

Turn Around Time of Declaration of Death and Finalization of Death Summary in Medical ICUs

By

Yashika Malik

*Dissertation submitted in partial fulfillment of the requirements of the degree
MBA Hospital and Health Management*

Academic year, 2017-2019



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TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms Yashika Malik**, student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at **Medanta, The Medicity, Gurgaon** from **February 11, 2019 to May 10, 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.

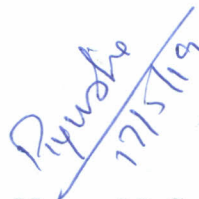
The Internship is in fulfilment of the course requirements.

I wish her all success in all his future endeavours.



Dr. (Col.) Ashok Kaushik
Dean, Academics and Student Affairs
The IIHMR University, Jaipur

17 May 2019



Mrs Veena N. Sarkar
Assistant Professor
The IIHMR University, Jaipur

Date: 11.05.2019

INTERNSHIP COMPLETION CERTIFICATE

This is to certify that **Ms. Yashika Malik** student of **IIHMR University, Jaipur (Haryana)**, has completed her 3 months internship with **Global Health Private Ltd. (GHPL) Medanta – The Medicity** Hospital Sec-38, Gurgaon - 122001 (Haryana), from 11th Feb' 2019 to 10th May'2019 in the department of **Quality**.

She has completed following projects during her internship:

1. Turnaround time of declaration of death and finalization of death summary in medical ICU.
2. Study of patient satisfaction index in Gastro Intestinal department.
3. Data validation of clinical and non-clinical key performance indicator (KPIs) of the hospital.

We wish her all the best for her future endeavors.

For **GLOBAL HEALTH PVT LTD**


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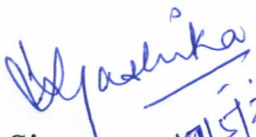
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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **“Turn Around Time of Declaration of Death and Finalisation of Death Summary in Medical ICUs”** and submitted by **Ms Yashika Malik** Enrollment Number **IIHMR-U/01/2017-19/0696** under the supervision of **Mrs Veena N. Sarkar** for award of MBA in Hospital and Health Management in Indian Institute of Health and Hospital University carried out during the period from **11th Feb 2019 to 10th May 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 17/5/2019.

ABSTRACT

INTRODUCTION:

Patient Satisfaction is a major concern that must be taken care of while working in a hospital. The delay in preparation and submission of death summaries is the most common issue which increases dissatisfaction amongst the family members of the deceased. All such issues in the hospital not only create dissatisfaction amongst the attendants, but also hampers the Quality Indicators of the department and the hospital. The study was conducted to identify the Turn Around Time of declaration of death and finalisation of the death summaries in Medical ICUs of Medanta, The Medicity, Gurgaon.

OBJECTIVES:

- To compute the TAT for the preparation of Death Summary form the time of Declaration of death.
- To identify factors leading to delay.
- To suggested changes to reduce the TAT specifically for the Non-cash payments.
- To undertake comparative analysis after the implementation of suggested changes.

METHODOLOGY:

The study was conducted in 2 phases: Pre and Post, which in between had interventions which were being implemented in the study area and afterwards, the post implementation analysis was done. A new protocol was designed which included a standard TAT of 1 hour that was implemented.

RESULT & FINDINGS:

The results of the study include the comparative analysis of the pre-implementation phase and the post implementation phase.

As per the results of the comparison, there seemed a significant reduction in the average TAT of the death summaries specifically in the Non-Cash payments.

ACKNOWLEDGEMENT

I am exceptionally thankful to all the professionals at Medanta, The Medicity, Gurugram for sharing generously their knowledge and precious time. I owe a great debt to Mr. Pankaj Sahni (Chief Operations Officer) and Dr. Shaveta Dewan (Head-Quality & Medical Services) for sharing their valuable views despite their busy schedule. It has been my privilege to work under their dynamic supervision in the hospital.

I would like to thank Mr. Anurag Awasthi (Manager, Human Resources) for the opportunity to do my dissertation in such a reputed organization.

I express my sincere gratitude to Ms. Chandra Prabha and Ms. Nidhi Ranpuriya (Quality) for their helping hand, keen interest and valuable suggestions throughout my dissertation, without their guidance and regular encouragement my project would not have been compiled.

I would also like to grab the opportunity to thank Dr. Yatin Mehta (Chairman-Critical Care and Anaesthesiology), for continuously sharing their knowledge and expertise, as my learning would have not been possible without their support.

I extend my gratitude to Dr. Arushi Vij (Assistant Manager-Medical Administration), whose contribution was instrumental for my dissertation completion.

I am highly grateful to all the departmental heads and staff for giving me time and have helped in learning the process. Without their active cooperation and participation of MEDANTA TEAM it would not have been possible to obtain in depth knowledge about operations and quality aspects of the Hospital.

Most importantly I would like to thank my college guide Ms. Veena N. Sarkar (Assistant Professor) for guiding and supporting me on my given project work and FACULTY OF IIHMR UNIVERSITY JAIPUR for providing facilities for my study.

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LIST OF ABBREVIATIONS

ICU	Intensive Care Unit
TAT	Turn Around Time
e-HIS	Hospital Information System
IPD	In Patient Department
TPA	Third Party Administration
MT	Medical Transcriptionist
GDA	General Duty Assistant
TPTs	Transfer Patient Team
UHID	Unique Identification Number
SOP	Standard Operating Procedures
CPR	Coronary Pulmonary Resuscitation
TL	Team Leader

INTRODUCTION TO THE HOSPITAL

MEDANTA- THE MEDICITY



Medanta -The Medicity is a multi-specialty medical institute located in the city of Gurugram, Haryana. It was established in 2009, under the vision of Dr Naresh Trehan, Cardiac Surgeon.

It spreads across 43 acres in Gurugram and houses 1,250 beds and over 350 critical care beds, with 45 operation theatres.

Primarily known as an institute specializing in cardiology, presently Medanta has 32 institutions, departments and division that cater to over 20 specialties.

Medanta's massive 2.1 million sq. ft. campus provides 1,600+ beds and houses facilities for over 22+ super-specialties, all under one roof. Each floor is dedicated to a specialization to ensure that they function as independent hospitals within a hospital and yet have the comfort of collaborating on complex cases. Patients are provided with multiple options for treatment, the most suitable of which are arrived at through a cross-function, cross-specialization committee such as Tumour board that decides the best course of action.



A vision that first came to Dr. Naresh Trehan, while practicing surgery at the NYU Medical Center in the USA. For every 1000 Indian patients he treated there, another 1000 couldn't even afford to fly down. That's when he realized that India needed to have an advance multispecialty medical institution of its own. An institution which not only treats, but trains and innovates too, while providing international standards of technology, infrastructure, clinical care, and a fusion of traditional Indian and modern medicine.

All at one-tenth the cost.

That's how Medanta was born in 2009

Medanta has nine multi-specialty institutes and over 20 specialty divisions and departments, which assists with clinical care, education and research.

