

# To Study the Profile of the Patients attending Respiratory Clinic/COVID Clinic during Second Wave of COVID 19 Pandemic in India

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## Abstract

Year 2020 was the unfortunately year of COVID-19 and year 2021 is proving even worse. It was found during the study that majority of the patients were more than 41-60 years of age (40.0%), cough was chief presenting complaint (80.0%). Majority of the Admissions were Direct and only 16 % of cases were referrals.

**Key words:** Respiratory Clinic, Profile, COVID-19

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## Introduction

The outbreak of coronavirus disease in late 2019 is far more than a global crises. COVID-19 has had a serious impact on all parts of our society. The ongoing COVID-19 pandemic has already turned healthy places around the world into a living hell with massive death tolls because of its fastest spreading nature, and continuously leading to lockdowns in almost every part of the world.<sup>(1)</sup>

Health care is one of the basic needs of each community. Since considering to healthcare and investing in this sector increases labor productivity and service production, therefore, optimal resource allocation and use of resources is very important.<sup>(2)</sup>

Evaluation of health care programs can determine their quality and progress of implementation and failure or success rate<sup>(2)</sup>. Hospital services absorb almost half of health sector costs, so efficiency promotion of these services through cost reduction and use of potential capacity of health care organizations is necessary<sup>(4)</sup>.

Diverse economic incentives have been used for cost reduction in hospitals. However, in the field of patient access to hospital services and the quality of services have not yielded to positive results. For preserving quality and accessibility, it is necessary to focus on cost containment indexes by attention to the appropriateness or inappropriateness of health care services<sup>(5)</sup>. Some cost containment strategies such as reduction in hospital beds have increased hospital waiting time. To overcome this problem, we should use hospital beds at highest efficiency and the best way for efficient use of hospital beds is to avoid or to minimize inappropriate patient hospitalization and not to decrease the quality<sup>(6)</sup>.

The study of profile of patients attending respiratory clinic/COVID clinic will allow appropriate utilization of scarce resources and hence this study was carried out to help to help against this pandemic.

## Aims and Objectives

To study the profile of the patients attending the respiratory clinic during second COVID 19 wave.

**Material and Methods****Study design and duration**

A retrospective study for a period of three months from 31st March 2021 to 1<sup>st</sup> January 2021 was carried out to know the socio- demographic profile of patients attending the respiratory clinic.

**Sampling**

The patients attending respiratory clinics during pandemic were included.

**Study tool**

A pretested and predesigned Proforma was used to record information from the patient's records about each case admitted to study demographic data.

**Statistical Analysis**

The data was entered in MS excel. Descriptive analysis was done to calculate proportions.

**Results and Observations**

A total of 2000 patients were studied for the profile.

**Age- wise distribution of patients**

A total of 2000 patients were studied, out of which 40.0% (n=800) of the patients belonged to the age group of 41-60 followed by 30.0% (n=600) of the patients in >60 age group. Only 10.0 % (n=200) belonged to the age group of <20 (Table 1).

Age group in years	Frequency	Percentage
<20	200	10.0%
21-40	400	20.0%
41-60	800	40.0%
>60	600	30.0%
<b>Total</b>	<b>2000</b>	<b>100.0%</b>

**Table 1:** Showing Age-wise distribution of the cases.

**Presenting Symptoms**

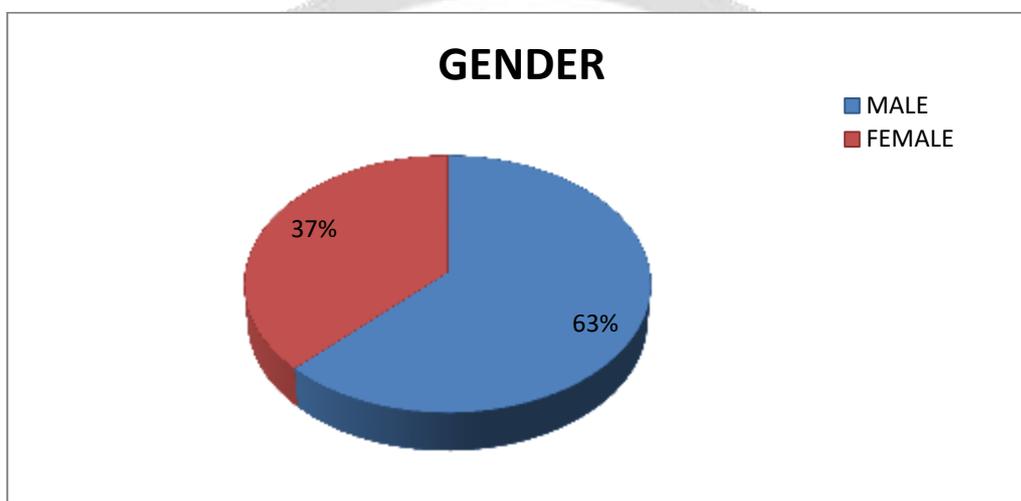
Out of 2000 patients studied, majority of the patients presented with cough and fever.

