Chapter VIII

INPATIENT SERVICES

1. Introduction

To provide care to the sick and injured is one of the most important factors why a hospital should exist in a community. Quality of patient care must be the central core around which all hospital activities revolve. Hospital Services should be organised in such a way so that the patients receive optimal care. Care is provided through outpatient services, inpatient services and emergency services.

The patients who need to be under constant and continuous observations are admitted in the hospital and considered as inpatient. Inpatient services are provided to these patients who are housed in the hospital in a place known as a ward or more recently referred as a Nursing Care Unit. A nursing care unit is the heart of a hospital. In addition to direct patient care a modern hospital is also engaged in various other functions like education and training of medical, nursing and other paramedical functionaries and research in health care and related

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field. All these functions are carried out mostly in a ward or depend on those personnel who spend most of their time in wards. As a matter of fact, effective performance of the functions of the hospital on inpatient area is the most important element of the hospital administration.

2. Inpatient Services

The inpatient services, in this hospital is organised by distributing its beds to each speciality. This specialitywise distribution of beds is quite rigidly followed. The total beds under each speciality are accommodated in a number of wards/nursing care units depending on the size of the wards. The total bed strength of the hospital is 1387. In addition to these beds there are 174 Neonatal Bassinets which are not included in the 'Bed-complements' of the hospital. The specialitywise distribution of all these beds and their allotted wards is given in Table No.36.

Each speciality constitutes a speciality department divided into a number of units. The beds under each speciality are distributed to all the units.

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<table>
<thead>
<tr>
<th>S.NO.</th>
<th>Specialisation</th>
<th>Bed allocated</th>
<th>Wards</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>TETANUS</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>3.</td>
<td>PAEDIATRIC SURGERY</td>
<td>35</td>
<td>19</td>
</tr>
<tr>
<td>4.</td>
<td>CANCER SURGERY/ CHEMO-RADIO THERAPY</td>
<td>90</td>
<td>2 &amp; 15</td>
</tr>
<tr>
<td>5.</td>
<td>NEURO-SURGERY</td>
<td>26</td>
<td>16</td>
</tr>
<tr>
<td>6.</td>
<td>CARDIO-THORACIC SURGERY</td>
<td>18</td>
<td>16</td>
</tr>
<tr>
<td>7.</td>
<td>ORTHOPAEDICS (Including Rehabilitation 15 Beds)</td>
<td>176</td>
<td>27, 28 &amp; 29</td>
</tr>
<tr>
<td>8.</td>
<td>PLASTIC &amp; BURNS</td>
<td>101</td>
<td>22 &amp; 23</td>
</tr>
<tr>
<td>9.</td>
<td>E.N.T.</td>
<td>24</td>
<td>17</td>
</tr>
<tr>
<td>10.</td>
<td>EYE</td>
<td>38</td>
<td>17</td>
</tr>
<tr>
<td>11.</td>
<td>GYNAE</td>
<td>98</td>
<td>3, 4, 5, 6, 7, 8, 9 &amp; 10</td>
</tr>
<tr>
<td>12.</td>
<td>OBSTETRICS</td>
<td>198</td>
<td>A, 11, 12 &amp; 13</td>
</tr>
<tr>
<td>13.</td>
<td>MEDICINE (Including Naematology Nuclear Medicine &amp; Medical Emergency 25 Beds)</td>
<td>183</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>NEUROLOGY</td>
<td>9</td>
<td>16</td>
</tr>
<tr>
<td>15.</td>
<td>DERMATOLOGY (Including Laboratory)</td>
<td>22</td>
<td>C</td>
</tr>
<tr>
<td>16.</td>
<td>PAEDIATRICS</td>
<td>150</td>
<td>18, 20 &amp; 21</td>
</tr>
<tr>
<td>17.</td>
<td>DRUG-DE-ADDICTION</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>NEO-NATAL</td>
<td>174</td>
<td>Nursery 5 &amp; 9 &amp; Maternity Wards</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,387</td>
<td></td>
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</tbody>
</table>
For each patient admitted to the wards, the hospital undertakes to provide free of charge medical care, beds, linen, medicines and food. The ward/inpatient services provided to each ward is more or less same. Organisation and management of this service is based on the hospital policies, procedure, practice and fund available for provision of facilities.

