



A survey on consequences related to the low conversion of patients from out-patient department to in-patient department at a multispecialty hospital

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Abstract

This study is based on the research conducted at a multispecialty hospital, at Ahmadabad, Gujarat. The study had been undertaken with the primary objective of analyzing the results and reasons due to that patient visiting the hospital OPD at high frequency however they did not prefer to take admission despite providing the adequate facility at affordable cost. Those reasons could be associated with monetary crises, dissatisfaction with the consultancy, lack of personal attention, delay in services provided or references for private consultancy. Samples have been selected through random sampling method from the population, who were OPD patients however they did not take admission, despite doctor's instructions. Close ended questionnaires format was applied for one-to-one interview. The collected data were analyzed by using descriptive statistics and inferential statistics (viz. chi square) as a cross-sectional study, on the basis of observations and reasons stated by patients, the hypothesis is tested.

Keywords: out-patient, in-patient, admission, patients, consequences and reasons.

Introduction

According to the records of the hospital, there is an immense flow of patients visiting for consultancy in the out-patient department on the daily basis. In any case, in similar viewpoints when it was noticed on the in-patient department, then it was understood that only 20% of the total rate of patients of the out-patient department are taking admission in the in-patients department. As the productivity of the hospital is effective on the basis of its patient flow in the out-patient department, in the same manner it is as essential for the in-patient department, which expresses the effectiveness in giving treatment and basic care that are expected by the patients when they are experiencing the serious diseases.

Regardless of extensive endeavors towards the improvement of facilities, up-gradation of utility services, in-patient department staff training and fluency of communication of staff and care taking techniques, the ratio could not even meet 50% of the total OPD rate.

Thus, studies to date have predominantly focused on the consequences or and its various reasons which specifically inclusive of the admissions of the patients to the in-patient department. Close ended questions including several reasons were asked to patients Those reasons could be related to financial crises, dissatisfaction with the consultancy lack of personal attention, delay in services provided or the secondary references for the private consultancy.

The study is summarized with the choosing all those patients and further their responses were entered as a data in statistical software as a data tool for analysis. This eventually is interpretable, and its conclusion towards the major findings for a low conversion ratio of OPD-IPD can be identified.

Objective

To identify the consequences and its several reasons that lead to compelling low OPD-IPD conversion ratio. To analyze the effect of age and gender influence on the same

Purpose

The aim of the study was to identify the issues which were related to the patients visiting OPD and refrained to get into the IPD when advised by the consultants. This could be beneficial for identifying the consequences which affect the admissions to the IPD and could be resolved further for the productivity of the hospital.

Benefit

They survey would help the management to know if any new strategies or alternatives that could help the hospital increasing the productivity during the OPD and IPD visits of the patients.

Assumptions

Through the questionnaire evaluation in Ms. excel graphs, the prominent reasons related to the less IPD conversion can be due to financial crises, as the OPD is charge free whereas it is not the same with IPD and patients even most of them want to rely only on the medicines or to look for the reference from a Private Consultant.

Review of Literature

- Three hundred and thirty three consecutive patients in a medicine ward were assessed in a high intensive monitoring scheme for drug events as a cause of hospitalization. Taking into consideration only 'definite' and 'probable' drug events, found 36 cases of all cases of IPD amongst which 8.1% was adverse drugs reaction and 2.7% were therapeutic failures due to ineffective

dosages. Those patients admitted because of drug event were taking significantly more drugs than other individuals. The avoidable drug events pointed to primary healthcare physicians as the appropriate targets for preventive measures in terms of intensified education. The estimate of DRH rates to require active data collection by a qualified health service worker in close collaboration with the patient's doctor and which lead to identify the consequences related to the admitted individuals.¹

- Patients, who were under the treatment in the emergency department of the public hospital, but gone without informing as well without perfectly clinically checked by the doctor then it should be a customary duty of the management to give proper care to the care after leaving. A public hospital's emergency department in Torrance, Calif. All patients who registered for care and left without being seen (n = 186) and a 20% random sample of patients who waited until they were seen (n = 211) in a 2-week period during spring 1990. At time of presentation: triage nurse urgency assessment, clinical acuity rating, and self-reported health status. At follow-up: hospitalization rates. It is important matter to note down that patients leaving after waiting 6.5 hours and patient get themselves checked after waiting 6.4 hours are same. There were no differences between those who left and those who stayed in chief.²
- Hands -off -serving a critical function of ensuring patient care continuity during transitions to care. Studies to date have predominantly focused on inter-shift hands off with relatively little attention given to intra-hospital transfers. Data for the study design, population characteristics, sample size, setting, intervention specifics, and relevant outcome measures were extracted and the final results were sum up with the impact of communication collapse at the time of intra-hospital transfer of patients and the

current shortage in the process. There is consistent evidence of the perceived impact of communication breakdown on patient safety during the intra-hospital transfers.³

