Summer Training at
Care Hospitals Hitech City, Hyderabad
(April 3 to June 2, 2017)

Recording the Turn Around Time of Various Departments in Care Hospitals, Hitech City

By
Alisha Mukhia

Under the guidance of
Dr. Goutam Sadhu

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The IIHMR University, Jaipur
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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that **Ms. Alisha Mukhia** has undergone summer training in **Care Hospitals, Hi-tech City Hyderabad** from **3rd April to 2nd June 2017**.

The candidate herself completed the project assign to her during summer training. Her approach to the project was sincere and proactive. This summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Hospital and Health Management.

I wish her success in all her future endeavors.

Col. (Dr.) Ashok Kaushik
Dean (Academic & Student Affair)
The IIHMR University, Jaipur

Dr. Goutam Sadhu
Professor
The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141- 3924700, 2791431- 32, Fax: 0141 3924738, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

Quality CARE India Limited

CARE HOSPITALS
HI-TECH CITY

CERTIFICATE OF INTERNSHIP COMPLETION

This is to certify that Ms. Alisha Mukhia has successfully completed her 2 months mandatory summer internship from CARE Hospitals, Hitech City starting from 3rd April, 2017 till 2nd June, 2017 under the guidance of Dr. Pavan Kumar Kulkarni.

We wish her luck for her bright future.

for Quality Care India Limited

Mr. K. Raja Rajeswara Rao
Asst. General Manager - HR

CARE HOSPITALS HI-TECH CITY HYDERABAD

CARE Hospitals: Old Mumbai Highway, Near Cyberabad Police Commissionerate, Hyderabad - 500032.
Ph: +91-40-33623500 - 3999 For Appointments, call: 1800 108 3999
E: feedbackhitech@carehospitals.com, www.carehospitals.com/hitechcity
CIN No - U85110AP1992PLC014728

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I am grateful to Ms. Sumaya Khan, human resource, Care Hospitals, who took keen interest in my project work and for being helpful, supportive and receptive.

I am also indebted to my guide, Dr. Pavan Kulkarni, Medical Superintendent, Care Hospitals, who not only guided me all along but also provided all required resources and information without which completion of the project would not have been possible. His dynamic thinking and profound knowledge assisted me greatly in achieving my objectives.

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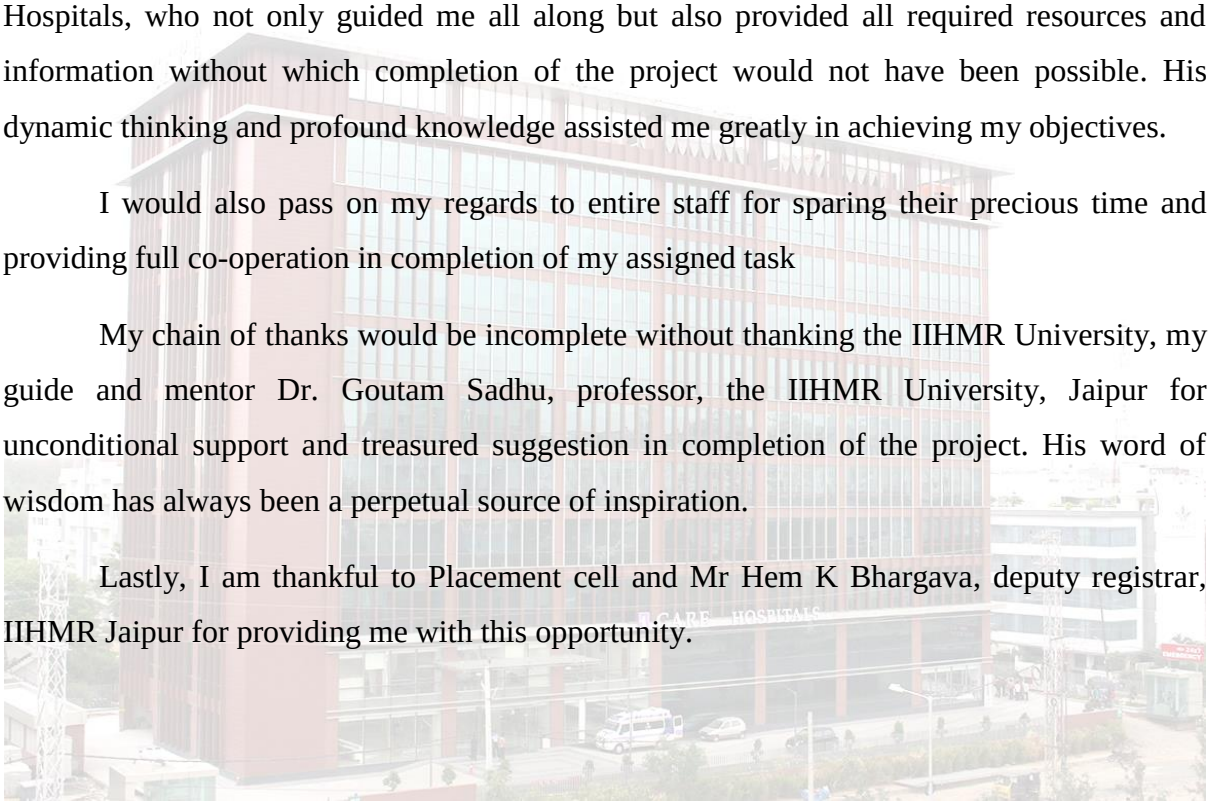
My chain of thanks would be incomplete without thanking the IIHMR University, my guide and mentor Dr. Goutam Sadhu, professor, the IIHMR University, Jaipur for unconditional support and treasured suggestion in completion of the project. His word of wisdom has always been a perpetual source of inspiration.

Lastly, I am thankful to Placement cell and Mr Hem K Bhargava, deputy registrar, IIHMR Jaipur for providing me with this opportunity.



CONTENTS

ABBREVIATION

BD- Business Development

BLS- Basic Life Support

C.S.S.D- Central Sterile Supply Department

CARE- Cardiac Advance Research Education

CEO- Chief Executive Officer

EBIDTA- Earnings before Interest Tax Depreciation, Amortization

EEG- Electroencephalogram

EMG- Electromyography

ER- Emergency

FCOO- Facility Chief Operating Officer

Fig- Figure

GOT & CTOT-

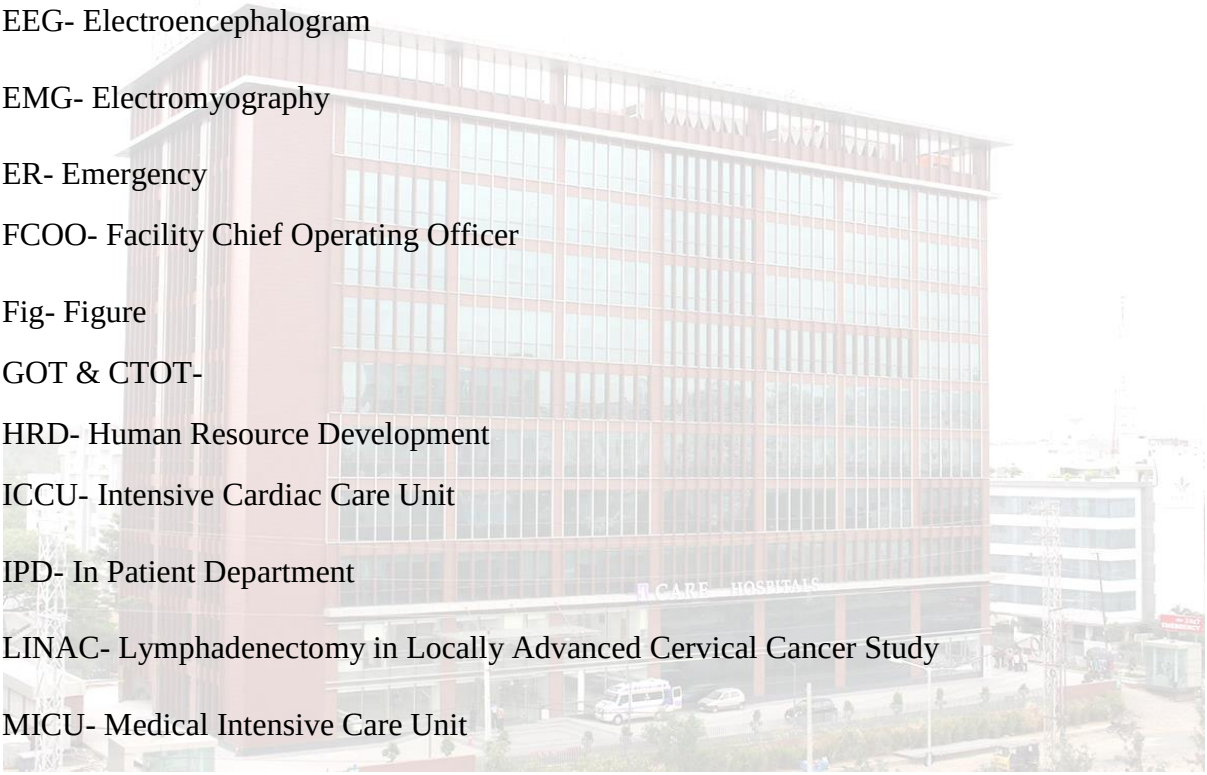
HRD- Human Resource Development

ICCU- Intensive Cardiac Care Unit

IPD- In Patient Department

LINAC- Lymphadenectomy in Locally Advanced Cervical Cancer Study

MICU- Medical Intensive Care Unit



MRD- Medical Record Department

MSICU- Medical Step Down Intensive Care Unit

NI Labs-

NICU- Neuro Intensive Care Unit

NSICU- Neurosurgical Intensive Care Unit

OPD- Out Patient Department

OPD- Out Patient Department

PAC- Post Anaesthesia Care

PET CT- Positron Emission Tomography/ Computed Tomography

PRE- Public Relation Executive

PWO-

SICU- Surgical Intensive Care Unit

SSICU- Surgical Step Down Intensive Care Unit

TAT- Turn Around Time

OBSERVATIONAL LEARNING

Introduction

CARE (Cardiac Advance Research Education) Hospitals located in Hitech City (A unit of CARE Hospitals group) is a multi-speciality hospital in Hyderabad. This profound world class healthcare group is the result of great vision of Dr Bhupathiraju Somaraju, Chairman and Managing Director of CARE Hospitals Group.

The hospital is 240 bedded which is strategically located in Hyderabad's silicon hub and is one of the most modern facilities in the region. It is the new branch added to the Care family on March 2015. It offers personalized care to the software population in a 3,10,000 sq.ft. area with 13 floors. It has 7 state-of-the-art Operation Theatres, cutting-edge Emergency Rooms and 120 Critical Care beds. CARE Hospitals, Hi-tech City, offers a single point of medical contact, excellent patient care and enhanced patient experience at an exceptional facility providing health, comfort, and convenience in an international ambience. Mr Rajeev Chauraya is FCOO and Dr Rajeev V Menon is the Medical Director of CARE Hi-tech City, Hyderabad.

Organization Profile:

Purpose:

To provide care that people trust.

Vision:

To be a trusted, people-centric and an integrated healthcare system as a model for global health.

Mission:

20:20:90 – In order to be a sustainable model, it is necessary to ensure 20% revenue growth, 20% EBIDTA and a 90% Net Promoter score for patient satisfaction**.**

Values:

Honesty and Integrity- The practice of honesty fortifies character. Integrity means doing right at all times and willingness to live by the standards and beliefs of the organization.

Teamwork- A collaborative work ecosystem, where the collective efficiencies are harnesses for delivering the best possible care.

Empathy and Compassion- The ability to understand the feelings of patients as well as employees, so that the services delivered are humane and in a supportive work environment.

Education- Continuous learning for the creation of a sustainable healthcare system, where employees and the organization can grow together

Citizenship- Good governance and appropriate working relationship with all stakeholders, based on compliance to laws and ethical practices.

Equity- Mutual trust based on fair and impartial consideration of all professional matters so that it fosters positive contribution towards the institutional purpose.

Dignity and Respect- Treat all with utmost regard and esteem so that it enhances respect and, in turn, a sense of belonging.

Services Available

- Anaesthesiology
- Cardiology- Adult
- Cardiology- Paediatrics
- Cardiothoracic Surgery- Adult
- Cardiothoracic Surgery- Paediatrics
- Critical Care
- Dental
- Dermatology

- Endocrinology
- ENT
- Gastroenterology- Medical & Surgical
- General Surgery
- Internal Medicine
- Neonatology & Paediatrics
- Nephrology
- Neurology
- Neuro surgery
- Nuclear Medicine
- Obstetrics & Gynaecology
- Oncology- Haematology
- Oncology- Medical
- Oncology- Surgical
- Ophthalmology
- Orthopaedics & Joint Replacement
- Plastics & Reconstructive Surgery

Hospital comprises of 13 floors

Level- 0

- Main Lobby
- Billing & admission
- Emergency
- OP Pharmacy
- Security Office

Level- 1

- OPD 1
- OPD 2
- Radiology
- EMG
- EEG
- Psychiatry
- Pulmonology
- Rheumatology
- Vascular & Endovascular Surgery

24 Hours Services

- Ambulance
- Blood Bank
- Emergency
- Laboratory
- Pharmacy
- Radiology

Specialities Services Not Available

- Burn Cases (more than 30%)
- Radiation Oncology

- Sample collection
- Cafeteria

Level- 2

- OPD 3
- OPD 4
- OPD 5
- OPD 6
- N.I Lab
- Sample Collection
- Endoscopy Suite

Level- 3

- Operating Theatre Complex
- Cardiothoracic & Vascular Surgery Units
- Pre-& Post-Operative Unit
- Counselling Room
- PAC Room

Level- 4

- Intensive Cardiac Care Unit (ICCU)
- Medical Intensive Care Unit (MICU)
- Surgical Intensive Care Unit (SICU)
- Neurosurgical Intensive Care Unit (NSICU)
- Neuro Intensive Care Unit (NICU)
- Counseling Room

Basement- 2

- Parking

Level- 5

- Cath Lab
- Post Cath Lab
- Radial Lounge
- Cath Lab waiting Lounge
- Surgical Step Down Intensive Care Unit (SSICU)
- Medical Step Down Intensive Care Unit (MSICU)
- Counseling Room

Level- 6

- IP Pharmacy
- Dialysis
- Nursing Office
- Patient Rooms
- Waiting Lounge

Level- 7

- Audiometry
- Human Resource
- Medical Superintendent's Office
- Nursing Superintendent's Office
- Patient Room

Level- 8

- Refugee Area
- Laboratory
- Blood Bank
- Wellness Lounge

Level- 9

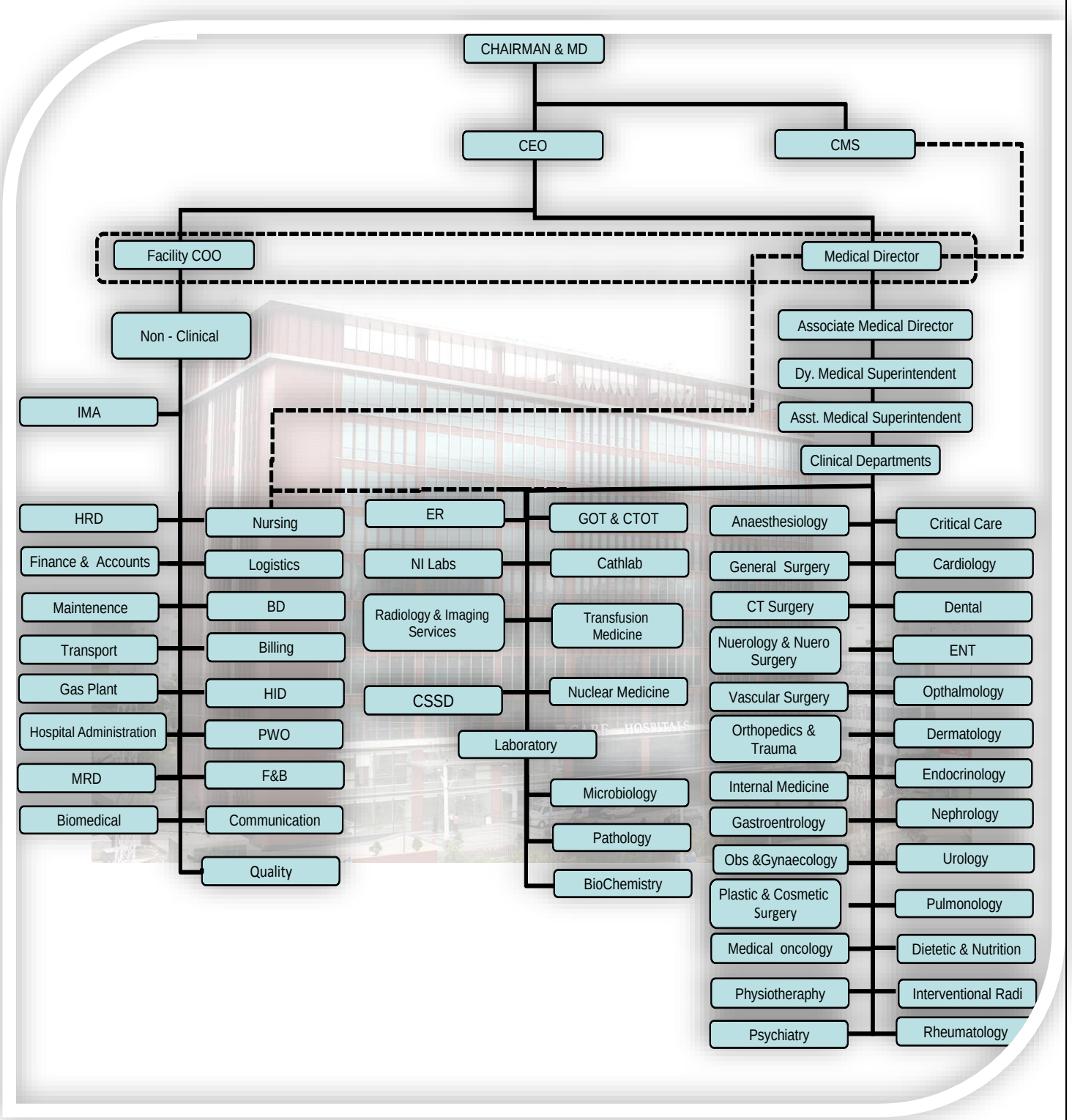
- Medical Director's Office
- FCOO Office
- Patient Rooms
- Administration

Basement-1

- C.S.S.D.
- Engineering Services

Basement- 3

- PET CT & LINAC
- Parking



Leadership Team of Care Hospitals, Hitech City Hyderabad

Departments Visited During Summer Training

Out Patient Department

There are six OPDs in the hospital. Each OPD has its own front desk where patient is greeted by Public Relation Executives (PRE). Patient's basic information is recorded in the system, consultation fees are charged, and they will be asked to wait for the respective doctor. PRE-prepares Patient's Outpatient file and hands it over to the nurses. Nurses call the patient to take their basic vitals after which they send the patient to the doctor. Once the consultation is over patient who must go through investigation or referred doctors come back to the reception where further billing of investigation is done. Patient those who don't have to go through any investigation will head towards the pharmacy to buy the prescribed medicine.

Radiology Department

Patient comes with doctor's request for various tests, for example Ultra sound, X-rays, MRIs, CT Scan, etc. PRE-greets the patient and bills respectively. Technicians are handed with patient's file by PRE. After which patient are called one by one by the technicians for the requested test.

Wellness Lounge

Patient who wants to go through preventive health check-up arrives at the reception, pays the bill. Once the formalities are done, PRE-takes the patient to sample collection room after completing the test, they are sent to the X- Ray Room. Once it is done patient is advised to take water and once the bladder of the patient is full. They are directed towards the Ultra Sound Room. After Ultra Sound patients are provided with Break Fast. After which they will do TMT, ECG and after 3 hours of eating breakfast, Post food blood sample is also given. Once the reports of all the tests are ready patient will be sent to consult a doctor. After which their package is completed successfully.

Emergency Department

There are 14 beds in Emergency where in 2 beds are in triage zone, 2 beds are isolated, 2 beds in red zone, 4 beds in yellow zone and 4 beds in green zone. Patient is directed towards the ER room to be seen by the physician as soon as they arrive. Unlike other OPDs, here billing is done after the services is provided to the patient since it is emergency cases. Small Operation Theatre is also present in ER so that minor surgeries can be performed in ER itself.

Study on Turn Around Time of Out Patient Department at Care Hospitals, Hitech City

Introduction:

In today's world, with the advent of corporate hospitals in the industry, the competition for every hospital to sustain itself has increased manifold. Information about the procedures involved during the clinical encounter, and the expected time taken for that procedure should be given to the healthcare users, which makes them more satisfied even if there is a longer waiting time. The main objective of a time and motion study is to determine reliable time standards for the efficient management of operations. By establishing the reliable and accurate time standards, hospitals can better define their capacity or output and increase the efficiency of equipment and obtain optimum utilization of the workforce. The result from Turnaround Time Study of Care Hospitals, Hitech City were very revealing and all sort of reasons for the delays got us thinking. Standard time is the time allowed to an operator/ employee to carry out the specified task underspecified conditions and defined level of performance or amount of time required to complete a unit of work. It's also known as Turn Around Time (TAT)

Research Question:

What is the average time spent by patient for outpatient visit in Care Hospital, Hitech City?

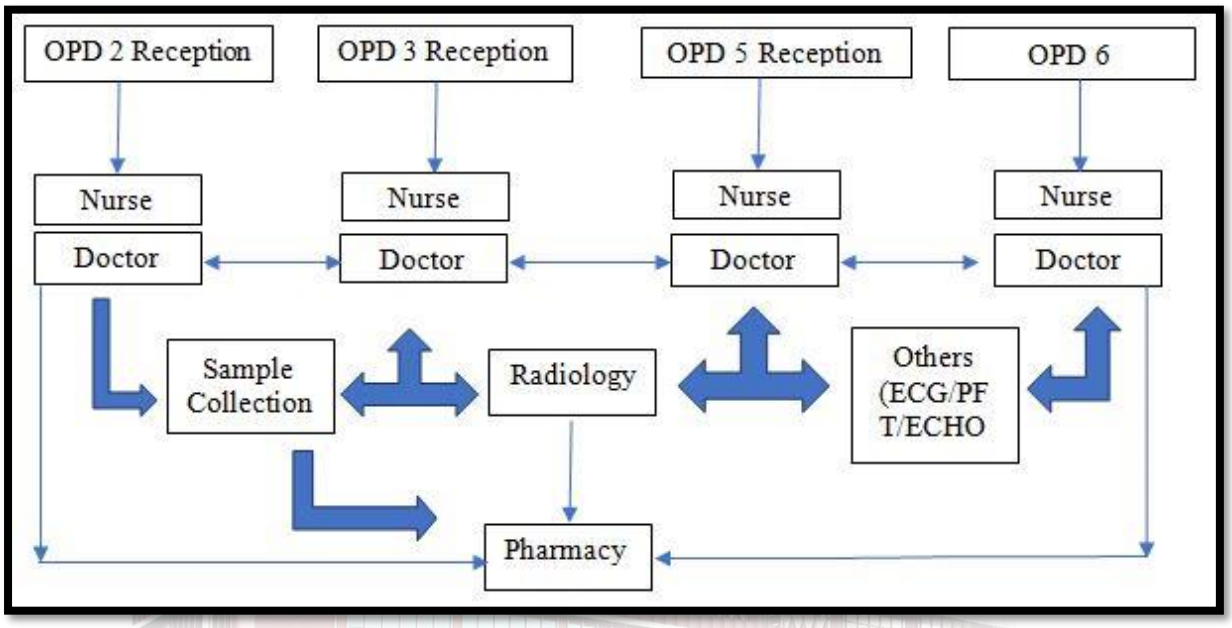
Research Objectives:

- To identify the average time spent by the patient in OPDs, investigation and pharmacy. If waiting time is high, then identify the factors those are responsible for high waiting time.
- To recommend appropriate suggestion to make the patient flow more efficient.

Review of Literature:

- Vigneshwaran S. et al, 2014 in their study "A study on Turn Around Time of Outpatient Billing Services at Super Speciality Hospital/ Ayanabakkam- Chennai" stated billing process and various reasons for delays which contributed on patient dissatisfactions.
- Varun Virmani, Dr Anupam Kumar Bansal, Dr. DP Pandit, Deepak S. Howale et al, 2014, in their research paper "Waiting Time Analysis of Out Patient Department at Gmers Medical College Hospital Valsad," stated that inspite of infrastructural constraints the waiting time can be reduced to the large extent thereby increasing the patient satisfaction.

Patient Flow Chart In OPD



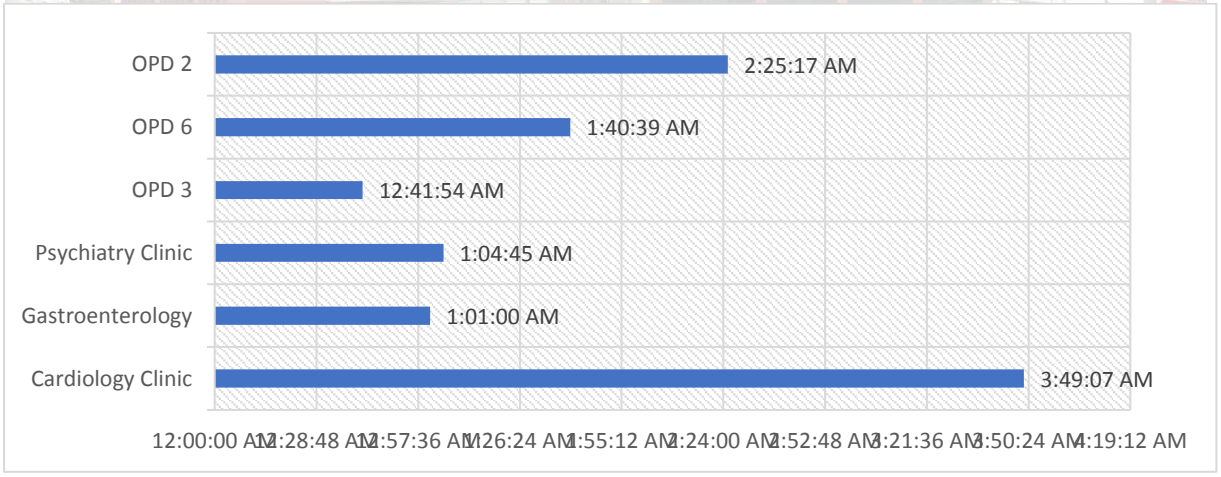
Method of Study: Descriptive Cross Sectional

Method Data Collection: Primary direct observation from April 15, 2017 to April 27, 2017

Sample Size: 30 patients for each OPD

Limitation: The Study was conducted over a period of 2 weeks thus the time was a limiting factor.

