ASSESSMENT OF EMPLOYEE AWARENESS LEVEL ABOUT PATIENT RIGHTS AND RESPONSIBILITIES ACCORDING TO NABH CHARTER

Internship Training
at
Santokba Durlabji Memorial Hospital Cum Medical Research, Jaipur

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Under the guidance of
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MBA Hospital & Health Management
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Assessment of Employee Awareness level about Patient Rights and Responsibilties according to NABH Charter.

Dissertation

MBA Hospital and Health management

(Hospital-18th batch) 2013-15

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MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that Vrinda Gupta student of MBA Hospital and Health Management from IIHMR University, Jaipur has undergone dissertation/internship training at Santokba Durlabji Memorial Hospital from 1st February 2015 to 30th April 2015.

The Candidate has successfully carried out the study designated to him during dissertation/internship training and his approach to the study has been sincere, scientific and analytical.

The dissertation/internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

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No. 380

May 16, 2015

CERTIFICATE

This certificate is awarded to Ms.Vrinda Gupta in recognition of having successfully completed her Internship for the period from 01.02.2015 to 30.04.2015 on Project Assessment of Employee Awareness about patient rights and responsibilities as per NABH Charter in SDM Hospital, Jaipur

During the period of her internship programme with us she was found to be very punctual, hardworking, inquisitive and a keen learner.

We wish her all the best for her future endeavors.

Asst. Medical Superintendent

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under the supervision of
Brig. Dr. S.K. Puri (VSM) for award of MBA Hospital and Health Management/MBA Pharmaceutical Management of the university carried out during the period from 1st February 15 to 30th April 2015 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

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I would like to thanks to all others who left their mark in the projects and helped me inspite of their busy schedule and hectic work hours.

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Vrinda Gupta

May 2015

Abstract

Background

- The study involved the assessment for patient's rights and responsibilities, as awareness for these are an essential part involved in patient care activities.
- As a part of NABH guideline, it is important for the hospital staff to be well aware about the patients as this would indirectly relate with providing quality care hence patient satisfaction level would also be affected.

Objectives:

- To assess the staff awareness level for Patients' rights and responsibilities.
- To find out the reasons for unfamiliarity of certain staff members to these rights and responsibilities.
- To give recommendations regarding the training program and to improve the awareness level among the staff.

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Study Methodology:

- Study period: 3 months
- Sample Size: 254 employees
- Location: SDMH,Jaipur
- Methodology: Simple Purposive Random Sampling

  Primary data collection with forms being filled under supervision incase of

any clarification.

Secondary Data: SOP of the Hospital, NABH Patients' Charter

- Sample collection tool: A simple bilingual questionnaire was designed to interview the employees which consisted of both open and close ended questions.
- Sample collection methodology: Structured interview

Analysis:

The data was collected and analyzed using MS Excel with categorizing the staff according to their patient care level and knowledge into Clinical ,Support and Utility staff.

Results :

Average awareness level for each set of employess was observed with question-wise analysis done to comment upon the staff type that needed training related with that particular type of question. The clinical staff constituting the major staff in a hospital directly involved in patient care was analyzed further.

Recommendations:

- Training to be provided during the induction program, at the time of joining the organization.
- Regular quarterly training sessions to be scheduled followed by objective assessment,with attendance for each training session to be entered in the employee data.
- The training to be provided on the basis of the patient care access and the employees be categorized accordingly hence the training pattern differs for each category.

- A quarterly proper training schedule is designed with employing different methodology for different sections of the staff.
- Pre assessment and post training assessment could be then compared.
- The outsourced housekeeping staff now hired should now be provided special training for quality patient care.
- Sensitization of staff towards attending the training program specially the consultants and the pathologists ,lab technicans.

Contents

Introduction:

Background:

National Accreditation Board for Hospitals & Healthcare Providers (NABH) is a constituent board of Quality Council of India, set up to establish and operate accreditation programme for healthcare organizations. The board is structured to cater to much desired needs of the consumers and to set benchmarks for progress of health industry. The board while being supported by all stakeholders including industry, consumers, government, have full functional autonomy in its operation.

Vision and Mission of NABH

To be apex national healthcare accreditation and quality improvement body, functioning at par with global benchmarks.

Accreditation benefits all stake holders. Patients are the biggest beneficiary. Accreditation results in high quality of care and patient safety. The patients get services by credential medical staff. Rights of patients are respected and protected. Patient satisfaction is regularly evaluated. The staff in a accredited health care organisation are satisfied lot as it provides for continuous learning, good working environment, leadership and above all ownership of clinical processes. Accreditation to a health care organisation stimulates continuous improvement. It enables the organisation in demonstrating commitment to quality care. It raises community confidence in the services provided by the health care organisation. It also provides opportunity to healthcare unit to benchmark with the best.

Finally, accreditation provides an objective system of empanelment by insurance and other third parties. Accreditation provides access to reliable and certified information on facilities, infrastructure and level of care.

Rationale for the study:

The patients' Rights and Responsibility is covered in Chapter 3 , Patient Rights and Education, NABH Brochure.This patient-centric approach initiative propagated to facilitate the needs of the patients so as to keep them and their family informed about their rights and responsibilities while using healthcare facilities. The Charter for Patients rights and Responsibilities will basically work as a guideline for the healthcare providers to ensure that the patients are duly updated on all the healthcare needs. Most importantly it stresses on the need for adopting patient friendly environment through documented procedure for obtaining patient or family's consent for informed decision making while availing healthcare needs so as to involve the patient and family in decision making processes. "Patient Charter is one such initiative that is not just a document that outlines the doctor's role, responsibilities and code of practice but also the patient's rights and his duties. Most of the medical failures happen due to either ignorance of patients or negligence of practitioners or providers of healthcare and we wish to caution both the patient and the providers on the seriousness and the outcomes of not working together.

Aim of the Study

To assess the employee awareness level for patients' rights and responsibilities according to NABH

Objectives

- To assess the staff awareness level for Patients' rights and responsibilities.
- To find out the reasons for unfamiliarity of certain staff members to these rights and responsibilities.

- To study the requirements for training the employees for Patient rights and responsibilities according to NABH, Patients' Charter.
- To give recommendations regarding the training program and to improve the awareness level among the staff.

Importance of the study

- The study involved the assessment for patient's rights and responsibilities, as awareness for these are an essential part involved in patient care activities.
- As a part of NABH guideline, it is important for the hospital staff to be well aware about the patients as this would indirectly relate with providing quality care hence patient satisfaction level would be affected.
- For patients can be educated about the same by the healthcare providers or the support staff and also making them realize their responsibilities as a patient of the hospital.

Literature review:

According to(NABH Patient rights and responsibilities, Chapter 4), the organization defines the patient rights and responsibilities.The staff is aware of these and is trained to protect patient rights.Patients are informed of their rights and educated about their responsibilities at the time of admission.They are informed about the disease, the possible outcomes and are involved in decision making. The costs are explained in a clear manner to patient and/or family. The patients are educated about the mechanisms available for addressing grievances. A documented process for obtaining patient and/or families' consent exists for informing decision making about their care. Patient and families have a right to information and education about the healthcare needs in a language and manner that is understood by them.

According to the standard operating procedures,(Policy on Orientation and Induction of staff: SDMH),the primary focus of training policy is to ensure that every hospital staff receives an ongoing education related to their job responsibilities so that performance is consistent through their tenure and to upgrade themselves so as to obtain overall growth of an individual and the organization at large.

Training policy also emphasizes on adapting a systematic procedure for collecting data to identify the training needs and take required measures to design ,resource, deliver ,monitor and evaluate the training and development program.

