DISSERTATION IN BHAGAT CHANDRA HOSPITAL, NEW DELHI

Report On:

COMPREHENSIVE STUDY TO KNOW THE PATIENT SATISFACTION OF "GENERAL WARDS"

By:

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ACKNOWLEDGEMENT

I would like to thank the staff of Bhagat Chandra hospital, New Delhi for extending its cooperation and help in the process of understanding various dimensions of an organization. I feel highly appreciative for the time spent by them for participating in discussions and lending valuable Inputs.

I feel deeply privileged in expressing our deep sense of gratitude to **Dr. C.M Bhagat, Medical Director,** and **Dr. Kamal Parwal, Medical Superintendent** Bhagat Chandra hospital for their expert guidance and encouragement which immensely helped in the process of making this report. Without their support, exploring such a vast organization could not have been possible.

I also acknowledge **Mr. Mahim Bhagat (COO)** for guiding me throughout my stay and providing me the required facilities.

The help rendered by all the managers for providing the valuable data is gratefully acknowledged and also of all the staff of Bhagat Chandra, New Delhi for helping me in understanding the day to day working of the Bhagat Chandra Hospital, New Delhi and other aspects related to it.

I am also thankful to my mentor Mrs. Kirti and Dr. Rajesh Bhalla, Dean IIHMR for giving me valuable inputs and ideas to be incorporated in the report. I am indebted to her/him for infusing reasonability in every aspect I encountered in the research work.

Jerry Patrick Gardner

CONTENTS

ACRONYMS:

AERB-Atomic Energy Regulatory Board
AHP-Advanced Health Check up
ALOS-Average Length of Stay
ALS-Advanced Life Support
BARC-Bhabha Atomic Research Centre
BLS-Basic Life Support
CATH. LAB-Cardiac Catherization Lab
CBC-Complete Blood check up
CCU- Coronary Care Unit
COO-Chief Operating Officer
CPR-Cardio Pulmonary Resuscitation
CT-Computed Tomography
CTVS-Cardiothoracic and Vascular Surgeons
ECG-Echocardiogram
ECHO-Echo Cardiogram
GM-General Manager
HR-Human Resource
ICU-Intensive Care Unit
IGRT-Image Guided Radiation Therapy
IMRT-Intensity Modulated Radiation Therapy
IPD-Inpatient Department
ITU-Intensive Theatre unit
LAMA-Left Against Medical Advice
LASER-Light Amplification Stimulated Emission Radiation
MICU-Medical Intensive Care Unit
MRD-Medical Records Department
NABL-National Accreditation Board for Testing & Calibration & Testing of Laboratories
NCI-National cancer Registry
BH –Bhagat Chandra
NICU-Neonatal Intensive Care Unit
OPD-Outpatient Department
OT-Operation Theatre
PA- Posterior Anterior View
PGDHM-Post Graduate Diploma In Hospital Management
PHC-Preventive Health Check up
PSA-Prostate Specific Antigen

SICU-Surgical Intensive Care Unit
SILS-Single Incision Laparoscopic Surgery
SWOT-Strength Weakness Opportunity Threat
TAT-Turn Around Time
TMT-Tread Mill Test
TPA-Third Party Administrator
TSH-Thyroid Stimulating Hormone
USG-Ultra Sonography

Part I-Internship Report

Introduction

As an integral part of the curriculum, a student of PGDHM is required to undergo
3 months of practical exposure in a reputed organization by way of Internship.
For the PGDHM 14th Batch, this period is from 2nd January 2012 to 31st March 2012, officially.
The student is expected to carry out the following major activities during this period:
1. To assist the Administrator/ Manager in day to day operations
2. The student is also required to identify a specific problem area or department for dissertation.
This activity is envisaged as a problem solving exercise by which the student is expected to:
a) Diagnose critical problems within an operational area.
b) Provide the management with a set of alternative solutions
c) If possible, design the implementation plan to carry out the most feasible solution.

Objectives of the internship:

- To understand working of the whole hospital and to seek opportunity that will stimulate me and provide real experience.
- To groom myself as a professional personality
- The primary objective of the Intern Program is to provide a student interested in the field of Hospital working with some experience and knowledge on the management and operations of a hospital.

All responsibilities require the ability to work effectively with co-workers and to meet and work well with the public.
I was introduced for working with the hospital‘s operations. This provided me with information valuable in future employment decisions as well as other benefits.

In- Depth study:

- To study process flows of different departments in hospital
- Studied and coordinated Inpatient departmental activities
- To streamline the discharge process
- Coordinated Admissions department
- Process mapping of Cath Lab
- To setup the medical records Department
- To perform medical records audit and to analyze the results

List of department visited:

- In patient wards
- Outpatient department
- Diagnostic Areas
- Intensive Care Unit and Intensive Therapy Unit
- Emergency Department
- Laboratory
- Operation Theatre
- Cath Lab
- Medical record Department
- Housekeeping Department
- CSSD
- Main Store

ORGANIZATION PROFILE:

Name of the Organization: BHAGAT CHANDRA

Bhagat Chandra hospital was founded by **Dr. Chander Mohan Bhagat** who believes in taking up challenging assignment where he can continue to apply his Social, Administrative & Hospital management skills in a wide exposure of medical services keeping a positive and committed & targetted attitude.

Bhagat Hospital Units across Delhi:

Bhagat Hospital, Janakpuri

Bhagat Chandra Hospital, Dwarka Sec-1

BHAGAT CHANDRA HOSPITAL, NEW DELHI

Bhagat Hospital was founded in 1993 at Janakpuri with the objective of creating an efficient, ethical, and affordable neighborhood healthcare delivery system, created and managed by medical professionals. Being a non corporate sector hospital managed by professionals it has provided affordable health care services to middle income groups. We adopt a "patient centric" approach to healthcare; the patient's needs always come first. Our services have always been with a personal touch but extremely professional.

Our mission is to provide first-class medical and surgical services in a safe, comfortable and welcoming environment, one in which we would be happy to treat our own families.

Our Vision is to provide quality services to the Indian public, which is affordable to one and all. We strive to deliver services and use of equipment matching those of the corporate sector, but keeping the cost nearly half.
The guiding values behind our approach: We are Indian – We serve India

Departments, Services, Facilities

Bhagat Chandra Hospital, New Delhi

Location: Mahavir Enclave, Dwarka Sec-1

When did construction start: May 2008

Time of commissioning: Janch 2010

Promoters: Bhagat Group of Hospitals

Total number of beds: 120 beds

Number of beds to be commissioned in first phase: 85 beds

Budget (inclusive of cost of land, construction and equipment): Approx. Rs 10 crore

Type of investment: Mix of debt and equity

Corporate or trust hospital: Corporate hospital

Single specialty or multi-specialty: Multi-specialty hospital with priJany focus on cardiac to cater to the high demand of standardized quality and affordable healthcare in the region

Vision: To provide quality services to the Indian public, that is affordable to one and all. We strive to deliver services and use of equipment matching those of the corporate sector, but keeping the cost nearly half.

USP of the project: Multi-specialty, quality and affordable healthcare.

About technology that is latest in the area: Telemedicine

Bhagat Chandra hospital is functional with a capacity of 120 beds that includes tertiary intensive care beds with additional intermediate care areas and wards.

Bhagat Chandra department locations:

The hospital has 5 buildings & is divided as Blocks- A Block, B Block, C Block, D Block, E Block

Block A:

- OPD Unit
- Front Office
- Centralized OPD wing
- Billing Section
- Finance Department
- TPA cell
- ICU/CCU
- OT
- Dialysis
- Emergency
- IPD
- General/Private wards
- Nursery
- Patient Canteen
- General Store

Block B:

- HR department
- Administration Department
- Marketing Department
- Medical Director Office
- Accounts Department
- COO Office
- HR Department
- Lab
- CT Scan/X-Ray/USG
- Conference Room
- Blood Bank
- Pharmacy Store
- MRD
- IVF Unit

Block C:

This building is solely dedicated to women i.e it is dedicated as an OBS. & GYNAE. Building and have separate OPD chambers and IPD wards

Block D:

This building is dedicated to CSSD

Block E:

- Physiotherapy Department
- F&B
- Fresh Juice Outlet

During my tenure of three months of dissertation I was given charge of each and every department of the hospital and I conducted the specific study on the IPD 'General Wards' so I collected all primary data during my tenure and interviewed the patient at times to know the satisfaction level. Along with that I was specifically involved in keeping a quality check on different departments specifically on biomedical waste disposal.

My Principal Accountabilities:

(A) Strategic

- Determine, recommend, control and evaluate the requirement of medical manpower, equipments etc in various areas
- Taking care of hospital medical and general operations.

(B) Operational

- Facilitating communication, interpreting and implementing the management decisions about Hospital working for Medical, Paramedical staff
- Reviewing the hospital operations in response to changes in customer demand, identification of scope for improvement and reporting the same to the Head Medical Services.
- Ensure adequate medical staffing round the clock
- Interact with employees/Consultants/HOD's of each area and identify various requirements and administration related problems/issues.
- Update **Head Medical Services** about any issues in the units and suggest solutions as well as act as first point of contact for communication, interpretation, and implementation of management decisions to direct reporting subordinates
- Evaluation of demand of HIS across the hospital
- Follow up of daily reports from the various departments
- Assist in internal audits of the concerned areas and help in implementation of audit reports
- Handling patient grievances and complaints
- Supervising day to day operational and administrative aspects of hospital working
- One point contact for issues pertaining to Junior doctors

- Coordinating with Head medical services for issues pertaining to the Consultants
- Assigning specific duties to each non clinical staff, train them and reassigning their responsibilities from time to time.
- Supervising punctuality, day to day working, supervision of other staff members, work output and channel the work output to improve overall efficiency and keep unit's morale up.
- Maintenance of quality control, quality assurance and TQM of the hospital.
- Analyze utilization of various hospital services and its effective utilization.
- Process mapping for different activities to streamline the process.
- Carrying out exit interviews, satisfaction surveys (external and internal customers), time motion studies etc. to keep hospital services up to quality standards.

In the first week of my dissertation I went through the orientation program after that my roles and responsibilities were delegated to me as mentioned above. Firstly I was assigned the task of developing the roles and responsibilities of the OPD staff and facilitating them in delivering those responsibilities; along with that I was actively involved in managing the housekeeping department. Later on, I was given the responsibility of coordinating and streamlining the inpatient department in which various processes like admission, proper documentation of the patient records, financial clearance, proper care during the hospital stay and discharge process were involved.

Process for streamlining the discharges:

Problem Areas:

- Immediate discharge planned by the consultants
- Lack of computer knowledge in junior doctors
- Delay in discharge due to incompletion of patient's file
- Final billing takes a long time
- Untrained and over burdened staff

Work Plan: After identifying the key problem areas and discussion with the higher authorities a work process was designed as follows

- Patient's discharge should be planned before their admission, where possible.
- The estimated date of discharge should be documented and communicated to the patient and relevant personnel within 24 hours of admission.
- Discharge should be "streamlined" (e.g. prescriptions and letter should be completed in a timely manner, transport booked and test results made available promptly).
- Doctors' morning and evening round time should be planned.
- Junior doctors should be well instructed by the consultants about the discharge medications and summary.
- Duties of nursing should be completed
- Billing and stores should be informed as soon as the discharge is planned
- Manager on duty at night should check the discharge status
- Handover of patient belongings and explanation of medications & care should be done on time and in proper way
- Patient should be escorted by the staff till the hospital exit

Admissions Department:

Problem Areas:

- Less manpower in the department
- No inventory Check
- Lack of coordination between admission office staff and consultants

Work Plan: To smoothen the function of this department various processes should be followed-

- When the patient comes for admission proper counseling is to be done for the finances, facilities provided and hospital responsibilities towards the patient.
- For the same Treating doctor should be consulted to avoid any kind of confusion.
- Proper admission formalities should be completed and escort the patient to the respective ward after the billing clearance.
- Documentation of the total admissions per day should be maintained.

