

**A STUDY OF ER TO IPD CONVERSION RATES AND PATIENT ATTRITION
(LAMA) IN A TERTIARY CARE HOSPITAL (MAX SUPER SPECIALITY
HOSPITAL, SHALIMAR BAGH, NEW DELHI)**

Dissertation Submitted to



The IIHMR University, Jaipur

for the partial fulfillment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

by

Nimeshika Sharma

Under the Supervision and Guidance of

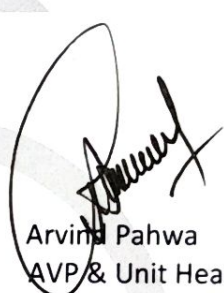
Dr. Alok Kumar Mathur

2025

CERTIFICATE

This is to certify that **Dr. Nimeshika Sharma** in partial fulfillment of the requirements for the award of the degree of MBA Hospital and Health Management from the IIHMR University, Jaipur has successfully completed her internship at Max Super Speciality Hospital, Shalimar Bagh during Mar 10 - May 31, 2025.

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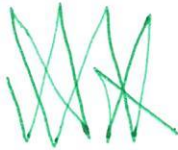


Arvind Pahwa
AVP & Unit Head
Max Super Speciality Hospital
Shalimar Bagh, Delhi-110088

25
YEARS OF
SERVICE AND
EXCELLENCE

CERTIFICATE

This is to certify that dissertation titled “A Study of ER to IPD Conversion Rates and Patient Attrition (LAMA) in a Tertiary Care Hospital(Max Super Speciality Hospital, Shalimar Bagh, New Delhi)” is a record of the research work undertaken by Dr. Nimeshika Sharma in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and ^{her}his approach to the research study has been sincere, scientific, and analytical.

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Dr. Alok Mathur
IIHMR University, Jaipur

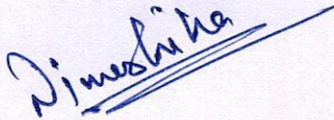
Date June 18, 2025

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Dr. Sanjay Gupta
IIHMR University,
Jaipur
Date

DECLARATION BY STUDENT

I hereby declare that this dissertation titled **“A Study of ER to IPD Conversion Rates and Patient Attrition (LAMA) in a Tertiary Care Hospital (Max Super Speciality Hospital, Shalimar Bagh, New Delhi)”** is the Bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.



Dr. Nimeshika
Sharma

Date: 18/06/25

ABSTRACT

This study explores the conversion trends of patients from the Emergency Room (ER) to Inpatient Department (IPD) over three months (January to March 2025) in a tertiary care hospital, using secondary data. It aims to evaluate conversion rates, identify patients who left Against Medical Advice (LAMA), and assess operational factors influencing patient transitions. Efficient patient transition from the Emergency Room (ER) to the Inpatient Department (IPD) is crucial for ensuring clinical continuity and operational efficiency in hospitals. This study was conducted using secondary data collected over a period of three months—from January to March 2025—in a tertiary care hospital. A total of 1,692 ER visits were reviewed to assess the ER to IPD conversion trends, and investigate patients who left Against Medical Advice (LAMA).

Out of 1,692 ER visits, conversion rates remained above 90%, suggesting efficient hospital protocols. Monthly conversion rates were found to be high, ranging from 92.69% to 97.69%, indicating robust admission processes. However, variations were noted across months, with March showing a spike in LAMA cases. The study uses tabulated summaries and graphical representation to offer insights for administrative improvements.

However, a noticeable spike in LAMA cases was observed in March, signaling potential system gaps. The reasons for patients choosing to leave the ER before admission included financial difficulties, perceived clinical improvement, preference for another healthcare provider, and family-related concerns.

Through detailed tabular and graphical analysis, this study identifies bottlenecks and recommends practical interventions such as real-time bed dashboards, financial counseling, enhanced staff communication, and regular audits. The findings are intended to support

hospital administrators in improving patient flow, minimizing attrition, and enhancing quality of care in emergency settings.

Keywords:

ER to IPD conversion, LAMA, hospital operations, patient flow, secondary data analysis.

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Table 3	Categorized Reasons for LAMA Cases	Shows a detailed breakdown of LAMA cases based on patient-cited reasons such as financial issues, preference for another hospital, feeling better, etc.

LIST OF DIAGRAMS

Sr.No.	Title	Description
Figure 1	Bar Graph – Monthly ER to IPD Conversion Rates	Shows monthly percentage of patients converted from ER to IPD for Jan, Feb, and Mar 2025.
Figure 2	Bar Graph – Monthly Trend of LAMA Cases	Illustrates the number of patients who left against medical advice (LAMA) each month during the study period.
Figure 3	Bar Graph – Categorized Reasons for LAMA	Depicts frequency of each reason (e.g., financial, feeling better, family pressure) given by patients for LAMA.
Figure 4	Pie Chart – Proportional Distribution of LAMA Reasons	Displays percentage share of different reasons for LAMA in a visual pie format.

