Analyzing the Turnaround Time in the Department of Laboratory Services at a Tertiary Care Hospital, Durgapur

By

Gayatri Ahlawat

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2017-2019

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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that Dr. Gayatri Balakrishna Shivattaya student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at Thumbay Hospital, Ajman from 24th February to 20th May, 2019

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all success in all his future endeavors.

Dr. P.R. Sodani
Pro – President
The IIHMR University, Jaipur

Dr. Alok Kumar Mathur
Associate Professor
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Growth Through Innovation

May 20, 2019

To Whom It May Concern

This is to certify that Dr. Gayathri Balakrishna Shivattaya holder of Indian Passport Number H4340715 has undergone internship in our organization from 24th February 2019 till 20th May 2019, as a part of dissertation of her MBA in Hospital and Health Management program. She has completed the assigned project.

We wish all the best for her future endeavor.

For **Thumbay University Hospital Complex, Ajman**

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THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled -A Study to evaluate Percentage of Leave against medical advice patients in IPD and Emergency Department at Thumbay Hospital-Ajman, U.A.E and submitted by Dr. Gayatri Balakrishna Enrolment No -0531. MBA - HM22 under the supervision of Dr Alok kumar Mathur for award of MBA in Hospital and Health in Health and Hospitals of the University carried out during the period from 24-2-2019 to 20-5-2019 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Signature

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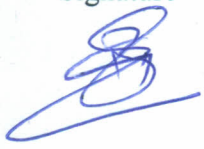

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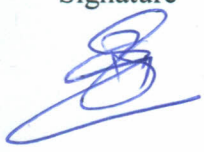

ABSTRACT

A Study on Leave against Medical Advice in Thumbay Hospital, Ajman UAE

Author: Gayatri

Advisor: Dr Alok Mathur

Background:

Leave against Medical Advice (LAMA) is a issue in the hospitals as it can have bad impact on the reputation of hospitals as it reflects inefficiency of the hospital and lack of rigour to maintain patient satisfaction and quality of care .

Objectives

- To evaluate Percenatge for LAMA in IPD and emergency department of Thumbay hospital
- To Describe the demographic Profile of the LAMA patients in Thumbay Hospital,Ajamn

Methodology:

- Place of study –Thumbay Hospital
- Study area – IPD and Emergency department
- Sampling Technique- All patients registered for 3 months
- Study duration – 3 months
- Sample size- 261 patients
- Study tools- Observation
  Interviews with Nurses and GP
- Research Design – Descriptive Cross sectional Design
- Research Approach: Quantitative approach
- Inclusion Criteria- All patients from IPD AND emergency department
- Exclusion Criteria – Day care and OPD patients
- Limitation- No face to face interview with the patients or bystander

Key Result:

The highest amount of Lama was seen in Emergency department in all 3 months with January being the highest lama in emergency department with 7.08%. The average of 3 months for lama was 6. 88%. Maximum LAMA's was observed in Emergency dept. and Left wing ward. Highest LAMA for 3 months was seen under Dr.Afra (Medicine) Dr. Adbelazim(Psychiatrist) and Dr.Pratiba(Medicine).The main reasons for lama was financial, personal with no specific reasons and insurance rejection.

The follow up call was being made to the lama patients for a general health feedback but conversion rates was low.

Suggestions:

- In order to avoid LAMA, Special Discounts, EMI system to patients who belong to lower Socio-demographic status can be considered.
- To keep the emotional bond between patient and hospital, professional communication with appropriate pitch, tone and volume needs to be observed.
- Appropriate and timely Communication between patient and doctor needs to be practiced at the hospital. Training to be conducted every 6 months to build interpersonal communication among all the clinicians and management for better dealing with the patients.
- In order to increase the conversion rates of follow up, special training should be given to the PAD dept. staff on the professional communication with pitch, tone and volume.

Conclusion

Maximum number of LAMA cases were seen in January month, emergency Department being the highest compared to IPD. Major Issue for LAMA as per the report was financial reason and personal reason followed by insurance rejection. Follow-up was given to the patient within 24hours of the patient leaving the hospital but conversion rate was very low

Key Words: LAMA, direct patient care, appropriateness, Follow up, Empathic Communication

Acknowledgements

The internship at Thumbay Hospital, UAE has helped me in understanding the working of a home healthcare care organisation and training centre.

Firstly, I thank Dr Pawan Gupta, Chief Quality Officer for giving me excellent opportunity to do internship at Thumbay,UAE

I want to thank Dr. S.D Gupta, Director-IIHMR for instilling right attitude towards learning and Col. (Dr.) Ashok Kaushik, Dean-Academic and Students Affairs, IIHMR, for helping and supporting me to fulfil my goals.

I extend sincere thanks to my respected mentor Dr. Alok Mathur, Professor for help and support and invaluable time-to-time guidance in completion of this project.

I acknowledge my indebtedness to the staff of Thumbay Hospital. for providing support and by guiding me throughout my training period.