- On the occasion for the case report transfers of the patients care, healthcare providers have been linked to the adverse events. A prospective audiotapes study of 12-days of sign-outs of clinical information among 8 internal medicine house staff teams. Each day post call and night float interns were asked to identify any sign out related problems occurring during the coverage period. Total 184 patients were signed out twice in the same night out of 503. Omission of key information during sign-out may have important adverse consequences for patients and healthcare providers⁴.
- The dissertation report presents the methodology and result of patient experiences and satisfaction about medical care in In-patient dept of NKS Hospital. Questionnaire was allowed to fill up by the 50 randomly selected patients from the IPD at NKS hospital. Undoubtedly, patient patients are satisfied for various types of medical care services but majority of the patients are satisfied with the services and service rendered by the hospital staffs⁵.
- A survey was conducted amongst all the emergency staff, assistants, physicians and respondents and they were asked to describe any adverse events occurring because of inadequate communication between emergency medicine and admitting physicians. Identification, descriptions and categorizations vulnerabilities have been conducted in emergencies department to internal medicine patient transfers. An analysis of close ended questionnaire concluded specific vulnerable areas included in communication, environment workload, IT, and assignment responsibility systems based interventions could ameliorate many of

these and potentially improve patient safety in IPD and emergency⁶.

- Here maximum hospitals are struggling for admitting patients in the hospital but in many occasions, idea of various hospitals in the western world is to avoid admission of patients. It has been understood through various research papers that in many hospitals children, adolescents take admissions through emergency but they believe if they give proper importance of primary care than emergency admission could be avoided.⁷ In England, avoiding emergency admission in hospital is a major concern for the 'National Health services'. Many admissions in emergency caused 'disruption it causes to elective health care concern. This research mainly concerns to find evidence for interventions to avoid unplanned and emergency hospital admission and it also said that only primary care trust lessen the emergency admission.⁸
- Another research conducted in the tertiary hospital in South Africa, where it is determined the patients' awareness about their clinical conditions while taking admission. The outcome says that half of the patients are not aware about health condition. Medical practitioner and counselor must take an initiative to make about their clinical condition⁹.
- Another report was conducted in England where it is updated about the scenario of 'hospital admission and discharge practice' for homeless patient. It is found that few of the areas homeless people receive few supports but many of the patients do not get any help and straightway go to the street, they are not counseled on their housing and health condition.¹⁰

Research Methodology

Types of research design

Selection Criteria: Cross-sectional study, population based observational study

1. Inclusion Criteria: Out-patient dept and In-patient dept

2. Exclusion Criteria: other then OPD and IPD
 Research design applicable for the study is descriptive and exploratory research for assessing the patients in the OPD and in IPD and the consequences related to them for avoiding the admission to the hospital in- patient department.

Hypothesis:

Ho: There is no association between departments and reasons

Ha: There is an association between departments and reasons

Ho: There is no association between patient’s age and reasons

Ha: There is an association between patient’ age and reasons

Ho: There is no association between patient’s gender and reasons

Ha: There is an association between patient’s gender and reasons

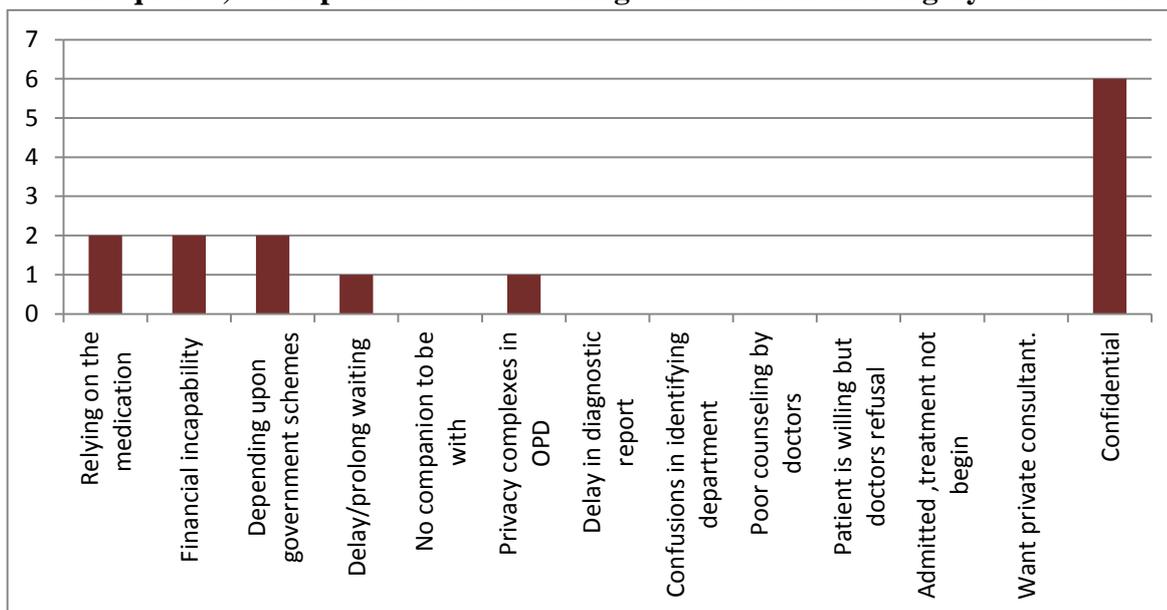
Methods of data collection

Close ended questionnaire format used without the application of sample size. This includes the

