A STUDY ON DISCHARGE PROCESS DELAYS AND BOTTLENECK IN SURAT MULTISPECIALITY

Presented By-Dr Rajat Shah

MBA-HM27

1578

Under the guidance-
Dr Vidya Bhushan Tripathi

Introduction

In India, one of the major problems faced by multispecialty hospitals is proper management of discharge processes within the healthcare sector. Leading to patient dissatisfaction and increase the cost towards the hospital.

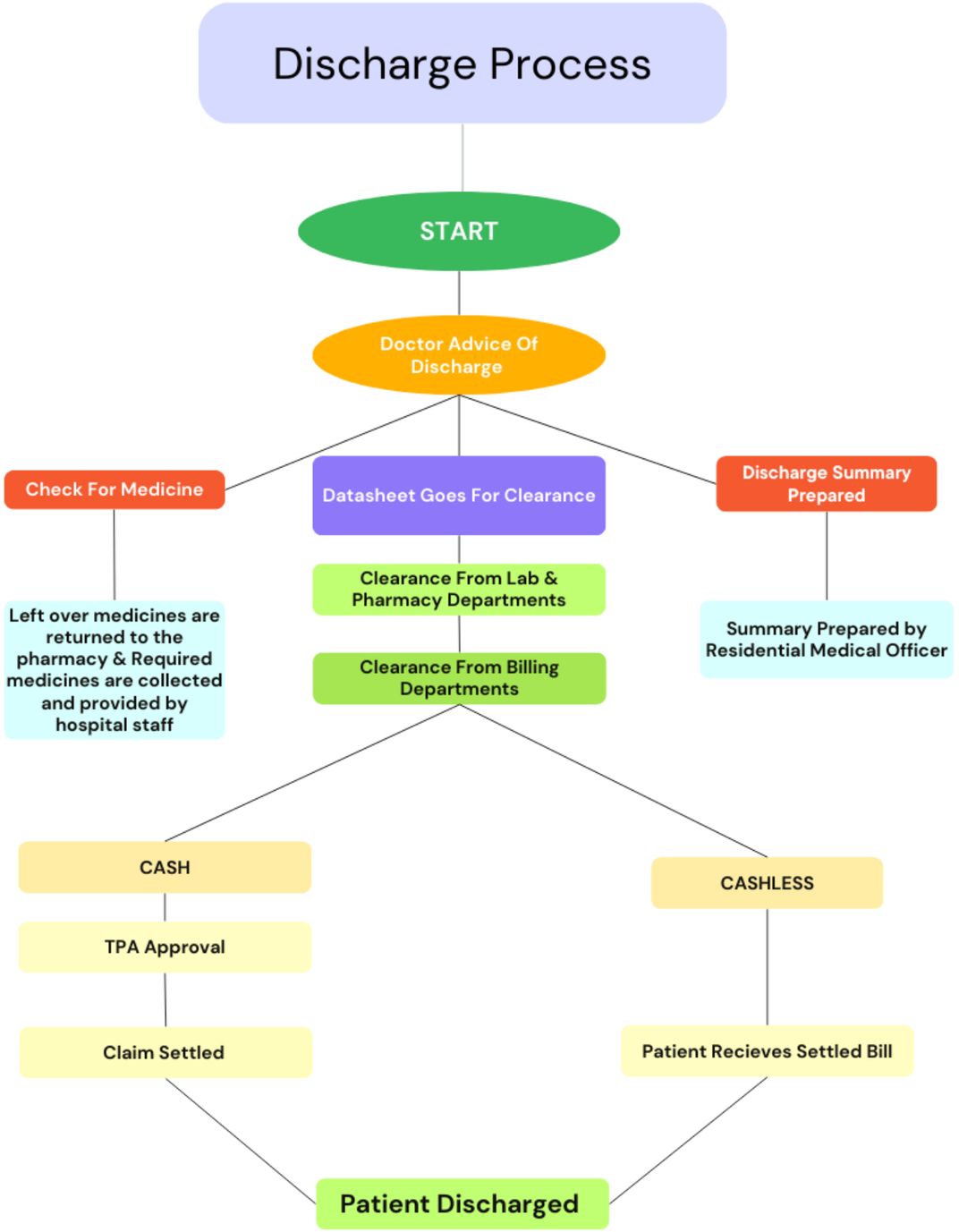
Added to that is TPAs for insurance claims and billing process, which makes the timely discharge of patients even more difficult .

