Quality Initial Patient Assessment

Sanghamitra Chauhan
14th May 2015

medanta
THE MEDICITY
dedicated to life

Introduction

- Initial assessment is very important when a patient arrives in the hospital, be it OPD or IPD.It is the first part of patient's care.
- According to the World Health Organization, quality is the key factor in improving the outcomes of health as well as providing efficient services in a hospital . Quality in initial assessment is a key factor in determining outcome of patient's treatment.

Need for study:Most Frequently Identified Root Causes of Sentinel Events

2012 (N=901)		2013 (N=887)		Jan to Jun 2014 (N=394)	
Human Factors	614	Human Factors	635	Human Factors	290
Leadership	557	Communication	563	Leadership	269
Communication	532	Leadership	547	Communication	248
Assessment	482	Assessment	505	Assessment	208
Information Management	203	Information Management	155	Physical Environment	53
Physical Environment	150	Physical Environment	138	Care Planning	38
Continuum of Care	95	Care Planning	103	Information Management	36
Operative Care	93	Continuum of Care	97	Continuum of Care	33
Medication Use	91	Medication Use	77	Operative Care	29
Care Planning	81	Operative Care	76	Health information technology-related	27

Source: JCI Sentinel Event Data, Root causes by event type,2004-2Q 2014

Objectives of the study

To ensure highest quality of initial assessment is done in the hospital.

1. To assess the existing quality of initial assessment and identify areas of concern if any.
2. To find solutions to address the concerns.
3. To study the impact of solutions on quality of assessment.

Methodology

- **Study design**-Quantitative cross sectional study
- **Study area-** All the IPDs of the hospital
- **Study duration**- 8 weeks
- **Data type**: Primary data
- **Data collection instrument**-Audit checklist
- **Data collection method**-Audits of assessment form, patient interview and observation
- **Sample size**-10% of the average admissions per month in each specialty for 2 weeks period
- **Sampling technique**-Purposive sampling

5

Methodology

Inclusion criteria-Active files of admitted patients in IPDs

Exclusion criteria-

1. Files of discharged IPD patients
2. Files of admitted patients in ICUs, HDUs, Emergency and pediatric patients

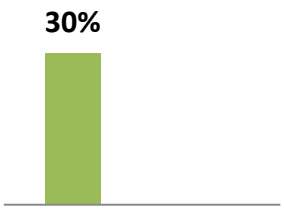
Training tool for doctors-Audiovisual made by competent clinicians of the hospital to train the doctors performing initial assessment.

