“Comparative Study on Public and Private Healthcare Organizations in Haryana”

A dissertation submitted in partial fulfillment of the requirements for the award of

Post-Graduate Diploma in Health and Hospital Management

by

Dr. Priyanka Chauhan

International Institute of Health Management Research

New Delhi -110075

April, 2011

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Under the guidance of

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New Delhi -110075

April, 2011

Certificate of Internship Completion

Date.26 April 2011

TO WHOM IT MAY CONCERN

This is to certify that Dr. Priyanka Chauhan has successfully completed her 3 months internship in our Organization from January 10, 2011 to April 10, 2011. During this period she has worked on a project titled "Comparative Study on Public and Private Healthcare Organizations in Haryana" under my guidance and my team at Public Health Foundation of India- New Delhi.

We wish him/her good luck for his/her future assignments

(Signature)

Ms. Kavita Narayan, FACHE
Head of Hospital System Support Unit

Certificate of Approval

The following dissertation titled "**Comparative Study on Public and Private Healthcare facilities in Haryana**" is hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of **Post- Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation

Name_____ _____Signature_____

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Certificate from Dissertation Advisory Committee

This is to certify that **Dr. Priyanka Chauhan** , a participant of the **Post- Graduate Diploma in Health and Hospital Management**, has worked under our guidance and supervision. She is submitting this dissertation titled " **Comparative Study on Public and Private Healthcare facilities in Haryana**" in partial fulfillment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital Management**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

Prof. Indrajit Bhattacharya

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ABSTRACT

The study is carried out in two phases – in the first phase of study- important quality and operational indicators were identified on the basis, which could elaborate on the health status of the existing population in the district and how efficient is the services provided to them by public and private sector individually. Aim: To compare the present status of public and private health care services in the district.ii) To make possible practical recommendations for closing the existing gap. In the second phase of study patient satisfaction survey was done through structured questionnaire by face to face interview in both hospital to find out how much satisfied were the patients from the population in the same district. Results: It was found that in private hospital bed occupancy rate was only 55 percent whereas nearby public hospital served with a bed occupancy rate of 128 percent. The existing lag in bed occupancy rate BOR in private sector and over burden of public hospital could both be overcome if healthcare was dealt as a unit rather then diffentiating on the basis of economies of the population. This could not just help in coping up for improving health scenario but also improving quality of services as a whole in both the sector.

ACKNOWLEDGEMENT

I would like to express my greatest gratitude to the people who have helped & supported me throughout my project. I would like to gratefully and sincerely thank Dr. Kavita Narayan(Head of Hospital System Support Unit, PHFI) for her guidance, understanding and patience. Her mentorship was paramount in providing a well rounded experience for my long-term career goals. She encouraged me to not only grow as an health professional but also as an instructor and an independent thinker. I am not sure many students are given the opportunity to develop their own individuality and self-sufficiency by being allowed to work with such independencen completing the project & exchanged their interesting ideas, thoughts & made this project easy and accurate.

I am grateful to Dr. Tarun Seem for his continuous support for the project, from initial advice & contacts in the early stages of conceptual inception & through ongoing advice & encouragement to this day.

I would also like to thank Dr. Ashish Gupta(Director, NRHM, Haryana)for his assistance and guidance in getting my project started on the right foot.

I am also thankful to Dr. V.K. Bansal (Civil Surgeon, District Hospital, Panchkula., Dr. Prabhjot Singh Bhatia(Chief Operating Officer, Alchemist Hospital), Dr. Usha Gupta(Medical Superintendant, Ditrict Hospital,Panchkula)who allowed me to get an overview of their organizations and its functioning.

I wish to thank my parents for their undivided support and interest who inspired me and encouraged me to go my own way, without whom I would be unable to complete my project. At last but not the least I want to thank my mentor Prof. Indrajit Bhattacharya and my colleagues and seniors at PHFI who appreciated me for my work and motivated me and finally to God who made all the things possible…

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I.	**Out Patient department (OPD)**				
1.1	**OPD Load**	125 patients/day	1700patients/day	20patients/day	50patients/day
1.2	**Fraction of**	No reservation / None			Not recorded
1.3	**Availability of all clinical specialists**	14/17	15/17	1/4	
1.4	**Patients Complaints**	5% of total OPD	No Records	None	Not recorded
1.5	**Waiting time for consultation**	15 minutes	1 hour	10 minutes	15 minutes
1.6	**Waiting time for registration**	5.5 minutes	2 minutes	2 minutes	2 minutes
II.	**Pharmacy department**				
2.1	**Percentage of available drugs (Percentage)**	100%	73.4%(Compared to IPHS norms)	N.A	N.A
2.2	**Drug Stock out days**	According to sources, they are NEVER OR VERY RARELY out of stock	NEVER OR VERY RARELY	N.A	N.A
III.	**Diagnostic services**				
3.1	**No. of Lab tests available**	89/90	81/90	18/90	15/90
3.2	**Cross validation of test reports**	≈0 %	≈0 %	No Record	No Record
3.3	**OPD to Lab ratio**	1.6:1	18:1	8:5	5:2
IV.	**Adherence to staffing norms : According to IPHS standards**				
4.1	**1 Nurse for 6 beds for General ward**	NO	NO	YES	YES
4.2	**1 Nurse for 4 beds for special ward**	YES	NO	YES	YES

