

## CHAPTER: 08

# ***STUDY ON DISCHARGE TAT FOR CASH AND INSURANCE PATIENTS***

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## **INTRODUCTION**

Turnaround time for discharges (TAT) is a crucial aspect of hospital administration that has an impact on the effectiveness of healthcare delivery, the standard of care provided to patients, and patient satisfaction. The release TAT is the interval of time between the moment of medical clearance and the patient's actual hospital release. Longer hospital stays, congestion, and delays in admitting new patients are all possible outcomes of failing to pay appropriate attention to the discharge TAT [1].

Discharge TAT has been a key area of concern as hospital managers and healthcare professionals look for methods to increase the effectiveness and quality of healthcare delivery. The clinical state of the patient, the accessibility of hospital resources, the complexity of the release procedure, the patient's Insurance status, and other variables can all affect the discharge TAT.

The discharge TAT can have a big financial impact in a private hospital environment since it can affect the institution's revenue cycle and payment for services. For authorizing and processing claims, insurance companies often have certain guidelines and procedures, which might cause delays in the discharge procedure [2].

Given the importance of discharge TAT in hospital administration, an increasing corpus of research is devoted to figuring out what causes delays and coming up with plans to make the release process more effective. By enhancing the effectiveness and quality of healthcare delivery, this study can help healthcare managers and practitioners achieve better patient outcomes and higher patient satisfaction.

## **RESEARCH QUESTION**

1. What was the average discharge TAT between the doctor's advice time of the discharge and the real discharge initiation time by the nurses in hospitals?

2. What was the average discharge TAT between the system checkout and physical checkout by the patient in hospitals?
3. What were the reasons that affected discharge?
4. What interventions could be used to improve discharge TAT in hospitals?

## **RESEARCH OBJECTIVES**

1. To manually track the discharge process of cash and insurance patients.
2. To identify factors that affect discharge Turn Around Time (TAT)
3. To suggest measures to reduce the Inpatient Discharge Turn Around Time

## **RESEARCH METHODOLOGY**

In order to compare the discharge TAT for patients with cash and insurance in a private hospital environment, the study employed a mixed-methods approach. The quantitative data analysis involved scrutinizing Turnaround Time (TAT) data at discharge for patients who made cash payments and those with insurance. Additionally, data on patient volume, the day of the week, and the time of day were included in the analysis. The qualitative information was gathered by conducting in-depth interviews with administrators and healthcare professionals. The interviews were primarily focused on identifying the critical elements that affect discharge TAT and investigating viable remedies for increasing effectiveness and decreasing delays. Data from a sample of 100 patients were gathered for the study over the course of two months. Thematic analysis was used to examine the qualitative data, while statistical software was used to examine the quantitative data.

## **RESULTS & DISCUSSION**

The study on discharge Turnaround Time (TAT) for cash and insurance patients across various departments revealed notable gaps between the target TATs and the achieved TATs. For cash patients, the

achieved TAT for discharge initiation after doctor's advice (DA-DI) was 125 mins for planned discharges and 97 mins for unplanned discharges, significantly exceeding the 15 mins target. Similarly, for insurance patients, the achieved TAT for DA-DI was 32 mins for planned discharges and 64 mins for unplanned discharges, again surpassing the 15 mins target. The System Checkout to Physical Checkout (SC-PC) TAT was 74 mins for cash patients, surpassing the 60 mins target, while it met the 60 mins target for insurance patients. The analysis highlighted major gaps in meeting the targeted TATs, indicating areas for improvement in the discharge process. Issues causing delays in DA-DI included a higher percentage of unplanned discharges, demonstrating the need for more efficient planning and coordination in the discharge process. The study emphasizes the importance of prompt discharge initiation on the hospital information management system (HIMS) for streamlined patient flow, resource allocation, accurate patient information, compliance with regulations, and improved patient satisfaction.

## **CONCLUSION**

The typical time required for cash and insurance discharge from a doctor's advice. The Time to Discharge Initiation Time (DA-DI) was established at 15 minutes, while the average turnaround time from March to May is 101 minutes, or 1 hour 41 minutes. Aside from the time required to complete the discharge report, other process TATs were much over the objective. For enhanced service quality, suitable safeguards should be in place to alleviate the limitations of the present hospital discharge procedure. Reducing Inpatient Discharge Turnaround Time had not only improved patient satisfaction at their time of departure but had also paved the road for patients to be admitted to the hospital to wait less time.

## **REFERENCES**

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