

CHAPTER V

DISCUSSION

The result of the study on the customers and the providers opinion toward the anesthetic services of Maharaj Nakhon Si Thammarat Hospital could be discussed on the following objective :

The Customers' Opinions Toward the Anesthetic Service Safety were Found out Namely :

It was found out that the customers felt most secure in post, pre and peri anesthetic period which were 94.2 % and 90.0 % and 86.9% respectively (Table 3). These data indicated that the customers felt confident in the anesthetic service quality of Maharaj Nakhon Si Thammarat Hospital. They felt physically, emotionally, socially, and spiritually safe from every aspect of risk incidences because the anesthetic staff pay them a visit everyday before and administering anesthesia based on the anesthetic process standard to assess the circumstance and give about self practice before and after administering anesthesia , which was relevant to the hospital 's policy to give the patients good quality and safety. In giving daily service, the hospital had to face the risk incidences which the government had to manage to cover every department in the hospital.(Anuwat Supachutikul, 1998 : 94)

This study was found out that three anesthetic process in each aspect was classified namely :

The pre- anesthetic period

90.0 % of the customers thought that they should be informed every time before any anesthetic activities had been done to make them feel the safest ($\bar{x} = 4.18$). (Table 3). These data indicated that the customers give a lot of priority to the safety and according to the declaration of the patients ' rights, every patient was eligible to know about the medical treatment in order to avoid a social risk,

This study was relevant to the study by Sukanya lojanapirat et al.(1993) , who had studied and compared the expectation toward the patients' rights that every patients should be treated with respect. Sukanya had studied about 125 patients in Prince of Songkhla University Hospital about the patients ' right in four aspects namely : 1.)The patients have the rights to know about their ailment. 2.)The patients have the rights to chose the suitable medical treatments. 3.)The patients have the rights to be treated with human dignity 4.)The patients have the rights to be well treated.

It was found out that the expectation to every aspect of their rights. However , fewer 3.0% of the customers thought that notifying about the complication effect after the anesthetic administration , and explaining about the pre – anesthesia administering preparation.

A pre-operation visit didn't cover every patients because the operating staff had not been able to set up a the specific time of the operation, and these were not enough anesthetic staff, so some patients had not been visited and given enough information. As a result, they felt nervous and afraid of the operation and anesthesia administration.

Peri - anesthesia period

86.9 % of customers thought that a through and careful body check up before giving anesthesia made them felt the most secure ($\bar{x} = 4.11$). (Table 3), These data showed that the customers needed and expected to be properly and safely prepared before being given anesthesia. A good pre-operation practice will lessen the complication and the mortality. If an anesthesia giver had a good judgement during administering anesthesia, the customers tended to feel confident in him / her and less fearful. (Mayuree Wasinanukorn et al, 1985 : 1). It also kept reduce the risk incidence and develop the quality of administering anesthesia and bring about a good understanding relationship between the anesthesia staff and the customers (Thitima Chinachote et al, 1998 :142)

However, less than 3.0% of the customers thought that being notified about inhibiting the painful operative wound had very little safety effect because of the painful wound was one of the physical risks. Although they were given analgesic drug and they still feel painful. They might not understand that they could ask for more analgesic drug.

Post - anesthesia period

94.2 % of customers thought that being visited by an anesthesia staff made them feel the most secure ($\bar{x} = 4.28$) (Table 3). These data showed that the customers wanted the anesthesia staff to visit them, followed up and solved the complication and problems after the operation because they wanted to be closely taken care of. Besides the operation-bearing disease, the often effect of the operation and anesthesia administration have caused a malfunction of the body system and mechanism such as blood and water loss, and pain (Mayuree Wasinanukorn et al, 1985 : 128).

Owing to the initial occupational responsibility , the staff have been trying to encourage the patients to recover or return to this normal condition as soon as possible by reducing the threats to the body and environment aspects , and they had to access the risks happening to the customers regularly. (Chassic, 1987)

However , fewer than 3.0% of the customers indicated that explaining about the practice after the operation and the anesthesia administration had very little effect on the safety because the patients might be very anxious about the details of the self practice. According to Elsass's study (1987), it was follow out that giving the customers too many details of the data wasn't as necessary as giving than general data.

82.8 % and 80.0% of the customers thought the being giving spinal block and general anesthesia respectively made them felt comparatively secure ($\bar{x} = 4.05$ and 4.00) (Table 3.1). These data showed that the customers who were giving either a spinal block or general anesthesia to receive the same quality of the anesthesia service.

