

## **Field tour report for Services hospital Lahore and Jinnah Hospital Lahore - 3 July 2013**

### **Visits done by**

Dr. Sania Chaudhry

Advisor

Structural Reforms and Research

Mr. Mansoor Butt

Advisor IT

### **Hospitals visited:**

Services hospital Lahore and Jinnah Hospital Lahore

### **The objective of the visit:**

To study the working of information technology systems and issues being faced with the ongoing structural reforms in the health sector in Punjab.

### **Visit 1: services hospital Lahore**

The visit was facilitated by the hospital administrator team after we had been stopped by the paramedical staff and guards from taking photographs in the emergency.

We started our visit from the gynaecology department. While standing outside the building we saw that a large number of people were standing and sitting in the ramps meant to be used for moving emergency patients to the upper stories of the building (Picture Annexed). As we walked through these ramps we saw that the landing areas between these ramps were being used by attendants of patients as resting and sleeping areas while the passage of the ramp was blocked by a large number of people either sitting or standing.

- **This hindrance in the emergency movement passageways could be fatal.**
- **Where are the systems to ensure this does not happen?**

Then we passed by the outdoor where there was a huge crowd of people waiting to get a ticket to be seen by a doctor in the outpatient examination area. It was difficult to make way to the other end of the passage due to the large number of people sitting or standing in these passages (Picture Annexed).

- **How have the policy-makers responded to the population explosion in this country from the perspective of providing health services without unjustly burdening the limited human and capital resource of existing hospitals?**

At this point a gentleman came up to us. He was the attendant of a patient and said that he was waiting there for the last one and a half hour since 8 AM but there was no doctor in the

outdoor. There were about 50 patients sitting waiting for the doctors' team to come and start the work. As we took a few pictures a junior doctor came over to the orthopaedic outpatient, probably after having been informed that an inspection team of Ombudsman Punjab was active in the area. When questioned about the absence of doctors he said that they were in wards on daily morning rounds. He was asked why the patients waiting outside had not been informed about the specific timings when the doctors would start seeing the patients. He answered that it was the Administration's duty to do so.

- **What are the protocols being followed to ensure role clarity and avoid role ambiguity?**
- **Who is making these standards and ensuring their implementation in Punjab?**

The entire building was extremely congested by the heavy flow of patients and their attendants, there was hardly any ventilation or fresh air and the lighting was poor. However the air-conditioners were working. One attendant also complained of there being bugs (khatmal) in the wooden benches on which the patients and their attendants were seated. Another complaint was also of long waiting times before the patients would be seen during the day.

- **Have our policy makers ever tried sitting on these benches in these congested areas to see how it feels to be treated like this keeping in view that it is the vote of these people which makes them policy-makers and taxes collected from them which pays for perks and salaries?**
- **Where are these complaints listed, analysed and services improved through feedback.**
- **How is the Health Department of Punjab ensuring that when new facilities are being created these mistakes or problems are avoided to provide a better service to the patients of this province?**

From there we walked to the hospital emergency. The conditions here were not as bad as in the gynaecology building. Lighting ventilation and air conditioning was much better. One doctor was visibly entering information of medication on to a computer fixed to a wall. Some of the computers on these pillars were on.

- **Why were the computers on if nobody was using them while some were missing from their supporting racks?**
- **If the computers were there once where were they now, or if they were never there why were the racks there at all?**

At this point we were taking pictures when we were stopped by a security guard. He said we needed permission to take photographs. We spoke to the sister in charge and she asked us

to take permission from the Hospital Medical Superintendent first. At this point we decided to meet the administration of the hospital to be facilitated further in our inspection.

The Medical Superintendent was away for a meeting. A briefing was given by the Additional Medical Superintendent (Purchases) to explain that a Hospital Patient Management Information System was currently in use by the medical staff of the hospital. The system had been developed on site within the hospital under the IT initiatives to by Dr. Faisal Masud when he was the Principal of the college. This was done at a bare minimum cost using 2 to 3 software programmers. There was resistance to the use of this IT system initially but the determination and persistence of the Principal, that this was the only way forward, succeeded in implementing it to the stage where the system is functional even today when the Principal has been posted as Vice Chancellor of the KEMU.

