

# "Contribution Towards One Gujarat One Dialysis Program"

## **Submitted To**

Gujarat Mineral Development Corporation Limited – Gramya Vikas Trust (GMDC -GVT)



## **Submitted By**

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January 2025



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Submitted to:	GMDC- GVT
Date:	January 2025

#### Acknowledgment

The successful completion of the GMDC-GVT's "Contribution Towards One Gujarat, One Dialysis Program" implemented under the GMDC-GVT partnership, is a testament to the collaborative efforts and dedication of numerous individuals and organizations. We extend our sincere gratitude to everyone whose support made this initiative impactful and transformative.

First and foremost, we express our heartfelt appreciation to GMDC and GVT for their unwavering commitment to community welfare through visionary Corporate Social Responsibility (CSR) initiatives. Their focus on improving healthcare equity and infrastructure has been instrumental in shaping the success of this program.

We are deeply grateful to Shri Roopwant Singh, IAS, Managing Director of GMDC, and Chairman of GVT, whose strategic vision and guidance have driven the initiative forward. We also acknowledge the invaluable contributions of Smt. Veena Padia, Chief Executive Officer of GMDC-GVT, along with her team, including Smt. Shaila Trivedi and Smt. Shruti Shukla, for their relentless efforts in ensuring the program's seamless implementation.

We extend our gratitude to the district authorities of Kutch and Panchmahal for their collaboration in aligning the initiative with regional healthcare priorities. A special thanks to the staff at the dialysis centres for their dedication to delivering high-quality care and ensuring smooth operations.

We also recognize the active participation and valuable feedback from the patients and local communities in Kutch and Panchmahal. Their insights have been instrumental in evaluating the program's impact and identifying areas for improvement.

Lastly, we are indebted to the Institute of Rural Management Anand (IRMA) for their expertise in assessing the program's outcomes and to the entire research team for their unwavering commitment to excellence in documentation and evaluation.

> Ruchi Mishra (Project Coordinator)

#### **Executive Summary**

The GMDC-GVT's "Contribution Towards One Gujarat, One Dialysis Program" initiative, implemented by GMDC-GVT under its Corporate Social Responsibility (CSR) framework, aims to improve healthcare access for chronic kidney disease (CKD) patients in Gujarat. The program provides dialysis machines to existing healthcare facilities, enhancing the capacity of these centres to deliver life-saving treatments. This study focuses on the initiative's impact at two locations: the Community Health Center (CHC) in Nakhatrana, Kutch district, which received three dialysis machines, and the Sub-District Hospital in Halol, Panchmahal district, which received two machines.

By providing these machines, the initiative has significantly improved access to dialysis services for patients in remote and underserved areas. Many patients, previously forced to travel to distant urban centres for treatment, now receive care locally, reducing financial, physical, and logistical burdens. The initiative has particularly benefited individuals from economically weaker sections, improving their quality of life and health outcomes.

Despite its success, the program faces several challenges. Both centres experience high demand, leading to insufficient availability of machines. Infrastructure gaps, such as the absence of a central oxygen line, shortages of essential medicines, and the lack of patient transport services, limit the program's overall effectiveness. Additionally, there is a need for greater community awareness to ensure more patients can access these services.

In terms of recommendations, we propose specific suggestions separately for two centres. The CHC in Nakhatrana has become a vital healthcare facility for CKD patients in the region, but its current capacity of three dialysis machines is insufficient to meet the growing demand. To address this, additional machines should be installed to reduce patient waiting times and ensure timely treatment. Infrastructure improvements are also essential, including the installation of a central oxygen supply to enhance patient safety during dialysis procedures. Furthermore, awareness campaigns are needed to inform residents across Nakhatrana Taluka about the availability of free dialysis services. These campaigns can be conducted through local healthcare workers, community leaders, and media channels to maximize their reach. Finally, organizing preventive healthcare initiatives, such as health camps focused on CKD awareness and early detection, can help reduce the overall number of patients requiring dialysis in the long term.

The Sub-District Hospital in Halol serves as a crucial healthcare hub for both local patients and those from neighbouring regions like Baroda and Kalol. However, the two dialysis machines provided under the program are inadequate to accommodate the high patient load, necessitating the addition of more machines to meet demand. Addressing critical infrastructure gaps is also important; for example, installing a central oxygen line and ensuring a consistent supply of essential medicines can significantly improve the quality and safety of care. To enhance accessibility, a patient transport service should be introduced, especially for individuals from remote areas. Awareness drives in surrounding villages can further boost the utilization of the facility by informing people about the free dialysis services available. Additionally, regular safety and hygiene audits should be conducted to maintain high standards of care and build trust within the community.

By implementing these district-specific recommendations, the program can effectively address the unique challenges faced by each centre, ensuring better service delivery and improved outcomes for CKD patients.

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#### 1.1 Background

Chronic Kidney Disease (CKD) poses a major health challenge globally and is increasingly becoming a concern in India. Patients often require regular dialysis treatment to manage their condition effectively. However, access to dialysis services is highly limited, especially in rural and underserved areas of the state, resulting in substantial barriers to essential healthcare. These barriers include high costs, inadequate infrastructure, and the significant distance patients must travel to access treatment.

To address these challenges, the GMDC-GVT's "Contribution Towards One Gujarat, One Dialysis Program" was a significant healthcare initiative. This program seeks to bridge the gap in dialysis service accessibility by creating a state-wide network of dialysis centres. GMDC-GVT's combined expertise and resources ensure a structured and impactful approach to addressing the healthcare disparities CKD patients face in Gujarat. Its mission is to ensure that patients in all regions of Gujarat have equitable access to life-saving dialysis treatment regardless of their geographic location. By enhancing healthcare infrastructure and promoting health equity, the program aims to improve the quality of life and outcomes for individuals with CKD.

GMDC's Corporate Social Responsibility (CSR) framework underpins the initiative, while GVT ensures efficient on-ground implementation and engagement with local communities. This partnership model emphasizes sustainability and inclusivity, addressing the needs of both urban and rural populations effectively.

#### 1.2 Objectives of the Scheme

The GMDC-GVT's "Contribution Towards One Gujarat, One Dialysis Program" is designed with the following objectives:

- *Expand Access to Dialysis Services:* Establish a comprehensive network of dialysis centres to ensure CKD patients can access essential treatment close to their homes.
- *Enhance Healthcare Infrastructure:* Strengthen the state's healthcare system by providing state-of-the-art dialysis facilities in both urban and rural areas.

- *Support Patient Well-being*: Improve the quality of life for CKD patients by reducing the physical and financial burden associated with accessing dialysis services.
- *Promote Health Equity:* Address disparities in healthcare access by ensuring that all regions of Gujarat, including underserved and remote areas, have adequate dialysis facilities.
- *Provide Cost-free Quality Care:* Deliver free-of-cost, high-quality dialysis treatment to CKD patients within a 30-kilometer radius of their residence.

#### **1.3 Scope of the Scheme**

The scope of the GMDC-GVT's "Contribution Towards One Gujarat, One Dialysis Program" encompasses the following:

- *Geographic Reach:* The program extends across Gujarat, targeting underserved regions and ensuring coverage within 30 kilometres of patients' homes.
- *Infrastructure Development:* Establishment of nine dialysis centres equipped with 27 haemodialysis (HD) machines. These centres are strategically located at the Taluka level near GMDC's operational areas to maximize accessibility.
- *Collaboration and Funding:* Implemented as part of GMDC's CSR initiative, the program ensures robust funding and operational support to maintain the centres. GVT's role includes local community engagement, operational efficiency, and patient-centric delivery.
- *Patient-Centric Approach:* The scheme prioritizes patient needs, focusing on accessibility, affordability, and quality of care.