Although these were a lot of ways and procedures in administering anesthesia , the anesthetic staff should know well about the good and bad points and the complications of each procedure. They would choose the most appropriate choice for each customers, and they had to be careful to watch out the complication that might happen in each step to prevent the risk incidences and to solve the problem in time. (Thitima Chinachote et al, 1998 : 191)

However 0.8% of the customers thought that being given a general anesthesia made them felt very little secure to not secure at all because the patients were unconscious during the operation , so they feared that they might not wake up or be dangerous.

The Relationship Between the Customers' Opinions Toward Anesthetic Service Safety and the Socio Demographic Features and the Utilization of Anesthesia Service.

Gender

There was no statistically significant relationship between gender and the level of customers' opinion toward the anesthetic service safety (p - value = 0.705) (Table 4). The study of this has not been conducted before, so the researcher cannot compare it. The researcher has found out that gender was not related to the level of opinions. Perhaps the providers have treated the patients very equally without discriminating gender, so gender was not related to the customers' opinions toward the safety effect of the anesthesia services.

The level of education

There was no statistically significant relationship between the level of education and the level of customers' opinion toward the anesthetic service safety (p-value = 0.265) (Table 4). This study was relevant to that by Patcharapa Karnjanaudom (2002 : 68) , which was found out that the child patients with different levels of education's have the same opinions and needs of the rights of the child patients , which means the level of education's not related to the safety effect from the anesthesia services. Perhaps no matter what level of education the customers were in , they tended to have the same opinions toward nearly very high safety effect , the level of education was not related to their opinions toward the safety effect from anesthetic service.

The service time

There was no statistically significant relationship between the service time and the level of customers' opinion toward the anesthetic service safety (p-value = 0.627) (Table 5) Maybe the anesthetic staff had treated every customers with equally good practice no matter when this customers came for the service , before or after the official working time. As a result , the time when the customers came for the services was not related to the safety effect from anesthetic services.

The urgency of the operation

There was no statistically significant relationship between the urgency of operation and the level of customers' opinion toward the anesthetic service safety (p-value = 0.851) (Table 5). The anesthetic staff had probably treated every patient with equally good services no matter how the customers came for an operation , with no

urgency , with urgency , or with emergency . As a result , the urgency of the operation was not related to the customers' opinions toward the safety effect from anesthetic services.

The procedure of anesthesia

There was no statistically significant relationship between the procedure of anesthesia and the level of customers' opinion toward the anesthetic service safety(p -value = 0.572).(Tables).No matter whether the patients came for a general anesthesia or for spinal block , have been equally well-treated. As a result , the method of administering anesthesia was not related to the customers' opinions toward the safety effect from anesthetic services.

The number of time coming for the services

There was no statistically significant relationship between the number of time coming for the services and the level of customers' opinion toward the anesthetic service safety (p - value = 0.441).(Tables).This study was relevant to that by Patcharapa Kamjanaudom (2001 : 68) , which showed that the different number of times of the child customers coming for the services didn't affect their opinions or needs to know about their rights with they were admitted at the hospital this study was relevant to that by Saranjit Kamjanapa (1985), which showed that the customers' different number of time coming to the hospital didn't effect their opinions toward receiving advice from medical practice before being discharged from the hospital However, this study was not relevant to that by Chanutra Ihithamwinit et al. (1997), which found out that the customers who have been treated at the hospital more than three times tend to acquire

the rights of the patients to choose the method of medical treatment , The rights to know the medical data and the rights to get the recovery compensation more than the patients who had less experience in coming to the hospital . As a result , this study showed that the customers' number of times coming for the services at the hospital was not related to the safety effect from anesthetic services because of the fact that anesthetic staff have treated the patients with equally good services no matter have many times the customers had come for the services at the hospital. As a result , the customers' number of times coming for the services at the hospital is not related to their opinions toward the safety effect from anesthetic services.

ASA physical status

There was no statistically significant relationship between ASA physical status and the level of customers' opinion toward the anesthetic service safety (p- value = 0.828) (Table5). May be the customers have already been assessed to see what class of risk incidence they were in and the anesthetic services were given to the customers with equally good services. As a result, the risk assessment was not related to the customers' opinions toward the safety effect from anesthetic services.

The admission department

There was no statistically significant relationship between the admission department and the level of customers' opinion toward the anesthetic service safety (p- value = 0.452) (Table 5). Because of the fact that no matter what department the patients were admitted , they were treated with equally good treatment. As a result , the

admission department was not related to the customers' opinions toward the safety effect from anesthetic services.

