

Study on Discharge against medical advice at 4 units of Wockhardt Hospitals

Dr. Priyanka Baghel, MBA HM 323

BACKGROUND:

The research study contains the details of reasons responsible for Discharge against medical advice and leave against medical advice at Wockhardt hospitals. In this study, the research is been conducted at 4 Hospitals of Wockhardt Groups. i.e. Nagpur unit (Multispecialty and Cardiac setup) , Nashik unit, Rajkot unit and Mumbai unit (Meera Road, Mumbai). In this study all the patients were contacted by Telephonic interview and the patients were quizzed in a semi-structured manner to understand the reasons for their DAMA and LAMA and also the further course of action taken by the patients and their relatives wherever possible.

Two terms are been used for the purpose of references i.e. DAMA and LAMA. The patients who were admitted initially in the hospital and on later date took discharge are termed as the DAMA Cases i.e. Discharge Against Medical Advice. The patients who managed on emergency bases at emergency department but refuse to get admitted at the first place are termed as LAMA Cases i.e. Leave Against Medical Advice.

In the case of DAMA the patient spends the significant amount of time at the hospital setup, patient actually experiences the services of the hospital where as in the case of LAMA patient it is more related to the perception of patient towards the organisation as he spends only a couple of hours over there.

The benefit of studying the patient who took discharge from the hospital is that, they were the patients who went from the door step of the setup, Some of them were the loyal customers of the Brand, with this Hospital is losing significant amount of Business, and the important means of Marketing in health care industry is mouth to mouth publicity and sometimes the Dissatisfied patient affects the same.

Purpose of study:

1. Indicator of Perception.
2. Perceived quality of services.
3. Analysis of the procedures being followed at different units to handle the cases of LAMA and DAMA.

TERMS OF REFERENCE:

1. Analysis of Reasons of taking discharge against medical advice.
2. Analysis of reasons of not getting admitted in the first place.
3. Analysis of the systems currently in place to deal with situations or

RESEARCH METHODOLOGY:

Research Study design: Descriptive and Observational study design was used in this study.

Target Population: Target population included the Dama and LAMA Patients.

Sample size: Sample size was 1445.

Study area: Nagpur, Nashik , Rajkot, Mumbai (Meera Road) units of Wockhardt hospitals.

Time Period: DAMA: March'15 to April'16

LAMA: December'15 to April'16.

Sampling technique: The researcher used Non-Probability (Convenience) sampling to get the sample size.

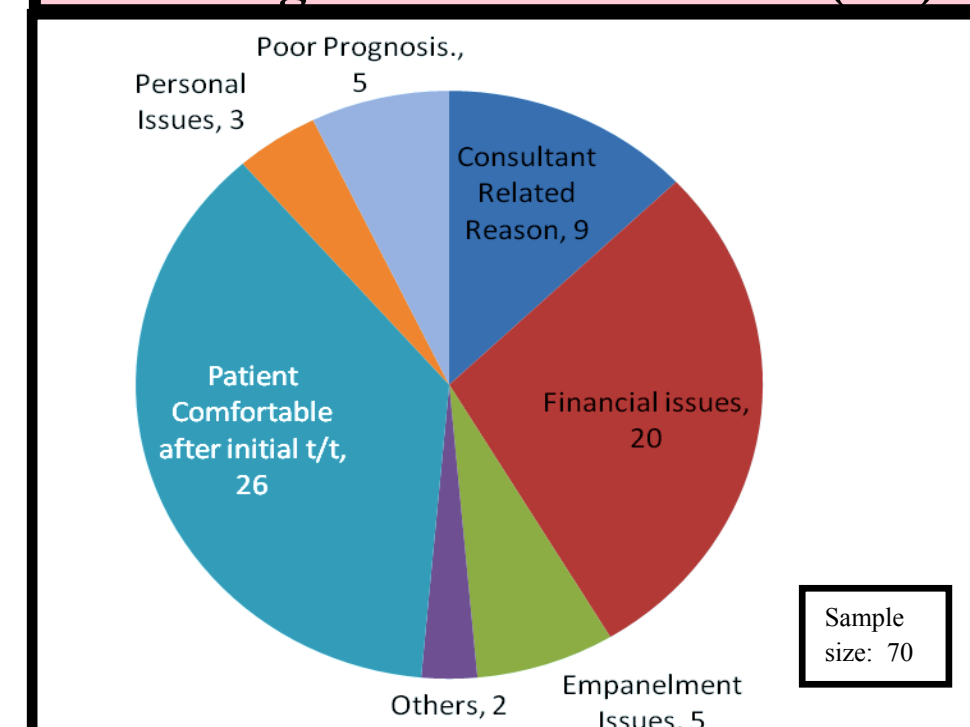
Instruments: Semi- structured interviews and secondary data collection.

Data collection methods: The research involved data collection from primary and secondary sources. The primary data was collected through Semi structured interviews. Personal interviews gave

FINDINGS

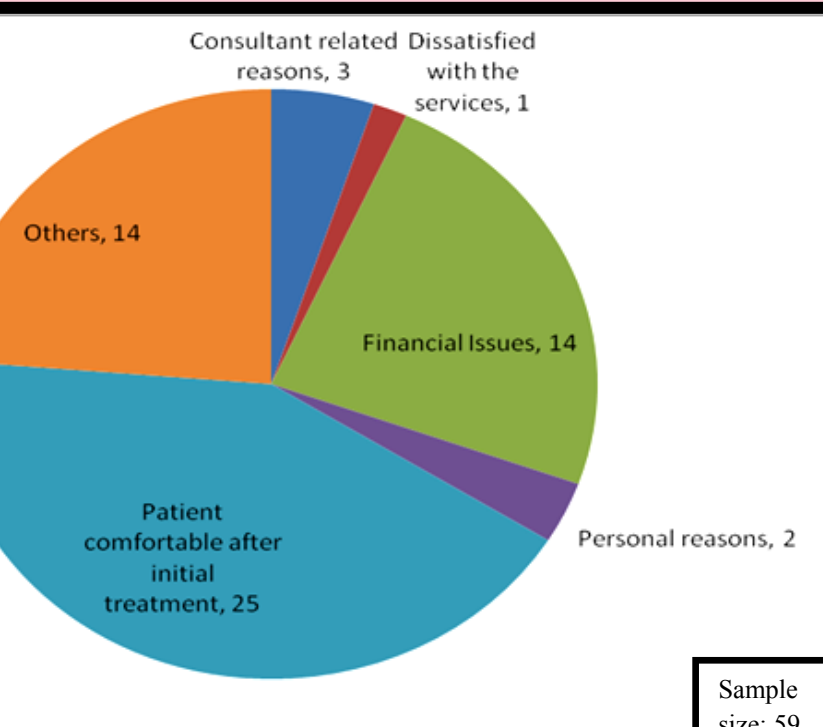
Nagpur Unit

Leave against medical advice (N2)



