Summer Placement

In

Sri Ram Hospital

Shimla

(16 April to 17 June, 2015)

A Report

By

Dr. Suman Seregta

MBA in Health and Hospital Management

2014-2016

Institute of Health Management Research,

Jaipur

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify you that **Dr. Suman Seregta**, a student of MBA Hospital and Health Management at The IIHMR University, Jaipur, batch 2014-2016 has successfully completed her summer training for the period from 16th April to 17th June at **Sri Ram Hospital Shimla** under my guidance. During this period she has completed the study on "**An Analysis of Level of Patients Compliance To Adviced Ultra-Sonography Investigation**" as a part of partial fulfillment of the course requirements recommended for MBA Hospital and Health Management.

All the data related to the study is primarily data collected by her. Her approach towards the study has been sincere, scientific and analytical.

I wish her all success for her future endeavors.

Col. (Dr) Ashok Kaushik
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SRI RAM HOSPITAL

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TO WHOM IT MAY CONCERN
(Internship Completion Certificate)

It is certified that **Dr. Suman Seregta, D/o Sh. Yoginder Seregta, aged 27 years; student of IIHMR University, Jaipur** joined for internship programme of MBA (Hospital and Health Management) in the Dept. of Radiodiagnosis at **Sri Ram Hospital, New Shimla** on **16-04-2015.** She successfully completed her 2 month internship on **15-06-2015.**

Her behavior and interaction with the hospital staff was exceptionally good. She is a good observer and excellent learner. She is obedient, punctual and hard working person.

I wish her success in future.

Dated: 16.6.2015

Dr. Hitender Kumar
Consultant Radiologist,
Sri Ram Hospital, New Shimla
Himachal Pradesh.

DR. HITENDER KUMAR
MD RADIO-DIAGNOSIS
Reg. No. 465/2012

CERTIFICATE

This is to certify that Dr.Suman Seregta, a student of IHMR-Jaipur MBA Health and Hospital-19 has carried out a project on *"A Study of* Working of an Ultrasound Department and its Role in Patient Management in a Tertiary Care Multispecialty Hospital''

This project work has been prepared by the student herself with utmost sincerity and this work has not been presented earlier for any academic activity.

I wish her all the very best & success in her further endeavors.

Dr. Hitender Kumar	Ms. Sonam Negi
Consultant Radiologist	Manager (Trainings)
Radiology Department	Human Resource

ACKNOWLEDGEMENTS

I take this opportunity to express my profound sense of gratitude and indebtness to all those who helped me throughout the duration of the project.

I would like to acknowledge, First and foremost Dr. Hitender Kumar (Consultant Radiologist Dept. of Radio-diagnosis) for showing confidence in me and giving me such a wonderful topic to do my project during internship, without his support and guidance it would not have been possible. Then I would like to thank my mentor at SRH, *Ms. Sonam Negi* Training Manager H.R department for her consistent support, motivation and encouragement throughout the internship duration. He has been a Great source knowledge, information and inspiration to do work with utmost diligence and sincerity.

I would also like to thank Mr. Ankur Chauhan (Managing Director) without whose permission I would not get this golden opportunity to do my internship in this hospital.

I would also like to thank my faculty at IIHMR-Jaipur and specially my Mentor- *Dr.Shilpi Mishra Sharma.*

I would also wholeheartedly thank the entire staff at SRH, Shimla for being so supportive and helpful and removing time from their hectic schedules and giving all the required information, especially Radiology Dept. Incharge Mr. Gulshan, Nurses and technicians .

At the end, Iam thankful to God and my heartfelt gratitude to my parents and friends who supported me throughout the course.

THANK YOU ALL

Dr. Suman Seregta

ABBREVIATIONS

SRH : Sri Ram Hospital

Pts : Patients

USG : Ultra Sonography

IEC : Information Education and Communication

IPD : In patient Department

OT's : Operation Theatre

MSOT : Multi speciality operation theatre

CCU : Critical care unit

F & B : Food and Beverages

CSSD : Central Sterile Supply Department

MRD : Medical Record Department

OPD : Out-patient Department

I T : Information Technology

HOSPITAL PROFILE

SRI RAM HOSPITAL, SHIMLA

- Sri Ram healthcare Located in main city of Shimla (H.P.).This is a private sector hospital run by Sri company. The company was founded by Late Dr. Hardayal Chauhan, Retired Surgeon and Medical superintendent from IGMC, Shimla**.**
- Sri Ram Hospital was started in 2004.
- .It is 70 bedded hospital.