An orientation program ensures every new joiner in the organization is well versed with the working environment so as to achieve the desired results at his/her work place.

The scope of this policy applies to the HR Department, all the new joiners/employees from various departments ,all respective HODs and the chief operating officer.

Training is a desirable activity which yields the desirable results and improve competencies over the long run and hence ensures that every training activity is made available for its employees on a time to time basis.A well-structured staff orientation program is defined for all new joiners that ensures they get adapted to the work environment and helps perform their duties well.

METHODOLOGY

- **Study Design:**
- Study period: 3 months
- Sample Size: 254 employees(Total staff=1800, 10% of total staff=180+64)
- where n=166 clinical staff
- n1=42 support staff

- n2=45 utility staff,all considered as 100% each for comparision.
- Study Area : Santokba Durlabhji Memorial Hospital,Jaipur
- Study Type : Prospective and Analytical Study
- Sampling Method: Primary Data Collection
- Purposive Simple Random Sampling
- Sample Collection tool: Structured bilingual questionnaire

Data Collection tools and techniques

- Primary data : A bilingual (English and Hindi) structured questionnaire was designed using the guidelines on Patient's rights and responsibilities provided by NABH.
- Scoring scale : Scale used with options and True or False
- Secondary Data : Various literature review journals on patients' rights and responsibilities.
- Data management: All data was collected with the questionnaire and analyzed using MS Excel.

Study Methodology

- Data was collected using the tool Structured bilingual questionnaire designed to assess the employee awareness level.
- The employees were categorized based on their medical level of knowledge and patient care access into:
    - Clinical staff : Consultants, Doctors, DNB Residents, Lab Technicians, Radiology Technicians, Staff Nurse, Nursing Superintendent
    - Support staff: This includes Administration staff, Clerical staff at the Reception, TPA department staff, Billing counter, Executive health checkup.
    - Utility staff: This includes Housekeeping staff, Ward Boys, Security staff, Security in-charge, Ambulance staff.
- The questionnaire designed was pre-tested in the general ward of another Hospital X to check the validity of the same with clinical ,support and utility staff altogether.

Results:

Current Training Pattern

- The training schedule was set such that each staff member was provided with the training session once at the time of orientation program of the individual.
- Quarterly subjective based training assessment was carried out hence the staff did not fill the forms sincerely.
- No follow up for training was scheduled post assessment sessions for correction.
- Training was provided regularly only for the nursing department since new ones were recruited frequently from the Nursing college.

The training provided to the employees according to NABH was the major parameter to access the awareness level .

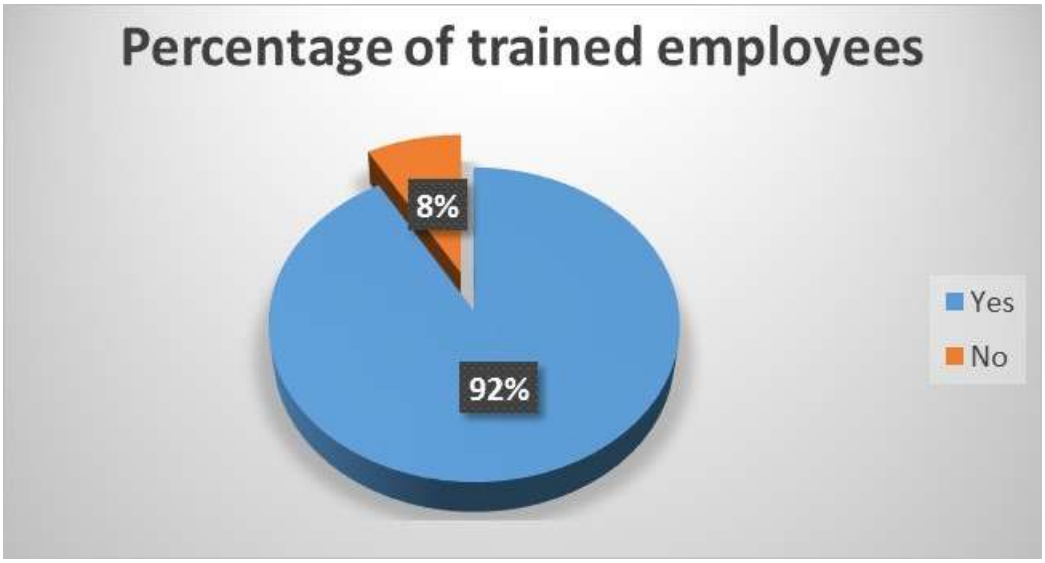

FIGURE 1.1

It was observed that out of a total sample size of 253 employees, 21 had not received the training program as the training is generally given at the time of orientation of the employee hence certain staff members like old technicians and clerical staff were never a part of the procedure.

Current Training pattern

FIGURE 1.2

According to the above graph the current training status depicts that the employees of the support staff being the maximum to not attend the training session than the clinical and utility staff. But the ones who received the training, almost equally among the three categories of staff. This category of support clerical staff and clinical staff involves the old experienced employees as they feel it's unnecessary for them to attend the sessions.

