

# Hospital Acquired Diseases Due To Long Waiting Times In Hospitals

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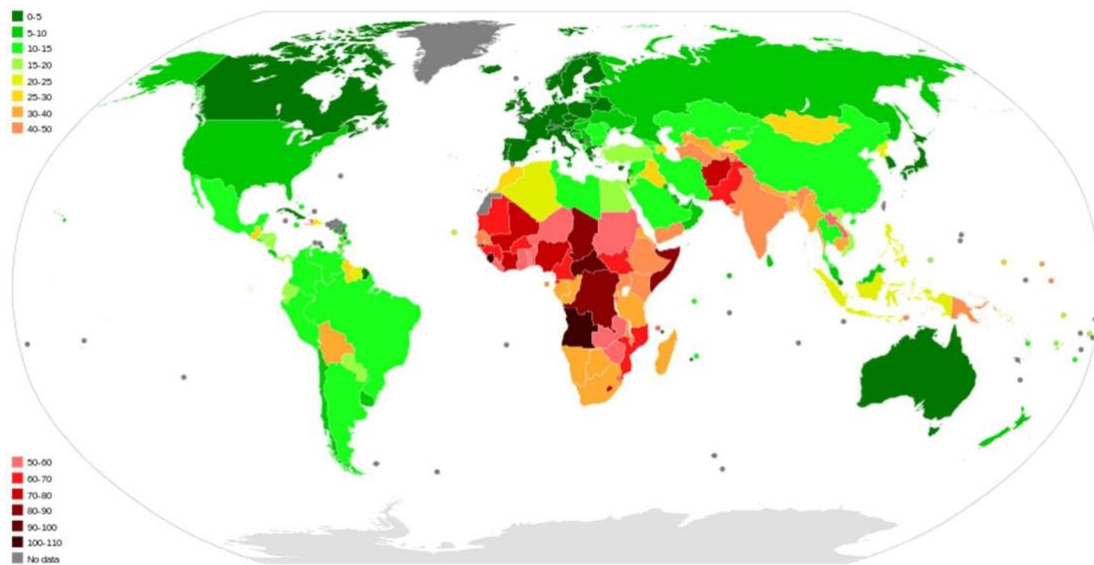
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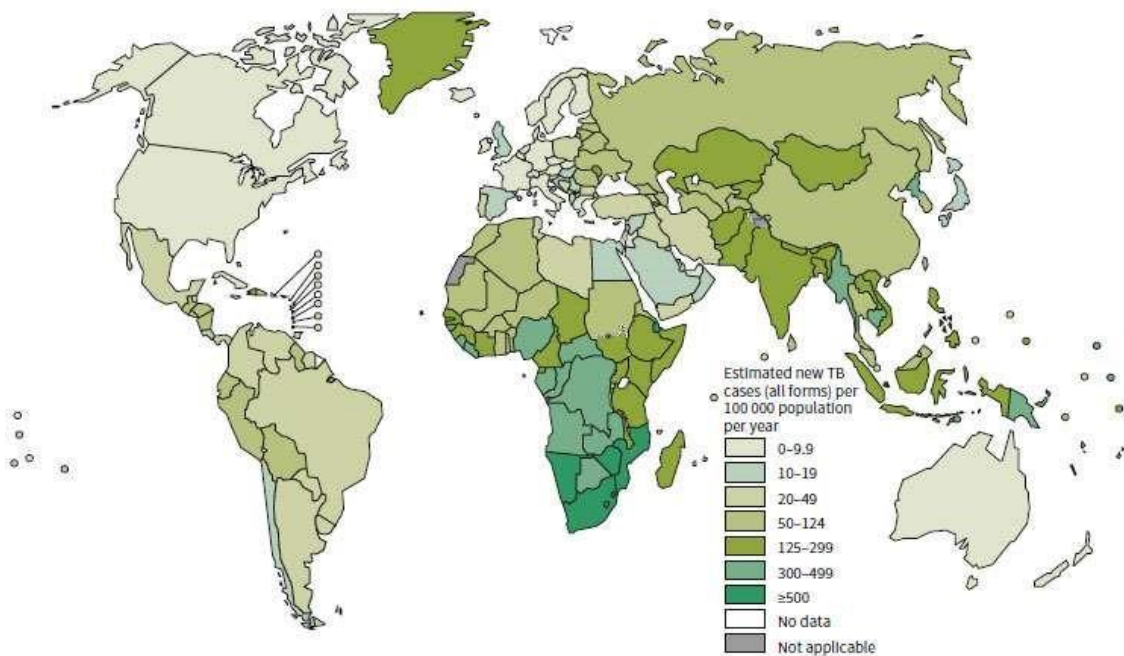
**Abstract:** Hospital-acquired diseases are an alarming threat in India because of the poor doctor to population ratio. This has created waiting times as high as 7 hours in hospitals in close proximity to other pathogens that is totally unnecessary and can be solved by efficient planning. Long-term patients such as infants, pregnant women, tuberculosis patients and AIDS patients are at astronomically high risk of being infected by another disease that can lead to worsening of the condition. Through this paper, we aim to present the condition and problems faced by people in government hospitals throughout the country.