There are about thirty two wards and a number of specialised nursing units in the hospital, where inpatient care service is provided to admitted patients. Bed Occupancy Rate and Bed Turn Over Rate for last five years are studied from the Medical Records Department. These informations are given in Annexure No XI. From the informations, it was found that every year the Bed Occupancy Rate (BOR) was more than 100%. However, for detailed study, one particular ward was selected. Ward No-11 being a typical ward was thus selected. The department of medicine is divided into three Units - Unit I, Unit II and Unit III. For the smooth functioning and convenience of the management of inpatient care, one ward is allocated to each Unit as follows:

<table>
<thead>
<tr>
<th>Unit</th>
<th>Ward</th>
</tr>
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<tbody>
<tr>
<td>Unit I</td>
<td>Ward 11</td>
</tr>
<tr>
<td>Unit II</td>
<td>Ward 12</td>
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<tr>
<td>Unit III</td>
<td>Ward 13</td>
</tr>
</tbody>
</table>
2.1 Physical Facilities

i) Patient area

Each of these wards is divided into two portions. The beds in one portion are used for female patients and in the other for male patients. A number of beds in each ward are allocated for Hematology Unit. The isolation rooms with three beds in each on either side of the Ward 11 are allocated for Hematology Unit. There are total fifty two beds in Ward 11, placing 21 beds in the female section and 31 beds in the male side. All the beds are arranged in bed bays, having 6 beds in each bay except two smaller bays in each side of the ward holding 3 beds each. One of these smaller bays on either side is utilized for Hematology unit. These two bays have attached bath and toilet. Each bay in the ward is separated by a cement and glass partition wall. The space of about four feet is left between two beds. Clearance of one foot between head end of each bed and the wall is given.

ii) Ancillary Area

The nurses' station: This is the headquarter of the ward and is placed in the middle dividing the ward in male side and female side. From the nurses' station direct visibility of both ends is there, but the side rooms in each
side does not fall within the visibility of the nurses from the nursing station.

Medicine cupboards are placed in nurses' station. A table with a number of chairs is placed in the centre of the room.

A small area divided by a similar partition is used for holding all the stationery (various printed forms used for maintaining patients records and investigations) registers maintained in the ward, and for recording inpatients case sheets by nurses. A small table is also placed in this space.

**Clean work Room**: A room for the purpose of preparation of material for nursing procedure is provided behind the nursing station. Storage facilities for materials of daily use and other equipments like medicine distribution trays, thermometers, sterile supplies etc. are provided in this room. Hand washing facility with running tap water and wash basin is provided.

**Treatment Room**: No separate treatment room for carrying out medical and nursing procedure is provided in the ward.

**Store**: There is a common store room for storage of equipment and materials issued for the ward. This room is
also used as an office for the sister-in-charge.

Pantry: There is a pantry which is only being used for keeping food trolleys received from dietary department and kept for distribution to the patients. After serving the patients, these trolleys are brought back to the pantry. The group 'D' staff use this place for having their food, tea and relaxation.

iii) Sanitary area

Baths and Toilets: The modern trend is to have bath and toilet facilities attached to each room irrespective of its size and capacity. In this ward, two rooms, one in each side, which were initially planned for isolation have attached bath and toilet facilities, but for the remaining beds there are three toilets and two bathrooms on each side. The ratio of these facilities, provided are as follows:

On female side
1 Toilet for 7 patients
1 Bath for 10 patients

On male side
1 Toilet for 10 patients
1 Bath for 15 patients

The minimum requirement is - 1 Toilet for 5 patients
1 Bath for 8 patients

Dirty utility area: There should be separate dirty utility area for washing of bed pans, urinals, enema can, specimen bottles etc. in the ward. Even urine testing is done in that area. No such area was found in this ward.

Wash basins: In each patient's room/bay a wash basin should be fixed so that patients do not have to go up to the toilet for hand washing purposes. One wash basin on each side of the corridor is fixed. But there is no water supply in the tap leaving them non-functional.

