“nonstandardzed discharge process impacting the Quality of care”

A Dissertation for

Post Graduate Diploma in Health and Hospital Management

by

Dr. Amit Tripathi
Roll No. PG/10/003

International Institute of Health Management Research

New Delhi

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ROCKLAND HOSPITAL
Where caring is a way of life...
(A Unit of Rockland Hospital Ltd.)

Certificate of Internship Completion

May 01, 2012

TO WHOM IT MAY CONCERN

This is to certify that **Dr. Amit Tripathi** has successfully completed her internship in our Organization from 25th Jan 2012 to 11th April 2012. During this internship period, she has worked on **"Non Standardized Discharge Process Reduce the Quality of Care"** under the guidance of the **Dr. Ashok Kumar (Medical Superintendent)** and other senior team members of Rockland Hospital.

She has taken keen interest in understanding the functioning of the departments and has successfully completed her internship with the Hospital.

We wish her good luck for her future assignments.

For & on behalf of **Rockland Hospital**

Ruchi Rana
Senior Manager - Human Resources

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NABH Accredited Hospital

UKAS QUALITY MANAGEMENT
ISO 9001:2008 Certified Hospital

Certificate from Dissertation Advisory Committee

This is to certify that **Dr. Amit Tripathi** a graduate student of the **Post- Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. He is submitting this dissertation titled **"nonstandardzed discharge process reduce the Quality of care"** in partial fulfillment of the requirements for the award of the **Post-Graduate Diploma in Health and Hospital Management.**

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

Anupama Sharma
Assistant Professor
IIHMR
New Delhi
Date 04/05/12

Mrs Namrata Verma
(Assistant Manager Front Office)
Rockland Hospital Dwarka
New Delhi
Date 20/04/12

Certificate of Approval

The following dissertation titled **"nonstandardzed discharge process reduce the Quality of care"**is hereby approved as a certified study in management carried Out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of **Post- Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation

Name	Signature
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Dr Preetha Gs	
DR DHARMESH CAC	

Abstract

Background: Incomplete handoffs of an IPD patient (from hospital) can lead to adverse event for patient and result in avoidable rehospitalization. In high risk patient like elderly patient and cardiac patient, care transition is more important. Commonly error occurs at the time of discharge form hospital to home. Only the proper communication can solve this type of problem. To standardized the that discharge process checklist should be prepared , which content 3 type of discharge documents the discharge summary, patient instructions and communication between doctor/ nurses and patients.

Methods: For this different types of two questionnaires were designed, one for patient and one for doctors and nurses. The entire patient were made calls and for doctors and nurses questionnaires were got filled. Convenience Sample among the study units was selected. This includes all Nurses and Few Doctors. Few patients also were interviewed.

Results: It was found that no proper discharge summary was being followed. Only few of the patients had to rehospitalised within 30 days of after discharge. As per as process concern no proper processes were being followed, which is reducing the quality of care.

Conclusion: Although NABH implementation was being done, so that it will take some time to improve the standards. All the processes are not up to the mark, it will take some time to make it perfect

Acknowledgement

The project has been a novel learning experience and the endless hours of sleepless nights finally culminated into the completion of this onerous task. However, all of this would never have been possible without the priceless support of several people. I wish to take this opportunity to express my deepest gratitude to my Dean Dr.Rajesh Bhalla, IIHMR, New-Delhi and my mentor Dr. Anupama Sharma, Associate Professsor, IIHMR, New-Delhi.

I wish to express my gratitude to my guide Mrs Namrata Verma (Assistant Manager Front Office) and Mr. Dinesh Joshi (Assistant Manager Front Office) Rockland Dwarka, whose guidance steered the boat of this project from the tempest of confusion, ignorance and complicated disorganization to the bank of coherent completion. His words of enlightenment and her belief in simple logic guided me on all occasions. It was a golden chance to work in an organization which was more of a family. Working in the project provided more opportunities to know the ground reality of building up a dream.

