



Technical due diligence

District : Boudh

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Summary

- The district of Boudh has 24 government health care facilities and 14 private hospitals with a bed strength of 155 beds only.
- CHC's comprise of 49% of the total OP consultations at government facilities, indicating a good health seeking behavior of the people at the district.
- OP to IP conversion has been higher than industry standards at all the public health facilities.
- BOR at District Head Quarter Hospital is not much above the optimum level of 80%, indicating an immediate need for beds at secondary care level.
- Surgeries performed at government facilities are mostly major in nature, for FY 2015-16, 55% of the total surgeries performed at government facilities were major in nature.
- More than 1 surgery per OT per day at DHH and CHC indicate under utilization of surgeons & OT
- Institutional deliveries at the studied facilities have increased by 11% since 2013-14.
- Proportion of C-Sections to normal deliveries at secondary care District Head Quarter Hospital is 7%, which is a healthy trend.
- Overall Lab tests accounts for majority (90%) of total diagnostics at the studied facilities, whereas CT-Scan facility is not available at any of the healthcare facilities in the district.
- It can be inferred that at secondary care level only 27% of the existing demand is being met for OPD and 13% for IPD

Summary

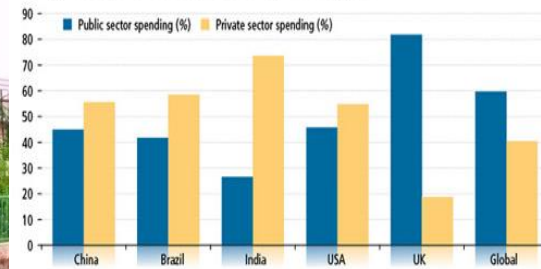
- Considering the WHO norm of 3.5 beds per 1000 population, the district has a shortfall of 1,534 beds (i.e. a gap of 91% beds).
- Considering the WHO norm of 1 doctor per 1000 population, the district has a shortfall of 451 doctors.
- Considering the WHO norm of 2 nurses per 1000 population, the district has a shortfall of 945 nurses.
- For gaps under service facilities, when compared with IPHS for district hospitals, major gaps are in the areas of Diagnostics and Specialty OPDs.
- Large Infrastructure & service availability stands the most voted reason for choosing a government hospital, whereas Reputation of the facility for choosing a private Hospital.
- While Majority of the respondents depend on savings for their healthcare spending only 90% of the patients surveyed had health insurance as a primary source of health related costs, which indicates a need for awareness in insurance coverage.
- All the surveyed physicians indicated that patients from the district go to other districts / cities for availing tertiary level healthcare, of which majority ailments pertain to cardiology and orthopedic followed by neurology and oncology

SECTION 1: PROJECT SNAPSHOT



Comparison of contribution to healthcare spending

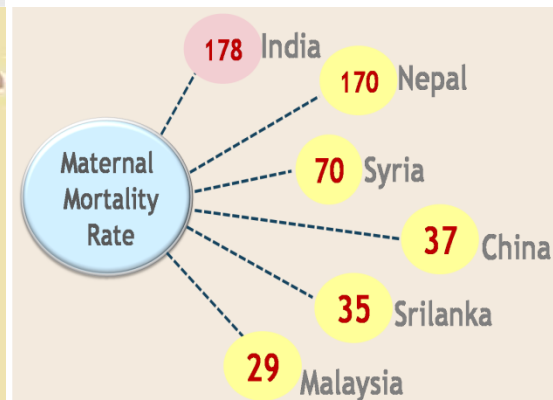
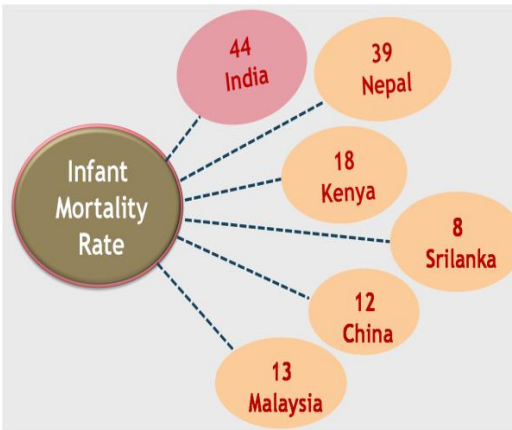
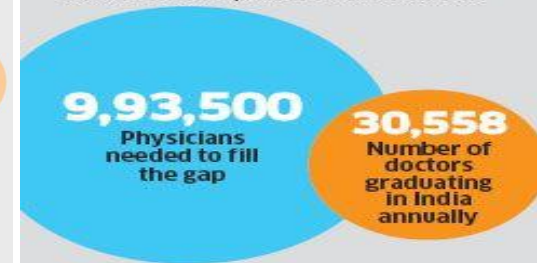
The public spend on healthcare is significantly low



Source: WHO World Health Statistics 2010

SUPPLY GAP

At six doctors per 10,000 people, the number of qualified doctors in the country is not sufficient. The rural doctors-to-population ratio is lower by 6 times as compared to urban areas



PROJECT BACKGROUND

- As a part of a broader health sector enhancement program, the Government of Odisha (GoO), wants to strengthen and enlarge the private health sector facilities and promote the participation of quality private health providers across all the 30 districts in the state to enhance the health infrastructure in the state by structuring and implementing the rollout of low cost hospitals across the state in a PPP model which will offer decent quality care at affordable prices.
- The project will look at the entire state as a whole and based on detailed financial, fiscal, logistics and operational due diligence a network will be developed with recommendations on the number, size, type and locations of the hospitals.

SECTION 2: METHODOLOGY FOR TECHNICAL AND MARKET DUE DILIGENCE

TECHNICAL DUE DILIGENCE

Demand & Supply Assessment

- Assessment of district level demand for health services, through primary research such as surveys, interviews of patient/ doctor and review of available clinical data at hospitals and MIS data from NHM
- Assessment of existing clinical services, infrastructure and resources
- Capacity Utilisation Assessment of existing capacity including OPD and IPD Numbers, bed occupancy, average length of stay, OT utilisation, major and minor surgeries and other clinical procedures

Paying Capacity Assessment

- Assessment of patient profile - APL & BPL
- Prevailing market rates, CGHS and various industry empanelled rates
- No. of patients referred outside Odisha for secondary and high secondary care
- Additional sources such as Centre & State's healthcare support schemes - RSBY, BKKY, ESIS etc

Assessment of Gap in Health Facilities with respect to existing and future demand

METHODOLOGY

Step 1

- **Secondary data survey:** based on information available over public domain
- **Primary data survey:** Onsite healthcare facility assessment, data collection from government offices, interviews with hospital administrators, clinicians and general population

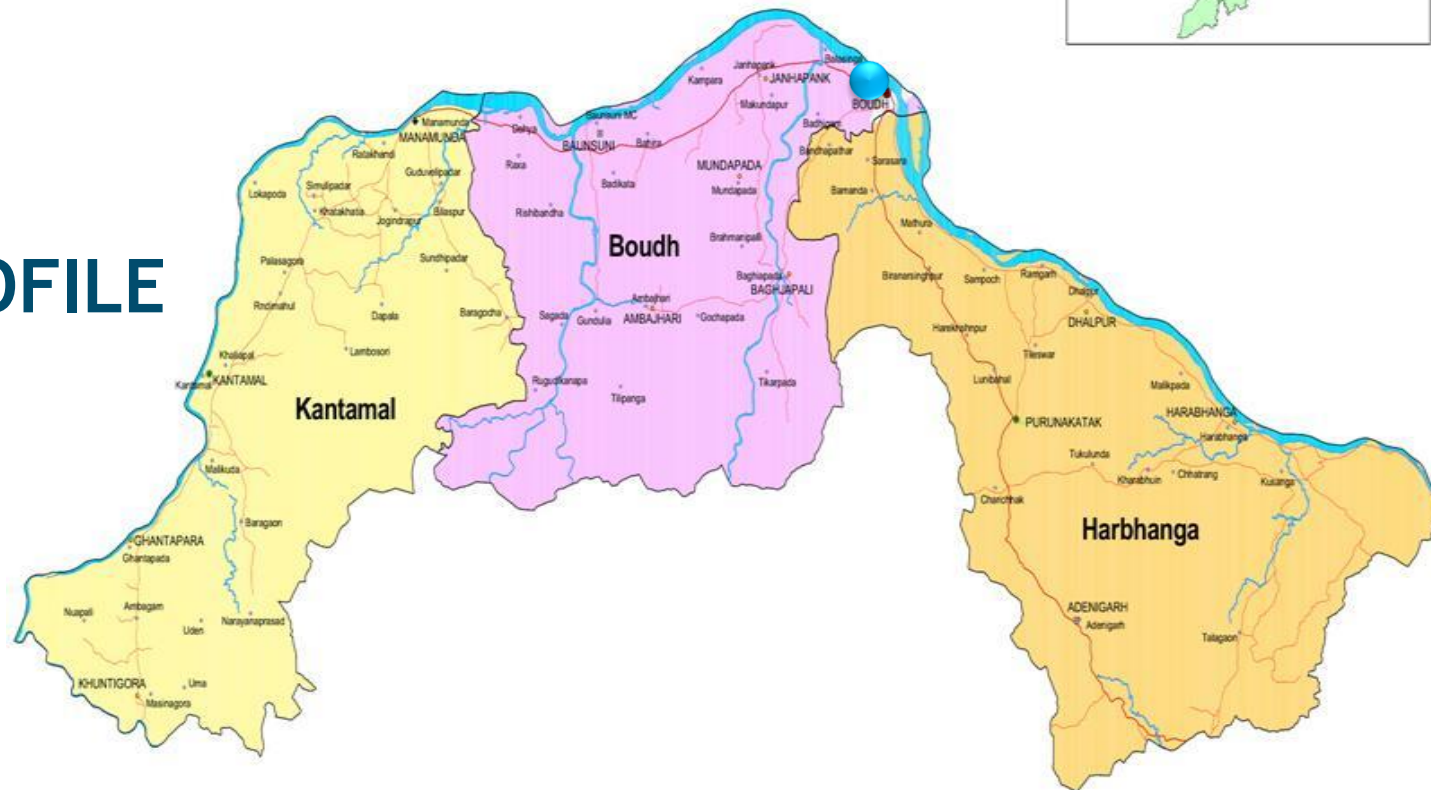
Step 2

- **Preliminary assessment** to cover the functional feasibility of developing a hospital along with the mapping of road and rail connectivity.

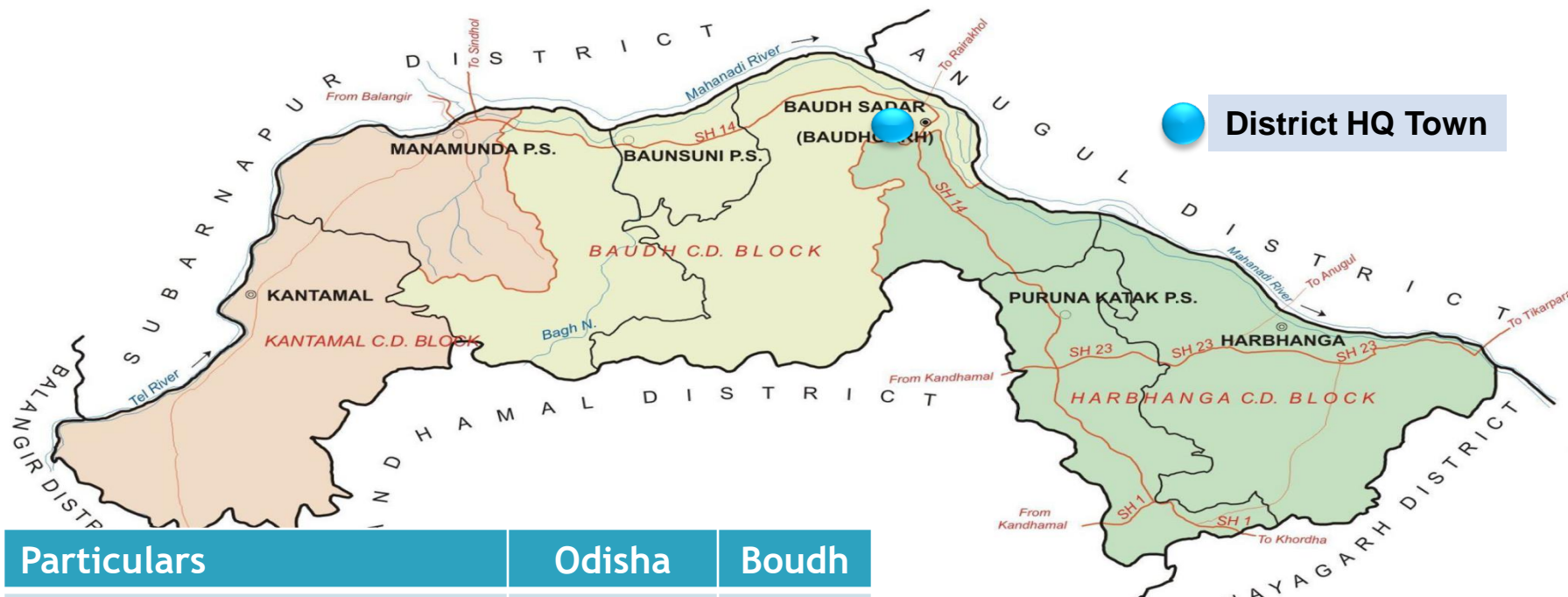
Step 3

- Correlation of primary and secondary data that is already collected from districts and state
- **Data analysis** the overall state and each of the 30 districts.
- **Presentation on the findings** of the market assessment to Government of Odisha.

SECTION 3: DISTRICT PROFILE



DEMOGRAPHIC PROFILE

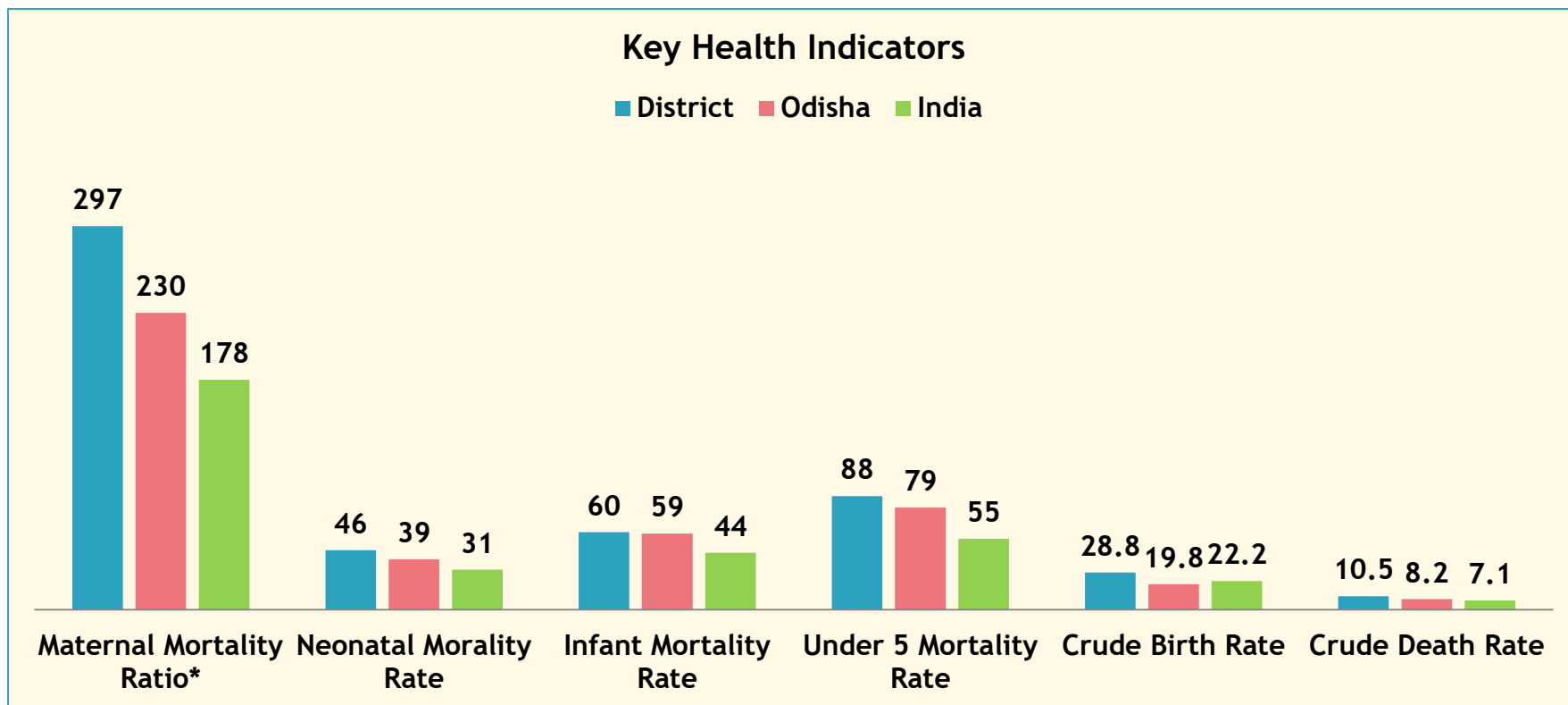


Particulars	Odisha	Boudh
Total Population	4,19,74,218	441,162
Urban population	16.6%	4.63%
Decadal population growth rate	14.05%	18.16%
Mean household size	4.35	4.12
BPL households*	44,08,070	69,404
BPL Population*	1,91,75,105	286,258
BPL %	46%	65.00%

- Boudh is the 22nd district in terms of size and 29th in terms of population.
- Boudh is the least urbanised district in state having 4.63 percent of its population live in urban areas
- Boudh has 11th rank in terms of sex ratio in the state.

Source :
Census of India - 2011, Odisha
* RSBY status 2015-16, Odisha

HEALTH INDICATORS



* Maternal Mortality Ratio is of Central Division

Source : Annual Health Survey Report 2011-12

SECTION 4: SUPPLY ASSESSMENT

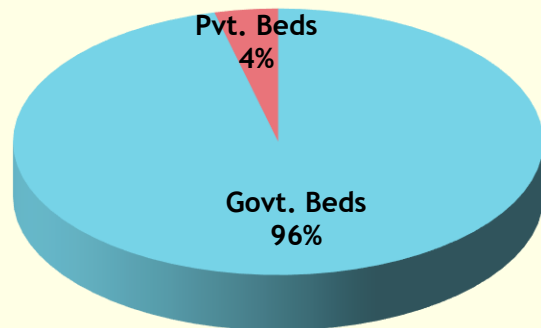


BEDS AVAILABILITY

Facility type	Number of facilities	Number of beds
District Headquarters Hospital	1	93
Sub-divisional hospitals	2	0
Community Health Centers	15	56
Primary Health Centers & IDH	44	0
Other hospitals / Area Hospital	2	0
Private Hospitals	1	6
Total	67	155

Bed category at DHH	Sanctioned Beds	Functional Beds
Private Beds	0	2
General Ward Beds	93	93
Day care beds	0	0
Emergency beds	0	0
ICU/MICU/SICU	0	0
NRC	0	10
SNCU	0	10
Floor beds	0	0
Total	93	115

Share of beds at Govt. & Pvt. hospitals in district



Source: Primary data from DHH & Pvt. hospital & Secondary data from NHM, DHS & DMET Odisha

ABOUT DISTRICT HEADQUARTERS HOSPITAL, BOUDH



Established in the year 1994, DHH Boudh is the only well known healthcare facility of the district for secondary healthcare services. There is only one private hospital in the district, which is a 6 bedded ophthalmology hospital.

