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REDESIGNING CASE SELECTION METHODS TO IMPROVE CLINICAL REVIEW OF INPATIENT MEDICAL RECORDS

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Background: The objective of this project was to redesign the selection criteria for readmission cases so as to improve pick up rates of adverse events* during the clinical review of inpatient medical records. No similar study has been done in this subject and a new methodology was tried and tested through this project. (*Adverse events (AE) are defined as an unintended injury or complication resulting in an increased length of hospital stay, temporary or permanent disability or death, which is caused by healthcare management rather than by the disease process.

Level 1 AE's: these are unpreventable events only for the information of the clinical departments

Level 2 AE's: these are preventable or potentially preventable events that are reported to the Heads of clinical departments to address.)

Methods: Selected screening criteria were applied to the readmission cases for review in a series of iterative quality improvement cycles. Further modification was done by using Hospital Inpatient Discharge Summary (HIDS) screening of all the selected cases to further eliminate unnecessary cases for review. A checklist to simplify the screening of cases for review was implemented and a staff satisfaction survey was conducted to see the efficacy of these modifications.

Results: It was seen that modifications of the selection criteria increased the total adverse effect pick up rate. Hospital Inpatient Discharge Summary (HIDS) screening was also effective in reducing the number of unnecessary reviews. The checklist for screening cases proved effective as shown by the staff satisfaction survey conducted. It improved knowledge about the review process and selection of cases resulting in better time management.

Conclusion: This project was unique as no similar studies have been recorded in literature regarding improving AE pickup rates and significantly decreasing unnecessary reviews. The project resulted in a significant increase in the total AE pickup rate of 94.23% as compared to the baseline of 80%. The level 1 and 2 AE rates also increased to 92.31% and 1.92% from the baseline rates of 75% and 0.2%. There was also noted to be a significant decrease of 80.98% in the man hours required to review the inpatient readmission case-notes. These findings support the fact that an effective screening process for readmission review is beneficial and worth implementing.

Biography

Aneeta Minhas is an MS (Ophthalmology) from India, and worked as a private specialist in Mumbai. In 2003, he joined the prestigious Singapore General Hospital in the Health Information Management Systems department as a clinical coder and subsequently as an auditor. He also worked as a hospital internal auditor for preparation of JCI accreditation. In 2009, he joined the Medical board under Clinical Governance to undertake clinical quality and focused reviews as part of the Clinical Review Program team. His work entails reviewing flagged cases to identify adverse clinical events which are highlighted to the departments and solutions for prevention are implemented and monitored by his team.

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Notes:

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