Alcohol - drinking history

There was no statistically significant relationship between alcohol - drinking history and the level of customers' opinion toward the anesthetic service safety (p-value = 0.483) (Table 5). The medical staff had to question the patients about their general medical background including the underlying diseases , the addictive drugs , such as liquor ,or cigarettes , and quantity and the period of addition . These factors have a direct effect on the patients' health , and will cause the same problems before and after the operation .(Thitima Chinachote et al.,1998 : 136). This study indicated that the alcohol drinking background was not related to the customers' opinions toward the safety effect from anesthetic services.

Cigarette - smoking history

There was no statistically significant relationship between cigarette- smoking history and the level of customers' opinion toward the anesthetic service safety (p-value = 0.483) (Table 5). Because of the fact that whether or not the patients had smoking background , they tended to be treated with equally good services, so the cigarette - smoking background was not related to the patients' level of opinions toward the safety effect from anesthetic services.

Operation bearing disease

There was no statistically significant relationship between operation - bearing disease and the level of customers' opinion toward the anesthetic service safety. (p-value = 0.480) (Table 5). Because of the fact that no matter whether the customers had unknown or known about the operation bearing disease , they were treated with equally good treatment. As a result , operation - bearing disease was not related to the customers' opinions toward the safety from anesthetic services.

Fear

There was statistically significant relationship between fear and the level of customers' opinion toward the anesthetic service safety (p-value < 0.05) (Table 5). According to the study of Thitima Chinachote et al (1998), it was found out that 36.0% - 85.0 % of the customers who came for an operation and anesthesia felt anxious and nervous to the methods of medical practices , attitude , the community's cultures , and procedure of operation. And it was found out that 90.0 % of the customers , who came for a cancer surgery felt very fearful . In this study showed that fear was related to the customers' opinions toward the safety effect from anesthetic services because of the fact that each person's opinions and the background of fear were not the same and depend on his or her perceiving of the data , experiences , cultures , tradition and the social virtues.

To Determine the Relationship Between Fear and Anesthetic Process (Pre, Peri and Post Anesthetic Period)

Pre- anesthetic period

There was no statistically significant relationship between fear and pre- anesthetic period (p- value = 0.543) (Table 6). Billings and Stokes 1982 : 272) indicated that in Pre- operation period the patients feared that they could not control themselves during the anesthesia , deformity and the changing of the status of family, economic and social. As a result, fear was not related to the customers' opinions toward the safety from anesthetic services in pre - anesthetic period.

Peri – anesthetic period

There was no statistically significant relationship between fear and peri-anesthesia period (p- value = 0.756) (Table 6). From the study of Juneau (1980 : 543) found that Some patients could not tell what they fear, some of them feared of the anesthesia and the surgeon being found the abnormal thing during the operation. So this study indicated that fear was not related to the customers' opinions toward the safety from anesthetic services in peri - anesthetic period.

Post – anesthetic period

There was statistically significant relationship between fear and post - anesthetic period (p- value < 0.05) (Table 6). This study was relevant to that by Laor Hutangkul (1965 : 50), which mentioned that the patients who came for operation and anesthesia

always fear of being abandoned or isolate after operation , losing face , losing friends and having no privacy.

The Correlation Coefficient Between the Average Opinion Scores Base on the Anesthetic Process and the Age, and Income.

Age

It was found out that the customers' age was not related to the level of customers' opinions toward the safety effect from anesthetic service ($r = -0.046$). (Table 7). This study was relevant to that by Saman Worapan (1996 : 115), which showed that different ages of the customers had no effect on the opinion toward the rights to know the medical data differently. It was also relevant to the study of Werawan Boontrik (1997 : 65), which showed that the customers different ages had no effect on the customers' opinions to know about their medical rights differently. Maybe the anesthesia staff had treated the customers equally without any age discrimination .As a result , the age was not related to the customers' opinions toward the safety effect from anesthetic services.

Income

It was found out that the customers' income was not related to their opinions toward the safety effect from anesthetic services. ($r = -0.042$) (Table 7) this study was rather different from that by Wantanee Wattana (1995 : 111), which showed that the customers' income status of the family was related to the customers' satisfaction in a matter of the convenience in coming for a treatment at hospital. However , the result of

this study showed that the customers' income was not related to the customers' opinions toward the safety effect of the anesthetic services . May be the customers were equally treated no matter whether they were rich or poor, As a result, the customers' income was not related toward the safety effect from anesthetic services.

