

## Field Visit Report Mayo Hospital Lahore - 10th of July 2013

### Visit by:

Dr. Sania Nazir Chaudhry, Advisor Structural Reform and Research

Mr. Mansoor Butt, Advisor Information Management

### Site Visited:

Mayo Hospital Lahore

### Objectives

To understand and assess the peripheral information systems in tertiary hospitals which are feeding data into the Disease Surveillance System managed by the Punjab Information Technology Board.

### Visit

The Advisors reached the Office of the Medical Superintendent of the Hospital at 9:30 AM. The Medical Superintendent Mr. Zahid Pervaiz was not in his office. On introducing ourselves as Advisors of the Office of the Ombudsman Punjab, a peon took us to the office of Additional Medical Superintendent Admin 1. Dr. Abdul Majeed. Four guests were seated in this office and the AMS was giving directions to a nurse. He was apprised of the reason for our visit. He gave directions to the peon to take us to the office of the Additional Medical Superintendent Admin 2. AMS Dr. Ashiq Hussain was also not in his office. We were told that the doctor was on round in the wards collecting information on patients of the bomb blast in Old Anarkali last week.

We waited there for 30 minutes and when no one showed up we decided to proceed on our own. The peon accompanied us to the Department of Telemedicine. There were two men sitting in this single room Department that had three computers and a few charts pasted on the walls. We were told that this was a five-year project, which finished last year and was not extended. Patients from three cities; Rajanpur, Dera Ghazi Khan and Gujrat were seen through this system by doctors from this office. These patients were diagnosed and treated over this deployed system. The in charge of this Department Mr. Abdul Qadir Mirza was not present. He was a technical person who had come from Holy Family Hospital in Rawalpindi to set up this project and was working free of cost. Although the project was non-functional for one year now, this incharge was still assisted by a junior clerk and a peon who were present there duty.

- **The question is that if this project had finished one year ago what was the work done by these two hospital employees. Why they were not deputed elsewhere where there was shortage of human resource?**

As we left this department, we saw a canteen operating in an open area. We inspected this canteen and were shocked to see the hygiene level and cleanliness of the preparation, washing and service areas. Photographs were taken and are attached to this report.

### **Findings of the Inspection of the Canteen:**

- Berries had greenish and whitish discolouration which was probably fungus covering them. These were used to make juice (picture annexed).
- Peaches and mangoes used to make shakes were rotten (picture annexed).
- An open pack of Milk was lying outside the refrigerator (picture annexed).
- There was a cooler lying inside the refrigerator (picture annexed).
- The potato filling for samosas had a foul smell (picture annexed).
- The Mint chutney served with samosas had two dead flies in it (picture annexed).
- A 5-kilogram bag of used tealeaves was found, which is perhaps being used to make tea (picture annexed).
- Buckets and containers full of trash were lying all over the food preparation area (picture annexed).
- All preparation tops were extremely dirty and it seemed that they had not been cleaned in a long time (picture annexed).
- Flies were hovering around the Samosas (picture annexed).
- Stagnant water, which is a potential breeding ground for the dengue mosquito, was present in an out of use air cooler lying adjacent to the juice preparation area (picture annexed).
- A section of a tire tube along with a wooden rod used to crush ice was lying on the floor next to the dustbin containing organic waste of fruit peels (picture annexed).
- Several flies were visible all around in the preparation area as well as in the service area (picture annexed).
- There were three refrigerators on the premises but all of them were out of use. We were told that there was no electricity due to load shedding (picture annexed).
- The clothes of all staff preparing and serving food were not clean (picture annexed).
- None of the preparation and service staff was wearing gloves (picture annexed).

Samples of food items being used in preparation of food for sale were taken for laborator testing.

At this point, we were told that Additional Medical Superintendent Admin 2 was in his office and was ready to see us. He was asked to provide a copy of the advertisement for the auction of the canteen, a copy of the criteria according to which the contract was awarded, a copy of the committee which decided on the awarding of the contract for the canteen and a copy of the contract itself. Documents provided were for the 2010-2011 (annexed).

### **Salient features of Doctors' Cafeteria auction documents are listed below:**

A committee of 13 members was constituted to take decisions about the auction of different canteens of this hospital (Annexed). This committee comprised of Professors of Paediatric Surgery and Ophthalmology, members of the hospital administration including five Additional Medical Superintendents and two Deputy Medical Superintendents, A Medical Officer, a senior

budget and accounts officer, Deputy Chief Nursing Superintendent and the Chief Sanitary Inspector.

The contract of this canteen known as Doctors' cafeteria has been awarded to the same contractor for almost 3 to 4 years now. The conditions specified in the contract are stated herewith with respective observations made during the visit.

- The contractor would make decent arrangements for seating the doctors in the hall, which should be air-conditioned, and with decent furniture.

**There was no hall. It was an open air canteen**

- Special care for cleanliness and hygiene will be arranged.

**Pathetic hygiene and cleanliness. Photographic evidence is attached.**

- Only doctors would be allowed to enter the hall.

**The canteen serviced other customers besides doctors**

- The contract would provide food items of branded companies of good repute. Instead of using open tea, milk and ketchup, their sachets will be used.