Fig.1: Turn Around Time of OPD (Complete patient flow cycle)



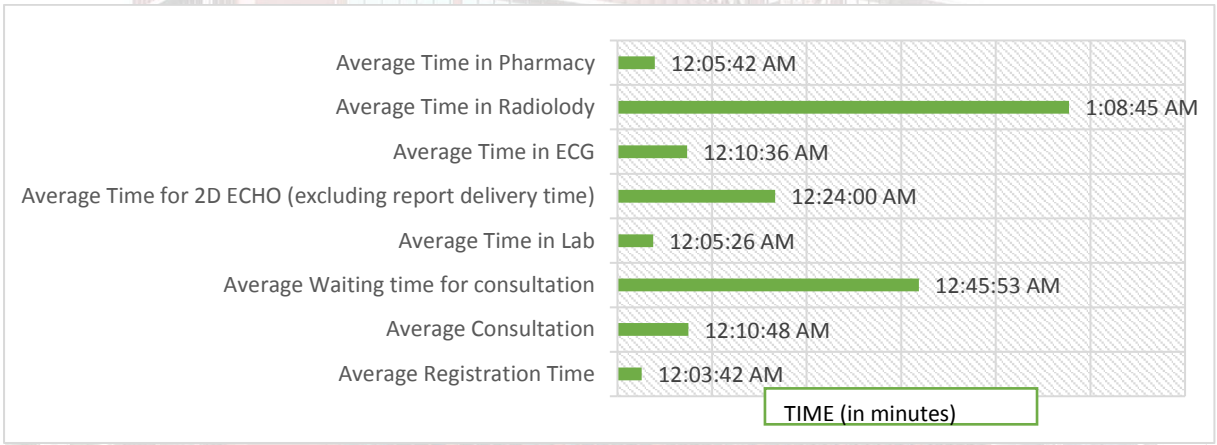
Above figure (Fig1) depict that Turn Around Time of Cardiology was the highest with an average of 3 hours 50 minutes. Most cardiology patients go through different investigations and waits for the report of the investigations, due to which the waiting time of the various

investigation process adds on in the turnaround time for Cardiology. OPD 2 consisting of Orthopaedics and gynaecology clinic was seen to have an average TAT of 2 hours 25 minutes. The lowest Turn Around Time in our list is of OPD 3, as it consists of Endocrinology, pulmonology along with ENT and psychiatry clinic where the patient inflow was normally low. Even if the patient had to go through some investigations, the patients preferred to take the reports the next day as the emergency in these departments is rare.

Time taken by patient in each OPD

NOTE: The waiting time shown in the findings does not include the report waiting time of different procedures. Waiting time here can be defined from the time of registration till the time patient was called to doctor's cabin for consultation.

Fig 2(a) Cardiology Clinic



With no surprise, we can infer from Fig 2(a) that the maximum time of the cardiology patients was consumed in radiology with an average of 1 hour 8 minutes approximately. The waiting time of the clinic was 46 minutes on an average, which is not a positive sign as the hospital is in the introduction stage of business life cycle and one of the best methods of promotion is word of mouth. Hence, working on this area is highly recommended.

Fig 2(d) OPD 3

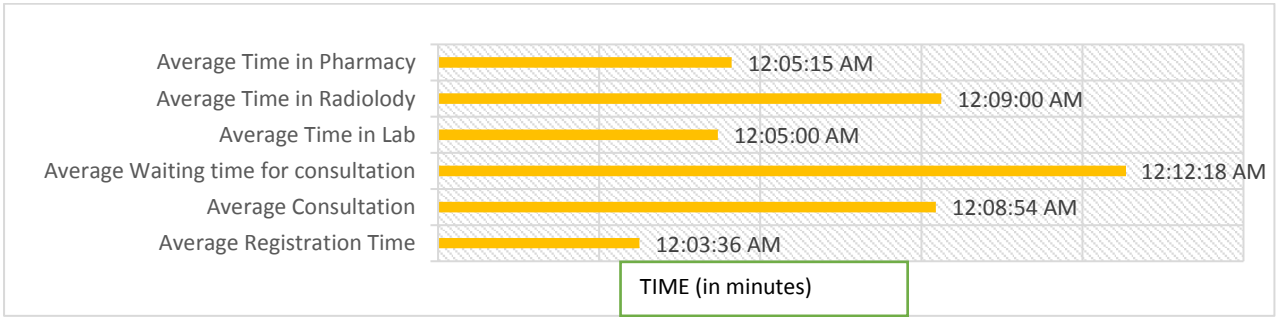


Fig 2 (d) stated clearly that an average waiting time of OPD 3 was 12 minutes. Average time taken in consultation was 8 minutes, average time taken in laboratory was 5 minutes. Average time taken in radiology was 9 minutes, and average time taken in pharmacy was 5 minutes.

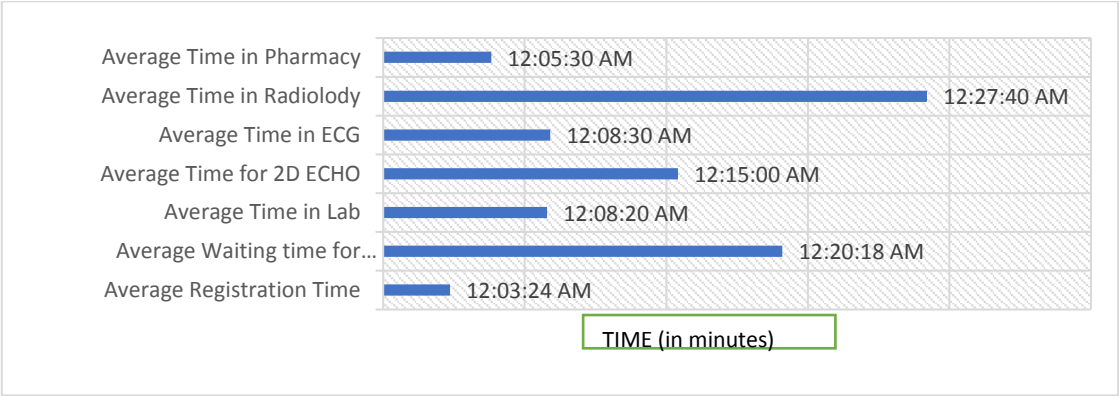


Fig 2(e) OPD 6

Above figure 2(e) depicts that waiting time was 21 minutes on an average. Radiology procedures took an average of 27 minutes. Laboratory took approximately 8 minutes of the patients' time. 2D Echo and ECG was seen to have taken an average time of 25 minutes excluding the waiting time for reports.

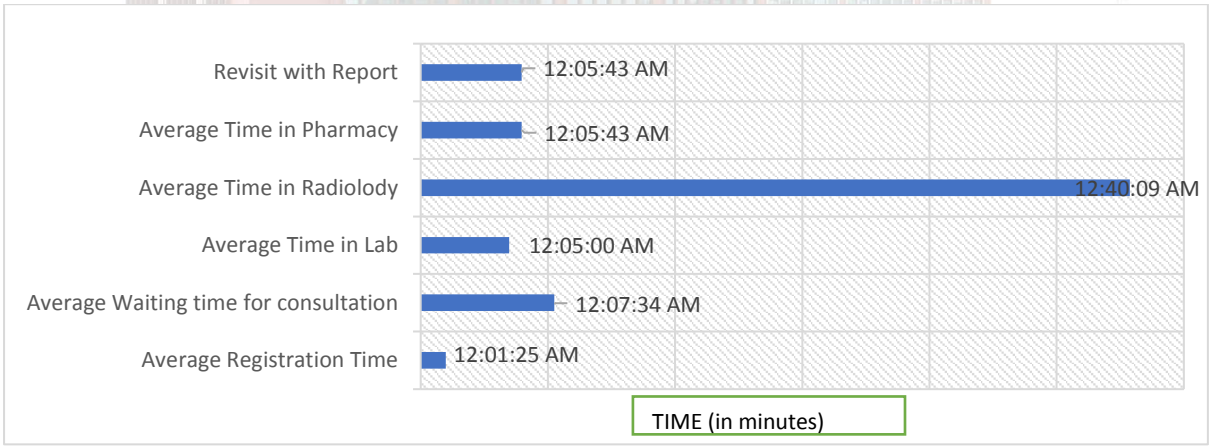
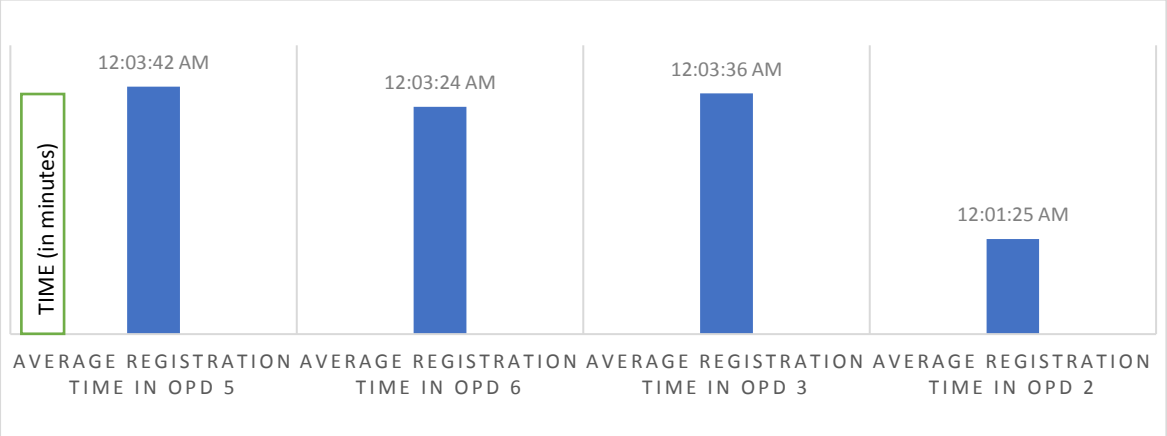


Fig 2(f) OPD 2

Above fig 2(f), revealed that an average of 40 minutes was taken in radiology department. It includes both ultrasound and x ray patients. The waiting time to visit a doctor after registration was approximately 8 minutes in OPD 2. An average time taken in sample collection room and pharmacy was approximately 6 minutes. Keeping in mind that this hospital is still in its initial stage and patient flow is less, average waiting time of 40 minutes in radiology is not a good sign. Measures should be taken to check the radiology's waiting time.

Fig 3. Time taken for registration in different OPDS



It was surprising to know that the time taken by the PREs to register the new patients varied from 2 minutes to 10 minutes. It showed OPD 3, 5, and 6 PREs' took approximately 3.5 minutes in the registration process, while PREs in OPD 2 took only 1.25 minutes. It was to be determined whether the efficiency of the PREs of the OPD 2 is higher than the other three departments or less time taken by them was a result of them missing out on some important registration steps such as exclusion of email id and proper address of the patients.

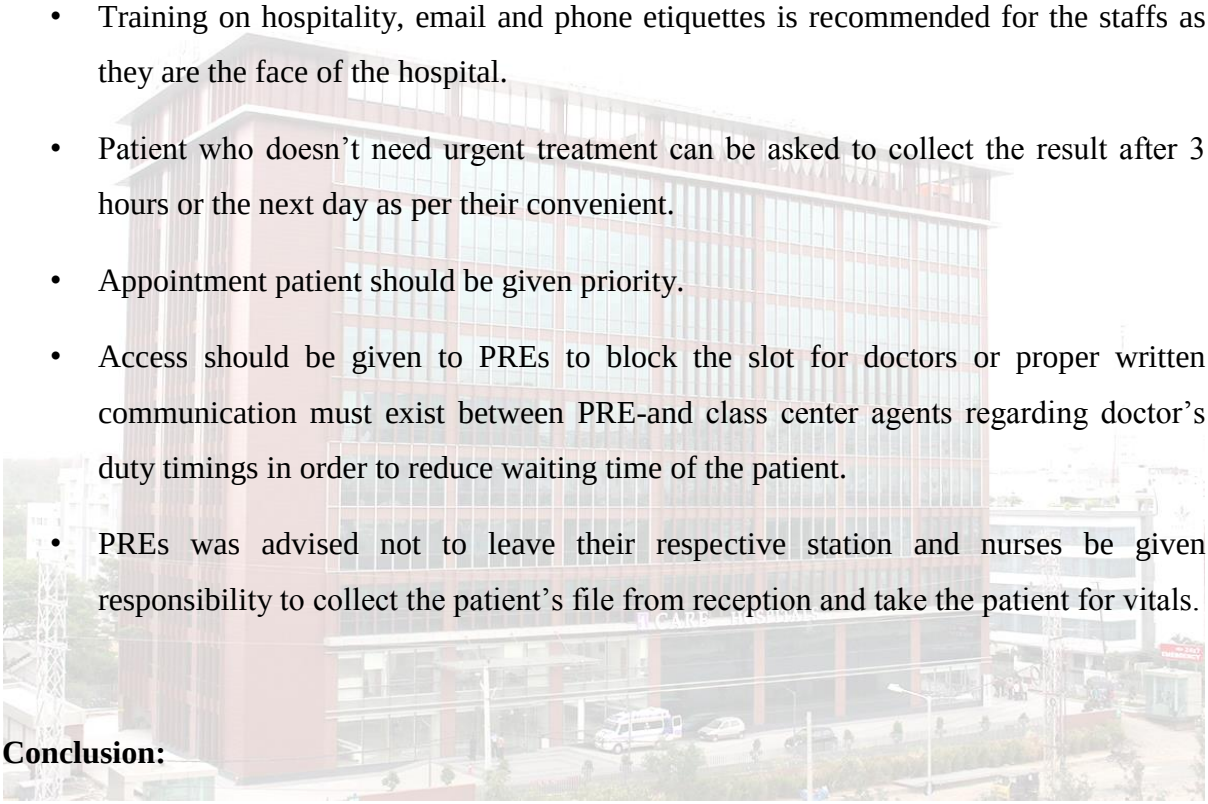
Gaps:

- Patients' basic information such as correct name, age, nationality was not recorded correctly in the system at the time of registration. It was noticed that many patients returned back to the reception to correct the misspelled name which again resulted in double work and wastage of time.
- Lack of professionalism in staff added to patient dissatisfaction.
- The maximum time wasted was while waiting for the blood test results.
- Patient wasn't provided with an alternative of collecting the report next day.
- Appointment patient were not given priority, clinic still runs on first come first serve basis adding no importance to appointment. Thereby, making call center Department less productive.
- Doctors slots were not blocked incase if he/her were absent or occupied in procedures due to which wrong information was provided to the patient.

- Frequent movement of PRE-to give patient's file to clinical staff not only looked unorganized and unprofessional but also perplexed the patient waiting in a queue.

Recommendation:

- Patients' id card can be asked while registering the patient for the first time in the OPDs to record the correct name, age, and nationality.
- Staff should smile and talk to patients and it was suggested that they should not discuss personal issues and staff should not eat and drink in the clinic. Also, the volume of their voice should be kept in check.
- Training on hospitality, email and phone etiquettes is recommended for the staffs as they are the face of the hospital.
- Patient who doesn't need urgent treatment can be asked to collect the result after 3 hours or the next day as per their convenient.
- Appointment patient should be given priority.
- Access should be given to PREs to block the slot for doctors or proper written communication must exist between PRE-and class center agents regarding doctor's duty timings in order to reduce waiting time of the patient.
- PREs was advised not to leave their respective station and nurses be given responsibility to collect the patient's file from reception and take the patient for vitals.



Conclusion:

An important indicator of the performance is the patient satisfaction which, to a large extent, depends upon the turnaround time. Patient coming to the hospital if satisfied will help in developing the good image of the hospital. In order to achieve that it is necessary that the staffs are trained and competent enough to make this healthcare unique. Patient seemed to be satisfied with the overall services of the hospital, however today's wow is tomorrow's ordinary and Care Hospital should continue to bring innovative methods to provide care that people trust.

Study on Turn Around Time in Radiology Department at Care Hospitals, Hitech City

Introduction:

The radiology department of any hospital plays a pivotal role in its functioning. As the radiology department basically works in conjunction with various other departments, its efficient working becomes imperative. Considering the anxiety of patients while visiting radiology, it becomes self-evident that the turnaround time in radiology will play a major role in determining patient satisfaction. This study aims to analyze the turnaround time of the radiology department of CARE hospitals, Hitech City and present the observed gaps and suggestions.

Research Question:

What is the TAT of various procedure in Radiology Department Care Hospitals, Hitech City?

Research Objectives:

- To find out TAT of various procedure done in radiology department Care Hospitals, Hitech City. If waiting time is high, then to identify the factors those are responsible for high waiting time.
- To recommend appropriate suggestion to make the patient flow more efficient.

Review of Literature:

- Agolah Dennis Odhiambo , Auka Joash , Luke G. Kanamu et al, 2015 in their study "The Turnaround Times for Patients Undergoing Ultrasound Examinations at the Radiology Department, Kenyatta National Hospital" stated "only 33.38% undergoing ultrasound procedure were satisfied and 65.53 were not satisfied, waiting time being the major factor for waiting time."
- Whitney L. Jackson et al, 2015 in their study "In Radiology, Turnaround Time is King" stated that in today's health care environment, radiology is being asked to be the Medical Six Million Dollar Man – the specialty is expected to be better, stronger, and faster than before. And, integral to that achievement is the quickest radiology report turnaround time possible.

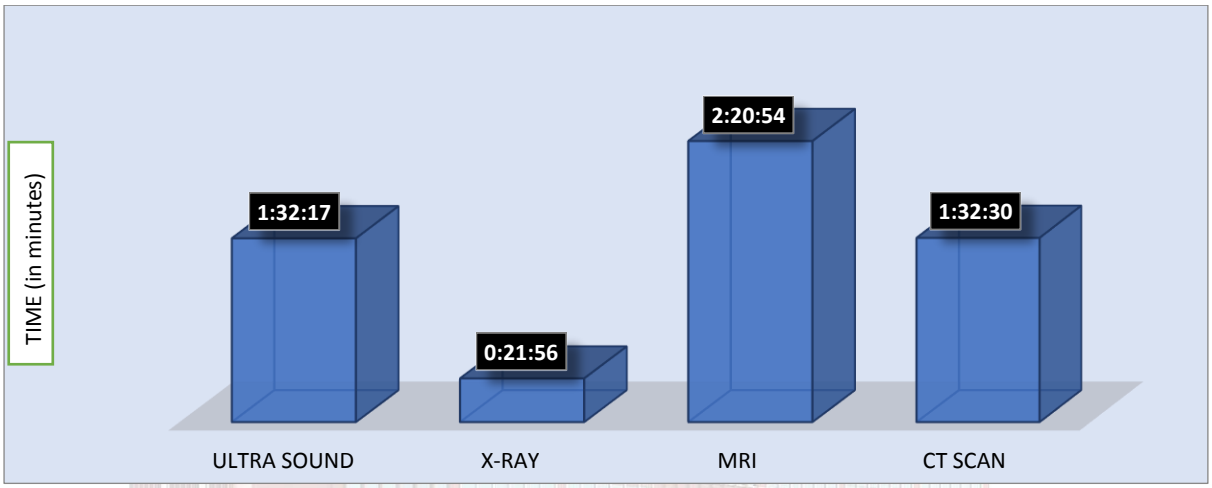
Method of Study: Descriptive Cross sectional

Method Data Collection: Primary direct observation from April 1, 2017 to May 13, 2017

Sample Size: 70 patients for Ultra Sound Study, 70 patients for X-Ray Study and 30 patients for MRI and CT Scan.

Limitation: The Study was conducted over a period of 2 weeks thus the time was a limiting factor.

Fig 1. Turn Around Time



Above fig 1, depicts that the average turnaround time of Ultra sound was 1 hour 30 minutes, X-Ray was 21 minutes, MRI was 2 hours 20 minutes and CT scan was 1 hour 32 minutes. It also includes the waiting time. It is to be noted that the increased waiting time for MRI can be attributed to the procedural factors, however the waiting time for all the four imaging techniques have room for improvement.

Fig 2. Ultra Sound time distribution

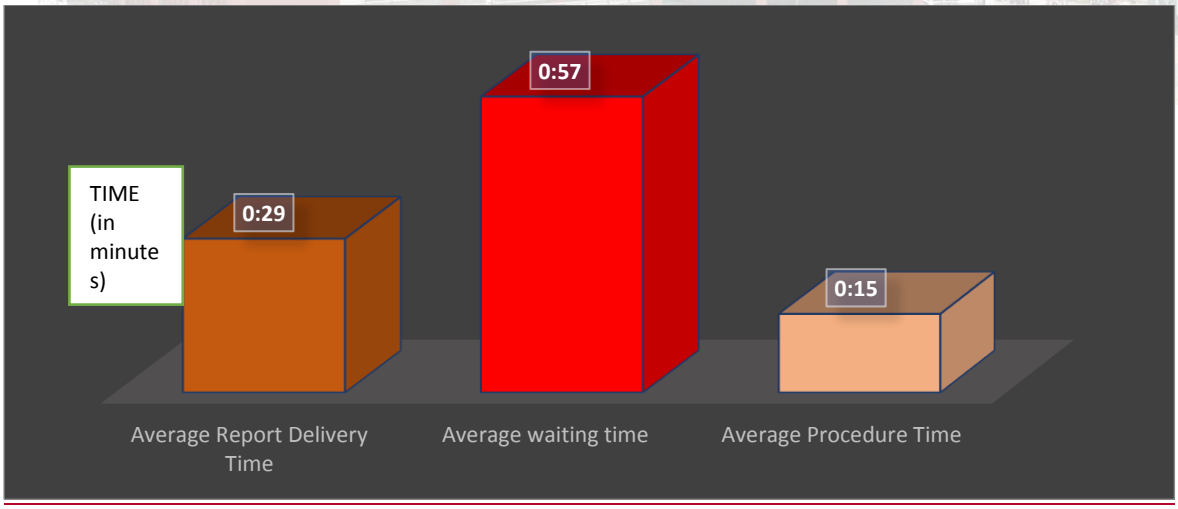
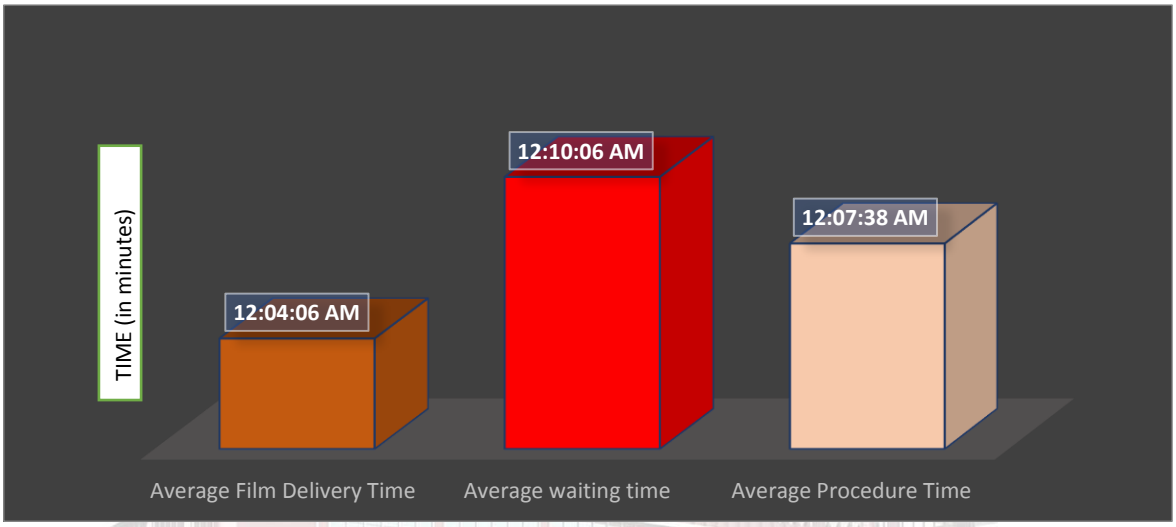


Figure.2 clearly stated that approximately 1 hour was the waiting time of the patients who

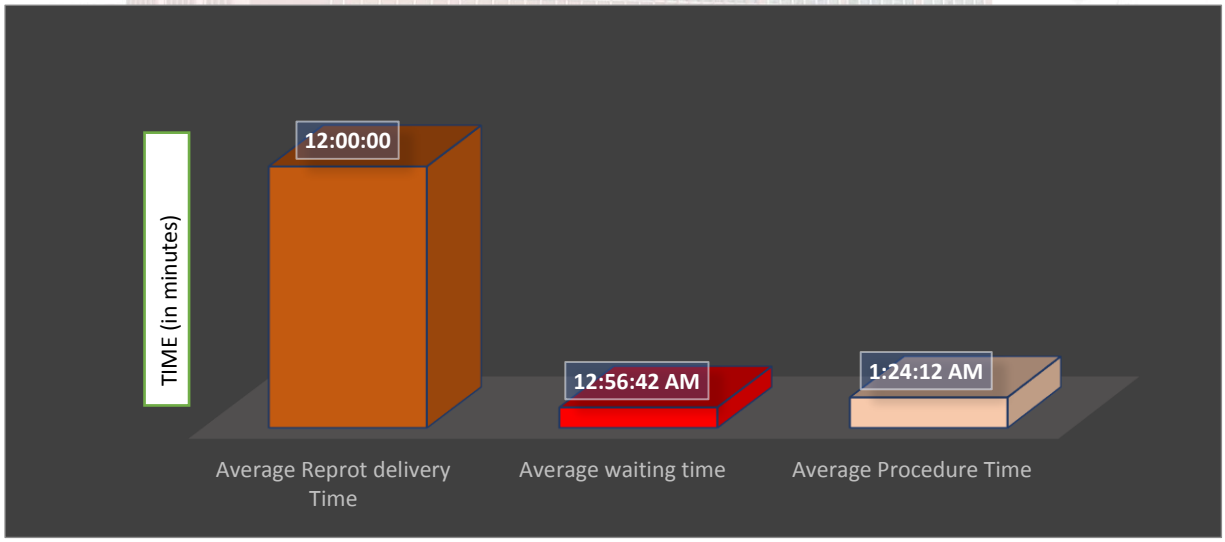
was in radiology department for Ultra Sound Examination, wherein procedural time was 15 minutes and the report of the test was given within an average of 30 minutes.

Fig 3. X-Ray Time Distribution



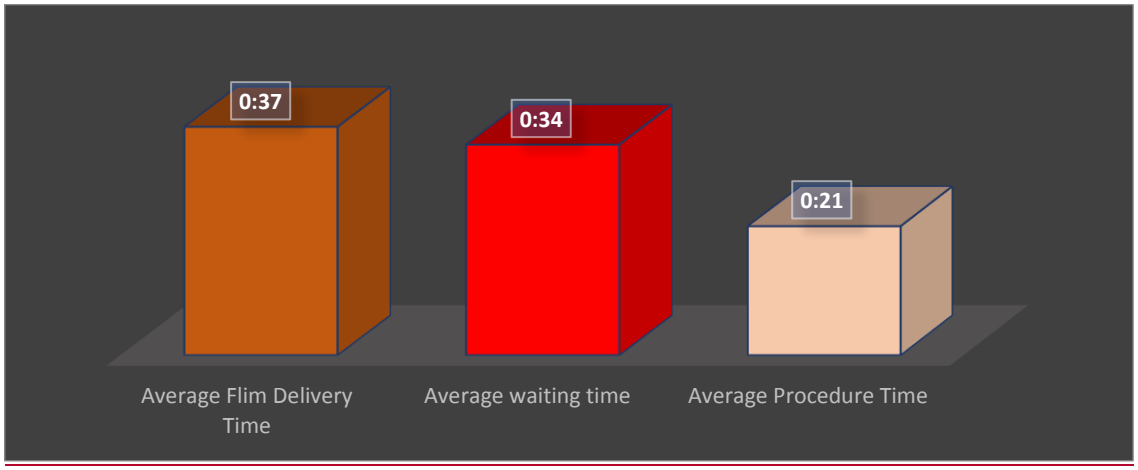
Above fig 3 revealed that an average waiting time for X-Ray was 10 minutes, average procedural time was 7 minutes and film was delivered within 4 minutes after completion of the study.

