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**Study Of Speciality Wise Profile Of Patients Attending Outpatient Department Of Skins In General And Plastic Surgery In Particular.**

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**Abstract :**

*Keeping in view the importance of referral system and centrality of outpatient department in a health care unit the present study at SKIMS will be undertaken to assess profile of patients attending outpatient department, their rationale for referral and thereby forming a policy of referral for health care institutions.*

**Key Words:** Neurology, Surgical ,SKIMS, Out Patient , Clinic, Referral, Policy

**Introduction:**

SKIMS Soura is the most premier institute of the state of Jammu and Kashmir in India. It provides Ambulatory medical care general health care and, specialised health care to a large population.

The outpatient department of SKIMS is a large care centre which provides health care with special facilities to members of community that are needed to keep them in a good state of health. The outpatient department of a hospital is an establishment, which cares for the ambulatory patients, who come for diagnosis, treatment and follow-up care.

**Discussion :**

A well organized and efficiently run outpatient department has an important role to play in providing medical care in developing countries

where hospital beds are not available in sufficient numbers. The Outpatient Department has been appropriately described as the “shop window” of a hospital. The Outpatient Department is the most important area and is the first point of contact between a patient and hospital. The reputation of a hospital can largely be made or marred by its impression on the patients in the first few minutes after his arrival. The Outpatient Department is placed in such a way that it can share the diagnostic and therapeutic facilities of the hospital. The outpatient department indulges in preventive, diagnostic and therapeutic work, besides educational work. The outpatient department is spacious enough, having drinking water and toilet facilities, proper seating arrangement, so as to provide comfort to the patients and their attendants.

For any community based health service to succeed, it is imperative that users are provided

secondary and tertiary care, whenever need arises. This can be translated into reality by having sound referral system with a mechanism for feed back, between extreme posts of rural health services and hospital based health services. This will also avoid duplication of services, thus making the system cost-effective. SKIMS Provides a perfect referral centre

SKIMS provides Specialist services in

- Internal Medicine
- General Surgery, including emergency care
- Obstetrics and Gynaecology
- Paediatrics
- Other specialties, such as mental health care, depending on the pattern of medical practice in the country.

Tertiary hospital services may include these services plus:

- Full intensive care unit;
- Specialized burns intensive care unit;
- Specialized diagnostics, such as CT scans and MRIs (Advanced medical imaging technologies);
- Specialized surgery, such as neurosurgery; Cardiothoracic Surgery
- Other medical specialties such as gastroenterology , Urology , Hematology or Oncology

To study the specialty wise profile of patients attending referral clinic, a prospective study was carried out for a period of one year from 1<sup>st</sup> January 2010 to 31<sup>st</sup> December 2010, where maximum number of referred patients 1622 (22.5%) visited endocrinology followed by neurology 1038(14.4%) and medical oncology 1000 (13.9%), respectively. 815(11.3%) patients attended nephrology clinic, followed by surgical gastroenterology 594 (8.3%), Paediatric surgery 502 (7.0%), plastic surgery 448(6.2%). 294(4.1%)

patients were referred to Neurosurgery and 230 (3.2%) to Cardiology. CVTS and Gastroenterology was visited by 285 (4.0%) each, of total referrals.

Plastic Surgery is one of the important components of SKIMS Soura. It receives a high percentage of cases from various places and involves cases of bites by animals , trauma cases, cases from Orthopaedics . Congenital cases requiring special repair are also admitted. Burn patients who survive and have a need for plastic surgery repair constitute an important component. There was a dominance of bear maul patients 86(19.2%) and burn patients 76 (17.0%) visiting plastic surgery Out Patient Department. Vascular malformation 32 (7.1%), non-healing ulcers 34 (7.6%) and animal bites 31(6.9%) constituted other important ailments.

### Conclusion:

The collection of data is important for studying the incidence and prevalence of disease patterns in a particular region. An approximate idea about the number of cases received in SKIMS gives a rough estimate about the disease incidence and prevalence in population which sets up a standard for framing health care policy of a state to divert its effective resources towards the main problems faced in the state and optimise the rational use of resources especially in a developing country like ours.

Tables and Figures:

Age and Gender distribution of the Studied Patients				
Age (year)	Male n (%)	Female n (%)	Total n (%)	p value
0 to 15	441 (14.5)	131 (4.7)	572 (9.8)	0.000 (Sig)
16 to 30	324 (10.7)	454 (16.3)	778 (13.4)	
31 to 45	898 (29.5)	1217 (43.8)	2115 (36.3)	
46 to 60	1067 (35.1)	842 (30.3)	1909 (32.8)	
> 60	309 (10.2)	137 (4.9)	446 (7.7)	
Total	3039 (52.2)	2781 (47.8)	5820 (100.0)	