ANALYSIS

A. Graphical Table

i. Consequence, when patients are not taking admissions from Surgery OPD to IPD



patient that left the OPD without any treatment or diagnosis, unsatisfying experiences and also the patients from IPD who went to discharge against the medical advises due to affective consequences. The data received was applied to the statistical software, to that of a cross-sectional on the basis of observations and patients who stated its reason.

Sampling: Simple Random Sampling

Appropriate tools of data analysis: MS Excel, SPSS Software

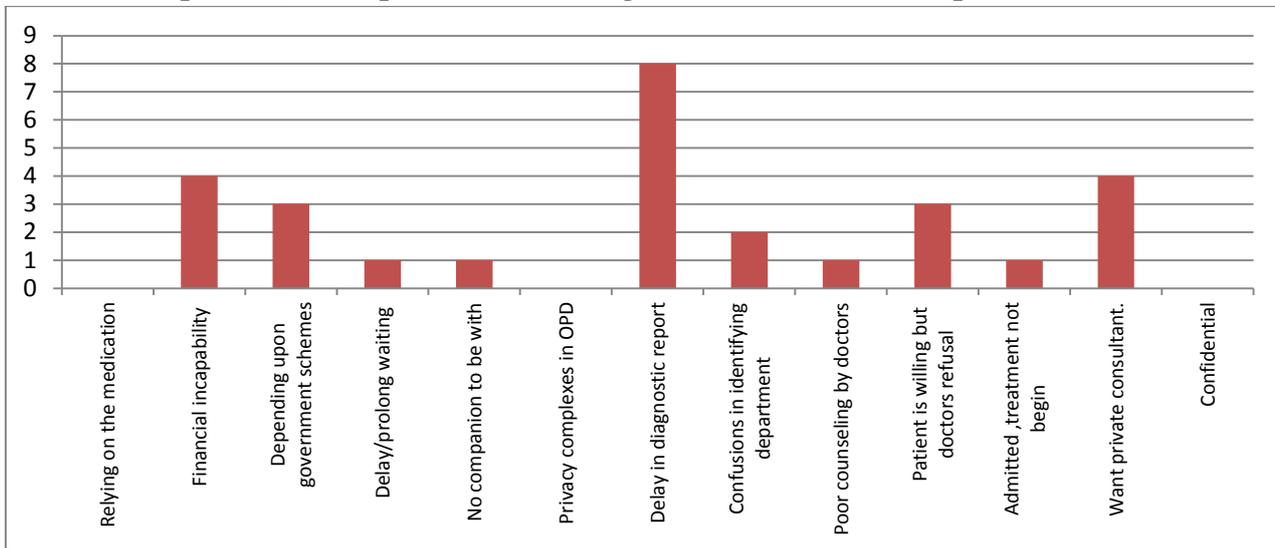
i. Limitations of Study

The carried out study can only assess the reasons for in numerical or find the correlations between the gender, age, or departments, yet not the outcomes which lead to the same or the recommendations for its corrections has not been able to identify in definite way. This study only includes the less conversion ratio of OPD –IPD but not the other essential departments such as casualty patients that withdrew from treatment, or patients who didn’t take admission under the surgery department despite advised by the doctor.

The actual consequences relating to the patients intension for avoiding admission have not been exposed because majority of them have kept that matter confidential, but, apart from that there are three reasons found, which are disturbing the admission, first is few are relying only over the

medicines, second is financial crises and finally few are relying upon the government schemes. Prolong waiting and privacy complexes in OPD are also noticed as reasons for not taking admission.

