Study of the End-to-End Process of Conversion of Outpatient to Inpatient Department

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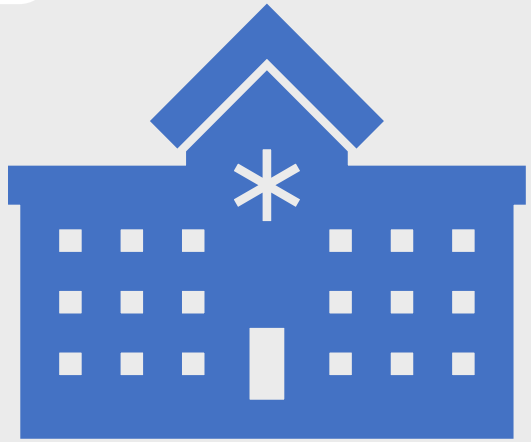

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Overview

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Hospital Profile:
Fortis La Femme, Centre for Women Health, Bangalore

Fortis La Femme, India's leading healthcare provider for all stages of a woman's lifespan - birth, adolescence, motherhood, menopause and beyond. Fortis La Femme, a unique facility, is inspired by the core belief that a woman is a very special person with specific needs.

Fortis La Femme Bengaluru is furnished with 72 hospital beds. The technologically advanced hospital is spread over an area of approximately 70,000 sq. ft. The hospital campus has been designed considering patient safety and additional amenities.

Fortis La Femme Bengaluru grants medical maintenance and care across 16 clinical specialties – Obstetrics, Fertility and IVF, Gynecology, Oncology (Medical & Surgical), Cosmetic Surgery, General & Laparoscopic Surgery, Urogynecology, Fetal Medicine, Endocrinology, Pediatrics & Radiology.

Project Report: Introduction

- Outpatient to Inpatient conversion process is a very sensitive and a complicated one. It is a long process which starts from appointment and ends with discharge.
- The key factor in this process is maintaining the accurate data for patients and follow-up with the patients advised for admission and surgeries. This helps the hospital in making the right decision and ways to keep up with the financial performance of the hospital.
- The study has raised several issues regarding the variation in OPD to IPD conversion data and Estimated Delivery Date data when compared with the various sources from the Hospital.

Literature Review

- Medical records are frequently the sole reliable source of information. The goal of this study was to identify and evaluate the present processes and procedures used in MRD among medical records, as well as to assess the level of performance of MRD processes in a Multi Super Specialty, Secondary Care Hospital in the National Capital Region. According to the findings of this study, there is no effective mechanism in place to monitor/track files from the ward/billing department to the MRD once the patient has been released.
- Fairview Health Services produced a research manual To maximize safety and quality of care, the handbook said that healthcare practitioners should be informed of all treatments and drugs to which a patient is exposed. As a result, researchers include information in medical records that allows a healthcare practitioner to fairly identify research workers and contact them for further information.
- Randall D Cebul conducted another research study, which found that EHR improves the quality of diabetes treatment at Better Health Greater Cleveland. The study found that physician practices that used electronic health records (EHR) had considerably greater success and progress in fulfilling diabetes care requirements and outcomes than practices that used paper records.
- Randolph C. Barrows and Paul D. Clayton released another article on privacy, confidentiality, and electronic medical records (EMRs). The report emphasizes the need of increased electronic access to health information for industry-wide initiatives to improve health care quality and lower costs.

RESEARCH QUESTION

- What is the current end-to-end process of OP to IP conversion and what are the key recommendation for the improvement of the process?

RESEARCH OBJECTIVE

- To study the AS IS process of OP to IP conversions
- To identify the process gaps in the OP to IP conversions
- To analyze the process of data capturing by the front office staff (from OPD to expected date of Delivery & surgery and any other admissions as advised)
- To suggest the TO BE process along with improvement areas.