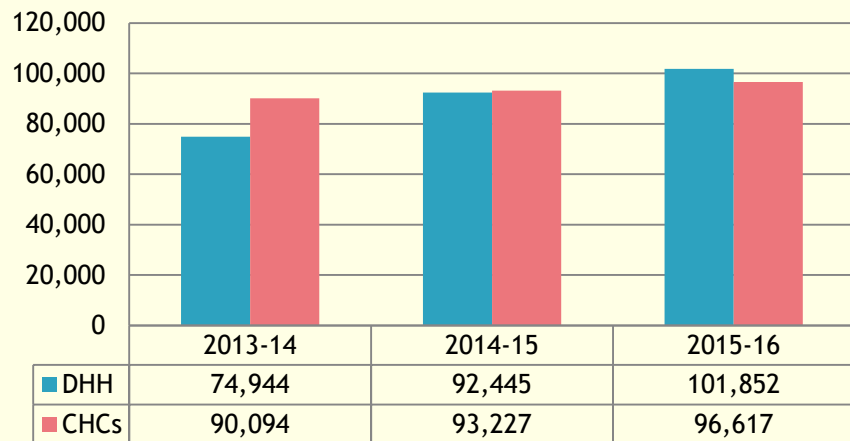
Total number of beds	Sanctioned 93 Functional 115
Service specialties	Internal medicine, General surgery, Gynecology and obstetrics, Neonatology, Pediatrics, Dentistry, Emergency
Diagnostic facilities	X-ray, Laboratory
Operating rooms and Labour tables	2 major OT, 3 labour tables
Other clinical facilities	Blood bank, Pharmacy, Physiotherapy
Outsourced Support facilities	Biomedical waste management, Security, Housekeeping

Major Private Healthcare Facilities

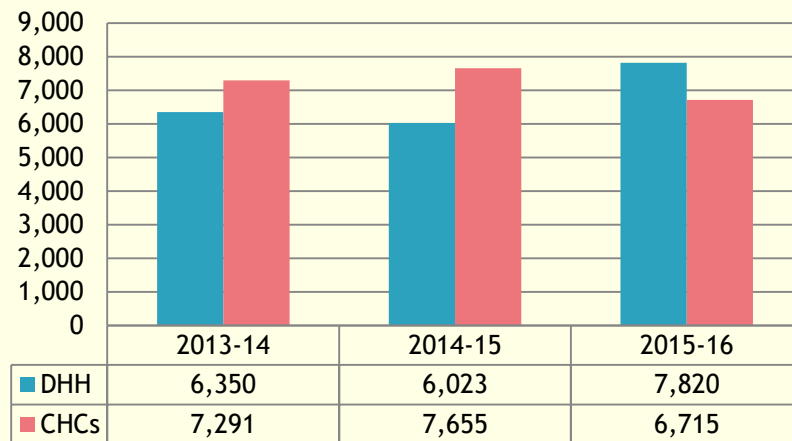
Private Facilities	Beds
Mahanadi Hospital	6

OPD Consultation & IPD Admission

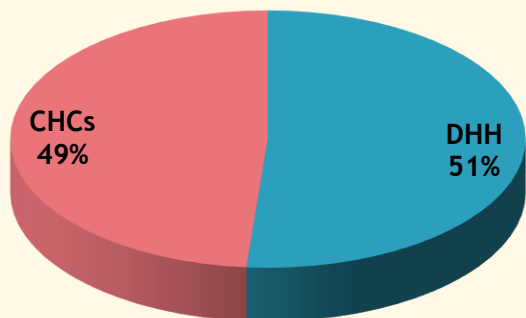
OPD Consultations



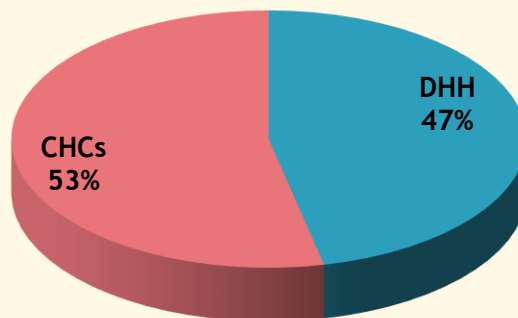
IPD Consultations



Facility wise share of OPDs (FY 2015-16)



Facility wise share of IPDs (FY 2015-16)



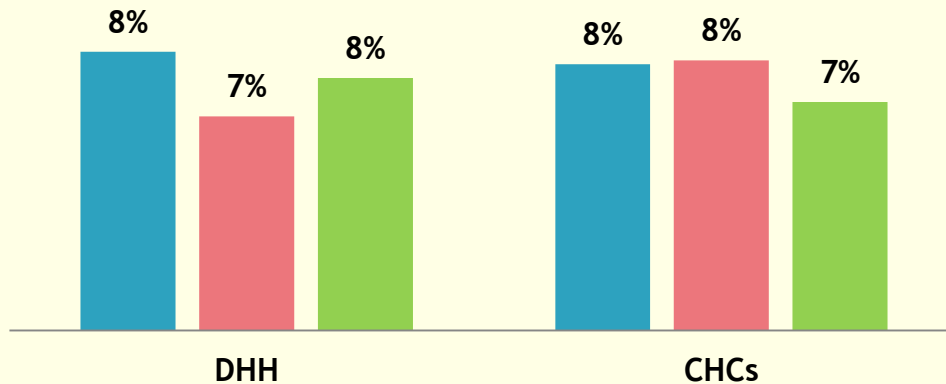
- OPD consultations have consistently increased over the years at DHH.
- During FY 2015-16, per day OP consultations at DHH was 340 and an average of 22 OPD's per day per CHC.
- DHH share the highest percentage of OPD, whereas CHC share the highest IP share.
- IP admissions per day for FY 2015-16 at DHH was 21 and an average of 1 IP admission per day per CHC.

Source: Primary data from DHH & Pvt hospital & Secondary data from NHM Odisha

BED UTILIZATION

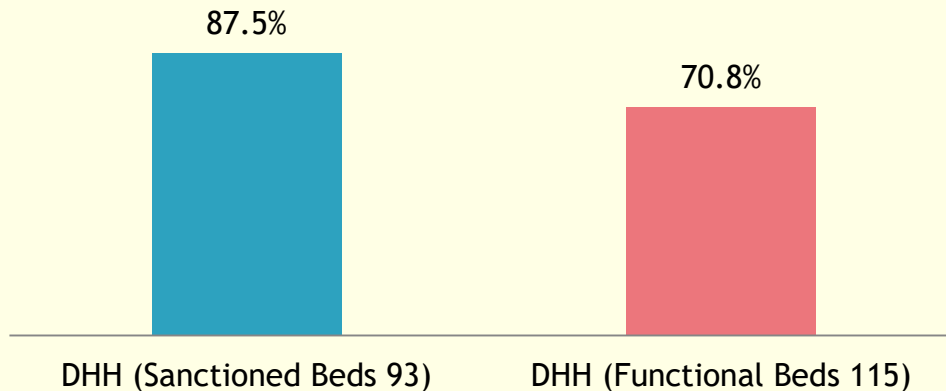
OPD to IPD Conversion

■ 2013-14 ■ 2014-15 ■ 2015-16



- OP to IP conversion is optimum at all public health facilities. In comparison to other public health facilities in the state the hospital has a very low patient volume and under utilized services.

Bed Occupancy Rate (BOR) FY 2015-16

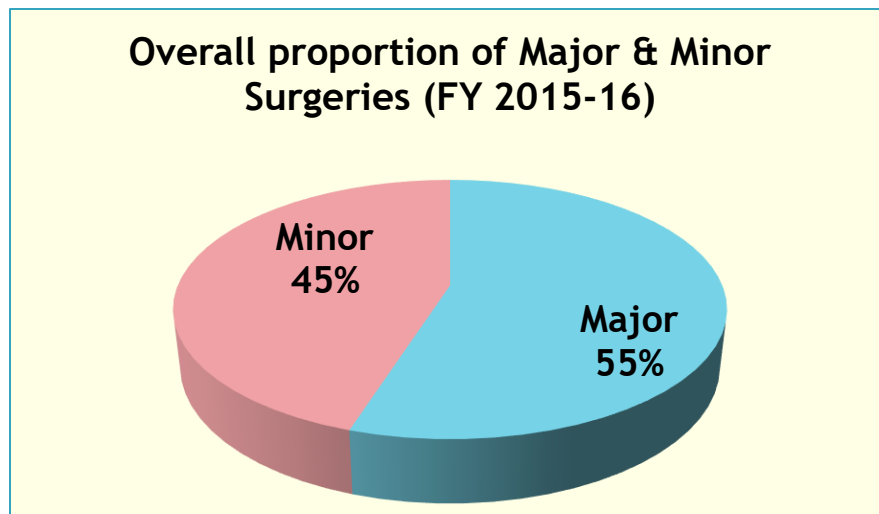
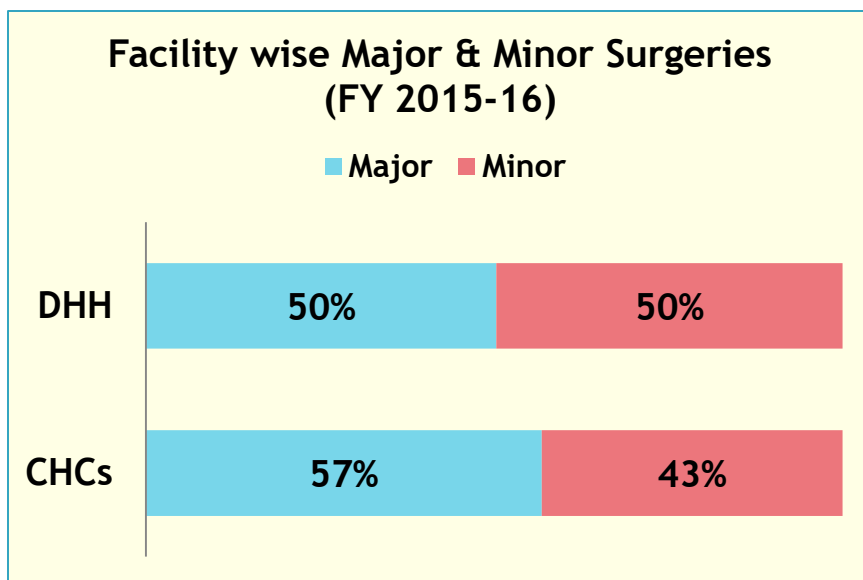


- Though the BOR is more than 80% at DHH, however in comparison to other hospitals in the state, it is very low.

Source: Primary data from DHH & Pvt. hospital & Secondary data from NHM Odisha

GENERAL SURGERIES

Facility Name	Major	Minor
DHH	342	338
CHCs	952	724



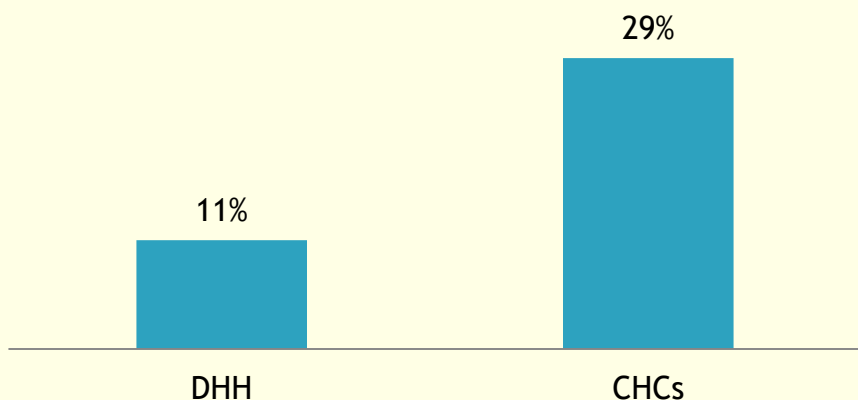
- Considering data for FY 2015-16, majority of the surgical interventions are major in nature.
- For the FY 2015-16, of all the surgeries performed at DHH, major and minor surgeries are equally distributed.
- For the FY 2015-16, of all the surgeries performed at CHC 57% are major surgeries.

Source: Primary data from DHH & Pvt. hospital & Secondary data from NHM Odisha

OT UTILIZATION

Name of Facility	Number of surgeon	Total number of procedures	Procedures per day	Procedure per surgeon per day	Number of OT in the facility	Surgeries per OT per day
DHH	8	843	2.81	0.4	2	1.405
CHCs	17	1,938	6.46	0.4	5	1.292

IPD to Surgery Conversion (FY 2015-16)



- Data indicate under utilization of OT at DHH with not more than 2 surgeries per OT per day.
- The IP to surgery conversion at CHC is highest, non availability of private facilities in the district is one reason for the same.

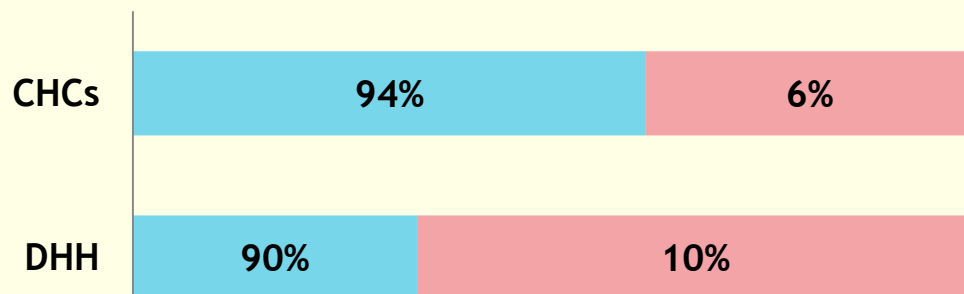
Source: Primary data from DHH & Pvt. hospital & Secondary data from NHM Odisha

INSTITUTIONAL DELIVERIES

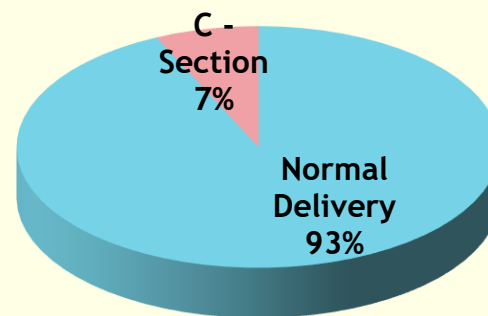
Name of Facility	2013-14		2014-15		2015-16	
	Normal Delivery	C - Section	Normal Delivery	C - Section	Normal Delivery	C - Section
DHH	916	0	1,139	17	1,478	163
CHCs	3,792	171	4,143	293	4,219	262
Sub Total	4,708	171	5,282	310	5,697	425

Facility wise proportion of Institutional deliveries (FY 2015-16)

■ Normal Delivery ■ C - Section



Overall categorization of institutional deliveries (FY 2015-16)



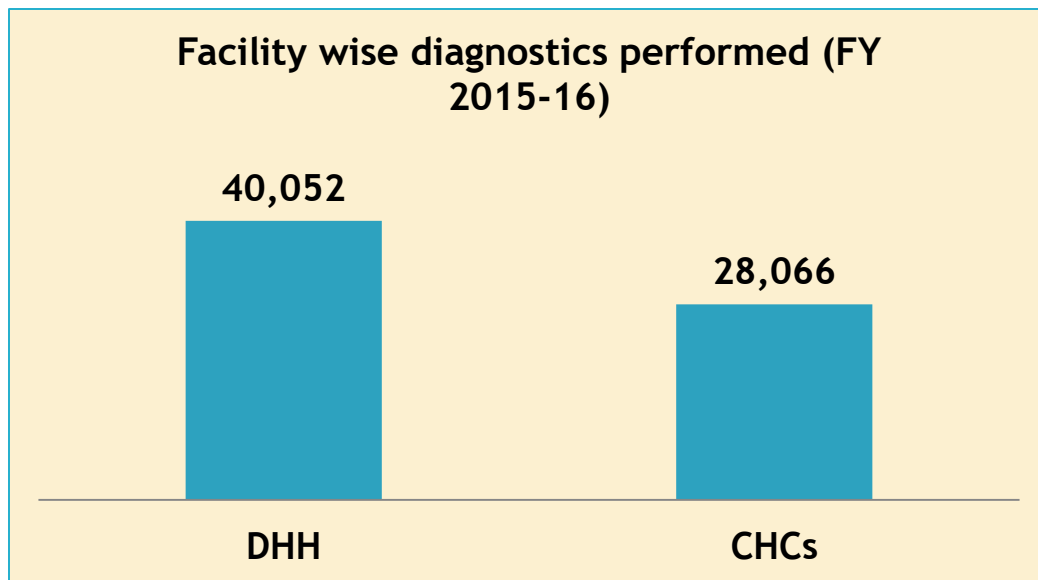
- Institutional deliveries in the district show only 7% of C-section indicating chances of significant referrals to other districts which should be a concern for health department.
- In 2015–16, DHH performed 16 deliveries per day (@15 normal and 1 C-section).
- 61 % of the total C-sections during FY 2015-16 has been carried out at CHC indicating optimum utilization of MCH services.

Source: Primary data from DHH & Pvt. hospital & Secondary data from NHM and DHS Odisha

DIAGNOSTICS PROCEDURES

Diagnostic Test	X Ray	USG	ECG	CT Scan	Lab Tests
DHH	6,391	NA	NA	0	33,661
CHCs	NA	NA	NA	0	28,066

NA: Data not available

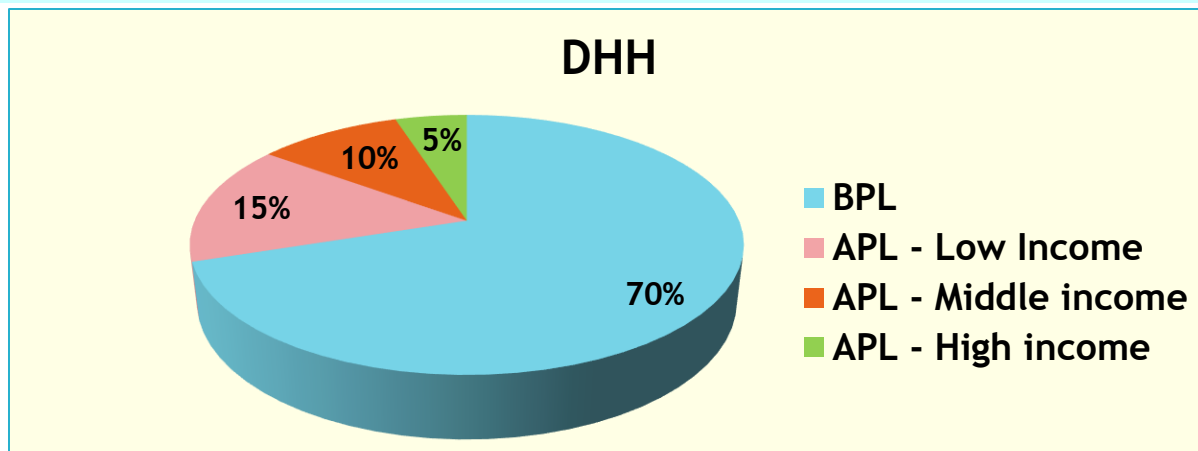


- Overall Lab tests accounts for majority (90%) of total diagnostics.
- X-ray constitute only 9.3% of the total diagnostics.
- X-ray services are only available at DHH, whereas USG, ECG and CT Scan services are not available at any of the facilities.