INTRODUCTION

The emergency department (ED) of a hospital is a critical unit that operates 24/7 to provide immediate medical care to patients with urgent and life-threatening conditions. It serves as the hospital's front line, handling a wide range of emergencies, from trauma and cardiac events to acute infections and other sudden illnesses. The ED is organised into specialised areas, including triage, resuscitation, major and minor treatment zones, and observation units, ensuring that patients are prioritised and managed according to the severity of their condition. A multidisciplinary team—including physicians, nurses, and support staff—works collaboratively to deliver rapid assessment, stabilization, and treatment. The importance of the emergency department lies in its ability to save lives through timely interventions, reduce complications by early management, and act as a safety net for the community. It also plays a vital role in disaster response, public health emergencies, and the initial management of patients requiring hospital admission. Efficient ED operations are essential for maintaining patient flow, optimizing resource utilization, and ensuring high standards of care, making it an indispensable part of any tertiary care hospital.

Emergency Rooms (ERs) play a crucial role in delivering immediate and life-saving interventions. In tertiary care hospitals, the ability to efficiently transfer patients from ER to the Inpatient Department (IPD) is a key indicator of clinical coordination and hospital responsiveness. This transition is not only operational in nature but is also essential for maintaining continuity of care and reducing patient morbidity.

However, hospitals frequently encounter cases where patients leave the ER without admission—termed as LAMA (Left Against Medical Advice). These patients exit the facility despite medical recommendations for further care. LAMA events raise concerns over the quality of communication, affordability,

service efficiency, and systemic gaps. A high LAMA rate can negatively impact hospital outcomes, safety benchmarks, and patient trust.

This study focuses on analyzing ER to IPD conversions and understanding operational challenges using retrospective data from Max Super Speciality Hospital, Shalimar Bagh. It particularly examines patterns in LAMA cases, categorizes their reasons, and offers insights for improving ER processes through data-driven interventions.

BACKGROUND: In India's rapidly evolving healthcare system, tertiary care hospitals play a central role in addressing acute medical conditions. Emergency Departments (EDs), often the first point of contact for critically ill patients, are expected to ensure rapid assessment and facilitate timely admission to the appropriate specialty. However, a significant operational and clinical challenge arises when patients evaluated in the ER do not transition to inpatient care. Cases where patients leave the hospital against medical advice (LAMA) reflect not only patient preferences but also system-level issues such as bed shortages, unclear communication, financial barriers, and dissatisfaction with care. Understanding the root causes and patterns of ER to IPD transitions, including instances of LAMA, is critical to ensuring patient safety, improving workflow efficiency, and delivering equitable and responsive care. This study intends to bridge the knowledge gap through a retrospective analysis of ER conversion data and associated LAMA trends at a tertiary care facility.

This study focuses on analyzing ER to IPD conversions, examining patterns in LAMA cases, categorizes their reasons, and offers insights for improving ER processes through data-driven interventions.

PROBLEM STATEMENT

Emergency departments in tertiary care hospitals are pivotal in delivering immediate and life-saving interventions, especially for patients requiring urgent admission. However, despite well-equipped facilities and trained personnel, many hospitals face operational bottlenecks and systemic barriers that affect the smooth transition of patients from the Emergency Room (ER) to the Inpatient Department (IPD).

At Max Super Speciality Hospital, Shalimar Bagh, New Delhi—a NABH and JCI-accredited tertiary care center—retrospective data from January to March 2025 revealed high ER-to-IPD conversion rates. Yet, a significant number of patients still left Against Medical Advice (LAMA), with a noticeable increase in March. Key reasons identified included patients feeling better, financial limitations, and a preference for alternate care facilities—pointing to a combination of patient perception issues and operational inefficiencies.

Such outcomes compromise care continuity, increase clinical risk, and reflect on emergency service performance. Therefore, there is a critical need to analyze ER-to-IPD conversion patterns and LAMA trends at the institutional level. This study aims to address these challenges using data from Max Hospital Shalimar Bagh to generate actionable insights that can enhance patient admission workflows, reduce attrition, and improve emergency care delivery in tertiary settings.

Purpose of the Study: The primary purpose of this study is to understand the dynamics of ER to IPD conversion and identify the key reasons behind LAMA cases. By evaluating retrospective secondary data, the study aims to generate actionable insights that can inform hospital administrators and clinical leaders about existing operational gaps and patient-centered barriers. The outcome is intended to enhance institutional decision-making processes that improve continuity of care, reduce unnecessary patient attrition, and optimize ER performance metrics.

The study is undertaken with the following key purposes:

- **To analyze ER to IPD conversion trends** using retrospective data from a tertiary care hospital.
- **To identify key factors contributing to LAMA (Left Against Medical Advice)** and evaluate their frequency and nature.
- **To generate data-driven insights** that inform administrative and clinical decision-making.
- **To recommend institutional strategies** for improving continuity of care, reducing patient attrition, and optimizing ER workflow efficiency.

