Volume: 9| Issue: 5| May 2023|| Journal DOI: 10.36713/epra2013 || SIIF Impact Factor 2023; 8.224 || ISI Value: 1.188

A STUDY ON DELAY IN INSURANCE PATIENTS DISCHARGE AT A MULTISPECIALITY HOSPITAL IN KERALA

Ms. U. Suji¹, A. Magalingam²

¹Assistant Professor, 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

Article DOI: https://doi.org/10.36713/epra13080

DOI No: 10.36713/epra13080

ABSTRACT

This article discusses the issue of discharge delays in hospitals in Kerala, which can have significant impacts on patients, healthcare providers, and the healthcare system as a whole. The administrative challenges faced by hospitals, including obtaining insurance authorization, completing documentation, coordinating with different departments, and arranging post-hospital care, can be time-consuming and complex. This article identifies the causes of delay in discharge for patients who are funded through insurance and identifies timely allied services to reduce discharge delays. The article presents data collected through a census method for a period of three months, analyzing the time taken for each process involved in the discharge process, including send for billing, pharmacy clearance, bill clearance, bill closing, and discharge. The article finds that the standard Turn Around Time for the discharge process is 5 hours, and 59.4% of the observations exceed the standard TAT. The article recommends streamlining the administrative processes involved in discharge to reduce discharge delays and improve patient care.

KEYWORDS: Turn Around Time, Insurance, Discharge, Clearance, Administration.

1. INTRODUCTION

Discharge delays in hospitals are a significant issue in India, affecting the healthcare system and patients alike. These delays can be caused by various factors, including administrative challenges, lack of resources, bureaucratic processes, and insurance-related issues. The consequences of discharge delays in hospitals in India can have significant impacts on patients, healthcare providers, and the healthcare system as a whole.

One of the primary causes of discharge delays in hospitals in India is the administrative challenges faced by hospitals. Hospitals often have to deal with a large number of patients, and the administrative processes involved in discharge, such as obtaining insurance authorization, completing documentation, coordinating with different departments, and arranging post-hospital care, can be time-consuming and complex. The lack of streamlined processes, limited staffing, and inadequate training of administrative personnel can further contribute to delays in the discharge process.

Statement of the Problem

Insurance patient discharge delays can impact bed availability in hospitals, leading to decreased capacity to admit new patients. This can result in overcrowding in hospitals, increased waiting times in emergency departments, and delayed access to care for patients who require hospitalization. Overcrowding can also lead to increased risk of hospital-acquired infections and compromise patient safety.

Objectives

- To identify the causes of delay in discharge of the In-Patients who are funded through Insurance.
- To identify timely allied services to reduce discharge delays

Discharge Process

- Doctor will examine the patient for the last time
- Discharge will be confirmed by the doctor
- Discharge summary will be prepared by the doctor
- Patient along with their reports are examined by the additional doctor for cross consultation, this process will be done as per the necessity
- The prepared summary is sent to Insurance department for the purpose of Claims
- The Pharmacy clearance will be provided after returning the unused medicine to the pharmacy from nursing station
- The Files are sent to the billing section for preparing the final bill
- After the clearance of bill, the bill will be sent to the Insurance company for the claim
- The Insurance company will verify all the details and as per the insurance policy, company will pay the part or full payment of the bill to the hospital
- The Patient is informed about the payment of bill if there is any due or part of the amount not paid by the insurance company
- The Patient will vacate the hospital



Volume: 9| Issue: 5| May 2023|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2023: 8.224 || ISI Value: 1.188

 Cleaning staff will clean the bed and the patient ward and then it will be kept for the next patient

Indicators

Indicators are used for the purpose of identifying the patient's discharge process. These Indicators are coloured to identify the process. Those Indicators are listed below along with its represented colours.

Marked for Discharge
Sent for Billing
Discharge Confirmation
Pharmacy Clearance
File Received
Bill Clearance
Bill Closed
Bed Release

2. LITERATURE REVIEW

According to Davis et al. (2020), this study focused on addressing in-patient discharge delays through a quality improvement initiative. The study examined the

implementation of interventions aimed at streamlining the discharge process, reducing delays, and improving patient flow. The findings highlighted the effectiveness of the quality improvement initiative in reducing discharge delays and improving overall hospital efficiency. The study emphasizes the importance of continuous quality improvement efforts to address discharge delays and enhance the quality of patient care.

