Summer Internship
in
Service Hospital, Jaipur, Rajasthan

(April 08 to June 08, 2015)

A Report

By
Col S Pawan Kumar,SM

MBA Hospital and Health Management

2014-2016

Institute of Health Management Research, Jaipur

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 the study on the Level of Satisfaction in Indoor and Outdoor patients of Service Hospital, Jaipur has been done and submitted by Col S Pawan Kumar, SM, a student of Masters of Business Administration in Hospital and Health Management-19th Batch from Institute Of Health Management and Research, Jaipur.

The study project was prepared in the internship period from April 8, 2015 to June 8, 2015 at Service Hospital, Jaipur. This is his original work.

I wish him all success for his future endeavors.

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

Dr. Tanjul Saxena
Associate Professor
IIHMR University

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

INTERNSHIP COMPLETION CERTIFICATE

This is to certify that Colonel Surender Pawan Kumar, SM has completed his internship of two months with this hospital. During internship, he was given exposure to functioning of all the departments in the hospital. The individual worked on a project on Patients Satisfaction which involved preparation of questionnaire, collection of primary data by survey analysis of results and presentation of report.

Unit : Military Hospital
Jaipur

Dated : 13 Jun 2015

MILITARY HOSPITAL JAIPUR

(AK Rastogi)
Col
Sr Registrar & OC Tps
for Commandant

Acknowledgement

The success and outcome of this summer training program at Service Hospital, Jaipur required guidance and assistance from a lot of people and I am extremely fortunate to have got this all along the completion of my training. I would like to express my sincere and heartfelt gratitude to all those.

First and foremost I would like to thank **Dr. A P Radhakrishnan,** Commandant, Service Hospital, Jaipur for providing me the opportunity to work with the organization and make my summer training a valuable experience.

I am extremely grateful to **Dr. AK Rastogi**, Senior Registrar, Service Hospital, Jaipur, and my mentor, who took keen interest in my project work and 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.

I would also like to thank the staff of the hospital for sparing their precious time and providing me useful insight into functioning of the hosp.

I express my earnest gratitude to **Dr. Ashok Kaushik**, Dean, Academics and Students Affairs, IIHMR University, Jaipur for trusting and supporting me to get an internship with Service Hospital.

I am highly indebted to **Professor Tanjul Saxena,** Associate Professor, IIHMR, Jaipur for her unconditional support and treasured suggestions in completion of the project . Her words of wisdom have always been a perpetual source of inspiration.

I am grateful to **Mr. Dalbir Singh**, Placement Officer, IIHMR Jaipur, for facilitating my training at Service Hospital.

Lastly, I would like to thank my college, IIHMR Jaipur, for providing me with an opportunity to learn and for helping me gain in- depth knowledge of functioning of a hospital.

CONTENTS

LIST OF FIGURES AND TABLES

Acronyms/Abbreviations

Govt	Government
Hosp	Hospital
Offrs	Officers
Civ	Civilians
Surg	Surgeon
Path	Pathologist
Anaes	Anesthetist
Med	Medical
ENT	Eye Nose Throat
Ortho	Orthopedic
Radio	Radiologist
Paed	Pediatrician
Obst & Gyne	Obstratician % Gynecologist
Derma	Dermatologist
OPD	Outpatient department
IPD	Inpatient department
Pers	Personal
ICU	Intensive Care Unit
SOP	Standard Operating Procedures
Op	Operation
RGR	Radiographer
XRA	X Ray Assistant
CSSD	Central Sterile Supply Department
USG	Ultrasonography
PNDT	Pre Natal Diagnostic Test

INTRODUCTION

The summer training is an integral part of the course curriculum of PGDHM at IIHMR Jaipur. As part of the course, students at the end of their first year are required to undergo training of two months to get an in-depth exposure to various departments in the organization, as well as take up projects as per the requirements of the organization where the students get training. What is most crucial is to build a base of knowledge about the structure and functioning of the hospital, which can be used to understand and apply concepts in the subsequent study tenure at IIHMR Jaipur.

During my summer training at Service Hospital, Jaipur, there were numerous learning experiences. Dr AK Rastogi, Senior Registrar, who himself is MHA qualified with vast experience of serving in five nations across the globe, was my mentor. He prepared a schedule of 8 weeks for me which covered all the departments. The program gave me adequate opportunity to study and understand various procedures followed in the clinical, support and utility services of the hospital.

During this internship I carried out a study on Patient Satisfaction which involved preparing a questionnaire, conducting a survey and analyzing the results. At the end the findings and recommendations were shared with complete staff of the hospital through a presentation.

PART I: GENERAL

1. **Brief History Of The Hosp**

(a) History of the Govt Hosp at Jaipur can be traced as far back as 14 Nov 1890, when the foundation stone of Govt Hosp Jaipur was laid by the then Viceroy and Governor General of India, HE Lord Lansdowne and the hosp was named Lansdowne Govt Hosp. It was later rechristened as Rajbans Govt Hosp catering for the State Forces of the erstwhile Jaipur State.

(b) The bed component has been increased and the Hosp got upgraded from time to time. The present hosp has been upgraded to 449 beds.

(c) The hosp has all the basic specialties like Medicine, Surgery, Gynecology, Pediatrics, Eye, ENT, Anesthesia, Radiology, Pathology and Dermatology. Recently Orthopedics has been added as part of hosp up-gradation.

(d) The up-gradation to a 600 bedded hosp has been approved in principle however sanction is still awaited. For the interim period of up-gradation, the infrastructure at existing location is being re-appropriated to accommodate additional beds and augmentation of facilities.

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2. **Role** - To provide comprehensive health care for the following:-

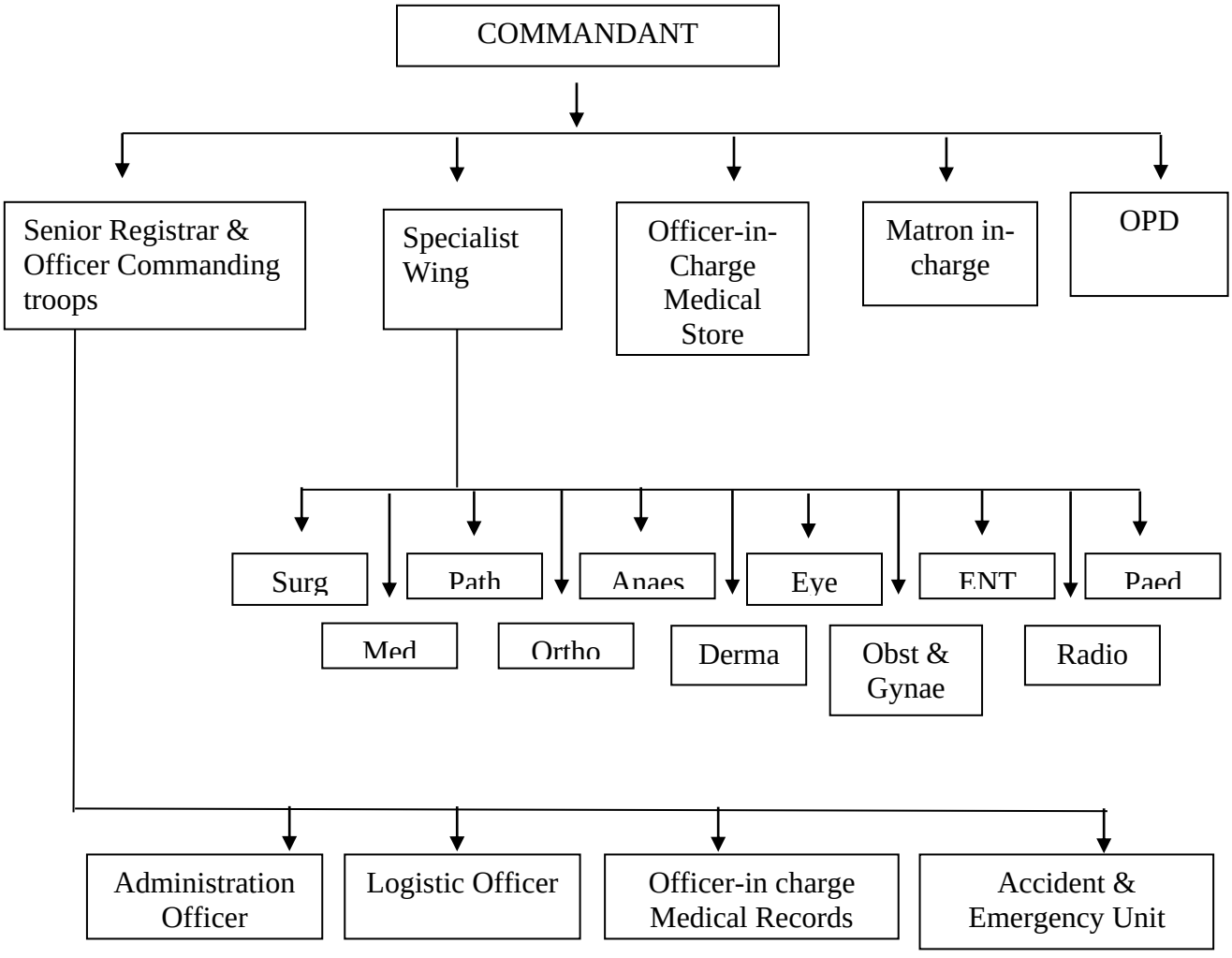
(a) Soldiers and their family located at Jaipur (approximate load 16830).

(b) Ex-Servicemen and their family residing at Jaipur, Sikar and Jhunjhunu Districts (approximately 3.86 Lakhs through ECHS polyclinics.)

(c) Other entitled service and civ employees.

(d) Dependents of soldiers posted outside but belonging to Jaipur.

3. **Organogram**



4. **Manpower :**

(a) **Service Pers (Table 1):**

Category	**Authorised**	**Posted**
Doctors	16	16
Nursing Staff	35	31
Supervisors	23	23
Others	240	175

(b) **Civilians.** The details of authorised, posted, deficiency and surplus state of civilian manpower are attached as **Appendix 'A'.**

PART II: HOSP STATISTICS

5. **Beds with distribution including special beds**

Officers	Others	Officers Family	Others Family	Total	Special Beds	Remarks
07	354	02	62	435	15 + 07	ICU- 15 Pediatrics- 07

6. **Workload**

(a) Out -patient department

Ser No	OPD/Department	Workload 2014	
		Daily Average	**Monthly Average**
(i)	General OPD (Causality & Family OPD)	146	4380
(ii)	Specialist		
	(aa) Med	128	2560
	(ab) Surg	59	1055
(iii)	ENT	42	756
(iv)	Gynae	63	1134
(v)	Paed	47	940
(vi)	Derm	64	1540
(vii)	Eye	73	1314
	Total	**622**	**13679**
(viii)	Diagnostic services		
	(aa) Lab	925	27734
	(ab) Radio diagnosis	55	1370
	G Total	**1602**	**42783**

b) In patient department (specialty wise)

Ser No	Specialty	Admission 2014		
		Daily average	**Monthly average**	**Total Admission**
(a)	Med	8	240	2590
(b)	Surg	5	150	1659
(c)	Paed	2	60	669
(d)	Gynae	2.5	75	752
(e)	Derm		5	46
(f)	ENT		9	95
(g)	Eye		10	116

7. **Utilisation**

(a) Average Length of Stay (specialist wise):

(i) Surg : 7.00
(ii) Med : 6.84
(iii) Gynae : 4.30
(iv) Eye : 3.00
(v) Family/Paed: 4.12
(vi) ENT : 3.20
(vii) Derm : 4.80

(b) Bed Occupancy (maximum, minimum, average, for last two years):

