IMPACT OF DISCHARGE BILLING PROCESS ON DISCHARGE TURNAROUND TIME

SPARSH HOSPITAL
THE TOUCH OF LIFE

IIHMR UNIVERSITY

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ABOUT THE ORGANIZATION

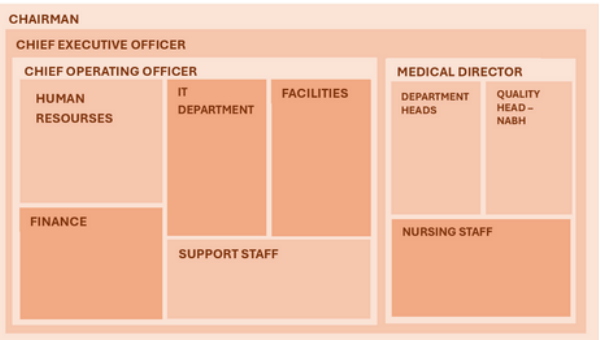
SPARSH Hospital, founded in 2006 in Bangalore, has surfaced as one of South India's prominent multi-specialty healthcare contributors. Well-known for its expertise in orthopedics, complicated trauma, and joint replacement, it has spread out to incorporate a complete array of specialties, including cardiac sciences, gastroenterology, oncology, and critical care. With state-of-the-art facilities on Infantry Road and other locations, SPARSH is committed to delivering high-quality, patient-centered care and pioneering innovations in medical practice.

VISION AND MISSION

Vision:
To be the most trusted healthcare provider, delivering compassionate, innovative, and affordable care.

Mission:
- Provide world-class healthcare services with empathy and integrity.
- Foster transparent, patient-first service with ethical clinical practices.
- Continuously invest in medical innovation and staff development.

ORGANIZATION STUCTURE



THEORETICAL UNDERSTANDING VS PRACTICAL EXPOSURE

Aspect	Theoretical Understanding	Practical Exposure
Nature of Learning	Systematic, syllabus-oriented learning using lectures, models, and case studies.	Gaining knowledge by direct observation, contact, and problem-solving within the hospital setting.
Patient Feedback System	There is feedback in NABH-compatible structured QA programs such as analysis and action plans.	Slow or delayed feedback; not consistently followed up and communicated to frontline staff.
Role Clarity and Staff Coordination	Work is assumed to be professionally demarcated with appropriately defined responsibilities and coordination.	In reality, the roles overlap, especially at discharge, and create confusion and inefficiencies.
Problem Solving	Resolved through tools such as Fishbone Diagram, Lean, SWOT in structured case settings.	Needed to contend with unstable behavior, slowness, resistance by staff, and minimal control over systems
Application of Theory	Directed towards model practices and ideals of hospital administration.	Practical experience required adaptation of theory in practice and stressed the importance of realities at ground level.

OBJECTIVE

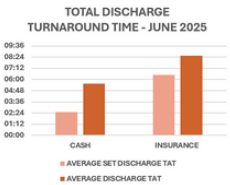
To understand and examine the effect of billing completion on Patient Discharge Turnaround Time (TAT) in both Cash and Insurance patients, determine process inefficiencies, investigate causes of delay, and suggest practical improvements to enhance the discharge process within a hospital setting.

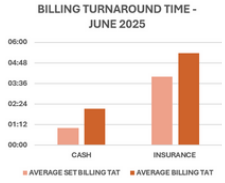
AIM

In order to minimize overall discharge turnaround time by mapping out bottlenecks and billing delays, comparing cash vs insurance process performance, and streamlining workflows in order to meet the hospital's benchmark TAT goals of:

2.5 hours for discharge completion (Cash)
6.5 hours for discharge completion (Insurance)

DATA ANALYSIS





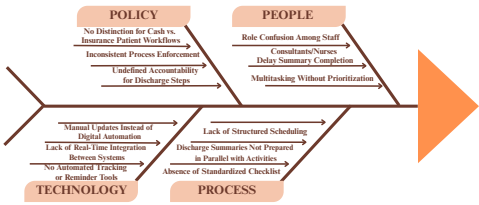
DISCHARGE TURNAROUND TIME		
	CASH	INSURANCE
AVERAGE SET DISCHARGE TAT	02:30	06:30
AVERAGE DISCHARGE TAT	05:33	08:34

DISCHARGE BILLING TURNAROUND TIME		
	CASH	INSURANCE
AVERAGE SET BILLING TAT	01:00	04:00
AVERAGE BILLING TAT	02:08	05:23

SWOT ANALYSIS

S	**Strengths** • Process of systematic discharge and presence of TAT benchmarks. • Detailed process data for the detection of bottlenecks. • Ongoing measurement of billing and discharge performance measures. • Available infrastructure to monitor cash and insurance procedures.	W	**Weaknesses** • Discharge summaries usually done late, leading to delays. • Discharge and summary updates are not coordinated. • Unclear role assignment results in overlapping and lost timelines. • No prioritization or segregation according to patient types (insurance/cash). • No uniform checklist or clocking, so it is difficult to spot and control delays.
O	**Opportunities** • Implement real-time dashboards for TAT and process monitoring • Use digital discharge checklists and time tracking automation • Specify roles clearly and emphasize task ordering through sequential workflow policies • Start parallel processing of discharge activities and summary preparation	T	**Threats** • Insurance (TPA) approval delays are still largely beyond the control of hospitals. • Prolonged hand processing increases risk of human error and variable performance. • Failure to distinguish cash and insurance patients leads to risk of persistent confusion and inefficiency. • Resistance of staff to change or implementation of new tracking systems

FISHBONE ANALYSIS



CHALLENGES FACED

- Obtaining accurate timestamps, since summaries and activity were recorded at varying times
- Resistance to staff in terms of accepting new work patterns and specified roles
- Determining the cause in a multi-factor, non-standardized procedure environment
- Inability to have a real-time checklist or automated tracking mechanism

SUGGESTIONS

- Synchronize discharge summaries with clinical discharge processes to prevent last-minute delays.
- Implement a uniform discharge checklist and electronic time-tracking system to track every step effectively.
- Precisely designate task ownership and assign roles per process step to eliminate overlap and confusion.
- Set distinct workflows for cash and insurance patients to minimize process friction.
- Use automated alerts and real-time dashboards to monitor discharge progress.
- Develop a prioritization system (e.g., first-come-first-served) for billing and discharge processes.

LEARNINGS

- Synchronization of discharge activity and summarizing writing is important to reduce delays
- Standardization and role clarity can profoundly affect process efficiency
- Lack of time-tracking and checklists enabled variability and bottlenecks in the process to go undetected
- Segregation of patient types and task ownership definition can eliminate confusion and increase throughput directly
- First-come, first-served and other structured prioritization approaches can enhance discharge and billing processes

CONCLUSION

This project brings into focus that delayed discharge billing, unsynchronized processes, and absence of standardized processes have a significant impact in augmenting the Discharge Turnaround Time (TAT) in Sparsh Hospital. The important issues are:

- Late discharge summary completion
- No real-time monitoring or automated notifications
- Undefined roles and multitasking with no prioritization
- No separation of cash and insurance patient workflows
- Delay in TPA approvals in insurance discharges