6

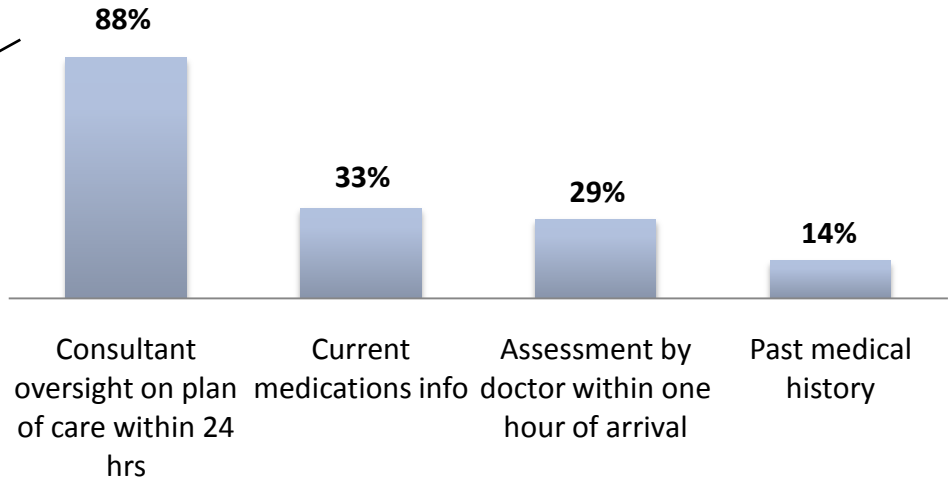
Summary of Internal Medicine

Average Admissions/mon=320
Sample size=17

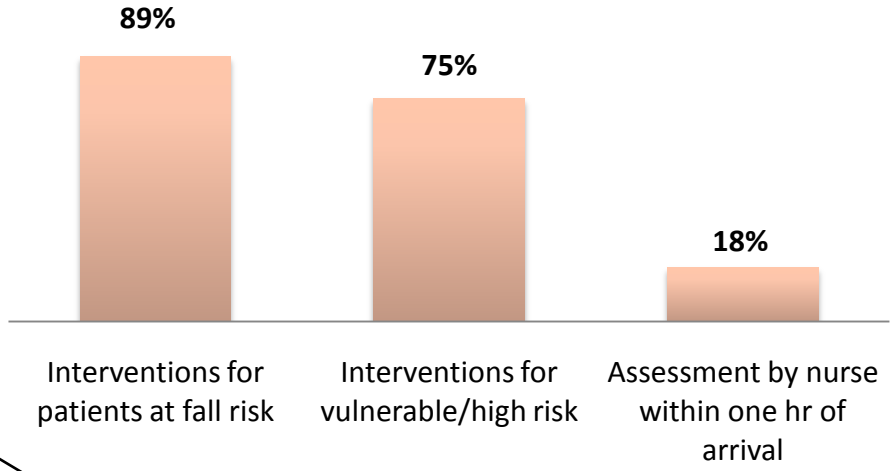
Overall non compliance percent



Clinician related non compliances



