

ABSTRACT

Hospital indicators reflect the workload of hospital and its' performance. Thus most of the hospitals calculate hospital indicators yearly to compare between hospitals and also the wards within a hospital. The studied hospital, Yangon Specialty Hospital was officially opened since 25th August, 2014, showing increasing indicators year after year. This study is a cross-sectional descriptive study and secondary data from Medical Record Department were used and in depth interview with 13 respondents, administers and health care providers from different departments.

Number of inpatients per day (379 is in 2017), number of outpatients per day (374 in 2017), bed occupancy of both available bed (77% in 2017) and sanctioned bed (76% in 2017), average turn-over of patient per bed per year (17 in 2014 to 27 in 2017) were increased yearly. Average turn-over interval (10 in 2014 to 3 in 2017) and fatality rate (40 in 2014 to 35 in 2017) were decrease yearly. Urology ward indicated the highest outpatient indicators (237 in 2017) and Thoracic Surgery ward showed highest inpatient indicators (96 in 2017). Average duration of stay in Thoracic surgery ward is the longest (25 days in 2017). Rheumatology ward had the most frequent turn-over of patient per bed per year indicated most busy ward. Fatality rate is highest in Hepatology ward meaning how severe the cases and nature of liver pathology, but lowest in rheumatology means how chronicity of the disease is in connective tissue disorders. On showing the workload of hospital, doctor patient ratio and nurse patient ratio are increased year after year .Operation theatre was busy mostly because of thoracic surgical cases which were highest case loads and seriousness of the cases. Compare to the hepatobiliary and pancreatic surgical cases which took times to perform operation and essential to get early cases for operable surgery.

Most of the respondents suggested requirement to improve data quality, needed to redesign hospital building more modernize, balancing composition of variety of health care providers. They also said that following things are better to get frequently and sufficient e enough labors, skill training, computer and electronic medical system by using ICD 10 code. This study could help policy maker and Medical Superintendent, in determine how to prioritize the needs and investment so as to improve the data system.