Percentage awareness question-wise

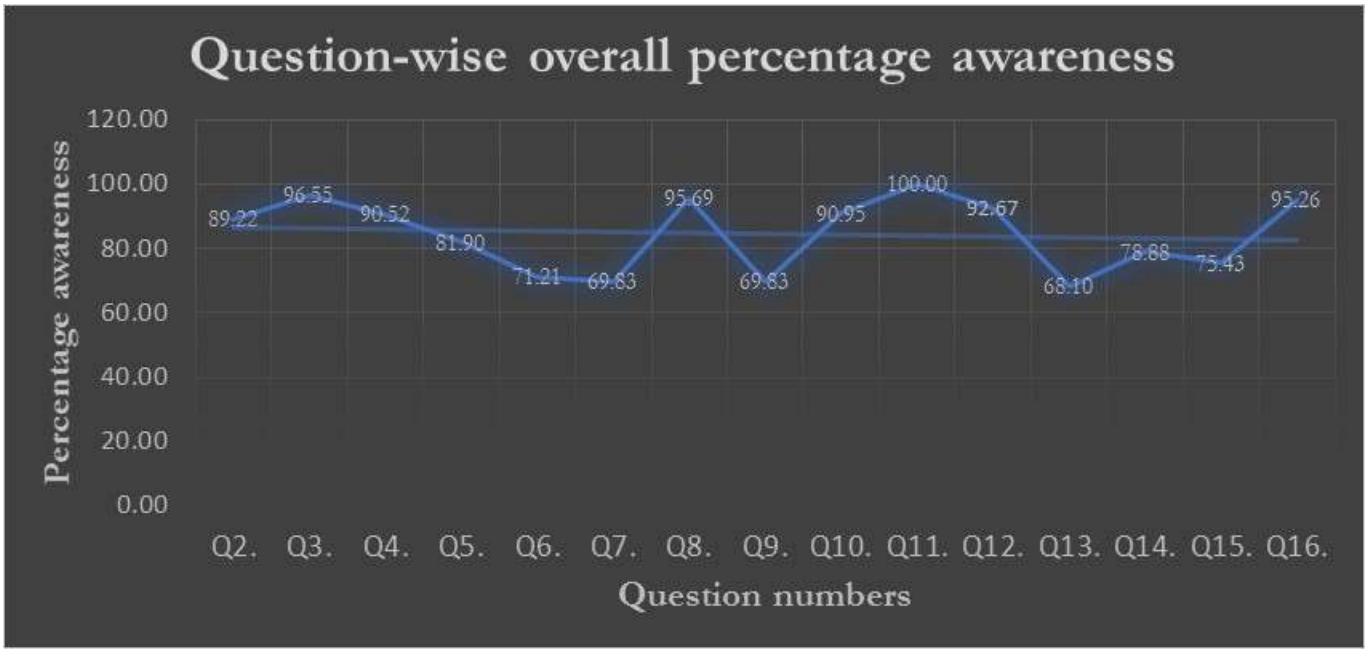

FIGURE 1.3

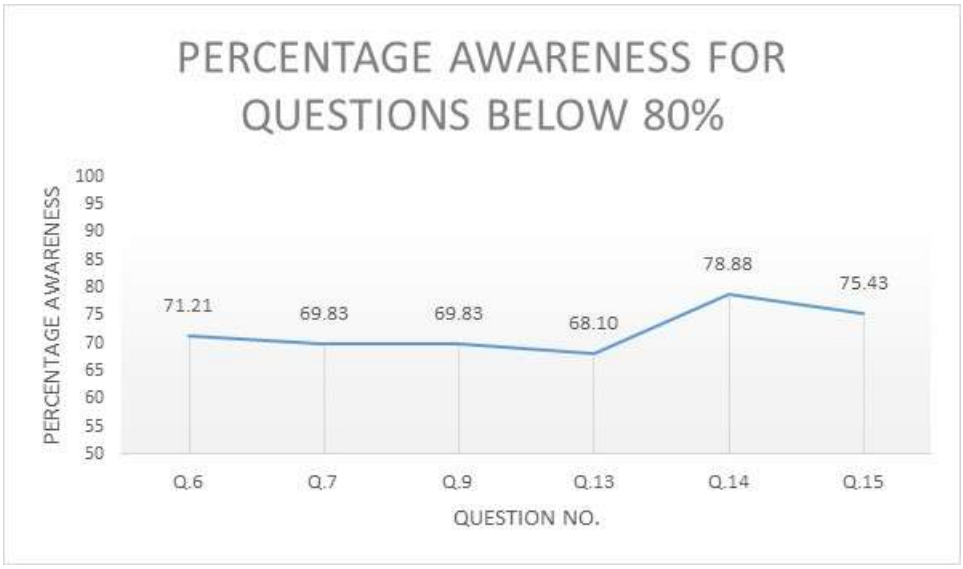

FIGURE 1.4

It was seen according to the question wise pattern, maximum non-awareness was seen for question number Q6.,Q7,Q9,Q13,Q14,Q15.

These questions with an awareness level lower than 80% were analyzed according to the different staff categories. Below these questions are listed and discussed.

Q6. Which of the following are the rights of the patients among the following?

Right to confidentiality of medical condition Y/N

Right to concession for treatment especially for poor patients Y/N

Right to refuse the treatment Y/N

Right to information about cost of treatment Y/N

Right to obtain free food and supplies Y/N

The above question deals with an objective based true and false pattern for assessment. It was observed the least awareness was seen among the staff members related to the right to concession for treatment and the right to obtain free supplies from the hospital as there was a general unsurity about this that whether it's the patient's right to obtain all this or not.

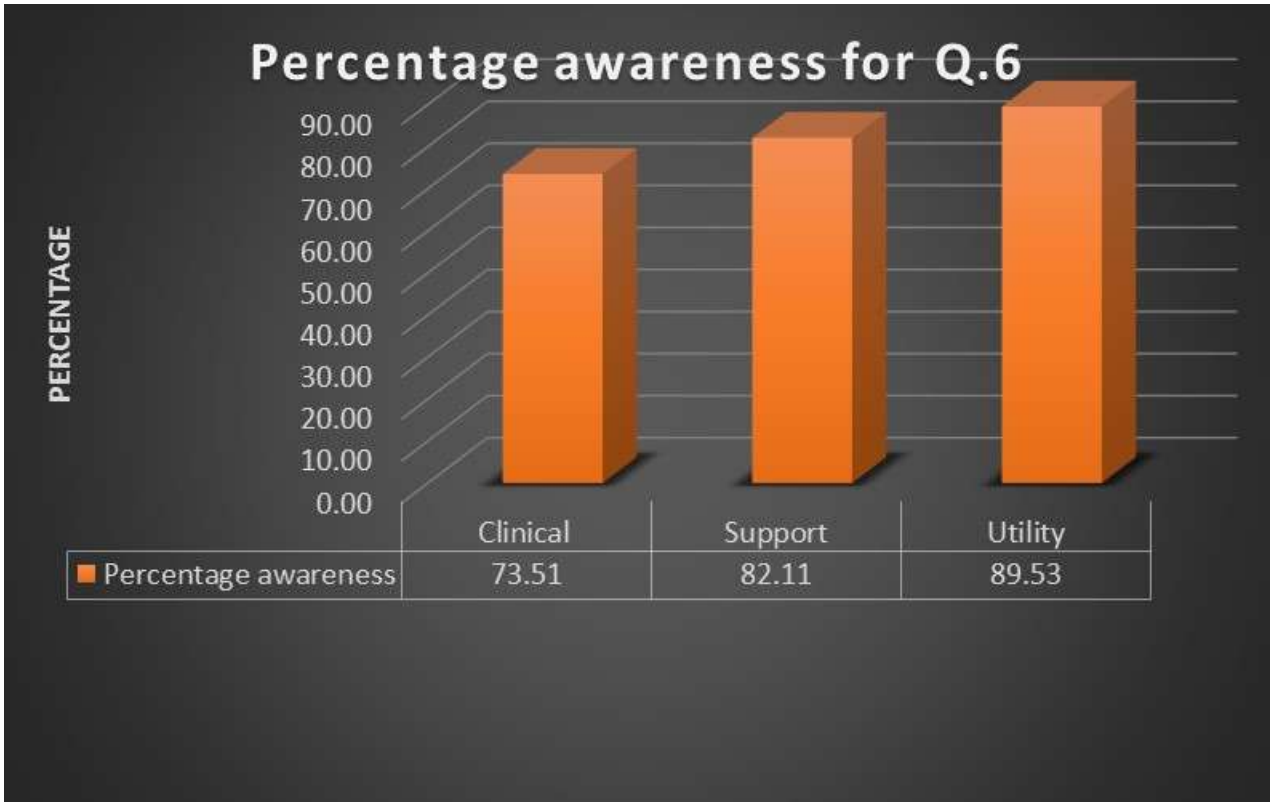

FIGURE 1.5

It was observed that the least awareness related to the concession and the packages provided to patients, the clinical staff being the least aware about the patient rights related to the packages ,concession and the supplies provided to the patients.

Q7. Considering the weak medical condition of the patient the doctor decides not to inform him/her or his relatives about the adverse effects of the treatment. Is it justifiable?

- ❑ Yes
- ❑ No

The above deals with the doctor's moral responsibility to inform the patient about the treatment with full correct information as it is the patient's right to know about his own medical condition and the treatment procedure.