This study aims to have a close look at the process of discharge with special attention to some of the parameters like consultant order time, preparation of discharge time, laboratory and pharmacy departments' clearance times, TPA and billing efficiency.

Objectives

Objective 1: To understand the average time taken for the entire discharge process for both self-payment patients and insurance patients

Objective 2: To study the delay points in the discharge process


Discharge Process
START
Doctor Advice Of Discharge
Check For Medicine
Datasheet Goes For Clearance
Discharge Summary Prepared
Left over medicines are returned to the pharmacy & Required medicines are collected and provided by hospital staff
Clearance From Lab & Pharmacy Departments
Clearance From Billing Departments
Summary Prepared by Residential Medical Officer
CASH
CASHLESS
TPA Approval
Claim Settled
Patient Recieves Settled Bill
Patient Discharged

Methodology

1

Study Population

The study population consisted of Ipd patients discharged from a multispecialty hospital in Surat between January 2024 and March 2024.

2

Sample Size

A total of 83 discharge records were collected for the study, representing a sample size to draw inferences about the discharge process.

3

Sampling Method

Purposive sampling Method

Study Design

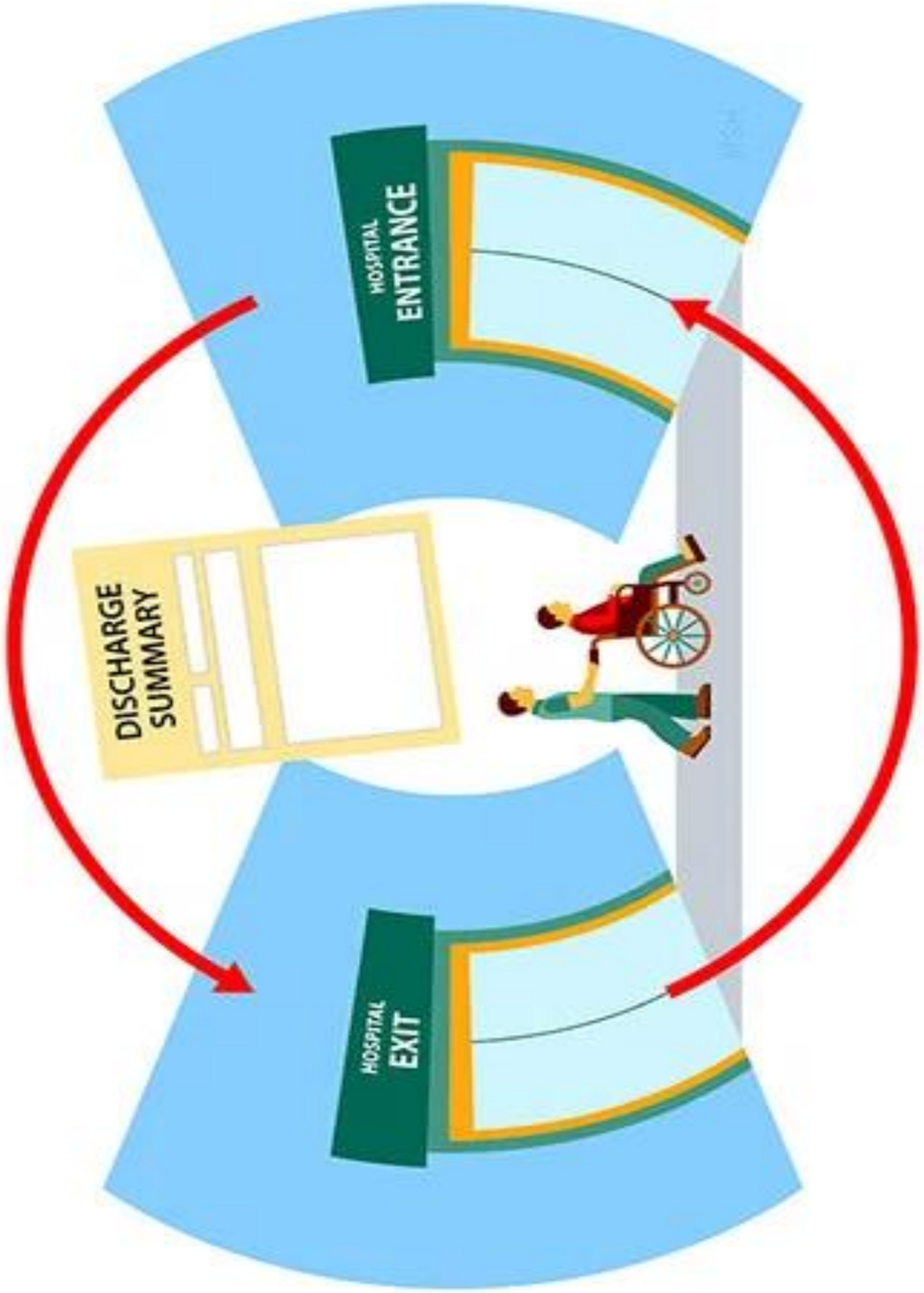
4

descriptive cross-sectional study. This design allows to collect and analyze data from a single point in time, thereby giving a snapshot of the discharge process and ascertains delays and bottlenecks.

Duration of Study

5

The study covered a period of three months. Data records were captured & reviewd in duration of 17th March 2024 to 17TH June 2024.



Key Findings

1 **Average Discharge Time Differences**

The average discharge time for self-payment patients was 1 hour and 33 minutes, significantly shorter than the 4 hours and 25 minutes for TPA patients.

2 **Distribution of Treatment Hours**

A large percentage (48%) of TPA patients had a treatment duration of at least 4 hours but less than 6 hours, while only 5% had a duration of less than 2 hours. In contrast, 79% of self-payment patients had a treatment duration of less than 2 hours.

