

List of 35 Output Indicators

Sr. No.	Indicator Name	Formula
1	Bed Occupancy rate	Sum of daily census of patients admitted (measured at 12 midnight) x 100 / Number of operational beds x days in month
2	Average length of stay	Total In patient Days/Total IPD patients discharged per month
3	LAMA	Total number of patients who left against medical advice *100 / Total number of admissions per month
4	Carried over admissions per bed (COAPB)	(New admissions) - (Discharges +Deaths+LAMA+Referrals) / Number of sanctioned beds x No of days in month
5	Call Response time	Total time interval for all call (In minutes)/Total number of call sent for a month
6	% of cancelled/postponed elective surgeries.	Number of cancelled/postponed elective surgeries *100/ Total no of sceduled elective surgeries per month
7	% of Pre Anesthesia Checks Conducted in Surgeries	# of elective surgeries wherein preanesthetic checks conducted in given monthX 100 / # of elective surgeries in given month
8	Surgical site sepsis rate	No of SSI for clean operations*100/Total conducted clean planned major surgeries in month
9	Post operative complication rate	Number of post operative complications in planned major surgeries*100 / Total number of planned major surgeries per month
10	% of Complications due to anaesthesia	No. of Complications due to Anaesthesia x 100/ No. of planned and emergency surgeries per month
11	% of Sternotomy Infection	Number of patients undergoing sternotomy (for CABG or valve surgery) per month who developed sternal wound infection*100/Total no of CABG and Valve surgeries performed per month
12	% of Repeat surgery within 30 days.	Number of patients requiring repeat surgery within 30 days of planned surgeries *100/ No of major planned surgeries for a month
13	% of Patients undergoing PCNL requiring re-treatment for residual calculi	Number of patients undergoing PCNL per month requiring re-treatment for residual calculi X 100/ Total number of Patients undergoing PCNL per month
14	% of patients undergoing CABG surgery who received a left internal mammary artery graft	Number of CABG patients receiving a left internal mammary artery graft per month*100/Total no of CABG Surgeries done
15	% of Post operative deaths in Planned Major surgeries	No. of deaths before discharge in planned Major Surgeries x 100/ Total no. of Planned Major surgeries per month
16	% of Post operative deaths in Emergency Major surgery	No. of deaths before discharge in emergency Major Surgeries x 100/ Total no. of Emergency Major surgeries per month
17	No. of CABG surgery deaths before discharge x 100/ Total no. of CABG surgeries per month	# CABG deaths X 100/ total CABG performed in given nonth

Sr. No.	Indicator Name	Formula
18	% of patients undergoing valve surgery who died before discharge	No. of Patients undergoing valve surgery died before discharge x 100/ Total no. of Patients who have undergone valve surgery per month
19	% of ICU deaths before discharge	No. of ICU deaths before discharge x 100/ Total no. of ICU admissions per month
20	% of elective surgeries needing blood transfusion	Total number of major elective surgeries required blood transfusion X 100 /Total number of elective major surgeries per month
21	% of SNCU deaths before discharge	No. of SNCU deaths before discharge x 100/ Total no. of SNCU admissions per month
22	Average time in minutes taken in STEMI patients for initiating fibrinolytic therapy (clinical note depicting time of starting therapy) after arrival of the patient (Inpatient registration) at the hospital per month	Average time in minutes taken in STEMI patients for initiating fibrinolytic therapy
23	Average time taken to do balloon angioplasty (operative note depicting time of starting therapy) in STEMI patients after arrival of the patient in the hospital(Inpatient registration) per month	Average time taken to do balloon angioplasty
24	Ventilator Associated Pneumonia Rate	Total VAP cases* 1000/Total ventilator days for the month
25	Rate of Catheter-associated UTI	Total cases of UTI secondary to catheterisation *1000/Total Foleys catheter days for the month
26	% of Patients of acute coronary syndrome given dual antiplatelet therapy and statins	No. of Patients of acute coronary syndrome given dual antiplatelet therapy and statins at discharge *100 / Total number Patients of acute coronary syndrome discharged per month
27	% of Drug reactions	Total Drug reactions* 100 / Total No of in patient days per month
28	% of medication errors	Total medication errors in prescribing, transcribing, dispensing and administering the medication per month*100/Total No of in patient days per month
29	% of Blood transfusion reactions	No of Blood Transfusion reactions*100 / No of Blood Units issued per month
30	% of Health care providers given PEP as per protocol	Total number of health care providers receiving PEP as per protocol per month * 100 / Total number of health care providers reporting needle-stick injury per month
31	# wrong side/ wrong patient surgery	# wrong side/ wrong patient surgery
32	Bed turn over rate	Bed Turn over rate = Throughput per bed = (number of Discharges + deaths+LAMA+ referred out) in a given month / operational beds in that given month

Sr. No.	Indicator Name	Formula
33	Turnaround time for lab investigations Haematology examination	The interval between collection of sample and report preparation/Total number of Haematology, Biochemistry, Serology & body fluid examinations carried out in a month
34	Dental Procedures	Total number of dental procedures apart from scaling and dental extractions/ Total number of dental procedures including scaling and dental extractions
35	Dialysis	Number of dialysis done/ Total number of CRF patients registered for dialysis

Database for Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY)



Manual of Operations

Developed by

Data Management and Statistical Unit

INDIAN INSTITUTE OF PUBLIC HEALTH, DELHI



Funded by: Public Health Department, Government of Maharashtra

Note: RGJAY has been renamed as Mahatma Jyotiba Phule Jan Arogya Yojana from 1st April 2017

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Chapter 1: General Overview

About RGJAY

Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY) is a scheme to improve access of Below Poverty Line (BPL) and Above Poverty Line (APL) families (excluding White Card Holders as defined by Civil Supplies Department) to quality medical care for identified speciality services requiring hospitalization for surgeries and therapies or consultations through an identified Network of health care providers. (<http://www.jeevandayee.gov.in/#>) This scheme would be implemented throughout the state of Maharashtra in a phased manner for a period of 3 years. The insurance policy/coverage under the RGJAY for the eligible beneficiary families in 8 districts: Gadchiroli, Amravati, Nanded, Sholapur, Dhule, Raigad, Mumbai and Suburbs.

The hospitals that are empanelled under the Rajiv Gandhi Jeevandayee Arogya Yojana scheme <http://www.jeevandayee.gov.in/#> should follow a minimum quality criterion. This empanelment criteria has been developed by the Public Health Department, Government of Maharashtra in consultation with National Accreditation Board for Hospitals and Healthcare Providers (NABH). These criteria's are applicable for Maharashtra state, in public as well as private sector hospitals. In summary, this criteria has 6 sections and 35 parameters. The input data for the criteria are to be collected at each of the hospitals at the speciality/ward level. It is expected that the hospitals and staff who are trained to follow this criteria to maintain records and follow protocols as per the NABH standards.

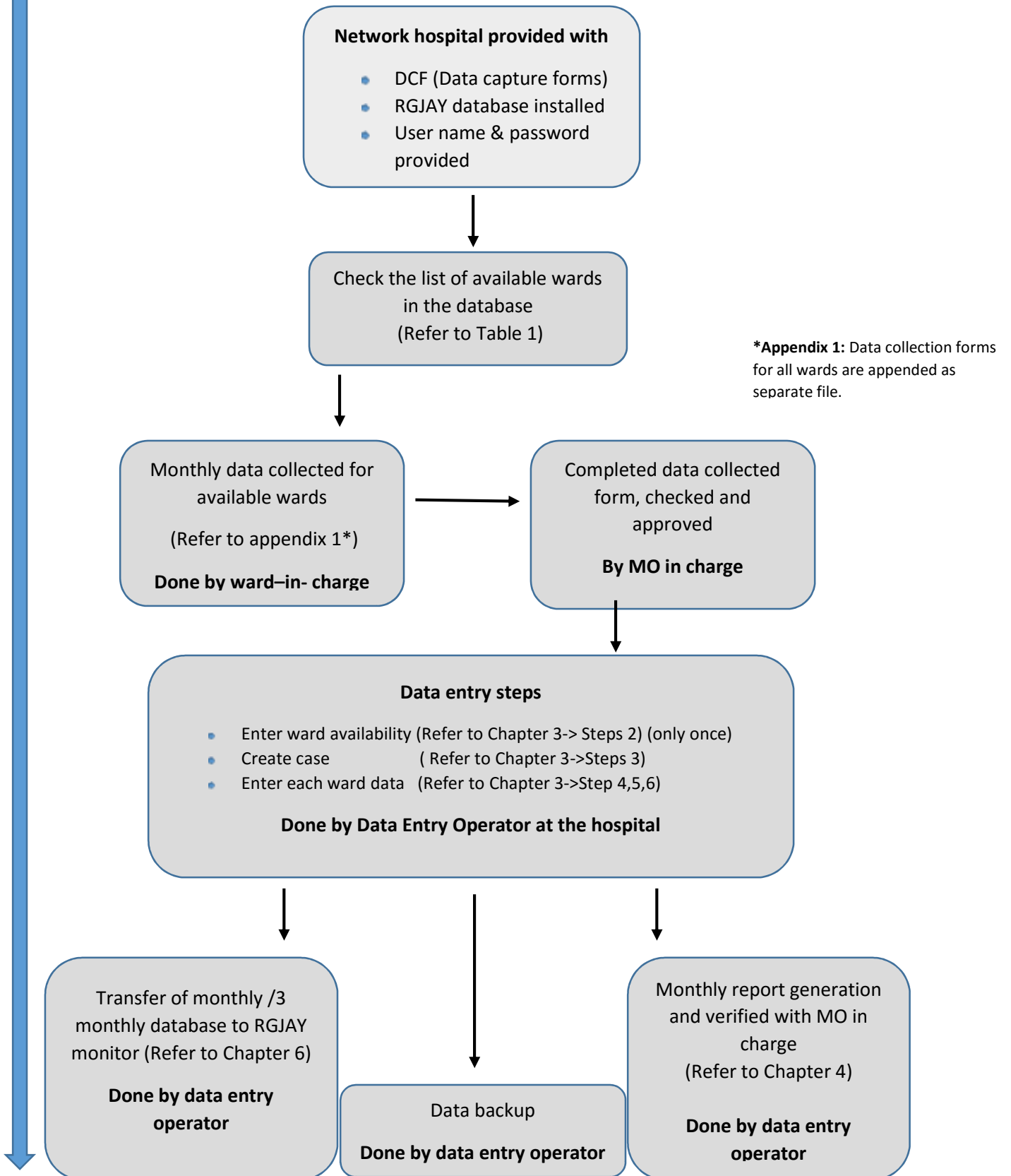
To enable the hospitals to maintain the records of the set standards in a periodic basis ward wise paper forms have been developed (see annexure 1). The list of wards and the number of questions per ward is listed in Table 1. These forms are to be completed at the end of each month or before the 10th day of next month. . A database has been developed using a free software called CPro (version 6.0) that can capture the data in a standardized format. This would enable the staff to enter data offline and transmit the information to the Public Health Department, Government of Maharashtra via email to a web based repository. A report can be also be generated at the hospital level on a monthly basis.

Table 1. List of Wards

RAJIV GANDHI JEEVANDAYEE AROGYA YOJANA (RGJAY) NETWORK HOSPITALS	
INFORMATION REGARDING NO. OF QUESTIONS FOR A PARTICULAR WARD	
Name of ward	No. of questions
Male Medical Ward	22
Female Medical Ward	22
Male Surgical Ward	30
Female Surgical Ward	30
Paediatric Ward	16
Skin Ward	16
Chest & Tb Ward	16
Infectious Diseases Ward/Isolation ward	16
"Ortho Ward"	30
"ENT Ward"	30

Trauma Ward	30
Ophthalmology Ward	30
Gynaecology Ward	30
Obstetric Ward(Pregnancy, PNC)	30
Nephrology Ward	16
Cardiology Ward	35
CVTS Ward	36
Genitourinary Ward	32
Neurosurgery Ward	30
Surgical Gastroenterology Ward	30
Oncology ward	16
Surgical Oncology Ward	30
Plastic Surgery Ward	30
Burns Ward	30
Paediatric Surgery Ward	30
Psychiatry Ward	16
Other ward	45
ICU	44
NICU/SNCU	29
PICU	31
ICCU	44
Casualty	15
Dental unit	11
Dialysis Unit	11
Laboratory	2

Figure 1: Work flow for RGJAY data management by network hospitals



Chapter 2: Installation of the database

This chapter briefs step by step description of installation process of CSPro software and the RGJAY database in the computers at the network hospitals.

