

# The sex of the patient health and social care essay



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Interpretation:- The sex of the patient was found to be recorded in the 94% of the MLC cases and was found to be missing in the 6% of the cases. 2. 1.

The proportion of the MLC cases as per the different sex Interpretation:- Out of the total recorded sex of the MLC cases the 65. 96% are males and 34. 04% are females so it seems that the proportion of the male patients is double to that of the female patient. To see the female doctor is also at the equal proportion or available when the patient demands for a female doctor.

3. The medico legal diagnosis of the cases and the number of cases:

Interpretation:- In all the 100 documented cases not one of the cases was found in which the CMO forgot to write the diagnosis, and if we see the frequency of the different medico legal cases the highest number of cases are of the RTA which is 20% followed by the Accidental injury which is 17% , a considerable amount of MLC is done when a patient is shifted from a private hospital to the public hospitals which counts to 12% which is an extra work which can be avoided, it was also been found that even when the patient was fine and was been admitted for post- operative care from private hospital the admission required and MLC to be done. The maximum number of the cases are of the road traffic accidents and of accidental injury, the emergency department should be kept well equipped to treat such patients in huge numbers. 4. The number of days of admission by the MLC patient

Interpretation:- The maximum number of the MLC are recorded of the children of the age of 1-5 years, and it is seen that as the age increases the number of MLC decreases, it has an inverse proportional with the age of the patient. The Average Length Of Stay (ALOS) of the MLC patient in the hospital is 10. 77 days (11 days).

5. Recording of the time of the injury happened Interpretation:- In the observed cases the time at which injury happened was recorded in 48% of the cases and the cases with not recorded time which seems to have importance of recording an event time which has an significant importance in the past is 38%. The question was not applicable for 14% cases. As time at which an injury or an event happened has a great medico legal importance the recording can be done in a tabular form as the incidences occurred as per the time line. The documentation of only is not sufficient the time, date month and year should be specifically mentioned on the case paper. 6.

Recording of the time at which patient reported to the hospital Interpretation:- The time at which the patient reported to the hospital was seen to be recorded in 99% of the cases and the record was found to be missing in 1% of the cases. It can be recorded in a tabular format as per the time line

7. Data recording of the person accompanying the patient to the casualty Interpretation:- In majority of the cases the details of the information of how the patient was brought to the casualty and who was accompanying him was not recorded(55%), and from the recorded data(45%), the 42% cases were been accompanied with the patient relatives and the rest 3% was accompanied by the police. 8. Recording of the mental status in the MLC

patient Interpretation:- The mental status of the MLC patient was found to be recorded in 46% of the cases and was found missing in 54% of the cases. It seems that most of the CMO forget to write the mental status of the patient.

8. 1. The mental status of the patient Interpretation:- The majority of the patient come to the casualty in the conscious condition, or in a condition to

give the statement at the time of admission while there is also a considerable amount of the patient coming to the casualty which are not in the condition to give the statement and hence the CMO should again visit the patient in his conscious condition and take his history, which is found to be missing in the procedure. 9. Patient coming to the casualty with some physical injury:-10. What points are considered to represent the injury in the MLC case:-Interpretation:-We can say that most of the people do not consider all the different points for describing an injury. The considerable amount of the cases lack the injury description with respect to its Type, Dimensions and Diagrammatic Representation. 11. The proportion of the MLC cases DAMA dischargedInterpretation:-It was found that the DAMA discharge MLC patients which are 11% not in even one case the reason for the DAMA discharge was recorded, as there are many reasons for which the patient Demands for a discharge. 12. Recording of the Occupation of the MLC cases13. Recording of the Complaints, History, Pulse and Blood PressureInterpretation:-It is been found that there are large proportion of the MLC documented cases in which the document is lacking the recording of the pulse and the Blood pressure of the patient. The special format should be made for MLC cases and the points to be included in the format. 4. 2.

#### ANALYSIS OF THE INTERVIEW WITH THE ADMINISTRATORS REGARDING THE PROBLEMS FACED BY THE MO WHILE HANDLING THE MEDICOLEGAL CASES1.