Sincerely,

Dr. Gayatri Balakrishna

MBA-HM (2017-2019), 0567

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List of Abbreviations

Abbreviation	Expansion
LAMA	Leave against medical advice
TAT	Turnaround time
PAD	Patient affairs department

LEAVE AGAINST MEDICAL ADVICE IN THUMBAY HOSPITAL,AJMAN ,UAE

INTRODUCTION:

LAMA - Any patient who leave the hospital against medical advice even after knowing the consequences of withdrawal of treatment.

It is one of the major concern and burden for the hospital as it can lead to name and shame of the hospital.

LAMA can lead to increase health care cost as number of readmissions can increase due to half way treatment.

There are various reasons ,factors, causes of lama.

One of the major reasons of LAMA in most of the cases is communication gap between patient and treating physician, making patient feel less important in decision making regarding his/her own health.

LAMA can lead to adverse outcomes to health elevating morbidity and mortality.

LAMA is common in most of the hospitals in todays world all over the world. In most of the research papers maximum lama's occur in psychiatric patients .Dealing with psychiatric patients is a major challenge to the Organisation as a whole.

Patients have to be briefed thoroughly on the risk factors and consequences on discontinuation of treatment.

LAMA Consent from signed by the patient and the patient bystander is extremely important to support as a legal document for the hospital. Verbal Consent is no longer helpful and useful in LAMA case.

Common Areas of LAMA's in the hospital is IPD ,Emergency and later is OPD.

In Emergency department there are 2 types of LAMA:a) With Registration b) Without Registration .Both the data has to be maintained by the orgainsation for the records.

To know the factors of LAMA in detail , one needs to know the entire socio demographic profile of the patients in order to understand the pattern thoroughly.

Demographic Profile such as –age, gender ,Nationality ,religion,income level , soico economic status ,occupation,profession ,marital status and so on. This data will help to study the entire LAMA Project with finer details and with accurate interventional strategies.

LAMA can be due to many resons ,like communication gap between patient and doctor, financial reasons , insurance rejection ,personal reasons and so on. The Organisation should approach respective cause of patient dissatisfaction and manage it with better negotiation While reducing the rate of LAMA.

There has to be strict policies and procedures to manage LAMA without any chaos and fuss. According to JCI standards , the hospital staff particularly Patient affairs dept. should followup the patient within 24hours of patient leaving the hospital to checkup on their health and to maintain the care and bond between patient and the Hospital.

LITERATURE REVIEW

Title	Authors	Objectives	Key findings
"Why patient leaves against medical advice"	'Ibrahim al ayed , Journal of Tahiba University ,Medical Science'	To identify the causes of lama . To identify strategies to prevent lama	Apt Interpersonal Comunications between provider and patient, Emphatetic way of dealing with the patient , appropriate clinical care and treatment and involving patients in decision making is important to reduce LAMA Cases.
"I am going home- Discharges against Medical Advices"	David J Alfrende	To identify the prevalence, and predictors for lama	The literature is limited primarily to medical record reviews and retrospective analyses of associations with AMA discharges. Data for physicians on how to effectively manage and intervene in these complicated patient encounters are scant. Prospective studies of medical patients, focusing on patient, physician, and hospital variables, are most likely to reveal reliable and valid data about how best to address, prevent, and treat AMA behavior.Focusing on providing informed consent, with attention to the vulnerabilities and health literacy levels of hospitalized patients, can ensure the best care possible for patients while respecting their autonomy.

Is your patient leaving against medical advice?	Edward Doyle ,2009	To identify the strategies to avoid LAMA	Motivational interviewing is Particularly useful.it helps physician understand better why patients are desperate to leave hospital.Having a clear conversation in the beginning of the hospitalization,including treatment plan and anticipated plans.If there is a problem half way through, have another conversation. Conversation is the key.

Background:

Discharge against medical advice (AMA), in which a patient chooses to leave the hospital before the treating physician recommends discharge, continues to be a common and vexing problem. Discharge against medical advice (AMA), in which a patient chooses to leave the hospital before the treating physician recommends discharge, is a problem for many physicians who treat hospitalized patients Physician-patient communication, informed consent, and underlying psychiatric issues are all mandate information to be taken for practical management

Rationale:

Patient Centric Approach is the Main Focus and priority for Thumbay Hospital.Patient satisfaction and high quality standard is the ultimate goal of the hospital. By Conducting STUDY on LAMA, helps the hospital to identify the loop holes and gaps and reasons behimd patiemt dissatisfaction and LAMA.. The suggested study aims to determine the Rate and causes for leave aginst medical advice in IPD and Emergency Department To describe the demographic profile of LAMA patients in orsder to get indepth knowledge of LAMA patients and desired steps taken to reduce LAMA and further enhance the functioning of the department.