			2013	2014
(i)	Maximum	:	160	141
(ii)	Minimum	:	59	73
(iii)	Average	:	102	110

8. **Performance**

(a) Gross Death rate : 2013 – 0.36 2014 - 0.67

(b) Hosp Associated infection rate (standard CDC definition to be used)

(i) Overall : 01
(ii) Surgical site infection rate : 01

PART III – SERVICES

PATIENT CARE SERVICES

9. **Emergency Services**

(a)	Physical facilities	:	Available
(b)	Patient trolleys and wheel chairs	:	Available
(c)	Availability of critical/major equipment affecting Efficiency	:	Available
(d)	Availability of trained manpower (Disaster Management qualified)	:	31
(e)	Availability of critical care ambulance including No of Cardiac care van modified for Critical care	:	01
(f)	Availability of emergency medicines	:	Available

(g) Emergency protocols (SOPs) available in Hosp :

(i) Approach to Trauma Patient
(ii) Head Injury
(iii) Chest pain/AMI
(iv) Poisoning
(v) Emergency Management Coma
(vi) Acute Severe Asthma
(vii) GI Bleed
(viii) Seizure
(ix) Shock
(x) Allergic & Anaphylactic Shock

10. **Support services available**

(a)	Sample collection facilities	:	Blood collection center
(b)	Dispensary: No of counters	:	Three
(c)	Availability of senior citizen counter	:	Yes

(d) **Average Waiting time for**

(i)	Registration	:	10 Minutes
(ii)	Consultation	:	30-45 Minutes
(iii)	Dispensary	:	10 -15 Minutes
(iv)	Sample collection	:	0-15 Minutes

11. **OT**

(a) No of Operating Rooms (major/minor) : Major OT -03, Minor OT-01

(b) Distribution of ORAs specialty wise : 01 in EYE, 01 in ENT, Balance ORAs in OT

(c) Surgical Workload (as per OT register and specialty wise for last 12 month

	Surg	**Gynae**	**Eye**	**ENT**	**Ortho**
2014	759	302	512	230	11

(d) SOPs available on OT functioning : Three – OT/ Sterilization, Pre-Op room, Post Op room

(e) Environment surveillance method utilized : Air Sampling & Surface Swabs.

(f) Pre-operation beds : 04

(g) Post- operation beds : 04

12. **ICU**

(a) Beds : 15

(b) Facilities available :-

(i) Central monitoring,

(ii) Pulse-oximeter,

(iii) O2 concentrator

(iv) Ventilator

(v) Portable X-Ray machine

(c) Availability of crash carts : Available

(d) Occupancy Rate : 04 per day

(e) Staffing ratio of Nursing staff : 3:4 during day,1:4 at night

(f) ICU death rate : Negligible

(g) Have admission/discharge protocols been defined : Yes

Availability of SOPs including procedures for intimation of death/deterioration of condition of patients to relatives(availability of contact Nos of NOK of patients) : Available

(i) Availability of adequate power backup : Generator

13. **Other Inpatient Services**

(a) Facilities for visitor management :
  (i) Waiting area
  (ii) Health Education Room
  (iii) Health Education audio-visual display
  (iv) Periodicals & Newspaper
(c) Cafeteria
(d) Filtered Cold Water
(e) List of SOPs available on clinical and administrative Matters (including Adverse Event Reporting). : As per **Appendix 'B'**

14. **Laboratory and Blood Transfusion Services**

(a) **Workload** (average daily/monthly)

(i)	Hematology	:	316/9487
(ii)	Biochemistry	:	385/11540
(iii)	Microbiology	:	13/372
(iv)	Histopathology	:	06/180
(b) Serology		:	23/682
(c) Other/special investigations		:	12/360
(d) Blood grouping/cross matching		:	18/542
(e) Blood/Blood component transfusion		:	16 / month

(f) Average turnaround time for type of investigation:-

(i)	Urgent Investigation	-	1-2 hrs
(ii)	Routine Investigation	-	8-16 hrs
(iii)	Histopathology	-	03-07 days

(g) Average daily holding of blood products (each type) : This Hosp does not hold a Blood Bank and obtains requirement from SMS Med College & Hosp as under:-
  (i) Whole Blood - 06 per month
  (ii) Components - 30 per month

(h) Average No of units donated & transfused (blood) : 15 per month

(i) No and type of investigations referred to civil : 762

(j) No of investigations marked urgent (average per month) : 1800

(k) Training in lab specific subjects like safety & quality : 1-2 Lectures/month

(l) Number of Transfusion Reactions (in last one yr) : Nil

15. **Imaging Services**

(a) Workload (average daily/monthly, facility/modality wise).

(i)	Plain X-Ray	-	42/1266
(ii)	Contrast X-Ray	-	10/ month
(iii)	USG	-	14/400

(b) No of Special investigations being done monthly : 16-20

(c) Staff availability : Radiologist-01
RGR -02
XRA -04

(d) Availability of radiation safety and monitoring devices : Available

(e) Average waiting time for special investigations : Nil

(f) Percentage of film wastage : 1-2 Film daily

(g) Validity of certificate under PNDT Act : 30 Jul 2018

(h) No referred to civil (in last two yrs) : Only for CT/ MRI

ANCILLARY SERVICES

16. **CSSD**

(a)	Availability of Accommodation (adequacy)	:	Nil
(b)	Availability of equipment and types	:	Nil
(c)	List type of packs prepared	:	Nil
(d)	Manpower allotted	:	Nil
(e)	Processes	:	Nil
(f)	Methods of sterilization available	:	Yes, 4 HPD,3 per day
(g)	**Periodicity of checks for sterility**		
(i)	Thermal & pressure indicator	:	Yes
(ii)	Frequency	:	Every lot
(iii)	Availability of tape	:	Yes
(iv)	Biological indicator	:	Not used
(v)	Periodicity	:	Daily
(vi)	Bowie dick tape test	:	Available
(vii)	Leak rate test	:	Not available

17. **Linen and laundry services**

(a) Manual/Mechanized : Mechanised

(b) **Staffing**

(i) Officer in charge : Administration Officer
(ii) Washer men
(aa) Combatant : Nil
(ab) Civilians : Four

(c) **Equipment**

Ser No	Nomenclature	Quantity	Capacity
1	Industrial Washing Machine	02	12.5 Kg & 50 clothes
2	Industrial Centrifuge Machine with 3 phase elect Motor HP 1.5	01	10 Kg
3	Hydro extractor	01	10 Kg

(d) **Workload**

(i) No of pieces/day : Approximately 200 pieces
(ii) In kg/day : Approximately 100 kg

(e) **Materials**

(i) Availability of washing material as per authorisation : Available
(ii) Water softening/de-ionization required/carried out : Yes

(f) **Processes**

(i) Sluicing carried out : Yes
(ii) Mending carried out : Yes
(iii) Collection of dirty and soiled linen : Daily
(iv) Distribution of clean linen : As per bed state

(g) Availability of SOPs : No

(h) Frequency of change of linen : Twice a week

(j) Adequacy of Hosp linen : Adequate

18. **Dietary services**

(a) **Accommodation**

(i) Availability of space

(aa)	Cooking/Kitchen	:	Adequate
(ab)	Washing	:	Adequate
(ac)	Dining	:	Adequate
(ad)	Storage	:	Adequate

(ii) No of cook houses : Two

(b) **Degree of mechanisation & Eqpuipment availability**

(i) Availability of Automated equipment : Yes, Atta Kneader and potato peeler

(ii) Availability of temp controlled trolleys for diet distribution : 03

(iii) Refrigerator : 16

(iv) Cold storage : Nil

(c) **Staffing**

(i) Responsibility : 01 Medical Officer

(ii) Availability of staff including Dietician : No dietician posted

(iii) Med exam of staff : Carried out periodically

(d) **Processes**

(i) Average daily No of therapeutic diets prepared : 06

(ii) Menu planning and variety : Available

(iii) Hygiene sanitation in the kitchen, dining hall, trolleys and stores : Satisfactory

(iv) Storage conditions for veg and non- veg items : Satisfactory

(e) Variety, adequacy and quality of patient rations : Satisfactory

(f)	Diet distribution system	: By hot food trolley
(g)	Diet satisfaction survey to including temp, appearance, presentation, quality, overall satisfaction	: Duty Officer

19. **Medical Stores**

(a)	Dependency for Stores	:	Delhi, Pune
(b)	Adequacy of supplies	:	40-45%
(c)	Lead time for receipt	:	3-4 Months
(d)	Storage facilities	:	Adequate, need a cold storage
(e)	Any out of stock emergency drugs in last one yr .	:	Nil
(f)	Any critical deficiencies	:	Nil
(g)	Date of last conditioning board and deposit of salvage	:	14 Dec 2014
(h)	List of expired drugs	:	Nil

20. **Mortuary Service**

(a)	No of cabinets/body storage available	:	One (Two body)
(b)	Availability of embalming facilities	:	Adequate
(c)	List of SOPs for mortuary	:	Available
(d)	Body handing over/identification procedures	:	As per laid down policy

PART IV - MANAGEMENT

FACILITY MANAGEMENT

21. **Bio Medical waste disposal**

(a)	Equipment availability	: Hydroclave with shredder not properly functioning.
(b)	Types of Bio Medical Waste	: Five
(c)	Process of segregation at source	
	(i) Availability of containers	: Available
	(ii) Plastic bags	: Available

(d) Process of collection : Manual
(i) Availability of heavy duty Nitrile gloves : Available

(e) Process of transportation
(i) Availability of internal transport : Mechanical Trolley
(ii) Availability of external transport : Mechanical transport

(f) Final disposal arrangements : Infected waste outsourced. General waste by Jaipur Authorities

22. **Patient Amenities/Measures for Clientele Satisfaction**

(a) Periodicity of CLINSAT meetings : Quarterly
(b) No of complaints and their disposal (in last two yrs) : 04 (All disposed)
(c) Periodicity of patient satisfaction survey : Yearly
(d) Barrier free environment for the differently-abled (Availability of ramps, toilets for physically challenged) : Available
(e) Availability of guest rooms for relatives of Seriously/Dangerously ill patients : No
(f) Availability of drinking water : By Aqua guard
(g) Availability of entertainment facilities (TV, radio, magazines) : Yes
(h) Availability of guidance facilities : In OPD & EU

(j) Any other special amenities : Cable, Hot & Cold water facility

23. **Fire fighting**

(a) Availability of fire orders/SOPs/internal disaster management plan : Yes

(i) Zonal fire plans including nomination of fire tenders : As per SOP
(ii) Co-opted units : Civil fire service
(iii) Date of updation of Fire orders : Jun 2014

(b) Availability of evacuation plan
(i) Floor-wise evacuation plan : As per SOP
(ii) Designated assembly areas : In front of EU

(c) Drills and their outcomes and corrective/ preventive measures undertaken : Fortnightly

(d) Availability of fire escape routes (including fire lifts) and their marking : Yes

(e) Availability of fire/ smoke detectors and centralized alarm/ control system : Yes

(f) Availability of fire hydrants and adequate water source : Yes

(g) Availability of equipment for firefighting, including fire extinguishers, and their regular checking and maintenance : Fortnightly

(h) Any major fire incidents in last two yrs : Nil

24. **Security**

(a) Availability of Unit Security Plan along with date of up-dation : Yes, 16 Sep 14

(b) Availability of actionable SOP : Yes

(c) Number of gates / entry-exit points : Two

(d) Number of security check points : Two

(e) Internal check system : Adequate

(f) Security threats, if any : No

(g) No of incidents of theft in last two year : Nil

25. **Housekeeping Activities**

(a) Adequacy of staff : Deficiency of House Keepers

(b) Adequacy and quality of cleaning materials : Adequate

(c) Availability of mechanical cleaning devices : As under

Ser No	Nomenclature	Quantity
1	Super specialised floor cleaning Machine	01
2	Wet and Dry Electronic Vacuum cleaner	01
3	Electronic Vacuum Cleaner	01
4	Floor Scrubbing Machine	01