Store for Sweepers: Space for receptacles, hangers for mops, shelves for storage of cleaning materials is necessary in every ward. In this ward the patients' bathrooms at the dead end of the corridor are used for this purpose.

iv). Auxiliary area

Duty room for Doctors: A room as 'doctors room' is provided near the entrance of the ward. Two beds and a small table are placed in this room. This small room with two beds in it is so congested that doctors cannot work there during day time. This is more or less used only for having tea/coffee during day and evening shifts and for relaxation during night shift. A separate toilet in the ward is provided for the doctors which is not attached to the doctors' room.
Clinical Side room: Even though initially a clinical side room was planned, it was no more needed as the policy has been changed. No routine type of laboratory test is to be carried out by the ward doctors. These are all centrally done, round the clock in the Clinical Pathology Department. That space planned for this purpose has been converted into nurses' charting area.

Seminar room: A Seminar-cum-clinical conference room is provided in this ward near the entrance of the ward.

Attendant Room: No retiring room for the attendants of the patients is provided in the hospital, leaving the attendants to utilize the patient area for having their own food, storing their belongings and relaxing when they are exhausted.

Locker Room/Changing Room for Staff: No separate room was planned to be provided in the ward. However, a little space from the nurses' charting area is separated with a partition for this purpose. This is the only place where nurses can retire, have food and change their uniforms. There is a toilet for the nurses which is not attached to this room but located near nursing station.

v) Other facilities

The ward is so designed that cross ventilation and
natural light is maintained. The noise in the central place is comparatively more to the disadvantage of the very sick patients who are housed closer to the nursing station. Very little privacy is provided. There is arrangement of running water supply, but water is available only in the morning hours and for two hours in the evening. There is no provision for storage of water.

2.2 Services

A Ward sister is in-charge of the ward and is responsible for its proper management. The ward functions round the clock in three shifts: morning, evening and night. The nursing care services for all these patients are provided by 4-5 staff nurses assigned to the ward for 24 hours a day. At times 4 or 5 student nurses are also placed in the ward.

i) Direct Patient Care

To provide nursing care based on the needs of the patients for 24 hours is the responsibility of the nurses assigned to this ward. The therapeutic and medical care delegated by the medical officers for giving medicines injections, continuing intravenous fluids, aspiration of stomach etc. is also carried out by the nurses.
ii) **Indirect Patient Care**

Includes charting and recording of medication, clinical signs in patients' case sheets, maintaining various registers, making provisions for materials and equipment necessary for patient care. It was found that the ward sisters' time was utilized mainly for making arrangements for material provisions. The hospital supply system works in such a way that it demands full time devotion of the ward sister's time and energy.

3. **Procedure**

Sterile supply is collected everyday from the Central Sterile Supply Department by the wardboy. Linen is supposed to be supplied on exchange basis twice a week. Diet is supplied by the Dietary department according to the indent sent by a nursing staff. But the food is served to the patients by the ward boys/ayas.

For supervision of inpatient services during the evening and night, every day two to three senior level medical officers (CMO/AMS/DMS), involved in the management of the hospital, are assigned on rotation for taking rounds between 7 pm to 8 pm. Two officers are assigned a particular area/number of wards everyday.

An Assistant Nursing Superintendent is on supervisory
duty for the entire hospital during both evening & night shift.

By interviewing a number of patients from various wards it was realized that some of them are satisfied with the services/care provided to them whereas some are left dissatisfied and unhappy. Two cases, one on a satisfied patient and the other on a dissatisfied patient who is satisfied with the treatment but not with the housekeeping, are studied for presenting actual situation of ward services and patients' reactions towards the hospital regarding the services provided to them.

There is a fixed routine for each ward to get various supplies from the stores. This routine is given in Table No.37.