- **Other Problem Areas**:
- Lack of knowledge and training among the nurses
- No separate drug store for urgent cardiac cases
- Less coordination between doctors and staff

To solve the various problems faced by the consultants, nurses and patient, a process flow was designed after the discussion with consultants and evaluation of the problems

- Patient attendants would be instructed to deposit the total billing amount within a stipulated time.
- Routine classes for training nurses and paramedical staff.
- As the discharge gets planned, billing sheet is to be sent at billing department and the formalities related to discharge should be done in timely manner(documentation should take max. of 30 mins.) so that the discharge can take place at the scheduled time(in the case of one-day admission the billing should be cleared by 8 p.m).

Medical Records Department:

Problem Areas:

- No system to store the medical records of the patient
- No filing system developed
- No check for incomplete and improper records
- Maintenance of inpatients files missing
- Separate filing for medico legal cases and death cases not present
- Lack of manpower

Work Plan: In the initial set up of the hospital it was difficult to maintain the medical records of the patients and to carry out the responsibilities of the department. To make the process easier various steps were designed and duties were followed to smoothen the functioning of the department

- Plan and manage the development and maintenance of a medical records program.

- Develop and implement policies and procedures to process medico-legal documents and insurance and correspondence requests, and to document, store, and retrieve medical records information.
- Advise management and staff on medical records procedures and problems and provide solutions to the problems.
- Coordinate with appropriate personnel to manage, supervise, and perform administrative work to meet procedural, legal, and administrative requirements concerned with the admission, treatment, transfer, and discharge of patients.
- Design, conduct, and test an in-service education program for staff.
- Plan, organize, and evaluate a facility's case mix (compile statistics of disease and procedural data to furnish quantitative data on the incidence of certain diseases/procedures and the cause of death) and systems for resource allocation.
- To conduct quality assurance reviews, evaluate documents in the record, and identify unrecorded diagnoses, inadequate coding, over or under use of services or resources, inadequate documentation, and other procedural problems.

Other activities:

- Organized meeting on “How to handle BMW”
- Started “Best Employee of the month” for Housekeeping employees.

PART II: DISSERTATION ON "COMPREHENSIVE STUDY TO KNOW THE PATIENT SATISFACTION LEVEL"

Introduction: In today's market, individuals are faced with many different options when deciding on a specific health care provider. Due to the variety of options available, quality service is an essential element that influences this selection process. Thus, a health care organization's reputation for its commitment to quality and patient- centered customer service stands as the main criteria for individuals in choosing a healthcare service provider.

Studies of patient's attitude towards health services, health personnel and resources are important to determine whether they meet patient's expectations and needs and to judge patient satisfaction. This information can be used by hospital management to develop improvement programs and to address problems identified by the patients. This will further help provide a detail picture of the patients experience at the hospital from which the hospital management can direct and focus their resources for better service in the future.

Some factors that lead to patient satisfaction/dissatisfaction are waiting time for admission, counseling process, time spent by doctors, regular visits, timely medications by nursing staff, response to calls, care and concern by dietician, food quality, discharge and billing accuracy, waiting time for investigations, etc.

None of us are perfect in the work we do at times. When we fail at times, there is no need to blame ourselves or anyone else for the failure. We need to try to understand why we made that mistake so that we do better and improve our services the next time around. Similarly we can learn from patient satisfaction survey to see where the hospital is doing well and where improvements might be needed to better serve patients in future.

Thus the aim of this study was to attain valuable information from the patients themselves, their "true voice" and to see if their needs were met and how satisfied were they with the various services provided to them at the hospital. Studies of this kind need to be performed more frequently in health services to report how patients being treated are feeling in terms of the services they receive at the hospital during their stay in the hospital [length of stay (LOS)]. There is a need for such studies as this helps the healthcare services provider realize their

strengths, weakness, opportunities and threats. This will further help in planning and implementing changes and making necessary improvements to health services being provided at the hospital.

AIM: To study the functioning and processes of general wards and to know the patient satisfaction level in Bhagat Chandra hospital, New Delhi.

General Objective: To study the patient satisfaction level in general wards of Bhagat Chandra hospital, New Delhi.

Specific Objective:

- To find and reduce the factors responsible for dissatisfaction level amongst patients.
- To find out the effect of dissatisfaction on the overall operations, competitive advantage and reputation of organization.
- To come up with the suggestions to improve the patient satisfaction level of patients in General Wards of the hospitals.

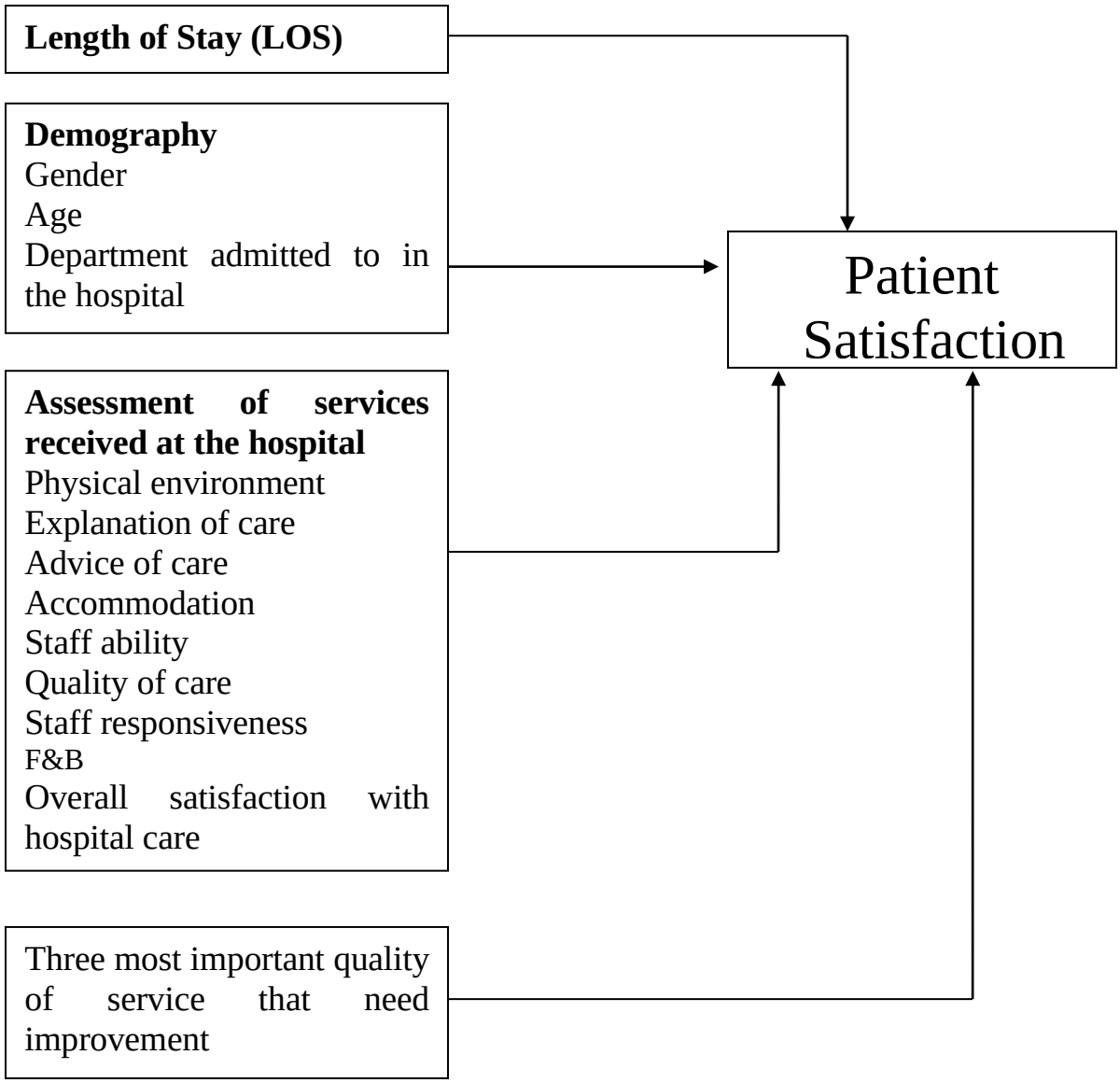
METHODOLOGY :

Primary Data Collection:

a) Direct Observation- to study the functioning of General Wards to see satisfaction of patient in general wards.

b) Sample survey: To identify the present pattern of patient inflow, patient satisfaction and facility utilization.

CONCEPTUAL FRAMEWORK FOR THE STUDY:



Independent variables:

- Length of stay
- Demography
- Assessment of services offered at the hospital

Dependent variables:

- Patient Satisfaction

1. **Research Design**

A cross sectional descriptive study with a questionnaire was given to voluntarily random samples of inpatients at the hospital on the day of discharge.

Patient sample for this study were divided into three groups based on their length of stay (LOS) at the hospital:

Group 1: 1 - 2 Days

Group 2: 3 – 5 Days

Group 3: 5 Days Above

The three groups were divided as per the above intervals as the average length of stay in the hospital was 3.7 days

The three groups of patient population were to be compared to measure the level of satisfaction of patients at the inpatients department.

Descriptive statistics with tables and graphs were used to illustrate, organize and describe various characteristic and patient satisfaction levels among the three groups of length of stay (LOS) from the data obtained from the study questionnaire.

2. **Study population**

The study population for this study was all patients that were admitted and discharged from General Wards of the hospital. The study population consisted of all patients admitted as inpatients in the hospital during the period of 45 days which started from 20th January 2012 and ended on 4th March 2012.

Sample Size: 220

Criteria for inclusion and exclusion were as follows:

- Inclusion criteria:
    - At least 1 day of hospital stay
- Exclusion criteria:
    - Patients that were referred to other hospitals and who Left against Medical Advice (LAMA).

1. Data Collection Method

   Data which was collected for this study was primary data. The primary source data was obtained from inpatients on the day of discharge or during their stay in hospital using 'questionnaire' (Attached copy in annexure) format of data collection. Questionnaires were based on a few questions about the inpatients assessment of hospital services offered and assessment of general services that were available to the inpatients at the hospital during their length of hospitalization. The study questionnaire was divided into four parts:

Part 1 of the questionnaire addressed basic demographic information of inpatients.

Part 2 of the questionnaire addressed issues such as choice of hospital, advice on Illness received at the hospital, examination results, explanation of treatment plan and advice before discharge.

Part 3 of the questionnaire addressed issues such as cleanliness, convenience, physicians and nurses' - ability, examination skills, responsiveness etc.

Part 4 ends with an open-ended question where the patients were asked to suggest three most important quality of services need improvement in this hospital.

4. Data Analysis

All the collected questionnaires were divided into three groups depending on the length of stay (LOS) at the hospital. Further data analysis was performed using tables and graphs to find out association between the few variables and patient satisfaction.