2.1 System requirements:

The minimal configuration required for the computers:

Hardware:

- ✓ Pentium Processor
- ✓ 512 MB of RAM
- ✓ SVGA Monitor
- ✓ Mouse
- ✓ 100 MB of free hard disk space

Software:

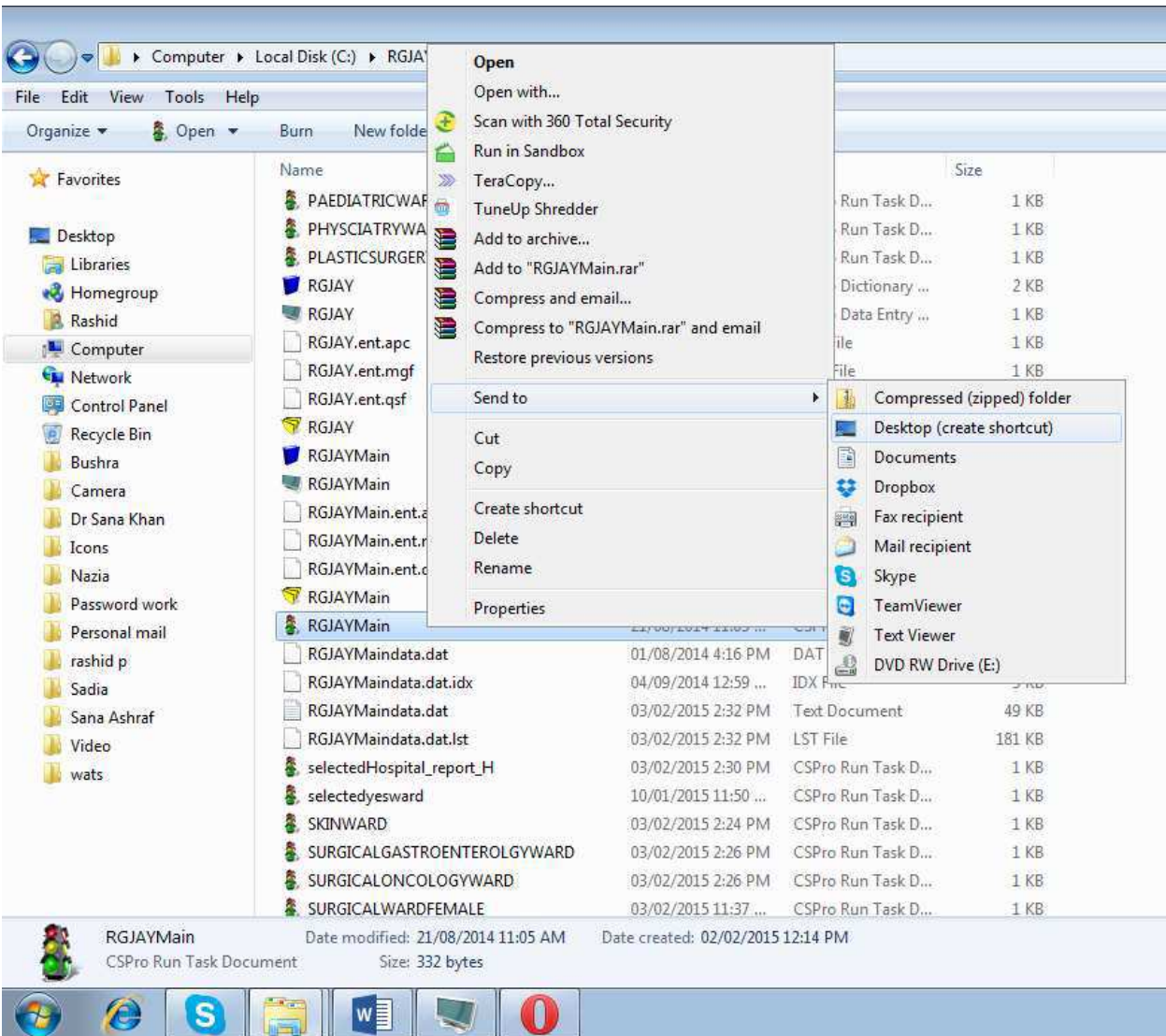
- ✓ Microsoft Windows XP, Vista, 7 or 8
- ✓ Microsoft Office
- ✓ CSPro 6.0
- ✓ WinZip/WinRAR

2.2 Installation of CSPro:

- CSPro 6.0 needs to be installed on the computer which will be used for data entry using the RGJAY Database.
- CSPro can be downloaded from the following link (*You require internet for this*)
<https://www.census.gov/population/international/software/cspro/userregistration.html?resource=cspro60.exe>
- Double click on “CSPro 6.0.exe” file to launch the setup wizard. The setup process takes you through a series of dialog boxes that prompt you for setup information.
- Complete the wizard with the default choices by pressing “Next” button. (Do not change any choice /option). The last screen of the wizard is with Finish Button. Click on “Finish” and CSPro is installed. This software will be installed by default in C:drive
- A shortcut of CSPro 6.0.exe is created in the desktop which means CSPro 6.0 has been installed in the computer.

2.3 Configuring the RGJAY folder:

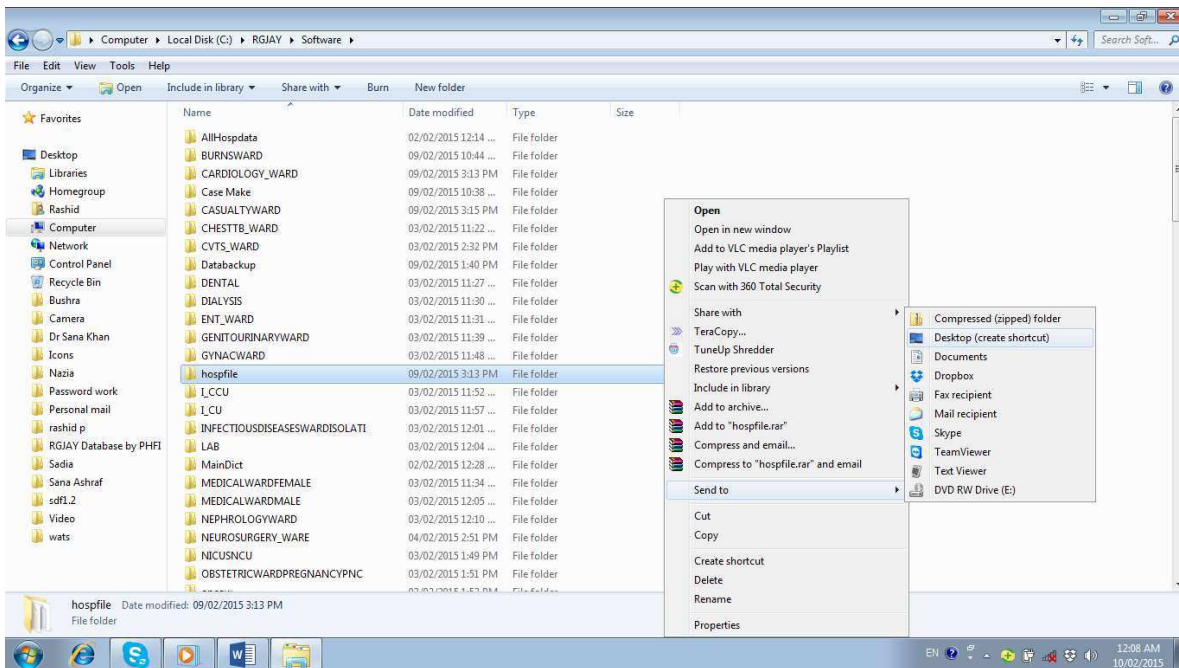
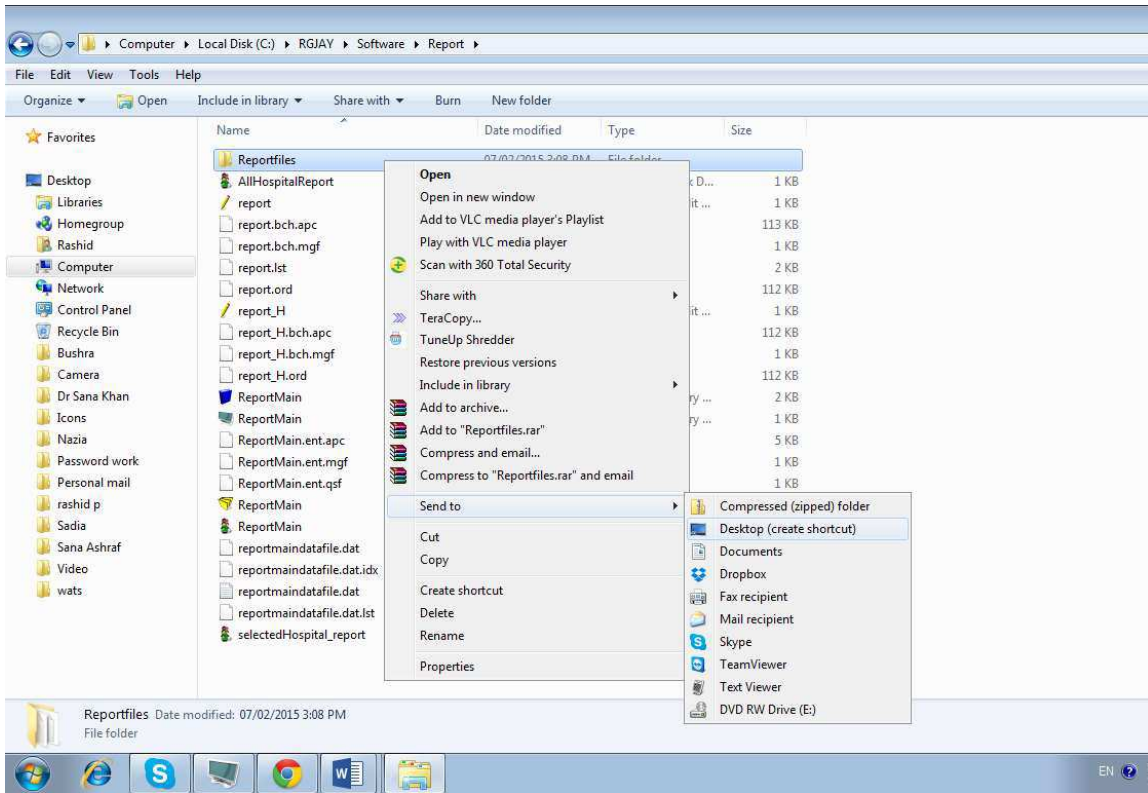
- You have been provided with a zipped file named RGJAY.zip. Unzip/extract the given file.
- Copy this RGJAY folder to C: drive of the computer where CSPro 6.0 is installed.



2.4 Creating shortcuts for database, report and transfer file:

- Database shortcut:** Within the RGJAY folder, there are many files with the name "RGJAYMain", but the file of interest would be the one named "RGJAYMain" with the icon of three bulbs. See the screenshot above. Right click on this file (RGJAYMain.pff) and choose the option, "Send to > Desktop (Create Shortcut)". This will create a shortcut of RGJAYMain.pff on the desktop of the computer. This is main shortcut to launch RGJAY Database Application.
- Report file short cut:** All the reports generated at the hospital level will be stored by default in "C:\RGJAY\Software\Report\Reportfiles". In order to view the report, user has to go to the above location every time. To save time, create shortcut of this folder on desktop. Right click on the folder named "Reportfiles" and choose the option Send to Desktop (Create Shortcut)
- Transfer file shortcut:** All ward wise data entered in the database for that hospital will be stored in C:\RGJAY\Software\hosppfile". In order to send your data to the monitoring office the data file needs to be copied and transferred. You may choose to create a short-cut, of the path. Right

click on “hospfile” and choose the option send to-> Desktop (Create Short-cut). View the snapshot below



Chapter 3: Data Entry

The data collected on the paper forms for each of the network hospitals is entered in the RGJAY database on monthly basis. The data is to be entered **before** the 10th of the succeeding month. For example the data of January should be entered into the database and completed by 10th of the February. This chapter gives the details of how the data needs to be entered. In the previous chapter (Section 2.4), a shortcut icon was created as “RGJAYMain”.



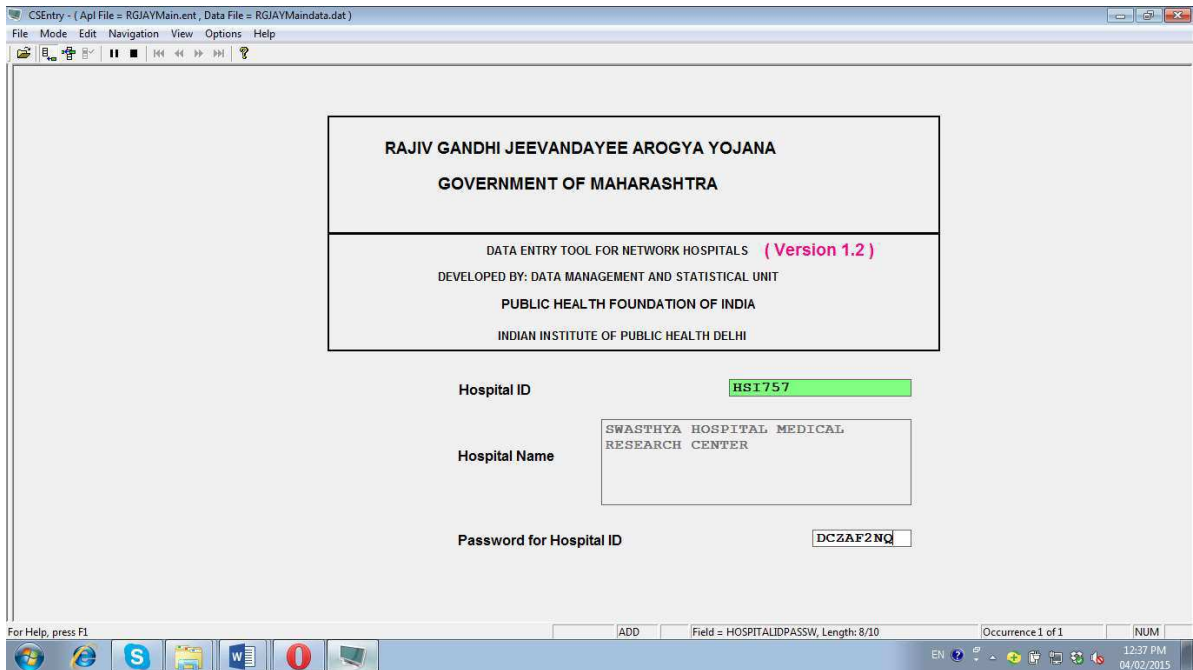
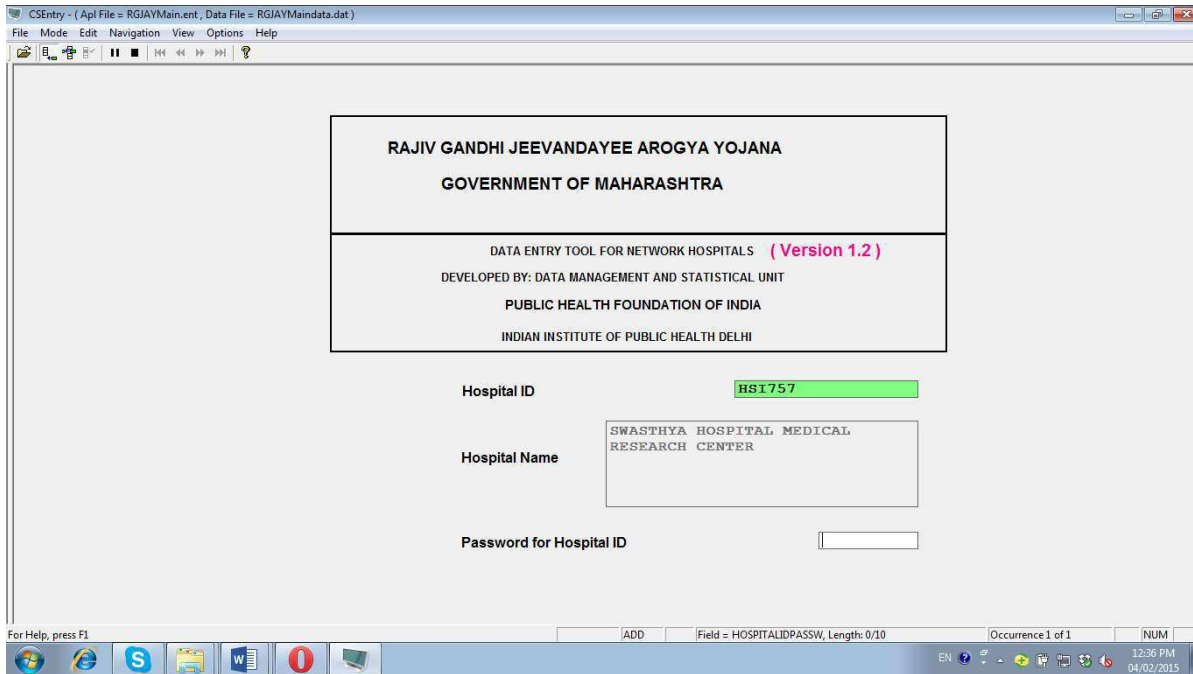
3.1 Steps to enter data

Important note: If data is not available for a given field in any Ward form, please enter as “– 99” in the database. Please DO NOT enter as “Zero”.