MATERIALS AND METHODOLOGY

- ***Research design:*** Descriptive cross-sectional study
- ***Sampling method:*** non-probability sampling method
- ***Duration of study:*** 7th June 2021 to 26th June 2021
- ***Sample size:*** a) 28 patients for the study of Admissions and surgery

  b) 52 patients for the study of Estimated Delivery Date
- ***Data collection source:***
  - By observing the end-to-end OPD to IPD process
  - Scrutinize the OPD patient records for the month of April 2021.
  - OPD tracking data, USG tracking data, EDD master sheet, Admission data sheet & OT data sheet.
- ***Analysis tool:*** Microsoft Excel
- ***Analysis used for data collection:*** Categorical variable was presented in frequency and in percentage. Additionally, pie chart and bar graph were used for analysis.
- ***Inclusion criteria:*** All OPD patients who visited the hospital in the month of April 2021.
- ***Exclusion criteria:*** Patients from Emergency department.

METHODOLOGY Cont.

The research constituted the observation of the AS IS process of the Outpatient and Inpatient Department.

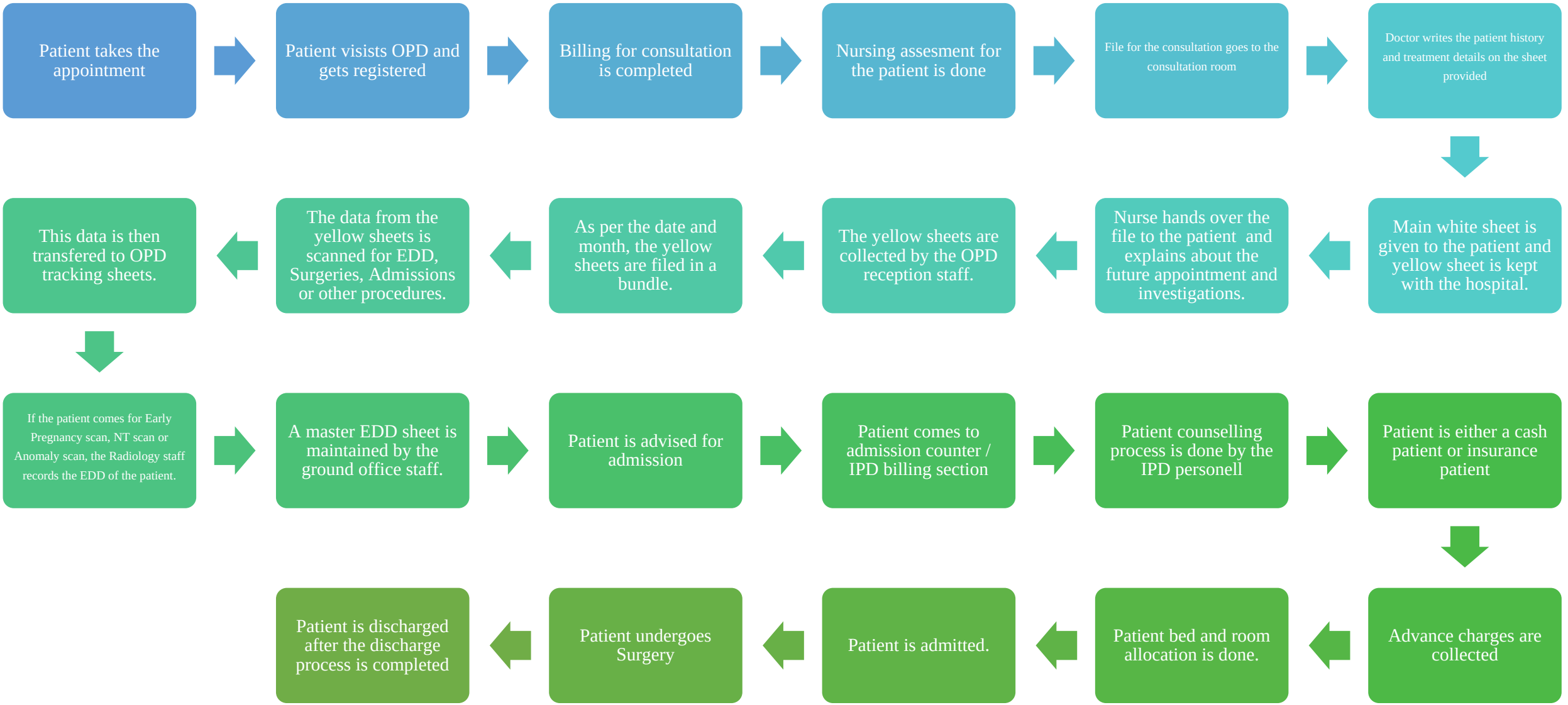
The study was related to the patients advised for admission's, surgery, procedures, and yet to deliver mothers. The patients were shortlisted for the above reasons.

