Study on Patient Satisfaction in Emergency Department

By

Aireddy Anil Kumar

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2017-2019

The IIHMR University, Jaipur

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IIHMR UNIVERSITY

TO WHOMSOEVERMAY CONCERN

This is to certify that Mr. Aireddy Anil Kumar, student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at Citizens Specialty Hospital, Nallagandla, Telangana from 2nd Feb 2019 to 3rd May 2019.

The Candidate has successfully carried out the study assigned to him during internship training and his approach to the study has been sincere, scientific and analytical. The Internship is in fulfilment of the course requirements.

I wish him all success in all his future endeavours.

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CITIZENS
SPECIALTY HOSPITAL

సిటిజన్స్ స్పెషాలిటీ హాస్పిటల్

May 3rd, 2019

TO WHOMSOEVER CONCERN

This is to certify that **AIREDDY ANIL KUMAR** from **IIHMR University** vide Enrollment number **IIHMR-U/01/2017-19/0537**, has undergone **Internship** in the **Cyberabad Citizens Health Services Pvt Ltd,** under the guidance of **Dr. Abhilash. M Senior Manager (Clinical Operations), for three months i.e. from Feb 3rd 2019 to May 3rd 2019**. During this period his assignment was on **Patient Satisfaction in Emergency department.**

He come across as a committed, sincere & diligent person who has a strong drive and zeal for learning.

We wish him all the best for future endeavors.

Yours Sincerely,
FOR CYBERABAD CITIZENS HEALTH SERVICES PVT LTD.

Farzana Mohamed
Senior Manager
Human Resources

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PATIENT SAFETY & QUALITY OF CARE
NABH
ACCREDITED

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **'Patient Satisfaction in Emergency Department'** in **Citizens Specialty Hospital, Nallagandla, Telangana** submitted by Anil Kumar Aireddy vide Enrolment No. IIHMR-U/01/2017-19/0537 under the supervision of Dr. Dhirendra Kumar, Professor for award of MBA in Hospital and Health Management in Health and Hospitals of the University carried out during the period from 2nd Feb 2019 to 3rd May 2019. Embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Signature

ACKNOWLEDGMENT

At the outset, I would like to articulate this project as small journey which was a remarkable learning experience for me. The successful completion of this project is only because of the extraordinary support, guidance, counseling and motivation from my respectable staff, of IIHMR University and my organization **Citizens Specialty Hospital, Nallagandla, Telangana**.

This journey could not be completed without support of my family and friends. I express my deep gratitude to **Dr. Dhirendra Kumar (Professor)** mentor for this project. Through the support provided by him, I have imparted knowledge on the avenues which this project has opened and explored. His directions in making me think about unique conceptual and practical aspects of Health & Safety which has lifted this project at this stage of successful completion.

I extend my gratitude to my Senior Manager **Dr. M. Abhilash** and all my colleagues, friends for their encouragement, support, guidance and assistance for undergoing industrial training and for preparing the project report.

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ABBREVATIONS

- ED-E.D.
- IDF-Indent Form.
- CPR-Cardiac Pulmonary Resuscitation.
- IPD-In patient department.
- PRE-Patient Relation Executive.
- NABH-National accreditation board for hospitals & healthcare providers.
- EML - Essential Medicines List
- OOP – Out of Pocket
- LAMA -Left against Medical Advice
- NABL – National Accreditation board for Laboratories
- DMO – Duty Medical officer
- HK – House Keeping
- GDA – General Duty Assistant
- TAT– Turn Around Time
- ICU– Intensive Care Unit
- HDU– High Dependency Unit
- IPD– In- Patient Department
- P1– Immediate(Red)
- P2– Delayed (Yellow)
- P3– Normal(Green)
- P4– Dead (Black)

INTRODUCTION

"Patient interest is a required phenomenon, idealizing patients perceived needs, expectations from health care delivery systems and experience of quality care."

"A patient's view of interest or disinterest is a judgment on the quality of health care services provided in all its aspects". "Whatever its strengths and limitations, patient interest is an indicator that should be indispensable to the assessment of the quality of care in hospitals" (2). "Hospitals are facing multiple challenges in every point of services. In emergency care there are various indigenous substances that causes demotivation in the patients".

Each and every department like emergency had increased technological advances. But still at point of satisfaction these are not key factors.

"As compared to inpatient or consultation emergency staff should be more efficient in clinical decisions as well as in clinical discharge. "Longer the patient stays longer the impact on patient mental stability". "Medical quality lies in the patient interest much more in medical care establishment rather than in amenities." "As maintenance staff and food services is not as top priority as in Inpatient department." "As their stay will should be ideally 3-4 hours and by their medical condition they should be either sent to ICU or HDU or discharge. As their efficiency can save or kill patient in emergency".

Patient flow in this department is also a factor. Because in emergency prediction of this flow is not feasible because only certain planned cases will arrive to E.D. So, managing flow is also essential so that due to increased footfall doesn't effect the satisfaction in emergency department.

At Citizens Specialty Hospital**,** Emergency medicine department is well known as the citizens emergency response system – **EONE** which is at the core of the Department. Emergency Medicine Department treats the full spectrum of patients from making a quick assessment of patient's status to manage life-threatening conditions.

Citizens specialty are pioneers of emergency care, the 24 hours emergency care brings you the highest levels of skill, expertise and infrastructure.

“Decisions should be critical and efficiency as time bound is much limitation in this department. Mortality rate can also defects patient interest”. Moreover being a integral part of ratings emergency care is considered turnkey to vitals. “Nurse or staff incompetence causing human error are more significant that causes disinterest in patients”.

ORGANIZATION

Citizens Specialty is a leading health provider. This was founded in 2006 by a group of prominent doctors.

CITIZENS SPECIALTY was started with an aim to close the gap between standards of cancer care in South Asia and the US through knowledge transfer of the rich lineage of its parent organization in offering Precision Cancer Care.

Citizens Specialty Services:

The institute covers most types of major cancers, from colon to breast and skin cancer. They offer over 25 services related to cancer detection, prevention, treatment and cure. It provides unparallel services in:

Citizens Specialtyis known for its quality services and informative processes. Their functions are based on clinical expertise, technology, and clinical pathways and hence, their work is well received and acknowledged.

Citizens Specialty Doctors:

With years of experience and high qualifications, the team of doctors at Citizens Specialty will ensure that you get the best care. Their team works together towards achieving the collective goal of providing the best cancer treatment. Add to that their use of ground breaking technology- True beam, Calypso, Rapid arc, to name a few. They have under their command highly experiences doctors in the fields of paediatrics, haematology, orthopaedics, oncology and internal medicine and laparoscopic surgery. All of the doctors at least have a 10-year experience and the profiles of a few doctors are beyond excellence with over 20 years of experience in their respective fields.

STRENGTHOF THE HOSPITAL:

- The strength of the hospital is their clinical doctors that were most precise in their clinical excellency.
- They have 24/7 casualty doctors that helps people all round the clock.
- They have 30 specialty which is the spine of the hospital.
- They have AOI and AMPATH as outsourcing and precise collaboration.

STATISTICAL INFORMATION:

- Yearly ER range from 9000 -10000
- Monthly ER range from 1000 -1100
- Daily ER range from 25-30

REVIEW OF LITERATURE

A systematic review is a literature review focused on a research question, trying to identify, appraise, select and synthesize all high quality research evidence and arguments relevant to that question. A Meta analysis is typically a systematic review using statistical methods to effectively combine the data used on all selected studies to produce a more reliable result.