FIG 4. MRI Time Distribution



Above Fig 4 depicts that an average waiting time for MRI was 56 minutes, average procedure time was 1 hour 20 minutes, and the report was delivered within 12 hours. Measures should be taken to improve the report delivery time.

Fig 5. CT Scan Time Distribution



Above Fig 5 revealed that average waiting time for CT was 34 minutes, average procedural time was 21 minutes, and average film delivery time was 37 minutes.

Observations:

- CARE, Hitech being relatively a new branch, its daily patient inflow was low. However, the waiting time for U/S and MRI was approximately an hour.
- The frequent movement of PREs to deliver the patient's book to the respective study room, leaves the patient in queue, perplexed, thereby contributing to an increased waiting time.
- Eye contact of staff with the patient is rare.
- Proper information about the importance of filled bladder for certain Ultra Sound procedure was not conveyed which contributed to waiting time.
- Proper work coordination among the staff was not seen.
- Some nurses were unable to call out patient's name and were seen dependent on PREs which adds on to unnecessary burden to the latter, eventually contributes to waiting time.

Recommendations:

- Proper work coordination among the nurses, technicians and PREs would make the process run more smoothly.

- Instead of PREs visiting each study room carrying patient's file, it is suggested that technicians collect patient's file from reception and take the patient for respective study.

  Current Process: PR bills the patient--- takes the patient's file to study room--- technicians or nurses comes out to call the patient after completing their previous patient's study--- patient waiting in reception perplexed as reception is empty.

  Suggested Process: PR bills the patient keeps patients file aside (first come- first serve bases)- Technicians after completion of their procedure can come to the reception check patient's name and take them for respective procedure.

- PREs are recommended to have proper eye contact with the patient and provide complete information to them regarding the procedure such as having full bladder before certain ultrasound study.
- "Serving patient first" attitude may be communicated to the staff through training.
- Digital Monitor displaying the patient's number was suggested.

Conclusions:

Despite low patient flow in the branch the average waiting for Ultra Sound and MRI is more than 1 hour. Measures should be taken to lessen the waiting time and report delivery time. Patients who seemed to be dissatisfied were mainly because of their queries not answered in appropriate way and not just the long waiting time. Verbal and Non- Verbal Communication training is necessary for the staff in order to improve patient satisfaction.

Study done in Wellness Department, Care Hospitals, Hitech City

Introduction: Current lifestyle and food habits of people this days makes people vulnerable to many diseases like diabetes, hypertension, dyslipidaemia and coronary artery disease. Early detection of disease in its latent phase helps in timely therapeutic interventions, thereby significantly reducing the morbidity and mortality. Prevention is better than cure, people this days seem to have understood the importance of preventive care. Therefore, wellness checkup is on demand. This study includes the TAT of Wellness Clinic of Care Hospitals Hitech and critical analysis of observation made in the clinic.

Research Question:

- What is the TAT of Wellness Clinic?
- What might be the reason behind patient dissatisfaction?

Research Objectives:

- To find the TAT of Wellness Clinic, Care Hospitals, Hitech City.
- If waiting time is high, then to identify the factors those are responsible for high waiting time.
- To find the reason behind patient dissatisfaction
- To recommend appropriate suggestion to make the patient flow more efficient.

Review of Literature

- Nihar Bhatia et al, 2014 in their study "Process Improvement of Preventive Health Check-up" stated how they applied VSM (Value Stream Mapping) to streamline health check process at the hospital and reduced TAT by 2 hours and increased the revenue by 24.6%.
- Sehwon Kang and Jungsuk Oh, 2015 in their study "Customer Perceptions of Health Examination Service Quality: An Empirical Investigation in South Korea" stated "the equipment and physical facilities were found to be significant factor in influencing consumer satisfaction in health examination service. Another result is that responsiveness and assurance dimensions are converged as one dimension."

Method of Study: Descriptive Cross sectional

Method of Data Collection: Primary direct observation from May 15, 2017 to May 20, 2017

Sample Size: 20 patients

Limitation: The Study was conducted over a period of a week thus the time was a limiting factor.

Table 1: Shows individual patient's TAT

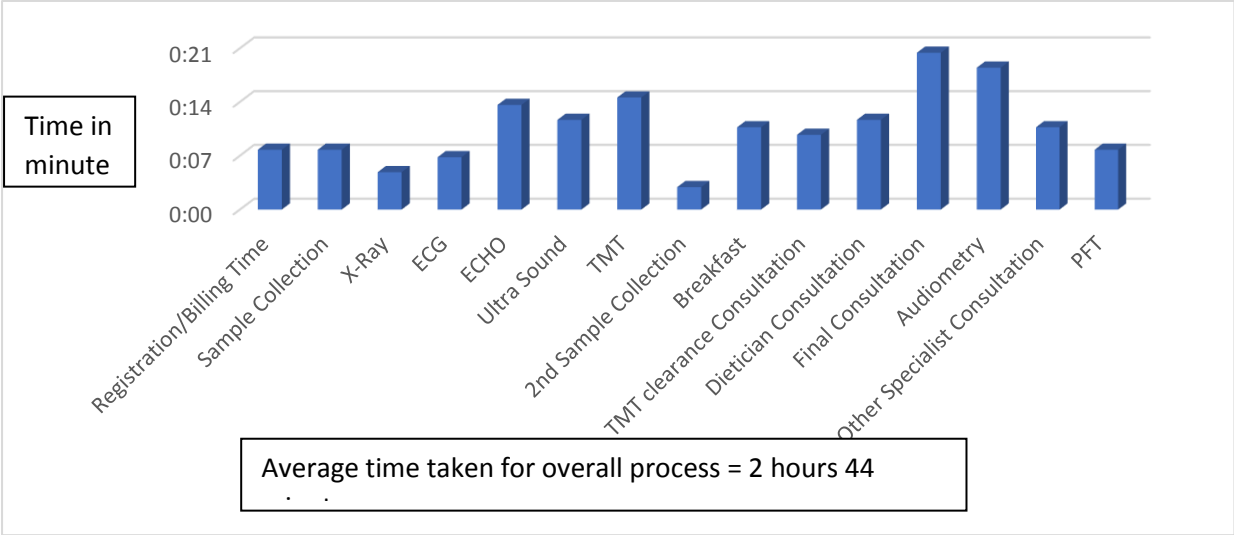
Sl No.	Patient Name	Reporting Time (A)	Exit Time (B)	TAT (B-A)
1	Patient No.1	8:15 AM	2:25 PM	06:10:00
2	Patient No.2	8:15 AM	3:30 PM	07:15:00
3	Patient No.3	8:20 AM	3:30 PM	07:10:00
4	Patient No.4	8:10 AM	3:00 PM	06:50:00
5	Patient No.5	8:15 AM	3:15 PM	07:00:00
6	Patient No.6	8:15 AM	11:35 AM	03:20:00
7	Patient No.7	8:00 AM	2:30 PM	06:30:00
8	Patient No.8	8:00 AM	2:30 PM	06:30:00
9	Patient No.9	8:22 AM	12:45 PM	04:23:00
10	Patient No.10	8:42 AM	2:14 PM	05:32:00
11	Patient No.11	9:00 AM	3:30 PM	06:30:00
12	Patient No.12	9:00 AM	3:30 PM	06:30:00
13	Patient No.13	8:45 AM	4:50 PM	08:05:00
14	Patient No.14	8:27 AM	3:03 PM	06:36:00
15	Patient No.15	8:27 AM	3:03 PM	06:36:00
16	Patient No.16	9:15 AM	3:00 PM	05:45:00
17	Patient No.17	8:45 AM	4:01 PM	07:16:00
18	Patient No.18	8:45 AM	4:01 PM	07:16:00
19	Patient No.19	8:10 AM	4:19 PM	08:09:00
20	Patient No.20	9:30 AM	3:20 PM	05:50:00

It was surprising to know that the average TAT of patient in Wellness Department was 6 hours 30 minutes.

Fig 2 clearly depicted that average time taken in giving actual service was 2 hours 44 minutes. TAT being 6 hours 30 minutes, we could infer that 3 hours 46 minutes are waste time. Waste time included the waiting time and time wasted in moving from one floor to another.

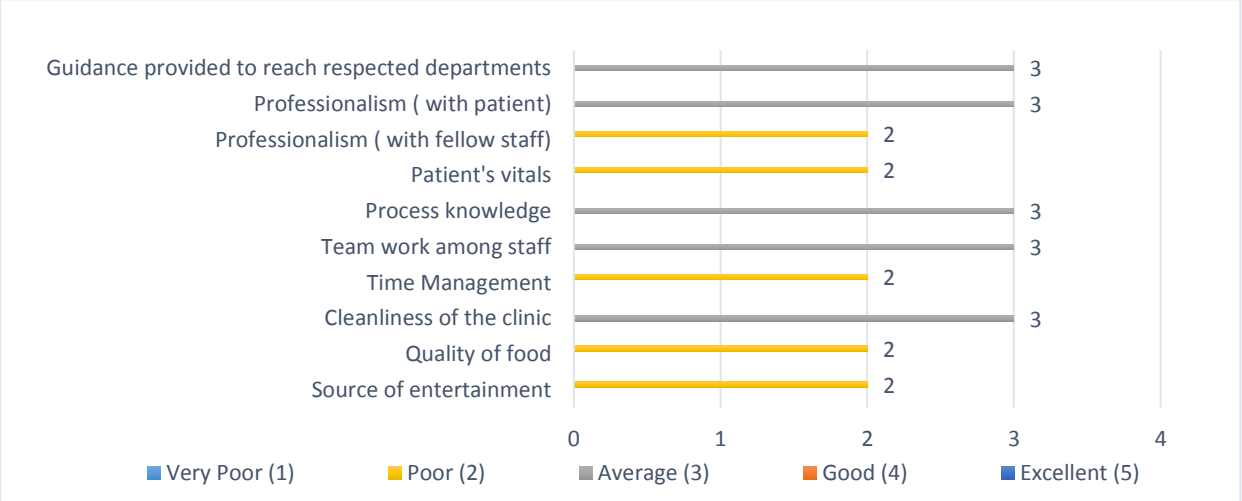
In order to have 90% patient satisfaction as the hospital mission states, it is necessary to reduce waiting time.

Fig:2 Average time taken for each Procedure in Wellness Department



In order to assist employees service quality certain rating scale was prepared where score ranges from 0 to 5, 0 being the lowest (very poor) and 5 (excellent) being the highest score. Fig 3 shows the rating where guidance provided by staff to reach investigation rooms is rated 3 out of 5, patient handled in professionalism is rated 3 out of 5, professionalism maintained with peers were rated 2 out of 5. Patient vitals were taken only when asked which is the reason it is rated 2 out of 5. Team work among staff was lacking, Time management was poor, food was unhygienic and finally source of entertainment i.e., television volume and channel should be kept in check.

Fig:3 Ratings according to observation



Observations:

- The yearning of the staff personnel was present however, lack of process knowledge, professionalism, team work among staff seems to be a barrier.
- Patients' were not informed about the process properly which created confusion in them.
- "Patient don't know anything" attitude was observed in staff.
- Patient's vitals were not checked until asked.
- Unwanted jargons were used while communicating with the patient.
- Procedure in progress sign board was hung outside the door unnecessarily.
- Proper coordination among the staff was lacking.

Recommendation:

- It was recommended that patient be briefed about the order in which they will go throw various test and departments.
- Every staff who sits in the reception should have full knowledge about the package and direct the patients accordingly, reducing the waiting time
- Nurse should be advised to take the vitals of all the patient before they proceed with various test.
- Staffs should be advised to use simple language and avoid jargons.
- Proper coordination, team work and professionalism would help the work to flow in effective and efficient way, thereby reducing waiting time of the patient.
- A register or slips should be handed over to patient to record the time patient takes their breakfast, it will be easier to take post breakfast examinations.

Conclusion: Wellness Centre in Care Hospitals, Hitech City is a growing department. Focus should be in providing best services. Communication and hospitality training is needed to be given to staff as in today's cut throat competition, the only way to be a no. 1 is by doing things differently and providing value worth services to the patient.

Note: This analysis was made before NABH assessment for HR Department. Retrospective study is done in which data relating to employees training is taken from July 2016 to March 2017. Name has been altered so as to keep employees' privacy.

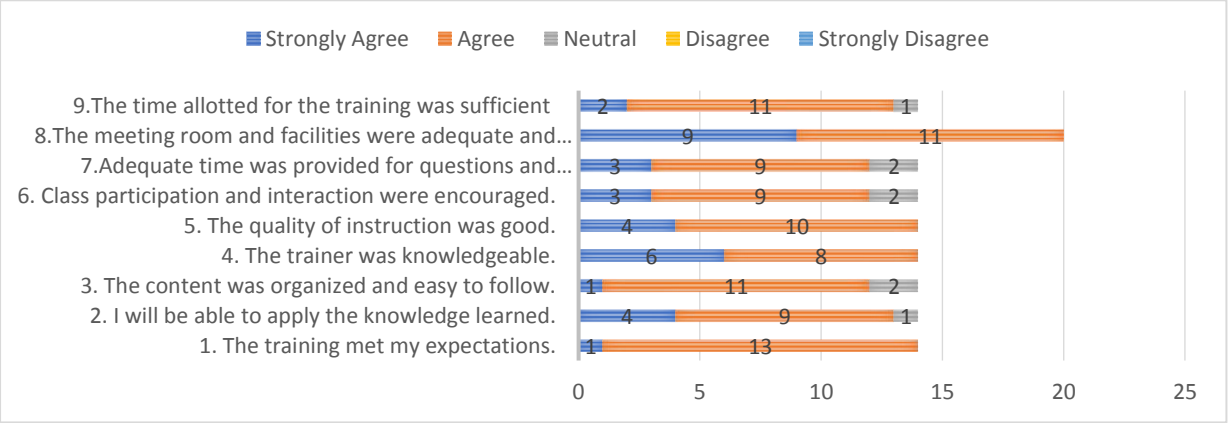
Study on evaluation of training and development in Care Hospitals, Hitech City.

NAME OF TRAINING PROGRAM	NO. OF PARTICIPANTS
BLS	14

DATE	PLACE OF TRAINING	TRAINING HOURS
December 23, 2016	Care Hospitals Hitech City	1 HOUR

Evaluation was conducted using feedback forms. As per Fig:1a, almost 70% participants agreed that training met their expectation and they can apply the knowledge learned. 8% rated overall service training to be excellent, 77% rated as good and 15% average. However, it is also shown that some participants were dissatisfied by the time provided for questions and answer and encouragement of class participation.

Fig:1A Participants' feedback



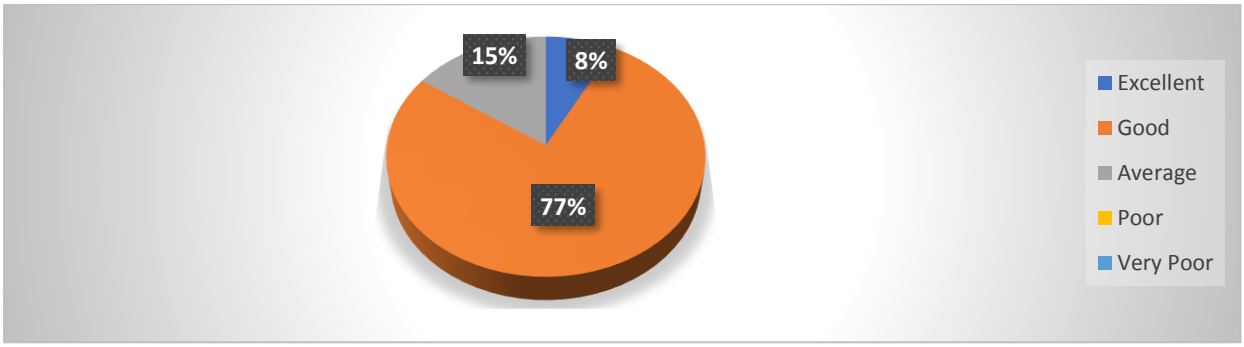
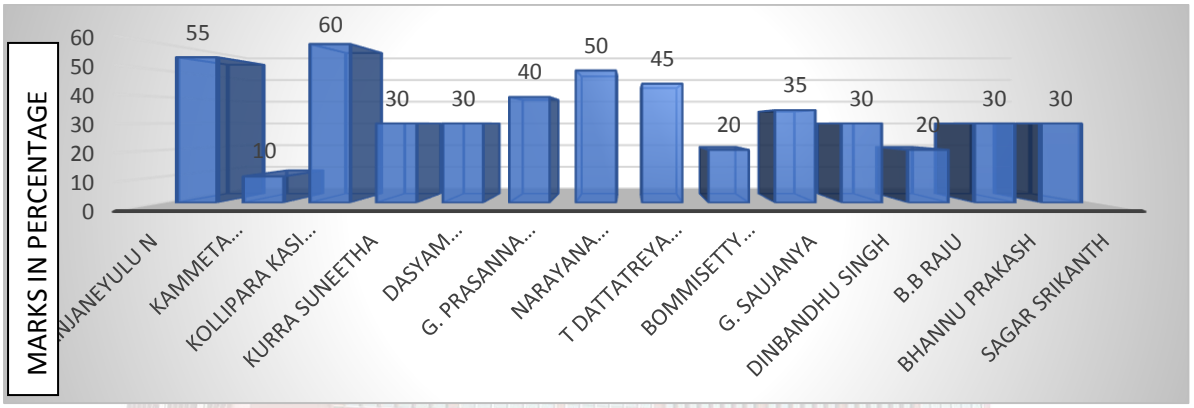


FIG:2a Overall rating of training services given by participants

Assessment of knowledge and skills acquired or improved during the training was conducted based on pre-test and post-test. Immediately before training, pre-test was written, identifying their level of knowledge about training topics. Post- test was written after their training. This is also useful in evaluation of trainer's competences.

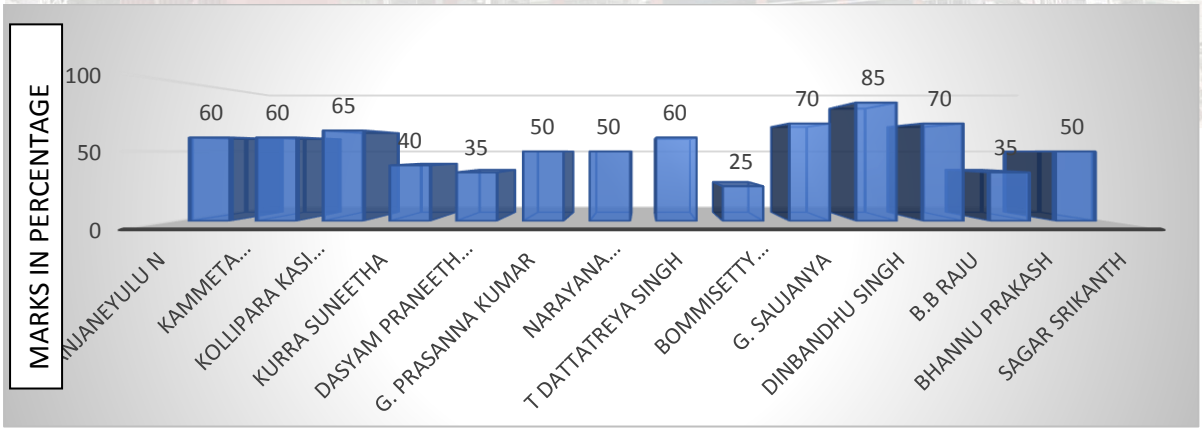
Pre Test marks depicted that only 21% participants had knowledge on training topic. As shown in fig 3a, Only 3 out of 14 participants scored more than 50% i.e., 79% participants lacked knowledge.

FIG:3a PRE-TEST MARKS IN %



Post Test marks clearly shows that training was useful. As shown in Fig:4a, 10 out of 14 participants cleared the post test. Although it shows that 71% participants were successful, 29% still needed to undergo re-training for self and organisation's best interest.

Fig 4a POST TEST %



Conclusion: Trainer was contacted and suggested him to give equal importance to class participations as per the feedback received. All participants who scored below 50 were advised to go through re- training.

NAME OF TRAINING PROGRAM	NO. OF PARTICIPANTS
BLS	23

DATE	PLACE OF TRAINING	TRAINING HOURS
January 4, 2017	Care Hospitals, Hitech City	1 HOUR

As shown in fig 2b, 74% rated the overall service of the training as good, 13% rated as excellent and another 13% said it was average. Also from fig 1b, we can infer that majority agreed that training time allotted, quality of instruction was good. However, some seems to be neutral on almost all area. One even disagreed that the meeting room facilities were adequate.

Fig:1b Participants' feedback

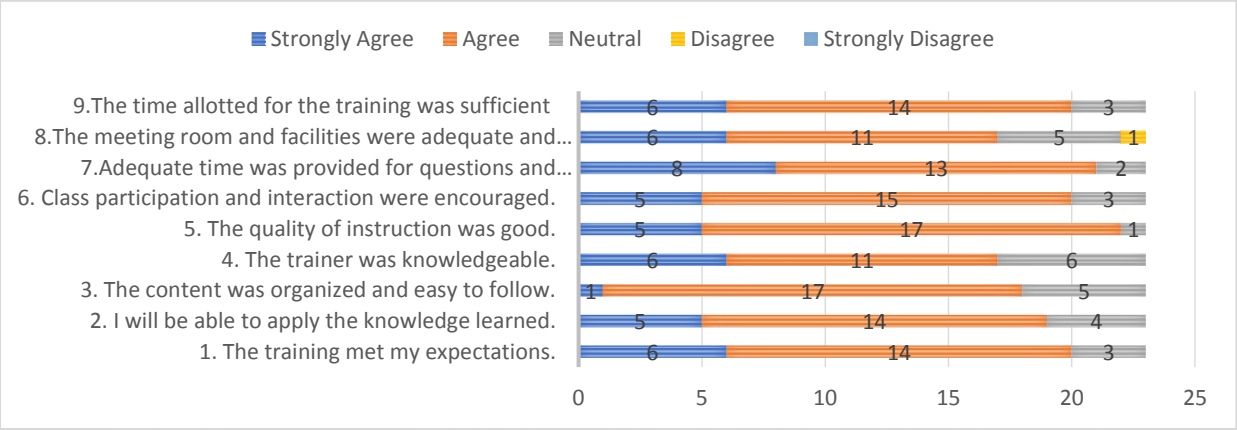
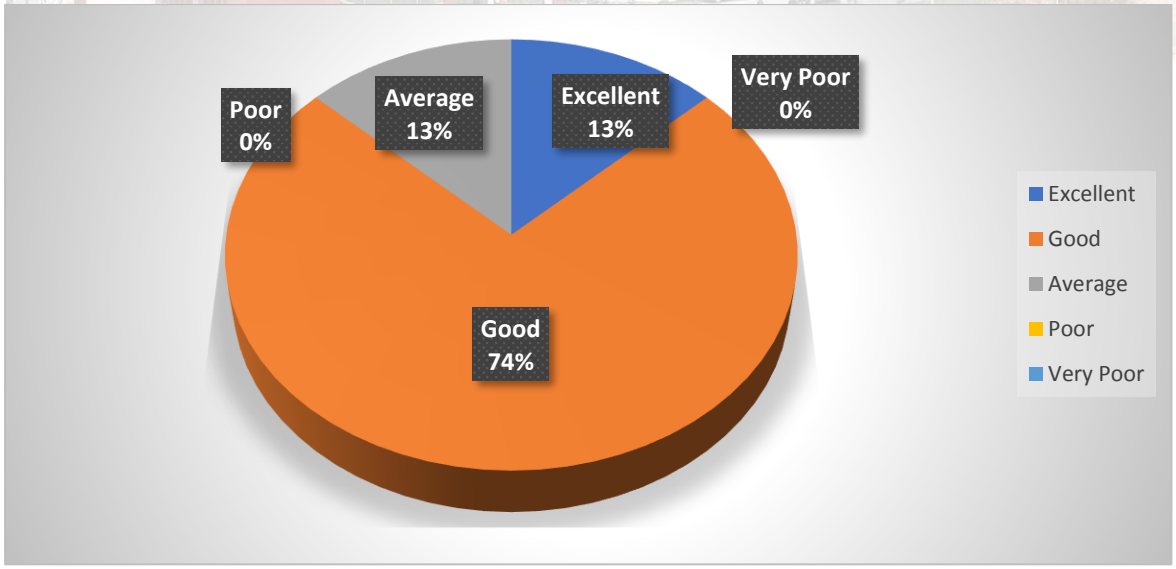
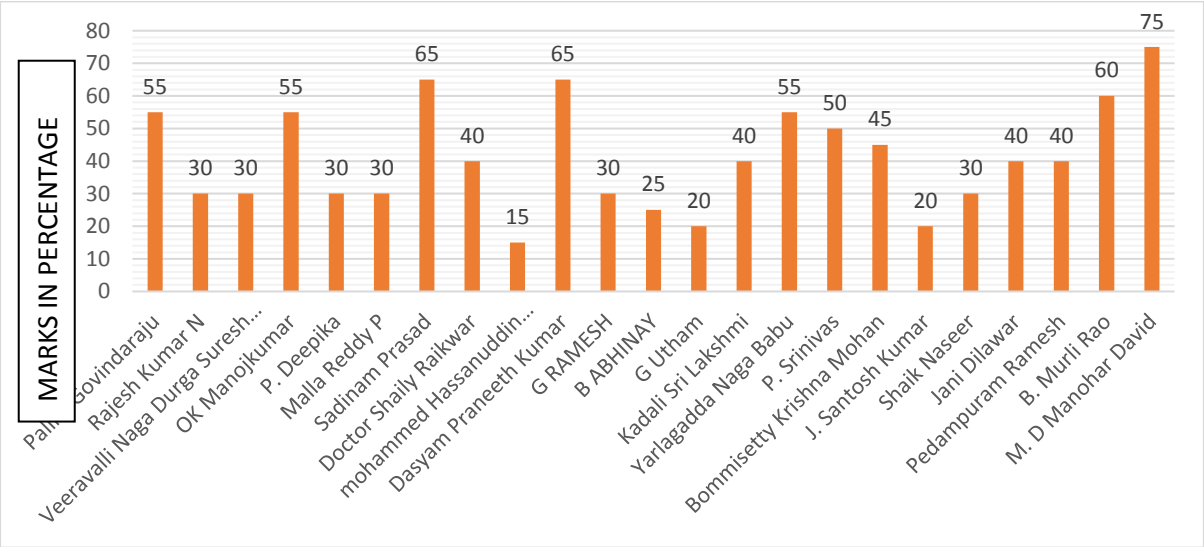


FIG:2b Overall rating of training services given by participants



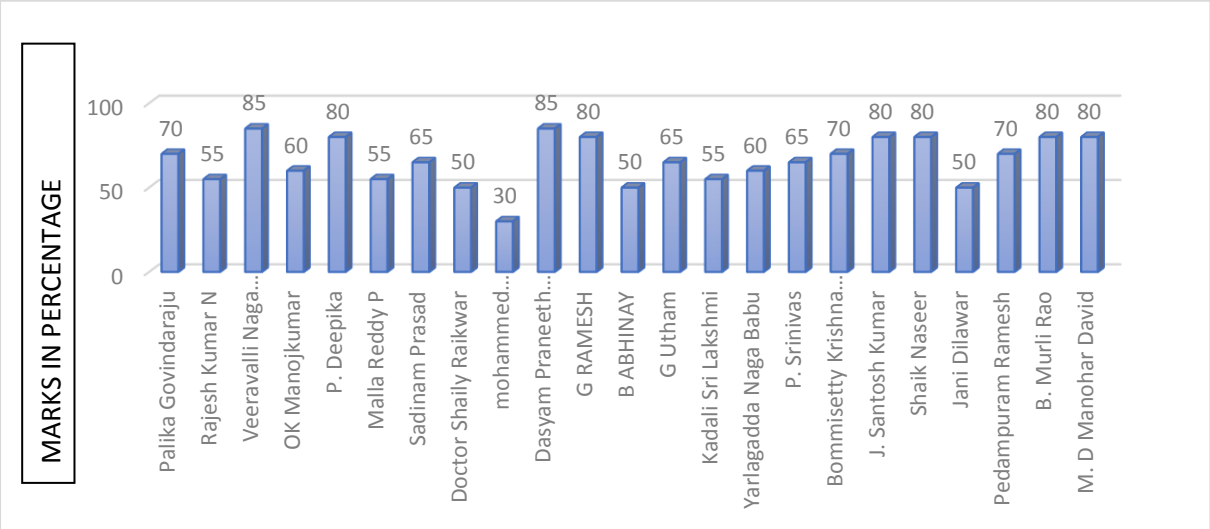
As per fig 3b, Out of 23 participants only 8 could clear the pre-test. In other words, about 65% had little knowledge about BLS.