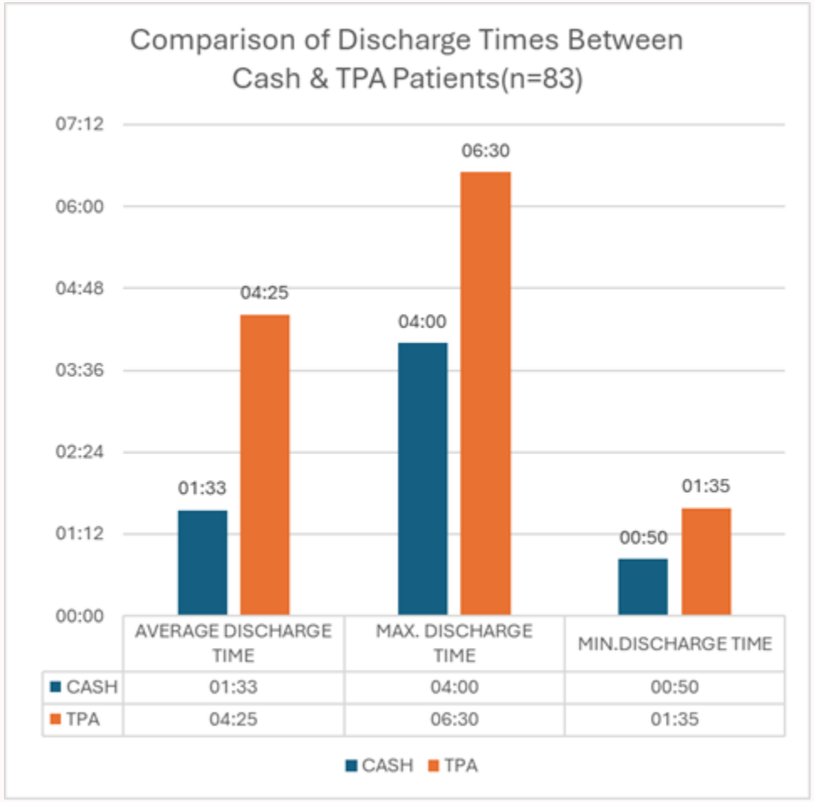
3 **Specific Delay Points**

The study identified specific delay points, including preparation of discharge summaries, returning unused medicines, and obtaining clearances from various departments.

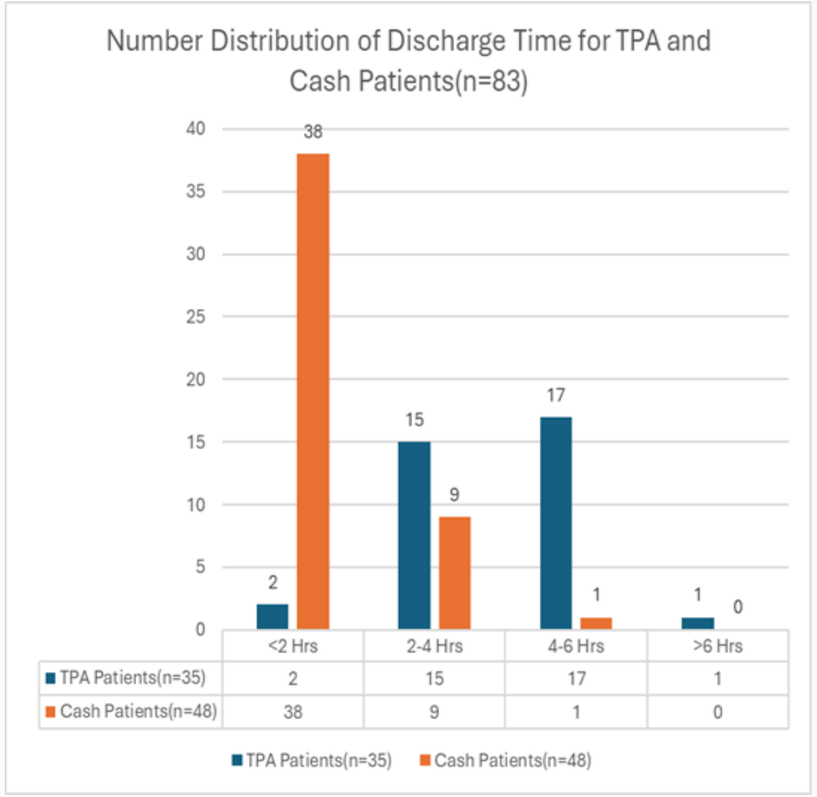
4 **Bill Settlement and Approval Delays**

The most significant delay was observed in the bill settlement or approval process, with TPA patients spending an average of 200 minutes compared to 46 minutes for self-payment patients.

