

EQUIPMENT DONATION: A PERSPECTIVE FROM A TEACHING TERTIARY CARE HOSPITAL IN NORTH INDIA

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ABSTRACT

Equipment donation to hospitals in resource-limited settings can significantly benefit services in these settings albeit requires important ethical, practical and financial issues to be considered before accepting donations. To understand the decision making process leading to acceptance/rejection/deferment of equipment donation from the perspective of a public sector teaching tertiary care hospital. Retrospective, record based study. A 2000-bedded public sector teaching tertiary care hospital in North India. A total of 30 cases of equipment donation from March 2010-October 2013, were analysed for their decision process leading to acceptance/rejection/deferment. Each case was studied retrospectively and data pertaining to the agenda and decision taken was collected This study highlights the importance of equipment donation in resource limited settings and considerations involved while making decisions for acceptance/rejections/deferment of such donations.

KEYWORDS: Equipment Donation, Teaching Hospital, Decision Making

Health services in developing countries often struggle to meet the demands of a high burden of illness in their communities (Duke et al. 2003). Health facilities conspicuously lack technology and it is not surprising when medical equipment becomes a focus for well-meaning donors and hard-pressed recipients. Healthcare systems and the logistics to support technology in the developing world are often neglected, with many countries importing the bulk of their equipment, even though it may not be ideally suited to the local environment or healthcare needs. Medical technology is a key component of medical aid. The equipment provides caregivers with the tools needed to help do their job effectively. In some countries there is a major dependence on donor aid, with nearly 80% of healthcare equipment funded by international donors or foreign governments. Such donations can provide a much needed lifeline to hospitals in the developing world (Gatrad et al. 2007). However, there are important ethical, practical and financial issues to consider before embarking on accepting donations (Howie et al. 2008).

METHODS

Setting

This retrospective, record based study was conducted from September 2013 to October 2013 in the Department of Hospital Administration of a 2000 bedded public sector teaching tertiary care hospital at Chandigarh,

India: Postgraduate Institute of Medical Education and Research.

Type of donated Equipment

The type of donated equipment included all patient-related monitors, diagnostic and therapeutic equipment. An equipment donation committee under the chairmanship of Medical Superintendent and members: Professor from Department of Microbiology, Financial Advisor; special invitee: Head of the user department, Professor in charge equipment Purchase; convener: Purchase officer met as when there were 3-4 agendas in hand pertaining to donations.

Mandate of the Committee

The institute undertakes the decision of acceptance/rejection/deferment of the equipment donation through a committee whose mandate is to consider the offer keeping in perspective the larger interest of the Institute without promoting any kind of marketing or commercialization of the equipment.

Data Collection

Data was collected through record inspection and review and quantitative information provided by the "key informants." The key informants included Purchase officer, staff from the procurement branch and user department. The data collected included all the basic pertinent equipment data, as available, including manufacturer, model number, organization through which

donation came, its use whether diagnostic or therapeutic, decision of the committee and reasons for rejections/further clarification.

Data management and Statistical Analysis

All statistical analyses were performed using the software STATA 9.0 (Stata Corp., College Station, TX, USA). Chi square test was applied for all the categorical variables and p value of < 0.05 was deemed to be statistically significant.

RESULTS

Characteristics of the Sample

A total of 30 cases of equipment donation received from March 2010- Oct 2013 in a public sector teaching tertiary care hospital were screened, out of which 17 (56.6%) were for diagnostic purpose and 13 (43.3%) for therapeutic purpose. Majority of the cases of donations i.e. 25 (73.3%) were from the private firms while there were 4 (13.3%) cases from NGO and 1 (3.3%) from private individual.

Outcome

Out of these 30 cases, 16 (53.3%) were accepted and 8 (26.6%) were rejected. Amongst 16 accepted cases, 3 (18.8%) were for demonstration and 13 (81.2%) were for permanent installation. Also amongst the accepted cases, 6 (37.5%) were for diagnostic purpose and 10 (62.5%) were for therapeutic purpose. The remaining 6 cases of donation included 3 (10%) which required further clarification and other 3 (10%) which were out of the domain of committee. The reasons for acceptance were mainly the no extra recurring expenditure on the institution in terms of installation and maintenance and no ethical and legal repercussions while the reasons for rejection were the long term purchase of chemicals and reagents from the same firm and costlier tangible product.

DISCUSSION

We performed a retrospective record based study to understand the decision making process leading to acceptance/rejection of equipment donation from the perspective of a public sector teaching tertiary care hospital. The decision analysis showed that there was no bias in going for acceptance or rejection the donation. This study is first of its kind from a resource limited setting which has brought to the fore that decision process of acceptance/rejection/deferment is purely based on the interest of the Institute in the larger perspective and not to promote any marketing of the product. The stringent procedure followed in arriving at the final decision of the

committee can in fact serve as a guiding template for other similar settings. The donation of equipment to hospitals in resource-poor countries can significantly benefit services in these settings however it requires a proper consideration of all the legal and ethical issues involved. Recipients and donors need to make certain that donations will actually enhance capacity in the recipient health service by actively managing the process.

In addition to technical expertise and a proactive approach, successful interventions require local ownership and participation, and often partners with relevant skills and resources. While donors are crucial participants in the process, so are policy-makers and end users such as clinicians, nurses and maintenance staff, and indeed the public, whose levels of expectations of public services help shape those services.

Donations are a well-established method for donors to dispose of old equipment, while on the recipients' side donations have strong appeal as ready solutions to gaps in services (Rollins 2004). Unfortunately, they can be a poor substitute for the appropriate technologies and genuinely sustainable development so badly needed in the developing world. A functional donations management mechanism with a high proportion of successful donations will be the mark of success for these changes.

While researching this subject the authors found guidelines for medical equipment donations produced by WHO in 2000. They identify four principles of "good donation practice": the ensuring of maximum benefit to the recipient, respect for the wishes and context of the recipient, the avoidance of quality double standards, and effective donor-recipient communication and planning. This study is illustrative of the key aspects involved in decision making for equipment donations and offers support for WHO policy, and indeed support for the contention that the progression from knowledge and policy to practice is the great challenge of international health.

In conclusion, the health sectors of many developing countries rely significantly on donations of health care equipment. Although these donations are generally made with good intentions, the results are not always positive if they are not properly planned and coordinated. Inadequate medical equipment donations are often mainly due to a combination of the donor's lack of

awareness of the particular challenges and needs of the end-users and poor communication between donors and recipients about these challenges and needs. A final word; there is no doubt that there is potential for improving the systems for equipment donation to the developing world, for example by setting up schemes to match what is required to what is available. However, with careful consideration of the issues involved, including the WHO guidelines for equipment donation, the charities can make a significant contribution to the shortage of equipment in the developing world.

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