



A Study on Achieving Operational Excellence in Hospital Discharge Processes: Improving Efficiency, Communication, and Patient Care

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Abstract : This study looked at how hospitals handle patients leaving after treatment, especially if they have health insurance. It found that delays in this process can cause problems for patients, hospitals, and insurance companies, often due to paperwork, staffing issues, and communication problems. Factors like the patient's insurance quality, medical condition, and insurance rules can affect the process. Better communication between patients, hospital staff, and insurers is needed. Hospitals should simplify procedures, educate patients about their insurance, monitor patient stays, clarify costs, and provide post-discharge assistance. These changes can improve patient care, reduce costs, and enhance trust with patients and insurers. The research highlights the need for hospitals to adapt their practices to insurance policies, ensuring efficiency, patient education, and compliance. Ongoing evaluation and adjustments are crucial for continued improvement.

INTRODUCTION

This study focuses on the discharge practices of hospitals concerning cashless admissions, an increasingly prevalent method due to its payment convenience. Despite its benefits, the discharge process for cashless patients presents challenges, including lengthy wait times for insurance claim approvals and final bill settlements, often extending up to 6-8 hours. This delay affects all involved parties—hospitals, third-party administrators (TPAs), and particularly patients, undermining the cashless system's efficiency, especially in emergency situations where prompt treatment is crucial. Poor communication, excessive paperwork, and the complexity of dealing with denied cashless requests contribute to these delays, making the improvement of discharge times a multifaceted issue beyond the sole control of healthcare providers.

This research aims to delve into the discharge processes for in-patients under cashless admissions, highlighting the barriers and identifying areas for improvement from the perspectives of both patients and healthcare professionals. The discharge phase is pivotal for patient satisfaction and the seamless transition of care, yet the integration of cashless payments introduces specific challenges that can prolong discharge, affect patient outcomes, hospital expenses, and the overall quality of care.

By exploring the factors influencing discharge times, assessing the impact of cashless systems, and proposing strategies for enhancement, this study seeks to offer valuable insights and recommendations to refine hospital discharge processes in the context of cashless admissions, aiming for efficiency, reduced wait times, and improved patient experiences.

LITERATURE REVIEW

To study the factors contributing to delay in discharges of inpatients and applying lean intervention to improve the discharge process in a tertiary care teaching hospital in south India - Dr. Saba Fatima, Dr. M Rajiv, Dr. Satyanarayana, N and Dr. Rao, J.N

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OBJECTIVES OF THE STUDY

- To study how discharge process works with reference to cashless admissions
- To analyse the factors contributing to delay in discharges
- To study the factors influencing discharges during cashless discharges
- To analyze the effectiveness of the communication between patients, healthcare providers, and insurance companies during the discharge process

HYPOTHESIS

H0 = There is a no significant relationship among the factors.

H1= There is a significant relationship among the factors

RESEARCH METHODOLOGY

A quantitative survey-based research methodology was used in this study. This section presents the sampling, data collection, questionnaire design and mathematical framework.

RESEARCH DESIGN

In order to comprehensively analyse the phenomena of immediate cashless discharge in hospitals, this study will use a descriptive research approach. By allowing for a thorough investigation of the issue, descriptive research enables the researcher to compile pertinent information and insights.

SAMPLE DESIGN & SAMPLING SAMPLING TECHNIQUE

The Random sampling technique should be adopted in this research.

Population

I have chosen patients from different hospitals.

Sample design

Sampling unit: Patients

Sampling method: Simple Random Sampling

Method of data collection

Primary data and secondary data

Instrument for data collection

The study will be conducted using Primary Data

The primary data will be collected from the patients from different hospitals through surveys.

Data analysis techniques

Quantitative Techniques
Graphs and Charts

DATA COLLECTION INSTRUMENT'S SELECTION, PREPARATION , COLLECTION

The Instrument's Construction: Make sure the questions flow naturally and are pertinent to the study objectives by logically organising the instrument. Start with the introductions, then continue on to the key questions, and finish with any extra or demographic data.

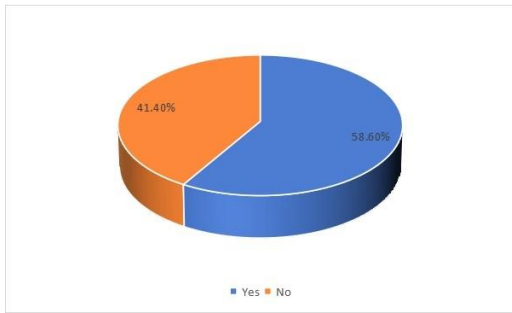
Many forms of Questions: Choose the right question types for your test. Multiple-choice, rating scale, Likert scale, open-ended, and dichotomous (yes/no) questions are examples of typical alternatives. To collect various sorts of data, use a variety of question types.

Test the device beforehand: Test the tool on a small group of people that represent your target audience. With the use of this, you may see any problems with the instrument's general flow, answer options, or question clarity. Adapt and improve the instrument in response to user input.