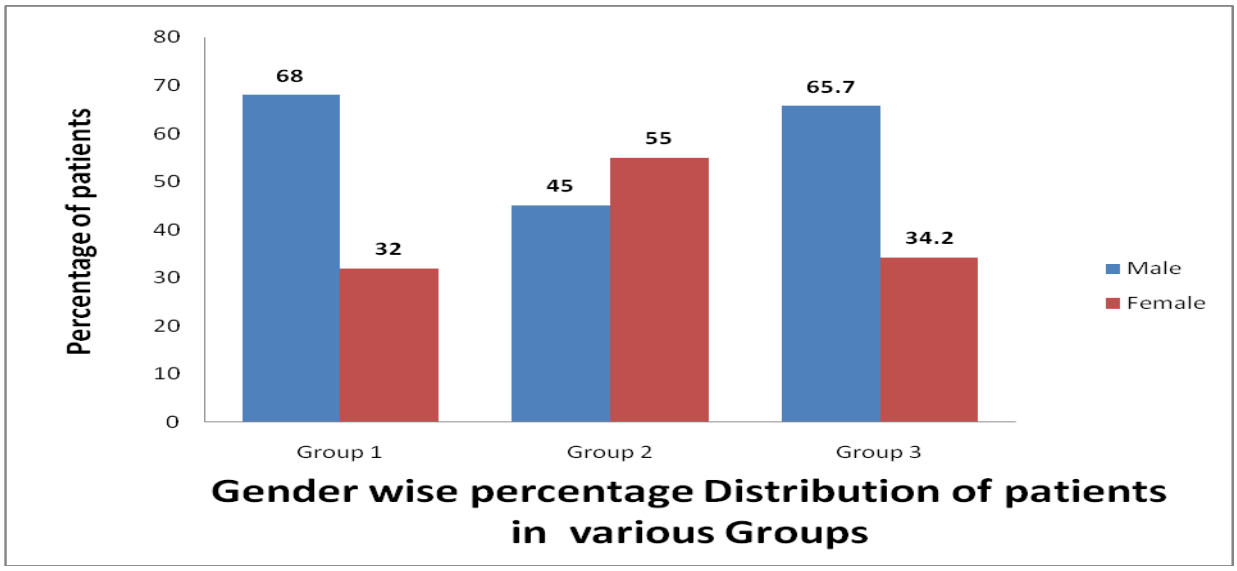
Limitations:

- Study was based on some assumptions
- There was less cooperation from the patient for desired information because most of the patients were from rural background so they were somewhat reluctant to share their views.
- There was a possibility of biasness where the patient in hurry or with some sort of dissatisfaction from the hospital he/she can give superficial correct or wrong responses.
- Data collection for this study was conducted over a 60 day period which might be short of a period not giving complete accurate satisfaction information.

Findings:

1. Demographic Features

1.1 Gender



In the above graph, Group 1 has 68% male respondents while 32% female respondents. In Group 2 there are 45% male patients and 55% female patients. Finally in group 3 there are 65.7% male patients and 34.2% female patients.

Analyzing the graph, it shows that Group 1 and Group 3 have similar trends i.e. male patients are approximately double the female patients while the trend changes in group 2 where females exceed the males. Reason for variation in this trend is that group 2 includes the cases of delivery and LSCS where length of stay is between 3-5 days.

1.2 Age

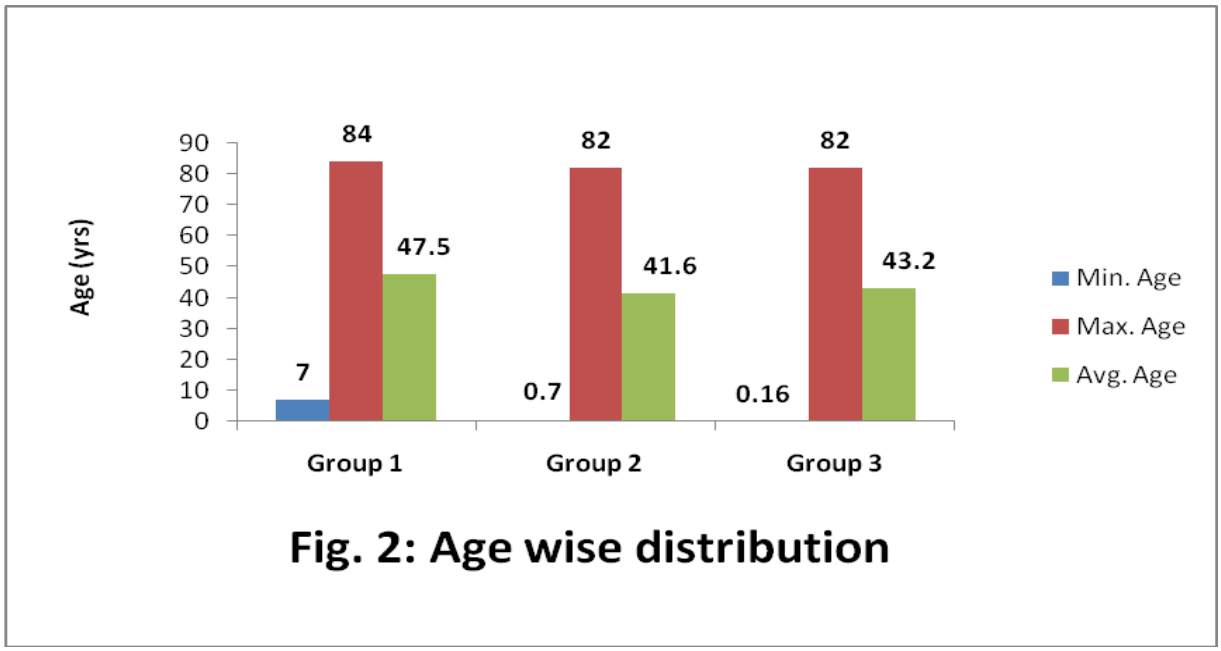


Fig. 2: Age wise distribution

In the above graph, Group 1 has minimum age of the patient of 7 years, maximum age of 84 years and average age comes out to be 47.5 years. In group 2, minimum age is of 0.7 years maximum age of 82 years and average age is 41.6 years. Group 3 has patient with the minimum age of 0.16 years, maximum age of 82 years and average age of 43.2 years.

Analysis shows that there is a huge difference between minimum and maximum age of all the 3 groups while average age remains approximately the same.

1.3 Inpatient department admitted to the hospital:

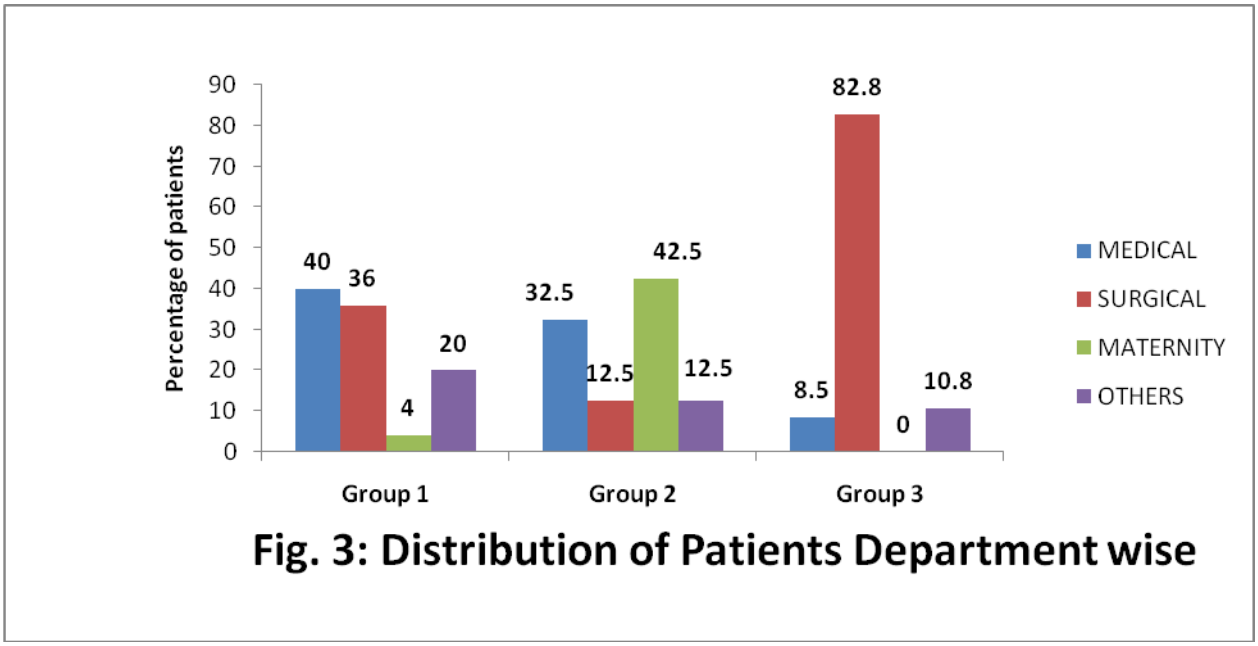


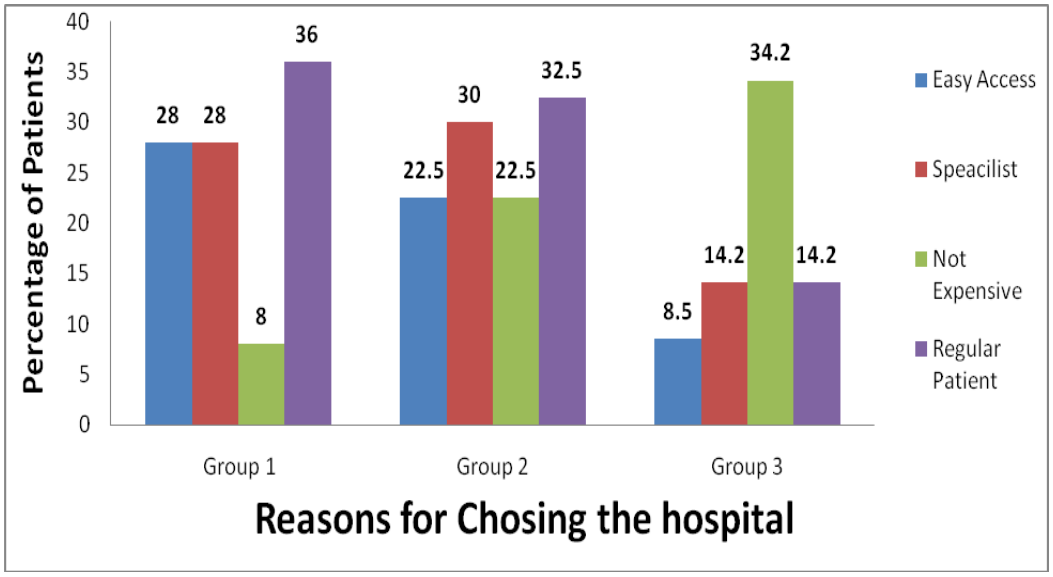
Fig. 3: Distribution of Patients Department wise

In the above graph, Group 1 has 40% of the patients who have undergone medical treatment, 36% have undergone some kind of surgery, 4% patients are of gynecology department and 20% were admitted for observation under surgical department. In Group 2 medical treatment is taken by 32.5 % of patients, surgery was done on 12.5% patients, 42.5 % patients belong to maternity department and 12.5 to others. Similarly in Group 3, 8.5% have taken some kind of medical management, 82.8% have undergone surgeries and 10.8 % in others.