FIG 3b PRE-TEST MARKS %



However, after going through a training, graph of participants tends to go up. As shown in Fig 4b, 96% cleared the test. 17 trainees scored above 60%

FIG 4b POST TEST MARKS %



Conclusion: Quite a few members seemed to be neutral while giving feedback. Mentioning names on feedback is not encouraged and same should be communicated to such participants. Meeting room facilities is the area where important care is to be given while conducting training.

Participants who scored below 50% were advised for re training.

NAME OF TRAINING PROGRAM	NO. OF PARTICIPANTS
BLS	20

DATE	PLACE OF TRAINING	TRAINING HOURS
December 22, 2016	Care Hospitals, Hitech City	1 HOUR

All participants of training actively attended the training. Overall, the response from participants was positive. 90% participants rated the overall training as good and remaining 10% rated it excellent.

However, when we come to individual questions such as encouragement of class participation and interaction some seemed to be unsatisfied.

FIG:1c PARTICIPANTS' FEEDBACK

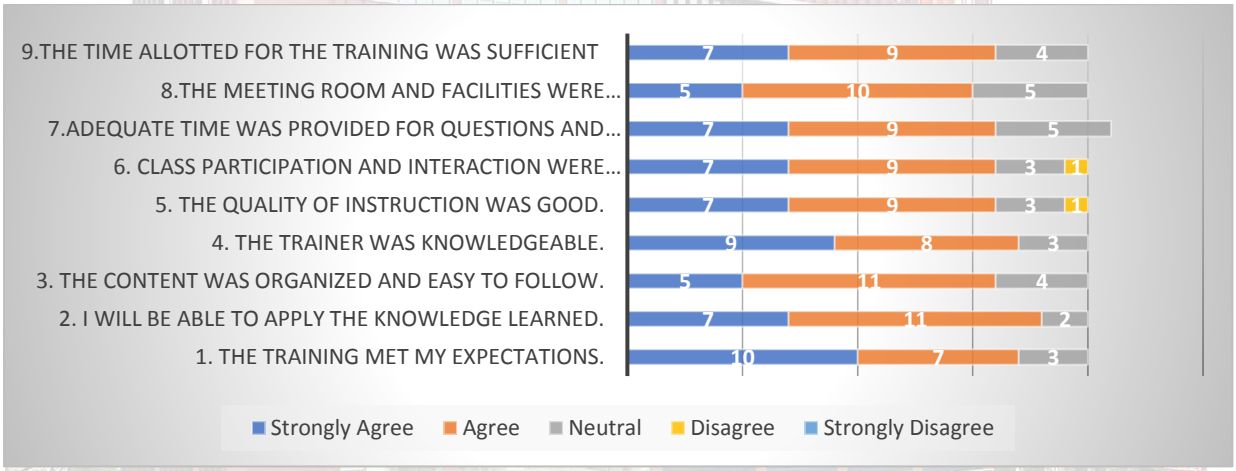
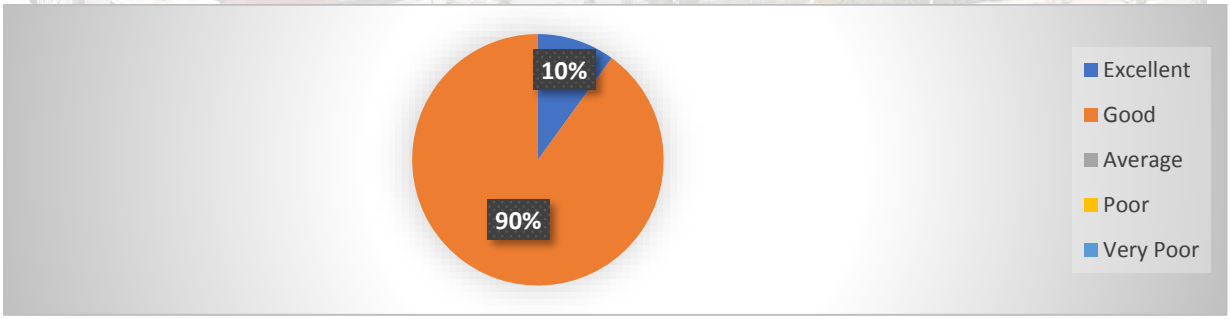


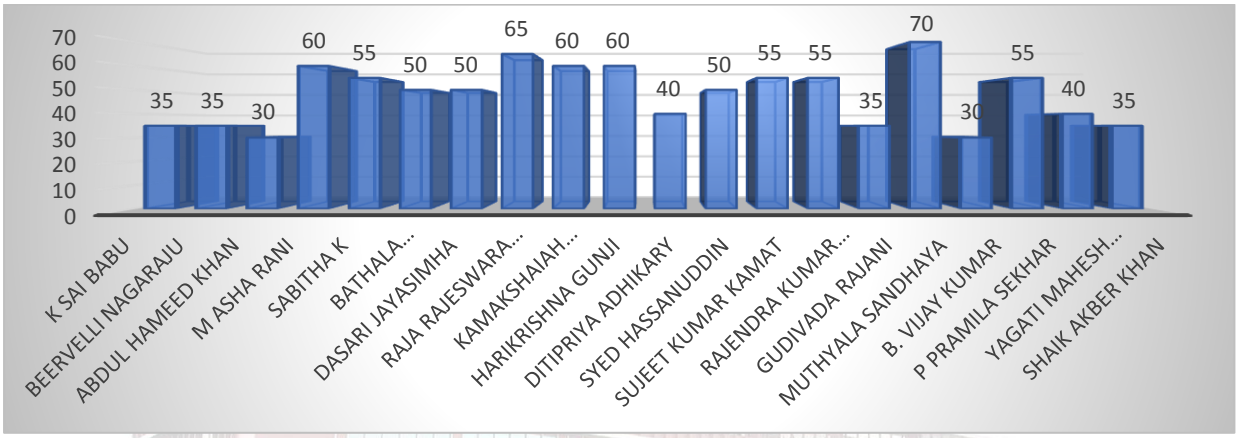
FIG:2c Overall rating of training services given by participants



It was surprising to find that overall rating. 90% participants said it was good and 10% participants said it was excellent.

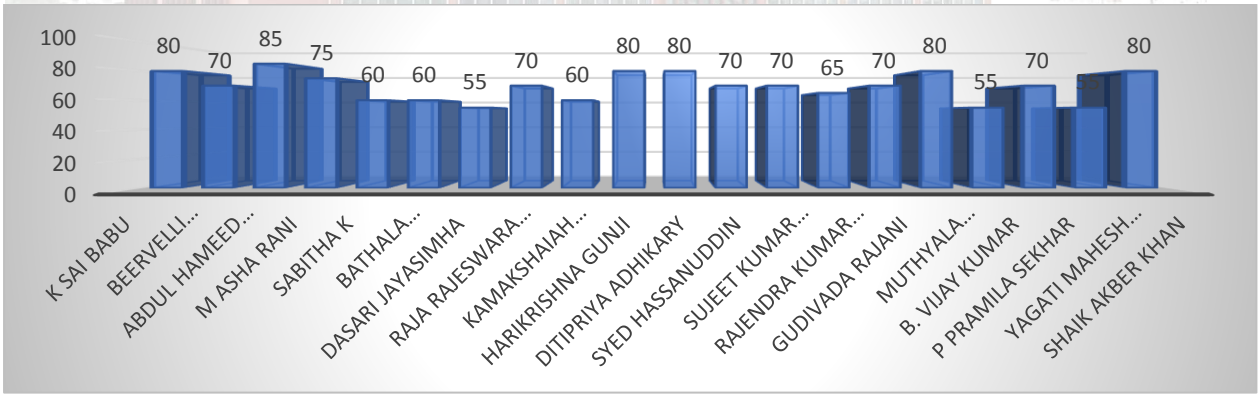
Pre- Test percentage in the fig 3c clearly shows that out of 20 participants, 8 participants could not clear the test. Also, other participants who managed to clear the test could not score more that 65%. Therefore, it was necessary for them to go through this training.

FIG:3C PRE-TEST MARKS%



Post Test marks revealed that after the training, majority of the participants scored above 70%. However, there was still participants who scored not more that 55%.

FIG: 4C POST TEST %



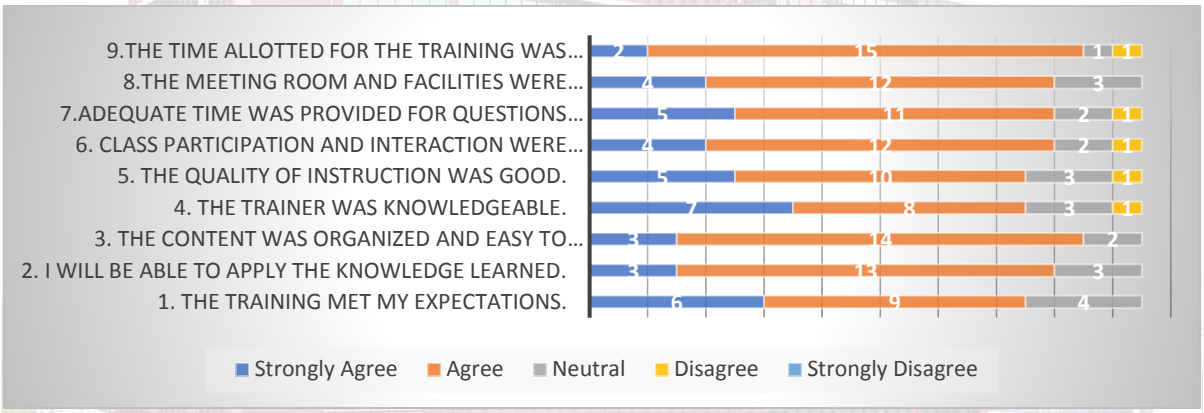
Conclusion: As training and development is ongoing process, they thrive to conduct many more such training to enhance the knowledge of our employee. Participants whose marks was on a margin was recommended to undergo re training. Trainer was successful in imparting process knowledge to the participants.

NAME OF TRAINING PROGRAM	NO. OF PARTICIPANTS
BLS	19

DATE	PLACE OF TRAINING	TRAINING HOURS
December 21, 2016	Care Hospitals, Hitech City	1 HOUR

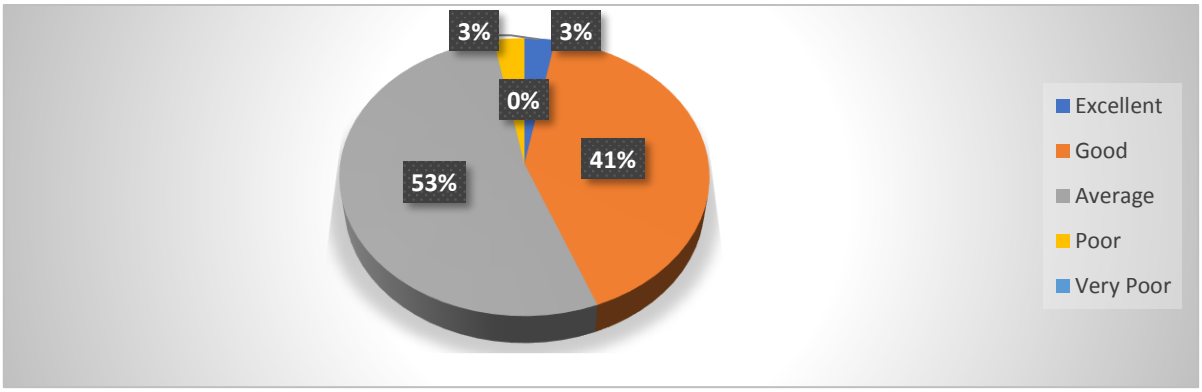
Fig: 1d indicates that 80% participants agree that the time allotted for training, knowledge, content of the training met their expectation. However, there are 18% who gave neutral feedback to almost all the criteria. 2% of participants also disagrees with the good quality of instruction, class participation, knowledge of the instructor and adequate time provided for the questions.

FIG:1D PARTICIPANTS' FEEDBACK



It was surprising to know that there were 3% participants who rated the training as poor. As per Fig:2d, 3% rated overall service training as excellent, about 41% rated as good, 53% rated it as average and 3% was dissatisfied and therefore rated as poor.

FIG: 2d Overall rating of training services given by participants



NAME OF TRAINING PROGRAM	NO. OF PARTICIPANTS
Emergency codes and fire safety	4

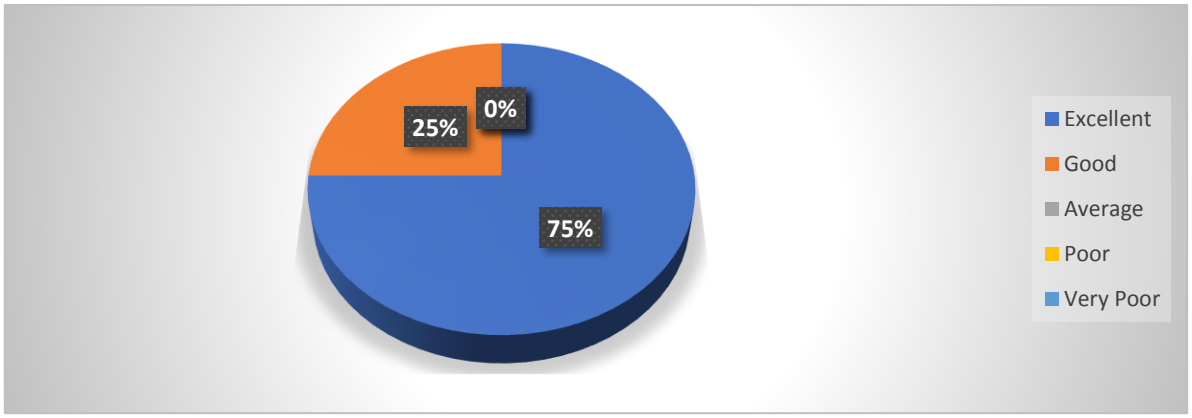
DATE	PLACE OF TRAINING	TRAINING HOURS
January 21, 2017	Care Hospitals, Hitech City	1 HOUR

Participants' feedback of this training depicts that they were extremely satisfied by the meeting room facilities, class participation and trainer's knowledge. Almost everyone agrees that all criteria of training were fulfilled.

FIG:1 PARTICIPANTS' FEEDBACK

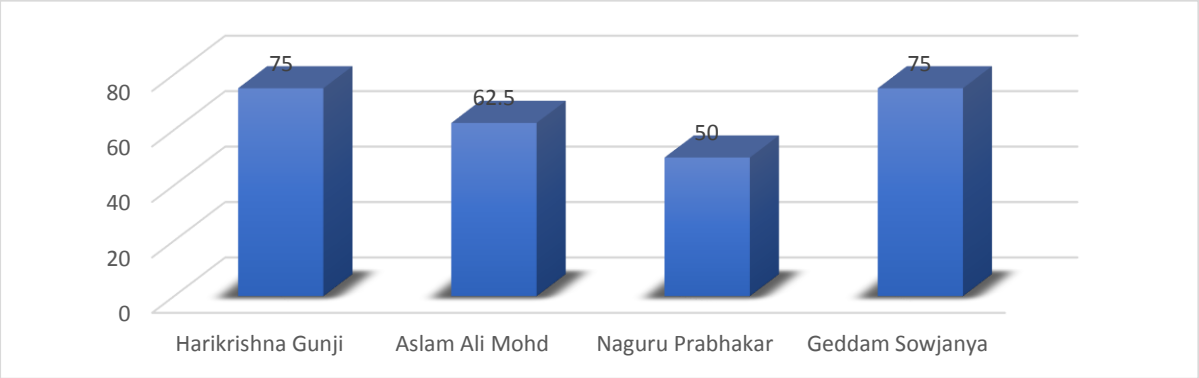
It is interesting to know that exactly no participants gave a negative rating. As revealed in Fig-2, 75% participants rated the overall training service as excellent and remaining 25% participants rated as good.

FIG: 2 Overall rating of training services given by participants



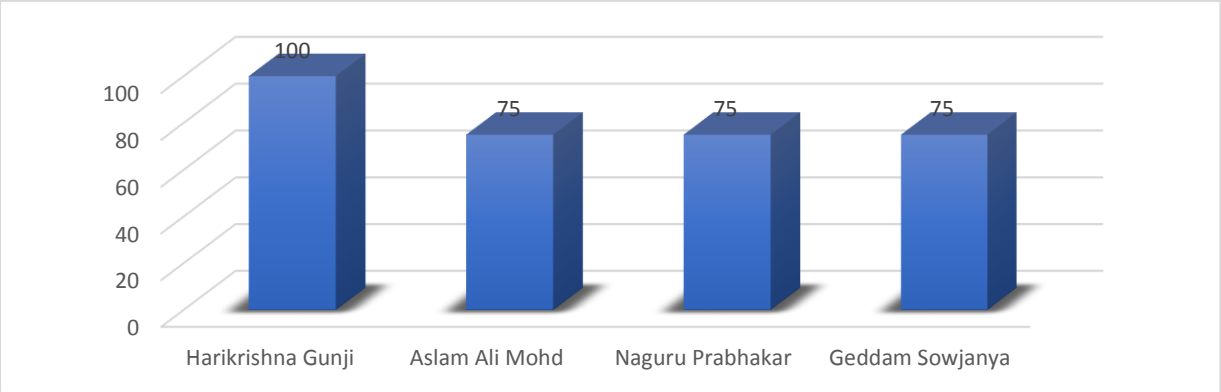
The pre- test marks show that all the participants had basic knowledge about the training topic before the training was conducted. 100% scored above 50% before even training ha started as shown in fig: 3.

FIG:3 PRE-TEST MARKS %



The post-test marks show that the training enhanced the knowledge of the participants as the percentage of each participants increased from 50% to 75%. Participant who scored 75% before the training scored 100% after the training. Post Test Marks in Fig 4 shows that every participant scored above 75%.

FIG:4 POST TEST MARKS%



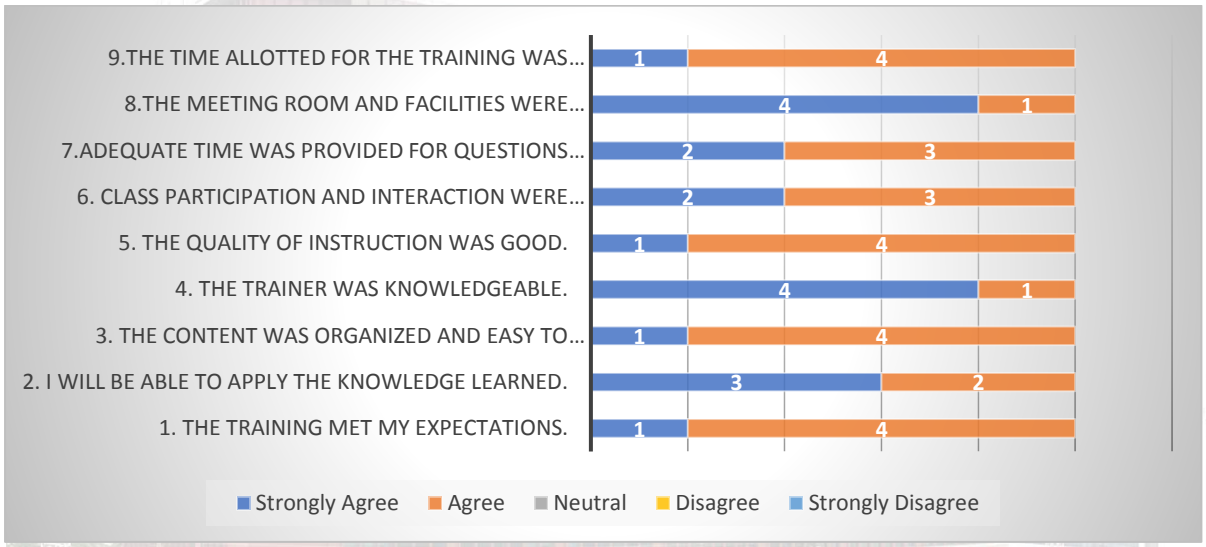
Conclusion: It was surprising to know that all the participants had the basic knowledge about emergency codes and fire safety. During the pre-test, it was found that 100% participants were aware of certain codes. However, it very essential to conduct training on certain time intervals. Post-test marks clearly shows that the training was fruitful.

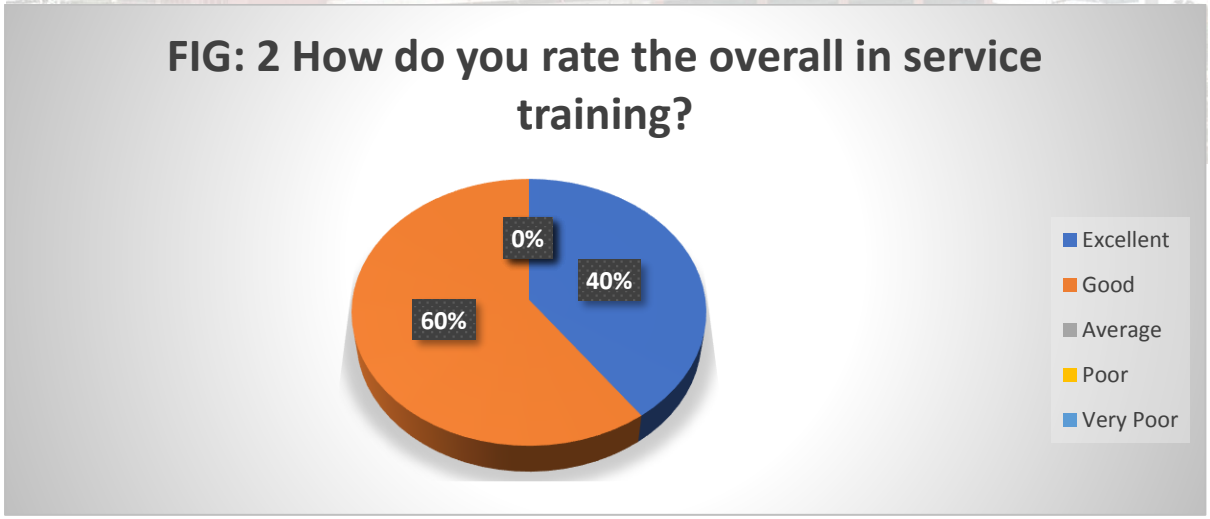
NAME OF TRAINING PROGRAM	NO OF PARTICIPANTS
Emergency codes and fire safety	5

DATE	PLACE OF TRAINING	TRAINING HOURS
January 30, 2017	Care Hospitals, Hitech City	1 HOUR

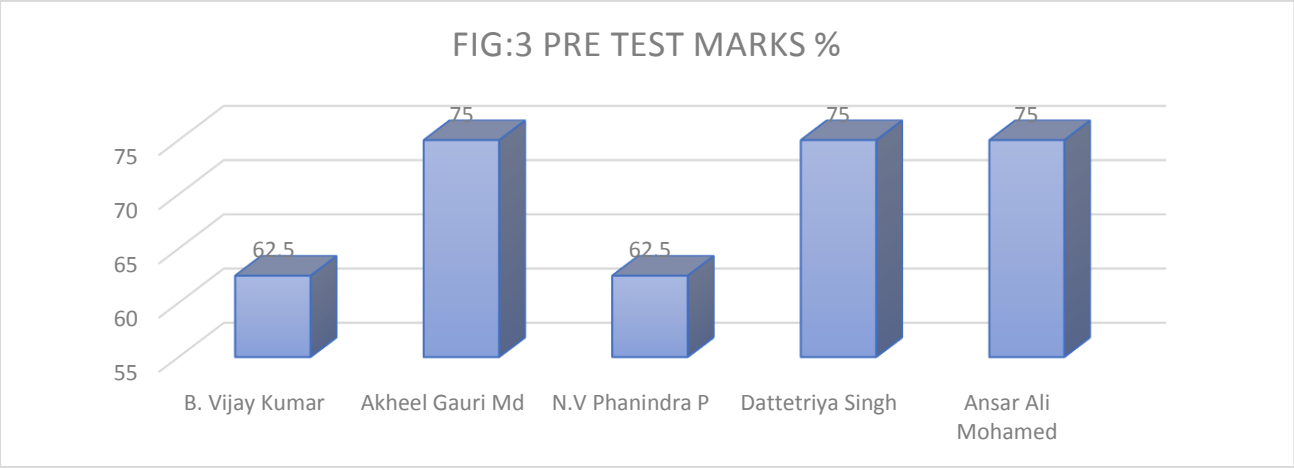
Exactly 40% rated the overall service training as excellent and 60% as good (fig:2). 80% agrees that the quality of instruction was good. Fig:1 clearly shows that there is no dissatisfaction with the training.

