CHAPTER VII

FINDINGS AND SUGGESTIONS
Health constitutes the most significant and unavoidable requirement of humanity. The traditional medicine and treatment underwent a sea change with modern sophisticated robotic treatment. Consequently, “health for all” has become a universal slogan. Many contagious, infection and water borne diseases such as diarrhoea, amoebiasis, typhoid, infections hepatitis, worm infestations, measles, malaria, tuberculosis, whooping cough, respiratory infections, pneumonia, and reproductive tract infections dominate the morbidity pattern especially in rural areas. Moreover, non-communicable diseases such as cancer, blindness, mental illness, hyper tensions, diabetes, HIV/AIDS, accidents and injuries are also on the rise. The Indian healthcare industry is seen to be growing at a rapid pace and is expected to become a US$280 billion industry by 2020. Rising income levels and a growing elderly population are all factors that are driving this growth. In addition, changing demographics, disease profiles and the shift from infections to chronic diseases resulting from lifestyle changes in the country has led to increased spending on healthcare delivery. In order to meet manpower shortages and reach world standards India would require investments of up to $20 billion over the next 5 years.

Public spending on health is amongst the lowest in the world. It has increased from less than 1 per cent of GDP in 2006-07 to an estimated 1.4 per cent of GDP by the end of the Eleventh Five Year Plan (The Audit, February 26, 2012). The cost of services in the private sector makes it unaffordable for the poor and the underprivileged. Provision of outpatient care is one of the major recommendations of high level expert group of Planning Commission on universal health care which had also proposed cashless health package for all. So a study of health care services in India is a dire need. Though there are studies on health care in India, they are confined only to general hospitals. Moreover, few studies were undertaken on super specialty hospitals. Further, there is no study on SVIMS, which is located in the backward Rayalaseema region of Andhra Pradesh. Hence, with this background the proposed research has been titled as Organisation and Working of Super Specialty Hospitals in Andhra Pradesh with Special Reference to Sri Venkateswara Institute of Medical Sciences (SVIMS), Tirupati.
Andhra Pradesh is the first state formed on the linguistic basis. There are 23 districts, 1128 blocks and 28123 villages. Later on the population increased moderately during 1999-2011, which is lower growth rate compared to 1961-1991. The State has a population density of 277 per sq. km. (as against the national average of 312). The decadal growth rate of the State is 14.59 per cent (against 21.54 per cent for the country) and the population of the state is growing at a slower rate than the national rate. Andhra Pradesh is the first State in India that has envisaged on the role of private sector in its Vision 2020. Both public sector and private sector provide allopathy, ayurveda and homeopathy. However, allopathy medicine is the dormant system of medicine in both sectors.

The Total Fertility Rate of the State is 1.8. The Infant Mortality Rate is 52 and Maternal Mortality Ratio is 154 (SRS 2004-06) which are lower than the National average. The Sex Ratio in the State is 978 (as compared to 933 for the country).

There are seven Super Specialty hospitals in public sector while 117 super Specialty hospitals are recognized by the Government of Andhra Pradesh. One of the seven Super Specialty hospitals in public sector is The Sri Venkateswara Institute of Medical Sciences (SVIMS), Tirupati. The other hospitals are Nizam's Institute of Medical Sciences (NIMS), Hyderabad, Rajiv Gandhi Institute of Medical Sciences (RIMS), Kadapa, Vishaka Institute of Medical Sciences, Vishakapatnam, Rajiv Gandhi Institute of Medical Sciences, Ongole, Rajiv Gandhi Institute of Medical Sciences, Adilabad and Rajiv Gandhi Institute of Medical Sciences (RIMS), Srikakulam.

Alleviating human suffering has been a part of dedicated services of Tirupati Tirumala Devasthanams to the mankind. To provide the most advanced medical technology to the needy, the T.T.D. has launched a monument, a blessing from the Lord by opening Sri Venkateswara Institute of Medical Sciences (SVIMS), a sophisticated super specialty hospital at Tirupati. The SVIMS was conceived in the year 1986 on the lines of AIIMS, New Delhi and the foundation stone was laid on 18.4.86 by Late Sri N.T.Rama Rao, the then Chief Minister of Andhra Pradesh in the world famous pilgrim town Tirupati. It was established with a view to providing Super Specialty facilities with nominal cost to the poor. The hospital started functioning from 26.2.93. This Institute became a University in 1995.
As per the records of SVIMS 2012-13 Report, the SVIMS comprises 28 medical departments and 8 non-medical departments. Moreover, the SVIMS has 4 life-saving schemes which render yeoman service through free medical treatment to the needy and down-trodden living BPL coming from nook and corner of India in general and AP in particular.