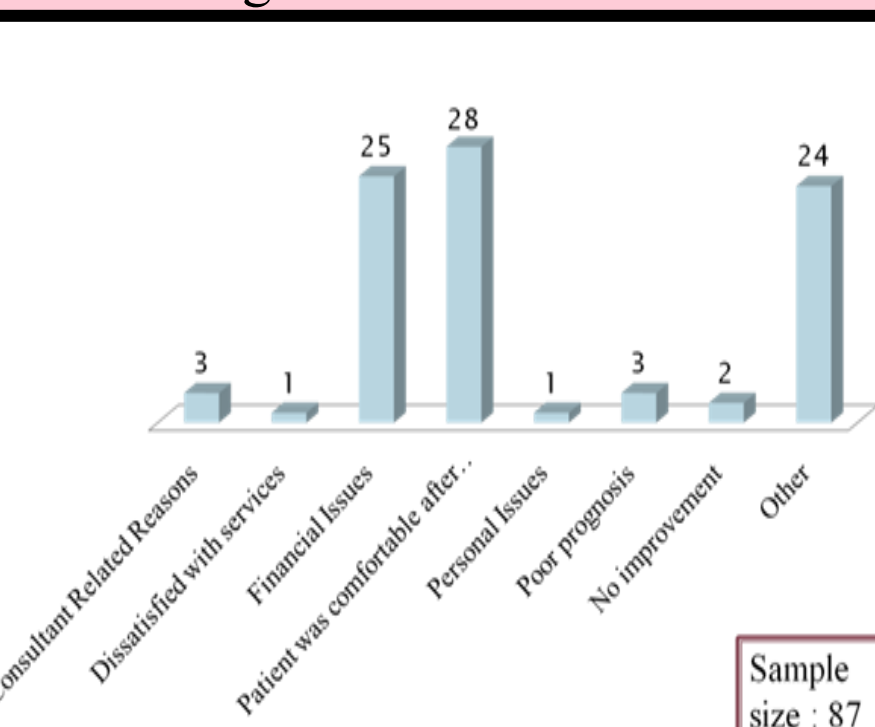
Nashik Unit

Leave against medical advice



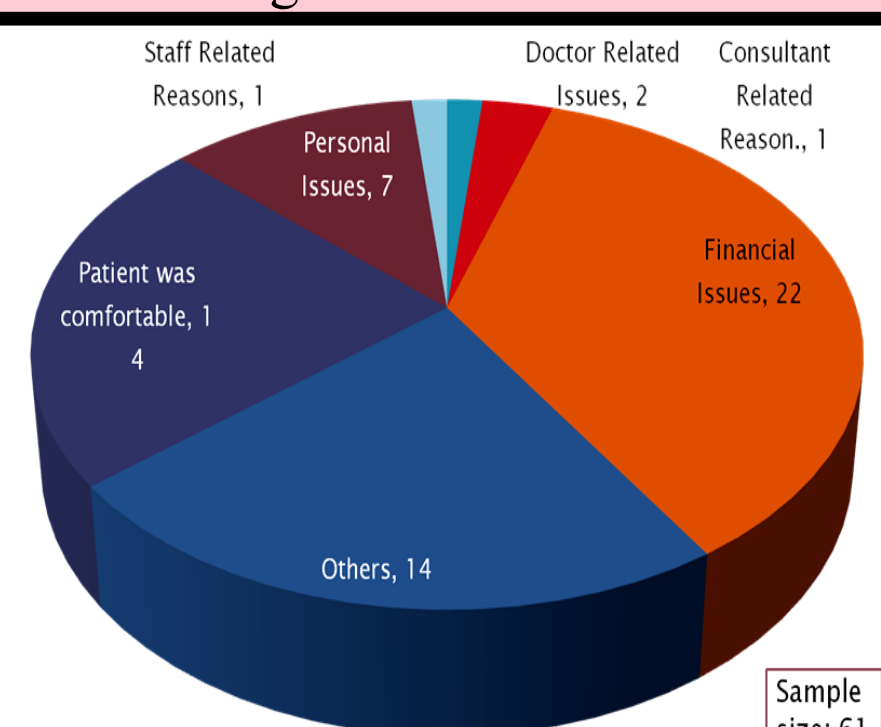
Rajkot Unit

Leave against medical advice

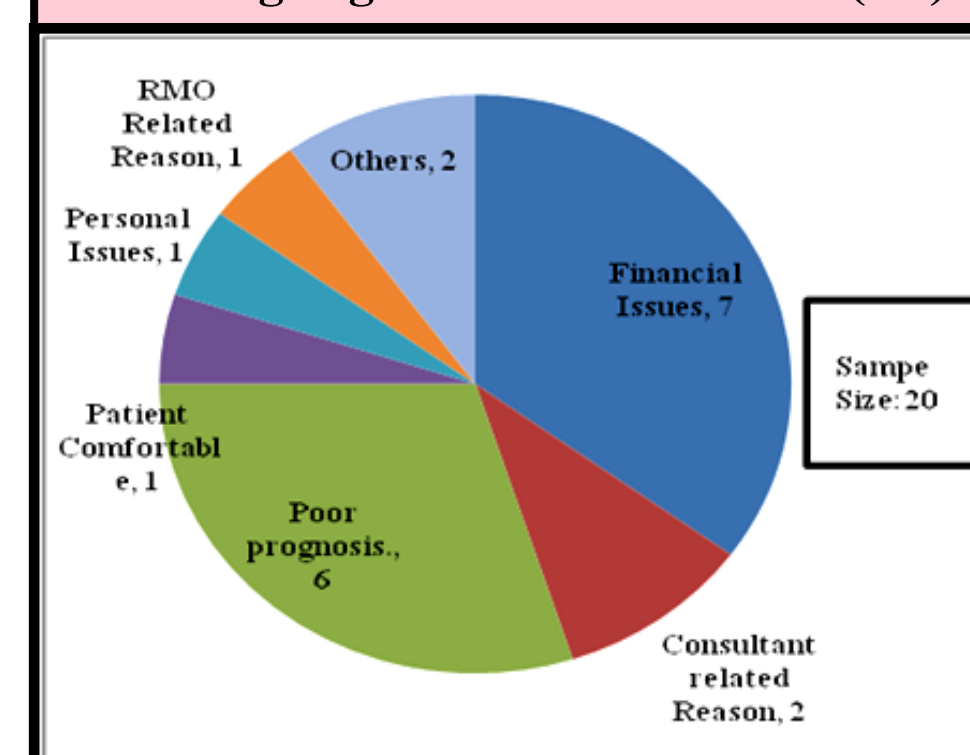


