

Feedback Collection of Setu - A Rapid Referral Redressal System

Project-

Feedback Collection of Setu

History & Description of Organization

Maharana Bhupal Government Hospital (MB Hospital), Udaipur, established in 1887, is one of Rajasthan's oldest and most prominent government-run healthcare institutions. Initially known as Willingdon Hospital, it was renamed post-independence and has since expanded its services significantly. In 1961, it affiliated with RNT Medical College, becoming a key center for both healthcare delivery and medical education in the region.

Vision - To excel in all spheres of health services with an aim to serve humanity
Mission - Scientific medical approach for serving the Humanity by quality care to everyone

SWOT Analysis of Organization

Strengths

- Oldest government hospital in Rajasthan (est. 1887) with strong public trust.
- Affiliated with RNT Medical College for clinical training.
- Affordable, multispecialty care for rural and urban populations.
- Experienced staff with high patient-handling capacity.

Weaknesses

- Overcrowding and long waiting times.
- Outdated infrastructure in some departments.
- Limited use of digital systems.
- Staffing shortages in critical areas during peak hours.

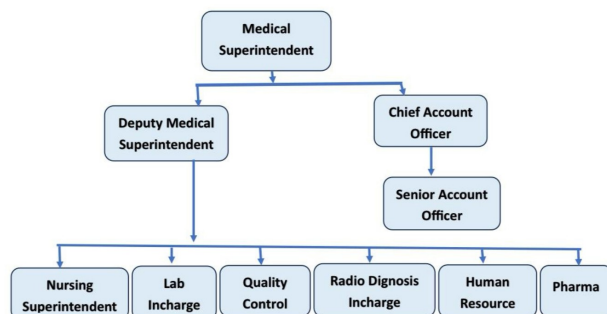
Opportunities

- Upgrade infrastructure via PM-ABHIM and CSR funding.
- Expand digital tools for better patient flow.
- Add advanced diagnostic and specialty services.
- Partner with NGOs for public health programs.

Threats

- Patient load may exceed current capacity.
- Risk of infections and service delays due to overcrowding.
- Increasing competition from private hospitals.
- Dependency on delayed government funds and approvals.

Organization Structure-



Introduction:

SETU (Rapid Referral Redressal System) is an innovative digital solution initiated by RNT Medical College, Udaipur, to improve emergency patient referrals. It allows healthcare providers at peripheral hospitals to refer critical patients by scanning a QR code, instantly transmitting essential patient details to the RNT emergency team. An alert system, including a siren and real-time notifications, ensures the team is prepared before the patient arrives. This process enables faster admission and quicker initiation of treatment. By reducing delays, SETU significantly enhances the quality and speed of emergency care services.

Objectives:

- To create a streamlined and prompt digital referral pathway for emergency patients.
- To reduce admission delays and ensure immediate medical care upon arrival.
- To facilitate real-time data sharing and communication between referring units and RNT.
- To ensure pre-arrival preparation by informing staff and contacting patient relatives.
- To enhance the responsiveness and coordination of emergency healthcare systems.
- To improve patient outcomes through swift, technology-based intervention.

Methodology

Type of Study: Descriptive Cross-Sectional Study (Quantitative)

Total Respondents: Feedback was gathered from 250 individuals who had interacted with or were part of the SETU referral process.

Who Participated:

Healthcare providers from referring hospitals, Emergency staff, Relatives of Patients, Support and administrative staff involved in the process

Method of Sampling: Data was collected using a convenient sampling approach through questionnaires and face-to-face interactions.

Suggestions for Improvement in the SETU System:

Create a mobile app version of SETU for easier and faster referrals on the go.

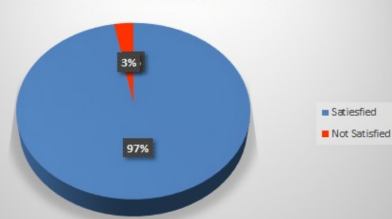
Include real-time tracking of referred patients for better coordination and transparency.

Conduct regular training sessions for staff at referring hospitals to ensure consistent use of the system.

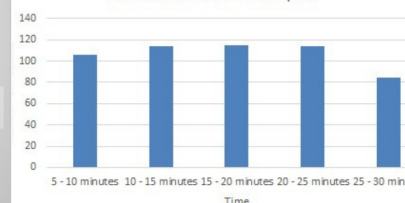
Integrate feedback forms within the system to capture live responses from patient relatives and staff.

Findings

PERCENTAGE FEEDBACK OF PATIENTS



Turn Around Time of Referred Emergency Patients Admitted in Hospital



Suggestions

- Each department has a designated responsible authority (team lead/supervisor)
- Roles and responsibilities are clearly documented and assigned to every staff member
- Regular monitoring and evaluation ensures that staff are performing only the tasks related to their job profile
- This system would enhance efficiency, reduce workload imbalance, and ensure fair and professional working conditions for all

Theoretical Exposure vs Practical Exposure

Learned how hospitals are structured and managed.	Worked on Single Window System, improving patient flow and service delivery.
Studied government health schemes like MAA Yojana and referral systems.	Worked on Single Window System, improving patient flow and service delivery.
Learned how to plan for IT support and hospital risks.	Created IT maintenance plans, contingency protocols, and risk management framework.
Understood how to streamline hospital operations.	Introduced Queue Management System and improved patient registration using practical tools.
Studied leadership, interdepartmental coordination, and communication.	Coordinated between admin, IT, and clinical departments to complete projects.
Learned about NABH guidelines, documentation, and audits.	Prepared NABH documents, worked on quality indicators, and participated in audit preparation.

Major learnings

- Linking Theory to Practice:
 - I practically applied Organisational Behaviour, Human Resource Management, and National Health Programs in real scenarios such as single window systems, MAA Yojana, Setu referrals, etc.
- Policy & System Development:
 - Drafted IT maintenance plans, contingency plans, risk management frameworks, and service standards aligned with NABH.
- Improving Hospital Efficiency:
 - Introduced practical tools like laser printers, Queue Management Systems, and streamlined patient registration processes.
- Interdepartmental Coordination:
 - Applied communication and leadership skills to manage interactions between admin, IT, and clinical staff for project execution.
- First-hand Exposure to Accreditation Standards:
 - Worked on NABH documentation, understanding quality standards, data accuracy, and hospital audit requirements.

Challenges Faced

Resistance to Change:

Staff were hesitant to adopt new responsibilities (e.g., Setu, QMS, Single Window) due to a lack of confidence and understanding.

Narrow Role Perception:

Many staff members believed they were responsible only for specific schemes, which led to resistance in cross-functional tasks.

Operational Delays:

Queue Management System (QMS) implementation was delayed due to unforeseen technical and operational hurdles.

Inconsistent Practices:

Lack of standardized IT maintenance, absence of a formal IT contingency plan, and non-uniform service standards across departments.

NABH Compliance Gaps:

Initially, some operational areas lacked full adherence to NABH 6th Edition, especially in documentation, risk management, and sustainability efforts.