VISION STATEMENT

: ***"****Healthcare organization known for Clinical Excellence and Distinctive Patient Care''*

MISSION STATEMENT

"Care with Cure at minimum cost to all sections of the society irrespective of caste, creed or religion".

MOTTO

- A patient is the most important person in our hospital.
- He is not an interruption to our work; he is the purpose of it.
- He is not an outsider in our hospital; he is a part of it.

We are not doing him a favour by serving him; he is doing a favour by giving us an opportunity to do so.

INFRASTRUCTURE OF HOSPITAL

- Plot Size – 4 acres
- No. of floors – 4
- No. of basements - 1
- Parking space – around the entire hospital
- No. of lift – 2
- No. of staircase – 2
- No. of building – 1

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HOSPITAL HISTORY and BACKGROUND

SRI RAM HOSPITAL and DIAGNOSTIC CENTER. Was incorporated in 2004 to develop high-class system of integrated healthcare delivery in the state , comprising multi-speciality care at the tertiary level.

Late Dr. Hardayal Chauhan's dream was carried forward by his Son, Mr. Ankur Chauhan.

SRH is the manifestation of Dr. Hardayal's ideology and has been rapidly growing. Hospital gives 24x7 hrs facilities of emergency treatment and diagnostic procedures to patients.

SRH has received many awards from state government and NGO's for best patient care facilities in the state. Hospital is empanelled to many government and semi government organizations; some of them are listed below:

- State government of Himachal Pradesh for full reimbursement of medical and surgical expenses.
- Central government of India for full reimbursement of medical and surgical expenses.
- Satluj Jal Vidyut Nigam Limited (SJVNL)
- National Bank for Agriculture and Rural Development (NABARD)
- Pollution Board of India
- Labour Bureau of India

- Bishop Cotton School Shimla
- Department of Forest in Himachal Pradesh.
- Military Hospital and ECHS, Jatog Shimla.

NOC has been taken from IPH, PWD, Pollution Control, Fire department, and Municipal Corporation of Shimla

Hospital is registered under Clinical establishments (registration and Regulation) Act 2010

Radiology department is registered under PC-PNDT Act, 1994 and AERB (Atomic Energy Regulatory Board

Obstetrics and gynecology is registered under MTP Act, 1971

SCOPE OF HOSPITAL SERVICES

The departments provide the following types of services:

- Outpatient Services
- In patient Services
- Intensive care services
- Emergency ,High dependency services
- Operation theatre services

The following is there list of various departments in SRI RAM HOSPITAL, Shimla

Medical Specialties	**Surgical Specialties**
General Medicine	General surgery
Obstetrics and Gynaecology	Orthopaedic surgery
Paediatrics	Ophthalmology
Anaesthesiology	Neurosurgery
Dermatology	Urology
Radiology	Cardiac Surgery
Plastic Surgery	
Chest Medicine	
Neurology	
Cardiology	
Psychiatry	
Endoscopy	
Related Services	**24 hour services**
Ambulance	Emergency
Physiotherapy	Ambulance
Nursing	Operation theatre services
Housekeeping	Laboratory
Kitchen & Dietary	Radiology & Imaging – X-Ray, CT Scan,
Laundry	Blood
Security & Fire Safety	Bank

Administrative services	24 Hour Managerial services
Medical administration	Front Office
Engineering Services	Billing
Human resource	Security
Material management	Pathology Laboratory
Accounts & Finance	Radiology & Imaging-X-Ray, CT Scan,
Quality management	Blood Bank
IT department	Echocardiography
Medical Record Department	Ultra- sonography (USG) (24 hours)
Biomedical Engineering	Pulmonary Function Test(PFT)

Table 1: Scope of Services

Rheumatology, cardiology, neurology , cardiothoracic surgery faculty from Fortis Hospital, Mohali and Max healthcare hospital, Mohali are visiting this hospital on regular basis on fixed days of weeks and months.

All kinds of specialized surgical works are done in hospital. Minor and Major OT'S are well equipped with modern facilities. Laparoscopic and LASER surgeries are being done in this hospital for last 10 years with very satisfactory results.