The Customers' Satisfaction Toward Anesthetic Services in Maharaj Nakhon Si Thammarat Hospital.

The study found out that 94.0 % of the customers felt the most satisfied toward the readiness of the appliances and 86.6 % of the customers felt the most satisfied toward the relationship of the anesthetic personnel who were very verbally polite and tender personnel and they were careful circumspect, an meticulous to do their work. 79.9 % of the customers felt the most satisfied toward the quickness of health care assistance (Table 8). These data showed that most of the customers were treated with good quality and safe anesthetic services , so they felt very satisfied .This finding was relevant to the study by Nutchaporn Sanpon (1999) , which found out that 92.3% of the customers who came for the services in the community hospital in the province of Mookdaharn felt very satisfied , and 81.2% of the customers felt very satisfied toward the temperament of the providers , 81.2% toward the attention , and 86.5% toward the quality of anesthetic services.

However, 13.0 % of them felt the least satisfied or none at all toward not being able to contact other people. as a matter of the fact that these customers had a very high expectation toward the services, so they felt little satisfied. This finding was relevant to the concept that the satisfaction was the coherence of the expectation and received services (Risser , 1975).

The aspect of anesthetic service system

Considering each item , the researcher found out that 94.0% of the customers felt very satisfied toward the readiness of the medical appliances and instruments , which was the highest group ($\bar{x} = 4.18$). The second highest group was the customers' opinions toward the overall anesthetic service system , which were 90.2% these data indicated that the anesthetic department at Maharaj Nakhon Si Thammarat Hospital had a high and progressive and modern medical , Which partly encourage the anesthetic staff to learn about using the modernized appliances and instruments , and carried out a effective anesthetic team work the development and the quality assurance processes the hospital were the benchmarks to indicate how reliable the hospital was. This quality can be proved and accepted and the main focus was the quality process, which results from the co – operation and the strong will of everybody (Institute of Development and Quality Assurance of the Hospital).

However 1.1% of the customers felt every little satisfied toward getting information being given anesthesia because of the fact that they were a minor group of customers had not been visited before being given anesthesia , and they had a high expectation toward the services , so they felt very unsatisfied . This study was relevant to the study by Mali Rungreungwanit et al .2001 , which showed that 86% of the customers' pre - anesthesia visit was very necessary . Anyway, it was relevant to that by Wirote Tangchareonsatien et al,(1997) , which studied the customers'opinions in the state and private hospitals , it had found out that 58% - 97% of the admitted patients were well provided with enough data on an operation , lab results , details of medical

treatment , and details of the disease , and 88% of the customers got the most information on the operation.

The aspect of anesthetic personnel

It was found that 86.6% of the customers felt the most satisfied toward the relationship and the temperament of the anesthetic personnel who were eloquently polite , and tender and who were capable of their work. ($\bar{x} = 3.98$) , and 77.4% of the customers felt very satisfied toward the anesthetic personnel who were ready and willing to of give services ($\bar{x} = 3.98$). This study was relevant to the study by Areerat Piromwong (2001) , which showed that the customers' satisfaction toward the format of the operative preparation in each aspect or the total aspects was quite high. They felt the most satisfactory toward the providers' temperament, but they felt the least satisfactory toward the information service , which was relevant to the study by Kanyarat Sakcholapan (2001), which showed that the customers' satisfaction toward the service , at the community health center at Maharaj Nakhon Si Thammarat Hospital was very high. In the aspects of human relationship, service quality and co-ordination , their satisfaction was quite high.

However, 2.3 %of the customers felt the least satisfied toward the opportunity to ask question and problem as the matter of the fact that the number of the customers were much higher than the number of the providers. They have to go on working rapidly and effectively, so they didn't have much time to speak to the customers.

The aspect of convenience, and the quickness of the services.

79.9 % of the customers felt the most satisfied toward the promptness in help care ($\bar{x} = 3.94$), and 77.7 % of them felt very satisfied toward the quick and none complicated services ($\bar{x} = 3.85$). This study was relevant to the study by Suree Jiamsupareuk (2000), which found out that the customers who came for family's medical practice at Songkhla Hospital felt very satisfied when they didn't have to wait too long (the average waiting time was 17.8 minutes), and when they could access the simple and easy services in a very short time. (the average waiting time was 18.6 minutes)

However, 13.0% of the customers felt very satisfied or not satisfied at all toward the chance to contact other people because of the fact that the customers didn't understand that when they were in the operating room, they were not allowed to ask their area in order to prevent the infection of the operative wound. However, they could inform the medical staff to contact their relatives in case of necessity.