Step 1: Login

To begin the data entry “Click” on the icon “RGJAYMain” on your desktop. The login window is opened which asks for hospital ID and the password. Each of the network hospital has been provided with a unique ID and a password to open the database. After entry of Hospital ID, the name of the hospital would be reflected automatically in the “Hospital Name” dialog box.

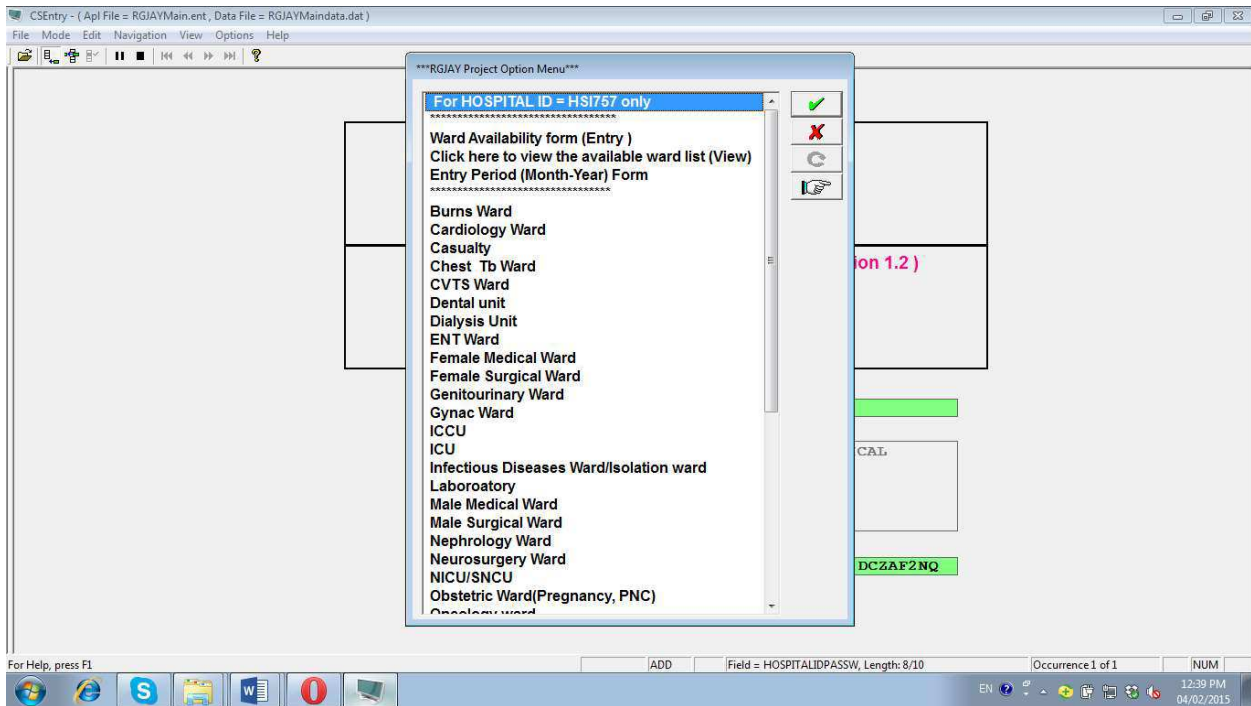
 A screenshot of the RGJAYMain login application window. The window title is "CSEntry - (Apl File = RGJAYMain.ent, Data File = RGJAYMaindata.dat)". The interface is a simple form with a light gray background. At the top, a box contains the text "RAJIV GANDHI JEEVANDAYEE AROGYA YOJANA" and "GOVERNMENT OF MAHARASHTRA". Below this, another box contains "DATA ENTRY TOOL FOR NETWORK HOSPITALS (Version 1.2)", "DEVELOPED BY: DATA MANAGEMENT AND STATISTICAL UNIT", "PUBLIC HEALTH FOUNDATION OF INDIA", and "INDIAN INSTITUTE OF PUBLIC HEALTH DELHI". The main form area has three input fields: "Hospital ID" with a small text box, "Hospital Name" with a larger text box, and "Password for Hospital ID" with a small text box. At the bottom, there is a status bar with "For Help, press F1", "ADD", "Field = HOSPITAL_ID, Length: 0/25", "Occurrence 1 of 1", and "NUM". The Windows taskbar is visible at the bottom, showing the date and time as 12:18 PM on 04/02/2015.



After successful login you will see the mainpage “**RGJAY Project Option Menu**” as seen below:

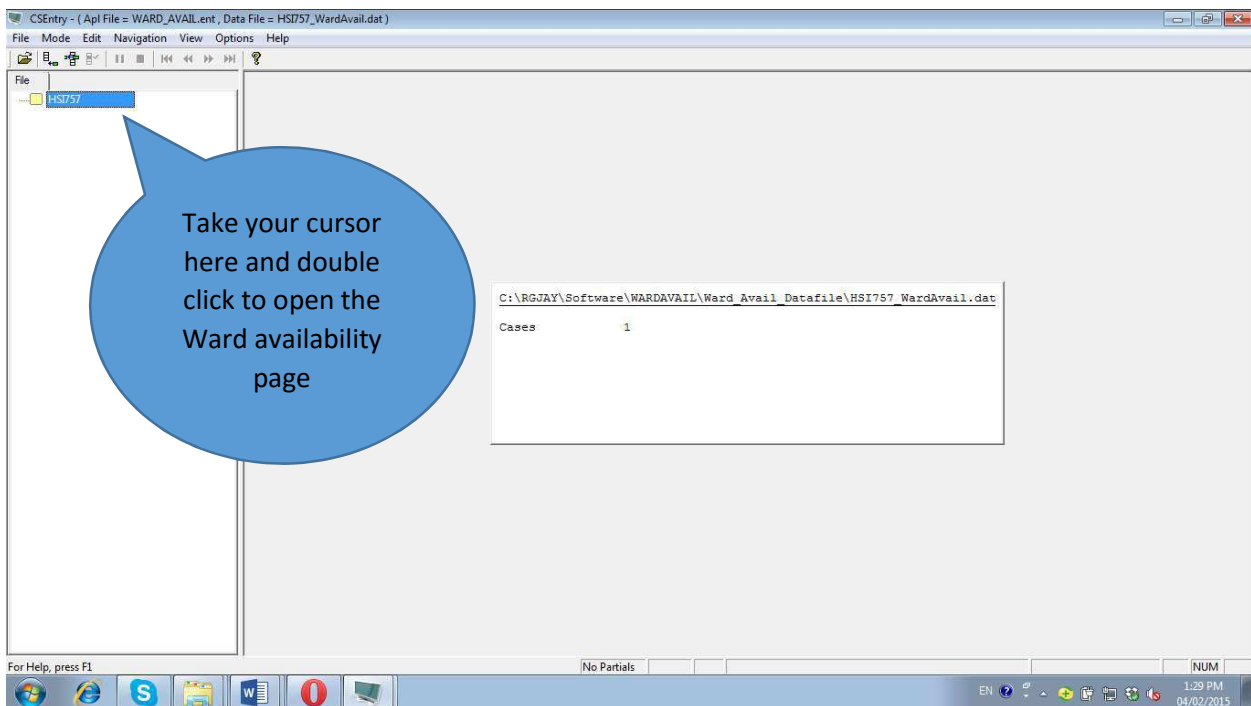
Each of the given tabs has a specific function:

- **Ward availability form (Entry)** is meant for checking the functional wards for a given hospital.
- **To view the available ward list, click on the second option.** You may print the document for easy reference.
- **Entry period (Month-Year) form** is used to enter the month and year of data entry. By completing this form we create a “case”.

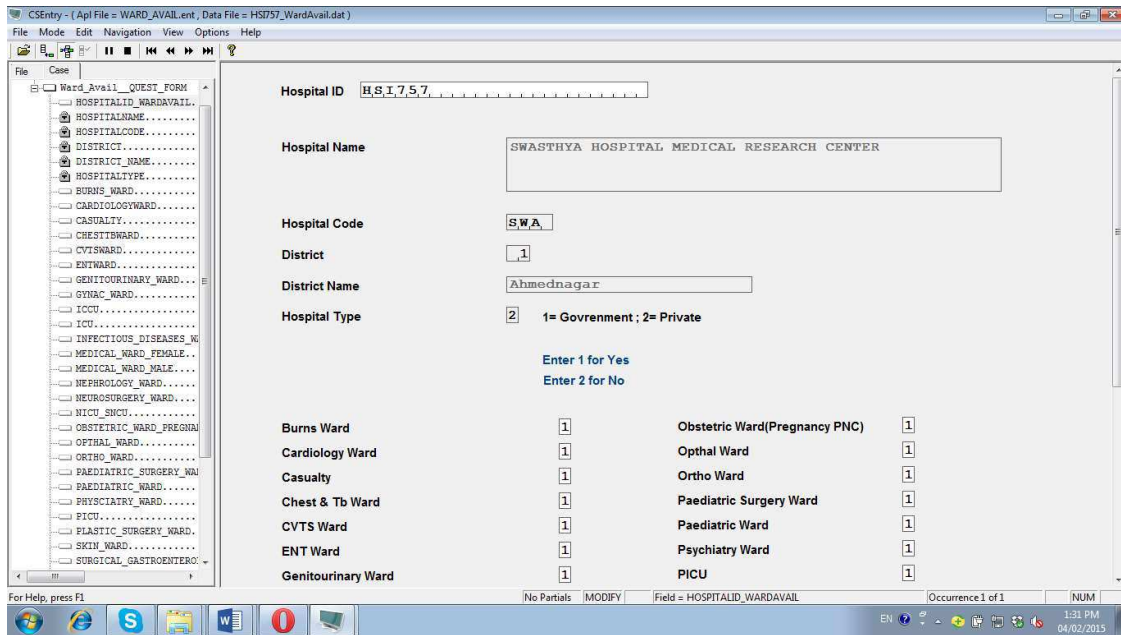


Step 2: Ward availability checklist

Since, all the hospitals may not possess all the wards as displayed in the above page, the first step is to select the name of functional wards in a particular hospital, which can be done from the option **“Ward availability form”**. After clicking on this option a new page will open as below.

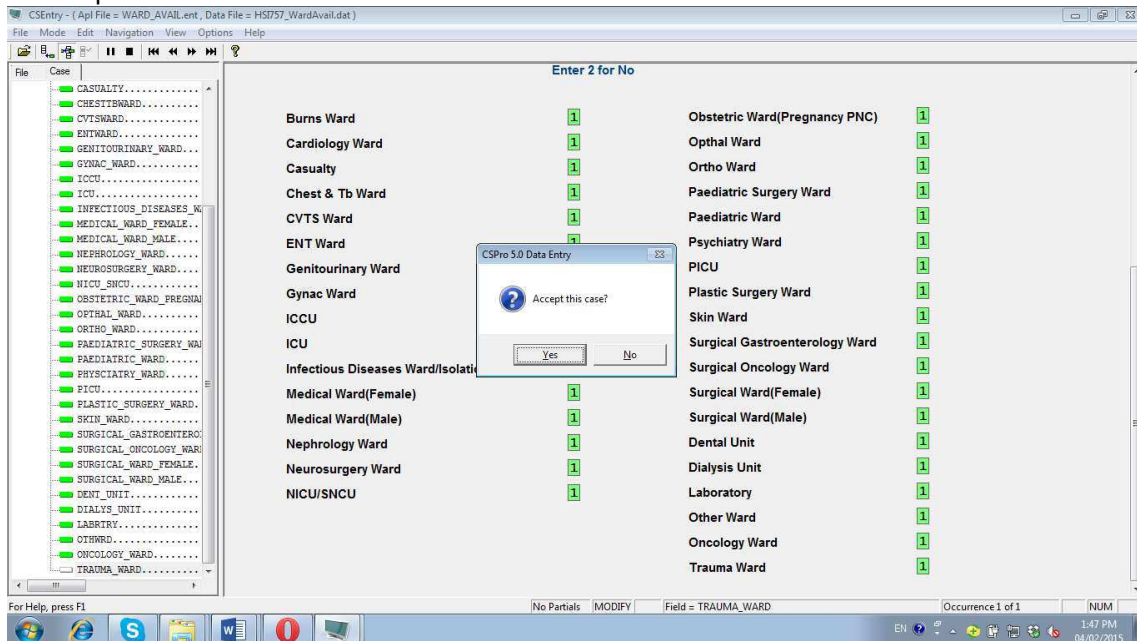


The ward availability form will look like, as shown in the snapshot below.