#### 1.4 Key Highlights of the Scheme

- *Free Dialysis Services:* Patients are provided with dialysis treatment entirely free of cost, alleviating financial burdens associated with CKD management.
- *Strategic Placement of Centres:* Dialysis centres are located within a 30-kilometer radius of patients' residences, reducing travel and logistical challenges.
- *Comprehensive Network:* A total of nine dialysis centres, equipped with 27 haemodialysis machines, have been established under the program.
- *Focus on Rural and Underserved Areas:* The initiative specifically targets regions with limited access to advanced healthcare services, ensuring equitable healthcare distribution.

• *Support for Sustainable Healthcare:* By building a sustainable infrastructure, the program contributes to long-term improvements in healthcare access and patient outcomes.

This chapter outlines the methodology for assessing the impact of the GMDC-GVT's "Contribution Towards One Gujarat, One Dialysis Program". A qualitative approach was adopted to provide an in-depth understanding of the program's impact and effectiveness. The analysis relied on primary data collected through semi-structured interviews with stakeholders, including dialysis technicians and patients, to gather insights into operational efficiency and patient experiences. Additionally, the authorities provided secondary data to complement the qualitative findings. This data primarily included aggregated information about patient demographics and service utilization, which helped contextualize the program's reach and effectiveness.

#### 2.1 Study Region

The study was conducted in the Kutch and Panchmahal districts of Gujarat, where GMDC conducts its mining activities. These districts were chosen for their distinct geographical and socio-economic characteristics, which provided a diverse background for assessing the impact of the GMDC-GVT's "Contribution towards One Gujarat One Dialysis program".

Kutch District: Known for its vast arid landscape and sparse population, Kutch faces significant challenges in healthcare accessibility. The remote rural areas and limited healthcare infrastructure make it difficult for residents to access specialized services like dialysis. The district's socio-economic conditions further compound these challenges, with a significant portion of the population depending on agriculture and daily wage labour.

Panchmahal District: In contrast, Panchmahal features a mix of semi-urban and rural areas, with relatively better connectivity and healthcare facilities. However, access to advanced medical services like dialysis remains a concern for many residents, particularly those from economically weaker sections or remote villages. The district's population comprises diverse socio-economic groups, offering a contrasting perspective to that of Kutch.

By focusing on these two regions, the study aimed to evaluate the GMDC-GVT's "Contribution Towards One Gujarat, One Dialysis Program" effectiveness in addressing the unique healthcare challenges posed by the distinct geographical and socio-economic contexts of Kutch and Panchmahal.

The figures below show the map of Gujarat, pinpointing Kutch and Panchmahal where the study was conducted.



Fig 2.1: Study Region

#### 2.2 Sampling and Data

A purposive sampling method was used to gather insights from stakeholders directly involved in the program's implementation and utilization to assess the impact of the 'One Gujarat, One Dialysis' program. The sample included Dialysis Technicians, who are healthcare professionals responsible for the operation of dialysis services. They are selected to provide operational insights and identify challenges. We also interviewed patients, who were undergoing dialysis treatment, to gather first-hand accounts of their experiences, including accessibility and quality of care.

Parameter	neter Location			
District	Bhuj	Panchmahal		
Number of Interviews	1	4		
Number of Technician	1	1		
Number of Patients	0	3		
Duration	15-20 Minutes	20 Minutes		

#### Table 2.1 Respondents Profile

#### 2.3 Source of Data

• *Primary Data:* Semi-Structured Interviews (SSIs) were conducted with dialysis technicians to explore operational aspects such as equipment adequacy, service delivery challenges, and patient management. SSIs with patients focused on their experiences with the program, the accessibility of services, and their level of satisfaction.

Also, the researcher conducted direct observations at dialysis centres in Kutch and Panchmahal. These observations provided critical insights into the operational realities of the program. Key areas observed included, functioning and maintenance of dialysis equipment, patient flow, and waiting times. Interaction between staff and patients. Hygiene and infection control measures. Overall infrastructure and resource adequacy.

• *Secondary data*: Data provided by the authorities in the form of patient records is used to verify the patient details. The data provided by hospital authorities included monthly records of patients visiting the dialysis centres. This dataset offered quantitative insights into service utilization trends, recurring patient visits, and the demographics of those availing of the services.

By incorporating semi-structured interviews, direct observations, and secondary data, the methodology captured both qualitative and quantitative dimensions of the program's impact. This integrated approach enabled the study to provide a detailed evaluation of the program's effectiveness, identify key challenges, and suggest actionable recommendations for improvement.

#### 2.4 Purpose of the Chosen Methods

The multi-method approach was selected to capture stakeholders' subjective experiences and objective metrics of program performance. SSIs allowed technicians to share operational challenges and success stories, while researcher observations added context and depth to the

findings. The inclusion of secondary data provided a quantitative dimension to the assessment, enabling the identification of the demography of the beneficiaries. Together, these methods ensured a comprehensive evaluation of the program's impact.

#### 2.5 Data Analysis

The collected data was analysed through a systematic process:

- *Qualitative Analysis:* Interview responses and observational notes were transcribed and coded to identify recurring themes related to service delivery, patient satisfaction, and program efficiency. Emerging themes were categorized into broader areas such as operational challenges, patient outcomes, and areas for improvement.
- *Quantitative Analysis:* The patient visitation data was analysed to examine the demography of the patients. Patterns identified in the data were cross-referenced with qualitative findings to ensure consistency and validity.

#### 2.6 Limitations of the Study

- *Limited Scope of Observation:* Direct observations were restricted to specific centers and may not represent the operational realities across all facilities under the program.
- *Dependence on Secondary Data:* The analysis relied on data provided by the program authorities, which could include inaccuracies or omissions.
- *Subjectivity in Observation:* Researcher observations, while insightful, may carry inherent subjectivity, potentially influencing the interpretation of findings.
- *Sample Size of Interviews:* The study included only a limited number of dialysis technicians for interviews, which may not fully capture the diversity of experiences across different centres.

### **Chapter 3: Data Analysis and Findings**

#### 3.1 Location Kutch

Under the GMDC-GVT's "Contribution Towards One Gujarat, One Dialysis Program" a study was conducted at the Community Health Center (CHC) in Nakhatrana, located in the Kutch district. This program provides essential dialysis services, with three machines supplied to the centre to address the healthcare needs of patients requiring renal care. The study aimed to evaluate the program's effectiveness and identify areas for improvement through a qualitative approach.

SSIs were carried out with the dialysis technician working at the facility to gain deeper insights into the program's implementation, its challenges, and its impact on the community.