ii. Consequences, when patients not taking admissions from orthopedic OPD to IPD

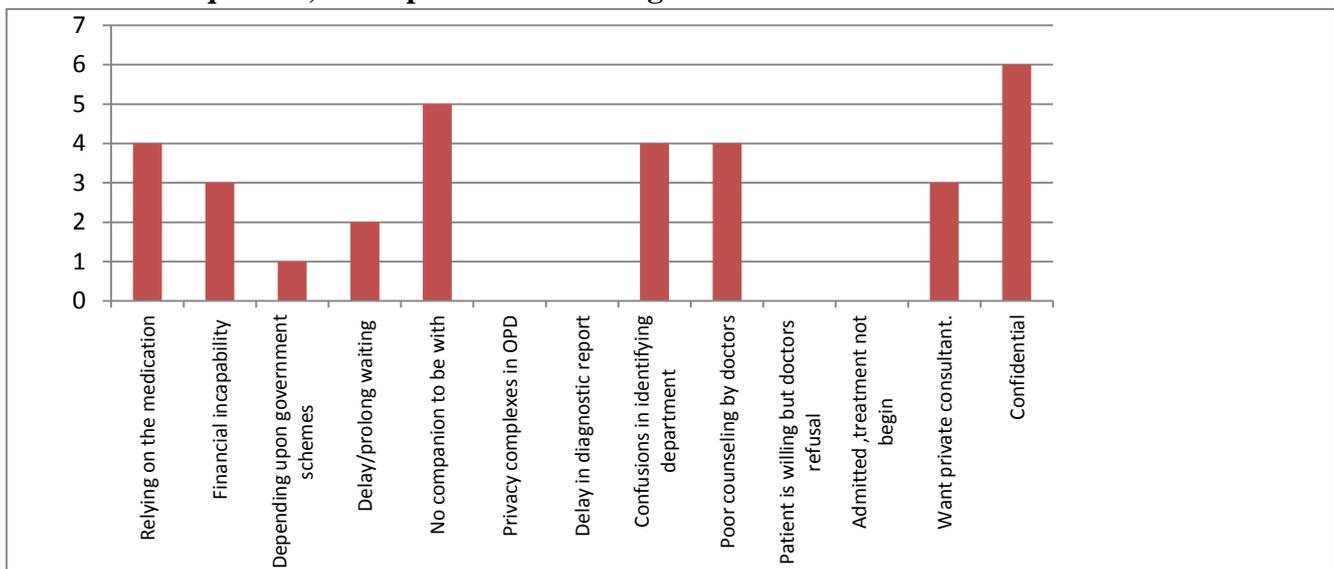


Due to technical error, ‘delay in diagnostics report’ is one the most important and upsetting consequence, for which many patients do not take admission in IPD and finally withdraw their treatment.

Besides that financial incapability, intentions of patients for taking treatment from consultancy are also few prominent reasons for not taking

admission. Two reasons such as, depending upon government scheme and patients will but doctor’s refusal’ are also to be noted down seriously. Few more reasons such as, poor counseling by the doctors, prolong waiting, confusing in identifying department etc are also noticed for not taking the admission, for those reasons, the number of respondents are very less but cannot be ignored.

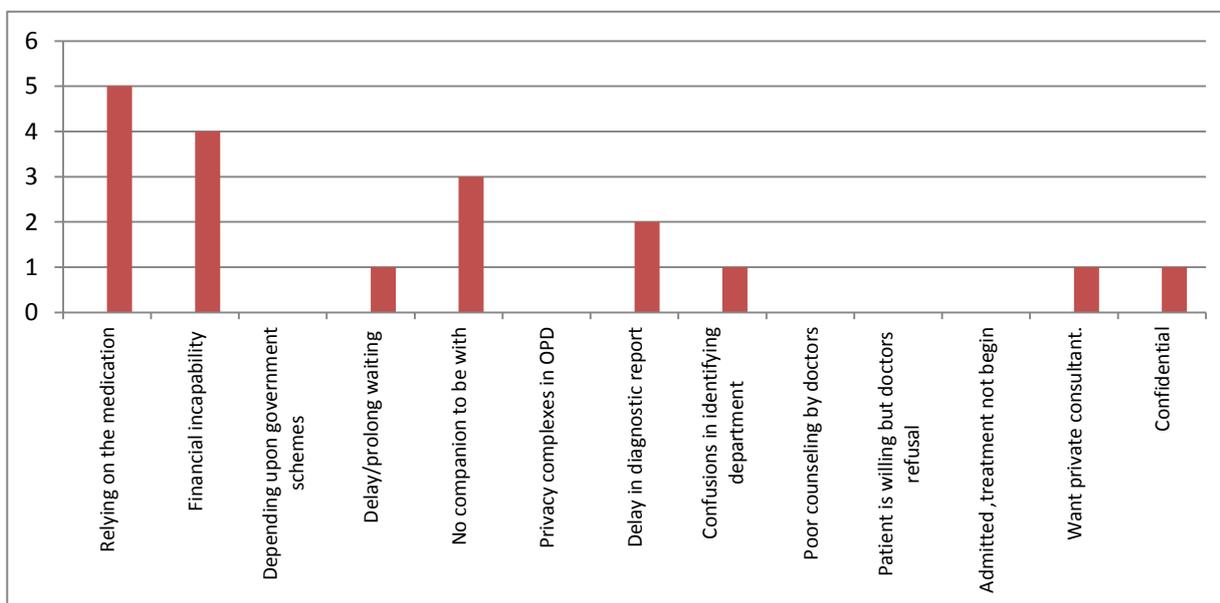
iii. Consequences, when patients not taking admissions from medicine OPD to IPD.