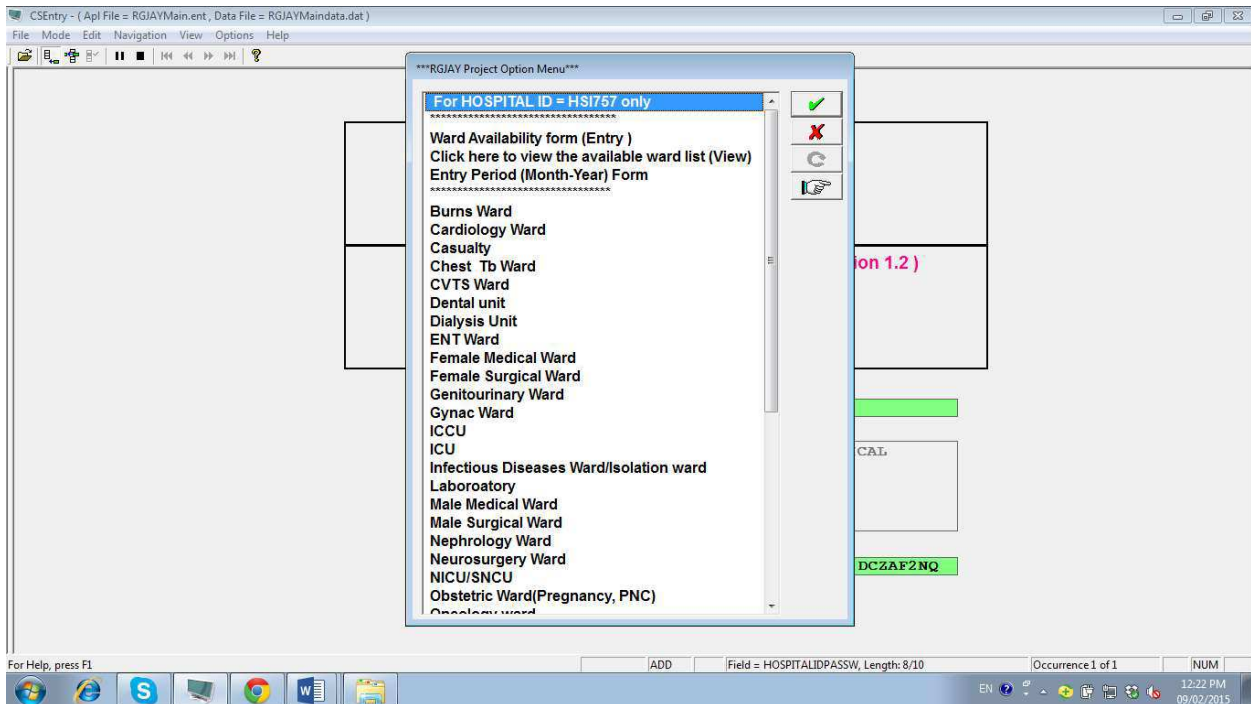
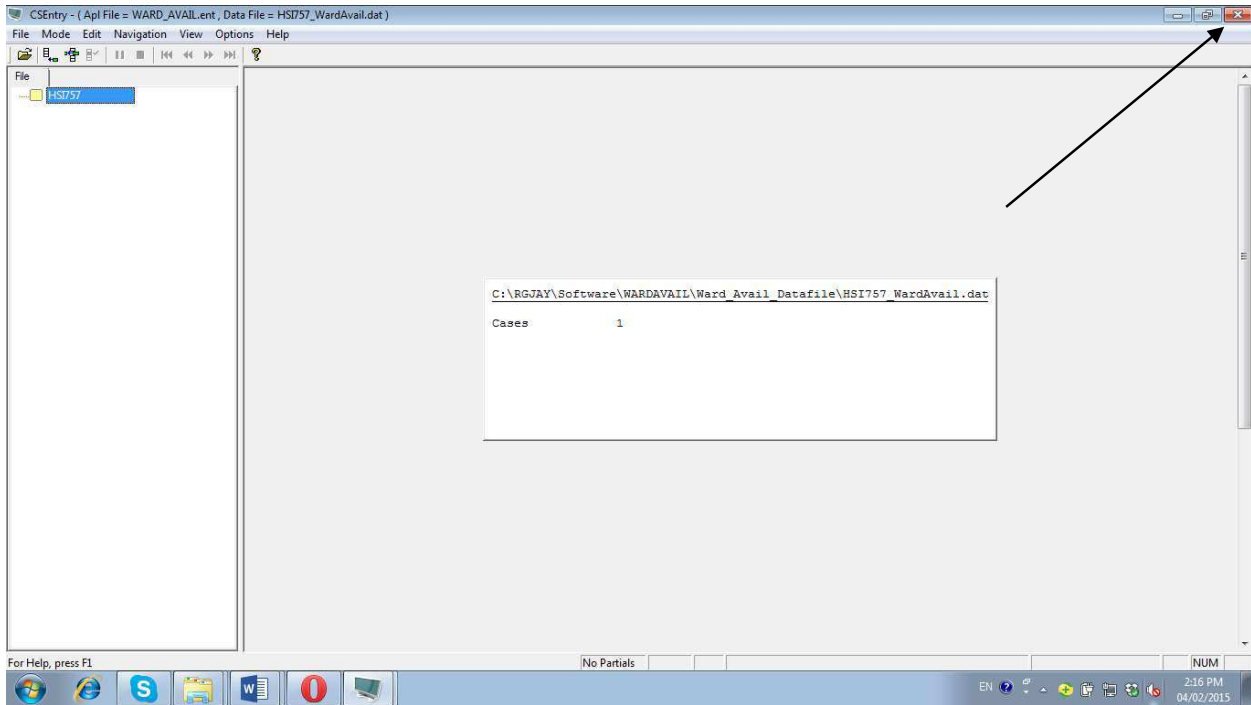


In this page, following information will be displayed by default. Hospital ID, Hospital name, Hospital code, District code, District name, Hospital type (Government or Private)

Enter “1” against the wards available in your hospital and Enter “2” against the wards that are not available. Once you complete all wards, a popup message displays and asks for accepting the case. See the snapshot:

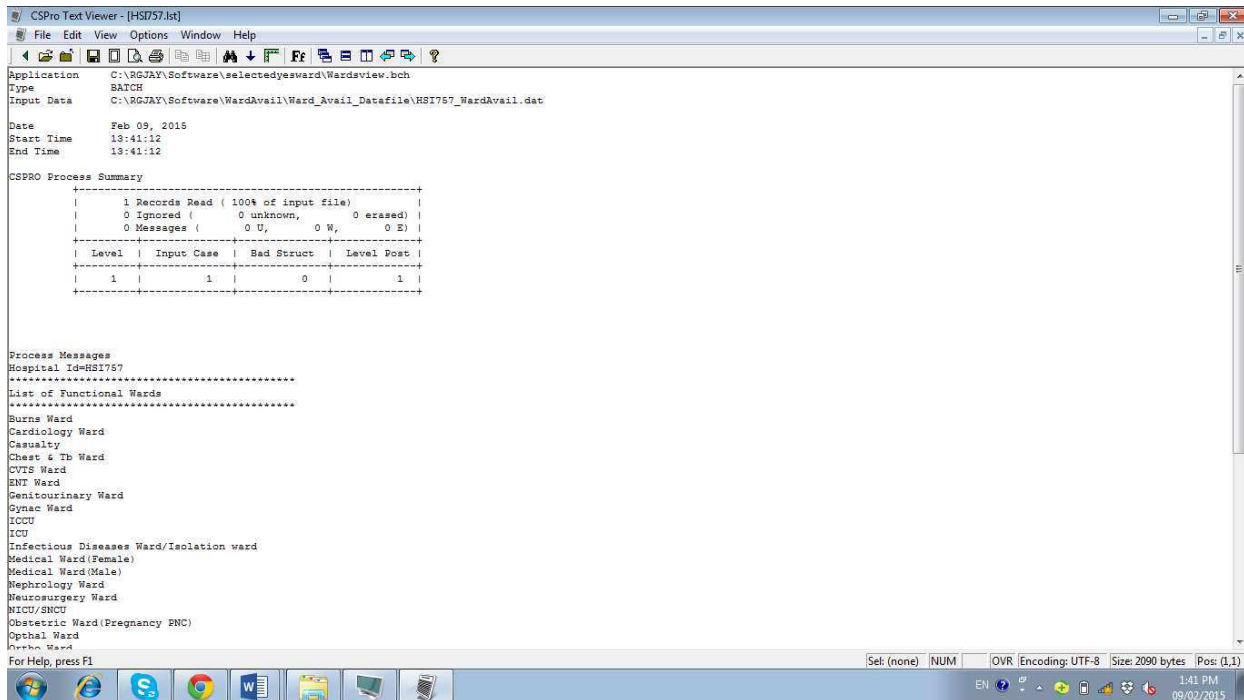


Once you click on ‘Yes’ or accept the case, the software displays a message as shown below. Now, click on the cross button on the top left corner to exit and reach the main menu.



Note1: This checklist form is entered only once for a particular hospital. Data entry can be done only for the wards that have been checked in this list. If a new functional ward is created in the hospital, it may be added to the database. To edit this checklist repeat the above procedure. The initial list will be replaced by the new list.

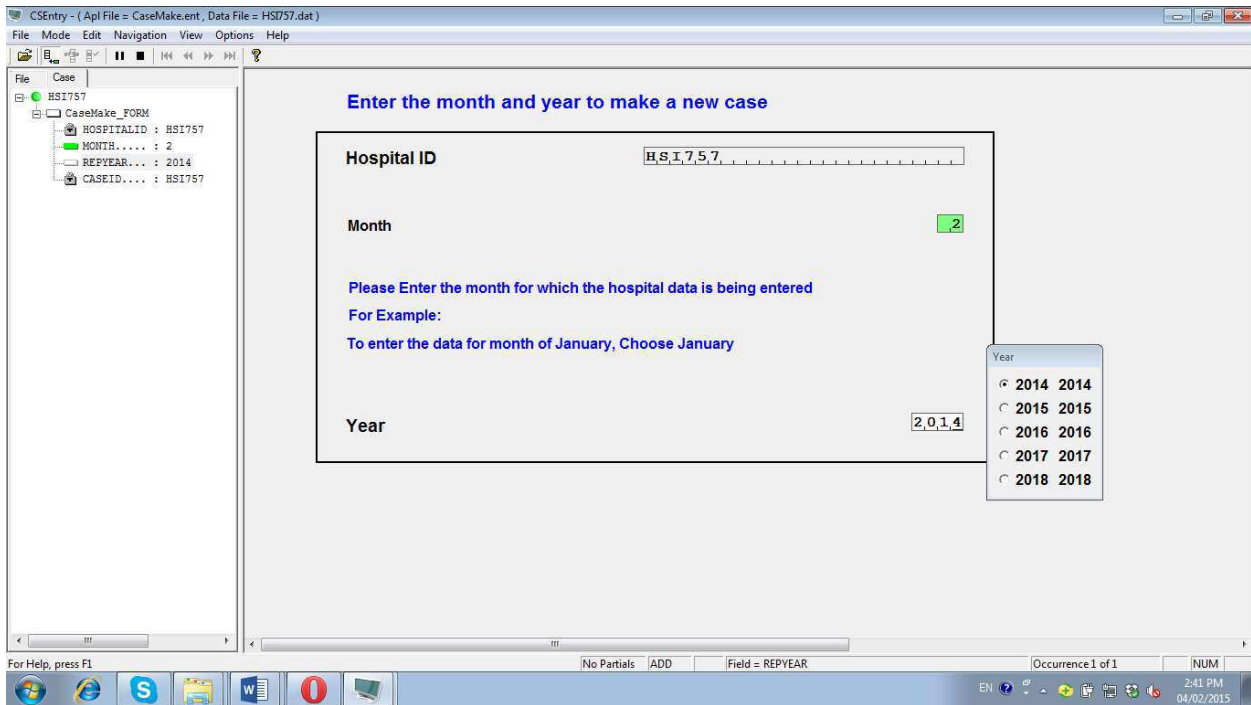
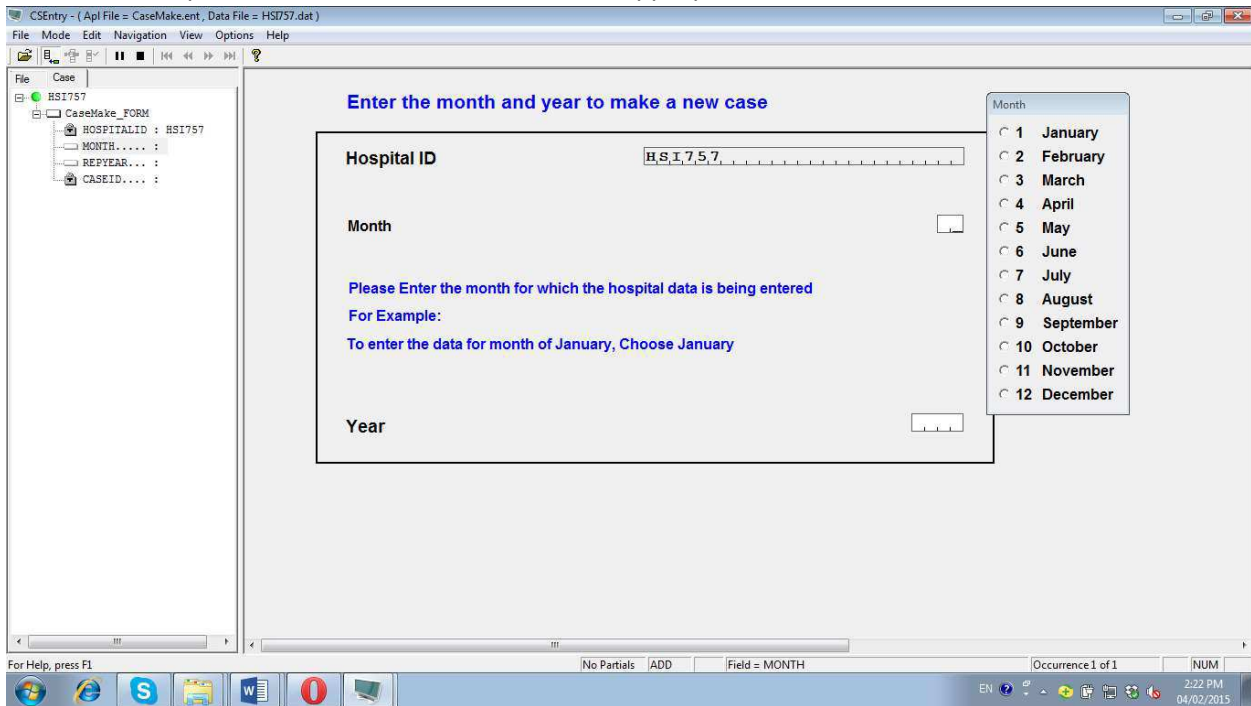
Note 2: If you want to view the list of wards available, Click on the option “Click here to view the available ward list (View)”. You will see .txt document that can be printed or saved. See the snapshot