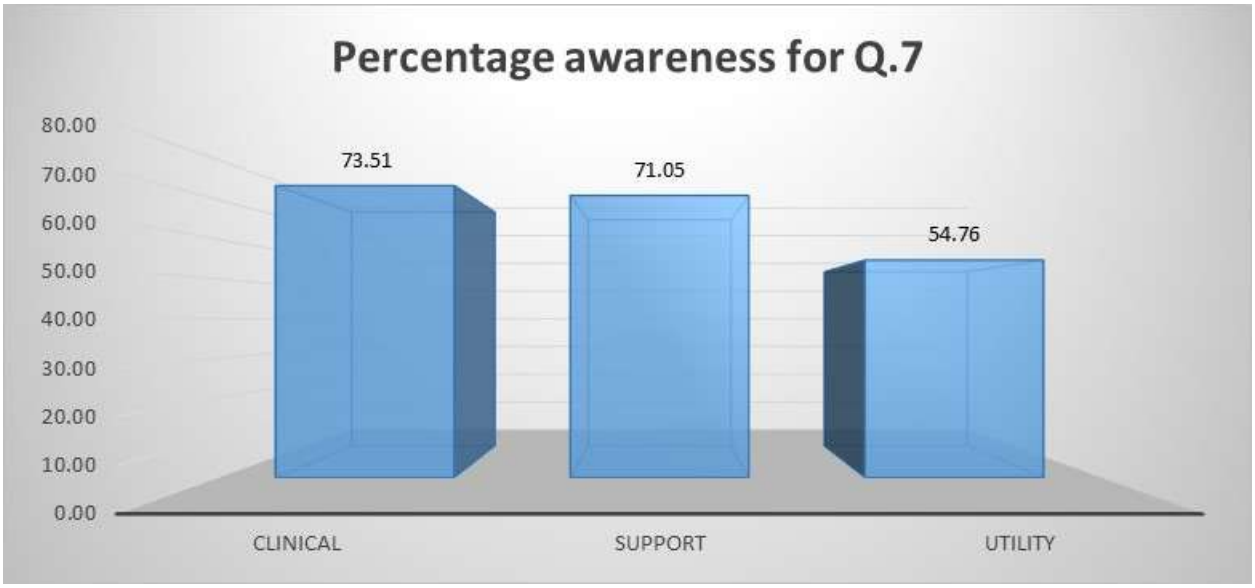

FIGURE 1.6

It was observed that this question dealing directly with patient care and treatment,the least awareness was found to be among the Utility staff consisting of the security guards and housekeeping staff which are indirectly involved in patient care as they are generally not provided with proper training due to their outsourcing and frequent changing of staff, But the clinical and the support staff were considerably well aware about the same.

Q9. Do patients have direct access to higher authorities to complain about any matter regarding the organization?

- ❑ Yes
- ❑ No

The above question deals with Patient quality care and their right to bring any matter related to the hospital to the notice of the higher authorities as this would also create a just and good environment for the patient incase there is any matter to be reported, as the main aim of the health provider is to provide

quality care.

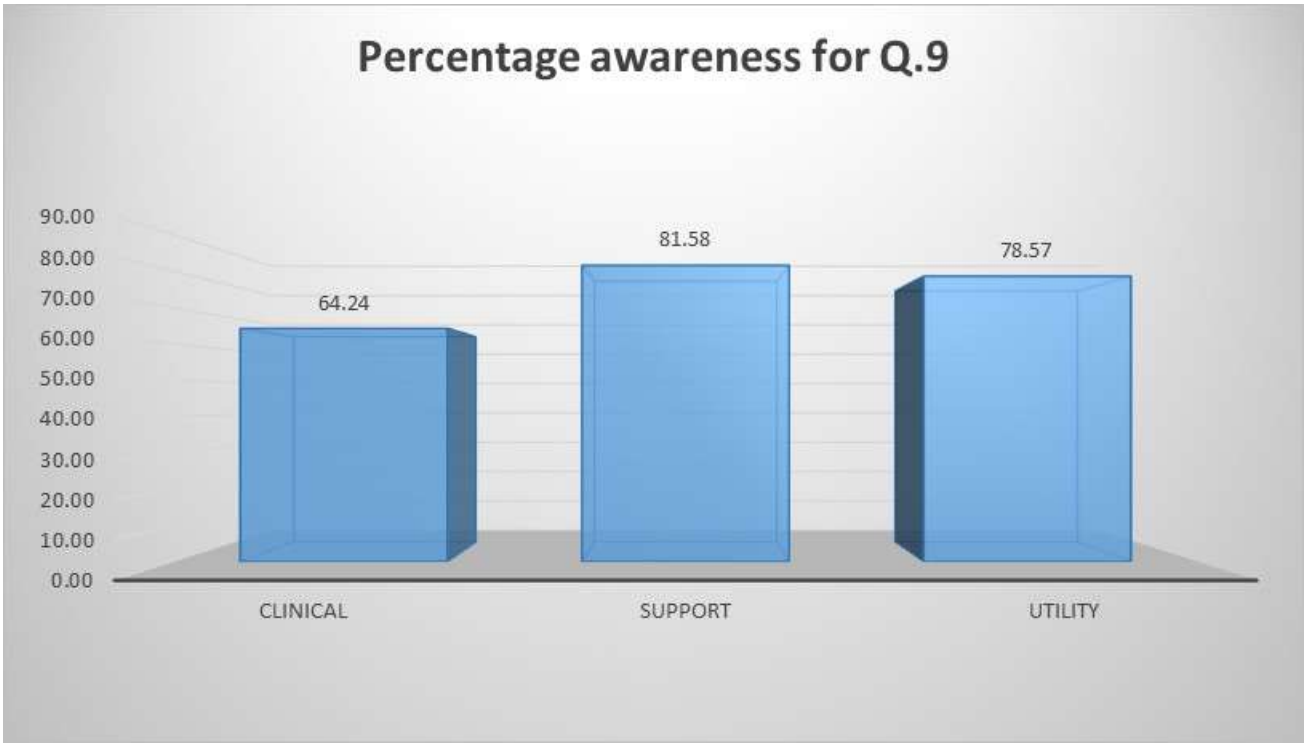

FIGURE 1.7

It was observed that according to the graph the clinical staff were least aware about the part that the patients have a right to go to the higher authorities concerning any issue related to the organization or the patient care and considering it an important aspect for patient satisfaction, training should be provided focusing on certain areas indirectly involved with patient care.

Q13. Any patient under the effect of Alcohol or any drug abuse, Could be asked to leave the premises immediately.

- ❑ Yes, after counseling
- ❑ No, it would be rude to ask the patient to leave

The above question throws light on Patients' Responsibilities as well , as it is a patient's moral responsibility to maintain the sanctity of the premises of the hospital without causing any inconvenience to the healthcare providers or the other patients.

