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OPD automation: Establishing user friendly outpatient department

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Charitable hospital such as Sir Ganga Ram Hospital has earned the trust and goodwill over six decades and citizens of India and neighboring countries travel all the way with the lot of hope and conviction to get the quality health care. Sometimes, hospitals can be coercing places for patients. Front offices being the face of the hospital, it creates a huge impact on the opinion making when come in contact with patients who is visiting our hospitals. An efficient, well designed, planned and operationalized outpatient's services are a collective responsibility of each and every members of the team. At Sir Ganga Ram Hospital, with the blessings of our Honorable Chairman, Board of Management, Dr. D.S. Rana, OPD automation project was designed to help medical outpatient clinics provide a more user friendly service. Each consulting receptions was provided a checklist which is being used by all the OPD staff to assess the strengths and weaknesses of their outpatient department. During the implementation of OPD automation project, it was realized that some of the proposals required extra resources but many were already part of current practice. Focus areas of the presentation are base on the sequence of the patient visit such as before appointment, locating the hospital, on arrival, scheduling and appointment, waiting time, waiting environment, patient who could not make it, quality and quantity of human resources and their skills, displayed information for efficient communication, technology such as Wifi, Kiosk, risk management, maintaining dignity, privacy, patient safety, communication management, consultation process, training & education, results and follow-up plans, prescription and side effects and most importantly the review of patient-friendly policies.

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Cost-effectiveness analysis of medical intervention in patients with early detection of diabetic retinopathy in a tertiary care hospital in Bangladesh

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Background & Aims: The economic burden resulting from diabetic retinopathy (DR) consumes a major portion of resources allocated for health-care services. The present study was undertaken to assess the cost-effectiveness of medical intervention in patients with DR.

Materials & Methods: Two hundred patients with DR, at least 1 year of follow-up were purposively selected from Out-Patient Department of BIRDEM (tertiary diabetes care hospital), Bangladesh. Of them 100 were late in detection of DR (LDR) & 100 were detected early (EDR). Comparison was made between the groups.

Results: In LDR group, 42.4% had mild non-proliferative DR (NPDR), 31.4% had moderate, 15.1% had severe NPDR & 11.1% had proliferative DR (PDR). In EDR group, 58.4% had mild and 41.6% had moderate NPDR. About 17% patients in LDR & 34% in EDR were free of diabetic complications other than DR. In LDR & EDR, 18% & 46% had one complication, 27% & 8% had two and 30% & 4% had more than two complications respectively. The most frequent complication was cardiopathy which affected 31% patients in LDR & 25% in EDR followed by peripheral neuropathy 19% & 16%, nephropathy 15% & 11% and peripheral vascular disease 8 % & 4% respectively. The average annual cost of care was US\$ 27954 (direct US\$ 16983 & indirect US\$ 10971), with an average US\$ 140 per patient. Among the average annual cost LDR consumed US\$ 19737 (US\$ 197 per patient) & EDR US\$ 8217 (US\$ 82 per patient). The regression equation showed that medical cost is significantly related to complications tested in both univariate ($P < 0.0001$) & multiple linear regression analyses ($R^2 = 0.53$; $F = 82.3$, $P < 0.0001$).

Conclusion: Proper management with regular screening substantially reduces the expenditure related to care of patients with diabetic retinopathy & related complications even in a developing country.

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