Turnaround Time in Discharge Processes for Private Patients, Ayushman Bharat Patients, and Other Empanel Patients

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INTRODUCTION

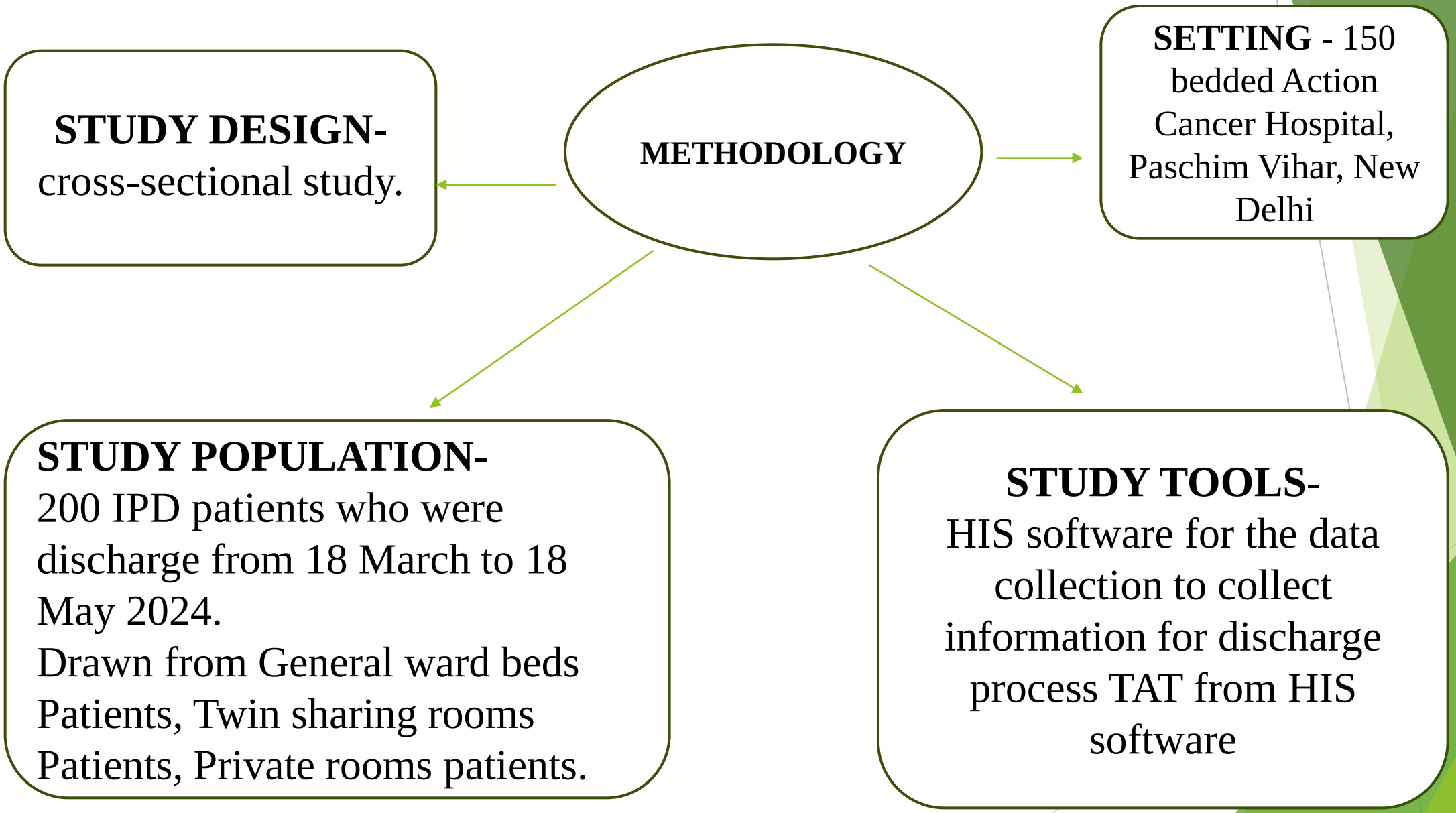
- Discharging a patient admitted to a hospital, (as Inpatient,) is a complex process.
- It is multidisciplinary process in nature.
- Patient discharge is impacted by hierarchical elements, individual elements, and teamwork elements.
- National Accreditation Board and Hospital (NABH) defines discharge as "the process of activities that involves the patient and the team of individuals from various disciplines working together to facilitate the transfer of the patient from one environment to another".