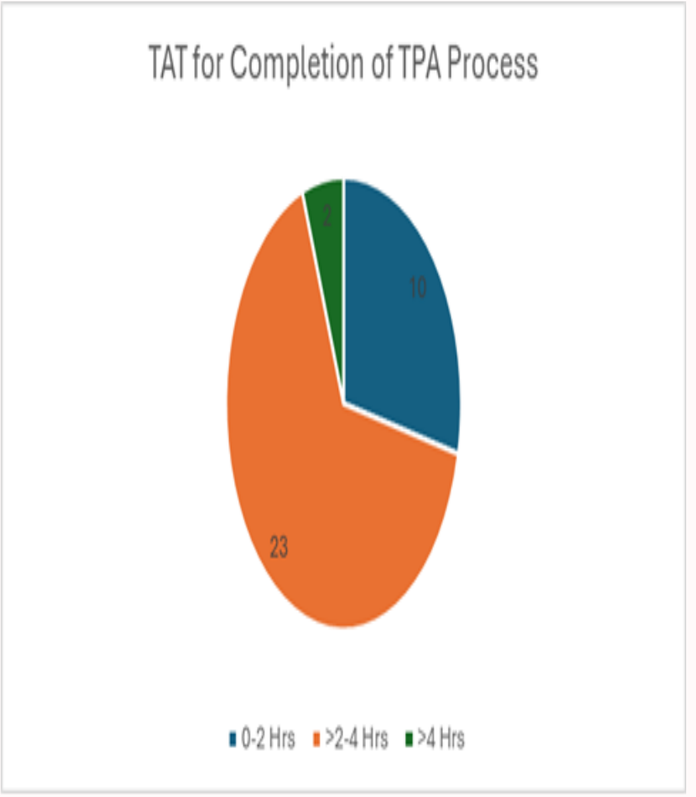
Summary of Findings



Self-payment patients had an average discharge time of 1 hour and 33 minutes, with a range from 50 minutes to 4 hours. On the other hand, TPA patients experienced a much longer average discharge time of 4 hours and 25 minutes, with a range from 1 hour and 35 minutes to 6 hours and 30 minutes.



This comparison highlights that TPA patients tend to have longer treatment durations, with a significant portion requiring at least 4 hours. On the other hand, Cash patients predominantly have shorter treatment durations, with the majority being treated in less than 2 hours



The efficiency of TPA processes varies notably. A relatively small proportion (28.6%) of TPA processes are completed efficiently within 2 hours, indicating that only a minority of patients receive quick treatment. Most TPA processes (65.7%) fall within the 2 to 4-hour range

Bottlenecks in Discharge Process

1

Preparation of Discharge Summaries

Additional documentation requirements for insurance protocols can lead to minor delays in preparing discharge summaries for TPA patients.

2

Returning Unused Medicines to the Pharmacy

The pharmacy must ensure that all returned drugs are properly documented and reflected in insurance claims, which can introduce delays if errors or inconsistencies exist.

3

Departmental Clearances

Clearances from various departments, such as labs and pharmacies, can be delayed due to inefficiencies in inter-departmental communication and collaboration.

4

Bill Preparation and Approval

The preparation and approval of the bill, especially for TPA patients, is a time-consuming process due to itemized billing, verification against policy coverage, and multiple levels of approval.

5

Inter-Departmental Communication and Coordination

Inefficiencies in inter-departmental communication and coordination can lead to delays as information needs to be verified and re-verified, particularly for TPA patients.

Conclusion

This study highlights the **significant delays in the discharge process for TPA patients compared to self-pay patients**, primarily **due to the complex and layered procedures involved in insurance claims processing**. The main factors contributing to these delays include multi-layered insurance verification, detailed scrutiny of case records and billing summaries, pre-authorization requirements for certain treatments, involvement of various stakeholders, and inefficiencies in inter-departmental communication and coordination.

