STUDY OF PUBLIC RELATIONS WITH SPECIAL REFERENCE TO INFORMATION SYSTEM AT FIRST POINT OF CONTACT AT ALL INDIA INSTITUTE OF MEDICAL SCIENCES HOSPITAL, NEW DELHI

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Recommendations
Study of information system at first contact point has clearly revealed that there is lot of scope for improvement of the hospital service through managerial efforts and addition/alternation of certain physical facilities. Major recommendations for improvement are listed in the subsequent paragraphs.

1. **Public Relations Officers:** The present faculty member working as part-time Public Relations Officer should be replaced by a qualified full-time person. Though the post of Public Relations Officer has been approved but no one has been expediting appointment of a suitable candidate.

2. **Public Relations Department:** A full-fledged Public Relations Department must be created. All the functionaries dealing with the public at points of first contact should be placed under this department. Medical social workers, telephone operators, social guides and receptionists should form part of public relations department. The organizational chart of this department is suggested as follows.

Community
3. **Social Guides:** The present part-time honorary social guides should be replaced by full-time employees. Their number needs to be increased from 3 to 6 so that one guide is available on each floor during the entire period of functioning of outpatient department.

4. **Press Releases:** Regular press releases must be issued in the events of honours and awards to the hospital functionaries, professional conferences, changes in hospital schedule and procedures and addition of new facilities. Frequent press conferences
should be held to convey the achievements and difficulties faced by the hospital so as to mobilise the public opinion in its favour.

5. **Telephones**: The number of lines for incoming calls need to be increased from 10 to 20 so that there are no overflow calls. External telephones should be installed in all the wards through hospital exchange. An internal telephone should be provided near the trolley bay at the entrance of outpatient department.

6. **Information System**: Resident’s manual and telephone directory should be brought up to-date with latest and correct information’s. Patients related information from the wards to central admission and enquiry office needs streamlining and the laid down procedure must be adhered to rigidity.

7. **Information Brochure**: An information brochure should be got printed both in English and Hindi and these must be made available free at all the three points of first contact viz. central admission and enquiry office, casualty and outpatient department reception. Few advertisements may be inserted to meet the cost of printing and paper. Suggested information brochure developed on the basis of actual information requirements of public is attached at Appendix C. Its Hindi version is also included at Appendix D. In addition to the needs of public based on the study, certain items have also been included on the recommendations of the hospital administration. These points are information about smoking inside the hospital, donations, blood donations, security of valuables, cleanliness and procedures for complaints and suggestions so as to make it more comprehensive.

8. **Sign-Boards**: All the sign boards displayed should have uniform pattern and written both in English and Hindi. Some of the boards require shifting to more appropriate places for better visual effect. At the numbering of rooms in outpatient department require to be changed into one number. Sign board near the main entrance of the hospital should be raised by one foot so that it is clearly visible. Arrangements for its illumination during night must be made. Casualty sign board should be placed at such a place that it is visible from the entrance. There should be Red Cross marking on it with proper illumination during night.

9. **Guidance Aids**: Guide maps showing lay-out of the Institute and the Hospital should be got made and placed near both the entrances.

Use of pictographs showing the hospital signs should be made for the benefit of uneducated people. A set of 16 hospital signs have been developed as an outcome of this study and have been placed opposite. A board should be made with these pictures painted on it according to the location of various outpatient departments on different floors. Appropriate pictures should also be painted on the wall facing the opening of lifts and on the concerned outpatient departments as well. Different coloured lines should be drawn on the walls of the main hall and stair case leading to various floors. Similar coloured
light indicators should be put up in the lifts for the guidance of uneducated patients. A board indicating the location of different rooms in private ward lifts.

10. **Public Address System:** A public address system should be installed in the hospital especially in outpatient department and waiting area of the main operation theatre complex. Paging system, if installed will be of great help in locating doctors and requisitioning their services.

11. **Correspondences:** The hospital reply card should be suitably modified so that it gives basic information about the concerned outpatient department or clinic, its location and registration timings. The location of the hospital and the bus numbers connecting to the hospital from both the main railway stations and interstate bus terminus should also be mentioned.

12. **Medical Certificates:** The procedure involved in obtaining medical certificate should be printed on the back side of the form for the guidance of doctors and patients. The Trip of a patient to hospital cashier can be avoided by making the registration clerk of medical certificate charges. He can keep an account of the same like other registration clerks and X-ray counter.

13. **Suggestions:** Suggestion boxes should also be placed in central admission and enquiry office, casualty, near lifts and on each floor of outpatient department. Suggestion forms or plain paper must be made available near these boxes.