#### **3.1.1 Thematical Analysis**

Figure 3.1 Picture taken During SSIs

• *Infrastructure and Equipment Support:* The dialysis centre at the CHC Nakhatrana has been a transformative addition to the region's healthcare landscape. Established two years ago, it operates with three dialysis machines provided by GMDC-GVT, significantly enhancing access to life-saving treatments for patients within the taluka. This facility has reduced the reliance on distant urban centres, ensuring that patients receive timely and convenient care closer to home. As the demand for dialysis services continues to grow, the

existing infrastructure presents an excellent foundation that can be further expanded to cater to an increasing number of beneficiaries, reflecting the program's potential for sustained positive impact. *This was evident in a respondent's statement: "Our centre received three machines two years ago from GMDC-GVT. These machines have helped us train more individuals effectively, but we still face issues like maintenance and the need for additional equipment to meet growing demands".* 

- Geographical Reach and Coverage: The program ensures coverage for villages within Nakhatrana Taluka, demonstrating a commitment to regional inclusivity. By situating the facility within CHC Nakhatrana, access to healthcare services has improved for a population spread across a large rural area. This setup aims to reduce the travel burden and associated costs for patients, a key consideration in rural healthcare planning. *This was reflected in a participant's response: "The hospital covers all the nearby villages that come under Nakhtrana taluka"*.
- Enhancing Community Awareness: The dialysis center at CHC Nakhatrana has the potential to transform healthcare access for the community. However, there is an opportunity to further amplify its impact by increasing awareness among residents about the facility and its services. Strengthening communication and outreach efforts can ensure that more patients are informed about the life-saving treatments available to them locally. By bridging this awareness gap, the center can reach its full potential, providing critical care to those in need and maximizing its positive impact on the community. This was reflected in a participant's response: "Most of the people in nearby villages are not aware of the dialysis services provided at the center".
- Addressing Growing Demand with Capacity Expansion: The dialysis center at CHC Nakhatrana has become a vital healthcare resource, reflecting the community's trust and reliance on its services. The increasing demand for dialysis highlights the center's success and the essential role it plays in meeting medical needs locally. With three machines currently in operation, there is a promising opportunity to expand the facility's capacity to accommodate more patients promptly. Scaling up the infrastructure will not only ensure timely care for all but also strengthen the center's ability to cater to the growing healthcare needs of the population, enhancing its impact and sustainability. This was reflected in a participant's response: "Many a times we have more patients but due to limited machines the patients have to weight and sometimes we have to overtime after our shifts over".

#### 3.1.2 Impact of the Study

- *Improved Healthcare Access*: The dialysis centre at CHC Nakhatrana has significantly improved healthcare accessibility for patients in the taluka and surrounding villages. By reducing dependency on urban centres, the facility provides life-saving treatments locally, alleviating the financial and logistical burden of travel for rural patients.
- *Regional Inclusivity*: The program ensures access to dialysis services for a geographically dispersed population within Nakhatrana Taluka. This inclusive approach demonstrates a commitment to improving healthcare equity and reducing disparities in rural areas.
- *Foundation for Future Growth*: The study highlights the centre's success in addressing the immediate healthcare needs of the community. The existing infrastructure, including the three dialysis machines provided by GMDC-GVT, serves as a solid foundation for scaling up operations to meet increasing demands.
- *Increased Awareness of Program Potential*: The study has shed light on the positive impact of the facility and the need to strengthen outreach efforts. By identifying gaps in community awareness, it sets the stage for targeted communication strategies to maximize the centre's utilization and impact.
- *Enhanced Community Trust*: The feedback from patients reflects high levels of satisfaction with the services, underscoring the centre's role as a trusted healthcare resource in the region. This trust is pivotal in fostering long-term engagement with the facility.

#### 3.1.3 Limitations of the Project

- *Demand-Supply Mismatch*: The centre currently operates with three dialysis machines, which are insufficient to meet the growing demand. Delays in accommodating patients highlight the need for capacity expansion to address the increasing patient load effectively.
- *Community Awareness Gap*: Despite the facility's presence, a significant portion of the population remains unaware of the available services. This lack of awareness limits the centre's utilization and reduces its potential impact on improving healthcare access.
- *Infrastructure Constraints*: While the existing infrastructure is functional, it is not adequate to handle the rising demand. Additional machines, staff, and other resources are necessary to ensure smooth operations and reduce patient wait times.

#### **3.2 Location Panchmahal**

Under the GMDC-GVT's "Contribution Towards One Gujarat, One Dialysis Program" a study was conducted at the Sub-District Hospital in Halol, located in the Panchmahal district. The program aims to provide essential dialysis services to patients in need, with two dialysis machines supplied to the facility. The primary objective of the study was to assess the effectiveness of the program and identify areas that require improvement through a qualitative approach.

To gain a deeper understanding of the program's implementation and its impact, semistructured interviews (SSIs) were conducted with the dialysis technician. These interviews provided valuable insights into the operational challenges and the effectiveness of dialysis services. Additionally, interviews with patients were conducted to understand their experiences and gather feedback on the quality of care they received. This combination of perspectives helped to evaluate the program's success and uncover potential areas for further enhancement.

#### Thematic analysis

- Infrastructure and Equipment Limitations: The dialysis centre currently operates with six machines, three of which were provided by GMDC-GVT. Despite these resources, the facility faces significant limitations due to the high demand for dialysis services. With 11-12 patients requiring treatment daily and 25 registered patients, the current infrastructure is insufficient to meet the growing demand. The shortage of machines recently led to patients being turned away, underscoring the need for immediate expansion. This highlights the ongoing gap between the available resources and the demand for life-saving treatments. This was reflected in a participant's response: "In our lab, there are six machines, out of which two are provided by GMDC-GVT. Currently, we have 25 patients, and due to the limited number of machines, we sometimes have to deny patients dialysis."
- Increased Demand and Regional Importance: The centre's patient base is not limited to the local area but extends to patients from neighbouring regions like Baroda and Kalol. This indicates that the facility is a crucial healthcare hub for a broader geographical area, underscoring its importance in providing essential dialysis services. The rising demand for dialysis reflects the centre's vital role in the region, making it imperative to enhance its capacity to accommodate more patients. This was reflected in a participant's response: "There are patients who come from nearby villages and some who come from Vadodara."

- *Operational Challenges:* The center's operation in two shifts helps manage the workload, but it is still struggling to meet the needs of all patients. The requirement for dialysis three times a week, with each session lasting four hours, adds to the strain on the center's resources and staff. Despite operating at full capacity, the center's infrastructure remains inadequate to handle the increasing number of patients. This operational challenge emphasizes the need for additional resources and infrastructure to improve service delivery and ensure continuous, timely care. *This was reflected in a participant's response: "As of now, we have only six machines, and it is not adequate as the number of patients is increasing."*
- *Safety and Accessibility Issues:* Two major infrastructural gaps were identified that affect the quality of care and patient access. The lack of a central oxygen line is a critical safety issue, as it is vital for the effective and safe operation of dialysis. Similarly, the absence of a patient transport van is a significant barrier to access, especially for patients from surrounding villages. These issues not only hinder the smooth operation of the facility but also limit patient accessibility, which could negatively impact the timely delivery of care. *This was reflected in a participant's response: "We don't have a central oxygen line in the lab, and it is very crucial in case of emergencies. Also, it would be better if we had a van for patients from nearby villages."*



Figure 3.2 Picture taken during SSIs.



Figure 3.3 Picture taken during Interaction with the beneficiaries.

#### 3.2.2 Patients' Interviews

Three interviews were conducted at the dialysis centre in Panchmahal to gather the personal experiences of patients receiving dialysis services at the centre.

- *Respondent 1:* Respondent originally from Uttar Pradesh, currently resides in Halol. He has been visiting the dialysis centre in Halol for the past two years. Before this, he had to travel to Baroda for his dialysis sessions, a routine he maintained for four years. The establishment of the dialysis centre in Halol has been a significant relief for him, saving both his time and effort. He expressed great satisfaction with the services provided at the Halol centre. He remarked, "Earlier, I had to travel to Baroda for dialysis, but now, with the centre in Halol, I can receive my treatment locally, which has made things much easier for me." He emphasized his happiness and contentment with the quality of care he received at the centre.
- *Respondent 2:* Respondent, another patient from Uttar Pradesh, has been availing dialysis services at the Halol centre for the past year. She shared that her experience with the centre has been positive, with treatments being administered on time. And she is highlighted the

importance of receiving timely care, which she consistently experiences at this facility. Her brief yet affirmative feedback underscores her trust in the centre's services.