- **It needs to be appreciated that Mr. Faisal Masud was indeed a true Change Champion who absorbed the resistance to the new systems by taking the senior medical professionals on board and convinced them that they had to learn the new way of working.**

This system was then explained to us. The one rupee ticket or parchi is issued through this electronic system. The patient is seen by the doctors and his treatment and medication are entered electronically. Through an integration with the pharmacy the patient is able to receive his medication from the pharmacy.

We were given a presentation on the disease surveillance system through which data of the patients being treated at this hospital for the 26 listed diseases was being collected. The Punjab information technology Board had facilitated in so far as providing data entry operators to enter the data for this purpose. It was also mentioned that at the time of ticket generation which is the first point of contact of the patient with hospital staff, data was also being simultaneously collected for the Chief Minister's Citizen Feedback Model.

The various graphs showing the distribution of the patients disease wise and distribution of a disease locality wise was seen. This data was being forwarded to the Chief Minister's Dashboard, to DG Health, to Punjab Information Technology Board, to EDO and to the DOH.

- **The data at its present stage is sufficient to plan ahead of time what preventive measures need to be taken to ensure that the cost of treatment by the government can be saved through prevention. Who is looking after this?**
- **A separate study needs to be done to assess the actual cost of treating a patient in a public hospital on one rupee Parchi for specific diseases and the cost of preventing or decreasing the actual disease incidence through corrective measures to be planned and implemented through the allied departments for example WASA through providing clean drinking water to the population..**

- **An important question to ask at this point in time is where and by who is this data being analysed and utilised in policy-making to ensure that we shift the national and provincial health strategy from a reactive approach to a proactive approach to ensure that we have a healthy nation to save the future of this country.**

We were taken around to see the polio campaign from the first in 4 July. There were two attendants sitting with the vaccine on a table waiting for patients to administer the vaccine. The vaccine was being kept cool in a cool box. However there was no child being administered the vaccine at this time.

- **How much support had the Punjab health Department given in advertising this campaign to ensure that the maximum number of children could be administered this polio vaccine during these four days and was any data being collected to see the efficiency and effectiveness of such campaigns in services hospitals as well as in all other hospitals where this campaign was being held.**

We visited the EPI Centre for vaccination and saw that the vials from which the vaccination was being administered were being kept in cool boxes to maintain their required temperature. The history of the vaccination was being filled up in a yellow card and being handed over to the child's attendant for use during the further follow-up visits for vaccination.

- **There was no data entry being done to keep any vaccination records of follow-ups of children to ensure that the full protocol of vaccination for specific diseases was being ensured. This can help avoid future epidemics such as that of measles and polio which is ongoing at this point in time.**
- **Another question which arose was that how records were being collected and analysed to see that all the babies born in the hospital were administered zero dose polio and BCG vaccine before they left the hospital.**
- **How was their follow-up being maintained at the Tehsil and UC level. What public awareness campaigns are being run as a regular part of the vaccination campaign to educate the people on the significance of these vaccinations at the appropriate time.**

### **Recommendations**

There is a dire need to develop a consolidated system with the same modules at all government hospitals.

The system needs to integrate all the private hospitals and clinics so that centralised database for all diseases at the level of the province of Punjab can be created.

The private hospitals and clinics may be charged a license fee on a periodical renewal basis which will not only bind them to observe certain data management standards but also generate revenue for the public sector.

A medical management information system also needs to be considered to be able to track consolidated data of every citizen from birth to death which may be accessible through a login and password at any centre of health service delivery where the patient may be seeking medical assistance.

To ensure that the entire data of the hospitals both for patient treatment as well as for administration is being collected, analysed and utilised for policy-making at the Punjab level.

In the short term the system that is being used by services hospital can be used as a model which can be implemented in the other teaching hospitals to be able to collect the data from the main tertiary health service providing centres at least.

Apparently there is no system in place to analyse and review this data to be able to develop future plans based on facts, to implement these plans and then have the provision to monitor the results and incorporate the feedback into the same system to develop a best practice workable in our context.

The population explosion in the entire country needs to be assessed for planning the services and facilities to be provided through the public sector.

Public Awareness Campaigns need to be utilized on an emergency basis as a mode to prevention of disease. These will be disease specific.

Meetings on this issue are already ongoing in the Punjab government. There is need to incorporate all these parameters in the future plans for the health sector in Punjab. The structural reforms and IT resource team at the ombudsman Punjab is available to facilitate.

