STUDY OF FACTORS AFFECTING THE AVERAGE LENGTH OF STAY OF PATIENTS IN THE PRIVATE WARDS BLOCK AT ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI

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RECOMMENDATIONS

In the light of various findings of the study, reputation and image of the Institute and pressure on Private Ward Beds, the following suggestions are submitted for optimum utilization of the existing beds and better service to the community.

1. A ‘Pay – clinic’ for patients of upper income group may be established where consultations can be sought from specialists and treatment can be carried out for patients not requiring admission. For such elective patients who require admission for treatment, proper screening for concomitant diseases, consultations with other specialists if necessary, are carried out as the patient is still ambulant. Not more than 3 such patients per specialist to be entertained as a routine.

2. Working hours and days of the pay – clinic can be fixed in consultation with the heads of the various speciality departments.

3. Only such patients to be admitted into the private ward who have undergone all investigations.

4. A separate Laboratory and Radio-diagnostic facility for all routine investigations on payment may be provided for the patients for the pay–clinic to make the results of the investigations available in a short time.

5. A semi-private ward of 10 to 16 beds with lesser rate of payment to be provided for patients who require a short stay for special investigations, follow up surgical procedures and such others. This ward will also provide instant accommodation for the stay during the treatment of concomitant diseases and pre-operative complications. Long term care patients also could be admitted into this ward.

6. Admission of long term care patients may be registered into the acute beds of private ward.
7. Round the clock Laboratory Services for patients admitted under emergency to be made available.

8. Discharges to be planned sufficiently in advance to facilitate the preparation of bills. The date of discharge to be made known to the patient, his relatives and the nurse at least 2 days in advance.

9. The discharge summary and discharge slip to be made ready well in time by the junior staff of the units.

10. The Assistant Professor of Hospital Administration may be informed about the dates of the planned discharges a day before, to apprise him of the situation of vacancy on the following day along with the daily vacancy slip by the night sister.

11. A reliable documentary evidence of the income of the patients may be insisted either at the time of admission or within 3 days after admission.


13. In view of the increasing demand for beds, proportion of upper socio-economic class among the local community and foreign dignitaries for specialist medical care in a premier institution of the cosmopolitan capital city, provision of an additional wing of private ward with an equal number of existing beds may be thought over.

SUMMARY

The study of factors affecting the length of stay of patients was conducted in the Private Ward Block of the All-India Institute of Medical Sciences Hospital, New Delhi. The findings represented were from the analysis of 276 paying patients in 54 beds and 75 non-paying (E.H.S.) patients in eleven beds, treated during a period of four months from 1st of February to 31st May, 1972.

77 percent of the ‘Paying patients’ were residents of Delhi, 23 percent were from other states and neighbouring countries. The patients treated were suffering from 23 different conditions. There were 157 (56.8%) males and 119 (43.2%) females. 194 (70.2%) were admitted without concomitant diseases, 82 (29.7%) with complications, 49 (17.6%) with concomitant disease and complications, as well. The patients had 39 different types of investigations and 18 different kinds of complications. 122 (44.2%) underwent operative treatment.

There were 7 (2.5%) deaths during the period of study. The main findings of the study are:

Part – I

1. The average length of stay of ‘paying patients’ treated in the Private Ward was 17.88 days, and that of the ‘Non-paying’ Institute officers was 11.21 days. The Bed occupancy rate was 95% and 52% respectively.
2. The length of stay, by and large, was increased with the age of the patients.
3. Non-Delhi patient stayed longer than Delhi patients.
4. Regarding patients characteristics like Sex, Marital status, occupation and income, no definite conclusion could be drawn.
5. In all the patients the length of stay increased with the increase in the number of investigations.
6. Length of stay was shorter for patients admitted after investigation after admission.
7. The analysis by groups has revealed that the average length of stay of patients with either the concomitant disease or complication alone was less than the average length of stay of patients who had both the concomitant disease and complications.
8. The average length of stay of patients with concomitant disease alone was less than the average length of stay of patients with complications.
9. The length of stay increased with the number of concomitant diseases or number of complications.
10. Analysis of components of stay showed that the average duration of investigations was more than the average duration of complications.
11. On the basis of days unusefully spent in the hospital worked out after interviewing the specialists and the patients in individual cases, a total of 726 days (15%) could be saved out of 4937 patient days.
12. On an average a patient spent 2.66 days unusefully in the ward.
13. The implication to hospital of these potential days in saving in terms of provision of inpatient facilities for additional patients in the same beds was worked out as 52 for every 276 patients of similar diagnosis as a result of reduction of 2.66 days in the observed average length of stay.
14. The diseases for which E.H.S. patients were admitted did not warrant prolonged inpatient care.
15. The patients were of younger age groups.
16. 79% were from medical profession.
17. Out of a total of 841 patient days only 21 could be saved, a negligible number which could neither alter the average length of stay nor the Bed occupancy rate.

The effect of a similar reduction in the average length of stay of patients in all the hospitals of the country would be profitably enormous in terms of a better utilization of the existing beds and the medical man-power.