Management Implications for Hospitals

Electronic Solutions

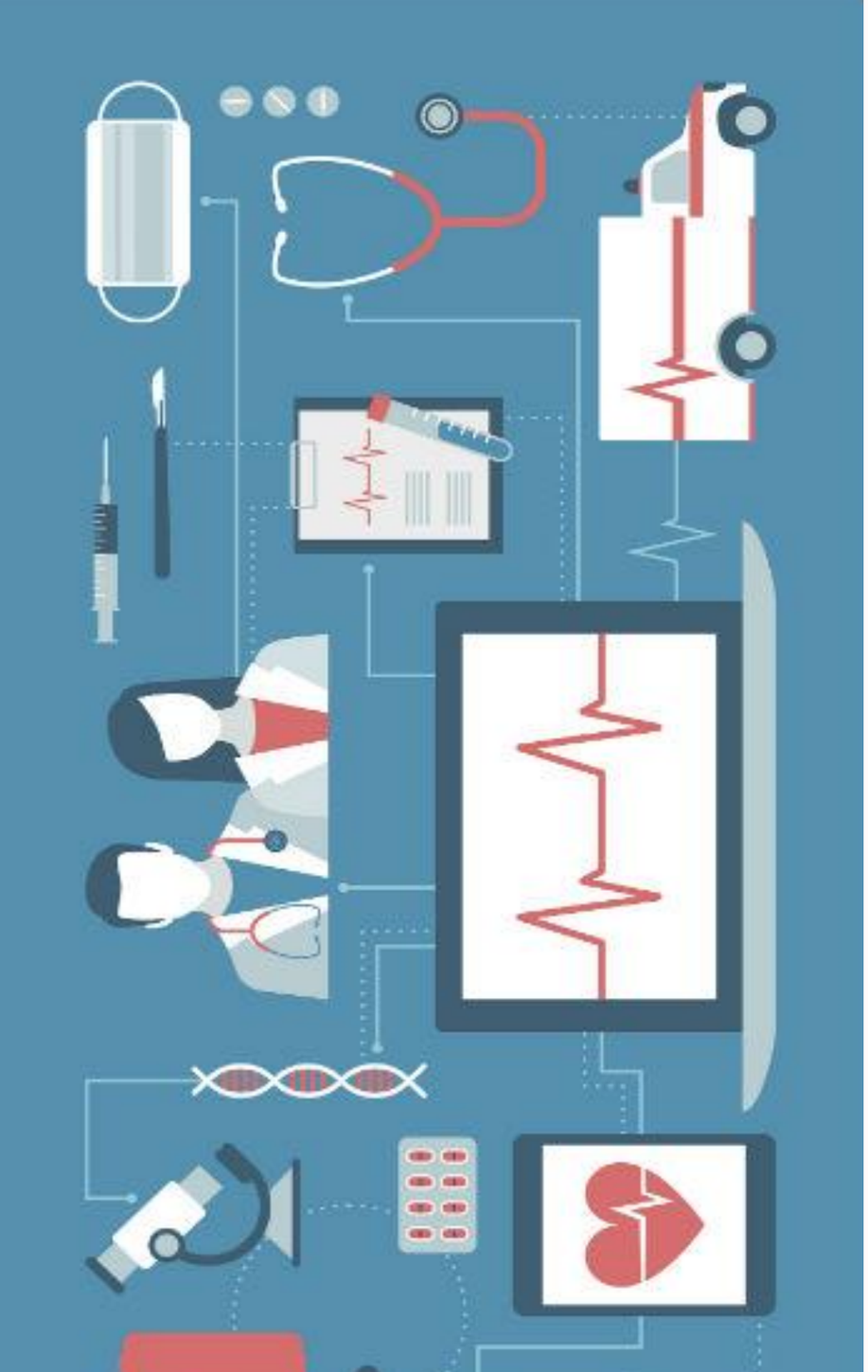
Implementing electronic billing systems and automated claim submission systems can minimize manual errors and facilitate faster information exchange between hospitals and insurance companies.

Training and Communication

Training administrative personnel in insurance procedures and establishing clear communication channels between the hospital's billing department and insurance companies can improve efficiency.

Dedicated Teams

Creating dedicated teams for TPA patients can enhance working efficiency by allowing them to focus specifically on insurance-related processes.



Recommendations

Regular Audits

Conduct regular audits of discharge procedures to identify bottlenecks and areas for improvement.

Patient Feedback

Use patient feedback to assess the effectiveness of implemented changes and make further adjustments as needed.

Simplify Documentation

Simplify the documentation process required for health insurance approvals, standardizing forms and reducing redundant paperwork.

Recommendations (Continued)

Clear Communication Channels

Establish clear communication channels between healthcare providers and insurance companies to facilitate timely resolution of approval delays.

Educate Healthcare Staff

Educate healthcare staff about insurance approval processes and strategies for mitigating delays, including best practices for documentation and communication.

Continuous Improvement Strategies

Implement continuous improvement strategies to monitor and address common issues related to insurance approval delays through feedback mechanisms and quality improvement initiatives.

THANK YOU