

CHAPTER- 12

A STUDY ON REDUCING HOSPITAL TAT FOR INSURANCE PATIENTS REQUIRING POST AUTHORIZATION AT DISHARI HEALTH POINT

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INTRODUCTION

Over the past decade, there has been a notable surge in the number of individuals covered by health insurance seeking medical services. However, it's noteworthy that only 18 percent of the Indian population currently benefits from various health insurance schemes, with a mere 2.3 percent being served by commercial health insurance providers. Consequently, private hospitals are experiencing an increased influx of patients enrolled in commercial insurance policies. These individuals, anticipating high-quality services, have heightened expectations but limited tolerance for subpar healthcare. Evaluating a hospital's efficiency and quality often hinges on the turnaround time (TAT) in the discharge process. Defined as the release of a hospitalized patient by the attending physician after providing necessary medical

care, a swift and well-managed discharge process is a crucial parameter in meeting patient expectations and maintaining service quality standards [1].

Patients and their families eagerly anticipate returning home, while hospitals aim to complete all necessary processes for successful discharge and minimize the chances of readmission. Every hospital endeavors to enhance quality through various initiatives, including the reduction of discharge time. The total time spent in the discharge process encompasses the clearance time required by each department, along with other factors related to patients and the overall procedure. However, reducing discharge time necessitates a thorough analysis of the underlying factors contributing to time consumption during the discharge process. This study aims to identify the diverse factors influencing total discharge time and explore measures that can contribute to its reduction [2].

Prolonged discharge time is a prevalent issue in the majority of hospitals, particularly affecting insured patients whose Turn Around Time (TAT) for discharge tends to be higher than that of uninsured individuals. Discharge delays for insured patients are widespread, necessitating collaborative efforts from hospitals and insurance companies to address the issue. Hospitals, in particular, should mitigate delays through timely submission of discharge summaries, required reports, and prompt responses to generated queries [3]

RESEARCH AIM

To streamline the hospital Turnaround Time (TAT) for insurance patients necessitating post-authorization.

RESEARCH OBJECTIVES

1. To understand the role of Health Sprint in diminishing post-authorization turnaround time and facilitating the seamless completion of the cashless hospitalization process.
2. To conduct an in-depth examination of the turnaround time involved in comprehending the cashless hospitalization process.

RESEARCH METHODOLOGY

An exploratory study was undertaken at Dishari Health Point in West Bengal, spanning from March 1 to May 25, 2023. Both secondary and primary data were collected during this period. Primary data regarding patients visiting the insurance department was acquired through direct observation, while secondary data were extracted from the Hospital Information System and the register. A sample of 200 individuals was included in the study using convenience sampling. Data analysis was conducted using advanced Excel algorithms.

RESULTS AND DISCUSSION

The patient distribution across departments reveals that a substantial portion of insurance patients at Dishari Health Point is concentrated in the Emergency, ICU, and Gastroenterology departments, accounting for 22%, 19%, and 11% respectively. This concentration highlights potential areas for resource allocation and process optimization to manage the influx efficiently. The breakdown of the types of insurance schemes in use shows that a significant percentage of patients in West Bengal prefer WBHS insurance (39%), Family Health Plan (29%), and Star Health Allied Insurance (6%). Government schemes such as WBHS tend to take more time for resolution compared to private

ones, indicating a potential area for streamlining processes and improving efficiency.

The analysis of the average discharge Turn Around Time (TAT) across various departments underscores that each department at Dishari Health Point exhibits an average discharge TAT of approximately 1 hour or more. This variation is contingent on factors such as the severity of the condition or the need for special consultant approval. The findings suggest a scope for refining the discharge process for insurance patients. Examining the average time taken for insurance bill preparation in different departments, it is evident that CCU and Gynaecology experience notable delays. Identifying and addressing the bottlenecks in the bill preparation phase can contribute to overall process improvement.

The average Turn Around Time (TAT) for insurance bill preparation to post-authorization submission reveals further delays in departments like CCU and Gynaecology. Addressing the specific challenges in these departments can help mitigate delays and streamline the overall process.

CONCLUSION

The insurance staff exhibit a clear understanding of their job responsibilities, maintaining benchmarks for each billing step with effective handling. However, in certain instances, delays are noted, primarily attributed to late approvals of discharge summaries, causing a delay of 1-2 hours. Additionally, observed delays in the arrival of special consultants contribute to process delays. The main factor identified is sudden overcrowding with insurance bills simultaneously. It is also emphasized that implementing a specific process to monitor the overall insurance process flow would be beneficial.

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