FOR WHOM DO WE TOIL?

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ABSTRACT

Indoor workload of a zonal service hospital for one month was studied. Service personnel and their dependents form the bulk of workload. Though the absolute number of ex-servicemen and their dependents is small, the resources spent on them are quite high. The average stay in hospital is 15 days. Rapid turnover of the patients reveals appropriate utilization of resources. Optimization of resources is possible by reducing the number of admissions for administrative purposes.

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Introduction

Infrastructure and resources (both human and material), for Service Hospitals are allotted on the basis of strength of the garrison. Service Hospitals cater to the needs of the service personnel, ex-servicemen and their dependents. Clientele of Service Hospitals is exponentially rising due to regular increase in the number of exservicemen and their dependents. Most of the hospitals are facing resource crunch due to truncating of the tail in favour of the teeth.

In view of the above, balancing the increasing needs and demands of the clientele with the desire to provide better health care is a tight rope walk. How often does quality get compromised while extending/stretching health services to the larger numbers? This study was carried out to determine the indoor patient workload in a zonal hospital. The observations and conclusions can pave the way for better resource management.

Material and Methods

Hospital admission and discharge records for one month were collected, categorized and analysed. The records pertained to randomly selected period 10 Jun to 9 Jul 98. All cases were grouped into well-established categories of service personnel, ex-servicemen and subsetting into Officer, JCO and OR and their families. These groups were further subdivided according to age and sex of patients. Out patient attendance of these groups for the year 1998 was also obtained from the record.

Results

During 1998, a total of 8,682 cases were admitted at the Zonal Hospital where study was carried on, averaging 723.5 per month. A total of 757 cases admitted during the study period formed the study material. Distribution of cases as per their service status is

shown in (Table - 1). Service personnel and their dependents were single largest group. Exservicemen and their dependents comprised 15.19% of the total admissions. The largest group of patients was of ORs and their dependents (Table -2). This pattern was seen amongst servicemen as well as exservicemen. Distribution of male and female children was more or less evenly balanced. The infantry soldiers were the single largest group amongst the Arms, followed by the Signals, while out of services, ASC were way ahead of the others, followed by AMC. Average duration of stay in hospital was 15 days, shortest 1 day and longest being 45 days. Majority of the cases stayed in the hospital for less than 10 days. The number of patients transferred in from smaller hospitals (37), and the number of patients transferred to better equipped centres (38) were a small portion (5%) of the total work load.

TABLE 1
Distribution of cases by service status

Category	No of admissions	%
Service pers and dependents	620	81.90
Ex servicemen and dependents	115	15.19
Miscellaneous	022	02.90
Total	757	99.99

Various categories of patients as per the indication of hospitalization are shown in (Table-3). The real sick and ill were 492 (64.99%). Admissions for various administrative reasons like sick dependent, for medical boards, etc. (Table-4), were 216(28.53%). Newborn admissions were 4(6.47%). 21 cases were placed on Dangerously Ill List (DIL), but none was placed on the Seriously Ill List (SIL). Most of the DIL cases (90%) stayed on the list for less than 11 days. Only four patients (0.9%) out of total admission succumbed to their illness during this study period. Most of these were suffering from chronic geriatric disease and were admitted at terminal stages.

Out patient attendance at the Zonal Hospital for the year 1998 was 94,215 averaging 7,851 a month. Servicemen and their dependents formed 72,985 (77.46%) while ex-servicemen and their

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TABLE 2

Rank wise distribution of admissions

Rank	Servicemen					Exservicemen				
	Self	Wife	Child	Other	Total	Self	Wife	Child	Other	Total
ORs	207	176	134	31	548	66	14	13	-	93
JCOs	15	12	11	05	43	11	06	03	-	20
Offrs	18	05	03	03	29	02	-	-	-	02
Total	240	193	148	39	620	79	20	16	-	115

TABLE 3

Breakdown of admissions as per reasons

Reason	No.	%
Sickness	492	65
Newborn	49	06.4
Administrative	216	28.6
Total	757	100

TABLE 4

Common administrative reasons for hospital admission

Reason	No.
Sick dependents	26
Sick attendants	67
Review and recategorisation medical boards, opinion of specialist	123
Total	216

dependents formed 21,230 (22.53%) of clientele.

