DELAY DYNAMICS IN HOSPITAL DISCHARGE: COMPARING TPA AND CASH FLOW

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SYNOPSIS

Title: Delay Dynamics in Hospital Discharge: Comparing TPA and Cash Flow

Introduction:

Efficient patient discharge is a cornerstone of hospital operations, directly influencing bed availability, resource allocation, and overall patient satisfaction. Delays in the discharge process can lead to operational bottlenecks, increased costs, and patient dissatisfaction. One of the key factors contributing to variations in discharge turnaround time (TAT) is the method of payment, particularly differences between Third-Party Administrator (TPA)-handled discharges and those paid by cash. This study aims to analyze and compare the discharge process for TPA and cash patients to identify the bottlenecks and improve efficiency.

Research Question:

How does the turnaround time of the discharge process differ between TPA (insured) and cash-paying patients, and what are the contributing factors to any delays observed in each category?

Objectives:

• To study and document the discharge workflow at a multi-specialty hospital.

• To calculate and compare the discharge TAT for TPA and cash patients.

• To identify administrative and operational bottlenecks affecting discharge timelines.

• To recommend actionable strategies to minimize delays and streamline discharge processes.

Hypothesis:

• Null Hypothesis (H0): There is no significant difference in discharge turnaround time between TPA and cash patients.

• Alternative Hypothesis (H1): There is a significant difference in discharge turnaround time between TPA and cash patients.

Materials and Methods:

• Study Design: Cross-sectional observational study

• Study Setting: Multi-specialty hospital setting (Shalby Hospital, Jaipur)

• Study Population:

Inclusion Criteria: Patients discharged during working hours (10 AM to 5 PM), either through cash or TPA mode

Exclusion Criteria: Patients discharged outside working hours or covered under other schemes (ECHS, govt. schemes)

• Sample Size: 200 insured patients and 150 cash patients

• Sampling Technique: Non-probability, convenient sampling

• Data Collection Tools: HMIS records, emails, hospital discharge logs

• Duration of Study: April 2025 to June 2025

• Data Points Collected: Admission date, discharge date and time, mode of payment, TAT timestamps at various checkpoints

Data Analysis Plan:

• Use MS ExceL for descriptive statistical analysis.

• Calculate average, minimum, and maximum TAT for both TPA and cash discharges.

• Apply t-tests or correlation analysis to determine statistical significance.

• Conduct Fishbone and Pareto analysis to identify root causes of delays.

Ethical Considerations:

• Informed consent will be obtained from all participants whose datas used.

• Patient confidentiality and data security will be strictly maintained.

• Institutional ethical guidelines and hospital policies will be followed.

Implications of Research:

• The study will help hospital administrators understand differences in discharge processing based on payment modes.

• The findings can guide process improvements, reduce TAT, enhance patient satisfaction, and optimize hospital resource utilization.

References:

• https://www.ncbi.nlm.nih.gov/pmc/articles/PMC927860

• Impact of patients' healthcare payment methods on hospital discharge process: evidence from India. Drew B, Angeli F, Dave K, Pavlova M.

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