TURN AROUND TIME OF DECLARATION OF DEATH AND FINALISATION OF DEATH SUMMARY IN MEDICAL ICUs

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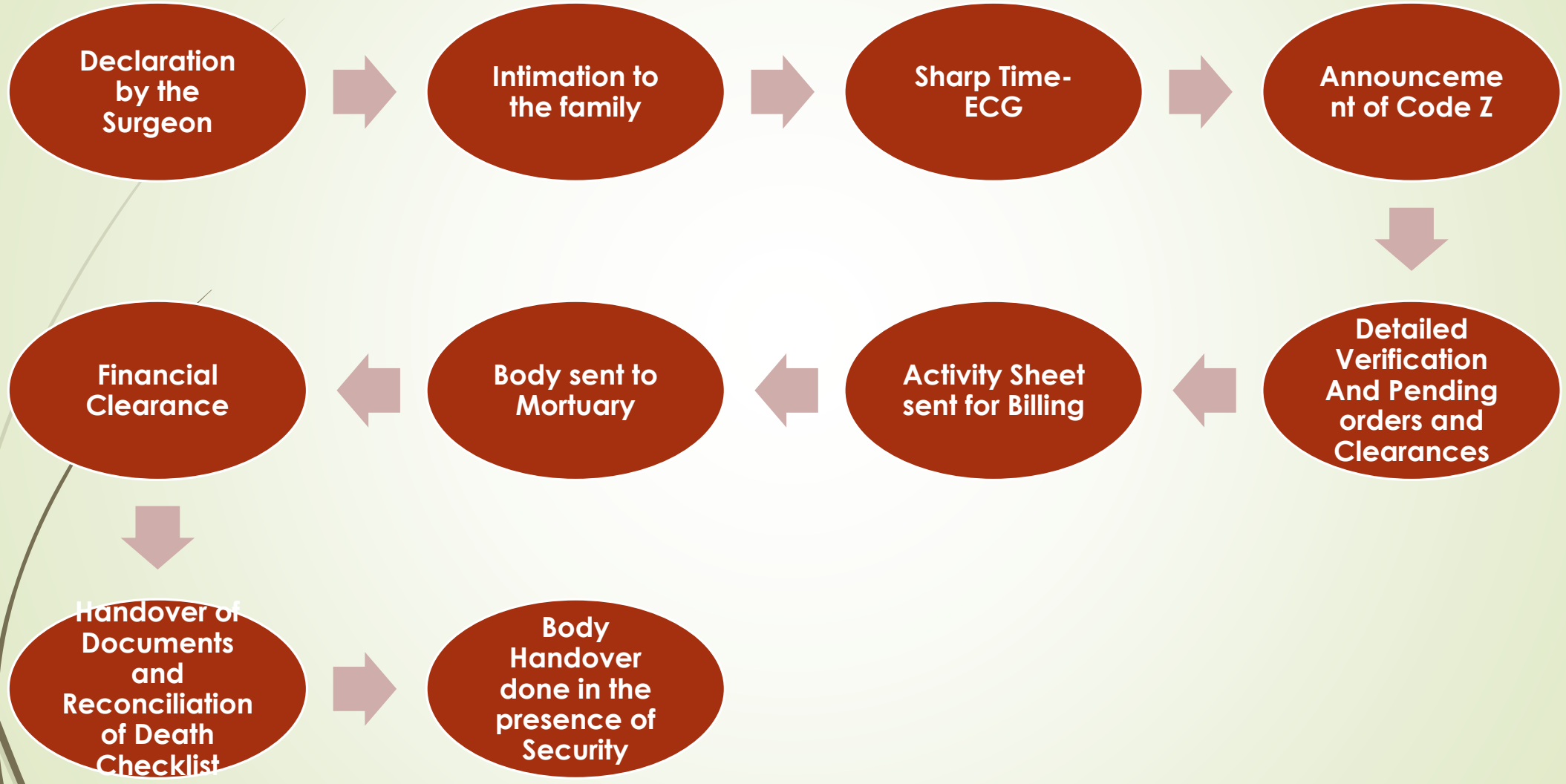
INTRODUCTION

- **Discharge Summary** is a medical document that summaries the hospital course that is being followed for the patient. It is either handwritten or typed.
- 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.
- 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.

