Dishari
MULTI-SPECIALITY HOSPITAL

A STUDY ON, REDUCING HOSPITAL TAT FOR INSURANCE PATIENTS REQUIRING POST AUTHORIZATION AT Dishari Health Point,malda,west Bengal.

ANINDITA GUHA

Brief about Hospital:

Dishari Health Point was established and started its operation in February 2004 at 19, B. G. Road, Mokdumpur, Malda, West Bengal. Dishari is a private partner associated with department of Health and Family welfare Govt. of West Bengal in operation for different diagnostic division to the needy patients. Dishari is a group of hospital having four Multispecialty Hospitals at present. Our main house at Malda is a well appreciated well recognized 150 bedded Multispecialty Hospital and Diagnostic center.

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Contents:

- Introduction
- Aims ,objective and Methodology.
- Graphical Representation.
- SWOT Analysis
- Conclusion.
- Suggestion & Recommendation.

Introduction:

The number of Indians with health insurance is increasing at a rate of 40% a year, but because hospitals are running at high expenses, the challenges that providers have in handling claims and the length of the cashless procedure remain a source of worry.

Corporate and individual insurance are therefore becoming more and more significant. This study highlights the challenges facing the providers and the usage of some cutting- edge, modern web-based solutions in collaboration with a small set of medical experts who can, to a certain extent, reduce disallowances and response time. The web-based portal used to manage all cashless transactions in a modern setting provided the data for this study.

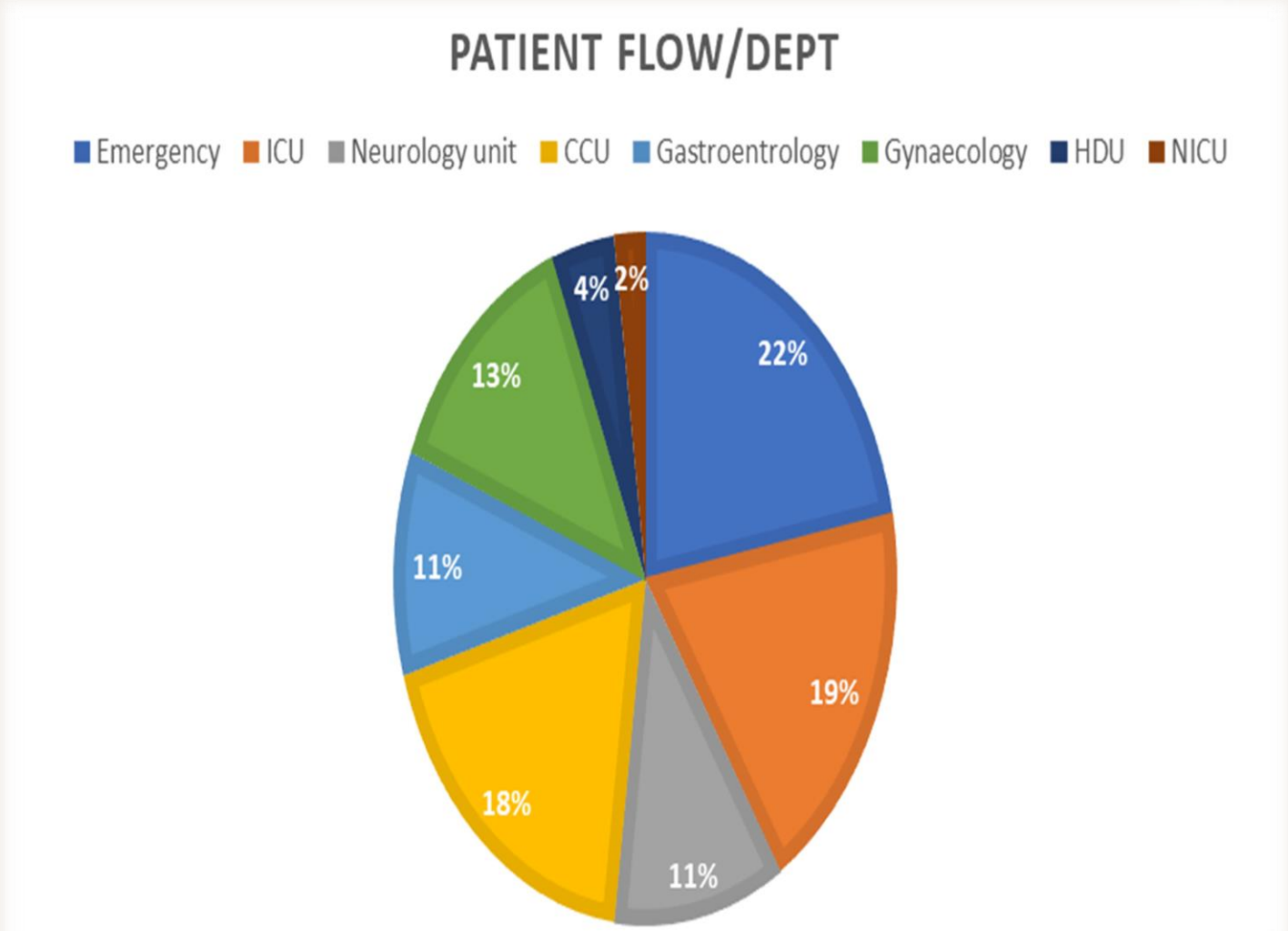
Aim ,Objective and Methodology.