The data was analyzed using MS Excel. The data was divided into two parts i.e., recording the admission & surgery data and Estimated Delivery Dates (EDD) of the expecting mothers.

The first set of data helped us analyze the Outpatient to Inpatient conversion of the patients advised for admission for medical management and surgeries.

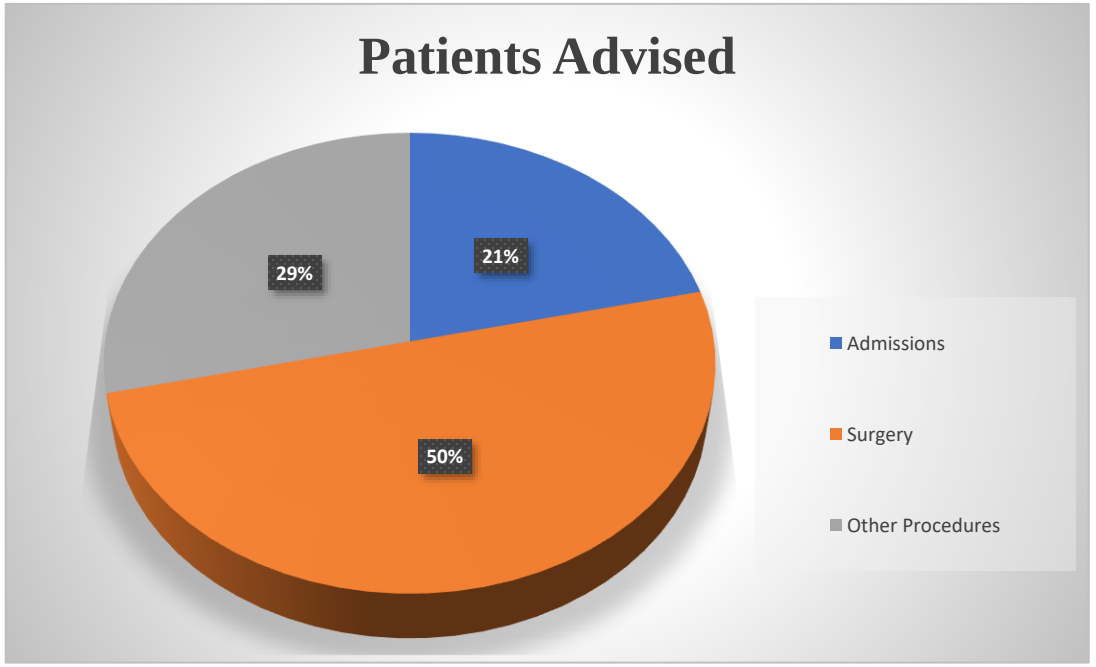
In the second set of data, we recorded the Estimated Delivery Date of the expecting mothers who had visited Hospital in the month of Apr-2021.