Research Questions:

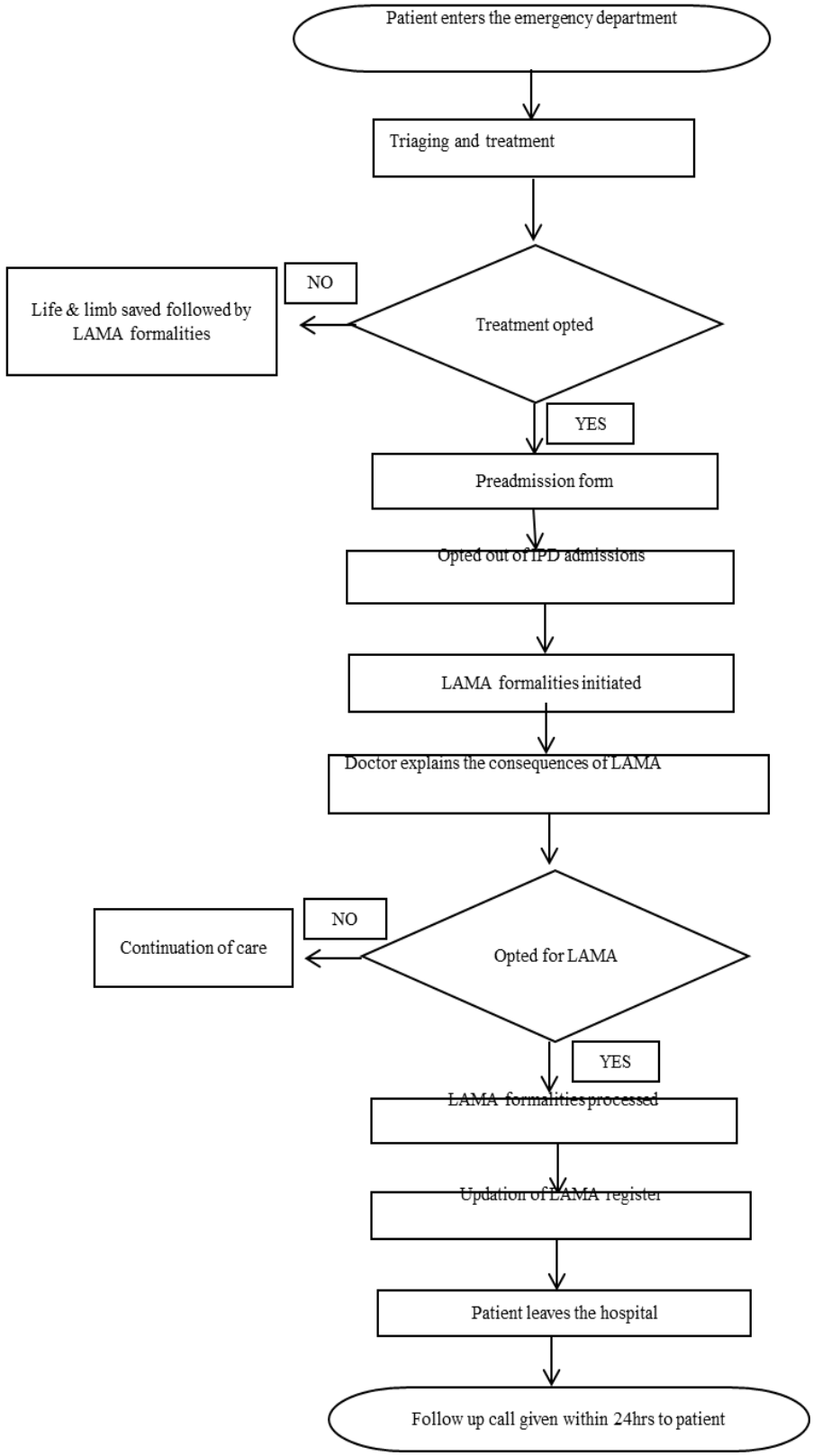
Q1 What is the Percentage for leave against medical advice in IPD and Emergency department?

Q2 " What are the factors associated with LAMA Patients in IPD and Emergency Department