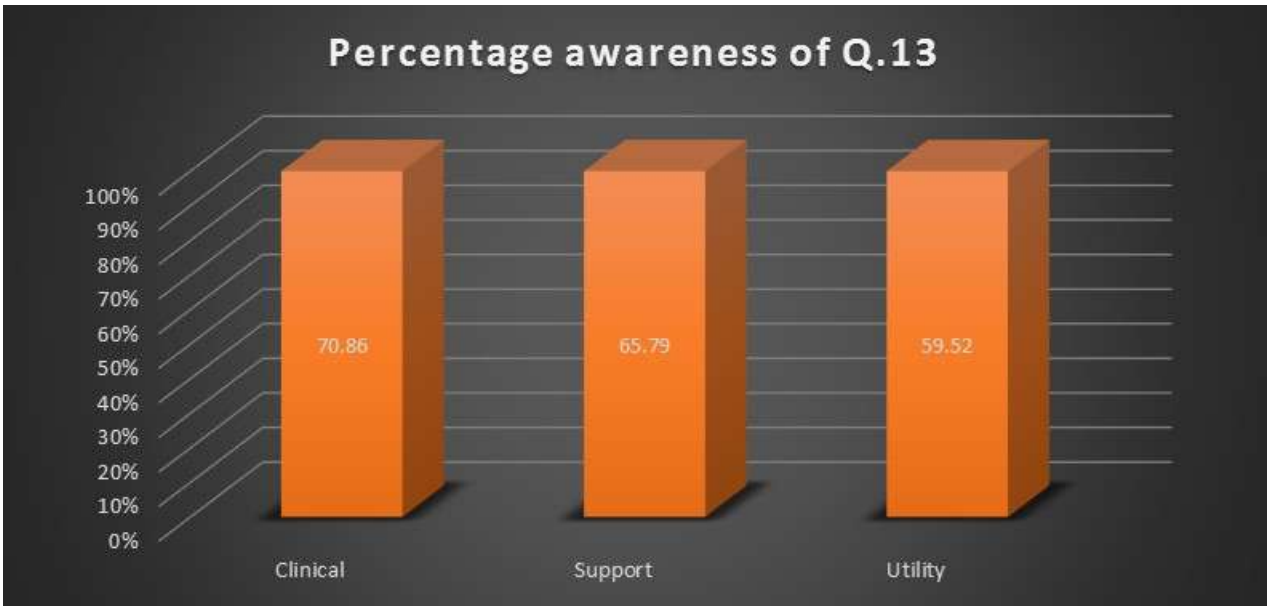

FIGURE 1.8

It was observed that the awareness about patient's responsibility to maintain a decent demeanor and discipline of the hospital's premises was lowest among the Utility staff which is directly involved in maintaining the security and decorum of the premises. Hence special focus to train the utility staff in this area was also required, also the clinical staff can be helpful in counseling the patient under the effect of any substance abuse,and can ask the patient to leave the premises incase of any misbehavior.

Q 14. Is it not the patient's responsibility to make all payments timely for medication and uninterrupted treatment?

- ❑ Nope, the patient can make payments when convenient
- ❑ Yes, the patient needs to do it timely

Considering hospital an organization that provides care for the patients and their treatment for diseases but it is also the patients' responsibility to make timely payments for uninterrupted care and treatment. Incase it's a special case, the hospital authorities can look into the matter and provide some leniency.

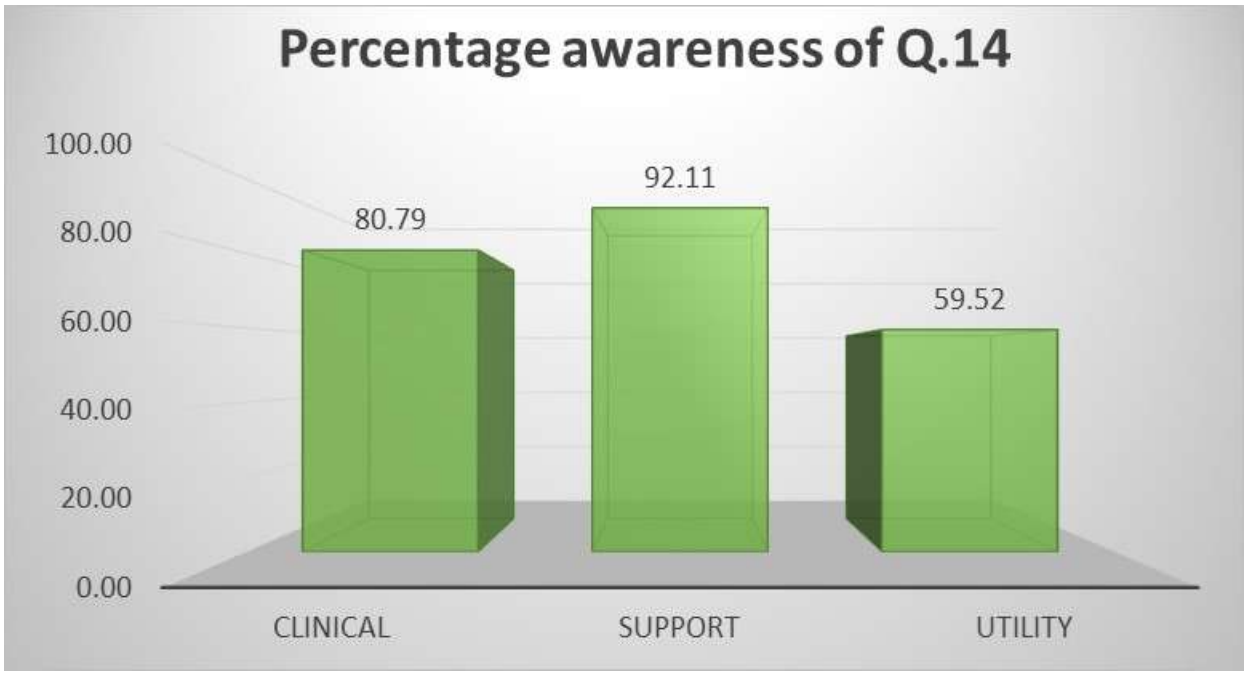

FIGURE 1.9

It was observed that the awareness level related to the patient's responsibility to make timely payments for the treatment was lowest among the Utility staff with highest among the support staff that includes the staff involved in the billing and clerical practices and the administrative staff.

Q15.A patient can ask the doctor to provide him with fake reports and bills to be presented to get past his insurance claims?

- Yes
- No

As this question deals with the situation in case the patient tries to misuse his rights and coaxes the medical practitioner to provide him with illegal paper work to get past his insurance claims, this illegal

practice would be a punishable offence legally. Hence it's the patients' responsibility not to indulge into any such demand which is not legally or morally correct.