As far as reasons of the patients for not taking admissions, majority of the patients kept the matter confidential like surgery department. Apart from that few more reasons are also found after questioning them such as i. no companion to be

with ii. Relying on the medication iii. Poor consulting by doctors. iv. Confusing in identifying department. Few patients are also admitted their financial incapability and intention to consult with private consultant.

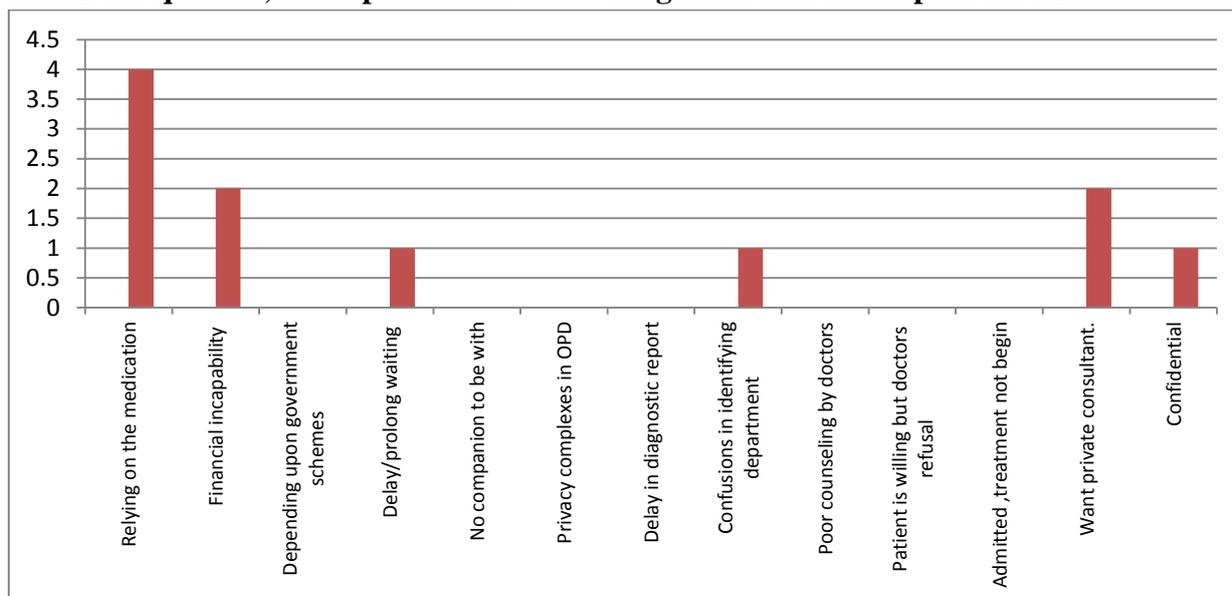
iv. Consequences, when patients not taking admissions from gynecology OPD to IPD.



Here the prominent and habitually affecting reason for less admission in OPD is the patient’s habit of ‘relying on medicines’. Despite repeated reminder and strict instructions by medical consult they do not alter their decision

In addition to other few reasons like ‘prolong waiting’, ‘companion prohibition’, delay in diagnostic report, the ‘financial incapability’ is another important reasons has been found in survey.

v. Consequences, when patients are not taking admissions from pediatric OPD to IPD.



Majority of the patients do not take admission because there guardians are ‘relying on the

medications’. Homesickness of the children may be one of reasons for guardian to go for

medication. Financial incapability and consultation with private medical consultant are also few affecting reasons, which intend them to avoid admission.

B. Frequency Table

The frequency rate of the total number of patients under the population of study, were advised to

taking admission to the IPD of the hospital, but they did not prefer the same due to several consequences or reasons. Below mentioned tables have tabulated the samples in terms of age, gender and broad reasons for unwelcoming the admission process.

vi. Distribution of samples by age:

Age					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0-10	13	13.0	13.0	13.0
	11-20	5	5.0	5.0	18.0
	21-30	26	26.0	26.0	44.0
	31-40	19	19.0	19.0	63.0
	41-Above	37	37.0	37.0	100.0
	Total	100	100.0	100.0	

The aforesaid table indicated the age of the patients, 0-10 age is 13%, 11-20 age is 5%, 21-30

age is 26%, 31-40 age is 19%, and lastly 41-Above age is 37%.

vii. Distribution of samples by gender:

Gender					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	40	40.0	40.0	40.0
	Female	60	60.0	60.0	100.0
	Total	100	100.0	100.0	

The frequency rate of total number of patients on the basis of gender is indicated in the aforesaid table that out of total patients male is 40% and female is 60% out of 100% of total patients who

were advised the admission to IPD but due to several consequences they did not prefer for admission.

viii. Distribution of reasons for not taking admission in the IPD:

Reasons					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Personal	64	64.0	64.0	64.0
	Admin	26	26.0	26.0	90.0
	Clinical	10	10.0	10.0	100.0
S	Total	100	100.0	100.0	

The frequency rate of several reasons which are divided into 3 main broad categories and there

percentage ratings are i.e. Personal – 64%, Administrative -26%, and Clinical -10%.