• *Respondent 3:* Another Respondent a resident of Halol, has been receiving dialysis at the Halol centre and appreciates the quality of care provided. However, he mentioned a critical concern regarding the availability of medicines at the hospital. He pointed out that there is often a shortage of essential medical stock required for treatment, which impacts the overall effectiveness of the services. While he values the centre's efforts, respondent suggested addressing the issue of medicine availability to ensure uninterrupted and comprehensive care for all patients.

Interviews with dialysis patients at the Halol Center reveal a high level of satisfaction with the services, particularly regarding the convenience and timely treatment provided. Many patients emphasized the significant improvement in their quality of life due to access to local facilities, reducing the need for long and costly travel. However, some concerns, such as the shortage of medicines raised by patients, require immediate attention to enhance the quality of care and address service gaps effectively findings from the respondents.

#### 3.2 Secondary Data Analysis

Based on the data provided by the hospital authorities, a descriptive analysis was done to gain a deeper understanding of the patients' demographics, including their age and geographic distribution to better assess the factors that may influence their access to and utilization of dialysis services. Additionally, the inflow of patients to the centre was analysed to identify trends of patient admissions over time, providing further insight into the demand for dialysis services at the centre.

#### Kutch District: (Community Health Center, Nakhatrana)

According to secondary data provided by hospital authorities, the Community Health Center in Nakhatrana, Kutch district, where GMDC-GVT has installed three dialysis machines, sees a steady flow of 5 to 8 patients daily for dialysis treatment. Each dialysis session typically lasts around four hours. Most patients accessing these services are above the age of 45 and belong to low socio-economic backgrounds. This indicates that the centre has become a vital healthcare resource for individuals who previously might have struggled to access affordable and timely dialysis treatment in this remote area. The data reflects the centre's critical role in meeting the needs of vulnerable populations in the region.

#### • Panchmahal District:( Sub-District Hospital, Halol)

The secondary data from the Sub-District Hospital in Halol, Panchmahal district, reveals that the dialysis service currently caters to 25 patients from nearby villages. These patients represent a broad age group, with some below 30 years old and the majority being over 50 years of age. All the patients come from economically weaker sections of society, highlighting the importance of this service in addressing healthcare inequities. By offering affordable and accessible dialysis treatment, the centre has significantly reduced the burden on patients who would otherwise face challenges in obtaining such essential care. This underscores the hospital's role in improving the quality of life for individuals from underserved communities.

#### **3.2.3 Patients feedback**

#### • Patient Feedback 1:

A patient receiving dialysis at the centre in Panchmahal district expressed their gratitude for the timely services provided. They mentioned that previously, traveling to other locations for dialysis was both time-consuming and financially burdensome. The availability of these services locally has made a significant difference in their life, offering convenience and muchneeded relief. They emphasized their appreciation for the center's effort in making this lifesaving procedure accessible and efficient.

#### • Patient Feedback 2:

Another patient highlighted the well-organized and systematic process of dialysis at the center. They commended the staff's punctuality and cooperative nature, which has greatly enhanced their experience. Before the centre's establishment, they had to travel to Baroda for dialysis, which was not only exhausting but also involved substantial travel expenses. Now, with the services being closer to home, they find it much easier to manage their treatment, which has brought them immense relief and satisfaction.

#### • Patient Feedback 3:

A third patient shared their positive experience with the dialysis center, noting that the services are consistently delivered on time. They were particularly appreciative of the courteous and supportive behaviour of the staff. The availability of such services locally has brought them joy and reduced the stress associated with frequent travel for medical care. They expressed

their happiness and gratitude for the quality of care and the convenience the center has brought into their lives.

#### **3.3 Impact of the program**

- Increased Accessibility to Dialysis Services: The giving of Haemodialysis machines in centre under the "One Gujarat, One Dialysis" initiative, such as the Sub-District Hospital in Halol and the Community Health Center in Nakhatrana, has significantly enhanced access to essential dialysis services. Patients from underserved and rural regions no longer need to travel long distances to urban centers like Baroda, saving time, effort, and money.
- *Improved Quality of Life*: The availability of local facilities has eased the physical and financial burden on patients, particularly those from economically weaker sections. Patients have expressed satisfaction with the timely services, systematic processes, and cooperative staff, all of which contribute to a better quality of life.
- Regional Healthcare Hub Development: The Sub District Hospital Panchmahal and the Community Health Center in Nakhatrana are serving not just local communities but also patients from neighbouring regions. This highlights the program's regional importance, positioning these centres as crucial healthcare hubs in their respective areas.
- *Targeted Support for Vulnerable Populations*: A significant proportion of beneficiaries are individuals over the age of 45 and from low socio-economic backgrounds. This indicates that the program effectively addresses healthcare inequities by focusing on the needs of vulnerable populations.

#### 3.3 Limitations and Challenges

- *Infrastructure Deficiencies*: Despite the provision of dialysis machines, the infrastructure in both centres is insufficient to meet the growing demand. The Halol centre, for instance, operates six machines and accommodates 11-12 patients daily, but it is still unable to cater to all patients, leading to some being turned away. This reflects an urgent need for the expansion of capacity.
- *Medicine Shortages*: Patients at the Halol Sub-district Hospital center have raised concerns about the frequent unavailability of essential medicines required for dialysis. *Operational Strain*: With dialysis requiring three sessions per week for many patients, the current schedule places significant strain on staff and resources. Operating in two shifts at full capacity is still inadequate to address the demand, highlighting the need.

• *Safety and Accessibility Barriers*: Two critical gaps in infrastructure—lack of a central oxygen line and a patient transport van—affect both the quality of care and patient accessibility. These shortcomings pose safety risks and make it difficult for patients from remote villages to access timely treatment, potentially undermining the program's objectives.

#### 4.1 Conclusion

GMDC-GVT's "Contribution Towards One Gujarat, One Dialysis Program" initiative has significantly advanced access to life-saving dialysis services in rural and underserved regions of Gujarat. By establishing centres in strategic locations like Nakhatrana in Kutch and Halol in Panchmahal, the program has alleviated the logistical and financial burdens of CKD patients while fostering health equity. However, there are critical areas that require enhancement to ensure the initiative's long-term effectiveness and sustainability.

#### 4.1.1 Kutch District

The dialysis centre at CHC Nakhatrana has become a cornerstone of healthcare delivery in the taluka. With three machines provided under the program, the facility has enabled local patients to access timely dialysis services without traveling to urban centres like Bhuj. This has been particularly beneficial for patients from low socio-economic backgrounds. Despite this success, the rising demand for dialysis services highlights a pressing need for capacity expansion, as the current infrastructure struggles to cater to the growing number of patients.

#### **4.1.2: Panchmahal District**

The dialysis centre at the Sub-District Hospital in Halol has established itself as a regional healthcare hub, serving not only local patients but also those from neighbouring areas like Baroda and Kalol. Patients appreciate the availability of timely, quality care and have expressed satisfaction with the staff's supportive and cooperative nature. However, challenges such as limited infrastructure, shortages of essential medicines, and insufficient safety measures like a central oxygen line and transport facilities hinder the centre's ability to meet the growing patient load effectively. Overall, the initiative has succeeded in laying the groundwork for equitable healthcare access across Gujarat. However, addressing gaps in infrastructure, operational capacity, and community awareness is essential to fully realize the program's potential and sustain its positive impact.