I express my heartily gratitude to Dr Ashok Kumar Medical Suretendent of Rockland Dwarka and my Mentor Mrs Namrata Verma (Assistant Manager Front Office) without whose interest, encouragement, supervision and words of wisdom, this dissertation could not have been accomplished. I would also like to thank all the employees of Rockland Dwarka as they have been very friendly to me and helped in each and every step of my dissertation. Last but not least I am also thankful to my mother, for her kind blessings and support in all possible ways for completion of this project.

Table of Containts

Introduction of Rockland Hospital

Rockland Hospital

Rockland hospital was incorporated in 2004 and currently operates 110 bedded multi-specialty hospitals, with focus on specialization with perfection. it is NABH accredited & ISO 9001:2008 certified hospital.

The hospital has been in operation since the past seven years and is located at prime locality of South Delhi at Qutab Institutional Area in New-Delhi; India. It has more than 700 employees and treats about more than 30,000 patients a year. Its advisory board is led by eminent orthopedic surgeon Dr (Prof) P.K Dave; former director of All India Institute of Medical Sciences (AIIMS) New Delhi. The company's goal is to become a premier health care brand in India, and a leader in health education and geriatric care.

Rockland "Where caring is a way of life", is an ambitious project flourishing with an urge to give further impetus to the community in the field of Health care. Rockland is a niche medical service provider which is fully equipped with 24 hour services for all emergencies. The strength of the hospital is in its internationally reputed team of doctors who specialize in various medical fields. Within the last seven years of its existence, Rockland hospital has been accepted as a brand standing for transparent & ethical practice at affordable price

Vision

"To be the most trusted health care brand nationally and internationally."

Mission

"To create a network of quality health care service providers up to village levels at reasonable costs."

Values

- Integrity
- Dependability
- Ethical
- Affordable
- Learning
- Simplicity

Leading to TRUST with all the stakeholders.

Goals

Guiding Principles

1. We will achieve our goals through a unique model based on the available resources.
2. We believe that resource constraints lead to innovation and creativity.

Guiding Philosophy

जब भी कोई व्यक्ति, संगठन, समाज और राष्ट्र आगे बढ़ने के लिए प्रयत्नशील होता है, और योग्यता के आधार पर अपनी पहचान बनाता है, तभी उसके हर घटक को मान, सम्मान, धन, वैभव की प्राप्ति होती है|

Slogan

"Where caring is a way of Life!"

SCOPE OF SERVICES

1. Orthopeadic Department
2. Peadiatrics Department
3. Plastic Surgery
4. Surgical Disciplines
5. Urology
6. Oncology
7. Cardiology Department
8. Dermatology
9. ENT
10. Gastroenterology & Hepatology
11. Gynaecology & Obstetrics
12. Internal Medicine
13. Nephrology
14. Neurology Department
15. Ophthalmology

I was engaged in front office department.

Apart from front office, I also have visited HR department, Quality department, Project department, Maintenance department and Marketing department.

Usually I used to handle grievances of patient and doctors. I also worked in OPD IPD billing and TPA billing.

As per as my learning concern, I learnt that from the scratch how to establish an organization. I learnt how to handle patient grievances. I also learnt how to implement NABH and how to make manual of NABH. I was the part of NABH trainings.

Chapter 1

Introduction

Incomplete handoffs of an IPD patient (from hospital) can lead to adverse event for patient and result in avoidable rehospitalization[1]. In high risk patient like elderly patient and cardiac patient, care transition is more important. Commonly error occurs at the time of discharge form hospital to home. (L. Halasyamanni et.ai, 2006, para. 1). An nonstandardized discharge process frequently marked by poor quality of care. (Carolyn M.Clancy, 2009, para 2)Communication between doctor and patient is can improve the quality of care (Carl Van Walraven et. Al, 2002, para 1) . Delay or inaccurate communication can effect continuity of care and contribute to adverse events.