**These are clearly not in use as milk was being boiled on the stove while an Olpers pack was lying in the milkshake preparation area.**

- A rate list will be on display

**There was no rate list visible**

- The private company would be hired to take care of the cleanliness of the capital area

**A cleaner in hospital uniform was introduced.**

- The cleanliness and hygiene of the kitchen area of the cafeteria will be inspected on a weekly basis

**Sanitary inspector not available to provide record on cleaning schedule**

- The electric gadgets such as the refrigerator and freezer should be in good condition

**All three refrigerators not working**

- The staff working in the cafeteria must wear uniforms and ID cards with their photographs the contractor or will be responsible to provide staff with these items-not visible

**Uniforms and ID Cards not worn by staff**

**We met the MS Mr. Zahid Iqbal as we passed by his office and apprised him regarding the condition of the canteen. His reply was that he was unable to manage things and the Ombudsman Punjab should take this up.**

We then proceeded towards the main agenda of our visit which was understanding how the Disease Surveillance System was being managed in this hospital. The Additional Medical Superintendent Admin 2 did not have any information regarding the DSS or any data being collected for it. The statistical officer was called to facilitate us.

- The Statistical Officer told us that initially a pilot study of four hospitals was done by PITB to test the Disease Surveillance System. Two of these are in Lahore including the Mayo Hospital, and two were in the periphery. Initially 22 data entry operators were allocated of which about 16 to 17 were physically verified. Now PITB left only 4 to 5 persons in the hospital for data entry for the DSS and therefore only the measles data is being collected. Data is not being collected for any of the other 26 listed diseases for the DSS. All the data, which is being collected in the hospital emergency and outpatient and in the wards, is being done so manually. The scope of this is also limited.
- With regard to the Disease Early Warning System of the WHO we were told that there is either no report of cases presenting for these diseases, or they are being underreported. It appears that the Disease Early Warning System and the DSS are partly duplication of the same system for data collection on the listed diseases. The Disease Early Warning System selects data for a smaller number of diseases as compared to the DSS.

**DSS has more features but if the data which is being collected is incomplete, not collect timely, and unreliable then the entire objective of both the systems as early warning signals for disease epidemics is not fulfilled and hence both systems have failed to this end.**

- The emergency has computerised ticket system available but in case of patient overload, the system is shifted to manual. The outpatient department also follows the manual system of data collection. Wards are collecting data but this is not being done disease-wise. Manual sorting is done to arrange the data disease-wise and this is fed into the district health information system through e-mails. All this manual data is then fed into the Disease Surveillance System to update the dashboard.

**There is a big question mark as to the completeness and reliability of this data.**

- The District Health Information System is also not functioning.
- We visited the emergency to see the systems in place. We were told that there were two representatives of PITB performing data entry. However, when we entered the emergency counter there was only one person there and a second came in and sat down and logged into the system in our presence. When the first gentleman was asked to show that the number of measles cases entered the day before he was unable to show any cases being entered into the system till 2 July working backwards from yesterday. He told us that data for all the 26 diseases is being tracked by the DSS is being entered. We were told that the server is down which is the reason we are not able to see the cases that have been entered.

- We then went to see the server. The person operating this failed to bring up any entries for the last 12 days. The last date for which any entry had been made was 29th June according to which four patients came to Mayo hospital emergency; on 24th June only one patient was entered; on 19 June one patient was entered and on 17 June 107 patients were entered. The actual number of patients presenting at the emergency in Mayo hospital can vary between 2000 to over 4000.
- When the situation was revealed that the data was not being entered, the person stated that they had a manpower problem. There was no staff available for data entry. They had trained peons to help with data entry and were not able to manage the workload. One main problem that was being faced was that the doctors were not ready to work on the computer. There were three emergency medical officers in each shift and in routine, only one of them was present.

#### **Analysis of the laboratory report on the fruit sample collected from doctor's cafeteria:**

##### **Recommendations**

1. A public audit of the financing and a performance audit of the utility of the disease surveillance system must be undertaken on an emergency basis
2. The disease early warning system of the WHO is a failure -a public audit of the money spent on this program needs to be undertaken and all other programs being run by the International donors involving IT systems need to be audited to assess their cost effectiveness and utility
3. The capability and capacity of the people who are handling the needs assessment, concept planning, implementation and monitoring systems for all health management information systems in Punjab needs to be assessed
4. Capacity and capability of the individuals or companies, which are being contacted to do this type of, work on Management Information Systems needs to be assessed and audited. Responsibility must be fixed to ensure accountability.
5. The health policy needs to be reassessed and formulated in light of these findings

#### **Report of District Food Laboratory, Punjab Food Authority, Lahore**

The samples taken from the Doctor's Cafeteria during the field visit to Mayo Hospital were sent to the Laboratory on 10.07.2013 and the report was received on 16.07.2013. The report is extremely disappointing as it only confirms the physical/visible condition and foul smell of food which was present at the time of inspection.

It was expected that the food testing would reveal the toxins/chemical contents of food fungus and bacterial content of the food harmful for human consumption.

A Report is annexed.

**Mansoor Butt**  
**Advisor**  
**(Information Management)**

**Dr Sania Nazir**  
**Advisor**  
**(Structural Reforms & Research)**