"Empowering Patients with Digital Transformation:
Improving Patient Experience through Cashless & Express Discharge Solutions"
#DigitalBharat

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Introduction

THE TANGLED WEB:

Manual Cashless and Discharge Delays in Hospitals are two tightly woven threads in this tangled web, causing frustration for patients, hospitals, and the system itself.

MANUAL CASHLESS CHAOS:

Reality of manual cashless transaction is Mountains of paperwork, endless queues, and the constant worry of misplaced documents hospitals. Time-consuming verifications, approvals, and claims processing leave patients anxious and delay treatment initiation. Hospitals grapple with administrative overload. The lack of transparency fuels distrust.

DISCHARGE DELAYS:

An Uncertainty: Delayed discharges not only burden patients with prolonged stays and rising costs, but also strain hospital capacity, denying beds to new.

D – Define

Whipsawing Results

It takes approx. 2 hrs. for the Hospital for its internal process to return/ indent medicines, to prepare the Bill and Discharge Summary and then process to Hospital TPA desk, once sent to TPA (Insurance company – external) takes minimum 3-4hrs to receive the approval – This is an observation across Hospitals.
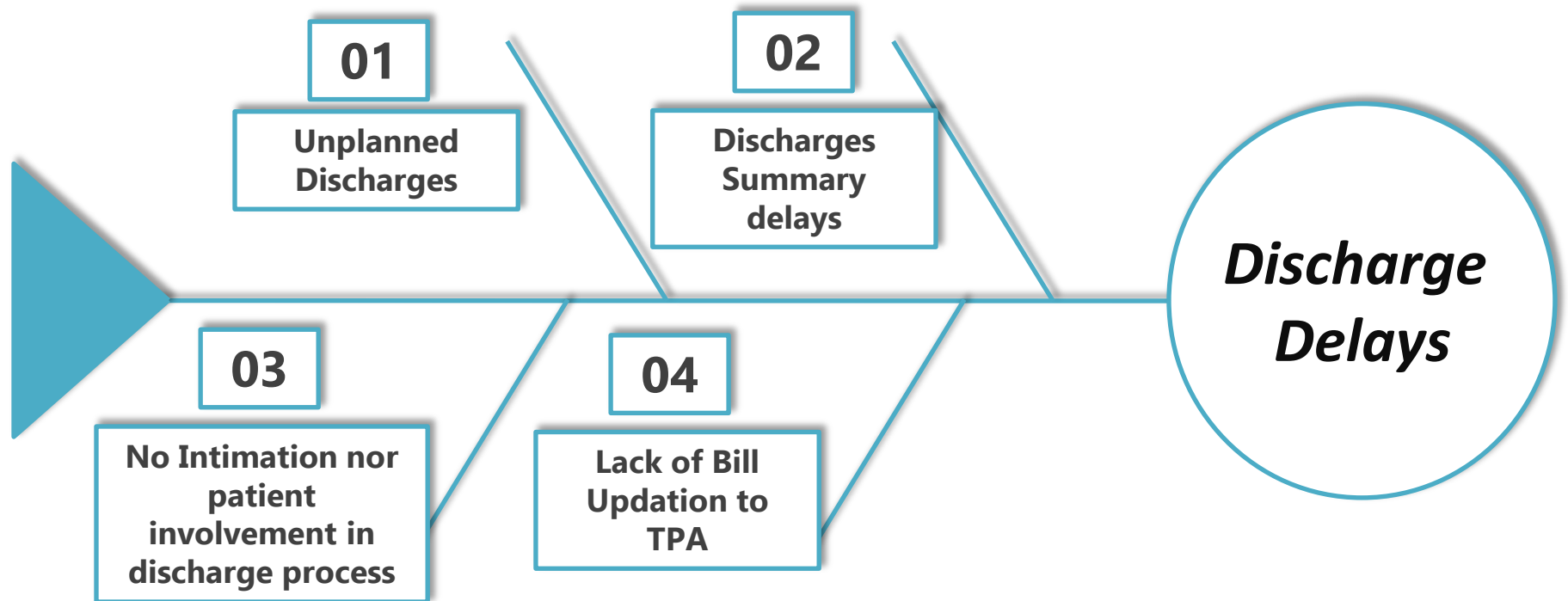
Aim:

❑ Significantly improve the discharge experience for patients by reducing waiting time and streamlining cashless formalities