Literature reviews provide you with a handy guide to a particular topic. If you have limited time to conduct research, literature reviews can give you an overview or act as a stepping stone. For professionals, they are useful reports that keep them up to date with what is current in the field. For scholars, the depth and breadth of the literature review emphasizes the credibility of the writer in his or her field. Literature reviews also provide a solid background for a research paper's investigation. Comprehensive knowledge of the literature of the field is essential to most research papers.

Literature reviews are written occasionally in the humanities, but mostly in the sciences and social sciences; in experiment and lab reports, they constitute a section of the paper. Sometimes a literature review is written as a paper in itself.

"A Closed ended questionnaire was prepared to assess triage patients by Göransson K, Von Rosen A (2010) in International Emergency nursing journal where they explained about ER where attendees in Swedish hospital. Total one hundred and forty six attendees were there in that study". "Respondents stated that patients felt much ore waiting time than expected. 97% of the patients felt that triage nurse should be much more competent than general nursing staff(3)". Majority of the patients perceived that they should be kept updated about their waiting time in E.D so that their interest may not be decreased due to delays. "Most of the patients felt that their health condition want to be discussed by the Physician/Specialty doctors rather than by staff or nurse".

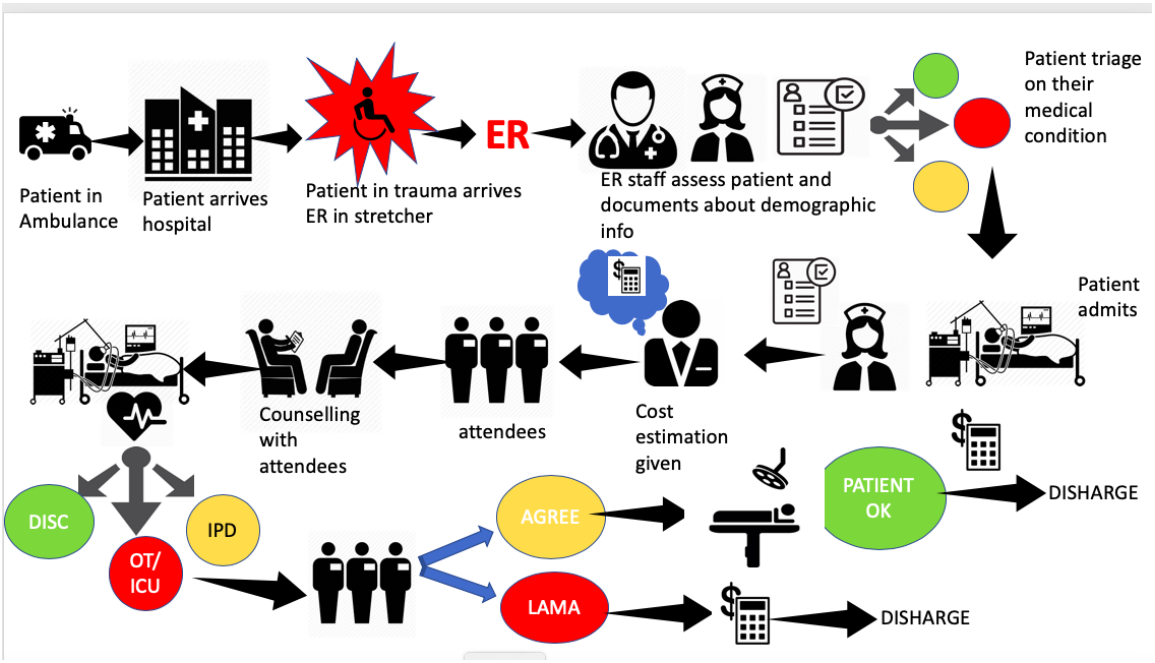
"Forsgärde E, From Attebring M, Elmqvist C (2016) made an observative study on the impact of emotional balance and trauma on patients and their family related to interest in E.D". "The first is to assess the degree of patient interest and second, to study the relationship between patient interest with communication of health status and other health care related indicators.". "Patients and their family members felt that nurse rounds for

checking their status was not adequate as they were not updating properly which made them to wait for longer duration"(4).

"David A Thomson et al.; (1995) conducted a study in an E.D of the community hospital. A questionnaire was administered by telephone and samples were collected randomly within 2- 4 weeks after discharge ". "Participants were asked about various questions regarding waiting time (time from triage to physical examination and discharge from E.D), delivery of information (procedure explanations and delay in treatment),overall level of interest(6). "A total number of 1631 of respondents were taken, and the results shows that the perceived interest was much lesser than expected and positive association was present with overall interest for information delivery and waiting time". "It was concluded that providing information and managing the waiting time effectively can be adopted as a strategy to improve patient interest (Thompson, Yarnold, Williams, & Adams, 1996)"

"A study conducted by Goransson K et al., (2009) with an aim to identify patient interest at triage counter". "A questionnaire was developed as a study tool on the patient -triage nurse relationship for interest in medical terms and administrative information, privacy and confidentiality maintained in triage area by nurses. Total 146 respondents participated in study"(7). The results portrayed that the triage facilities were given to the patients as soon they arrived, but limited amount of information was given to patients regarding waiting time (Göransson & von Rosen, 2010). 97% respondents found triage nurse to be medically competent for triage activities. "Overall patients were satisfied with the care services given by the staff". "It was concluded that prior information regarding waiting time to be given to patient in order to boost patient interest, hence improving the overall experience".

PROCESS FLOW:



SCOPE OF STUDY

AIM

To assess various factors that influence patients in E.D and understand dynamics of this department.

RESEARCH QUESTION

What is the Patient interest in E.D in the Citizens hospital?

OBJECTIVE

- To know about the Patient Interest in E.D in Citizens Specialty hospital.
- To analyse the following Patient Interest Indicators-

1. Patient Identification
2. Patient Triage
3. Stretchers
4. Nurse assessment
5. Specialty doctor assessment
6. Medical Staff communication-PRE
7. Frequency of patient health check
8. TAT analysis of Lab
9. Billing
10. Clinical Discharg

METHODOLOGY

Study Area

The study was conducted in Emergency department in Citizens specialty hospital located in Nallagandla, Telangana.

Study Design

It is an analytical study conducted on the respondents(patients or attendees) using direct observation and questionnaire with five-point Likert scale. Patient interest towards Citizens specialty hospital services was measured and patients were observed and asked

to rate specific services based on bad, poor, average, good and excellent in specific departments

Study Duration

The study was carried for 3 months from 4 February 2019 to 3 May 2019.

Sample Size

A total number of 565 respondents were taken as a sample based on convenience sampling in E.D department.

Study Population

Citizens hospital patients who have received treatment in E.D during study duration time period.

Sampling Technique

Convenience sampling Technique

Data Collection Method

"A modified questionnaire was prepared for Citizens specialty hospital services covering the attributes related to patient interest in "E.D".

Data Type

The research study was carried on primary data

OBSERVATION IN EMERGENCY ROOM

As the study includes to observe, understand and assess the dynamics of Emergency room to construct Questionnaire which determines patient satisfactory levels.

- As this department comprises 30 staff nurses headed by Nurse In-charge.

- Three shifts to run around 24/7 includes staff nurses 10 of each shift, 4-maintenance/house-keeping staff and 3-duty doctors

- As based on the triage system patient is treated and by the medical condition patient may be shifted to ICU,HDU or IPD in hospital or discharged.