Crowding of the people in the casualty. Solutions:-a. The number of the medical and paramedic staff should be increased. b. There should be regulated entry in the department by the attendant only relative per patient should be allowed in the department of the hospital. c. The patient should

not be kept waiting in the department when the admission is needed he should be shifted to the respected ward as early as possible.

2. Unavailability of the materials for examination. Suggestions:- the proper inventory as per the requirement of the hospital should be maintained in the department.
3. Improper history given by the relatives.: -The doctor should have good communication skills to reveal information from the patient.
4. Unavailability of the MLC register. Interpretation:-The MLC register is mostly never misplaced, as it is regular in use and always kept on the CMO's table.
5. Unavailability of the case paper of the patient Interpretation:- not such a problem as the case paper is made by the CMO.
6. Lack of beds in the casualty Suggestions:-a. The patients should be shifted to the respected wards as soon as possible. b. The number of attendants are less to guide the patients to their wards so the number should be increased. c. The number of beds to be increased, as per the waiting time for each patient.
7. Lack of beds in the hospital. Suggestions:-a. The number of beds in the hospitals should be increased b. The unnecessary admissions should be avoided. c. The measures to be taken to decrease the ALOS of the patient in the hospital. d. Should have policies to refer and admit patient in other hospital.
8. Unwillingness of the people to record the MLC.
9. Distraction from other patients. Suggestions:-a. The entry in the casualty department should be regulated by the security. b. The number of the doctors in the casualty should be increased.
10. Distraction from the relatives of the patient. Suggestions:-a. The entry in the casualty department should be regulated by the security. b. The number of the doctors in the casualty should be increased
11. Patient is not in the condition to give the statement.
12. Patient

not willing for admission when admission advised. Suggestions:-a. The counseling center for the MLC patients should be established to do the counseling of the patient and the relatives. 13. Patient asking for DAMA. 14. Informing an MLC to the police Interpretation:- It is seen that the communication with the police is not a problem during admission as the police chouki is present near the casualty, but there should be good co-ordination between the police and the administration of the hospital. 15. Patient not in the condition to give the history 16. Takes long time to retrieve the case paper from the medical records department. Suggestions:-a. The efficiency of the medical records department should be improved. b. The medico legal cases should not be stored along with the regular case papers of the patient. c. To install the HMIS for documentation of the medico legal cases. d. The opd paper to be kept with the hospital and not to allow the patient to take any original document home. 17. Unable to retrieve case paper from the medical records department. Suggestions:-a. The efficiency of the medical records department should be improved. b. The medico legal cases should not be stored along with the regular case papers of the patient. c. To install the HMIS for documentation of the medico legal cases.

18. Relative not willing for PM of the dead body Suggestion:- to start the counseling centre for the MLC patients.

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19. Lack of infrastructure Suggestions:-a. The infrastructure of the department should be improved. b. The expansion of the department should be done.

4. 3. ANALYSIS OF THE INTERVIEW WITH THE MO REGARDING THE PROBLEMS FACED BY THE MEDICAL OFFICERS. 1. Crowding of the people in the casualty. 2. Unavailability of the materials for examination. 3. Improper history given by the relatives. 4. Unavailability of the MLC register. 5. Unavailability of the case paper of the patient. 6. Lack of beds in the casualty. 7. Lack of beds in the hospital. 8. Unwillingness of the people to record the MLC. 9. Distraction from other patients. 10. Distraction from the relatives of the patient. 11. Patient is not in the condition to give the statement. 12. Patient not willing for admission when admission advised. 13. Patient asking for DAMA. 14. Informing an MLC to the police. 15. Patient not in the condition to give the history. 16. Takes long time to retrieve the case paper from the medical records department. 17. Unable to retrieve case paper from the medical records department. 18. Relative not willing for PM of the dead body. 19. Lack of infrastructure:

#### CHAPTER-5 SUGGESTIONS TO THE HOSPITAL TO IMPROVE THE PROCESS OF

#### HANDLING OF MEDICO LEGAL CASES

1. To improve the infrastructure of the hospital and develop the emergency department:-a. The emergency department building is old and there are fungal growth on the walls of the department, lack of the inventory of the life saving equipment and the cleanliness of the department. b. To improve the number of the biomedical equipment so as to cope with the number of patients coming to the casualty of the hospital. Eg:-Presently the department has 2 ECG machines but as per the patient load it should have more. 2. Good inventory of materials should be maintained in the department:-a. A good stock of medication to be kept in the department. b. Even good amount of kits for sample collection to be kept

in the department. c. Good quality of containers to be made available for transporting the samples to the forensic laboratory. 3. The proper security should be provided at the emergency department:-a. The security of the casualty is there as the police chauki is near the casualty, but other sort of security such as the CCTV camera should be installed in the different parts of the emergency department. b. As per the number of patient coming to the hospital is huge hence the security persons should be increased in the hospital. c. The entry in the casualty is not regulated and hence some times there are crowd in the casualty, so a regulated entry in the casualty should be done. 4. Cross checking of the notes of the casualty medical officer should be done. a. There is no check on the notes written by the medical officers at the casualty leading to incomplete recording of the notes. b. When the senior official finds the notes incomplete he should call the respected doctor and ask him to complete the notes. 5. Training programs for the casualty medical officers:-a. Special training programs should be conducted for the medical officers so as to make him perfect in dealing with the medico legal cases. b. The sampling and the necessary investigation in different cases should be taught. c. A proper guidelines for sampling should be made and the sample procedure guidelines should be kept in the casualty, so as the medical officer should revise it frequently. d. The continuous education programs should be conducted as by doing the case presentations. e. Importance of sampling and the different sampling procedures should be taught. f. Communication skills workshop for the medical officers and the staff of the casualty department. 6. Proper format for documentation of a medico legal case should be made and the proper guidelines for documentation of the case should be kept in the casualty department. a. The doctors should use a



format for documentation so they will not miss important information while documentation. b. It should be kept at the casualty so that the doctor can read it frequently and the random check should be done by the senior officials to see that the protocol is followed. 7. The OPD patient paper should not be allowed to take home:-a. Presently the OPD medico legal cases the patient is asked to take the original case paper home, this should not be allowed as the hospital It is the hospital responsibility to preserve the original case paper of the patient. b. The patient can be given the Xerox copy of the case paper on demand. 8. Measures should be taken to decrease the crowding in the department:-a. The number of the medical and paramedic staff should be increased. b. There should be regulated entry in the department by the attendant only relative per patient should be allowed in the department of the hospital. c. The patient should not be kept waiting in the department when the admission is needed he should be shifted to the respected ward as early as possible. 9. Separate guidance and counseling center for the relatives and the medico legal case patient:-a. The illiterate patient and mostly the patient from the rural areas are unaware of the need for a medico legal case and most of them are also afraid of doing the medico legal case. b. This takes the time of the medical officer to explain all things to them. c. The counseling center will also give the moral support to the patient and the relatives. d. People are afraid of doing a police case or mostly are seen to convince the doctor to avoid the Post Morton, which can well be explained by the counselor. 10. Write in detail in the MLC register:-a. To write the detail notes in the MLC register, as the OPD patient presently takes the case paper home, the only record available with the hospital is the MLC register. b. Present format of the MLC register is (MLC register number, <https://assignbuster.com/the-sex-of-the-patient-health-and-social-care-essay/>