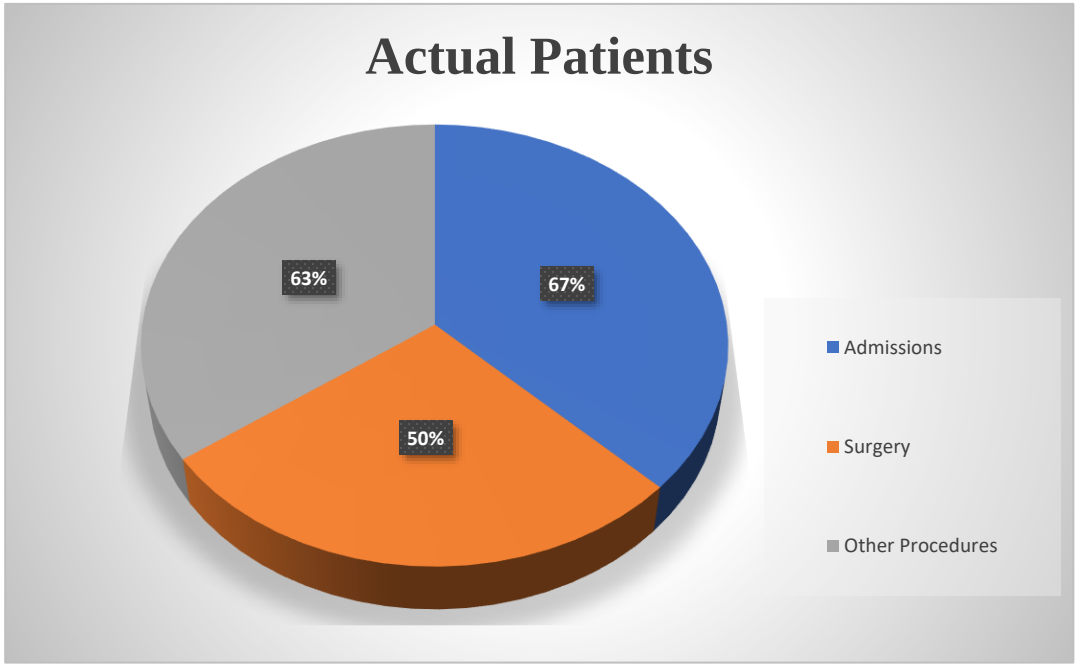
OPD To IPD AS-IS process



a) ANALYSIS

- From 2000 OPD sheets, we identified 28 patients who were advised for Admission, Surgery, or other procedures. The data was organized and validated with the Hospital OPD to IPD tracker, Admission data tracker and Hospital OT data Tracker.





Results

Out of the 28 cases it is clearly seen that at least 50% of the patients are advised for surgical procedures and rest 50 % are advised for medical management and any other small procedures.

Out of the 21% patients advised for Admissions, 67% got admitted.

Out of the 50% patients advised for surgery, 50% went for the surgeries.

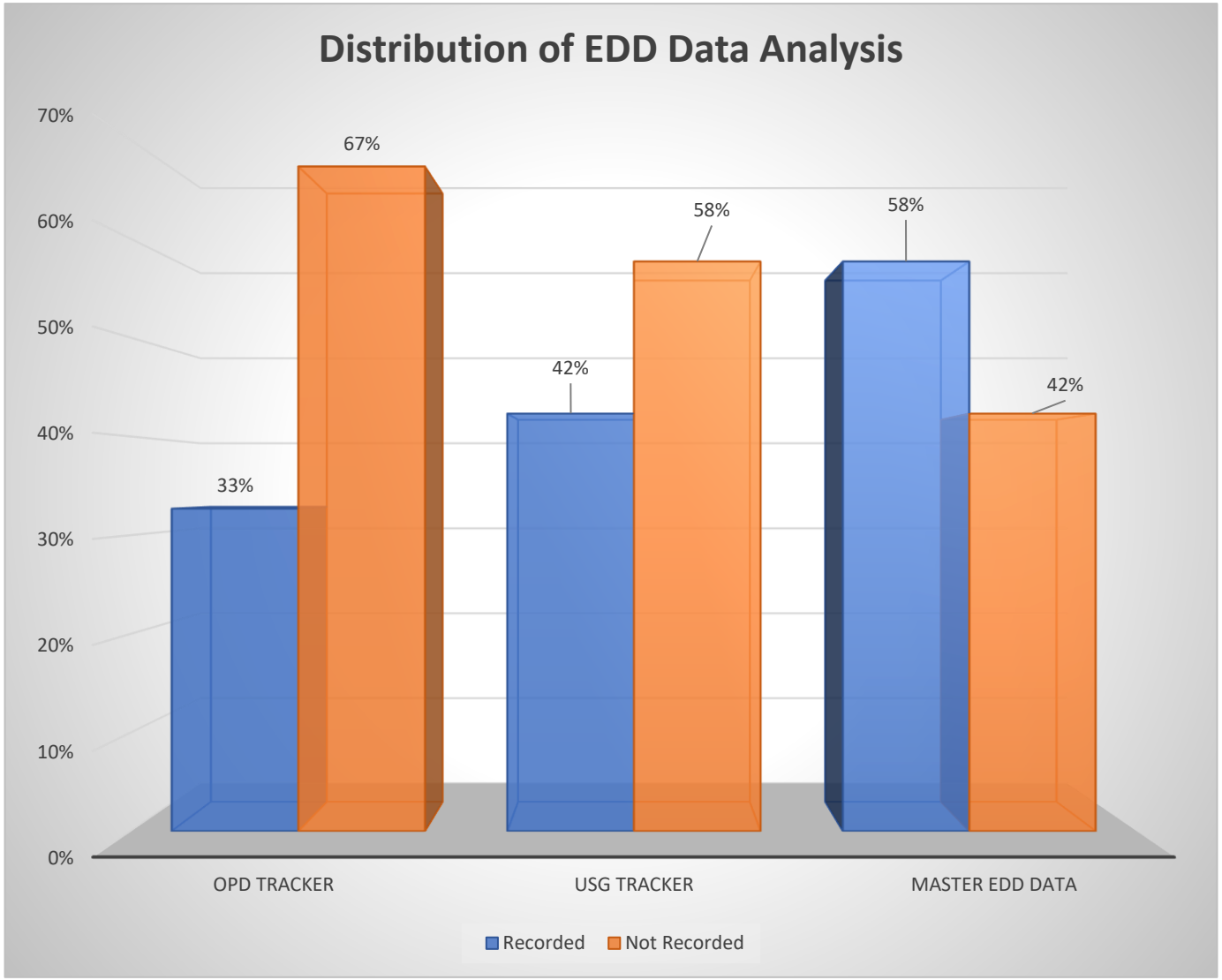
Out of the 29% patients advised for other procedures, 63% went for the procedure.