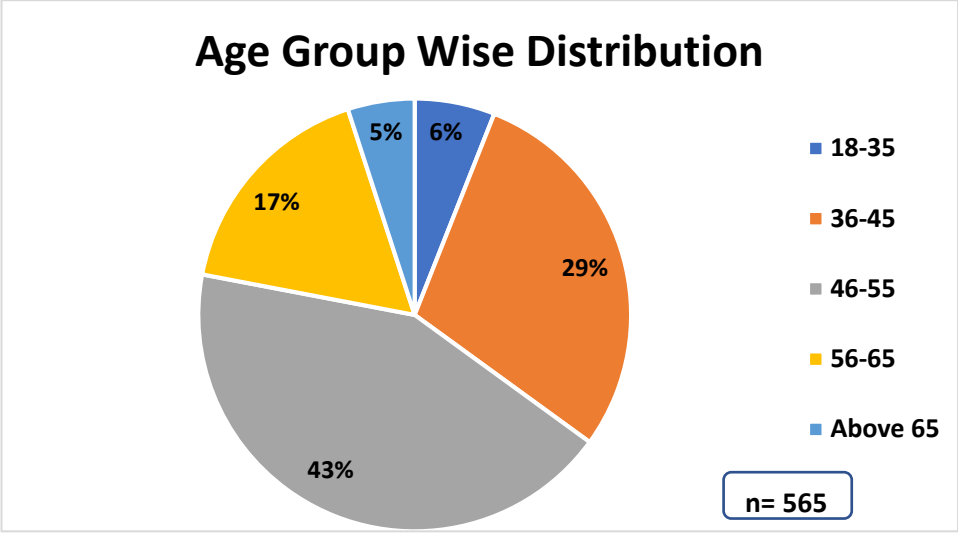
- Assessing patient satisfaction is Iceberg theory as lot of factors comprises both from patient and staff end.

- By observing the pattern in ER, questionnaire is being prepared to assess the patient satisfactory in terms of operational and quality terms.

ANALYSIS

On the basis of the questionnaire prepared to analyse and determine the satisfaction level of the patients towards various services provided in emergency department, the survey was conducted on the sample of 565 respondents.

1. Sample distribution according to AGE and SEX variable



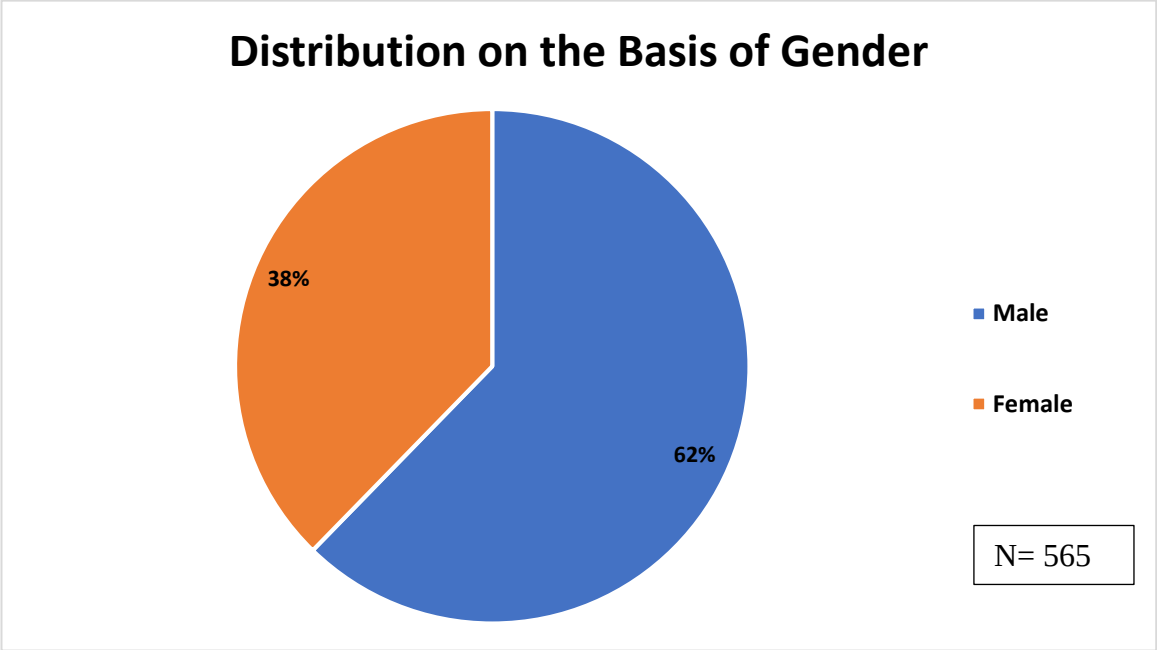
This Pie chart denotes about distribution of respondents on basis of Age. Where 6% of the respondents lie between 18-35, 29% of the respondents in the age group of 36-45, 43% of the respondents in the age group of 45-55, 17% of the respondents in the age group of 56-65 and rest 5% are above 65 age group

2. Sample wide percentage of gender

Table 1 Gender wise distribution

Gender	Respondents	Percentage
Male	352	57%
Female	213	43%
Total	565	100%

Table 2 Analysis shows the data in which out of 565 respondents, 352 (57%) of the them are male and rest 213 (43%) are female.



This Pie chart denotes about distribution of respondents on basis of Gender. Where 38% are female and rest 62% are male respondents in this study.

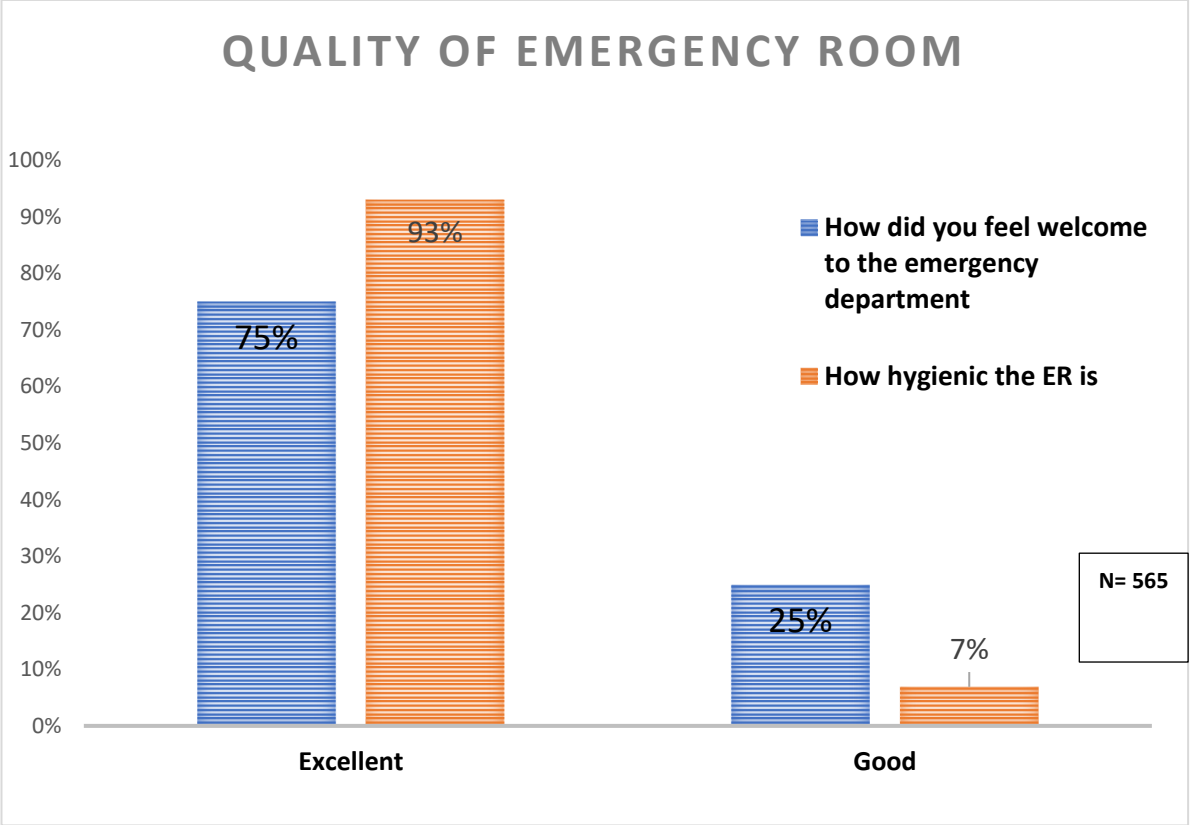
As Emergency room is a small time In-Patient department where clinical excellence is required. But, to assess and to consider the patient satisfaction various factors that implies direct effect on satisfaction by observation and perceived responses are considered to plot the analysis in this project.