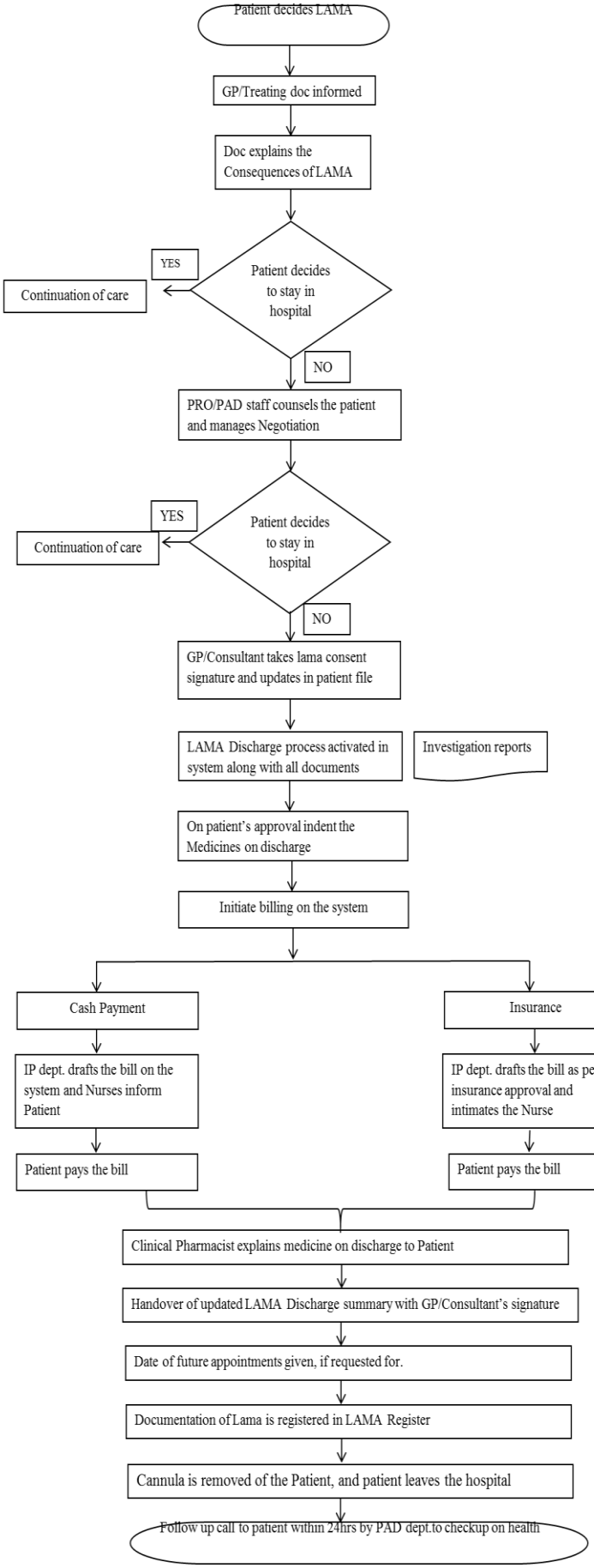
Objectives:

- To evaluate Percentage for LAMA in IPD and emergency department of Thumbay hospital,Ajman
- To Describe the demographic profile of LAMA patients at Thumbay hospital, Ajman

PROCESS FLOW OF LAMA IN Emergency department



Process Flow of LAMA in IPD



Lama Consent Form for IPD patients and emergency patients

Lama consent is extremely important document for the hospital. Consent is to be bilingual. Englsih and Arabic as per the country local Language The major purpose of documented consent process is to protect the hospital and doctors from any legal implications. Documentation of the consent is a must as a proof and not just verbal consent.Verbal consent as no stand in the eyes of law.

Original copy of LAMA form is with the organisation as a proof of legal agreement. Consent form should have all detail preliminary data along with the witness details and the reasons for lama..and at the end doctor's signature with date and time is a must.Below is the LAMA Consent form of Thumbay hospital,Ajman UAE.

Findings

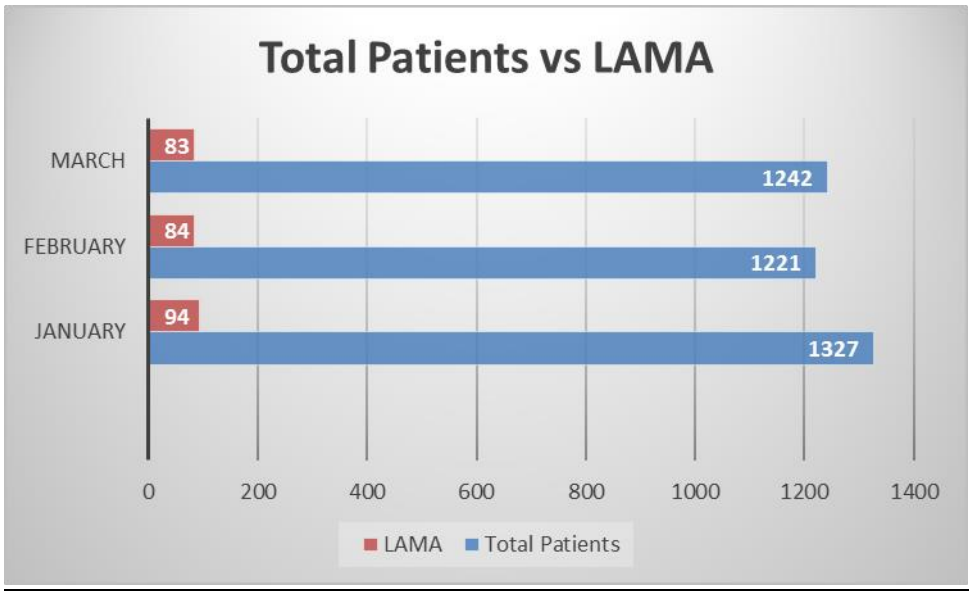
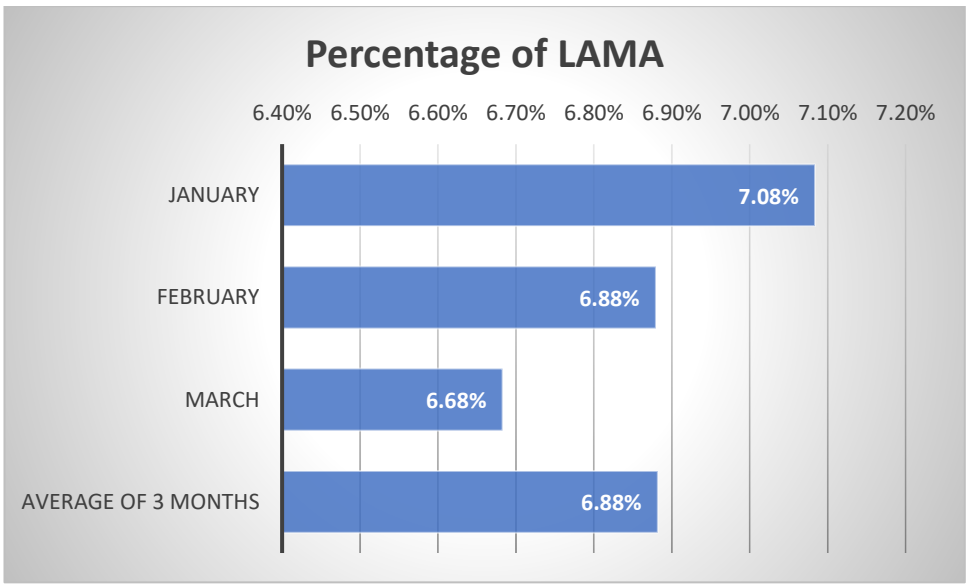