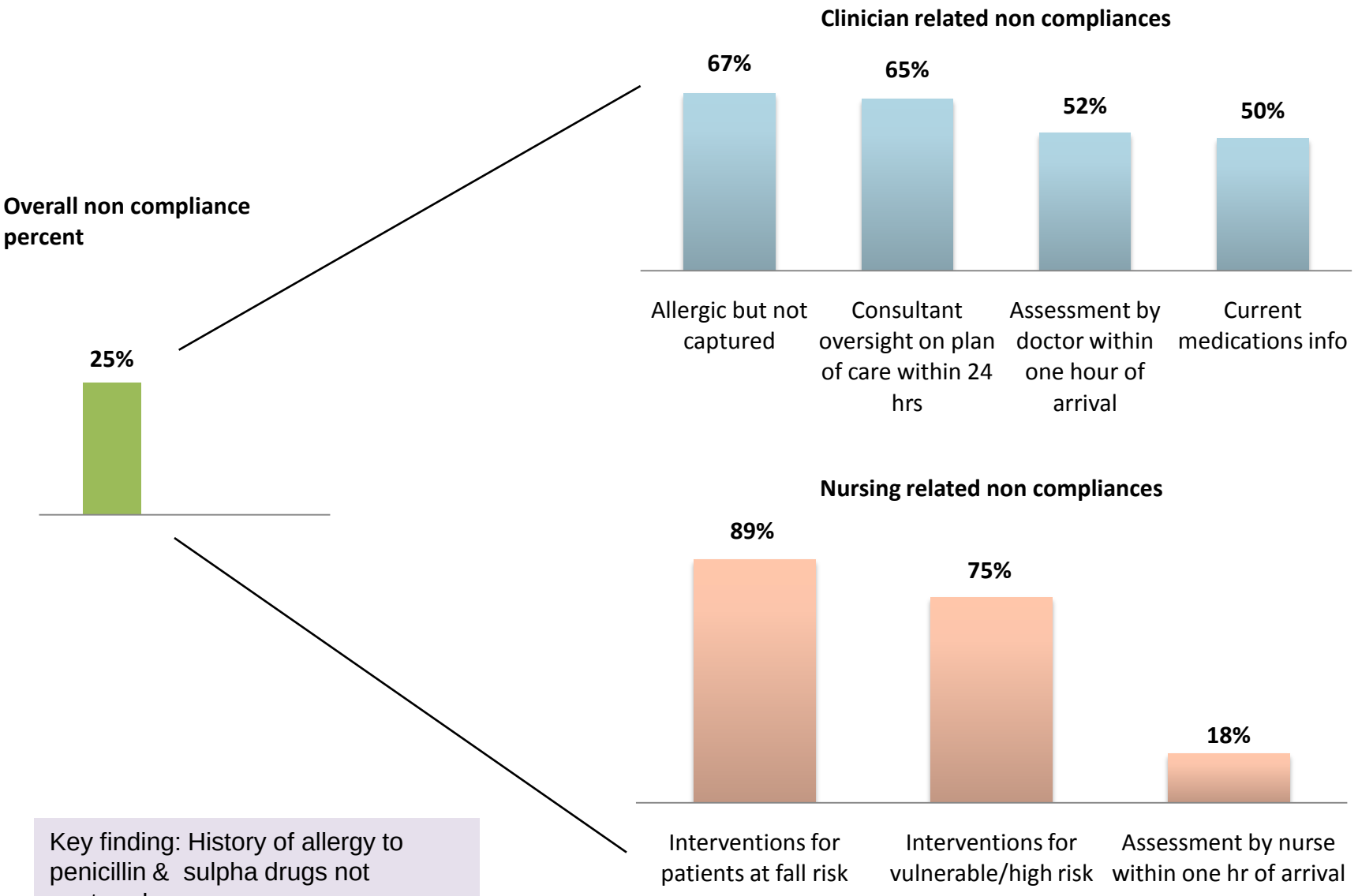
Nursing related non compliances



Key finding:
Psychiatric referral not done for a patient of drug abuse

Summary of Cardiology

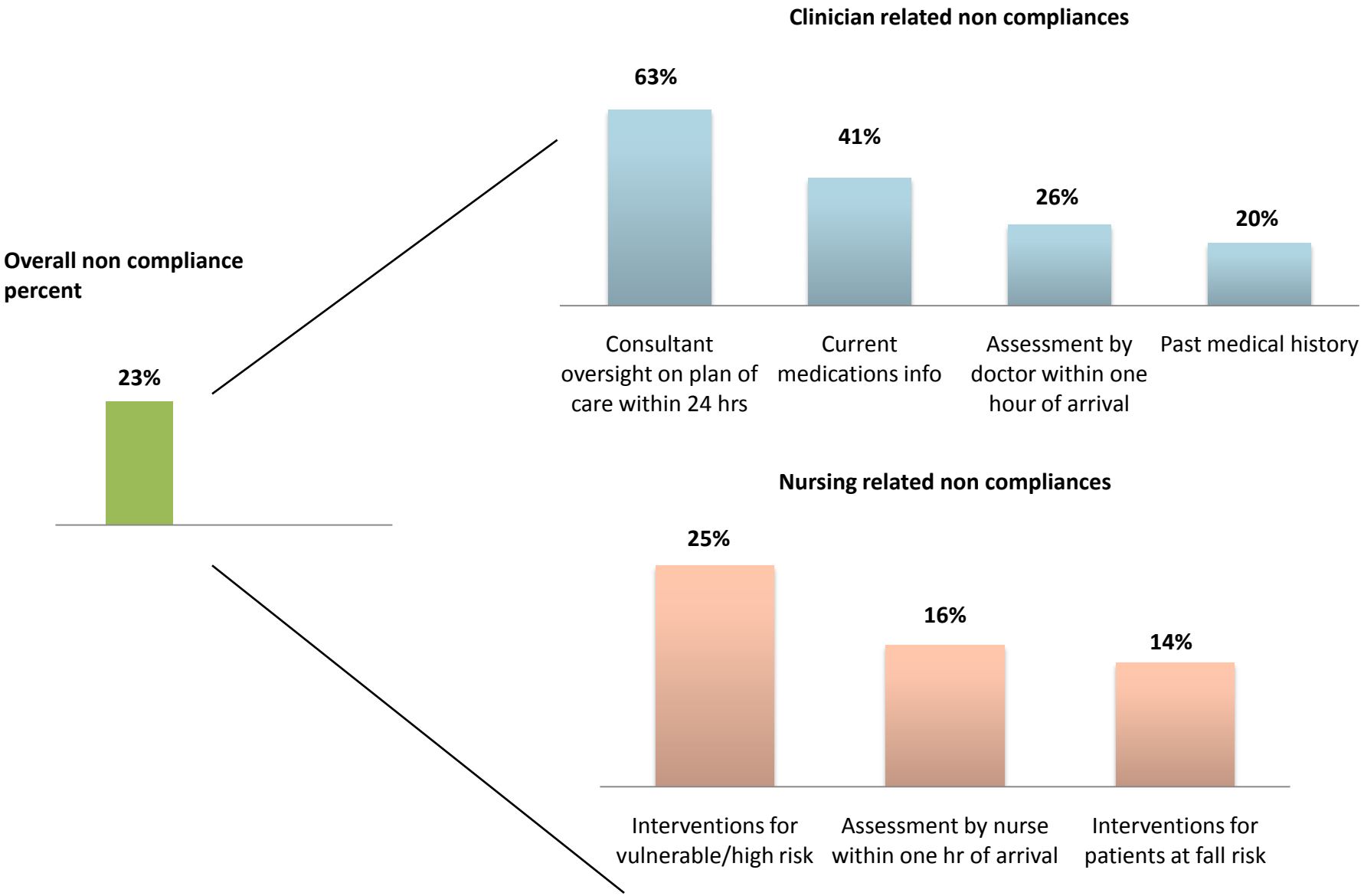
Average Admissions/mon=500
Sample size=23