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of Materials</th>
<th>Frequency</th>
<th>Day</th>
<th>From which store</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I/V fluids</td>
<td>Weekly</td>
<td>Monday</td>
<td>Blood Bank</td>
</tr>
<tr>
<td>2.</td>
<td>Costly indent</td>
<td>Weekly</td>
<td>Wednesday</td>
<td>General store</td>
</tr>
<tr>
<td>3.</td>
<td>Liquid, Tablets Injections</td>
<td>Fort-nightly</td>
<td>Thursday</td>
<td>General Store</td>
</tr>
<tr>
<td>4.</td>
<td>Cotton and gauze</td>
<td>Weekly</td>
<td>Saturday</td>
<td>General Store</td>
</tr>
<tr>
<td>5.</td>
<td>Soda, Soap and other sanitary materials</td>
<td>Monthly</td>
<td>First week of every month</td>
<td>General Store</td>
</tr>
</tbody>
</table>
There is a fixed visiting hour from 4-6 in the evening for the visitors. However, flow of visitors throughout the day is rarely checked. Almost all the admitted patients are very sick and are attended by their relatives round the clock with every patient there is one or at times two attendants were found, who were taking care of their patients. Food for the patients is supplied by the Dietary Department in a trolley. The trolley bearers hand over the food to the nursing staff. The food is further distributed to the patients by the ward boys/ayas under the supervision of the nursing staff. The thalis/dishes supplied to the ward for serving food to the patients are not used. Patients take food item in their own containers.

Patients records are maintained by the medical and nursing staff in the ward. These records are kept in the ward under the custody of the nursing personnel. The medical records are valuable legal documents, hence deserves proper maintenance and handling.

Disposal of dead bodies is a crucial issue. The nurses, after declaration and certification of death by a medical officer, clean the body, pack and prepare for funeral. In the case it takes time for the relatives to take away the body, it is sent to the mortuary and the relatives are instructed to collect the body from there when all the
arrangements are done. A dead body is never kept in the ward for long.

4. CASE STUDY

Dirty linen but good medicines.

In every wards almost all patients cry about the turn and dirty linen and stinking toilets. However, the quality of treatment and medical attention received in the wards make the patients feel satisfied to some extent. By taking care of the House keeping problems not only patients can be made much more happy and satisfied with the hospital services, but also many more associated problems like hospital infection, inconveniences to the hospital staff etc. can be reduced to minimum. The case of Sh. Sapra is an example of such feelings.

Shri R. Sapra, aged 58 years, a resident of 11/88, Geeta Colony Delhi 51, was brought to the Emergency with severe chest pain at 3.40 p.m. by his relatives residing at Defence Colony New Delhi, where he came to visit.

Besides severe chest pain, he was sweating and facing breathing difficulty. He was immediately admitted and shifted to ICCU where he was kept for 6 hours and then transferred to ward No.11.
He did not have to face any problem in casualty. Casualty Medical officer immediately examined him and sent him to ICCU with oxygen. The behaviour of doctors, nurses and other staff were reported to be very good.

He was advised liquid diet by the doctor for first four days followed by soft diet. However, he is not taking any diet from Hospital except some milk and tea which are conveniently available. About supply of medicines from the hospital he said that all the medicines are not provided by the hospital. His son had to bring from market some medicines, injections and special needle for intravenous fluids.

Regarding attendant, he reported that two of his sons were attending to him as his condition was bad apart from being bulky necessitating two persons to change body positions etc. While staying as attendants in the ward, his sons have reported that toilets are not clean and sufficient. Only four toilets for 31 patients and equal number of attendants are grossly inadequate. Since he being located near the toilets, complained that it was stinking all the time. During night hours the attendants are relaxing on floor next to the patient's beds. There is no such place provided where they can go and sit for sometime and have their food. On being asked about the treatment, he expressed
friends and relatives about this hospital because of excellent treatment and large number of good doctors.

About visitors, he said that there is no check during day time, about the number of visitors except when the senior doctor comes for round. As soon as the doctor goes away they all come back. However, during night hours the security guard comes and checks that not many attendants are staying in the wards and locks the grill gate.

He concluded by saying that the hospital authorities should pay more attention to the cleanliness which is very important for a hospital. This hospital can become an excellent model hospital. Except shortage of linen, there is shortage of no other thing. Though special medicines are needed to be brought from outside, his friends and relatives were not minding that because they did not have to pay for anything else i.e. investigations, treatment and hospital stay.