“Based on it indicators were categorized under various segment while each of these segments show specificity to that factor that caused satisfaction or dissatisfaction in patients who received services in ED.”

- Quality Of Emergency Room
- Documentation & Registration Of Patients
- Assessment Of Patient After Registration
- Quality Of Nurse Services In Emergency Room
- Quality Of Doctor Services In Emergency Room
- Effectiveness Of Emergency Room Staff(Pre)
- Effectiveness Of Laboratory Services In Emergency Room
- Hospitality Services In Emergency Room
- Recommendation Of Citizens Hospital Services

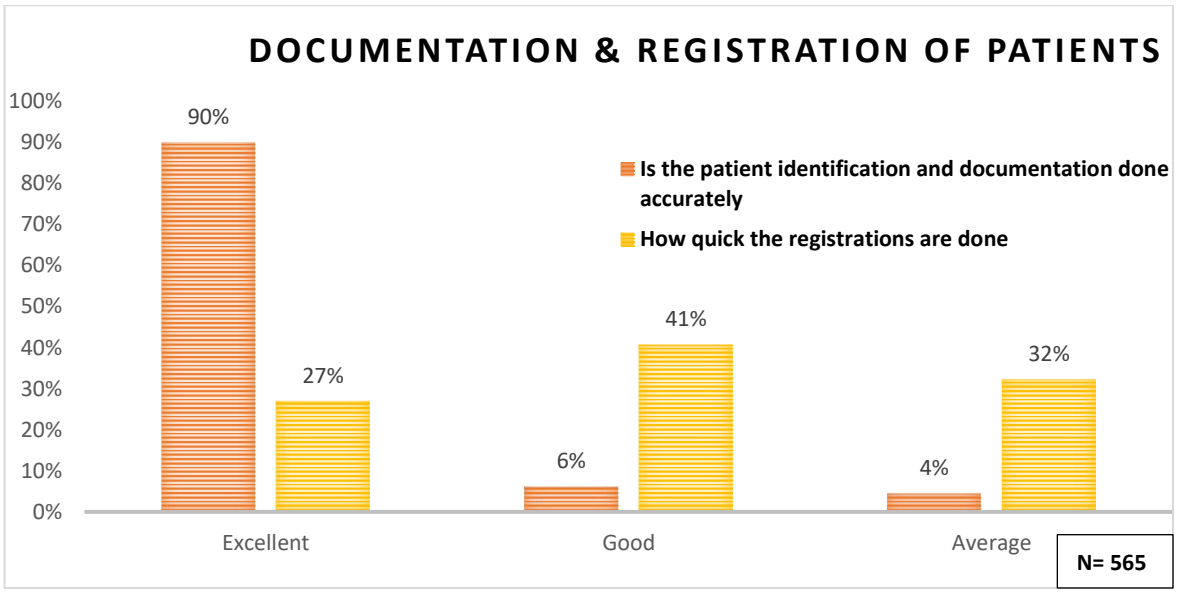
- Discharge Process
- Satisfaction Based On Total Stay Of Patient In ER
- Overall Satisfaction By Patient

Fig 2 Bar Diagram Defines Percentage Analysis For Quality Of E.D



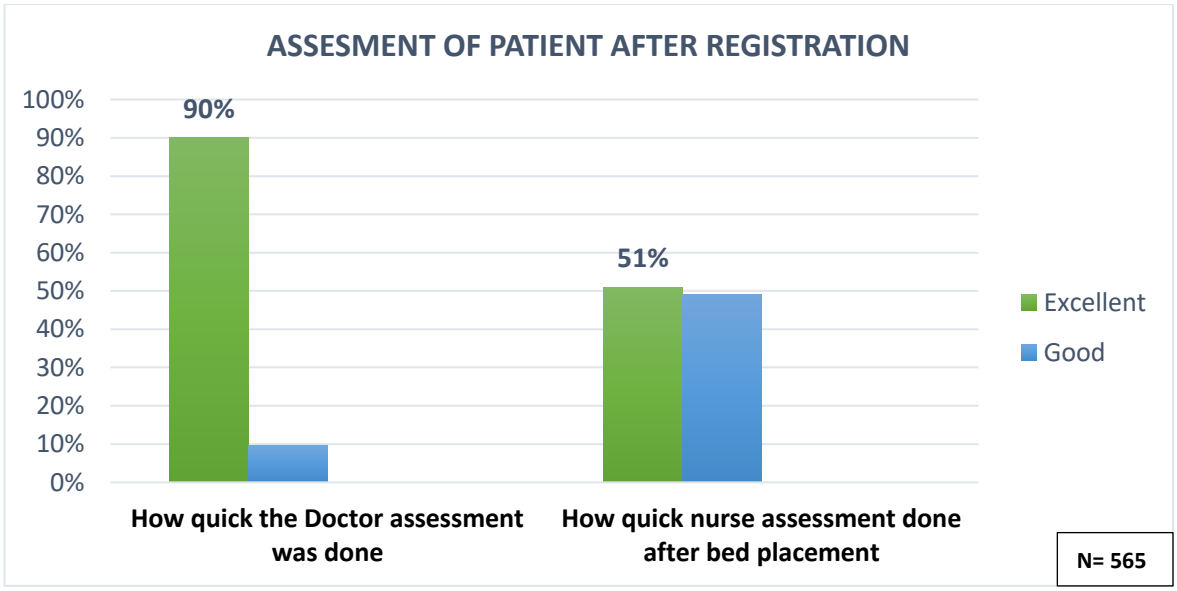
- In the quality of ER 75% of the respondents said welcome to emergency room was great and rest 25% of them felt good about it.
- Regarding Hygienic 93% felt excellent and rest 7% felt good. This was positive outcome for emergency room maintenance.