FIG:1 PARTICIPANTS' FEEDBACK

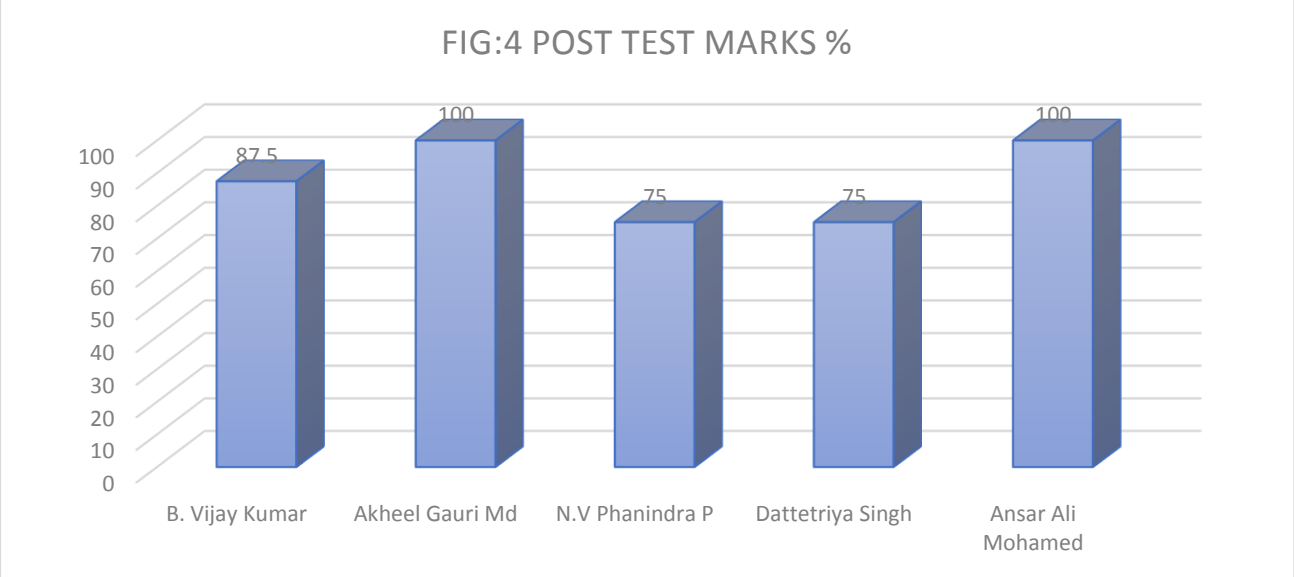




As per the Fig:3, pre- test marks show that all the participants had basic knowledge about the training topic before the training. 100% scored above 60%.



As per the Fig: 4, the post test result clearly shows that the training was beneficial to enhance the knowledge of the participants. All 5 participants acquired above 75% on their post-test.



Conclusion:

Feedback of the participants at the end of the training shows that the training was beneficial. Based on feedback forms, trainer did her duty very efficiently. Pre-test results show that participants had basic knowledge about the training topic. Post- test results clearly show that the training enhanced their knowledge.

NAME OF TRAINING PROGRAM	NO. OF PARTICIPANTS
Emergency codes and fire safety	8

DATE	PLACE OF TRAINING	TRAINING HOURS
February 3, 2017		1 HOUR

Fig 1, shows that the participants were extremely satisfied by the meeting room facilities, class participation and trainer's knowledge. Almost everyone agrees that all criteria of training were fulfilled

FIG:1 PARTICIPANTS' FEEDBACK

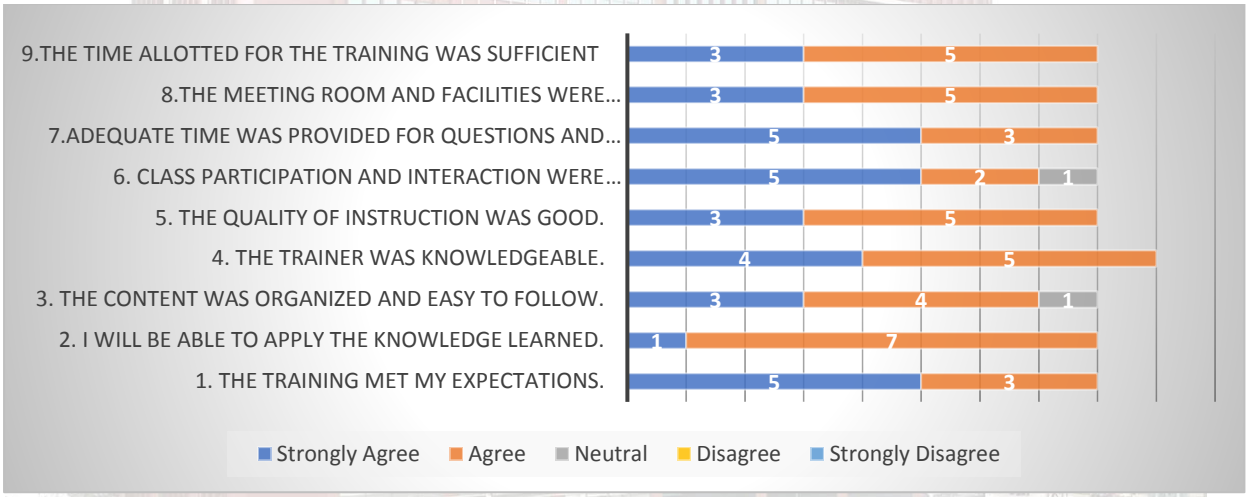
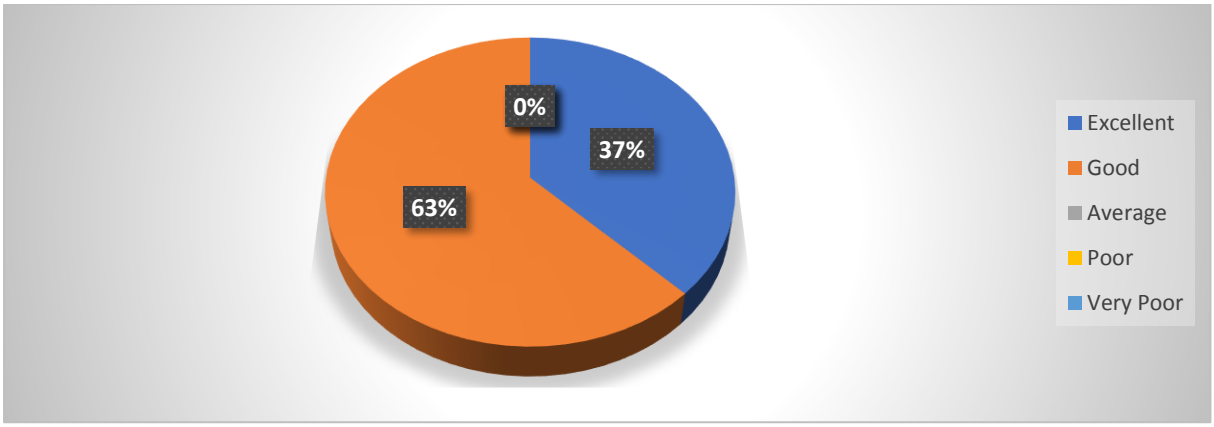


Fig 2, also shows that exact 37% rated the overall service as excellent and remaining 63% rated as good.

FIG:2 How do participants rate the overall service training?



Pre-test percentage in fig 3, clearly shows that except 1, all 7 participants had basic knowledge about the training topic. However basic knowledge will not be enough.

FIG:3 PRE-TEST MARKS %

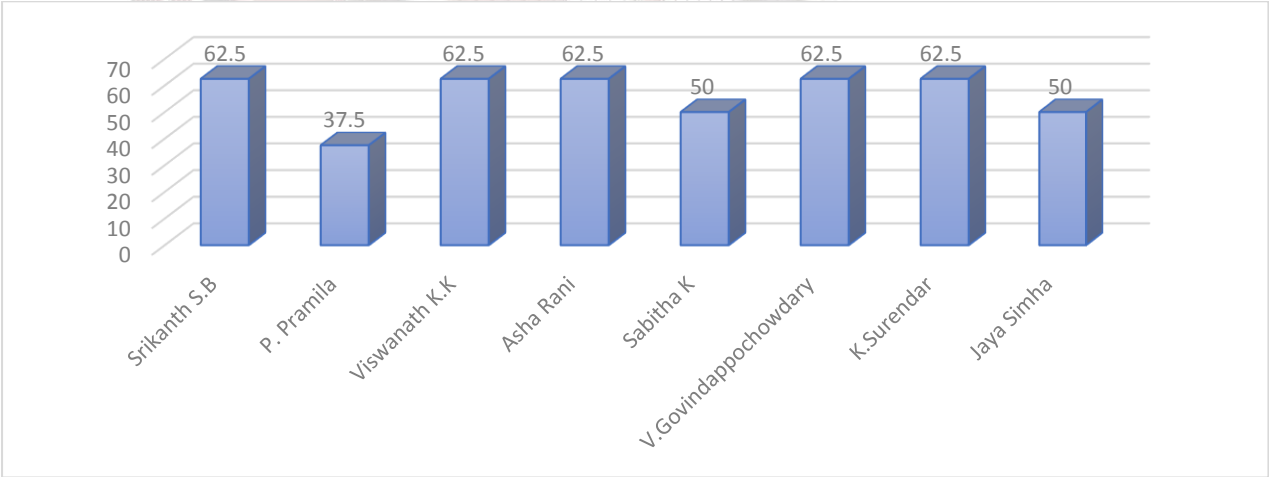
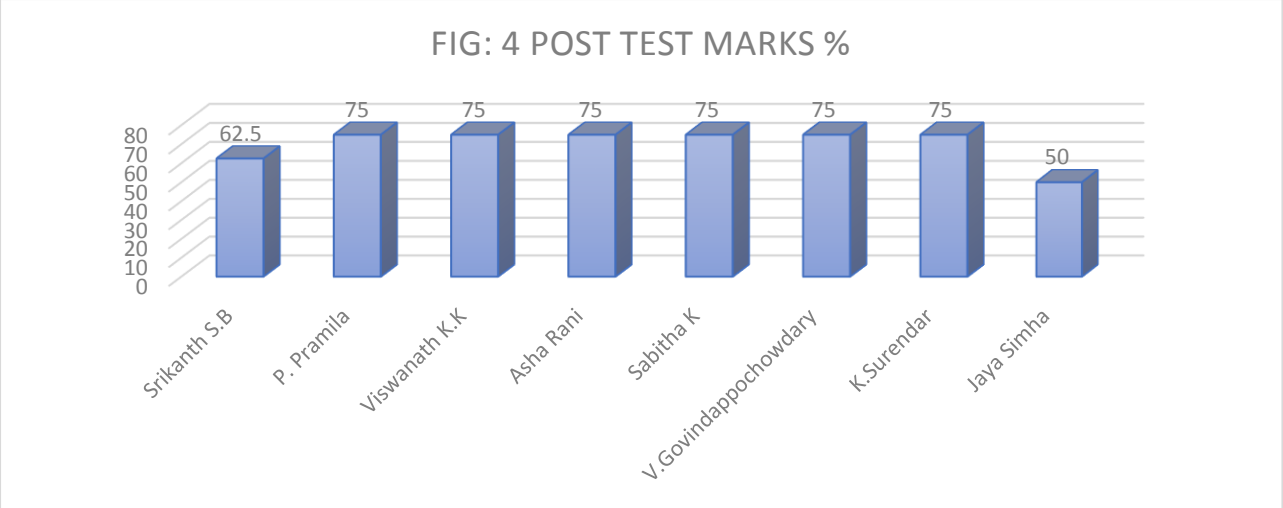


Fig:4 shows the post- test marks in percentage. It is clear by the figure below that the training was effective as everybody's score increased after the training. The participants who scored 37.5% in pre- test, scored 75% in post- test. This shows that the trainer did the job well and the training was effective.



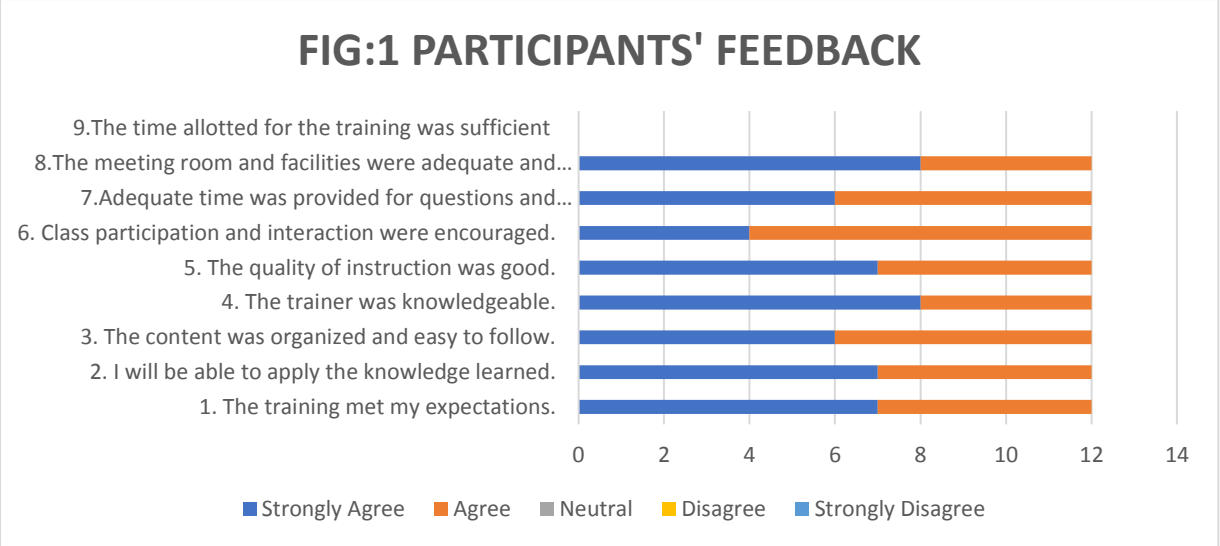
Conclusion:

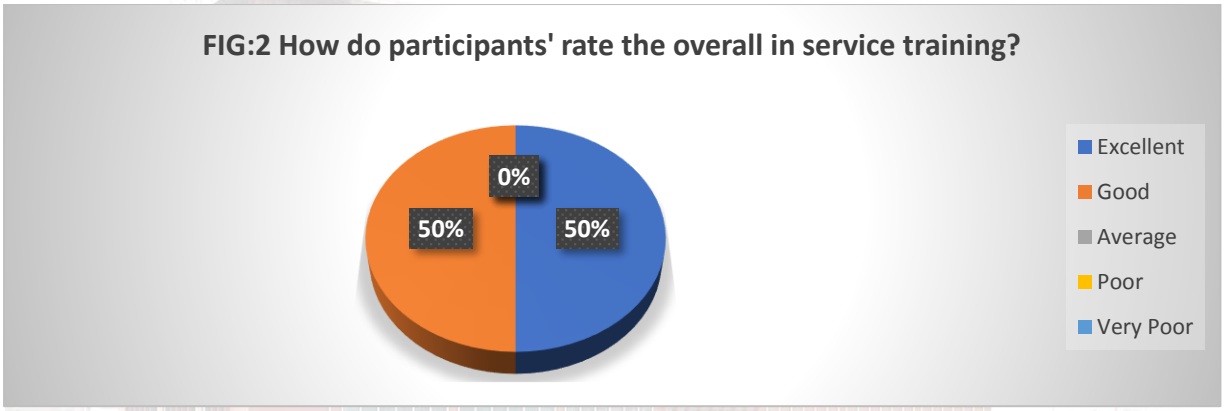
Feedback of the participants at the end of the training shows that the training was beneficial. Based on feedback forms, trainer did her duty very efficiently. Pre-test results show that participants had basic knowledge about the training topic. Post- test results clearly show that the training enhanced their knowledge.

NAME OF TRAINING PROGRAM		NO. OF PARTICIPANTS
Emergency codes and fire safety		12
DATE	PLACE OF TRAINING	TRAINING HOURS
February 12, 2017		1 HOUR

Fig 1, shows that the participants were satisfied by the meeting room facilities, class participation and trainer's knowledge. Almost everyone strongly agrees that all criteria of training were fulfilled.

Fig 2, also shows that exact 50% rated the overall service as excellent and remaining 50% rated as good.





In Fig 3, pre-test percentage, clearly shows that except 2, all 10 participants had basic knowledge about the training topic. However basic knowledge will not be enough.

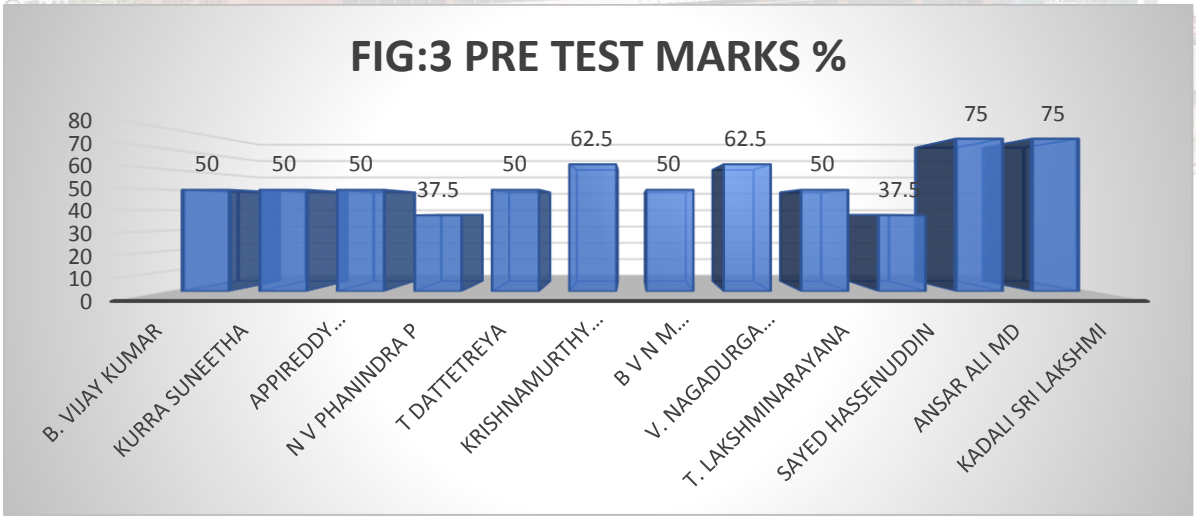
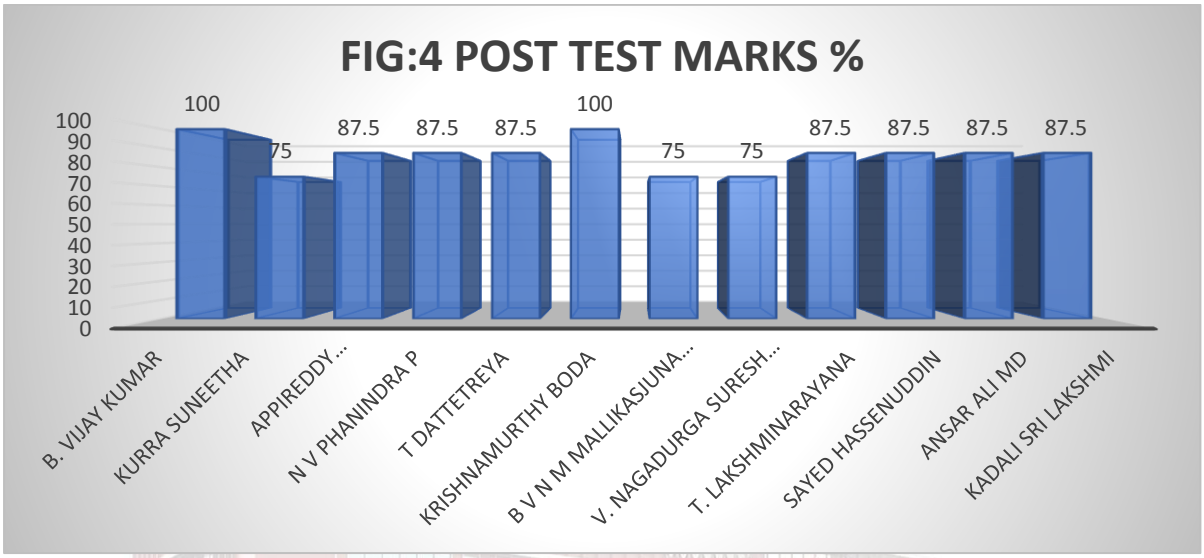


Fig:4 shows the post- test marks in percentage. It is clear by the figure below that the training was effective as everybody's score increased after the training. The participants who scored

37.5% in pre- test, scored 87% in post- test, also the participant who scored 62% scored 100% in post-test. This shows that the trainer did the job well and the training was effective.



Conclusion:

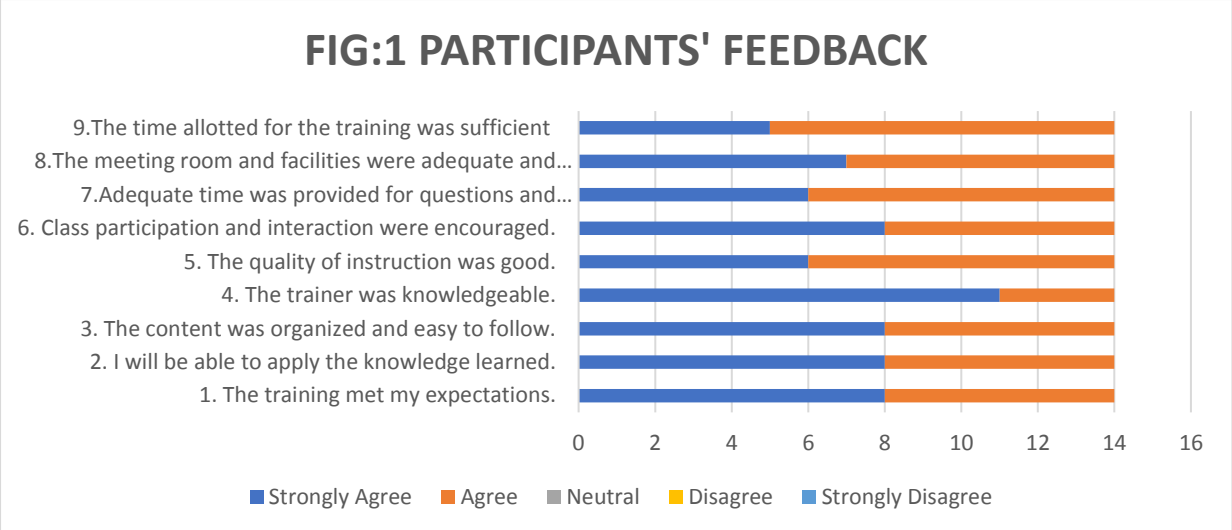
Feedback of the participants at the end of the training shows that the training was beneficial. Based on feedback forms, trainer did her duty very efficiently. Pre-test results show that participants had basic knowledge about the training topic. Post- test results clearly show that the training enhanced their knowledge. Training is ongoing process and it serves as a solution where everyone benefits.

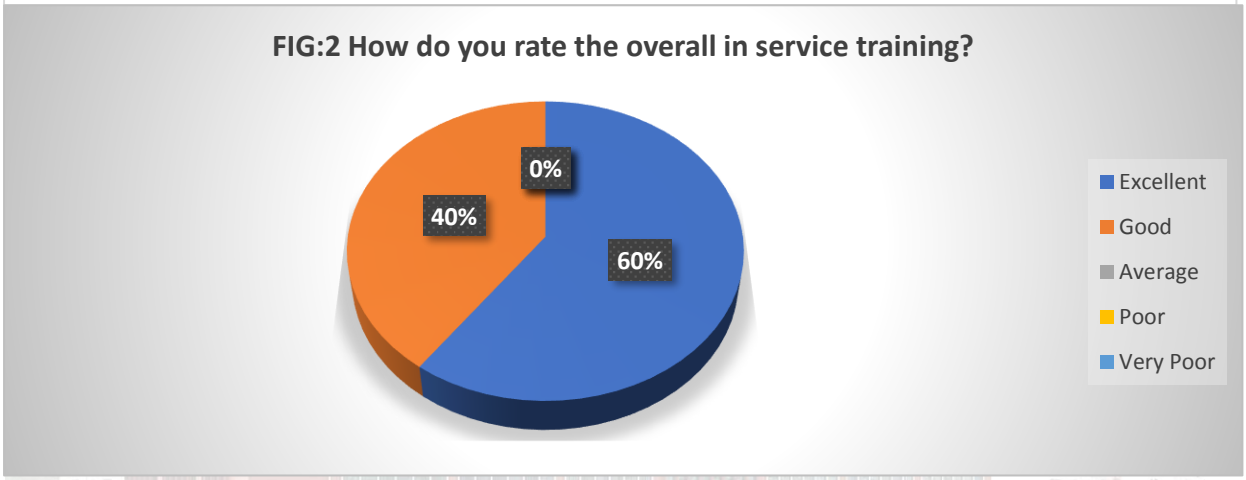
NAME OF TRAINING PROGRAM	NO. OF PARTICIPANTS
Emergency codes and fire safety	

DATE	PLACE OF TRAINING	TRAINING HOURS
March 14, 2017		1 HOUR

Fig 1, shows that the participants were satisfied by the meeting room facilities, class participation and trainer's knowledge. Almost everyone strongly agrees that all criteria of training were fulfilled. Participants seem to have been extremely satisfied by trainer's knowledge.

Fig 2, also shows that exact 60% rated the overall service as excellent and remaining 40% rated as good.





In Fig 3, pre-test percentage, clearly shows that all 14 participants had basic knowledge about the training topic. However basic knowledge will not be enough.