Institutes:

- Medanta Heart Institute
- Medanta Institute of Neurosciences
- Medanta Bone & Joint Institute
- Medanta Kidney & Urology Institute
- Medanta Cancer Institute
- Medanta Institute of Critical Care & Anaesthesiology
- Medanta Institute of Digestive & Hepatobiliary Sciences
- Medanta Institute of Minimally Invasive Surgery
- Medanta Institute of Transplant & Regenerative Medicine

Divisions:

- Division of Chest Services
- Division of Endocrinology & Diabetes
- Division of ENT & Head Neck Surgery
- Division of GI & Bariatric Surgery
- Division of Gynaecology & Gynae Oncology
- Division of Mental Health & Quality of Life
- Division of Peripheral Vascular & Endovascular Sciences
- Division of Plastic, Aesthetic & Reconstructive Surgery

- Division of Radiology & Nuclear Medicine
- Division of Rheumatology & Clinical Immunology
- Emergency and Trauma Care
- Medanta Breast Service
- Pharmacy

Departments:

- Department of Dental Sciences
- Department of Integrative Medicine & Holistic Therapies
- Department of Internal Medicine
- Department of Nursing
- Department of Pathology and Laboratory Medicine
- Department of Paediatric Heart Care
- Department of Paediatric Gastroenterology, Hepatology and Liver Transplantation
- Department of Ophthalmology
- Department of Physiotherapy and Rehabilitation
- Department of Respiratory & Sleep Medicine
- Department of Transfusion Medicine (Blood Bank)

ACHIEVEMENTS:

- In 2010, Medanta became the first hospital in the country to offer robotic surgeries in cardiac, urology and gynaecology under one roof.
- In January 2013, a panel of doctors from Medanta, headed by Dr. A.S.Soin performed the first successful intestinal transplant in India.
- Performed over 15,000 cardiac surgeries.
- Performed over 2500 joint replacement surgeries.
- Over 500 living donor liver transplants, the highest in India and 2nd highest globally.
- Total Knee replacement of 101-year-old patient.
- Over 2, 500 kidney transplants.
- First successful intestinal transplant in India.
- First successful robotic kidney transplant.
- Highest number of renal robotic transplants in the world.
- World record for the greatest number of Total Knee Replacements in least amount of time. 30 surgeries in one day by Dr. Ashok Rajgopal.

ACCREDITATIONS:

Quality accredited by

- Joint Commission International
- National Accreditation Board for Hospitals
- National Accreditation Board for Testing and Calibration Laboratories.

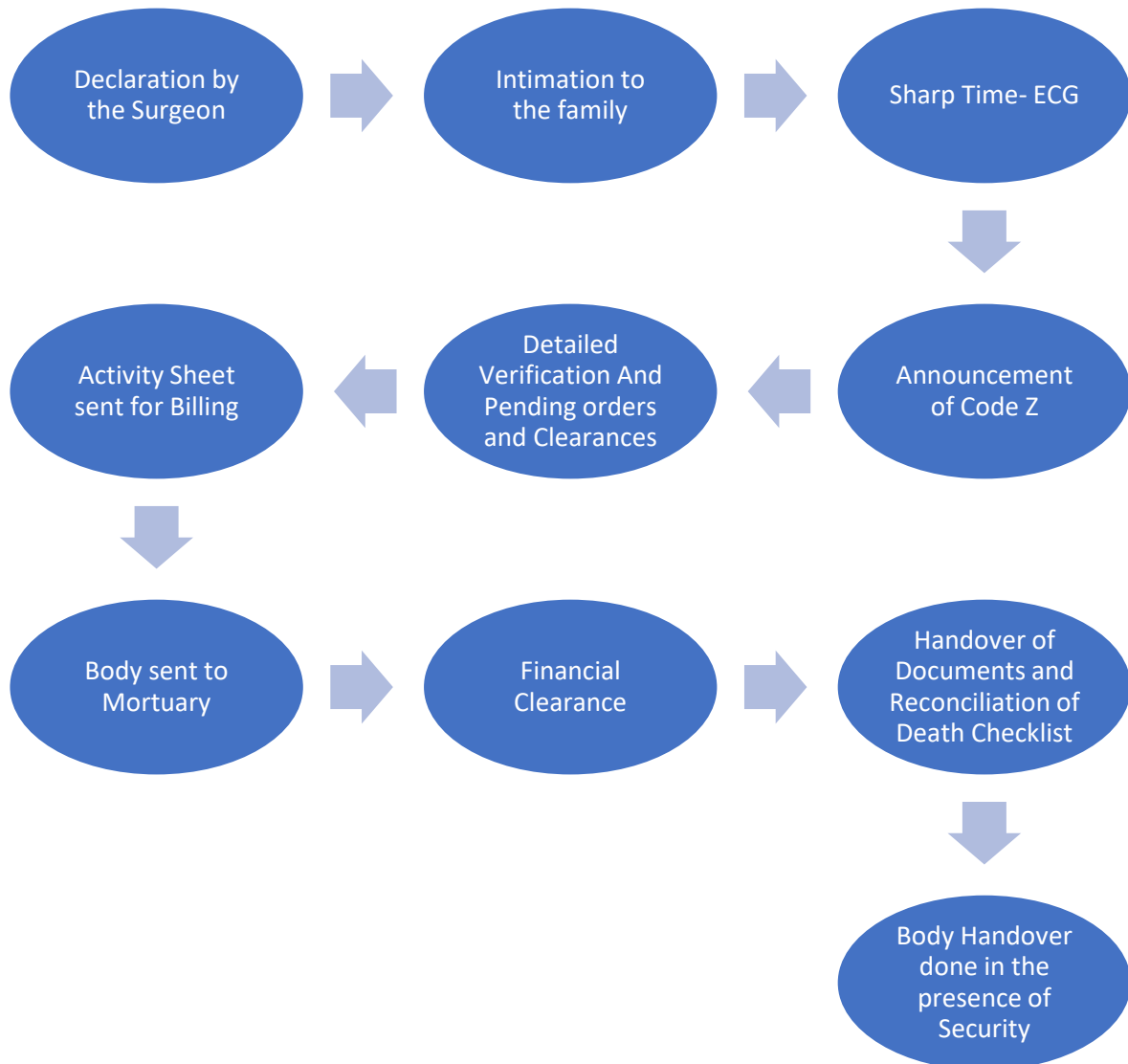
INTRODUCTION TO THE TOPIC

- The topic initially revolves around the Discharge process and the discharge summary which is handed over to the patient's attendant at the time of discharge.
- Discharges can be broadly classified into 4 categories:
 - Cured (Normal discharge)
 - Discharge On Request (DOR)
 - Leave Against Medical Advice (LAMA)
 - Death
- **Discharge Summary** is a medical document that summaries the hospital course that is being followed for the patient. It is either handwritten or typed.
- The length of a discharge summary is inversely proportional to the length of stay in the hospital.
- This report is critical for further consultation and promoting patient safety while they transfer from care settings.
- If a patient dies instead of being discharged, the discharge summary becomes the **Death Summary**. Accurate death reports are crucial to receive social security benefits and reimbursements.
- The accuracy of death summary is very important since the relatives of the patient who had died in the hospital can sue the hospital for wrongful death/negligence if they find the death report is incomplete and comprised of critical errors.
- **Components of a Death Summary** are as follows:
 - Patients Identifiers mentioned correctly
 - Reason for admission
 - Diagnosis and Co-morbidities
 - Significant physical and other findings
 - Diagnostic and therapeutic procedures performed if applicable
 - Course in the hospital
 - Investigation results
 - Significant medications Given
 - Reason for death (CPR Notes)
 - Time and Date of Expiry
 - Typed by- MT's Name
 - Signed by the doctor (Primary team)

OBSERVATIONAL LEARNINGS

In order to understand the reasons for delay in preparation of death summary, we need to know the process that is being followed in the ICUs in the incidents of occurrence of a death.

PROCESS FLOW



(Fig 1.1)

PROCESS DEFINITIONS

1. DECLARATION BY THE SURGEON:

As and when the patient starts to crash, the ICU team proceeds with the process of giving CPR to the patient.