FLOOR WISE DISTRIBUTION

Basement

- Materials Stores
- H.R
- House-keeping
- MRD
- CSSD
- Laundry,
- Food & Beverage department

Ground Floor

- Reception
- Registration
- OPD’s
- Blood Bank
- X-ray
- General ICU
- Patient waiting areas
- Labs
- Nuclear Medicine,
- Pharmacy

First Floor

- General Wards
- CMO office
- OT’s
- Medical Records Department
- Consultancy Rooms
- IT Department
- Ophthalmology Department
- GI Endoscopy

- USG
- Echo
- Labour room
- MS’s Room
- NS’s Room
- GM’s Room

Second Floor

- Cath Lab
- Ortho OT
- OT(minor)
- Special wards
- ICU
- CSSD

Third Floor

- Administrative Block
    - Medical Administration
    - Marketing
    - Accounts
    - Biomedical Engineering
- Mess
- Rooms

PROJECT

An analysis of level of Patient's compliance to advised USG investigation in Sri Ram Hospital, Shimla

Introduction:

Physicians work in partnership with patients to achieve optimal care.

But what happens when a patient does not follow a doctor's advice? Addressing non-compliance or non-adherence — when a patient does not comply with **doctor's advice**, which a physician has set out in the patient's best interests — can be challenging.

Besides impacting patients and the health care system, non-compliance has grim financial implications for other stakeholders, such as hospitals, insurance companies and employers. Patients have a reduced quality of life, shorter life spans and higher long-term health costs. Hospitals forego potential revenues worth millions of dollars, if not billions. The entire health care system is burdened by increased health care costs, including increased hospitalization rates and physician consultation. Yet most patients don't particularly care how their individual non-compliance affects the cost of care at their hospital or in the healthcare system overall.

Patient noncompliance is one of the major unsolved therapeutic problems confronting the medical profession today. Physicians have great difficulty in identifying and dealing with non compliers. *(1)*

Despite this evolved understanding, in general **the issue of poor compliance to investigations and admissions advised by consultants in a Hospital setting has not been given the priority it deserves**. Consequently, in the past it has received insufficient direct, systematic or sustained intervention.

Literature Review:

- It has been estimated by numerous studies that one-third to one-half of all patients are non-compliant with medical direction [(2)].

- Research conducted by the New England Healthcare Institute (NEHI) in 2009 estimated that, in the US, the overall cost of poor adherence, measured in otherwise avoidable medical spending, is close to $310 billion annually, representing approximately 14% of total healthcare expenditures[(3)]

However, little is known about patient non-compliance in relation to investigations and admission advised by a consultant. This leads to prolonged illness and further complications which is an important patient safety concern.

Need For Study:

Patient "non-compliance" is actually not a patient failure but rather another data point to be assessed and another opportunity to re-engage creatively with the patient, perhaps with the help of others.

If patients aren't compliant, there's a reason, and it's a healthcare provider's obligation to find out what it is; understanding a patient's personal and social circumstances is crucial to caring for the patient and will ultimately drive down costs.

In this research project, I attempt to address this small but an important corner of this patient safety endeavour.

- Why are patients not getting their laboratory monitoring test and not getting admitted in the hospitals, when advised by their consultants?
- Which prescribers and which patients are least likely to do what is needed to happen and what interventions would be most promising?

Research Question:

- What is the effect of ***cost*** in influencing patient's compliance to advised USG investigations in Sri Ram Hospital, Shimla?
- What is the effect of ***waiting time*** in influencing patient's compliance to advised USG investigations in Sri Ram Hospital, Shimla?
- What is the effect of ***patient knowledge*** in influencing compliance to consultant's advice USG investigations in Sri Ram Hospital, Shimla?

Objective:

- To determine the **effect of cost** in influencing patient's compliance to advised USG investigations in Sri Ram Hospital, Shimla?
- To determine the **effect of waiting time** in influencing patient's compliance to advised USG investigations in Sri Ram Hospital, Shimla?
- To determine the **effect of patient knowledge** in influencing compliance to advised USG investigations in Sri Ram Hospital, Shimla?