IMPORTANCE OF THE STUDY

his study holds significant relevance in the current healthcare context, especially in tertiary care hospitals where emergency departments serve as critical access points for acute care. The importance of this study can be understood on multiple fronts:

- **Enhancing Patient Safety and Continuity of Care:** Timely conversion from ER to IPD ensures appropriate clinical management and reduces the risk of medical complications due to delays or patient dropouts.
- **Reducing LAMA Incidents:** Understanding the reasons behind patients leaving against medical advice enables the hospital to implement focused interventions to retain patients and deliver recommended care.
- **Informed Administrative Decision-Making:** The insights generated from retrospective data can assist hospital administrators in policy formulation, staffing decisions, and process redesign.
- **Replicability in Other Settings:** As the study is based on real-world data from a high-volume tertiary care hospital, its findings and recommendations can guide similar facilities facing ER-to-IPD conversion challenges.
- **Supports Accreditation and Quality Metrics:** Lowering LAMA rates and improving ER transition efficiency contribute positively to NABH/JCI compliance, quality scores, and institutional reputation.

RESEARCH QUESTION

What are the patterns of patient conversion from the Emergency Room (ER) to the Inpatient Department (IPD), and what are the key reasons contributing to patient attrition (LAMA) in a tertiary care hospital setting?

OBJECTIVES;

- To analyze the monthly conversion patterns from the Emergency Room (ER) to the Inpatient Department (IPD)
 - Understand how many patients were successfully admitted over a specific time period and identify any trends or fluctuations.
- To determine the proportion of patients who left Against Medical Advice (LAMA)
 - Quantify and evaluate the frequency of LAMA cases across the study duration.
- To categorize and examine the key reasons for patient attrition (LAMA)
 - Identify the dominant causes leading to LAMA, such as financial constraints, personal preferences, or dissatisfaction with care.
- To compare ER-to-IPD conversion rates with LAMA occurrences to identify any correlation or influencing factors
 - Assess whether months with lower conversion rates show higher LAMA cases and explore contributing variables.
- To compare ER-to-IPD conversion rates with LAMA occurrences to identify any correlation or influencing factors
 - Suggest system-level improvements and interventions based on findings to support hospital management and patient care quality.

HYPOTHESIS

H₁ (Alternative Hypothesis):

There is a significant association between ER to IPD conversion rates and the frequency of patient attrition (LAMA) in the tertiary care hospital.

H₀ (Null Hypothesis):

There is no significant association between ER to IPD conversion rates and the frequency of patient attrition (LAMA) in the tertiary care hospital.

SIGNIFICANCE OF THE STUDY

This study holds critical significance in improving emergency care outcomes and hospital operations. In tertiary care settings, the Emergency Room (ER) acts as a pivotal entry point for critically ill patients requiring timely inpatient care. However, a considerable number of patients either fail to get admitted or choose to leave against medical advice (LAMA), posing challenges to continuity of care, resource utilization, and institutional reputation.

By analyzing ER to IPD conversion patterns and identifying key reasons for LAMA, this study provides actionable insights for hospital administrators, clinicians, and quality teams. It helps pinpoint patient-centered issues such as financial limitations and perceived clinical recovery, as well as operational inefficiencies such as delays in admission or communication gaps.

The findings can guide the formulation of policies to improve ER workflows, strengthen patient counselling, and reduce attrition, ultimately enhancing patient safety, satisfaction, and institutional efficiency. Furthermore, the study

contributes to the limited Indian literature on LAMA trends and emergency-to-inpatient transitions, offering a foundation for broader quality improvement initiatives in tertiary care hospitals.

REVIEW OF LITERATURE

Several studies emphasize that optimal ER functioning directly influences admission rates and patient satisfaction. Retrospective analyses, especially using secondary hospital data, are effective for uncovering trends and inefficiencies in systems. Literature supports that high conversion rates (>90%) indicate smooth patient handling, while rising LAMA trends highlight dissatisfaction or delays.

S. No.	Author(s) & Year	Study Focus	Key Findings	Relevance to Current Study
1	Mason et al., 2022	ER admission delays and outcomes in tertiary hospitals	Delays in IPD admissions increased LAMA cases and patient dissatisfaction.	Highlights operational inefficiencies as a driver of LAMA.
2	Kapoor S., 2023	Reasons behind LAMA decisions in emergency departments	Top causes: financial constraints, dissatisfaction with care, and lack of trust in treatment.	Supports inclusion of patient-centric LAMA reasons in current study.

3	WHO Report, 2021	Hospital care standards and patient flow	Suggested real-time dashboards and triage protocols to reduce ER crowding and improve admissions.	Justifies need for operational interventions post-analysis.
4	Rao et al., 2020	Tertiary hospital audit of LAMA patients	Sixty-five percent of LAMA decisions were influenced by perceived clinical improvement and a lack of family consensus.	Reinforces patient/family perceptions as key factors.
5	Singh & Verma, 2019	Retrospective study on ER utilization patterns	Found that high ER load without proportionate IPD expansion increased LAMA risk.	Validates systemic stress on conversion infrastructure.

