

The Standard discharge summary and the synthetic activity index in Algerian clinics

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Abstract

This study aims to know the role of using standard discharge summary and synthetic activity index to improve the quality of healthcare services, also in declaring patients. To answer the problem posed, the descriptive approach was used, which allowed us to collect information and analyze them according to the requirements of the study.

The study reached a number of results the most important of which is that the use of these tools allows improving communication, ensuring continuity of care, and enhances the quality of services and patient safety outcomes; also, they can greatly improve the efficiency and keep costs under control.

Key words: synthetic activity index, standard discharge summary, clinics, healthcare.

Jel Classification Codes: I10, I15

Introduction

The Algerian healthcare system faces various challenges in providing comprehensive and quality healthcare services to its population, they include: inadequate funding for healthcare, insufficient healthcare infrastructure and a shortage of trained healthcare professionals and inappropriate technologies hinder the implementation of international quality standards especially in some remote areas in Algeria². Algerian clinics play a crucial role in providing health services to the population. They serve as primary healthcare centers where patients can receive medical consultations, diagnosis and treatment for a variety of diseases and conditions. Patients' choice of health care provider is affected by several factors,

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² Daniel M. Desalegn, Boja D. et al, (2019), “Medical laboratory accreditation in a resource-limited district health centre laboratory, Addis Ababa, Ethiopia”.,African Journal of Laboratory Medicine , vol. 08, n°01, p. 1-5.

including: cost, ease of travel, and availability of on-site laboratory facilities. According to research conducted by Al-Ghanim and Saeed, Algerian clinic patients prefer private clinics over public primary health care centers³. Despite the provision of subsidies for private healthcare, public healthcare establishment in Algeria continue to handle large numbers of patients⁴, the aim of public and private health care facilities is the same to provide high-quality health care services and improve the health of citizens.

To improve patient care, it is essential to understand the role that clinical and administrative information, or lack thereof, plays. Having access to accurate and up-to-date clinical information can have a significant impact on the quality of health care provided. This includes information about diagnosis, treatment options, and best practices. To address all these challenges and improve healthcare delivery, Algerian healthcare organizations introduced a standard discharge summary and synthetic activity index. The standard Discharge Summary and synthetic Activity Index is intended to simplify the discharge process and provide an overview of the patient's medical history, treatment plan, and progress toward recovery. These tools also provide a unified framework for collecting and analyzing data related to patient experiences, indicators of quality of care, and the cost of health care services. In light of the above, the features of our research problem become clear, which can be formulated as follows:

What is the role of the standard discharge summary and synthetic activity index in developing the quality of health services and in declaration of patients?

To answer these questions, we divided the research into the following axes:

- I- Generality on standard discharge summary and synthetic activity index
- II- Discussion of the results

Study methodology:

In this paper and due to the nature of the topic, and to know all its aspects, it was necessary for us to adopt the methods used in economic research and studies, especially the descriptive analytical approach, which enables us to collect information and data and analyze them according to the requirements of the study.

The main research method of this article is theoretical, and includes a review of relevant literature on the Standardized Discharge Summary and Synthetic Activity Index and their use in Algerian healthcare organizations and an analysis of the results of this information.

I- Generality on standard discharge summary and synthetic activity index

1- General information on Synthetic activity index (SAI):

On the basis of the GHM, the model has been expanded to introduce a new measuring instrument, called the Synthetic Activity Index (SAI), which will make it possible to compare the production and productivity of hospital institutions, indicating the amount of care produced, the complexity of the cases treated and the

³ Aldhamadi, Mai A., Alzahrani et al., (2019), “*The public perception of and attitude toward primary healthcare centers in comparison to other specialties among the Saudi community*”, Journal of Family Medicine and Primary Care , vol.08 , n°06, p.1895-1901

⁴ Chuan De F., Shilpa S., Chen Hee T. et al. (2021), “*Perceived facilitators and barriers to chronic disease management in primary care networks of Singapore: a qualitative study*”. *BMJ Open* , p.1-9

rationality of working time⁵. The latter expresses the average cost of hospital expenses. In practice, each DRG⁶ is assigned a certain number of SAI points to reach the national range of short-stay hospital costs.