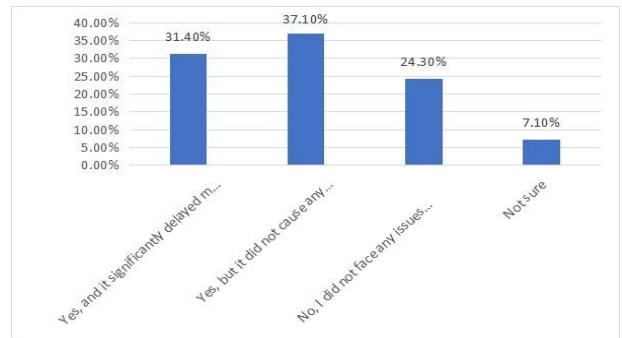
Collection of Data: Refers to a grouping of well-organized data that is often the outcome of experience, observation, an experiment, or a set of presumptions.



People discharge through cashless process



Challenges Faced during Cashless Discharge



DATA ANALYSIS

Observed	YES	NO	Expected	YES	NO	(Observed value-Expected value) ² /Expected value	YES	NO
Cashless admissions	41	29	70	40	30	Cashless admissions	0.025	0.03333333
Preferences and needs	33	37	70	40	30	Preferences and needs	1.225	1.63333333
Difficulties	46	24	70	40	30	Difficulties	0.9	1.2
	120	90	210				2.15	2.86666667
								10.0333
								10.03333333
								Degrees of Freedom(df)= no of row
								2
								P Value
								0.006626579
								Chi square tabulate
								5.991

The calculated value is greater than the tabulated value, therefore null hypothesis is accepted and vice versa, therefore alternative hypothesis is rejected.

SUMMARY OF FINDINGS

Patients and their families often feel unhappy when they have to wait a long time at hospitals to leave after their treatment, especially if they're using their health insurance. Sometimes, this wait can be as long as 6-8 hours because the hospital, insurance company, and patient don't know when the insurance will approve the bill. In emergencies, it's hard to get approval quickly, so patients might have to pay first. This defeats the purpose of using insurance. Hospitals and insurance companies also don't communicate well, which makes things slower. Too much paperwork also slows down patients leaving the hospital without paying. Hospitals need better processes to handle patients using insurance. Patients who use insurance tend to stay longer in hospitals, which costs more for everyone. Hospitals should be clear about what insurance covers and how much things cost to avoid confusion. Overall, hospitals need to improve how they handle patients using insurance to make things faster and easier for everyone.

SUGGESTIONS

- Make the discharge process smoother: Hospitals need to make sure they have simple and efficient ways to help patients leave after treatment. This might mean having special staff and clear rules to avoid delays.
- Teach patients about their insurance: Hospitals should make sure patients understand their health insurance. This could mean giving them lots of information and answering any questions they have.
- Keep track of how long patients stay: Hospitals should watch how long patients with insurance stay, so they don't spend too much time and money. They can use special tools to figure out who might stay too long and help them leave sooner.
- Tell patients about costs: Hospitals should tell patients exactly how much their treatment costs, including any extra fees. This means being clear and giving updates about the bill.
- Help patients after they leave: Hospitals should make sure patients get the care they need after they leave. This could mean giving them a plan for their care, scheduling more appointments, and asking how they're doing.

Here are more ideas to make things better:

Teach staff about how to help patients leave: Hospitals should train staff who help patients leave on what to do, especially when it comes to insurance.

Give patients materials to learn about insurance: Hospitals can give patients things like brochures or videos to help them understand their insurance.

Use technology to make things easier: Hospitals can use things like computers and online tools to help patients leave faster and talk to insurance companies better.

Make plans with patients: Hospitals can work with patients and their families to make plans that fit their needs. This could mean planning what happens when they leave the hospital.

Make things better: Hospitals should keep track of how well they're doing and try to improve. This might mean keeping track of how long patients stay or asking patients how happy they are.

CONCLUSION

The study looked at how hospitals handle patients leaving after treatment, especially if they're using health insurance. It found that delays in this process can cause problems for patients, hospitals, and insurance companies. Delays can happen because of things like paperwork, not enough staff, and problems with communication between everyone involved.

The study also found that things like how good the patient's insurance is, their medical condition, and the rules of their insurance can affect how smoothly they leave the hospital. Communication between patients, hospital staff, and insurance companies during this time needs to be better.

In short, hospitals need to make changes to how they handle patients leaving with insurance. They should make things simpler, teach patients about their insurance, watch how long patients stay, be clear about costs, and help patients after they leave. By doing these things, hospitals can make sure patients get good care while also keeping costs down and being clear about bills. This can also help hospitals build trust with patients and insurance companies, which is good for everyone's health.

This research shows that hospitals need to change how they do things because of health insurance policies. While these policies help patients, they also make things harder for hospitals, especially when patients leave. Hospitals need to make sure they do things efficiently, tell patients about their insurance, and follow the rules. The suggestions from this research can help hospitals do better. They need to make sure they do things right for patients and insurance companies. However, hospitals may need to do more depending on their own needs. They also need to keep checking how they're doing and make changes when needed. In short, hospitals need to make sure patients leaving with insurance get good care and everyone understands what's happening.

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