Mumbai Unit

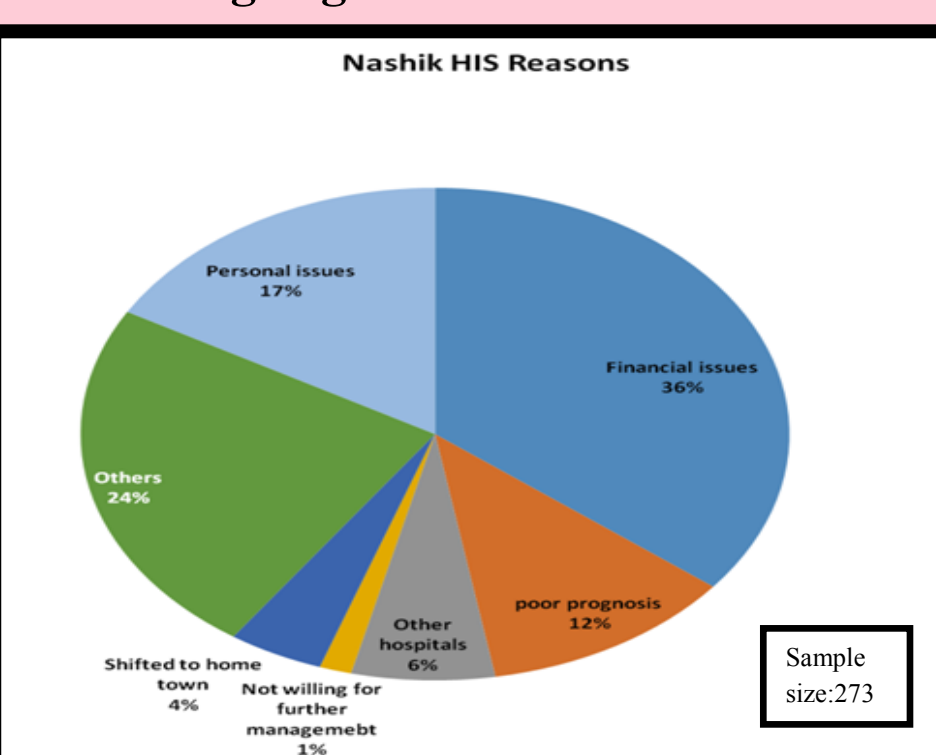
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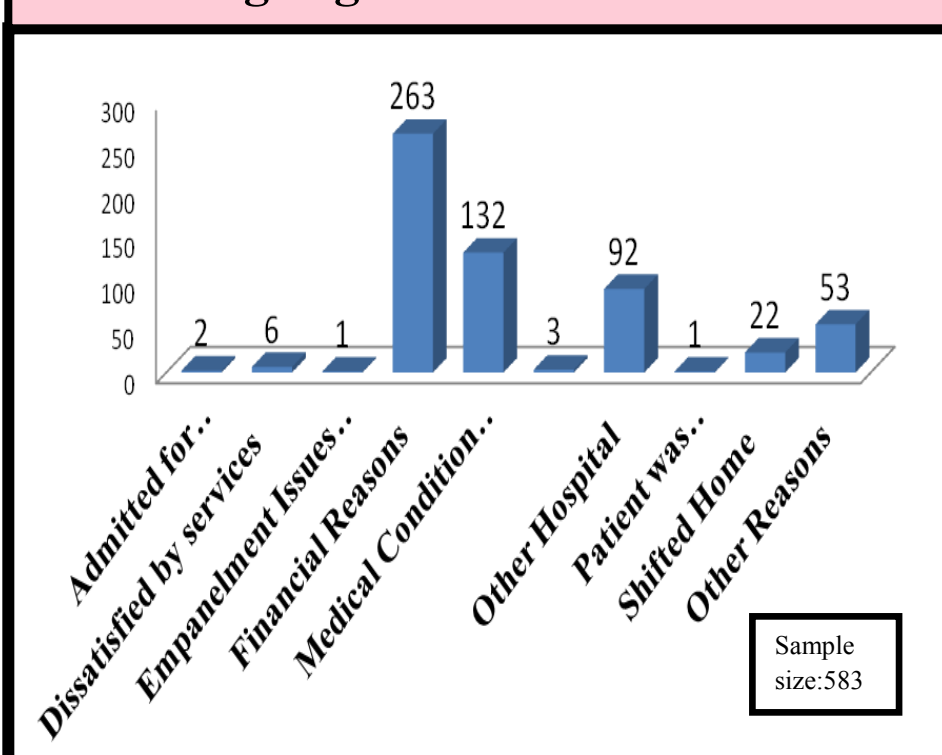
Discharge against medical advice (N1)