The primary function of PMSI⁷ is to eliminate regional budget disparities by aligning the cost of the regional SAI with the SAI cost of each institution. Gradually, organizations will be able to compare their costs with the costs of the national base and position themselves in comparable activities in relation to each other⁸. The SAI is a measure used to evaluate the overall performance and productivity of healthcare institutions in Algeria.

It takes into account factors such as the number of patient discharges, length of stay, readmission rates, compliance with protocols and clinical guidelines, and patient satisfaction rates. This information allows healthcare facilities to identify areas for improvement, optimize resource allocation, and improve the quality of care provided to patients.

The most widely used methods for assessing clinics activity in Algeria are based on specialized health surveys. These surveys collect data on different aspects of clinics operations, including the number of patients, types of services provided, and the availability and efficiency of health resources.

The data collected is then used to calculate the Synthetic Activity Index, which provides a comprehensive measure of the level of activity of clinics. This index takes into account factors such as patient visits, the number and types of medical procedures performed, and the use of health care resources. Algerian clinics rely on accurate and comprehensive data to evaluate their level of activity, which is measured using the SAI. This index enables clinics to monitor and compare their performance over time, identify areas for improvement and make data-driven decisions to improve the quality and efficiency of their services.

The SAI is a valuable tool to evaluate and compare the performance of clinics in Algeria. It provides a standardized measure of activity and allows comparison and evaluation of the performance of different clinics. In addition, the SAI may also be used for resource allocation and planning purposes. In general, the SAI is an essential tool for measuring and analyzing levels of clinic activity in Algeria.

⁵ Kara, A. ,(2018), « *Austérité économique et financement de la santé en Algérie : quel rôle pour le système d'information ?* », Algerian business performance review ,n°.13, p.314-324.

⁶ **DRG**: Diagnoses Related Groups is a complex case-mix system implemented to categorize patients with similar clinical diagnoses in order to better control hospital costs and determine payer reimbursement rates.

⁷ **PMSI**: Program for Medicalization of the Information Systems It makes it possible to describe the medical activity of health institutions in a synthetic and standardized way. It is based on recording standardized medical and administrative data into a standard set of information.

⁸ Olivier, L., Jean-Claude, M. (2003), « *Du système d'information médicalisée à la tarification à l'activité Trajectoire d'un instrument de gestion du système hospitalier* », Revue française de gestion ,vol. 5, n°.146, p. 131-141.

1.1- The importance of synthetic activity index in Algerian clinics

The use of SAI plays a crucial role in evaluating and comparing health care performance in Algerian facilities. This index takes into account various factors such as socio-economic conditions, resource use and health outcomes to provide a comprehensive understanding of the performance of healthcare institutions. By combining several indicators, the SAI provides a more accurate and reliable assessment that goes beyond individual measures.

The use of SAI to evaluate healthcare performance in Algeria is justified by the fact that healthcare safety and quality improvement are closely related. Therefore, evaluating and comparing health care facilities on the basis of SAI can help identify areas for improvement and enhance the provision of quality care in Algeria. The use of SAI to evaluate the performance of health care institutions in Algeria has the potential to drive improvements in patient safety culture and income-related equity in health care outcomes.

In general, this evaluation can provide valuable information about the quality of care, resource allocation and overall performance of these facilities. In addition, it's allows policymakers and health authorities to identify areas for improvement, allocate resources efficiently and implement targeted interventions to improve the overall performance of the health care system in Algeria and bring positive changes in the health care system.

2- The standard discharge summary (SDS)

The inclusion of various elements in electronic health records, such as daily records, medication administration, physical assessment, and discharge summaries, enables comprehensive documentation of patients' medical histories, diagnoses, treatments, and outcomes⁹.