NABH has given guidelines for discharge process, under that NABH has described some policies and procedure for discharge process. NABH has also given some instruction for discharge summary. Usually discharge summary content lots of instruction, hospital course and medication. At the time of discharge, discharge summary should be explained to patient in his / her own words, because discharge summary also content medication. Medications as a significant source of adverse events for patients upon hospital discharge. (L. Halasyamanni et.al, 2009, para. 2). In many of the studies it has been shown, that after discharge from hospital patients does not understand their discharge medications and cannot recall their primary diagnosis. (Carolyn M.Clancy, 2009, para 3) It is also seen, that at the time of discharge if examined test report are pending which also can lead to adverse effect. Only the proper communication can solve this type of problem.

[1] Rehospitalization , typically defined as hospital readmission within 30 days of a hospital discharge.

Chapter-2

Review of Literature

I n many of the studies it was found that patient cannot recall their primary diagnosis and cannot understand their medication which can lead to adverse event(Makaryus et al. 2005) In many of the cases it was found that health care organization does not provide the whole information to the patients. Patients are not prepared to care for themselves or they don't know how or when to seek for follow-up care, this lead to rehospitalization or adverse event.(Froster AJ et al, 2004) .One in 5 patients readmitted within 30 days without having seen physician for follow-up care. (Jencks SF et al., 2005). The time period after discharge is a vulnerable time for patients. About half of the adult patients faced a medical error after discharge, and less patients faced an adverse event, most commonly an adverse drug event **(Sunil Kripalani et al, 2007, para 1).** Lack of information transfer and deficits in communication at the time of discharge are common and may adversely affect patient care. Intervention like computer-generated summaries and standardized formats can maintain the quality of care (Sunil Kripalani et al., 2007, para 2). More vulnerable patient needs complex care. It was found, that the rehospitalization rate is less in the patients who were given intervention during hospital stay and at the time of discharge from hospital (Eric A. Coleman et al,2006, para 1). Hospitalization and discharge from hospital involve discontinuity of care. After discharge of patients, there are multiple changes in medical regimens, and lack of patient education can lead to adverse drug events. Pharmacist intervention can prevent the adverse drug events. Patient counseling and telephone follow-up were associated with a low rate of preventable adverse drug events within 30 days after the hospital discharge (Jeffrey L. Schnipper et al, 2006, para 1).

Chapter -3

METHODOLOGY

3.1 Objectives of the Study:

- To find out the gap in discharge process from NABH guideline
- To find out the causes, which can reduce the quality of care after discharge

3.2 Study period:

- Three months (January to April 2012)

3.3 Study Area:

- Rockland Hospital New Delhi

3.4 Study Units:

- IPD as well as OPD

3.5 Sampling Technique:

- Convenient sampling has been done for sample selection. This includes 30 Nurses, 20 Doctors and 30 patients also were interviewed.

3.6 Description of Tool used for data collection:

- In this study secondary as well as primary data were collected. Primary data was collected through in-depth interviews of doctors, nurses and patients. Secondary data was collected from Medical record department.

3.7 Data analysis:

- Qualitative data was summarized and presented.

Chapter -4

ANALYSES

Gap analysis of discharge summary

NABH guidelines say that organization should define the following content in discharge summary.

- Discharge summary is provided to the patients at the time of discharge.
- Discharge summary contains the reasons for admission, significant findings and diagnosis and the patient's condition at the time of discharge.
- Discharge summary contains information regarding investigation results, any procedure performed medication and other treatment given.
- Discharge summary contains follow up advice, medication and other instructions in an understandable manner.
- Discharge summary incorporates instructions about when and how to obtain urgent care.
- In case of death the summary of the case also includes the cause of death.