Fig. 1 Total Admissions against total LAMAs for 3months

Fig 2 Total Percentage of LAMA for 3 months respectively with the average of 3 months



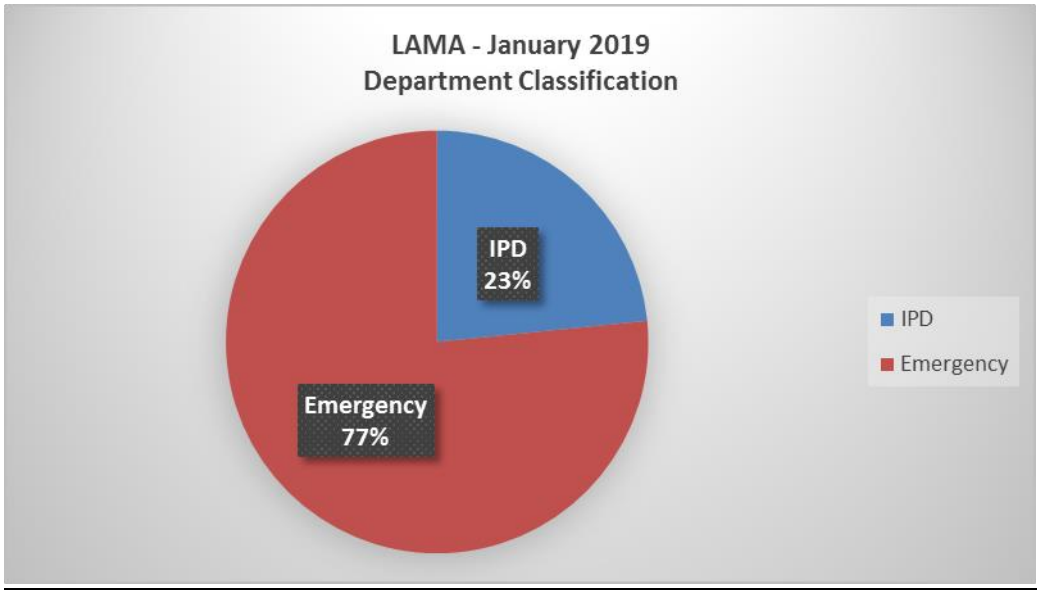