Analysis of the above graph shows that in group 1 there were more patients who were under medical management and were under observation for 1-2 days. Group 2 had more delivery and caesarian cases whose LOS varies from 3-5 days while group 3 had more patients who have undergone surgeries especially cardiac surgeries where patient is under observation for 5-6 days after operation

2. **Assessment of hospital Services**

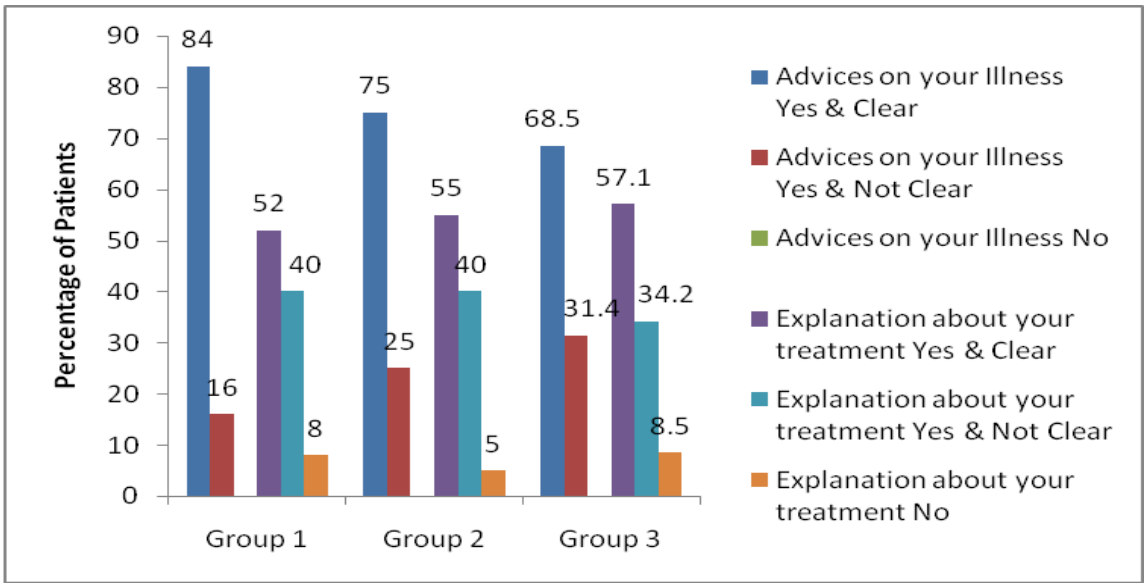
2.1 Why did you choose this hospital?



In the above graph, Group 1 had 28% of the patients came to the hospital because it was easily accesible to them and because of the good repo of the consultant, 8% came beacause its not expensive and reamining 36% patients were regular to the hospital. In group 22.5% came because of easy accessiblity and because of cost effectiveness, 30% came because of consultants, and 32.5% were regular patients. Group 3, 83% patients were of nearby areas while 42% came because of renowed doctors while 34.2% patients think its an economical hospital and 14.2% were regular patients.

From this we can infer that in Group 1 & 2 most of the patients were regular to the hospital. They find the services to be satisfactory. In group 3, the reason for most of the patients for coming to the hospital is that it is more economical as compared to others.

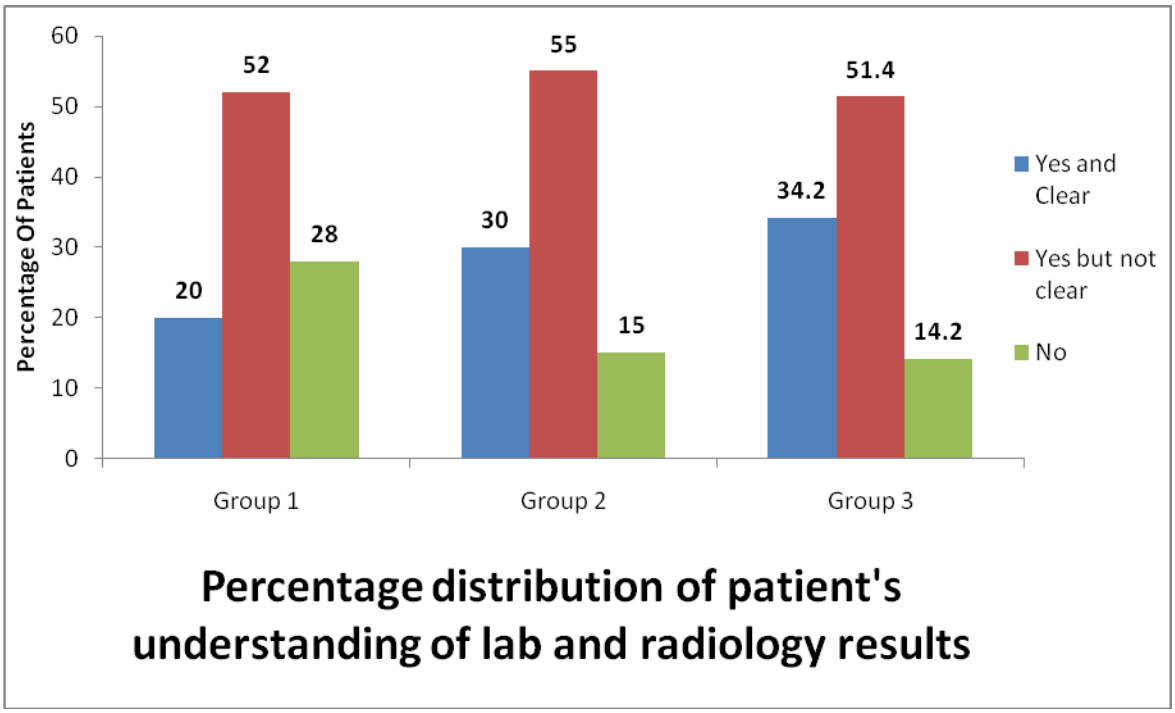
2.2 Advice regarding illness and explanation about treatment or operation?



In Group 1, 84% & 52% patients were clear about advice on their illness and explanation given to them by their doctors. 16% & 40% were explained but it was not clear. In group 2, 75% & 55%were clear about explanation and advices, 25% & 40% were not clear and 5% din't get any explanation about their treatment/ operation. In group 3, 68.5% & 57.1%were clear about explanation and advices, 31.4% & 34.2% were not clear and 8.5% din't get any explanation about their treatment/ operation.

Analysis shows that in all the three groups most of the patients were clear about advice and explanation given to them by their doctors regarding their illness & treatment.

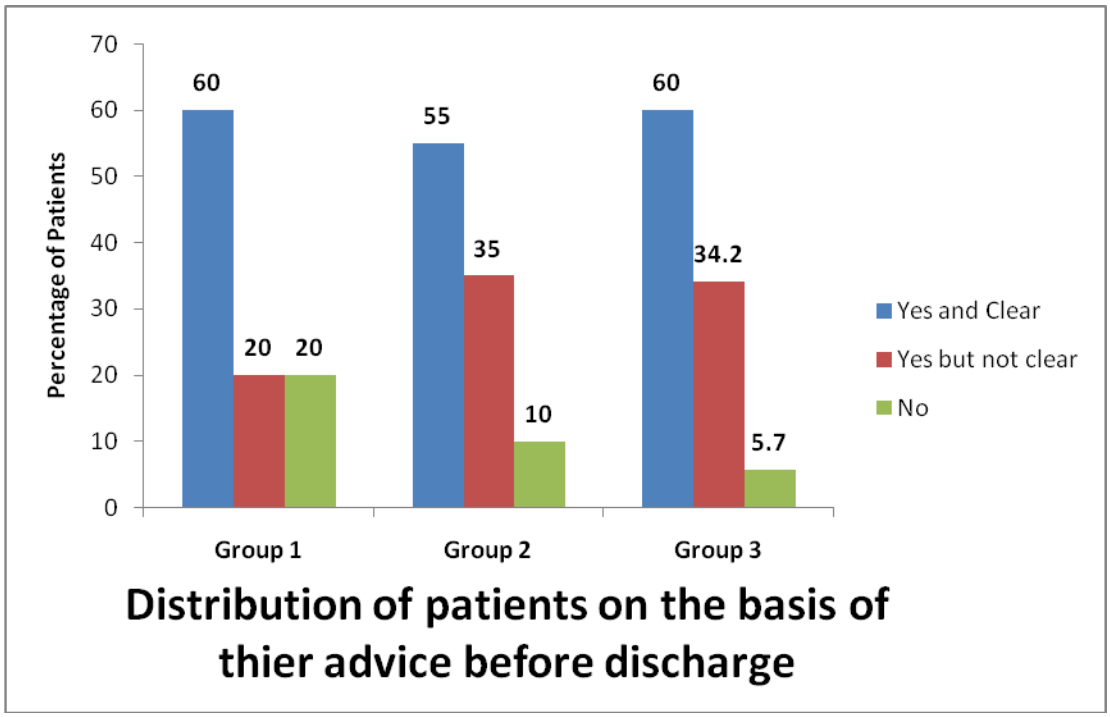
2.3 Did you get the results of laboratory examination or x-ray?



In the graph it can be seen 20% patients of group 1, 30% of group2 and 34.2% of group 3 were clear about their Lab results while 52%, 55% and 51.4% of the three groups respectively were not clear on their results . 28% patients of group 1, 15% of group 2 and 14.2% of group 3 were not at all explained on this parameter.

From this graph we can infer that approximately 50% of patients of all the three groups were confused about their lab and radiology results.

2.4 Did you get advices before discharge?

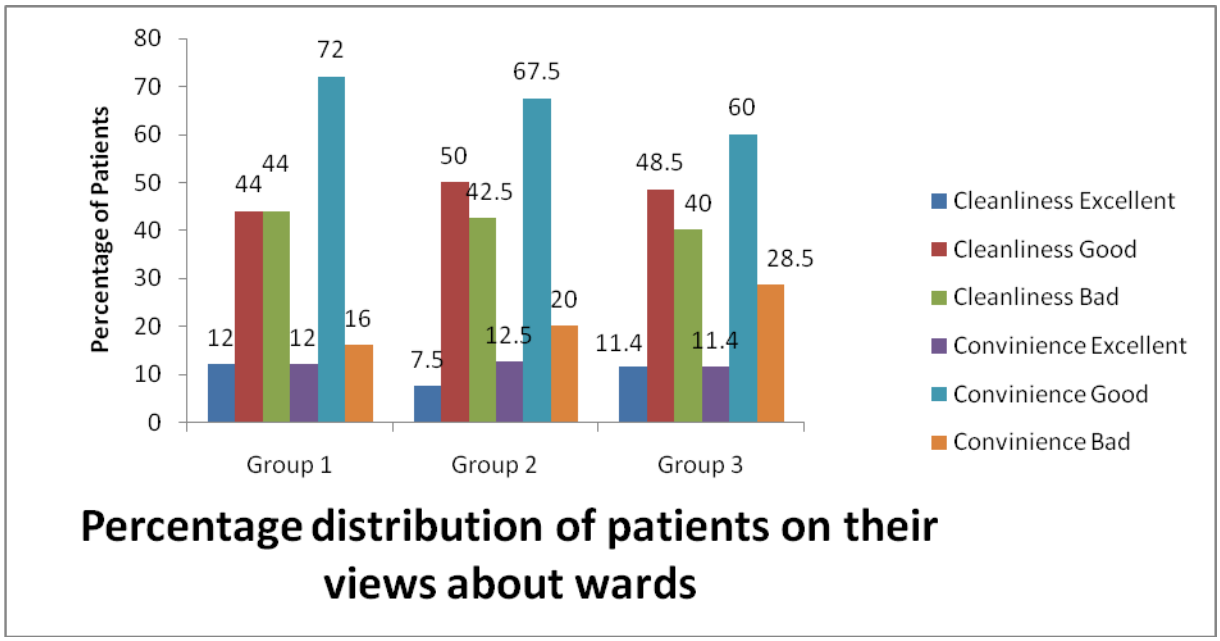


In group 1, 60% of patients were clear about their advices before discharge while 20% were not clear as well as were not given any kind of advice. Group 2 had 55% patients who were clear about their discharge care, 35% were confused and 10% din't get any kind of advice before getting discharge. In group 3, similar trend was followed that 60% were clear, 34.2% were confused and 5.7% were not explained at the time of discharge.