❑ To reduce discharge TAT from 6hrs to 3hrs for 80% of the population

❑ Encourage adoption of electronic claims submission to insurance companies by accessing Healthcare from anywhere in India

❑ Improved and continuous communication with the patient / relative in their journey while they avail cashless

❑ Patient empowerment by active participation in their discharge planning

Exclusion Criteria:

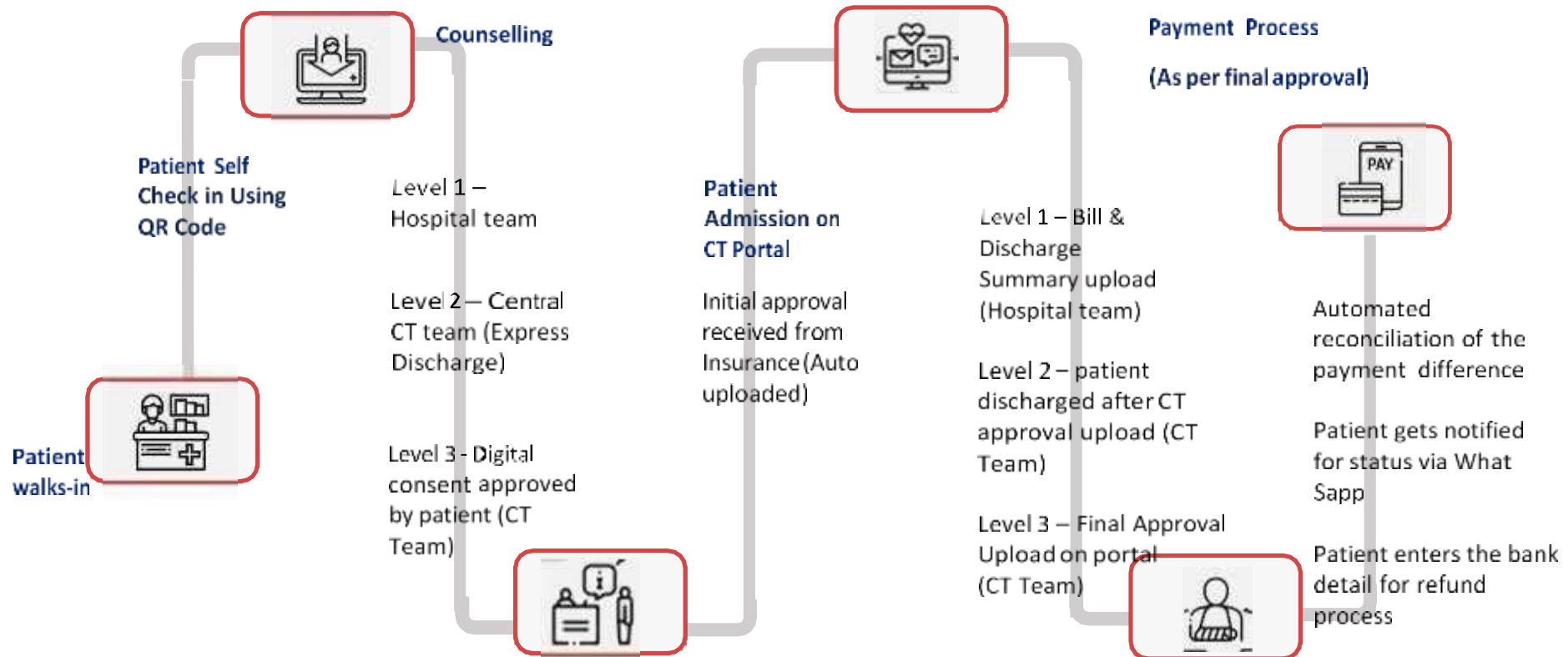Patients who wish to leave late or next day based on their personal needs however are fit for discharge.