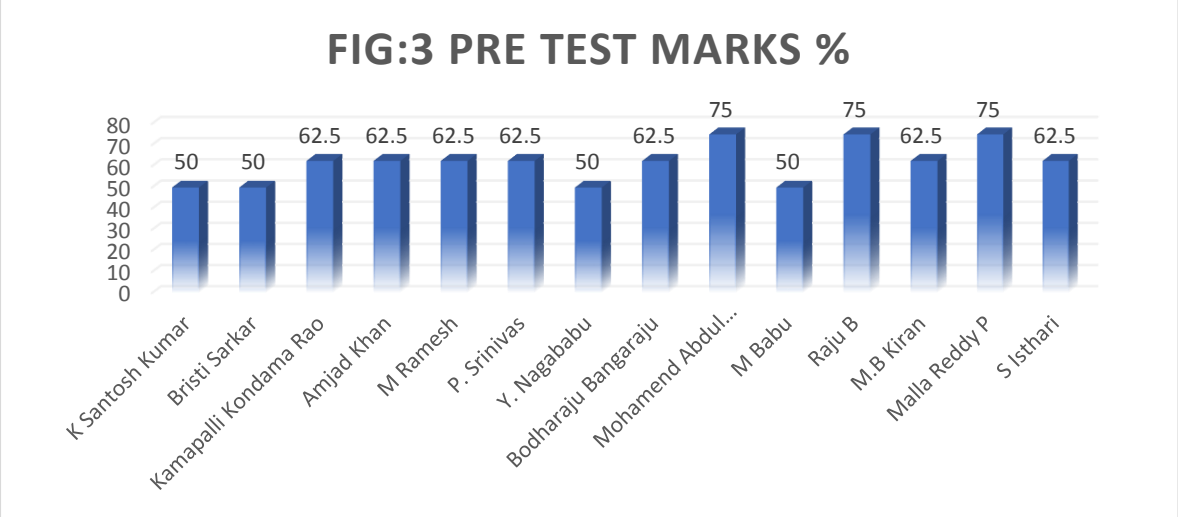
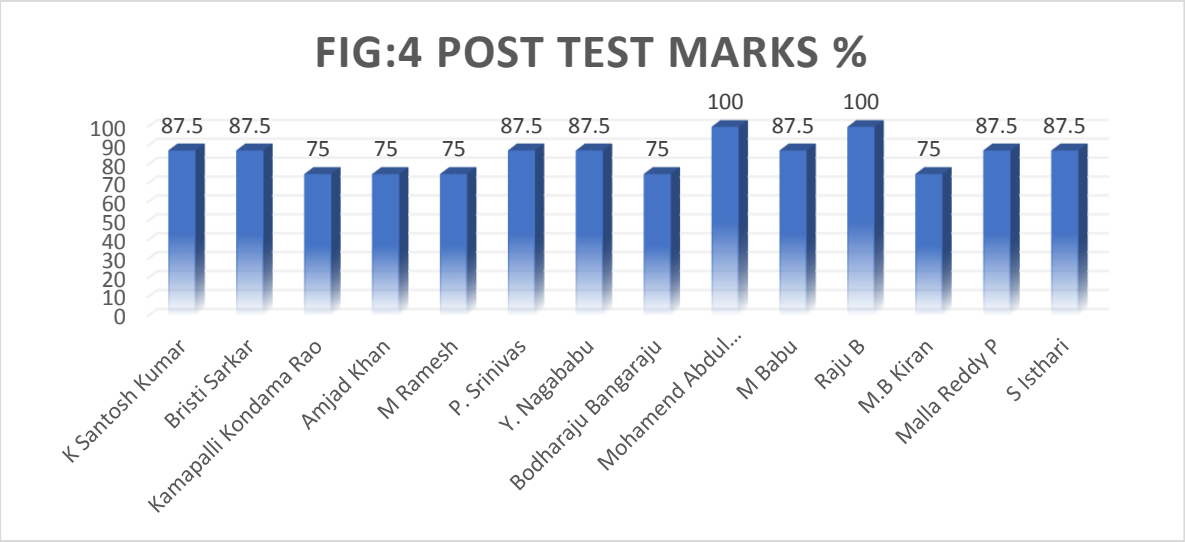


Fig:4 shows the post- test marks in percentage. It is clear by the figure below that the training was effective as everybody's score increased after the training. The participants who scored

50% in pre- test, scored 87.5% in post- test, also the participant who scored 75% scored 100% in post-test. This shows that the trainer did the job well and the training was effective.



Conclusion:

Feedback of the participants at the end of the training shows that the training was beneficial. Based on feedback forms, trainer did her duty very efficiently. Pre-test results show that participants had basic knowledge about the training topic. Post- test results clearly show that the training enhanced their knowledge. Training is ongoing process and it serves as a solution where everyone benefits.

NAME OF TRAINING PROGRAM	NO. OF PARTICIPANTS
Quality Standards	17

DATE	PLACE OF TRAINING	TRAINING HOURS
March 14, 2017		1 HOUR

As per Fig:1 almost 70% participants agreed that training met their expectation and they will be able to apply the knowledge learned. However, the figure also shows dissatisfaction on inadequate time provided for questions and answer and encouragement of class participation.

As shown in fig:2 18% rated overall service training to be excellent and 82% rated as good.

FIG:1 PARTICIPANTS' FEEDBACK

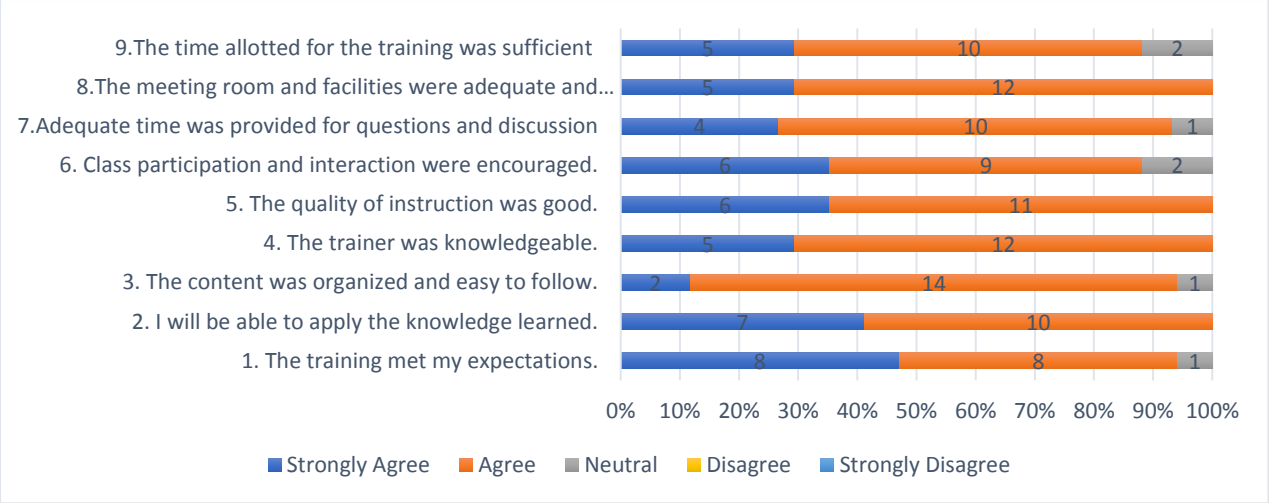


FIG:2 How do participants rate the overall service training?

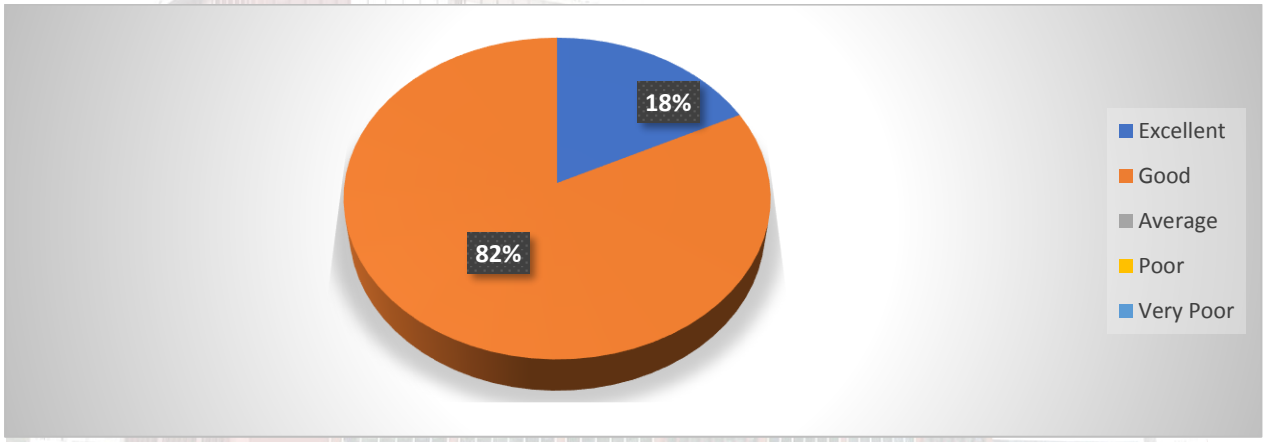
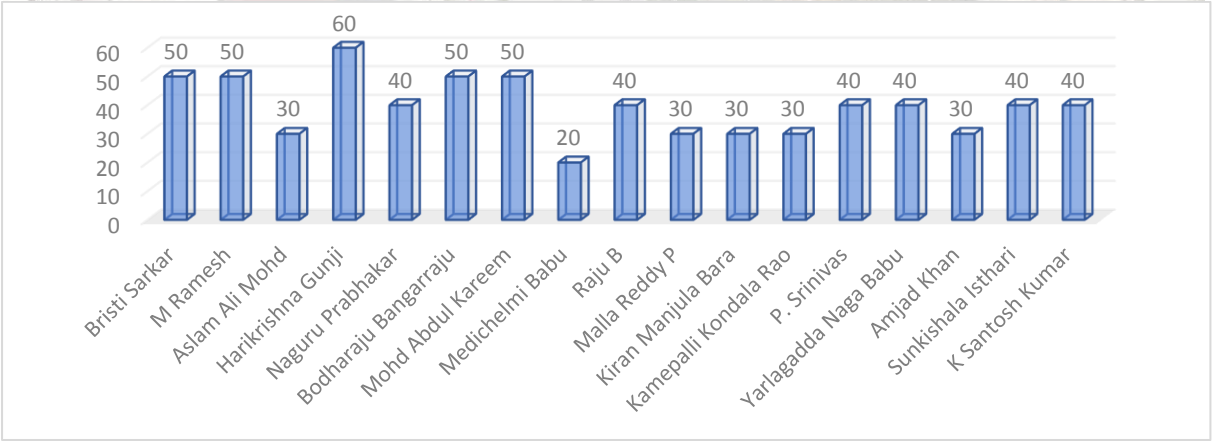


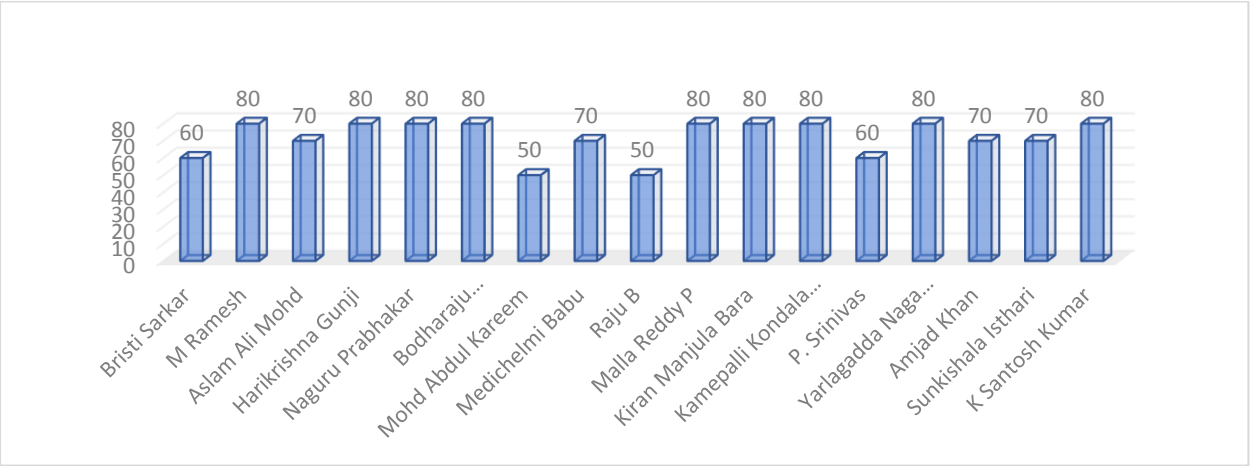
Fig:3, shows that only 5 out of 17 participants had basic knowledge about the training topic before the training.

FIG:3 PRE TEST MARKS %



Post training test marks shows that 100% participants' score increased by minimum of 40%. This clearly shows that the training was effective. (Fig:4)

FIG:4 POST TEST MARKS %



Conclusion:

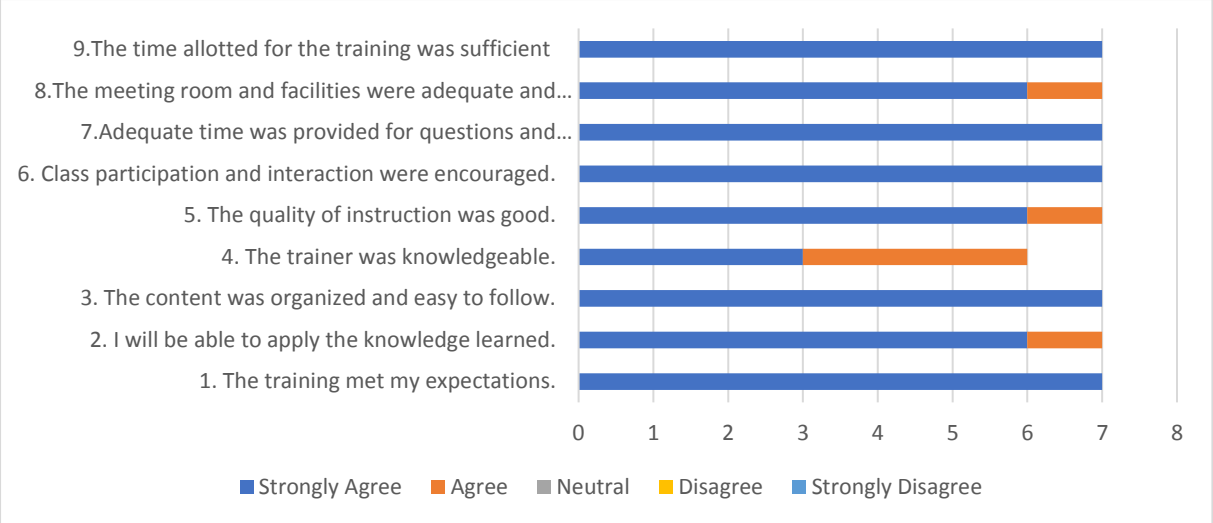
Response of the participants at the end of the training shows that the training was beneficial. Based on feedback forms, trainer did her duty very efficiently. Pre-test results show that participants had basic knowledge about the training topic. Post- test results clearly show that the training enhanced their knowledge.

NAME OF TRAINING PROGRAM	NO. OF PARTICIPANTS
Induction Program	7

DATE	PLACE OF TRAINING	TRAINING HOURS
March 14, 2017	6th Floor	4 HOUR

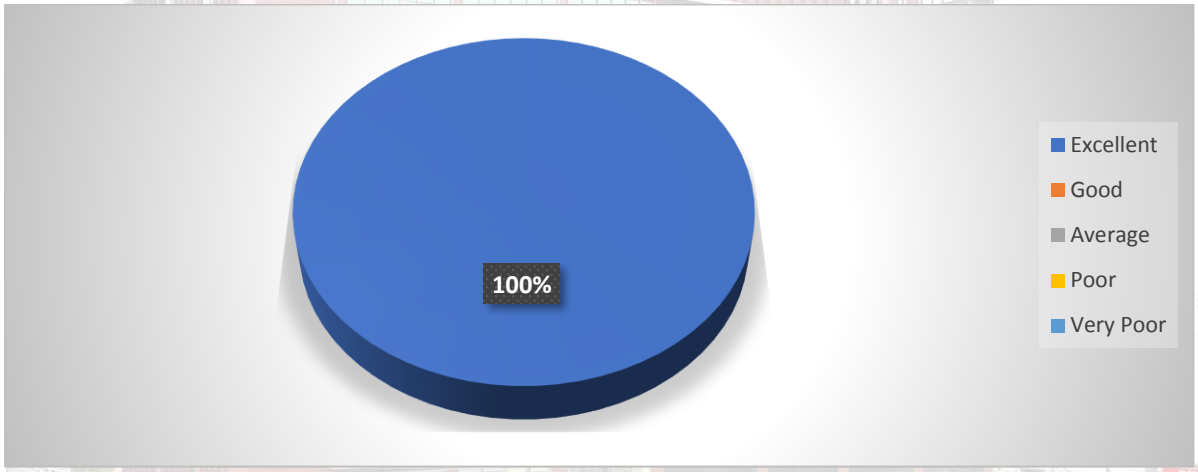
As per Fig 1(a) 100% participants strongly agreed that the training met their expectation, adequate time was provided for questions and answers, class participation was encouraged and the content was organised and easy to follow. 80% employees agreed that the program was knowledgeable.

Fig 1(a) Participants' Feedback

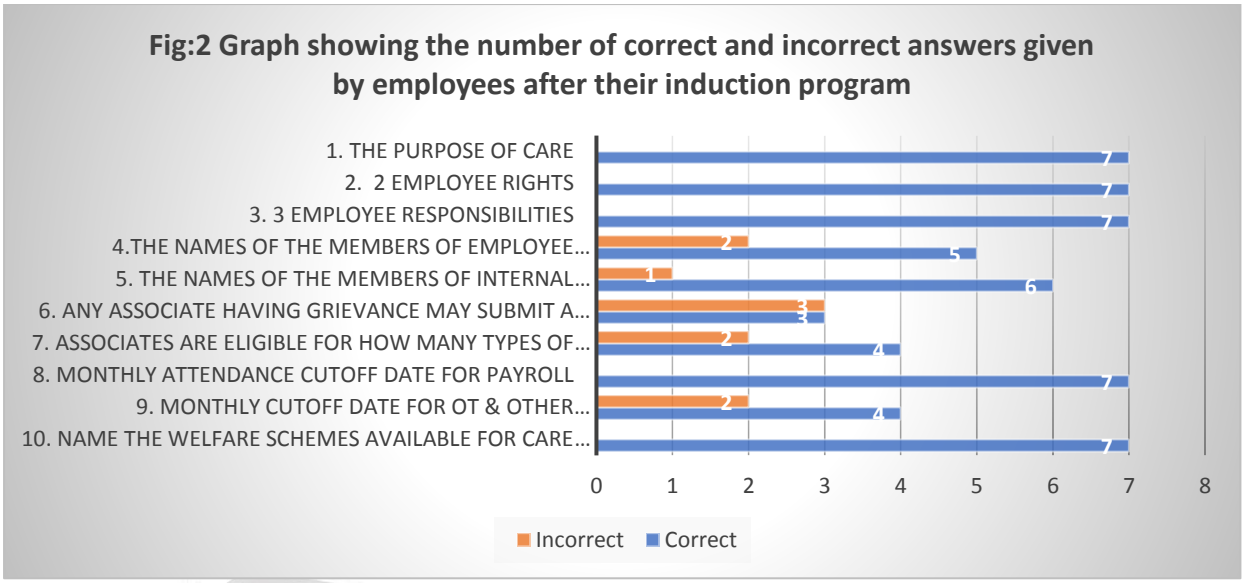


As shown in Fig1(b) 100% participants rated the overall program as excellent. The positive feedback of participant shows that the induction program was a conducted successfully.

Fig: 1(b)How do participants' rate the overall program?



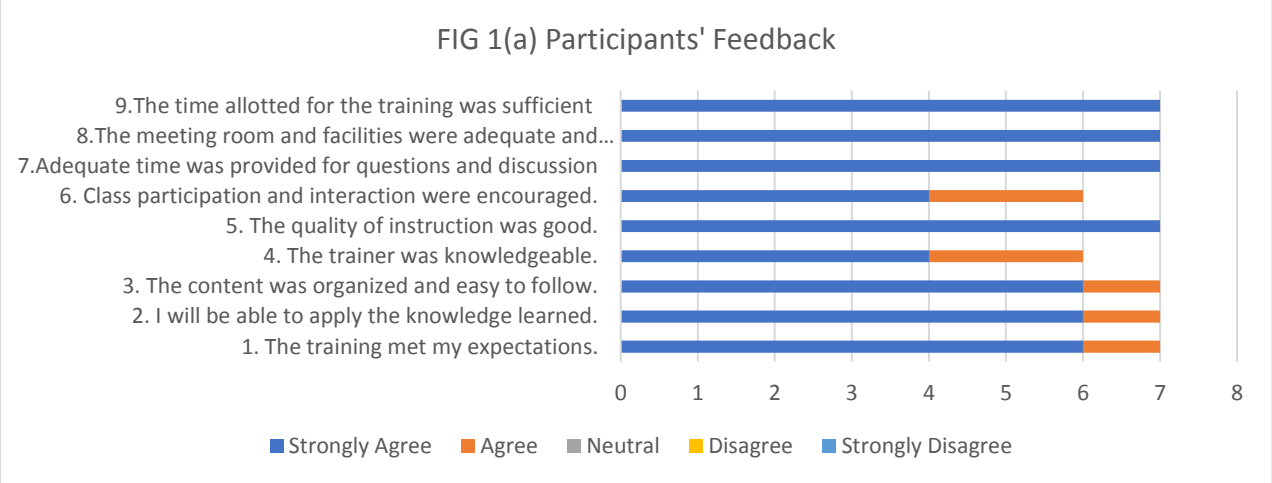
As per Fig 2, all the participants could answer the purpose of Care Hospitals, employees' rights and responsibilities, and the welfare schemes. 2 out of 7 participants could not answer the names of the members of grievance committee correctly, 1 participants could not answer the names of the members of Internal Compliant committee correctly, 3 participants could not answer within how many days complaint should be submitted from the occurrence of incident. 2 participants could not answer the eligibility of how many types of leaves.2 could not answer monthly attendance cut-off date for payroll



NAME OF TRAINING PROGRAM	NO. OF PARTICIPANTS
Induction Program	7

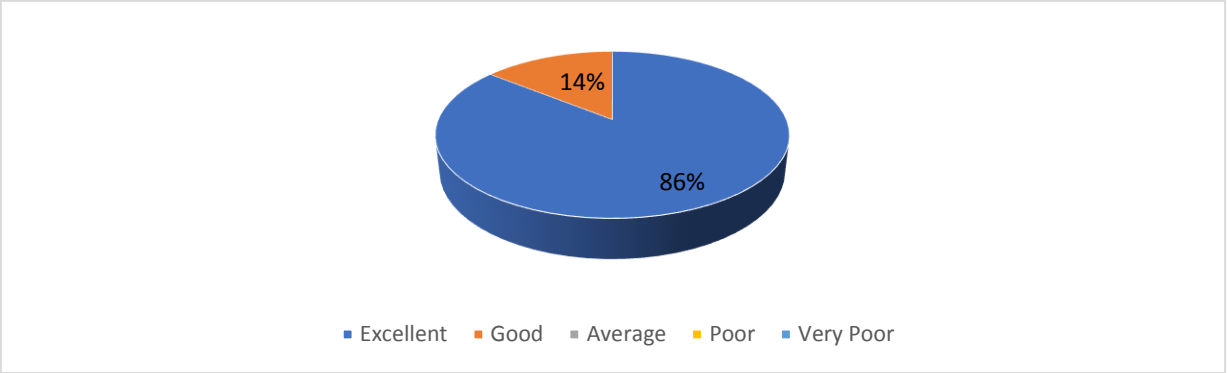
DATE	PLACE OF TRAINING	TRAINING HOURS
April 1, 2017	6th Floor	4 HOURS

As per figure 1(a),100% of the participants agreed that the meeting room and facilities were good and adequate time was provided for the meeting and the quality of instruction was good. 90% agreed that the content was organized, and the training met their expectations and they were able to apply their knowledge.

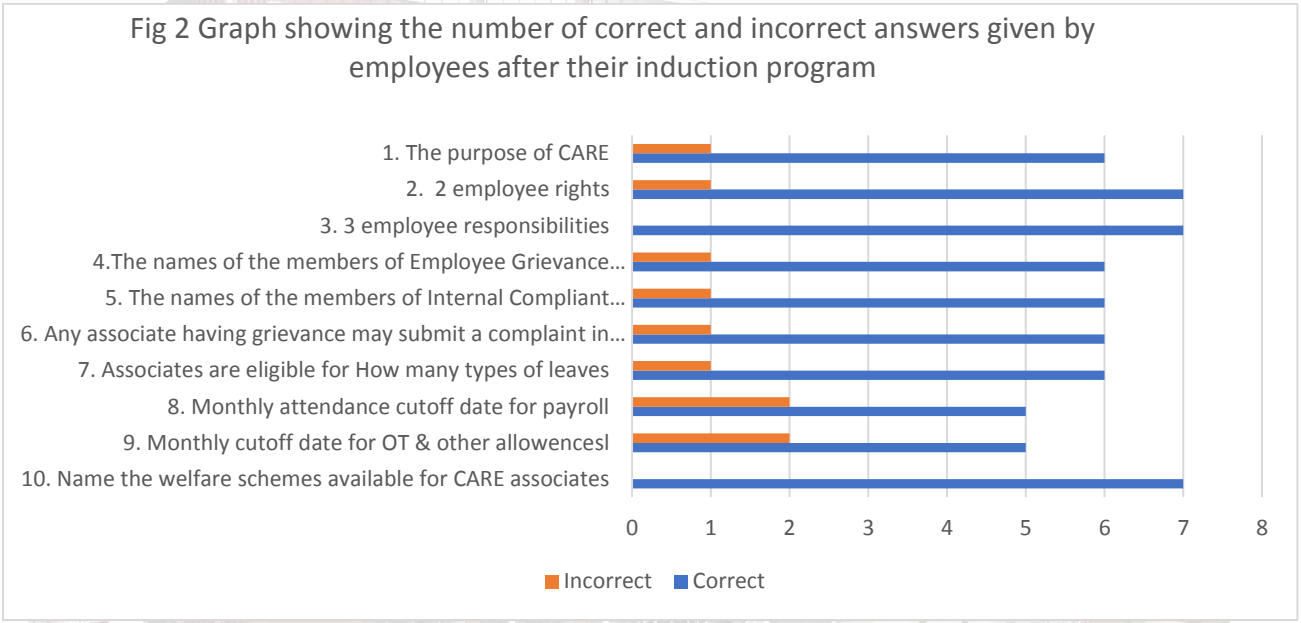


As per figure 1(b), 90% of the participants agreed that the training was excellent. The positive feedback shows that the training was conducted successfully

Fig: 1(b)How do participants' rate the overall program?



As per figure 2, all employees could correctly answer the employee rights, responsibilities and welfare schemes. 1 out of 7 participants could not answer the leave system and monthly cutoff for payroll and OT allowances.

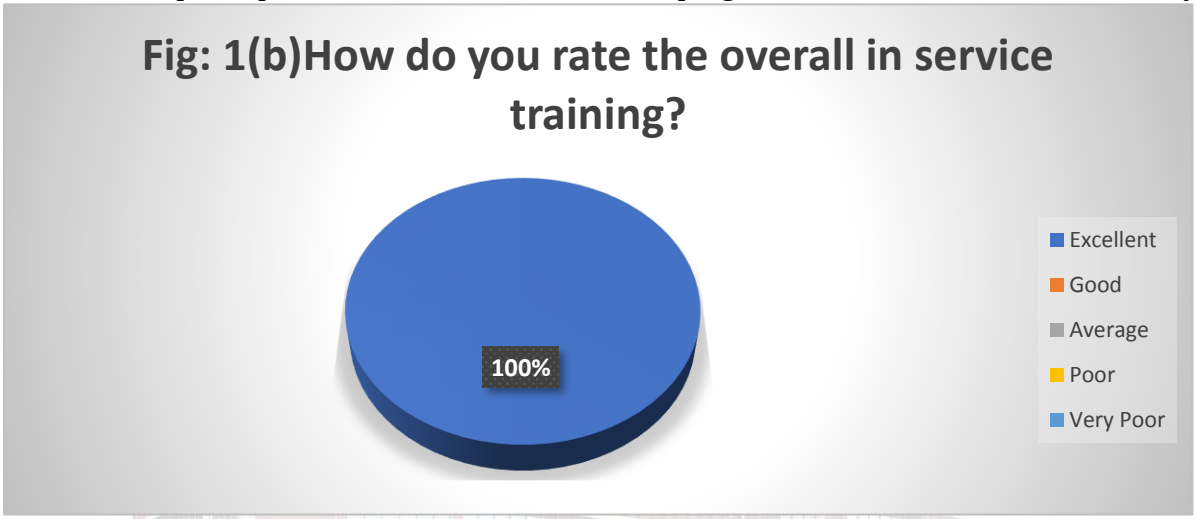


NAME OF TRAINING PROGRAM		NO. OF PARTICIPANTS
Induction Program		7
DATE	PLACE OF TRAINING	TRAINING HOURS
December 1, 2016	6th Floor	4 HOURS

As per Fig 1(a) 70% participants strongly agreed that time allotted for training was sufficient, 100% strongly agreed on meeting room facilities to be accurate, adequate time provided for questions and answers, on class participation encouragement and the content organised and easy to follow. They also strongly agreed on quality of instruction as good. 100% employees

strongly agreed that the trainer was knowledgeable. While 45% agreed that the training met their expectation, rest 55% strongly agreed on the same.