Key finding: History of allergy to penicillin & sulpha drugs not captured

Summary of CTVS

Average Admissions/mon=373
Sample size=19



Quality Initial Assessment Training Module

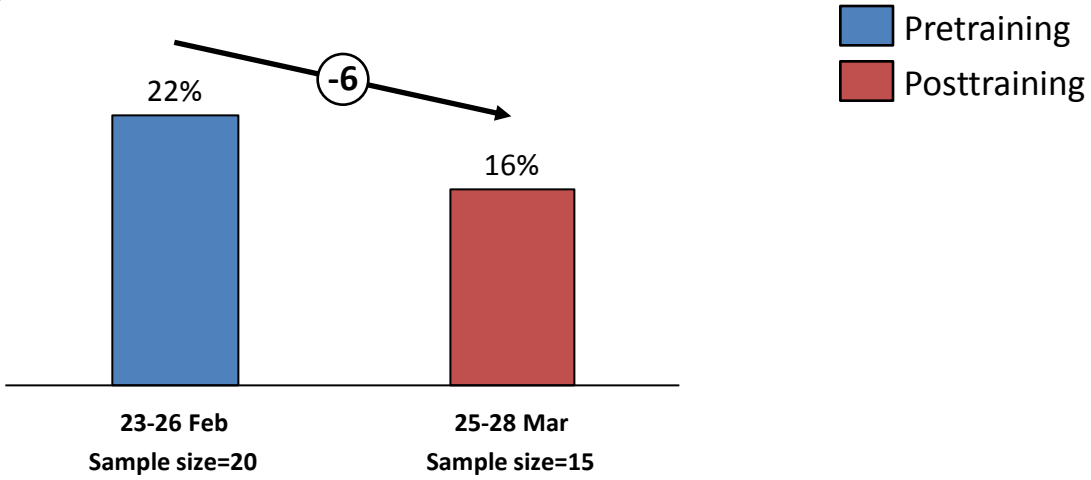
- **Description of the module**:-QIA Module has been designed for training the doctors performing initial assessment in the in-patient departments. It is an audio visual with a maximum duration of 45 min made on MOODLE in a lucid language followed by a simple post-test.
- Made by competent clinicians of the hospital
- Training pilot of the module conducted in two specialties

