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REVIEW ARTICLE

STUDY OF SPECIALITY WISE PROFILE OF PATIENTS ATTENDING OUTPATIENT DEPARTMENT OF SKIMS IN GENERAL AND NEUROSURGERY 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

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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.

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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

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

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)	

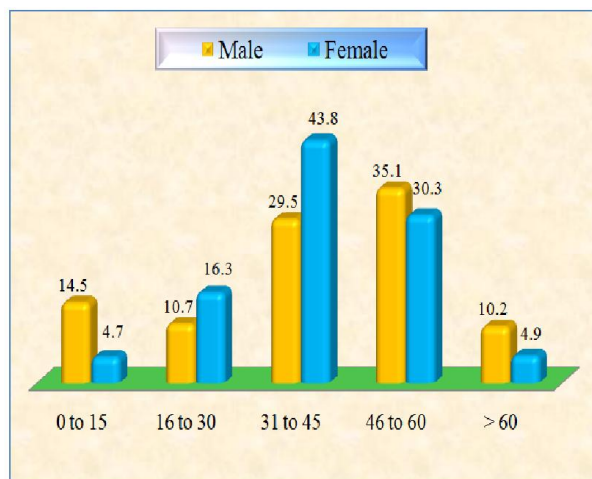


Fig. 2. Age and Gender Distribution of the Referred Patients

Table 2. Speciality wise Distribution of referral patients

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

Table 3. Age wise Distribution of the Referred patients

Age Distribution of the Studied Patients [p=0.000 (Sig)]						
Speciality	0-15 n (%)	16-30 n (%)	31-45 n (%)	46-60 n (%)	> 60 n (%)	Total 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 Gastroenterolog	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)
Gastroenterology	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 4. Disease wise distribution of Neurology patients

Neurology	n (%)
Stroke	244 (23.2)
Migraine	117 (11.1)
Seizure Disorder	101 (9.6)
Haemorrhage_ICH	80 (7.6)
Neuropathy	79 (7.5)
Motor Neuron Disease	68 (6.5)
Myasthenia Gravis	54 (5.1)
Meningitis	51 (4.8)
Encephalopathy	50 (4.7)
Transverse Myelitis	46 (4.4)
Bells Palsy	20 (1.9)
Degenerative Brain Disease	17 (1.6)
Degenerative Brain Disease	17 (1.6)
Cerebral Palsy	17 (1.6)
Epilepsy	16 (1.5)
Myelopathy	16 (1.5)
Altered Sensorium	16 (1.5)
Pyogenic Meningitis	14 (1.3)
Lumber Lardosis	13 (1.2)
Gullian Barrie Syndrome	18 (1.7)
Total	1053 (100.0)

Table 5. Disease wise distribution of Neurosurgery patients

Neurosurgery	n (%)
Chronic Sub Dural Haemorrhage	34 (11.6)
Headache with Vertigo	34 (11.6)
Fracture Cervical Spine	21 (7.1)
3 rd Cranial Nerve Schwannoma	20 (6.8)
Dorsal Lumbar Ependymoma	19 (6.5)
Intra disk L3-L4 Mass	19 (6.5)
Adenoma Pituitary	18 (6.1)
Pain in Leg	18 (6.1)
Fracture Right Parietal Bone	17 (5.8)
Hydrocephalus	17 (5.8)
Pituitary Tumour	16 (5.4)
CP angle Lesion	16 (5.4)
Low Back Ache with	16 (5.4)
Suprazygomatic Neuropathy	
Pituitary Adenoma	15 (5.1)
Choroid Plexus Papiloma	14 (4.8)
Total	294 (100.0)

To study the specialty wise profile of patients attending referral clinic, a prospective study was carried out for a period of one year from 1st January 2010 to 31st 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. Topping the list of Neurosurgery referrals were Chronic Sub Dural Haemorrhage and Headache with 34 (11.6%) patients each followed closely by 3rd Cranial Nerve Schwannoma 20 (6.8%) patients and Pituitary Adenoma 18 (6.1%). In neurology clinics it was seen that Stroke 244 (23.2%) and migraine patients 117 (11.1%) constituted the highest number of referrals visiting neurological clinic.

101 (9.6%) of the patients visiting neurological clinic were diagnosed as seizure disorder. The relatively high incidence of cerebrovascular accidents in Kashmir has been a matter of concern and may be probably related to the distinctive life style, habits of Kashmiri population.

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.

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