AIM- Reducing hospital TAT for insurance patients requiring post authorization.

OBJECTIVE-. The objectives of this study was to comprehend how health sprint contributes to the reduction of post authorization turnaround time and completion of the cashless hospitalisation process.

METHODOLOGY - An exploratory study was conducted at Dishari Health Point in West Bengal from March 1 to May 25, 2023. Secondary and primary data were gathered.

Graphical Representation



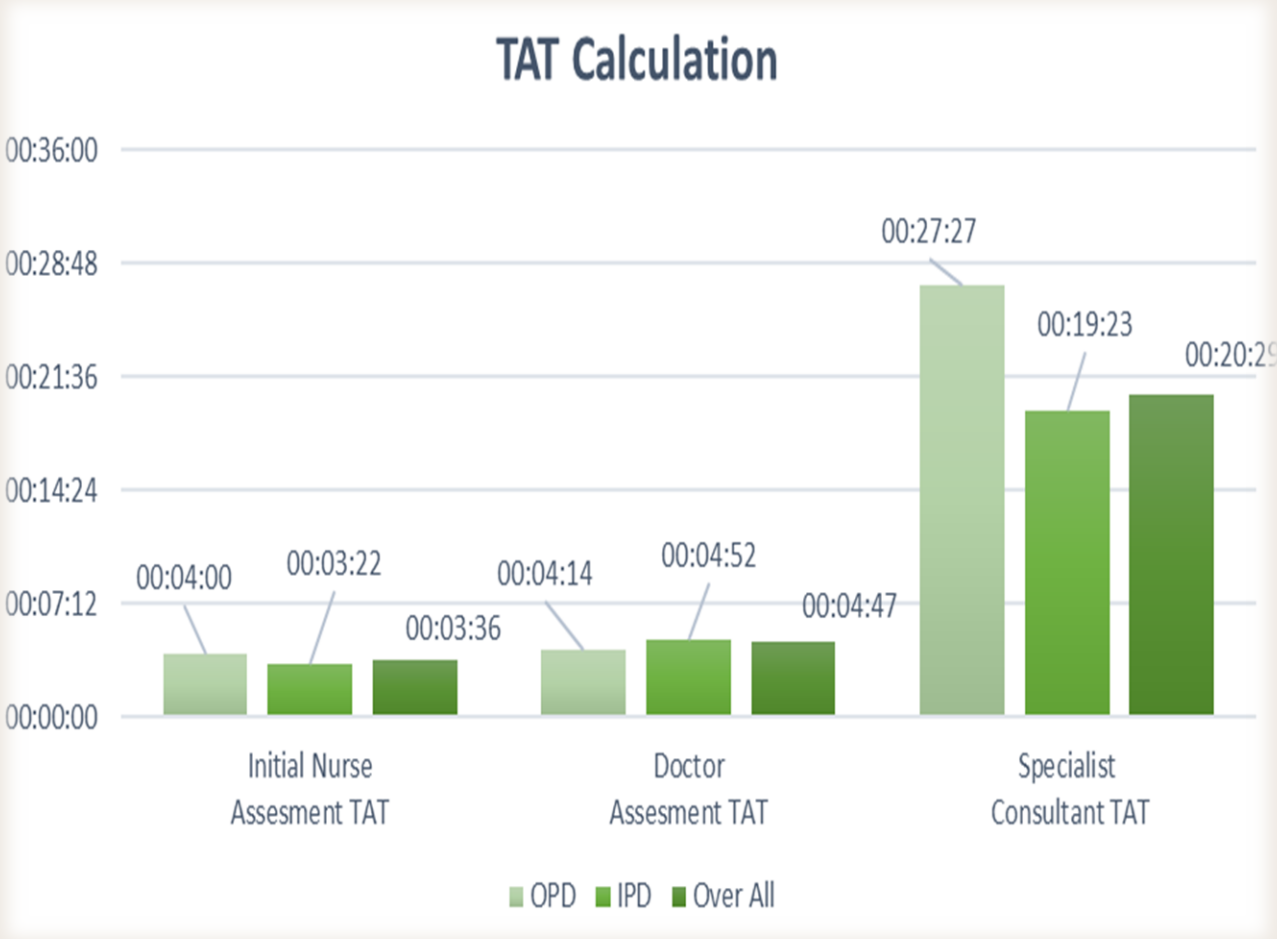
1. **Result:**

   The graph represents the percentage of patient distribution per department from the taken sample size of 200 data.