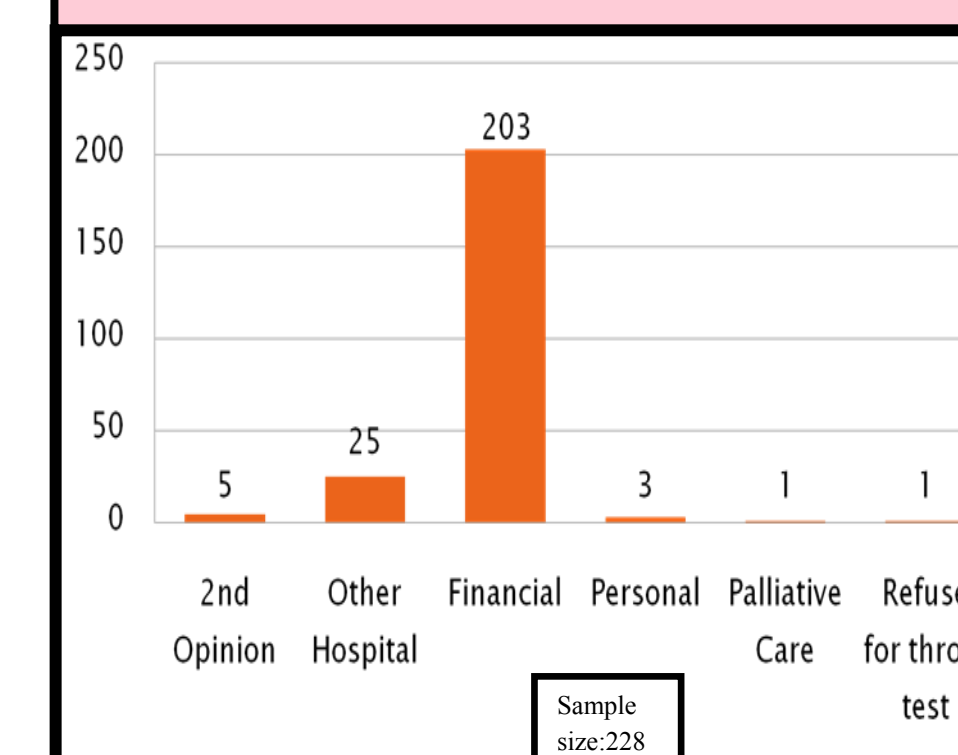
Discharge against medical advice HIS



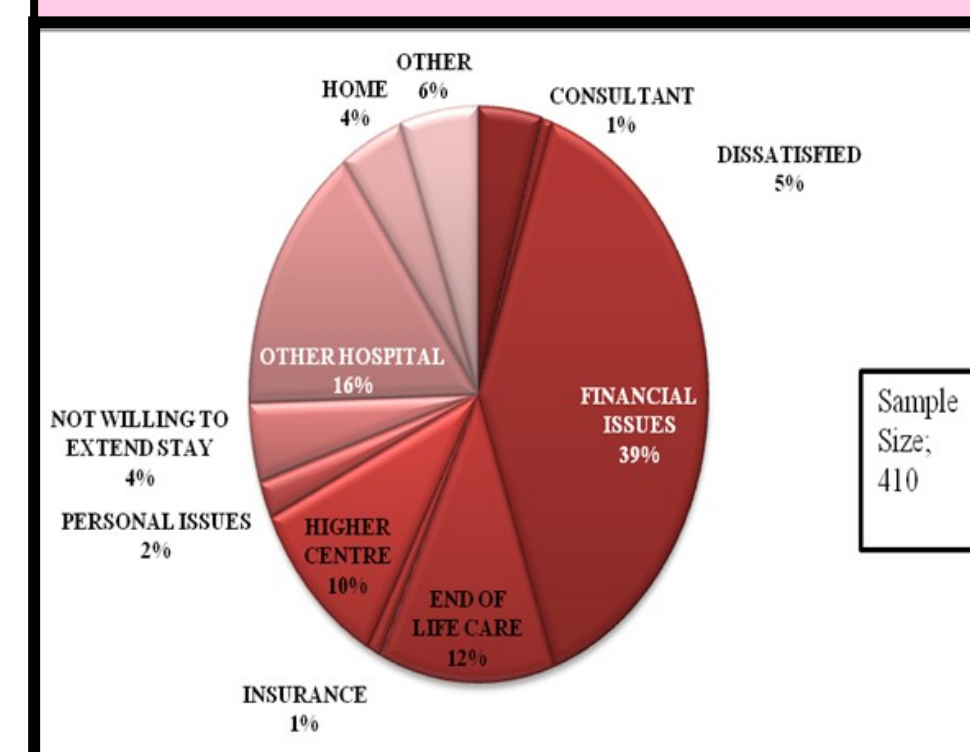
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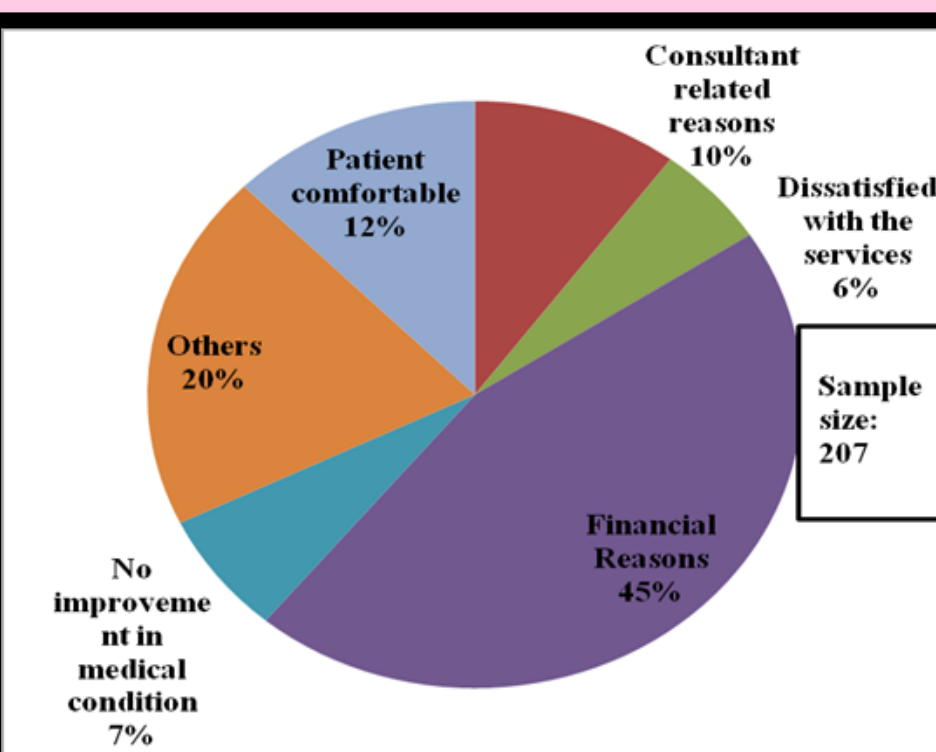
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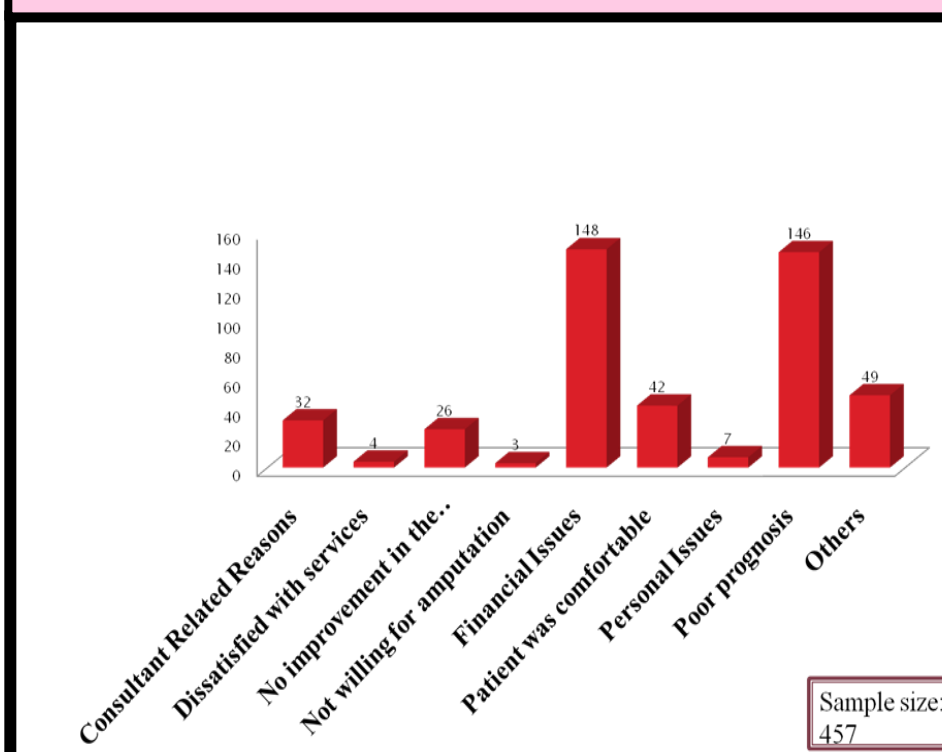
Discharge against medical advice (N2) HIS