C. Crosstabs

ix. Case Processing Summary

Case Processing Summary						
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Department * reasons	100	100.0%	0	.0%	100	100.0%
Age * reasons	100	100.0%	0	.0%	100	100.0%
Gender * reasons	100	100.0%	0	.0%	100	100.0%

The analysis of the several comparisons is carried out which indicates whether there is correlations amongst each other. The correlation between the several departments of the hospital and patients stated reasons is carried out. Patient's age is again

correlated to the several reasons they stated for not admitting to the IPD. Another correlation is carried between the patient's gender and the reasons related to the patient.

X.Reasons of samples in department-wise

Cross tabs						
		Reasons				Chi-square Value (p - value)
		Personal	Administrative	Clinical	Total	
Dept	Surgery	10	4	0	14	22.581 df- 8
	Orthopedic	9	15	3	27	
	Medicine	22	3	5	30	
	Gynecology	14	3	1	18	
	Pediatric	9	1	1	11	
Total		64	26	10	100	0.004

The association between the department and the reasons are stated in the table shows that out of 100 patients, 64 have chosen personal reason, twenty six have opted administrative reason and ten have selected clinical loopholes in the hospital administration. The chi square value is 22.581 with a 'p-value' 0.004, which is less than 0.05, so null hypothesis is rejected indicating that there is

an association between departments categorized on specialty and the reasons opted by the patients visiting the OPD.

The different OPD departments are relative to the patients stated reasons, and this is indicating that the personal reasons are high as compared to the administrative and clinical.

xi. Reasons of samples on age-wise

Age	Personal	Administration	Clinical	Total	Chi square value
0-10	10	2	1	13	13.883 df-8
11-20	5	0	0	5	
21-30	20	2	4	26	
31-40	10	7	2	19	
41- above	19	15	3	37	
TOTAL	64	26	10	100	p value- 0.085

Here, the association of the patient's age groups is carried out with that of Personal, Administrative

and Clinical reasons. The Chi square tests applied to the same is 13.883 states the asymptomatic

significance of 0.085. So the 'p-value' is more than 0.05 which indicate that there is no association with the patient's age and reasons which fail to reject the null hypothesis.

The patient's age which is categorized into the different stages is stated with that of the reasons

related to the patients and were the personal reasons are high comparative to that of administrative and the clinical reasons are not much affecting the patients for not getting the admission.

Xii.Reasons of samples in gender-wise

Gender	Personal	Administrative	Clinical	Total	Chi square value
Male	27	9	4	40	0.442 df - 2 p value 0.802
Female	37	17	6	60	
total	64	26	10	100	

The association for the gender with that of reasons is being stated in the Table no. 1.9 in which the total number of patients classified on the basis of male and female and the 3 relative reasons with it. The Chi-square test applied to the same is 0.442 and to that there is 0.802 p value which is more than 0.05 and due to which it fails to reject the

null hypothesis. Hence, there is no association between patient's gender and reasons.

The above figure shows the association between the gender i.e. male and female and the consequences related to it in which three categories personal, administrative and clinical are related and it indicates that personal reasons are more affecting to both the gender.

Overall Findings

Sr NO.	REASONS	% Percentage
1	• Rely only on the medication	15%
2	• Financial incapability	15%
3	• Depending upon government schemes	5%
4	• Delay/prolong waiting	6%
5	• No companion to be with	8%
6	• Privacy complexes in OPD	1%
7	• Delay in diagnostic report	10%
8	• Confusions in identifying department	8%
9	• Poor counseling by doctors	5%
10	• Patient is willing but doctors refusal	3%
11	• Admitted, treatment not begin	1%
12	• Want private consultant.	10%
13	• Confidential	13%

The above table indicates the 13 prominent reasons which were related to the patients who didn't want to take admission to the IPD even when it was strictly recommended by doctors, thus the analysis of the same which when calculated as per the percentages out of total 100% and the results of that are rating the highest percentages (15%) to the patients who relied only upon the medicines and didn't want to stay in the

hospital due to which they were avoiding the admission.

The another prominent reason by the patients for it getting admission to the hospital is financial incapability i.e. 15% as the patients get the hospital accommodation cost free but it is not the same for getting treatments and diagnosis.