Research Methodology:

Study Design:

Descriptive study

Study Area:

Sri Ram Hospital, Shimla

Sample Size:

Sri Ram Hospital
Sample size: 1188

Sample Criteria:

A total of 1188 prescriptions were collected over a period of 60 days during the working hours of OPD from Monday to Saturday (to account for daily variation). **Prescriptions were collected only for those patients who were advised USG investigations in Sri Ram Hospital, Shimla.**

Tools:

Patients: Semi-structured Questionnaire

Technique:

Face to face interview

OBSERVATIONS

The following observations were made in this study based upon information gathered from patients, records and reports:

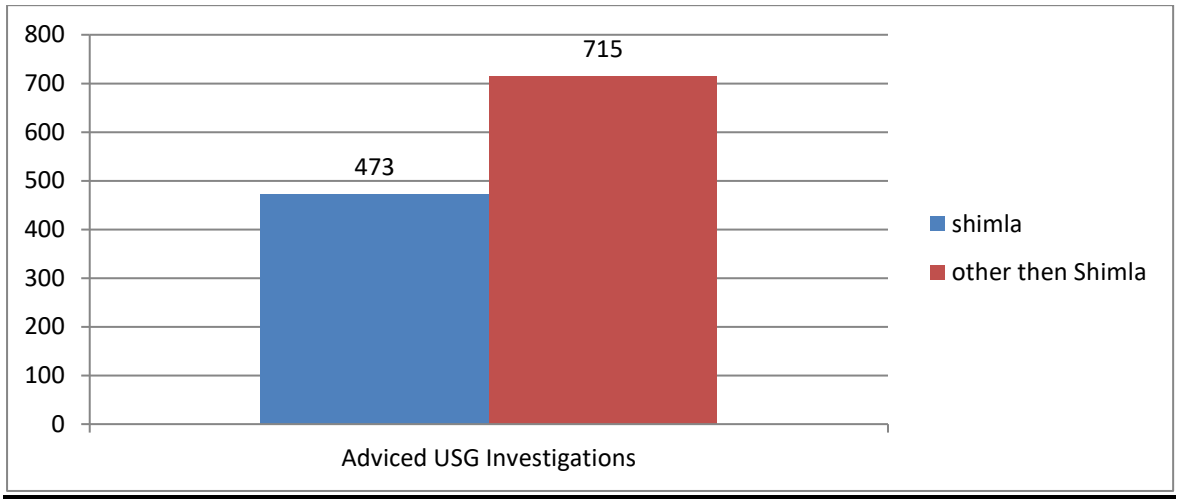
1. AGE AND SEX WISE DISTRIBUTION OF PATIENTS

Age groups (years)	Male		Female		Total	
	No.	% age	No.	%age	No.	%age
0-10	21	2	14	1	35	3
11-20	35	3	57	6	92	9
21-30	92	8	79	7	171	15
31-40	113	9	105	8	218	17
41-50	191	16	110	9	301	25
>50	190	16	181	15	371	31
Total	642	54	546	46	1188	100

Table: 1

Out of 1188 patients 642 (54%) were male and 546(46%) were female with male to female ratio (M:F) of 1.1 : 1. Almost 56% patients were in age group >40 years with slight male preponderance.

1. **Of the total 1188 patients who were advised USG investigations, what was the geographical distribution of patients?**