10

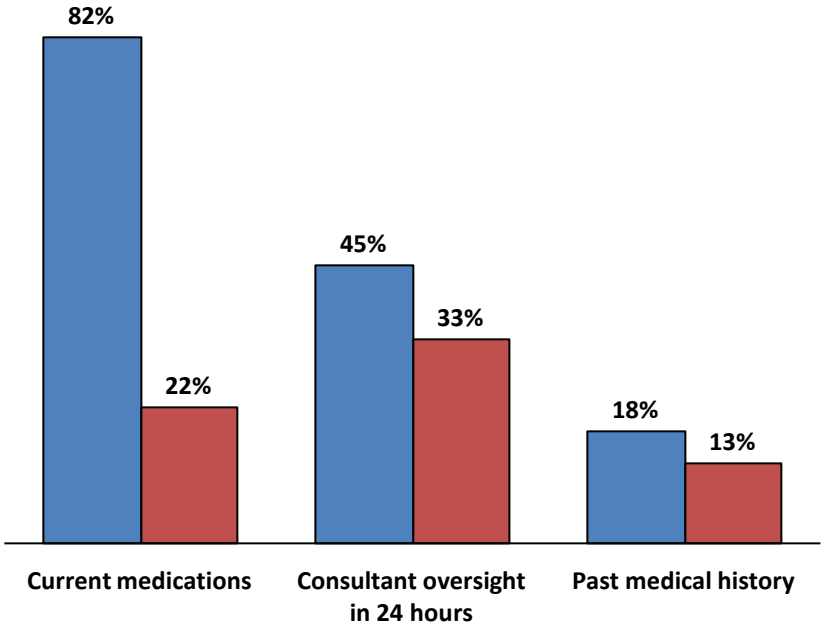
Impact of training on Gastro Intestinal Surgery

Average Admissions/month=200

Overall non compliance percent



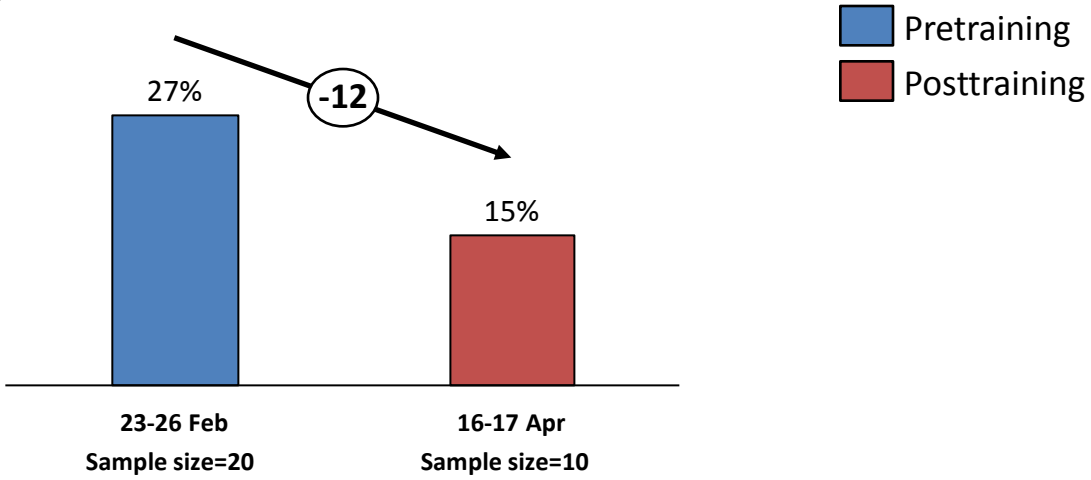
Clinician findings: non compliance percent