5. CASE:

A case of satisfaction

A 48 years old lady Mrs. Vimla Sharma was admitted to Safdarjang Hospital on 17th May 1990. She was put in ward 7 bed no.17. She was referred to the hospital by C.G.H.S. dispensary doctor of Laxmi Nagar where she was residing. She
complained of pains in abdomen and excessive bleeding during menstrual period. She was also an old diabetic patient.

She first visited the O.P.D. on 4th April 1990 where she was advised hospitalisation but preferred to be admitted after one month as she had to get her daughter married.

According to her, she faced no problem in the O.P.D. or in admission.

She said that the doctors behaved very well and the nurses also were very attentive. When asked about the behaviour of other staff members she said they were indifferent and carried on with their own work.

In her treatment she has a special therapeutic diet and is very pleased and satisfied with it. She felt that at home she could not have controlled the calories as required even though she was well aware of the fact that she was diabetic and was supposed to take a fixed amount of food.

She said that here all the medicines were being provided for her treatment. Mrs. Sharma's daughter attends to her, she faces some problems as she has to sit on the patient's bed only and there is no palace for her to eat the food she brings from home. In fact, she stays only during the day and at night she is alone, but after she is operated she is going to need help during night also.
complete satisfaction and said with gratitude that but for timely and proper treatment he would have succumbed to this 2nd heart attack.

He has however critical experience about house keeping. The floors are cleaned 4/5 times a day but still look dirty. Bed side locker stools etc. are never cleaned. Bath rooms and toilets have limited water supply and are not cleaned. This results in a stinky smell all the time.

Sh. Sapra has drawn poor impression about the supply of linen. During the stay of the patients the bed linens are not changed. These are changed only when the patients is discharged and the bed is prepared to receive a patient.

Though he was not at all satisfied with nursing services still he was having soft corner for the nurses because shortage of nursing staff. Beside shortage, nursing staff are overburdened with other clerical work resulting in distraction from patients care, he added. He further added that but for his two sons attending to him all the time, he was not facing much problem. But for patients without any attendant, stay in the hospital is really miserable.

However, inspite of the above adverse conditions he was still willing to come to Safdarjang Hospital if he falls sick next time. He was even determined to recommend to his
The visitors she gets also face minor problems as it is very crowded and her bed is in a small cubicle with other patients and there is not much space for many people.

Apparently she is satisfied with the functioning of the hospital and says that housekeeper do a good job and the sweepers clean about 4 to 5 times a day.

She says that she would like to come back to this hospital if she falls sick again and would also recommend it to her friends and relations.

She suggested that the bed sheets should be changed daily and some place should be provided for the attendants for their relaxation and for them to have their food. Space provided for the patients should also be increased as it is too less.

Her chest X-Ray had been taken and her blood and urine also have been tested. Her operation 'D & C' was performed on 1st June 1990.

Most of the patients particularly in gynaecology wards were found satisfied with the treatment, behaviour of the hospital staff and the facilities provided to them except the linen service. There was a general feeling that the condition of the linen used should be improved and the bed
linen should be changed more frequently, at least on alternate days.

6. CONCLUSIONS

The detailed observations of the structure and functions of the ward and the informations gathered through informal discussion with the various categories of personnel working in the units, interview of the patients and attendants, case studies, record study have brought out the foregoing conclusions.

A hospital is known by the quality of indoor services it provides to the patients. But it was felt while studying this hospital that despite best efforts by the hospital administrator and other members of the staff, both clinical and non-clinical, the quality of service to the inpatients leaves much to be desired. Following conclusions are drawn in this regard:

1. Overcrowding

Even a casual visitor can notice the extreme overcrowding in the wards. Extra patients accommodated on floors were found in most of the wards. With more than 100% Bed Occupancy Rate, the hospital wards are bound to be congested and overutilized.
Most patients admitted in the wards were found acutely ill and were admitted through casualty or emergency department. Some patients who are not so ill are nevertheless admitted through casualty to facilitate quicker and easy work.