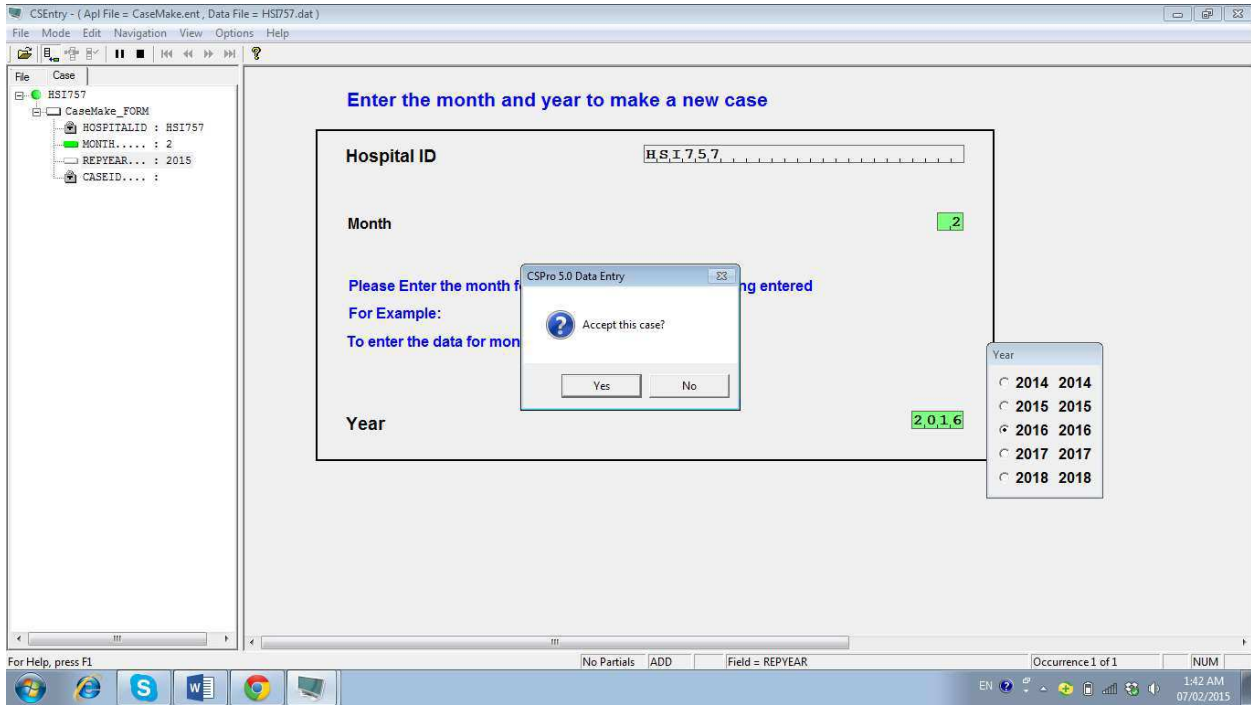
below.

Step 3: Choosing the data entry period

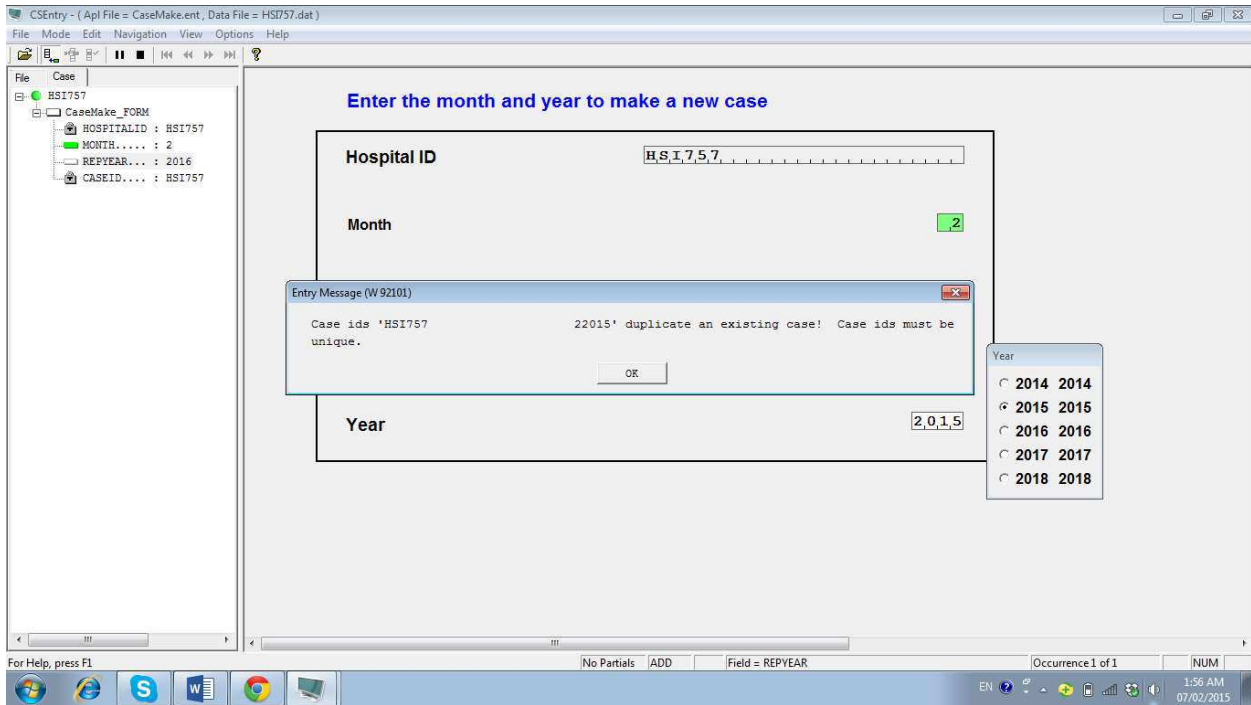
Click on the “Entry period form” to create a “case” for data entry for that particular month. A page as shown below opens. Now enter Month and Year as appropriate.



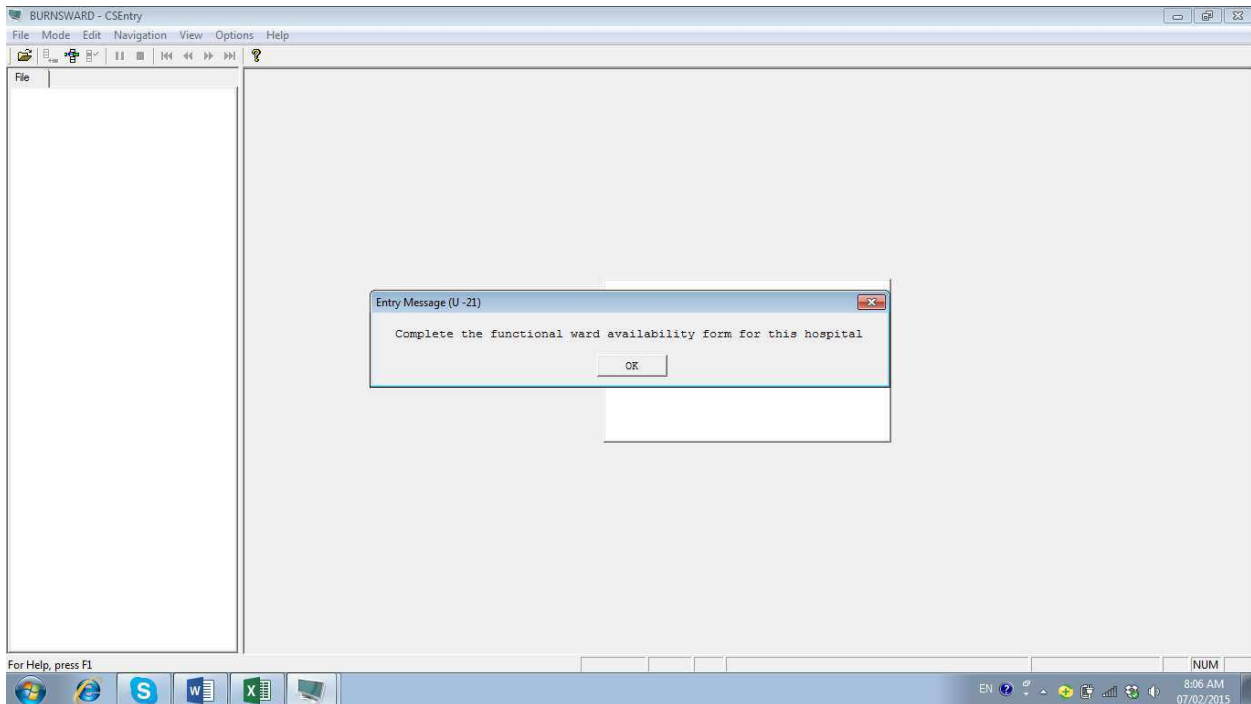
After entry of month and year, click “yes” to “Accept the case”.



Note 1: The database will not allow to create “case” for the same month more than once for a given year. In case you enter the same month twice for a given year you will get an error message as shown below.

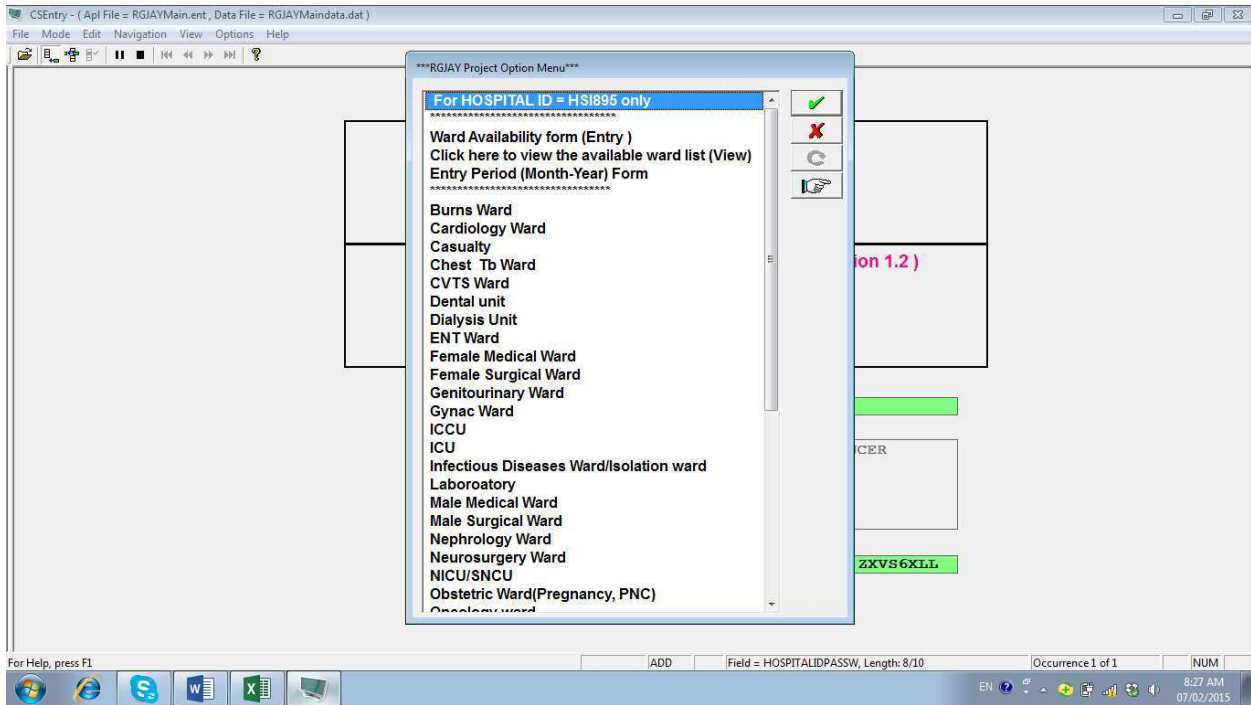


Note 2: If you click on a particular ward, without completing the “data entry period form” the software



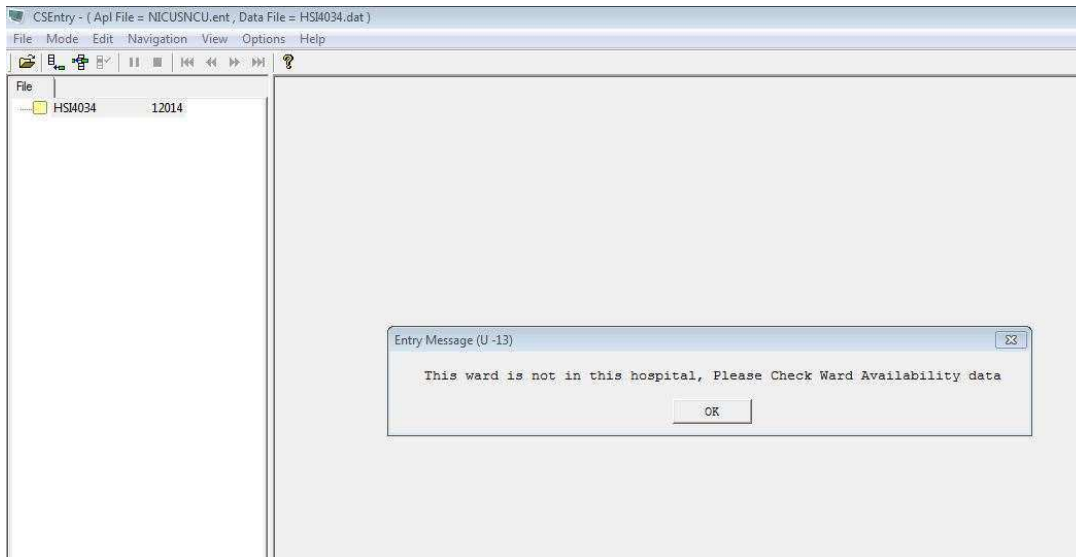
will not allow you to enter data and a popup message is displayed, directing you to fill the data period form first. See the snapshot

Once a “Case” has been successfully created, exit from this page to reach the Main menu page to proceed for data entry (A case is applicable for all wards of that hospital).

