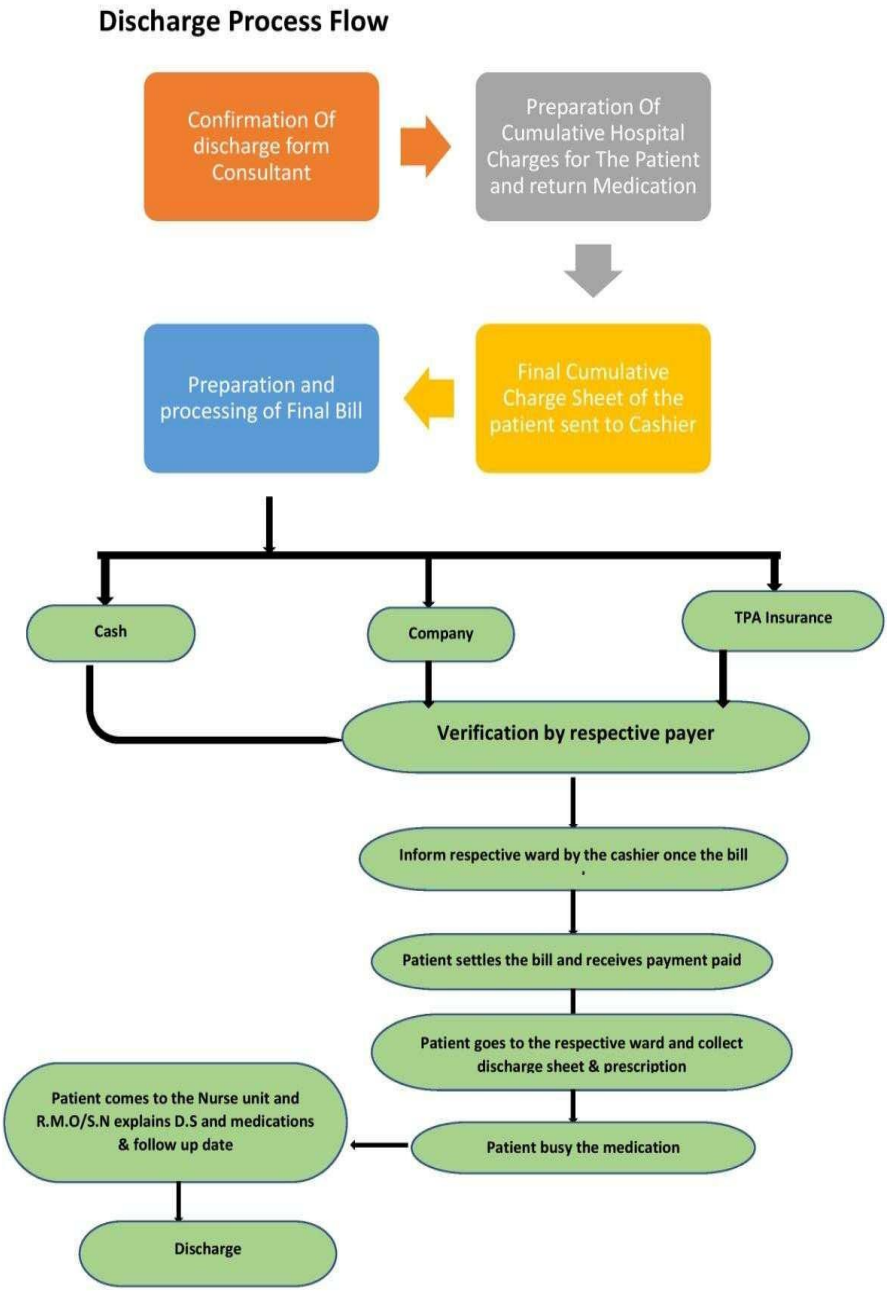
4.5. Sample method and size:-

- The sample was chosen using a purposeful sampling technique.
- For the discharge process, 1150 patients from the cash category—those whose entire hospital stay was billed through cash payment—and the credit category—those who underwent cashless hospitalization—were studied from the point they were told for discharge until the time they left the hospital. The patients were either members of some insurance company or those who were part of some government scheme program.

Flowchart Discharge Process Flowchart of Hospital

5.1. Discharge process:-

"The process of actions that involves the patient and the team of individuals from several disciplines working together to assist the transition of patient from one environment to another," according to the definition of discharge. A timely discharge is defined as "when the patient is discharged home or transferred to an appropriate level of care as soon as they are clinically stable and fit for discharge." The patient discharge process is defined as "the final step of the treatment procedure during a patient's length of stay.