Fig 3 Percentage of Lama in IPD and Emergency for January

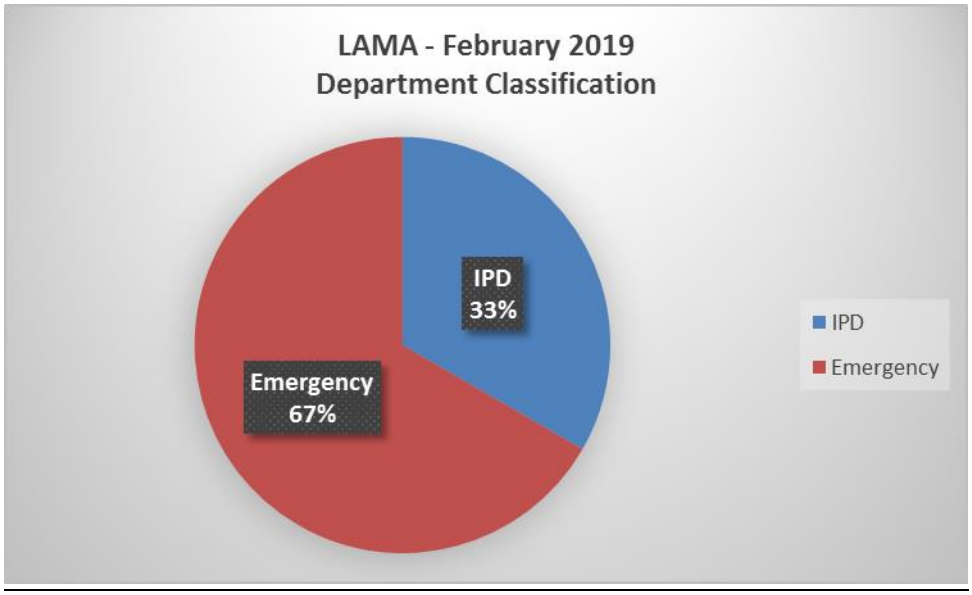


Fig 4 Percentage of LAMA for IPD and Emergency in Febuary

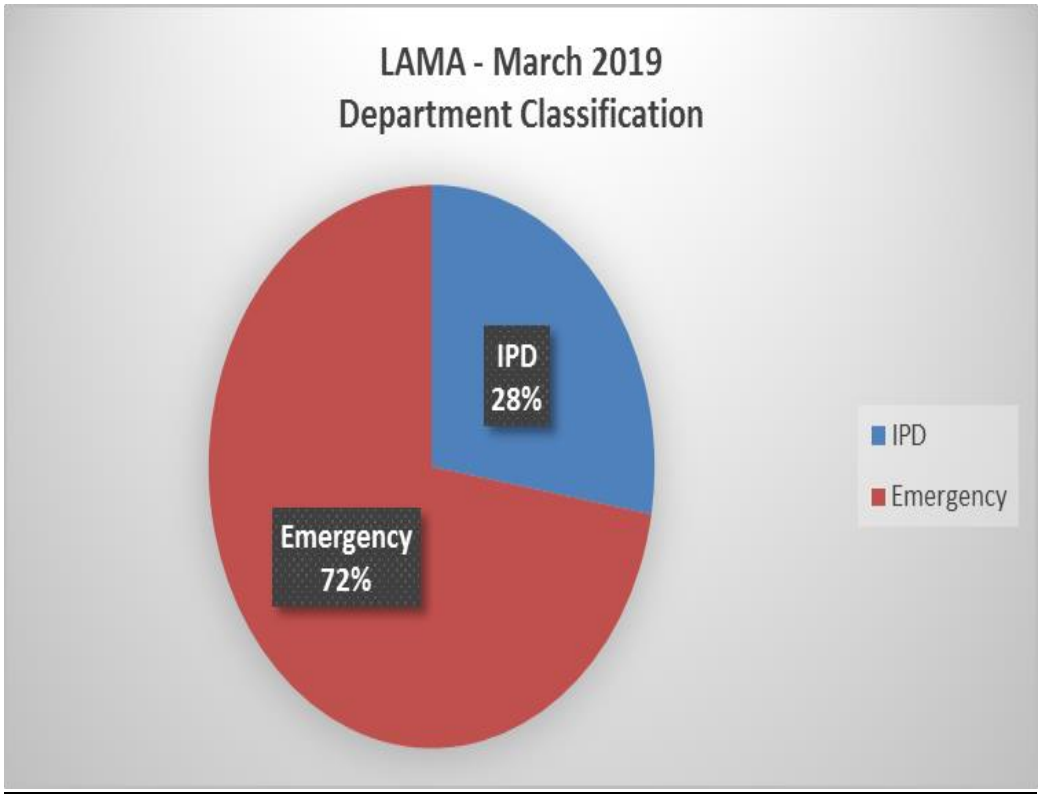
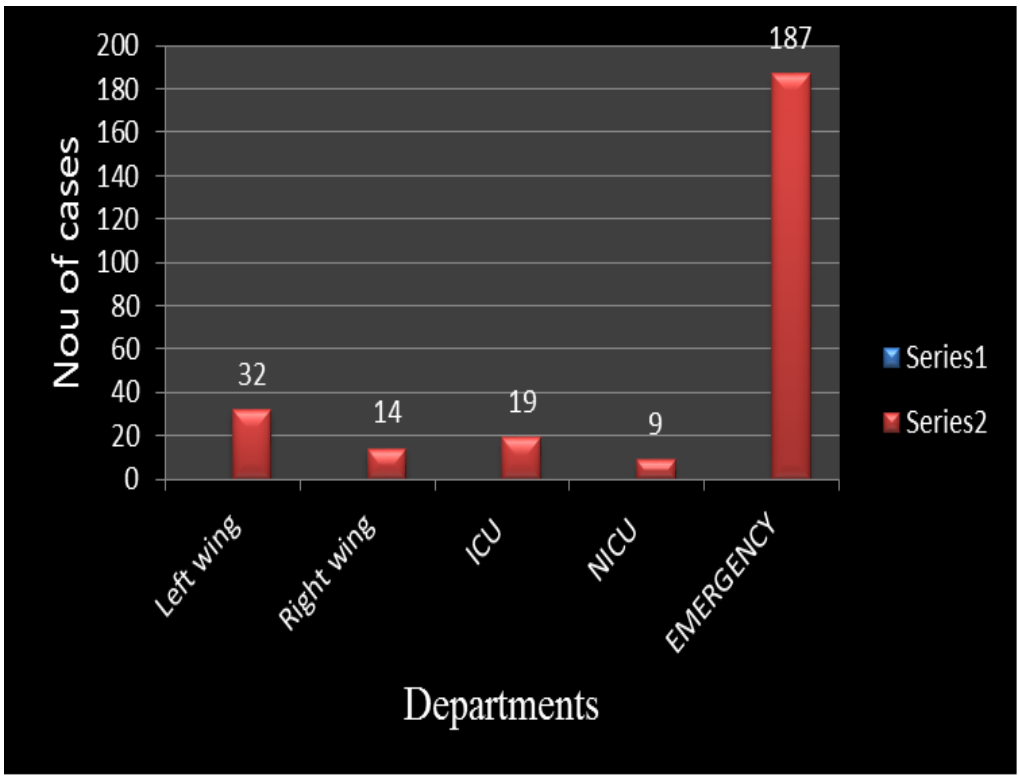