2. **Discussions:**

   It is comprehended from the graphical representation that most of the traffic of insurance patients are coming from the CCU, ICU and Gastroenterology departments at Dishari health point.

Graphical Representation



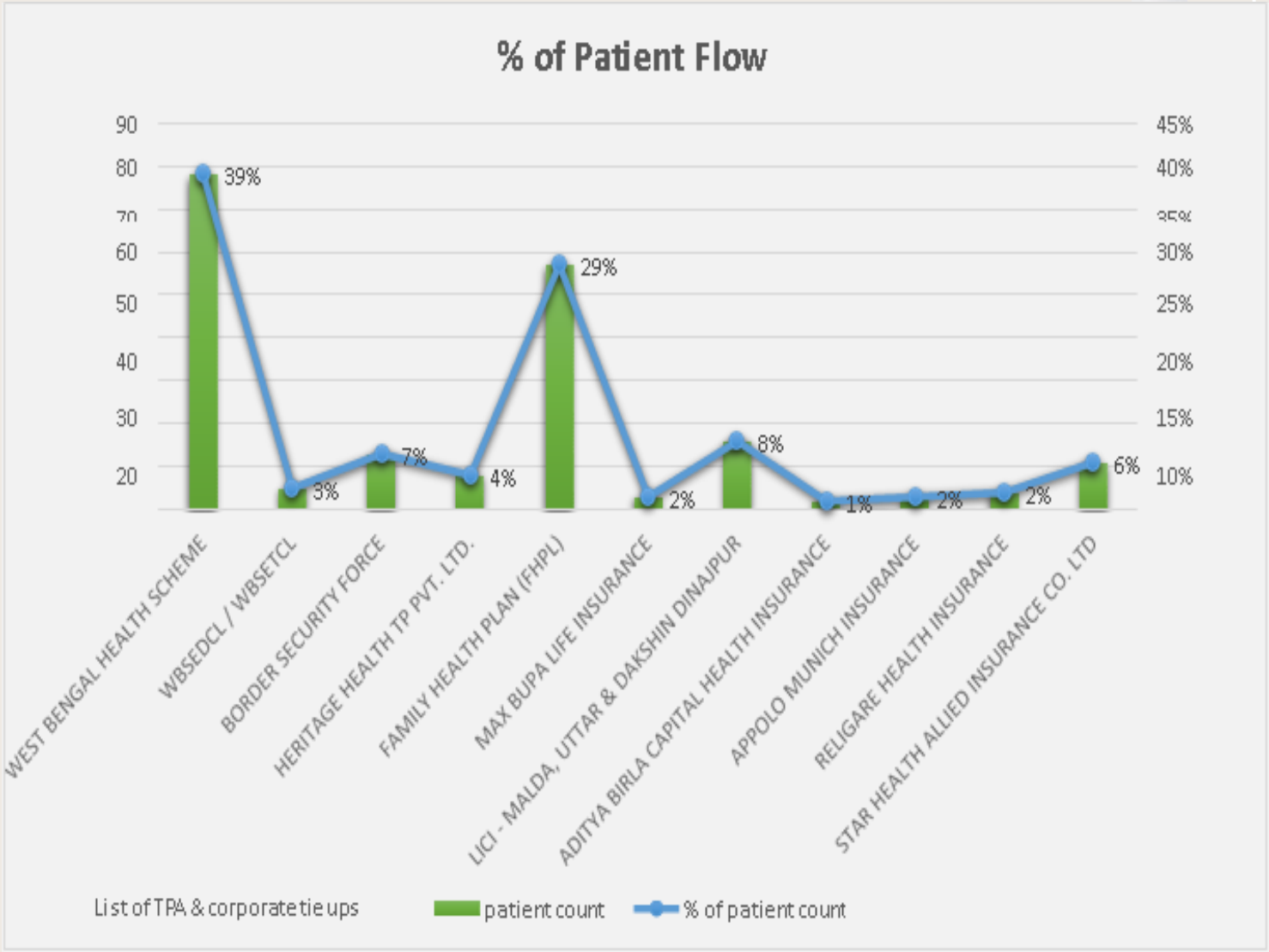
1. **Result:**

   The graph represents the delay in the assessment of the insured patients' nurses, doctors or special consultant .

