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Analysis of hospital deaths as per the patients time of arrival to the hospital and evaluation of the net and gross deaths

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ABSTRACT

Aim

Analysis of hospital deaths as per the patients' time of arrival to the hospital in DSR GGH a teaching hospital under ACSRGMC, Nellore and to evaluate the so called non-hospital, net and gross deaths occurred

Method

Patient demographic details over a period of two months are considered for the study and number of the deaths that have been occurred in the within 48hrs or < 48 hrs were considered and taken as so called non-hospital deaths. The death of the subject may be occur due to any reasons like poisoning, severe sepsis, CKD,CVA or some other criteria were excluded like the financial problems, lack of information and few else. Variation between gross and net death was noted for the patients admitted to the hospital in emergency ward, intensive care unit and some other care units to denote the so called non-hospital deaths. In this study only deaths are taken in to consideration

Results

The overall percentage of the gross, net death and so called non-hospital deaths were found in the hospital.

Conclusion

Gross and net deaths are differentiated Gross deaths are all the deaths that occurred in the hospital during a certain period, whereas Net deaths are those that occurred after the 48 hrs of the admission to the hospital. Those deaths that occur within 48hrs of admission or the difference between gross and net deaths shall be considered for the so called non hospital deaths i.e where the causes that lead to these deaths need not be due the hospital performance or personnel.

INTRODUCTION

Many of the patients admitted in the hospital due to various reasons some of them are curable and some of them are not curable, subjects who are admitted in the emergency ward for the treatment the chance of death is and the chance of the recovery is 50% or sometimes the chance of percentage will be decreased or increased for the death it may be because of the various aspects of patient related such as age, cooperation by the patients, time is taken for the admission into the hospital, lack of awareness and some other may also included for the death of the patient. System based death it may be rarely occurred some of them are due to lack of information about the patient's condition (poisoning and some), medical related errors, lack of knowledge. Patients who are admitted to the hospital we cannot estimate the situation blindly about the death of the patient directly. The chance of prevalence and severity of medical errors by physicians in the emergency department (ED) is not perfectly predicted. It can be changed by some of the measures in the hospital. [1,2]

Reducing the chance of occurrence of all medical related errors in the hospital especially in the emergency ward is essential; however, preference should be given for reducing the types of error that have the affinity to cause serious harm, Adverse Events or death. To say and understand mechanisms and associated factors that can lead to a prevent the severe AE, several studies retrospectively analysed emergency medical charts of discharged patients that

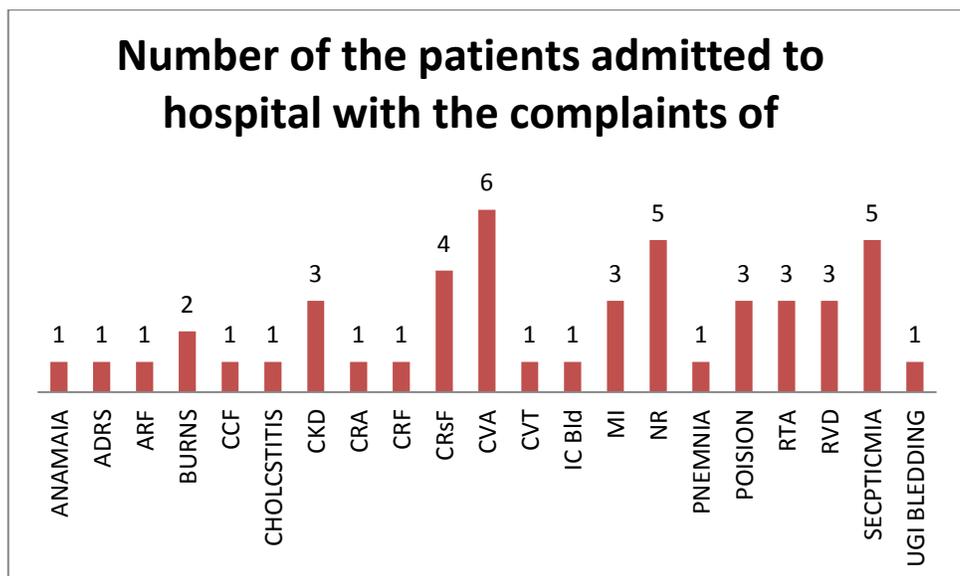
sustained unexpected death or harm that precipitated malpractice claims. [3, 4]