The Customers' Comments and Needs

It was found out that 98.0% of the customers who came for an operation and anesthesia at Maharaj Nakhon Si Thammarat Hospital always recommend their relatives or friends to come for medical treatment again, but 2.0% of them were not sure whether to advise their friends and relatives to come or not. 95.8% of the customers would come back again if they wanted an operation, but 4.3% of them were not sure whether to come or not. These data showed that Maharaj Nakhon Si Thammarat Hospital, which was a community hospital in the south of Thailand, could give are

integrated and complete operative and anesthetic services with modern operative facilities, and specialized nurses and doctors. In the meantime, the hospital is developing the service quality to ask for the quality assurance from the institute of hospital quality assurance.

According to what the customers wanted to know most, 36.3% of the customers wanted to know about the complication circumstances, and 10.5% of them wanted to know about the procedure of anesthesia. Owing to the fact that the customers had no knowledge about anesthesia and complication, it was the duty of the anesthetic staff to make them understand the information clearly and ready to be given anesthesia.

89.3 % of the customers thought that anesthetic services were already good and didn't need improving, but of them thought that the most important thing to improve was giving advice and information, while 65.1 % of them thought that the most important thing to improve was the way to give advice and information. 16.3 % of them thought that there should be pre -anesthetic visit from the anesthetic staff and 7.0 % of them thought that they didn't want to wait for a long time and they should be allowed to choose the types of anesthesia, while 4.7 % of them thought that the least important thing to improve was prescribing analgesic drug . These data showed that most customers lacked advice and information and a proper way to practice before being given anesthesia. This finding was relevant to the study by Mali Rungreungwanit et al.(2001) , which found out that 61.2% of the customers wanted to know about the information about anesthesia .

The Complications After Being Given Anesthesia

It was found out that 61.5 % of the anesthetic customers had no complications after being given anesthesia, while 38.5 % of them had some complications. The highest group, 26.3 % of them, had painful operative wound, 8.4 % of them had nausea vomiting and shivering. The group with the least complication had cough, constipation, low blood pressure and nausea vomiting, low blood pressure and painful operative wound, high blood pressure, a rash and oliguria, nausea vomiting and painful operative wound, oliguria and urinary retention. The percentage of each group was this finding showed that the customers with complications were not serious a mortal, but the anesthetic providers should review the practice and find a way to prevent the terrible risk incidences from happening again. The anesthetic staff should assess the conditions of the patients and their readiness pre, peri and post being given anesthesia. They should do a systematic review to set up a guideline in doing the most modern and best medical health care for the customers based on an occupational standard. They should set up the clinical practice guidelines by Co-operating with the patient care team, and have a peer review for occupational standard assessment. (Krisada Thomyabat, 1999).

The Providers' Opinions Toward Risk Management in Anesthetic Services at Maharaj Nakhon Si Thammarat Hospital

Seven of the chief and mainstay providers, aged 30-40 year, had been interviewed. One of them was a general surgeon. The other ones were an orthopedist, and obstetrician, an EENT specialist, an anesthesiologist, an nurse anesthetist and a surgical nurse. Most of the chief and mainstay providers have 1-5 year working

experience. Two of them had never attended the risk incidence conference before but five of them had attended the conference about the physicians' risk of being sued, fire, the patients' safety, and the risk management in the hospital. The questions used to interview the providers who were responsible for the risk management toward the safety effect from anesthetic services consist of six items namely:-

The customers' risk who came for an operation and anesthesia in the anesthetic services.

The anesthesiologist and the obstetrician thought that the customers had a risk from aspiration, while the general surgeon and the anesthesiologist thought that the customers had a risk of the complications from high spinal block. The EENT specialist and the orthopedist thought that the customers had a risk of the un-readiness of preparing the patients for anesthesia and an operation. For example, the customers' underlying diseases were not cured to be in a safe condition. The nurse anesthetist and the surgical nurse thought that the customers had a risk of burn from the body warmer. However, the anesthesiologist had a different opinion that the customers had a risk of cardiac arrest, bronchospasm, and mis-operation because of the fact that cardiac arrest was the incidence which used to happen in the anesthetic service in Maharaj Nakhon Si Thammarat Hospital. The anesthetic calamity rarely happened, but when it did, the result was formidable and it can cause a sudden death or a disability. Therefore, the risk management staff had to set up a specific plan to get rid of the damage done to the patients, reduce the disability and other damages (Prapapan Srijintai, 1999).