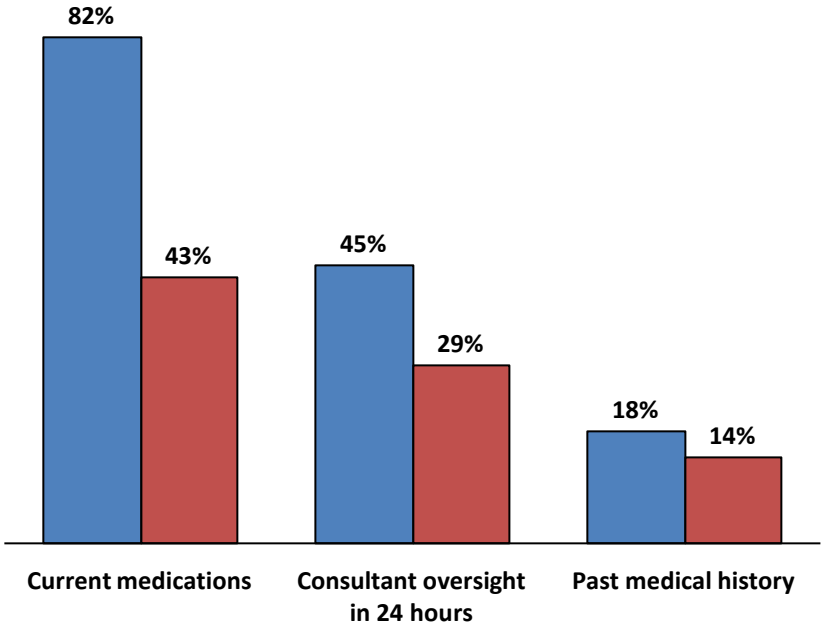
Impact of training on Gastroenterology

Average Admissions/month=448

Overall non compliance percent



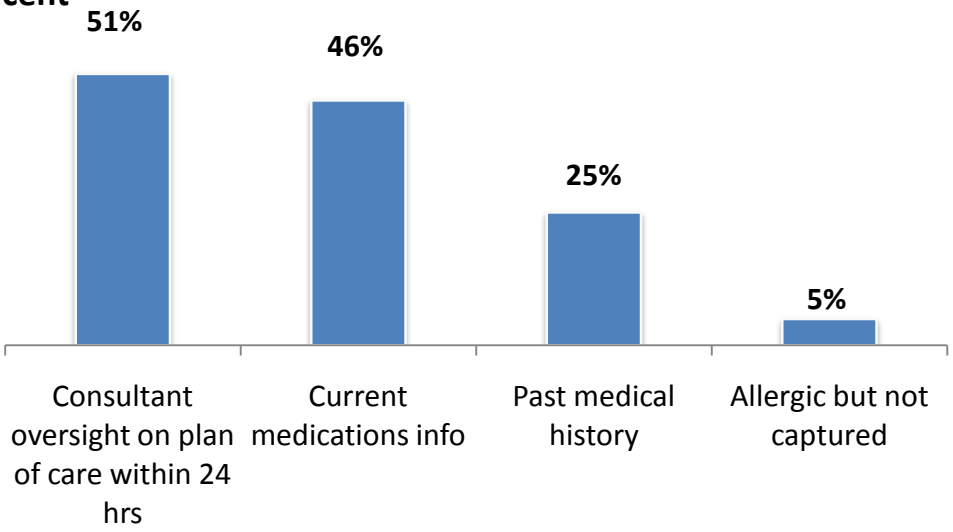
Clinician findings: non compliance percent



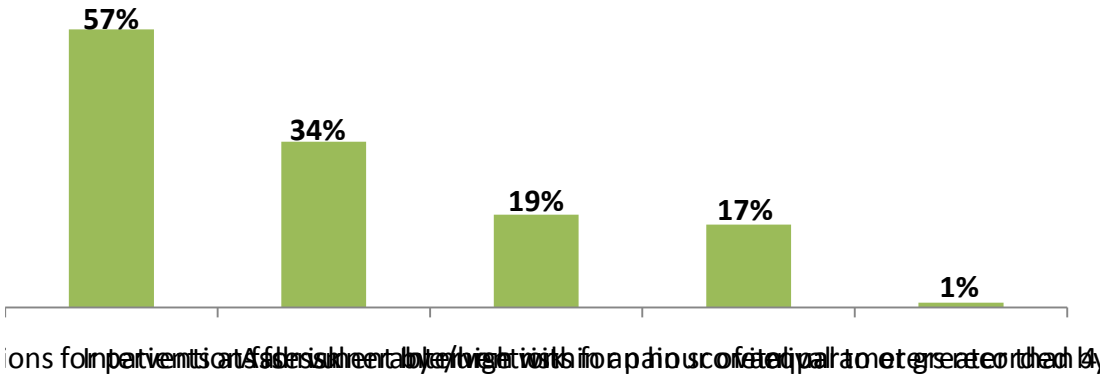
Sample size=260

Clinician & nursing related findings of entire hospital

Clinician related: Overall non compliance percent



Nursing Related: Overall non compliance percent



Specialty wise non compliances

S.No	Speciality	Overall Non Compliance
1	Respiratory Medicine	35%
2	Internal Medicine	30%
3	Thoracic surgery	28%
4	Gastroenterology	27%
5	Neurosurgery	26%
6	Cardiology	25%
7	Vascular surgery	25%
8	Neurology	24%
9	Urology	24%
10	Plastic Surgery	24%
11	CTVS	23%
12	Nephrology	23%
13	ENT	23%
14	GI surgery	22%
15	Gynaecology	22%
16	Head and neck oncology	22%
17	Liver Transplant	22%
18	Orthopaedics	21%
19	Medical Oncology & Hematology	20%
20	Rheumatology	17%
21	Breast services	17%
22	Interventional Radiology	11%
23	Radiation Oncology	9%