Date and month of admission, Name of patient, Caste, Age, Sex, Brought by, Occupation, Residence, If injury nature and causes of injury, Initials of MO on duty, Remarks)c. But when the registers are checked all the points are not filled properly in the register. d. Some times the MLC is done the patient is referred to the other departments for the check up and then sent home it is found that the provisional diagnosis is not written on the register and a case is incomplete if the proper provisional diagnosis is not done. 11. To use HMIS in the emergency department:-a. The digitation of the data will help to faster recovery of the case paper of the patient. b. It will ensure the security of the information of the patient, the casepaper will not be able to misplaced with other case papers. c. Most of the times it is also found that the front page of the case paper is missing as it gets torn off from the bundle of the papers, this will not happen, and the whole file of the patient will be available. 12. Medical Record Department efficiency should be improved:-a. Presently the department is keeping the regular case papers and the MLC case papers together the papers are organized as per the IPD numbers of the patient. b. When the storage requirement for the MLC is concerned and the regular case paper is concerned the MLC papers should be stored for a larger period of time and hence the MLC papers should be separately stored. c. Proper filing of the papers to be done so as the papers should not miss from the bundles. d. Presently the bundles of 75- 100 papers are made and hence there is a large possibility that the first and the last case paper to get damage. 13. The MLC cases to be treated free of cost:-a. As when any investigations are required for putting some light in the case and the patient is not affording and also lack the documents to prove that he is from the low income group. b. Unability of the patient to do the investigation will cause the

incompleteness of the case and it becomes difficult to make the proper diagnosis of the patient. c. Implement this will also have a drawback that there will be incidences of doing unnecessary MLC of the patient to make the treatment free of cost, which should be taken care of. 14. Good coordination between the police and the administration of the hospital should be established. a. For the work to be done in a better way there should be good coordination between the police and the hospital staff. b. As per the procedure the police should collect the samples and take them to the laboratory but he may not be in place or may reach the lab late, it should be seen that the coordination is maintained. 15. A forensic personal to be posted in the casualty. To take the samples of the patient and to put some light on the case. b. As he is the expert person to collect evidence from the patient, he will be the best one to be present at the casualty. c. He will see that the samples are properly collected sorted labeled and they reaches the laboratory on time. 16. Doctors fully dedicated for medico legal cases:-a. As the number of medico legal cases in a day are about 150 in a day there should be physicians and surgeons only looking over the medico legal cases. And to be posted in the casualty. b. Presently the doctor admitting the patient is different from the treating doctor and due to having dedicated doctors for MLC cases there will be one person handling everything.

**CONCLUSION**The exercise in the previous chapters contain all the efforts here the ideal process of documentation of medico legal cases was prepared and was compared with a semi-government hospital, the administrators and medical officers were asked for the problems faced by them while handling medico legal cases. aThe list of the points to be included in the medico legal

case was made using the different text books of forensic medicine and medical jurisprudence. And the more important points to be included were taken for completeness of the medical record. The study was done in the casualty department of the 2000 bedded hospital. The doctors of the hospital administrators were asked for the problems faced by them while dealing with the medico legal cases. The documented medico legal cases was checked for the completeness of the medico legal cases. The formats in which in the data was recorded was studied. The data collected from the 100 documented cases and the 20 interviews was analyzed using data analysis tool SPSS, and the data was represented in the chart format, so as to easy to understand. While the study it was found that most of the relevant information was missing or was not recorded while documenting the medico legal case. And it is very important for each information to be properly stored by the hospital, the court can ask for any data at any point and can even punish the hospital for not maintaining the records of the patient properly. As this process is helpful in giving the justice to the people any ignorance in the part of the hospital cannot lead the court to give the justice to the people. Hence the handling of the medico legal cases is very important and administration should be give attention to see that it is done properly.

ANNEXURE  
ANNEXURE-1 INFORMED CONSENT  
TATA INSTITUTE OF SOCIAL  
SCIENC  
THE STUDY OF HANDLING OF MEDICO LEGAL CASES IN SEMI-  
GOVERNMENT HOSPITAL AND COMPARING IT WITH THE IDEAL

PROCESS  
Student : Dr. Paresh Shekhar Jangale  
Guide: Dr. Pandurang

Bhujang  
Questionnaire number: \_\_\_\_  
INFORMED CONSENT  
Hello Sir/Mam, My name is Dr. Paresh Jangale and I am doing Masters in Hospital Administration

from Tata Institute Of Social Science, Mumbai. I am conducting an study on handling of medico legal cases in government and private hospitals. I would very much appreciate your participation in this survey. I would like to ask you some questions regarding the handling of medico-legal cases in this hospital. This survey will take 20 minutes to complete. Whatever information you provide will be kept confidential, participation in this survey is voluntary. At this time do you want to ask any thing about this survey? May I begin with the interview now? Signature of the interviewee