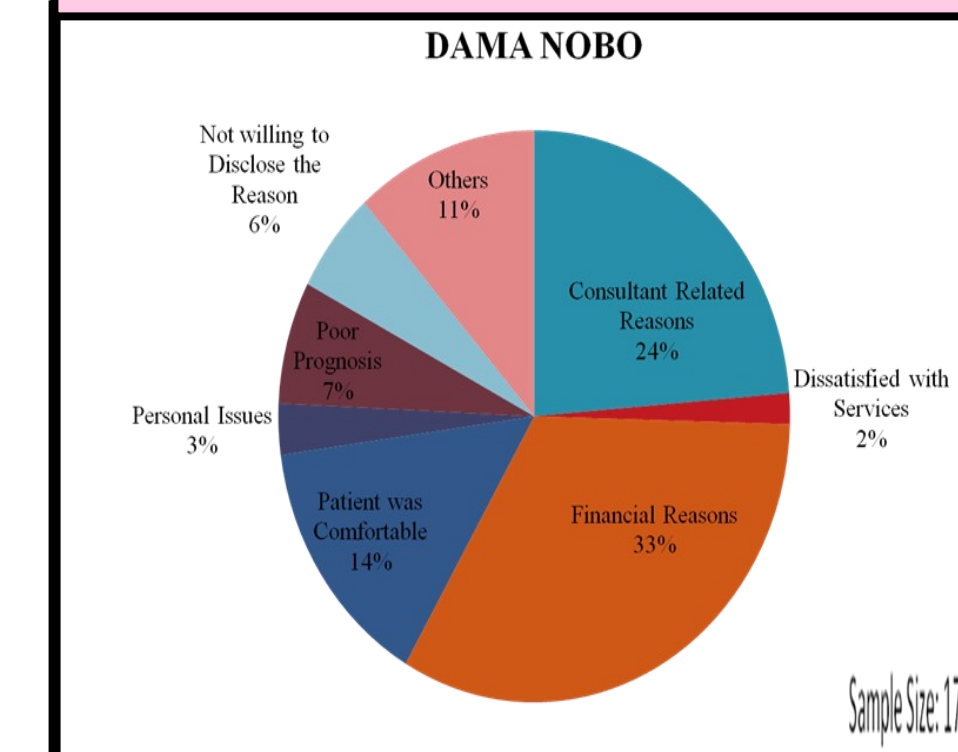
Discharge against medical advice Telephonic Interview