Effective discharge planning:-

Advantages for the patient

- Get important information as soon as possible.
- Recognize their place in the system.

- Resources are utilized effectively,
- the community values the services provided
- Staff members feel respected, which improves hiring and retention.

For the staff

- Feel that their knowledge is valued and applied properly.
- Get important information as soon as possible.
- Recognize their place in the system.

For industries.

- Resources are utilized effectively,
- the community values the services provided
- Staff members feel respected, which improves hiring and retention.
- Reach goals, allowing the delivery system to focus (Department of Health, Health and Social Care Joint Unit, 2003).

5.4. Discharge of cash patient (direct payment):

Interdepartmental coordination is needed during the discharge process to ensure that the patient has a simple and straightforward experience. When the consultant issues a written or verbal order of discharge, the discharge procedure begins. On the patient IP document in the admission file, the consultant writes the time and date. In front of the resident medical officer, the ward secretary then types the discharge summary. At the nursing station in the hospital where the study was conducted, an RMO was always on duty. As a result, the ward secretary prepares the discharge report in front of them rather than the RMO. The

ward secretary checks the patient's billing card when preparing the discharge report. The patient is now ready to be discharged.

When the discharge summary is prepared, the RMO reviews it once more before taking a hardcopy of it. After the consultant has approved discharge, the nurse at the nurse station completes the pharmaceutical clearance. In the HMIS, the nurse completes all the information regarding any unfinished prescriptions and sends it to the pharmacy module. Additionally, she completes the patient's daily chart, checks all of their vital signs, and records them there. The billing card is sent to the discharge counter before 12 o'clock in the afternoon once the ward secretary has filled it out and verified it, as this is the time for discharge in the hospital under most circumstances.

Thus, the majority of the discharges occurred about 8:30 a.m. after the doctors' morning rounds. The completed billing card is communicated to the ward boy, who then sends it to the discharge counter. The billing card is carried by ward boys from various wards to the ground-floor discharge counter. For this, they can lift or take steps. Therefore, the ward boy's choice of mode will also affect how long it takes to submit the billing card at counter 36 for discharge. Ward boys occasionally bring the billing card to the discharge counter while also transferring patients.

As soon as the billing card is presented at the counter, the HMIS in the discharge counter totals it, and the staff at this counter generates a bill. Once a bill is generated, either a call to the nursing station or a direct call to the patient's relative is placed to tell them of the development of the bill. The following list of factors affects how long it takes a patient or patient's relative to get at the discharge counter:

ANALYSIS AND RESULT

Major Findings

For IP and OP, there is only one billing counter.

- Insurance patients can no longer request clearance from their separate firms because it is too late.
- The primary reason for inpatients' delayed discharge is the need to provide medications on the ward or collect medications from the pharmacy before to discharge.
- The drafting of the discharge summary takes more time.
- • Patients who pay with cash are not informed in advance of the outstanding balance, which causes the cash payment to be delayed. Each patient's bill should be tracked at the ward secretarial/cash desk, which should also frequently ask visitors to pay any remaining sums.
- The time needed handling bill compilation can also be cut down by closing all open bills before alerting the accounts team of its discharge and by keeping lines of communication open among department whenever a bill is closed.
- The Medical Officers and Consultants mentioned that the lateness of the Laboratory reports caused a delay in the start of the patients' treatment. The laboratory workers, for their part, said that despite the reports being ready, typing them was challenging because of the heavy workload and staff scarcity.

Discharge planning:-

The discharge timing can be improved most significantly by adhering to an appropriate discharge planning activity. The rules should be put forth in detail for the same. Beginning the day the patient is admitted to the hospital, the patient's discharge planning should begin. A proper discharge report should be created, and the summary should be updated the same night with daily updates regarding the essential action and therapy given to the patient.

A transcripter must be given the night shift in order to accomplish this. If the doctor advises the patient be discharged the next day, the discharge summary must be provided to print and should be validated and checked by the consulting doctor in during consultant's early rounds. This will permit all of the files to be based on previous at the end of the day.. If the discharge summary has an error, it should be corrected right away, only be signed by the floor RMO, and then be sent to the billing department.

There are some discharge summaries that the visiting consultant must review upon their request; this lengthens the overall time required because it must be transferred to the consultant and then brought back. This needs to be taken care of right away, and the floor duty RMO should handle the final clearance. The time needed for file verification and consultant error correction would be greatly decreased as a result. Additionally, by doing this, fewer discharges would be made during the afternoon hours and more would be made during the morning rounds of the doctors.