LITERATURE REVIEW

Author	Year	Location	Objective	Process	Link
Vikas Gupta, Meena Joshi, Rajesh Mehra	2023	Indian public and private hospitals	To implement lean management to optimize the discharge process.	The study demonstrated that lean management significantly reduced the average discharge time, improved patient throughput, and increased patient satisfaction.	Optimizing Discharge Processes Using Lean Management in Indian Hospitals (BMJ Open Quality).
Priya Nair, Sanjay Bansal, Kavita Singh	2022	Indian private hospitals	To explore how lean methodologies can improve discharge efficiency in Indian hospitals.	Lean techniques significantly reduced discharge times minimized patient wait times, and improved resource utilization.	Implementation of Lean Techniques in Indian Healthcare to Enhance Discharge Efficiency (BMJ Open Quality).

Author	Year	Location	Objective	Process	Link
Shweta Gupta, Ramesh Kumar, Anil Gupta	2021	Indian public hospitals	To implement lean management strategies to streamline the discharge process.	The adoption of lean principles resulted in reduced discharge times and enhanced overall patient experience.	Improving Patient Discharge Process in Indian Hospitals Using Lean Principles (SpringerLink).
Gaurav Suman, Deo Raj Prajapati	2022	Various Indian hospitals	To integrate Lean and Six Sigma quality initiatives in Indian hospitals to streamline processes and reduce waste.	These methodologies significantly reduced discharge times by minimizing non-value-added activities and improving overall process efficiency.	Implementation of Lean and Six Sigma in Indian Hospitals

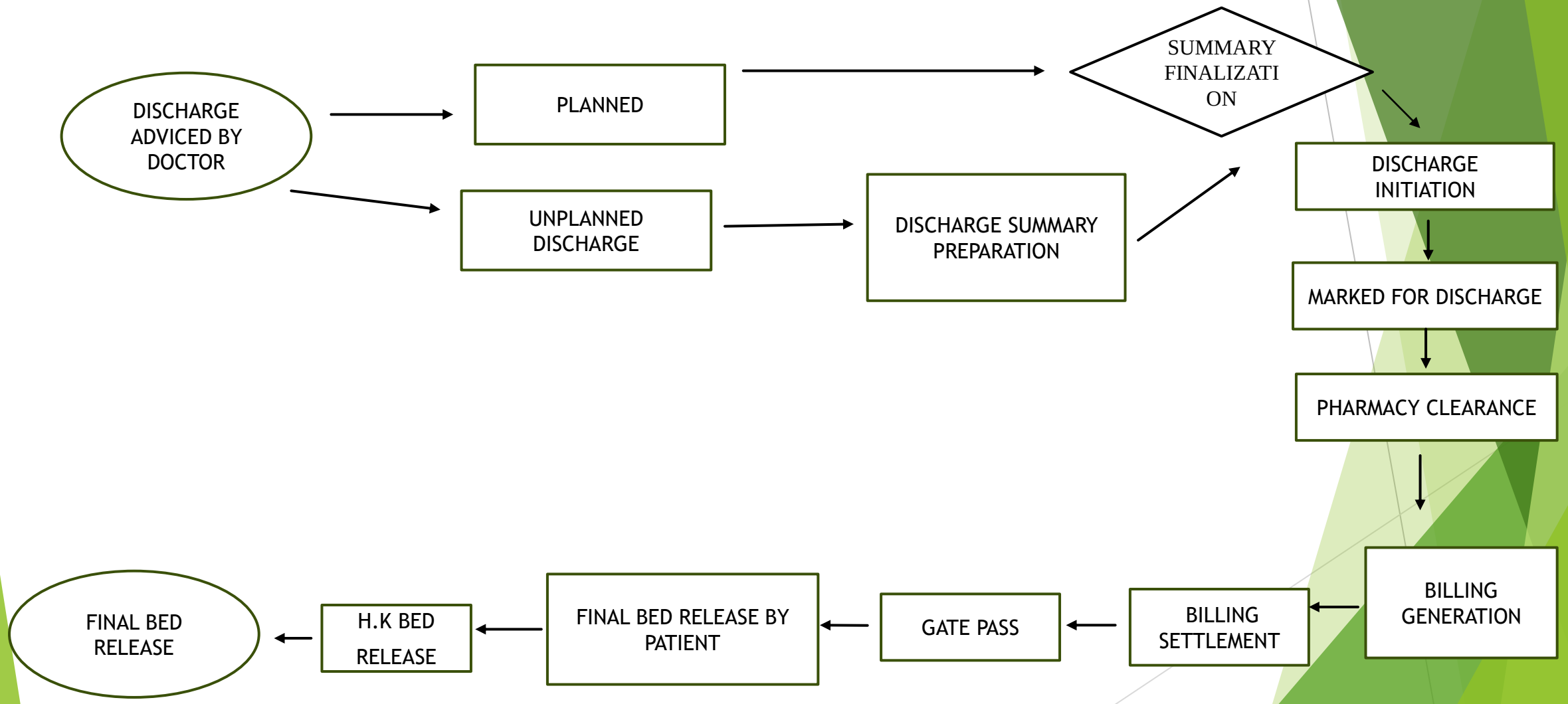
METHODOLOGY



DATA COLLECTION METHOD

S. No.	UHID NO.	Date and time of admission	Marked Discharge	Pharmacy Clearance	Billing generation	Billing settlement	Gate Pass	H.K bed release by patient	New patient admission
1 2 . . Till 200									