The Basic Life Support is being given to the patient as per the protocol. If the patient doesn't respond to the resuscitation measures, then the surgeon declares the patient as DEAD.

2. INTIMATION TO THE FAMILY:

During the process of providing resuscitation to the patient, the family of the patient is informed about the crashing and the status of the patient's condition.

3. SHARP TIME-ECG:

As per the protocol, a final ECG is taken up for the patient, and the time of final ECG is recorded as the time of declaration of death. After this, the family members can see the patient.

4. ANNOUNCEMENT OF CODE Z:

Code Z indicated the occurrence of death, anywhere in the hospital. The ICU staff must call on 7777 to intimate about the occurrence of death in the ICU. The intimation of occurrence of a death is given to the following stakeholders either through a message or a phone call;

- Nursing Superintendent
- Duty Manager
- Billing Supervisor
- MS/DMS
- OCC Shift Cell
- Primary Team-Consultants and Junior Doctors
- Floor Manager

5. DETAILS VERIFICATION & PENDING ORDERS AND OTHER CLEARANCES:

The details of the patient are verified by the attendant in order to avoid any errors on the Death Summary.

Pending orders and other clearances refer to return of medicine to the IP Pharmacy, Cancellation of the other orders that have been put into the system further treatment.

6. ACTIVITY SHEET SENT FOR BILLING:

The activity sheet is sent for the preparation of the final bill.

7. BODY SENT TO THE MORTUARY:

After the cleaning and the packing of the body is done, there are 3 tags that are put on the body of the deceased:

- First on the wrist,
 - Second on the chest and
 - Third is placed outside the sheet.
- ❖ During all this process is being done, the packing of the body is done simultaneously by the ICU staff with the help of the GDAs. Also, the preparation of the Death Summary and Death Certificate is done.

8. FINANCIAL CLEARANCE:

The attendant is responsible for getting the financial clearance done from the Billing Department.

9. HANDOVER OF DOCUMENTS AND RECONCILIATION OF DEATH CHECKLIST:

Along with the Death Summary and Death Certificate, the other documents that are be handed over to the attendant are as follows:

For CASH and TPA patients,

- 1 copy of original documents including all the laboratory reports, radiology and diagnostic documents.
- 1 photocopy of all to be kept in MRD file
- 1 photocopy of Death clearance paper

For MLC cases,

- Inform the Security Control Officer of Emergency, who in turn will inform the police.
- 2 copies are required- 1 copy of all original documents including all laboratory, radiology along with film and diagnostic documents to be kept in MRD file along with Death Summary in yellow file.
- The entire document in the patient file should have MLC seal, to be done from Emergency.
- 1 copy- of all documents with MLC seal to be handed over to patient.

10. BODY HANDOVER DONE IN PRESENCE OF SECURITY:

The attendant shows the Financial Clearance Slip in the Mortuary and the body is handed over to the attendant in from of the Security Team.

LITERATURE REVIEW

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METHODOLOGY

➤ **AIM OF THE STUDY:**

The aim is to study, analyse and improve the Turn Around Time of the Finalisation of Death Summary from the Time of Declaration of Death in Medical ICUs-7 & 8. Also, to perform a comparative analysis between 6 months after the recommended changes have been applied to the system.

➤ **RATIONALE:**

Due to increase in number of complaints regarding the finalisation of Death of Summary in cases of Non-Cash payments, from Medical ICUs, this research was carried out. These are the busiest ICUs where a major chunk of deaths take place. Hence, are of great importance.

➤ **OBJECTIVES:**

- To compute the TAT for the preparation of Death Summary form the time of Declaration of Death.
- To identify factors leading to delay.
- To suggest changes to reduce the TAT specifically for Non-Cash Payments.
- To undertake comparative analysis after the implementation of suggested changes.

➤ **STUDY DESIGN:**

The study design is Descriptive Cross-Sectional Study, Pre-Post analysis.

- The Pre-Test phase consists of data for 4 months, out of which, 3 months data is retrospective and 1 month is on-going observational.
- After the problem identification, interventions were made, and the post analysis was done.
- The Post-Test phase consists of data for 2 months, which was collected through on-going observations.

➤ **DATA COLLECTION**

There is a combination of primary and secondary data in this study.

- **Primary Data:** The primary source of data is collected by ongoing observations. The data collected through primary source is for the following months:
 - ❖ February'2019
 - ❖ March'2019
 - ❖ April'2019
 - ❖ All the night death cases were tracked through the e-HIS.

- **Secondary Data:** The secondary source of data is e-HIS, i.e. Retrospective data collected for the following months:
 - ❖ November'2018
 - ❖ December'2018
 - ❖ January'2019

- **SAMPLE SIZE:**
- **Pre-Test**

A total of 100 death cases excluding 11 cases which had discrepancy in the e-HIS information.

- **Post-Test**

A total of 100 death cases excluding 4 cases which had discrepancy in the e-HIS information.

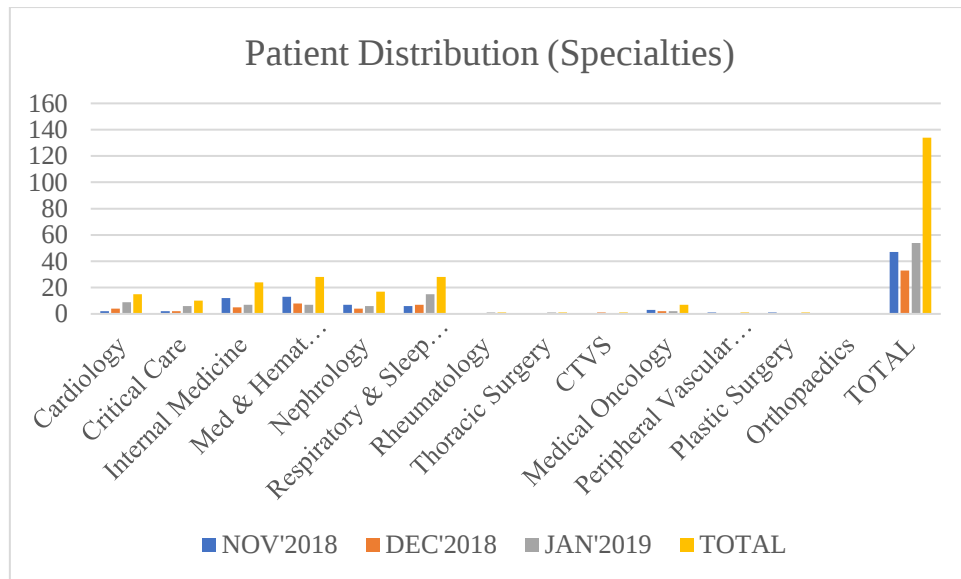
FINDINGS

PRE-TEST (For the months of November December, January, and February)

I. Patient Distribution as per Specialties

SPECIALTY	NOV'2018	DEC'2018	JAN'2019	TOTAL
Cardiology	2	4	9	12
Critical Care	2	2	6	10
Internal Medicine	12	5	7	14
Med & Hemat Oncology	13	8	7	25
Nephrology	7	4	6	17
Respiratory & Sleep Medicine	6	7	15	20
Rheumatology	0	0	1	1
Thoracic Surgery	0	0	1	1
CTVS	0	1	0	1
Medical Oncology	3	2	2	4
Peripheral Vascular & Endovascular Sciences	1	0	0	1
Plastic Surgery	1	0	0	1
Orthopaedics	0	0	0	0
TOTAL	34	21	45	100