As shown in Fig1(b) 100% participants rated the overall program as excellent. The positive feedback of participant shows that the induction program was a conducted successfully.



As per Fig 2, 100% participants could answer the purpose of Care Hospitals, employees' rights, member of grievance committee and the welfare schemes. 1 participants could not answer the names of the members of Internal Compliant committee correctly, 5 out of 14 participants could not answer within how many days complaint should be submitted from the occurrence of incident. 8 out of 14 participants could not answer the eligibility of how many types of leaves. 3 out of 14 could not answer monthly attendance cut-off date for payroll.

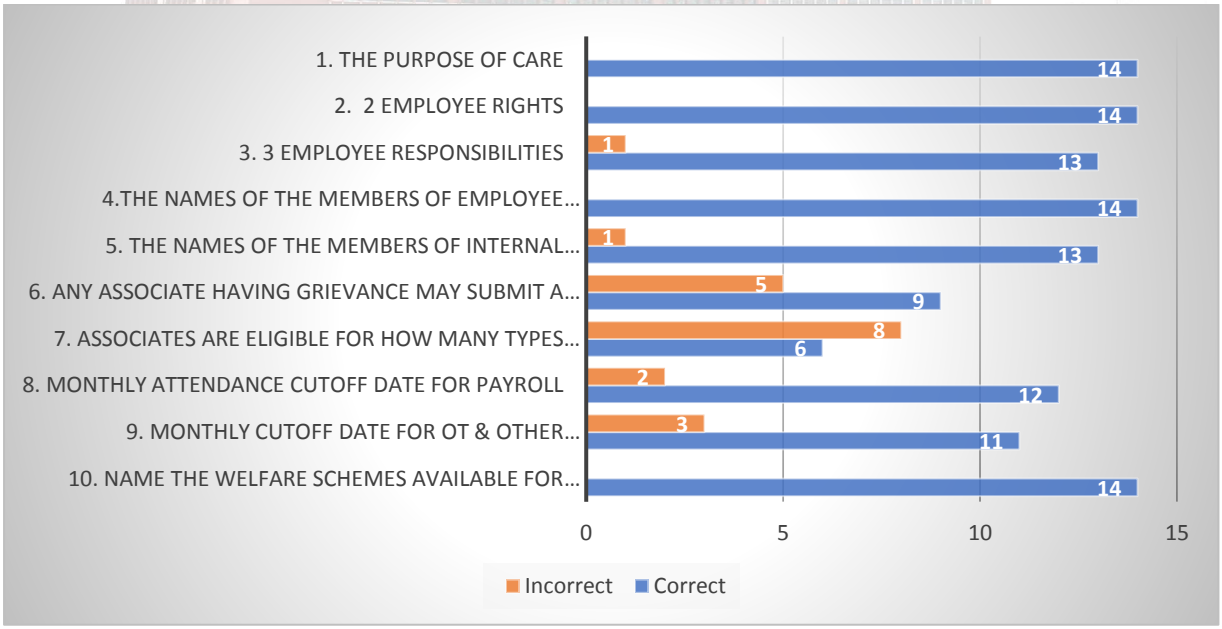


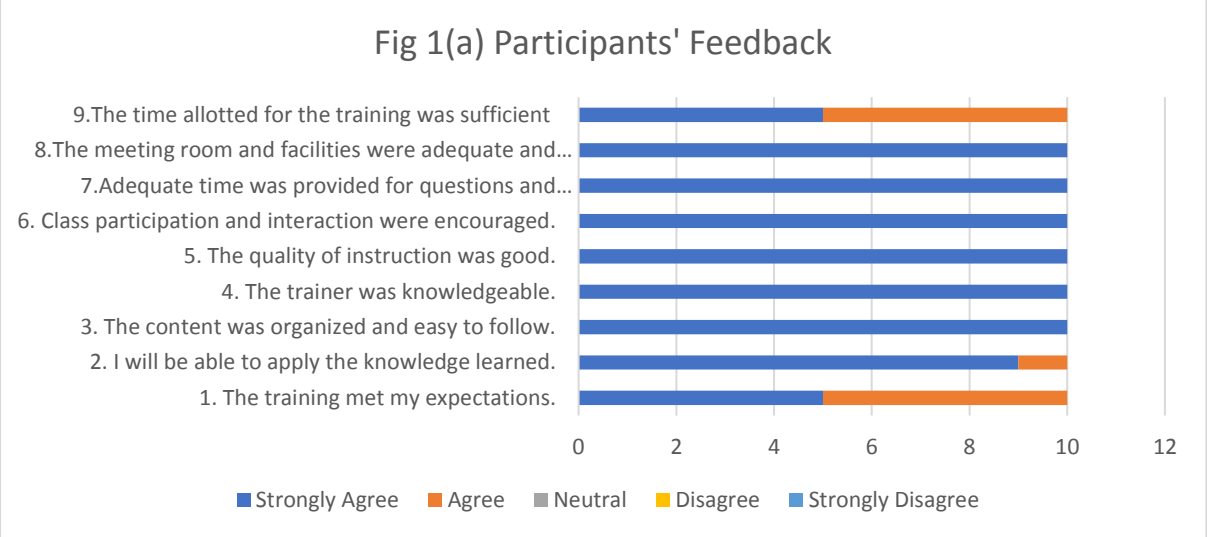
Fig 2 Graph showing the number of correct and incorrect answers given by employees after their induction program

NAME OF TRAINING PROGRAM	NO. OF PARTICIPANTS

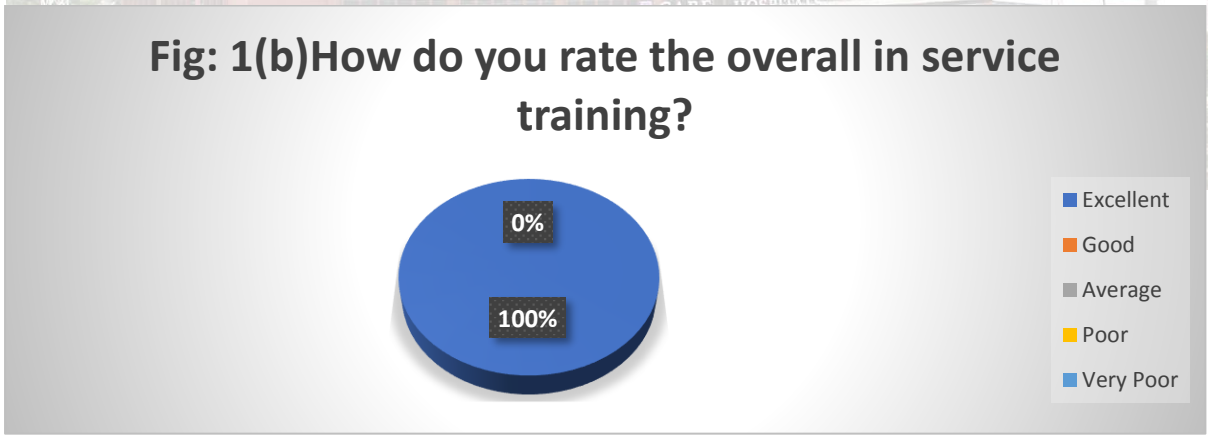
Induction Program	10

DATE	PLACE OF TRAINING	TRAINING HOURS
December 15, 2016	6th Floor	4 HOUR

As per Fig 1(a) 50% participants strongly agreed that time allotted for training was sufficient, 100% strongly agreed on meeting room facilities to be accurate, adequate time provided for questions and answers, on class participation encouragement and the content organised and easy to follow. They also strongly agreed on quality of instruction as good. 100% employees strongly agreed that the trainer was knowledgeable. While 50% agreed that the training met their expectation, while the other 55% strongly agreed on the same.

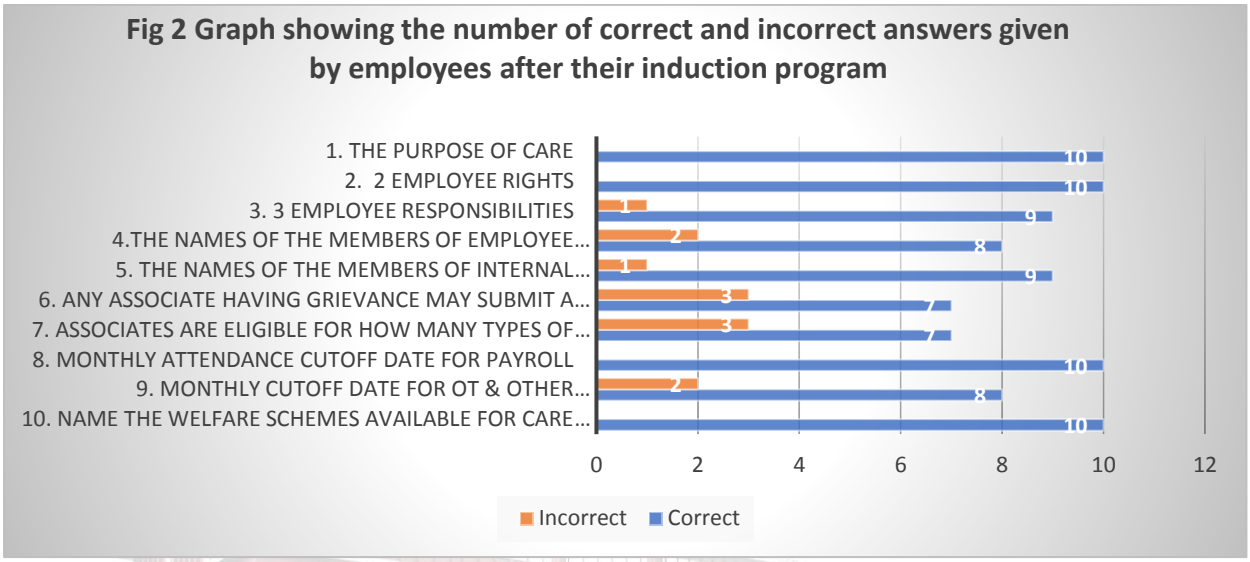


As shown in Fig1(b) 100% participants rated the overall program as excellent. The positive feedback of participant shows that the induction program was a conducted successfully.



As per Fig 2, 100% participants could answer the purpose of Care Hospitals, employees' rights, member of grievance committee and the welfare schemes. 2 participants could not answer the names of the members of Internal Compliant committee correctly, 3 out of 10 participants could not answer within how many days complaint should be submitted from the occurrence of incident. 3 out of 10 participants could not answer the eligibility of how many

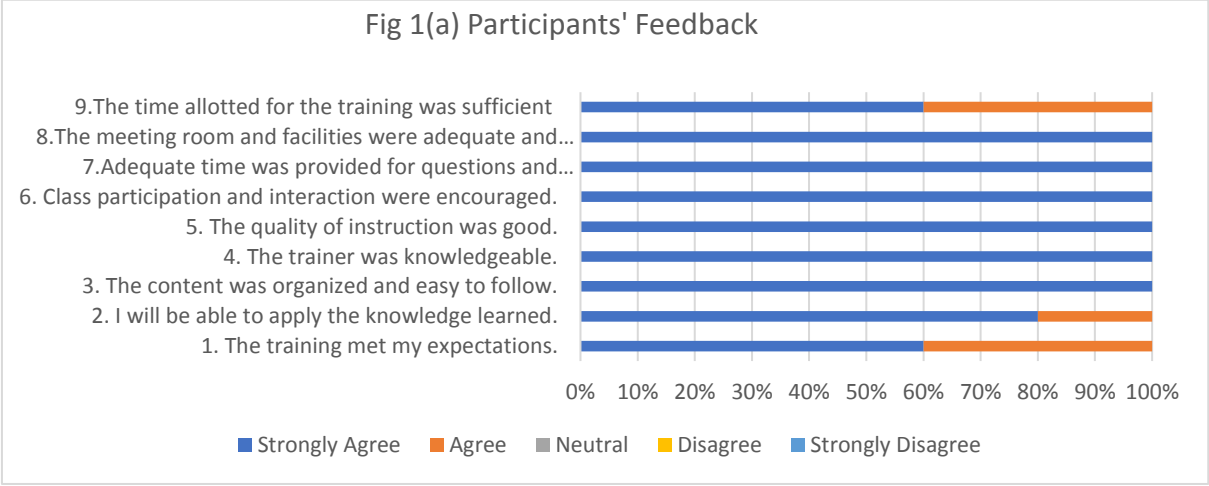
types of leaves. 2 out of 10 could not answer monthly attendance cut-off date for payroll. All the participants could name the welfare scheme available.



NAME OF TRAINING PROGRAM	NO. OF PARTICIPANTS
Induction Program	5

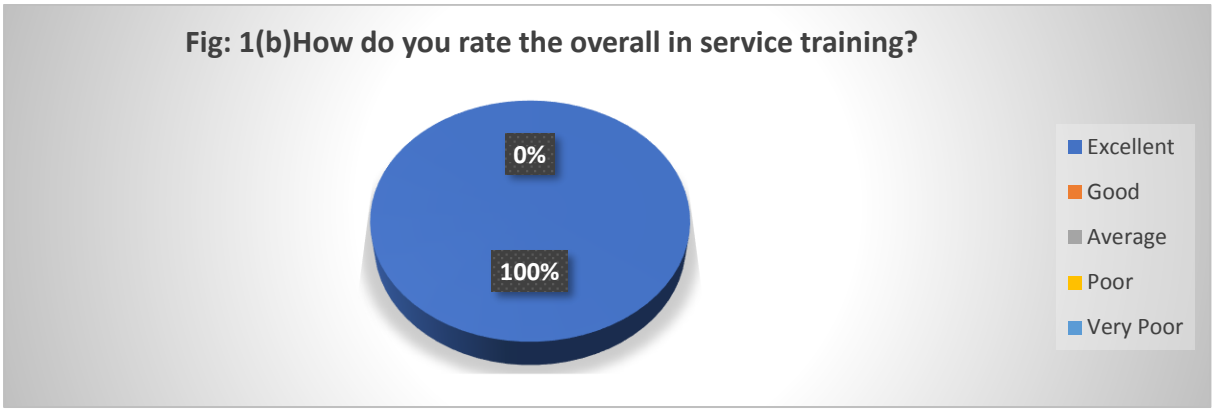
DATE	PLACE OF TRAINING	TRAINING HOURS
January 1, 2017	6th Floor	4 HOURS

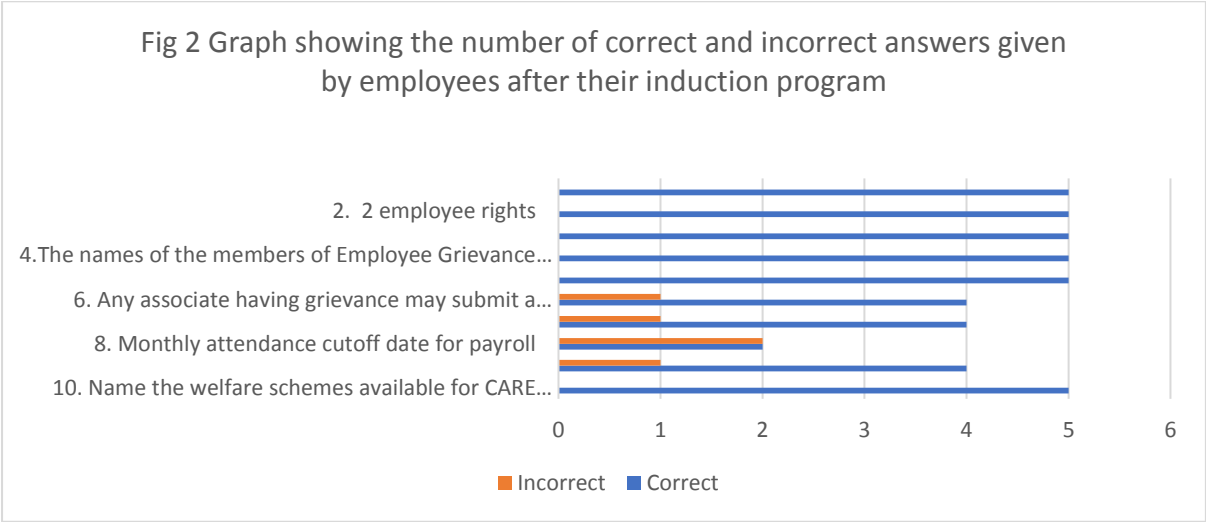
As per Fig 1(a) 60% participants agreed that time allotted for training was sufficient, 100% strongly agreed on meeting room facilities to be accurate, adequate time provided for questions and answers, on class participation encouragement and the content organised and easy to follow. They also strongly agreed on quality of instruction as good. 100% employees strongly agreed that the trainer was knowledgeable. While 40% agreed that the training met



their expectation, while the other 60% strongly agreed on the same.

As shown in Fig1(b) 100% participants rated the overall program as excellent. The positive feedback of participant shows that the induction program was a conducted successfully.





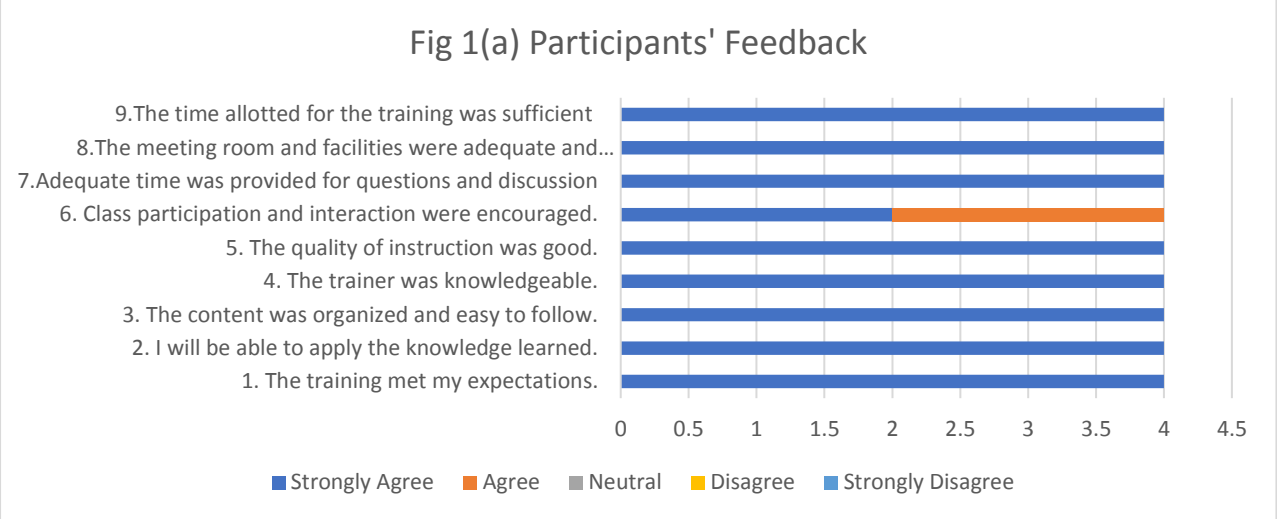
As per Fig 2, 100% participants could answer the purpose of Care Hospitals, employees' rights, member of grievance committee and the welfare schemes. All participants could answer the names of the members of Internal Compliant committee correctly, 1 out of 5 participants could not answer within how many days complaint should be submitted from the occurrence of incident. 1 out of 5 participants could not answer the eligibility of how many types of leaves. 2 out of 5 could not answer monthly attendance cut-off date for payroll. All the participants could name the welfare scheme available.

NAME OF TRAINING PROGRAM	NO. OF PARTICIPANTS
Induction Program	4

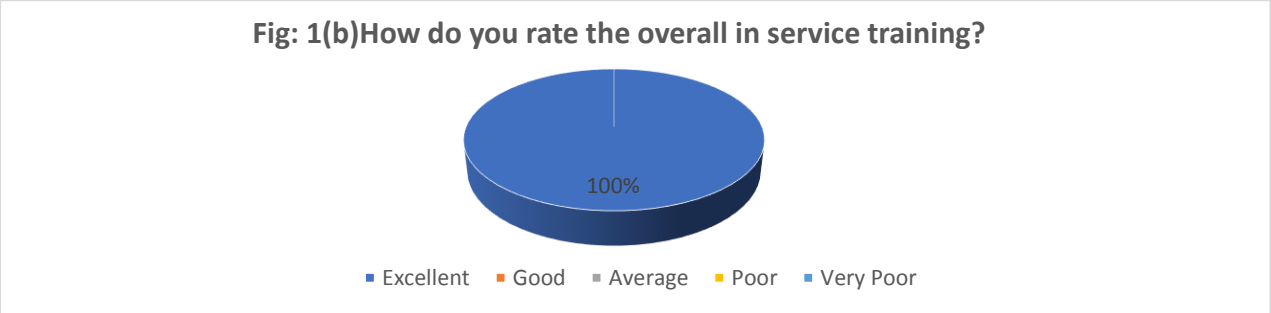
DATE	PLACE OF TRAINING	TRAINING HOURS
March 1, 2017	6th Floor	4 HOUR

As per Fig 1(a) 100% participants agreed that time allotted for training was sufficient, 100% strongly agreed on meeting room facilities to be accurate, they also strongly agreed on quality of instruction as good. 100% employees strongly agreed that the trainer was knowledgeable.

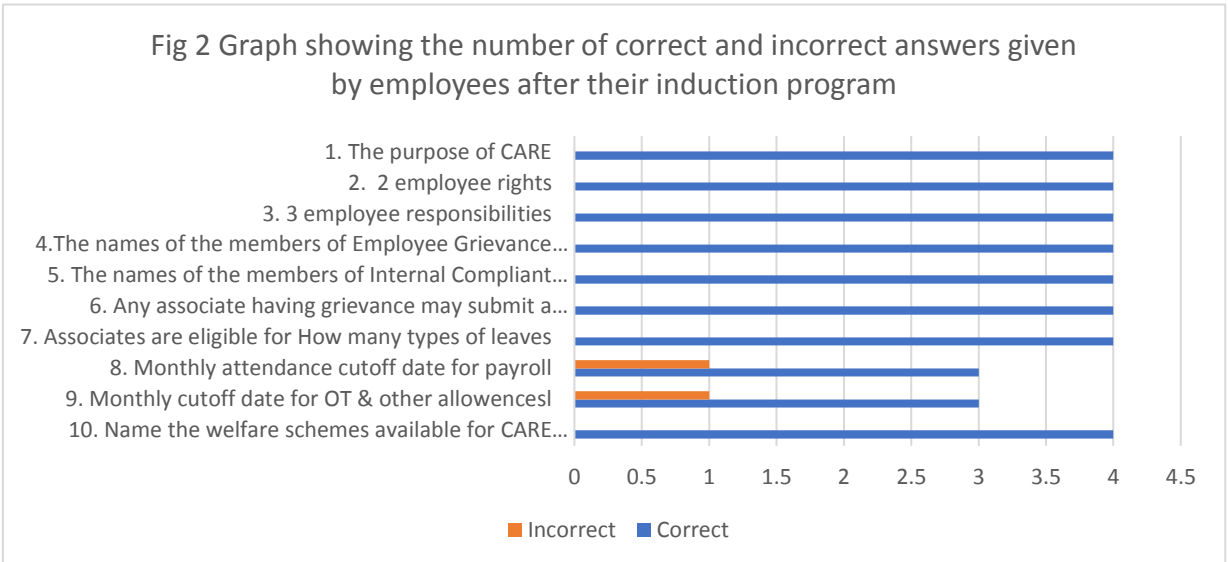
Agreed that the training met their expectation, while the other 60% strongly agreed on the same.



As shown in Fig1(b) 100% participants rated the overall program as excellent. The positive feedback of participant shows that the induction program was a conducted successfully.



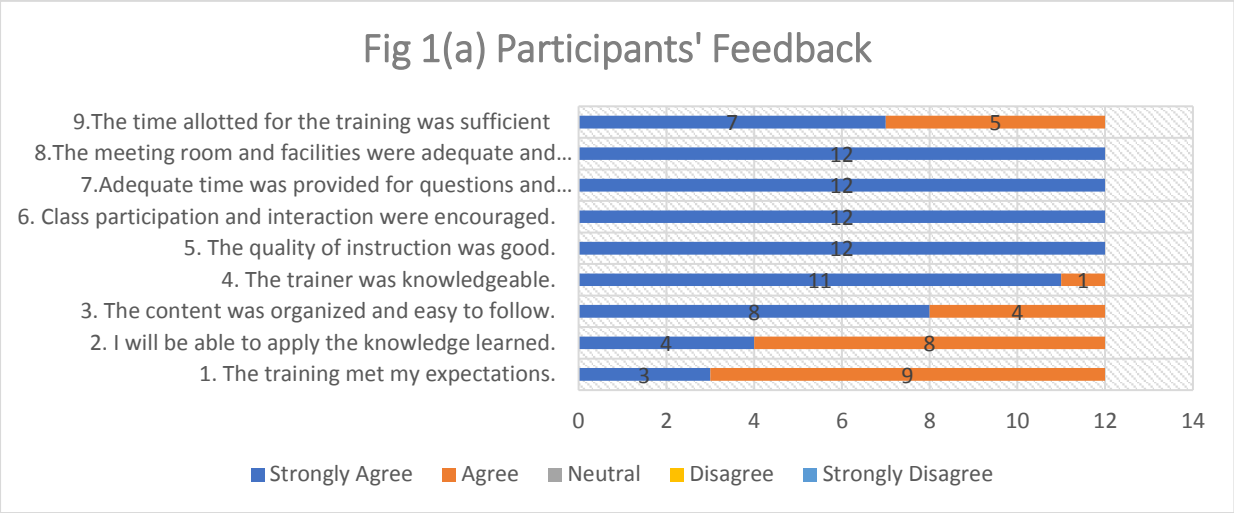
As per Fig 2, 100% participants could answer the purpose of Care Hospitals, employees' rights, member of grievance committee and the welfare schemes. 100% participants could answer the eligibility of how many types of leaves. 1 out of 4 participants could not answer monthly attendance cut-off date for payroll. All the participants could name the welfare scheme available.