2. **Discussions:**

   It is comprehended from the graphical representation that the main delay starts from the initial stages which are hardly avoidable in the process, so a small study was done on the same i.e the assessment duration of attending the patient to have an overall idea of the delay in total process of post insurance approval.it is observed that there is a certain delay in special consultant arrival which starts to delay the process resulting in late approval of the insurance.

Graphical Representation



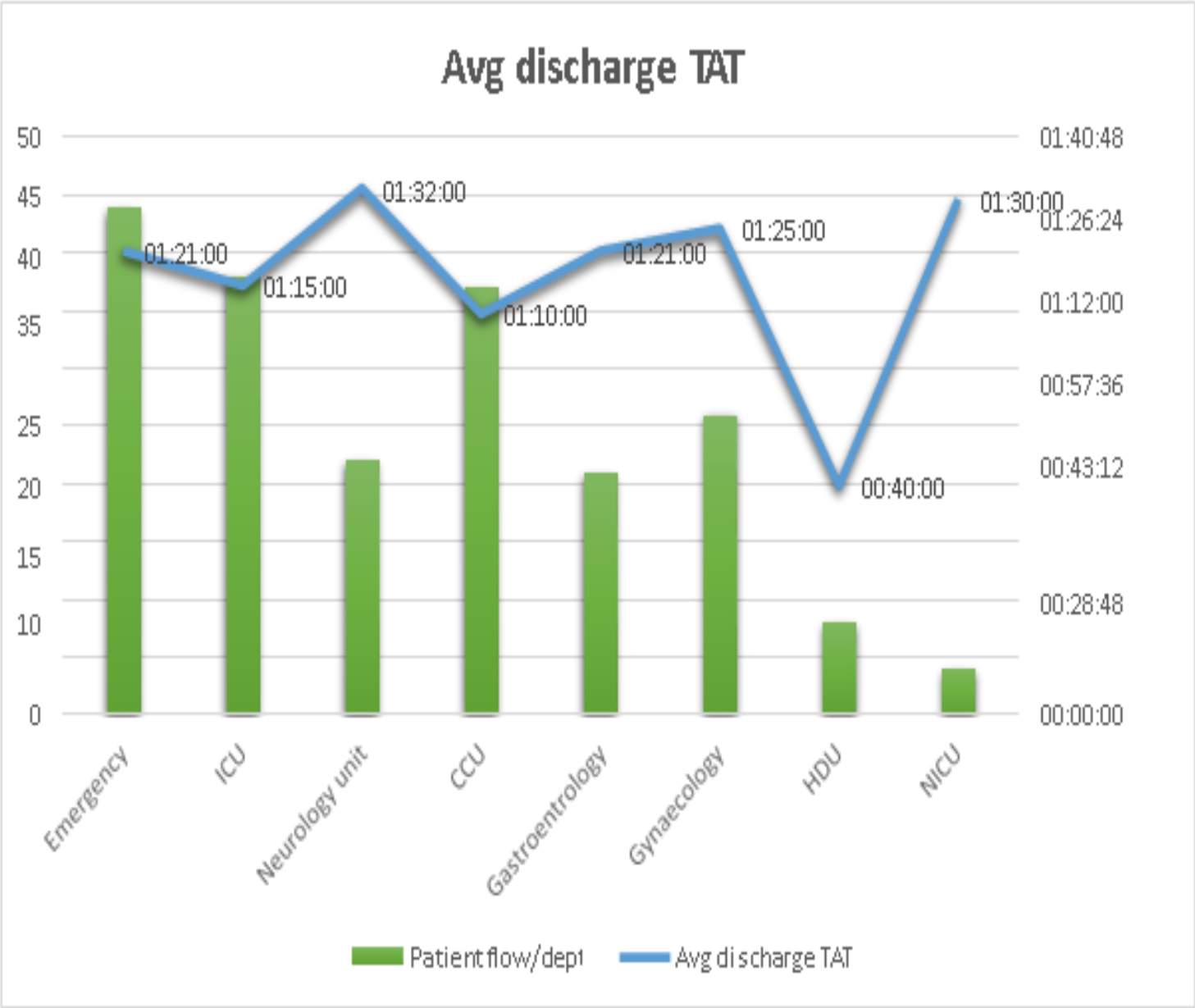
Result:

1. The graph represents the percentage usage of the type of insurance scheme that is availed most of the time in the area by the patient party.