(d) Availability of protective clothing for staff : Adequate

INFORMATION MANAGEMENT

26. State of Automation

(a) Availability of hardware and functional status :

Ser No	Item	Quantity	Functionality
01.	Computers	53	51 Functional
02.	Printers	33	29 Functional
03.	Photocopiers	04	04 Functional
04.	Projectors	03	03 Functional

(b) Staff training – No of IT trained persons in the Hosp : 6

(c) Availability of cyber security orders : Yes

(d) Maintenance of security, integrity and confidentiality of data : As per SOP

(e) Internet & Intranet availability & its functional status : Yes, Functional

(f) Any initiatives taken for automation in the Hosp :-

(i) Procurement of Combat Casualty Patient Monitoring System for Tele Medicine Centre : Mar 2013

(ii) Provision of software (Medical Stores Mgt System) : Aug 2014

(iii) Case for LAN in Hosp projected : Dec 2014

27. Medical Records

(a) Facilities for maintenance of records : Adequate

(b) Retention : As per MCI guidelines

28. Medical Audit

(a) No of audits conducted (in last two years) : Three

(b) Lessons learnt from the audit : As per **Appendix 'C'**

PART V- MISCELLANEOUS

29. **Hosp Library**

(a)	Availability of professional books/periodicals	:	Available (Total No of books 225)
(b)	Availability of online journals	:	Nil

30. **Important Local Medical facilities in the Civil**

(a)	Name of the institutions	:	SMS Medical college & Hosp, Santokba Durlabji Hosp, Heart & General Hosp and other private Hosps
(b)	Specialist facilities available	:	All specialties available

31. **Legal Cases / Court cases**

(a)	No of court cases being defended	:	46
(b)	No of court cases pending pertaining to patient care	:	Nil
(c)	No of RTI cases	:	03

PATIENT SATISFACTION SURVEY

Background

1. The core purpose of any Hosp is to meet the needs and wants of a patient. Patient Satisfaction, thus should be the fulcrum about which the complete functioning of a Hosp should be planned.

2. Private hosps are believed to be more sensitised to this issue as their revenue generation is largely dependent on this. However in the Govt/Public Hosp this aspect may not be getting due importance.

3. A good medical care is one of the most essential aspects for a patient. This is more applicable to service hosps like Military Hosps as good care can really rejuvenate injured soldiers and thus improve his availability to his Regiment. Also good medical care of soldier's family members/dependents not only relieves him of a lot of stress but it also increases his faith in the organisation. This has a direct impact on his morale and motivation level.

4. Keeping the above aspects in mind, a survey to assess the satisfaction level of the patients coming to Military Hosp Jaipur was conducted by Col S Pawan Kumar, SM, who is a student of IIHMR, Jaipur, undergoing his internship of MBA Hosp Management at SERVICE Jaipur.

Literature Review

5. The quality of service in health means an inexpensive type of service with minimum side effects that can cure or relieve the health problems of the patients.(1) It is easier to evaluate the patient's satisfaction towards the service than evaluate the quality of medical services that they receive.(2) Therefore, a research on patient satisfaction can be an important tool to improve the quality of services.(3 & 4)

6. Other industries have been paying attention to customer satisfaction for years. "Health care is the only industry - service or manufacturing - that for years has left the customer out of it. This is an absolutely prehistoric thinking. To ignore the input from the patient, to ignore the customer, to say the customer's desires are irrelevant is not living with reality".(3)

7. Health care consumers today, are more sophisticated than in the past and now demand increasingly more accurate and valid evidence of health plan quality. Patient-centred outcomes have taken centre stage as the primary means of measuring the effectiveness of health care delivery. It is commonly acknowledged that patients' reports of their satisfaction with the quality of care and services, are as important as many clinical health measures.

Rationale of Study

8. The truth about patient satisfaction surveys is that they can help you identify ways of improving your practice. Ultimately, that translates into better care and happier patients. What's more, it shows your staff and the community that you're interested in quality. It demonstrates that you are looking for ways to improve.

9. The study would be useful to the service hosp in bringing out areas of improvement and thus enhancing morale and motivation of the soldiers.

Objectives

* To obtain patient's perception on functioning of the hosp.

* To determine Patient Satisfaction Level trend.

Research Methodology

10. **Study design**- The study design was Quantitative where a descriptive survey was carried out. Two separate surveys for Out-Patient Department (OPD) and In-Patient Department (IPD) were carried out. A questionnaire was prepared considering various aspects involving functioning of a hosp and which impact satisfaction level of a patient. The questionnaires were in English as well as Hindi and are attached as Appendix A & B.

11. **Study population** - The study was conducted among the patients attending the outpatient department (OPD) and Inpatient department(IPD) of Service Hosp of Jaipur.

12. **Period of study**- The period of survey was from Apr 2015 to Jun 2015.

13. **Type of Data**- The data collected in both the surveys was purely primary in nature and no reference to any previously available data has been made.

14. **Sample Size-**

(a) **OPD Survey**- The average of daily load of all the OPDs was calculated based on 2014 data. 10% of this average daily load of each OPD has been covered in the survey. The Gynaecology OPD could not been covered due certain practical constraints. The detail calculations are as under (Table 1) :

Ser No	Department	Average Daily Load	Sample Size
1.	General OPD	181	18
2.	Medical	120	12
3.	Surgical	52	5
4.	Eye	39	4
5.	ENT	41	4
6.	Skin	31	3
	Paediatric	41	4
8.	**Total**	**500**	**50**

Table 1: Calculation of sample size

(b) **IPD Survey –** A total of 99 beds were occupied on 12 May 15. Out of them 50 patients (50%) were included in the survey.

15. **Technique-** Both the surveys were conducted using Structured Personal Interview Technique in which the interviewer asked same set of questions to each and every respondent.

16. **Analysis-** Simple Frequency Count method was used to obtain the results in percentages.

17. **Ethical issues-** An informal verbal consent was obtained from each respondent.

Findings

OPD Survey

18. **Gender -** 68% of the respondents were male while 32% were females. However no conclusion can be drawn from this data as those females who were without a male companion were not interviewed.

19. **Age-** It is found that 72% of the patients coming to SERVICE Jaipur are between 15-45 years of age with maximum 42% being in 30-45 years category. The detail distribution of respondents was as under(Figure 1):

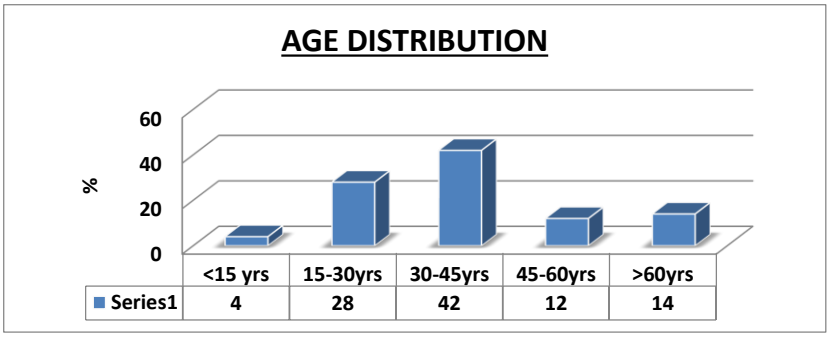


Figure 1: Age wise distribution of OPD patients

20. **Old/New Patients(Q1 & Q2)-** The opinion of first time visitors may not give a correct picture and can give either positively skewed data (if they had good experience) or negatively skewed data(if they had unpleasant experience) based on their first or the only visit. It is found that only 28% of the daily patients coming to SERVICE Jaipur are new(first time visitors) while the remaining 72% are old or repeaters. Out of these 72%, about 50% patients have visited more than 3 times in last three months, while other 50% have visited less than 3 times.

21. **Time taken at the reception to get registered(Q3)-** A large number of respondents said that they were registered in Less than 2-5 minutes, however since questionnaire did not have any such option they all have been included in Less than15 minutes data. The details are as under (Figure 2):

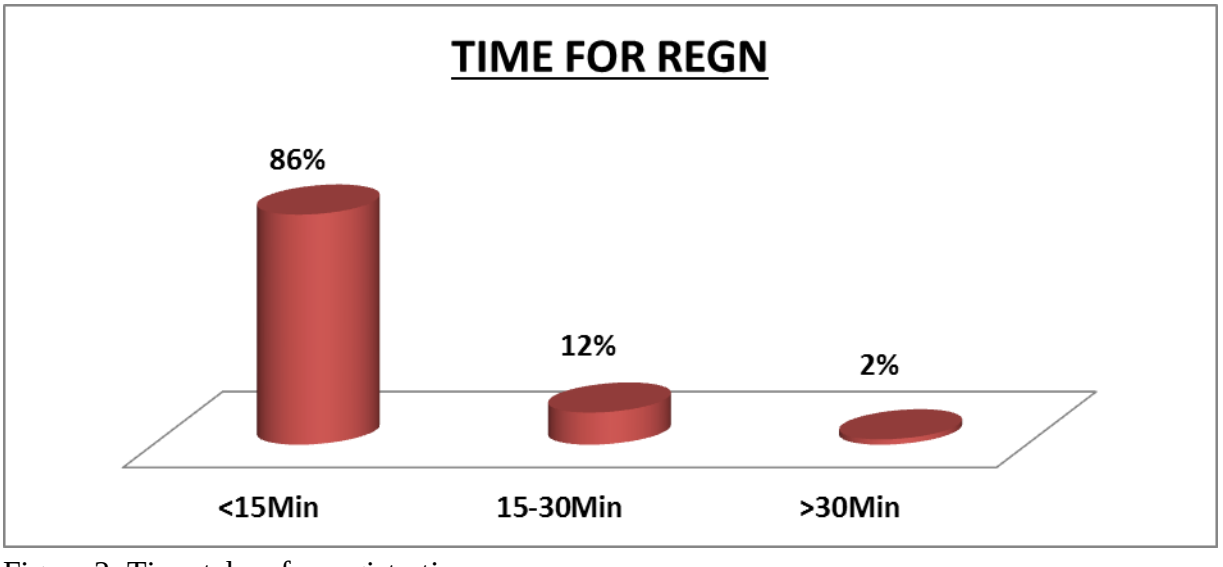


Figure 2: Time taken for registration

22. **Behaviour of the Receptionist(Q4)-** The respondents were asked to grade the behaviour of the Receptionist. Most of the respondents have graded the staff Good (Figure 3).

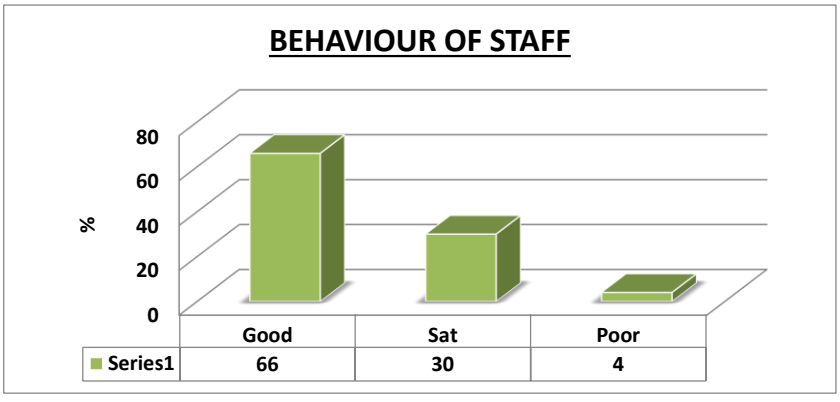


Figure 3: Grading of behavior of hosp staff.