Analysis of the graph results that most of the patients of all the three groups were clear about their discharge medications and care.

3. Patient assessment of general services at the hospital

3.1 Cleanliness and Convenience of room

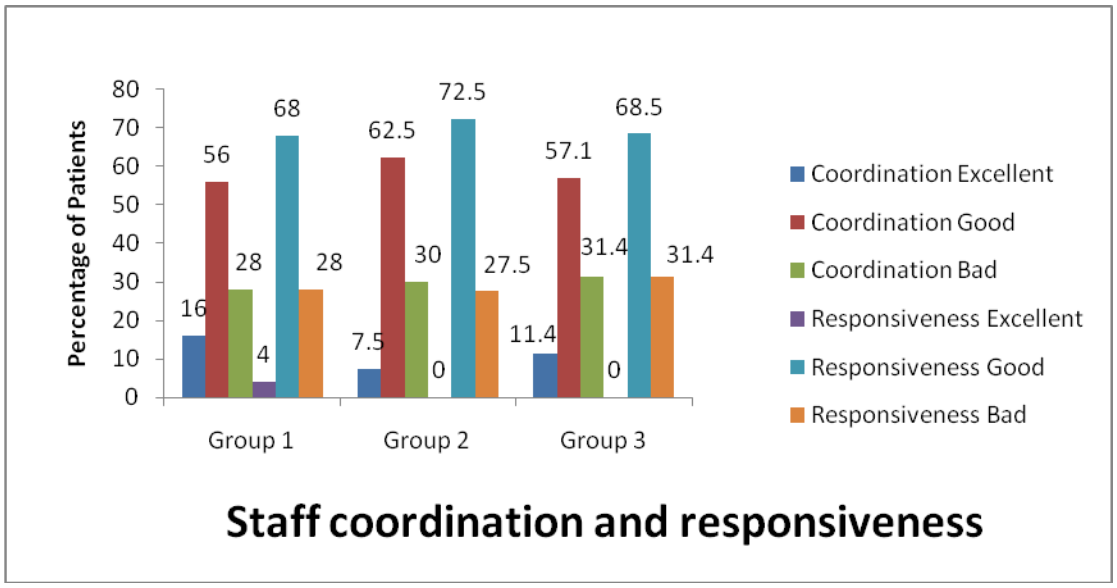


In the above graph, group 1 had 12% of patients who believe that cleanliness and convinience of the room was excellent while 44% & 72% think it to be good and 44% & 16% belive that they were not upto there expections. Group 2 had 7.5% and 12.5% patients and attendents perceiving cleanliness and convinience to be excellent, 50% & 67.5% percieve these to be good while 12.5 and 20% thinks it to be bad. Group 3 had Jan12.4% of patients believing these services to be excellent and upto the Jank while 48.5% & 60% responded these to be average and 40% & 28.5% responded as highly dissatisfying.

Analysing the graph we can say that response of patients about cleanliness of the room has a decreasing trend beacause as LOS is increasing patients get habitual to the surroundings. For convenience of the room we can infer that with shorter length of stay patient scored high as they had in the hospital for short duration and might not pay too much attention on convenience of room as long as other variable such as medical treatment was taken care . Whereas longer the stay (Group 2) the patients might look for convenience as they had to stay in the hospital for more number of days for which they

were less satisfied with at this hospital. As for Group 3, the longest length of stay patient group, satisfaction was high once again which might be due to the various factors such as they were getting the service or as they had been staying for long time so they became more familiar with the surrounding and found it convenient. Hence the trend seen here was that there is a decrease of satisfaction from Group 1 to Group 2 and yet an increase in Group 3.

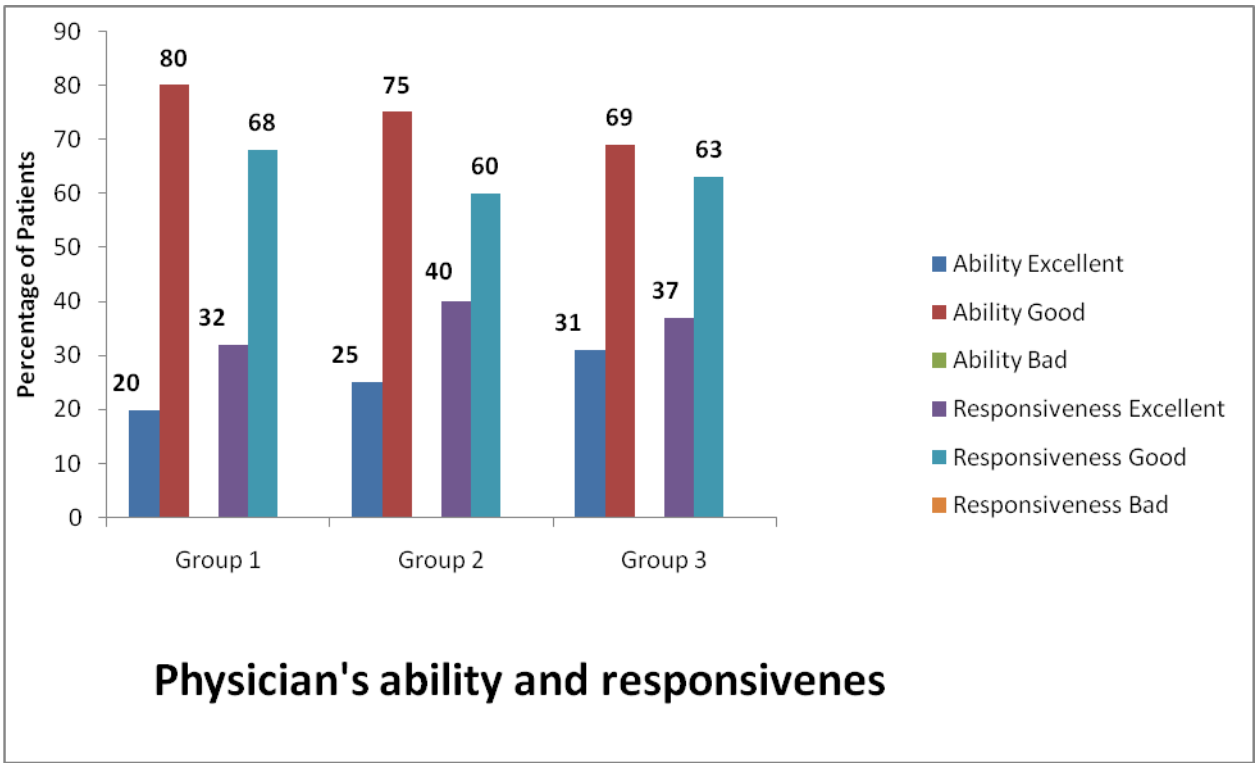
3.2 Staffs' coordination and responsiveness



From the graph we can see that Group 1 had 16% & 4% of the patients respond that coordination and responsiveness of the nurses was excellent, 56% & 68% think it to be good and 28% responded it to be bad. In Group 2, 7.5% patients said that coordination among the staff was excellent, 62.5% & 72.5% said that coordination and responsiveness were good and satisfactory while 30% and 27.5% were not at all satisfied by the staff. In Group 3, Jan12.4% said coordiantion was excellent, 57.1% & 68.5% were just satisfied and 31.4% said that there was no cordiantion among the nursing staff.

Analysis of the graph shows similar trends in all the three groups i.e. coordination and responsiveness(good) was highest in group 2 while it was almost similar in group 1and 3

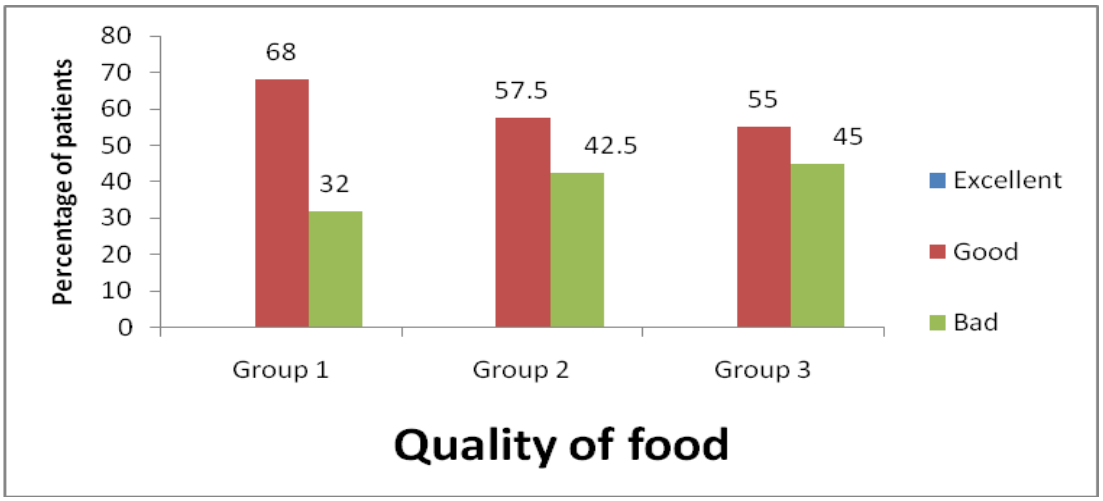
3.3 Physician's ability and responsiveness



In group 1, 20% and 32% were highly satisfied by their physicians ability and responsiveness while 80% & 75% said it was good. In Group 2, 25% & 40 % of patients said that ability and responsiveness of their doctor was excellent while 75% & 60% considered them to be good. In group 3, 31% & 37% patients considered their physician to be exceellent while 69% & 63% considered them to be good.

From the above graph, we can infer that ability and responsiveness of the doctor was found to be good but this trend decreases as we move from group 1 to group3.