(Table-1.1)

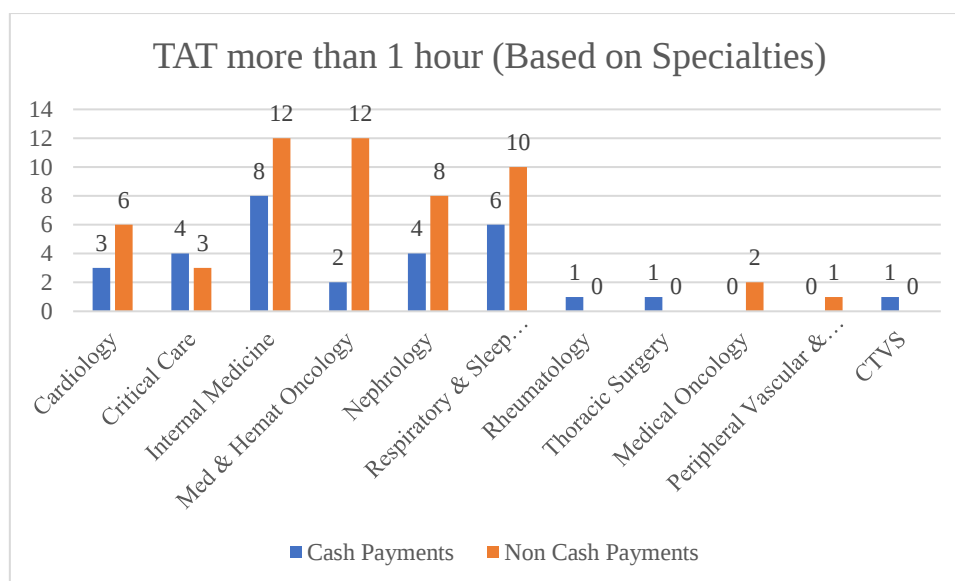


(Fig.1.2)

II. Specialty wise break up with reference to the billing categories of cases where the TAT is more than 1 hour

Cases where TAT is more than 1 hour (Based on Specialties)			
Specialty	Cash Payments	Non-Cash Payments	Total
Cardiology	3	6	9
Critical Care	4	3	7
Internal Medicine	8	12	20
Med & Hemat Oncology	2	12	14
Nephrology	4	8	12
Respiratory & Sleep Medicine	6	10	16
Rheumatology	1	0	1
Thoracic Surgery	1	0	1
Medical Oncology	0	2	2
Peripheral Vascular & Endovascular Sciences	0	1	1
CTVS	1	0	1
Total	30	54	84

(Table 1.2)



(Fig 1.3)

III. Specialty wise break up of average TAT for panelled payments (Non-Cash payments)

Specialty	Nov-18	Dec-18	Jan-19
Cardiology	00:34	01:04	02:58
Internal Medicine	03:04	02:09	03:06
Med & Hemat Oncology	05:00	01:17	01:26
Nephrology	08:41	00:50	05:09
Respiratory & Sleep Medicine	02:55	02:40	02:36

(Table 1.3)

Outliers-

- In the departments of nephrology, there were 3 outliers- 12:50, 12:36, 14:27.
- In the departments of Med & Hemat Oncology, there were 2 outliers- 12:33, 12:46.

➤ **INFERENCE:**

- Out of the 100 cases, there were 84 cases where the finalisation of the death summary took more than 1 hour from the time of death declaration of the patient.
- Out of the 84 cases, 30 were cash payments and 54 were non-cash payments.
- The top 5 specialties that needs to be focused are-
 - Respiratory and Sleep Medicine (16 cases)
 - Internal Medicine (12 cases)
 - Cardiology (9 cases)
 - Nephrology (12 Cases)
 - Med & Hemat Oncology (14 cases)

➤ **REASONS OF DELAY:**

- The doctor is not available for the signing the final death summary.
- Non-Availability of MT (in cases of occurrence of Code Z at the night time).
- The primary team is informed late.
- Errors generated in the summaries prepared by the MTs.

➤ **EXCLUSION CRITERIA**

S. No.	Patient UHID	Patient Name	Category	Speciality	Finalisation of Death Summary		Death Declared	
					Date	Time	Date	Time
1	MM01051905	Mr. Surender Kumar	CGHS	Med & Hemat Onco	01-01-2019	13:42	01-01-2019	14:00
2	MM01183784	Mr. Kumar Saurabh	CGHS	Med & Hemat Onco	18-12-2018		18-12-2018	22:26
3	MM01013955	Mr. Lt Col Ranjit Singh Rawat	ECHS	Med & Hemat Onco	30-12-2018		30-12-2018	05:05:00
4	MM00780654	Mr. Kalyan Singh	Insurance	Med & Hemat Onco	18-01-2019	09:29	18-01-2019	09:32
5	MM01382044	Mr. J C Kohli	CGHS	Respiratory and Sleep Medicine	03-01-2019	14:14	03-01-2019	14:25
6	MM01369982	Mr. Murari Lal	Cash	Cardiology	08-12-2018	10:40	08-12-2018	10:45
7	MM01379054	Mr. Ganga Bishan	CGHS	Respiratory & Sleep Medicine	28-12-2018	10:36	28-12-2018	10:39
8	MM01280975	Mr. Arsad Kadir	Cash	Nephrology	06-11-2018	14:11	06-11-2018	14:50
9	MM00332418	Mr. Yash Pal	ECHS	Cardiology	27-02-2019	13:23	27-02-2019	13:50
10	MM01355505	Mrs. Bindiya Gupta	Haryana govt (Cash)	Internal Medicine	23-11-2018	05:07	23-11-2018	08:50
11	MM01398516	Mr. Karan Singh	CGHS	Internal Medicine	13-02-2019	10:51	13-02-2019	13:30

(Table 1.4)

INTERVENTIONS

- Training of the Medical Transcriptionists and the doctors so that finalisation of the summaries is done within 1 hour of declaration of death of the patient (at least for panelled patients).
- In cases of non-availability of MTs, the Junior Resident doctors were asked to prepare the death summaries.
- The primary team must be notified as early as possible regarding the death of the patient.
- In cases of night death cases, the MTs must be informed at the earliest.
- Usage of correct time format should be used so as avoid formatting errors.
- Cases where there was non-availability of the doctors for signing the finalised death summaries, the other consultants from the primary team were given the authority to sign the death summaries.
- The floor manager must keep record of the preparation of the death summary in time.
- In end of life care cases, summaries can be prepared earlier.
- A standard time of 1 hour has been set as the benchmark for sending the signed death summary to the TPA desk.