23. **Guidance to the patients(Q5)-** Respondents were asked who guided them about their next step after registration. As evident from the data(Figure 4), almost all the patients are either guided by the receptionist or are aware of the procedures due to their past experience.

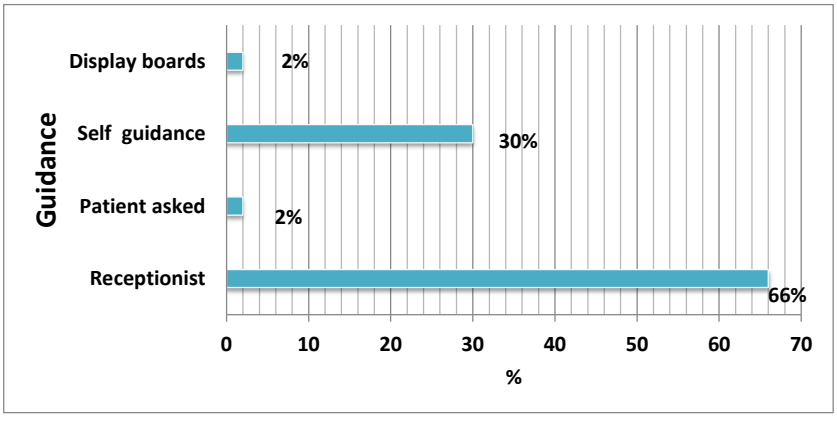


Figure 4: Guidance provided to the patients after registration.

24. **Grading of Reception Cell(Q6)-** Respondents were asked to grade the Reception Cell on a four point scale. 82% people have graded Reception Cell as Good/Very Good(Figure 5).

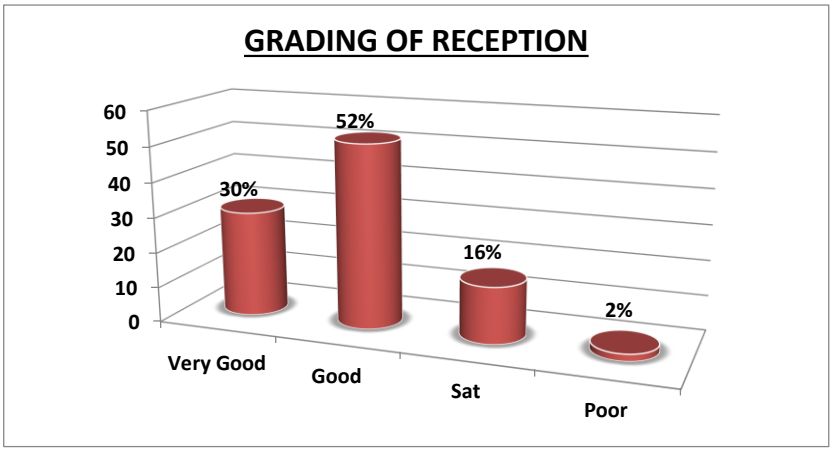


Figure 5: Grading of reception cell.

25. **Waiting time before being attended by doctors(Q7)-** The respondents were asked how much did they have to wait before they were attended by the doctor. Most of the patients responded that they were attended in less than 15 minutes, however as there was no such option in the questionnaire, such respondents have been included in" Less than 30 minutes" category. It is worth noting that patients come without prior appointment and yet are attended by the doctors in less than 30 minutes. The details are as under(Figure 6):

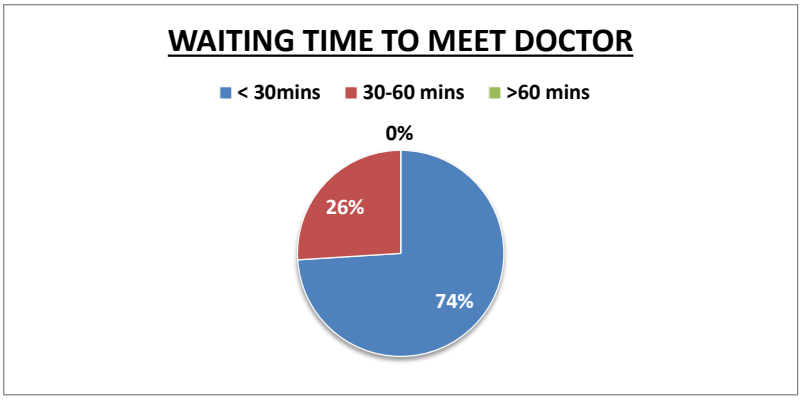


Figure 6: Waiting time before being attended by doctor.

26. **Waiting time in this Hosp(Q8)-** The respondents were asked to assess the waiting period in service Jaipur in comparison with other hosps. 90% patients feel that time taken in this hosp is either same or even less than other hosp (Figure 7).

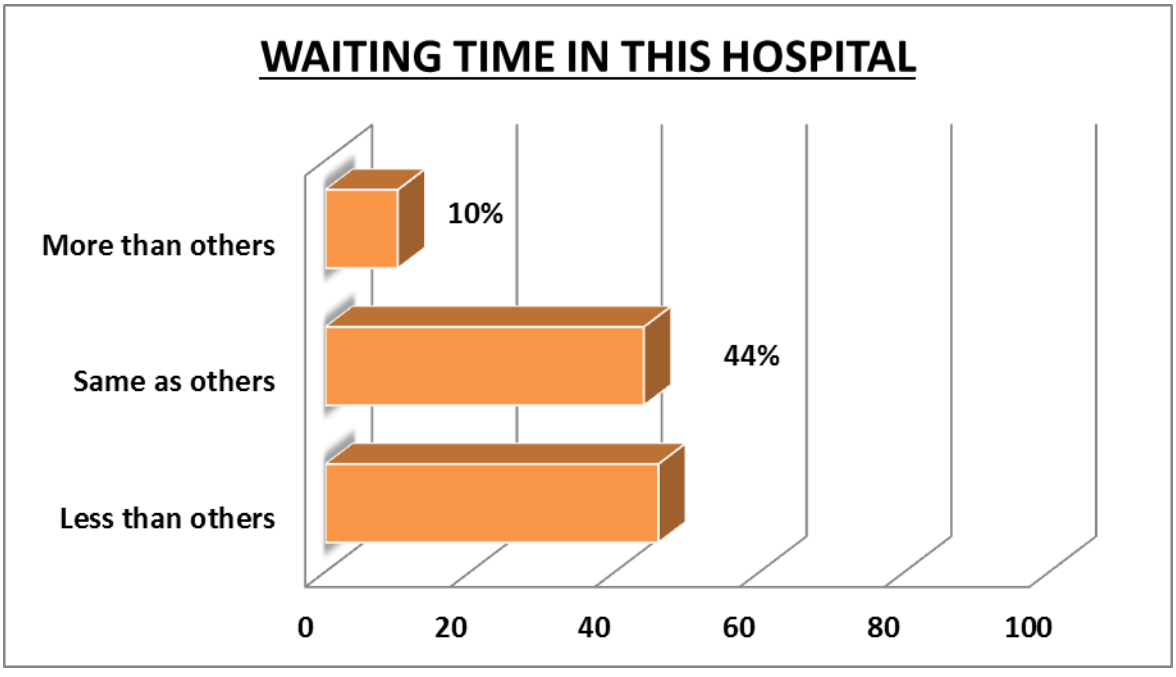


Figure 7: Waiting time in this hosp as compared to others.

27. **Reason for waiting(Q9)-** The respondents were asked to choose one of the following four reasons for their waiting. Almost everyone(96%) said that whatever time they had to wait was because of more number of patients before them. It is also pertinent to note that even the VIP Visits (if any) did not affect the patients waiting time(Figure 8).

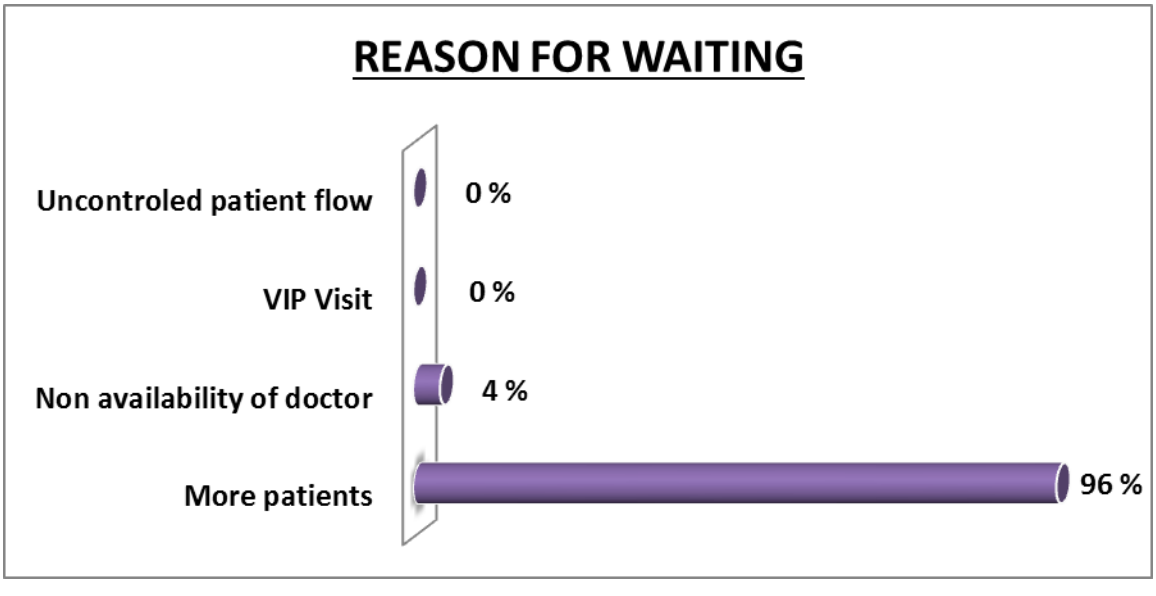


Figure 8: Reasons for waiting.

28. **Satisfaction with waiting area arrangements (Q10 & Q11)-** Patients were asked whether they were satisfied with the waiting area arrangements. 76% people were satisfied and 24 % were not satisfied. Those who were not satisfied were asked to state the reason for their dissatisfaction. Most common reason (29%) was Inadequacy of seats. However this reason was mainly applicable to Eye and ENT OPDs. About 17% people felt that the toilets needed better cleaning, while 12% were not satisfied with the quality of seats(again in Eye & ENT OPDs) and entertainment source(Medical & Skin OPDs) . Location of Officers Waiting Room and Lack of Officers Waiting Room were also the points of Eye & ENT OPDs. The response was as under(Figure 9):