#### 4.2 Recommendations

#### 4.2.1. Kutch District (CHC Nakhatrana)

- *Capacity Expansion:* 
  - To address the increasing demand for dialysis services, it is crucial to install additional dialysis machines at CHC Nakhatrana. Currently, with only three machines in operation, the facility struggles to accommodate all patients in a timely manner, leading to potential delays in treatment.
- Awareness Campaigns:
  - Community Outreach: It is essential to conduct comprehensive awareness drives across the villages in Nakhatrana Taluka to inform the local population about the free dialysis services available at the centre. Educational sessions can also be held in local gatherings to explain how individuals can access dialysis services and who qualifies for them.
  - Use of Media: Utilizing local media channels, such as radio, newspapers, and posters, can significantly increase the visibility of the centre's services.

#### 4.2.2: Panchmahal District: (Sub-District Hospital, Halol)

- Infrastructure Enhancement:
  - *Central Oxygen Line*: Install a centralized oxygen supply system to enhance patient safety during dialysis procedures. This is crucial for handling emergencies and ensuring the safe operation of dialysis machines.
  - *Expand Dialysis Capacity*: Increase the number of dialysis machines to cater to the rising patient demand and minimize delays.
- *Regional Outreach*:
  - Transport Facilities: Introduce patient transport vans to facilitate easy access for individuals from remote areas and neighbouring talukas.
- Safety and Hygiene Upgrades:
  - Conduct regular audits to ensure that safety protocols and hygiene standards are consistently met. Address identified gaps promptly to maintain trust in the centre's services.

#### 4.3 General Recommendations for the Program

- Data-Driven Planning:
  - Demand Forecasting: Use patient data to predict future demand and allocate resources efficiently across dialysis centres.
  - *Resource Optimization*: Ensure that all centres are adequately equipped based on the volume of patients and geographical reach.
- Sustainability Measures:
  - Long-Term Funding: Develop a comprehensive funding strategy to sustain the program, involving partnerships with NGOs, private organizations, and government agencies.
  - Public-Private Collaboration: Engage private healthcare providers to expand the reach and quality of dialysis services.
- *Preventive Healthcare*:
  - *CKD Prevention Programs*: Incorporate education on healthy lifestyles, early detection, and management of risk factors like hypertension and diabetes into the program. Preventive care can significantly reduce the incidence of CKD in the community.
- *Monitoring and Evaluation*:
  - *Regular Assessments*: Conduct periodic evaluations of each centre to identify gaps, monitor progress, and implement necessary improvements.
  - *Feedback Mechanisms*: Create a formal system to collect feedback from patients and staff to ensure continuous quality improvement.

By addressing the unique challenges faced by the centres in Kutch and Panchmahal and implementing these location-specific and general recommendations, the GMDC-GVT's "Contribution Towards One Gujarat, One Dialysis Program" initiative can strengthen its impact, ensuring sustainable, equitable, and high-quality healthcare access across Gujarat.

### **Appendix 1: Questionnaire for SSIs for Lab Technician**

One Gujarat One Dialysis: In-Depth Interview Questionnaire

#### **Section 1: General Information**

#### **Background Information:**

- Can you tell us about your role and involvement in the "Contribution Towards One Gujarat One Dialysis Program" initiative?
- 2. How long have you been associated with this program?

Program Awareness:

#### Section 2: Access to Dialysis Services

#### **Availability of Services:**

- 1. What is the process for enrolling patients in the program?
- 2. How easily accessible are the dialysis centres for patients in rural and urban areas?
- 3. Are there enough dialysis machines and trained staff to meet patient needs?

#### **Frequency and Timeliness:**

- 1. How often do patients receive dialysis under this program?
- 2. Are there delays or waiting lists for treatment?

#### **Transportation and Logistics:**

- 1. What support is provided for patients who live far from the dialysis centers?
- 2. Are transportation costs covered or subsidized under the program?

#### Section 3: Quality of Care

#### **Medical Standards:**

- 1. What protocols are followed to ensure the quality of dialysis treatment?
- 2. Are there regular maintenance checks for the dialysis machines?

#### **Patient Experience:**

- 1. What feedback have you received from patients regarding the quality of care?
- 2. Are there any recurring complaints or concerns?

#### **Staff Expertise:**

- 1. Are the staff well-trained and equipped to handle complications during dialysis?
- 2. Are there any additional training programs conducted for the staff?

#### Section 4: Program Impact

#### **Patient Outcomes:**

- 1. Have you observed any improvements in patients' health and well-being since the program began?
- 2. Are patients able to manage their daily lives better with regular dialysis?

Community Awareness:

- 1. Are people in the community aware of this program?
- 2. What measures have been taken to increase awareness about kidney health and dialysis services?

#### **Section 5: Challenges and Recommendations**

#### **Operational Challenges:**

- What are the main challenges faced in implementing the "Contribution Towards One Gujarat One Dialysis Program"?
- 2. initiative?
- 2. How do you address issues like equipment shortages or staff unavailability?

#### **Financial Challenges:**

- 1. Is the funding for the program adequate to meet patient demands?
- 2. Are there any gaps in financial assistance for patients?

#### **Suggestions for Improvement:**

- 1. What improvements would you recommend making the program more effective?
- 2. How can the government or other stakeholders provide better support?

#### Section 6: Stakeholder Collaboration

#### **Partnerships and Coordination:**

What additional steps can be taken to enhance its impact?

- 1. What is your Name?
- 2. Where are you from?
- 3. Have you got the service on time?
- 4. How has this program benefitted you?
- 5. What suggestion would you give to improve this program?