Fig 3 bar diagram defines percentage analysis for Assessment pf patient after registration



- In the Documentation & registration patient identification was 90% excellent , 6% good and 4% average
- Registrations were quickly done and response rate was 90%, good 6% and 4% was average

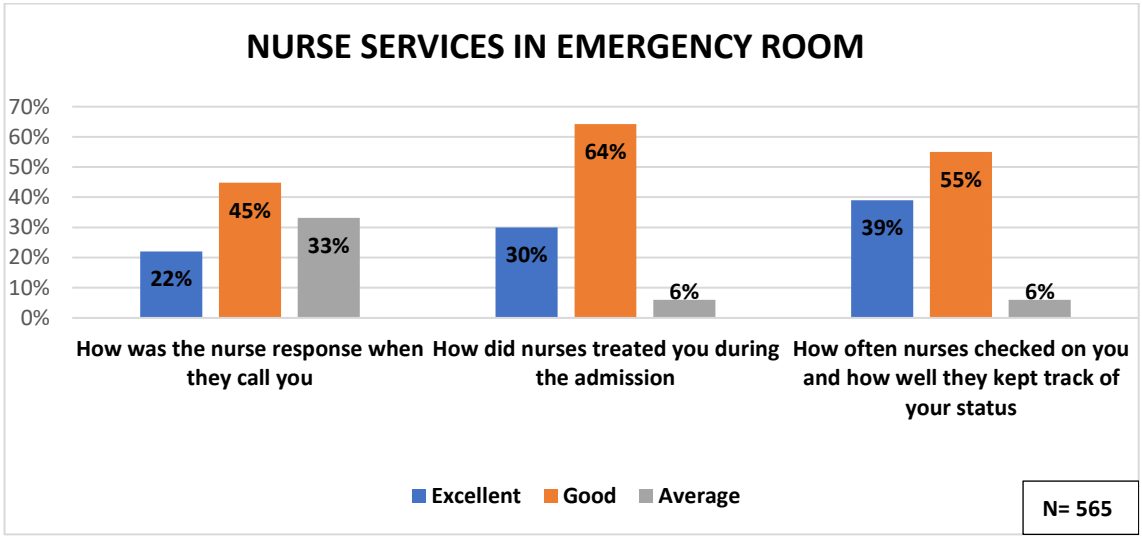
Fig 4 bar diagram defines percentage analysis for Quality of Nurse services in ER



How quick the Physician/Specialty doctor assessment was done Excellent, 90% Good, 10%. How quick the bed placement was done received Excellent 72% Good, 23% for the

interest level. While how quick nurse assessment was done received Excellent 51% Good 49%.

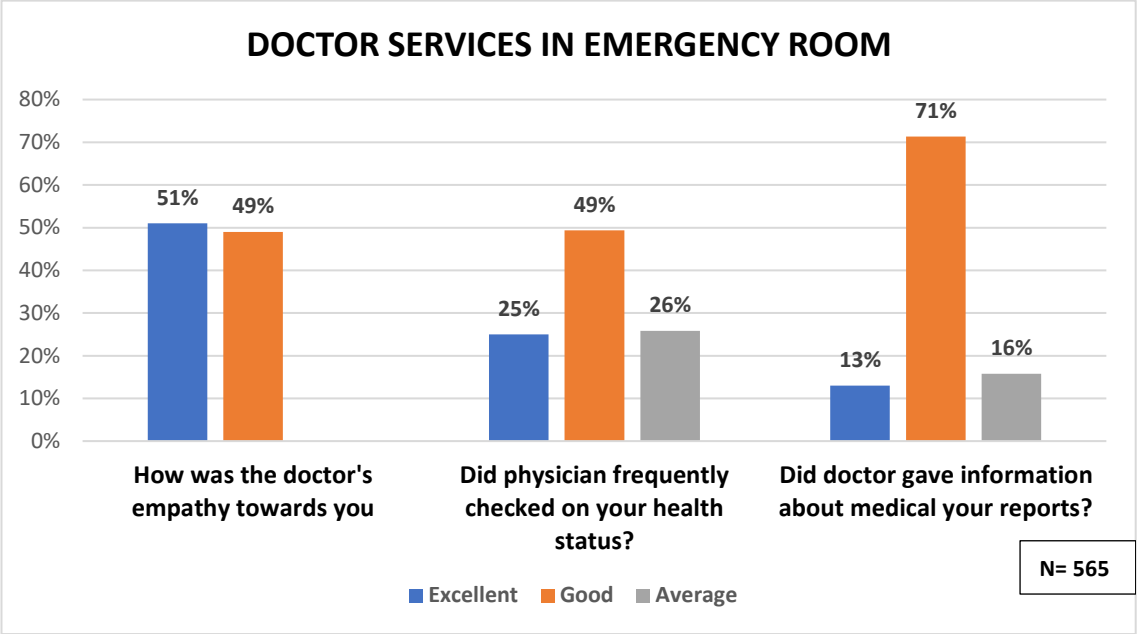
Fig 5 bar diagram defines percentage analysis for Quality of Nurse services in ER



Assessment of Nurses was major turnkey in patient's satisfaction in which the results where

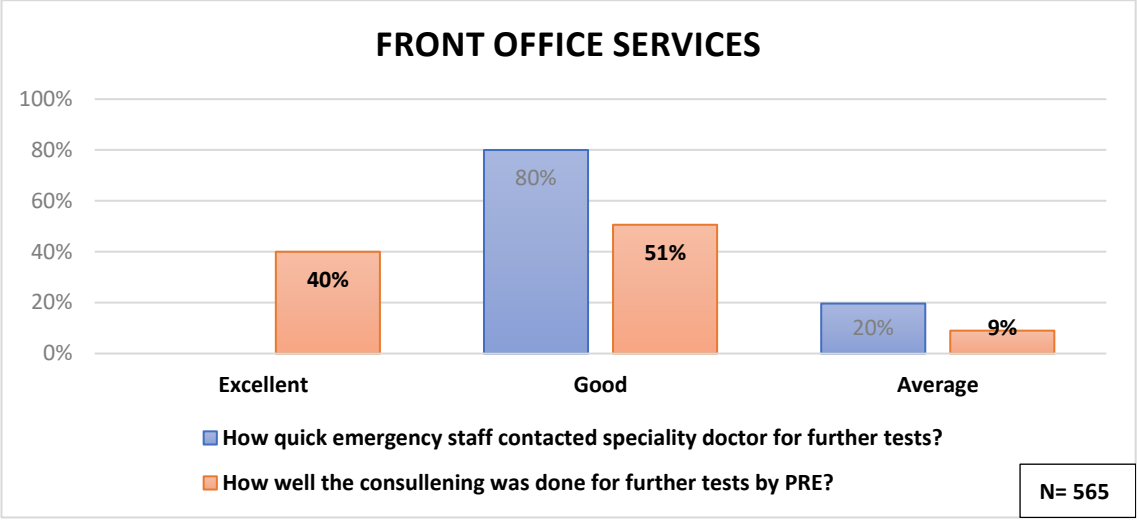
- In the nurse response section 22% of them felt quick response i.e less than 5mins, 45% of them felt good which was between 5-10 mis, rest 33% felt average as nurse response was between 10-15 mins. This shows satisfaction was not high.
- In this 30% of them felt nurse treatment was excellent, 64% of them felt good and rest 6% felt average about nurse assistance in Emergency services.
- In this 22% of them felt nurses were quite willing to help with their queries, 74% felt good and 5% felt average about it.
- In total responses 39% of them felt nurses kept excellent track of their health status, 55% felt good and rest 6% average about these services

Fig 5 bar diagram defines percentage analysis for Quality Of Physician/Specialty doctor Services in ER



- In this section 51% of the respondents felt doctor's empathy was quite high and rest 49% of them felt good.
- In this 85% of them felt doctor gave top priority for disclosing pain and rest 15% felt as second priority.
- In this 25% felt physician frequently checked on their health stat, 49% felt good and rest 26% felt doctor haven't frequently checked.
- Regarding disclosing of medical reports 13% of them felt excellent as specialty doctor have advised them, 71% of them felt good as general doctor had advised them and rest 16% felt average as nurse disclosed the reports to them.