FINDINGS

POST TEST- (For the months of February, March and April)

I. Patient Distribution as per Specialties

Specialty	Feb-19	Mar-19	Apr-19	Total
Cardiology	8	5	11	24
Critical Care	1	3	4	8
Internal Medicine	4	2	2	8
Medical Oncology	0	1	6	7
Radiation Oncology	0	0	1	1
Rheumatology	0	1	1	2
Respiratory & Sleep Medicine	9	7	6	22
Med & Hemat Oncology	5	6	2	13
Thoracic Surgery	1	0	1	2
Nephrology	0	4	4	8
CTVS	1	0	1	2
Total	29	29	39	100

(Table 1.5)

II. Specialty wise break up with reference to the billing categories of cases where the TAT is more than 1 hour

Cases where TAT is more than 1 hour (Based on Specialties) _Post			
Specialty	Cash Payments	Non-Cash Payments	Total
Cardiology	7	12	19
Critical Care	2	5	7
Internal Medicine	3	2	5
Med & Hemat Oncology	5	6	11
Nephrology	2	1	3
Respiratory & Sleep Medicine	3	12	15
CTVS	1	0	1
Thoracic Surgery	0	1	1
Peripheral Vascular & Endovascular Sciences	2	0	2
Total	25	39	64

(Table 1.6)

III. Specialty wise break up of average TAT for panelled payments (Non-Cash payments)

SPECIALTY	Feb-19	Mar-19	Apr-19
Cardiology	02:01	01:36	01:04
Internal Medicine	00:59	02:24	01:29
Med & Hemat Oncology	01:09	01:07	00:58
Nephrology	01:18	01:18	00:52
Respiratory & Sleep Medicine	01:11	01:11	00:56

(Table 1.7)

➤ **INFERENCE:**

- Out of the 100 cases, there were 64 cases where the finalisation of the death summary took more than 1 hour from the time of death declaration of the patient.
- Out of the 64 cases, 25 were cash payments and 39 were non-cash payments.
- The number of cases in the 5 identified specialities are as follows-
 - Respiratory and Sleep Medicine (12 cases)
 - Internal Medicine (2 cases)
 - Cardiology (12 cases)
 - Nephrology (1 Case)
 - Med & Hemat Oncology (6 cases)

COMPARATIVE ANALYSIS

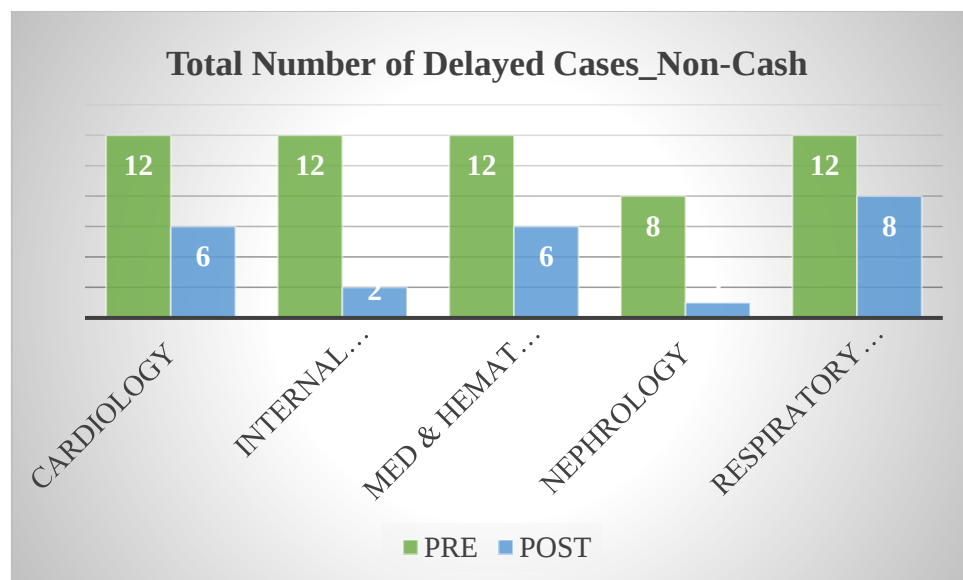
I. Total number of cases in the 5 identified specialties during the pre and post phase of the analysis

A total of 100 cases were observed both in the pre and post phases.

SPECIALTY	TOTAL NUMBER OF PATIENTS
Cardiology	15
Internal Medicine	24
Med & Hemat Oncology	28
Nephrology	17
Respiratory & Sleep Medicine	26

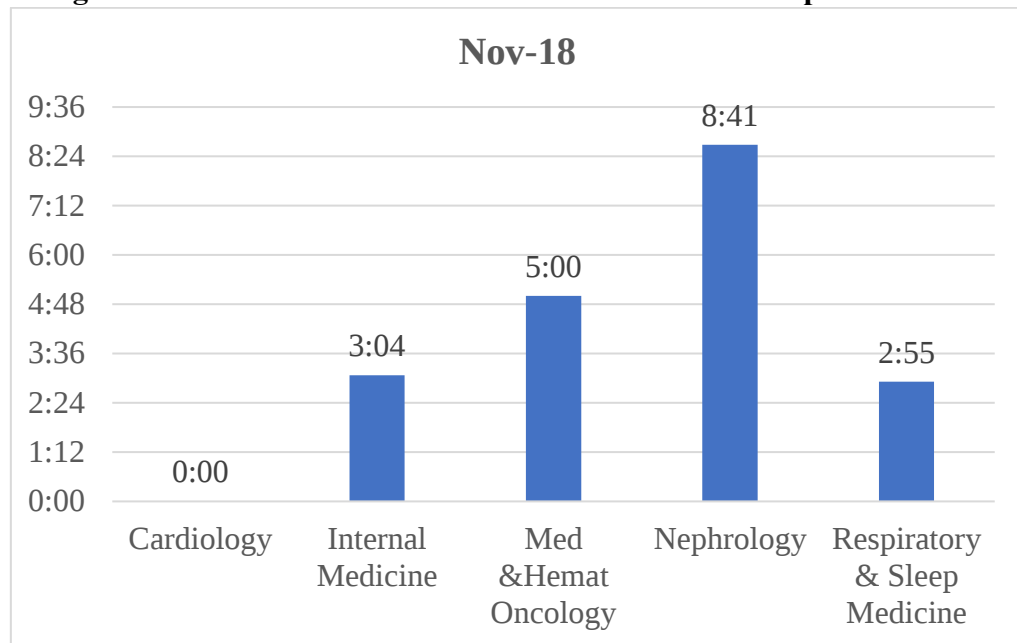
(Table 1.8)

II. Total number delayed cases in 5 identified specialties with reference to Non-Cash payments



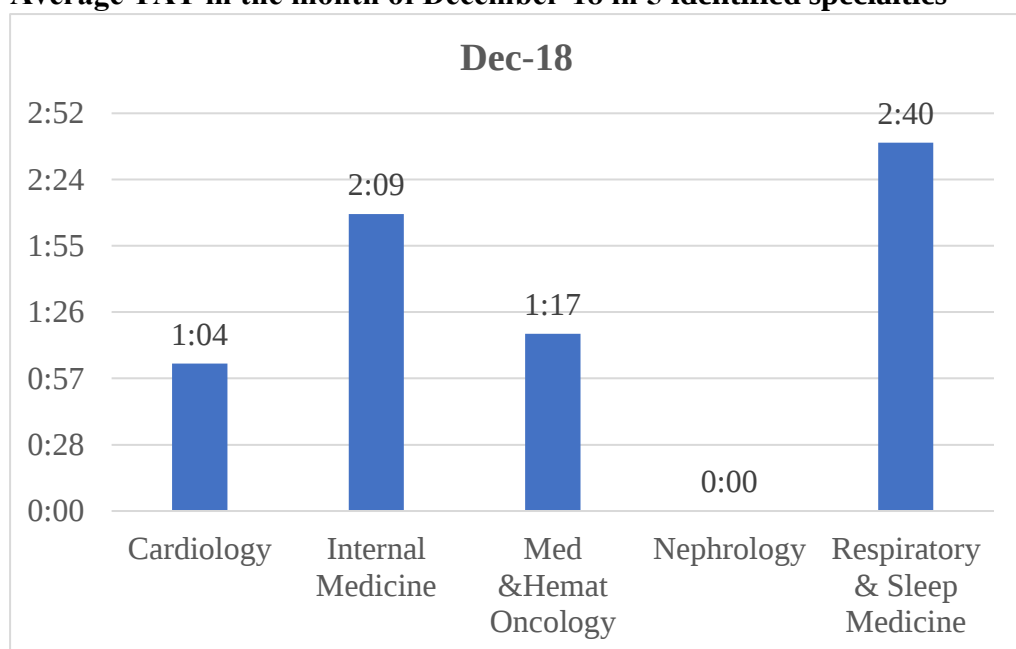
(Fig 1.4)