2. House Keeping Services

Since the allotment of space, sanction of staff, provision of materials are all determined by the sanctioned bed strength, everything tends to fall out of gear and become unmanageable once the number of patients exceeds beyond the sanctioned strength. In addition to these extra patients there are as many attendants with at least one person per patient. Unless the patient is self sufficient or has really no one to be with him, every patient has an attendant who actually looks after the patient.

The facilities which are designed for the sanctioned bed strength are used by more than double the number, adding all the extra patients and the attendants resulting in choking of toilets and urinals and shortage of water. The equipment like bed pans, urinals for the bed ridden patients also always fall short due to extra patients in the wards.

Non availability of adequate materials for providing nursing care to all the patients is prominent in every ward.
The sanction and issue of materials like cotton, gauze, etc. is done on the basis of bed strength of each ward. The extra patients stretch the resources so much that very little amount is left per patient for their proper care. About the medicines, it was found that there was no shortage of general medicines but the special medicines are always bought by the patients. Even other materials like Catheter, Ryle's tube, Intravenous drip set, special Intravenous needle for the children are also bought by the patients.

Linen seemed to be very scarce material in the ward. Fresh washed linen is supplied irregularly and in inadequate quantity by the Linen and Laundry Department. Almost every ward sister complained about the acute shortage of linen supply. In addition to this, because of pilferage, the wardsisters try to keep a tight control over the linen stocked in the ward. Very little linen is even available for emergency purposes during the odd hours of the day. The supply which is available is not even enough to meet the requirements of the sanctioned bed strength, leave aside the extra patients.

The large number of extra patients also produce a relative shortage of staff of all categories, particularly, the group 'D' staff and the nurses. The staff, thus, become overworked, and thus at times keep away from work. The
equipment kept in the ward like suction machines, patients trolleys etc. are found very dirty. No body cleans these in the ward.

3. Unit/discipline-wise distribution of beds

Number of beds are allotted against each unit and kept reserved for admission under that particular consultant. In case a unit is overloaded and another is underutilized, readjustment of beds is just next to impossible resulting in nonutilization of some beds in a certain period, whereas some patients are put on floor.

4. Resident Staff

The shortage of manpower of various levels in the wards needs special emphasis. The doctors, nurses, paramedics etc. all are equally important.

By interviewing the patients and the attendants it was understood that during evening and night time the resident staff are not always available. This seems to be one of the causes for patients' complaint and dissatisfaction.

Dedication and sense of responsibility is not only lacking in young resident staff but even among the senior faculty members. Except for the formal morning round, family members do not visit their wards often as they
should. No effort is made to supervise the work of the resident staff or to provide them appropriate guidances. No doubt, formal orders are given but their rationality or a proper discussion on the Case is seldom held. Case sheets are not checked. Not much attention is paid to the causes of delay for any procedure which had to be done.

5. **Nursing Services and Paramedics**

A nurse being the king-pin of any ward service, a special mention should be made about the shortage of nurses. A ward, generally consisting of 40 or 50 beds, is allotted - a sister-incharge, 4 or 5 staff nurses and 4 or 5 student nurses. They are under the supervisory control of the sister incharge of the ward. It comes to about one or two staff nurses and one or two student nurses per shift. On the very face of it, this number is disproportionately small having the ratio of 1:20 or 1:30 as against the accepted 1:5 or 1:7 ratio in each shift.

It is obvious that so few nurses are not be able to attend to such a heavy workload of patients. The result is a total lack of nursing care even for seriously ill patients in the wards. Largely due to this shortage of nurses and consequent overwork, and also due to certain extraneous factors, the quality of nursing care, by and large, has deteriorated to the extent that except for medicine and
injection giving or infusions or sometimes assisting the doctors, no other nursing care is provided by the nurses. The actual task of nursing is being done by the attendants. However the indirect nursing care activities like maintaining records (except nurses notes) of supplies and materials, taking rounds with the consultant, nursing superintendent etc. reporting to higher authorities indenting and arranging for materials, maintaining daily census etc., are being performed by the nursing staff. In fact due to faulty supply system and other administrative policies nurses are always busy with non-nursing jobs.