Fig 6 bar diagram defines percentage analysis for effectiveness for E.D staff



- In communication section 80% of them felt good response regarding contacting specialty doctor for further tests and 20% felt average as the specialty doctor delayed in arriving Emergency room.
- 40% of the respondents felt counselling by PRE was excellent, 51% felt good and rest 9% felt average.

Fig 7 bar diagram defines percentage analysis for Effectiveness Of Laboratory Services In E.D

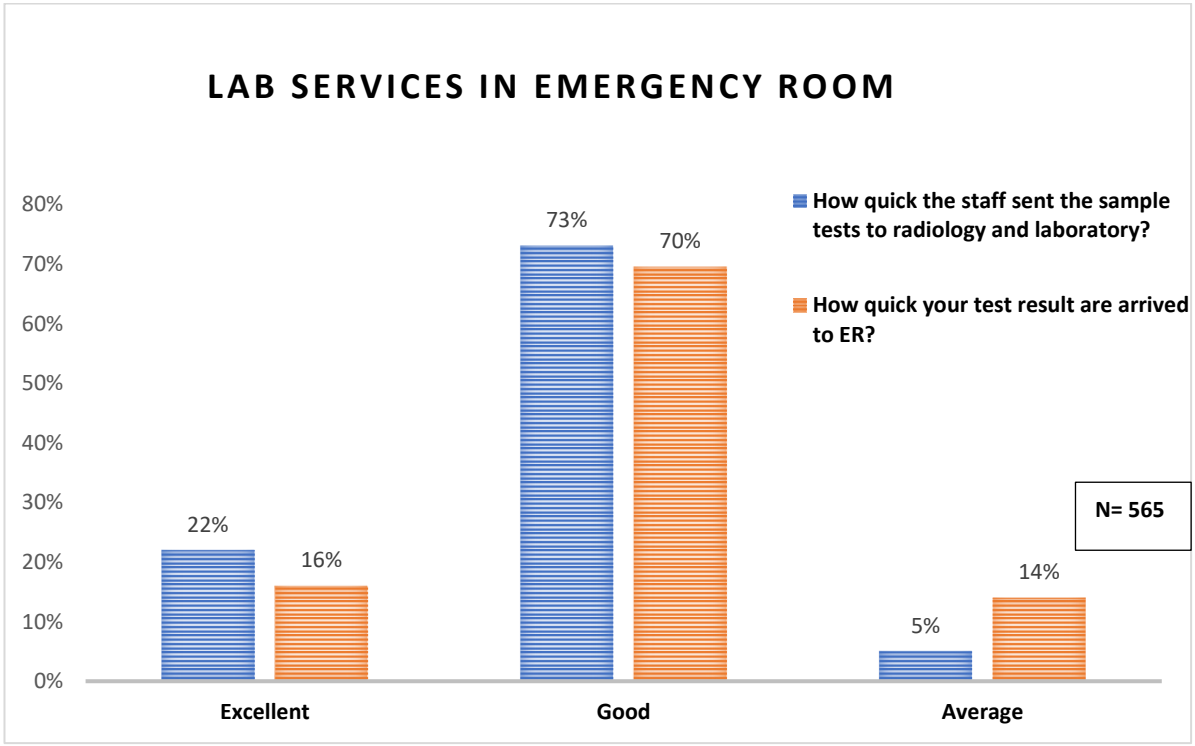
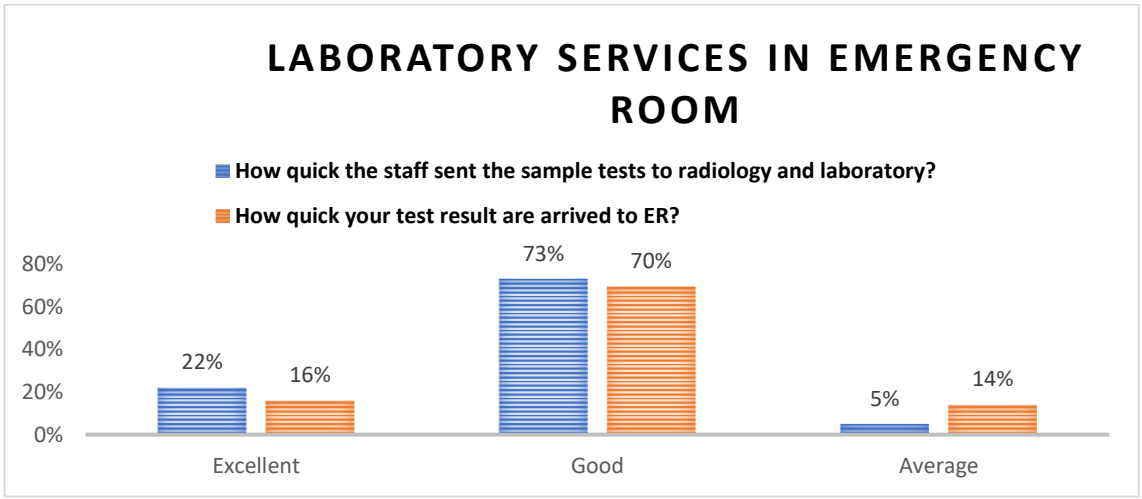
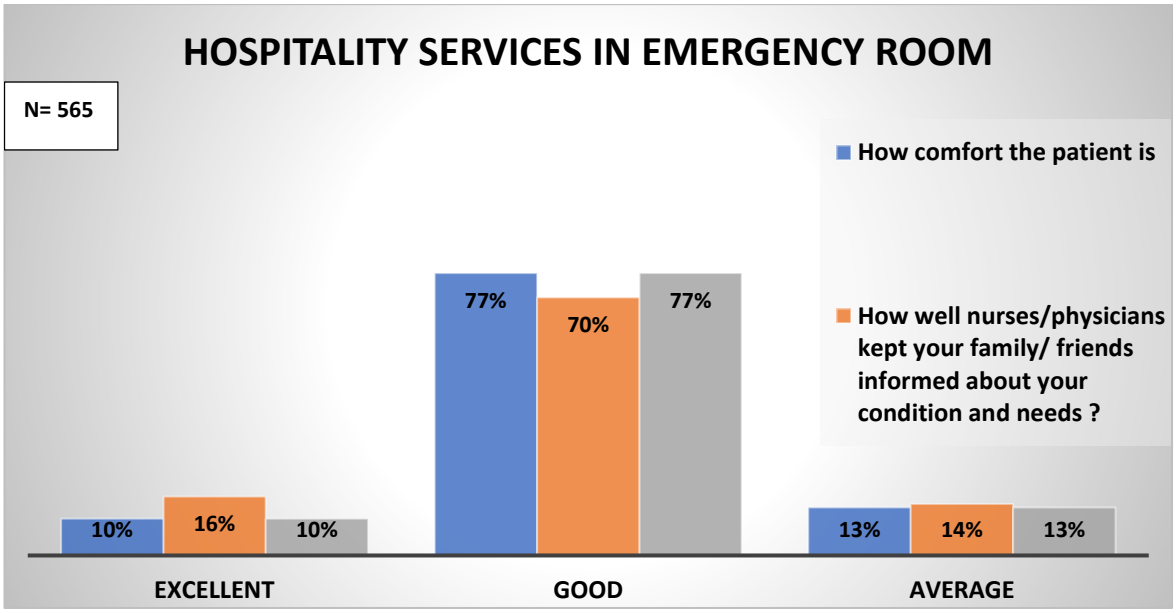


Fig 8 bar diagram defines percentage analysis for Effectiveness Of Laboratory Services In E.D



How quick the staff sent sample tests to radiology and laboratory was (Excellent 22% Good 73% and Average 5%) which was highest of all. How quick your test result arrived has received (Excellent 16% Good, 70% and Average 14%) for the interest level.