A standard discharge summary (SDS) is a detailed document that includes information such as information about the patient, diagnoses and procedures performed during the hospital stay, length of stay, medications prescribed, follow-up care instructions, and any relevant social or psychological factors. It is an essential communication tool between healthcare providers, ensuring that all parties involved are informed of the patient's condition and treatment plan.

By using standardized guidelines and protocols to create comprehensive discharge summaries, healthcare facilities can effectively communicate important information to the next provider and to the patient. This promotes active monitoring of medication changes and timely information processing by primary care providers. In addition, the use of electronic medical records and standardized rating scales enables standardization of documentation, collection of data for analysis, and monitoring of the impact of nursing care on patient outcomes. Ultimately, this supports quality improvement efforts and allows for performance measurement and comparative analysis between healthcare sites.

The American Joint Commission on Accreditation of Healthcare Organizations requires that discharge summaries include six elements: reason for

⁹ Soyiri, I. N., Daniel, D. R., (2012), “ An overview of health forecasting”, Environmental Health and Preventive Medicine ,vol. 18 ,n°01, p.1-9.

hospitalization, significant findings, procedures and treatments performed during the hospital stay, patient's condition at the time of discharge, patient and family instructions and the signature of the treating physician¹⁰.

2.1- Application and importance of standard discharge summary

SDS provides a succinct and informative overview of key outcomes and measures in clinics in Algeria. It helps present data in a clear and understandable way, making it easier for policymakers and health care professionals to interpret and use the information for decision-making and resource allocation. These summaries also facilitate comparisons with other clinics, enabling benchmarking and identifying areas for improvement. In addition, SDS is essential for managerial decision making, because they provide valuable information about patient care and promote effective communication among members of the health care team.

In general, SDS is an essential tool to evaluate and improve clinics in Algeria. It provides a comprehensive, standardized measure of a clinic's performance, allowing comparisons to be made and areas for improvement to be identified. SDS is necessary to measure the general level of clinic activity in Algeria, which also allows evaluation of the effectiveness of treatments and diagnoses, and improve the quality of services provided. A SDS plays a crucial role in keeping patients safe after leaving a hospital.

3- Declaration Procedure in Algerian Clinics

In Algerian clinics, patients are usually declared according to activity rather than the turnover. So patients are identified and registered based on the procedures or activities they undergo while receiving medical treatment, and not just on the financial aspects or revenue generated from their treatment. These data document the patient's current medical condition and medical history...¹¹.

This approach allows healthcare professionals to gain a comprehensive understanding of each patient's health condition, medical history, and their needs. This information is essential for providing appropriate and personalized care to patients, because it helps health care professionals make informed decisions about the diagnosis, treatment, and management of their patients¹². In addition, the detailed documentation of patient activities and actions in medical records is essential for the communication between health care providers. This ensures clear information for future reference and any necessary follow-up care and patients receive safe and high-quality care. In addition, proper documentation in patients' medical records plays a major role in reducing medical errors and serves as important medico-legal

¹⁰ Michael, S., Ross, M. (2018) ,”What Should Be Included in a Hospital Discharge Summary? ”, <https://blog.cureatr.com/what-should-be-included-in-a-hospital-discharge-summary> (Consulté le 29/11/2023).

¹¹ Aldo, P. M., Bernadette, D., Bernadette, D., et al. (2007). “FDA and CPMP Rulings on Subgroup Analyses”. *Cardiology* , vol. 10, n° 02, p. 97-102.