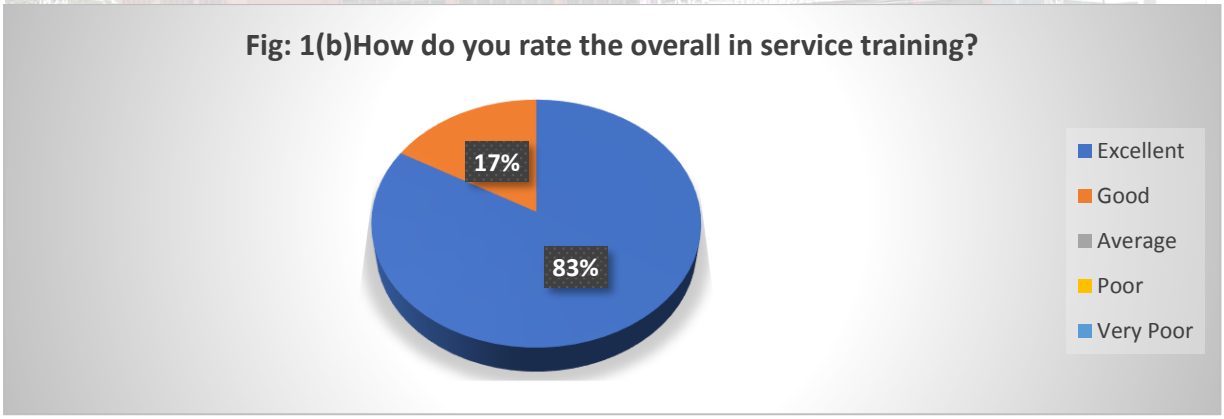
NAME OF TRAINING PROGRAM	NO. OF PARTICIPANTS
Induction Program	12

DATE	PLACE OF TRAINING	TRAINING HOURS
January 15, 2017	6th Floor	4 HOUR

As per Fig 1(a) 60% participants agreed that time allotted for training was sufficient, 100% strongly agreed on meeting room facilities to be accurate, adequate time provided for questions and answers, on class participation encouragement and the content organised and easy to follow. They also strongly agreed on quality of instruction as good. 90% employees strongly agreed that the trainer was knowledgeable. While 75% agreed that the training met their expectation, while the other 25% strongly agreed on the same.

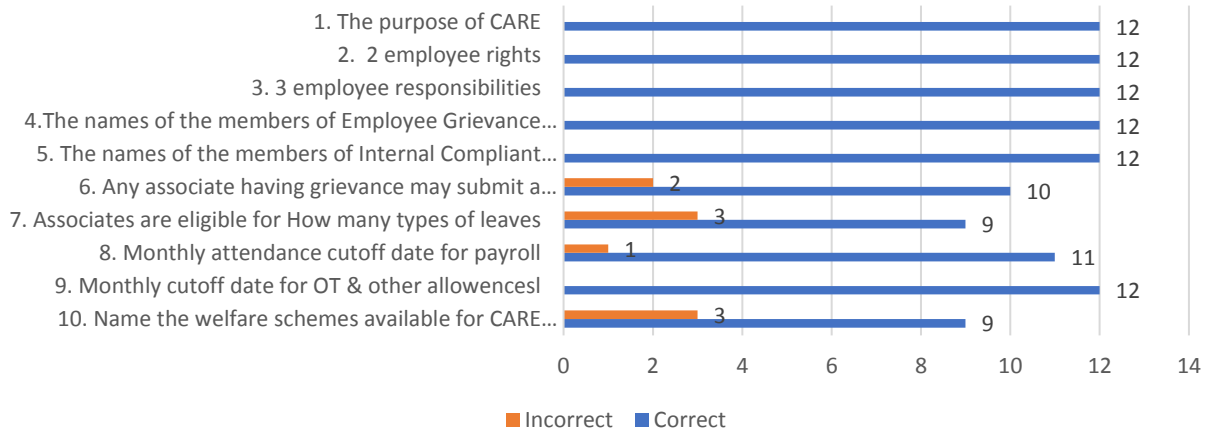


As shown in Fig1(b) 100% participants rated the overall program as excellent. The positive feedback of participant shows that the induction program was a conducted successfully.



As per fig 2, all the participants gave correct answers regarding the purpose of Care hospitals, employees' right and responsibilities, name of grievance committee members, also the names of internal compliant members, and monthly cut-off date for OT and other allowanced. Approximately, 25% to 30% participants could not provide correct answers regarding the monthly attendance cut-off date for payroll, eligibility of leaves and welfare schemes available for care associates.

Fig 2 Graph showing the number of correct and incorrect answers given by employees after their induction program

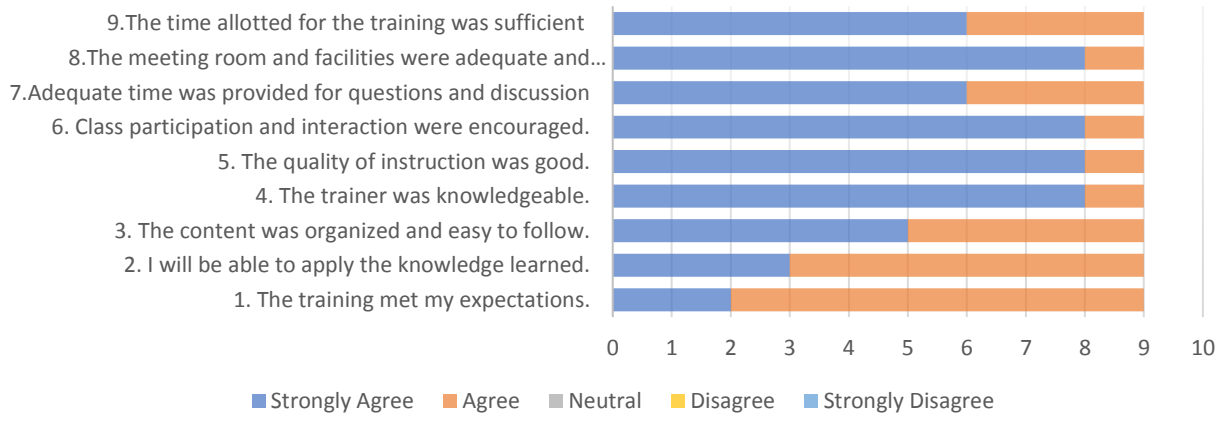


NAME OF TRAINING PROGRAM	NO. OF PARTICIPANTS
Induction Program	9

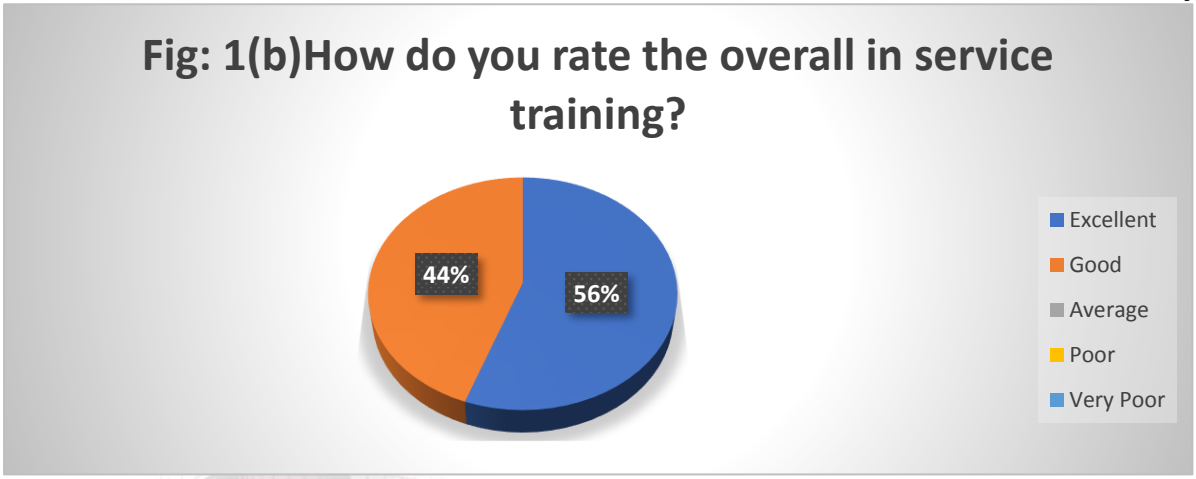
DATE	PLACE OF TRAINING	TRAINING HOURS
February 1, 2017	6th Floor	4 HOURS

As per Fig 1(a) 60% participants strongly agreed that time allotted for training was sufficient, 80% strongly agreed on meeting room facilities to be accurate, 60% strongly agreed on adequate time provided for questions and answers, 80% strongly agreed on class participation encouragement, good quality of instruction and trainer's knowledge.50% strongly agreed that the content was organised and easy to follow. While 60% agreed that the induction program met their expectation, while the other 40% strongly agreed on the same.

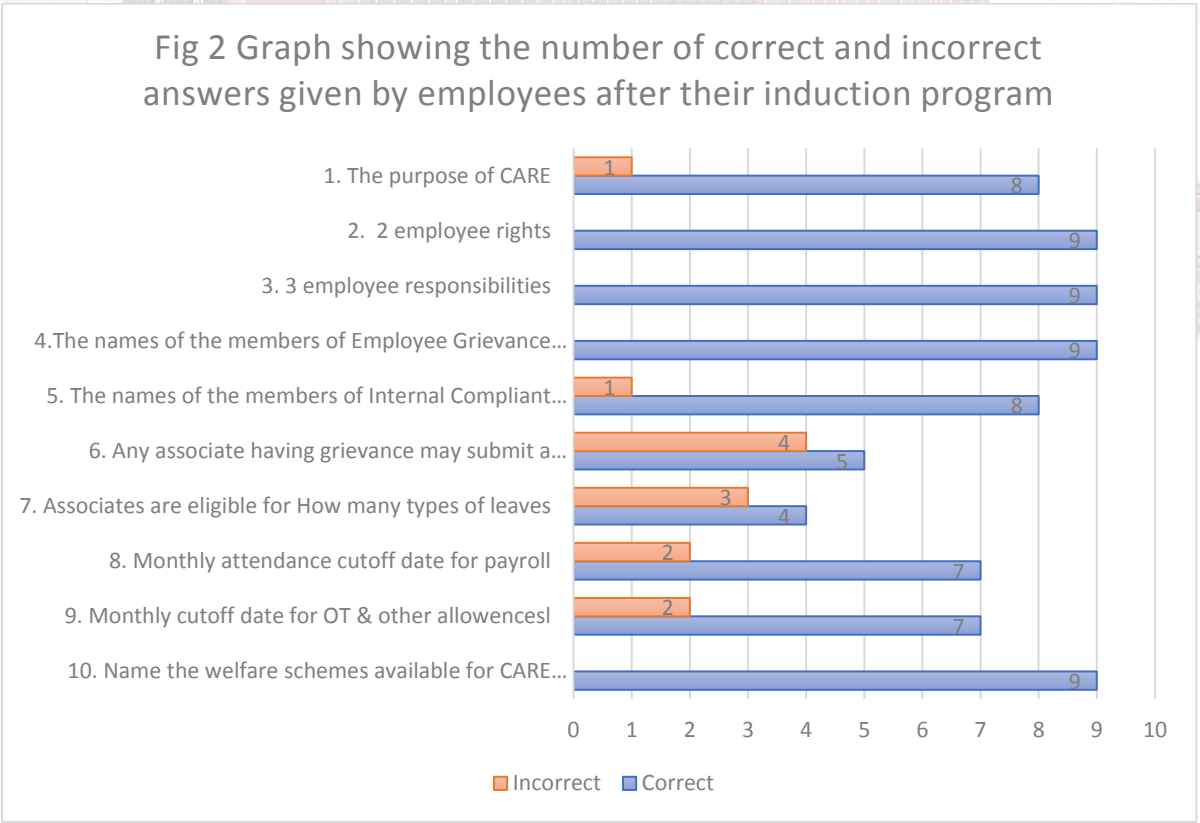
FIG 1(A) PARTICIPANTS' FEEDBACK



As shown in Fig1(b) 56% participants rated the overall program as excellent and remaining 44% rated it as good. The positive feedback of participant shows that the induction program was a conducted successfully.



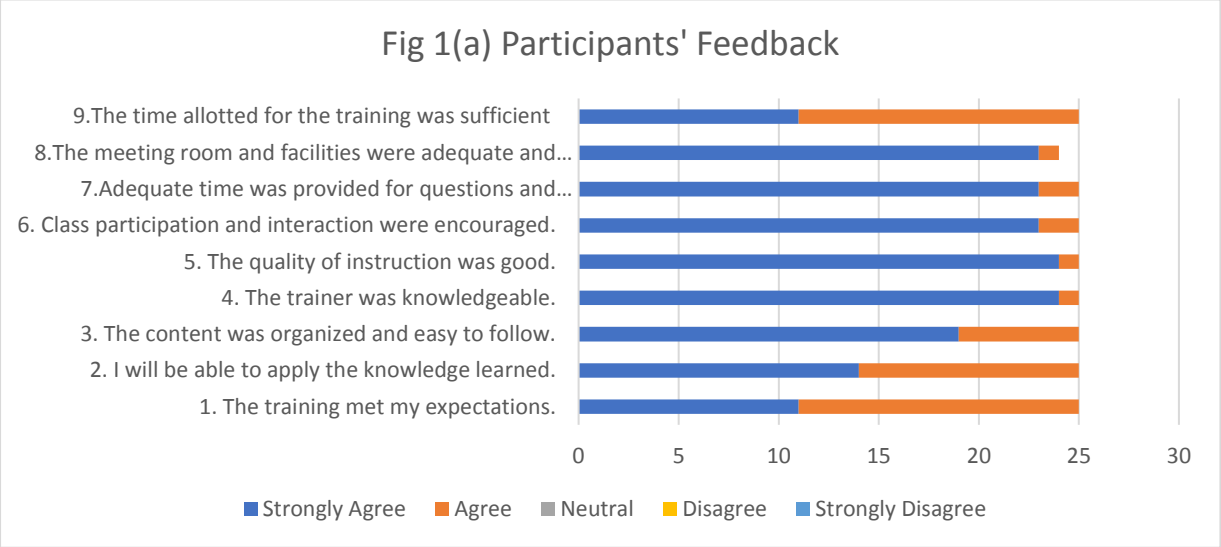
As per fig 2, Out of 9 participants, 1 participant could not answer the purpose of Care hospitals correctly, everyone answered employees' right and responsibilities, name of grievance committee members correctly, 1 participants could not answer the names of internal compliant members, 4 out of 9 participants could not answer within how many days complaint should be submitted from the occurrence of incident and 2 participants could not answer monthly cut-off date for OT and other allowanced. Approximately, 25% to 30% participants could not provide correct answers regarding the monthly attendance cut-off date for payroll and eligibility of leaves. 100% participants answered welfare schemes available for care associates correctly.



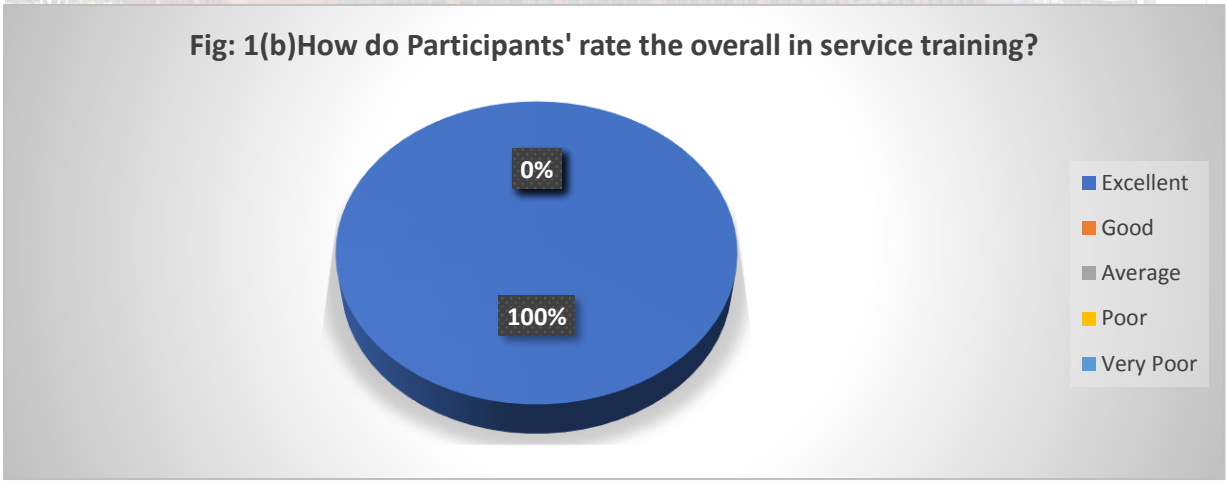
NAME OF THE TRAINING PROGRAMME	NO. OF PARTICIPANTS
INDUCTION PROGRAMME	25

DATE	PLACE OF TRAINING	TRAINING HOURS
November 1, 2016	6th floor	4 Hours

As per figure 1(a), most of the participants agreed that adequate time was provided for the meeting and that the quality of instructions was good, and the participation and interaction were good too.

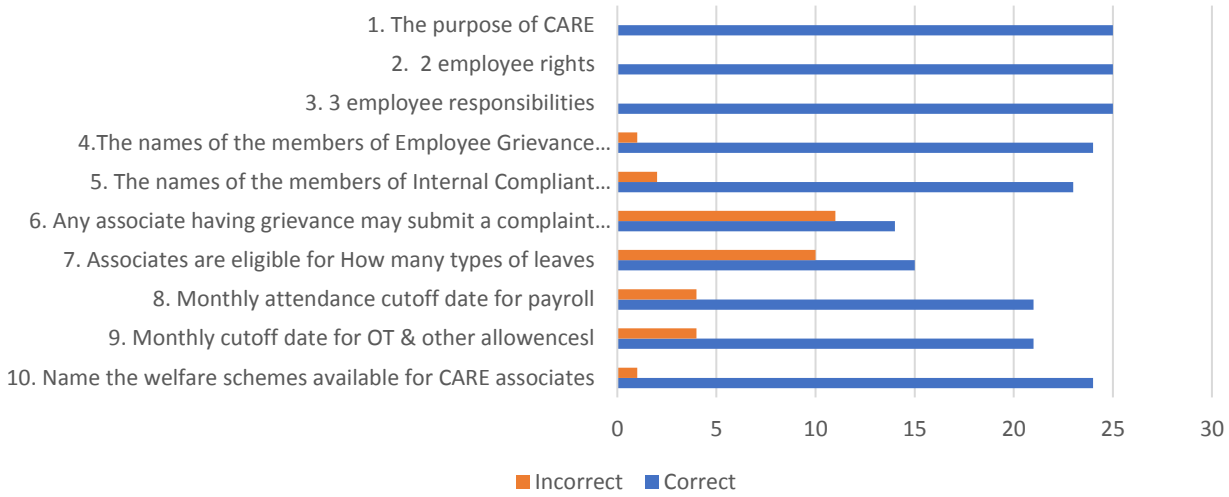


As per figure 1(b), 100% of the participants believe that the training was excellent. This shows that the training was successful.



As per figure 2, 100% participants were able to tell the purpose, rights, responsibilities while around 90% were able to name the Welfare Schemes available for Care Employees.

Fig 2 Graph showing the number of correct and incorrect answers given by employees after their induction program

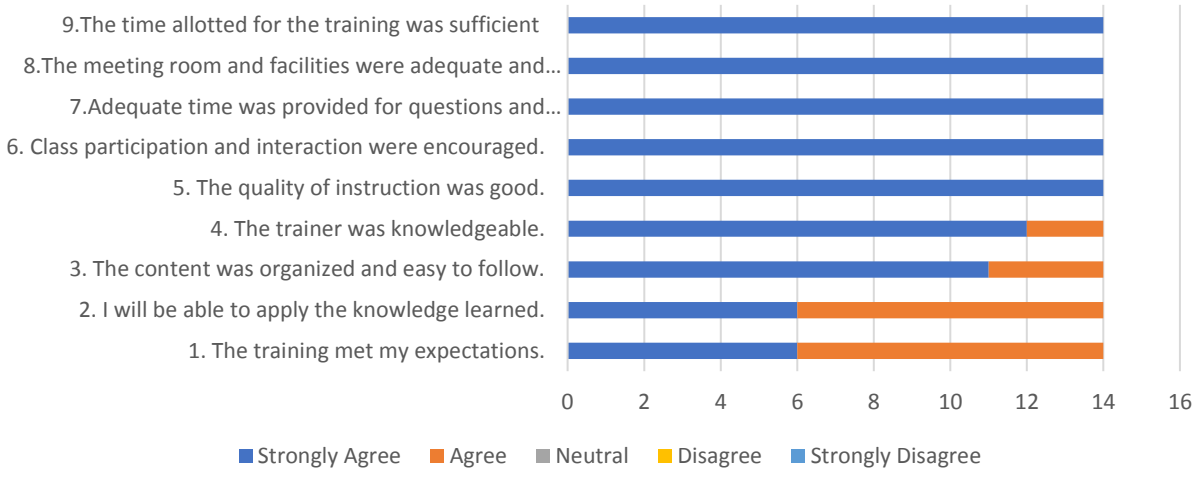


NAME OF THE TRAINING PROGRAMME	NO. OF PARTICIPANTS
INDUCTION PROGRAMME	14

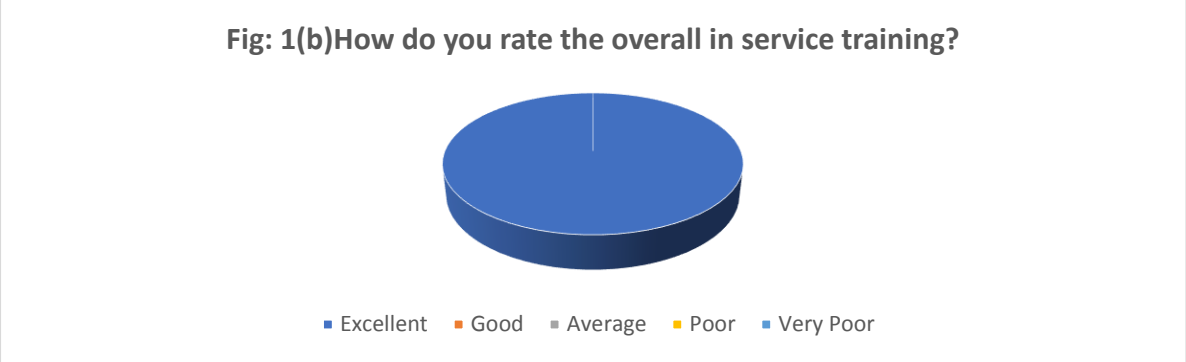
DATE	PLACE OF TRAINING	NUMBER OF HOURS
November 15, 2016	6th Floor	4 Hours

As per figure 1(a), 100% of the participants agreed that the meeting room and facilities were adequate, adequate time was provided for the meeting, class participation and interaction were good, and the quality of instructions was good.

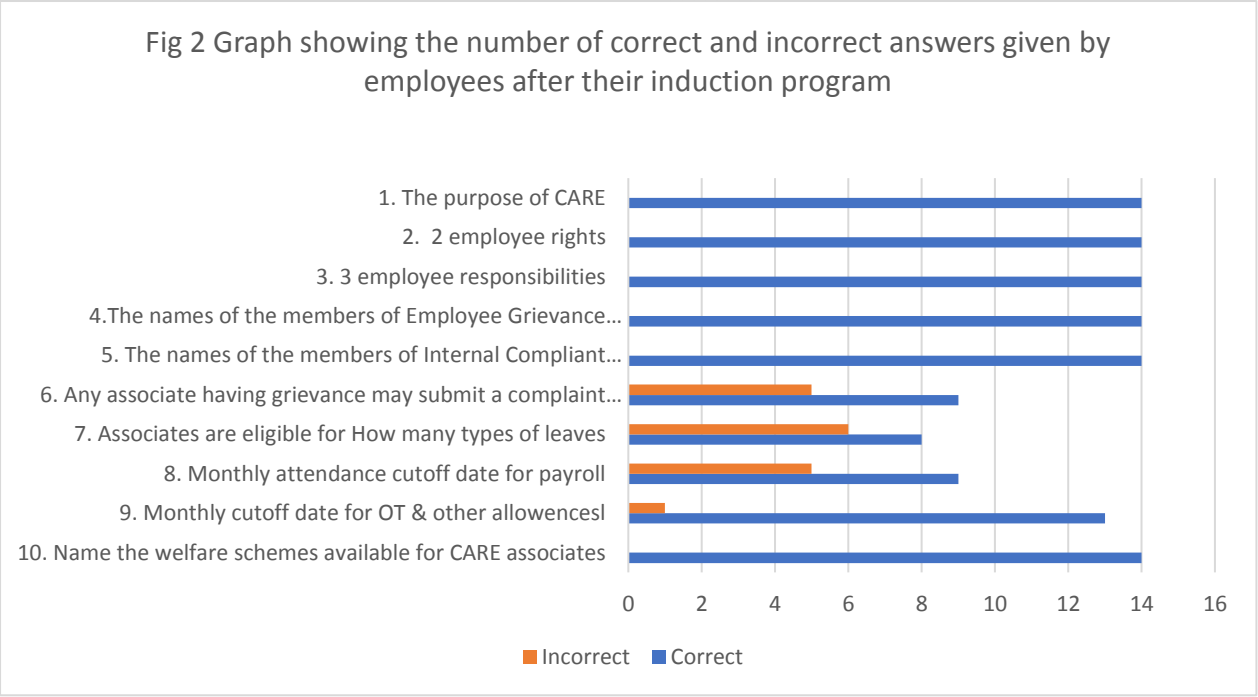
Fig 1(a) Participants' Feedback



As per figure 1(b), 100% of the participants believe that the quality of the in-service training was excellent.



As per figure 2, 100% of the participants were able to tell the purpose of CARE, employee rights, Employee responsibilities and Welfare Schemes for CARE Employees. 9 out of 14 participants were able to tell about the grievance procedure while 8 out of 14 employees were able to tell about the Leaves System. 9 out of 14 participants were able to tell about the monthly cut-off date for payroll while 13 out of 14 participants were able to tell about the Monthly Cut-off for OT.



Conclusion:

Induction program is the most important of all, as it is the process used to welcome new employees to the company and prepare them for their new role. The rating by the employee shows that they were satisfied with the induction program. However, many could not remember the member's name of grievance committee, therefore an official email to employees can be sent giving the details of grievance committee.

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ANNEXURE

Annexure 1:

Questions	Excellent (5)	Good (4)	Average (3)	Poor (2)	Very Poor (1)
Source of entertainment					
Quality of food					
Cleanliness of the clinic					
Time Management					
Team work among staff					
Process knowledge					
Patient's vitals					
Professionalism (with fellow staff)					
Professionalism (with patient)					
Guidance provided to reach respected departments					

Annexure 2:

Questions	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The training met my expectations.					
2. I will be able to apply the knowledge learned.					
3. The content was organized and easy to follow.					
4. The trainer was knowledgeable.					
5. The quality of instruction was good.					
6. Class participation and interaction were encouraged.					
7.Adequate time was provided for questions and discussion					
8.The meeting room and facilities were adequate and comfortable					
9.The time allotted for the training was sufficient					
	Excellent	Good	Average	Poor	Very Poor
10. How do you rate the overall in-service training?					

Annexure 3:

Questions	Correct	Incorrect
10. Name the welfare schemes available for CARE associates		
9. Monthly cut-off date for OT & other allowances		
8. Monthly attendance cut-off date for payroll		
7. Associates are eligible for How many types of leaves		
6. Any associate having grievance may submit a complaint in writing with his/her signature within _____ occurrence of incident.		
5. The names of the members of Internal Compliant committee		
4.The names of the members of Employee Grievance committee		
3. 3 employee responsibilities		
2. 2 employee rights		
1. The purpose of CARE