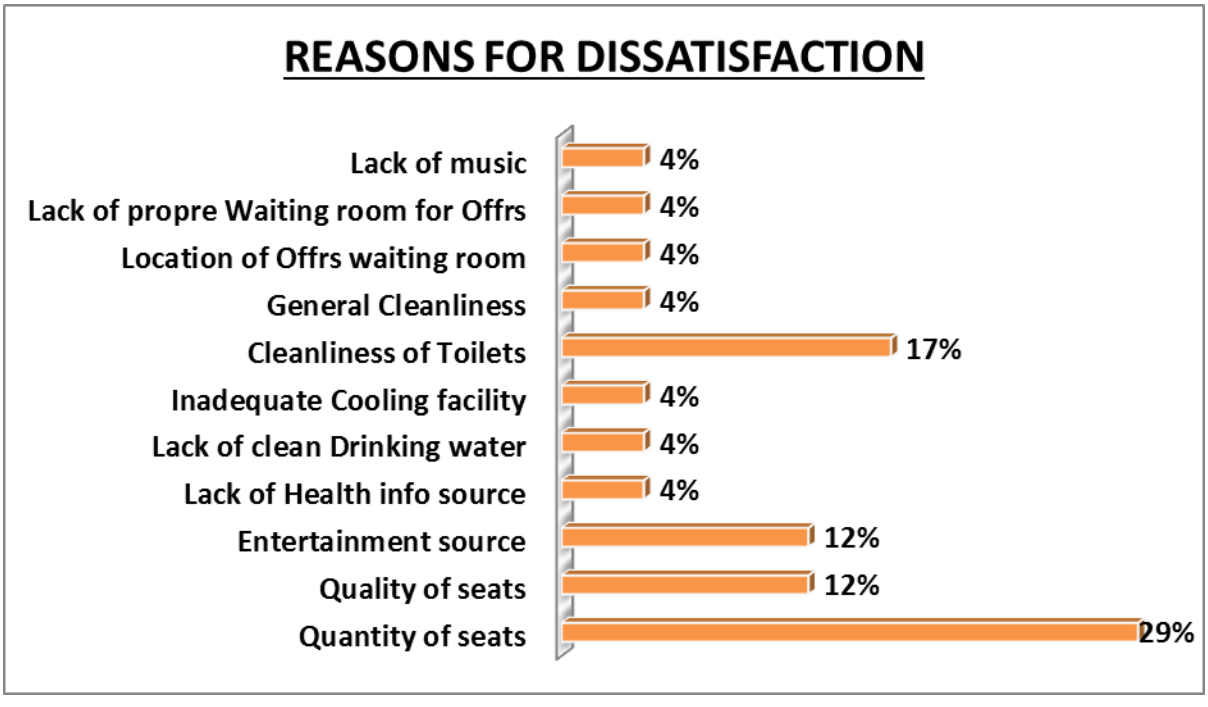


Figure 9: Reasons for dissatisfaction with waiting area arrangements.

29. **Activity while waiting(Q12)-** The respondents were asked that if they had to wait before meeting the doctor, what would they like to do . Almost everybody(90%) expressed that they would like to utilise the waiting time by watching Health Videos(Figure10).

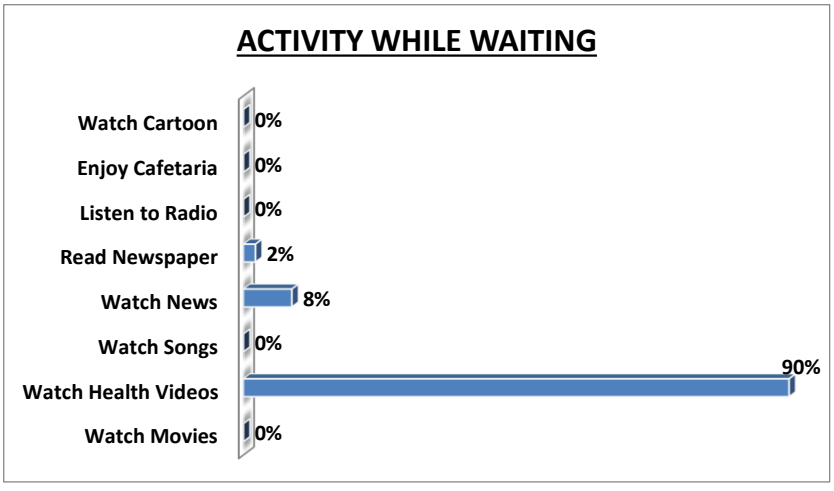


Figure 10: Activities which patients prefer to do while waiting in hosp.

30. **Grading of Doctors(Q13)-** The respondents were asked to grade the doctors on following aspects. It is heartening to see that the almost everyone has graded the doctors of service Jaipur as good in all aspects(Figure 11).

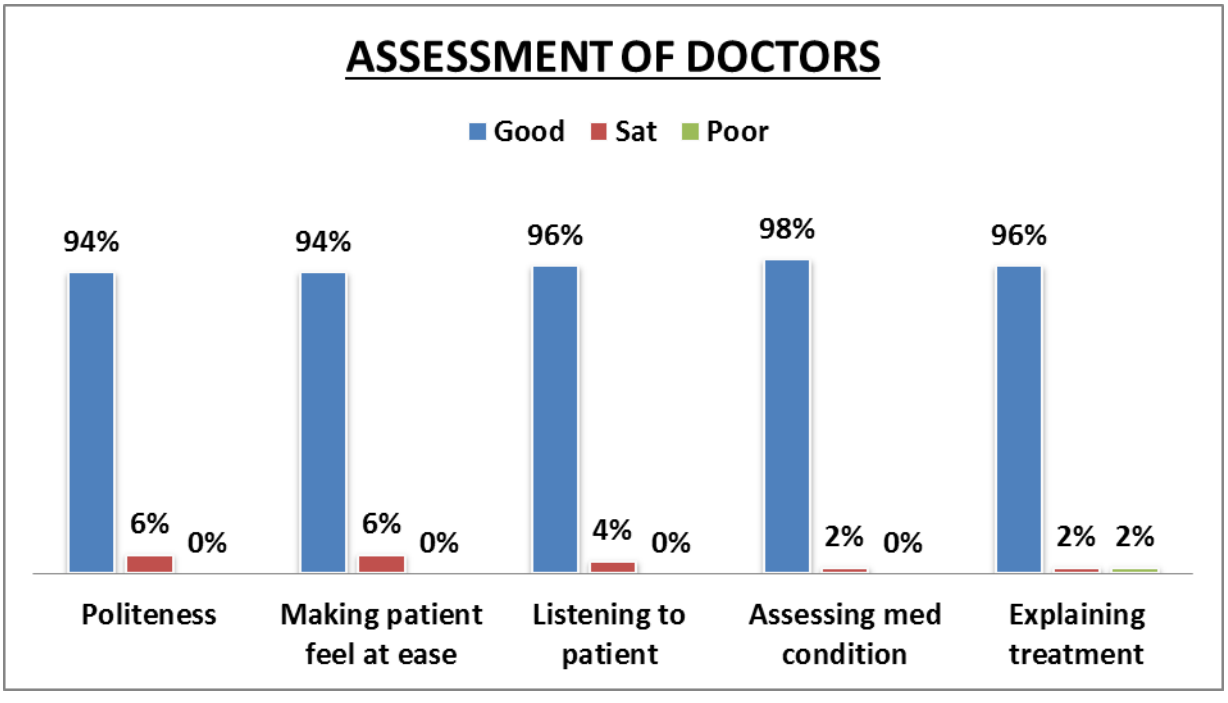


Figure 11: Assessment of doctors on various aspects.

31. **Assessment of Dispensary**

(a) **Time taken to get medicine(Q14a & Q14b)-** 100% patients said that the medicines were being given in queue and yet they got it in less than 15 minutes (Figure 12). In fact most of them said it took them even less than 5 minutes.

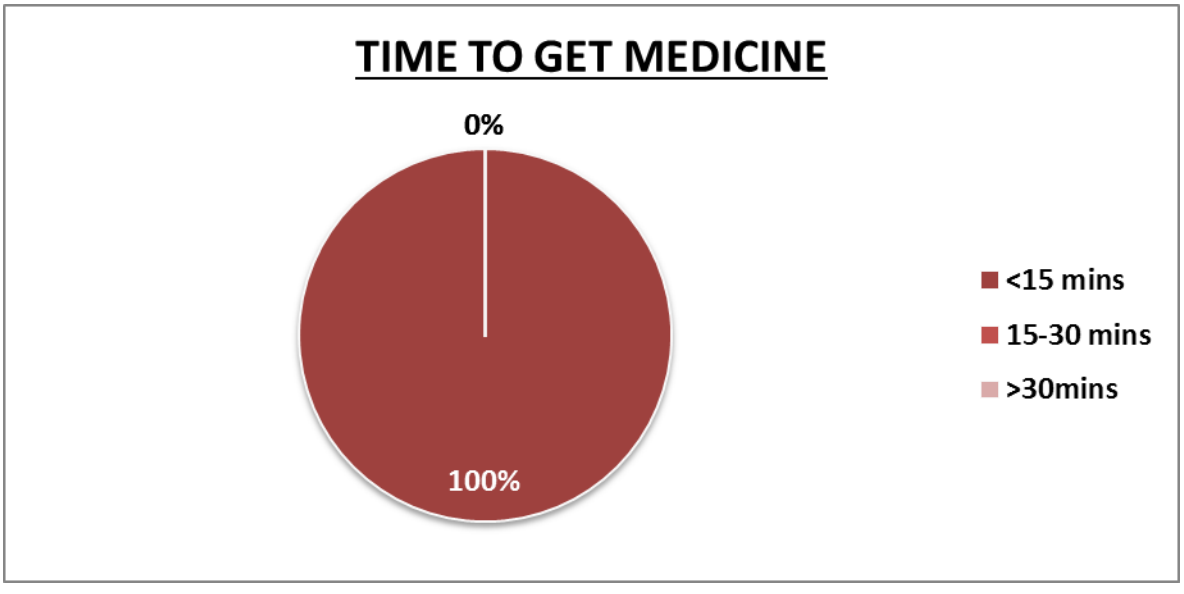


Figure 12: Time taken to get medicine at dispensary.

(b) **Behaviour of the staff(Q14c)-** Maximum people have graded behaviour of the Dispensary Staff to be Good(Figure 13).

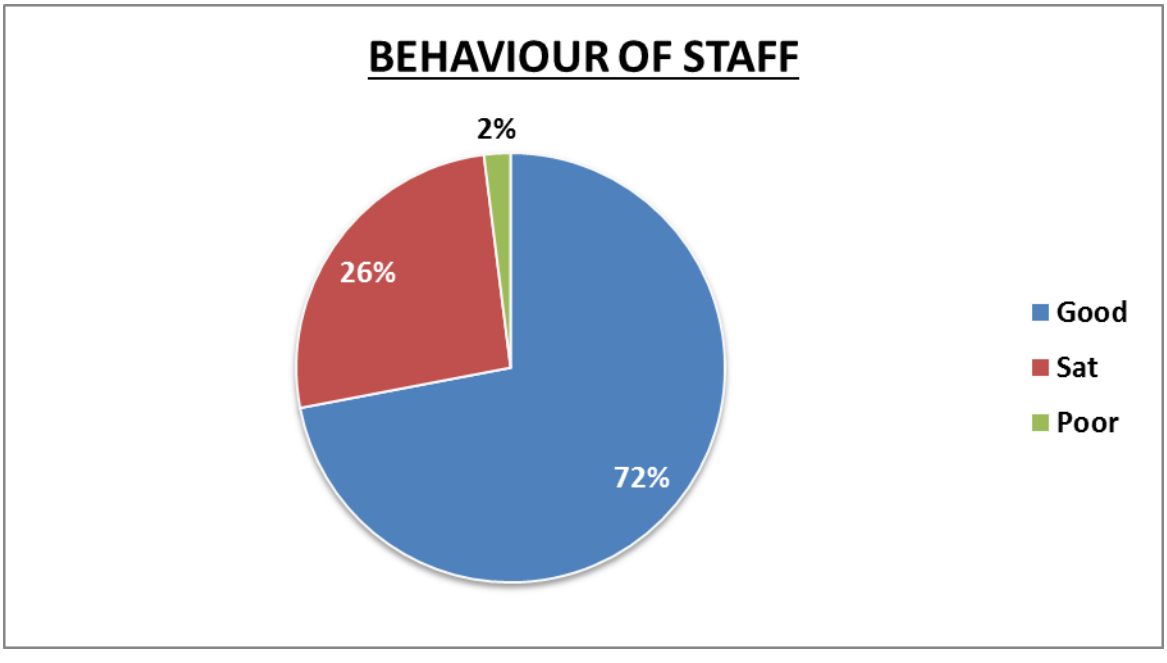


Figure 13: Grading of staff on their behavior.