Table 1: Age and Gender Wise Distribution of the Referred Patients

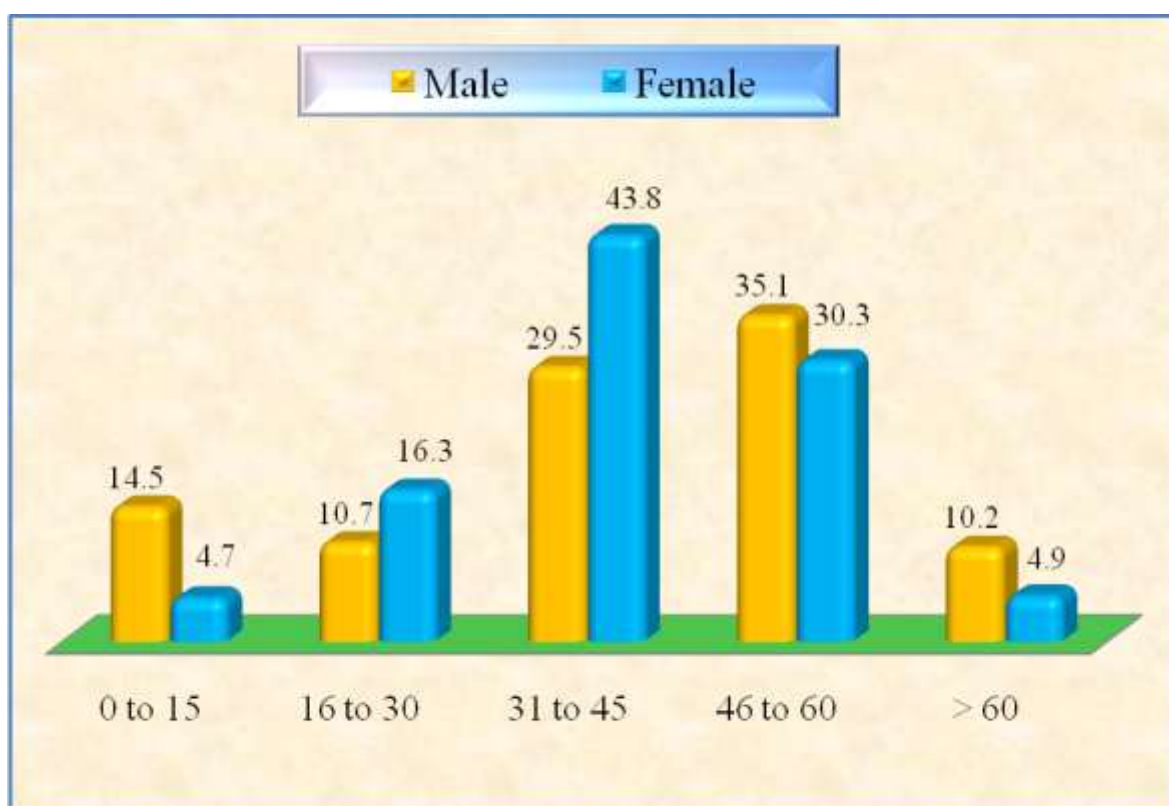


Fig 2: Age and Gender Distribution of the Referred Patients

Speciality	n (%)
Urology	100 (1.7)
Surgical Gastroentrology	473 (8.1)
Plastic Surgery	365 (6.3)
Pediatric Surgery	256 (4.4)
Neurosurgery	274 (4.7)
Neurology	822 (14.1)
Nephrology	769 (13.2)
Medical Oncology	859 (14.8)
Gastroenterology	243 (4.2)
Endocrinology	1223 (21.0)
Cardiovascular Thoracic Surgery	252 (4.3)
Cardiology	189 (3.2)
Total	5825 (100.0)

Table 2 : Speciality wise Distribution of referral patients

Age Distribution of the Studied Patients [p=0.000 (Sig)]						
Speciality	0-15	16-30	31-45	46-60	> 60	Total
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Endocrinology	6 (1.0)	229 (29.4)	495 (23.4)	418 (21.9)	75 (16.8)	1223 (21.0)
Medical Oncology	43 (7.5)	49 (6.3)	305 (14.4)	342 (17.9)	120 (26.9)	859 (14.8)
Neurology	37 (6.5)	69 (8.9)	322 (15.2)	304 (15.9)	90 (20.2)	822 (14.1)