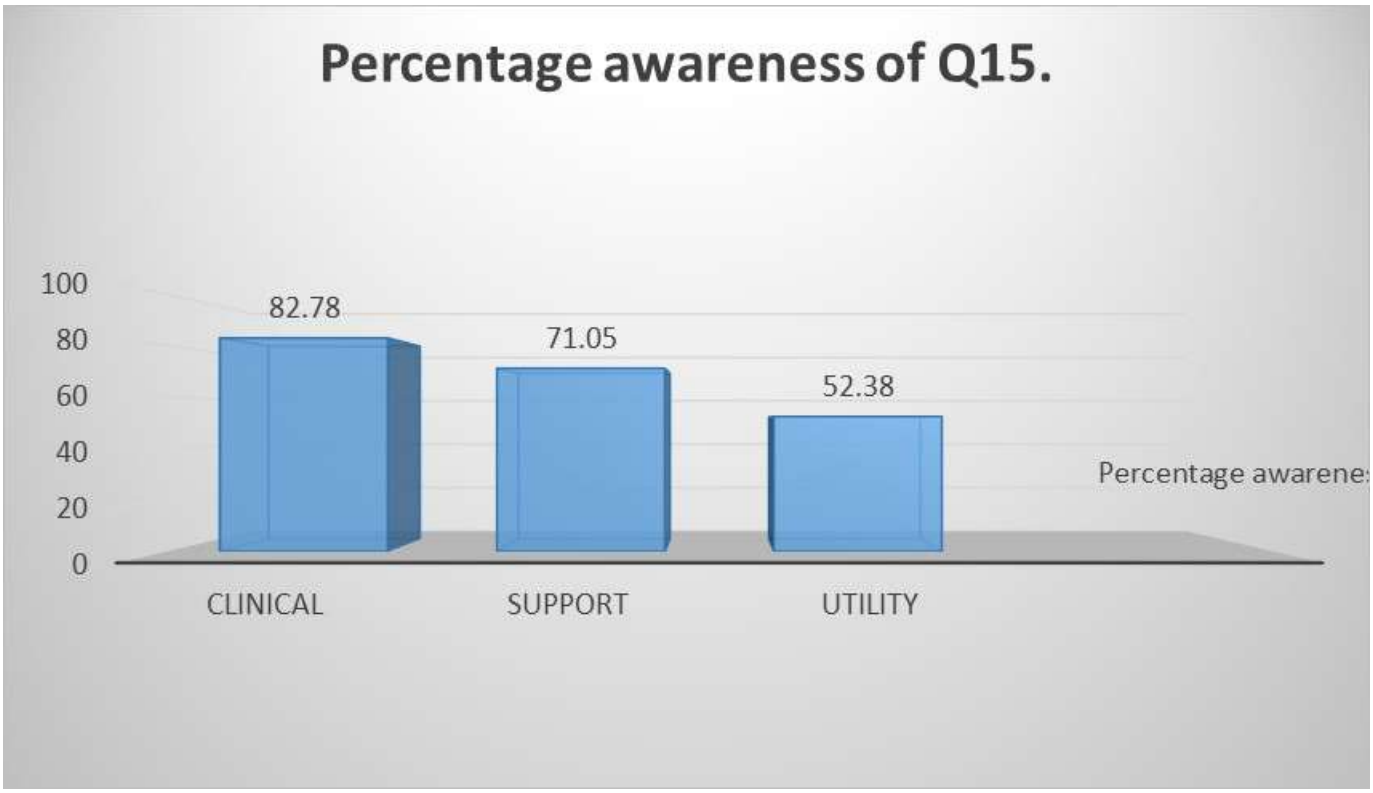

FIGURE 2.0

It was observed that this illegal practice of asking for fake medical certificates or bills by the doctor is not a right of the patient and the Utility staff which consists of the majorly illiterate class of employees is the least aware about this, with clinical staff being well informed about it.

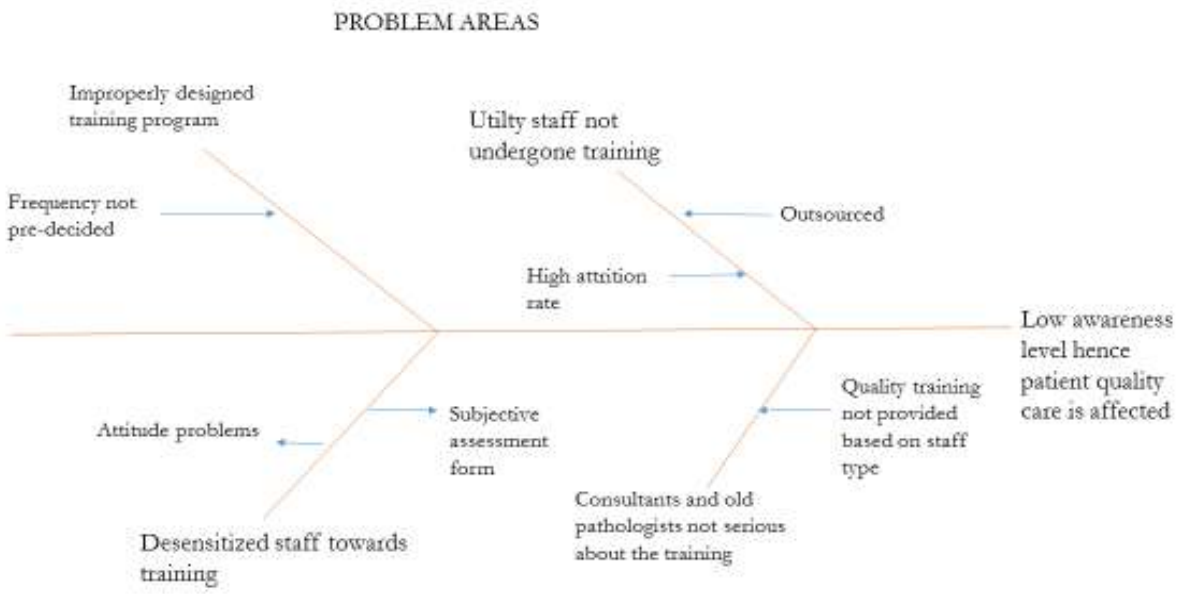

FIGURE 2.1

Discussion:

Problem areas

- The training program being improperly scheduled led to low level of awareness about the patients' rights and responsibilities among the employees.
- The staff members were de-sensitized to attend the training sessions as they considered unnecessary attending the same hence was important to make them aware about the rationale for these requirements by NABH.
- Low awareness level or wrong perceptions about certain patient rights and responsibilities could also have a ripple effect on the hospital eventually on providing quality care to the patients.
- Outsourced Utility staff did not go proper training at the time of joining as they were outsourced and their rotation shifts occurred on a weekly basis.

Special focus was given on the training pattern and awareness level of the Clinical staff as these were directly involved in Patient care and the sample size taken also consisted majorly of the Clinical staff constituting more than 50% population of the hospital which includes Doctors, Consultants, Resident doctors, Nurses, Laboratory technicians, Radiology Technicians, Histopathologists, Pathologists.

