

response rate of 93%. The bias controlled were: selection and information or misclassification bias. Variables of interest were: how many people who came with a patient in the outdoor themselves needed medical attention but were overlooked; how many people who accompanied patients themselves needed medical service but did not ask for it or were not served as per their need; how many people needed counselling but were not provided with; what other services a patient needed who came with complaints of one disease only.

Result Missed opportunity was found to exist substantially but not realized across the health system. Among the companions of the patients, one fourth suffered from some kind of malady but did not seek medical care. One in four of the patients who sought medical care themselves needed other health care services, besides the primary reason of their visit to health centers, which however, they did not seek.

Missed opportunity occurs, mostly in the area of eye problems, ear problems, post natal care, dental problems, child malnutrition, adolescent care, elderly care, contraceptive services and pregnancy care. Among these, addressing the child care, adolescent care, contraceptive services, and post natal care related missed opportunity will be most cost effective. Missed opportunity is more pronounced in contraceptive services than ANC/PNC services, particularly in mid-tier. Missed opportunity occurs the most at the top level of primary health care infrastructure in case of health education and the most for PNC in the lowest two tiers, which the managers are not knowledgeable of. Poor people in particular suffer the most from missed opportunity;

Patients' lack of interest in seeking services for all their problems, lack of time for receiving and giving required services, prescription of more medicine and diagnostic tests for additional services, which they cannot afford and dearth of service providers are causes of not seeking or providing all the required services.

Conclusion The measures that could address missed opportunity were: honoring the duty hours and behaving empathically by the service providers; adequate provision of logistics, particularly medicine, contraceptives and diagnostics; adequate service providers; and ensuring privacy in health center.

019 MISSED OPPORTUNITIES IN HEALTH CARE SETTING

Abu Muhammad Zakir Hussain. *Bongobondhu Sheikh Mujib Medical University, Dhaka, Bangladesh*

10.1136/bmjopen-2015-forum2015abstracts.19

Background Literature on missed opportunity of health care services is rare. In developing countries missed opportunity as a terminology is relevant to only contraceptive services. Missed opportunities in health care is not an important issue even in developed countries.

Objectives This study was conducted to learn about missed opportunities occurring while providing health care; to know how much health care providers, managers and service recipients understand the issue; the causes, barriers and means to address it at primary health care infrastructure in Bangladesh.

Methods Study instruments used were: for key informants; service providers and service recipients at primary health care tiers; observation checklist for service providers and guidelines for focus group discussion.

A three tier multistage cluster sampling was done. The sample size from each sample frame was 384. The clusters came from seven districts. The total response for this study was 2,204-