**Table 2: Symptoms at presentation**

Symptom	Frequency	Percentage
Cough	1600	80.0%
Fever	1500	75.0%
Breathlessness	400	20.0%
Other (Loss of smell, Body Aches etc)	100	5%

**Gender-wise distribution of patients**

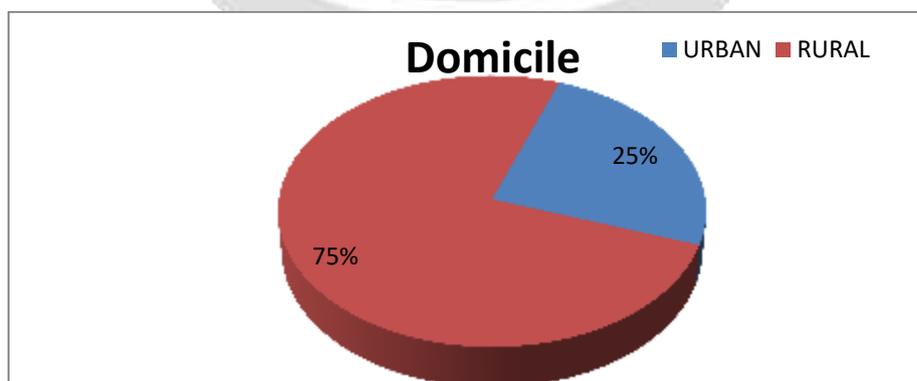
Out of 2000 cases studied during the study period, 63.0% (n=1260) were males and 37.0% (n=740) were females (Figure 1).



**Figure 1:** Showing Gender-wise distribution of cases.

**Geographical distribution of patients**

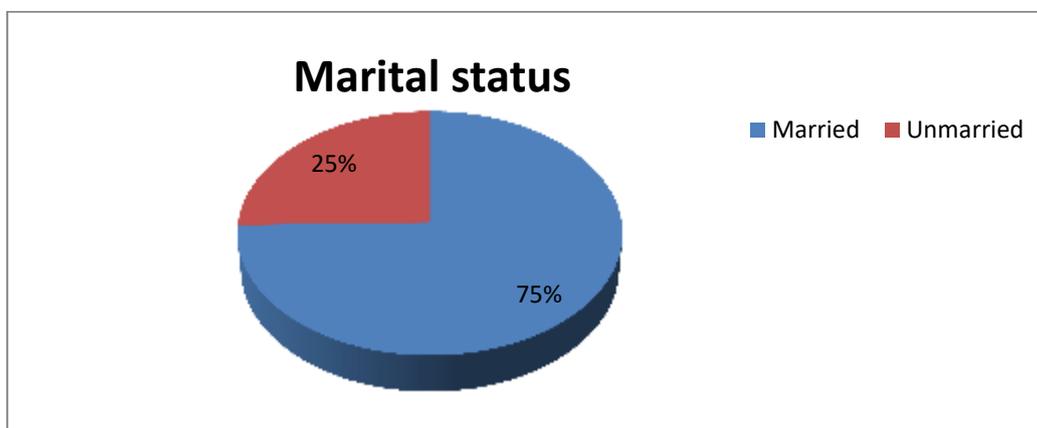
In our study, majority of the patients 75.0% (n=1500) patients were from rural area and only 25.0% (n=500) from urban area (Figure 2).