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M - Methodology

Cause & Effect

M - Methodology

PROCESS FLOW – ONLINE PREAUTH TO DISCHARGE

Patient Self Check in Using QR Code

Patient walks-in

Counselling

Level 1 – Hospital team

Level 2 – Central CT team (Express Discharge)

Level 3 - Digital consent approved by patient (CT Team)

Patient Admission on CT Portal

Initial approval received from Insurance (Auto uploaded)

Level 1 – Bill & Discharge Summary upload (Hospital team)

Level 2 – patient discharged after CT approval upload (CT Team)

Level 3 – Final Approval Upload on portal (CT Team)

Payment Process (As per final approval)

Automated reconciliation of the payment difference

Patient gets notified for status via What Sapp

Patient enters the bank detail for refund process

A - Analysis

Pre-Auth Submitted

	Jan' 23	Feb' 23	Mar' 23	Apr' 23	May' 23	Jun' 23	Jul' 23	Aug' 23	Sep' 23	Oct' 23	Nov' 23	Dec' 23	Jan' 24
Total Pre-Auth	479	452	489	452	490	489	507	594	495	579	469	542	525
Mode Of Pre-Auth Application	Manual	Manual	Manual	Manual	Manual	Manual	Manual	Manual + Digital	Digital	Digital	Digital	Digital	Digital

Digital Onboarding Journey – Jaslok Hospital

- ✓ **Completely digital pre-authorization journey**

- ✓ **Easy access to portal and documents upload from anywhere**

- ✓ **OTP based validation process**

- ✓ **Demographics captured by Hospital with ease**

- ✓ **Real time update about status of pre-auth/ discharge via SMS**

A - Analysis

Discharge Process
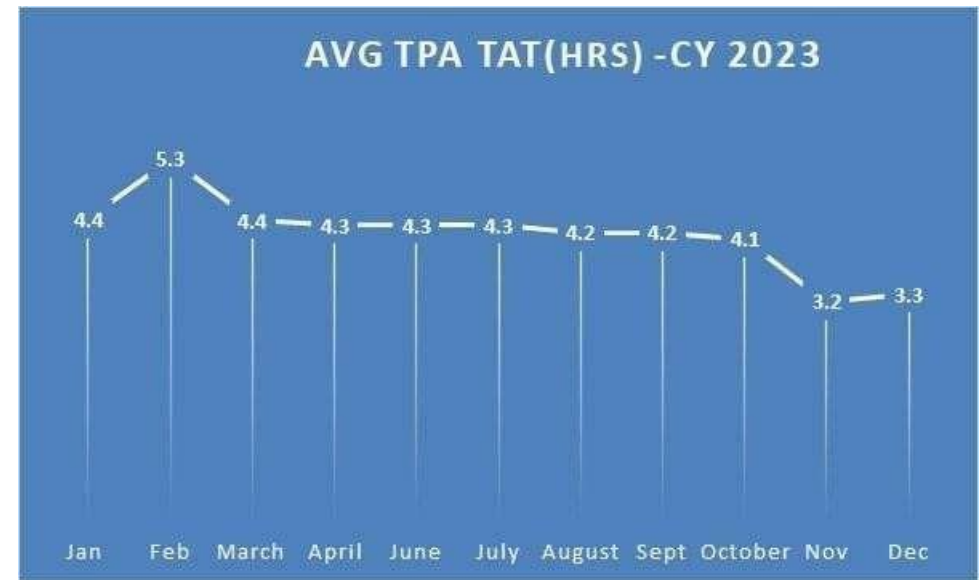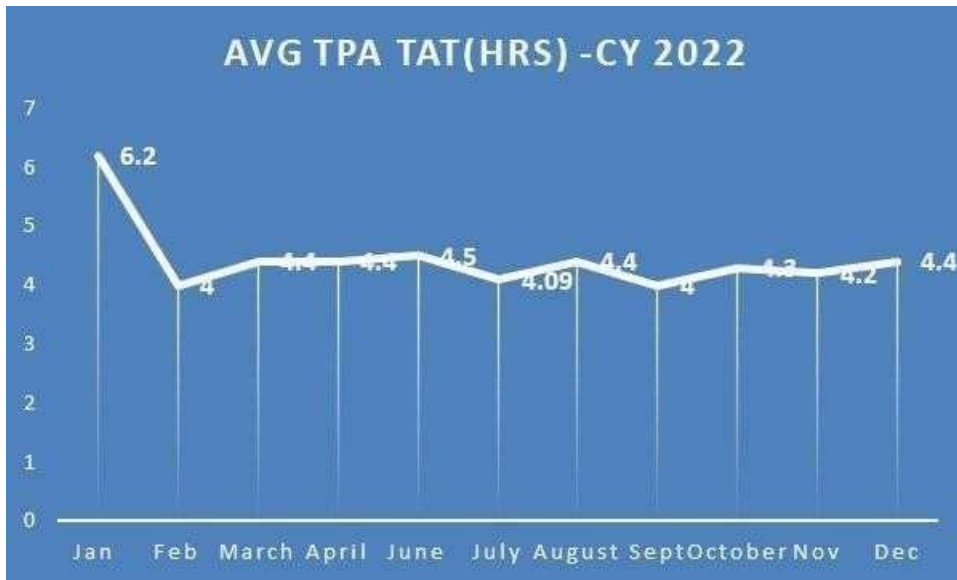
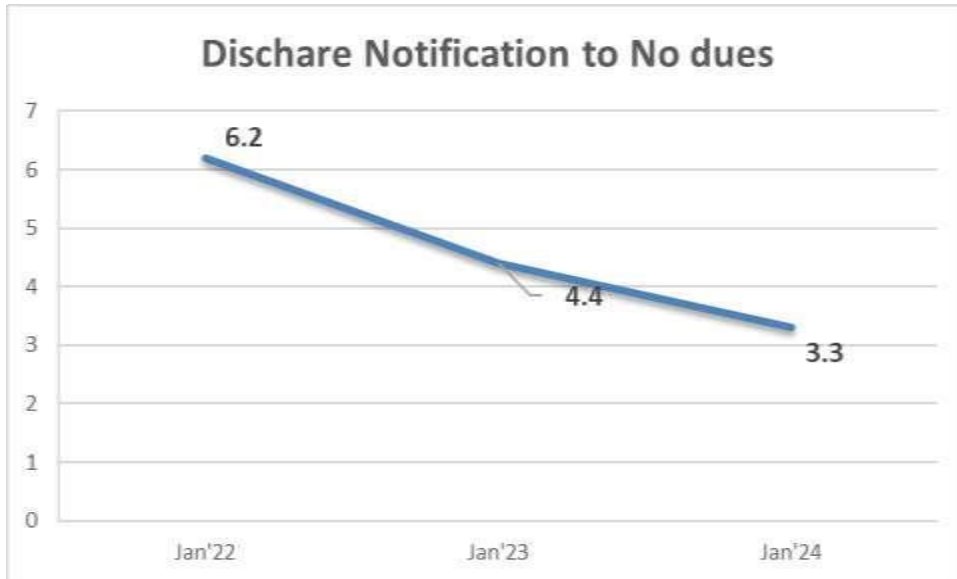| Discharge Notification	Medicine Indent/Return	Visit / Dr charges updation	Discharge Summary	Final approval of DischargeSummary by Consultant	Final Bill	TPA/Cash Formalities

