# CHAPTER - 06

# STUDY ON TAT OF DISCHARGE PROCESS FOR CASH INSURANCE TPA & SWASTHYA SAATHI PATIENTS

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## INTRODUCTION

In the past decade, there has been a noticeable increase in the number of individuals seeking healthcare services who are covered by insurance. However, despite this trend, only a small fraction, approximately 18%, of the Indian population currently benefits from various health insurance policies. Moreover, commercial health insurance companies cater to a mere 2.3% of the population. Nonetheless, private hospitals have experienced a surge in the number of patients covered by corporate insurance schemes. This segment of patients often has elevated expectations regarding the quality of service provided, yet they have little tolerance for subpar service quality. Among the key metrics used to gauge a hospital's efficiency and quality is the turnaround time (TAT) for the discharge process [3].

The consequences of delayed discharge can be far-reaching. Physically, prolonged stays in the hospital can increase

the risk of hospital-acquired infections and further exacerbate the patient's existing health condition. Additionally, prolonged hospitalization can disrupt the patient's daily life and routines, leading to increased stress and discomfort. From a psychological perspective, patients may experience heightened anxiety and feelings of frustration as they await discharge, especially if they are eager to return to the comfort of their own homes and resume their normal activities. Moreover, delayed discharge can also have financial implications for both the patient and the hospital. Extended hospital stays translate to higher healthcare costs for patients, particularly those who are self-paying or have limited insurance coverage. For hospitals, delayed discharges can result in overcrowding, reduced bed availability, and inefficient resource allocation. This, in turn, can impact the hospital's reputation and financial performance [1,2].

Given these challenges, it is imperative for hospitals to streamline their discharge processes and minimize delays wherever possible. This may involve implementing efficient discharge planning protocols, enhancing communication and coordination among hospital staff, optimizing administrative procedures, and leveraging technology to automate certain aspects of the discharge process. By prioritizing timely and efficient discharge practices, hospitals can improve patient satisfaction, enhance operational efficiency, and ultimately deliver better quality care to their patients [3].

## RESEARCH OBJECTIVES

1. To outline the discharge procedure at BM Birla Hospital Kolkata.

2. To pinpoint the deficiencies and elements influencing the discharge process of both cash-paying and TPA-covered patients at the hospital under study.
3. To propose strategies for enhancing the discharge process.

## RESEARCH METHODOLOGY

The study was designed as a descriptive investigation, focusing on patients who received services under TPA, cash payments, and government schemes. Patients with corporate or institutional tie-ups were excluded from the study, as were patients discharged after 6 pm. Structured interviews, checklists, internet research, and hospital records were used as sources of information. Personal observation was employed as a study tool along with a quantitative analysis method, supported by a review of at least five articles. The study was conducted from March 21st to June 18th, with a sample size of 100 patient files tracked to analyze the process flow of each case. Data collection involved utilizing structured interview tools, checklists, and hospital patient records. Analysis of the gathered data was performed using Microsoft Excel.

## RESULTS & DISCUSSION

One significant bottleneck in the discharge process revolves around billing procedures. Streamlining this aspect involves ensuring all pending invoices are settled before notifying the billing department of a patient's discharge and fostering efficient interdepartmental communication to expedite bill closure. Another point of delay arises during the creation and consultant signing of discharge summaries. To mitigate this, discharge schedules should be adhered to, and ward secretaries should ensure all summaries are prepared promptly for

consultant review and approval the following day. Insurance patient discharge approvals typically take 4-5 hours, prolonging the discharge process. To alleviate this delay, hospitals can engage more TPAs and streamline the approval process for insured patients, facilitating quicker releases.

Patients paying with cash often face delays due to inadequate advance notification of the total amount owed. To address this issue, ward secretaries or cash counters should meticulously track each patient's bill and periodically remind attendants to settle outstanding balances promptly. Moreover, a significant portion of patients experience discharge times exceeding 4 hours, contravening NABH regulations. This delay is partly attributed to the hospital's lack of a centralized transportation system. Remedying this can involve ensuring adequate wheelchairs are available on each level and assigning ward personnel to assist patients during departure. Discharge process recommendations should be disseminated to all ward secretaries, and staff members should undergo effective communication training to expedite the process further.

## CONCLUSION

Achieving timely patient discharges requires effective collaboration and coordination among various departments within the hospital, highlighting a critical area for improvement. This study delved into the processing times for patients making cash payments versus those covered by insurance, comparing them against NABH standards. By identifying the root causes of delays, recommendations were formulated to streamline the discharge process, ultimately enhancing customer satisfaction and bolstering the overall efficiency of hospital services.

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