For uniformity and maintenance of a standard, a nursing procedure manual needs to be prepared and a copy thereof should be supplied to each ward for ready reference. In 1975, one such manual was prepared but the nurses on the floor have no knowledge regarding this. No standard for procedure like checking temperature of patients, giving medicines and injections to patients is maintained in the ward. Due to shortage of necessary equipment, and manpower, nurses cut short the procedure which gradually deteriorates the quality of nursing care provided to patients. When only one nurse is there to check temperature for 52 patients with only 2 or 3 thermometers, if she has to follow the proper procedure she may require minimum of 4 to 5 hours. In her 8 hours shift, she may have to check temperature two times.
for most of the patients, give them medicines at least twice, and do many more nursing care procedures.

Stretcher bearer services, for transportation of patients to other wards, for interdepartmental references, radiological investigation etc. are also very poor. Number of stretcher bearer, nursing orderlies is much too short of requirements. They are always busy in going to some department for getting some materials like sterile supply, linen, materials from general store, medicines etc. Their service is also required for carrying some messages, distribution of diets (four times a day) carrying 'dak' to other departments etc. In the Safdarjang Hospital with such a large area, the distance between the departments required to be covered for all these services is quite time consuming.

6. Attendants and Visitors

Visitors, desirous of communicating with the doctor often go back disappointed because no doctor is available for them during the visiting hours.

The attendants who are staying with the patients, face a lot of difficulties not only for taking care of their patients, but also for meeting their own needs. When the hospital was planned and constructed the need for allowing
attendant for each bed ridden patient was neither felt nor anticipated for future. The facilities required for their basic minimum needs are not provided in the wards. They have no place where they can have their food, relax and keep their own belongings. No additional toilet and bathroom facility has been provided for them. The only place they find to keep their bed rolls is under the patient's bed. The tiny bed side locker provided to each patient is supposed to accommodate the belongings of the attendant too.

7. Inter Departmental References

In the absence of any focal point and owing to the imperfect communication services, the ward boy/aya has to carry the inter departmental references from place to place in search of the doctor to whom the case has been referred. These references are usually noted by the senior residents who have no fixed place of duty and keep moving about in various sections of their units. The ward boy/ayas sometimes waste time in searching for the doctors resulting in delays in action for reference of patients. This sometimes leads to stay of patients awaiting advice or clearance.

8. Food Arrangement

The way the food is served to the patients is extremely unsatisfactory and in fact undignified. Patients or
attendants collect their food in whatever utensils they have brought from home. In some cases it was observed that, out of three or four items of normal diet some patients could take only 'dal' in their tumblers and chapatis in their hands or in some piece of paper. It was found out that provision had been made for food service trays or thalis for serving food to patients but they are seldom used and remain locked in sister's cupboard. Because, there had been a time when there was lot of pilferage of these thalis for which the ward sisters were penalised as they were accountable for these items. This had made the ward sisters keep these utensils out of circulation to unburden themselves of the responsibility of their safe custody or of cleaning of these trays. The wards in the department of OB and Gyane were found exception to this and still using the thalis for giving food to the patients.

9. **Disposal of Dead Bodies**

It should always be borne in mind that respect for the dead is prescribed in all religions and in all societies. The hospital staff who are generally courteous towards one and all, should be equally respectful towards the dead and helpful towards their relatives and friends during their moments of grief. Deviation from this has often been a cause of annoyance and sometimes complaints. The availability of
the 'Hearse van' for transporting dead bodies is often scarce which creates inconvenience and helplessness among the grieved relations. Mostly they have to arrange for private conveyance for the purpose.

10. **Maintenance of Medical Records**

In the absence of proper stationery the quality of case records becomes poor. Patients' history recorded casually on ordinary sheets of paper with incomplete data, investigations and other records pasted here and there, is sent to medical records department, then it is left to be completed by the medical officers. This causes delays in analysis of the data and generation of adequate information for management, research and education purposes.

The handling of the patients case records was found unsatisfactory. These are left in the bed side which can be referred by 'every attendant or visitor. These are valuable documents which need to be kept under safe custody and not to be left beside the patients' bed.