\_\_\_\_\_ Signature of the interviewer \_\_\_\_\_

ANNEXURE-2 QUANTITATIVE ANALYSIS Case No. \_\_\_\_\_ 1) Age:- a) 0-5yrs b) 6-10yrsc) 11-15yrsd) 16-20yrse) 21-25yrsf) 26-30yrsg) 31-35yrsh) 36-40yrsi) 41-45yrsj) 46-50yrsk) 51-55yrsl) 56-60yrsm) 61-65yrsn) 66-70yrso) 71+ yrs 2) Sex a) Male b) Female 3) Diagnosis: a) RTA b) Assault c) Burns d) Strangulation e) Others 4) OPD / IPD a) OPD b) IPD 5) Time at which injury happened? a) Not recorded b) Recorded (recorded time A \_\_\_\_\_) 6) Time of patient reporting to the hospital (time (the earliest time written on the case paper) b) a) Not recorded b) Recorded (recorded time B \_\_\_\_\_) 7) Patients reporting time to the hospital? B - A = \_\_\_\_\_ hrs 8) Time at which the CMO response was available to the patient? c) a) Not recorded b) Recorded (recorded time C \_\_\_\_\_) 9) CMO respond time after the patient arrival? C - B = \_\_\_\_\_ hrs 10) Patient brought to the casualty by? a) Came alone b) relatives c) Unknown person d) police e) others \_\_\_\_\_ 11) Patient arriving time at the hospital? a) Morning (6: 00am to 12: 00noon) b) Afternoon (12: 00noon to 3: 00pm) c) Evening (3: 00pm to 8: 00pm) d) Night (8: 00pm to 6: 00am) 12) Mental status a) Not recorded b) Recorded if

recordeda)Consciousb)Semi-consciousc)Unconscious13)Injuriesa)Presentb) AbsentIf presentSr. noInjury descriptionrecordedNot

recorded1Site2Type3Dimensions4Diagrammatic representation14) Is this

MLC case DAMA discharged? a)Yes b) noIf yesReason for DAMA discharge

\_\_\_\_\_15)Was injury certificate issued? a)Yes b)

No16)Number of days of admission is \_\_\_\_\_ days. 17)PulseRecordedNot

recorded18)BPRRecordedNot recorded19)HistoryRecordedNot

recorded20)ComplaintsRecordedNot recorded21)OccupationRecordedNot

recordedANNEXURE -3 QUESTIONARE FOR MEDICAL OFFICERSMO No. \_\_Q1.

Do you handle Medico-legal cases? 1. Yes 2. NoQ2. Since how long are you

handling Medico-legal cases? 1)Less than 2 yrs 2) 2 -4 yrs3) 4-6 yrs 4) more

than 6 yrsQ3. Do you face any problems in handling of medico-legal cases?

1. Yes 2. NoQ4. What frequency of problems you face while handling the

medico-legal cases? Sr. no. ProblemVery Freque-ntlyFreque-ntlyOccasi-

onallyRarelyNever1Crowding of people in the casualty2Unavailability of

materials for the examination3Improper history given by the

relatives4Unavailability of MLC register5Unavailability of the case paper of

the paper of the patient. 6Lack of beds at the casualty7Lack of beds in the

hospital8Unwillingness of the people to record the MLC9Distraction from the

other patients10Distraction from the relatives11Patient not in the condition

to give the statement12Not willing for admission when admission advised.

13DAMA discharged14Informing an MLC to the police15Patient not in the

condition to give the history. 16Takes long time to retrieve the case paper

from the medical records department17Unable the retrieve the case paper

from the medical records department18Patient relatives not willing for

PM19Other problems. Suggestions:-

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