2. **Discussions:**

   It is comprehended from the graphical representation that the people in WB mostly avails WBHS insurance, also family health plan and star health insurance , which are government schemes which takes more time to resolve as compared to the private ones.

Graphical Representation

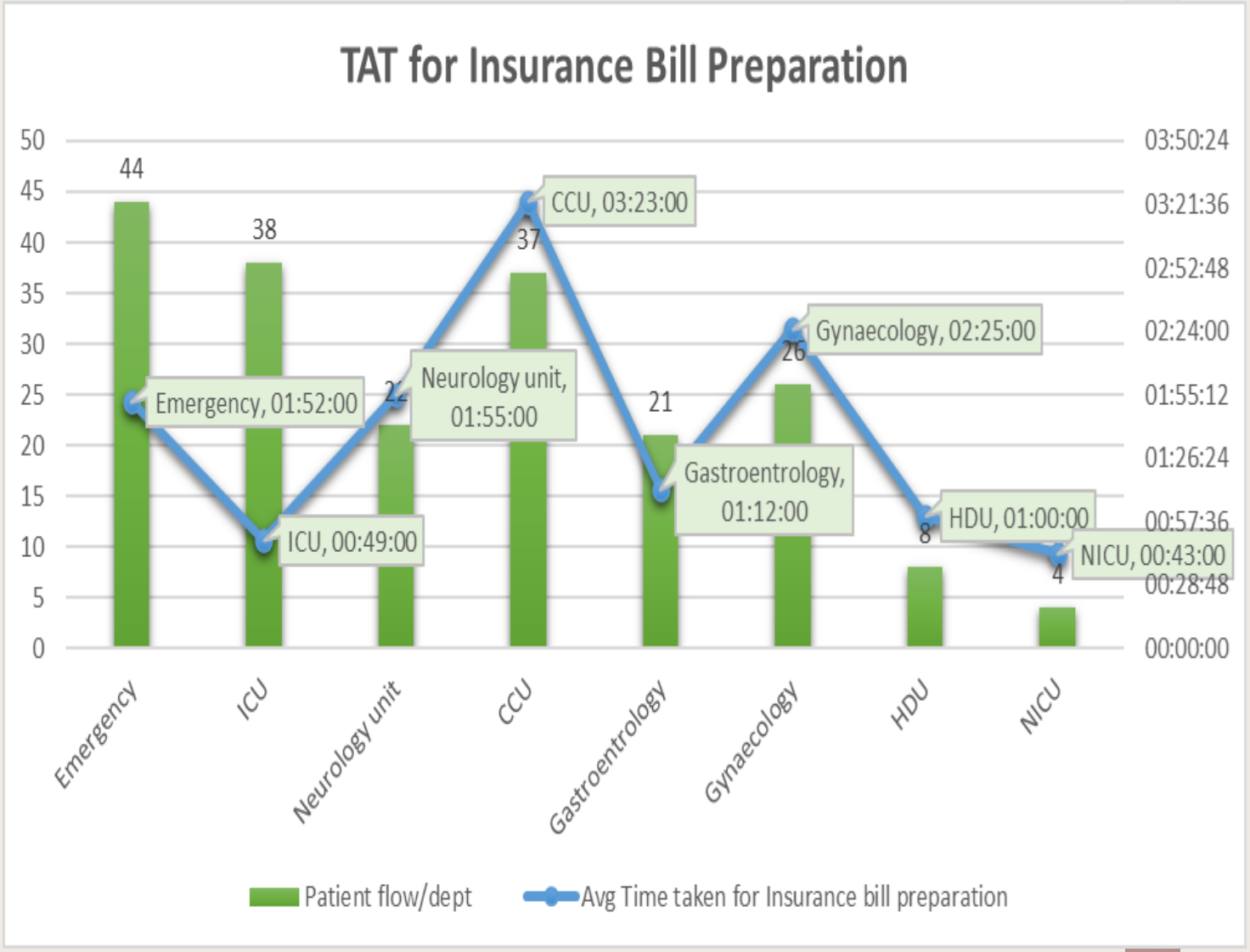


1. **Result:**

   The graph represents the delay in the average discharge TAT in the particular departments for insurance patients.

2. **Discussions:**

   It is comprehended from the graphical representation that the average discharge TAT from every department at Dishari is found to be near to 1 hr or more, depending on the severity of the condition or special consultant approval.