TPA Discharge Turn Around Time

A - Analysis

Dischare Notification to No dues

Data Trend over 3 yrs.

Dischare Notification to No dues
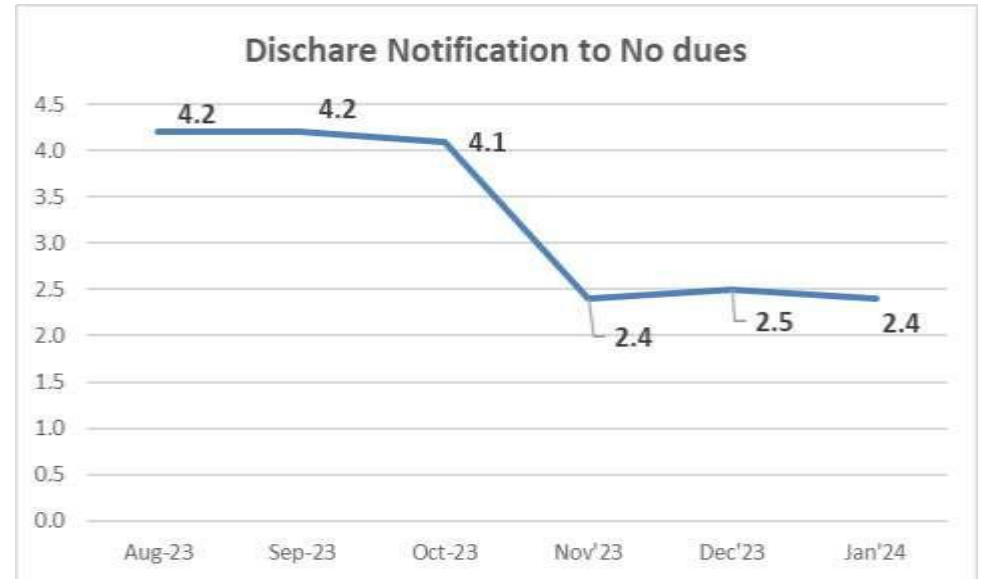
Samplesize -50%of total pts