**Figure 2:** Showing Geographical distribution of the cases.

**Marital Status**

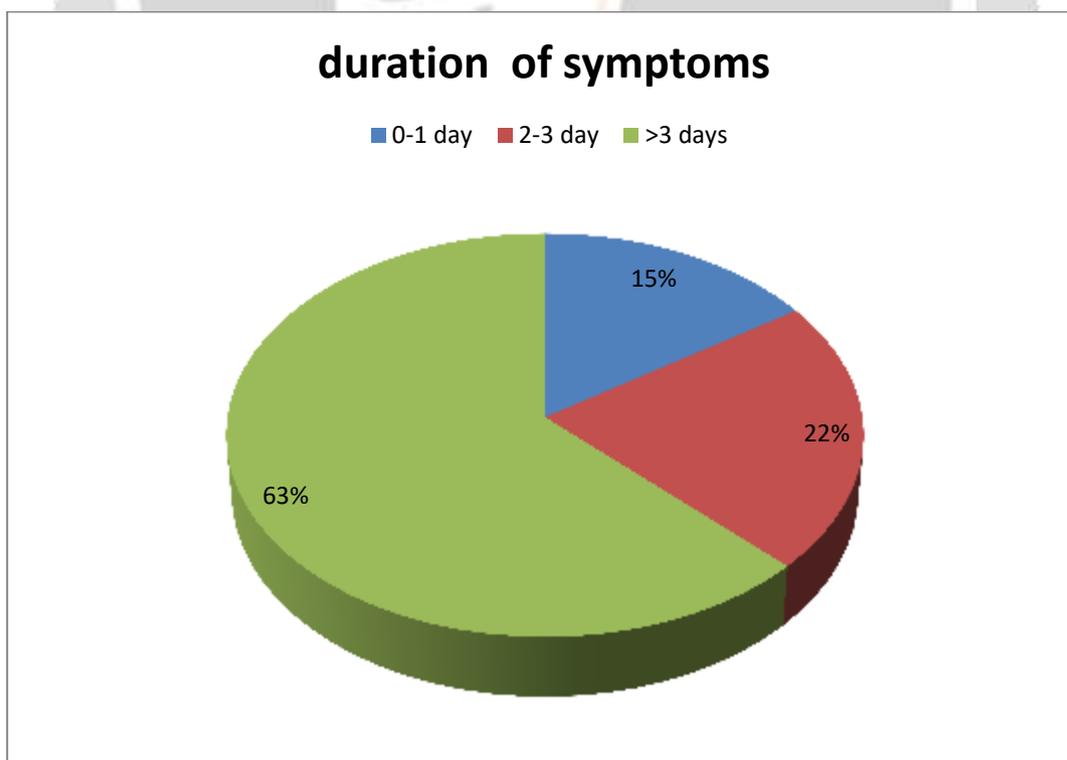
In our study, 75.0% (n=1500) of the study population were married and 25.0% (n=500) were unmarried (Figure 3).



**Figure 3:** Showing Distribution of cases as per their marital status.

**Duration of Symptoms**

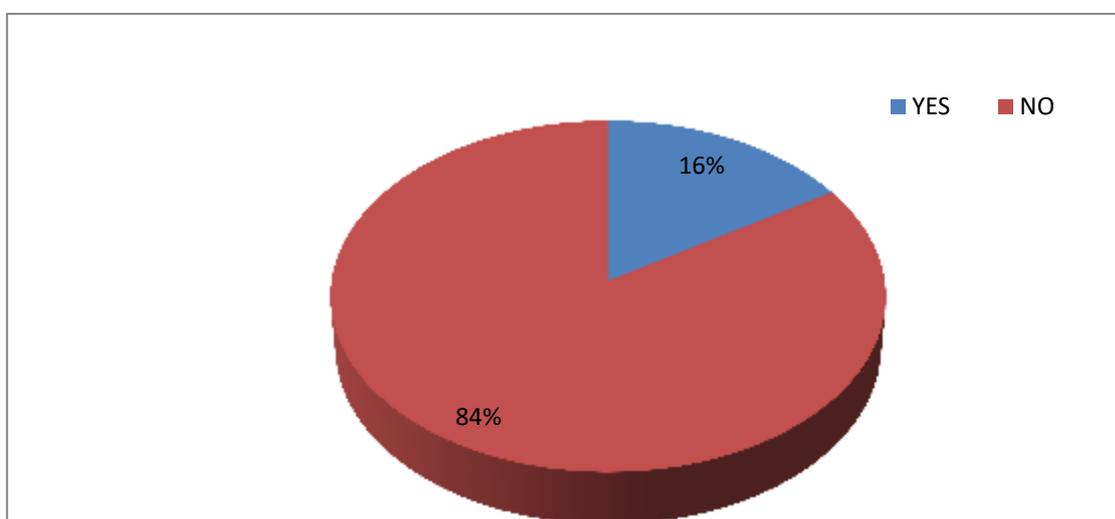
In our study, out of 2000 patients, majority of the patients 63.0% (n=1260) had length of symptoms >3 days followed by 22.0% (n= 440) had length of symptoms 2-3 days, only 15.0% (n=300) of the patients had length of symptoms 0-1 day (Figure 4).