(c) **Explaining of the dose (Q14d) -** 84% have said that they were happy with the explanation of the dose given by the staff (Figure 14).

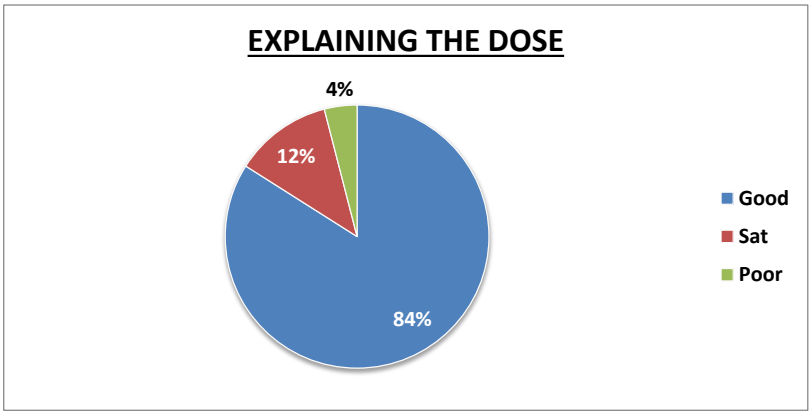


Figure 14: Grading the dispensary staff on the way of explaining the dose to patients.

32. **Level of Satisfaction(Q15)-** The respondents were asked about their level of satisfaction. A whopping 98% patients said that they were either Satisfied or Highly Satisfied with the treatment and services provided by Service Jaipur(Figure 15). This speaks volumes of the complete team.

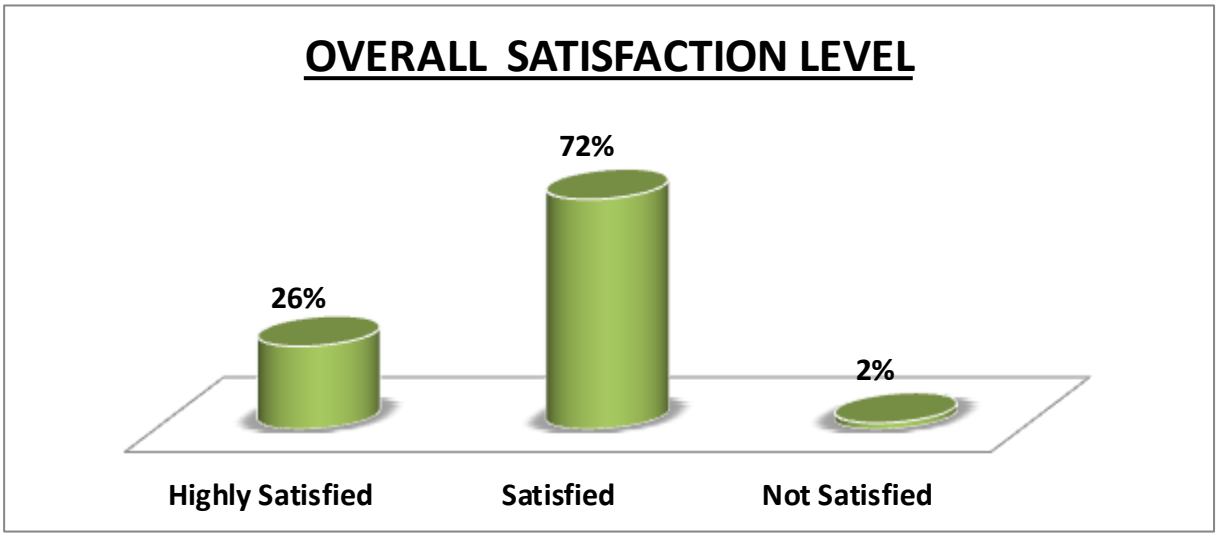


Figure 15: Overall satisfaction level of patients with service hosp, Jaipur.

33. **Suggestions-** Finally the respondents were asked for any suggestions for improvement. 46% of them said that they are happy the way things are functioning in SERVICE Jaipur and do not have any suggestion for improvement. The balance 54% gave suggestions as under (Figure 16):

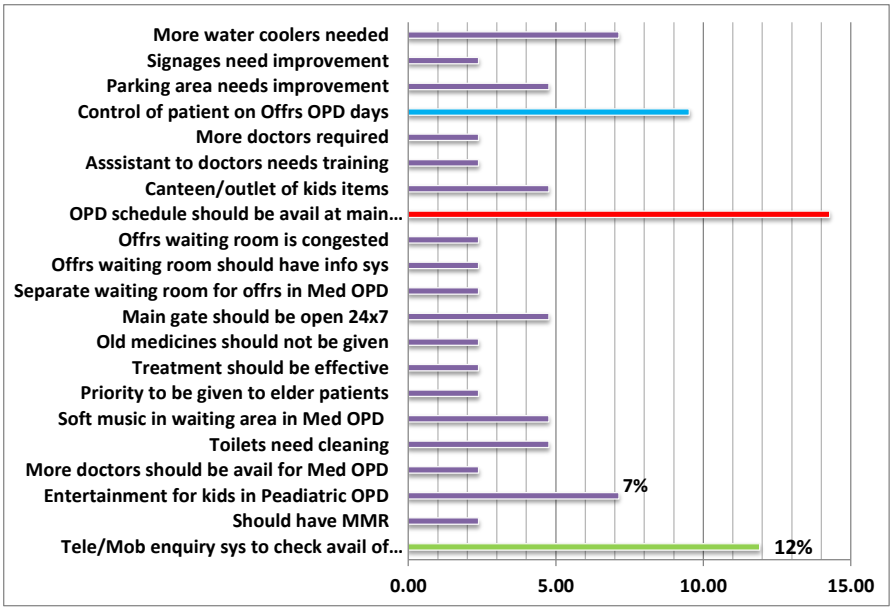


Figure 16: Suggestions given by patients for improvement in services.

34. As evident from the data, the most popular suggestion (14%) was that OPD schedule should be available at Main Gate, Dispensary and other prominent places for easy reference. The next popular issue is also concerned with the OPD Schedule where 12% respondents have suggested that there should be some kind of computer generated Telephone or Mobile enquiry system (like IVRS) to check availability of doctors/Schedule of OPD . Controlling the patient flow on Officer OPD days was the next important aspect which was suggested by 10% of the respondents. Almost all the respondents of Paediatric OPD suggested that there should be some entertainment system to keep the kids busy. The points regarding Officers waiting room are from Eye and ENT OPD respondents.

IPD Survey

35. **Duration of Stay-** The duration of stay in the hosp can have an impact on opinion of the patient about the hosp. If stay is too short(1 or 2 days) then it can either produce a positively skewed result where patient has had a good experience. He/she makes opinion based on this short stay but has not been exposed to the actual functioning of the hosp. Similarly on the other hand there can be negatively skewed results based on some unpleasant experience in the initial days.

36. **Age Profile-** 84% of the patients admitted were between 15-45 years of age. The details are as under (Figure 17):

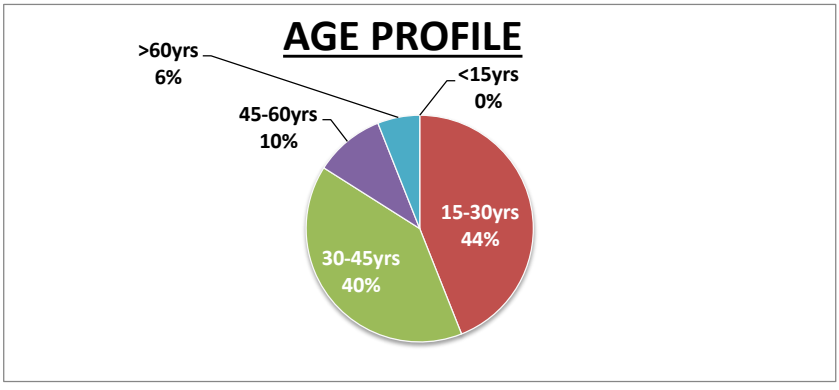


Figure 17: Age profile of IPD patients.

37. **Reception at the Ward**

(a) **Time of reporting for admission and availability of Nursing staff (Q1 & Q2))-** The respondents were asked about the time when they reported for admission and whether the nursing staff was available at that time. The aim of this question was to check whether the services after office hours are same as during the office hours. It was found that even though patients have been reporting at odd hours like 2200hrs, 0400hrs etc but 100% patients said that the Nursing Staff was available when they came(Figure 18).

(b) **Waiting for admission and bed preparation (Q3&Q4)-** Patients were asked whether did they have to wait for admission and whether the bed was already prepared when they reported for admission. Everybody (100%) said that they did not have wait for admission. About 68% patients said that bed was already prepared before they came while balance 32% said that it was prepared immediately on their arrival. The details are as under(Figure18):

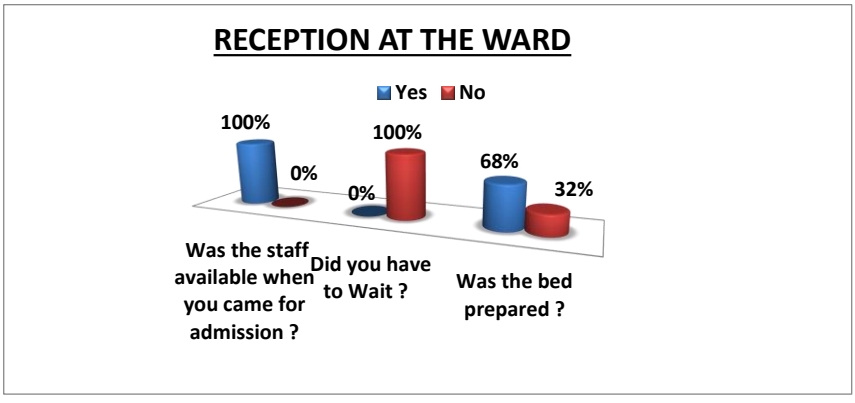


Figure 18: Response on availability of staff and preparation of bed on arrival of patient for admission.

38. **Professional Attention-** Respondents were asked to grade the Professional Care provided by the doctors and staff on following aspects :

(a) **Advice and Treatment provided by staff-** 68% patient felt that the advice & treatment provided by the ward staff is good (Figure 19).

(b) **Progress check of treatment by doctors-** Almost everyone said that the doctors come regularly and check their progress of treatment in very professional and courteous manner. 90% have graded the doctors good while others are satisfied with this aspect (Figure 19)..

(c) **Availability of staff after office hours-** Most of the patients (84%) have graded the staff good in this aspect and said that staff is available for their help 24 hrs. 12% patients felt that sometimes they could not find the staff and hence have graded them satisfactory(Figure 19).

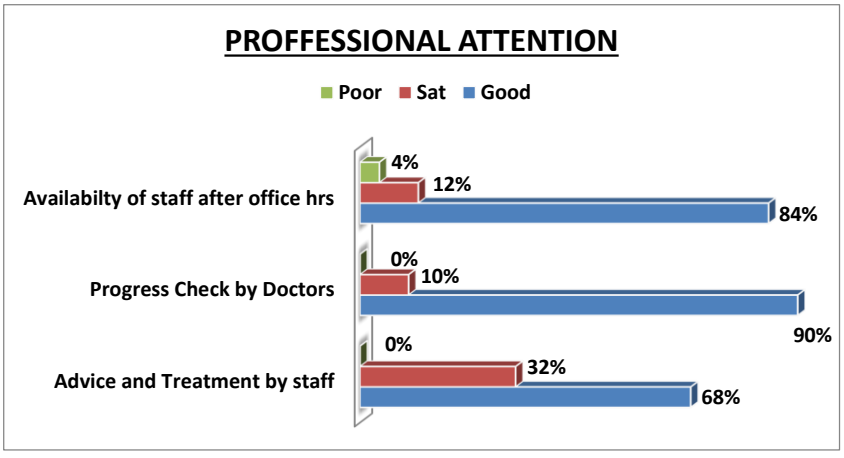


Figure 19: Professional attention by doctors and staff in wards.