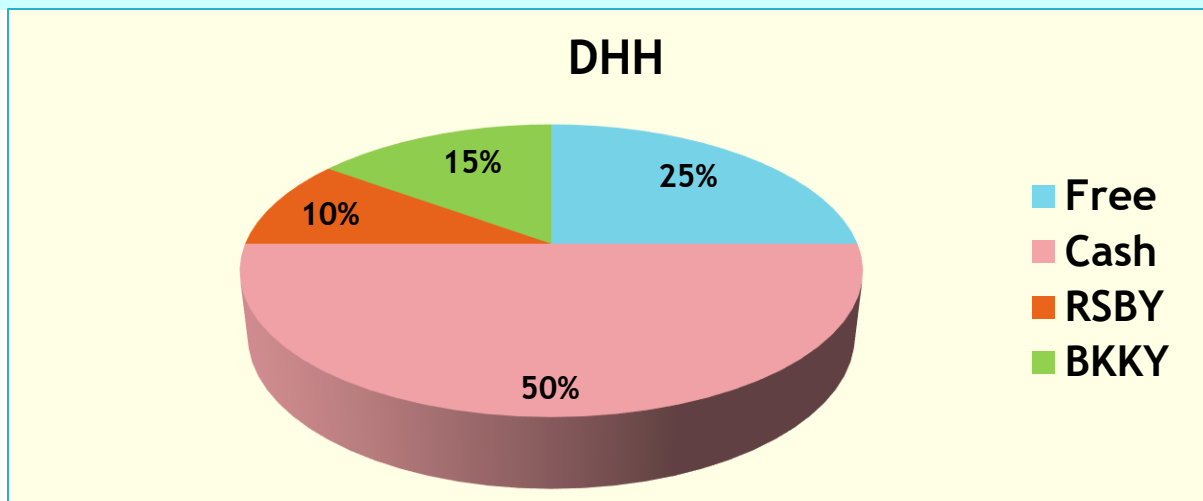
Source: Primary data from DHH & Pvt. hospital & Secondary data from NHM Odisha

ECONOMIC SEGMENT & MODE OF PAYMENT

Economic Segment of Patients



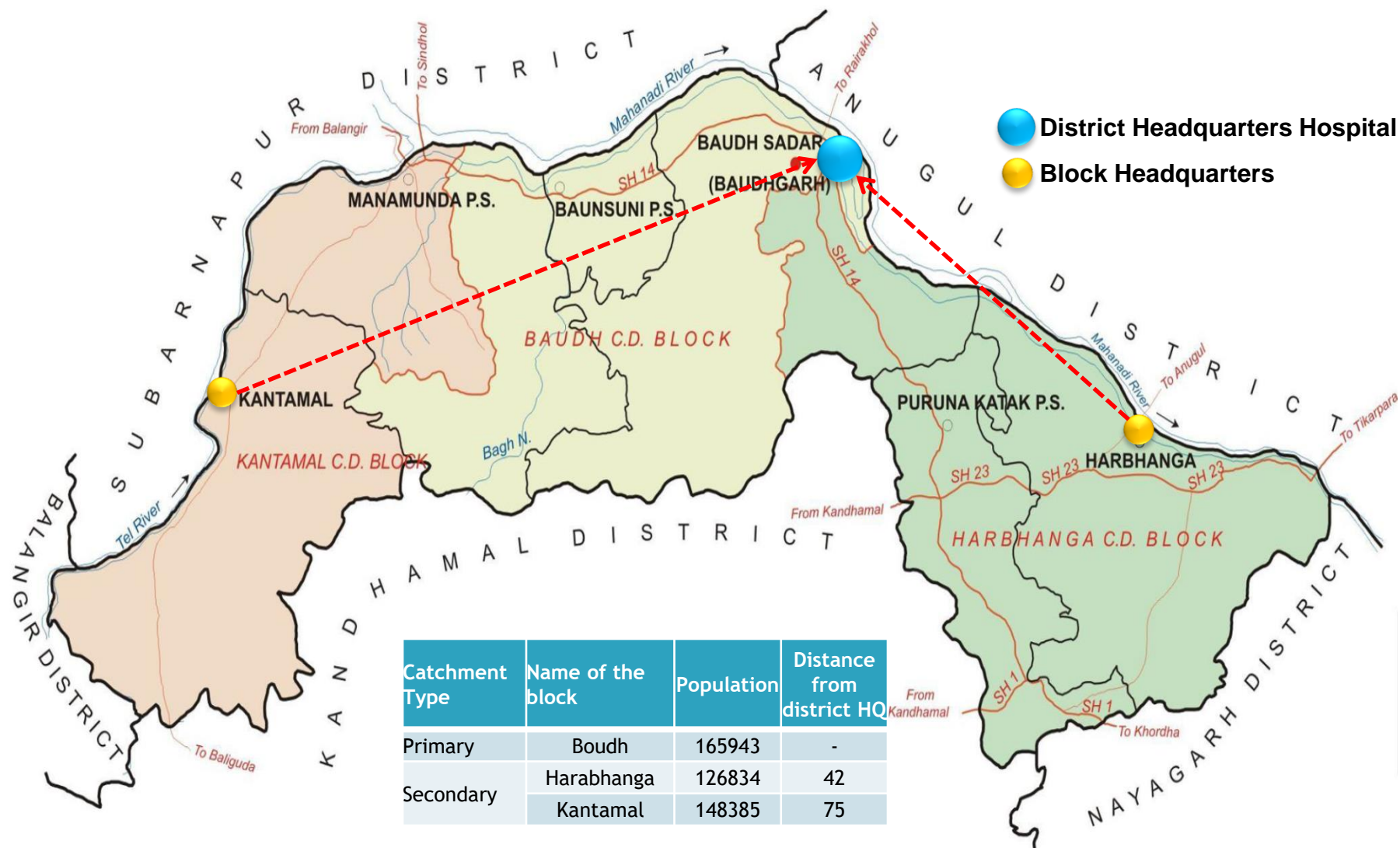
Mode of Payment by Patients to the Hospital



Note: estimations given above are based on discussion with ADMO Medical and Hospital Manager

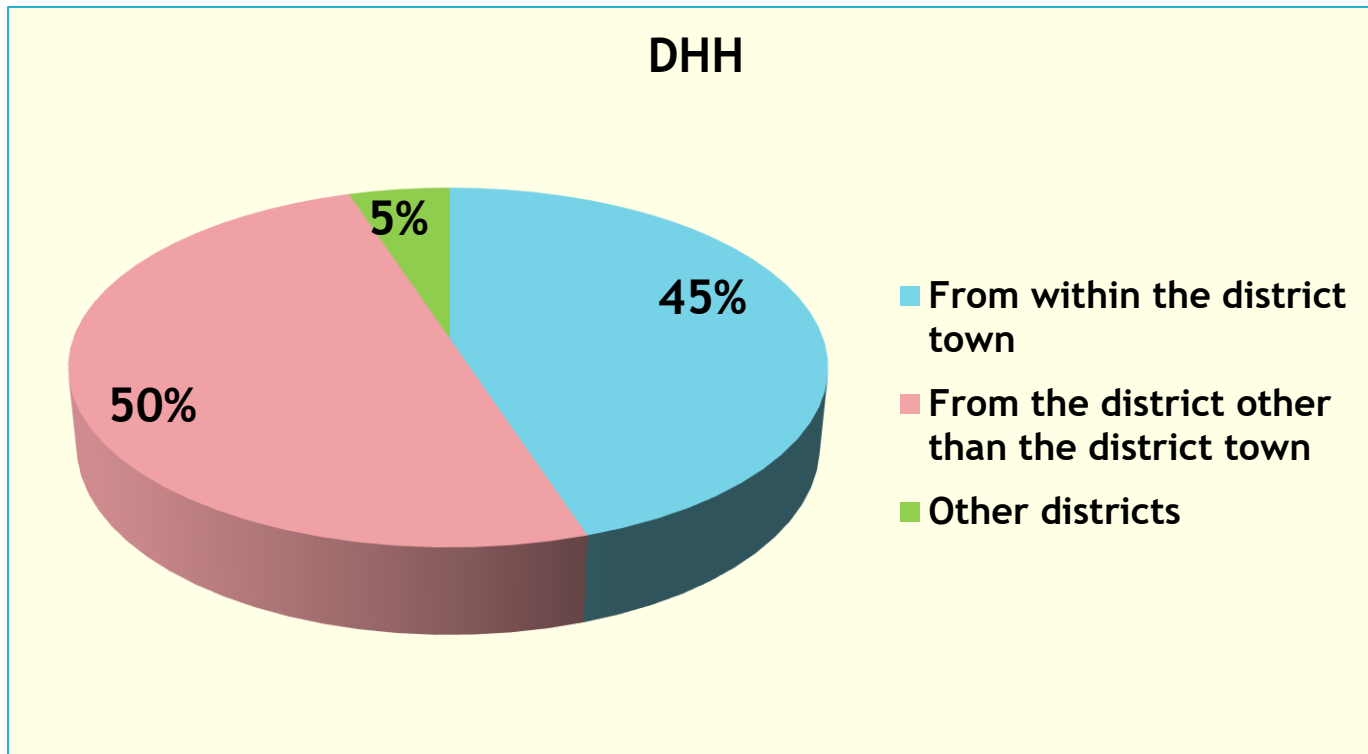
SECTION 5: CATCHMENT AREA & REFERRALS

CATCHMENT OF DHH



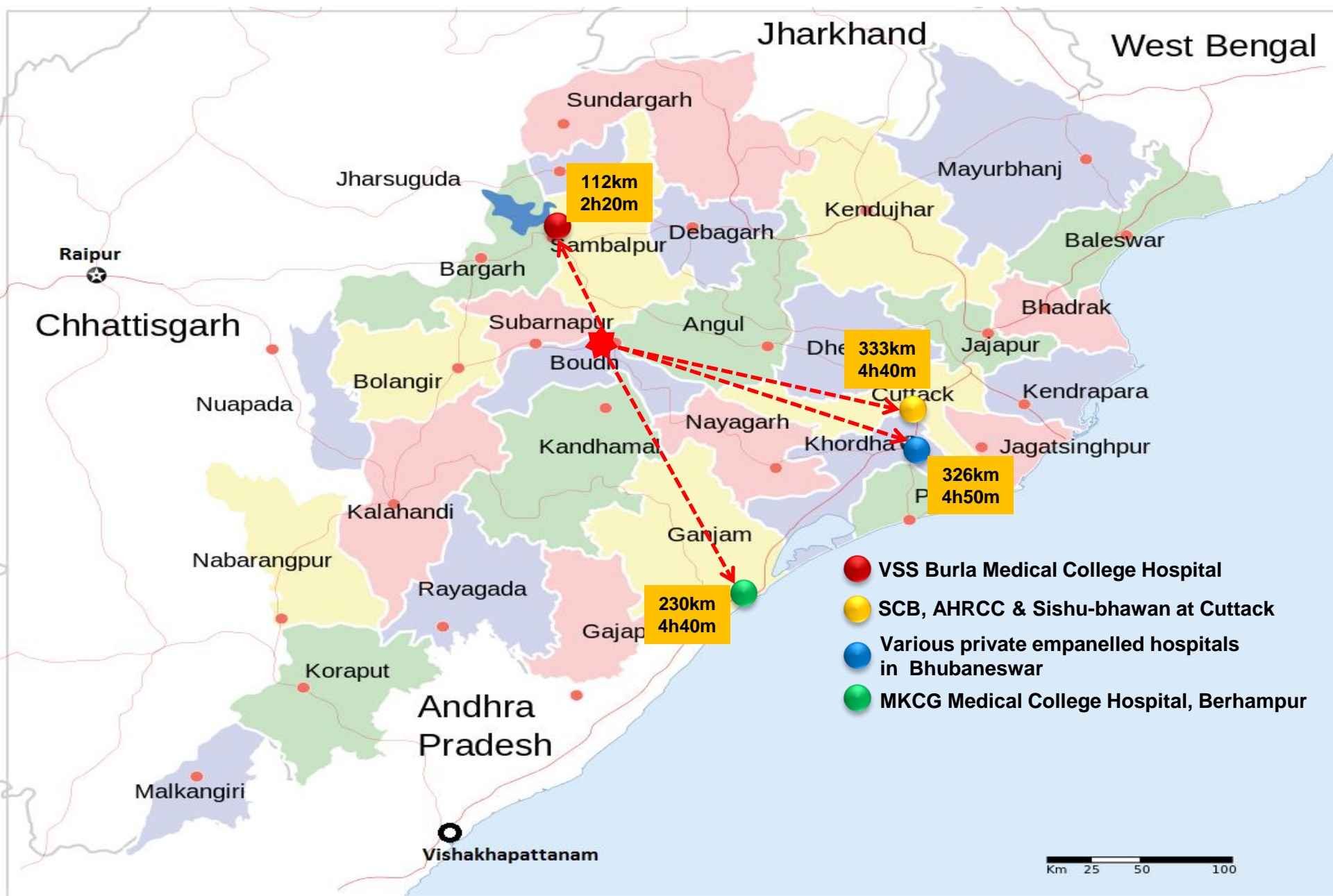
SOURCE OF PATIENT INFLOW

Source of Patient Inflow



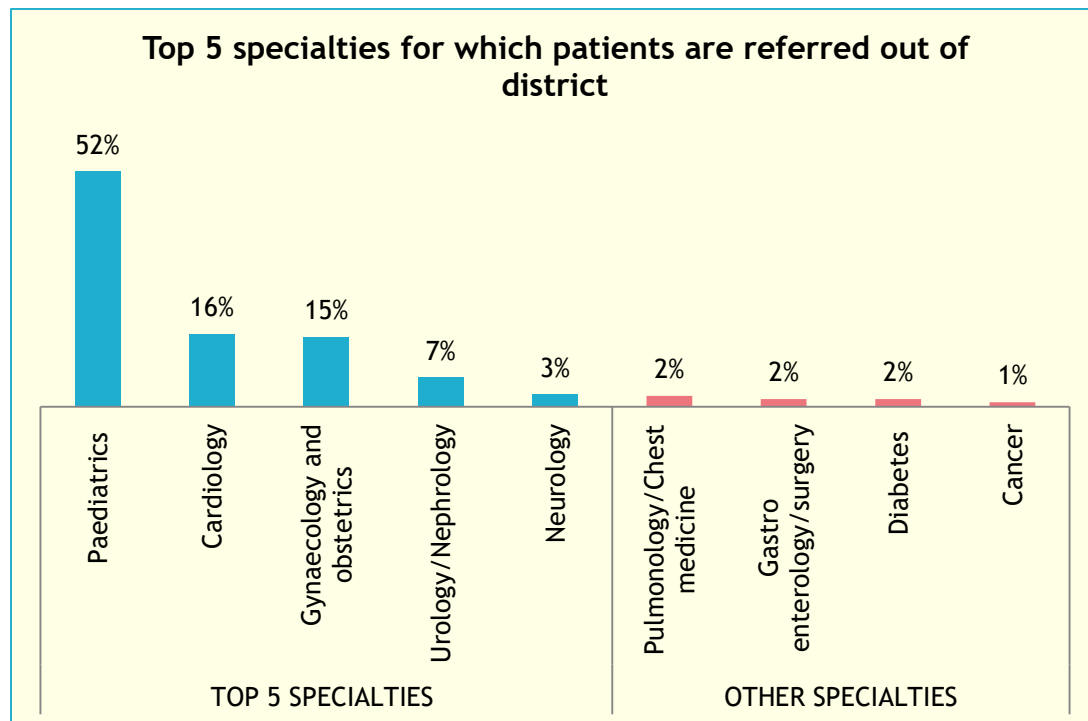
Source: estimations given above are based on discussion with Management of concerned hospitals

POINTS OF REFERRAL



Top specialties of referral from DHH to other district

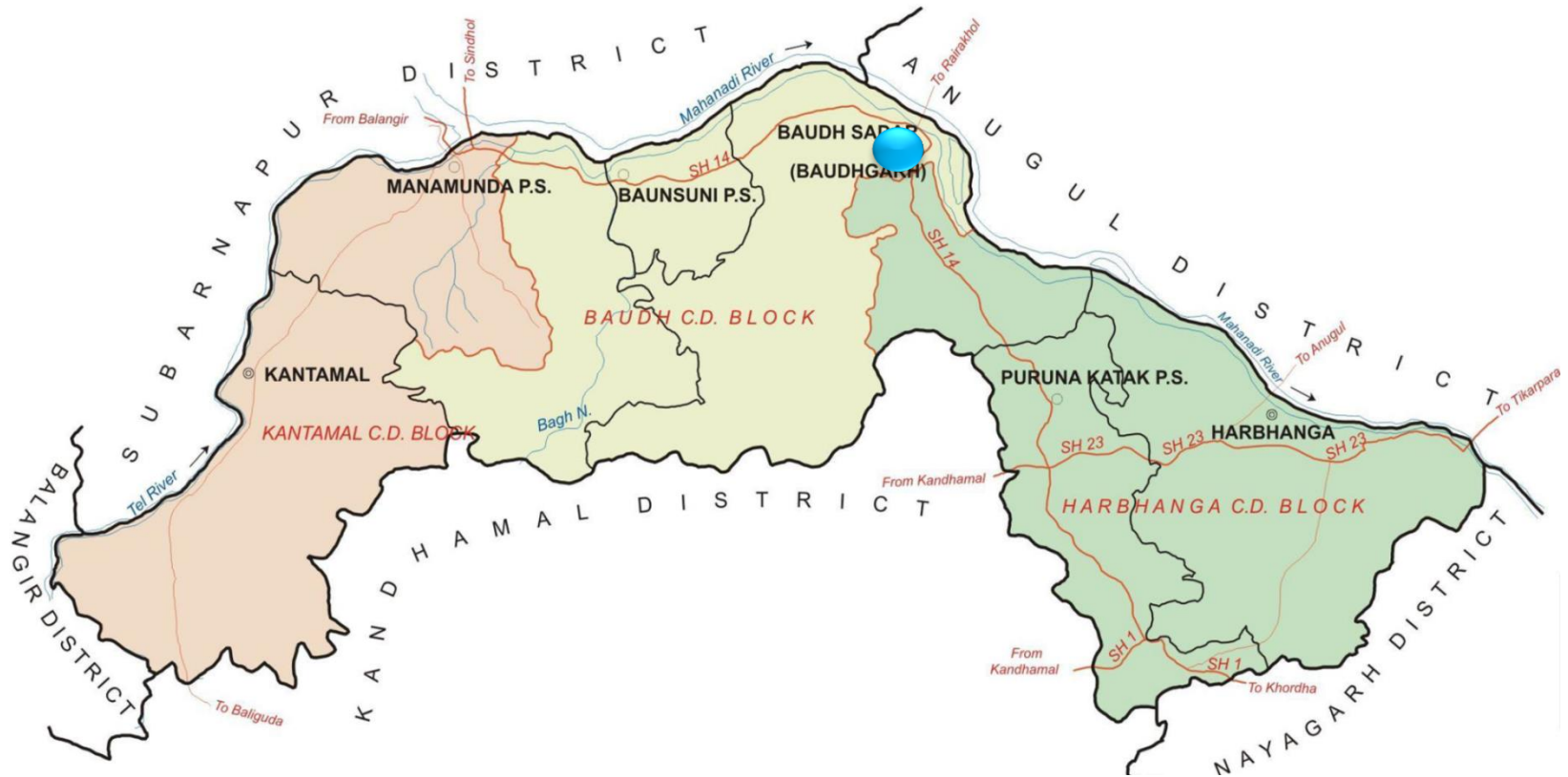
Specialty		No. of patients referred
TOP 5 SPECIALTIES	Paediatrics	152
	Cardiology	47
	Gynaecology and obstetrics	45
	Urology/Nephrology	19
	Neurology	8
OTHER SPECIALTIES	Pulmonology/Chest medicine	7
	Gastro enterology/surgery	5
	Diabetes	5
	Cancer	3
Total referral per month		291



- Pediatrics accounted for half of the total referrals and top 5 specialties of referrals accounts close to 93% of total referrals.