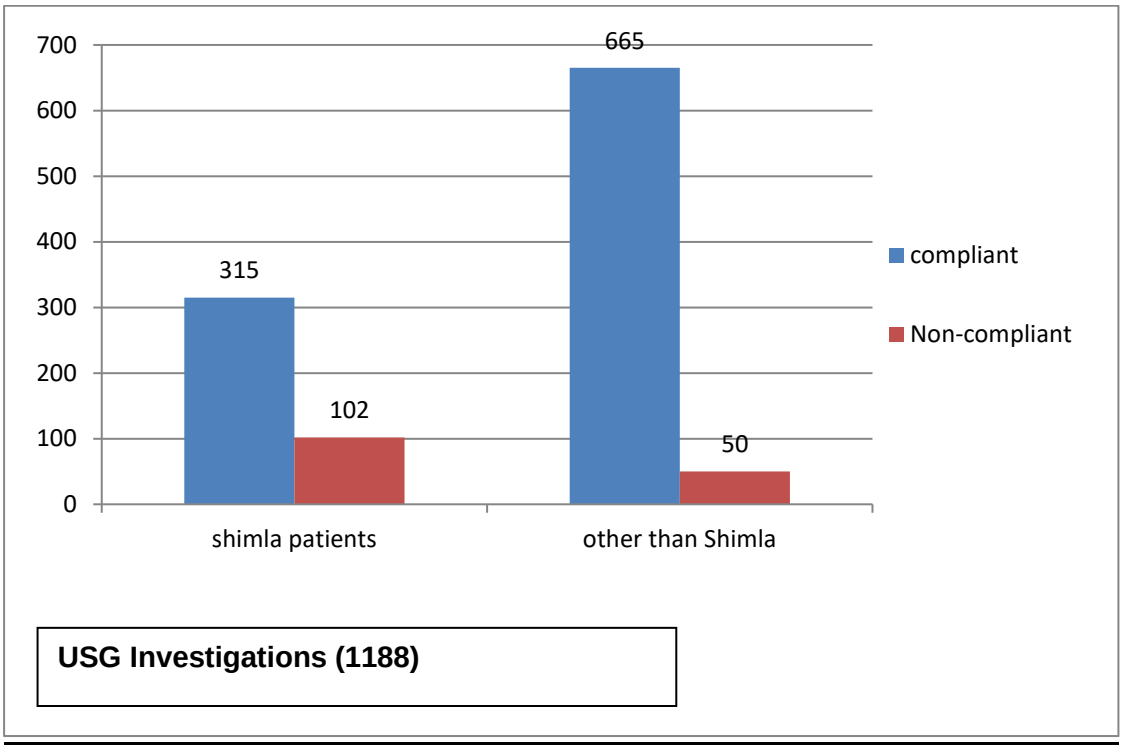
Interpretation:

Of the total 1188 patients who were advised USG investigations:

- 473 were Shimla residents
- 715 were from other than Shimla

Shimla patients	Other than Shimla
473	715

2. **What was the level of compliance for Shimla patients and patients from adjoining villages :**



USG Investigations (1188)

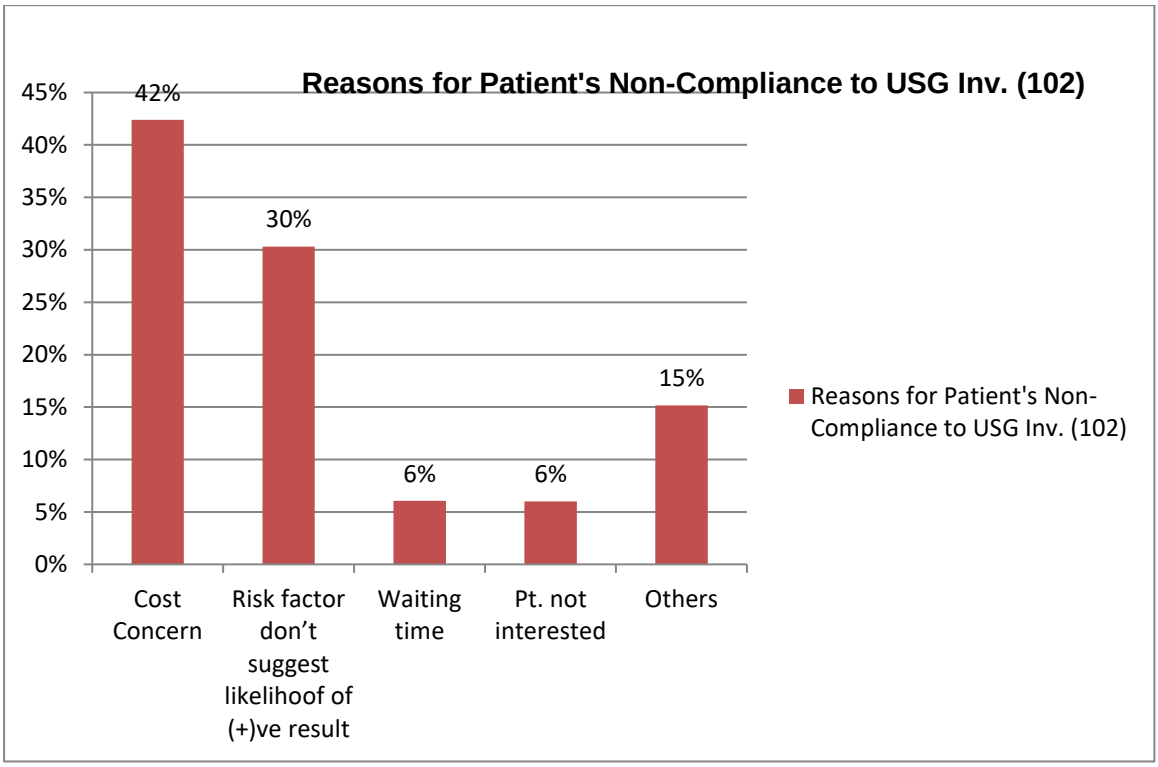
Compliance				Non-compliance %age
Shimla patients	315	102	417	**24.46%**
Other than Shimla	665	50	715	**6.9%**