COMPONENTS OF A DEATH SUMMARY

- 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)

PROCESS FLOW



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. 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 Implementation Research Study, Pre-Post Test design.
- The Pre-Test phase consists of data for 3 months, the retrospective data for November, December and January.
- After the problem identification, interventions were made, and the post analysis was done.
- The Post-Test phase consists of data for 3 months, which was collected through on-going observations.

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

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

PRE IMPLEMENTATION PHASE

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 (13 cases)
  - Internal Medicine (11 cases)
  - Cardiology (7 cases)
  - Nephrology (11 Cases)
  - Med & Hemat Oncology (12 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.

SPECIALTY WISE BREAK UP OF AVERAGE TAT FOR PANELED 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	0:50	05:09
Respiratory & Sleep Medicine	02:55	02:40	02:36

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.

POST IMPLEMENTATION PHASE

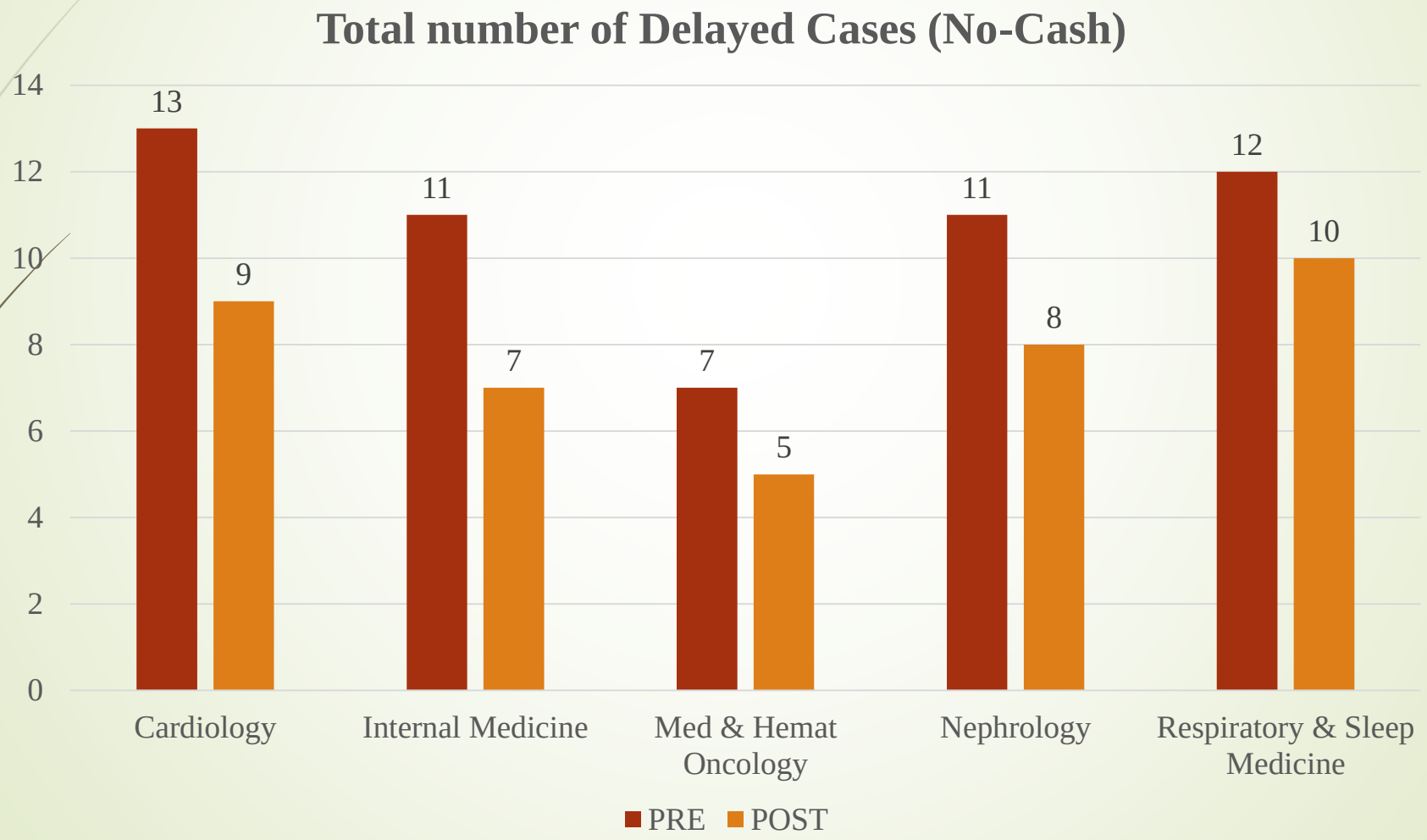
INFERENCE:

- 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 (13 cases)
  - Internal Medicine (3 cases)
  - Cardiology (14 cases)
  - Nephrology (1 Case)
  - Med & Hemat Oncology (8 cases)

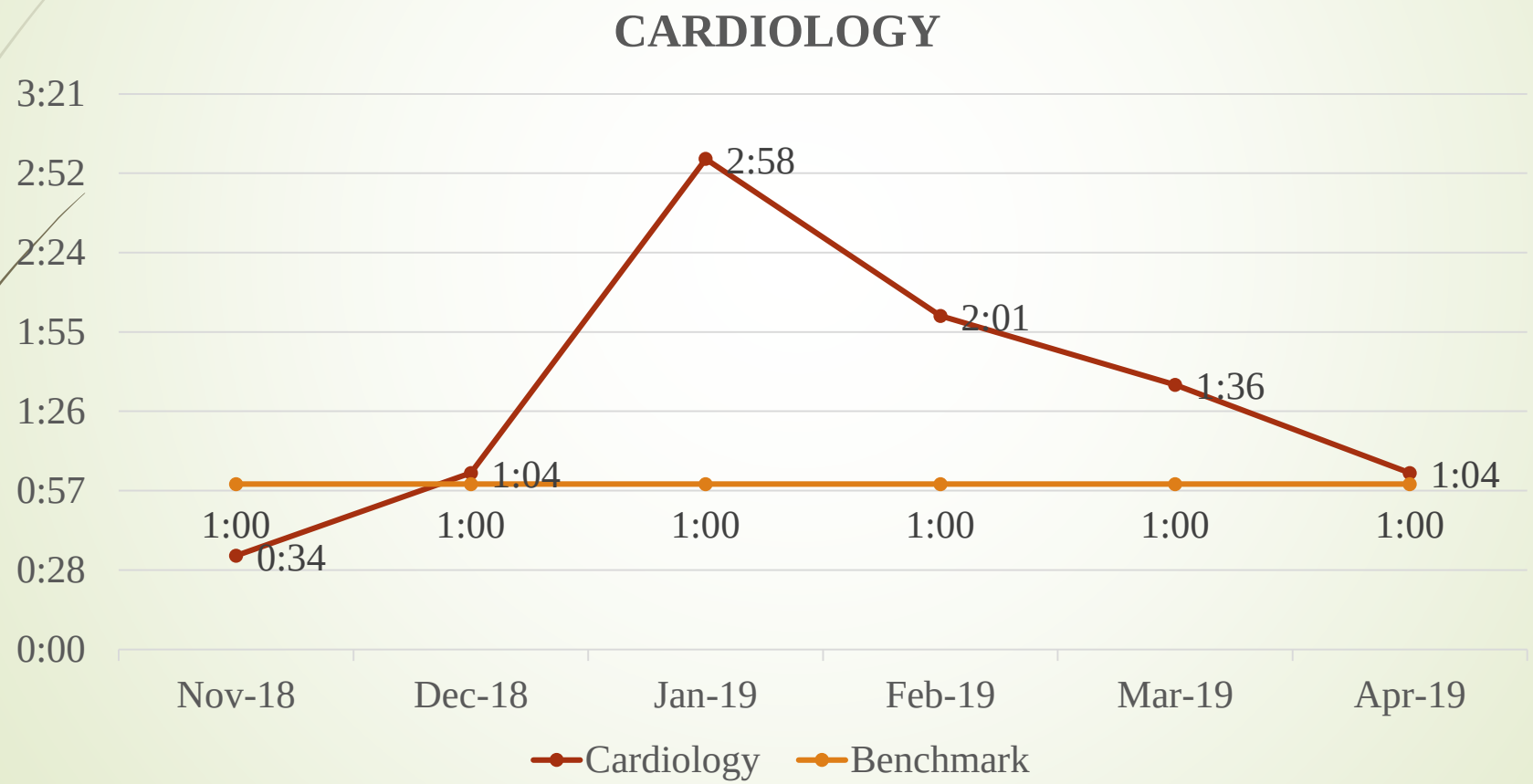
SPECIALTY WISE BREAK UP OF AVERAGE TAT FOR PANELED PAYMENTS (NON-CASH PAYMENTS)