III. Average TAT in the month of November'18 in 5 identified specialties



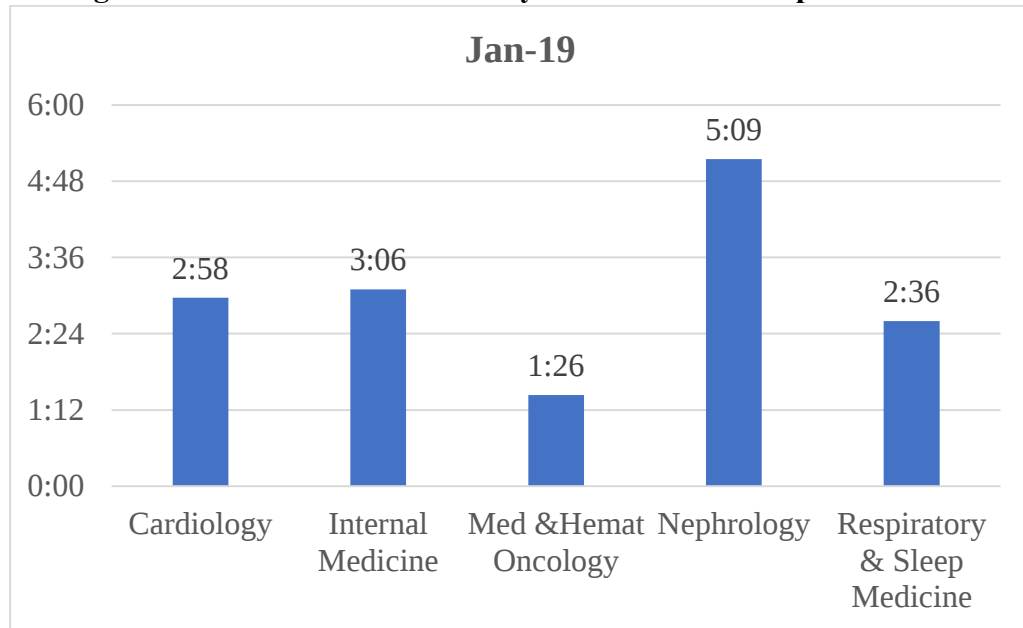
(Fig 1.5)

IV. Average TAT in the month of December'18 in 5 identified specialties



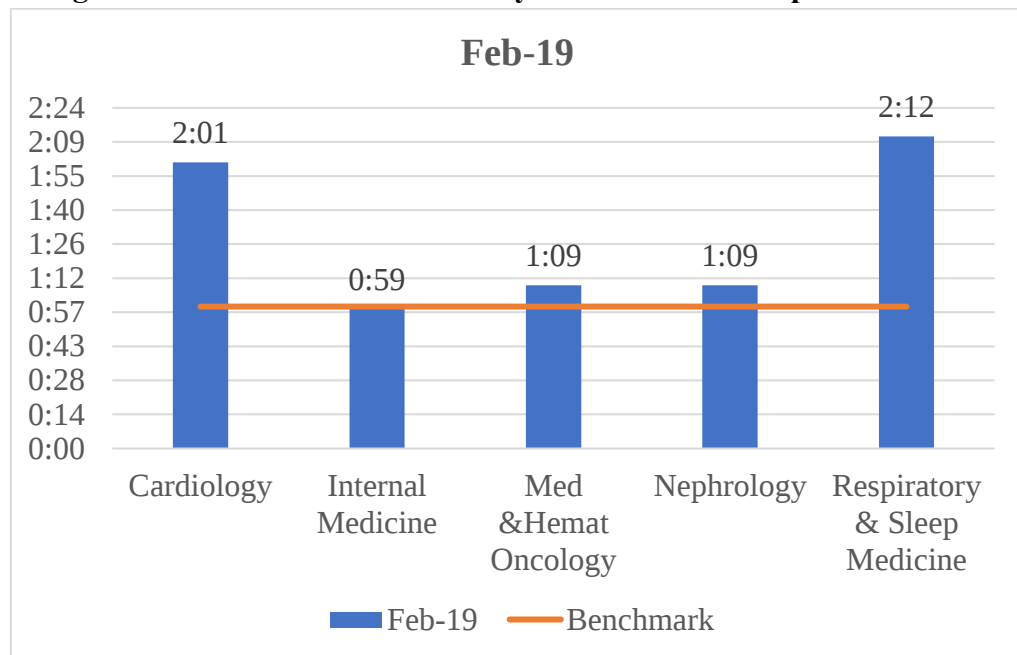
(Fig 1.6)

V. Average TAT in the month of January'19 in 5 identified specialties



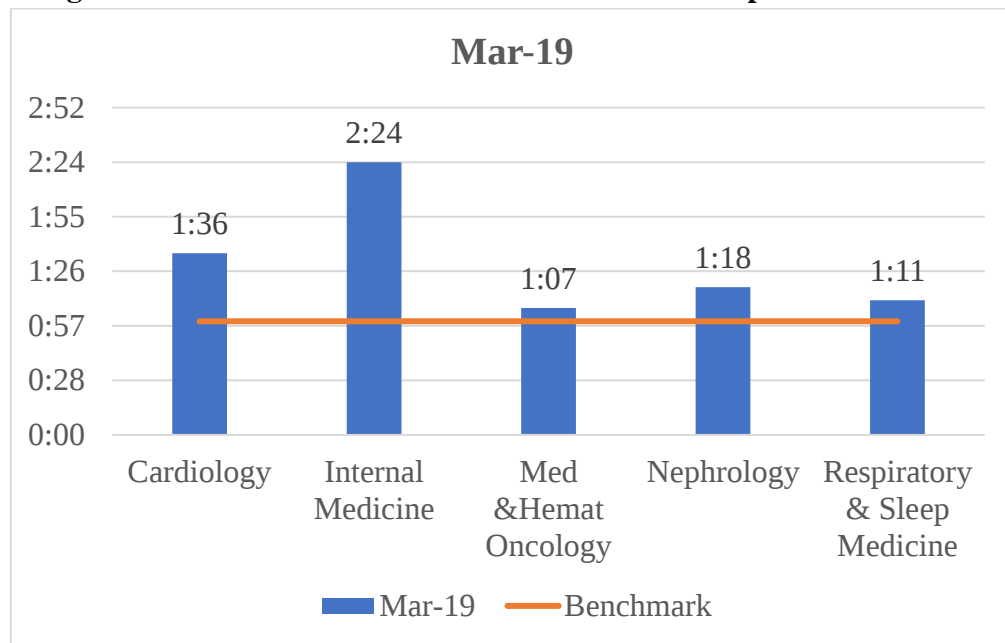
(Fig 1.7)