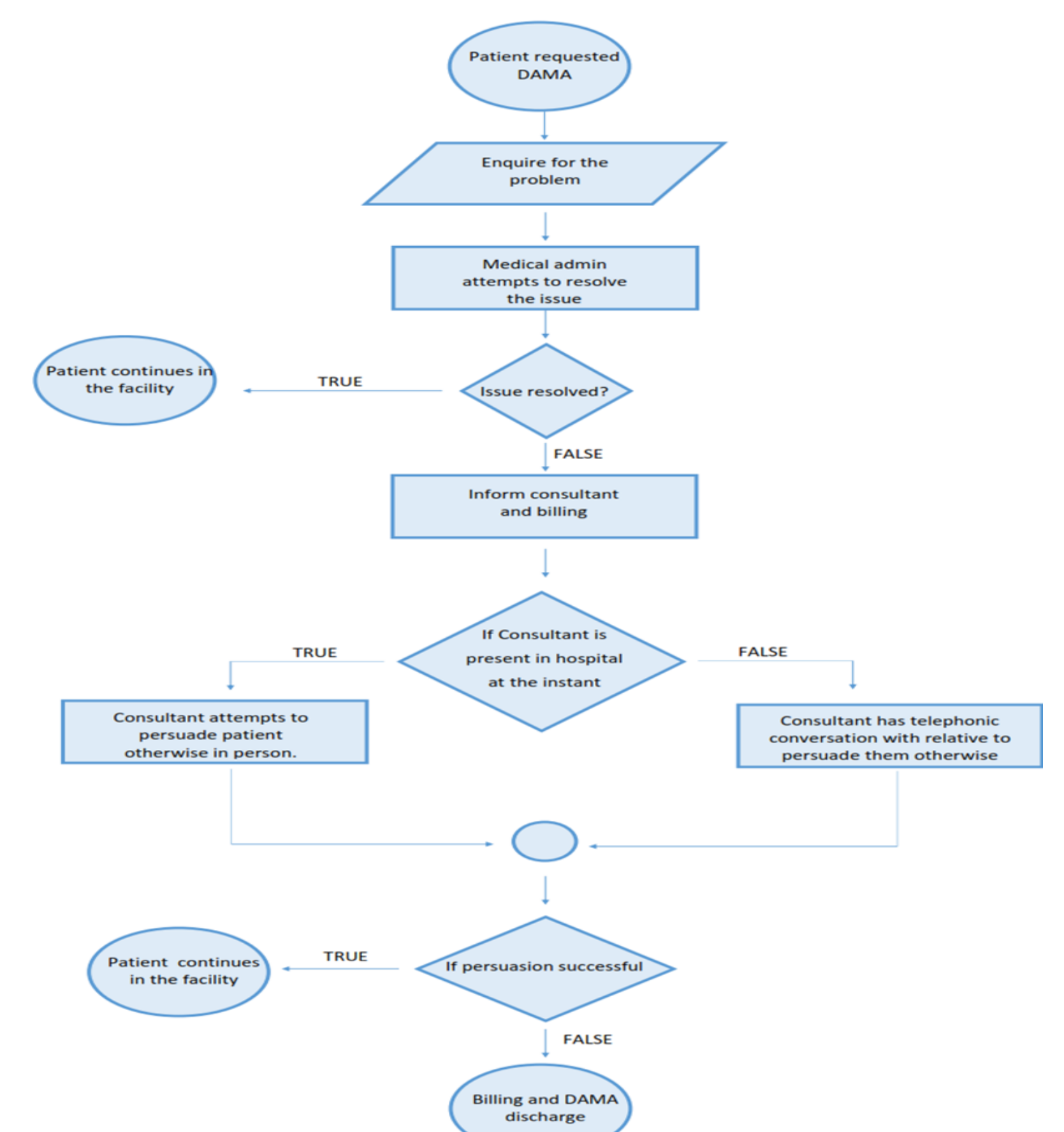
Discharge against medical advice Telephonic



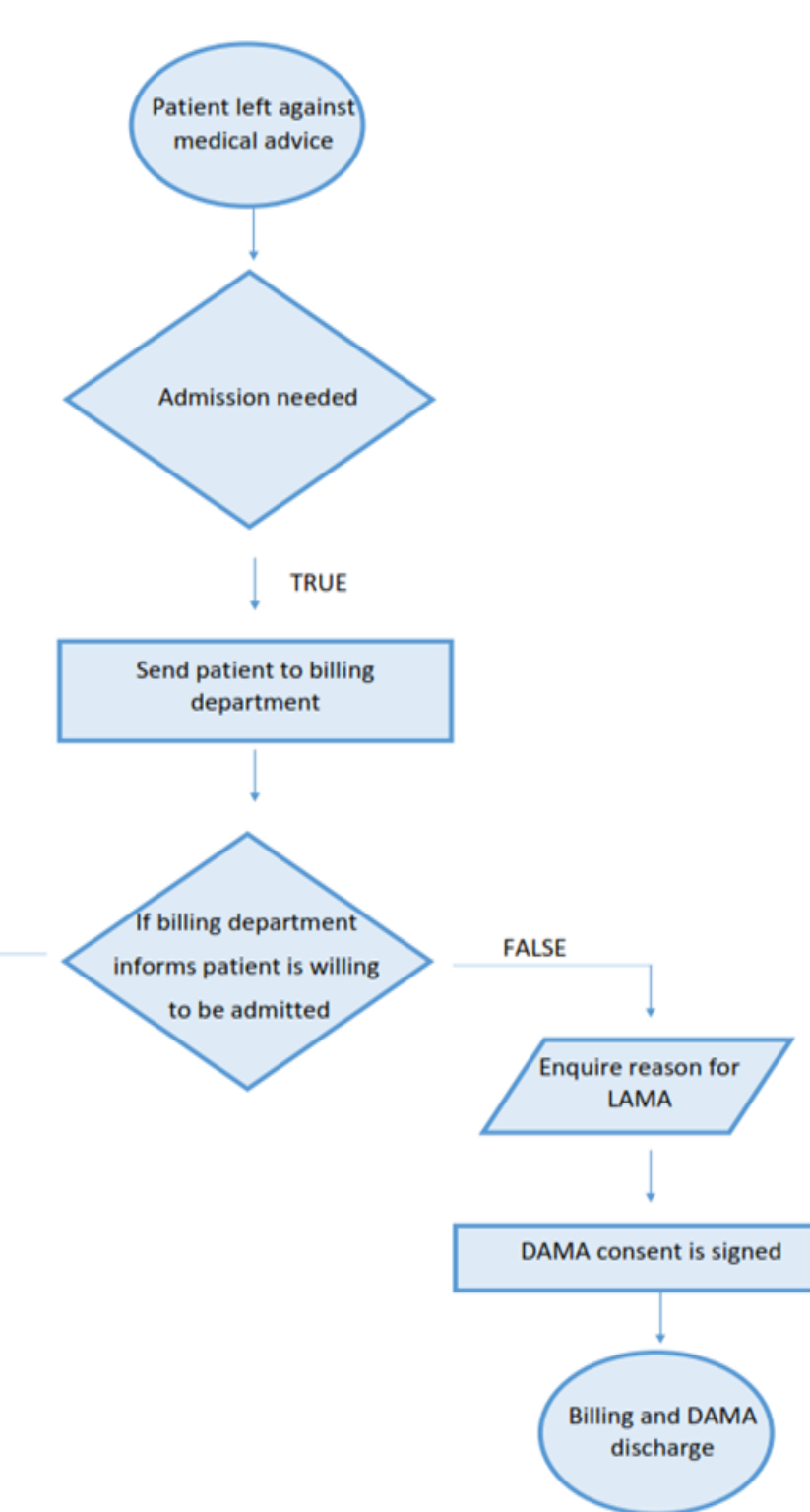
Discharge against medical advice Telephonic Interview