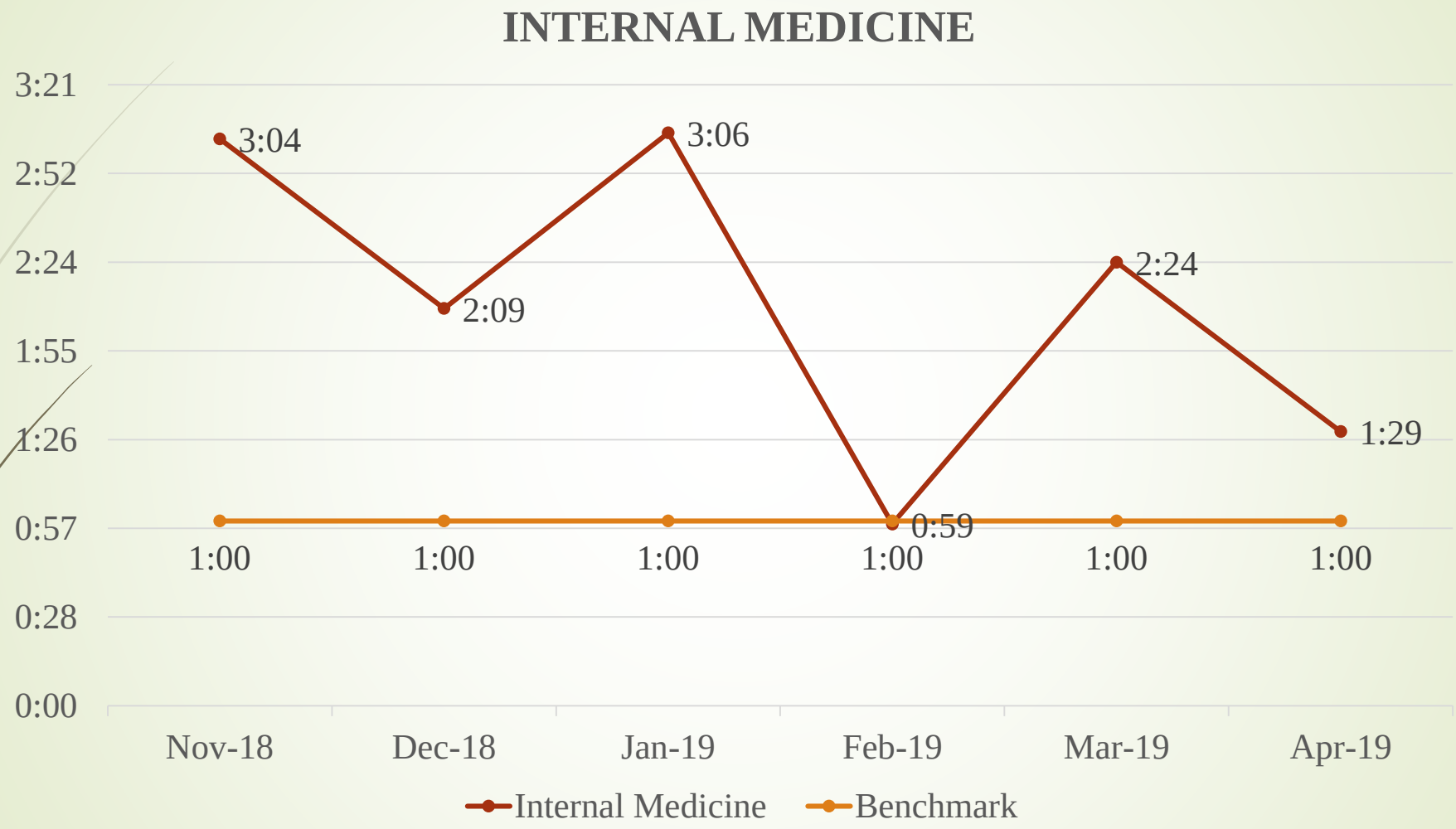
SPECIALTY	Feb-19	Mar-19	Apr-19
Cardiology	02:01	01:36	01:04
Internal Medicine	00:59	02:24	01:29
Med & Hemat Oncology	01:09	01:07	00:58
Nephrology	01:18	01:18	00:52
Respiratory & Sleep Medicine	01:11	01:11	00:56