**Figure 4:** Showing Distribution of cases as per duration of symptoms.

### Referral

Only 16.0% (n=320) of the cases were referrals out of 2000 cases studied (Figure 5).



**Figure 5:** Showing Distribution of cases as Referrals.

### Discussion

A 200 patients were followed retrospectively for studying the profile.

#### Age-wise distribution

**Apolone G et al**<sup>(7)</sup> observed that 57.0% of the patients were in the age group of > 60 years. In our study, majority of the patients (40.0%) belonged to the age group of more than 41-60 years.

#### Gender-wise distribution

**Apolone G et al**<sup>(7)</sup> observed that 58.0% of the patients were males observed. In our study, majority of the admissions were of the males (63.0%). These findings are consistent with our study.

#### Geographical distribution

**Hwang JI et al**<sup>(8)</sup> conducted a study on hospital stay and observed that 53.5% of the patients were from rural areas. In our study, majority of the patients were from rural areas (75.0%).

#### Marital status

**Tawakoli N et al**<sup>(9)</sup> conducted a study on hospital stay and observed that 54.5% patients were married. In our study, maximum of the study population was married (75.0%).

#### Duration of symptoms

In line with the finding of our study, **Apolone G et al**<sup>(7)</sup> showed that 90.0% of the patients had length of stay > 3days while as **Tawakoli N et al**<sup>(9)</sup> showed that 60.0% of cases had length of stay > 3days. In our retrospective part, out of 2000 patients, majority of the patients (63.0%) had length of stay > 3days.

### Conclusion

Health care is one of the basic needs of each community. Since considering to healthcare and investing in this sector increases labor productivity and service production, therefore, optimal resource allocation and use of resources is very important. It was found during the study that majority of the patients were more than 41-60

years of age (40.0%), cough was chief complaint (80.0%). Majority of the Admissions were Direct and only 16 % of cases were referrals.

**Conflict of interest :none**

**Source of funding :none**

**Ethical Clearance :Taken**

**Bibliography**

1. Irin Hossain et al Pandemic COVID-19 and Biomedical Waste Handling: A Review Study JMSCR Volume 08 Issue 05 May 2020/
2. Arab M, Zarei A, Rahimi A et al. Analysis of Factors Affecting Length of stay in Public Hospitals in Lorestan Province, Iran. *Hakim Health Sys Res* 2010;12(4):27-32.
3. Yaghoobifar M, Maskani K, Akaberi A et al. The Rate of Inappropriate Admissions and Staying of Patients in Hospitals of Sabzevar, Iran. *J of Sabzevar Uni Med Sci* 2011;18(3):224-32.
4. McDonagh MS, Smith DH, Goddard M. Measuring appropriate use of acute beds: A systematic review of methods and results. *Health Policy* 2000;53(3):157-84.
5. Chopard P, Perneger TV, Gaspoz J et al. Predictors of inappropriate hospital days in a department of internal medicine. *Int J Epidemiol* 1998;27(3):513-19.
6. Panis LJ, Gooskens M, Verheggen FW et al. Predictors of inappropriate hospital stay: a clinical study. *Int J Qual Health Care* 2003;15(1):57-65.
7. Apolone G, Alfieri V, Braga A et al. A survey on the necessity of the hospitalization day in an Italian teaching hospital. *Qual Assur Hlth Care* 1991;3:1-9.
8. Hwang JI et al. Inappropriate hospitalization days in Korean Oriental Medicine hospitals. *International J for quality in health care* 2011;2(4):437-44.
9. Tavakoli N, Hoseini KM, Yasinzadeh MR et al. Evaluation of appropriate and inappropriate admission and hospitalization days according to appropriateness evaluation protocol (AEP). *Arch Iran Med* 2015;18(7):430-34.