39. **Dietary Services-** Dietary services of the hosp were assessed on following aspects by the patients:

(a) **Quality of Food-** 48% patients are satisfied with the quality of food being provided while 44% have feel it is good(Figure 20).

(b) **Variety of Menu-** 46% patients are satisfied while 40% feel that there is good variety in menu. However there are 14% patients who feel that there needs to be more variety in the menu (Figure 20).

(c) **Quantity of Food-** 74% patients have graded this aspect as good and said that there has never been any shortage of food . 20% felt that sometimes there has been shortage and hence they rate this issue as satisfactory (Figure 20).

(d) **Attitude of serving staff-** About 82% patients say that the staff who serves meals is courteous and good (Figure 20).

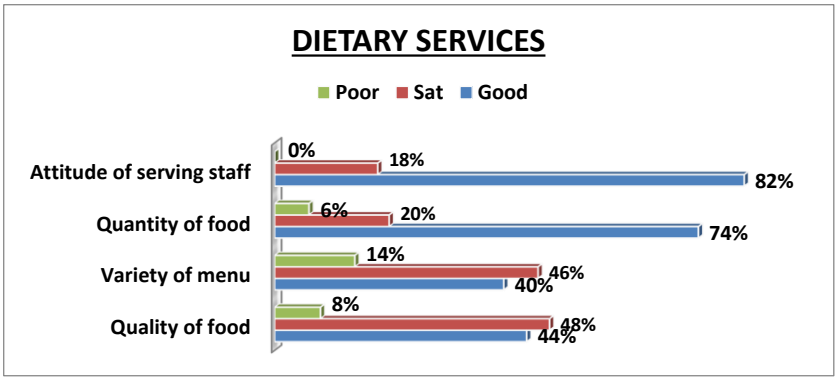


Figure 20: Grading of dietary services by patients.

40. **Cleanliness**

(a) **Ward-** 76% patients feel that ward cleanliness is good while there are 22% who are just satisfied with it (Figure 21).

(b) **Toilets-** 38% patients feel that cleanliness of toilets is satisfactory but can be improved while 58% feel that it is good (Figure 21).

(c) **Linen & Patient clothing-** 68% are happy with the cleanliness of the linen and clothing provided to them (Figure 21). They said that the linen is being regularly changed with a fresh one.

(d) **Pantry-** Almost 3/4th of the patients feel that the pantry is neat and clean (Figure 21).

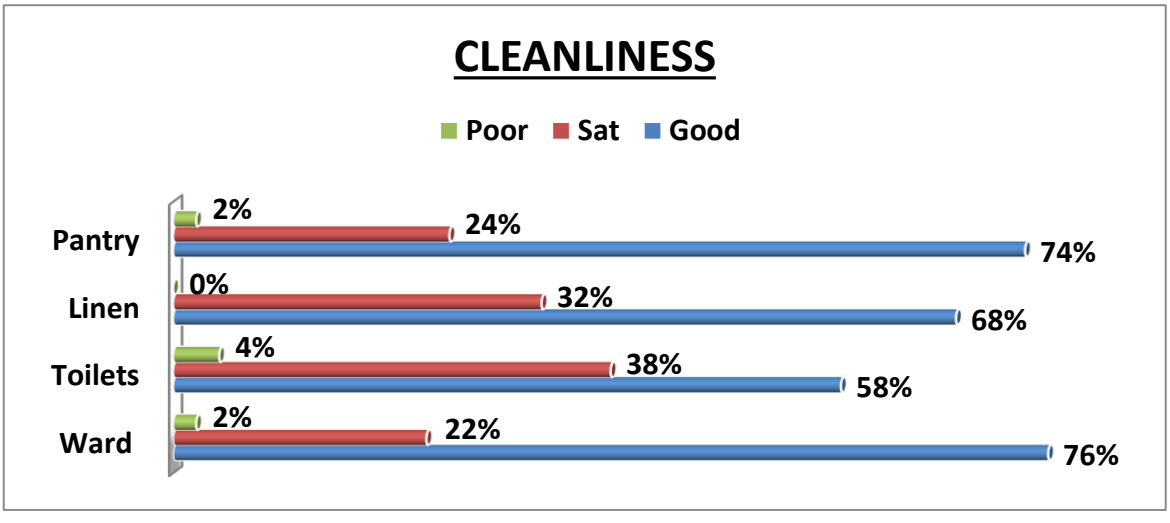


Figure 21: Grading of cleanliness.

41. **Facilities-** Patients were asked to rate following facilities of the hosp:

(a) **Entertainment-** Considering the availability, serviceability and break down of the entertainment facilities, about 80% have rated it to be good (Figure 22).

(b) **Toilets-** Keeping in mind availability of water, bucket, mug, soap and functioning of flush, 62% patients have rated toilets to be good (Figure 22).

(c) **Ventilation & Lighting-** 88% have graded this aspect as good (Figure 22).

(d) **Drinking Water-** Considering availability of clean drinking water, only 58% patients have rated as good,26% are just satisfied while about 16% patients have even rated it as poor as they felt that many times the water filters are not functioning (Figure 22).

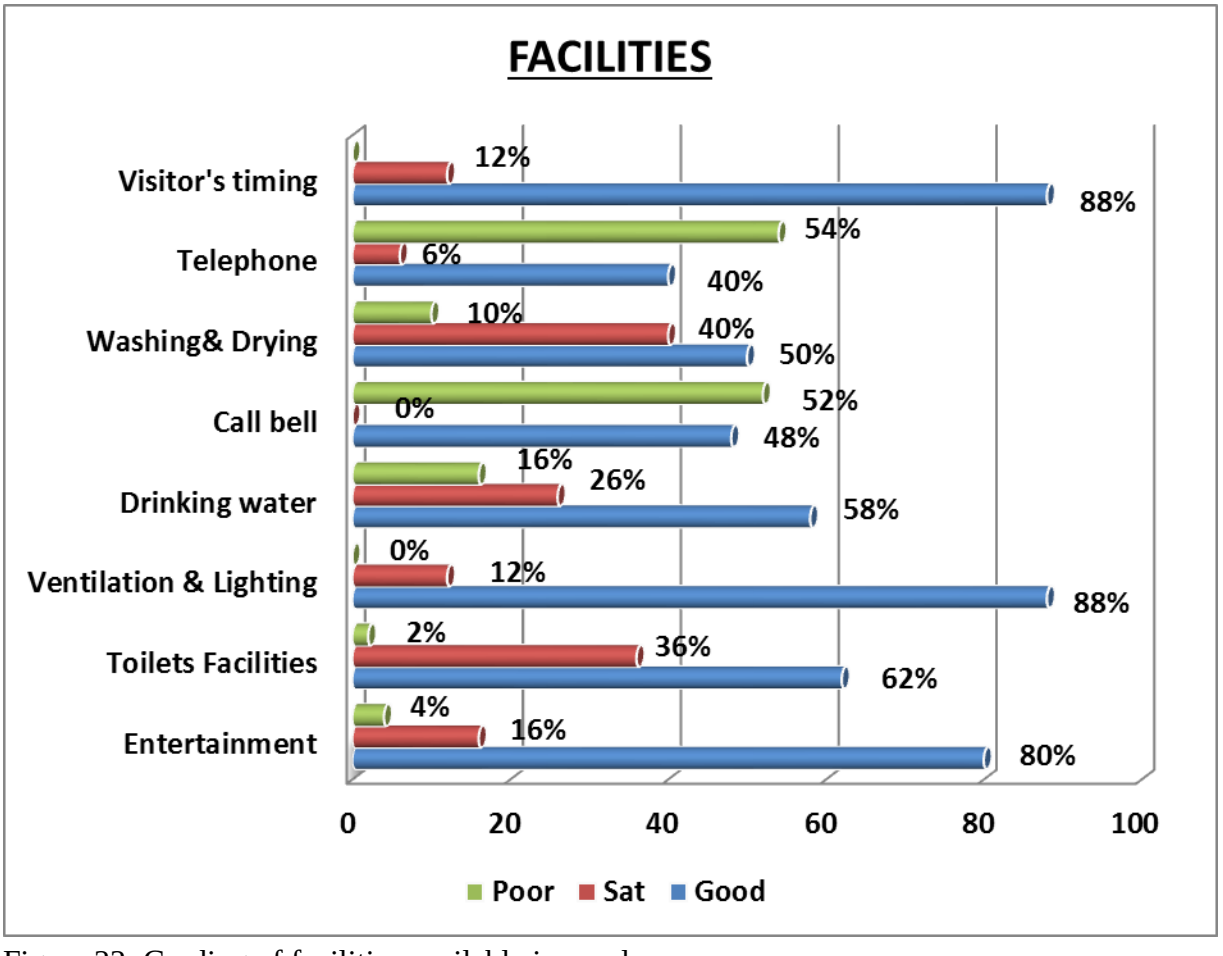


Figure 22: Grading of facilities available in wards.

(e) **Call bell-** Only 48% have said that they have a call bell facility next to their bed and it is functioning. Balance 52% have rated it as poor since there is no call bell available to them (Figure 22). These respondents are from Medical-II and Surgical-II wards.

(f) **Washing & Drying-** Nearly 90% patients feel that washing and drying facilities like washing machine, stand/rope for drying their cloths etc, provided by the hosp are either satisfactory or good (Figure 22).

(g) **Telephone-** Based on availability of telephone and its serviceability only 40% respondents graded it to be good while 6% have graded it as satisfactory. Balance 54% include those who have either graded this facility as poor or as not applicable (Figure 22).

(h) **Visitor timing**- 88% patients feel that they get enough time to meet their visitors and hence are happy with it (Figure 22).

34. **Best thing about Hosp-** The patients were asked to tell one best thing that they liked about this hosp. Maximum people (58%) said that Doctors of this hosp are the best while 20% have found the entire Staff to be best. About 8% people felt Cleanliness to be best while about 4% said that All Services are best. Food, Entertainment and Lawn were considered best by 2% patients each. About 4% did not respond to the question(Figure 23).

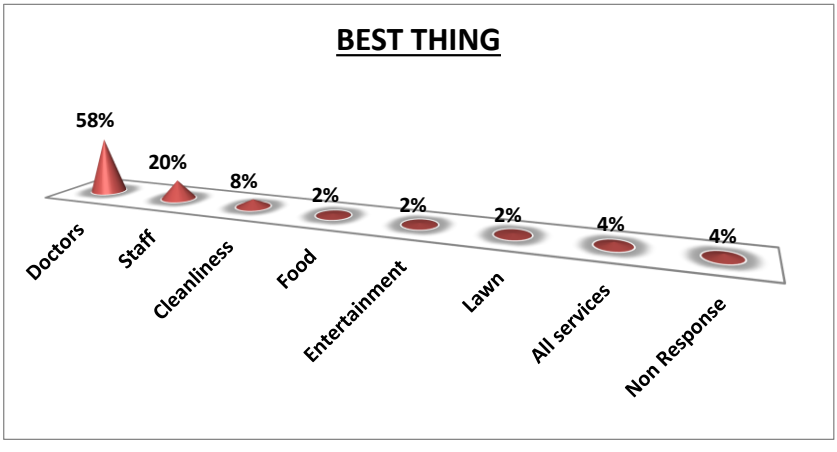


Figure 23: One best thing that patients like about Service Hosp, Jaipur.