## **Appendix 3: Feedback from the Patients**

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નં       ૧     ટેક્નીશિયનની ત       ૨     ડાયાલિસીસ વિષ       ૩     ડાયાલીસીસ સા       ૪     ડાયાલીસીસ સા       નં        ૧     તમે બોલાવો ત્ય       ૨     તમારા પ્રશ્નોનો       ૩     ડાયાલીસીસ સેટ       ૪     ઈપીઓ ઇન્જેક્શ       ૫     ડાયાલીસીસ ટેક-	વિગત તમારા પ્રત્યેની દેખ-રેખ ભાગમાં સ્ટાફની શિસ્તત ભાગની સ્વછતા ધનોની સ્વચ્છતા શેરે સ્ટાફ તરત હાજર થા સંતોષકારક જવાબ મળે ટ નો ઉપયોગ એક દર્દીમાં શન નિયમિતપણે રિપોર્ટને નીશીયન અને સ્ટાફ ફરજ	વિગત ય છે? છે? ં એક જ વખત થાય છે? ને આધારે આપવામાં આવે છે? ૪ દરમ્યાન પાન-મસાલા જેવું ક	ઉત્તમ ઉ <i>ત્તમ</i> ઉ <i>ત્તમ</i> ઉ <i>ત્તમ</i> ઉ <i>ત્તમ</i> (ઉ <i>ત્તમ</i> ) (ઉ <i>ત્તમ</i> )	મધ્યમ - - - - is હોય ત્યારે) ન કરે છે?		
ન       ૧       ૨       ૩       ૨       ૩       ૩       ૩       ૩       ૩       ૩       ૩       ١       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠       ٠    <	વિગત મમારા પ્રત્યેની દેખ-રેખ ભાગમાં સ્ટાફની શિસ્તત ભાગની સ્વછતા ધનોની સ્વચ્છતા શે સ્ટાફ તરત હાજર થા સંતોષકારક જવાબ મળે ર નો ઉપયોગ એક દર્દીમાં શન નિયમિતપણે રિપોર્ટને નીશીયન અને સ્ટાફ ફરજ સેવાઓુની બાબત્માં આ	વિગત ય છે? છે? ં એક જ વખત થાય છે? i આધારે આપવામાં આવે છે? ૪ દરમ્યાન પાન-મસાલા જેવું ક પપનµત્રફથી જૂરૂર સૂચનો, તુમ	ઉત્તમ ઉ <i>ત્તમ</i> ઉ <i>ત્તમ</i> ઉ <i>ત્તમ</i> ઉ <i>ત્તમ</i> (વિભાગમાં પૂરતો સ્ટો કોઇ પણ પ્રકારનું વ્યસન્ ધારા અનુભવો વગેરે ની	<u>મધ્યમ</u> - - - ોક હોય ત્યારે) ન કરે છે? ચિ જણાવો.		
नं       १     टेडनीशियननी त       २     ऽायाखिसीस विष       ३     ऽायाखीसीस विष       ४     ऽायाखीसीस सा       नं        १     तमे ओखावो त्य       २     तमारा प्रश्नोनो       ३     ऽायाखीसीस सेट       ४     ऽायाखीसीस सेट       ४     ऽायाखीसीस सेट       ४     ऽायाखीसीस टेडन       ३     ऽायाखीसीस टेडन       ३     ऽायाखीसीस ने बजती ः       ३     ऽायाखीसीस ने बजती ः	વિગત મમારા પ્રત્યેની દેખ-રેખ ભાગમાં સ્ટાફની શિસ્તત ભાગની સ્વછતા ધનોની સ્વચ્છતા પારે સ્ટાફ તરત હાજર થા સંતોષકારક જવાબ મળે ર નો ઉપયોગ એક દર્દીમાં શન નિયમિતપણે રિપોર્ટન્ નીશીયન અને સ્ટાફ ફરજ સેવાઓની બાબતમાં આ <i>ઉપડા પ્રેટ્ના જી</i>	વિગત 4 છે? . છે? . છે? . એક જ વખત થાય છે? તે આધારે આપવામાં આવે છે? ૪ દરમ્યાન પાન-મસાલા જેવું ક પાના તરફથી જરૂર સૂચનો, તમ બનવા બનવા હતું છે.	ઉत्तम       G न भ       G न भ       G न भ       G न भ       G न भ       G न भ       G न भ       G न भ       G न भ       G न भ       G न भ       (विભाગમાં પૂરતો સ્ટो       કોઇ પણ પ્રકારનું વ્યસન્       મારા અનુભવો વગેરે ન       જ સા	<u>મધ્યમ</u> - - - ોક હોય ત્યારે) ન કરે છે? ચિ જણાવો.		
नं       १     टेडनीशियननी त       २     उायाबिसीस वि       ३     उायाबीसीस वि       ४     उायाबीसीस सा       नं        १     तमे जोबावो त्य       २     तमारा प्रश्नोनो       ३     ऽायाबीसीस सेट       ४     ठायाबीसीस सेट       ४     ठायाबीसीस देड       ४     ऽायाबीसीस टेड       १     ऽायाबीसीस ने बजती ः       ८     ८       ४     ८       ४     ८       ४     ८       ४     ८       ४     ८       ४     ८       ४     ८       ४     ८       ४     ८       ४     ८       ४     ८       ४     ८       ४     ८       ४     ८       ४     ८       ४     ८       ४     ८       ४     ८       ४     ८       ४     ८       ४     ८       ४     ८       ४     ८       ४     ८       ४     ८       ४     ८       ४     ८       ४     ८       ४ <td< td=""><td>વિગત તમારા પ્રત્યેની દેખ-રેખ ભાગમાં સ્ટાફની શિસ્તત ભાગની સ્વછતા ધનોની સ્વચ્છતા શેરે સ્ટાફ તરત હાજર થા સંતોષકારક જવાબ મળે ટ નો ઉપયોગ એક દર્દીમાં શન નિયમિતપણે રિપોર્ટને નીશીયન અને સ્ટાફ ફરજ સેવાઓની બાબતમાં આ ઉપડાઈ પ્રતા બ્રે</td><td>વિગત 4 છે? છે? છે? 1 એક જ વખત થાય છે? 1 આધારે આપવામાં આવે છે? ૪ દરમ્યાન પાન-મસાલા જેવું ક ૪ દરમ્યાન પાન-મસાલા જેવું ક ૪ દરમ્યાન પાન-મસાલા જેવું ક ૫૫ના તરફથી જરૂર સૂચનો, તમ બન ભાર્ચ્વ દેવ બા બાઈ બાબ્લ વ્ય સ્થા હિંગ જ પ્લાલ કે સ્થા</td><td>ઉत्तम         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म</td><td>મધ્યમ - - - - - - - - - - - - - - - - - - -</td><td></td><td>4</td></td<>	વિગત તમારા પ્રત્યેની દેખ-રેખ ભાગમાં સ્ટાફની શિસ્તત ભાગની સ્વછતા ધનોની સ્વચ્છતા શેરે સ્ટાફ તરત હાજર થા સંતોષકારક જવાબ મળે ટ નો ઉપયોગ એક દર્દીમાં શન નિયમિતપણે રિપોર્ટને નીશીયન અને સ્ટાફ ફરજ સેવાઓની બાબતમાં આ ઉપડાઈ પ્રતા બ્રે	વિગત 4 છે? છે? છે? 1 એક જ વખત થાય છે? 1 આધારે આપવામાં આવે છે? ૪ દરમ્યાન પાન-મસાલા જેવું ક ૪ દરમ્યાન પાન-મસાલા જેવું ક ૪ દરમ્યાન પાન-મસાલા જેવું ક ૫૫ના તરફથી જરૂર સૂચનો, તમ બન ભાર્ચ્વ દેવ બા બાઈ બાબ્લ વ્ય સ્થા હિંગ જ પ્લાલ કે સ્થા	ઉत्तम         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म         G न म	મધ્યમ - - - - - - - - - - - - - - - - - - -		4
नं       १     टेडनीशियननी त       २     ऽायाबिसीस वि       ३     ऽायाबीसीस वि       ३     ऽायाबीसीस सा       ४     ऽायाबीसीस सा       २     तमारा प्रश्नोनो       ३     ऽायाबीसीस सेट       ४     ठेपीओ ठेन्लेडर       ४     ठेपील्डर       ४     ठेपील्डर	विगत 1411रा प्रत्येनी हेफ-रेफ (मागमां स्टाइनी शिस्तत (मागमां स्टाइनी शिस्तत (मागनी स्वछता धनोनी स्वच्छता धनेनेनी स्वच्छता धरे स्टाइ तरत डाजर था संतोपडारड जवाબ मणे ट नो ઉपयोग એड हर्टीमां धन नियमितपछे रिपोर्टन नीशीयन અने स्टाइ इरज सेवाओनी બाબतमां आ (अप्रेमा अस्ट्राजी में (साज प्रख स्त) ज साम अस्ट्राजी	વિગત 4 છે? છે? છે? છે? છેક જ વખત થાય છે? બે આધારે આપવામાં આવે છે? જ દરમ્યાન પાન-મસાલા જેવું છ જ દરમ્યાન પાન-મસાલા જેવું છ જ દરમ્યાન પાન-મસાલા જેવું છ પાના તરફથી જરૂર સૂચનો, તમ અને ભાગ્ય છે. અના છે. જ બિદા જ સા જ હનાલ્વ સાળી	ઉत्तम       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म       G न म	મધ્યમ - - - - - - - - - - - - - - - - - - -		×0