## Introduction

With 8.5 lakh infant deaths in the year 2016 alone and 5 pregnant women deaths every hour, Indian public health system is particularly bad for long-term patients have to come to the hospital on regular basis. With only 5 lakh doctors for the whole country, we have an astounding ratio of 1: 1674. This creates long queues in hospitals and people have to wait for hours at an end to get a chance for the checkup. The problem is enhanced by the fact that people start reserving their spots hours prior to the actual opening time of the hospital, thus exposing themselves and their family members to an array of communicable diseases and vectors. Infants under the age of 1000 days are especially susceptible to diseases and sadly they have to visit the hospital bimonthly or even weekly for proper vaccination and checkups. India has an infant death ratio of 47/1000 among the highest in the world. Pregnant women are also put under undue stress as they are required to visit the hospitals to get their ultrasounds and checkups. Outbreaks of diseases like malaria, dengue and chikungunya are also observed and waiting in hospitals near other patients is also a big factor there. For Patients with weak immunity, especially patients of AIDS, this is a death sentence as they cannot fight such diseases effectively. Also waiting inside a hospital is a medical hazard as it allows transmission of pathogens like tuberculosis that can mutate and ultimately lead to resistant strains of the bacterium, creating superbugs. All this can easily be prevented by implementation of a system that reduces the time spent by a patient in the hospital.

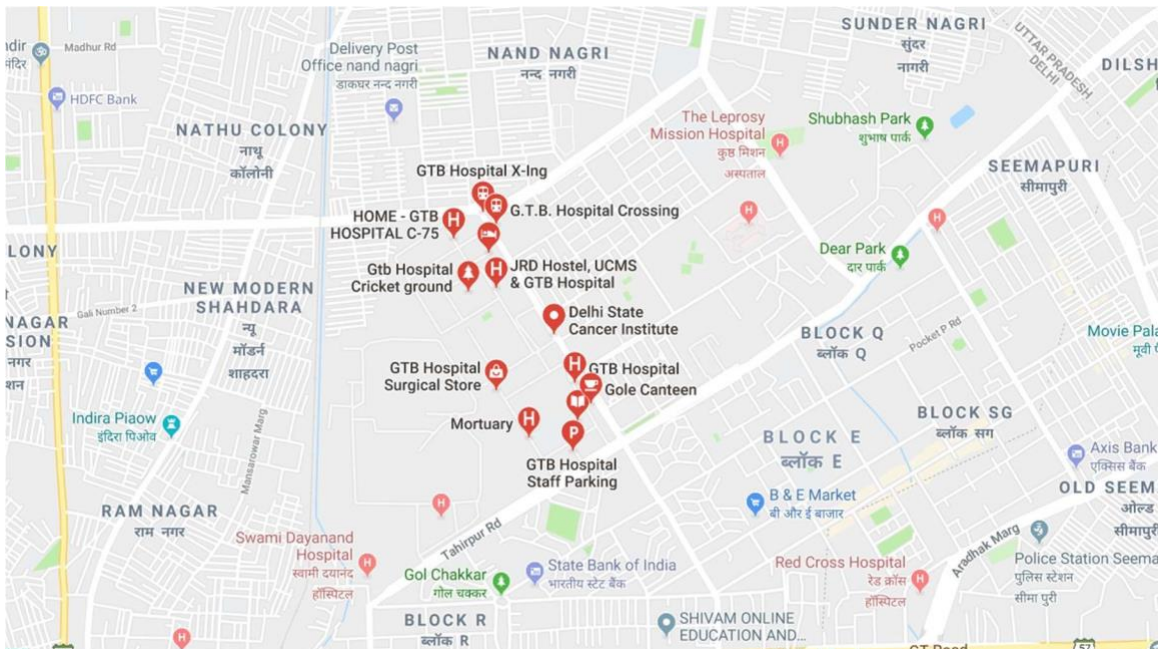


**Estimated TB incidence rates, 2013**



## Background

Guru Teg Bahadur hospital GTB Enclave, Dilshad garden is accessed by people from Seelampur, Jyoti Nagar, Balbeer Nagar, Seemapuri, Dilshad Garden, Loni, Ghaziabad and Baghpat. This is the biggest government hospital in the area ensuring a large number of patients every day. The patients mostly comprise of poor labourers and craftsmen from densely populated slums and colonies. Most of the patients are employed on day to day basis, hence have to ensure that they are treated within a single day. Culturally, the patients are predominantly Muslim, followed by Hindus and an almost equal population of other religions.