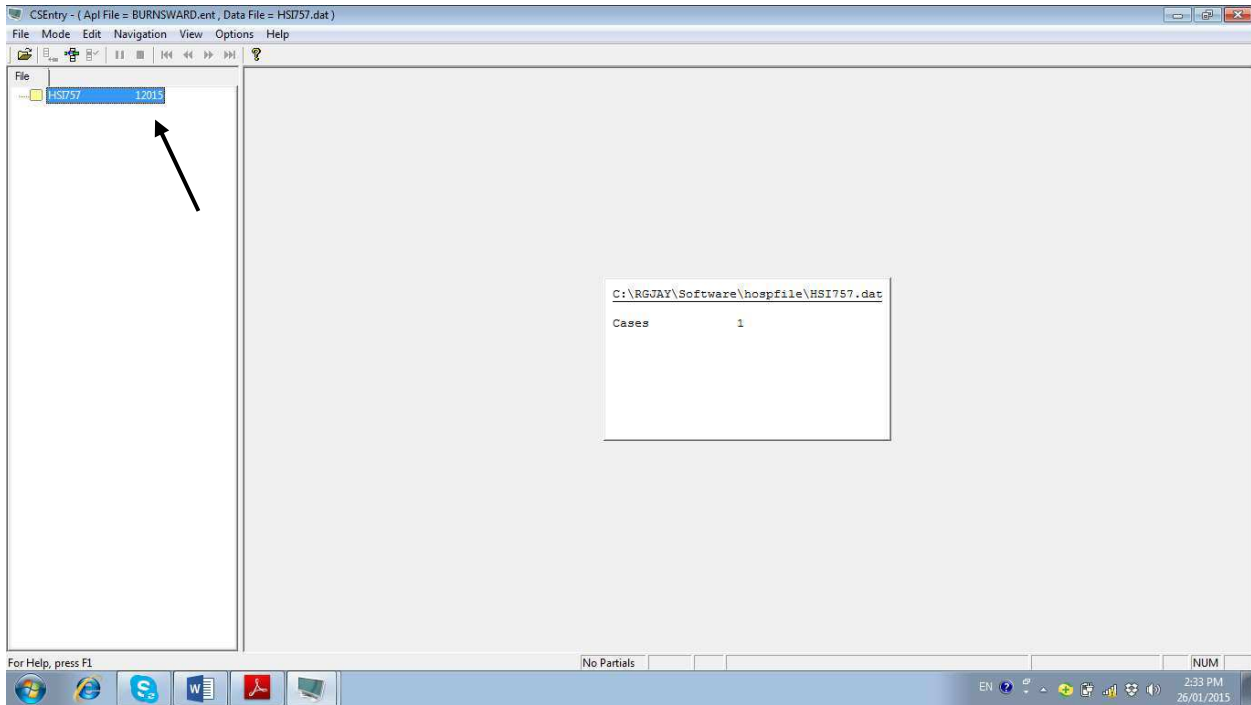


Step 4: Choosing the ward

Choose on the ward you want to enter the data from the main menu page (as shown above). Data entry for only functional wards is allowed. If you click on a particular ward which is not functional for that hospital then the following error message will be displayed:

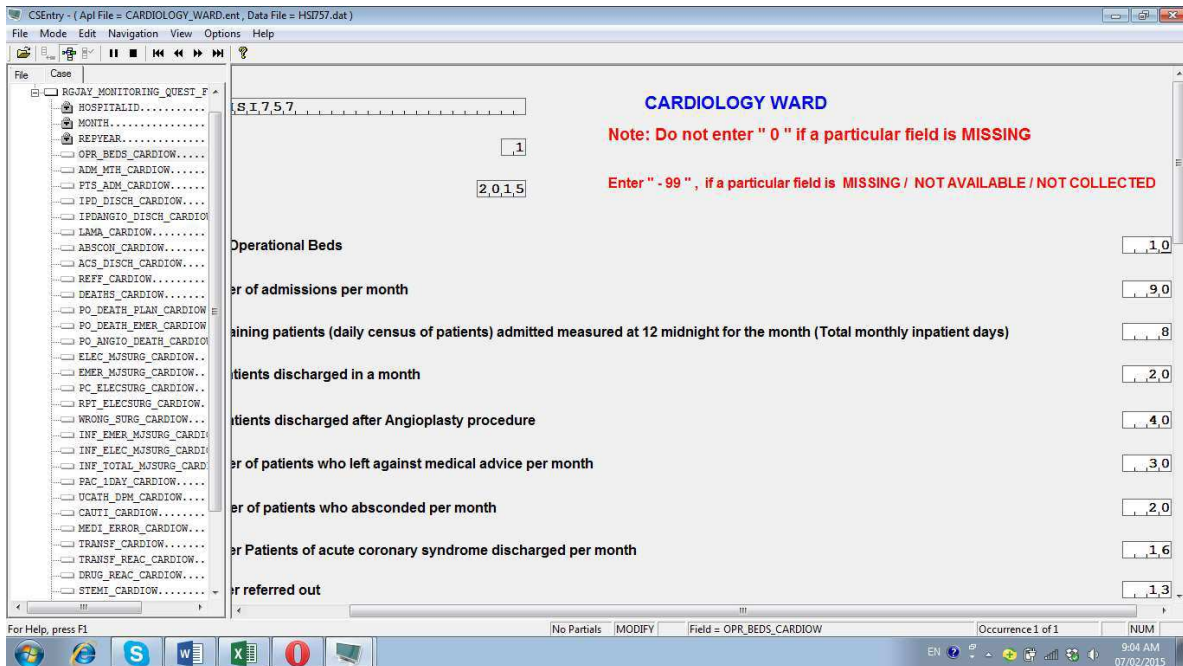


If the ward is functional in that particular hospital, then the case will be displayed as shown below. Click on the relevant case as shown by the arrow (i.e. for the month and year for which the data has to be entered). For example HSI757 12015 means, for this hospital the data for January 2015 is to be entered.

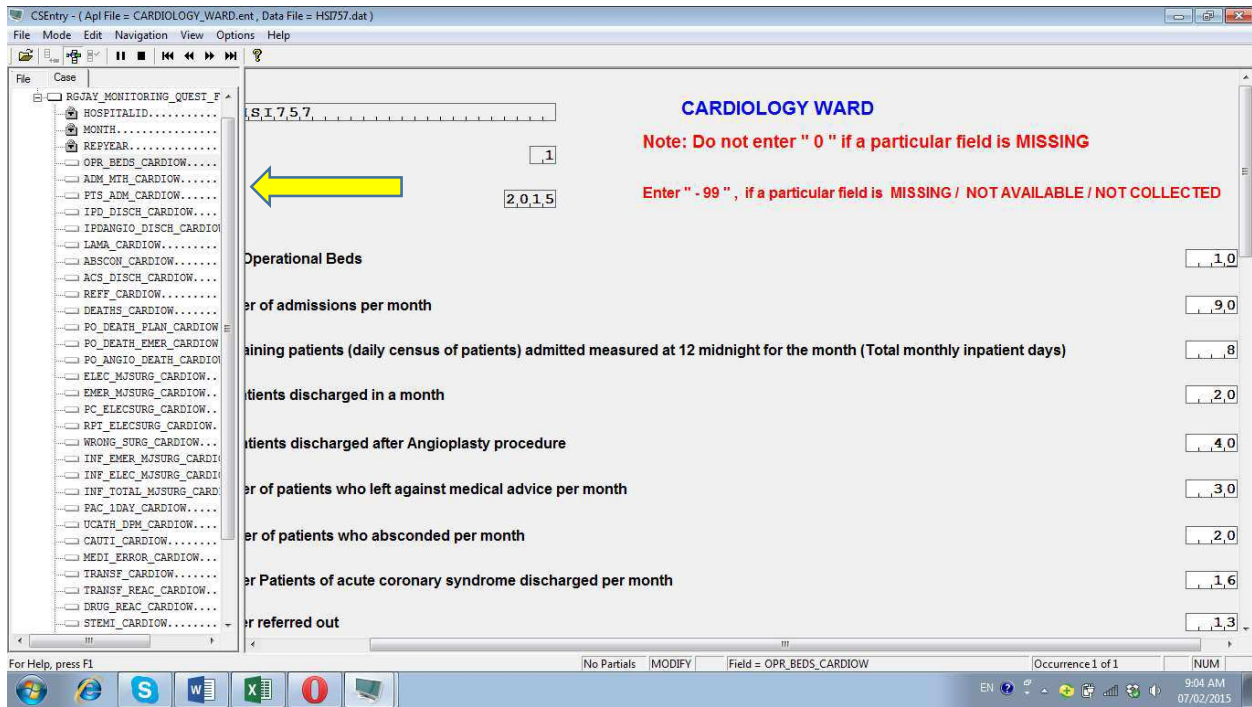


Step 5: Data entry

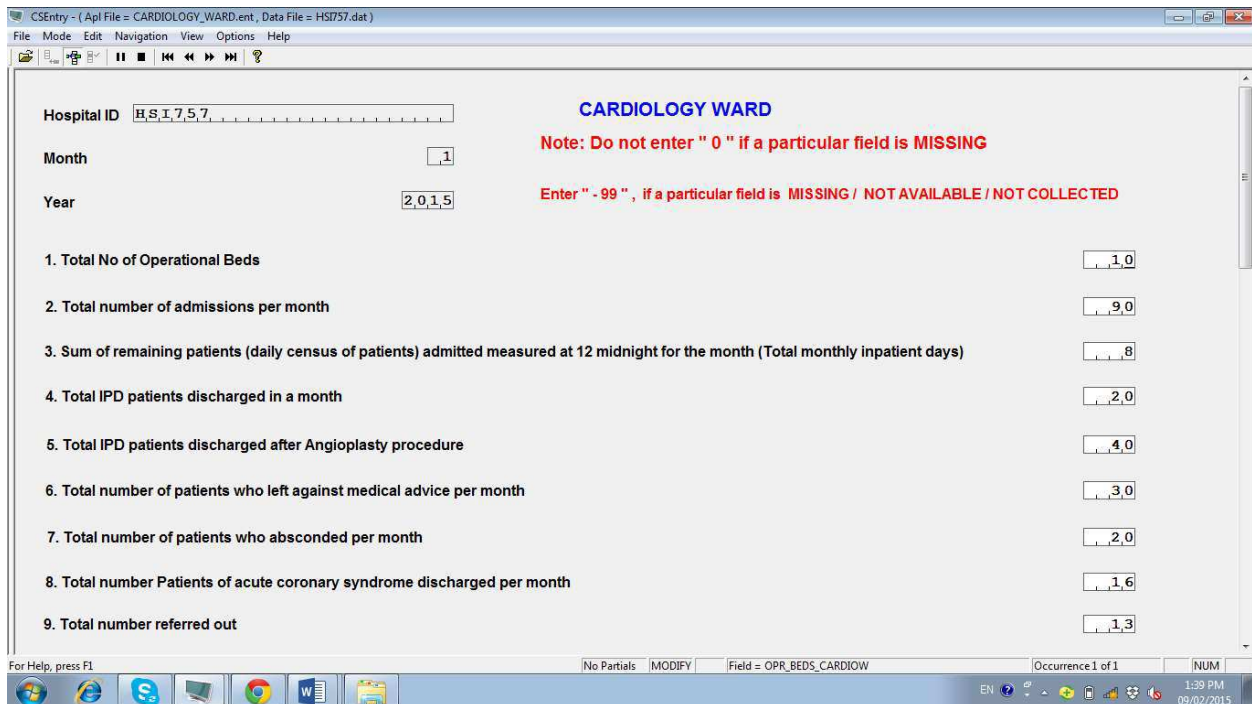
The page with the questionnaire related to that particular ward will be opened. In this page, hospital ID, month and year will be displayed by default. For example, if the cardiology ward is functional, the following page will be opened:



You may choose to hide the left hand side information by dragging the line indicated below or using key board shortcut of Ctrl+J.

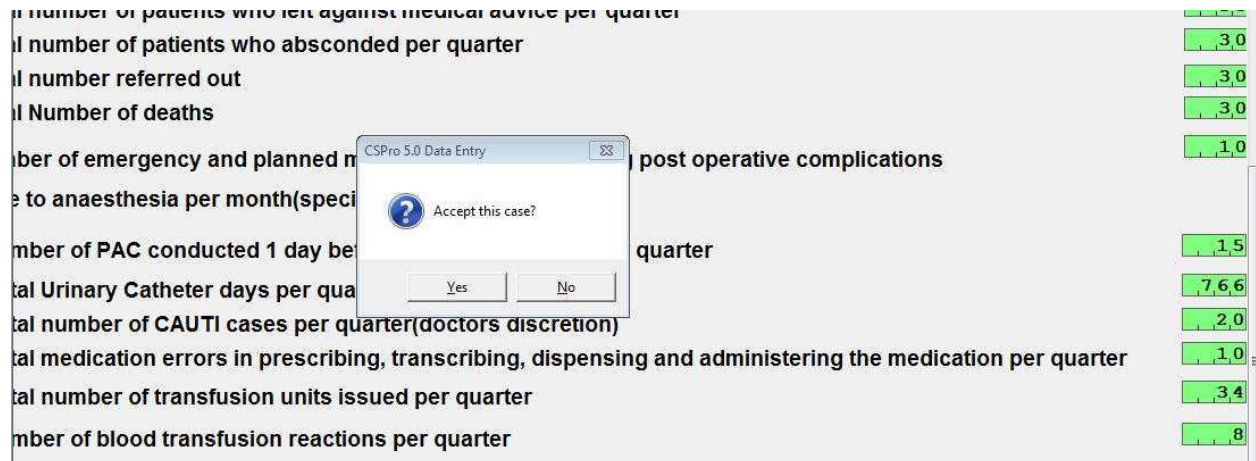


View after adjusting the screen where the full question can be seen on the screen.