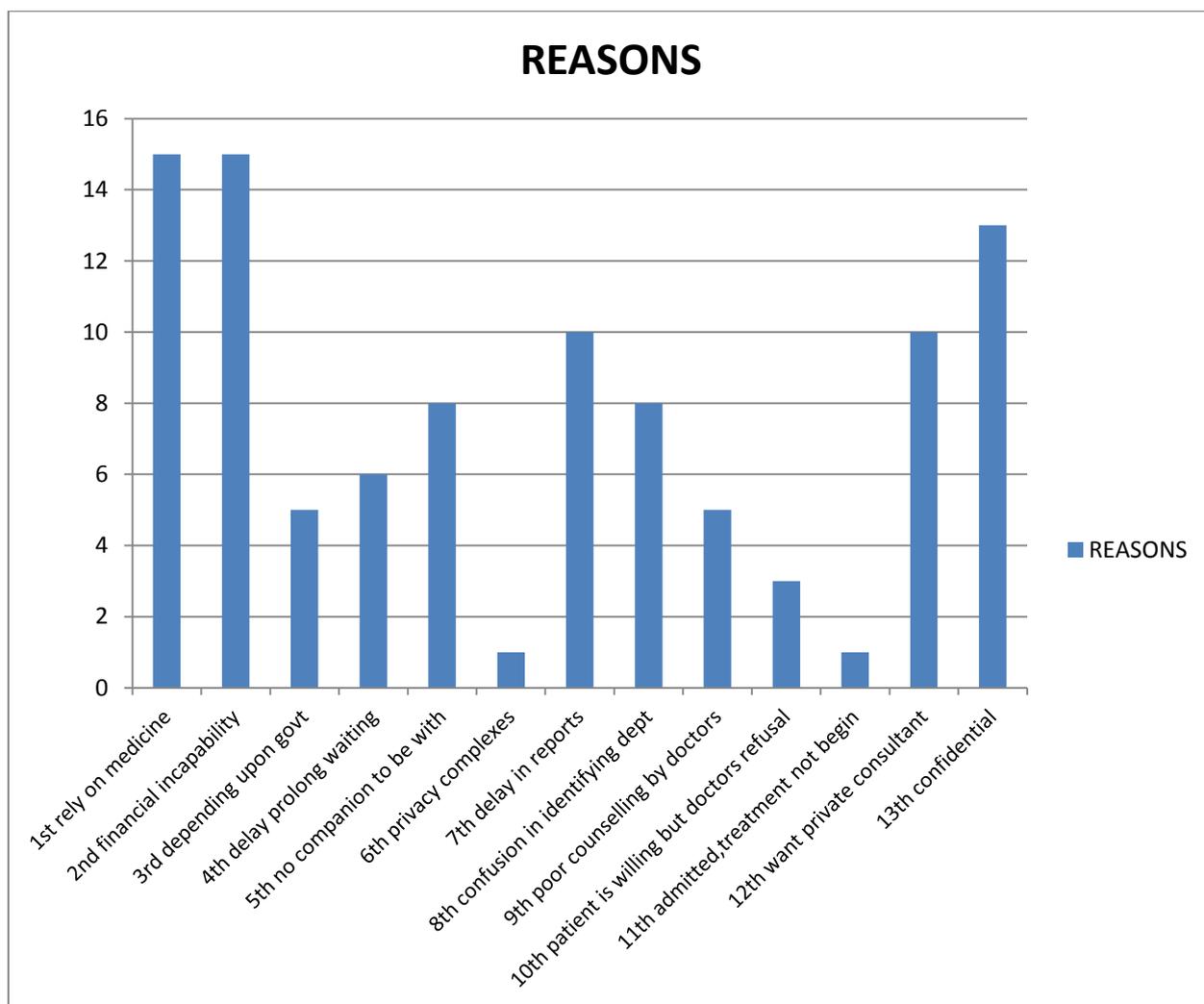
The 13% patients did not want to disclose the reasons for not taking the admission to the IPD. 10% patients did not rely over the advice of the

patients but want the second references from their private consultants or other hospitals. Another 10% could not find their respective departments of diagnosis due to confusions and returned without further consultations.

Another group of 8% patients didn't prefer the admission to the hospital as they didn't have any companion to stay with, and another 8% couldn't find the admission departments and due to this difficulty they could not make out to reach their respective IPD's.

Due to prolong waiting(6%) and poor counseling(5%) for getting admissions by the doctors patients didn't turn up for getting admit to IPD . 5% patients relied upon the government schemes to get approved and until that they didn't prefer to take admissions.

1% did not take the admission as there were 'privacy complexes in OPD' and few are 'admitted but treatment not began', 3% patient was willing to take admission but doctors didn't turn up for the treatments and even doctors refusal for admission was noted down.