S.N.	NABH Guidelines	Gap Analysis
1	Discharge summary is provided to the patients at the time of discharge.	Yes discharge Summary was provided to patients at the time of discharge
2	Discharge summary contains the reasons for admission, significant findings and diagnosis and the patient's condition at the time of discharge.	No proper format was being used in discharge summary, which can contain all the information.
3	Discharge summary contains information regarding investigation results, any procedure performed medication and other treatment	No proper format was being used in discharge summary, which can contain all the

	given.	information.
4	Discharge summary contains follow up advice, medication and other instructions in an understandable manner.	In some of the discharge summary no medication was given.
5	Discharge summary incorporates instructions about when and how to obtain urgent care.	Yes discharge summary incorporated instructions about when and how to obtain urgent care.
6	In case of death the summary of the case also includes the cause of death.	

In many of the discharge summary (80%) no standard format was used. In some (20%) of the discharge summary medication was not give and some of the (30%) discharge summary no hospital course was given. In few (10%) of the discharge summary review was not mentioned.

In discharge summary complete information is given to patient, so that patient can have a complete knowledge of procedure (which was done in hospital), medication and in emergency with whom he/she should contact. If patient is not briefed about medication and emergency care that can reduce the quality of care and lead to adverse events.

At the time of discharge, the prior appointment should be fixed. In many (80%) of the discharge summary prior appointment was written, but no one fixed patient appointment in hospital appointment register. Nurses and doctors said that is the duty of front office and front office said that is the duty of nursing department. In all of the cases (99%) no after discharge plane[2] was

[2] After discharge plane is a plane which gives complete information to patient, that what medicine he/she has to take and in emergency how to avail services. This plan can improve the quality of care. It also says that, after 2 to 3 days of discharge Health care organization should make a call to the patient to ask about his/ her health.

followed. Which shows that patient was not briefed what to do after discharge and when to avail facility from hospital. All of these situations can convert in to adverse situation.

Few of the patients (10%) said that during hospital stay no proper information was given to them. Few of the patients (10%) said that they were readmitted, which shows lack of quality of care.

Gap analysis of discharge Process

NABH guidelines say that organization should have documented discharge process, which should content following objective.

- The patient's discharge process is planned in consultation with the patient and / or family.
- Policies and procedures exist for coordination of various departments and agencies involved in the discharge process (including medico-legal cases).
- Policies and procedures are in place for patients leaving against medical advice.
- A discharge summary is given to all the patients leaving the organization.
- Discharge to home or transfer to another organization is also documented.

In most of the cases (80%) it was seen, that discharge of patient is planned at the last visit of doctor, which shows delay in discharge process.

There was no good coordination in various departments, which was involved in discharge process. It was also the reason of delay in discharge. This also can hamper the quality of care.

No proper format was being used for LAMA (leave against medical advice) cases.

For pending reports and follow-up appointment no one is responsible. Mostly the pending reports are very crucial repots, about which information should be given to patient by phone. Almost all patients (90%) said that they were not given any tentative appointment at the time of discharge. Patients also said no one told them, that in emergency to whom should they make a call.

Chapter 5

Discussions

Although very less patient were readmitted within 30 days after discharge from hospital. Most of the patients were cured. All in patient were given discharge summary, but in few of the cases it was not explained to the patient. In almost all the cases tentative appointment was given, but no appointment was fixed in hospital appointment schedule. For pending reports no one takes care. Usually Lab department or Front office should be responsible for pending repots. For pending reports there should be a dispatch department in front office, which should be dispatched all the reports. For all the process there should be a proper guideline, which is lacking in the hospital. Almost all the practices are being followed, but proper way is not being followed. In nursing department one senior nurse should be given all responsibility of communicating all information to patient. Because of that no duplication can be occurred and universality of information will be there. Doctors do not plan discharge of patient on every consultation, which lead delay in discharge. If discharge is planned on every consultation, so the time which is taken on the time of discharge can be reduced. For the discharge summary of patient only standard format should be used, but in case to case it varies. This type of variation can reduce the quality of care. Proper communication can resolve the entire problem, so there should be a proper communication between doctors, nurses and patients. Although NABH implementation is being done, so it will take some time make a proper way of handling the things.