VI. Average TAT in the month of February'19 in 5 identified specialties



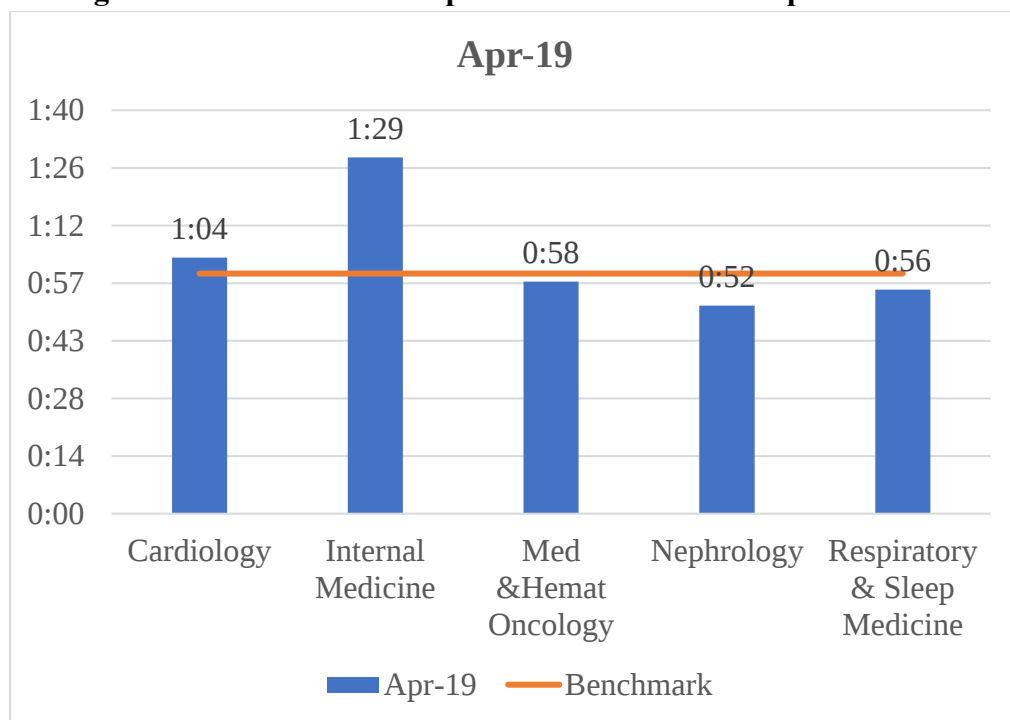
(Fig 1.8)

VII. Average TAT in the month of March'19 in 5 identified specialties



(Fig 1.9)

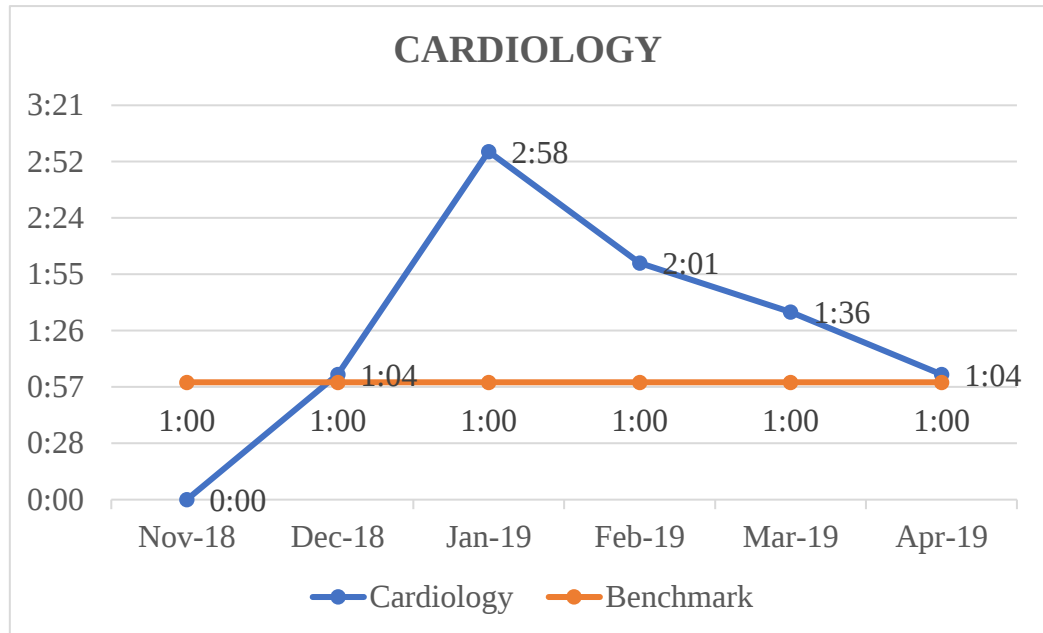
VIII. Average TAT in the month of April'2019 in 5 identified specialties



(Fig 1.10)