71% of the research data did not match the OPD tracker data.

UHIDs of many patients were not mentioned, which makes it difficult to track the unrecorded patient.

b) ANALYSIS

- From 2000 OPD sheets, we identified 52 patients for the study of EDD. The EDD was estimated based on (Last Menstrual Period) LMP of the patient given on the OPD sheets. To validate our data, we compared it with the Hospital OPD tracking data, Hospital USG data and Hospital Master EDD sheet data.



Results

There is variation of data across the Hospital OPD tracking data, Hospital USG tracking data, and Hospital Master EDD tracking data.

Out of the 52 patients shortlisted for the EDD data collection, only 58% were tracked by the Hospital Master EDD sheet.

The Estimated Delivery Date (EDD) was not mentioned in 95% of the case papers. AS LMP were mentioned, the EDD was confirmed on LMP basis.

Out of the 52 patients shortlisted for the EDD data collection, only 33% were tracked by the Hospital OPD tracker.

The Hospital OPD tracking sheet, Hospital USG sheet and Master EDD tracker has missed out almost 67%, 58% and 42% of the EDD data respectively, which makes it difficult to keep track of the patients who will be visiting hospital in coming months.

The Hospital Master EDD sheets tracks most of the EDD data accurately.

Out of the 52 patients shortlisted for the EDD data collection, only 42% were tracked by the Hospital USG tracker.

If the patient has already delivered or went for MTP procedure, the Hospital OPD tracker was not updated, which resulted in many unrecorded patients.

Conclusion

- The study showed that majority of the data in the hospital was not recorded in a centralized manner. It indicates the need for the use of Electronic Health Records (EHR) in Outpatient and Inpatient department.
- Other areas where improvements are needed include the redesigning of the prescription paper which will allow a clear information about the Advice and EDD data of the patient. The Hospital administration can work to improve the above processes to arrest any revenue leakages if any.

Recommendations

The patients who did not opt for the procedures should be tracked and followed-up regarding the reasons for the delay in the treatment.

OPD staff should track 100% of data of the patients advised for admissions for medical management, MTP, phototherapy and other surgeries in the OPD tracker.

The UHIDs should be in a printed format at the registration counter for the ease of future reference.

The Prescription format could be changed with introduction of Advice and Investigation in the bottom column

Recommendations

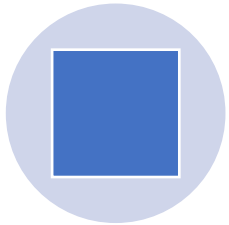
Only one Master EDD tracking sheet should be maintained to keep track of the expecting mothers.

UHID No. should be mentioned by the registration staff prior to the patient entering in the consultation room.