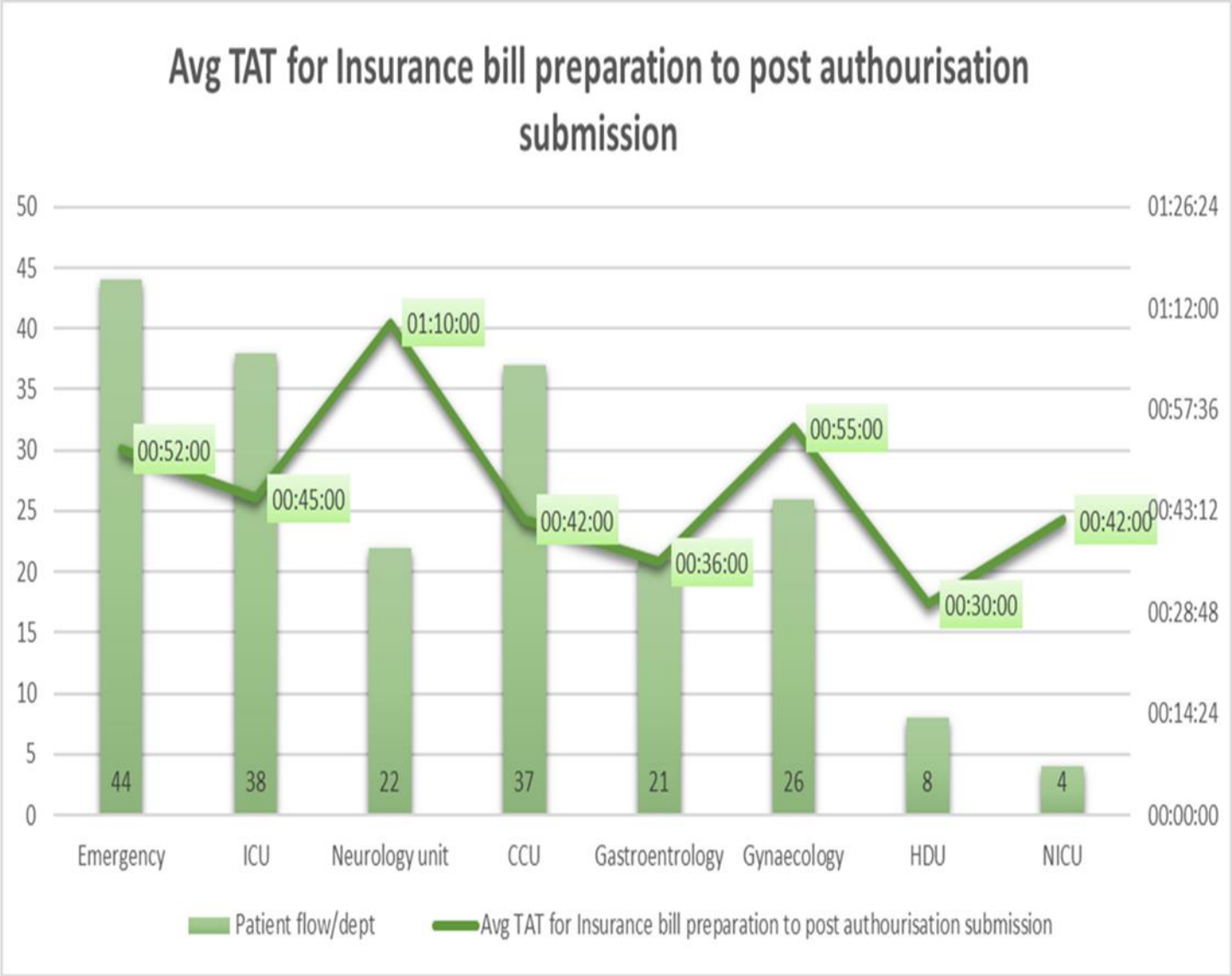
Graphical Representation

Result:

1. The graph represents the average time taken per department to complete the insurance bill preparation.

2. **Discussions:**

   It is comprehended from the graphical representation that CCU,gynaecology these department are showing most delay in bill preparation.