Training pattern of Clinical staff

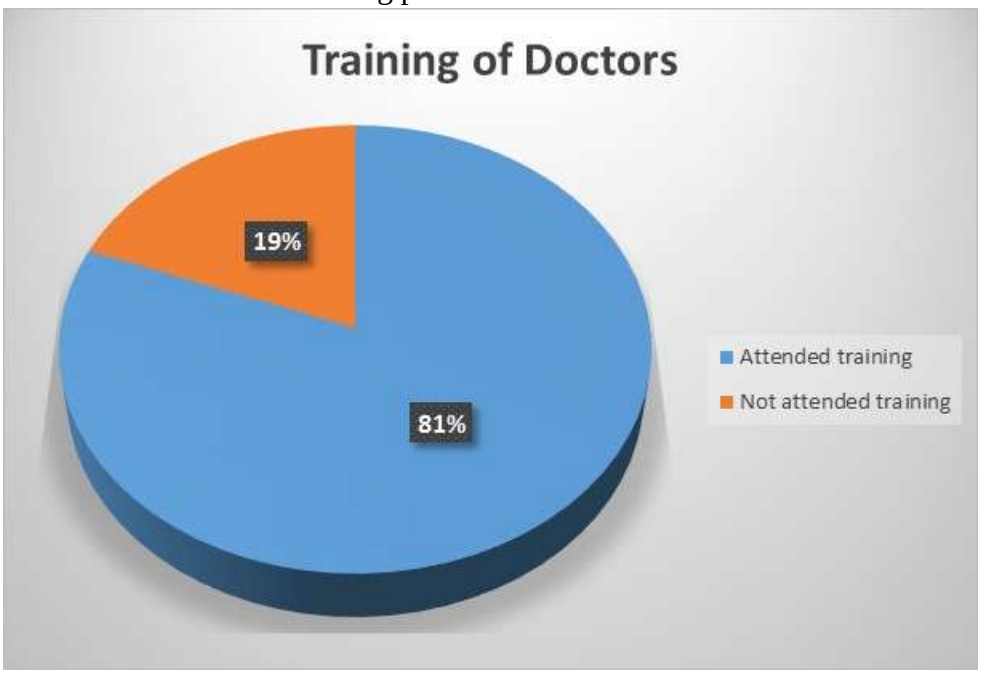

FIGURE 2.2

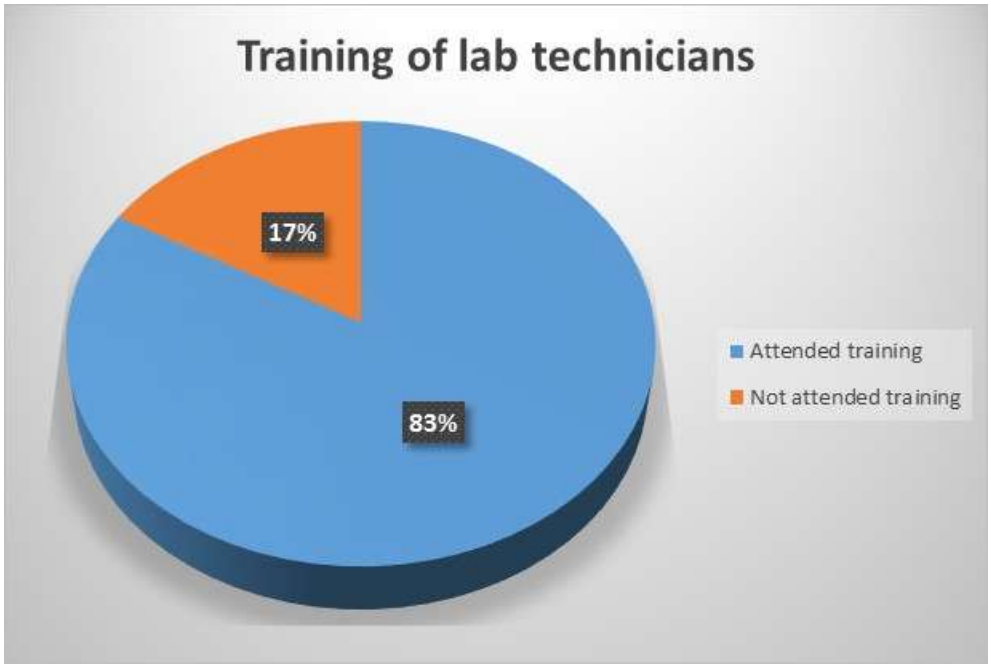

FIGURE 2.3

It was observed that out of a total of 166 clinical staff as they are directly involved in patient care, 14 of them did not attend the training session including majorly consultants and old lab technicians and histopathologists.

- As the training program was least taken seriously by the Consultants or the Lab technicians and pathologists due to the improper training schedules and training is provided only at the time of orientation without proper follow up sessions.

Percentage awareness of Clinical staff

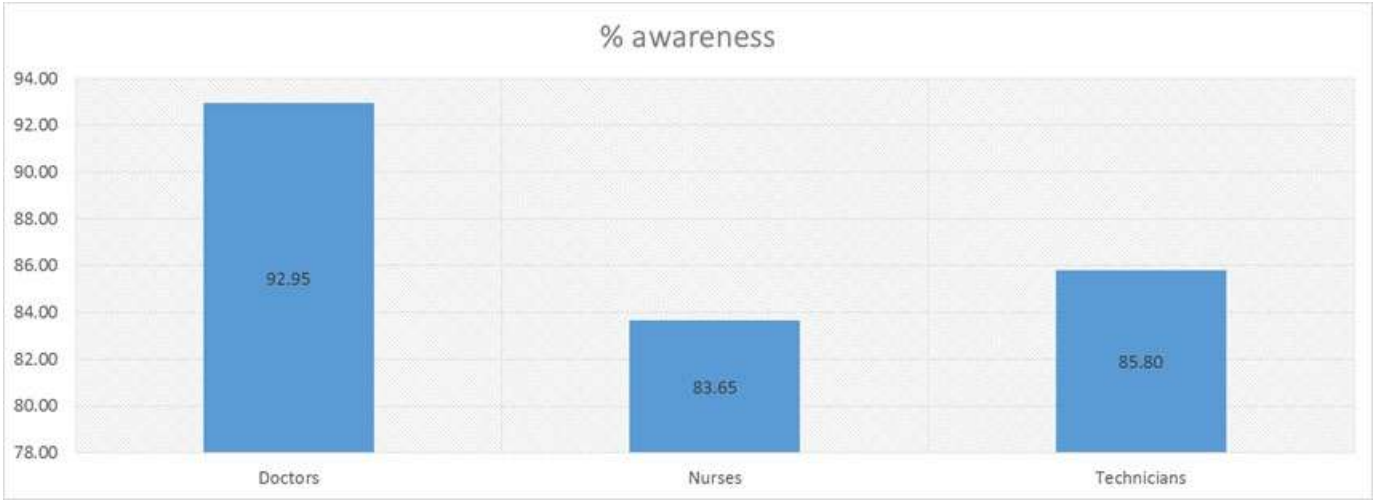

FIGURE 2.4

Inspite of regular training sessions provided to the nursing staff ,the percentage awareness was found to be lowest among the staff, as this might affect quality patient care directly. Hence the training program needs to be more effective in terms of providing quality knowledge.

Conclusion:

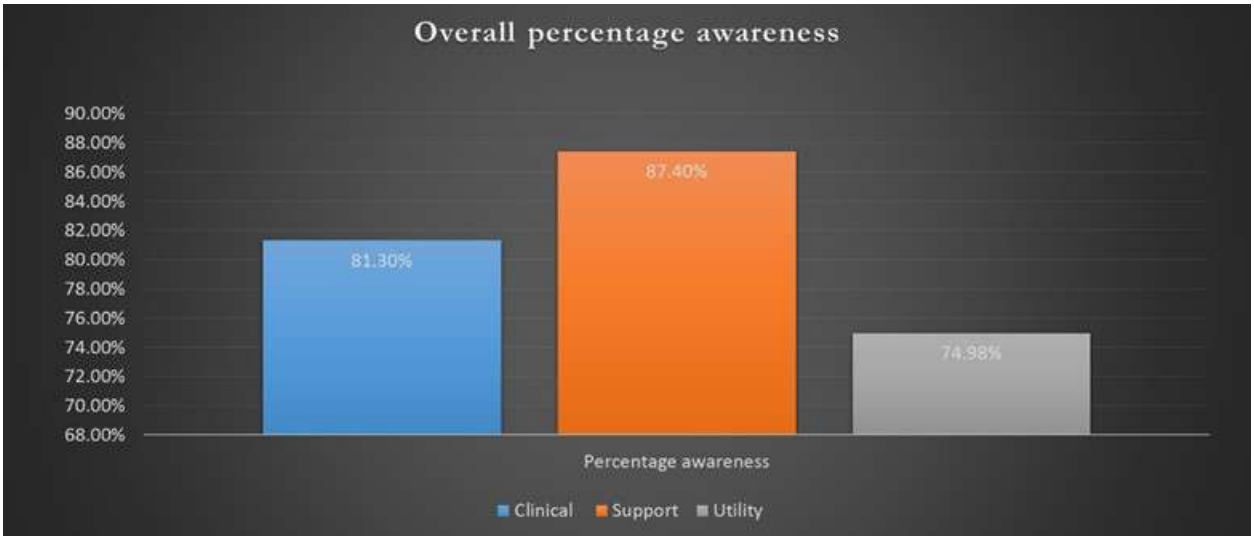

FIGURE 2.5

Out of a total sample size of 253, the support staff of 42 in number showed the maximum percentage of awareness of 87.40% and the utility staff showing the lowest due to the majority with low literacy level.

It was observed that on an overall level, the percentage awareness was found out and reasons related to the low awareness were found out like among the Utility staff, outsourcing of the staff led to their improper training schedule and their non-responsiveness towards the training program. Special focus was required to increase the awareness level among clinical staff by making them more sensitized towards the training program.The support staff was considerably aware about the Patient rights and responsibilities with an awareness level of 87%.

Recommendations:

- Training to be provided during the induction program, at the time of joining the organization.
- Regular quarterly training sessions to be scheduled followed by objective assessment, with attendance for each training session to be entered in the employee data.
- The training to be provided on the basis of the patient care access and the employees be categorized accordingly hence the training pattern differs for each category.
- Quarterly assessment to be done and checked department wise for awareness with the HOD of each department responsible for all the staff in their department.
- Training for old employees should also be scheduled and made mandatory to attend especially involving the clinical staff.
- Special classes for utility staff considering the low literacy level among them
- A quarterly proper training schedule is designed with employing different methodology for different sections of the staff.
- Pre assessment and post training assessment could be then compared.
- The outsourced housekeeping staff now hired should now be provided special training for quality patient care.