The main objectives of the Institute are

1. to create a centre of excellence for providing medical care, educational and research facilities of a high order in the field of medical sciences among the existing super specialties and such other super specialties as may develop in future, including continuing medical education and hospital administration,

2. to develop patterns of teaching in post-graduate level and in super specialties so as to set a high standard of medical education,

3. to provide for training in paramedical and allied fields, particularly relating to super specialties,

4. to function as a referral hospital and

5. to provide for post-graduate teaching and conduct research in the relevant disciplines of modern medicine and other allied sciences, including inter-disciplinary fields of Physical and Biological Sciences.

The administration of SVIMS consists of a Governing Council, with the chief minister as the chairman. The day-to-day activities are carried out by the Director assisted by other staff. The functioning of the SVIMS has been organized into Establishment Section, Accounts Section and Hospital Administration.

**Classification in SVIMS**

The employees of the SVIMS comprise the following:

- **Group “A”** Faculty (Medical)
- **Group “B”** Faculty (Non-Medical)
- **Group “C”** Medical Officers in the University Hospital
- **Group “D”** Others Employees

245
The growth of employees during the study period was 87.84 per cent while the growth of patients recorded at 1160.52 per cent. This indicates that the increase in employees is not in tune with the growth of the patients.

The hospital services of SVIMS are divided into outpatient and inpatient services. The team of doctors, paramedical staff, and public relations staff conducts regular camps at rural level under the guidance of the Director, SVIMS. The patients are examined for basic ailments, ECG, blood tests are done at the village level free of cost and referred to the institution for further evaluation and the investigations are done at concessional cost and also free of cost to the poor. SVIMS has taken up the programme of extending its services to rural areas, under-privileged and down trodden people by offering free medical services by the experts of SVIMS.

In order to evaluate the performance of the SVIMS, a field study is undertaken. The study is based on both primary and secondary data. The secondary data is collected from the available literature on the subject. The primary data is elicited through a specifically structured questionnaire which is administrated to the select sample in the field by personal interview method. In addition, personal discussions have also been held with the officials, doctors and office employees of the SVIMS. The sample includes 100 inpatients, 50 outpatients, 25 doctors and 25 nurses who have been selected at random SVIMS. Thus, on the whole, the sample consists of 200 respondents.

The characteristics of the sample are as follow

1. Majority of the inpatients and outpatients are in the age group of 31-45 and 46-60 years while the majority of doctors are in the age group of 31-45 years. A major group of nurses are in the age group of 31-45 years and below 30 years.

2. Majority of the respondents belong to both OC and BC communities. Of the total samples, men constitute 46.5 per cent and the rest women. Among the inpatients, it is 45 per cent and 55 per cent for the former and the latter respectively. In the case of outpatients, the share of men is 60 per cent while it is 40 per cent for women. In the case of nurses and doctors, the percentage of women is greater than that of men. It is concluded that majority of the
inpatients are women while it is reverse in the case of outpatients. Men dominate among the doctors while it is all women in respect of nurses.

3. In the case of inpatients, 27 per cent are illiterates and the literate with primary and secondary, intermediate, graduate and post-graduate qualifications constitute 30 per cent, 5 per cent and 6 per cent respectively. In case of outpatient category, 36 per cent have primary and secondary education, 26 per cent have post graduation, 8 per cent have intermediate education and 4 per cent are graduates. Among the nurses, 64 per cent have intermediate education, 28 per cent are graduates and 8 per cent have primary and secondary education. In the case of doctors, majority of the respondents, i.e. 88 per cent, are post graduates and 12 per cent are graduates.

4. Of the total sample 34 per cent are from agricultural backdrop, 21 per cent are private employees, 16.5 per cent are government employees, 16 per cent are unemployed, 6.5 per cent are students and 6 per cent are from business background. It is natural that in a region with agriculture as basic source of employment like the Rayalaseema where SVIMS is located, a majority of the sample are farmers.