Post the completion of consultation, the reception staff must keep the record of EDDs from the yellow sheet not to miss out on any and it can help in maintaining the up-to-date OPD data entry.

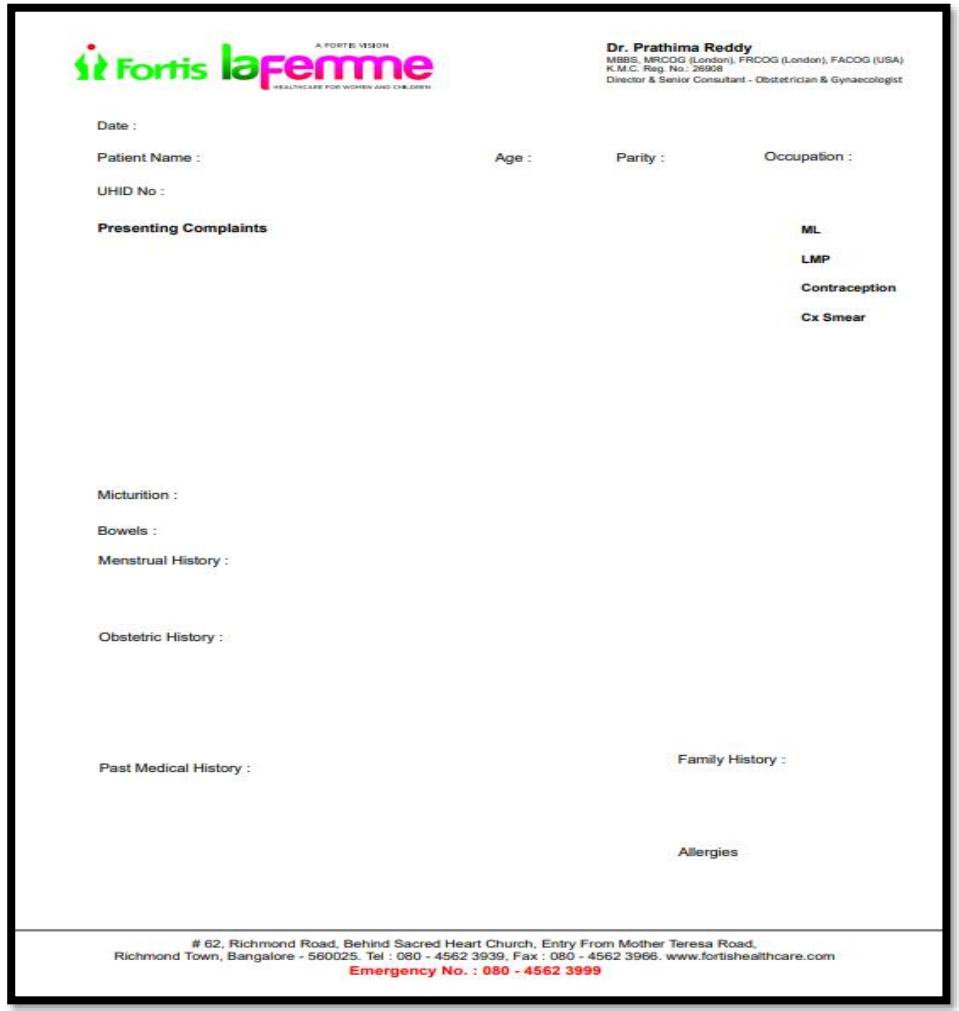
If the patient has already delivered or went for MTP procedure, the data in Hospital OPD sheet, USG sheet and Master EDD sheet should be updated.

A combination of EPM (Electronic Practice Management) and EHR (Electronic Health Records) should be put in use. The system effectively connects IPD/Ward staff to relevant departments which will help the ground office staff to maintain few and accurate records of the patient.