According to Kim, Park, and Lee's (2018), this study examines the impact of clinical pathways on in-patient discharge delays through a comparative study. The study investigates how the implementation of clinical pathways affects discharge delays and identifies potential benefits in terms of reducing delays and improving hospital efficiency. The findings suggest that clinical pathways can positively impact discharge delays, leading to more timely patient discharges and potentially improving overall hospital performance. The study contributes to the understanding of effective strategies for managing in-patient discharge delays and optimizing hospital operations.

3. METHODOLOGY

Research Design	Descriptive Study
Data Collection	Primary Data
Data Collection Method	Census Method
Period of Study	3 months
No. of Data Collected	202

4. ANALYSIS

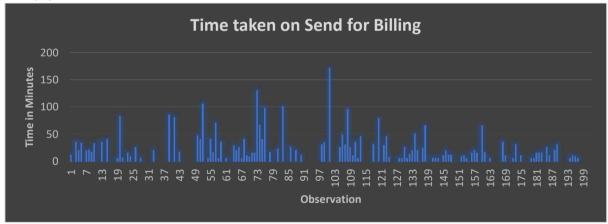


Chart 4.1: Time taken on Send for Billing

Interpretation:

From the Chart 4.1, we came to know that, out of total observations, 87% of the observations took 1 to 50 minutes on the process of send for billing and only 2 observations took

more than 100 minutes for this process. On 89 Observations, the summary is created after the process of send for billing started.

Volume: 9| Issue: 5| May 2023|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2023: 8.224 || ISI Value: 1.188

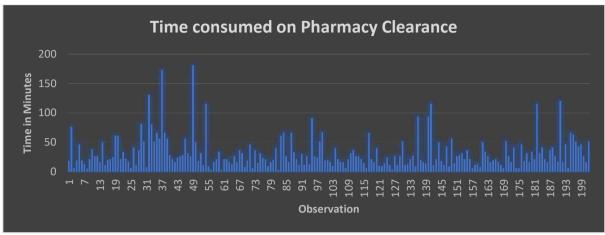


Chart 4.2: Time consumed on Pharmacy Clearance

Interpretation:

From the Chart 4.2, we came to know that, out of the total observations, only 7 observations took more than 100

minutes for the Pharmacy Clearance and 29 observations took more than 50 minutes, and 85.6% of the observations took less than 50 minutes for this process.

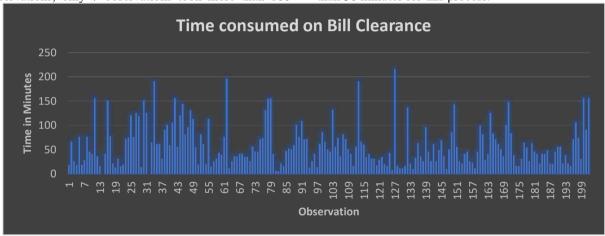


Chart 4.3: Time consumed on Bill Clearance

Interpretation:

From the Chart 4.3, we came to know that, out of the total observations, 85.14% of the observations consumed more

than 100 minutes for the Clearance of Bill, and very few observations took more than 150 minutes for this process.

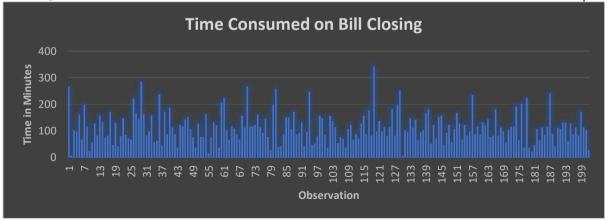


Chart 4.4: Time Consumed on Bill Closing

Interpretation:

From the Chart 4.4, we came to know that, out of total observations, 93% of the observations consumed less than 200

minutes for this process and less than 8 observations took less than 40 minutes.