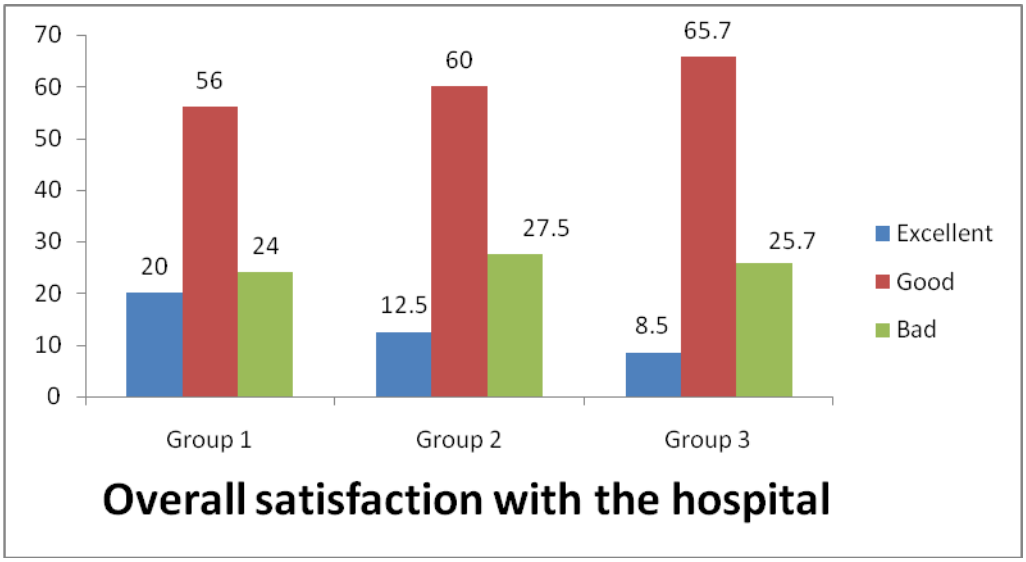
3.4 Quality of food



In the above graph, 68%, 57.5% & 55% of patients of group 1, group 2 and group 3 respectively responded that food provided to them was good while 32%, 42.5% and 45% said that meals given to them were dissatisfying.

Analyzing the graph shows that satisfaction level among the patients for this parameter was continusly decreasing and patients responded that quality of food was degrading day by day.

3.5 Overall Satisfaction with the hospital



Overall satisfaction with care was scored either “excellent” or “good” by 76% in Group 1 which decreased to 72.5% in Group 2 and yet again increased to 73.8% in Group 3. When looking at the overall satisfaction among 3 groups of patient there is not much difference with all the three groups scoring high which indicates their high satisfaction with the hospital. Nevertheless group 2 had the least satisfied set of respondent regarding overall satisfaction with hospital care. Hence the trend seen here is that there is a decrease of satisfaction from Group 1 to Group 2 and yet an increase in Group 3.

4. Three most important quality of services need improvement

There was a variety of suggestions that was obtained from the 100 respondents. Suggestions were made in variety of services such as facility, services, hospital environment and food. The three most suggested important quality of services need improvement in this hospital by the respondent were as follows:

1. Inadequate medical staffs
2. Cleanliness of hospital
3. Food & Beverages

When explaining inadequate medical staffs patients are suggesting that more medical staff means more time for these medical staff with each patients. More medical staff means the medical staff can give more undivided attention to individual patients in terms of service, advice and care.

Cleanliness of hospital is being associated with cleaner toilets, cleaner patient rooms and cleaner linens inpatient beds.

F&B services deals with providing personal choice meals, presentation of meals, temperature of food and with taste and quality of food.

RECOMMENDATION & CONCLUSION:

Recommendation:

- A **"May I help you"** desk should be placed for the convenience and the complaints of the patient so that immediate action can be taken in regarding the scene.
- A system of pre planned discharges should be effectively developed and followed to reduce delays, wastage and resources and dissatisfaction.
- Hospital Management should reward those departments and groups with higher satisfaction so that departments /groups with less satisfaction have some incentives to work harder or better for higher patient satisfaction.
- Staff could be recruited in general wards to increase the attention to care of the patient
- Grooming classes should be conducted for proper and good communication between staff and patients.
- Weekly quality checks should be scheduled for the inpatient canteen so that quality of food can be maintained.
- Proper signage's (Direction Maps) can be placed in various areas to help the patient and the visitors to easily locate the required facility.

1. Conclusion

A hospital as a health care service provider faces many challenges where it has to incorporate a large number of human resources and their duties to successfully deliver quality care to their numerous patients. A hospital as a health care institution is always challenged to provide the best quality of care that their patient need who are of various age, sex, illness etc. In modern age health services, quality health care is an important aspect of health care system which should attempt to provide the best possible care. Thus the quality of health care services should always be improved and maintained at the highest level.

There had been many studies related to patient satisfaction with various variables but a very few on length of stay (LOS). This study results as reported here are indicative rather than definitive. These were collected using questionnaires seeking answers from patients about hospital care and trying to interpret those results into patient satisfaction with the influence of length of stay.

Nevertheless as published in the WHO health evidence network report 2003, "measurement is

central to the concept of hospital quality improvement; it provides a mean to define what hospitals actually do and to compare that with the original targets in order to identify opportunities for improvement". And this study has indeed brought some interesting facts which shall help the hospital indentify sources of patient satisfaction and dissatisfaction

This study has shown high level of overall patient satisfaction among the three groups (76% for Group1, 72.5% for Group 2 and 74% for Group 3. As stated in study, "for inpatient care public hospitals had higher levels of satisfaction amongst clientele than private for-profit hospitals.

This study has further unfolded some interesting fact on some variable which were found to be more satisfied or less satisfied among different length of stay. Less satisfied with longer length of stay (LOS) in the hospitals were variable such as advice on illness, physicians' responsiveness.

Whereas less satisfied with shorter length of stay (LOS) in the hospital were variable such as cleanliness of room, staffs coordination and cooperation and nurses' responsiveness.

Variables such as attention to take care, other staff manners and staff coordination increased from Group 1 to Group 2 but it decreased in Group 3 the longest length of stay group. On contrary, variable such as physicians' ability, quality of food and overall satisfaction with hospital care decreased from Group 1 to Group 2 but an increase was seen in Group 3 the longest length of stay group.

As stated "customer satisfaction is an important measure of quality service in health care organizations. From a management perspective, patient satisfaction with health care is important for several reasons where management can identify sources of patient dissatisfaction and can organize to address system's weaknesses. On the other hand, this benefits the patients as well as they are getting better quality service.

Reference:

- **www.bhagathospital.com/index.html**
- **KuJan R(2005). Research Methodology- A Step by step guide for beginners**
- **Stavins, C(2006). Developing employee participation in the patient satisfaction process.**
- **Tokunaga, J., Imanaka, Y. (2002)- Influence of length of stay on patient satisfaction with hospital care.**
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- **http://www.trikal.org**
- **http://www.acmeconsulting.in**
- **http://qualitysafety.bmj.com**
- **http://www.fiercehealthcare.com**
- **http://www.tennessean.com**
- **http://patients.about.com**

Annexure I

Study Questionnaire

Please express your opinions about the services that you received from the hospital

Part 1. A few questions about yourself
(PLESE TICK THE BOX AND/OR FILL IN THE SPACE)

1. Gender [ ] 1. Male [ ] 2. Female
2. Name:
3. Your age _____ years
5. For how many days have you been hospitalized?
6. What is the reason for admission?
7. Consultant?
8. Inpatient Department service type admitted?
[ ] 1. Medical [ ] 2. Surgical
[ ] 3. Maternity [ ] 4. Others

Part 2. Assessment of services you get at this time

9. Why did you choose this hospital?
[ ] 1. Easy Access [ ] 2. Modern equipment [ ] 3. Specialists
[ ] 4. Not expensive [ ] 5. Prompt service [ ] 6. Pleasant facilities
[ ] 7. I am a regular patient here
10. Did you get advices on your illness and what you should do?
[ ] 1. No [ ] 2. Yes, but not well stood [ ] 3. Yes, clearly understood
Jan12. Did you get the results of laboratory examination or X-ray?
[ ] 1. No [ ] 2. Yes, but not well stood [ ] 3. Yes, clearly understood
12. Did you get the explanation about your treatment plan or operation?
[ ] 1. No [ ] 2. Yes, but not well stood [ ] 3. Yes, clearly understood
13. Did you get advices before discharge?
[ ] 1. No [ ] 2. Yes, but not well stood [ ] 3. Yes, clearly understood

Part 3. Your assessment on the following services
(PLESE TICK THE BOX THAT YOU CHOOSED)

	Excellent	Good	Bad

14. Cleanliness of room	☐	☐	☐
15. Convenience of room	☐	☐	☐
16. Staffs' coordination and Cooperation	☐	☐	☐
17. Physicians' ability	☐	☐	☐
18. Physicians' responsiveness	☐	☐	☐
19. Nurses' responsiveness	☐	☐	☐
20. Nurses' manners	☐	☐	☐
21. Others staffs' manner	☐	☐	☐
22. Overall quality of food served	☐	☐	
23. Overall satisfaction with hospital care	☐	☐	☐

Part 4. Your final assessment of hospital services

24. Please suggest the **three most important quality of services need improvement** in this hospital.

1) _____
2) _____
3) _____

Annexure II:

Patients in General Wards					
S. No.	**Name**	**Consultant**	**Procedure**	**DOA**	**DOD**
1	Babu Singh	Dr.Sandeep	cabg	12-Jan-12	22-Jan-12
2	Kamla Bai	Dr.Sandeep	cabg	13-Jan-12	21-Jan-12
3	Sunita Kanwar	Dr. J.M. Mehta	LFebotomy/Rt. Cholectomy	13-Jan-12	23-Jan-12
4	Gopal Lal	Dr.Sandeep	cabg	14-Jan-12	21-Jan-12
5	Indra Devi	Dr.Sandeep	MVR	14-Jan-12	25-Jan-12
6	Ragini Shrivastav	Dr.Sandeep	MVR	14-Jan-12	12-Feb-12
7	Babu Lal Singh	Dr. Ravi	radical nephrectomy	15-Jan-12	21-Jan-12
8	Ram Sharan	Dr.Sandeep	cabg	15-Jan-12	29-Jan-12
9	Raghuveer Singh	Dr.Sandeep	MVR	16-Jan-12	24-Jan-12
10	Sita Choudhary	Dr. Rakhi	observation	18-Jan-12	21-Jan-12
11	Master Sujeet	Dr. Pinkoo	observation	18-Jan-12	22-Jan-12
12	Anju Chippa	Dr. Rakhi	LFebotomy	18-Jan-12	23-Jan-12
13	Molly Thomas	Dr. Bhutani	observation	18-Jan-12	23-Jan-12
14	Asha Saini	Dr. Rakhi	observation	19-Jan-12	21-Jan-12
15	Ronit	Dr.Sandeep	Coarctation	19-Jan-12	25-Jan-12
16	Ramjas Vijay	Dr.Bhutani	observation	20-Jan-12	25-Jan-12
17	Radhey shyam	Dr.Alok	observation	21-Jan-12	22-Jan-12
18	Sumitra Sharma	Dr.Saket	observation	21-Jan-12	24-Jan-12
19	Shama Bano	Dr. Monica	Splectomy	21-Jan-12	28-Jan-12
20	Suman Dangayach	Dr. Mridul	LFebotomy Stageing	21-Jan-12	29-Jan-12
21	S.M. Salique	Dr.Sandeep	cabg	21-Jan-12	29-Jan-12
22	Sangeeta Ramawat	Dr.Saket	observation	21-Jan-12	12-Feb-12
23	Dinesh Verma	Dr.Lalit	Spine surgery	21-Jan-12	1-Feb-12
24	ML Jain	Dr. Ravi	TURP	22-Jan-12	24-Jan-12