Trend Post Implementation

I - Improve

Value Chain Analysis

Process	People	Technology
✓ Introduction of Discharge Planning ✓ Discharges to be notified before 2pm ✓ Interim bills sent every alternate days to avoid last minute queries	✓ Staff training on digital processes	✓ SMS a day prior is sent to patients once Discharge is planned in system

Improved Patient Experience
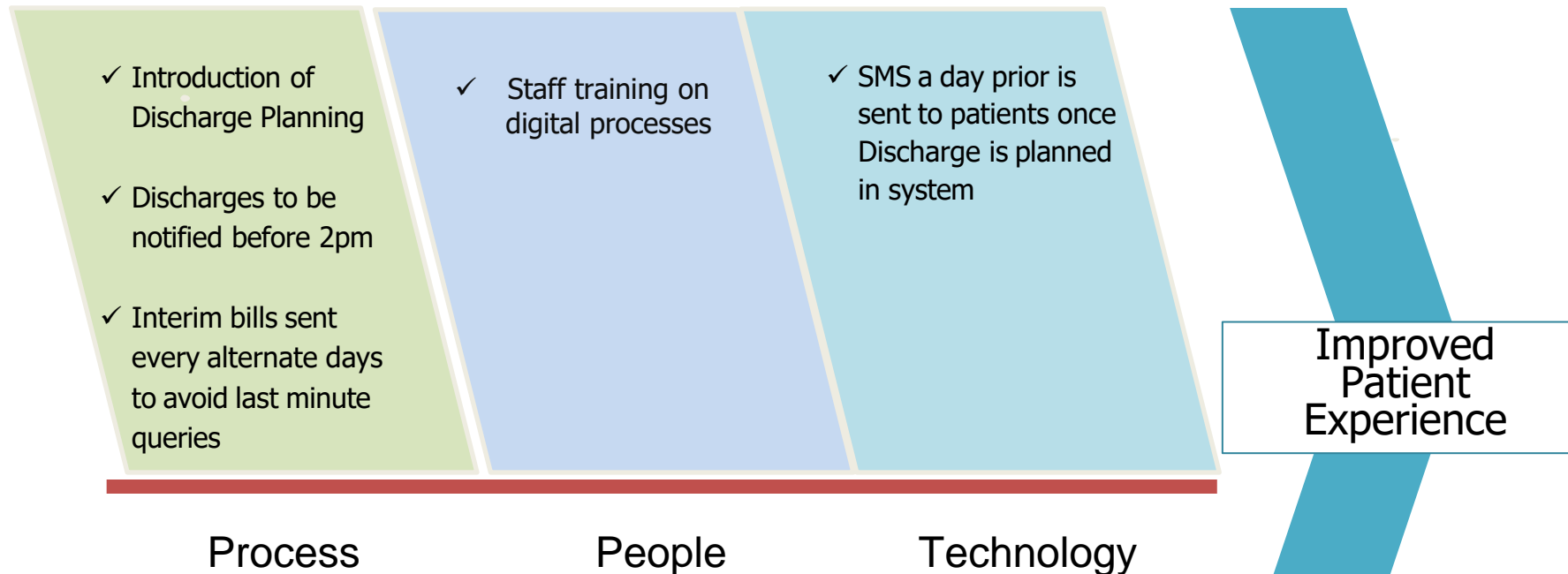
C – Control

✓ System generated real time discharge TAT

✓ Weekly Monitoring & discussion of discharge TAT on weekly as well as monthly basis

✓ Regular Gap Analysis – Discussion with respective stakeholders in real time

Conclusion

Manual cashless processing in hospitals resembles a patient stuck in a waiting room with inefficiency. Paperwork piles up, communication stumbles, and wait times balloon, leaving everyone frustrated spoiling/affecting patient experience. Digital cashless, however, acts like a revolutionary new treatment, promising a healthier future for hospitals, patients, and staff alike. Advantages for all those involved are as below:

For Patients

- Can process Pre-Auth from anywhere in the country
- No need to travel for pre-authorization
- Increased Transparency and complete patient empowerment
- Faster Discharge

For Hospitals

- Reduced Wait time
- Better Patient Experience
- Bed Management
- Enhanced Accuracy
- Data Driven Decisions

For Staffs

- Reduced Workload
- Reduce Phone calls
- Reduced Paperwork
- Better Satisfaction

Thank you