Compliance to turn around time for Initial assessment of IPD Patients in Max Super-Specialtiy Hospital, Saket

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Initial medical assessment: The first evaluation of a patient after admission in the ward, by the primary doctor to identify the present complain and condition of the patient and all aspects of the medical history to facilitate formulation of the diagnosis and treatment plan.

The major components of an assessment

-Patient details	- Allergy assessment
-Name of the attending doctor	- Nutritional assessment
-Chief complaints of the patient	- Vitals of the patient
-Past medical history	- Provisional diagnosis
-Social history	- Investigations
-Significant family history	- Plan of care

Possible sources of information the doctor use to complete an assessment

- Patient
- Family
- Friends
- Patient record
- Results of diagnostic tests and relevant literature.

Time period for completion of initial medical assessment:

- The initial medical assessment for in-patients is to be completed and documented by the floor doctor within 1 hour of arrival in the in-patient ward in the CPRS.
- In CPRS, the clinical findings, provisional diagnosis and plan of care documented by the floor doctor, should be endorsed by the primary consultant within 24 hours from the time of admission.

OBJECTIVE

- To check the compliance of Turnaround time for initial medical assessment
  - To understand the cause of deviation in TAT from the established benchmark

RESEARCH METHODOLOGY

Study area: IPD of ENT, Urology and General Surgery in Max super specialty Hospital, Saket New Delhi.

Study design: Retrospective, Descriptive study

Sources of data:

Secondary data (Computerized patient record)

Sampling technique: Systematic random sampling

Sample size: 150

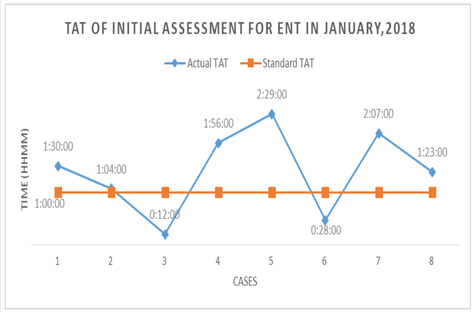
Inclusion:

Patients who were directly admitted to inpatient ward of ENT, Urology and General surgery after consultation.

Exclusion:

- Patients who were admitted in specialties other than ENT, Urology and General surgery
- Patients who were transferred from emergency department.

ENT

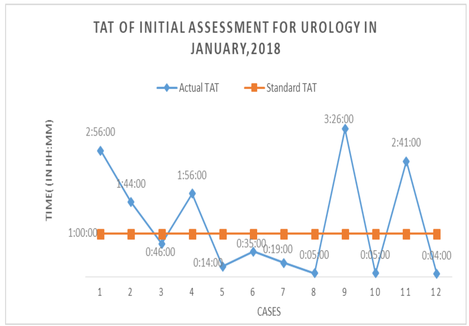


Months	Number of Cases (total= 48)	Min time taken for assessment	Max time taken for assessment	Median time
January	8	12 min	2 hrs 29 min	1 hr 26 min
February	10	45 min	24 hrs 45 min	1 hr 42 min
March	14	31 min	2 hrs 24 min	1 hr 40 min
April	12	38 min	7 hrs22 min	2 hrs 6 min
May	4	23 min	3 hrs 17 min	1 hr 40 min

Months	Ratio (compliant: non-compliant)
January	1:3
February	2:3
March	2:5
April	1:5
May	1:3

Overall Median– 1hr 41min

UROLOGY

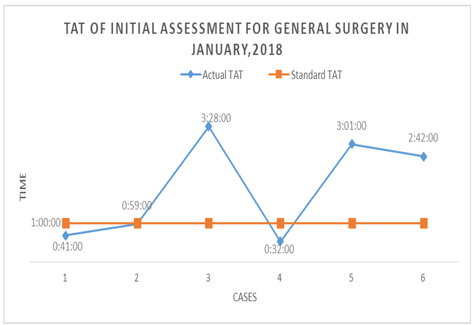


Months	Number of Cases (total= 40)	Min time taken for assessment	Max time taken for assessment	Median time
January	12	4 min	3 hrs 26 min	40 min
February	9	0 min	3 hrs 50 min	17 min
March	8	1 min	60 hrs 30 min	2 hrs 34 min
April	6	32 min	2 hrs 2 min	56 min
May	5	29 min	4 hrs2 min	2 hrs 40 min

Months	Ratio (compliant: non-compliant)
January	7:5
February	2:1
March	1:3
April	2:1
May	1:4

Overall Median– 56 min

GENERAL SURGERY



Months	Number of Cases (total= 40)	Min time taken for assessment	Max time taken for assessment	Median time
January	6	32 min	3 hrs 28 min	1 hr 50 min
February	2	2 hrs 26 min	3 hrs 16 min	2 hrs 51 min
March	8	26 min	8 hrs 29 min	1 hr 38 min
April	5	5 min	14 hrs 46min	31 min
May	3	17 min	25 hrs 44 min	38 min

Months	Ratio (compliant: non-compliant)
January	1:1
February	0:2
March	1:3
April	3:2
May	2:1

Overall Median– 1 hr 56 min

Observed Causes of Deviation:

- Late arrival of patients in the ward when they have a planned surgery.
- Re-scheduling of planned surgery.
- Non-availability of doctors in the ward on time.
- Due to overload of work and other reasons, doctors record the assessment manually for the timing and later the assessment is recorded in the CPRS and thus it shows delay in the system.
- In case of urgent call for doctors from the emergency department, priority is given to the patient who require urgent care and therefore the assessment of stable patient gets delayed.

Conclusion:

- Initial medical assessment is important as it helps in establishing a provisional diagnosis and documenting a plan of care. It depicts a clear picture of patient's illness history and the line of treatment. If such an important document is not prepared within the established time, it shows discrepancy in the quality of patient care.
- On comparing the median of all the three specialty, it is very well evident that the performance of Urology met the established benchmark, but the other two i.e. ENT and General surgery did not.
- Since TAT is one of the most important quality indicator of the medical services and it also affects the patient satisfaction level, it should be given priority by focusing on the causes of long TAT or delay and taking measures to improve it.

Suggestions:

The study highlights the important role that both patients and doctors play in performing the important procedures of the medical care. Efforts to diminish future delays must focus on the causes of delays on the part of doctors, administration and the patients.

Based on the causes of delay and observations, following are the suggestions:

- Patient's counselling before admission.
- Evidence based guidelines should be framed for rescheduling of any procedure.
- An auto generated pop-up should be sent to the primary team if the assessment is not done.
- A column for recording reasons of delay in IP assessment should be mentioned to justify the long TAT.
- Proper and timely coordination among team of doctors.
- Doctor patient ratio should be revised.