¹² Anastasia, G. (2022), “Assessing the Correct Documentation of Time and Physician Information on Medical Records in the Emergency Department of Queen's Hospital: An Audit and Re-audit”, <https://www.cureus.com/articles/126705-assessing-the-correct-documentation-of-time-and-physician-information-on-medical-records-in-the-emergency-department-of-queens-hospital-an-audit-and-re-audit#!> (consulté le 20/11/2023).

evidence¹³. The implementation of healthcare information technology systems, such as electronic medical records, has proven beneficial in optimizing resource utilization and improving efficiency and coordination in multidisciplinary care settings. As a result, in Algerian clinics, patients are generally reported by documenting their activities and procedures in their medical records, rather than on the basis of turnover alone.

1- Using the healthcare activity as a base for pricing the health services

The health sector is going through a wave of profound changes, notably due to changes in health planning and financing methods, whose explicit objectives may appear contradictory¹⁴. A first series of changes, the most important, is justified by the desire of the public authorities to reduce hospital costs¹⁵.

In the 1990s, funding from the overall budget of public hospitals did not lead to the expected management and economic efforts, despite the efforts undertaken for intra-regional convergence. The introduction of activity-based pricing (T2A) formed a key part of the 2007 Hospital Plan, along with other components such as reforming public hospital management, with the creation of pillars, or the prelaunch of investment and which is supposed to encourage hospitals to provide care at lower cost, by the introduction of a mechanism of competition by comparison¹⁶.

The basic principle of T2A consists of paying establishments according to their activity measured by homogeneous group of patients. This new pricing is applied for the short-stay activity MCO (medicine-surgery-obstetrics) of public (since 2004) and private (since 2005) hospitals. This activity is described in homogeneous groups of stays (GHS)¹⁷. Calculating hospital productivity is particularly complex. Until the mid-1980s, the indicators remained relatively modest (number of admissions, number of hospital days, bed occupancy rate and average length of stay)¹⁸. Before the implementation of T2A, the activity was traced in the medicalization of information systems program (PMSI). The value of the SAI point per establishment had a certain consequence on the establishment's budget: it is in this context that the coding was important; its exhaustiveness, however, did not meet the same challenges¹⁹. We can say that, the implementation of the program for the PMSI made it possible, from the mid-1980s, to classify each stay in a homogeneous group of patients (GHM) which brings together patients with similar costs. Setting up GHM is one of the prerequisites for setting up a package.

¹³ Rajesh kumar ,S., Nandana, S. (2013), " Assessment of Oncology Medical Records as per NABH Standards",Journal of Health Management, vol. 15, n°03, p.329-343.

¹⁴ Dinu Gheorghiu, M., Guillemot, D., Moatty, F. (2014)," *Ressources humaines (RH) et tarification à l'activité (T2A)* », Entretiens avec des membres des directions des hôpitaux. HAL.

¹⁵ Benallah, S., Domin, J.P. (2017). "Réforme de l'hôpital. Quels enjeux en termes de travail et de santé des personnels ? *La Revue de l'Ires* », vol. 1-2, n°91-92, p. 155-183.

¹⁶ Milcent, C. (2023), « *Les Tarifications à l'Activité -T2A*», <https://hal.science/hal-04251520/> (Consulté le 13/ 12/2023)

¹⁷ Dinu Gheorghiu, M., Guillemot, D., Moatty, F. , Op.Cit.,

¹⁸ Benallah, S., Domin, J.P., Op.Cit., p. 155-183.

¹⁹ Bruant-Bisson, A., Castel, P., Panel,M.C. (2012). « *Évaluation des effets de la tarification à l'activité sur le management des établissements de santé* » . France: IGAS , p.13

On the other hand, the allocation of packages to each GHM has been transformed over time to give rise to packages representing a mix between a recovery in expenses observed by GHM, political objectives of transformation of patient care in adequacy with the possibilities offered by therapeutic innovation and by constraints of budgetary control. The implementation of the SAI in 1997 constitutes a first step. A first approach in the definition of productivity then consists of measuring the value of the activity index point²⁰.