Chapter 6

Recommendation

There should be after hospital care plan, which should content

1. Make a call to patients 2 to 3 days after discharge from hospital.

2. A special trained nurse should be appointed for this after hospital care plan. She will delicately handle all issues.

3. A checklist should be prepared for discharge that what all things should be done at the time of discharge.

4. There should be one dedicated report dispatch department for pending reports, which will coordinate with patient after discharge.

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Annexure no 1

A. Questionnaire for Doctors, Nurses and front office Manager.

I am the student of PGDHHM in IIHMR, New Delhi and I am conducting a research survey as a part of our course on the title "nonstandardzed discharge process can reduce the Quality of care. So kindly give your honest feedback on the following questionnaires and you will be appreciated for your effort and valuable time.

Name: _____

Age …….. Designation ……..

1. Do we provide whole information to patient (in written) in his/her own words (regarding test, medicine and his/her problem) during hospital stay?

   A) Yes B) No

2. If yes so who provide that information to patient?

   ……

   ……

3. Do we plan patient discharge on each and every consultation?

   A) Yes B) No

4. If yes so who plan discharge of patient?

   ……

   ……..

5. Do we provide information of discharge plan to patient?

   A) Yes B) No

6. If yes so who provide that information to patient?

   ……

   ……..

7. If we don't have facility, which is required to patient. In this type of condition what we do?

   ……

   …….

8. If we transfer patient to other hospital so do we provide doctor /nurse to transfer the patient?

   ……

   ……..

9. Do we have documentary evidence for emergency and general ward patients leave against medical advice?

   A) Yes B) No

10. Do we have Policies and procedures for coordination of various departments and agencies involved in the discharge process (including medico-legal cases)?

    A) Yes B) No

11. What all document is generated while discharging a MLC patient?

a)……

b)……

c)……

d)……

12. Do we provide whole information to patient in his/her own words, which is written in discharge summary?

A) Yes B) No

13. Do we provide pending reports information to the patient?

A) Yes B) No

14. If yes so after discharge, who coordinate with patient regarding test report?

……

……..

15. Please define the mode of communication for critical test reporting and normal test reporting.

……

……

……

16. Do we have Policies for post-discharge services, including making appointments and discussing how to avail facility in emergency?

A) Yes B) No

17. Do we make call to patient 2 to 3 days after discharge to identify and resolve any problems.

A) Yes B) No

18. Apart from this, any other causes which can lead to adverse situation of patient so please explain

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Annexure no 2

B. Questionnaire for Patients.

I am the student of PGDHHM in IIHMR, New Delhi and I am conducting a research survey as a part of our course on the title "nonstandardzed discharge process can reduce the Quality of care. So kindly give your honest feedback on the following questionnaires and you will be appreciated for your effort and valuable time.

Name of patient: _____

Age ……

1. All information was provided to you (in written) in your own words (regarding test, medicine and his/her problem) during hospital stay?

B) Yes B) No

2. If yes so who provided that information to you?

……

……

3. Discharge was planned on each and every consultation?

B) Yes B) No

4. Who gave you information of discharge plan?

……

……

5. Whole information was provided to you in your own words, which was written in discharge summary?

A) Yes B) No

6. Pending reports information was provided to you?

B) Yes B) No

7. Who coordinated with you after discharge (like pending test reports)?

……

……

8. Somebody gave you information regarding post-discharge services, including making appointments and discussing how to avail facility in emergency?

A) Yes B) No

9. Your problem was resolved or not? Or were you cured?

A) Yes B) No

10. Within 30 days, after discharge did you avail any kind facilities from any hospital?

A) Yes B) No

11 In future would you like to avail the facilities from Rockland hospital?

A) Yes B) No