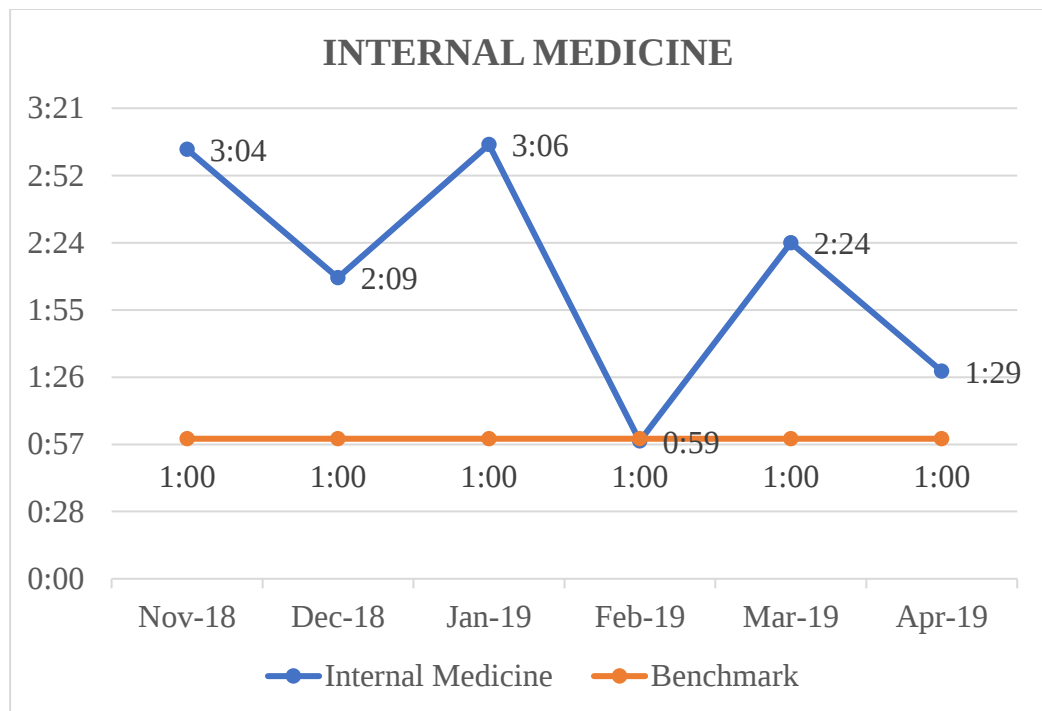
TREND ANALYSIS IN 5 IDENTIFIED SPECIALTIES IN THE PRE AND POST STAGE

1. CARDIOLOGY



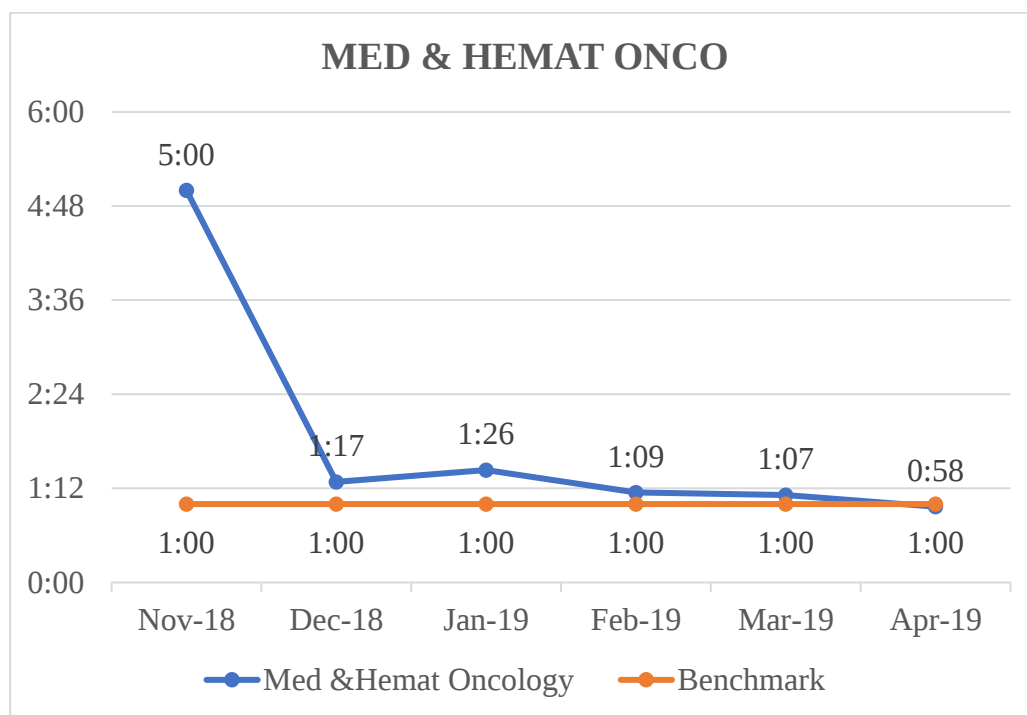
(Fig 1.11)

2. INTERNAL MEDICINE



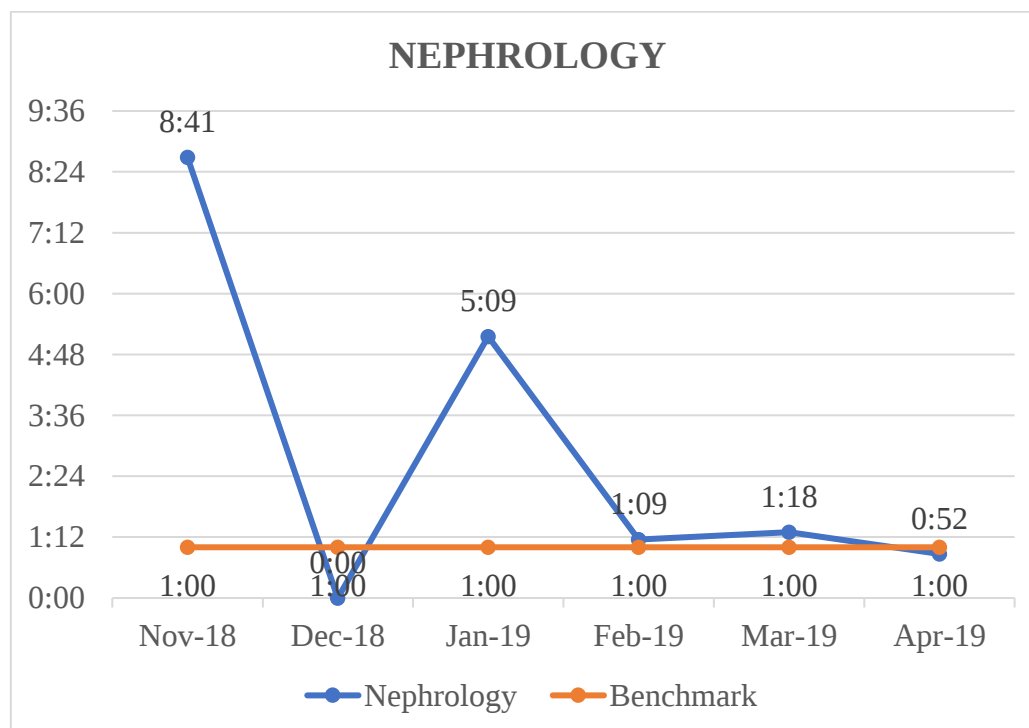
(Fig 1.12)

3. MED & HEMAT ONCOLOGY



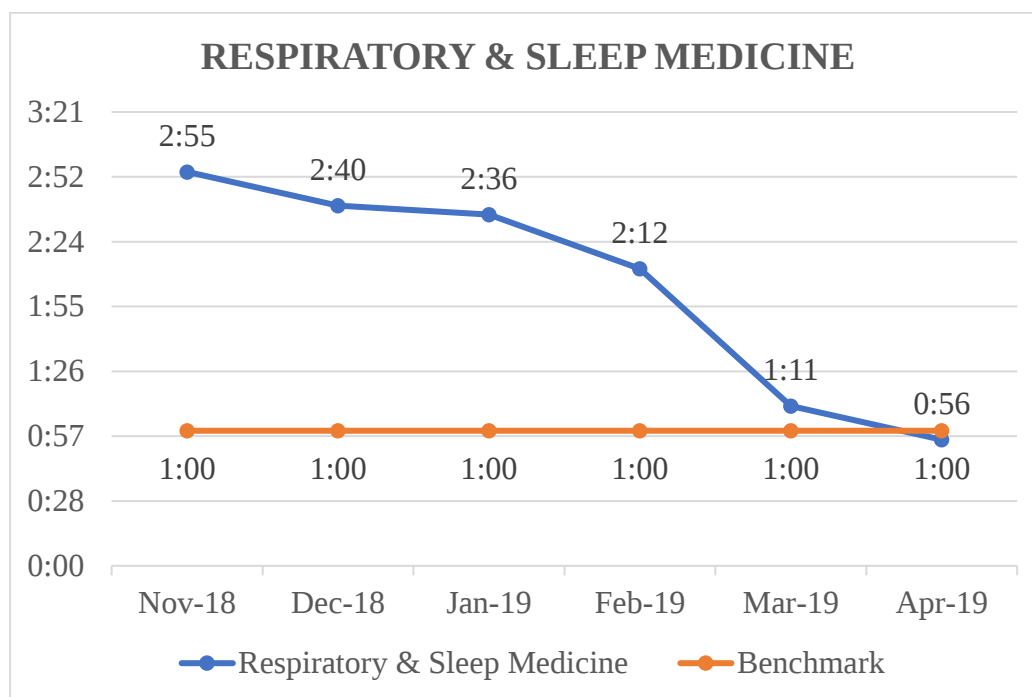
(Fig 1.13)

4. NEPHROLOGY



(Fig 1.14)

5. RESPIRATORY & SLEEP MEDICINE



(Fig 1.15)

CONCLUSIONS

1. There is a significant reduction in the TAT of declaration of death and finalisation of death in the 5 identified specialties.
2. Also, the number of exclusion cases has reduced.
3. There are lesser number of time formatting errors found in the data set.
4. The benchmark is achieved in almost all the specialties except for Cardiology and Internal Medicine.
5. All the components of the death summary were found to be compliant in the final death summaries.
6. Trainings of the staff to be continued at regular intervals to reduce their TAT.