

# Study of Profile and Pattern of Information Sought from RTI Applications in a Tertiary Care Teaching Hospital of North India

Shahnawaz Hamid<sup>1</sup>, Farooq A Jan<sup>2</sup>, Zahoor Ahmad<sup>3</sup>

## ABSTRACT

**Introduction:** The Right to Information Act 2005 is a significant development in Indian Democratic fabric. It Provides a platform for Citizens where they have the right to gain access to information which is under Public authority. The access to information under the RTI act 2005 includes a right to obtain Personal medical information generated within the hospitals and their research projects. The citizens are utilizing the tool of RTI in health care services which has resulted in improved care and better management of health centers. The Present study was conducted in 794 bedded tertiary care teaching hospital with an aim to find out the profile and pattern of applications received through RTI act protocol.

**Material and Methods:** This hospital record based prospective observational study was carried out in Sheri-kashmir institute of medical sciences (SKIMS), a tertiary care hospital from October 2016 to February 2018. All the RTI applications received during the study period were selected for the study. The data was collected by an investigator after scrutiny of received applications and was verified from the designated PIO.

**Results:** Among 119 applications, 115 cases (96.6%) were solved by providing required information Among 115 resolved RTI applications, majority i.e 47(40.8%) of cases were resolved between 15-30 days, the process of 46 (40%) RTI applications was expedited by issuing only one (1) reminder to concerned quarters, 105 cases were concluded at PIO level while 10 applicants appealed to First appellant authority (FAA) which happened to be the Medical superintendent of Hospital, most of the applications were for Policy and Personal section (50, 42.01%), most common subject matter was information regarding a Hospital staff member (21, 17.64%) and among the queries, most were information inquiry (83%, 69.74%).

**Conclusions:** Healthcare personnel must acquire, process, store, retrieve and transfer clinical, administrative and financial health information. Privacy and confidentiality are important issues and their protection in the fiduciary doctor patient relationship encourages citizens to seek necessary medical care and disclosure of information is vital if larger public interest is involved.

**Keywords:** RTI, PIO, Confidentiality

## INTRODUCTION

The Right to Information Act 2005 is a significant development in Indian Democratic fabric. It Provides a platform for Citizens where they have the right to gain access to information which is under Public authority. The right provided under the Act promotes Transparency and Accountability in the working of every public authority. In a democratic set up people elect Government by

participating in elections and paying taxes and thus have a right to know about Govt. policies and activities. The Govt. becomes accountable only to community needs when it is being questioned about its day to day functions. Masses feel alienated if the access to common citizens is restricted or limited.

The RTI act under(u/s 2 (j)) includes the right to inspection of works, documents, records, taking notes, extracts or certified copies of documents, taking certified samples of material, obtaining information in the form of diskettes, floppies, tapes, video cassettes or in any other electronic mode or through print outs where such information is stored in a computer or in any other device.

Under the act Information means, “ any material in any form including records, documents, advices, opinions, circulars, press releases, emails, reports, etc held in any electronic form and information related to any private body which can be accessed by public authority under any other law for the time being in force.

The access to information under the RTI act 2005 includes a right to obtain Personal medical information generated within the hospitals and their research projects. The medical information includes access to medical records, data related to research projects or any other information generated within the Govt Hospitals. Like all other institutes, hospitals also designate a Public information officer (PIO) to deal with all RTI applications and he/she is bound to provide all information to applications as there are stiff penalties for them if they fail to do so.

In hospitals there is an issue of confidentiality of information regarding patients and research projects. The situation becomes more difficult for PIO when he/she is himself/herself a physician as he/she might be concerned that providing an

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information could require breach of professional duty of privacy and confidentiality.

The main purpose of RTI act was to provide right to citizens to gain access to information in order to promote accountability of authorities but it never permit the invasion of privacy of individuals who use government Hospitals.

