

A STUDY ON IDENTIFYING THE DELAY IN CASHLESS HOSPITALISATION PROCESS IN A LEADING MULTISPECIALITY HOSPITAL IN KERALA

Dr.V.Uma¹, P. Keerthi Pragathi²

¹Head, Department of Hospital Administration, Dr.N.G.P Arts and Science College, Coimbatore

²Student, Department of Hospital Administration, Dr.N.G.P Arts and Science College, Coimbatore

Abstract –This paper collectively studies the delays identified in the processing of the Third party administrator(TPA) patient files in the wards and the insurance department by calculating the turn-around time(TAT) of every TPA patient file. All the files of TPA patients who were admitted in the general wards of the selected hospital were considered for the study. A checklist was prepared to calculate the TAT which included all the processes that the files have to move through which also included the patient identification details and remarks that were noted timely under observation. The objective of the study is to identify the delays by calculating the TAT and provide the department with potential corrective measures to effectively reduce the TAT. According to the study, increased delays were identified in the processes that had to be finalized by the insurance department and time consumed for the preparation of summary of the patient. Potential corrective measures for the same were provided as suggestions.

Key Words: Insurance, Cashless hospitalization, Turn-around time, Third party administrator, Delay, Discharge delay

1. INTRODUCTION

Delay in discharges of patients is a major issue that is being faced by most of the hospitals which have increased in-patient(IP) admissions. The major delays are noted among the discharges of the insurance patients who have to get through the process of cashless hospitalization.

DISCHARGE PROCESS

The discharge process contains various steps which are,

- Patient is marked for discharge
- Discharge confirmation is made after final rounds on the day of discharge
- Discharge Summary is prepared and turned in by the treating doctor's juniors
- Extra medicines are returned to the pharmacy and discharge medications are explained and provided to the patients
- Pharmacy clearance is requested by the ward-coordinator
- Files are sent to the billing section of insurance (Hard copy is sent through a professional staff from the ward. Soft copy is turned in into the hospital information system(HIS) by the ward coordinator)
- Bills are prepared and audited by the insurance billing staff

- Final bill amount is conveyed to the patient by the billing staff of insurance department
- Bill is printed and sent to discharge section of insurance department
- Verified discharge summary is collected from the IMO (Insurance medical officer) and scanned along with the final bill and sent to the insurance company by the discharge section staff of the insurance department
- Patient is informed about the approval once received by the insurance department and summary is explained to patient by the nurse
- Patient vacates

HOSPITAL INFORMATION SYSTEM

The HIS displays various indicators. These indicators are used to identify the status of the discharge process in the in the ward management screen of the HIS.

Those indicators are,

Fig -1: Indicators

2. LITERATURE REVIEW

According to Candice Pellett (2016), based on the study of

OPEN
MARKED FOR DISCHARGE
DISCHARGE CONFIRMATION
SENT FOR BILLING
PHARMACY CLEARANCE
FILE RECEIVED
INSURANCE CLEARANCE
BILL PREPARED
DISCHARGE APPROVED
BED RELEASE
CLOSE

discharge planning, stated that, the unnecessary delays associated with discharging of patients from the hospital is an ongoing problem and they result in worse health outcomes in aged patients. They had concluded to focus on best practices in

transition of care for which the findings state that the commitment and significant willingness from the nurses who are based both in the hospital as well as in the community are required to improve patient experience.

According to Mohamed Khalifa (2017), the study conducted to improve the hospital efficiency by reducing the length of stay states that, for years, the hospital has been responding to inefficiencies by addition of resources. But their study concluded that the issue relates to the problems in flow. Thus, they implemented eight corrective measures which effectively reduced the TAT and average length of stay of the patient to obtain desired results.

3. METHODOLOGY

A descriptive study for the time period of three months was conducted considering the insurance patients admitted in general wards. Primary data was collected in the census method. A checklist that enlists the sequence of processes framed by the operations department was prepared, with inclusion of patient details for the purpose of identification and remarks column for study purpose which could contain the noted reason for delay if any. Total number of samples are 120.

4. ANALYSIS

From the study of the turn-around time(TAT), the following time consumption charts were created.

