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A Study Of Specialty Wise Profile Of Patients Attending Outpatient Department Of SKIMS In General And Oncology 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: Malignancy, establishment , health care , SKIMS, out Patient , Clinic, Referral, Policy

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

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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.

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

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

Tables and Figures:

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.

The most common patients visiting the specialty of Medical Oncology were Carcinoma breast who constituted 190 (19.0%) of the total patients followed by Carcinoma lungs 160(16.0%) and Carcinoma oesophagus 119 (11.9%).

The study shows that there is a high incidence of GIT Cancers like esophageal cancers, Colonic cancers and Rectal cancers in the Kashmir Province.

The study also shows that there is a high incidence of Brain Cancers in the Kashmir Province and tumors like gliomas and glioblastomas are more prevalent.

Conclusion:

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. The study indicates high prevalence of malignancies in Kashmir along with Hematological malignancies

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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)	

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

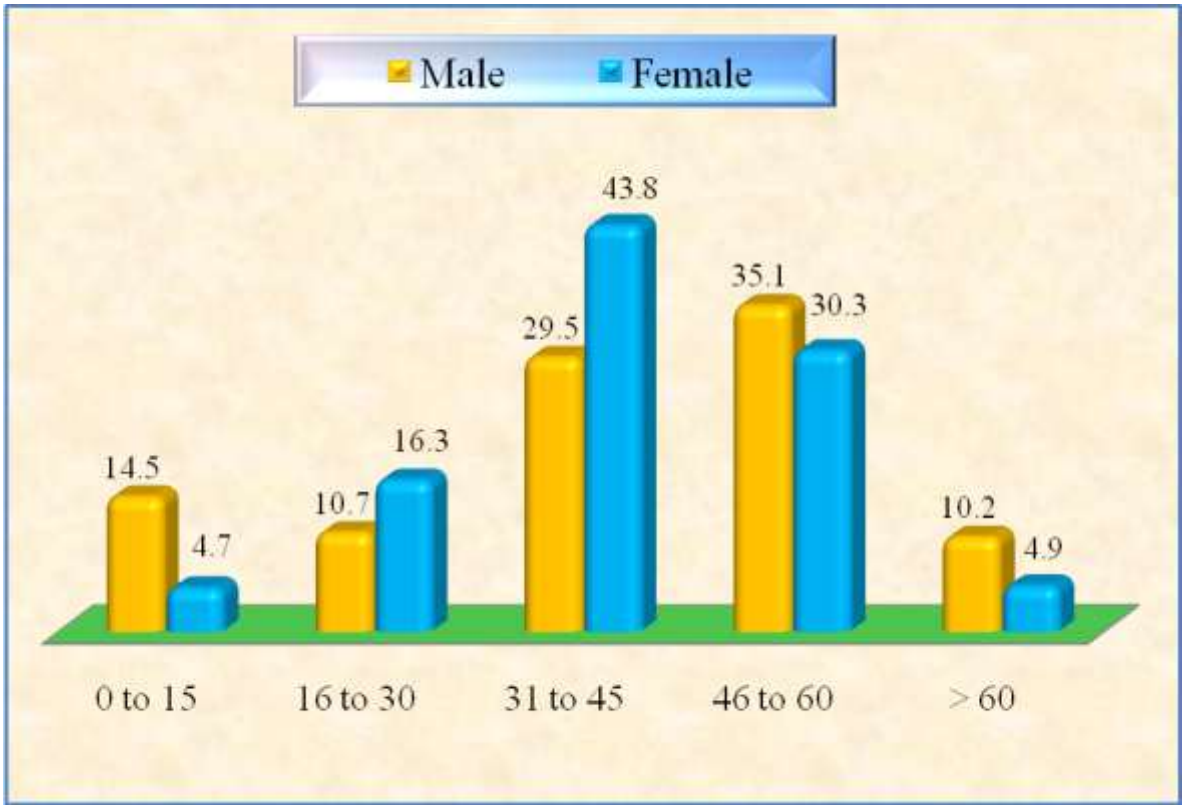

Fig 2: Age and Gender Distribution of the Referred Patients

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Speciality	n (%)
Endocrinology	1223 (21.0
Medical Oncology	859 (14.8)
Neurology	822 (14.1)
Nephrology	769 (13.2)
Surgical Gastroentrology	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 2 : Speciality wise Distribution of referral patients

Age Distribution of the Studied Patients [p=0.000 (Sig)]						
Speciality	**0-15**	**16-30**	**31-45**	**46-60**	**> 60**	**Total**
	n (%)	**n (%)**	**n (%)**	**n (%)**	**n (%)**	**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)

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Neurolgy	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 Gastroentrolog	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)
Gastroentrology	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 3 : Age wise Distribution of the Referred patients

Medical Oncology	n (%)
Carcinoma Breast	190 (19.0)
Carcinoma Lung	160 (16.0)
Carcinoma Oesophagus	119 (11.9)
Non Hodgkin's Lymphoma	81 (8.1)
Carcinoma Colon	54 (5.4)
Hodgkin's Lymphoma	48 (4.8)
Carcinoma Rectum	46 (4.6)
Acute Lymphoid Leukaemia	36 (3.6)
Liver Metastasis	35 (3.5)

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Glioblastoma	34 (3.4)
Glioma	30 (3.0)
Multiple Myeloma	32 (3.2)
Carcinoma Stomach	31 (3.1)
Carcinoma Prostate	20 (2.0)
Carcinoma Pharynx	19 (1.9)
Carcinoma Larynx	18 (1.8)
Carcinoma Uterus	15 (1.5)
Ewing's Sarcoma	15 (1.5)
Total	**1000 (100.0)**

Table 4: Disease wise distribution of Medical Oncology patients

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