नं       १       २       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २       २	વિગત મમારા પ્રત્યેની દેખ-રેખ ભાગમાં સ્ટાફની શિસ્તત ભાગની સ્વછતા ધનોની સ્વચ્છતા શેરે સ્ટાફ તરત હાજર થા સંતોષકારક જવાબ મળે ટ નો ઉપયોગ એક દર્દીમાં શન નિયમિતપણે રિપોર્ટન નીશીયન અને સ્ટાફ ફરજ સેવાઓની બાબતમાં આ ઉપડેન બેટના જે તે બાબ પ્લ તે બાબ પ્	विगत 4 छे? . छे? . छे? . छे? 1 ओड ज वખत थाय छे? 1 आधारे आपवामां आवे छे? 3 हरम्यान पान-मसावा केंवुं ड 14 पान, तरइथी जुरूर सूचनो, तम 27  (27  27) 15 $(27  27)$ 16 $(27  27)$ (27  27) (27	ઉत्तम       (छत्नभ्न)       (छत्नभ्न)       (छत्नभ्न)       (छत्नभ्न)       (छत्नभ्न)       (छत्नभ्न)       (छत्नभ्न)       (छत्नभ्न)       (छत्नभ्व)       (छत्नभ्व)       (छत्नभ्व)       (छत्नभ्व)       (छत्नभ्व)       (छत्नभ्व)       (छत्नभव्व)       (छत्नभव्व)       (छत्नभव्व)       (छत्नभव्व)       (छत्नभव्व)       (छत्नभव्व)       (छत्नभव्व)       (छत्नभव्व)       (छत्नभव्व)       (छत्न)       (छत्न)	મધ્યમ - - - - - - - - - - - - - - - - - - -		
नं       १     टेडनीशियननी त       २     आयाबिसीस वि       ३     आयाबीसीस वि       ३     आयाबीसीस वि       ४     आयाबीसीस सा       नं        १     तमे भोबावो त्य       २     तमारा प्रश्नोनो       ३     आयाबीसीस सेट       ४     ठेपीओ ठेन्जेडर       १     आयाबीसीस ने बजती न       ३     आयाबीसीस ने बजती न       ४     ठेपीओ ठेन्जेडर       १     आयाबीसीस ने बजती न       ४     ८४८८८८८       ४     ८४८८८८       १     ८४८८८       ४     ८४८८८       ४     ८४८८       ४     ८४८८       ४     ८४८८       ४     ८४८८       ४     ८४८       ४     ८४८       ४     ८४८       ४     ४४८       ४     ८४८       ४     ८४८       ४     ४४८       ४     ४४८       ४     ४४८       ४     ४४८       ४     ४४८       ४४८     ४४८       ४४८     ४४८       ४४८     ४४८       ४४८     ४४८       ४४८     ४४८       ४४८     ४४८ <t< td=""><td><math display="block">\begin{array}{c} &amp; \text{(A)aa} \\ &amp; \text{(A)aa} + \text{(A)aaa} + \text{(A)aaa} + \text{(A)aaa} + \text{(A)aaa} + \text{(A)aaa} + \text{(A)aaaa} + \text{(A)aaaaa} + \text{(A)aaaaaaa} + (A)aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa</math></td><td>વિગત 4 છે? છે? છે? છે? છે? છેક જ વખત થાય છે? છે આધારે આપવામાં આવે છે? ૪ દરમ્યાન પાન-મસાલા જેવું શ ૪ દરમ્યાન પાન-મસાલા જેવું શ ૧ દર્મ બાહ્ય છે. જે આ ગ્રેન્સ્ જે આ ગ્રેન્સ્ જે જે આ ગ્રેન્સ્ જે આ ગ્રેન્સ જે આ</td><td>ઉત્તમ ઉત્તમ ઉત્તમ ઉત્તમ ઉત્તમ (વિભાગમાં પૂરતો સ્ટો કોઇ પણ પ્રકારનું વ્યસન મારા અનુભવો વગેરે ન જ સ્માર્ગ જ્ સ્વાર્ગ જ્</td><td>મધ્યમ - - - - - - - - - - - - - - - - - - -</td><td></td><td></td></t<>	$\begin{array}{c} & \text{(A)aa} \\ & \text{(A)aa} + \text{(A)aaa} + \text{(A)aaa} + \text{(A)aaa} + \text{(A)aaa} + \text{(A)aaa} + \text{(A)aaaa} + \text{(A)aaaaa} + \text{(A)aaaaaaa} + (A)aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$	વિગત 4 છે? છે? છે? છે? છે? છેક જ વખત થાય છે? છે આધારે આપવામાં આવે છે? ૪ દરમ્યાન પાન-મસાલા જેવું શ ૪ દરમ્યાન પાન-મસાલા જેવું શ ૧ દર્મ બાહ્ય છે. જે આ ગ્રેન્સ્ જે આ ગ્રેન્સ્ જે જે આ ગ્રેન્સ્ જે આ ગ્રેન્સ જે આ	ઉત્તમ ઉત્તમ ઉત્તમ ઉત્તમ ઉત્તમ (વિભાગમાં પૂરતો સ્ટો કોઇ પણ પ્રકારનું વ્યસન મારા અનુભવો વગેરે ન જ સ્માર્ગ જ્ સ્વાર્ગ જ્	મધ્યમ - - - - - - - - - - - - - - - - - - -		
નં ૧ ટેક્નીશિયનની ત ૨ ડાયાલિસીસ વિ ૩ ડાયાલીસીસ વિ ૪ ડાયાલીસીસ સા ૧ તમે બોલાવો ત્ય ૨ તમારા પ્રશ્નોનો ૩ ડાયાલીસીસ સેટ ૪ ઈપીઓ ઇન્જેક્ટ ૫ ડાયાલીસીસ ને લગતી : ડાયાલીસીસ ન લગતી : ડાયાલીસીસ ન સ નગતી : ડાયાલીસીસ ન સ નગતી : ડાયાલીસીસ ન લગતી : ડાયાલીસીસ ન સ ન લગતી : ડાયાલીસીસ ન લગતી : ડાયાલીસીસ ન લગતી : ડાયાલીસીસ ન સ ન લગતી : ડાયાલીસ ન સ ન સ ન સ ન સ ન સ ન સ ન સ ન સ ન સ ન	વિગત મમારા પ્રત્યેની દેખ-રેખ ભાગમાં સ્ટાફની શિસ્તત ભાગની સ્વછતા ધનોની સ્વચ્છતા શેરે સ્ટાફ તરત હાજર થા સંતોષકારક જવાબ મળે ટ નો ઉપયોગ એક દર્દીમાં શન નિયમિતપણે રિપોર્ટન નીશીયન અને સ્ટાફ ફરજ સેવાઓની બાબતમાં આ ઉપડા પ્રદેશ ન ન ગ્યાબ પ્રદ્ય ત્ન ગ વ્યાબ ગ ગ ગ ગ ગ ગ માટે આ ન નીચે આપેલ હ આ ન	વિગત 4 છે? છે? છે? 1 એક જ વખત થાય છે? 1 આધારે આપવામાં આવે છે? 8 દરમ્યાન પાન-મસાલા જેવું ક 10 નાબ્દ આપવામાં આવે છે? 8 દરમ્યાન પાન-મસાલા જેવું ક 10 નાબ્દ ચાર્ચ્ય કરવા વિનંતી.	उत्तम       (छत्नभ्न)       (छत्नभ्न)       (छत्नभ्न)       (छत्नभ्न)       (छत्नभ्न)       (छत्नभ्न)       (छत्नभ्न)       (छत्नभ्न)       (छत्नभ्व)       (छत्नभ्व)       (छत्नभ्व)       (छत्नभ्व)       (छत्नभ्व)       (छत्नभ्व)       (छत्नभव्व)       (छत्नभव्व)       (छत्नभव्व)       (छत्नभव्व)       (छत्नभव्व)       (छत्नभव्व)       (छत्नभव्व)       (छत्नभव्व)       (छत्न)       (छत्न)       (छत्न)       (छत्न)	મધ્યમ    is હોય ત્યારે) ન કરે છે? ચિ જણાવો. રા ગ્ર્ટ્યા ઉ જ્રિયાવો. ન કરે પ્રાપ્ત		
नं       १       २       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३       ३	વિગત તમારા પ્રત્યેની દેખ-રેખ ભાગમાં સ્ટાફની શિસ્તત ભાગની સ્વછતા ધનોની સ્વચ્છતા શ્વે. સ્ટાફ તરત હાજર થા સંતોષકારક જવાબ મળે દ નો ઉપયોગ એક દર્દીમાં શન નિયમિતપણે રિપોર્ટને નીશીયન અને સ્ટાફ ફરજ સેવાઓની બાબતમાં આ ઉપડેના ઉપ્લ ગ્વે. સ્ટાફ જ ગર સ્ટાહ્ય બ્લ સ્ટાહ્ય બ્લ શ્વે. સ્ટાફ જ ગર સ્ટાહ્ય બ્લ શ્વે. સ્ટાફ જ ગર સ્ટાહ્ય બ્લ સ્ટાહ્ય બ્લ સ્ટાટ્ય બ્લ સ્ટાહ્ય બ્લ સ્ટાટ્ય બ્લ સ્ટાહ્ય બ્લ સ્ટાહ્ય બ્લ સ્ટાહ્ય બ્લ સ્ટાક સ્ટાહ્ય બ્લ સ્ટાહ્ય બ્લ સ્ટાહ્ય સ્ટાહ્ય બ્લ સ્ટાહ્ય સ્ટાહ્ય બ્લ સ્ટાહ્ય સ્ટાહ્ય બ્લ સ્ટાહ્ય સ્ટાહ્ય બ્લ સ્ટાહ્ય સ્ટાહ્ય સ્ટાડ સ્ટાહ્ય બ્લ સ્ટાહ્ય સ્ટાહ્ય	વિગત ય છે? છે? છે? ં એક જ વખત થાય છે? ને આધારે આપવામાં આવે છે? જ દરમ્યાન પાન-મસાલા જેવું ક જ દર્મ બાબ્ય સ્વા છે? છે. જ ખ્યાવ્ય દેવે જ માં છે. જ ખ્યાવ્ય દેવે જ માં જ દર્મ બાબ્ય સાથે કરવા વિનંતી.	ઉત્તમ ઉત્તમ ઉત્તમ ઉત્તમ ઉત્તમ (વિભાગમાં પૂરતો સ્ટો કોઇ પણ પ્રકારનું વ્યસન મારા અનુભવો વગેરે ન જ સ્માર્ગ જ સ્વ સ્વાર્ગ જ સ્વ લાય જ સ્વ	4644 - - - - - - - - - - - - - - - - - -		