1- The effect of DSS and SAI on hospital cost

→ Calculate hospital Cost by using Standard Discharge Summary

Hospital cost analysis is an important aspect of healthcare management, especially in clinics. Accurate costing allows for identification of cost drivers, assessment of cost effectiveness, and making informed decisions about resource allocation. To calculate hospital costs accurately, it is necessary to take into account both qualitative and quantitative data. The qualitative part aims to provide a descriptive picture of the hospital discharge process (treatments, prescriptions, medications consumed,...), while the quantitative part focused on studying the impact of patient payment categories on the discharge process: (uninsured patients, insured patients...). SDS is an essential tool to estimate hospital costs, which provides essential information such as patient variables, length of stay, diagnoses, and medication details.

When we talk about the principal of T2A, we found²¹:

- **Prices per stay:** Each procedure carried out on a patient gives rise to a medical unit summary (MUS), all the data from the MUS being aggregated within the SDS, issued for each stay of a patient. This SDS is then processed according to an algorithm which takes into account the main diagnosis, the existence of surgical procedures, and other information as necessary (age, associated diagnoses, medication etc.)

The stay thus treated is allocated to a homogeneous group of patients (HGP). For pricing, the HGP is processed to take into account the particularity of certain stays. Each HGS is subject to a fixed rate set annually by the Ministry of Health. There are now almost 2300 HGS.

- To activity-based pricing, two other sources of funding are added: fixed prices (Emergencies and Organ Harvesting), and missions of general interest and aid for contractualization (MGIAC).

→ The concept of Synthetic Activity Index in hospital costs

To improve the analysis of hospital costs, it is important to understand the concept of the synthetic activity index, which is a standardized measure that represents the estimated cost of providing a specific clinical activity, taking into account factors such as the types of services provided and the resources used.

²⁰ Benallah, S., Domin, J.P., Op.Cit., p. 155-183.

²¹ Bruant-Bisson, A., Castel, P., Panel, M.C., Op.Cit., p. 3

In the context of hospital costs, the SAI is derived from a basic cost index that includes the average costs of various hospitals for each billed service. It is important to note that the standardized costs derived from the AHI do not represent the actual cost to patients or to a specific hospital. Rather, it provides an estimate of the cost of a specific clinical activity, making it possible to compare and analyze different healthcare settings. The SAI compares the expected revenues for medicine, surgery and obstetrics (MCO) activities to the relative production costs of these activities. If the indicator is greater than 1, this means that revenues exceed costs²².

II- Discussion of results

The information mentioned above enabled us to reach the following conclusions:

1- SDS and SAI aim to improve communication, ensure continuity of care, and enhance the quality of services and patient safety outcomes.

SDS and SAI in Algerian clinics aim to enable healthcare institutions to monitor trends, evaluate outcomes and make evidence-based decisions to improve patient care, by facilitating data collection and analysis and providing a comprehensive overview that includes additional information such as test results, complications during treatment, Continuing care information for the primary care provider and patient, and information about the next medical examination.

This comprehensive approach to SDS and SAI ensures that all essential information is captured and communicated efficiently, enhancing continuity of care, reducing adverse events and enabling healthcare providers to make informed decisions. They also help healthcare facilities meet accreditation requirements, identify areas for improvement, and make evidence-based decisions to improve patient care. However, the implementation and use of SDS and SAI is fraught with difficulties. This includes ensuring consistent and accurate documentation, overcoming language barriers for non-Arabic speaking patients, and incorporating the use of electronic medical records to manage data efficiently.

The SDS in Algerian healthcare facilities aims to improve the quality of care and patient safety by providing standardized guidelines and protocols for creating complete and informative discharge summaries. By efficiently documenting information such as medical history, diagnoses, treatments, and outcomes in an SDS, healthcare providers can ensure essential information is effectively communicated to patients and other healthcare providers involved in the patient's care.