Source: Interviews from ADMO (Med.), Specialist Physicians and General Physicians.

CONNECTIVITY & TRANSPORT



- **Nearest railway station :** To reach Boudh one has to get down at Rairakhol station. Regular train services are available from Bhubaneswar viz. Bhubaneswar –Sambalpur Intercity Express, Hirakud Express,Puri-Sambalpur passenger train.
- **Road ways:** Boudh is well connected with road and rail with other district headquarters and the state capital Bhubaneswar. The distance of Boudh from Bhubaneswar is 240 km. One can come to Boudh via State Highway No. 1 & 14 (via Nayagarh – Charichhak) or can come by National Highway No. 42 .
- **Airport :** The nearest airport is at Bhubaneswar (240 km).
- **Nearest government referral centre:** VSS Bural (112 km).

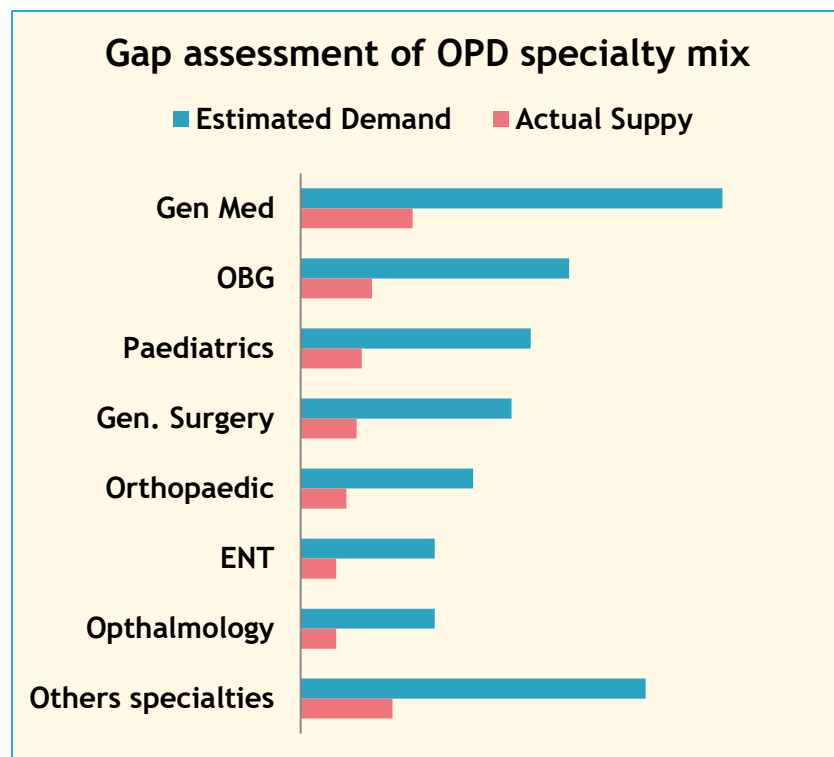
SECTION 6: DEMAND-SUPPLY-GAP ASSESSMENT

DEMAND - OPD and IPD

- **Out Patients:** As per NSSO 60th round data, the estimates of spells of ailment in Odisha population and percentage of the spells of ailment seeking non-institutional treatment i.e., ambulatory care, applied to the catchment population gives estimates of OP demand in the population. The PAP (proportion of ailing person) per 1000 population in 15 days is 77 for Odisha and spells of ailments treated during 15 days is 76%.
- Percentage of specialty mix for OPD is derived from morbidity rate of NSSO data 2004-05, 60th Round, increased by a factor of 1.5 to develop a conservative estimate of patient need.
- Further the OP estimates has been extrapolated to include the load of estimated pregnant women in a population, to cover ANC visits as OPD in health facilities.
- **In patient:** For the FY 2015-16, OP to IP conversion rate for 30 DHHs in Odisha has been 15%. Hence for the calculation purpose OP to IP conversion rate is taken on an average to be at 15%.
- **Diagnostics:** Diagnostics demand is extrapolated as per industry standards.
- **Population:** Projected population for 2016 has been considered for estimation of OPD and IPD demand
- * Other specialties include: Skin & VD, Psychiatry and Dental

Demand – Supply – Gap of OPD consultations

Department/ Specialties	Estimated % of OPD	Estimated demand	Actual Supply	Estimated Gap
Gen Med	22	164,105	43,663	120,442
OBG	14	104,430	27,786	76,645
Pediatrics	12	89,512	23,816	65,696
Gen. Surgery	11	82,053	21,832	60,221
Orthopedic	9	67,134	17,862	49,272
ENT	7	52,215	13,893	38,322
Ophthalmology	7	52,215	13,893	38,322
Others specialties	18	134,268	35,724	98,543
TOTAL	100%	745,932	198,469	547,463

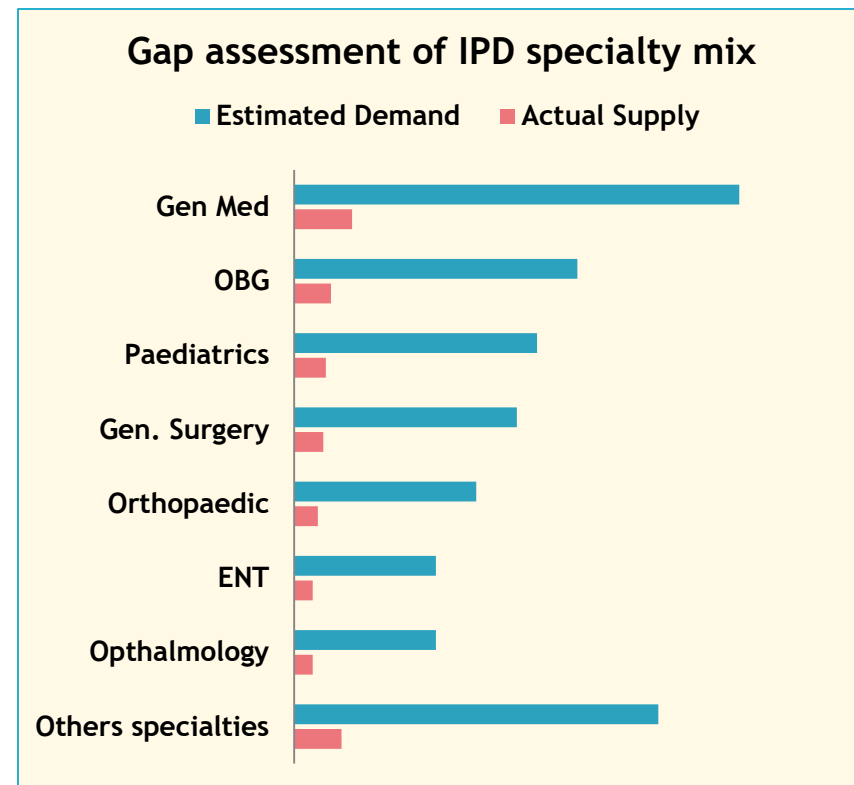


Total OPD Gap

73%

Demand – Supply – Gap of IPD admissions

Department/ Specialties	Estimated IPD demand (@ 15% OP-IP conversion)	Actual Supply	Estimated Gap
Gen Med	24,616	3,198	21,418
OBG	15,665	2,035	13,630
Pediatrics	13,427	1,744	11,683
Gen. Surgery	12,308	1,599	10,709
Orthopedic	10,070	1,308	8,762
ENT	7,832	1,017	6,815
Ophthalmology	7,832	1,017	6,815
Others specialties	20,140	2,616	17,524
TOTAL	111,890	14,535	97,355



Total IPD Gap

87%

Demand – Supply – Gap of Diagnostics (OPD+IPD)

Key diagnostics services	Demand OPD		Demand IPD		Total Estimated Demand	Actual Supply	Total Estimated Gap
	Total % of OPD	Estimated Demand	Total % of IPD	Estimated Demand			
X Ray	15%	111,890	50%	55,945	167,835	6,391	161,444
USG	20%	149,186	35%	39,161	188,348	0	188,348
ECG	10%	74,593	60%	67,134	141,727	0	141,727
CT Scan	2%	14,919	5%	5,594	20,513	0	20,513
Lab Tests (number of patients)	60%	447,559*	100%	111,890**	559,449	61,727	497,722

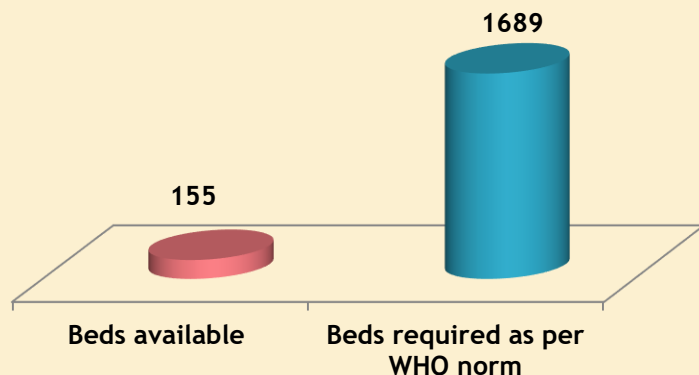
* Considering industry standards 60% of OPD patients undergo at least 2 tests per patient. Hence, demand number of OPD lab tests would be 895,118tests.

** Considering industry standards 100% of IPD patients undergo at least 5 lab tests per patient. Hence, demand number of IPD lab test would be 559,449.

GAP - HOSPITAL BEDS

Hospital beds available in the district						
Primary health centers & IDH	Community health centers	Sub district Hospital	District hospital	Other Hospital	Private Hospital	Total Bed strength
44 0 beds	15 56 beds	2 0 beds	01 93 beds	2 0 beds	14 6 beds	155

Gap in bed availability



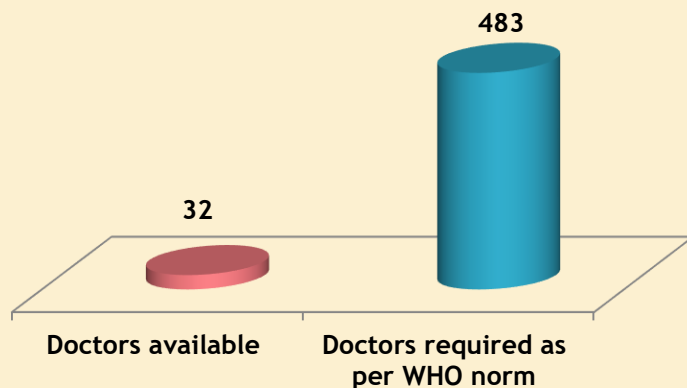
The district of Boudh has 24 public and 14 private health care facilities with a total bed strength of 155 beds only.

Considering the WHO norm of 3.5 beds per 1000 population, the district with a population of 482702 has a huge shortfall of 1534 beds (i.e. a gap of 90.8 % beds).

** Source : Bed Strength, DHS Odisha and Clinical Establishment, DMET Odisha*

GAP - DOCTORS AND NURSES

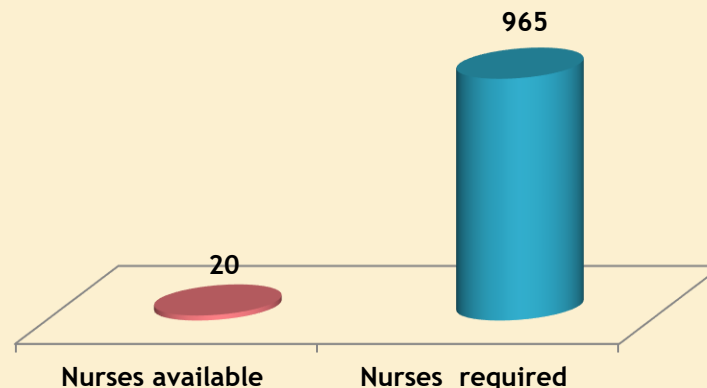
Gap in doctors availability



- There are 62 sanctioned positions for doctors, of which 30 positions are vacant.
- Considering the WHO norm of 1 doctor per 1000 population, the district has a shortfall of 451 doctors

* Source : District wise Incumbency list , DHS Odisha

Gap in nurses availability



- As per primary and secondary data collected There are only 20 nurses posted in the district. (1 nursing sister and 19 staff nurse).
- Considering the WHO norm of 2 nurses per 1000 population, the district has a shortfall of 945 nurses.

* Source : Staff position list received from DHH Boudh and nursing staff list from directorate of nursing, Odisha.

SERVICE AVAILABILITY AND GAPS

Diagnostic Facility

Name of facility	IPHS Requirement	Available
500 M.A X-ray machine	1	0
300 M.A. X-ray machine	1	1
100 M.A. X-ray machine	1	0
60 M.A. X-ray machine (Mobile)	1	1
Dental X-ray machine	1	0
USG with colour doppler	3	1
ECG computerized	1	1
ECG ordinary	2	1
TMT	1	1
A Scan	1	1
B Scan	1	0
Audiometry	1	1
PFT	1	0
Bronchoscope	1	0
Haematology lab	1	1
Biochemistry lab	1	1
Microbiology lab	1	0
Histopathology lab	1	0
Immunology and Serology lab	1	0

Clinical Facility

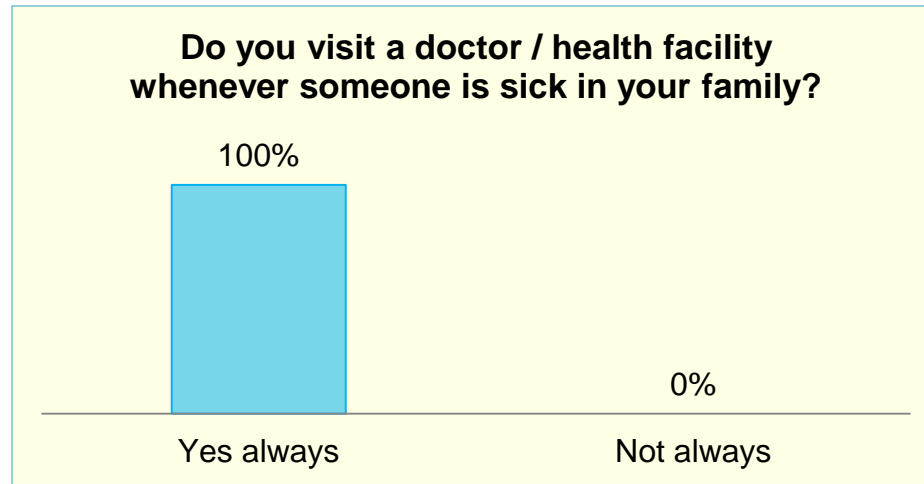
Name of facility	IPHS Requirement	Available
General OPD	1	1
Speciality OPD	8-10	3
Major OT	2	1
Emergency OT	1	0
Ophthalmology/ ENT OT	1	0
Minor OT	1	1
Gynaecology OT	1	0
Labour Table	11	4
Pharmacy	1	1
Blood Bank	1	1
Ambulance (BLS)	1	4

When compared with IPHS for district hospitals, major gaps are in the areas of Diagnostics and Specialty OPDs

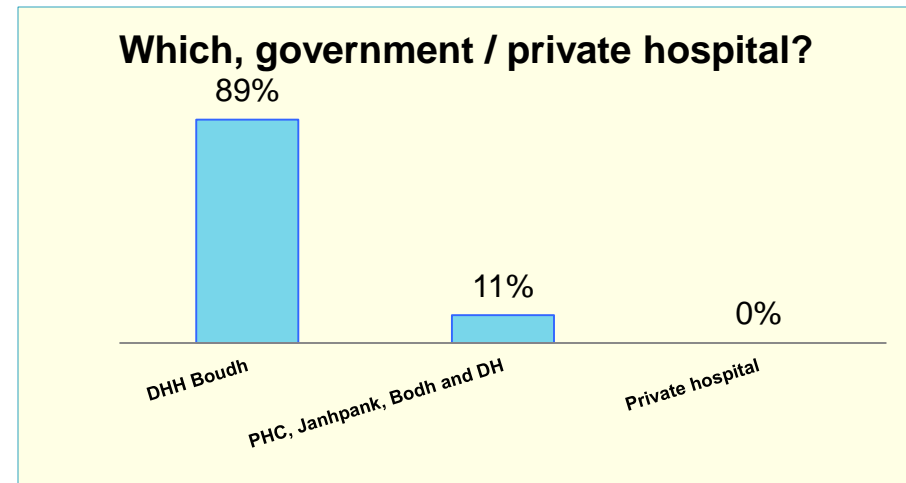
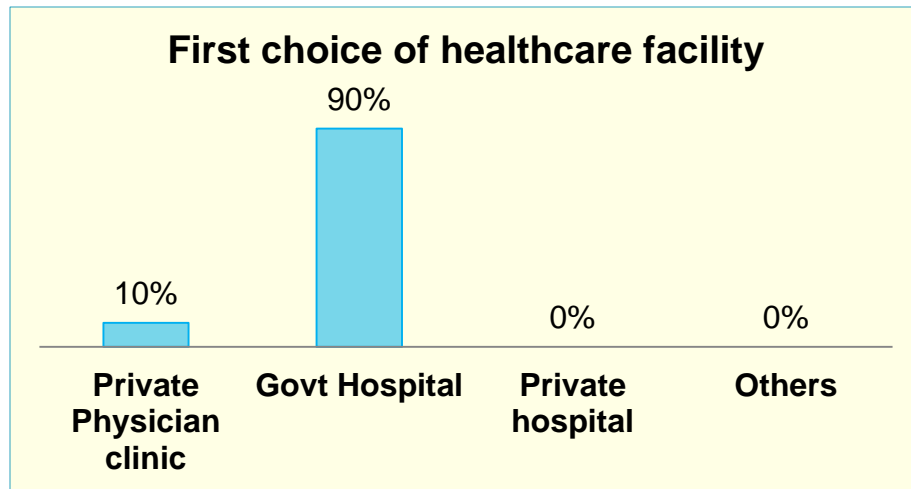
Source : IPHS for District Hospital, Equipment norms 201 – 300 bedded