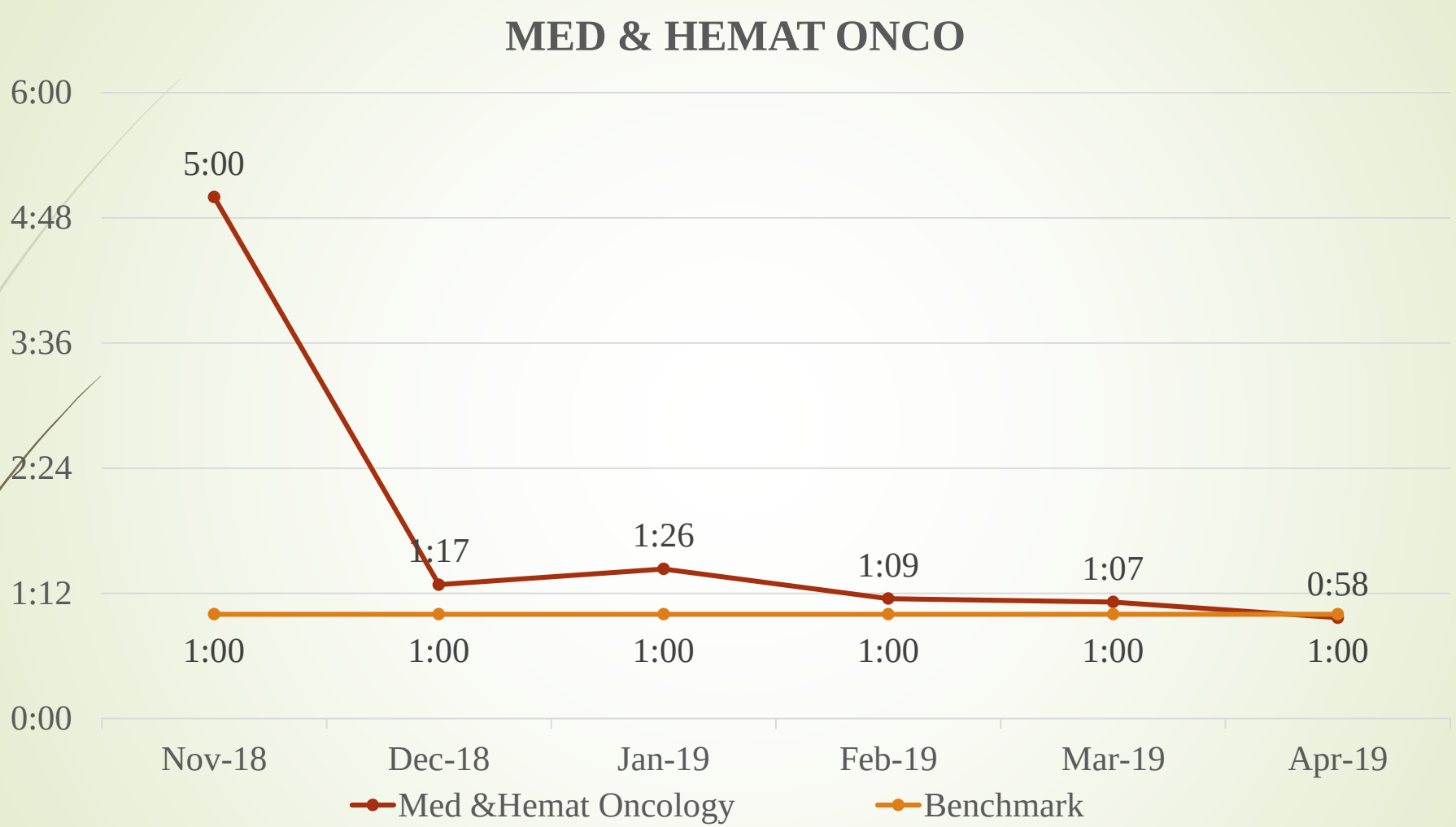
DELAYED CASES IN 5 IDENTIFIED SPECIALTIES (NON-CASH PAYMENTS)



