



भारत सरकार
GOVT. OF INDIA

चिकित्सा अधीक्षक का कार्यालय
OFFICE OF THE MEDICAL SUPERINTENDENT
सफदरजंग अस्पताल एवं वी.एम.एम. कॉलेज
VMMC & SAFDARJUNG HOSPITAL
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F. No. 2-ITSR/Mera Aspataal

- SR-261
29-07-2022

Dated: 21-07-2022

MERA ASPATAAL

Subject: Minutes of Meeting held on 21.07.2022 - reg.

A meeting was held in the committee room of MS Office on 21.07.2022 at 02:30 PM under the chairmanship of Medical Superintendent to discuss the patient feedback statistics received through "Mera Aspataal" portal. On the directions of the chairman, Dr. Gaurav Arora, Sr. CMO presented a PPT presentation regarding patient feedback statistics for the months January 2022 to June 2022. Current statistics were shown.

After deliberations, the matters decided upon/comments of MS/HoDs to improve patient care services were as below:-

PATIENT FEEDBACK PARAMETERS: MS stated that all patient feedback parameters are important but stressed that right now Staff Behaviour and Long Waiting Time are the two things which require self change in attitude and infrastructure.

PATIENT VISITS: MS inquired as to why there is huge difference in Total Patient Visit numbers between Mera Aspataal/NIC and MRD. He stated that we are lagging other Central Government hospitals in not only HMIS but the non availability of local area network LAN, and if we get an approval, that can go ahead.

PATIENT WITH VALID PHONE NUMBERS: Patients with valid phone numbers have increased from 28% in September 2021 to 64% in June 2022. Efforts of CMO I/c-OPD, Dr. Pankaj Ranjan, were acknowledged and applauded for ensuring capturing of patients' valid phone numbers.

DISSATISFACTION: Of the Total Responses received for the period, 29% were dissatisfied, which is the same as that for the year 2021. The chairman stated that neither there is a downfall nor there is an increment and we should make endeavours to increase the Satisfaction levels and decrease the Dissatisfaction levels.

REASONS FOR DISSATISFACTION:

LONG WAITING TIME: MS informed that waiting period is maximum in General Surgery (five months), particularly related to laparoscopic surgery, and that more equipment is in the pipeline, and in a month or two we will be in a position to get that. Waiting list is five months in one more department. Rest of all the departments, the waiting period is less than five months. There are certain departments which have got no waiting period, which includes Neurosurgery, and Ophthalmology. Overall, there is a scope for improvement.

MS further stated that we are looking to extend the timings of our operating facilities beyond 9 AM to 4 PM with either the existing manpower or going for more manpower and infrastructure. All those things are being worked out so that long waiting times would come down.

OPD-slip (ORS) Print from Home Facility: This facility is not fully operational yet. In order to avoid Overcrowding and Long waiting time, OPD-slip (ORS) Print from Home Facility may be fully operationised at the earliest. **(Action: OIC-IT)**

Self Registration/OPD-slip Print Kiosks: Self Registration/OPD-slip Print Kiosks may be installed in multiple locations such as nearby gates, departments, etc. **(Action: OIC-IT, OIC-General Store)**

CLEANLINESS: Of all the dissatisfaction responses for cleanliness, Patient registration and waiting area (33%), and Toilets (24%) are the leading sources of dissatisfaction with regards to cleanliness.

MS stated that with regards to the Patient registration and waiting area, this point has been taken by this office Administration as well as DGHS and Ministry and they have been apprised of this problem. Around 7,000 to 7,500 patient OPD registrations per day in Main OPD Building, Burns & Plastics, SSB, Gynaecology, Orthopaedics, and other departments. MS stated that we want some professional involvement in it, and there should be some agency which is professionally competent to take care of it.

Meanwhile, Skin STD and Paediatrics Surgery registration have been segregated and decongested from the Main OPD registration. The chairman informed that we are actively working on it and looking for space and optimizations, plus, it has been projected that registrations in OPD should also be in limited numbers (capped) as Manpower and Infrastructure is limited. Since this would be a policy decision, feedback and suggestions may be made in this regard.

The chairman said that regarding Toilets, take over from HSCC to CPWD, the whole hospital so that only one agency is there for maintenance. The matter is under process, plus, availability of funds is required. CPWD has projected for almost 46 crores for annual repair maintenance funds, and so far we have just been granted only 9 crores which is only sufficient for emergency management and maintenance. He further stated that there is no paucity of funds, but proper approval is required which takes time. The matter is under process and should eventually increase cleanliness and satisfaction levels.

STAFF BEHAVIOUR: MS stressed that Staff Behaviour includes everyone from the Administration to the treating Clinician, to the Nursing Officers, Pharmacist, OT Technician, Safai Karamchari, each and everyone including the registration clerk, so it is an attitude what type of feeling the patient gets, and it is the call of the day, and we have to improve on that. From that perspective, from the Administration side, and from HoDs, try to stress on its importance and have some frequent surprise rounds also to check, and then, if required administrative steps should be taken, then only these things are going to improve. **(Action: All HoDs, OICs)**


COST OF TREATMENT: The chairman categorically stated *"the availability of medicines, even in general prescription/OPD prescription, lots of medicines have been made available to patients, and that is why there is a long queue. Please communicate and have meetings in your respective departments; now is the time you have to execute it and give results regarding **prescription of generic medicines** because you are under observation and vigilance regarding prescription of generic medicines. Not to mention that it is already there in the media, and few of our colleagues have been taken to task also in reference to the generic medicines."* **(Action: All HoDs)**

KAYAKALP: OIC-Kayakalp, Dr. Malini R Capoor, stated that as per Kayakalp parameters Information regarding feedback modalities are to be displayed prominently for general public. (Action: CMO I/c-OPD; OIC-General Store; All HoDs; OIC-Kayakalp)

Another Kayakalp parameter, Monitoring mechanism of follow up on such feedback received from public, in this regard, it is stated that Mera Aspataal patient feedback statistics are discussed under the Chairmanship of MS, HoDs, and Officials concerned on a quarterly basis and Minutes of Meeting are issued along with necessary directions which can also be viewed on the hospital website along with monthly Mera Aspataal patient feedback statistics reports. (Action: OIC-Kayakalp)

CONCLUSION: Consensus decision was taken and the MS categorically stated that banners and boards will be projected in OPD registration area stating that "**Giving of Valid Mobile Number is MANDATORY for OPD registration**" in both English and Hindi. More boards and banners may be put up in OPD to increase execution. Boards and banners are also to be put up near Social Welfare, Help Centre Desk, and Public Address System. Boards and banners should also mention "**Please do give your valuable feedback via Mera Aspataal App/Phone/Website, so that we may improve patient care services**". (Action: CMO I/c-OPD; CMO I/c-Social Welfare Department; OIC-General Stores)

The meeting ended with a vote of thanks to the Chair.


(Dr. N. K. Gupta)
Officer In-charge IT

Copy to:

- All concerned
- PS to MS