Enter the values against each question. Only numerical values up to “4 digits” are permissible. After entry into each box, click on the “down” arrow in your key board to quickly proceed from one question to other (or you may choose the “Tab” option of your keyboard).

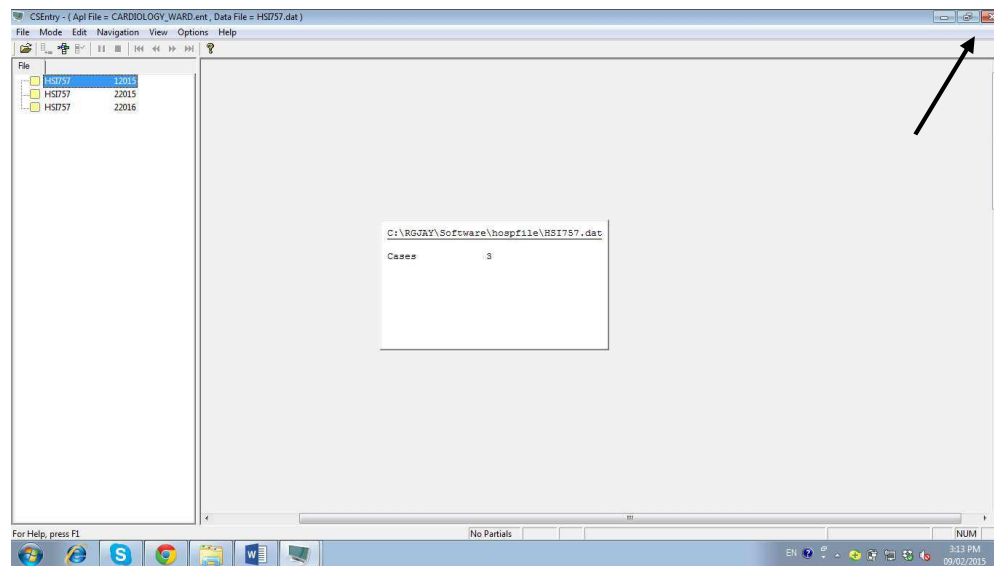
When you enter the last question for that ward/page and press the “down” arrow key of your keyboard, the following message will pop-up: **“Accept this case?”**



It means database is asking whether you want to save the data or not. If you want to save it, then click on “Yes”. Otherwise click “No”. If you choose “No” it means that you want to edit the input data or remain on the same page. Once the data is edited or completed, Click on “Yes” option to go to the main menu.

Step 6: Entering another ward data

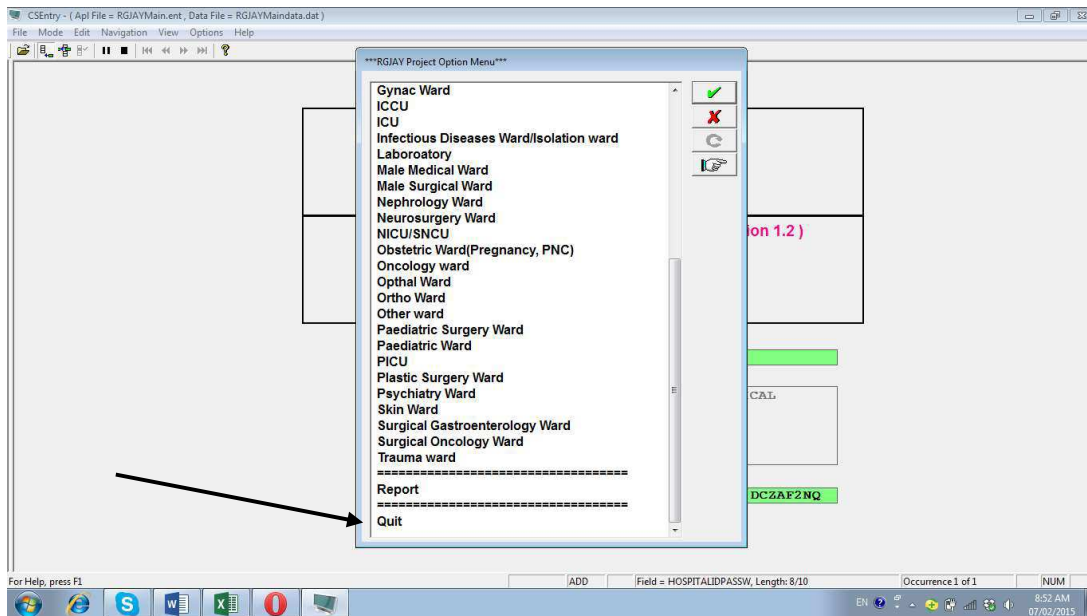
On completing the entry for any given ward and saving the data, the screen will go back to the “case” page as shown below. Click on the **X** as shown by the arrow to go back to the menu page.



To enter data for another ward for the same month, choose the ward from the main page and repeat Steps 4 and 5.

Step 7: Exiting the database

If at any point of time you want to close the database or you want to close the database after entering the data for all wards in any particular month, the “Quit” option from the main menu page can be used to exit, or press the “Q” button of the key board to exit.



3.2 Data entry for the next month

- To enter data for the next month, repeat Step 1 and Step 3. Step 2 can be skipped if the functioning wards are the same for the given hospital.
- Once a case is created repeat steps from 4 to 7.
- Note: Data entry for any month will be blocked after a period of time. For example data entry for January for the year 2015 will be allowed only up to 10th February, 2015.

3.3 Timelines

Data entry will be done month wise and submission of data file will also be done monthly /quarterly by the hospital to the centre.

On 4th day of month- Collection of required information of previous month by the ward-in-charge or assigned hospital staff

On 7th day – Entry of data into the database by Data entry personnel after confirmation of the completed forms by the MO in-charge

On 10th day- Data to be frozen (no further changes will be allowed)

On 11th day- Data to be sent by email/copied into web portal by data entry personnel or by MO

Chapter 4: Report Generation

Once the data entry is complete, the next step is to look for the report in terms of the outcome indicators. This chapter gives the detailed description of how the monthly reports can be generated and viewed.

4.1. List of Indicators

The below table provides a list of quality indicators with the detail of its calculation for your reference.

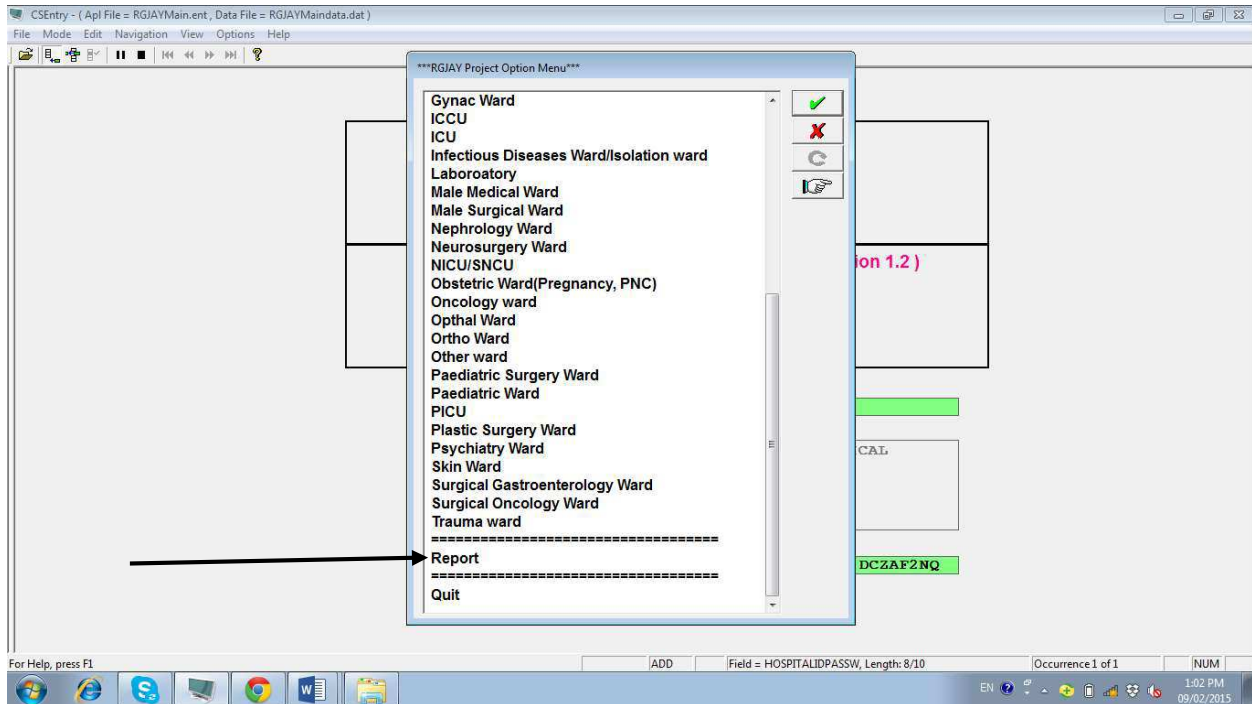
Sr. No.	Section	Indicator Name	Formula
1	Utilization	Bed Occupancy rate	Sum of daily census of patients admitted (measured at 12 midnight) x 100 / Number of operational beds x days in month
2		Average length of stay	Total In patient Days/ Total IPD patients discharged per month
3		LAMA	Total number of patients who left against medical advice *100 / Total number of admissions per month
4		Carried over admissions per bed (COAPB)	(New admissions) – (Discharges +Deaths+ LAMA+ Referrals) / Number of sanctioned beds x No of days in month
5		Call Response time	Total time interval for all call (In minutes)/ Total number of call sent for a month
6	Surgical	% of Cancelled/postponed elective surgeries.	Number of cancelled/postponed elective surgeries *100/ Total no of scheduled elective surgeries per month
7		% of Pre-anesthesia Checks Conducted in Surgeries	# of elective surgeries wherein pre anaesthetic checks conducted in given month X 100 / # of elective surgeries in given month
8		Surgical site sepsis rate	No of SSI for clean operations*100/ Total conducted clean planned major surgeries in month
9		Post-operative complication rate	Number of post-operative complications in planned major surgeries*100 / Total number of planned major surgeries per month
10		% of Complications due to anaesthesia	No. of Complications due to Anaesthesia x 100/ No. of planned and emergency surgeries per month
11		% of Sternotomy Infection	Number of patients undergoing sternotomy (for CABG or valve surgery) per month who developed sternal wound infection*100/ Total no of CABG and Valve surgeries performed per month
12	% of Repeat surgery within 30 days.	Number of patients requiring repeat surgery within 30 days of planned surgeries *100/ No of major planned surgeries for a month	

13		% of Patients undergoing PCNL requiring re-treatment for residual calculi	Number of patients undergoing PCNL per month requiring re-treatment for residual calculi X 100/ Total number of Patients undergoing PCNL per month
14		% of patients undergoing CABG surgery who received a left internal mammary artery graft	Number of CABG patients receiving a left internal mammary artery graft per month*100/ Total no of CABG Surgeries done
15	Deaths	% of Post-operative deaths in Planned Major surgeries	No. of deaths before discharge in planned Major Surgeries x 100/ Total no. of Planned Major surgeries per month
16		% of Post-operative deaths in Emergency Major surgery	No. of deaths before discharge in emergency Major Surgeries x 100/ Total no. of Emergency Major surgeries per month
17		No. of CABG surgery deaths before discharge x 100/ Total no. of CABG surgeries per month	# CABG deaths X 100/ total CABG performed in given month
18		% of patients undergoing valve surgery who died before discharge	No. of Patients undergoing valve surgery died before discharge x 100/ Total no. of Patients who have undergone valve surgery per month
19		% of ICU deaths before discharge	No. of ICU deaths before discharge x 100/ Total no. of ICU admissions per month
20		% of elective surgeries needing blood transfusion	Total number of major elective surgeries required blood transfusion X 100 / Total number of elective major surgeries per month
21		% of SNCU deaths before discharge	No. of SNCU deaths before discharge x 100/ Total no. of SNCU admissions per month
22	Critical care	Average time in minutes taken in STEMI patients for initiating fibrinolytic therapy (clinical note depicting time of starting therapy) after arrival of the patient (Inpatient registration) at the hospital per month	Average time in minutes taken in STEMI patients for initiating fibrinolytic therapy
23		Average time taken to do balloon angioplasty (operative note depicting time of starting therapy) in STEMI patients after arrival of the patient in the hospital(Inpatient registration) per month	Average time taken to do balloon angioplasty