5. Majority of both inpatient (55 %) and outpatient (70%) respondents have a monthly income below Rs.10,000, nurses have a monthly income between Rs.10,000 and Rs.60,001-1,00,000 and doctors have a monthly income ranging from Rs.60,001 to 1,00,000.

6. Among the inpatients, 79 per cent are married and 21 per cent are unmarried, among the outpatients 88 per cent are married and 12 per cent are unmarried, among the nurses 64 per cent are married and 36 per cent are unmarried and among the doctors, 92 per cent are married and 8 per cent are unmarried. On the whole, 81 per-cent are married while 19 per cent are unmarried.

The findings of the study are as follow

Responses of Inpatients

7. About 57 per cent of the respondents opined that they waited below one hour to meet the doctor and 59 per cent respondents waited less than one hour at registration counter for admission.
8. Around 64 per cent of the respondents opined that they completed the admission within a day.

9. About 52 per cent of the respondents waited less than an hour for initial treatment.

10. More than 41 per cent of the respondents waited two to ten hours for specific treatment after diagnosis. This is not an encouraging aspect of SVIMS.

11. Only 38 per cent of the respondents underwent surgery immediately.

12. Majority of the respondents (93%) opined that there is adequate space between beds, communication facility is available in the hospital (70%), ambulance facility available in the hospital (95%) and lockers are availability at the bed (98%). This is a positive trend.

13. Around 97 per cent of the respondents are satisfied regarding medical treatment provided to them. This is an encouraging opinion on SVIMS.

14. About 85 per cent of the respondents are satisfied with the SVIMS. This is a happy trend.

15. About 98 per cent of the outpatients expressed the view that the overall quality of the hospital is good.

16. Around 88 per cent of the outpatient respondents were satisfied with the quality of nursing care provided.

17. More than 88 per cent of the inpatient respondents were satisfied with the friendliness and courtesy of the staff.

18. A majority of that majority of the respondents opined that there is difference in performance (98%) and difference in cost (94%) when they are compared with the other hospitals in the city.

**Response of Outpatients**

19. 78 per cent of the respondents were very much satisfied with the skill and competence of the staff.

20. Regarding the location of the hospital, a great majority said that the hospital is conveniently located. It is concluded that a great majority (92%) feel that the hospital is conveniently located.

21. More than half of the respondents spent more than one hour at registration counter.
22. Only 40 per cent of the respondents spent more than one hour to consult the doctor.

23. Mere 46 per cent of the respondents spent less than one hour for diagnostic report.

24. About 80 per cent of the respondents spent up to 15 minutes at pharmacy for taking medicines.

25. A good majority of the respondents opined that there is adequate privacy during consultation that doctor suggested diagnostic test (76%), that doctor prescribed medicine (72%) and that all medicines are not available in the pharmacy (90%).

26. Seventy eight per cent of the respondents opined that the quality of the food served to the patients is good.

27. In the words of more than 52 per cent of the respondents, water supply in the hospital is quite adequate.

28. Seventy four percent of the respondents opined that sterilized needles are not being used and 86 per cent of the respondents opined that disposable needles are used while giving blood

29. Around 88 per cent of the respondents said that they would suggest the hospital to their relatives.

30. Around 38 per cent of the respondents cited reasons like good facilities, doctor services and nursing care for suggesting this hospital to relatives and 19 respondents (38%) cited the reasons such as good facilities, doctor services and nursing care for suggesting this hospital to relatives.

31. Seventy per cent of inpatient and outpatient respondents were satisfied that doctors are extremely cordial.

**Statistical Analysis of respondents**

32. The opinion of the inpatient and outpatient respondents (78%) that satisfaction regarding nurses is very significant since the Chi-square value is significant at 1 per cent level.

33. Ninety eight per cent of inpatients and 86 per cent of outpatients are satisfied with the available services at the hospital. The chi-square value is significant at 1 per cent level.

249
34. The Chi-square value is significant 1% level and hence it can be inferred that the opinion of inpatients, outpatients, nurses and doctors on the assessment of monetary charges for treatment is highly significant.

35. Majority of the inpatient (98%), outpatient (62%), nurse (88%) and doctor (96%) respondents opined that that the bed-sheets are daily. The Chi-square value is significant at 1 per cent level and, hence, the inference is that the opinion of the doctors that the frequency of changing bed-sheets is daily is highly significant.

