Admission and Discharge Screening: A Tool for Health Care Management

2001

Kenya: APHIA Financing and Sustainability Project
Management Sciences for Health
165 Allandale Road
Boston, MA 02130
Telephone: (617) 524-7799
www.msh.org

This report was made possible through support provided by the US Agency for International Development, under the terms of Contract Number 623-0264-C-00-7005-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

Admission and Discharge Screening
A TOOL FOR HEALTH CARE MANAGEMENT

Fewer admissions and shorter stays translate into lower costs, better care.

Saving costs, improving care

ISD®—Intensity, Severity and Discharge Screens—is a tool in the health care professionals' kit that can save money and improve the quality of health care. An assessment of African Air Rescue Patients at the Aga Khan Hospital in Nairobi, Kenya, showed that ISD® could have saved 31 Percent of hospital bed-days, or Ksh15 million in just eight months. Patients in for shorter stays are less likely to suffer or hospital-acquired infections.

How does it work?

ISD® is an objective tool for assessing whether a patient needs to be hospitalized and if so, when the patient can be discharged. It encompasses a set of criteria that guide decision making about appropriate levels of care for various patient groups, including acute care, rehabilitation, sub-acute care and home care (for adults and children). Health care providers use the criteria to determine when it is appropriate to admit, retain, transfer or discharge patients.

The criteria are based on body systems. For example, there is a set of criteria for critical care of patients with cardiovascular conditions, central nervous system ailments or endocrine-based illnesses.

Severity criteria help assess how sick the person is, what treatments and medication are relevant, and whether the person needs to be admitted to the hospital. It is not the diagnosis that is the deciding factor, but the severity of the patient's condition.

Intensity criteria look at what the health care facility can do for the patient and what can be done only if the patient is admitted. For example, a person needing procedures that could be performed in the outpatient department need not be admitted. This set of criteria serves as quality assurance, to ensure the hospital is providing the treatment needed, when it is needed.

Discharge screens determine when a patient is stable enough to go home, taking the home situation into account. Doctors tend to keep patients in the hospital until they're completely well, but patients can easily pick up new infections or injuries, so they are better served by shorter stays.

How did ISD® develop?

The standards were developed in 1978 by senior medical doctors at InterQual, Inc., in the United States. They are updated annually and used by Medicare and Blue Shield in the United States and by health care providers and payers in Europe and South America as well.

The Aga Khan Hospital analysis

The APHIA Financing and Sustainability (AFS) project used the criteria to assess all inpatient subscribers to African Air Rescue (AAR) except maternity from March through November 2000. The review showed that private practitioners (33 percent) were more likely than staff doctors (25 percent) to admit and keep patients in hospital when medical necessity was questionable.

For more information about the APHIA Financing and Sustainability Project:
email: abilby@msh.org
phone: (617) 524 7799

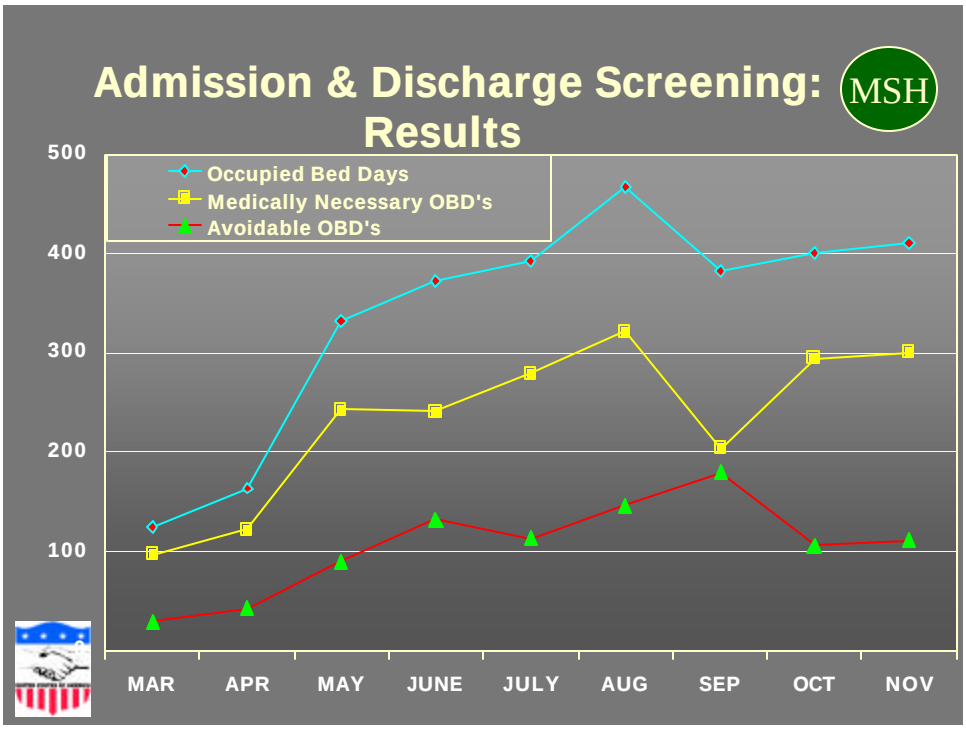
Management Sciences for Health
165 Allandale Road
Boston, MA 02130
USA

AAR was so interested in the potential cost savings, for itself and its subscribers, that it decided to develop local ISD-type criteria with partner hospitals, require hospitals to use them, and share some of the financial benefits with them as well as with their subscribers.

The benefits

Use of ISD® reduces the variability of care, ensuring that all patients with the same severity of illness are treated the same way, and provided with the treatments they need when they need them. Other benefits include:

- More efficient care, by holding hospitals to standards for timely delivery of care.
- Better care, by reducing risks of hospital-acquired infections or injuries.
- Fewer unnecessary admissions and shorter hospital stays, thus saving patients and health insurance companies money.



APHIA Financing and Sustainability Project

Implemented by Management Sciences for Health under USAID Contract No. 623-0264-C-00-7005, the project worked with Kenya's Ministry of Health and hospitals across the country to improve organizational performance and quality of services, control costs, increase revenues (and cash collection), and improve patient and staff satisfaction. The purpose of these activities was to improve the quality of care provided by the hospitals, as well as institutional sustainability.