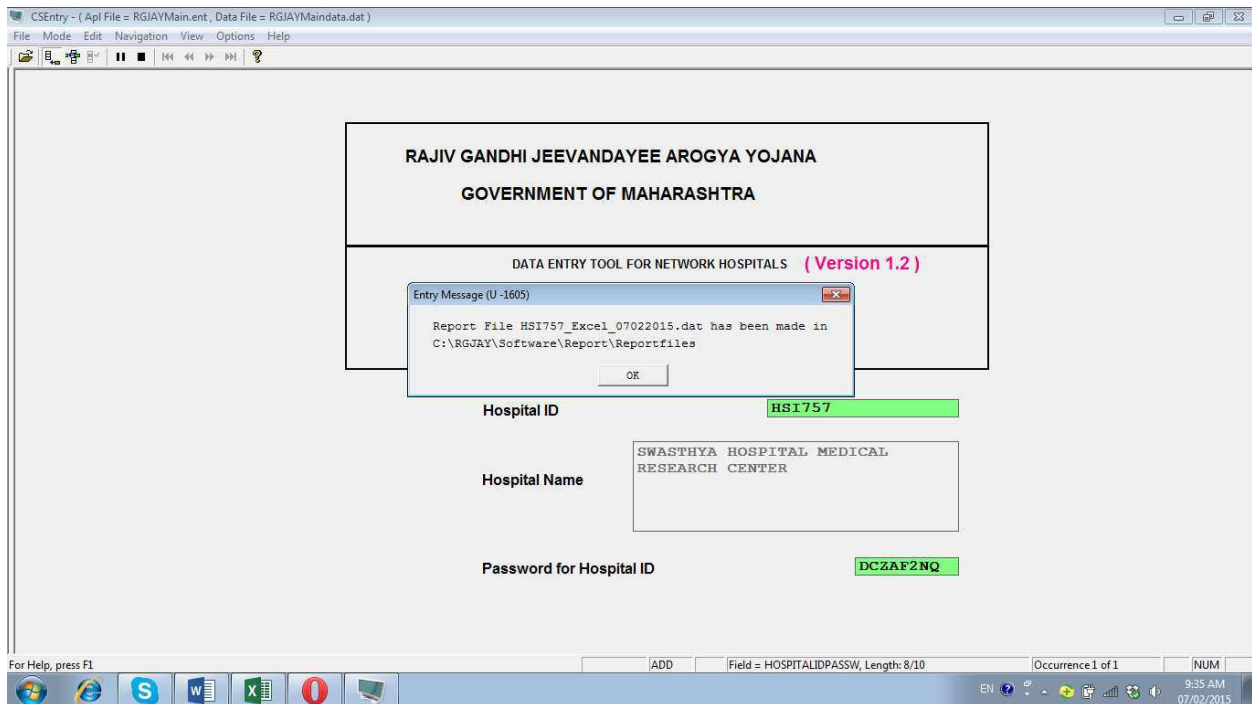
24		Ventilator Associated Pneumonia Rate	Total VAP cases* 1000/ Total ventilator days for the month
25		Rate of Catheter-associated UTI	Total cases of UTI secondary to catheterisation *1000/ Total Foleys catheter days for the month
26		% of Patients of acute coronary syndrome given dual anti platelet therapy and statins	No. of Patients of acute coronary syndrome given dual anti platelet therapy and statins at discharge *100 / Total number Patients of acute coronary syndrome discharged per month
27	Adverse events	% of Drug reactions	Total Drug reactions* 100 / Total No of in patient days per month
28		% of medication errors	Total medication errors in prescribing, transcribing, dispensing and administering the medication per month*100/ Total No of in patient days per month
29		% of Blood transfusion reactions	No of Blood Transfusion reactions*100 / No of Blood Units issued per month
30		% of Health care providers given PEP as per protocol	Total number of health care providers receiving PEP as per protocol per month * 100 / Total number of health care providers reporting needle-stick injury per month
31		# wrong side/ wrong patient surgery	# wrong side/ wrong patient surgery
32	Miscellaneous	Bed turnover rate	Bed Turnover rate = Throughput per bed = (number of Discharges + deaths+ LAMA+ referred out) in a given month / operational beds in that given month
33		Turnaround time for lab investigations haematology examination	The interval between collection of sample and report preparation/ Total number of Haematology, Biochemistry, Serology & body fluid examinations carried out in a month
34		Dental Procedures	Total number of dental procedures apart from scaling and dental extractions/ Total number of dental procedures including scaling and dental extractions
35		Dialysis	Number of dialysis done/ Total number of CRF patients registered for dialysis

4.2 Procedure to generate reports

To generate monthly report of your hospital, click on “Report” in the main menu page. A dialog box is displayed mentioning the file directory where the report has been created and stored in the computer.



Now click on the Report option to generate the report (as viewed in the screenshot below)



When you click on OK the report will automatically be generated at the specified location and the screen will be go off by default.

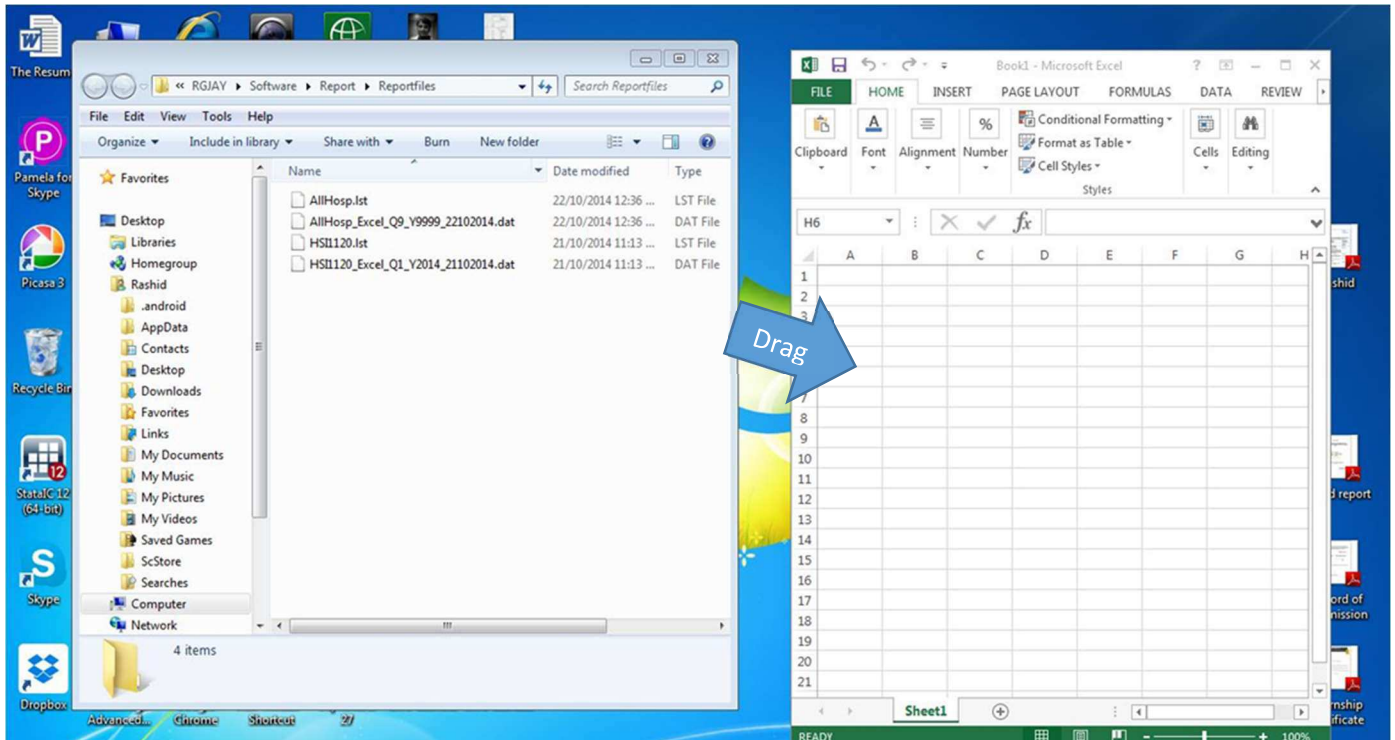
4.3 Procedure to view the report in excel sheet:

The reports generated get stored by default in the “Reportfiles” of RGJAY folder with the file extension .dat.

Step 1: Click on shortcut for the folder named “Reportfiles” placed on desktop. Identify the appropriate file to view. The name of the file will be as follows: HospitalID_Excel_XXXXXXXt.dat

For example, if Hospital ID is HSI1120 and report date is 7 January 2015, then file name would be: **HSI1120_Excel_07022015.dat**

Step 2: Now open a new excel sheet and drag the .dat file to the excel sheet. The report with all the outcome indicators will be automatically fitted in the excel sheet.



Step 3: Save the excel sheet for your records.

4.4. Understanding Report structure:

The excel sheet will display the monthly computed report with, each row representing a particular month of a year and the indicator is represented in the column. This will be the default format.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
1	Hospital ID	Hospital Name	Quarter	Year	Bed Occu	Average L	LAMA	Carried ov	Call Respc	% of canc	% of Pre A	Surgical s	Post operi	% of Comy	% of Sterr	% of Repe	% of Patie	% of patie	% of Post	% of Post	No. of
2	HSI1120	TAWDE HC	1	2014	8.5	2.39	13.03	0.03	5.42	17.68	96.81	133.56	33.51	28.13	138.89	55.05	33.33	220	86.17	78.53	
3																					
4																					

If you want to view in long format, use the Transpose command in Excel as follows.

- Select all filled rows.
- Copy the selected rows
- Open a new sheet in the same workbook
- Right click on first cell, Choose “Paste Special”.
- Choose Transpose option.

Here in this format each row indicates an indicator and each column indicates a particular month of a year.

The screenshot shows a Microsoft Excel spreadsheet titled "transpose sheet - Microsoft Excel". The data is transposed from a source table. The first column (A) contains 11 indicators, and the subsequent columns (B through M) contain numerical values for each indicator. The values in column B correspond to the values in the first column of the source table in the image below.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Hospital ID	HS1757											
2	Hospital Name	SWASTHYA HOSPITAL MEDICAL RESEARCH CENTER											
3	Month												
4	Year												
5	Bed Occupancy rate												
6	Average length of stay												
7	LAMA												
8	Carried over admissions per bed (COAPB)												
9	Call Response time												
10	% of cancelled/postponed elective surgeries												
11	% of Pre Anesthesia Checks Conducted in Surgeries												

Chapter 5. Data Backup and Restore

5.1 Data Backup:

Data backup is to done periodically and systematically to protect your data from loses. Backups are useful primarily for two purposes:

- Disaster recovery: for the recovery of data in the case of accidental breakage of computer.
- Data recovery: To recover information files when they have been deleted or corrupted.

Backup needs to be done on a weekly basis in external hard drive / CD/ Pen Drive or Email. This chapter briefs on the back up procedures. Copy the RGJAY folder from C: Drive and paste it on the destination (External HDD/DVD/Pen drive etc). After copying on destination, rename RGJAY with RGJAY_Date of Backup.

5.2 Data Restore:

The word restore means to return something to its former condition. Data restore comes in picture when you have some need to restore.

Scenario 1: When there is a need to shift data from one computer to other computer.

- Go to the new computer with windows and MS office installed
- Install CPro 6.0
- Install Winzip
- Copy the RGJAY from the old computer from C: drive and paste on new computer's C: drive.
- Make shortcut of RGJAYMain.Pff (Section 2.4)

Scenario 2: When computer is crashed and need to be restored with last backup.

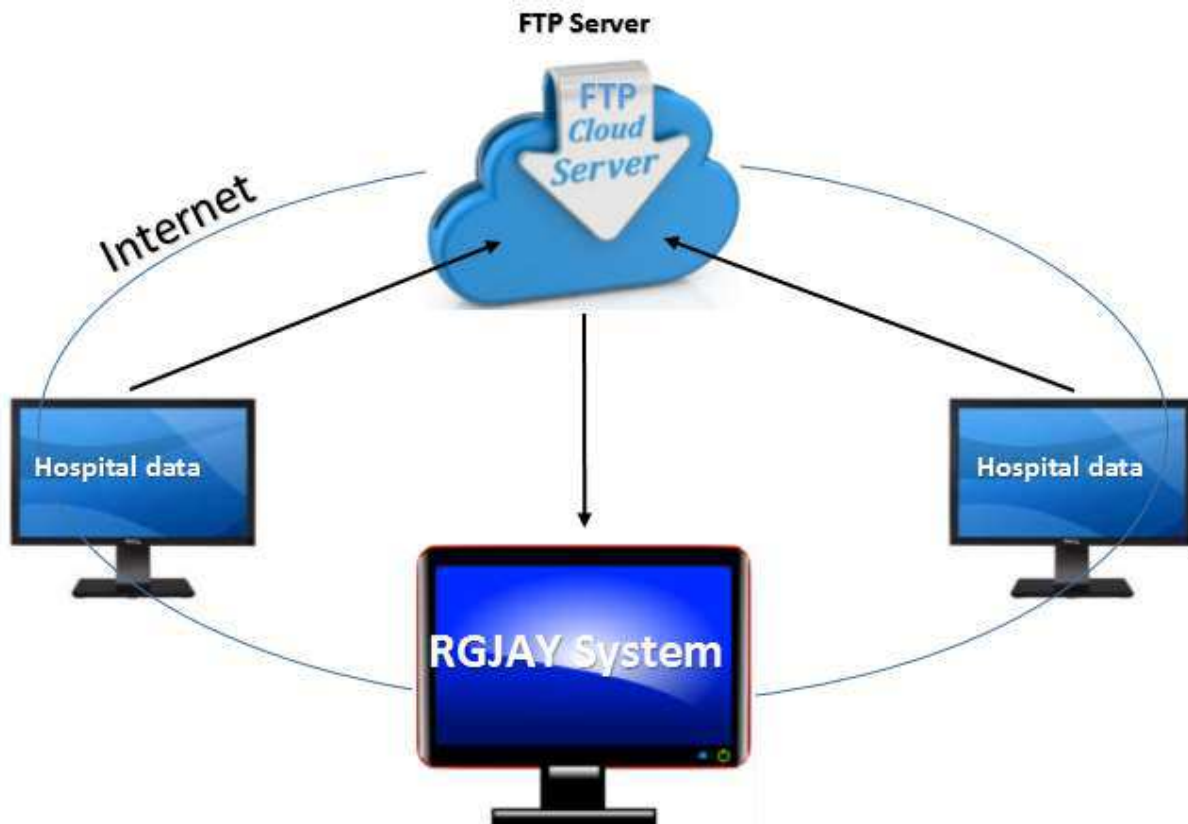
- Choose recent backup folder saved in your external harddrive
- Paste this folder in C: drive
- Remove any date from RGJAY folder name
- Make the shortcut of RGJAYMain.pff if necessary

Chapter 6: Data Transfer from Hospital to monitoring office

The RGJAY is a monitoring unit whose work is to monitor and analysis of data from all the empaneled hospitals of Maharashtra. The data analysis at the centre level is possible only when the database generated information are shared with the RGJAY centre on a regular basis.

6.1 Steps to transfer hospital data:

- You may recall that you created a Hospfile short cut in section 2.4
- Double click on hospfile short-cut on your desktop
- You will always view only one file with .dat extention with your hospital ID. This file contains the ward level data entered by you.
- Copy the file and Log in to FTP system.
- After successful login you will find a place to paste the file



6.2 Troubleshooting in data transfer:

You may find difficulty in transferring data if there is (1) Server downtime (2) Incorrect password (3) Poor Internet connectivity. It may help to try again or in case of persistent problem you may contact RGJAY monitoring office. (Mr/MS XXXXXXXXXXXXXXXXXXXX email: XXXXXXXXXXXXXXXXXXXX, cellXXXXXXXXXXXXXXXXX).