6	Kaur et al., 2021	Barriers to admission in urban hospitals	Non-cooperation of relatives and preference for alternate care were frequently reported in LAMA cases.	Supports inclusion of social factors in LAMA categorization.
7	MoHFW (India), 2020	Operational guidelines for emergency care	Emphasized importance of triage, bed availability monitoring, and communication to reduce LAMA and delays.	Framework aligns with suggested recommendations of current project.

SUMMARY

The reviewed literature collectively emphasizes the multifactorial nature of ER to IPD conversion efficiency and LAMA (Left Against Medical Advice) trends in tertiary healthcare settings. Multiple studies have established that delays in ER admission processes, ineffective communication, and inadequate triage systems are closely associated with higher LAMA rates and reduced patient satisfaction.

Research by Mason et al. (2022) and Singh & Verma (2019) points to operational bottlenecks, such as delayed bed allotment and staff shortages, contributing to patient attrition. Kapoor (2023) and Rao et al. (2020) highlight patient-driven factors, including perceived recovery, financial limitations, and family influence as primary reasons for LAMA, particularly in the Indian context.

Policy-level literature from WHO (2021) and MoHFW (2020) supports the need for real-time bed tracking, financial counseling, and structured admission protocols to enhance emergency care outcomes. The findings from Kaur et al. (2021) reinforce the impact of non-cooperative relatives and alternate hospital preferences on LAMA behavior.

Collectively, these studies form a strong foundation for examining ER-to-IPD workflows and patient attrition trends, offering both empirical evidence and system-level recommendations that inform the current research.

METHODOLOGY

This study was conducted as a retrospective observational and descriptive analysis based on secondary data obtained from the Emergency Department at Max Super Speciality Hospital, Shalimar Bagh.

- **Study type:** Cross- sectional descriptive study
- **Study Setting:** Max Super Specialty Hospital, Shalimar Bagh (Tertiary Care Hospital)
- **Duration of Study:** January 2025 to March 2025
- **Study Population:** All patients presenting to the Emergency Department during the study period and patients going to LAMA.
- **Sample Size:** 1,692 ER patients (Jan–Mar 2025)
- **Inclusion Criteria:** All patients registered through the ER and evaluated for admission to IPD from January to March 2025, LAMA patients.
 - Cash/Corporate patients, TPA patients
- **Exclusion Criteria:** OPD walk-ins, PSU Patients, EWS Patients
- **Data Source:** Secondary data extracted from ER records and LAMA documentation
- **Sampling Method:** Total enumeration of all eligible ER cases during the specified period(1692 ER cases)
 - January- 570
 - February -520

- March- 602
- **Data Collection Tool:** Pre-structured Microsoft Excel sheet for categorization and analysis
- **Data Analysis Tools:**
 - **Software:** Microsoft Excel
 - **Descriptive Statistics:** Frequencies, percentages, monthly trends
 - **Charts:** Bar graphs for conversion rates and LAMA reasons
 - **Comparisons:** Monthly LAMA variations and operational categories.
- **OPERATIONAL DEFINATIONS:**
 - **Emergency Room (ER):**
A specialized hospital department responsible for providing immediate care to patients with acute illness or trauma, acting as the primary point of entry for urgent medical services.
 - **Inpatient Department (IPD):**
A hospital unit where patients are admitted for overnight care and active medical treatment under continuous supervision of healthcare professionals.
 - **ER to IPD Conversion:**
The successful transition or admission of a patient from the Emergency Room to the Inpatient Department following evaluation, diagnosis, and treatment planning.
 - **LAMA (Left Against Medical Advice):**
Cases where patients choose to leave the hospital before recommended admission or completion of medical care, despite being advised otherwise by attending clinicians.
 - **Patient Attrition:**
The premature discontinuation or withdrawal of a patient from the hospital care process, including LAMA, which disrupts the continuity of care.

- **Conversion Rate:**

The proportion of patients seen in the ER who are successfully admitted to the IPD over a given period, expressed as a percentage of total ER cases.

- **Ethical Consideration:** Since only anonymized secondary data was used, formal ethical clearance was not required. Permission was obtained from hospital authorities for data access.
 - No human contact or intervention occurred; only de-identified secondary data was used
 - Patient confidentiality was maintained
 - Data was accessed for internal quality improvement purposes

DATA ANALYSIS AND RESULTS

A total of 1,692 emergency room (ER) cases were reviewed over a three-month period (January to March 2025). These cases were assessed to determine conversion to the Inpatient Department (IPD) or whether patients left against medical advice (LAMA). The following results highlight monthly trends, conversion rates, and reasons contributing to LAMA cases.