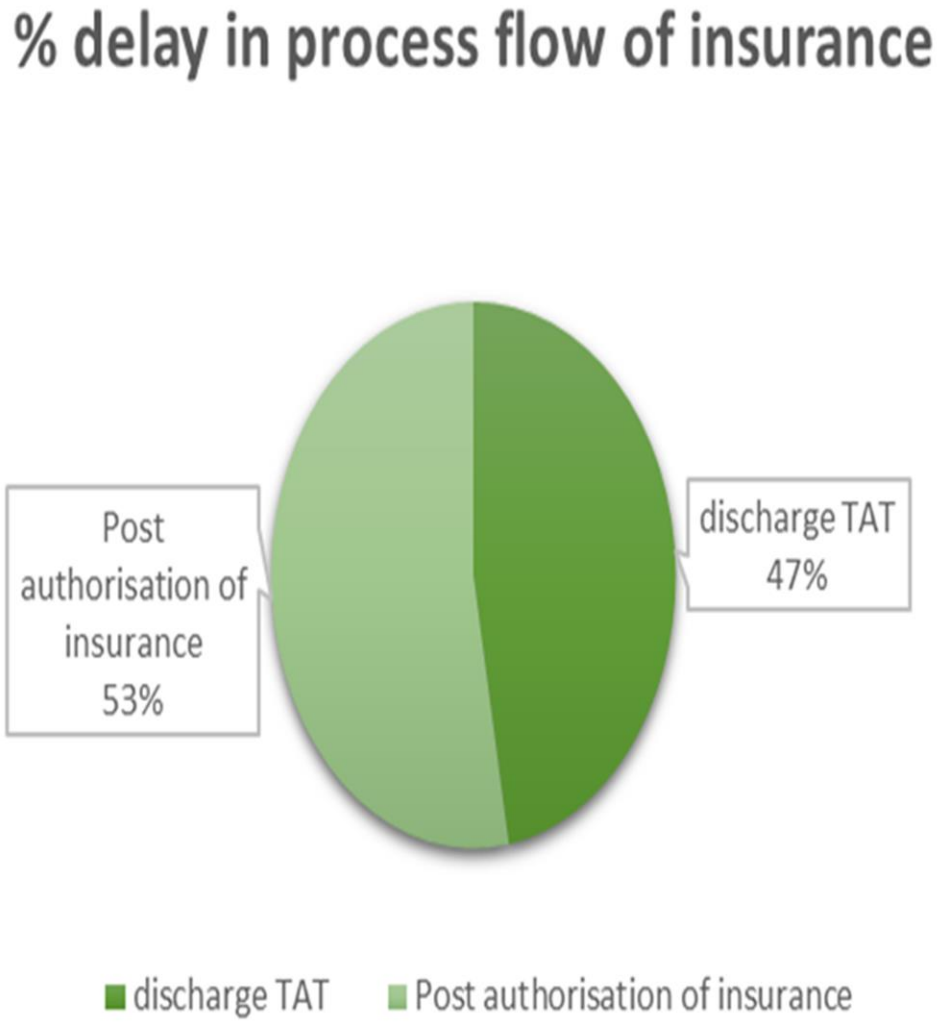
Graphical Representation

Result:

1. The graph represents the average TAT for insurance bill preparation to post authorization**.**

2. **Discussions:**

   It is comprehended from the graphical representation that the delay is mostly seen again in CCU, gynae etc dept



Graphical Representation

Result:

1. The graph represents the percentage of delay during discharge of insurance patients vs the percentage of delay during post authourisation of the insurance bill approval.

2. **Discussions:**

   It is comprehended from the graphical representation that the delay is more 50% cases that are represented.

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SWOT Analysis:

Strength(S):

- The line of reporting is very clean.
- The defined TAT is well maintained on a priority basis.
- All insurance biller and Staffs are aware about their job responsibility that's why they maintained the benchmark of each step with proper document handling.
- Because of proper on time billing is done so it saves a lot of time as compared to other hospitals nearby.
- A minor OT for ER is there specifically for very critical patients which saves time in case of urgent procedures.

Weakness(W):

- Consultant delays in approving discharge summary.
- TPA takes quite long to get the approval of the exact amount of insurance bill. staff reliver issues (replacement of staff of same potential is a crisis here at
- insurance department).
- Few staffs are less responsive when called for multitasking.
- No proper process to track the insurance process flow

Opportunities(O):

- Manpower can be increased according to the footfall of patients.
- Training can be done to improve the soft skills of the staff. It is observed that in certain soft skills while listening to patients who constantly ask for something. Proper waiting area can be arranged.
- Validity of TPA card or insurance card should be clarified in the beginning itself.
- Display up to date organogram.
- Availability of an advance software system for the insurance processing will reduce the delay in the process.

Threats(T):

- Possible fights because of overcrowding or miscommunication.
- the possibility of a pandemic that could overwhelm the facility, the loss of doctors to retirement and funding cuts.
- Rising competitors.
- Negative press/media coverage.
- Miscommunication between staffs.