Call Incompanies	<u>ગુજરાત ડાયાલીસીસ પ્ર</u> દર્દી પ્રતિભાવ-સુચન	<u>ોગ્રામ</u> Lફોર્મ		
	ડાયાલીસીસ વિભ	<u></u>		
સેંન્ટરનુ નામ : શહ	ÎIG		નંબર: તારીખ 20	-05-20
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આપ કેટલા સમયથી આ ગ્રેન્ટરમાં				
આપ અને દર્તીઓને આપ	ગતાલસાસ કરવા છા.: <u>06</u>	1120112()	<u> </u>	
આપ સપ દઇઓન ડાયા તમને થયેલ અનુભવોને આધારે કોઇ પ્રતિભાવ-સૂચન ફોર્મ દર્દીએ પોતે ર	ધાસાસના સવા પુરી પાડવા માટે ) પણ સંકોચ રાખ્યા વગર તટસ્થ મ મથવા દર્દીના નજીકના સગાએ ભર	અમે કટિબદ્ધ છીએ. તમોને ાહિતી આપી ભરવું જે સંપૂર્ણ વાનું છે.	આ ડાયાલીસીસ પણે આપના હિ	. વિભાગમાં તમાં છે. આ
4	વિગત	ઉત્તમ	મધ્યમ	નબળં
<u>૧</u> ટક્નાશિયનની તમારા પ્રત્યની ૨ ડાયાલિસીસ વિભાગમાં સ્ટાર	. દેખ-રેખ			
૩ ડાયાલીસીસ વિભાગની સ્વછ	ીતા	1		
૪ ડાયાલીસીસ સાધનોની સ્વચ્છ	9તા .	V		
नं	વિંગત			
૧ તમે બોલાવો ત્યારે સ્ટાફ તરત	ા હાજર થાય છે?	· · ·		V
ર તમારા પ્રશ્નોનો સંતોષકારક	જવાબ મળે છે?			V
<u>ડ</u> ડાયાલાસાસ સટ ના ઉપયાગ	અક દદામાં અક જ વખત થાય છ	?		V
જ ઇપાઓ ઇન્જક્શન ાનયામત	ાણ રિપાટન આધાર આપવામા અ 	ાવ છ? (વિભાગમાં પૂરતો સ	ટોક હોય ત્યારે)	V
્ય ડાયાલાસાસ ટકનાશાયન અન	ર્ટ્ટાફ ફરજ દરમ્યાન પાન-મસાલ	ા જવુ કાઇ પણ પ્રકારનુ વ્યર	તન કરે છે?.	
ડાયાલીસીસ ને લગતી સેવાઓની બ	ાબતમાં આપના તરફથી જરૂર સૂર	ાનો, તમારા અનુભવો વગેરે	નીચે જણાવો	
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ાવશષ માહિતા-સુચન માટ અમન ન	ાચ આપલ નબર પર સપક કરવા ા	વનતા.		
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સહી નોંધ આ કોર્મ દર પંદર 191	ા દિવસ ના અંતરે દર્દીએ ભરી ડા	યાલીસીસ વિભાગમાં જમા	કરાવવાનં રહેશે	corn C
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## Appendix 4. Patient's Details

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17 159 26 102 <sup>121</sup> 377008 chubbuiter mohumbhui 12 157 26 102 <sup>121</sup> 377008 chubbuiter mohumbhui 13 158 26 102 <sup>121</sup> 377009 Remiberi deit 14 159 201 <sup>02124</sup> 377009 Remiberi deit 15 160 2010 <sup>2124</sup> 377008 chubberiter mohumbheri	55 m Pm34y 555 Li 50 F SelF - 557 Le 80 F SelF EPO INS STER L' 85 M Pm344 - 5557 Li 11 11 11 11 11
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	માસિક વાર્ષિક તારીખ સી.આર કમ નં. કમ નં.	ર.નં. દર્દીનું નામ	(ins	भार भार	ચોજના	Red 25010	Elogueta 1
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1	14 119 20108/24 397017	Towerben Retthof	81	F	Predery	-	STSI L
	15 120 EL 108/24 377008	chhabhaite mohomphai	56	m	SPIR		- JEE
	16 121 21105124 374004 1	iscerentiri torace sumi	20	m	COLE		5351 -
	17 122 21/08/27 3740010	Judeia Pravinsinh	El	- ma	Self		EFSI C
	18 123 24108/24 377008 C	theybhaita mahan thui	56	m	Sell-	-	BFG L
V V	9 124 24/08/24 377017 7	Tover her Rothad	20	E	Ser	-	5JG1 -
1 20	125 25/08/24 377008 h	the phoniter and really ?	01	F	Imagy		SJEIL
21	126 28/0×/24 397008 cb	habbailla mahar II	56	m	SelF	~	STELL
N. N.	<u> </u>	investigity a monan phan.	50	m	Self	-	650 L