Discussion

This medium sized zonal hospital caters to the medical needs of local as well as near by garrison and ex-servicemen. The dependents of both utilize medical facilities of this hospital. Large number of troops hailing from this region, even when not posted locally, and their separated families, seek succour at this hospital [1]. Analysis of workload of this hospital gives an insight into the utilization of facilities and will help in formulating policies for appropriate resources. The inferences and lessons learnt from this study could subsequently be utilized for other similar hospitals. Randomly selected period of a month and 757 cases thus fairly represent the average monthly indoor workload.

The major share of indoor work (82%) at this hospital is of servicemen (32% self and 50% their families) (Table 1). Ex-servicemen and their dependents account for 15% of the indoor and 22.53% out patient workload. The authorization of men and material resources of medical services are based on the strength

of servicemen. Providing medical facilities to dependents of servicemen, ex-servicemen and their dependents is a humanitarian and welfare measure. Unfortunately this additional responsibility stretches the medical resources too thin and wide for their optimal utilization. Service personnel are a young lot. Accordingly 76% servicemen and their dependents patients were less than 40 years of age.

Though the figures of ex-servicemen and their dependents appear to be small (15%), in real terms the resources spent on them are quite high. Most of these patients suffer from chronic geriatric illness. Facilities required to cope with geriatric illness are entirely different from the requirements of young group. Management of these disorders requires greater and specialized resources [2,3]. Meagre funds are allotted to hospitals to meet this additional responsibility. Medical planners must take this fact into account as the number of ex-servicemen and their dependents is perpetually rising [4]. The authorization of man and material resources should be need based, worked out on actual number and type of clientele.

Bulk of Armed Forces is formed by the ORs (Sep to Hav). Accordingly, 28% of admissions pertained to this category. Even amongst exservicemen, this was the single largest group (Table-2). It would be interesting to study if other factors such as lack of awareness, nutrition, hygiene and sanitation as well as lesser availability of preventive measures are predisposing this group to greater illness. Our study did not look into these aspects. Children, whether male or female, seem to have almost equal proportion of hospital admissions. One can safely say that availing medical facilities for children is free from gender bias in the Armed Forces.

An interesting fact of our study is that 51% of the admitted serving patients belonged to the teeth (Arms), Infantry claiming 34% of these followed by Signal (16%). Amongst the tail (services), ASC claimed 19%. This perhaps is due to the existence of local training centre of ASC. Teeth tail ratio has been a contemporary issue. Various attempts at optimizing

this ratio have been made. Even a cursory glance at animal kingdom will reveal the significance of tail. It is not a rudimentary wagging organ but is important for the animal to maintain its symmetry and poise. The fastest animal, Cheetah, too needs long enough tail to retain its balance and equilibrium. The teeth cannot have effective bite if the tail is unrealistically curtailed. The tail component is equally essential to keep the war machine on even keel and correct course. Unrealistic docking of the tail will adversely influence the teeth of the Armed Forces in the long run.

Placing a patient on Seriously Ill list (SIL) and Dangerously Ill List (DIL) has medical as well as administrative repercussions. Curiously, the SIL provision was not used during the study period. Analysis of record for 1998 reveals that only 19 patients were placed on SIL as compared to 314 patients placed on DIL and is under-utilised. It may be worthwhile to eliminate the SIL provision altogether and reduce paperwork.

Efficiency of a hospital is reflected by the turn over of patients and average duration of stay. Monthly turn over of 757 patients averages 30 new admissions/discharge per day. Hospital stay of less than 10 days in majority of cases signifies better utilization of facilities leading to rapid recovery. Early recovery of patients means more men available to the commander and fulfills the basic aim of service medical setup. Availability of more resources (human and material) to the medical services, perhaps can reduce the hospi-

tal stay further. Large number of admissions (28.6%) are for various administrative reasons (Table-3,4). These patients do not need much medical attention but eat away precious resources. Enormous man-hours are wasted in undertaking paperwork and other arrangements for their admission, stay and discharge. Modalities of reducing their number will spare scarce resources for the real needy patients.

This study has revealed that servicemen and their dependents are our main clientele. Though the absolute number of ex-servicemen and their dependents is small, resources used for them are significant. Short average hospital stay and high turnover of the patients and insignificant mortality indicate efficient medical care. Reducing the number of admissions for administrative purposes will help in redirecting the resources to real sick patients.

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