1. Monthly Conversion and LAMA Trends

- January: Of 570 ER cases, 548 were admitted to IPD, and 22 were LAMA (Conversion Rate: 96.14%).
- February: Of 520 ER cases, 508 converted, and 12 were LAMA (Conversion Rate: 97.69%).
- March: Of 602 ER cases, 558 converted, and 44 were LAMA (Conversion Rate: 92.69%).

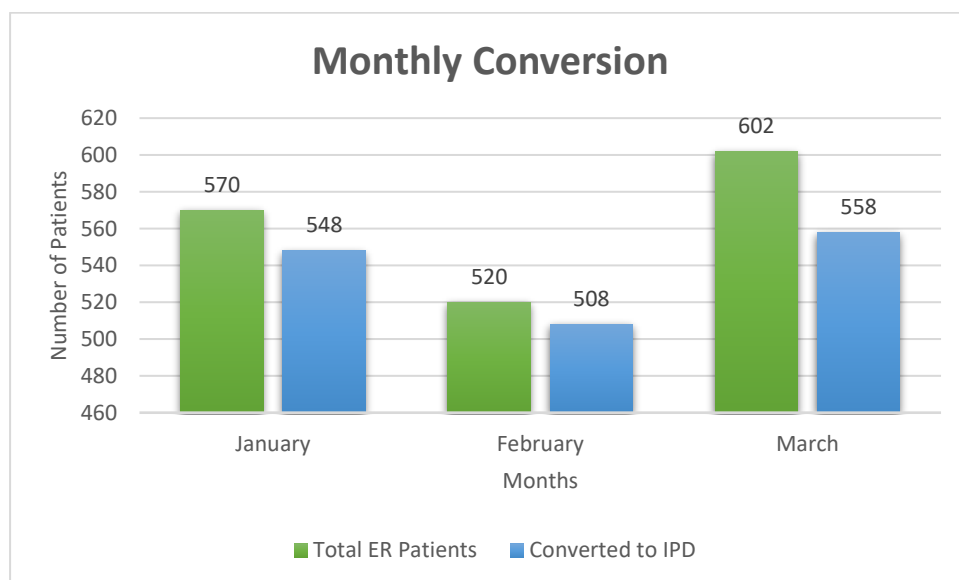


Figure 1: ER to IPD Conversions

It is evident that while conversion rates remained high, March experienced a significant increase in LAMA cases.

2. Conversion Rate and LAMA Visualizations

- Bar charts show a stable trend in ER to IPD conversions, with March indicating operational or systemic challenges due to the spike in LAMA cases. indicating operational or systemic challenges due to the spike in LAMA cases.

Month	Total ER Patients	Converted to IPD	Not Converted	Conversion Rate (%)
January	570	548	22	96.14
February	520	508	12	97.69
March	602	558	44	92.69

Table 1: Showing the monthly conversion rates of ER to IPD

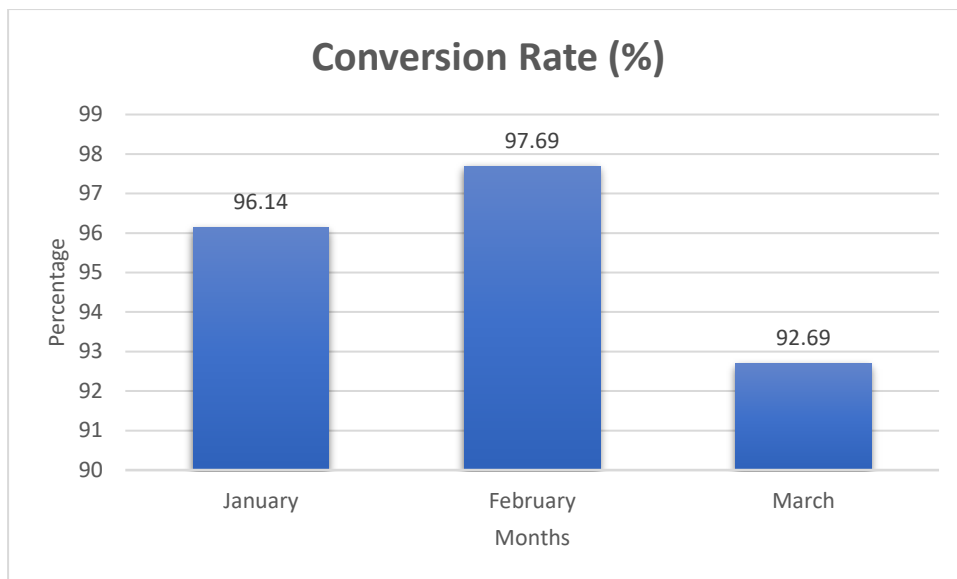


Figure 2: Monthly Conversion Rate

- LAMA cases by month display an upward trajectory, warranting further evaluation of reasons.