35. **Worst thing about Hosp-** Patients were asked to mention one thing that they liked the least about this hosp. About 66% patients could not find anything that they did not like about this hosp and hence did not respond. Among the respondents, 10% said that Non-Availability of Guest Rooms for visitors was a thing they like the least. Non- functional water filters and Quality of Food were mentioned by 8% respondents each, while 4% felt Non-availability of fruit & juice stall, 2% each felt Cleanliness and Old mattresses were things that they liked the least(Figure 24).

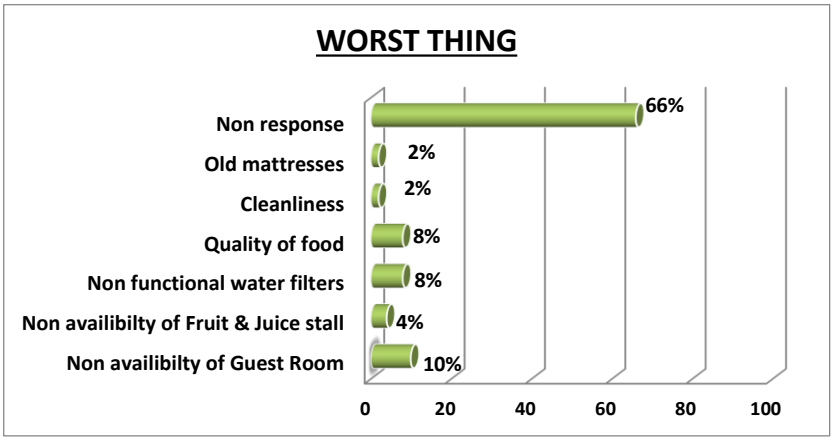


Figure 24: One thing that patients dislike the most of Service Hosp, Jaipur.

36. **Suggestions for improvement-** 24% patients suggested that availability of clean drinking water needs improvement, 14% said that there should be Guest rooms for their relatives who come from far flung areas,12% suggested to have a fruit juice stall for the patients, while 2% each said that ward needs better cleaning, there should be a Neurosurgeon and that the old mattresses should be replaced with new ones. The balance 44% felt that everything is fine here and hence did not respond(Figure 25).

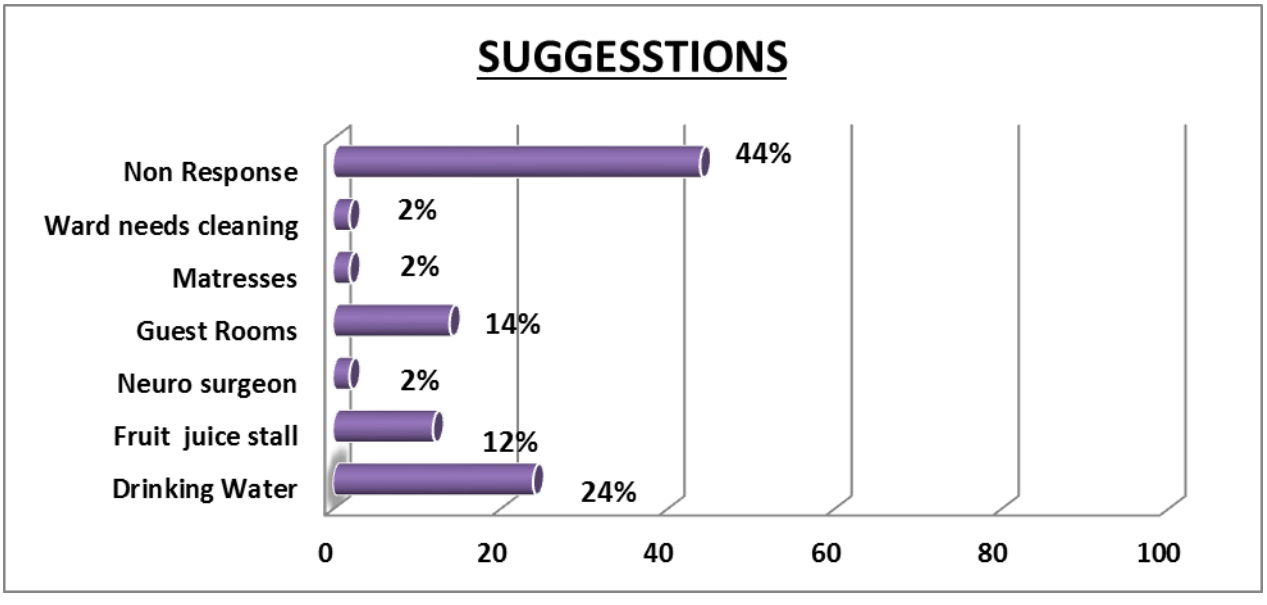


Figure 25: Suggestions given by IPD patients for improvement in services.

Recommendations

37. **OPD Survey-** Based on the demand and suggestions given by the patients, following are recommended:

(a) The sitting arrangement at Eye OPD may be improved in terms of good quality of chairs instead of benches.

(b) Feasibility of having separate Officers Waiting Room for ENT OPD should be studied. In the meantime some kind of electronic/manual intimation system to call officer patients as per token number from existing waiting room can be worked.

(c) It is recommended to have a better system to control the patient flow on officers OPD days so that already waiting, other, patients do not feel bad. May be a system of calling 1 Officer and 1 or 2 other patients can be worked out.

(d) There can be some kind of entertainment/health information source like TV or Radio in Medical, Surgical and Skin OPDs.

(e) As per the study almost every respondent said that they would like to utilise their waiting period in gaining some useful health related information. Hence it is recommended that some health videos should be played on TV instead of movies or songs. In case there is no TV available then may be some audio clips can be played through speakers. Also some more health information related posters can be displayed. However as far as possible all these should be in Hindi.

(f) The OPD schedule should be displayed at various prominent places like outside the main gate, at dispensary, in general OPD area etc.

(g) Cost permitting, the hosp should have some kind of user friendly electronic information system so that people can find out the OPD schedule and other relevant information like availability of doctors. Number of the same should be widely circulated. This will not only reduce a lot of physical and mental harassment of patients who come from long distances, but will also reduce the avoidable load on the hosp.

(h) Children get restless while waiting for their turn at Paediatric OPD. Hence there should be a TV with some entertaining cartoon videos as well as some interesting health videos.

(g) Considering the patient load, the existing water coolers are inadequate. There is a need for placing some more water coolers at places like Skin OPD, Radiology department Waiting area, Dispensary area etc.

(h) The Main Gate needs to be kept open even at night to cater for any emergency case

38. **IPD Survey-** Following recommendations are made based on some significant suggestions received from the respondents:

(a) Quality and variety of food can be considered for further improvement.

(b) There appears to be some more scope for improvement in cleanliness of toilets and linen.

(c) Availability of clean drinking water is definitely an important issue. There could be a Central RO water plant instead of multiple Aqua Guard filters. Till then serviceability of filters should be maintained regularly.

(d) Washing and drying facilities can be further improved by providing additional Stands.

(e) A fruit juice stall could be provided.

(f) A lot of patients come from far flung areas. The critical patients are generally accompanied by an attendant. In case the patient gets admitted then the attendants have to fend for themselves to stay in the vicinity of the hospital. Hence feasibility of providing some guest rooms at nominal rates could be considered.

Conclusion

39. Patient satisfaction is an important and commonly used indicator for measuring the quality in health care. It affects clinical outcomes, patient retention, and medical malpractice claims. It affects the timely, efficient, and patient-cantered delivery of quality health care. Patient satisfaction is thus a proxy but a very effective indicator to measure the success of doctors and hosps.

40. An attempt to evaluate the level of patient satisfaction related to different parameters of quality health care at the health facilities has provided us with the certain areas that need corrective efforts to improve hospitals' service quality. Infrastructure and architectural corrections need to be made to enhance the comfort and satisfaction of the patients. Certain improvements are also needed in the waiting area by making it informative and comfortable.

41. There is common perception that Govt Hosps do not provide good services. Lack of resources is generally claimed to be the reason by these hosps for not able to provide desired services. This leads to lack of satisfaction among the patients. The Service Hospital at Jaipur is also facing a resource crunch. However the study shows that the problem of lack of resources can be overcome with some good practises and thus the satisfaction level of patients can be maintained to great degree. The satisfaction level of patients coming to Service Hospital, Jaipur is quite high with about 98% being satisfied or highly satisfied even though there is a shortage of staff. There appears to be a sense of commitment by entire team of the hosp. They seem to be truly believing in the phrase- "Where there is will, there is a way."

Appx 'A'
(Para 4 (b) refers)

MAN POWER: CIVILIANS AS ON 31 MAY 15

Category	Auth	Posted	Deficiency	Surplus
Health Supdt	01	01	00	-
Health Inspector	02	00	02	-
Accountant	01	00	01	-
Steno	01	01	00	-
LDC	03	02	01	-
Messenger	05	02	03	-
Chowkidar	11	10	01	-
Driver	01	01	00	-
Painter	01	00	01	-
Carpenter	01	00	01	-
Tinsmith	01	00	01	
Chef	06	03	03	-
Washer Man	15	04	11	-
Barber	05	02	03	-
Boot Maker	01	01	00	-
Tailor	01	00	01	-
Mazdoor	21	08	13	-
House keeper	10	04	06	-
Mali	02	00	02	-
Women Sahayika	20	12	08	-
Women House Keeper	12	07	05	-
Total	**121**	**58**	**63**	-

Appx 'B'
(Para 13 (e) refers)

LIST OF SOPS

S.No	Type of SOP
1	Management of COMA
2	Approach to Trauma patient
3	Management of Head Injury
4.	Management of Shock
5	Allergic & Anaphylactic Shock
6.	Management of Chest Pain/AMI
7	Management of Acute Severe Asthma
8	Management of GI Bleed
9	Management of poisoning
10.	Penicillin Sensitivity test and anaphylaxis.
11.	Snake Bite
12.	Heat Stroke
13.	Management of accident and emergency case
14.	Management of Ante Partum Hemorrhage (APH)
15.	Management of PPH
16.	Management of Eclampsia
17.	Management of Cord Prolapse
18.	Delivery of HIV Positive mother
19.	Supply of Hearing Aids for Armed Forces Personnel
20.	Supply of Hearing Aids for ECHS Member
21.	Emergency Van-Cardiac Care
22.	SOP for SIL/DIL cases
23.	SOP for OT
24.	SOP for Physiotherapy
25.	SOP for Hosp Lab
26.	SOP for Hosp Mortuary

27.	SOP for Medical Stores
28.	SOP for DGLP procurement
29.	SOP for ECHS procurement
30.	SOP for DGLP Management Fund
31.	SOP for Management ECHS Fund
32.	Disaster Management
33.	Handling of BMW
34.	Control of HAI
35.	Discharge Parade
36.	Breaking Bereavement News

Appx 'C'
(Para 28 (b) refers)

LESSONS LEARNT FROM MEDICAL AUDIT

Ser No	Lessons learnt
1.	Some admission slips are generated manually (apprx 8%). In such cases, computation of patient data must be done at the earliest.
2	Personal data of patients need to be endorsed on every sheet of the case sheet.
3	Date and Time of endorsement of clinical progress need to be put always and every time.
4.	Lab and other investigation reports need to be attached and findings also be endorsed on case sheet.
5.	Date and Time of placing patients on DIL/SIL are endorsed but that of taken off from list are not endorsed in some cases, that need to be endorsed.
6.	Diet for the patient should be endorsed on case sheet.
7	Fluid charts/Temperature charts also need to be signed and duly authenticated
8.	3% case sheets had scanty notes. Discharge summary was also not written in 9% of docu These need to be endorsed in all cases.
9	Administrative instruction to the patient and to patient's unit also needs to be endorsed in discharge summary

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