Prescription sheet needs to be redesigned in such a way that it provides the space for LMP & EDD data, investigations, and advice for the patient

Current and recommended format of prescription for the hospital:



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Dr. Prathima Reddy
MBBS, MRCOG (London), FRCOG (London), FACOG (USA)
K.M.C. Reg. No.: 26908
Director & Senior Consultant - Obstetrician & Gynaecologist

Date :

Patient Name : Age : Parity : Occupation :

UHID No :

Presenting Complaints

ML

LMP

Contraception

Cx Smear

Micturition :

Bowels :

Menstrual History :

Obstetric History :

Past Medical History :

Family History :

Allergies

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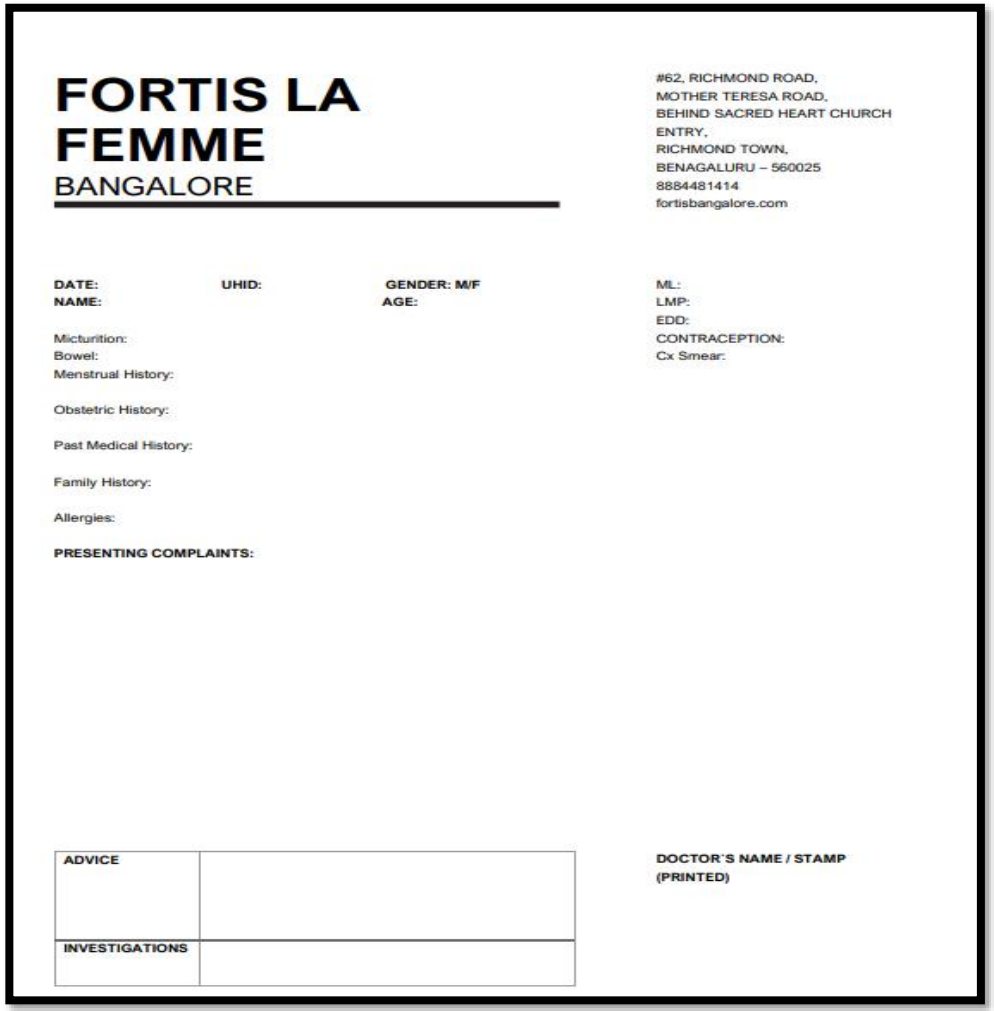
Richmond Town, Bangalore - 560025. Tel : 080 - 4562 3939, Fax : 080 - 4562 3966. www.fortishealthcare.com
Emergency No. : 080 - 4562 3999



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DATE: **UHID:** **GENDER: M/F**
NAME: **AGE:**

ML:
LMP:
EDD:
CONTRACEPTION:
Cx Smear:

Micturition:
Bowel:
Menstrual History:

Obstetric History:

Past Medical History:

Family History:

Allergies:

PRESENTING COMPLAINTS:

ADVICE	
INVESTIGATIONS	

DOCTOR'S NAME / STAMP (PRINTED)