Fig 5 Percentage of LAMA for IPD and Emergency in March



Maximum of LAMA cases under each IPD department.

Characteristics of LAMA

- Gender distribution: Male- 37.93%

  Female – 62.06%

- Nationality distribution: Natives (U.A.E)- 33.716%

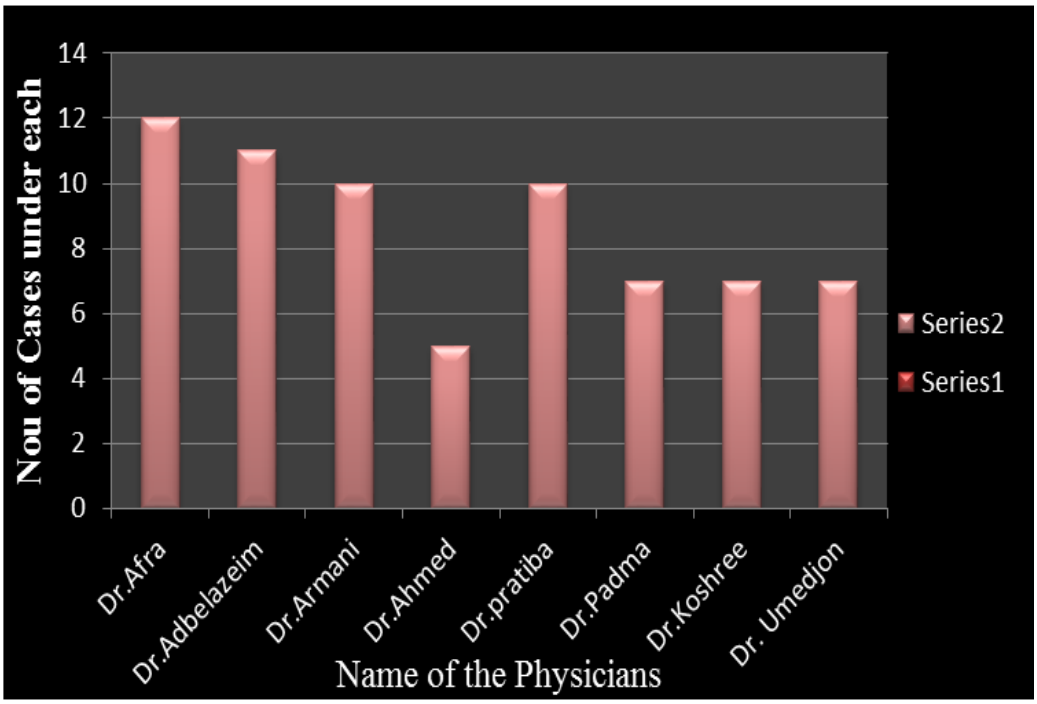
  Expats – 66.283%

- Marital status: Single- 28%

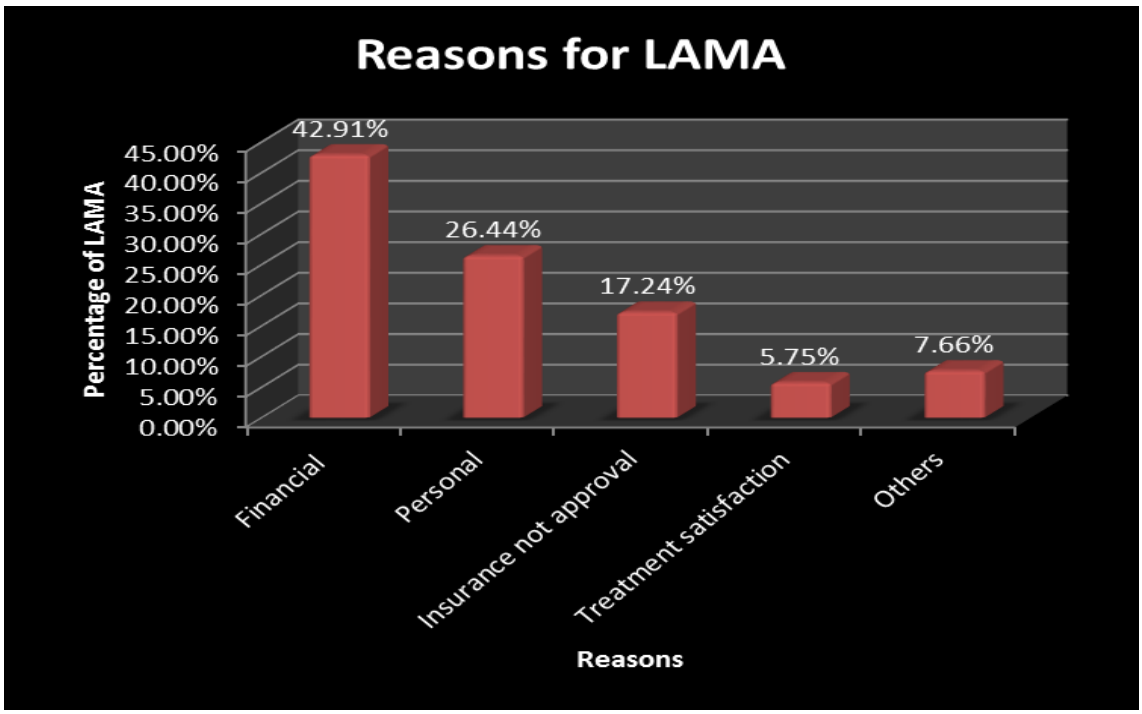
  Married -72%

- Age distribution:

	Age group	% of lama
Neonate	0-1month	3.44%
Infant	1 month-2years	6.13%
Children	3-12	10.72%
Adolescent	13-17	4.59%
Adult	18-55	45%
Elderly	56-80	9.96%



Maximum number of LAMA Cases under treating Physician



Reasons of LAMA

Discussion

The highest amount of Lama is seen in Emergency dept in all 3 months with January being the highest lama in emergency dept with 7.08% of the total admission . The average LAMA for total 3 months was 6. 88% The maximum reasons for lama was Finanacial reason 42.91% ,personal reason with no specific reasons 26.44% and insurance rejection 17.24%.

The maximum lama for entire 3 months was observed under Dr. Adberazam and Dr. Afra and Dr.Pratiba.

The followup call was being made to the lama patients for a general health feedback but conversion rates was not high .Goin in depth with the Lama patients in the form of conversation and getting in to the root cause is vital to avoid Lama.

"Ethical Considerations"

Study was taken over under the guidenace and permission of CQO (Chief Quality Officer). Reporting was done to Quality Executive Officer. Permission was taken from the Sister In-charge of the ward before starting the study. Verbal consent was taken from the Staff nurse before shadowing the LAMA process

Implications of the Research

LAMA study will help to cite out reasons and causes for the patient dissatisfication and leaving the hospital without completion of proper treatment... This will help improve the efficiency and Quality of work and thereby increase productivity.

Limitations of the study

Direct Communication and face to face interview with the patients, their bystander and direct shawdowing of the patients was not allowed.

Strength of the study

This is the first LAMA study to be conducted in the hospital. Hence the data collected will be very useful for later studies which will be conducted.