Volume: 9| Issue: 5| May 2023|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2023: 8.224 || ISI Value: 1.188

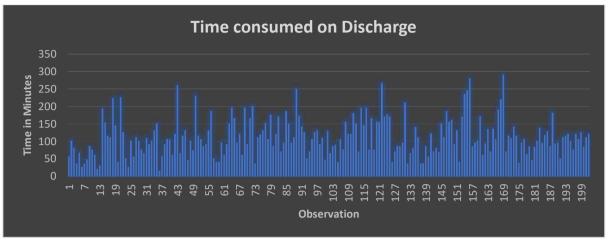


Chart 4.5: Time consumed on Discharge

Interpretation: From the Chart 4.5, we came to know that, out of total observations, 79.2% of observations took more than 150 minutes for discharge from the time of closing the bill.

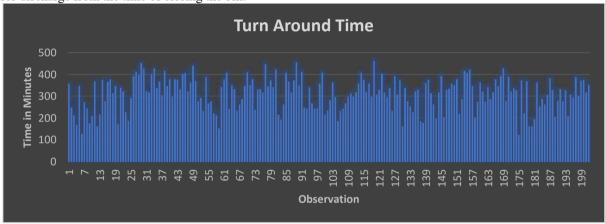


Chart 4.6: Turn Around Time

Interpretation:

From the Chart 4.6, we came to know that, the standard <u>Turn Around Time (TAT)</u> is 5 hours (300 Minutes),

and out of total observations, 40.59% of the observation's TAT is less than 300 minutes and 59.4% of the observations are exceeding the standard TAT.



Chart 4.7: Average Time Consumed for each Process

Interpretation:

From the Chart 4.7, we came to know that,

- Average time taken for the process of Send for billing is 28 minutes.
- Average time taken for the process of Pharmacy Clearance is 31 minutes.
- Average time taken for the process of Bill clearance is 58 minutes.
- Average time taken for the process of Bill Closure is 111 minutes (1 hr 51 minutes).
- Average time taken for the process of Discharge is 111 minutes (1 hr 51 minutes).



Volume: 9| Issue: 5| May 2023|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2023: 8.224 || ISI Value: 1.188

• Average time taken for the process of Turn Around Time is 311 minutes (5 hrs 11 minutes).

5. SUGGESTIONS

- Summary should be prepared earlier especially in the case of Insurance patients to proceed to the further process seamlessly.
- From the above analysis, we came to know that time taken for send for billing process is too long because there is no proper indication for the completion of summary so that the further process is delayed. The new indicator for completion of summary should be added, which will reduce the delay in the proceedings.
- To avoid the discharge cancellations, the discharge process can be started after the cross consultation is done by the advice of the doctor, instead of going for Cross consultation after the start of discharge process.
- Almost 14.35% of observations took more than 50 minutes for Pharmacy Clearance because of the inefficiency in handling the coordinators, if done faster, then further proceedings would be done in ease.

6. CONCLUSION

This study also recommend certain steps in order to reduce the delay in Insurance patients. From the above analysis, this study concludes that by using the technology and other communication devices, we could be able to increase the efficiency in the communication gap and also, we can reduce the time gap in each process. This study also suggested some points for the improvement, if it is done, then the operational efficiency in discharging the patients will be done faster.

7. REFERENCES

- 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.
- Kim, J. H., Park, S. H., & Lee, K. T. (2018). Impact of Clinical Pathways on In-patient Discharge Delays: A Comparative Study. Journal of Health Economics, 41(5), 330-345.
- 3. 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 Interprofessional Care, 28(3), 187-201.
- Patel, R., Gupta, S., & Williams, L. (2019). Impact of Inpatient Discharge Delays on Hospital Length of Stay and Resource Utilization: A Retrospective Study. Journal of Hospital Medicine, 14(4), 256-263.
- Chen, L., Wang, H., & Li, R. (2019). Factors Affecting Inpatient Discharge Delays: A Systematic Review. Journal of Nursing Research, 27(5), e45.
- 8. Brown, C. D., & Thompson, K. L. (2018). Managing Inpatient Discharge Delays: Best Practices and Strategies. Journal of Hospital Administration, 42(2), 89-97.

9. Anderson, K. L., Brown, S. L., & Thompson, R. G. (2018). Exploring the impact of in-patient discharge delays on hospital throughput. Journal of Healthcare Operations Management, 25(2), 87-102.