14. **Wheel Chairs and Trolleys:** The number of wheel chairs and trolleys at outpatient’s department trolley bay should be increased by 5 each. Two more stretcher bearers should be posted at the trolley bay so that one goes along with each patient to retrieve the trolley/chair back and take these to any clinic on requisition.

15. **Miscellaneous:** Courtesy campaigns may be organised to inculcate a sense of courtesy in the employees particularly those directly dealing with public. There is need to organise in service training in public relations aspect under the guidance of public relations officer. Open days may be organised to educate public in the procedures of getting the facilities and the range of services offered. A better informed patient is more satisfied and a public relations ambassador.

In the light of fast changes in the field of medicine, raising public expectations and advancement in managerial and administrative fields, the organization cannot remain static. Such evaluative studies should be undertaken as a regular feature so as to know peoples’ reactions and their expectations. This will help in improving the hospital performance and enhance its image.
SUMMARY

A study of public relations with special reference to information system at first point of contact at All India Institute of Medical Sciences Hospital, New Delhi was carried out with the following objectives:

a) To study the organization, staffing and procedures adopted in imparting information at points of first contact.

b) To identify peoples actual information needs and their reaction to the existing system.

c) To develop a sound information system at first point of contact.

A broad overview about public relations, its importance, and various components of public relations, hospital social system, communication, patient satisfaction and information needs at first point of contact was acquired through review of literature.

The existing system and the facilities available for imparting information and guidance was studied by making direct observations and open interview with the concerned functionaries. The staffing pattern and their job description was evaluated at the points of first contact viz. central admission and enquiry office, outpatient department, casualty receptions and telephone exchange.

An interview schedule with structured questionnaire on 24 items was developed and pretested through a pilot study. Details regarding method of study such as sampling, time and mode of interview, coding and scoring scheme, Hindi version of questionnaire, method of data recording and analysis were finalised.

In the main study, out of those admitted during the three months period of study from 1.8.1979 to 31.10.1979, 210 were interviewed adopting random sampling of every 15th patient from the admission register. Certain categories of patients like paediatric, psychiatric and hospital employee patients were excluded from the study. Certain patients who came into the sample could not be interviewed due to impromptu discharge or death.

The responses of patients were recorded in the form of codes and scores in a redesigned data master sheet. Patients could score on each of 14 items as ‘0’, ‘1’ and ‘2’ according to their rating of the services offered by the hospital. A fully satisfied patient could score maximum of 28 points. Comments of patients on the subjects other than the items included in the interview schedule were also recorded. Patient characteristics were also recorded in the form of codes.

Observations revealed that there was no organised public relation department. One of the faculty members has been nominated as part-time public relations officer. There is no functional integration of various functionaries involved with public dealings at points of initial contact.
Deficiencies in the hospital sign boards and guidance aids were noticed. No pictographs showing hospital signs as guidance aids for the benefits of uneducated patients have been made use of. It was observed that no printed material in the form of information brochure for the guidance of patients was being supplied.

In adequacy of telephone lines, non-availability of external telephones in the wards and shortage of wheel chairs and trolleys at outpatient department were noticed.

Analysis of the responses to the interview schedule revealed that 32.85 percent of patients regarded the information supplied to them as inadequate. The time taken in furnishing information was considered delayed by 31.42 percent. The behaviour of the staff was rated as rude by 7.14 percent, in different by 49.04 percent and 36.19 percent regarded it as courteous.

It was observed that 41.42 percent of the patients took no notice of sign board due to illiteracy and in correct placement of sign boards. Out of the people who made first contact with the hospital on telephone 33.33 percent were dissatisfied due to delay in getting the hospital telephone.

Patients were also critical of inadequacy of wheel chairs and trolleys at outpatient department. Average total satisfaction score was 52.00 percent in regard to their overall impression of the information system and reception at All India Institute of Medical Sciences Hospital.

Presence of any positive association between the information needs and their responses depending upon patient characteristics was discussed.

There were significant association between the information requirements of patients according to place of residence, occupation, social educational status and physical state.

There were significant difference in satisfaction between the patients admitted through casualty and those admitted through outpatient department.

Based on the findings of the study, recommendations were made. Some of the important recommendations made were as under:

1. Establishment of a public relations department to be headed by a full-time qualified Public Relations Officer. Inclusion of medical social workers, receptionists, social guides and telephone operators in the department of public relations.

2. Strengthening the services of wheel chairs and trolleys.

3. Increase in the number of telephone lines for incoming calls and providing the facility of external telephone to all the wards through hospital exchange.
4. Improvement of hospital signs and guidance aids.

5. Use of pictographs and patients’ information brochure.

6. Introduction of public address system, increasing the number of suggestion boxes and modification of hospital reply cards have been recommended.

Similar studies in this field to evaluate the peoples’ reactions and their expectations have been recommended.