SECTION 7: FINDINGS OF GENERAL POPULATION SURVEY

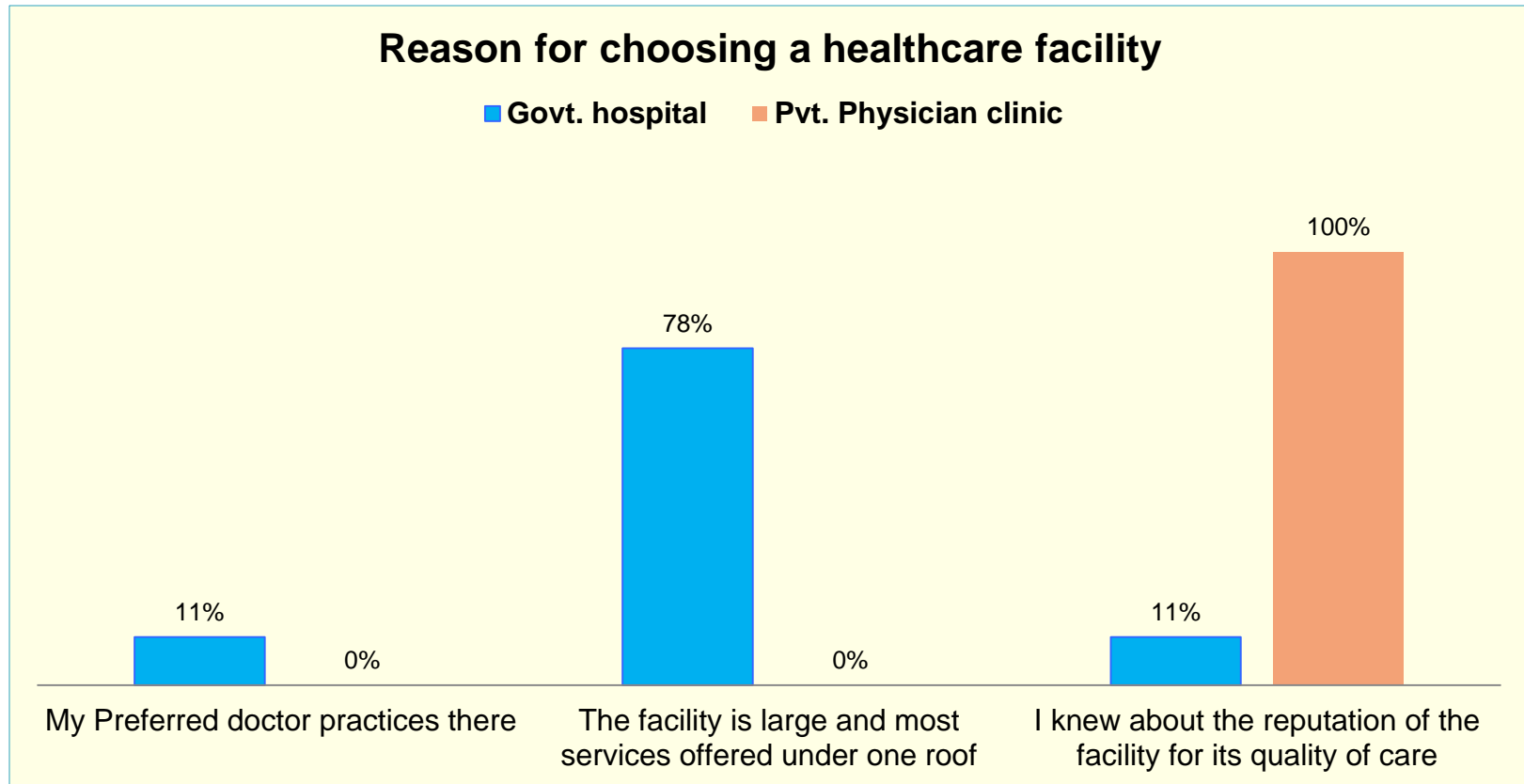
HEALTH SEEKING BEHAVIOUR



The district displays a good health seeking behavior, where 100% of families visit a hospital when someone is sick at home.



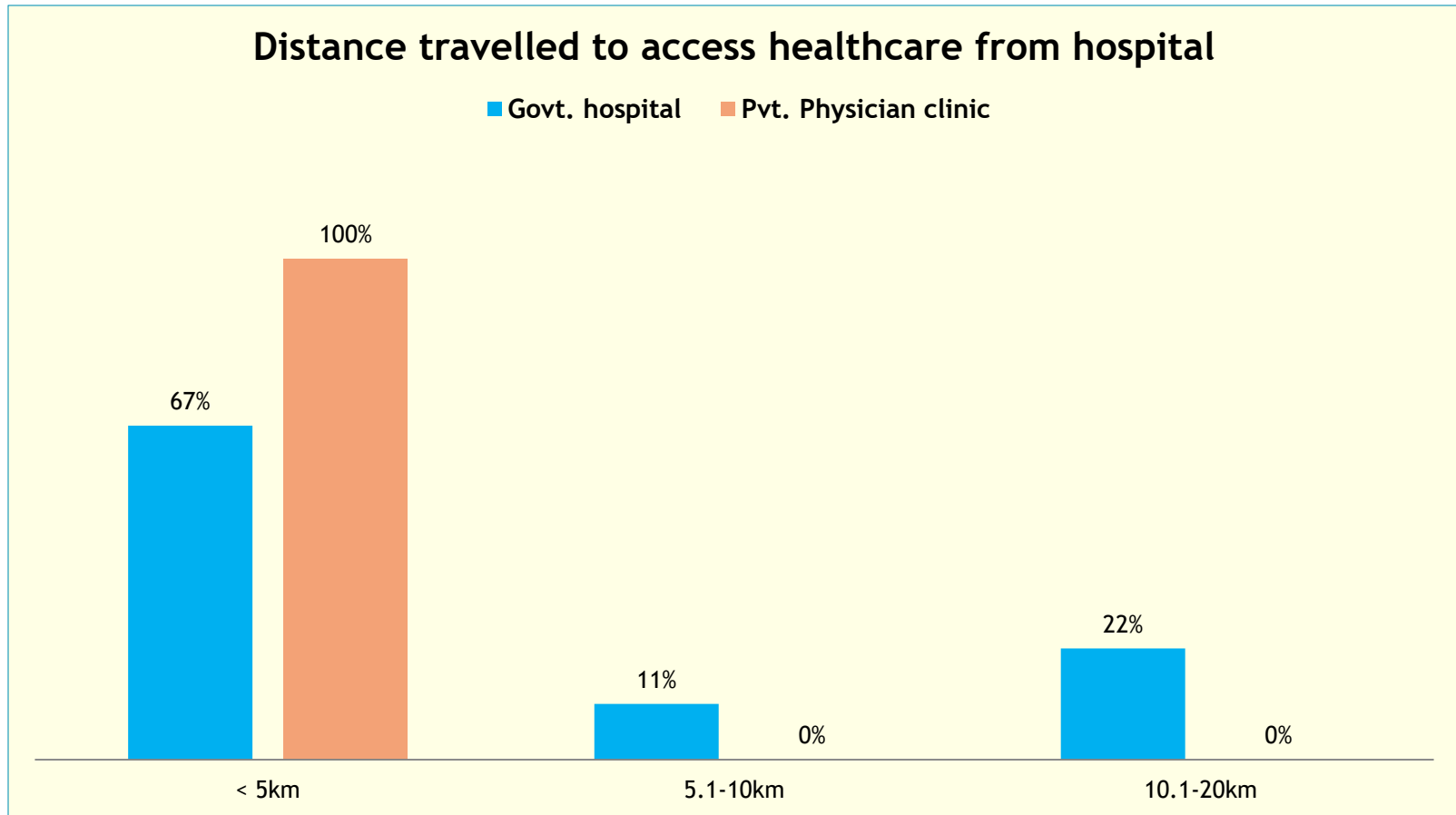
HEALTH SEEKING BEHAVIOUR



While reputation of the clinic on quality care is the only factor that influences the decision making of a person in choosing a private physician clinic, the reasons for choosing government hospitals are spread, with the facility is large and availability of services under one roof being the major reason.

It is critical to note that no respondent has opined about cost of healthcare, indicating that people are willing to spend for good quality healthcare.

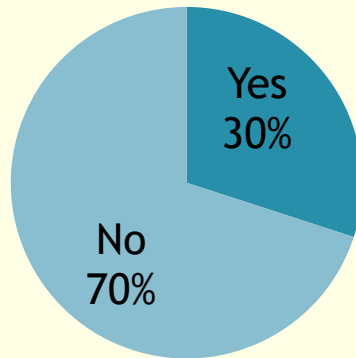
HEALTH SEEKING BEHAVIOUR



Patients are travelling more than 10-20 kms to visit Govt Hospital which indicates a large area of catchment population.

REGULAR MEDICATION BEHAVIOUR

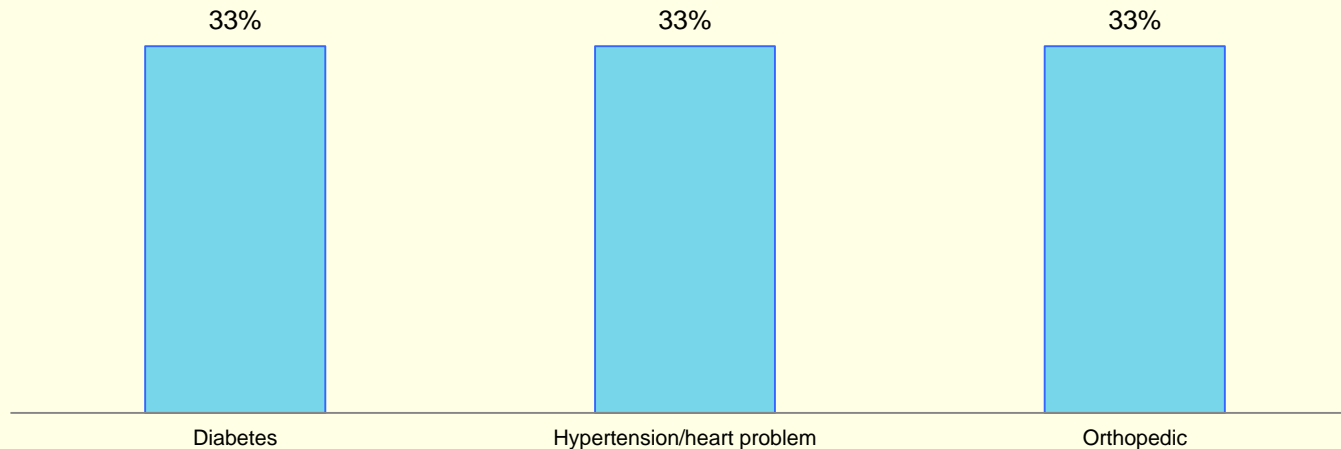
Does any member of your family take regular medications?



The findings indicate 30% of the surveyed population undertakes regular medications.

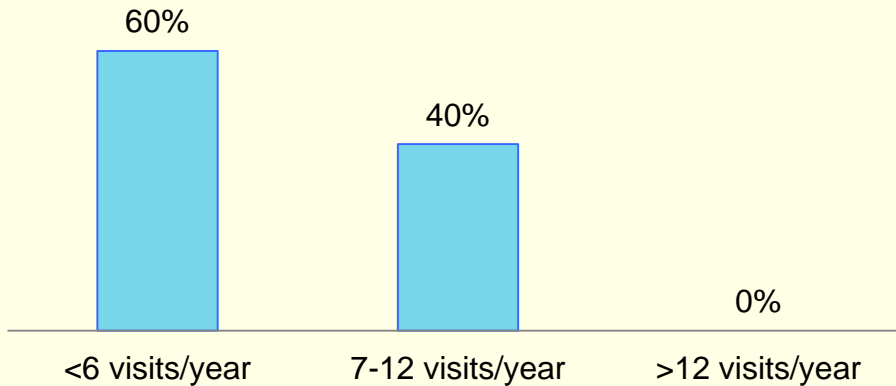
On an average 1 person per family take regular medication for some prolonged ailment, which comprises mostly ailments like diabetes, hyper tension and orthopedic problems.

Conditions for which patients take regular medications



OP HEALTH SEEKING BEHAVIOUR AND SPEND

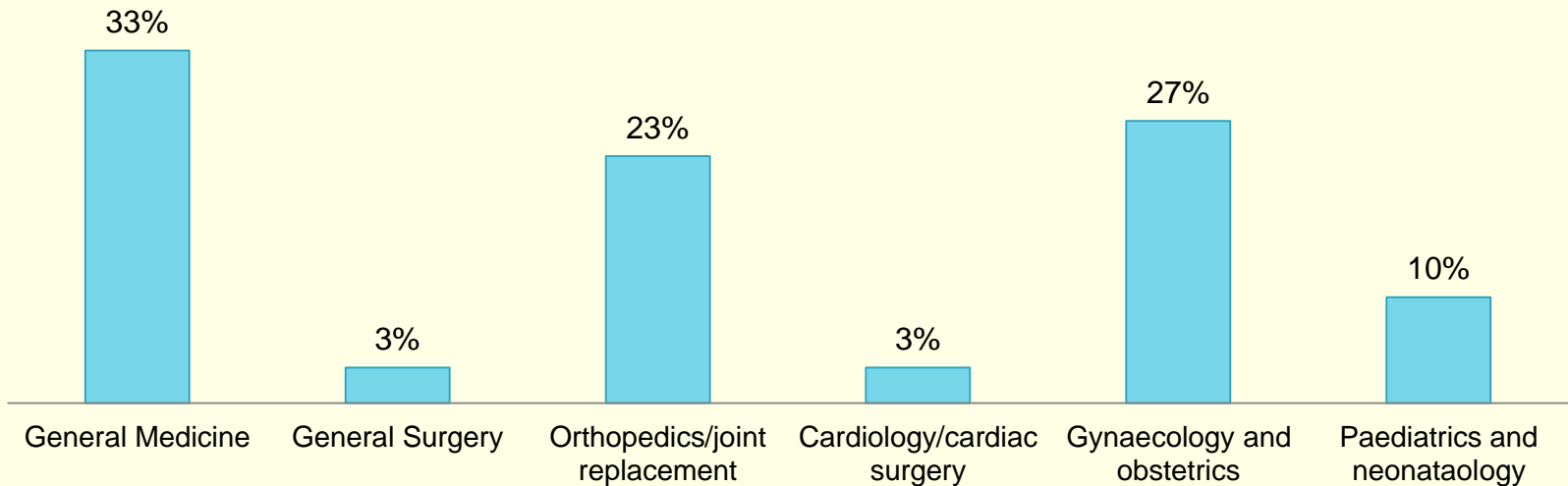
Frequency of hospital visit



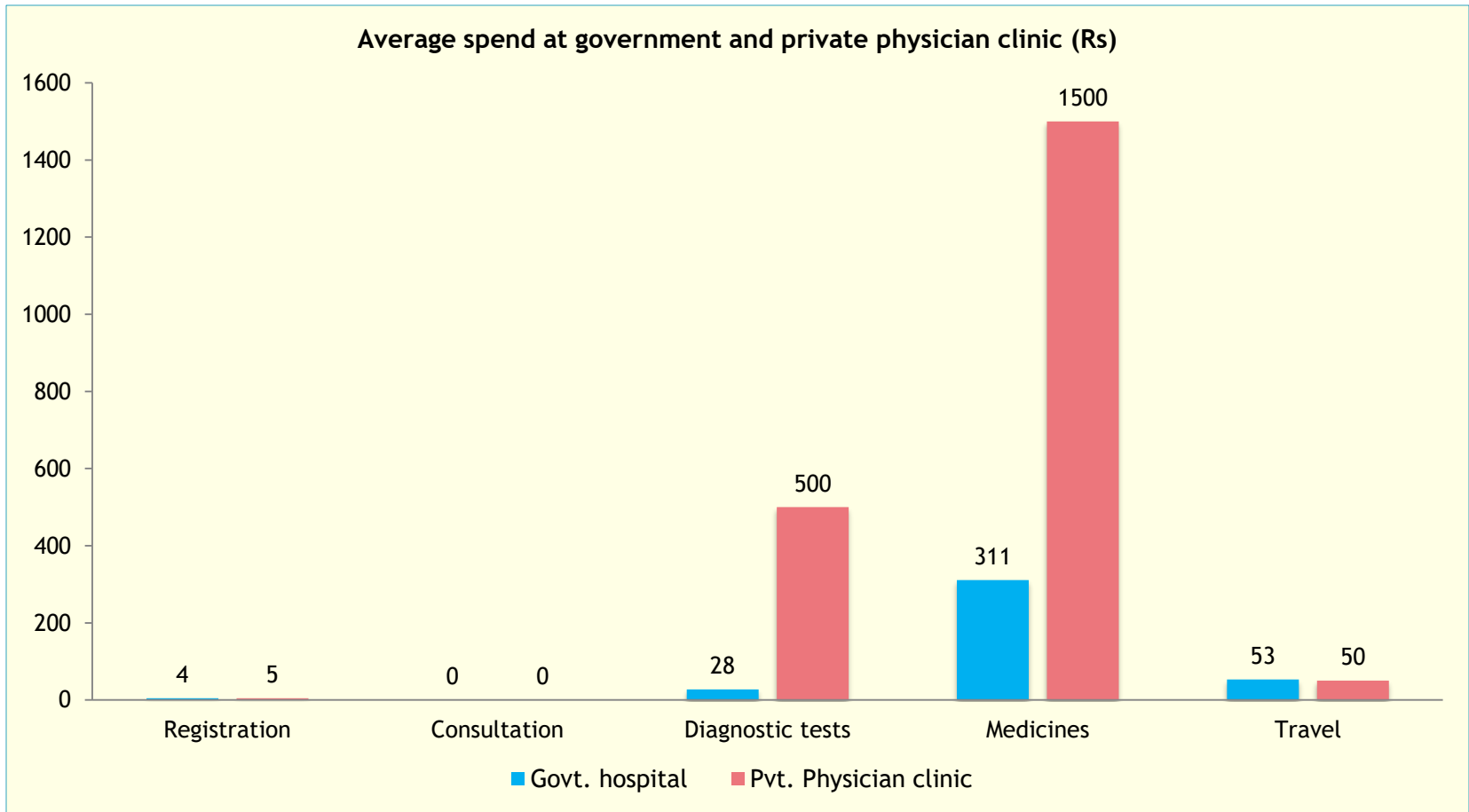
40% of the respondent families were consulting a health facility at least once in two months.

