

IPD or OPD which is more useful

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ABSTRACT : Individual participant data (IPD) meta-analysis is an increasingly used approach for synthesizing and investigating treatment effect estimates

Keywords : meta-analysis; IPD; evidence synthesis; review; RCT; non-randomized intervention studies; NRSI; cross-design, Patients.

I. INTRODUCTION:

The IPD that is Inpatient department is more specialised while the OPD is more general. Here we are comparing between these two.

II. REVIEW OF LITERATURE :

S N O	YEAR	TITLE AND YEAR PUBLISHED	AUTHOR	FINDING
1	2011	Risk factors for catheter-related thrombosis (CRT) in cancer patients: a patient-level data (IPD) meta-analysis of clinical trials and prospective studies (2011).	<ul style="list-style-type: none"> ❖ W. SABER ❖ T. MOUA,* E. C. WILLIAMS ❖ C. J. VAN ROODEN ❖ M. MAGAGNOLI ❖ C. CIMMINIELLO 	<ul style="list-style-type: none"> ✓ Indwelling central venous catheters (CVCs) are widely used to facilitate treatment in cancer patients. It is estimated that in the US more than 5 million CVCs are inserted annually, with a significant proportion being used in cancer patients [1,2] ✓ This study is the first individual patient-level data meta-analysis designed to identify baseline patient- and catheter-related risk factors for CRT in patients with cancer. Based on prospectively collected data on 5636 patients with 425

				<p>CRT events in 12 studies conducted between 1995 and 2008, we found that a history of deep vein thrombosis, subclavian venipuncture site and improper catheter tip location increased the risk.</p>
2	2013	<p>Get real in individual participant data (IPD) meta-analysis: a review of the methodology (2013)</p>	<ul style="list-style-type: none"> ❖ Thomas P. A. Debray ❖ Karel G. M. Moons, ❖ Gert van Valkenhoef ❖ Orestis Efthimiou ❖ Noemi Hummel ❖ Rolf H. H. Groenwold ❖ Johannes B. Reitsma 	<p>✓ the past few decades, several methods have been developed to quantify the results of a systematic review. Most of these methods adopt a meta-analytical rationale and pool the results from individual studies by accounting for various forms of uncertainty (Sutton et al., 2009; Sutton and Higgins, 2008).</p> <p>✓ The work leading to these results has received support from the Innovative Medicines Initiative Joint Undertaking under grant agreement number 115546, resources of which are composed of financial contribution from the European Union's Seventh Framework Programme (FP7/20072013) and EFPIA companies' contribution.</p>

3	2014	<p>Reviews of individual patient data are useful for geriatrics: an overview of available IPD reviews (2014)</p>	<ul style="list-style-type: none"> ❖ Esther M.M. van de Glind ❖ Hanneke F.M. Rhodius-Meester ❖ Johannes B. Reitsma ❖ Lotty Hooft ❖ Barbara C. van Munster 	<p>✓ The currently available evidence of therapeutic interventions from randomized controlled trials (RCTs) is often based on studies conducted in otherwise relatively healthy adults, and the numbers of older patients enrolled in these trials are often insufficient to perform meaningful subgroup analyses.</p> <p>✓ In this study, we have demonstrated that IPD review is a valuable approach for generating evidence for older patients. In the majority of the included IPD reviews, treatment effects differed between older and younger patients</p>
4	2015	<p>Get real in individual participant data (IPD) meta-analysis: a review of the methodology (2015).</p>	<ul style="list-style-type: none"> ❖ Thomas P. A. Debray ❖ Karel G. M. Moons ❖ Gert van Valkenhoef ❖ Orestis Efthimiou ❖ Noemi Hummel ❖ Rolf H. H. Groenwold ❖ Johannes B. 	<p>✓ The evaluation of a novel drug or intervention typically involves a series of randomized clinical trials (RCTs) where its safety and efficacy are extensively tested. Because trials are often relatively small and typically exhibit differences</p>

			Reitsma	<p>in study design, selection of subjects, studied outcome(s), dosage, choice of comparator intervention, and quality of the conducted research, conflicting evidence occasionally arises</p> <p>✓ that quantify the treatments' relative efficacy or safety are retrieved from the published literature or from study authors and are subsequently synthesized into a weighted average</p>
5	2015	Preferred Reporting Items for a Systematic Review and Meta-analysis of Individual Participant Data The PRISMA-IPD Statement (2015)	<ul style="list-style-type: none"> ❖ Lesley A. Stewart, PhD; ❖ Mike Clarke, DPhil; ❖ Maroeska Rovers, PhD; ❖ Richard D. Riley, PhD ❖ Mark Simmonds, PhD ❖ Gavin Stewart, PhD ❖ Jayne F. Tierney, PhD 	<p>✓ Compared with standard PRISMA, the PRISMA-IPD checklist includes 3 new items that address, methods of checking the integrity of the IPD (such as pattern of randomization, data consistency, baseline imbalance, and missing data), reporting any important issues that emerge, and exploring variation (such as whether</p>