Recommendations:

- Depending on the socio demographic status of the patient, Better Deals, Health care packages can be provided to the patients.
- Patients with lower socio economic status ,Provision of Payment can be done through EMI System within a period of 1month in an extreme cases.
- In order to know the specifications of personal reason, apt communication with human touch is a must between PDA department and patient and Consultant and Patient so that detailing can help the hospital in better understanding of the patient's situation and accordingly work on the same. Physician Patient Communication skills must be applied to avoid unnecessary LAMA
- When a high degree of risk is involved, the physician should engage in a constructive dialogue with the patient about grievances. Often, this opportunity for communication will be sufficient, and the patient can be persuaded to remain in the hospital.
- Briefing the patient at the very initial period during admission about their insurance coverage plan and making them fully aware about the inclusion and exclusion criteria of their insurance plan and making them prepared for OPE in the future.
- Giving the authority to the patient in the beginning of the treatment to choose the treating Physician of his/her NATIONALITY/GENDER choice in order to avoid any discomfort.

Incase of any discomfort, dissatisfaction in between the treatment with the doctor or any hospital staff - Arranging one to one meet with the patient and PAD department (if needed even higher management) and getting in to the root cause of the problem in the most empathetic, considerate and humble way and by communicating extensively with respect to all facets of care, while avoiding conflict, and providing a caring and accepting environment for the patient.

- Overall Training of Physician, GPs and PAD department once in 6 months with effective and interpersonal communication skills should be the central part o help regulate patients' emotions, facilitate comprehension of medical information, and allow for better identification of patients' needs, perceptions, and expectations.

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