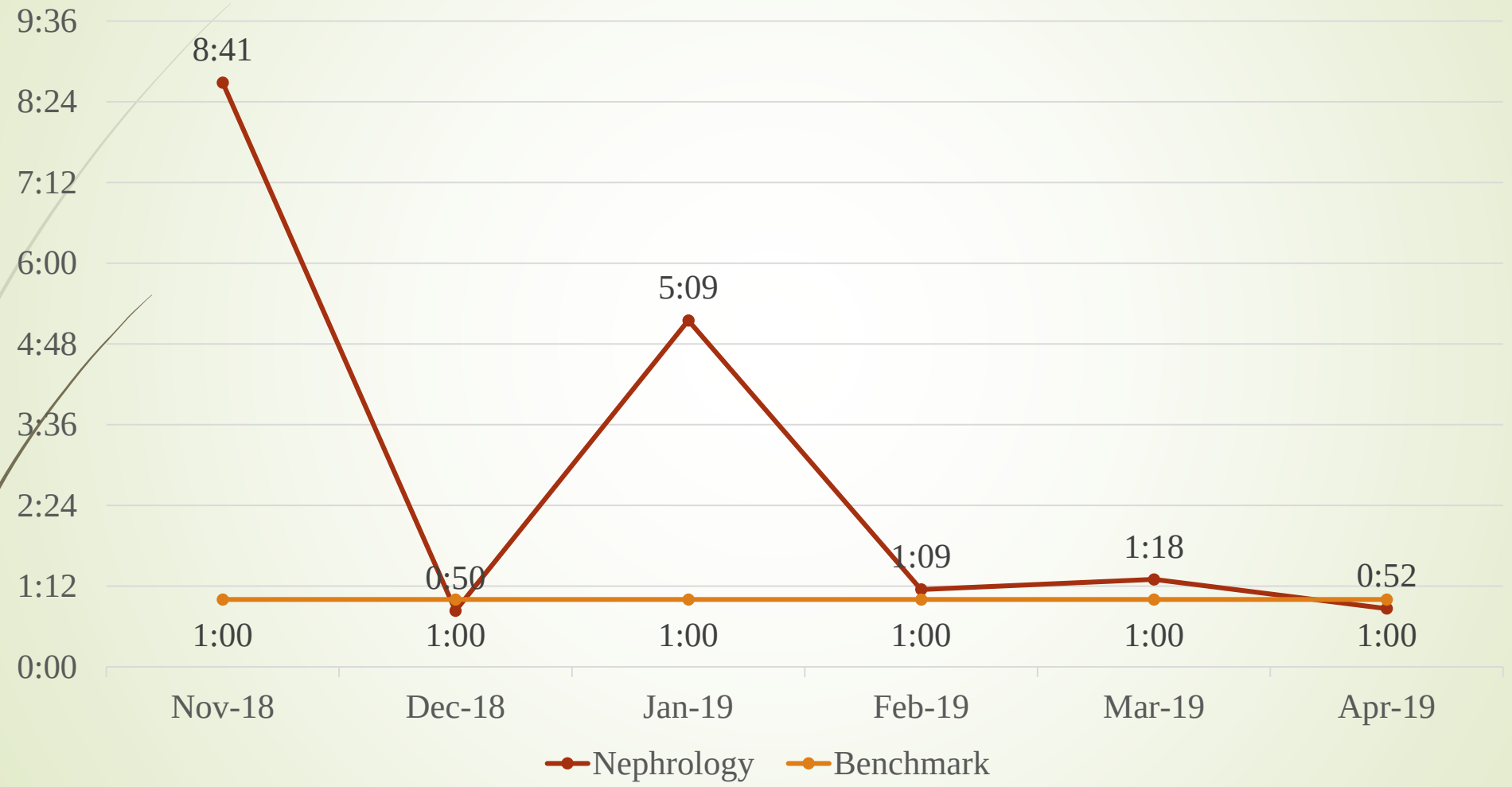
TREND ANALYSIS IN 5 IDENTIFIED SPECIALTIES IN THE PRE AND POST STAGE

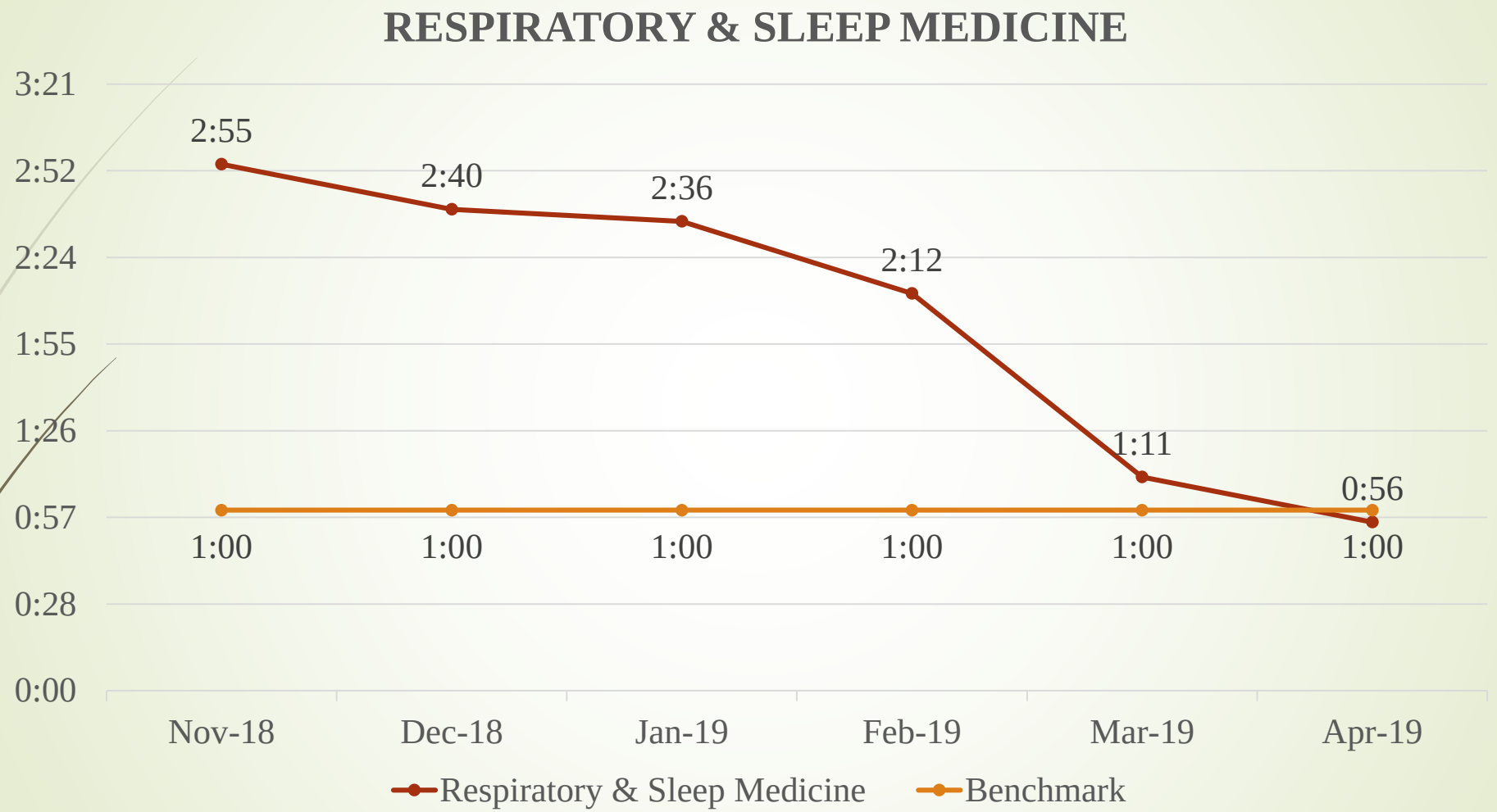



INTERNAL MEDICINE
3:21
2:52
2:24
1:55
1:26
0:57
0:28
0:00
3:04
2:09
3:06
0:59
2:24
1:29
1:00
1:00
1:00
1:00
1:00
1:00
Nov-18
Dec-18
Jan-19
Feb-19
Mar-19
Apr-19
Internal Medicine
Benchmark


MED & HEMAT ONCO
6:00
4:48
3:36
2:24
1:12
0:00
5:00
1:17
1:26
1:09
1:07
0:58
1:00
1:00
1:00
1:00
1:00
1:00
Nov-18
Dec-18
Jan-19
Feb-19
Mar-19
Apr-19
Med &Hemat Oncology
Benchmark

NEPHROLOGY


9:36
8:24
7:12
6:00
4:48
3:36
2:24
1:12
0:00
8:41
0:50
5:09
1:09
1:18
0:52
1:00
1:00
1:00
1:00
1:00
1:00
Nov-18
Dec-18
Jan-19
Feb-19
Mar-19
Apr-19
Nephrology
Benchmark


RESPIRATORY & SLEEP MEDICINE
3:21
2:52
2:24
1:55
1:26
0:57
0:28
0:00
2:55
2:40
2:36
2:12
1:11
0:56
1:00
1:00
1:00
1:00
1:00
1:00
Nov-18
Dec-18
Jan-19
Feb-19
Mar-19
Apr-19
Respiratory & Sleep Medicine
Benchmark

CONCLUSIONS

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

THANK YOU