Nephrology	70 (12.2)	105 (13.5)	274 (13.0)	287 (15.0)	33 (7.4)	769 (13.2)
Surgical Gastroentolog	11 (1.9)	54 (6.9)	174 (8.2)	153 (8.0)	81 (18.2)	473 (8.1)
Plastic Surgery	103 (18.0)	68 (8.7)	137 (6.5)	46 (2.4)	11 (2.5)	365 (6.3)
Neurosurgery	24 (4.2)	98 (12.6)	89 (4.2)	63 (3.3)	0 (0.0)	274 (4.7)
Pediatric Surgery	256 (44.8)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	256 (4.4)
Cardiovascular Thoracic Surgery	15 (2.6)	12 (1.5)	122 (5.8)	96 (5.0)	7 (1.6)	252 (4.3)
Gastroentology	0 (0.0)	32 (4.1)	86 (4.1)	114 (6.0)	11 (2.5)	243 (4.2)
Cardiology	7 (1.2)	38 (4.9)	60 (2.8)	73 (3.8)	6 (1.3)	184 (3.2)
Urology	0 (0.0)	24 (3.1)	51 (2.4)	13 (0.7)	12 (2.7)	100 (1.7)
Total	572 (9.8)	778 (13.4)	2115 (36.3)	1909 (32.8)	446 (7.7)	5820 (100.0)

Table 3 : Age wise Distribution of the Referred patients

Plastic Surgery	n (%)
Bear maul Injury	86 (19.2)
Burn	76 (17.0)
Laceration face	56 (12.5)
Laceration Abdomen	56 (12.5)
Non Healing Ulcer	34 (7.6)
Vascular Malformation	32 (7.1)
Animal Bite	31 (6.9)
Mandible Fracture	22 (4.9)
Ulnar Claw Hand	19 (4.2)
Urethral Fistula	18 (4.0)

Fracture Skull/Laceration	17 (3.8)
Mandible Fracture/Palsy	15 (3.3)
Hypospadias	15 (3.3)
Nasal Defect	14 (3.1)
Discharge from Implant Side	13 (2.9)
<b>Total</b>	<b>504 (100.0)</b>

**Table 4: Disease wise distribution of plastic surgery patients**

**References:**

1. Shin-ichi Toyabe and Akazawa Kouhei. Referral from secondary care and to aftercare in a tertiary care university hospital in Japan. Department of Medical Informatics, Niigata University Medical and Dental Hospital. 2007, BMC Health Services Research.
2. Reyaz A. Rangrez, Tabish S. A, Qadri G.J, Pandit NA. Establishing a Referral System in Kashmir. JK Practitioner 2005;12(3):17
3. Rangrez RA, Tabish SA, Qaudri GJ, Nazir A Pandit; “Establishing a referral system in Kashmir”. Department of Hospital Administration Sher-i-Kashmir Institute of Medical Sciences, Srinagar. JK Practitioner 2005;12(3):175
4. NHS Center for Reviews and Dissemination. Effective Health Care Bulletin No 8. Leeds: University of Leeds; 1994. Implementing clinical practice guidelines
5. NHS Center for Reviews and Dissemination. Effective Health Care Bulletin No 8. Leeds: University of Leeds; 1994. Implementing clinical practice guidelines
6. National Department of Health, South Africa. 2003. “Strategic Framework for the Modernisation of Tertiary Hospital Services”. National Department of Health, South Africa, Pretoria. <http://www.doh.gov.za/mts/docs/framework.html>
7. Mills A. The Economics of Hospitals in Developing Countries. Part I: Expenditure Patterns. Health Policy and Planning 5 (2): 107–17.
8. Martin Henser, Max Price, and Sarah Adomakoh. “Referral Hospitals”. In: Disease Control Priorities in Developing Countries, 2006, 2<sup>nd</sup> ed., 1229- 43 New York Oxford University Press.
9. Katharine E. Zuckerman, Xin Cai, James M. Perrin, Karen Donelan. The Journal of Pediatrics. Incomplete Specialty Referral among Children in Community Health Centers . Volume 158, Issue 1, Pages 24-30, January 2011.
10. Government of India Central Bureau of Health Intelligence, Directorate General Of Health Services, Ministry Of Health and Family Welfare, Health Sector Policy Reform Options Database (HS-PROD), July 2002.
11. Germano M. Mwabu. “Referral systems and health care seeking behaviour of patients: An economic analysis.” World Development. Volume 17, Issue 1, January 1989, Pages 85-91
12. Fertig A, Roland M, King H, Moore T. Understanding variation in rates of referral among general practitioners: are inappropriate referrals important and

- would guidelines help to reduce rates?  
BMJ. 1993;307:1467–1470
13. Christopher B. Forrest, Efrat Shadm, Paul A. Nutting and Barbara Starfield. Specialty Referral Completion Among Primary Care
  14. Angela Coulter, Ahilya Noone, Michael Goldacre General practitioners' referrals to specialist outpatient clinics I. Why general practitioners refer patients to specialist outpatient clinics. British Medical Journal, Vol 299. 29 July 1989.
  15. Akbari A, Mayhew A, Al-Alawi MA, Grimshaw J, Winkens R, Glidewell E, Pritchard C, Thomas R, Fraser C. Interventions to improve outpatient referrals from primary care to secondary care.  
aakbari@ottawahospital.on.ca  
Cochrane Database Syst Rev. 2008 Oct 8;(4):CD005471.