Fig 9 bar diagram defines percentage analysis for hospital services in ER

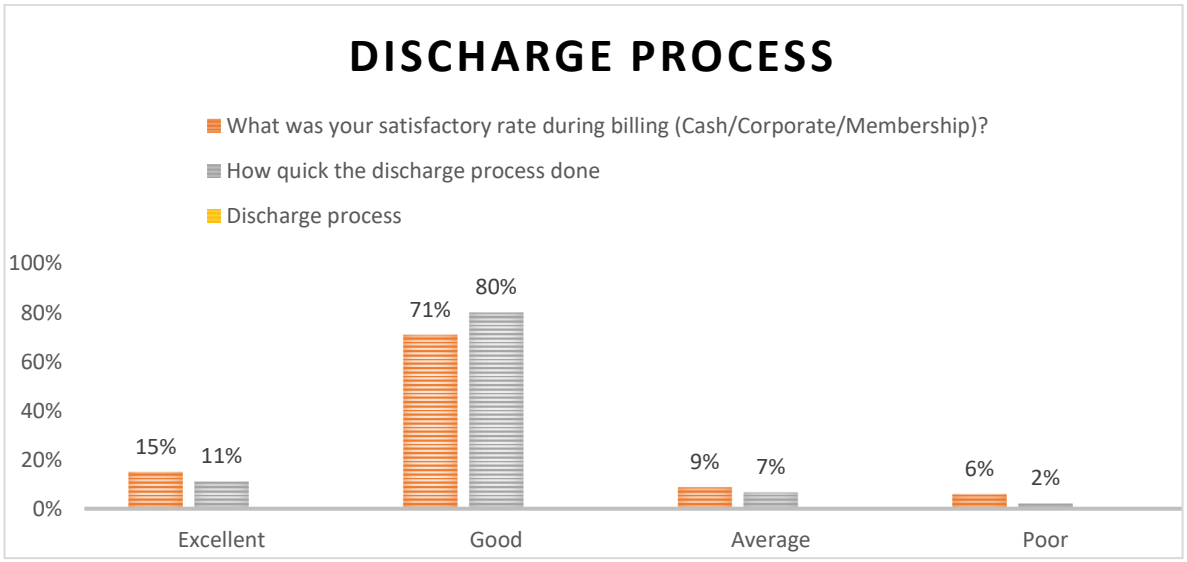


- In hospitality section patient 10% of them excellent, 77% of them was good and rest 13% was average regarding comfort in ER.
- 16% of them felt excellent, 70% felt good and rest 14% as average in updating about patient condition to family.
- 10% was excellent, 77% of them felt good and rest 13% felt average about explaining home care instructions during discharge

Fig 12 bar diagram defines percentage analysis for Recommendation Of Citizens Hospital Services

- In recommendations respondents states that 9% is excellent, 88% is good and 3% is average for referring their family services
- In recommendations respondents states that 9% is excellent, 88% is good and 3% is average for referring themselves

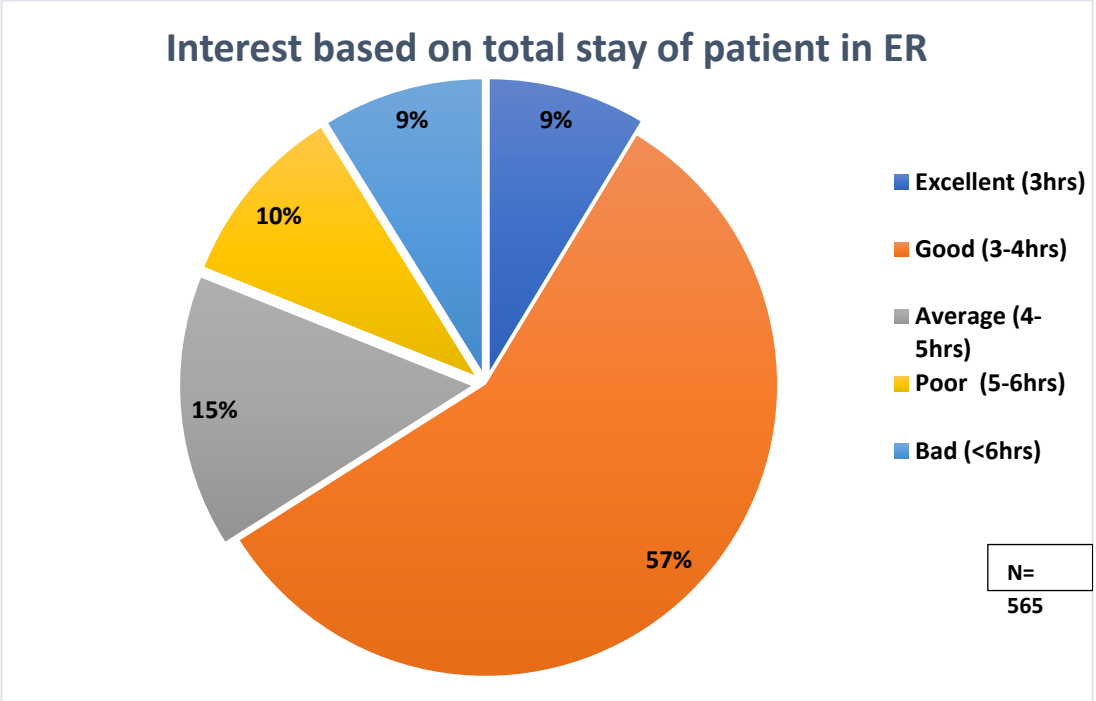
Fig 13 bar diagram defines percentage analysis for discharge process



- In discharge formalities 11% of them felt excellent, 77% felt good , 9% felt average and rest 3% felt poor. There is significance dissatisfaction in this process.