### **Visit 2: Jinnah Hospital Lahore.**

Our second visit of the day was to Jinnah Hospital Lahore. This was also a surprise visit. We decided to go to the administrative offices of the Medical Superintendent to get facilitation in knowing about the information technology systems in place for data collection and data management and to maximise the efficiency and effectiveness of the services of the medical profession been provided at this hospital.

The medical superintendent additional medical superintendent and deputy medical superintendent were not present in their offices as we were told that they were away for a meeting with the principal. So we decided to go to the basement and start our inspection from there. We saw bags of sand barricading entrances to the doors of the doctors' offices in the basement (Picture Annexed). At the end of the passage there was another speed

breaker type of ramp as it descended into the basement below (Picture Annexed). On enquiring we were told that these measures have been taken to prevent flooding.

As we inspected one of the rooms the machinery had been covered with white sheets and the entire walls were badly affected with seepage of water from a leak somewhere in the walls (Picture Annexed). When we asked the gentleman sitting in this room why the machines were covered we were told that there was humidity above recommended levels for this sensitive machinery which was used in radiotherapy of cancer patients. This person introduced himself as an engineer of a company Caretakers which was responsible for the maintenance of these machines. In his 12 to 13 years of association with this department he said this damage to the building and the machines was always there for his entire tenure. In addition, the air conditioning was also not working and this only exacerbated the problem. The damage alone from this problem last year to this medical unit was 22 lacs.

- **Who's responsibility is it to ensure that such mistakes are not repeated time and again when public buildings are contracted out at the taxpayers' expense.**

When we went further down in the basement we saw that there was water standing in one of the rooms which was out of use due to flooding (Picture Annexed). There were signs on the wall of what was probably termite (Picture Annexed). Patients were seated in an area on a side of which there was standing water (Picture Annexed). This caretaker company had got the radiotherapy machines shut down since yesterday due to which the patients who were attending from as far as Gujrat and Burewala were stuck in Lahore overnight with attendants and no place to go.

On enquiring it was revealed that this was leakage from the sewerage and was a big problem for the health of the patients as well as of the doctors who dedicatedly treat all the patients attending this unit the year around. They too were at a constant hazard of becoming ill due to these unhygienic conditions. Having full knowledge of how vulnerable they were to disease they were fully committed to this noble medical profession.

- **The problem is there for 12-13 years and nothing has been done to resolve it. It is cancer patients that are being treated at this unit and there is no urgency at the policy makers level to build systems to resolve such chronic issues. This hospital was only made functional about 20 years ago.**
- **Every time an issue surfaces a doctor or administrator gets suspended. How many secretaries have been taken to task for making inefficient and ineffective policies.**

On our way back from this unit we entered a room which was full of stacks of files. All the data of the patients was being collected manually. It needs to be noted here that these cancer patients were undergoing radiotherapy treatment with Cobalt 60 which is a highly sensitive radioactive material. They get this treatment once only and this could be fatal if administered to them by mistake.

In the absence of an electronic database showing a history of the treatment they have already received elsewhere, the incidence of such an accident happening increases many fold.

- **It is therefore essential to develop a data collection and management system for these radiotherapy patients on an urgent basis.**

At this stage the additional medical superintendent had got informed that an inspection team of the Ombudsman Punjab was in the hospital and he found us and accompanied us on our visit to the rest of the hospital.

- **Our objective during this visit was to study the working of the information technology data collection and management systems but we were told that there are no such systems present in this hospital. The entire data was held in files.**

It needs to be appreciated that some state of the art facilities are present at this hospital which have been developed to the individual efforts of various Principles, as we were told. These include the Dialysis Unit, Angiography Unit, Coronary Care Unit and Laparoscopic Surgery Unit.

### **Recommendations**

Our visit to this hospital further highlights the need for electronic data collection and management information systems. The stacks of manual files that we saw in one unit are definitely present there in every unit of this hospital. This only shows the extent of the work that needs to be done in this area with a fast growing population as ours.

It can only be stressed that the only way forward is to develop the systems and implement them as early as possible. This will not only save money being spent on treatment by the national exchequer but will also help raise the levels of standard of living health and hygiene of the people of this country.