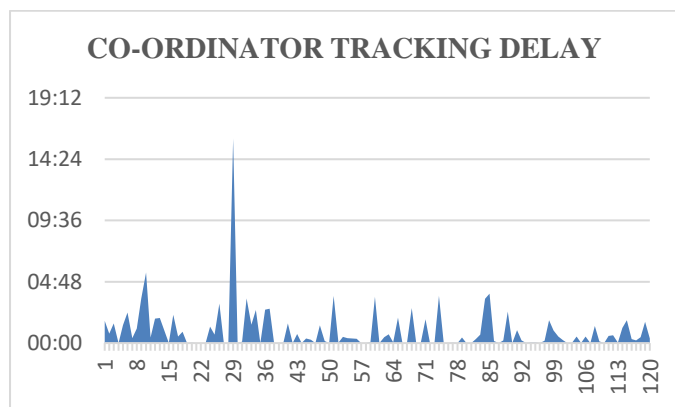


Chart -1: Area chart illustrating coordinator tracking delay

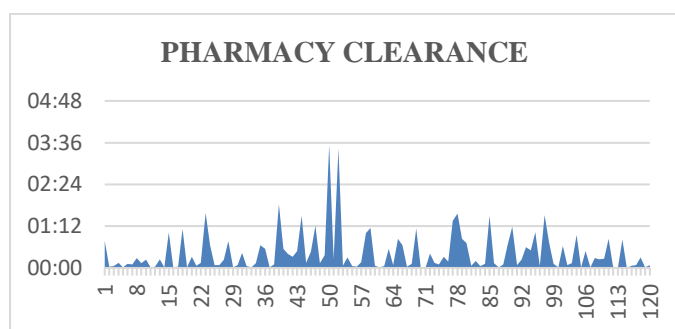


Chart -2: Area chart illustrating pharmacy clearance duration

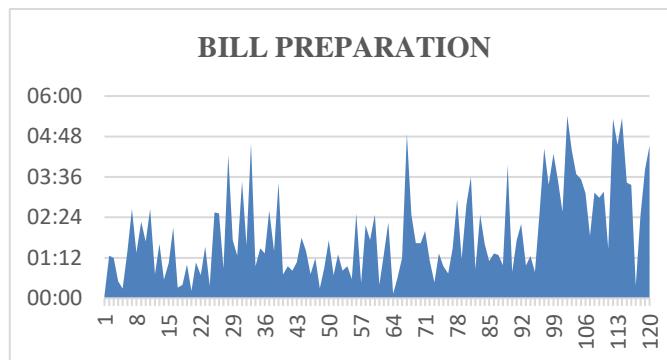


Chart -3: Area chart illustrating bill preparation duration

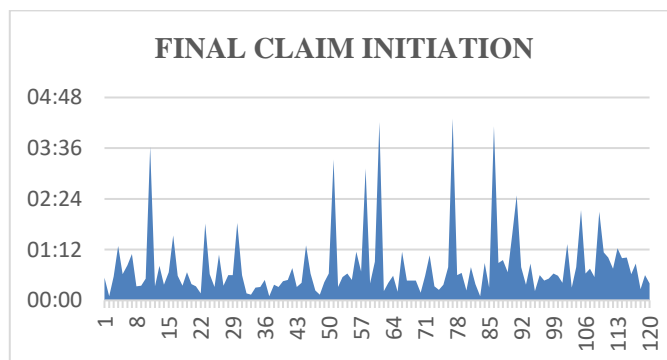


Chart -4: Area chart illustrating the total time consumption for final claim initiation

PERCENTAGE ANALYSIS:

- Count of discharges marked on the previous day: **24 of 120 (20%)**
- Count of discharge summaries kept ready during discharge confirmation: **16 of 120 (13.3%)**
- No. Of approvals received on the next day: **18 of 120 (15%)**
- No. Of files that crossed 5hrs 30mins to process from billing to approval: **48 of 120 (40%)**
- No. Of patients who did not clear the bed before receiving the approval: **16 of 48 (33.3%)**

OBSERVATION

Observation and remarks state that, delays were identified during the following incidents such as,

- Referring to other consultations after discharge is marked
- Doctor's coming late for final rounds
- Discharge summary preparation
- Co-ordinators tracking inefficiency
- Professional staff not arriving on time to collect the returned medicines
- Waiting for pharmacy clearance
- Waiting for query reply from the treating doctor's side
- Final bill and discharge summary not being prepared in the same order

5. MAJOR FINDINGS & RECOMMENDATIONS

The average time consumed for each process was calculated and pie chart for the same was made for illustration. It was identified that there were major delays at the billing and approval process.