MAPPING OF THE DISCHARGE PROCESSES



RESULTS: AYUSHMAN PATIENTS

- A majority of the Ayushman patients could complete their process before the standard time, that is 240 minutes.
- Out of 49 (84%) such patients, 29 (60%) have taken 200 minutes, followed by 11 (22%) 160 minutes, six (12%) 120 minutes and three (6%) 80 minutes.
- Only 16 percent of the Ayushman patients have taken standard average time.
- None of the patients have taken more than the standard average time

Percentage distribution of Ayushman patients by TAT

TAT in minutes		Number of patients (n=58)	%
Below the standard time	<240	49	84
Standard average time	240	9	16

RESULTS: PRIVATE PATIENTS

The average standard time for Private Patients was decided 120 minutes by the hospital authorities. Most of the private patients could complete their process more than the standard time, that is 120 minutes. Out of 57 (58%) such as 25 (25%) 60 minutes have taken followed by 17 (17%) 120 minutes, 30 (30%) have taken 180 minutes, 26 (26 %) have taken 240 minutes, and nearly one percent have taken 300 minutes.

Only 17 percent of the private patients fall in standard average time. 58 percent patients have taken more than standard time.

TAT in minutes		Number of patients n=99	%
Below the standard time	<120	25	25
Standard average time	120	17	17
Above the standard time	>120	57	58

RESULTS:OTHER EMPANEL PATIENTS

(CGHS 2014 Working (Cash), CGHS NHA 2021-22, Delhi Development Authority, Delhi Development Authority (Cash).

- The average standard time for Other Patients was decided 240 minutes by the hospital authorities. All of the other empanel patients have taken TAT below the standard time that is 240 minutes.
- The results revealed that for such patients, the processes are already in place as they might have availed the services for a long time as regular beneficiaries.

RESULTS: FACILITATING FACTORS IN SMOOTH DISCHARGE PROCESS

- It was observed that the hospital does not have bias in general but still Ayushman Patients and Other patients are regular and have their proper documentation which makes the discharge process smooth. It is not studied but through observation, it can be said they are familiar with the processes as well and therefore, they made themselves ready. This is the reason, the hospital staff preferred them and also complete the process on priority so that the hospital can complete the process at the earliest to get it reimbursed.

RESULTS:HINDERING FACTORS IN SMOOTH DISCHARGE PROCESS

- Financial disputes and considerations related to billing or coverage.
- Patient preferences for specific discharge timings or locations, complicating scheduling.

Discussion

- The reviewed literature consistently demonstrates the efficacy of lean management and Six Sigma methodologies in optimizing discharge processes in Indian hospitals. Gupta et al. (2023) showed that lean management significantly reduced discharge times, improved patient throughput, and increased satisfaction in both public and private hospitals. Similarly, Nair et al. (2022) found that lean methodologies reduced discharge times, minimized patient wait times, and enhanced resource utilization in private hospitals. Gupta et al. (2021) further confirmed the effectiveness of lean principles in reducing discharge times and improving patient experiences in public hospitals.
- Additionally, Suman et al. (2022) highlighted that the integration of Lean and Six Sigma initiatives reduced discharge times by eliminating non-value-added activities and improving overall process efficiency across various hospital settings. Bharsakade et al. (2021) identified and addressed key areas of waste through lean techniques, leading to reduced discharge times and increased patient satisfaction in public hospitals. Common outcomes across these studies include significant reductions in discharge times, improved patient satisfaction and throughput, and enhanced resource utilization, with consistent positive results observed across different hospital settings.

CONCLUSION

- The discharge process is most efficient for Ayushman and Other Empanel patients, with the majority completing within the standard time. Ayushman patients have particularly efficient protocols, while Private patients often face delays due to financial and scheduling issues. This indicates a need to address inefficiencies in handling Private patients to improve their discharge times.

SUGGESTION

- The hospital authorities may have review of the TAT once again and may consider the standard average standard time which is 240 minutes for Ayushman patients and other patients. The results show that many of the patients have completed the discharge process before time. There was no delay at all.
- For the private patients, the hospital authorities may consider

- Implement a pre-discharge billing review process to address and resolve any financial disputes or billing issues before the discharge day. This ensures that financial concerns do not delay the discharge process.
- Provide clear and transparent communication about the billing process and potential costs early in the patient's stay. This can help manage expectations and reduce last-minute disputes.
- Employ dedicated financial counselors who can assist patients with billing questions, insurance coverage issues, and payment options. Having a point of contact for financial matters can streamline the process.
- Offer advance payment plans or estimates so patients can address financial obligations gradually throughout their hospital stay, reducing the burden at the time of discharge.

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