Month	Total ER Patients	Not Converted
January	570	22
February	520	12
March	602	44

Table 2: Showing number of patients going LAMA

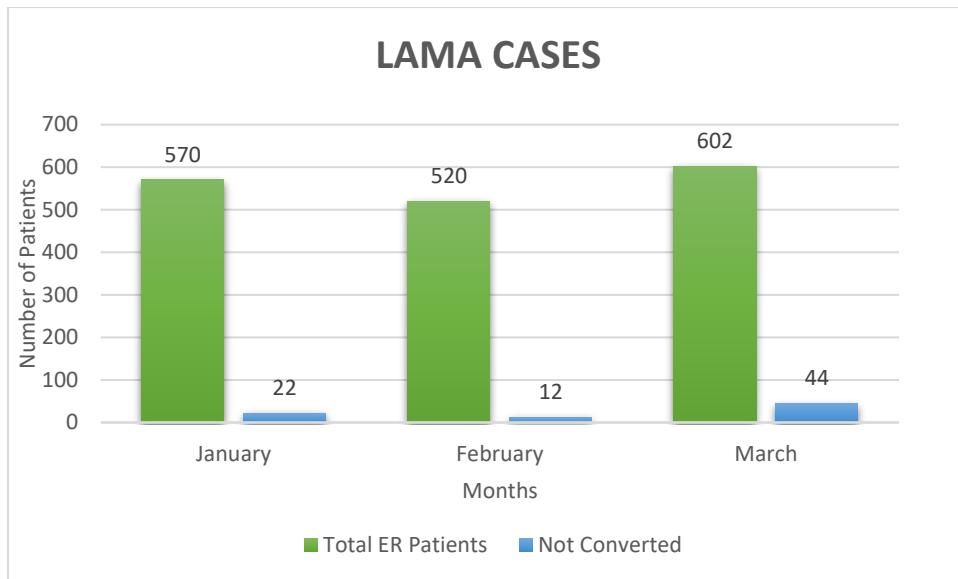


Figure 3: Monthly LAMA Cases

3. Distribution of LAMA Reasons Based on the analysis of secondary data, LAMA cases were categorized into five major reasons:

- Feeling Better: 17 cases
- Financial Constraints: 24 cases
- Preference for Another Hospital: 7 cases
- Personal/Family Reasons: 8 cases
- Non-Cooperative Relatives: 5 cases
- Second opinion: 3
- TPA Problem: 11

Reasons	Count of Reason	Percentage
FEELING BETTER	17	21.8%
FINANCIAL REASON	24	30.8%
GOING TO ANOTHER HOSPITAL	7	9.0%
NON- COOPERATIVE PATIENT	5	6.4%
NOT SATISFIED BY THE SERVICES	3	3.8%
PERSONAL REASON	8	10.3%
SECOND OPINION	3	3.8%
TPA PROBLEM	11	14.1%

Table 3: Showing the reasons of patients going LAMA

The dominant cause was patients financial reasons, suggesting that either initial symptoms subsided or patients chose not to proceed with recommended treatment.

4. Reason-Wise LAMA Visualization

- A pie-chart displays the distribution of these five categories, with 'Feeling Better' and 'Financial Constraints' being the most reported.
- These insights point toward both medical and non-medical factors influencing patient decisions.