Interpretation:

- **Of the total 417 shimla patients who were advised USG investigations, 102 were non-compliant**
- Of the total 715 patients from other than Shimla. 50 were non-compliant

Non-compliance was found to be high for Shimla resident's i.e. 24.46% for USG investigations. So, detailed analysis was done only for patients from Shimla region.

3. **To know, the reasons of patient's non-compliance to advised USG investigations in Radiology department:**
(For *patients from Shimla region)*



Interpretation:

Cost Concern	Risk factor don't suggest likelihood of (+)ve result	Waiting Time	Patient not interested	others
42%	30%	6%	6%	15%

- Of the 102 patients who did not comply with consultant advice for USG investigations:
- 43 patients did not comply because of high cost
- **31 patients didn't go for the test because they believe that risk factor don't suggest the likelihood of positive result.**

- 6 patients were not interested in getting their test done whereas 15 have some other reasons.

Findings:

- From the above data, we can say that, patients from Shimla are not likely to comply with consultant advice for USG investigations
- Compliance is found to be highest for patients from regions other then Shimla
- Cost is still the major concern for most of the patients but a majority of patients don't comply to advise investigations because as per their knowledge risk factor don't suggest likelihood of positive results.

Discussion:

Patients may have many reasons for refusing treatment. The patient may not understand the importance of the treatment or the consequences of noncompliance. Our research study has disclosed that the factors most consistently related to patient's non-compliance are:

- High Cost
- Patient not convinced with consultant's advice or disease/illness not properly explained
- Psychological factor
- Waiting time

The patient is the ultimate decision-maker regarding his or her own medical care and has the final word in whether or not to undergo a recommended procedure or course of treatment.

These patients are not "non-compliant," they simply have more steps to complete at the beginning of the process before engaging and arriving at a place where they are ready to either accept the advice and input of the physician or ideally co-create a patient-specific healing journey.

It is an obligation of healthcare provider to find out the reasons for the refusal. Once the underlying cause is identified, the physician may be able to address it specifically and find an effective alternative that is mutually agreeable to both the patient and physician

The solution to this problem lies in the development of an open, co-operative doctor-patient relationship.

- ✓ The potential risks of declining the recommended course of treatment should routinely be discussed with patients, along with the risks and potential complications of the procedure/treatment itself.
- ✓ The patient should be given ample opportunity to raise any questions or concerns about proceeding or not proceeding with the recommended course of treatment.
- ✓ If the patient decides to refuse the treatment, the physician should not assume that the patient understands the consequences of that refusal and needs no further explanation. The physician should always verbally confirm that the patient understands and has no questions about the proposed procedure or treatment and/or the potential risks of refusing it.

Conclusion:

Patient noncompliance with medical regimens is one of the major unsolved therapeutic problems confronting the medical profession today. Besides impacting patients and the health care system, non-compliance has grim financial implications for other stakeholders, such as hospitals, insurance companies and employers. Patients has reduced quality of life and increased long term cost whereas hospitals forego potential revenues worth millions of dollars, if not billions.

Physicians have great difficulty in identifying and dealing with non compliers. **Patient "non-compliance" is actually not a patient failure but rather another data point to be assessed and another opportunity to re-engage creatively with the patient, perhaps with the help of others**. Sometimes a patient is not ready to hear, to believe, or to follow a physician-defined and dictated care plan. Sometimes a patient needs to first overcome a mental health barrier, a financial barrier, an environmental barrier, or a spiritual barrier before being ready to address a physical challenge and follow a prescribed care plan.

If we truly want to create a healthy health care system than we must create an environment where the practitioner has the time, relationship and patient's trust to assess and identify the real barriers to healing (those early steps in the process that must be addressed). Then together they must take the opportunity to co-create a healing journey that will best position the patient to achieve specific health goals. To meet the patient where he is at and begins the co-created plan at that point.

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