The top specialties include a mix of secondary and tertiary care specialties

Common specialties of consultation



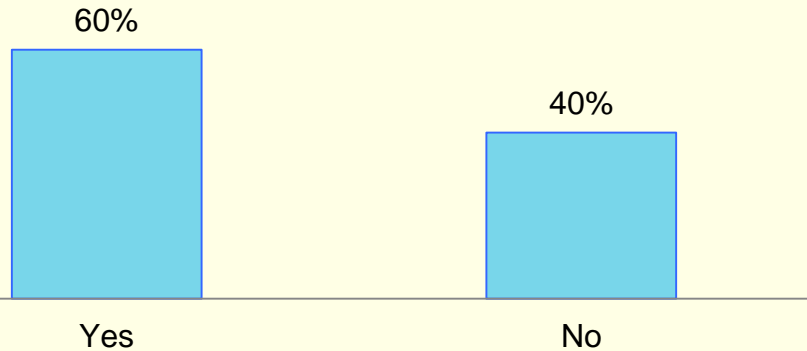
AVERAGE OP SPEND (Rs)



The average outpatient spend in a government hospital is Rs. 392/-, while the same at a private hospital is more than 5 times at Rs. 2050/-

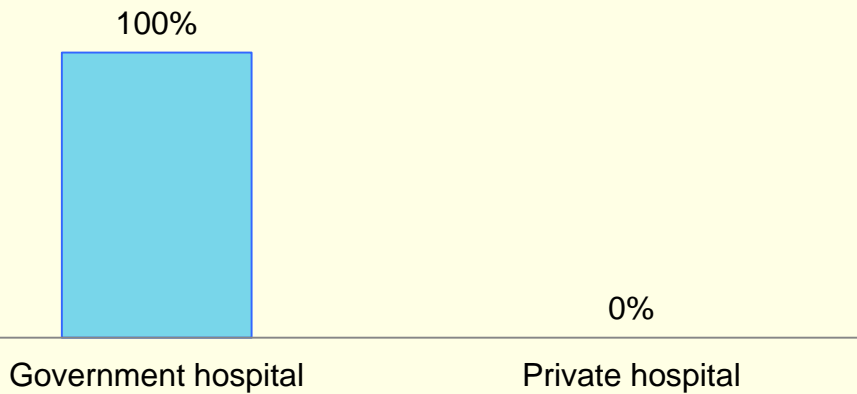
IP ADMISSIONS

There was atleast one hospital admission in the family in the last one year



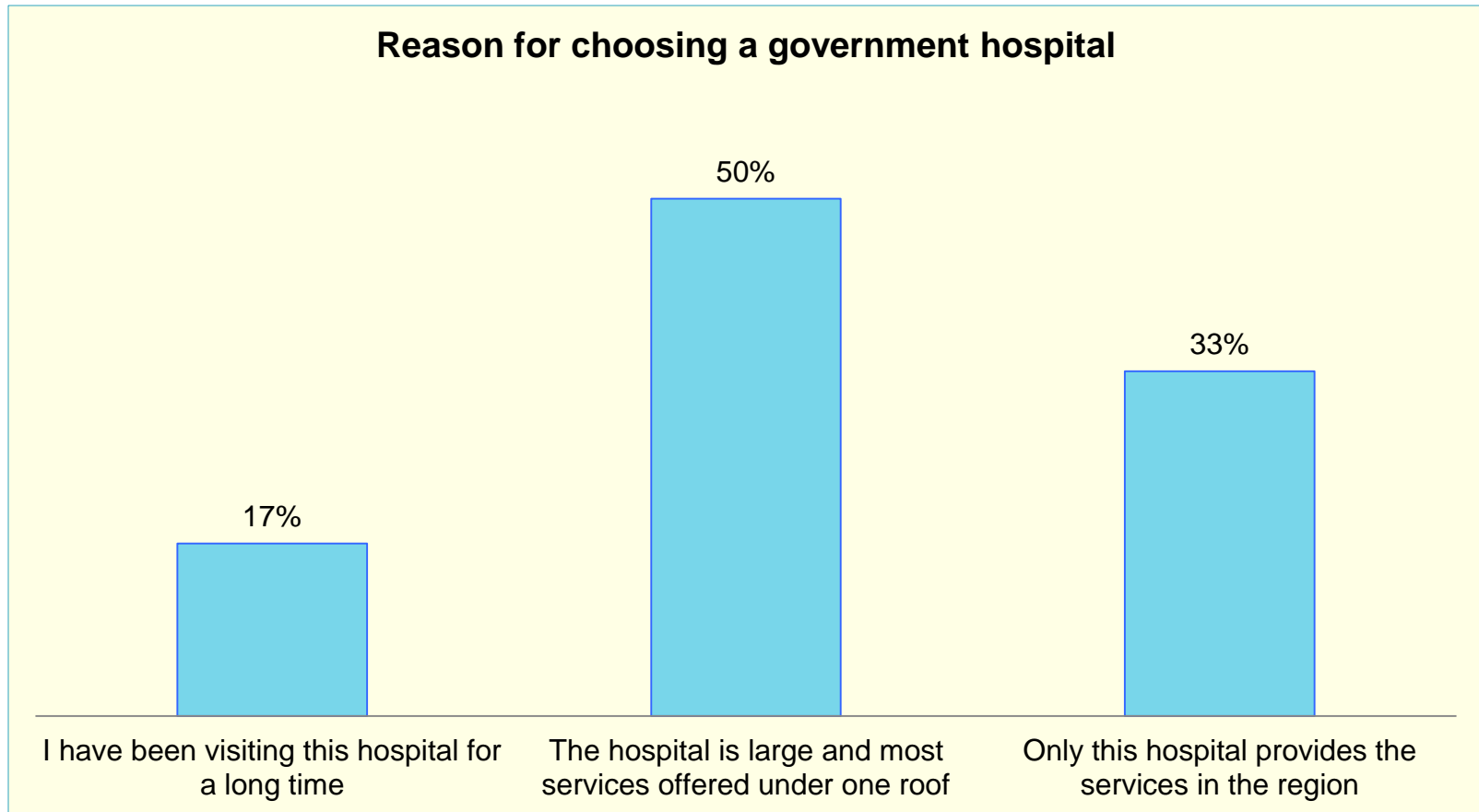
The survey indicates a high morbidity rate, wherein, 60% of the families had one hospital admission in the last one year.

Place of admission



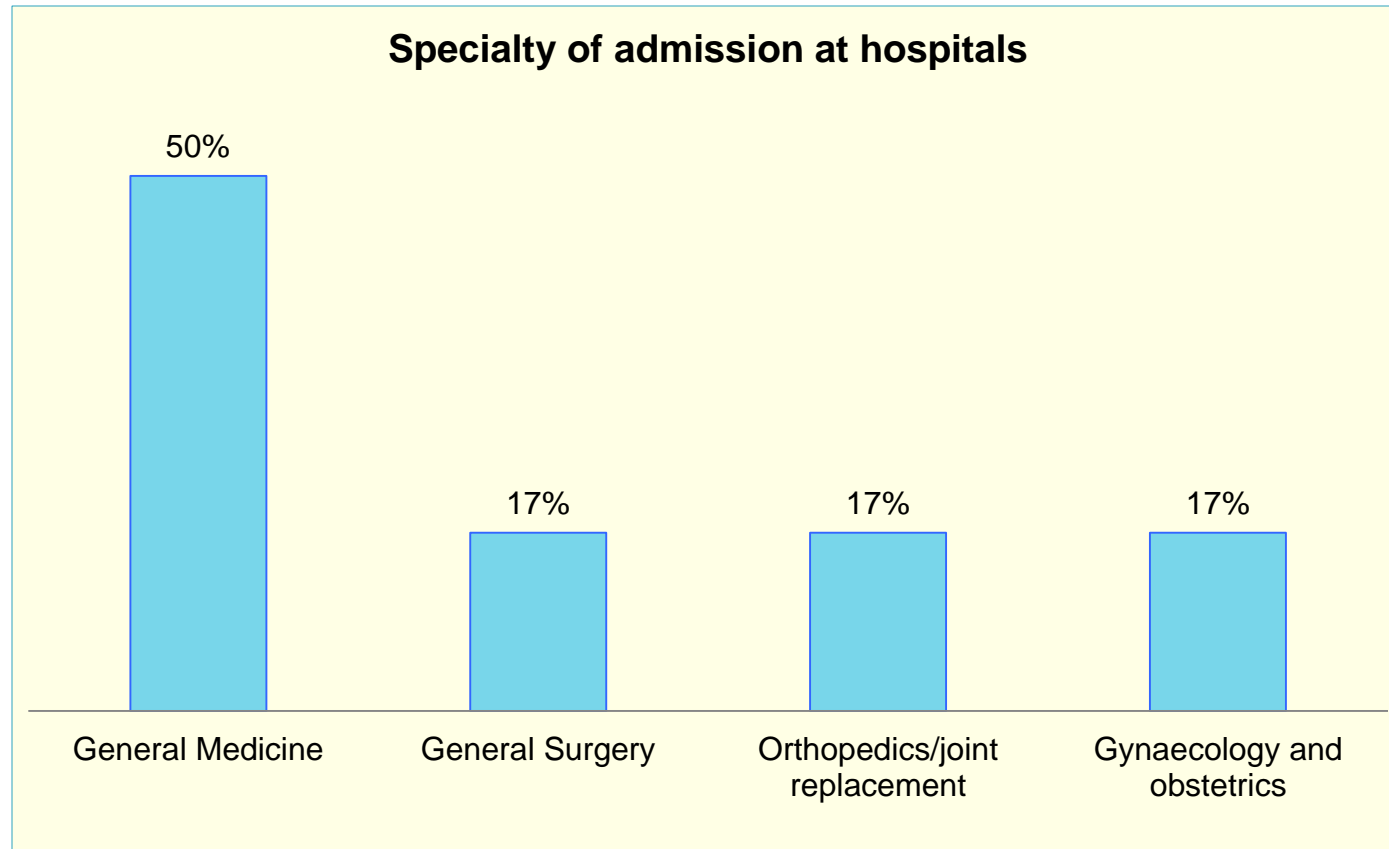
The patients had chosen government hospitals for admissions.

IP ADMISSIONS



The reasons for choosing a hospital for admission are limited to only few options. The main reasons for choosing a government hospital is the large infrastructure & most service availability in the region. This evidently indicates that DHH Boudh is the largest hospital in the district. Though as per surveyors all secondary care services are not available & infrastructure is not up to the mark.

IP ADMISSIONS



All the government hospital admissions were related to secondary specialties such as General Medicine and Gynaecology and Obstetrics. All the deliveries happen at DHH, due to easy access.

IP ADMISSIONS

Average Length of Stay (days)

9.3

9.3



Overall

Government hospital

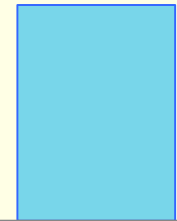
Informal charges paid in a government hospital

100%

0%

Yes

No



Amount spent during admission

100%

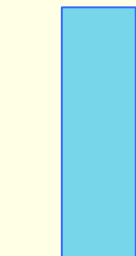
0%

0%

0%

0%

0%



<10,000

10,001-30,000

30,001-50,000

50,001-1,00,000

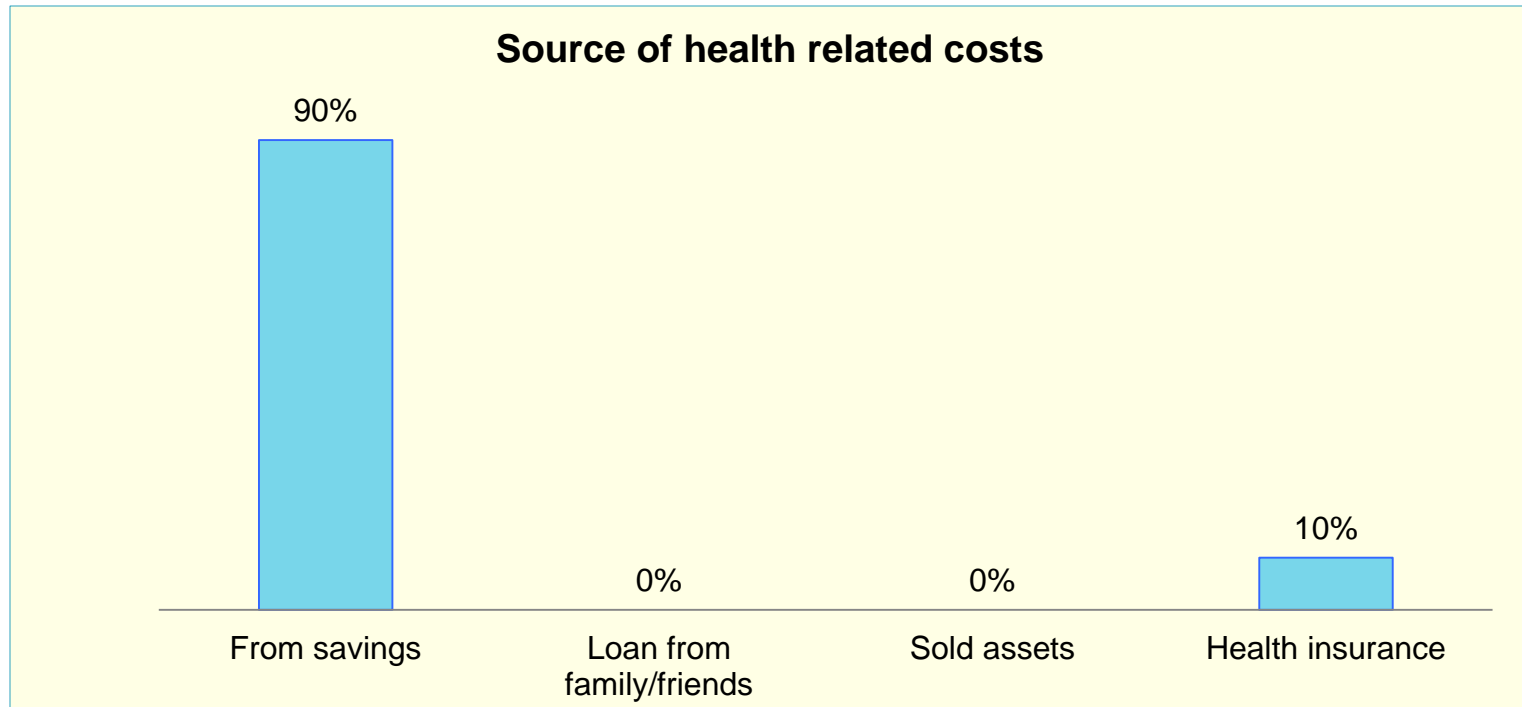
1,00,001-2,00,000

2,00,000 and above

ALOS of respondents at government hospital is 9.3.

They didn't have to pay any informal charge, what they have spent in admission period is less than 10,000.

FINANCING FOR HEALTHCARE



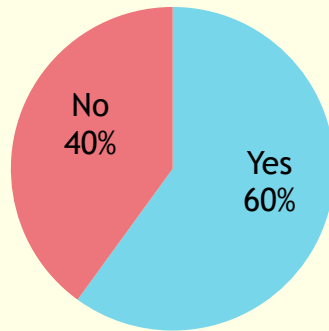
Mostly patients spent for healthcare from their savings.

Though some patients had health insurance, they did not use the same, as they were unaware of its use.

SECTION 8: FINDINGS OF INPATIENT SURVEY

HEALTH SEEKING BEHAVIOUR

Have you consulted /visited any other doctor /hospital before coming to this hospital,in this instance and for this ailment?

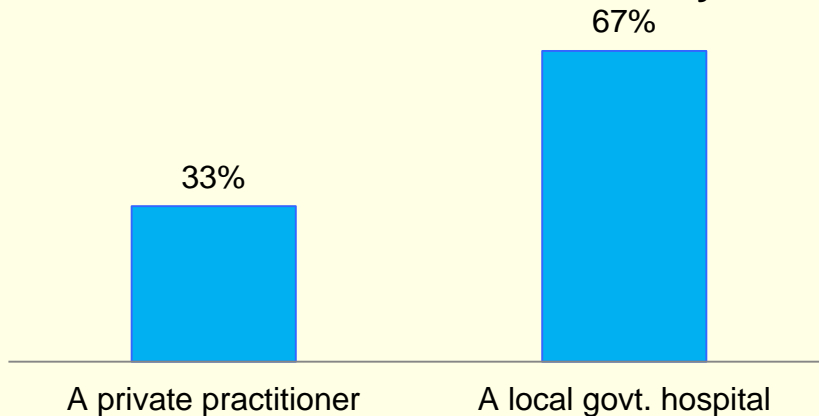


60% of the patients had visited a local government hospital or a private practitioner before visiting the hospital.

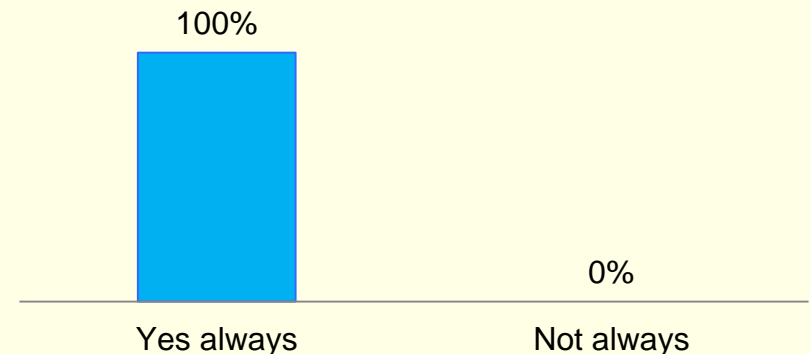
It is important that the proposed low cost hospitals develop an integrated referral network to refer patients requiring higher level of secondary care.

Similar to the general population and outpatients, the respondents display a good health seeking behavior.

First choice of healthcare facility

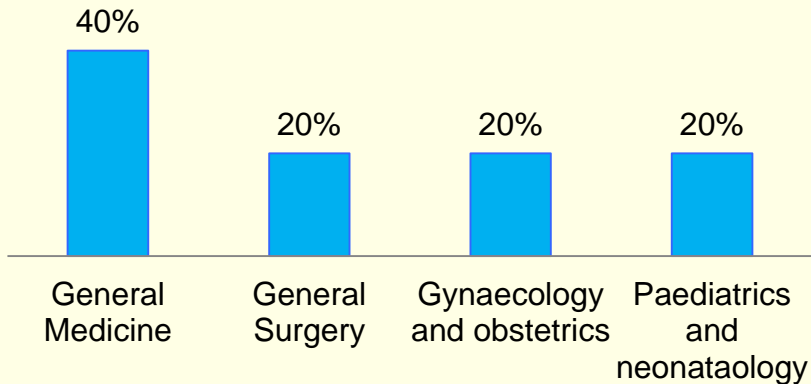


Do you visit a doctor / health facility whenever someone is sick in your family?

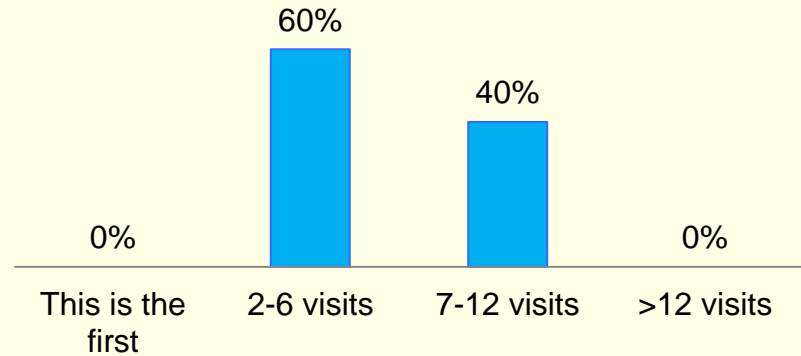


EPISODE OF CARE

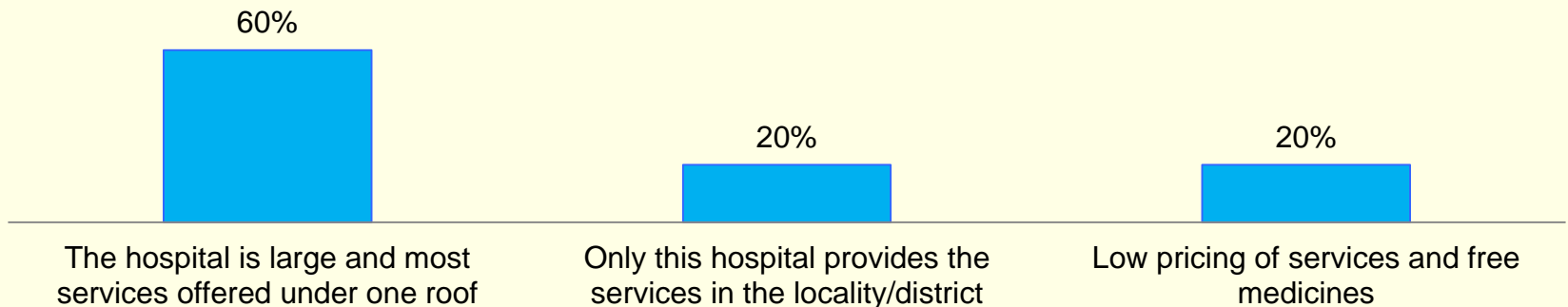
Specialty of the ailment of admission



Frequency of hospital visit before this admission



Reason for choosing the hospital

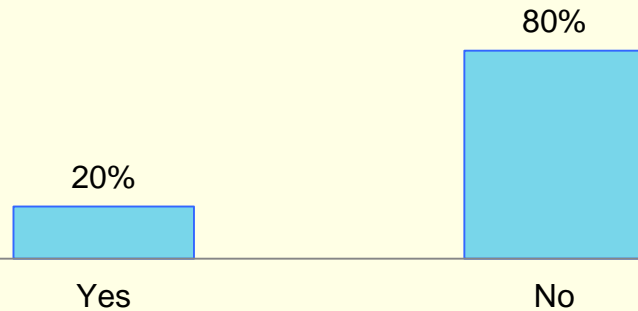


On a random sample, it could be observed that majority of the admissions were in the common secondary care specialties. However, these admissions pertain directly to the service availability in the hospital.