- Sensitization of staff towards attending the training program specially the consultants and the pathologists ,lab technicians.

Limitations of the study:

- The study could be considered biased as the sample size was considered 100 percent for each section of staff even if they varied in number. But majorly clinical staff was taken in the sample size with methodology used as simple convenience sampling.
- Certain staff members filled the form taking the help of others hence a clear picture of their awareness level could not be assessed.
- The housekeeping staff earlier outsourced was not provided with proper training program as their staff being rotated every month.

Resources :

NABH Journal Patients rights and responsibilities, Chapter 4

Joint Commision International Jounal on Quality and Patient Safety-Patients' amd families' rights.

SDMH-Policy on Orientation and Induction of Staff

ANNEXURE-I

Santokba Durlabhji Memorial Hospital, Jaipur

Staff Awareness Assessment form for Patients' Rights and Responsibilities

Name: _____ Employee ID: _____

Designation: _____ Department: _____

1) Have you received any training regarding Patients' rights and responsibilities with respect to NABH?

- Yes
- No

(if yes please proceed to the questionnaire further)

2) Do you feel there is a need to display charter of Patients' rights and responsibilities in the Public area of the hospital?

- Yes
- No

3) When do you think the patient should be informed about their treatment plan, cost of treatment and medications?

- Before the treatment
- After the treatment
- No need of informing

4) As per Hospital mission, should the patient be treated considering his/her caste, creed, color, gender and socioeconomic status?

- Yes
- No

5) In case a medical practitioner subscribes medication to the patient without using a legible prescription and informs about the do's and don'ts verbally, Is it the correct practice?

- Yes
- No

6) Which of the following are the rights of the patients among the following?

Right to confidentiality of medical condition	Y/N
Right to privacy	Y/N
Right to concession for treatment especially for poor patients	Y/N
Right to refuse the treatment	Y/N
Right to information about cost of treatment	Y/N
Right to obtain free food and supplies	Y/N

7) Considering the weak medical condition of the patient the doctor decides not to inform him/her about the adverse effects of the treatment. Is it justifiable?

- Yes
- No

8) Does the patient have a right to file a complaint in case of any misbehavior or ill-treatment by the hospital staff?

- Yes
- No

9) Do patients have direct access to higher authorities to complain about any matter regarding the organization?

- Yes
- No

10) Should patients hide their Family medical history from the Doctor?

- Yes
- No

11) Does the Patient has a right to go for a second opinion incase he/she is dissatisfied by the treatment?

- Yes
- No

12) In case a patient refuses the treatment, who's responsibility is, for the consequences?

- The hospital's
- The patient's and his family
- The treating medical practitioner

13) Any patient under the effect of Alcohol or any drug abuse could be asked to leave the premises immediately.

- Yes, after counseling

- No, it would be rude to ask the patient to leave

14) Is it not the patient's responsibility to make all payments timely for medication and uninterrupted treatment?

- Nope, the patient can make payments when convenient
- Yes, the patient needs to do it timely

15) A patient can ask the doctor to provide him with fake reports and bills to be presented to get past his insurance claims?

- Yes
- No

16) Is it included in the patient's responsibilities, as per NABH guidelines that the staff is entitled to polite and respectful behavior by the patients?

- Yes
- No

ANNEXURE-II

संतोकबा दुर्लभजी मेमोरियकल हॉस्पिटल, जयपुर

मरीजों के अधिकारों और जिम्मेदारियों के लिए स्टाफ जागरूकता मूल्यांकन फार्म

कर्मचारी का नामः कर्मचारी संख्याः

विभागः

1. क्या आप अस्पताल के सार्वजनिक क्षेत्र में मरीजों के अधिकारों और जिम्मेदारियों के चार्टर प्रदर्शित करने की जरूरत लगती है

☐ हाँ ☐ नहीं

2. तुम्हें क्या लगता है जब रोगी उसी के लिए आवश्यक उनके उपचारे योजना, दवाएं और वित के बारे में सूचित किया जाना चाहिए?

☐ इलाज से पहले ☐ उपचार के बाद सूचित करने की ☐ कोई जरूरत नहीं है

3. NABH दिशानिर्देशों के अनुसार, मरीज के इलाज के लिए उसका/उसकी जाति, धर्म, रंग, लिंग और सामाजिक–आर्थिक स्थिति पर विचार किया जाना चाहिए?

☐ हाँ ☐ नहीं

4. यह सही बात है, जडना एक चिकित्सक एक सुपाठ्य पर्चे का उपयोग किए बिना, रोगी को दवा हस्ताक्षर और मौखिक रूप से देखभाल के बारे में बताते हैं?

☐ हाँ ☐ नहीं

5. इनमें से कौनसा निम्नलिखित में रोगियों के अधिकार हैं?

☐ सही चिकित्सा हालत की गोपनीयता के लिए गोपनीयता का अधिकार

☐ राइट विशेष रूप से गरीब मरीजों के लिए इलाज के लिए रियायत के लिए उपचार

☐ मना करने का अधिकार

☐ सही उपचार की लागत के बारे में जानकारी के लिए

☐ सही मुफ्त खाद्य एवं आपूर्ति प्राप्त करने के लिए

6. रोगी के कमजोर चिकित्सा हालत को देखते हुए डॉक्टर ने उपचार के प्रतिकूल प्रभावों के बारे में उसे सूचित नहीं करने का फैसला न्यायोचित है?

☐ हाँ ☐ नहीं

7. रोगी को अस्पताल के कर्मचारियों द्वारा किसी भी दुर्व्यवहार या दुर्व्यवहार के मामले में एक शिकायत दर्ज करने का अधिकार है?

☐ हाँ ☐ नहीं

8. रोगियों के संगठन के बारे में किसी भी मामले के बारे में शिकायत करने के लिए उच्च अधिकारियों तक सीधी पहुंच है?

☐ हाँ ☐ नहीं

9. रोगियों को चिकित्सक से उनके परिवार का मेडिकल इतिहास छिपाना चाहिए?

☐ हाँ ☐ नहीं

10. क्या इलाज से असंतुष्ठ रोगी दूसरे की राय के लिए जा सकता है?

☐ हाँ ☐ नहीं

11. मरीज द्वारा उपचार को लेने से मना करने के मामले में उसके परिणाम के लिए मरीज जिम्मेदार है?

☐ हाँ ☐ नहीं

12. शराब या किसी भी मादक पदार्थों के सेवन के प्रभाव के तहत किसी भी मरीज को तुरंत परिसर छोडने के लिए कहा जा सकता है।

☐ हाँ ☐ नहीं, इसे छोडना रोगी के लिए कठोर होगा

13. यह दवा और निर्बाध उपचारे के लिए सभी भुगतान समय पर करने के लिए मरीज की जिम्मेदारी नहीं है

☐ जब सुविधाजनक, रोगी भुगतान कर सकते हैं

☐ हाँ मरीज समय पर यह करने की जरूरत है

14. एक मरीज को उसकी पिछले बीमा दावों को प्रस्तूत करने के लिए फर्जी रिपार्ट और बिल के साथ उसे प्रदान करने के लिए डॉक्टर से पूछ सकते हैं

☐ हाँ ☐ नहीं

15. स्टाफ रोगियों द्वारा विनम्र और सम्मानजनक स्ववहार करने का हकदार है कि NABH दिशा निर्देशों के अनुसार, यह मरीज की जिम्मेदारियों में शामिल हैं

☐ हाँ ☐ नहीं

ANNEXURE-III

List Of Figures:

List of Abbreviations:

NABH: National Accreditation Board for Hospitals & Healthcare Providers

SDMH: Santokba Durlabhji Memorial Hospital

JCI : Joint Commission International