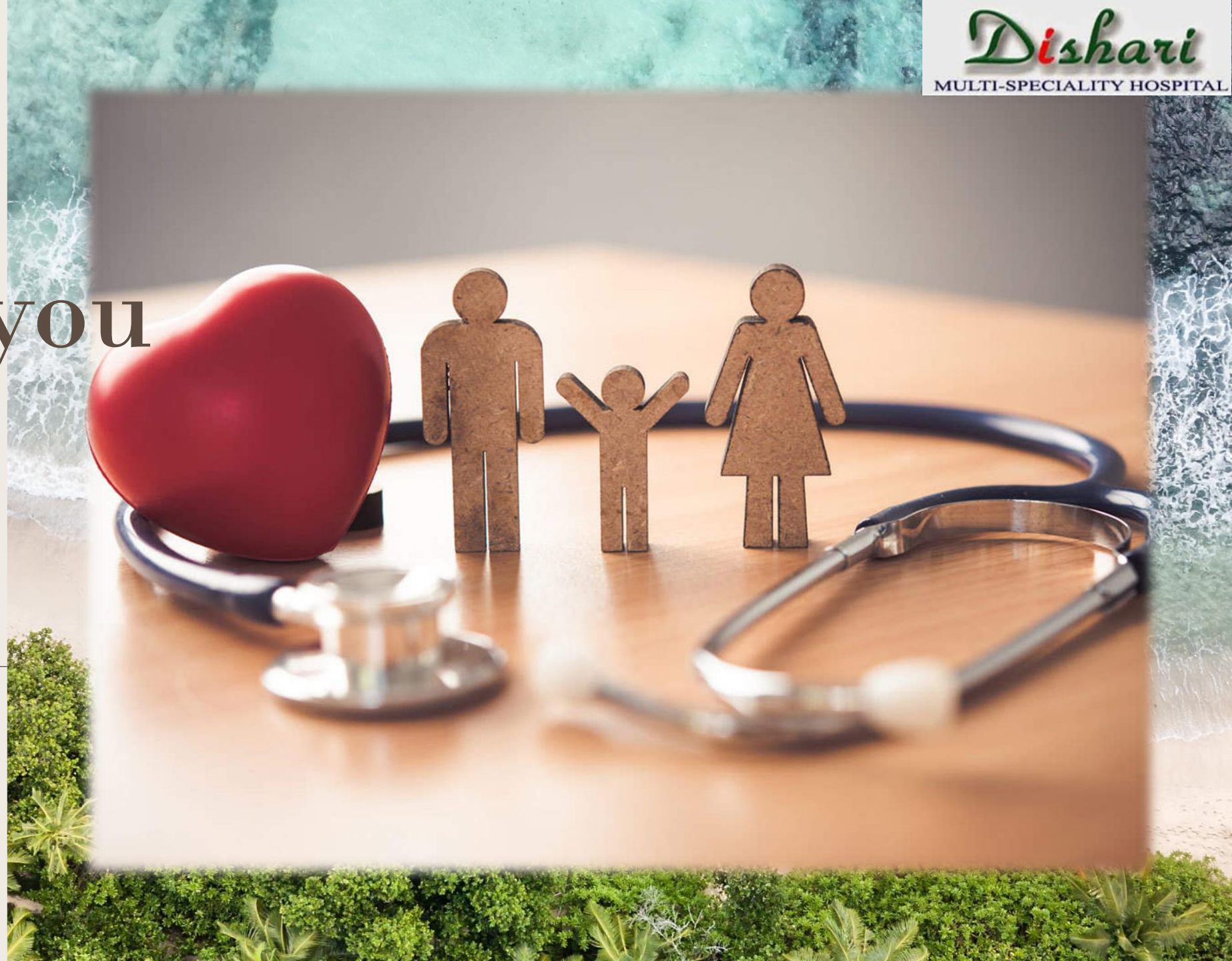
Conclusion:

All insurance Staffs are aware about their job responsibility that's why they maintained the benchmark of each billing step with proper handling. Except in some cases, it is observed that ,Most of the cases are delayed due to late discharge summary approvals 1-2 hours is observed, also observed that at few cases there is a delay in special consultant arrival which overall delays the process, the main reason behind is sudden overcrowding with insurance bill at a time, apart from that a specific process should be followed to track the overall insurance process flow.

Recommendation/suggestion:

- Regular audits at least once a week to check for delays and identify areas that need improvement.
- Financial counselling should be done while the patient is being given primary treatment. Validity of TPA card or WBHS card Scheme should be clarified in the beginning itself.
- Proper monitoring system should be there, as most delay can be sorted.
- Once a week the soft skills training of the floor biller or insurance staff should be done as It is observed that most of the times they fail to quickly respond or act on the process.
- Clearance from all departments during discharge takes time causing delays in the overall process. A proper TAT should be maintained here.

Thank you



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