Under Section 8 (1) (j) of RTI act 2005 “ Notwithstanding anything contained in this act, there shall be no obligation to give any citizen information which relates to personal information, the disclosure of which has no relationship to any public authority or interest, or which would cause unwarranted invasion of the privacy of the individual unless the PIO is satisfied that the larger public interest justifies the disclosure of Such information

Similarly Section 8 (1) (e) states that information available to a person in his fiduciary relationship unless the competent authority is satisfied that the larger public interest warrants disclosure of such information. Likewise Act does not provide others right to gain access to information about an individual that is generated within relationships of fiduciary nature unless the PIO is satisfied that public interest outweighs the individuals interest in the privacy of information. Therefore subject of Privacy and Confidentiality depends greatly on Public interest or as an unwarranted invasion of privacy

The citizens are utilizing the tool of RTI in health care services which has resulted in improved care and better management of health centers.<sup>2</sup> The Present study was conducted in 794 bedded tertiary care teaching hospital with an aim to find out the profile and pattern of applications received through RTI act protocol.

## MATERIAL AND METHODS

This hospital record based prospective observational study was carried out in Sheri-kashmir institute of medical sciences (SKIMS), a tertiary care hospital from October 2016 to February 2018. For the conduct of study a permission of public information officer (PIO) was sought. All the RTI applications received during the study period were selected for the study. The Contents of RTI applications were analyzed and matrix was designed and modified as per the findings of a pilot study. The data was collected by an investigator after scrutiny of received applications and was verified from the designated PIO. The responses were expressed in tabulated form and graphical representation was produced wherever necessary. The data was analyzed statistically

## RESULTS

The present study involves assessment of profile and pattern

Department/Section	Frequency	Percentage (%)
Policy and Personal Section	50	42.0%
Supportive Services	23	19.3%
Medical Records Department	10	8.4%
Hospital Administration Section	10	8.4%
Academic Section	09	7.5%
HOD's of Medical and Surgical Allied	08	6.8%
Maternity Hospital	05	4.2%
SKIMS Medical College	04	3.3%
Total	119	100

**Table-1:** Distribution of departments according to applications filed to PIO

Query	Frequency	Percentage (%)
Related to Hospital staff member	21	17.64%
Patient related information	15	12.6%
Related to selection lists	14	11.76%
Contract /purchase Queries	12	10.08%
Related to vacancies	11	9.24%
Regarding Advertisement notices	09	7.56%
Related to Academic activities	09	7.56%
About Seniority lists	07	5.88%
Related to construction work	04	3.36%
Equipment related	03	2.52%
Transport related	03	2.52%
Regarding casual labors	03	2.52%
Related to court judgment's	02	1.68%
Related to Alleged Private practice	02	1.68%
Regarding APR'S (Annual Performance Report)	01	0.84%
Related to intellectual property rights	01	0.84%
About Expiry of Drugs	01	0.84%
Regarding Forensic report	01	0.84%
Total	119	100

**Table-2:** Profile of specific queries according to subject matter

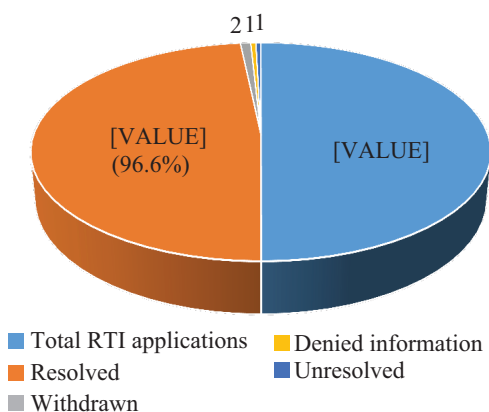


Figure-1: Outcome of applications

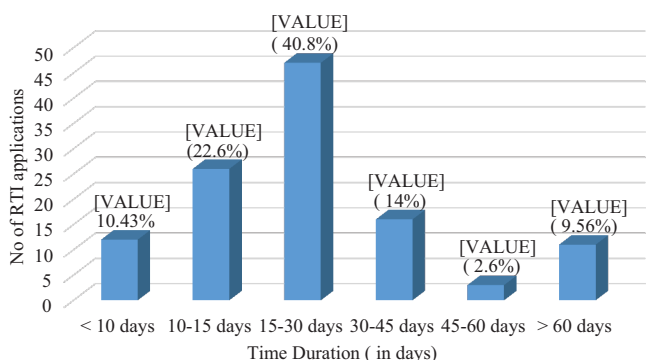


Figure-2:

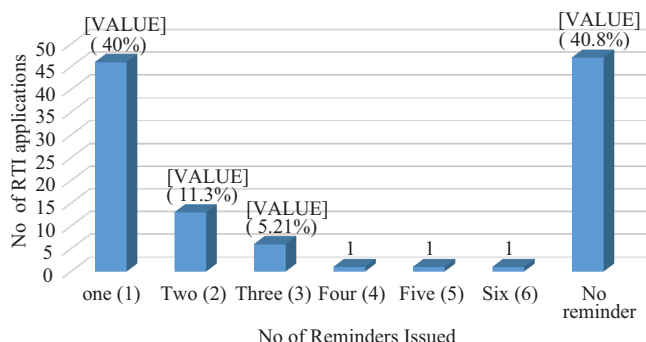


Figure-3:

of information sought through RTI protocols in a tertiary care hospital. A total of 119 applications were filed by applicants under RTI act 2005 during the study period.

Among 119 applications, 115 cases (96.6%) were solved by providing required information while among remaining four (4) applications, two (2) were withdrawn as their grievances were already redressed, one (1) application was denied information under section 8 of RTI act and one (1) case remained unresolved. (Fig 1)

Among 115 resolved RTI applications, 12 (10.43%) cases were resolved in < 10 days, 26 (22.6%) of cases were resolved between 10-15 days, 47(40.8%) of cases were resolved between 15-30 days, 16 (14.0%) cases in 30-45 days, 03 (2.6%) cases in 45-60 days and 11 (9.56%) cases were resolved in > 60 days. (Fig 2)

Many RTI applications needed a reminder to concerned quarters to expedite their conclusion and its data shows (Fig 3) that among 115 resolved cases the process of 46 (40%)

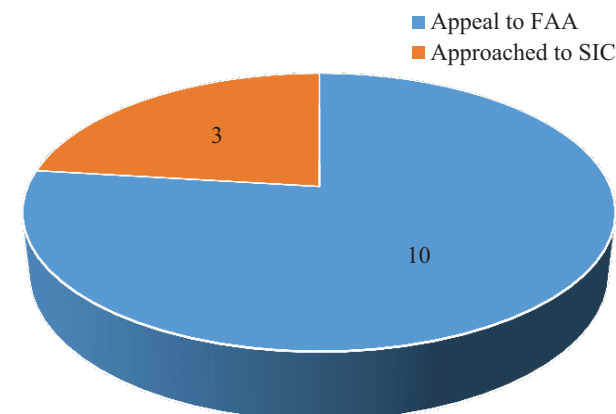
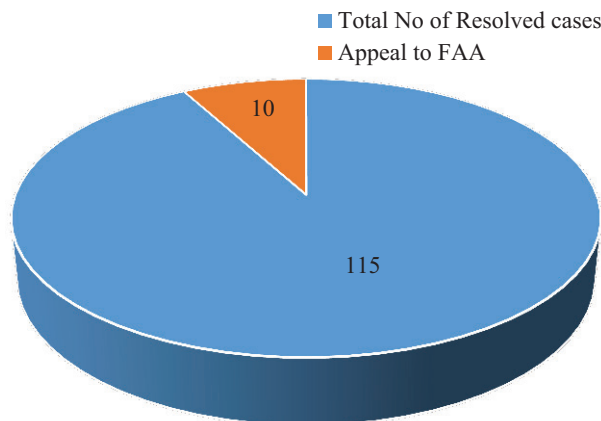


Figure-4:

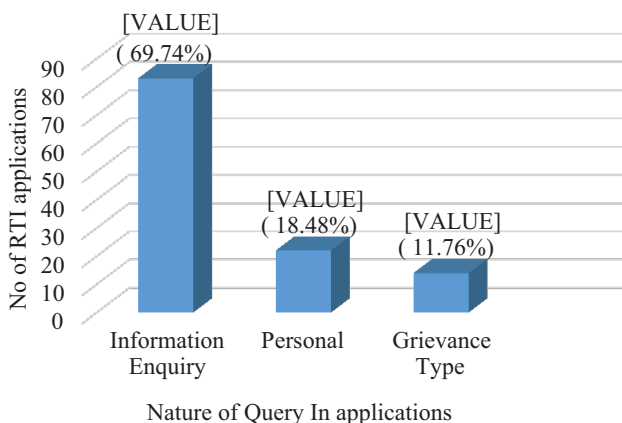


Figure-5:

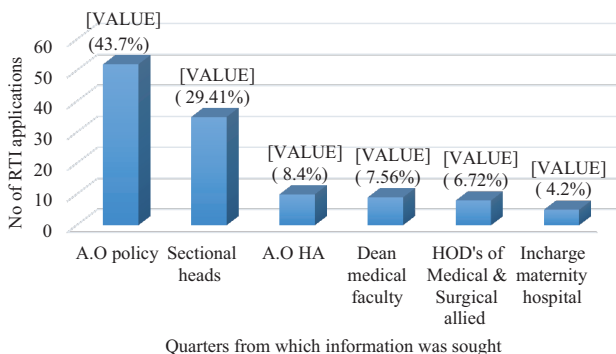


Figure-6:

RTI applications was expedited by issuing only one (1) reminder to concerned quarters while two (2) reminders were issued to concerned sections of 13 (11.3%) applicants, three

(3) reminders to concerned sections of 06 (5.21%) applicants and four (4), Five (5) and Six (6) reminders to one case each. No reminder was issued to concerned quarters of 47 (40.8%) RTI applicants and their information was received well in time.

Among 115 resolved cases, 105 cases were concluded at PIO level while 10 applicants appealed to First appellant authority (FAA) which happened to be the Medical superintendent of Hospital (Fig 4a). Among those who appealed to FAA, 03 applicants approached state information commission (SIC) for redressal of their applications which were subsequently disposed off at SIC level (Fig 4 b). The reasons for appealing to FAA include information not received on time (5 cases), applicants not satisfied with reply (2 cases), applicants received incomplete information (2 cases) and denial of information in one case.

The RTI applications were distributed department wise which shows (Table 1) that most of the applications were for Policy and Personal section (50, 42.01%) followed by Supportive services (23, 19.23%), Medical records department (10, 8.4%), Hospital administration section (10, 8.4%). Academic Section (09, 7.56%), HOD'S of Medical and surgical specialties (08, 6.72%), maternity Hospital (05, 4.2%) and SKIMS Medical College (4, 3.36%).

The profile of specific queries according to subject matter of the application was studied. Table 2 shows that most common subject matter was information regarding a Hospital staff member (21, 17.64%) followed by patient related information (15, 12.6%), selection lists (14, 11.76%), contract/Purchase queries (12, 10.08%), vacancies (11, 9.24%), Advertisement notices (09, 7.56%), Academic activities (09, 7.56%), Seniority list (07, 5.88%), construction work (04, 3.36%) and others constituted around 17 cases (14.28%). The subject matter of others include Equipment related, transport related, casual labors, court judgment, Alleged private practice, Annual performance reports (APR'S), Intellectual property rights, expiry of drugs and forensic report.

The RTI applications were classified according to nature of query. Among the queries, most were information inquiry (83, 69.74%) followed by Personal (22, 18.48%) and Grievance type (14, 11.76%). (Fig 5)

All the 119 RTI applications were handled by PIO and information was sought from various quarters which include Administrative officer policy/Personal (52, 43.7%) followed by Sectional heads (35, 29.41%), Administrative officer Hospital Administration (10, 8.4%), Dean Medical faculty (09, 7.56%), HOD's of Medical and Surgical specialties (08, 6.72%) and In charge Maternity Hospital (05, 4.2%). (Fig 6)

In all cases studied Patients privacy and confidentiality was maintained and it was only under unusual circumstances when the larger public interest properly certified to warrant it, information within the fiduciary relationships of clinical care or research was shared or disclosed.