It is imperative to note that the reasons for admission are limited to few options with no mention of cost.

EXTERNAL REFERRALS

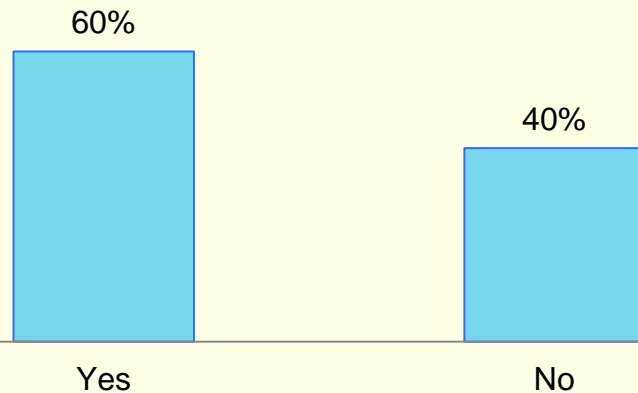
Did you have to visit any other hospital/diagnostic center for any diagnostic test?



20% of the admitted patients had to get their diagnostic tests done from an external diagnostic center. Urine culture sensitivity is one of the tests availed from an external diagnostic centre.

Similarly 60% of patients had to buy medicines from an external pharmacy.

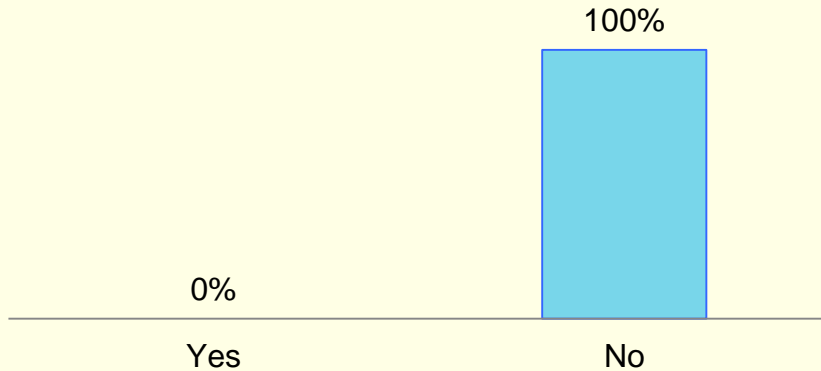
Did you have to buy any medicine from an external pharmacy?



The above inferences indicate the need for more facilities in the district hospital. Also there is a need to improve the pharmacy stock availability in the hospital. However improving pharmacy stock may be challenging as the procurement is centralized through the government.

COST AND FINANCING OF CARE

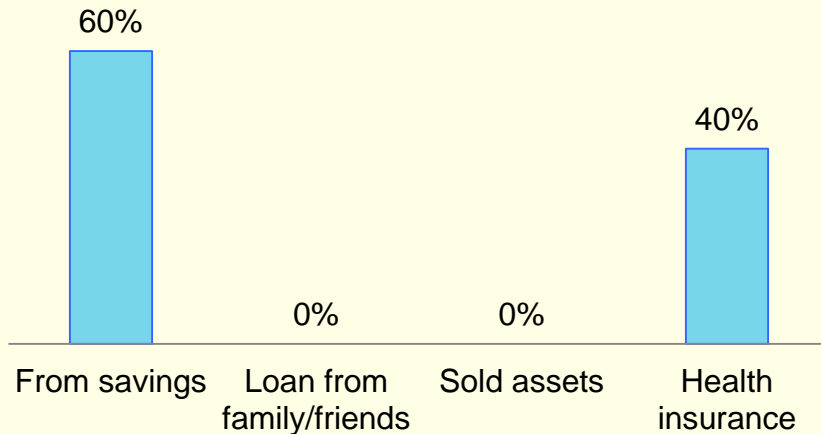
Did you have to pay any informal charges other than the hospital bills?



The average amount of hospital expenses for the patients in the district hospital is Rs. 1,030/-

40% of the patients surveyed had health insurance as a primary source of health related costs, which indicates a higher insurance coverage and awareness, when compared with the national averages.

Source of health related costs

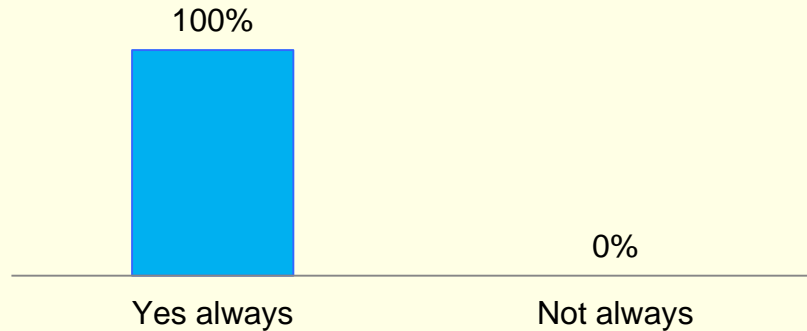


All the insured patients were covered under a government health insurance scheme. Most of the patients had a coverage amount of less than Rs. 1,00,000/-

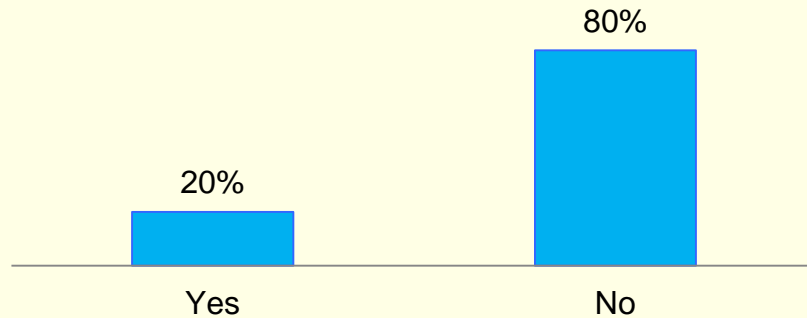
SECTION 9: FINDINGS OF OUTPATIENT SURVEY

HEALTH SEEKING BEHAVIOUR

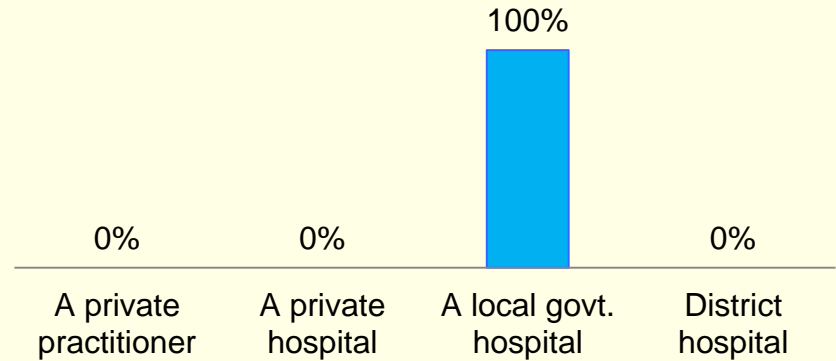
Do you visit a doctor / health facility whenever someone is sick in your family?



Have you consulted /visited any other doctor /hospital before coming to this hospital,in this instance and for this ailment?

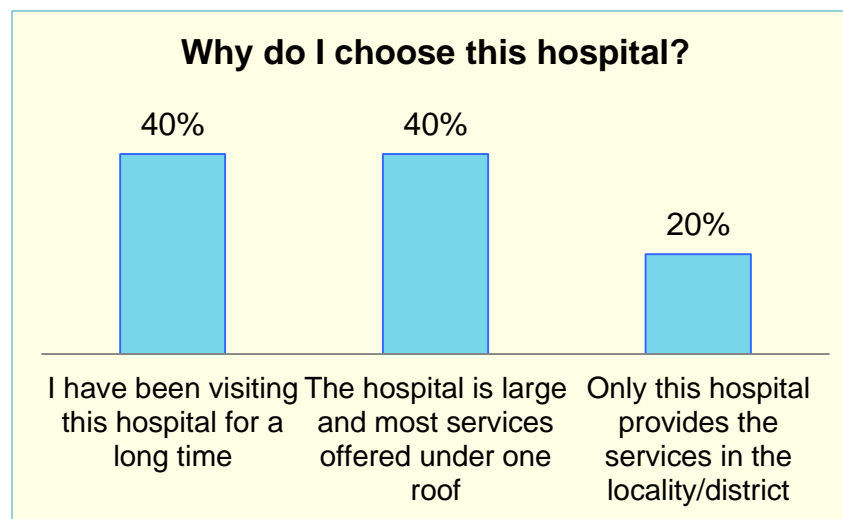
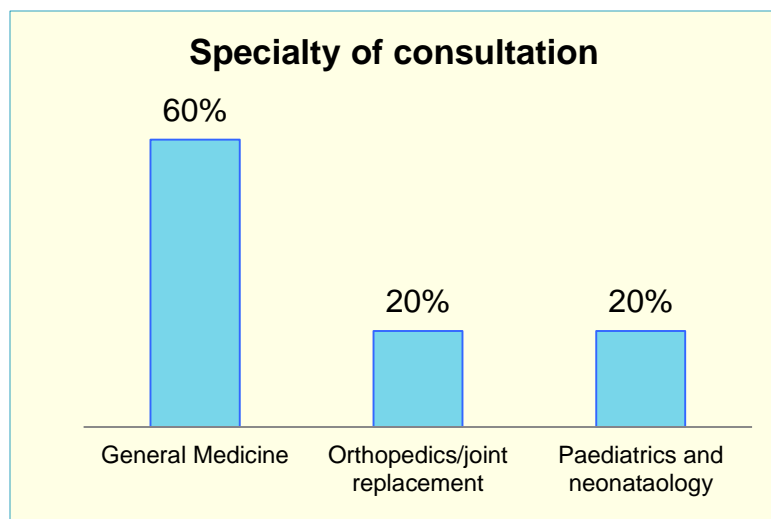


First choice of healthcare facility



The people display good health seeking behavior, however, in the absence of a private hospital, the patients visit the nearest government hospital for their immediate health needs.

EPISODE OF CARE AND CHOICE OF PROVIDER

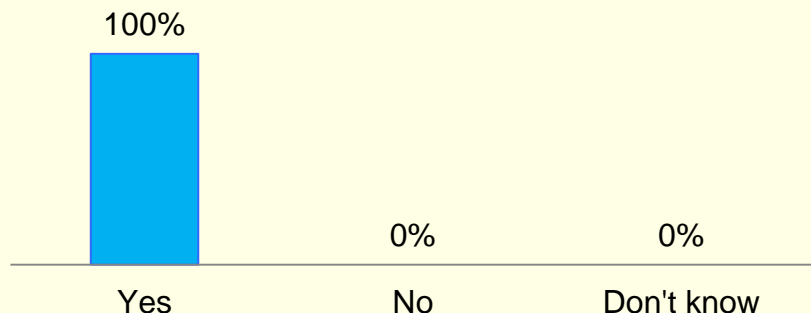


As with the specialty mix of the hospital, most patients visit for general medicine or orthopedics and paediatrics.

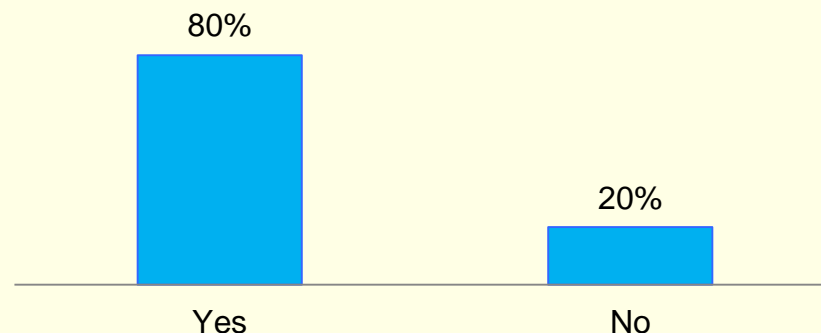
As discussed above, the district has a strong referral network. Also most patients had chosen DHH as this is the only hospital available in the district.

EPISODE OF CARE AND CHOICE OF PROVIDER

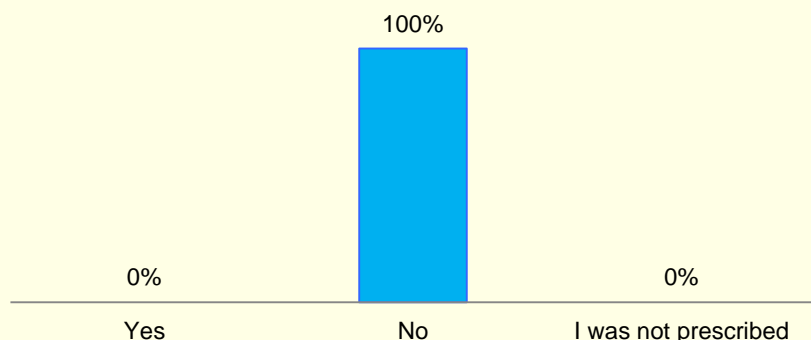
Did you get to meet the specialist doctor pertaining to your specialty during today's consultation?



Did you have to buy any medicine from an external pharmacy outside the hospital?



Did you have to visit any other hospital/diagnostic center for any diagnostic test?



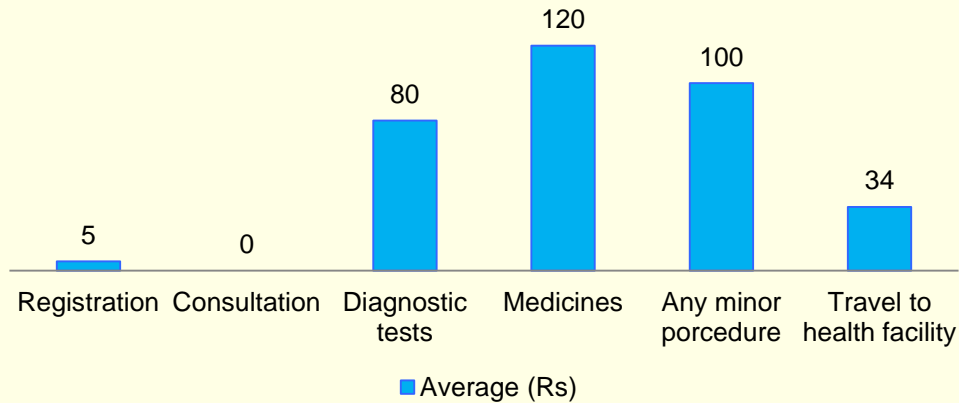
Most of the patients are coming for secondary care of specialties ailment & its found that they always get to consult with specialist doctor.

Among all the surveyed respondents none had visited any external diagnostic centre for undergoing test for the current ailment, however majority of them did opine that in the previous episode of ailments they did require to visit external diagnostic center for USG, ECG, Endoscopy, Thyroid test, CT Scan etc.

80% of patients had to buy medicines from outside indicating the need for better formulary and supply chain mechanism.

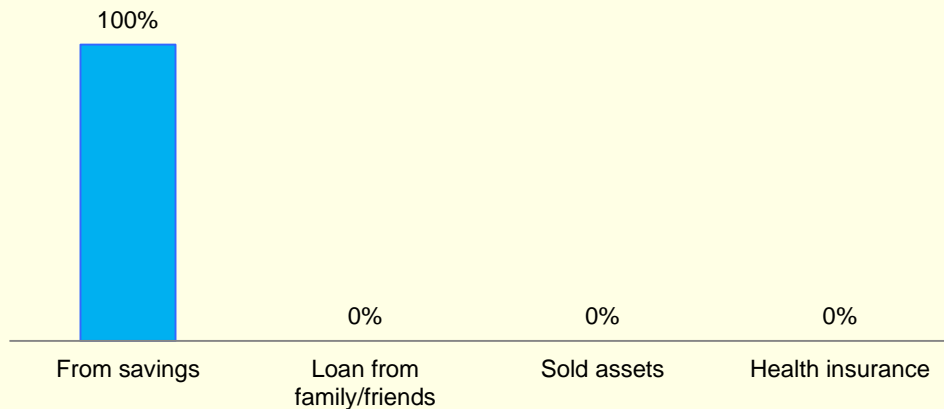
FINANCING FOR HEALTHCARE

Amount spent on visit to the hospital



Patients tend to spend mostly on diagnostic tests and medicines especially as they had to purchase them from external facilities.