4.3	**1 Nurse for 1 bed for IC**	YES	YES	NO	N.A.
4.4	**2 Nurses for one major OT table**	YES	YES	NO	NO
V. Delivery suite					
5.1	**Caesarean rate**	30% approx.	20.62%	N.A.	33.3%
5.2	**MMR**	Lowest range ≈0 %	0.73%	N.A	Nil
5.3	**NMR**	Lowest range ≈0 %		N.A	Nil/not reported
5.4	**Deliveries per table**		3:1	N.A	12:1
VI. Hospital Performance Indicators					
6.1	**Bed Occupancy Rate (BOR)**	50-65%	128%	83.3%	50%
6.2	**Average Length of Stay per patient**	7 days	3 days for delivery suite, overall avg. yet to be calculated	4 hrs	3 days
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6.4	**Nurse to Bed Ratio**	1.75:1	0.6:1	0.3:1	1
Consultation Fee		Rs 400	Rs 5	Rs 100-300 (Depending upon the patient)	Rs 50

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TABLE NO 4
Competency level * private, public hospital or clinic visited Cross tabulation

Count

		private, public hospital or clinic visted		
		district hospital	private hospital	Total
competency level	Sometimes	2	0	2
	usually	3	5	8
	always	14	15	29
Total		19	20	39

TABLE NO5
Cleanliness of room and toilets * private, public hospital or clinic visited Cross tabulation

Count

		private, public hospital or clinic visted		
		district hospital	private hospital	Total
cleanliness of room and toilets	Never	2	3	5
	sometimes	4	2	6
	usually	6	3	9
	always	8	12	20
Total		20	20	40

TABLE NO 6
Quietness at night * private, public hospital or clinic visited Cross tabulation

Count

		private, public hospital or clinic visted		
		district hospital	private hospital	Total
quietness at night	never	0	2	2
	sometimes	4	1	5
	usually	7	8	15
	always	9	9	18
Total		20	20	40

TABLE NO 7

Safety and security * private, public hospital or clinic visted Crosstabulation

Count

		private, public hospital or clinic visted		
		district hospital	private hospital	Total
safety and security	Never	2	1	3
	sometimes	2	1	3
	usually	1	0	1
	always	15	18	33
Total		20	20	40

TABLE NO 8

Help for bathroom and bedpan * private, public hospital or clinic visted Crosstabulation TABLE 6

Count

		private, public hospital or clinic visted		
		district hospital	private hospital	Total
help for bathroom and bedpan	Sometimes	2	1	3
	Usually	6	3	9
	Always	11	13	24
Total		19	17	36

TABLE NO 9

Efficiency of staff in pain management * private, public hospital or clinic visted Crosstabulation

Count

		private, public hospital or clinic visted		
		district hospital	private hospital	Total
efficiency of staff in pain management	Sometimes	4	1	5
	Usually	1	5	6
	Always	15	14	29
Total		20	20	40

TABLE NO 10
Information of medication for patients * private, public hospital or clinic visted Crosstabulation

Count

		private, public hospital or clinic visted		
		district hospital	private hospital	Total
information of medication for patients	Never	3	5	8
	sometimes	3	3	6
	usually	6	7	13
	always	8	5	13
Total		20	20	40

TABLE NO 11
Info regarding possible side effects to patients * private, public hospital or clinic visted Crosstabulation

Count

		private, public hospital or clinic visted		
		district hospital	private hospital	Total
info regarding possible side effects to patients	Never	16	17	33
	sometimes	1	2	3
	usually	1	0	1
	always	2	1	3
Total		20	20	40

TABLE NO 12
Patient condition given in writting * private, public hospital or clinic visted Crosstabulation

Count

		private, public hospital or clinic visted		
		district hospital	private hospital	Total
patient condition given in writing	yes	2	0	2
	no	5	5	10
	3	1	2	3
	4	6	7	13
Total		14	14	28

TABLE NO 13

Would you recommend this hospital * private, public hospital or clinic visted Crosstabulation

Count

		private, public hospital or clinic visted		
		district hospital	private hospital	Total
would you recommend this hospital	probbaly no	1	0	1
	probably yes	5	2	7
	definitely yes	14	18	32
Total		20	20	40

TABLE NO14

Maximum money in relation to treatment * private, public hospital or clinic visted Crosstabulation

Count

		private, public hospital or clinic visted		
		district hospital	private hospital	Total
maximum money in relation to treatment	lab test	3	8	11
	medicines	5	6	11
	other payment	6	5	11
Total		14	19	33