Conclusion

Major non compliances found in initial assessment in two specialties could be improved with training the doctors.The pilot on Quality Initial Assessment training was successful and hence could be applied across the entire hospital

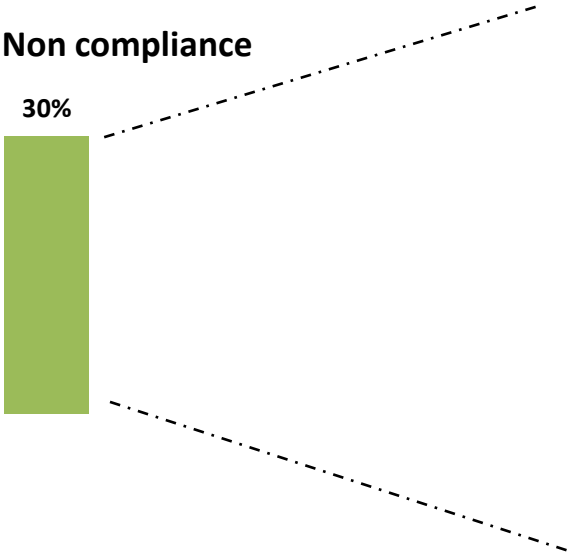
Recommendations

1. Training and sensitization taken across hospital
2. Adding outpatient prescription copy in the inpatient file as a system
3. Audit and focus on important 5 issues that affect care
4. Sharing weekly reports with Chairpersons
5. Chairmans may go through initial assessment of new admits to reinforce importance of assessment
6. Sharing reports with defaulters

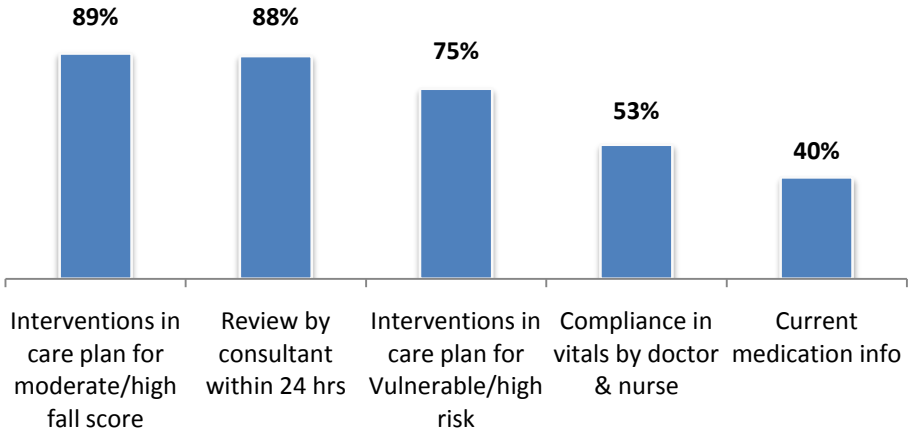
Format of weekly report to Chairpersons

Total admissions per week =
Sample size=

Overall Non compliance



Top 5 non compliances



Non compliance by Doctors

Names of doctors	Designation	Non compliance
Dr. A	DNB resident	52%
Dr. B	DNB resident	38%
Dr. C	MO(specialty)	37%
Dr. D	MO(floor)	32%
Dr. E	MO(floor)	32%
Dr. F	Fellow	32%

Other key areas

33% files don't have current medication info

Patient with **history of substance/drug abuse** not referred to psychiatrist

Doctors	Avg non compliance
DNB residents	45%
MO (specialty)	32%
MO(floors)	25%
SRs	24%

Thank you