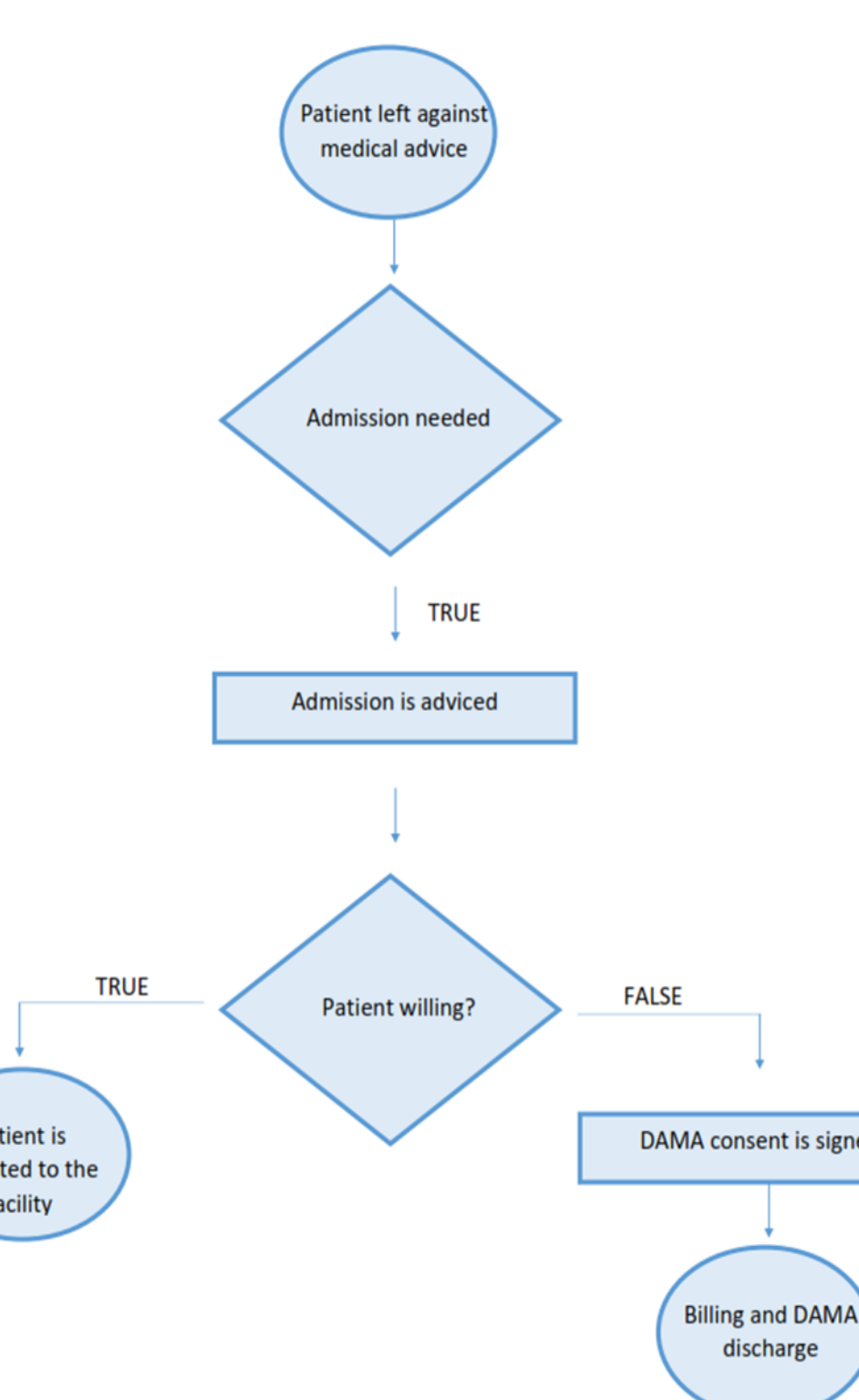
DISCHARGE AGAINST MEDICAL ADVICE (NAGPUR)



