

Analysing work performance based on outcome, work load and hospital stays in a stroke unit

Abstract

Background: Analysing the work performance in a Stroke Unit (Neurovascular Intensive Care) based on retrospective statistical analysis of records of 1355 patients registered in the system of health information records covering the period between 2016-2019.

Method: The parameters indicating outcome based on record and classified as improved, worse, the same and mortality rate where compared between the author and ‘other’ member of the staff which were anonymised. Other parameters as total” hospital stay” and “work load” were taken in consideration and compare.

Conclusion: The patient outcome, hospital stays and work load are good indicators of work performance.

Keywords: neurovascular intensive care, hospital, stroke

Volume 9 Issue 5 - 2019

Genc Struga,¹ Enver Roshi²

¹Department of Neuroscience, University Hospital Mother Tereza Tirana, Albania

²Department of Public Health, University of Tirana, Albania

Correspondence: Genc Struga, Neurovascular Intensive Unit, Department of Neuroscience, University Hospital Mother Tereza Tirana, Albania, Email genc.struga@qsut.gov.al

Received: July 31, 2019 | Published: September 10, 2019

Introduction

Retrospective epidemiologic study of 1355 patients’ records recovered in the Stroke unit and registered in the system of health information records covering the period between 2016-2019 (Table 1), was statistically analyzed in cooperation with Department of Public Health.

Table 1 Number of cases

Years	Number of cases	Percent
2016	25	1.8
2017	602	44.4
2018	440	32.5
2019	288	21.3
Total	1355	100.0

Method

The outcome of the patients was studied comparing data with other colleagues (anonymised) in the same working unit. In consideration was taken outcome using NIHSS score when admitted and released from Intensive Neurovascular Unit. The data indicated favorable outcome in patients under Dr. Struga care concerning situation when released from working unit classified as “worse” 9.4% vs 10.8%, “the same” 6% vs 6%, “Improved” 57.3% vs 50% and “mortality rate” 27.3% vs 32.8% as indicated in Table 2.

Table 2 Patient outcome, Performance of Dr. Genc Struga compare with other colleagues working in Neurovascular Intensive care unit (Stroke Unit) using NIHSS score and trained staff authorised to record the patient outcome.

Outcome	Genc Struga (%)	Others (%)	Total (%)
Worse	25(9.4)	117(10.8)	142(10.5)
The same	16(6.0)	65(6.0)	81(6.0)
Improved	153(57.3)	549(50.5)	702(51.8)

Table continued

Outcome	Genc Struga (%)	Others (%)	Total (%)
Mortality rate	73(27.3)	357(32.8)	430(31.7)
Total	267(100.0)	1088(100.0)	1355(100.0)

Length of inpatients stay is good indicator of patient care and Physician performance, considering this indicator in-hospital of patients overall stay of patient under Dr. Genc Struga care are lower comparing with other working colleagues in mean value 8.22 vs 8.51 with respective Std. Deviation respectively 7.5 and 9.1 as indicated in Table 3 and Figure 2. The overall of Dr. Struga is significant higher concerning the recover patient in the unit with 267 case or 20% of overall workload as shown in Figure 3.

Table 3 Length of inpatient staying in Neurovascular intensive care unit, comparing performance

Dr Struga versus others	Mean	N
Genc Struga	8.22	267
Others doctors	8.51	1088
Total	8.45	1355

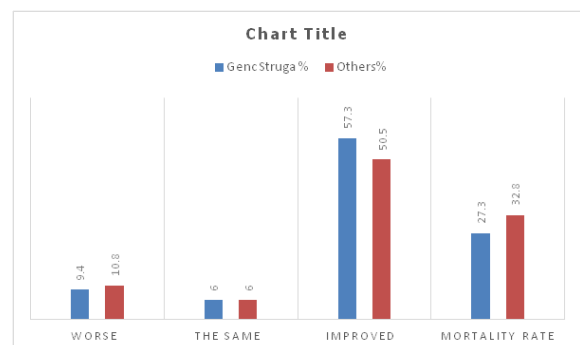


Figure 1 Bar chart of patient outcome.

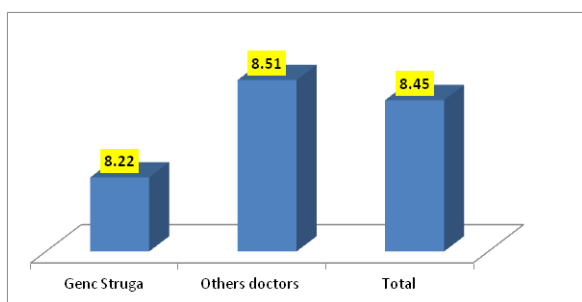


Figure 2 Comparing in-hospital stay.

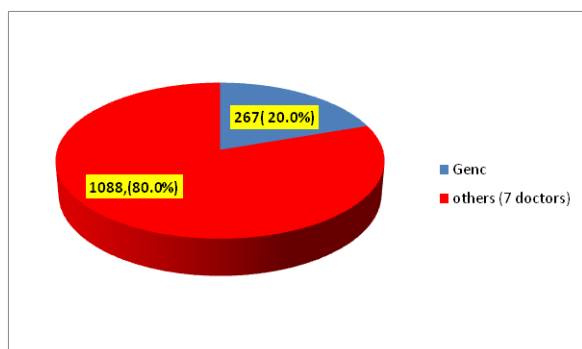


Figure 3 Work load.

Conclusion

The patient outcome, hospital stays and work load are good indicators of work performance. These indicators are recommended

to establish the work performance of Hospital higher specialist care, expressing overall the staff performance and making enable to establish future goals as improving outcome, shortening the length of hospital care and balancing workload aiming efficiency of patient care. This could be a ground-based approach in future decision making.

Acknowledgments

None.

Conflicts of interest

The authors declare that there are no conflicts of interest.

Funding

None.

Reference

1. Tsugawa Y, Jena AB, Orav EJ, et al. Quality of care delivered by general internists in US hospitals who graduated from foreign versus US medical schools: observational study. *BMJ*. 2017;356:j273.
2. Tsugawa Y, Newhouse JP, Zaslavsky AM, et al. Physician age and outcomes in elderly patients in hospital in the US: observational study. *BMJ*. 2017;357:j1797.
3. Ivers N, Jamtvedt G, Flottorp S, et al. Audit and feedback: effects on professional practice and health care outcomes. *Cochrane Database Syst Rev*. 2003;3(6):CD000259.
4. Jamtvedt G, Young JM, Kristoffersen DT, et al. Audit and feedback: effects on professional practice and health care outcomes. *Cochrane Database Syst Rev*. 2006;2:CD000259.