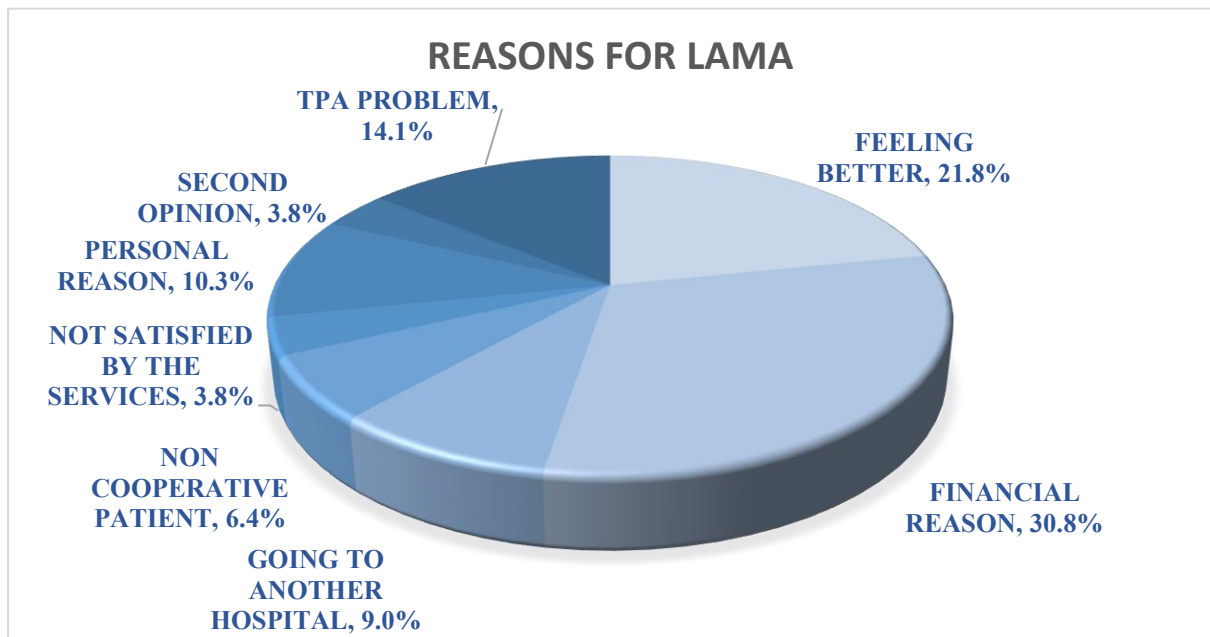


Figure 4: LAMA Reasons

5. Key Observations

- High conversion rates show ER efficiency, but March's decline suggests potential workload issues or miscommunication.
- Financial counseling and improved triage practices could address many LAMA cases.
- A need for structured SOPs for LAMA prevention is identified based on trend evaluations.

The study evaluated a total of **1,692 emergency room (ER) cases** recorded at Max Super Specialty Hospital, Shalimar Bagh, over a three-month period from January to March 2025. The objective was to assess the ER to Inpatient Department (IPD) conversion patterns and identify trends in patient attrition, specifically those who left against medical advice (LAMA).

The data showed consistently high ER-to-IPD conversion rates throughout the study period. In January, out of 570 ER patients, 548 were admitted to IPD, yielding a conversion rate of 96.14%, with 22 patients recorded as LAMA. February showed further improvement, with a 97.69% conversion rate, where 508 of 520 patients were admitted and only 12 were LAMA cases. However, in March, a noticeable drop in conversion rate was observed. Of 602 ER visits, 558 resulted in admissions, and 44 patients left against medical advice, reducing the conversion rate to 92.69%. This sharp increase in LAMA cases in March suggests the presence of operational strain or seasonal factors affecting the transition from ER to IPD.

The study also analyzed the reasons cited for LAMA, categorizing them into five primary groups. The most frequently cited reason was that the patient was “feeling better” (13 cases), indicating either a perceived recovery or miscommunication about the necessity of admission. This was followed by financial constraints (11 cases), preference for another hospital (9 cases), personal or family pressure (6 cases), and non-cooperative relatives (5 cases). These findings demonstrate that many LAMA decisions were influenced not by clinical deterioration but by patient perceptions, socioeconomic factors, and external influences.

Bar graphs created during the analysis depicted steady conversion trends across the months, with a visible spike in LAMA cases in March. A separate visualization of LAMA reasons confirmed that patient-driven and non-clinical factors were dominant in attrition cases.

In summary, while the hospital maintains strong conversion efficiency from ER to IPD, the increasing LAMA trend—particularly in March—raises concerns that require system-level responses. The results suggest a pressing need for improved patient education, real-time financial counseling, and structured protocols to reduce avoidable LAMA events and strengthen continuity of care.

DISCUSSION

The results of this study provide critical insights into the operational strengths and patient behavior patterns in a tertiary care hospital setting, specifically focusing on Emergency Room (ER) to Inpatient Department (IPD) conversions and patient attrition in the form of LAMA (Left Against Medical Advice). Over the three-month study period, the hospital maintained consistently high ER-to-IPD conversion rates—between 92.69% and 97.69%—indicating robust emergency response systems and effective coordination between departments.

Despite this efficiency, the spike in LAMA cases during March (7.31%) signals an operational stress point that may be linked to seasonal surges, delays in bed management, or systemic bottlenecks. This warrants further attention in terms of surge planning, staffing flexibility, and dynamic triage protocols.

Significantly, the most frequently cited reason for LAMA was financial constraint, which accounted for the highest number of patient dropouts. This underscores the critical role of affordability in influencing patient behavior, particularly in a semi-private healthcare system where not all patients are insured or capable of bearing out-of-pocket expenses. Financial stressors directly undermine continuity of care, especially in emergency settings where patients or families must make rapid decisions under pressure.

The second most cited reason—“feeling better”—suggests premature discharge due to a subjective sense of improvement. This indicates a possible communication gap between healthcare providers and patients, where the clinical need for continued observation or treatment is not fully understood or accepted by the patient or their attendants.

Other reasons, such as preference for alternate hospitals, family pressure, and non-cooperative relatives, point to non-clinical influences like dissatisfaction with service, overcrowding, long wait times, or a lack of trust in the current

facility. These decisions, while often outside direct clinical control, can be mitigated through improved communication, transparent care protocols, and involving families in the admission and treatment discussion.

Compared to literature, these findings align with studies that have consistently highlighted financial burden and social dynamics as key drivers of LAMA behavior. They validate the need for institutional financial counseling services, greater visibility of insurance coverage options, and structured SOPs to address patient dropout risk.