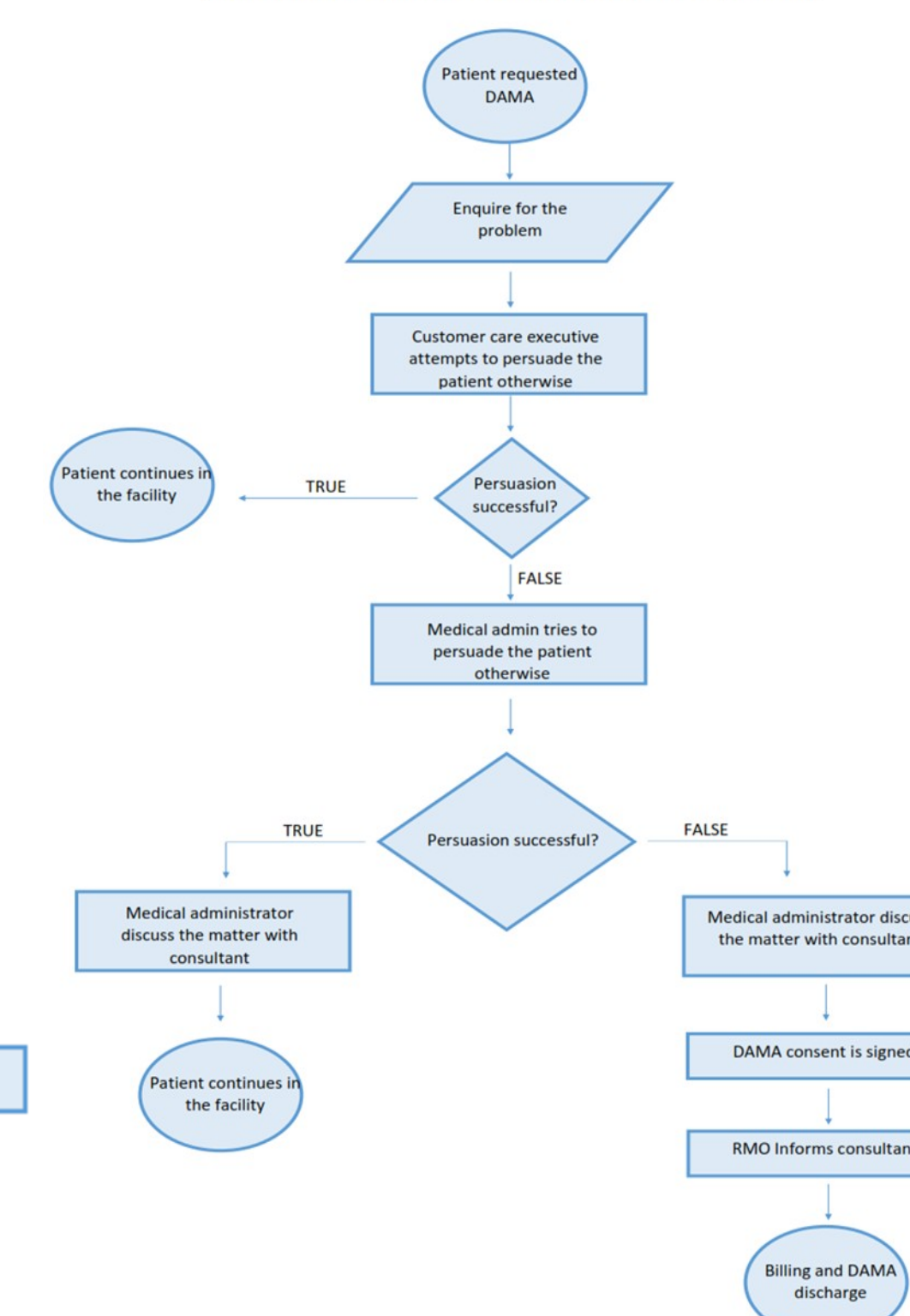
LEFT AGAINST MEDICAL ADVICE (NAGPUR)



LEFT AGAINST MEDICAL ADVICE (NASIK)



DISCHARGE AGAINST MEDICAL ADVICE (NASIK)



CONCLUSION

Units (LAMA)	Financial	Consultant related	Not satisfied (services/staff)	Patient comfortable	Others
Nagpur unit	29%	13%	-	37%	21%
Nashik unit	23%	5%	2%	42%	28%
Rajkot unit	29%	3%	1%	32%	35%
Mumbai unit	36%	2%	2%	22%	38%

Units (DAMA)	Financial	Consultant Related	Poor prognosis	Dissatisfied with staff/ Rmo/services	Others
Heart hospital, Nagpur	35%	10%	30%	5%	20%
Multispecialty, Nagpur	28%	14%	25%	13%	20%
Nashik unit	45%	10%	14%	6%	25%
Rajkot unit	32%	7%	31%	1%	29%
Mumbai unit	33%	24%	7%	2%	34%

RECOMMENDATIONS:

Financial Issues

Schemes available:

Chief Minister relief fund, P.M relief fund, Bal Sudhar yojna, Rajiv gandhi yojna and Trust.

Health card scheme

10-15% (he or his family members) if they get admitted to Wockhardt within same year or admission for the second time, card could also be used to promote reference to higher centers of wockhardt (NOBO/SOBO) from other centres of Wockhardt (Nagpur/Nashik/Rajkot) etc.

Professional counselling

- Clear doubts of the patients.
- The use of costly medicines must be proved as justified, to the patient.
- When relatives have doubts in their mind they feel that hospital people cannot understand their situation so the relative of one patient talks to another patient this creates an atmosphere of dissatisfaction and one DAMA leads to another.
- Patient feels that the other nursing home is charging less compared to that of Wockhardt hospital.
- On weekly basis counsellor should report to the head office.
- Prevalent misnomers, such as, the ventilators are used only at the last stage; Ventilator's charge is not justified; should be remedied at earliest
- Patient approach to the counsellor he will convey the dissatisfaction to the consultants or to save DAMA the option of changing consultant could be given to the patient.

Feedbacks

- Daily feedbacks from relatives should be taken.
- Separate box should be there to put the grievances without revealing the names.
- **Behaviour of staff**
- Staff should be made aware that their loose talks/ behaviour affects the patient.
- Best department and Best staff should be awarded for the soft skills.

Consultant related reasons

Consultant could be asked to give a particular time as the fix time of their rounds let them decide when they want to take the rounds.

Regarding the explanation of treatments and prognosis consultant can explain patient briefly about that and the senior residents could be asked to take responsibility of explaining relatives about the details of disease, prognosis and treatment part.

ACKNOWLEDGEMENT:

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