				<p>certain types of individual benefit more from the intervention than others). A further additional item was created by reorganization of standard PRISMA items relating to interpreting results. Wording was modified in 23 items to reflect the IPD approach.</p> <p>✓ PRISMA-IPD provides guidelines for reporting systematic reviews and meta-analyses of IPD. Future research is needed to determine whether this approach will lead to improved reporting of this type of research.</p>
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6	2016	External validation of clinical prediction models using big datasets from e-health records or IPD meta-analysis: opportunities and challenges (2016)	<ul style="list-style-type: none"> ❖ Richard D Riley ❖ Joie Ensor ❖ Kym I E Snell ❖ Thomas P A Debray ❖ Doug G Altman ❖ Karel G M Moons 	<ul style="list-style-type: none"> ✓ We have highlighted how big datasets from multiple studies and e-health or registry databases provide novel opportunities for external validation of prediction models, which we hope will encourage researchers to interrogate the adequacy of prediction models more thoroughly. In particular, researchers should use their big datasets to check a model's predictive performance (in terms of discrimination and calibration) across clinical settings, populations, and subgroups ✓ If a model does not have consistent predictive performance, users must know the potential magnitude of the inaccuracy to make a better judgment of the model's worth, and in whom.
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7	2017	Integrated Project Delivery (IPD) Research Trends (2017)	<ul style="list-style-type: none"> ❖ Stuart Keel ❖ Jing Xie ❖ Joshua Foreman ❖ Pei Ying Lee ❖ Mostafa Alwan ❖ Eamonn T Fahy ❖ Peter van Wijngaarden ❖ Jennifer C Fan ❖ Askin ❖ Ghee Soon Ang 	<ul style="list-style-type: none"> ✓ In today's world, the construction industry is becoming more complex and specialized day by day, yet inappropriate function causes loss of various resources in it (Lichtig, 2006). Therefore, selecting noble approaches for enhancing project implementation is very significant (Kent and Becerik-gerber, 2010). Integrated Project Delivery (IPD) is one of the new approaches of project implementation that has developed in some countries during recent years, to improve traditional implementation methods. ✓ Studies from 2001 to 2009: During these years, most researches are focused on basics, principles and definitions of the IPD method, and are more focused on introducing IPD to industries.
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Research gap:

The feedback of IPD was done in various methods but not particularly in Madurai, Tamilnadu, India hence we have catered to it.

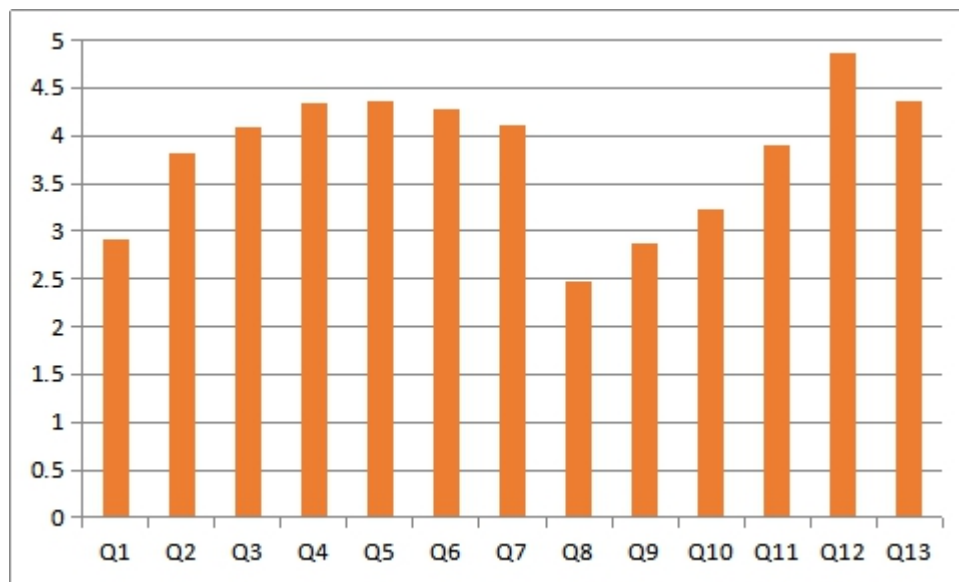
Data Collection:

We used a closed ended questionnaire to collect data. Data collection was done in person in hospitals in Madurai-Tamil Nadu.

We gave more than 120 questionnaires and received 100 valid questions with which we did the analysis.

III. DATA ANALYSIS AND CONCLUSION :

We use excel sheet to analysis data and we use simple random sampling to pick data. Convergent and Discriminant was proved.



Highest Question: Question 12: Career development clinical opportunity existed-4.862745
 Question 13: Supervisors used mistakes as learning opportunity-4.372549
 Question 5:physicians and nurses had a good working relationship-4.372549

Lowest Question: Question 08: Staff development or continuing education program existed

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My Hospital stay

	Pleasant	Satisfactory	Unpleasant
The hospital environment is			
The ward facilities are			
The toilet (s) are			
The food / diet is			
The service of attending doctors is			
The service of attendant nurses is			
The hospital billing is			
The reception / Enquiry service is			
The admission process			
The discharge process is			