In addition, the Synthetic Activity Index aims to provide a comprehensive assessment of healthcare activities in Algerian facilities by incorporating different variables and capabilities known to reduce readmissions and improve patient outcomes. The SAI using electronic health records and standardized evaluation metrics provides valuable data. This data can be used to identify areas for improvement, evaluate the effectiveness of interventions, and measure the impact of health care on patient outcomes. This not only enhances the effectiveness of care and the quality of assistance, but also ensures the safety of patients.

In summary, SDS and SAI play a critical role in improving communication and quality of care in Algerian healthcare facilities by providing comprehensive and timely information on patient condition, treatment plan and overall performance of

²² Benallah, S., Domin, J.P., Op.cit. p. 155-183.

the healthcare facility, ensuring continuity of care and enhancing patient safety outcomes.

2- The patients in Algerian clinics are declared by activity rather than the turnover

In Algerian healthcare sector and in the context patient management, patients are declared by activity rather than turnover.

The activity based system refers to the measurement of services provided within healthcare organization, which focus on the number of consultation, treatments, surgical procedure ... these information help to monitor resource use, evaluate performance, allocate budget effectively and assure patient safety.

The health information system must be based on shared management of a single computerized patient file, just as the patient data system is at the heart of the system, which, in addition to the patient's medical care, contributes to providing tools that help in decision-making. Thus, we tangibly put the patient at the center of performance. The needs that T2A creates for various stakeholders, whether or not they are clinicians, center managers or general managers, lead to a flexible and sophisticated patient file design. The file corresponds to the totality of information relating to a particular patient, produced by all healthcare stakeholders.

With the computerization of the production of care and the different stages of formation of accommodation costs, caused by T2A, the patient file looks more like an organization of views, according to professions or needs, of different aspects of patient care. One of the concepts related to the T2A is the SDS which is then processed according to an algorithm which takes into account the main diagnosis, the existence of surgical procedures, and other information as necessary.

The stay thus treated is allocated to a homogeneous group of patients (HGP). For pricing, the HGP is processed to take into account the particularity of certain stays. So the patients are declared by their activity non by the turnover.

3- Using SDS and SAI in patient declaration can significantly improve the precision and efficiency of the process and keep costs under control.

In today's rapidly changing world, the importance of careful economic evaluations in healthcare cannot be overstated. These evaluations play a critical role in the decision-making process, ensuring that resources are allocated effectively and efficiently to meet the patient's needs.

They provide valuable information about the costs and benefits of medical interventions, helping decision makers understand the potential impact on patient care and the health care system as a whole. Using SDS and SAI in Algerian clinics, healthcare professionals can gain a comprehensive understanding of the economic services that patients need.

The use of SDS and SAI in patient declaration can greatly improve the accuracy and efficiency of the process. These tools provide a standardized framework for collecting and analyzing data related to patient experiences, indicators of quality of care, and the cost of health care services.

These tools allow the cost-effectiveness of different healthcare interventions to be evaluated, and help decision makers make informed decisions about resource allocation. They also help identify the most effective and cost-effective treatments and interventions.

They help clinicians, scientists and policy makers determine the value for money of health care, guide decisions about financing health care services and set research priorities. It also helps ensure that scarce resources are allocated optimally, for the benefit of patients.

4- Using SDS and SAI keeps costs under control

There is a direct relationship between quality of resources, complexity of treatment and hospital costs. In addition, it is important to consider the role of SAD and SAI in this context. SDS is essential tools for transferring clinical care from hospital specialists to other healthcare professionals. Furthermore, the availability of high-quality SDS at the time of discharge is associated with a lower risk of readmission to hospital. The SAI is a metric that evaluates the performance and efficiency of a healthcare facility, taking into account factors such as patient satisfaction, cost effectiveness and quality of care. SDS and SAI play a crucial role in calculating and estimating hospital costs, by providing various information (medical procedures, personal information...), which also helps in cost control.