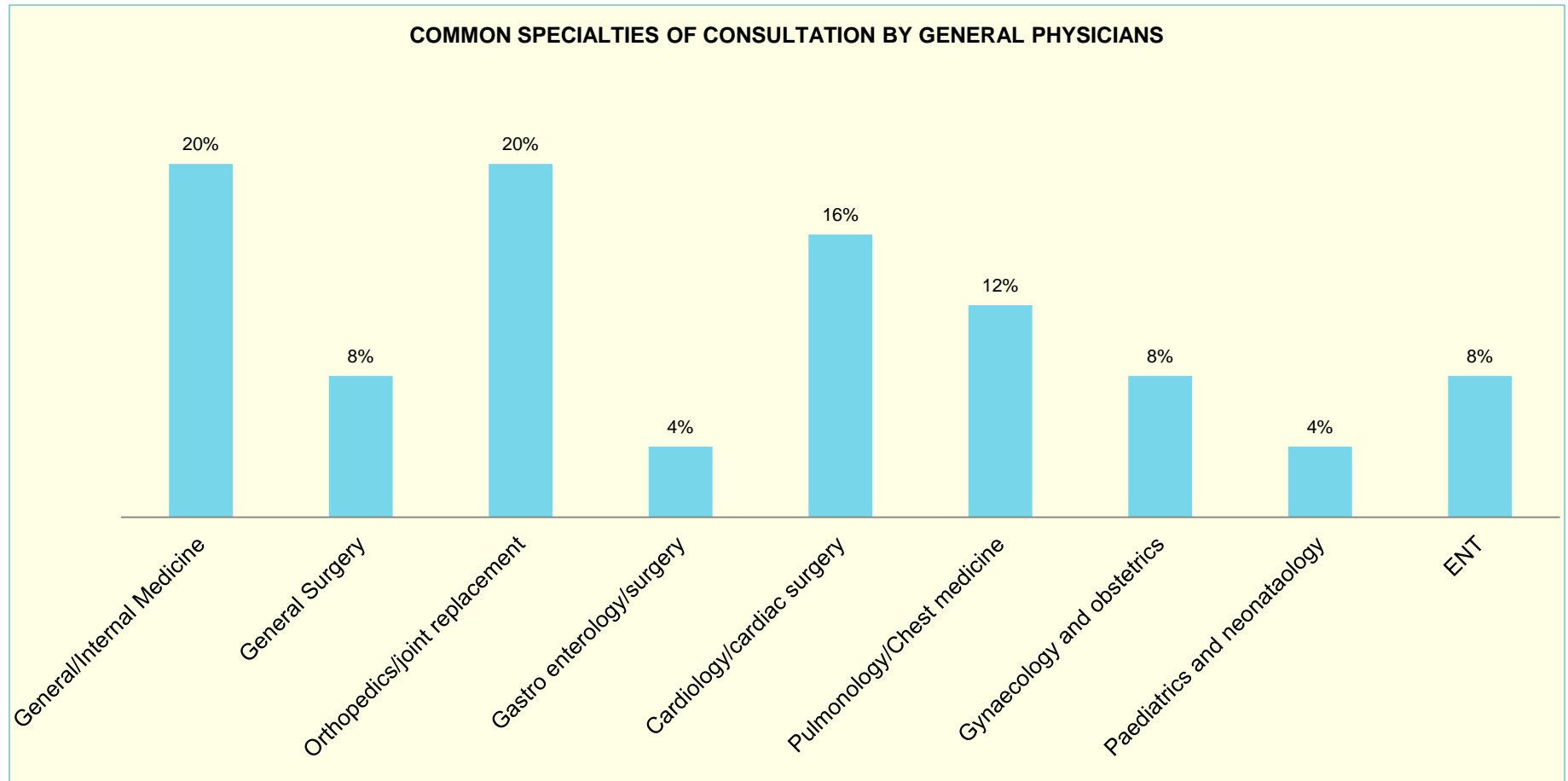
Source of health related costs



This indicates that people are ready to purchase healthcare if services are available.

SECTION 10: FINDINGS OF PHYSICIAN'S SURVEY

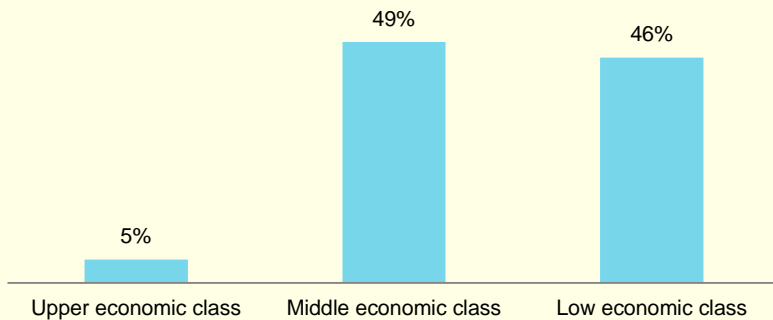
COMMON SPECIALTIES OF CONSULTATION BY GENERAL PHYSICIANS



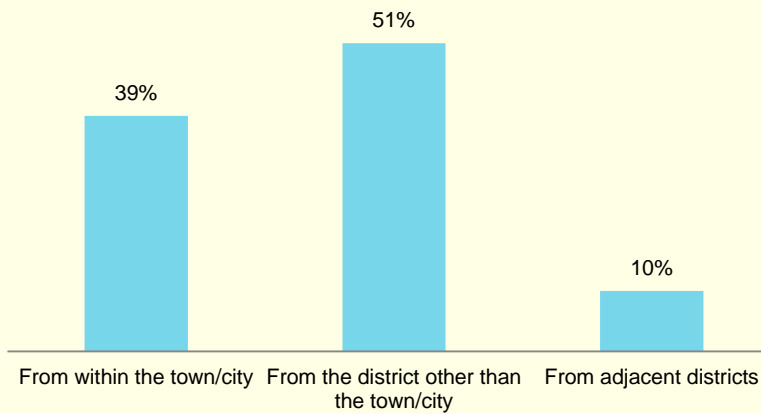
ECONOMIC AND GEOGRAPHIC STRATIFICATION OF PATIENTS

General physician survey

Economic class of patients

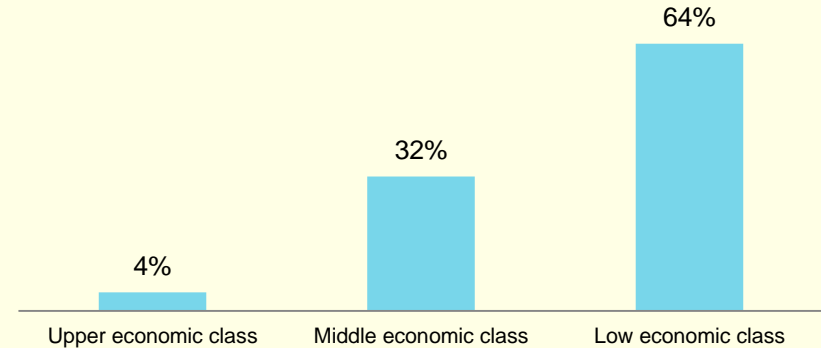


Geographic classification of patients

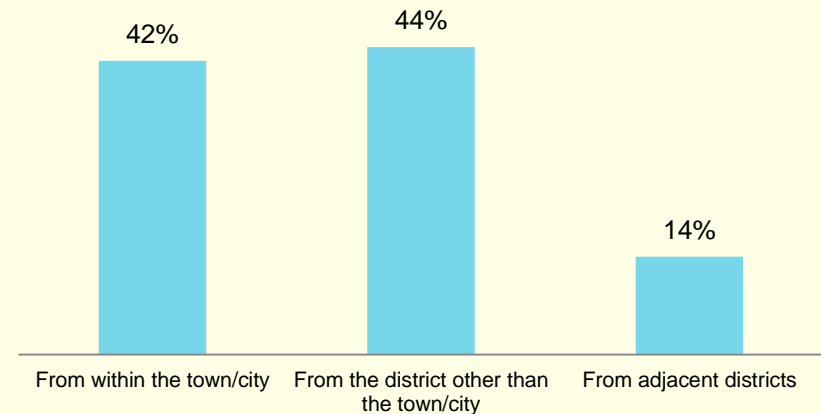


Specialist physician survey

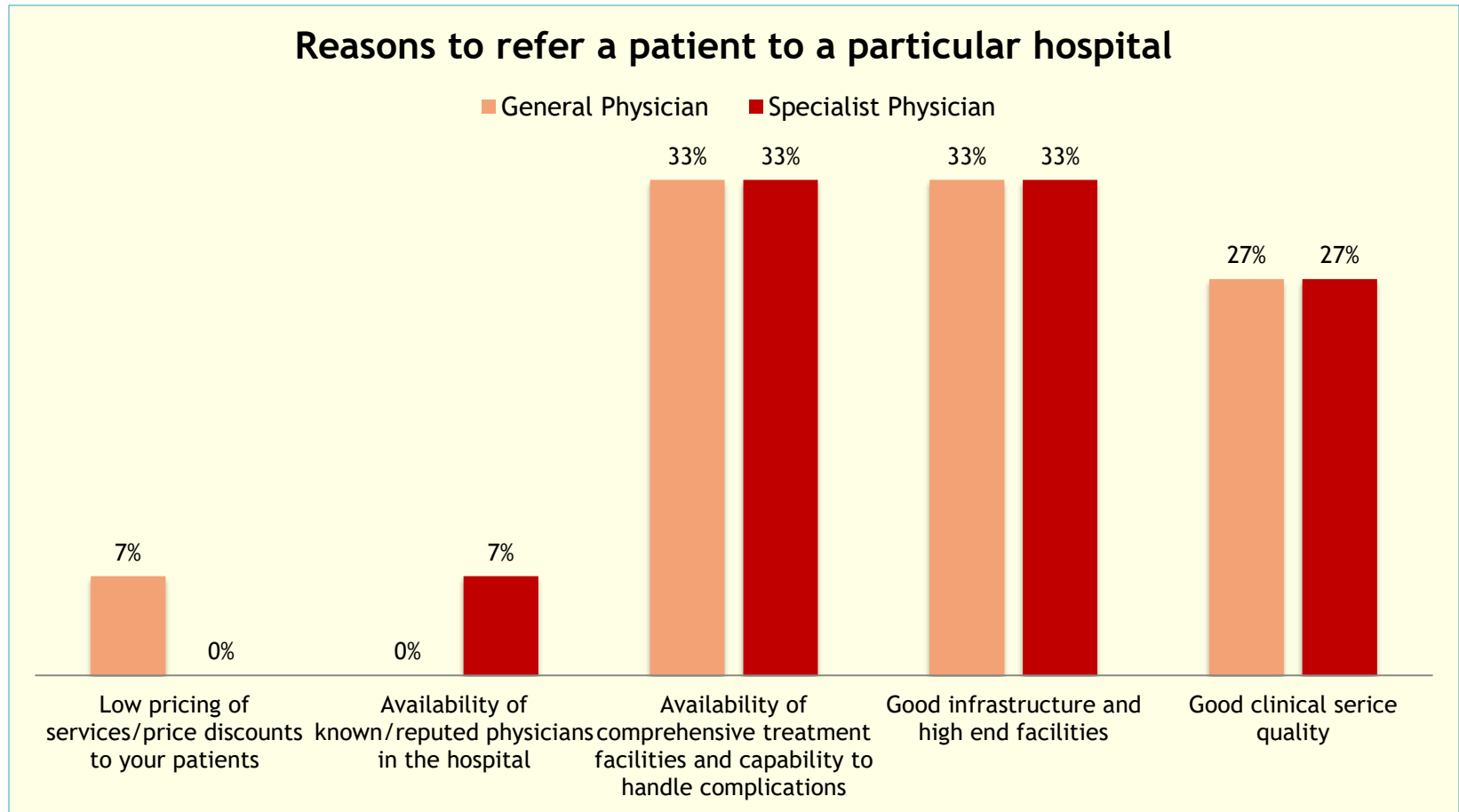
Economic class of patients



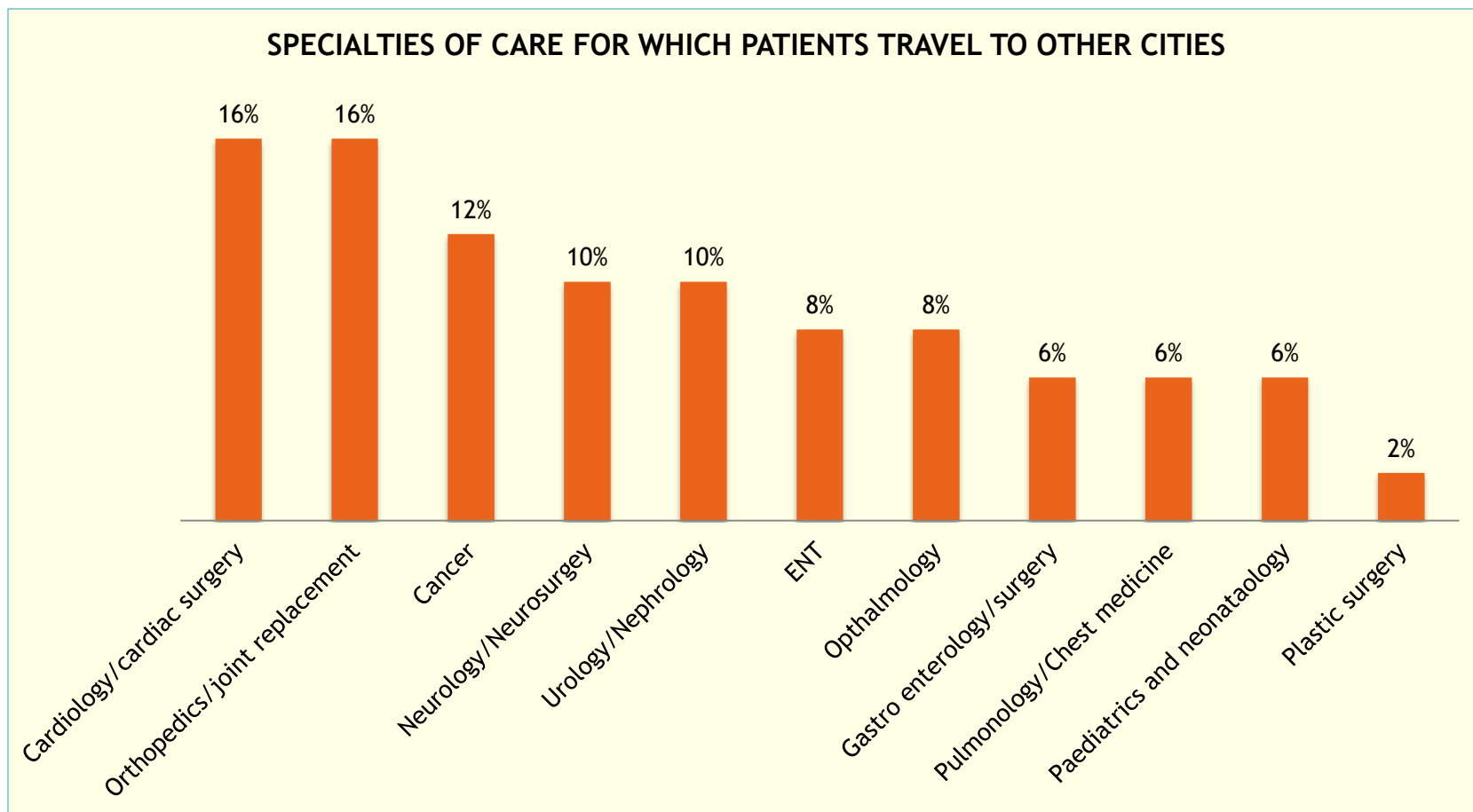
Geographic classification of patients



REASONS FOR PHYSICIANS TO REFER PATIENTS TO A PRIVATE HOSPITAL



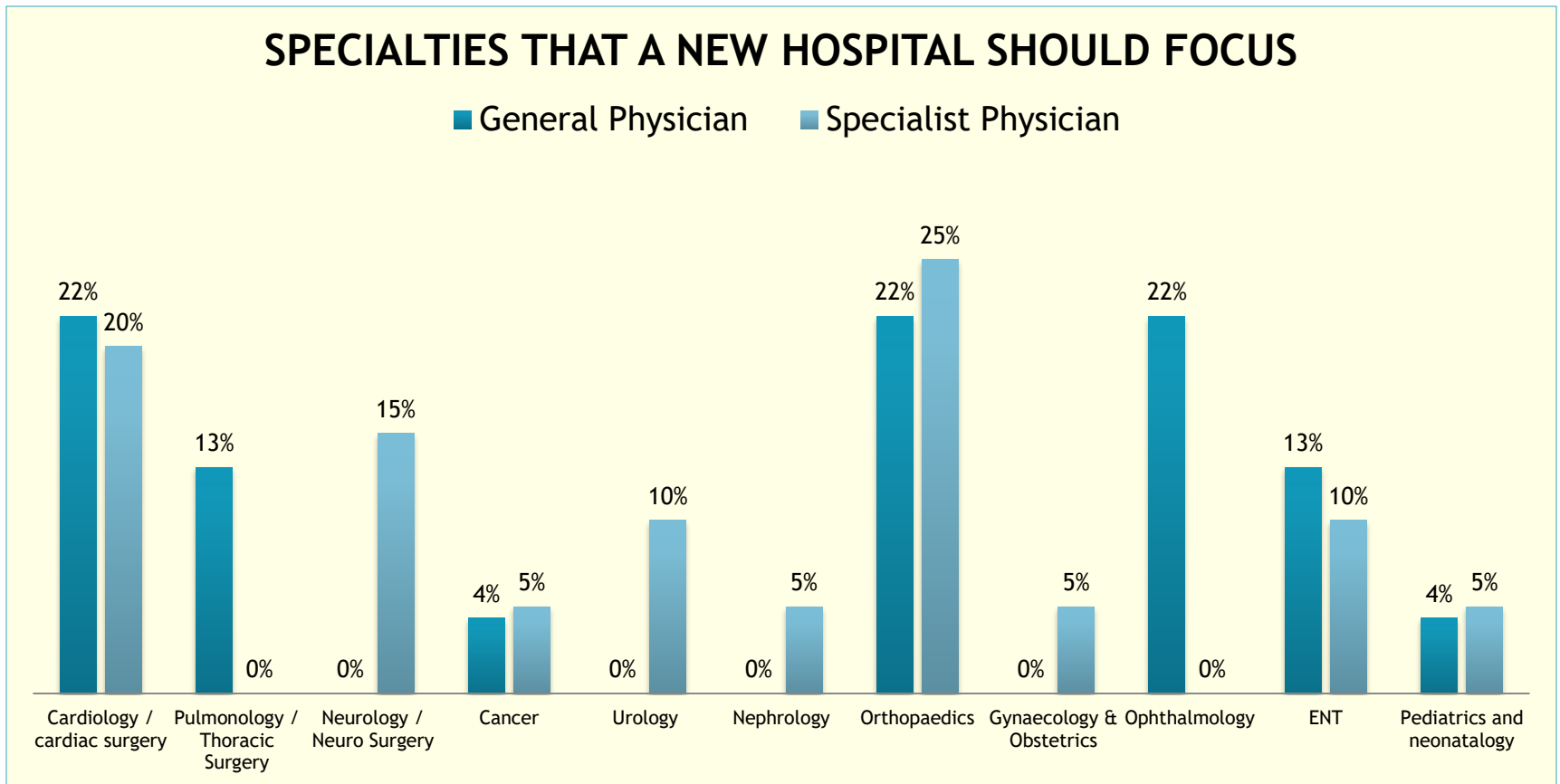
SPECIALTIES OF CARE FOR WHICH PATIENTS TRAVEL TO OTHER CITIES



The above are averages of the responses from both general and specialist physicians. All the surveyed physicians indicated that patients from the district go to other districts / cities for availing healthcare.

SPECIALTIES THAT A NEW HOSPITAL SHOULD FOCUS

All the surveyed physicians indicated the need for a new hospital in the district and they opined that the hospital should focus on the following specialties The percentages is the physicians who responded with yes for a specialty.



FACILITIES RECOMMENDED BY THE PHYSICIANS

Specialities	General Physician	Specialist Physician
Cardiology / cardiac surgery	All Corresponding facility	Surgery, Specialists and its corresponding facilities, CTVS, ICU
Pulmonology / Thoracic Surgery	All Corresponding facility and Specialists	
Neurology / Neuro Surgery		Medicine and Surgical Specialists and its corresponding facilities
Cancer	Medicine and Surgery	Medicine and Surgical onchology and its corresponding facility
Urology		With all corresponding facuilities
Nephrology		With all corresponding facuilities
Orthopaedics	Trauma Care, Specialists and all corresponding facilities required	Trauma care and its specialists
Gynaecology & Obstetrics		Full Support for Gynacology & Obstretics
Ophthalmology	Superspecialities and its corresponding facility	
ENT	Specialists and its corresponding facilities	Specialist and Audiometry
Pediatrics and neonatology	More Specialists required	PICU, more Specialists and all corresponding facilities

The physicians opined that any hospital proposed should focus on the above facilities for the corresponding specialties.

THANK YOU