## DISCUSSION

The results of our study showed that among 119 applications,

115 cases (96.6%) were solved by public information officer while among remaining four (4) applications, two (2) were withdrawn as their grievances were already redressed, one (1) application was denied information under section 8 of RTI act and one (1) case remained unresolved. The results were compared with a study by Maruti R Kore et al<sup>3</sup> which revealed that 60.07% of cases were resolved by PIO while 30% of cases remained unresolved and 7% of applications were withdrawn.

In our study among 115 resolved RTI applications, 12 (10.43%) cases were resolved in < 10 days, 26 (22.6%) of cases were resolved between 10-15 days, 47(40.8%) of cases were resolved between 15-30 days, 16 (14.0%) cases in 30-45 days, 03 (2.6%) cases in 45-60 days and 11 (9.56%) cases were resolved in > 60 days. Comparing our results with a study by Maruti R Kore et al<sup>3</sup> showed that most of the applications (61.9%) were answered by PIO within 30 days followed by 2.9% within 45 days, 2.2% within 35 days and 1.1% and 0.7% within 40 days and 90 days respectively. The results were also comparable with previous reports of price water house coopers<sup>5,7</sup>

The results of our study viz a viz department wise distribution on which the RTI applications were targeted showed that most of the applications were for Policy and Personal section (50, 42.01%) followed by Supportive services (23, 19.23%), Medical records department (10, 8.4%), Hospital administration section (10, 8.4%). Academic Section (09, 7.56%), HOD'S of Medical and surgical specialties (08, 6.72%), maternity Hospital (05, 4.2%) and SKIMS Medical College (4, 3.36%). In contrast to our study Maruti R. Kore<sup>3</sup> revealed that there were total 446 referrals and most of the applications were forwarded by PIO to Hospital administration section (46.4%) followed by Medical records section (17%). The prior reports of price water house cooper show the similar department wise distribution of application forms.<sup>4,5</sup>

The results of our study regarding profile of specific queries according to subject matter showed that most common subject matter was information regarding a Hospital staff member (21, 17.64%) followed by patient related information (15, 12.6%), selection lists (14, 11.76%), contract/Purchase queries (12, 10.08%), vacancies (11, 9.24%), Advertisement notices (09, 7.56%), Academic activities (09, 7.56%), Seniority list (07, 5.88%), construction work (04, 3.36%) and others constituted around 17 cases (14.28%). In contrast to our study Maruti R Kore<sup>3</sup> revealed that in majority of applicants the most common subject matter was Medical record of patient (41.49%) followed by Hospital staff member and vacancy (21.76%)

The results in our study showed that among the queries, most were information inquiry (83%, 69.74%) followed by Personal (22, 18.48%), Demanding type (07, 5.88%), Grievance type (04, 3.36%) and private type (03, 2.52%). In contrast to our study Maruti R Kore et al<sup>3</sup> revealed that 35.5% were personal queries while 24.9% were of demanding nature.

### Limitations

The literature regarding RTI in health care setting is limited and only few studies are available for the purpose of discussion. There are only few articles reflecting the nature of the right to information in health sector.

### CONCLUSION

Healthcare industry is an extremely information intensive. As RTI act is in vogue, healthcare personnel must acquire all relevant information within the healthcare setting including clinical, administrative and financial. Privacy and confidentiality are important issues and their protection in the fiduciary doctor patient relationship encourages citizens to seek necessary medical care and disclosure of information is vital if larger public interest is involved. The studies on experiences of RTI applications in hospitals are very few and there is a need of more studies on this aspect which will bring out the common issues and complaints of the citizens seeking health care services enabling us to facilitate appropriate planning and implementation of grievances in the hospital.

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