## Interactions

We visited guru Teg Bahadur hospital twice on 2nd January 2018 and 4th January 2018. We visited the general OPD ward, gynaecology ward and the dispensary. One thing that was common in all the three was the crowd

In the gynaecology ward, we met Mrs Suman who was sitting on the floor with her newborn child waiting for over 5 hours for the checkup. Her baby, 15 days old as of 4th January 2018, had a slight fever and was there since 5:30 am for a 5-minute appointment with the doctor.



We also met Mrs Shabana who was with her 2-month-old daughter who vomited out anything she ate. Mrs Shabana was constantly giving her water and a paste of water and biscuit while waiting for the doctor



We also visited the dispensary to find a long queue there too. Later we found that common painkillers and antiviral medicines were in shortage due to a sudden outbreak of flu.

We contacted Dr Bhagyashree who worked in the athod village in Madhya Pradesh as part of her M.B.B.S. degree. She told us that management of reports was a real issue in rural areas. Xray is not available in villages so they have to visit multiple doctors in village and cities for treatment. This makes management of reports difficult and she herself encountered many occasions where a patient unknowingly bent a Xray report and had to go to the city for Xray again.

## Questionnaire

- What is the disease and current status
- What is the frequency and duration of medication you are currently prescribed
- What is your Opinion on cleanliness of the hospital
- How is the Availability of medicine in dispensary
- If you have encountered any problem in commute
- What is the General attitude of doctors and nurses towards you

We included the following questions during the second visit:

- What is duration of stay in hospital
- Have you ever experienced any other disease after coming from a hospital ☐ Have you ever lost a report or damaged any Xray report

## Problems identified

We identified the following problems:

- Long stays in the hospital: patients have to wait for hours in the hospital to get a 5minute routine checkup with the doctor. this puts them at a risk of getting infected by other diseases and can lead to creation of highly resistant superbugs
- Shortage of medicines due to absence of predictor mechanisms: currently there is lack of an effective collection method for hospitals that can be used to predict when certain types of medicines will be in high demand
- No unified system for reports: we do not have a central system for easy collection and long-term storage of reports of the patients

## Sources

Images:

- 1) [https://en.wikipedia.org/wiki/List\\_of\\_countries\\_by\\_infant\\_and\\_underfive\\_mortality\\_rates](https://en.wikipedia.org/wiki/List_of_countries_by_infant_and_underfive_mortality_rates)
- 2) <https://www.twigh.org/twigh-blog-archives/2016/3/28/defeating-tuberculosis-a-possibility>
- 4) [https://www.google.co.in/search?q=gtb+hospital&npsic=0&rflfq=1&rlha=0&rllag=28683609,77309913,142&tbm=lcl&ved=0ahUKEwlu5pySwPjYAhVEpo8KHVI0AE4QtgMIKQ&tbs=lr:!2m4!1e17!4m2!17m1!1e2!2m1!1e2!2m1!1e3!3sIAE,lf:1,lf\\_ui:2&rldoc=1#rli=hd:;si::mv:!1m3!1d3992.32524565583!2d77.29752735000001!3d28.686030849999998!2m3!1f0!2f0!3f0!3m2!1i704!2i219!4f13.1;tbs:lr:!2m1!1e2!2m1!1e3!2m4!1e17!4m2!17m1!1e2!3sIAE,lf:1,lf\\_ui:2](https://www.google.co.in/search?q=gtb+hospital&npsic=0&rflfq=1&rlha=0&rllag=28683609,77309913,142&tbm=lcl&ved=0ahUKEwlu5pySwPjYAhVEpo8KHVI0AE4QtgMIKQ&tbs=lr:!2m4!1e17!4m2!17m1!1e2!2m1!1e2!2m1!1e3!3sIAE,lf:1,lf_ui:2&rldoc=1#rli=hd:;si::mv:!1m3!1d3992.32524565583!2d77.29752735000001!3d28.686030849999998!2m3!1f0!2f0!3f0!3m2!1i704!2i219!4f13.1;tbs:lr:!2m1!1e2!2m1!1e3!2m4!1e17!4m2!17m1!1e2!3sIAE,lf:1,lf_ui:2)