36. More than 93 per cent of the respondents of all categories opined that the floors are cleaned daily. The Chi-square value is significant at 1 per cent level and, hence, it is inferred that the opinion of the sample on the frequency of cleaning of floor is highly significant.

37. More than 92 per cent of the inpatient, outpatient, nurse and doctor respondents opined that the toilets are cleaned daily. The Chi-square value is significant at 1 per cent level and, hence, it is inferred that the opinion of the doctors that the frequency of cleaning of toilets is highly significant.

38. More than 78 per cent of the inpatient, outpatient respondents and nurses opined that the available dustbins and spittoons are sufficient while the doctors opined that the available dustbins and spittoons are insufficient. The Chi-square value is significant at 1 per cent level and, hence, it is inferred that the opinion that the available dustbins and spittoons is sufficient.

39. Around 34 per cent of the outpatients, nurses and doctors opined that the dressing rooms are clean. The Chi-square value is significant at 1 per cent level and, hence, the inference is that the opinion that the dressing rooms are clean.

40. The gender-wise satisfaction of the outpatients on facilities available in the hospital is not significant since the t value is insignificant.

41. The age-wise satisfaction of the outpatients on facilities available in the hospital is not significant since the t value is insignificant.

42. The gender-wise satisfaction of the inpatients on overall facilities and treatment available in the hospital is not significant since the t value is insignificant.

43. The age-wise satisfaction of the inpatients on overall facilities and treatment
available in the hospital is highly significant since the t value is significant at 5 per cent level.

44. The patients' satisfaction on the behaviour of the hospital staff in the hospital is highly significant since the t value is significant at 1 per cent level.

45. The overall satisfaction on services of hospital basing on social category of the respondents is not significant since the t value is insignificant.

46. The overall satisfaction on services provided at the hospital, basing on gender of the respondents, is not significant since the t value is insignificant.

47. The overall satisfaction on services of the hospital basing on marital status of the respondents is not significant since the t value is insignificant.

48. The overall satisfaction expressed regarding services of hospital basing on age of the respondents is not significant.

49. The overall satisfaction expressed with regard to services of hospital basing on education of the respondents, is significant at 5 per cent level.

50. The overall satisfaction with services rendered by hospital basing on occupation of the respondents is significant.

51. The overall satisfaction with the services rendered by the hospital, basing on experience of the respondents, is not significant.

SUGGESTIONS

Based on the above study, the suggestions made are as follow

1. As there is a wide gap between the growth of employees and the increase of patients during the study period, the management may take steps to recruit the staff regularly.

2. Efficient doctors should be recruited and should be retained by providing suitable service conditions to them.

3. The training facilities should be increased so that the employees may extend the services in accordance with the changing health scenario.

4. The waiting time for initial treatment is too lengthy, hence waiting time must be minimised to make the patients mentally and physically happy.

5. Regarding medicines, 90 per cent opined that all medicines are not available in SVIMS pharmacy. Hence it is suggested to make all required medicines available at SVIMS.
6. Waiting time for completion of admission process is one to two days. Hence, waiting time for admission process should be minimized so that patients coming from far off places can get admission within a day and thus save time and money.

7. Availability of communication facility is still not up to the mark as 30 per cent are not satisfied. Since this is an age of communication and more telephone boxes (either coin or free) should be established in the SVIMS to meet the communication needs of patients.

8. The charges in the hospital are very high and, hence, the charges towards fee in all respects should be lowered.

9. Since only 38 per cent of the respondents opined that they underwent surgery immediately, the surgeries are to be conducted immediately whenever necessary.

10. Forty per cent of the respondents spent above one hour to consult the doctor. Suitable steps may be initiated in this regard must.

The organization and working of SVIMS super specialty hospital has been evaluated and it is satisfactory in a majority of the cases. This sort of research can be carried out in other super specialty hospitals so as to have the first hand information on whether they are functioning well or not. If the functioning of the super specialty hospital is not up to the mark remedial measures can be taken for their improvement.

To conclude, if the suggestions followed; the efficiency and the capacity of the Sri Venkateswara Institute of Medical Sciences (SVIMS) to render better services to the patients utilizing the facilities available in the Institute may be further improved a large extent.