List of Abbreviations

ALOS- Average Length of Stay

BOR- Bed Occupancy Rate

BTR- Bed Turnover Rate

COO- Chief Operating Officer

ECHS- Ex Servicemen Central Health Scheme

HCAHPS- Hospital Consumer Assessment of Healthcare providers and Systems

HIV- Human Immuno Deficiency Syndrome

HRM- Human Resource Management

IPHS- Indian Public Health Services

LAMA- Left Against Medical Advice

MMR- Maternal Mortality Rate

MRSA- Methicillin Resistant Staphylococal aureus

NHS- National Health Scheme

NMR- Neonatal Mortality Rate

OPD- Outpatient Department

OTs- Operation Theaters

PHC- Primary Health Center

PHFI- Public Health Foundation of India

STD- Sexually Transmitted Disease

PART I- INTERNSHIP REPORT

Introduction

The Public Health Foundation of India (PHFI) was conceptualized as a response to growing concern over the emerging public health challenges in India. It recognizes the fact that meeting the shortfall of health professionals is imperative for a sustained and holistic response to the public health concerns in the country, which in turn requires health care to be addressed not only from the scientific perspective of what works, but also from the social perspective of who needs it the most.

The **Public Health Foundation of India** (PHFI), is an autonomous foundation located in New Delhi, India. The foundation was created as a public-private initiative and launched by the Prime minister of India, Dr. Manmohan Singh in 2006 with the aim of enhancing the capacity of public health professionals in the country over five to seven years. The PHFI initiative was collaboratively developed over two years under the leadership of Rajat Gupta (Chairman, PHFI and Sr. Partner Worldwide, McKinsey & Company), the Ministry of Health and Family Welfare and Prof. K. Srinath Reddy (President, PHFI and former Head of the Department of Cardiology, All India Institute of Medical Sciences. The concept was collaboratively evolved through consultation with multiple constituencies including Indian and international academia, State and Central Governments in India, multi & bi-lateral agencies, civil society groups in India.

The PHFI is working towards building public health capacity by:

- Establishing a network of new institutes of public health in India
- Establishing strong national networks and international partnerships for research
- Generating policy recommendations and developing vigorous advocacy platform
- Facilitating the establishment of an independent accreditation body for degrees in public health which are awarded by training institutions across India
- Assisting the growth of existing public health training institutions

Three IIPHs are currently running in Delhi, Gandhinagar and Hyderabad. The Indian Institutes of Public Health (IIPH) established by the Public Health Foundation of India (PHFI) would aim to make their education and research activities relevant to India in content and context, while attaining standards which are qualitatively comparable with the best in the world. Each IIPH would provide multidisciplinary education focused on the multiple determinants of health and the skill sets needed for designing and implementing a broad range of multi-sectoral actions required to advance public health.

The Need for Public Health In India

India faces a severe shortfall of public health professionals, and capacity building efforts are urgently required to address its emerging public health challenges.

Public health has evolved as a multi-disciplinary science which deals with the determinants and defense of health at the population level so as to impact upon and improve the health of individuals in that population. It aims to focus on and influence the multiple determinants of health (economic, social, behavioral and biological) and to undertake and evaluate multi-sectoral interventions to positively influence those determinants. It also involves the study of health systems, their structure and management practices as channels for delivery of health services for all sections of the population.

As India experiences a rapid health transition, it is confronted both by an unfinished agenda of eliminating infectious diseases, nutritional deficiencies, unsafe pregnancies and the challenge of escalating epidemics of non-communicable diseases. This composite threat to the nation's health and development needs a concerted public health response that can ensure delivery of cost-effective interventions for health promotion, disease prevention and affordable diagnostic and the therapeutic health care.

There is a constant need for surveillance, monitoring and evaluation. The interventions proposed need to be evidence based, context specific and resource sensitive. Thus public health should emphasize health promotion, disease prevention and cost effective as well as equitable health care through collective actions at various levels (viz. macro, public and private) to address the underlying causes of diseases, and foster conditions in which communities or population groups may lead healthy lives.

Costing

During the past few months I had been accounting the costing for District Hospital, Panchkula along side with my study so that the cost effectiveness could be calculated. This is an essential part of this analysis. Nowadays the health systems in developing countries is faced with burgeoning need on one hand and limited resources on the other. Policy makers at various levels are engaged in developing cost-effective health interventions that ensure accessible and affordable quality care that concurrently serves the poor and vulnerable groups.

To enable evidence based decision making, it is critical that they have information about the nature of costs incurred for providing selected services as per standard treatment guidelines. With the view mentioned above , an effort has been made to estimate the costs incurred for providing the services as STG's across .

Such Information on costing of health services helps in estimating the amount of resources required to provide healthcare services ensures better vigilance and decision making. Information on range of costs of healthcare services is a base of negotiation with healthcare providers.

The two prime approaches followed to costing are 'top-down' and 'bottom-up'. Top down costing takes the total cost of a program and allocates these costs on a per output basis. Thus the total cost of health services divided by the total number of clients to yield the average cost per patient. This method provided reliable mean estimates. Bottom-up costing or micro costing consists of identifying and costing the resources that are used for a specific patient .This method calculates each cost input that goes into an output.

The top-down costing approach was used for the for District Hospital, Panchkula .