MATERIALS AND METHODS

Study design and setting

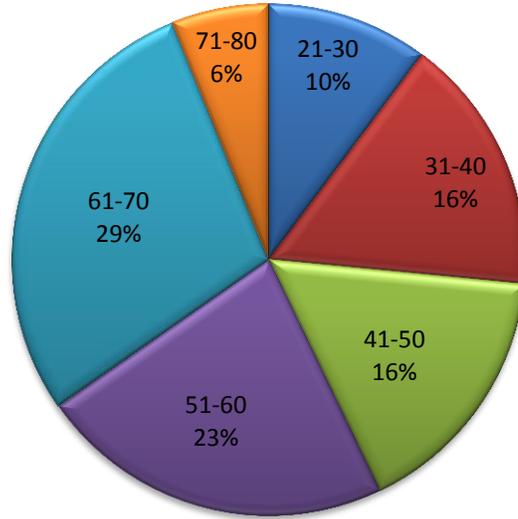
The study for the gross and net death were considered in the DSR GGH a teaching hospital under ACSRGMC, Nellore over a period of a time for one year six months and among them only a few has been considered because of many reasons like lack of information regarding the death or admission into the hospital for treatment, death occurred while transporting of the subject to the hospital, age consideration also been taken for the study of the net and gross deaths in the hospitals. Generally, all the deaths that occurred in the hospital are said to be hospital deaths. This gives the false impression over the performance of the hospital personnel in dealing with the patient care. Most of the times the patients that are coming to a general hospital which is a public sector hospital are brought in the terminal stage of the disease. Sometimes in a very bad state of their health, in these circumstances the chances of losing the patient always high [5].

We cannot estimate the age of the patient who is going to be admitted in the emergency ward so it varies according to our survey in the hospital. Generally, from the age of 10-20 are not taken into consideration only from the age of 21-80 has been represented in the following diagram.



*study in specific time

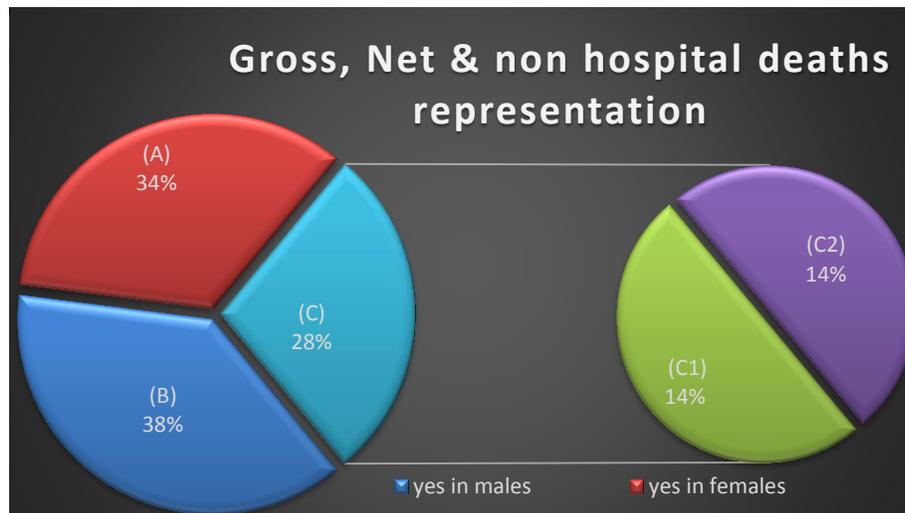
Patients admitted in hospital with a age of



Actually, the ratio of the patients admitted to the hospital varies from age to age. In between the age of 21-30 it was around 10%, from the age of 31-40 it was around 16%, for 41-50 it was around 16%, for the age of 51-60 is 23%, from the age of 61-70 its ratio is about 29%, at the age of 71-80 its percentage was 6% this data is taken from the particular spam only complaints. And among the some of the cases has been cured and some subjects have died in the hospital during g the treatment it may be within 48 hours or after 48 hrs. Subjects have been admitted into hospital due to various reasons some of them are

poisoning cases, CKD, CAD, MLC, non-MLC and some other were joined in the consider period.

In some cases the treatment which was done to the subject gives a positive result it means subject responds to the treatment, where in some case the treatment which is given by the physician will not at all respond to the subject and that leads to the death it may be with the admission within 48 or maybe after 48 and in some case it may be different. And those deaths are stated as the so called non hospital and net death that happened before 48hrs after admission.



- A) Indicates the death of the females patients admitted to the hospital with in 48 hrs of admission (34%)
- B) Indicates the death of the males patients admitted to the hospital with in 48 hrs of admission (38%)
- C) Indicates the patients who didn't die within 48 hrs of admission into the hospital (28%)
- C1) indicates the male patients who didn't die (14%)
- C2) indicates the female patients who didn't die (14%)

The graphical representation of the data for the no. of deaths in both the males and females admitted to the hospital with in a 48 hrs and no. of deaths that has been occurred in hospital after 48 hrs from the time of admission. Gross and net deaths are differentiated Gross deaths are those occurred in the hospital in certain time period it may be due to various reasons may be related to patient or may be due to the hospital condition some of the patient related factors are due lack of knowledge regarding the patient complaints to their representatives ,lack of awareness regarding the disease condition or symptoms (swine flu, chicken pox which is

commonly seen in the backward countries),due to severity of the condition ,economical status and etc. hospital related deaths are very rare. Mainly in this study only deaths are considered but cause of the death was not considered. The main concern is non-hospital deaths that has been occurred in a time period of lesser than 48 so called hospital deaths, where as the deaths that has been occurred after the 48 hrs of admission to the hospital is called net deaths

CONCLUSION

In this study, it was identified that nonhospital death and net deaths in the hospital was not in equal ratio. This ratio should be controlled by taking some precautions we should not consider the nonhospital deaths as the major issue, which has been occurred due to various reasons which fail to, produce positive results in subject health. Where the causes that leads to these deaths need not be due the hospital performance or personnel. So the cause of the death which has been occurred should not be considered will depreciate the study.

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