Conclusion

The Standard Discharge Summary (SDS) and the Synthetic Activity Index (SAI) are crucial tools in Algerian health establishments for collection, analysis and decision-making. They provide a comprehensive overview of patient conditions, treatment plans and overall performance, thereby promoting continuity of care and minimizing adverse events. These tools help meet accreditation requirements, identify areas for improvement, and make evidence-based decisions to improve patient care.

This modest study made it possible to reveal:

- SDS and SAI in Algerian healthcare institutions aim to improve communication, ensure continuity of care, and enhance the quality of services and patient safety outcomes.
- The patients in Algerian clinics are declared by activity rather than the turnover
- Using SDS and SAI in patient declaration can significantly improve the accuracy and efficiency of the process and keep costs under control.
- Using SDS and SAI keeps costs under control

However, implementing these tools faces challenges such as consistent documentation, overcoming language barriers, and integrating electronic health records for effective data management.

References :

Aldhamadi, Mai, A., Alzahrani, et all. (2019), "*The public perception of and attitude toward primary healthcare centers in comparison to other specialties among the Saudi community*", *Journal of Family Medicine and Primary Care*, vol. 08, n°06, p. 1895-1901.

Aldo, P. M., Bernadette, D., Bernadette, D., et all. (2007), "*FDA and CPMP Rulings on Subgroup Analyses*", *CARDIOLOGY*, vol. 107, n° 02, p. 97-102.

Anastasia, G. (2022), "*Assessing the Correct Documentation of Time and Physician Information on Medical Records in the Emergency Department of Queen's Hospital: An Audit and Re-audit*", <https://www.cureus.com/articles/126705-assessing-the-correct-documentation-of-time-and-physician-information-on-medical-records-in-the-emergency-department-of-queens-hospital-an-audit-and-re-audit#!/> (Consulté le 20/11/2023)

- Kara, A. (2018). "Austérité économique et financement de la santé en Algérie : quel rôle pour le système d'information ?", Algerian business performance review, n°13, p. 314-324.
- Benallah, S., Domin, J.P. (2017), "Réforme de l'hôpital. Quels enjeux en termes de travail et de santé des personnels ?", La Revue de l'Ires, vol.1-2, n°91-92, p.155-183.
- Bruant-Bisson, A., Castel, P., Panel, M.C. (2012), "Évaluation des effets de la tarification à l'activité sur le management des établissements de santé". France: IGAS.
- Chuan De, F., Shilpa, S., Chen Hee, T. et all. (2021), "Perceived facilitators and barriers to chronic disease management in primary care networks of Singapore: a qualitative study", BMJ Open, p.1-9.
- Daniel, M., Desalegn, Boja, D. et all. (2019), "Medical laboratory accreditation in a resource-limited district health centre laboratory, Addis Ababa, Ethiopia", African Journal of Laboratory Medicine, vol.08, n° 01, p. 1-5.
- Dinu Gheorghiu, M., Guillemot, D., Moatty, F. (2014), "Ressources humaines (RH) et tarification à l'activité (T2A): Entretiens avec des membres des directions des hôpitaux", HAL.
- Michael, S., Ross, M. (2018). "What Should Be Included in a Hospital Discharge Summary?", <https://blog.cureatr.com/what-should-be-included-in-a-hospital-discharge-summary> (Consulté le 29/11/2023)
- Milcent, C. (2023). "Les Tarifications à l'Activité -T2A"., <https://hal.science/hal-04251520/> (Consulté le 13/12/2023)
- Olivier, L., Jean-Claude, M. (2003), "Du système d'information médicalisée à la tarification à l'activité Trajectoire d'un instrument de gestion du système hospitalier", Revue française de gestion, vol. 5, n° 146, p. 131-141.
- Rajesh kumar, S., Nandana, S. (2013), "Assessment of Oncology Medical Records as per NABH Standards", Journal of Health Management, vol. 15, n° 03, p. 329-343.
- Soyiri, I. N., Daniel, D. R. (2012), "An overview of health forecasting", Environmental Health and Preventive Medicine, vol. 18, n° 01, p.1-9.