DEFINALISATION	39 MINS
SENDING FOR BILLING	56 MINS
PHARMACY CLEARANCE	25 MINS
BILL PREPARATION	116 MINS
FINAL CLAIM INITIATION	48 MINS
RECEIVING APPROVAL	122 MINS

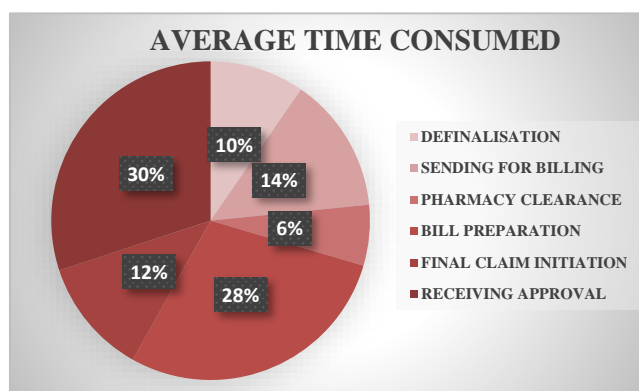


Chart -5: Pie chart illustrating the average time consumption

The recommendations include,

- Adding a blinking indicator in the HIS for all the insurance files to move it to the high priority responses which would blink on the HIS screen when action is required
- Add an indication to each file on the HIS which would show that the summary is ready (e.g. a green star since colour change is not possible)
- Indicating the insurance medical officers of which patient's bill is being prepared so that they can sort the order of preparation of summaries
- Implementing billing software or AI which keeps a track of all the particulars, usage, standard billing methods and helps in condensing the final bill once the patient goes for discharge

6. CONCLUSION

Thus, according to the analysis, when efforts from the employees alone are not enough, we must improve our methods of work and make it easy for mankind by improvising the machinery and seek technological support which would be time efficient.

7. REFERENCES

- Mundodan,J.M., Sarala, K. S., & Narendranath,V. (2019). *A Study to Assess the Factors Contributing to Delay in Discharge Process in a Teaching Hospital*. International Journal of Research Foundation of Hospital and Healthcare Administration, 7(2), 63-66.
- Bhat, R., & Babu, S. K. (2004). *Health insurance and third party administrators: Issues and challenges*. Economic and Political weekly, 3149-3159.
- Johnson, M. K., Williams, A. R., & Thompson, L. P. (2022). *Understanding the Impact of In-patient Discharge Delays on Hospital Length of Stay*. Journal of Healthcare Quality, 47(2), 78-92.
- Brown, S. E., Patel, R. V., & Adams, K. L. (2021). *Causes and Consequences of In-patient Discharge Delays: A Systematic Review*. Journal of Hospital Medicine, 36(4), 567-581.
- Grant, A. B., Peterson, H. L., & Nelson, M. J. (2021). *Barriers and Facilitators of Timely In-patient Discharge: Perspectives from Healthcare Providers*. Journal of Inter professional Care, 28(3), 187-201.
- Smith, J. A., & Johnson, B. R. (2021). *Exploring the Causes and Impacts of In-patient Discharge Delays in Acute Care Hospitals*. Journal of Healthcare Management, 45(3), 123-136.
- Chen, L., Wong, K., & Davis, D. (2020). *A Systematic Review of Interventions to Reduce In-patient Discharge Delays: Implications for Practice*. Journal of Nursing Administration, 50(2), 78-89.
- Carter, E. H., Lee, R. J., & Williams, C. A. (2020). *Addressing In-patient Discharge Delays: A Quality Improvement Initiative*. Journal of Nursing Administration, 45(1), 56-67.
- Chen, Y., Lee, C., & Wong, J. (2020). *Factors Affecting In-patient Discharge Delays in a Tertiary Hospital: A Retrospective Analysis*. Journal of Nursing Management, 45(6), 1023-1036.
- Davis, L. M., Johnson, M. P., & Smith, R. D. (2020). *Addressing in-patient discharge delays: A quality improvement initiative*. Journal of Healthcare Quality, 42(1), 56-67.