Conclusion

So far as aforesaid analysis is concerned, firstly the patient age has been divided into the 5 categories of the total population. Another category is the gender, in which the male and female frequencies are male 40% and rest 60% are females. Reasons for less number admission are

comprised of three main categories such as personal, administrative and the clinical, which are 64%, 26% and 10% consecutively. The chi square analysis has been opted to find out the association between functions of OPD of various departments and department reasons of the patients, in which p value is 0.004 that is lesser

than the 0.05, thus it shows the association between department and its reasons. The different OPD departments are relative to the patients stated reasons, and this is indicating that the personal reasons are high as compared to the administrative and clinical.

The another association is of patients age and the reasons mentioned by them and it has the p value of 0.085 which rejects the null hypothesis and it stated that there is no association with the patients age and the reasons mentioned by them . The last association is of patient's gender and reasons stated by them having the p value of 0.802 and thus it stated there is no association with the patient's gender and the reasons mentioned by them. The prominent reasons stated by patients for not getting the admission to the in-patient department are that they want to rely only on the medicines, and of course financial crises is one of the primary reason that compel them to avoid to take admission and further treatment. Many of the patients did not want to reveal their reasons and kept it confidential; hence the admission to IPD advice by the doctors is habitually neglected by the patients.

Major Out-Patient Department Observations

The surgical OPD located on the ground floor is amongst one of the crammed full department. And the observations related to the same are stated as below.

- ❖ OPD visits are high because of free consultation.
- ❖ Maximum patients are visiting as reference patient.
- ❖ Patients only rely upon the prescribed medicines and as a result they only come for their medical examining but not for admissions.
- ❖ Several patients have a conventional attitude to their health thus they rely only on the prescribed medicines and have a habit to avoid admission in the hospital.
- ❖ Day wise consultation system causes absence of particular medical consultant;

as a result many emergency patients are being deprived of medical consultation. They do not get an opportunity to check by other medical consultant also.

- ❖ On the course of treatment, many a time patients are advised to taking admission in the hospital but most of them wait for the approval of government yozna to meet the expenses.
- ❖ Without taking any prior appointment, many a time staff of the hospital avail treatment of OPD doctors for their relatives .They also don't follow the queue of the outside patients. This kind of practice generates a source of conflict.
- ❖ Most of the time, consultants do not advise for the admissions, they advise patients for revisiting.
- ❖ A financial crisis is the most important reason for not taking admission in the hospital; it is a genuine cause for leaving the hospital after consulting with doctors.
- ❖ When women are visiting the OPD, privacy issue is one of the important issues to be considered, when women are examined by the doctor they do not want any student or interns present, as majority of women like to prefer the private consultations.
- ❖ There are few evidences that patients who come from far distance, do not like to follow the long and complicated process for admission in the hospital and accordingly they refuse to take admissions and also become also reluctant to visit the hospital again.
- ❖ Patients are always get confused regarding the numbering system of diagnostic departments due to which they fail to find the x-ray dept, blood collection dept, USG etc and finally they lose their interest to visit hospitals again, so clear direction of various departments are required.
- ❖ Patients lose their interest to revisit the hospital because before going for medical

consultation, every time they require to stand in a long queue and to perform the mandatory official process.

- ❖ Many a time, patients, in their first visit do not find the particular consultant relating to their health problem, in that situation they require to make a repeat visit and require repeating the official formalities.
- ❖ Many a time, the offensive behavior of the paramedical staff not only reduces the motivation of the patients but also prevent patients to make repeat visit to the hospital.
- ❖ Doctors repeatedly advise the patients to take admission but still the patients rely only over the medicines.
- ❖ Ward staff do not verify whether the patient is immunized or not.
- ❖ Prolonged waiting for diagnostic and immunization has become common practice in the present time.
- ❖ Lack of information about the rules that have to be followed by the patients while registration.
- ❖ Patients find the lack of wheelchair facility makes them feel discomfort and pain, still they had to wait prolong.

Suggestions/ Recommendations

Surgery OPD:

A proper counseling on the patients is essential regarding the admissions procedures which include minimal charges as well as their reference from the government schemes can also be made as early as possible through a special counter provided.

Orthopedic OPD: The technical errors should be detected prior and quick actions for its correction must be initiated; patients who are willing to get to admit due to severe conditions of fractures must be suggested admissions. After a patient gets admit doctors or the residents must immediately work over the beginning of essential treatment.

Medicine OPD: The diagnostic departments must be arranged in the series as per the number coding

and the staff must be humble in directing the patients towards specific departments for consultancy as well as diagnosis.

Gynecology OPD: The patients, who do not get admitted even after the strict advice, must be called with relative to counsel and make them understand about the necessity of admitting to IPD.

Pediatric OPD: The ward of Pediatric IPD must be colorful and attractive as well as comfortable environment must be built for children to make them stay and get treated.

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