Daily doctor's morning round:-

Before 11 a.m., all consultants should be informed in full about the morning rounds to ensure a fair distribution of work at the data operator's desk during his working hours.

Transfer of files:-

All departments manually transfer the discharge file. Instead, the data operator can review and double-check the files via the mail system. As a result, the ward boys would be less dependent on the move, and the system would become more effective.

Automation:-

As little physical labor as feasible. The nursing system can use bar code technology to collect and retrieve pharmacy supplies. This would allow for a reduction in the amount of time wasted on organizing pharmacy refunds and open up the nurses' attention for patient-related responsibilities. RMO Since doing so would aid in preparing the discharge summary, as well as minimize any inaccuracies that were not necessary and the operator's requirement to modify the same file, the data input operator should be positioned close to the ground's RMO.

Pharmacy:-

It has been observed that pharmacy processing takes longer than the billing time. This must be observed. The unprofessional attitude of the pharmacy staff is a big contributor to the delay. It has been noted that irresponsible behavior is the cause of the delayed pharmacy bills. As the patient visits the billing department to inquire about the charge, the billing department keeps calling the pharmacy department for the final

bill. The billing department receives the final pharmacy bill only after that. The billing time is significantly delayed as a result of this. The head of the pharmacy department must take care of this, and suitable procedures should be followed while processing pharmacy bills and giving out regular updates.

Good diagnostic service:-

Make sure the clinical team receives the diagnostic reports on time so that the patient can begin receiving treatment as soon as feasible.

Manpower planning:-

Since there was a shortage of data operators who could create discharge summaries and there were vacancies despite a data operator departing the department, a suitable personnel planning exercise must be carried out. A data operator should be assigned to night duty, just as while preparing the discharge, to update and finish all of the admitted patients' daily files.

Conclusion

One significant area in need of improvement in hospitals is patient discharge. The hospital needs the right collaborative efforts of other department staffs in order to decrease discharge delays.

A satisfied consumer will spread the news about the hospital to two people, whereas an unhappy customer would disseminate their cries to eight, ten, or even more people.

As a result, having suitable and effective processes and a protocol in place is crucial for any hospital. The greatest customer relations management. and realistic benchmarks are crucial for every hospital to have, for all the procedures they can strictly adhere to. Employees in hospitals should coordinate their individual goals. They will then devote all of their time to improving the organization in line with its aims.

- Shahnawaz Hamid, Farooq A Jan, Haroon Rashid, Humera Irshad, Tufail Ahmad July (2018) . "Study of discharge process of patients admitted in inpatient department of a tertiary care hospital of north India with a special focus on reducing the waiting time" published in International Journal of Medical and Health Research.ISSN:2454-9142.
- Shahnawaz Hamid, Farooq A Jan, Haroon Rashid , Susan Jalali August (2018). "Study of Hospital Discharge Process viz Prescribed NABH Standards" published in International Journal Of Contemporary Medical ResearchISSN:2454-7379.

Suggestions

- Conduct regular audits of discharge procedures to identify bottlenecks and areas for improvement.
- Use patient feedback to assess the effectiveness of implemented changes and make further adjustments as needed.
- Simplify the documentation process required for health insurance approvals.
- Standardize forms and reduce redundant paperwork to minimize time spent on administrative tasks.
- Develop and implement comprehensive training programs covering all aspects of the discharge process.
- Include modules on documentation, billing, patient communication, and use of technology.
- Schedule regular refresher courses to keep staff updated on new protocols, technologies, and best practices.
- Encourage staff to give response on the discharge process and training programs.
- Utilize this feedback to consistently enhance educational content and discharge procedures
- Doctor should convey expected date of discharge & change in date should be intimated.
- Case sheet (Data sheet) should be send on time to the Billing Department.
- Establish clear communication channels between healthcare providers and insurance companies to facilitate timely resolution of approval delays.
- Educate healthcare staff about insurance approval processes and strategies for mitigating delays, including best practices for documentation and communication.

- Implement continuous improvement strategies to monitor and address common issues related to insurance approval delays through feedback mechanisms and quality improvement initiatives.
- Based on the study of hospital discharge procedures, several recommendations can be made to address the inefficiencies identified, particularly in the health insurance discharge process. Implementing these suggestions can help streamline operations, reduce discharge times, and improve overall patient experience.