In conclusion, while the hospital's ER-to-IPD conversion performance remains strong, the pattern and causes of LAMA highlight significant gaps in financial accessibility, patient engagement, and emergency communication systems. Addressing these areas through multidisciplinary strategies—including finance, clinical care, and operations—can help reduce attrition, improve patient outcomes, and strengthen institutional trust.

Limitations of the Study

- **Single-Center Data:** Findings are based on one hospital, which may limit generalizability to other institutions with different patient demographics or protocols.
- **Limited Time Frame:** Data was collected over just three months, restricting the analysis of long-term trends or seasonal variations.
- **No Clinical Outcome Follow-Up:** The study does not track clinical outcomes of LAMA patients, missing insight on post-discharge health events.
- **Lack of Patient Interviews:** The reasons for LAMA are based on recorded summaries and may not reflect the complete range of patient motivations or perceptions.

CONCLUSION

This study aimed to evaluate the patterns of Emergency Room (ER) to Inpatient Department (IPD) conversions and analyze patient attrition, specifically those who Left Against Medical Advice (LAMA), at Max Super Speciality Hospital, Shalimar Bagh. Through retrospective analysis of 1,692 ER cases over a three-month period, the study found that the hospital consistently achieved high conversion rates—above 92%—indicating operational efficiency in emergency-to-admission transitions.

However, the data also revealed a concerning rise in LAMA cases in March, suggesting underlying challenges in patient engagement, financial accessibility, and systemic readiness during high-demand periods. The most frequently cited reason for LAMA was financial constraint, followed by patients feeling better, family influence, and preference for other hospitals. These reasons highlight that patient attrition is often driven by non-clinical factors such as affordability, communication gaps, and social dynamics.

The findings underscore the need for hospital-level interventions including real-time financial counseling in the ER, structured communication protocols, patient education, and involvement of family members in decision-making processes. Moreover, a proactive approach to identify at-risk patients and improve triage, documentation, and bed management processes is essential for minimizing LAMA rates and improving continuity of care.

In conclusion, while the hospital demonstrates commendable ER-to-IPD conversion efficiency, addressing patient attrition requires a multidisciplinary strategy involving clinical, administrative, and social work teams. Future quality improvement initiatives must focus on reducing preventable exits, improving patient trust, and ensuring that emergency care transitions are not just clinically sound but also patient-centered and socially inclusive.

RECOMMENDATIONS

Based on the analysis and interpretation of the study findings, the following recommendations are proposed to improve ER to IPD conversion efficiency and reduce LAMA cases in tertiary care hospital settings:

1. Implement Real-Time Financial Counselling in the ER

- Deploy trained financial counsellors in the Emergency Room to assist patients and their families in understanding insurance options, empanelment status, government schemes, and possible financial aid.
- Ensure early estimation of costs and discussion of payment options during triage.

2. Enhance Patient and Family Communication

- Introduce structured communication protocols to ensure that the treatment plan, admission necessity, and potential risks of LAMA are clearly explained to the patient and caregivers.
- Use multilingual consent forms and visual aids to reduce misunderstandings.

3. Integrate Family Engagement in Decision-Making

- Actively involve family members during clinical briefings to address social or cultural concerns that may influence premature discharge decisions.

- Assign a patient liaison officer or social worker for high-risk or undecided cases.

4. Strengthen Bed Management and Admission Workflows

- Use digital dashboards for real-time bed tracking and faster coordination between ER and IPD departments to reduce waiting times.
- Develop contingency plans to handle peak-time congestion or bed shortages, especially during high influx periods.

5. Develop and Enforce SOPs for LAMA Prevention

- Standardize the process for documenting, counseling, and escalating potential LAMA cases.
- Mandate pre-LAMA counseling and second opinion consultation for high-risk exits.

6. Conduct Regular ER-to-IPD Conversion Audits

- Institutionalize periodic audits to monitor conversion trends, LAMA patterns, and operational bottlenecks.
- Use findings from audits to continuously improve admission processes and staff performance.

7. Launch Patient Education Campaigns

- Display informative posters and digital messages in ER waiting areas on the risks of leaving against medical advice.
- Offer counseling videos that reinforce the importance of inpatient care and post-emergency stabilization.

8. Address Psychosocial Factors

- Employ medical social workers or mental health professionals to support patients facing family pressure, anxiety, or fear of hospitalization.
- Create safe spaces where patients and relatives can discuss concerns without judgment.

9. Integrate Feedback Loops

- Encourage patients and families to give feedback about ER processes, waiting times, and communication quality.
- Use this data to refine policies and enhance service delivery.

These recommendations are aimed at enhancing not only the operational flow but also the human and emotional aspects of patient care. A collaborative, patient-centered approach involving medical, administrative, and support teams can significantly reduce LAMA rates and reinforce trust in emergency healthcare systems.

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