25	Kalu ram meena	Dr.Shubhranshu	observation	22-Jan-12	24-Jan-12
26	Nangi Devi	Dr.Shubhranshu	observation	22-Jan-12	24-Jan-12
27	Samiksha Sharma	Dr. Rakhi	N. Delivery	22-Jan-12	25-Jan-12
28	Prem devi	Dr. Rakhi	Vag. Hysterectomy	22-Jan-12	27-Jan-12
29	Banabasi Gouda	Dr.Sandeep	MVR	22-Jan-12	1-Feb-12
30	Aleem khan	Dr.Kamal	Observation	23-Jan-12	25-Jan-12
31	Laxmi Vijayvergiya	Dr.Kamal	Observation	23-Jan-12	25-Jan-12
32	Kamal. K. golani	Dr.Kamal	Observation	23-Jan-12	27-Jan-12
33	Master Mukesh	Dr. Pinkoo	observation	23-Jan-12	28-Jan-12
34	Kamlesh Chug	Dr. Rakhi	Ab. Hysterectomy	23-Jan-12	28-Jan-12
35	Roshan saini	Dr. Rakhi	LSCS	23-Jan-12	28-Jan-12
36	Sudhir Jain	Dr. J.M. Mehta	Hydacial Liver	23-Jan-12	30-Jan-12
37	Islam Bano	Dr. Monica	Exicion of cyst	23-Jan-12	30-Jan-12
38	Master Vishal	Dr.Sandeep	TOF	23-Jan-12	4-Feb-12
39	Hanuman Choudhary	Dr.Shubhranshu	Observation	24-Jan-12	26-Jan-12
40	Vimla Devi	Dr. Monica	Lap. Chole	24-Jan-12	27-Jan-12
41	Mast Bittu	Dr. Girish	syndactyly complex	25-Jan-12	27-Jan-12
42	Pappu lal Bairwa	Dr.saurabh	K-Wire fixation	25-Jan-12	27-Jan-12
43	Manbhar Devi	Dr.Rakhi	Observation	25-Jan-12	31-Jan-12
44	Amrit Lal	Dr.Sandeep	cabg	25-Jan-12	2-Feb-12
45	Radhey Shyam	Dr.Sandeep	cabg	25-Jan-12	3-Feb-12
46	Shayad Khan	Dr. Monica	Radical CBD excision	25-Jan-12	9-Feb-12
47	Sushila Khinchi	Dr. Rakhi	N. Delivery	26-Jan-12	27-Jan-12
48	Manju Yadav	Dr. Rakhi	N.Delivery	26-Jan-12	29-Jan-12
49	Babulal Saini	Dr.Sandeep	cabg	26-Jan-12	4-Feb-12
50	B/o Sarita	Dr.Sandeep	TAPVC	26-Jan-12	12-Feb-12
51	Keshar Lal	Dr. Ravi	TURP+CLP	27-Jan-	30-Jan-

				12	12
52	Nand Kishore Sharma	Dr. Ravi	TURBT+BNI	28-Jan	31-Jan
53	Shipra Ramawat	Dr.Usha	LFebotomy	28-Jan-12	1-Feb-12
54	Master Ekshan	Dr.Vijay	observation	28-Jan-12	1-Feb-12
55	Durga Devi	Dr. J.M. Mehta	Lap Chole	28-Jan-12	2-Feb-12
56	Radha Devi	Dr.Kapil/Dr. Mridul	Pacemaker & Hysterectomy	28-Jan-12	4-Feb-12
57	Suresh KuJan	Dr.Kamal	observation	28-Jan-12	4-Feb-12
58	Malam Singh	Dr.Sandeep	cabg	28-Jan-12	7-Feb-12
59	Bhambal Ram	Dr.Sandeep	CABG	28-Jan-12	12-Feb-12
60	Ram Avtar Vijay	Dr. Ravi	URS	29-Jan-12	31-Jan-12
61	J.K.Shah	Dr.Kamal	observation	29-Jan-12	31-Jan-12
62	Bishna Ram	Dr.Ajay	observation	29-Jan-12	1-Feb-12
63	Akha Ram Agarwal	Dr.Sandeep	cabg	29-Jan-12	2-Feb-12
64	Sanwar Mal	Dr. Ravi	Lap Radial Nephrectomy	29-Jan-12	4-Feb-12
65	Mohammad Irshad	Dr. Anuj Rajvanshi	observation	29-Jan-12	12-Feb-12
66	Beena Sunny	Dr. Usha	LSCS	30-Jan-12	2-Feb-12
67	Master Shubham	Dr. J.M. Mehta	orcheidopaxy	30-Jan-12	2-Feb-12
68	Kavita Jangir	Dr.Usha	Overian Cyst	30-Jan-12	3-Feb-12
69	Mintoo Kanwar	Dr. Rakhi	LSCS	30-Jan-12	3-Feb-12
70	master Nitik	Dr.Vijay	observation	31-Jan-12	6-Feb-12
71	Sheela Sharma	Dr.Ajay	Observation	31-Jan-12	9-Feb-12
72	Sher Singh	Dr.Girish	Complex Intra Articular	1-Feb-12	4-Feb-12
73	Leelama	Dr..Ajay	observation	1-Feb-12	4-Feb-12
74	Hari Ram	Dr.Sandeep	CABG	1-Feb-12	12-Feb-12
75	Prem Devi	Dr. Rakhi	observation	2-Feb-12	4-Feb-12
76	Ganesh Rawat	Dr.Kamal	observation	2-Feb-12	4-Feb-12
77	Santosh Saini	Dr. Rakhi	observation	2-Feb-12	5-Feb-12
78	Kamla Devi	Dr.N.Agarwal	Hemi Replacement Arthroplasty	2-Feb-12	6-Feb-12
79	Kalawati Kadawasara	Dr.Usha/Dr.Mridul	LFebotomy Stageing	2-Feb-12	13-Feb-12
80	Gopal Lal Sharma	Dr. A. Rajvanshi	observation	3-Feb-12	5-Feb-12

81	Rohit Singh	Dr.Ritesh	PCNL	3-Feb-12	7-Feb-12
82	Madan Lal Sharma	Dr. Ravi	TURBT	4-Feb-12	6-Feb-12
83	Hanuman Sharma	Dr. J.M. Mehta	Hernia	4-Feb-12	7-Feb-12
84	Chote Lal	Dr. Ravi	TURP	4-Feb-12	7-Feb-12
85	Aditya Vikram	Dr.Saurabh	ORIF	4-Feb-12	7-Feb-12
86	Jhuti Jat	Dr.Saket	ERCP	4-Feb-12	12-Feb-12
87	Badri Narayan	Dr.Shubhranshu	observation	5-Feb-12	7-Feb-12
88	Jagdish Prasad	Dr. Ravi	OIU	5-Feb-12	7-Feb-12
89	Kalu Ram	Dr.Shubhranshu	observation	5-Feb-12	7-Feb-12
90	Ram Sahai	Dr.Shubhranshu	observation	5-Feb-12	7-Feb-12
91	Master Vishal	Dr.Ssandeep	Observation	5-Feb-12	9-Feb-12
92	Master Ram Chandra	Dr.Sandeep	ASD	5-Feb-12	12-Feb-12
93	Babita KuJani	Dr.Sandeep	MVR	5-Feb-12	15-Feb-12
94	Chandrakala	Dr.Lalit	Single Bone Forearm	6-Feb-12	7-Feb-12
95	Champa Devi	Dr. Rakhi	Abd. Hysterectomy	6-Feb-12	12-Feb-12
96	Rameshwari Devi	Dr.Devendra	CAG+PTCA	6-Feb-12	12-Feb-12
97	Nand Kishore Goyal	Dr. Ravi	Radial Nepherctomy	6-Feb-12	12-Feb-12
98	Master Kunal Darji	Dr.Sandeep	Vsd	6-Feb-12	15-Feb-12
99	Parmeshwari Devi	Dr. Rakhi	Abd. Hysterectomy	7-Feb-12	12-Feb-12
100	Neha jain	Dr. Rakhi	OS Tightening	8-Feb-12	9-Feb-12
101	Hanuman	Dr.Shubhranshu	observation	8-Feb-12	12-Feb-12
102	Ruchika Khandelwal	Dr. Rakhi	observation	8-Feb-12	12-Feb-12
103	Ratni Gurjar	Dr. Rakhi	LSCS	8-Feb-12	13-Feb-12
104	Akha Ram Agarwal	Dr.Sandeep	CABG	8-Feb-12	17-Feb-12
105	Arti Gupta	Dr. Rakhi	D&E	9-Feb-12	9-Feb-12
106	Mukesh KuJan Beniwal	Dr. Pinkoo	observation	9-Feb-12	12-Feb-12
107	Hazari Lal	Dr. Saurabh	observation	10-Feb-12	12-Feb-12
108	Ram Gopal Walia	Dr. Ravi	URS+CLP	10-Feb-12	13-Feb-12
109	Varsha Jain	Dr. Rakhi	observation	12-Feb-12	13-Feb-12
110	Ram ji devatawal	Dr. J.M. Mehta	observation	12-Feb-12	13-Feb-12
111	Sunita Mali	Dr.Ruchi	Cardiac Cath	12-Feb-12	14-Feb-12

112	Mithoo Ram	Dr. Devendra	observation	12-Feb-12	15-Feb-12
113	Amod Gaur	Dr.Lalit	Cervical Laminactomy	12-Feb-12	15-Feb-12
114	Ashok KuJan Sain	Dr.Anuj Rajvanshi	Kidney Biopsy	12-Feb-12	15-Feb-12
115	Sharda Devi	Dr.Neeraj agarwal	TKR	12-Feb-12	18-Feb-12
116	Sita Devi	Dr. Rakhi	Perineoraphe	12-Feb-12	13-Feb-12
117	Nand Ram Jangid	Dr. J.M. Mehta	Hernia Dlusty	12-Feb-12	13-Feb-12
118	Navita Devi	Dr. Rakhi	Delivery	12-Feb-12	14-Feb-12
119	Shrikant Sharma	Dr. Kamal	observation	12-Feb-12	14-Feb-12
110	Savitri Devi	Dr.Saket	observation	12-Feb-12	15-Feb-12
111	Kamla Devi	Dr. Kamal	observation	13-Feb-12	14-Feb-12
112	Jaya Sharma	Dr. Rakhi	N. Delivery	13-Feb-12	15-Feb
113	Master Sunil kuJan	Dr. Pinkoo	observation	13-Feb-12	16-Feb-12
114	Ratan Devi	Dr.Ajay	observation	13-Feb-12	17-Feb-12
115	Kailash Saini	Dr.Saket	observation	14-Feb-12	15-Feb-12
116	Tinku Meena	Dr. Pinkoo	observation	14-Feb-12	15-Feb-12
117	Jagdev Ram	Dr. Ritesh	URS	14-Feb-12	16-Feb-12
118	Shweta Devi	Dr. Ravi	PCNL	14-Feb-12	16-Feb-12
119	Omprakash Jangid	Dr. Ravi	URS	14-Feb-12	16-Feb-12
120	Kishan lal	Dr.Shubhranshu	observation	14-Feb-12	18-Feb-12
121	Anirudh Garg	Dr.Shubhranshu	observation	15-Feb-12	16-Feb-12
122	Krishna Chand Meena	Dr.Ashok	observation	15-Feb-12	16-Feb-12
123	Radha Devi	Dr. Rakhi	N. Delivery	15-Feb-12	18-Feb-12
124	Kamla Choudhary	Devendra	Reri Cardio Centeris	16-Feb-12	18-Feb-12
125	Taj bano	Dr. Rakhi	N. Delivery	16-Feb-12	18-Feb-12
126	Muskaan Bhardwaj	Dr. Pinkoo	observation	17-Feb-12	18-Feb-12
127	Master Dilkhush	Dr. Ambrish	observation	17-Feb-12	18-Feb-12
128	Mara Devi	DR J M Mehta	Excision Of Choledochal Cyst	18-Feb-	23-Feb-