Regulating the policy of the risk management on the basis of the safety of the anesthetic customers

The obstetrician, the EENT specialist and the anesthesiologist, 3 out of 7 providers, thought that the policy of preparing the patients for an operation and anesthesia were based on the protocol guideline. The obstetrician and the orthopedist relevantly thought that the anesthesiologist together with the surgeon and the specialist should assess and take care of the patients, and pay them pre – operation visit in case of the customers' cardiac condition. Besides of this, the general surgeon thought that the surgical department together with the anesthetic department should give the patients some advice on the methods of prescribing anesthesia before an operation. This concept was relevant to that of Koch and Fairly (1993), who said that policy was the regulator of the course of the practice. In managing the risk , the manager should regulate the policy and the vivid guideline. In addition , the hospital which wanted to join the hospital development and quality assurance project had to set up a policy and a medical practice which would bring about the harmonious practices. (Institute of Health System Analysis, 1997).

Organizing a seminar and giving knowledge to anesthetic staff.

The anesthesiologist and the nurse anesthetist coherently thought that there should be a conference to give knowledge to the chief and mainstay of the risk incidence providers, and the orthopedist thought that staff should set up the risk regulation , in form it to the anesthetic staff , and report the risk incidences to the hospital. This opinion was relevant that of Rakich et al. (1985 : 308), who mentioned that giving some knowledge to the staff would reduce the risks. This concept was

coherent to the risk manager's duties that they had to be trained to take care of the safety of the customers.

Risk incidence report.

The general surgeon and the EENT specialist relevantly thought that there should be an accumulation of risk incidences, out come analysis, interpret , assessment and a solution. The anesthesiologist and the surgical nurse thought that the risk incidences should be reported to the quality center in the hospital once a week so that it could collect the problems of the hospital for further improvements. Besides this the obstetrician thought that the anesthetic staff together with the patient care team should hold a monthly morbidity and mortality conference for some serious cases so that they could find an agreement and a method to prevent risks. This idea was relevant to that by Wilson (1999 : 58 – 59), which said that the organization had to write very clear risk incidences. For example, it had to state when, how, and to whom the report was written. It had to mention the risk incidences and their consequences without giving opinions, and it should write the report as soon as the incidences happen.

The action to manage risk incidence that happens to the anesthetic and operative customers

The orthopedist, together with the nurse anesthetist and the surgical nurse, three out of seven providers , thought that the anesthetic staff should probe into the cause of the risk incidences , analysis the way to find a solution, and co- ordinate with the agencies involved. Besides this, the ENNT specialist thought that the staff should regulate the new prevention standard measure to uphold the current risk incidences as

well as to set up the alert system for every disease which was referred to the anesthetic department. his idea was coherent to that of Duran (1980 – 21), which stated that the risk management in the hospital was the way to reduce the risk which was likely to happen to the patients and to lessen the danger affecting the patients. The steps of the process were considering, analyzing and assessing the risk and choosing the best way to control it. According to the incidence study of Boyd (1995), it was found out that the 15 chiefs of the patients ' wards were the occurrence investigators and they had to perceive the role , duty and responsibility of the risk manager.

Planning and Developing continuous service quality for the customers' safety.

The EENT specialist and the surgical nurse thought that there should be an enforcement to set up an integrated operational team monthly risk incidence conference, a collection of statistics , and an outcome assessment. Besides this , the anesthesiologist stated that the staff should analyze the data based on the frequency , the quantity , and the intensity of the risks including the expenses as a guideline to bring about the continuous development. This idea indicated that the risk management was becoming more and more significant in the medical treatment services. The people involved can take part in the role of preventing the possible risk incidences. Although there was a quality assurance conference in every occupational team, the risk management could cover a much wider area. For example, it could cover the loss in every possible way and it should be linked with the continuous quality improvement then these data should be used or applied for further risk prevention (Penchan Sanprasan et al. 2003).

The study on the anesthetic customers' opinions had been done in the wide aspect. Interviewing the chief and mainstay providers in the deep aspect was included in this study, which brought about the data and every aspect of the two prospective, which made the data clearer and more vivid. These data could be used to set up a policy, and a regulation to figure out the risks, the analysis and the management of the risks in order to bring about the continuous anesthetic service quality development.