			with Ryhj	12	12
129	Kamlesh Gupta	Dr Girish Gupta	I & D Small	18-Feb-	18-Feb
130	Subita Devi	Dr .J.M Mehta/Dr Richa	LFebotomy	18-Feb-12	23-Feb-12
131	Shnakar lal Sharma	DR Saket Agarwal	ERCP	18-Feb-12	18-Feb-12
132	Ram Sahai	Dr Ajay Nair	Observation	18-Feb-12	21-Feb-12
133	Tahmeena	Dr Usha Agarwal	Observation	18-Feb-12	19-Feb-12
134	Anju Kanwar	Dr Richa Choudhary	Normal Delivery	19-Feb-12	21-Feb-12
135	Jagdish Prasad sharma	Dr Saurabh Mathur	Long Bones	19-Feb-12	24-Feb-12
136	Lalu Ram Bairwa	Dr Shubhranshu	Observation	19-Feb-12	21-Feb-12
137	Beena Paul	Dr Ajay Nair	Observation	19-Feb-12	20-Feb-12
138	Master Amit KuJan	Dr Lalit Sharma	Bone Grafting	19-Feb-12	23-Feb-12
139	Kripa Devi	Dr Rakhi Jain	D & E / Observation	19-Feb-12	29-Feb-12
140	Nanak Chand	Dr Sandeep Attawar	CABG Low Risk	20-Feb-12	28-Feb-12
141	Neha Pachauri	Dr Rakhi Jain	LSCS	20-Feb-12	25-Feb-12
142	Baby of Neha Pachauri	Dr Vijay Shankar Sharma	Medical Care	20-Feb-12	25-Feb-12
143	Baby Bhumika Gehlot	Dr Sandeep Attawar	BDG Shunt	20-Feb-12	29-Feb-12
144	Nidhi Verma	Dr Ravi Gupta	URS b/L	20-Feb-12	21-Feb-12
145	Kailash Kanwar	Dr Sandeep Attawar	MVR at Moderate	20-Feb-12	28-Feb-12
146	Rajendra KuJan	Dr Sandeep Attawar	ICR High Risk	20-Feb-12	1-Mar-12
147	Kiran Singh	Dr Richa Choudhary	Diag.LFeboscopy	20-Feb-12	21-Feb-12
148	Baby Mamta Choudhary	Dr Pinkoo Attawar	Observation	20-Feb-12	23-Feb-12
149	Dev Kishan Gochar	Dr Girish Gupta	I&D Small	20-Feb-12	23-Feb-12
150	Anoop Singh	Dr Saurabh Mathur	Close Reduction	21-Feb-12	22-Feb-12
151	Master Rohit Singh	Dr Pinkoo Attawar	Observation	21-Feb-12	22-Feb-12
152	Master Shubham Jangid	Dr Sandeep Attawar	TOF Moderate Risk	21-Feb-12	29-Feb-12
153	Master Monu Loniwal	Dr Sandeep Attawar	Coarctation	21-Feb-12	2-Mar-12
154	Deepak Saxena	Dr Saurabh Mathur	Open Reduction and Fixation Both Bone Forearm	22-Feb-12	23-Feb-12

155	Santosh Devi Srimal	Dr Ravi Gupta	URS	22-Feb-12	24-Feb-12
156	Geeta Devi Verma	Dr Usha Agarwal	D & C	22-Feb12	22-Feb12
157	Prameshwari Choudhary	Dr Lalit Sharma	Lumber DicomPresion	22-Feb-12	27-Feb-12
158	Tara Devi Verma	Dr J M Mehta	Lap Chole	22-Feb-12	25-Feb-12
159	Raees	Dr Anuj Rajvanshi	Observation	22-Feb-12	25-Feb-12
160	Laxmi Devi	Dr J M Mehta	Lap Chole	23-Feb-12	25-Feb-12
161	Master Mihir Kumawat	Dr Sandeep Attawar	ICR / TOF	23-Feb-12	1-Mar-12
162	Rajni Devnani	Dr Usha Agarwal	Abdominal Hystrectomy	23-Feb-12	28-Feb-12
163	Sayed Arshad Ali	Dr Saket Agarwal	ERCP	23-Feb-12	23-Feb-12
164	Neelam Dhanka	Dr Abha / Dr Alok	Observation	23-Feb-12	27-Feb-12
165	Chhittar Mal Birla	Dr Sandeep Attawar	Observation	23-Feb-12	2-Mar-12
166	Gurvendra Singh	Dr Sandeep Attawar	DVR	23-Feb-12	26-Feb-12
167	Rajpati Devi	Dr Alok Mathur	Observation	23-Feb-12	27-Feb-12
168	Meera Devi Sharma	Dr Rakhi Jain	D&E	23-Feb-12	24-Feb-12
169	Vinod KuJan Sharma	Dr Ravi Gupta	URS + CAG	24-Feb-12	27-Feb-12
170	Mihir Biswas	Dr Alok Mathur	Observation	24-Feb-12	25-Feb-12
171	Mukesh Prajapat	Dr Ram Chitlangia	ASD Closer	24-Feb-12	29-Feb-12
172	Kavita	Dr Rakhi Jain	Abdominal Sterilization	25-Feb-12	25-Feb-12
173	Kanha Ram Choudhary	Dr Sandeep Attawar	CABG at Moderate Risk	25-Feb-12	3-Mar-12
174	Roop Singh	Dr Monika Gupta	Lab Appendectomy	25-Feb-12	27-Feb-12
175	Dharmesh Garg	Dr Ajay Nair	Observation	25-Feb-12	26-Feb-12
176	Pinky Sharma	Dr Rakhi Jain	Observation	25-Feb-12	28-Feb-12
177	Gunwant Patidar	Dr Girish Gupta	I & D Small	25-Feb-12	27-Feb-12
178	Tanveer Singh Sandhu	Dr Alok Mathur	Observation	25-Feb-12	28-Feb-12
179	Priyanka Mehra	Dr Rakhi Jain	Normal Delivery	26-Feb-12	28-Feb-12
180	Meena Saini	Dr Rakhi Jain	Observation	26-Feb-12	28-Feb-12
181	Sampat Sharma	Dr Mridul Gehlot	D & C	26-Feb-	26-Feb-

				12	12
182	Chandra Kala Sharma	Dr Ajay Nair	Observation	26-Feb-12	1-Mar-12
183	Rajeev Lal	Dr Saurabh Mathur	Osteomy & Fixation For Deformity	26-Feb-12	30-Feb-12
184	Geeta Mahawar	Dr Richa Choudhary	LSCS	26-Feb-12	1-Mar-12
185	Baby Of Geeta	Dr Vijay Shankar Sharma	Med.Mgmt	26-Feb-12	1-Mar-12
186	Saroj Kanwar	Dr Rakhi Jain	Normal Delivery	26-Feb-12	28-Feb-12
187	Rita Mangtani	Dr Rakhi Jain	D & E	27-Feb-12	27-Feb-12
188	Prem Chand Balodia	Dr Monika Gupta	Inguinal Hernia	27-Feb-12	29-Feb-12
189	Hari om Chaudhary	Dr Ravi Gupta	URS	27-Feb-12	29-Feb-12
190	Vinod KuJan Mahawar	Dr Shubhranshu	Observation	27-Feb-12	29-Feb-12
191	Renu Naher	Dr Saket Agarwal	Observation	27-Feb-12	2-Mar-12
192	Komal Sharma	Dr Richa Choudhary	normal Delivery	27-Feb-12	29-Feb-12
193	Vimla Devi	Dr Rakhi Jain	Normal Delivery	28-Feb-12	29-Feb-12
194	Baby Of Vimla	Dr Vijay Shankar Sharma	Med, Mgt	28-Feb-12	29-Feb-12
195	Kaushalaya Saini	Dr Rakhi Jain	Observation	28-Feb-12	28-Feb-12
196	Baby Of Komal F	Dr Vijay Shankar Sharma	Med.Mgmt	28-Feb-12	29-Feb-12
197	Ramesh Cahnd Meena	Dr J.M Mehta	Amputation above Knee	28-Feb-12	28-Feb-12
198	Dharmesh Garg	Dr Ajay Nair	Observation	28-Feb-12	2-Mar-12
199	Amit Sharma	Dr J. M Mehta	Swelling Arm	29-Feb-12	1-Mar-12
200	Patram Jat	Dr Kamal KuJan Kaswan	Observation	29-Feb-12	2-Mar-12
201	Master Ronit Suiwal	Dr Pinkoo Attawar	Observation	1-Mar-12	2-Mar-12
202	Ganga Ram Sharma	DR. Saket Agarwal	ERCP	1-Mar-12	1-Mar-12
203	Guli Devi	Dr Ajay Nair	Observation	1-Mar-12	3-Mar-12
204	Dharmendra Singhal	Dr Alok MAthur	Observation	1-Mar-12	2-Mar-12
205	Rakesh Tiwari	Dr Saket Agrawal	Observation	1-Mar-12	1-Mar-12
206	Senu Zakharia	Dr Ajay Nair	Observation	1-Mar-12	2-Mar-12
207	Mamta Sharma	Dr Ajay Nair	Observation	1-Mar-12	3-Mar-12

208	Hanuman Ram	Dr Shubhranshu	Observation	1-Mar-12	3-Mar-12
209	Harlal ji Saini	Dr Shubhranshu	Observation	1-Mar-	1-Mar-
210	Jitendra Agarwal	Dr Ravi Gupta	URS	1-Mar-12	3-Mar-12
211	Chhela Ram	Dr Saket Agrawal	Observation	1-Mar-12	3-Mar-12
212	Bintu Sharma	Dr Ajay Nair	Observation	1-Mar-12	3-Mar-12
213	Jagdish Jayantilal Mistri	Dr Girish Gupta	Excision Biopsy	2-Mar-12	3-Mar-12
214	Asgar Ali Khan	Dr Saket Agrawal	ERCP	2-Mar-12	3-Mar-12
215	Baby Swaroop	Dr.Pinkoo Attawar	Observation	2-Mar-12	3-Mar-12
216	Arun Tripathi	Dr Saurabh Mathur	Arthroscopy	2-Mar-12	3-Mar-12
217	Ram Niwas Meena	Dr Saket Agarwal	Observation	2-Mar-12	4-Mar-12
218	Sharbati Devi	Dr Abha Gupta	D & C	3-Mar-12	4-Mar-12
219	Neha Pareek	Dr Rakhi Jain	D& E	3-Mar-12	3-Mar-12
220	Pooja Khandelwal	Dr Rakhi Jain	D& E	3-Mar-12	3-Mar-12