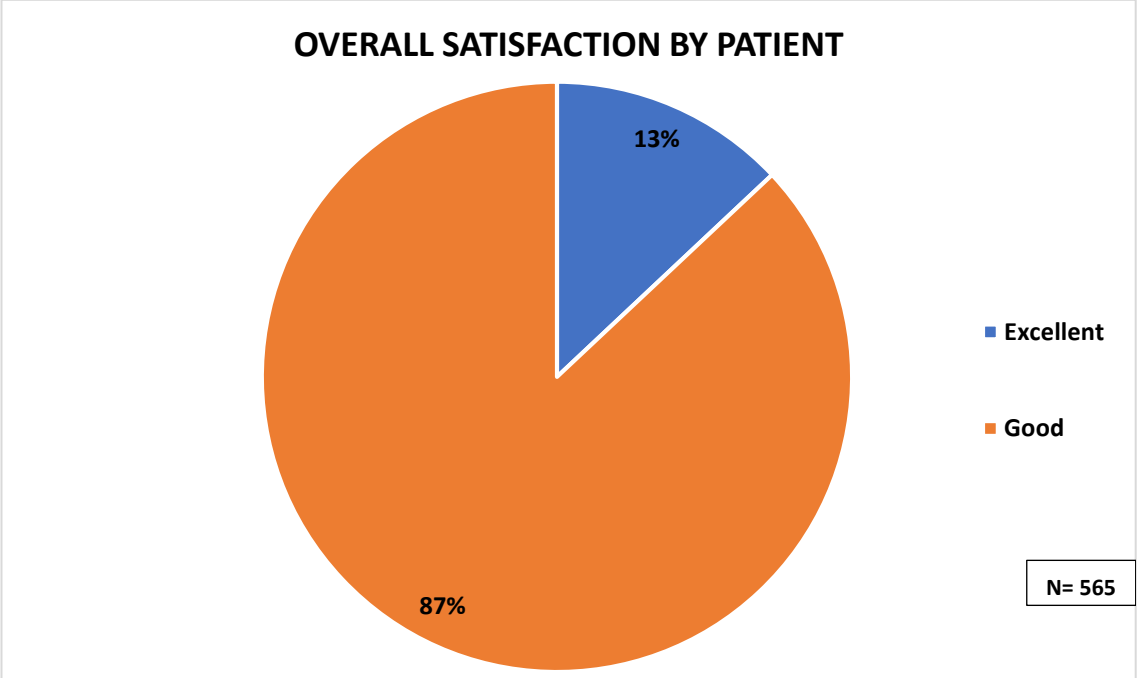
- When it comes to satisfaction in billing 15% of them felt excellent, 71% felt good , 9% felt average and rest 9% felt poor. As the respondents felt variations in method of pay in relation with satisfaction.
- In discharge process 11% of them felt excellent, 80% felt good , 7% felt average and rest 2% felt poor. As there is delay in overall discharge and that show significant dissatisfaction in discharge.

Fig.14 Analysis shows for total stay in ER .



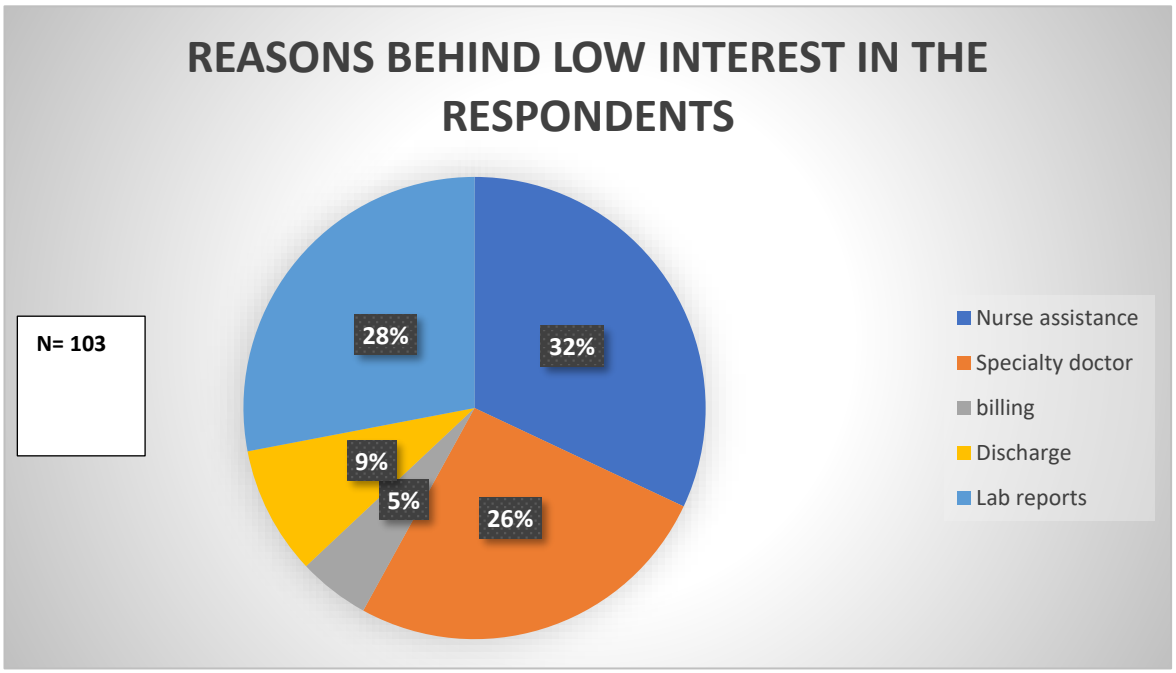
Based on total stay which is Turnaround time 9% of the total respondents had their stay less than 3hrs, 57% of them stayed for 3-4 hrs, 15% of them stayed for 4-5hrs, 10% of them stayed for 5-6hrs and rest 9% stayed more than 6hrs in Emergency room.

Fig.15 Analysis shows for overall satisfacton



Based on patient's overall responses to each indicator 13% of the total scored as excellent and rest 87% as average which is the most perceived satisfaction score

Figure 16 The results regarding patient dissatisfaction chart



- Based on total stay which is Turn around time 9% of the total respondents had their stay less than 3hrs, 57% of them stayed for 3-4 hrs, 15% of them stayed for 4-5hrs, 10% of them stayed for 5-6hrs and rest 9% stayed more than 6hrs in Emergency room.
- But this delay didn't effected the perceived scores in emergency room.

DISCUSSION

The rigorous observational and questionnaire on patient interest in E.D reflects common themes as staff–patient communication, ED wait times, Physician/Specialty doctor or nurse empathy and compassion, patient demographic factors, and staff medical competence towards lab reports.

Several Indicators were framed by understanding literature review that contributes dynamic factors to E.D patient experience. The strongest predictor that determines whole interest was Physician/Specialty doctor's empathy and their concern about patient status. Increase in hospital facilities focus on ED is most significant as the dynamics of this department will also deflects less of man power to equipment as prediction of patient is irrational.

"First, staff-patient communication was highly identifiable in this scenario. As the patients are in trauma and couldn't assess their status until they are clarified by staff". As patients increase in dynamic way where lack of staff can displease the patient. In addition, while "wait-times" may be for Physician/Specialty doctor or speciality Physician/Specialty doctor or lab reports are high factor for disinterest which stood second most common theme. Other factors include surcharge or increased billing charges as some tests were to be done without intimating the patients. "Some, can be patients expectations on discount by availing their insurance cards". Additionally there are some other factors like counselling for treatment was not satisfied causing L.A.M.A in ED.

"Second, this study demonstrates the importance of working across indicators to improve interest and quality of ED staff towards patients." Given that the ED is a unique and dynamic environment in which physicians, specialty Physician/Specialty doctors, mid-level providers, nurses, clinical assistants, and other staff work like runners, together very closely to care for patients, it is imperative that efforts to improve ED patient experience include representation and perspective from all ED staff role groups. "There is strong relationship between patient interest and staff concern towards them. Non-medical staff like runners and housekeeping also deal major faction in delay and environment in ED".

“Finally, despite of unique behaviour in ED nursing staff and Physician/Specialty doctors helping and updating patients about their status frequently can increase interest. Empathy by them can deviate patient feeling even if they stay for longer duration.”

LIMITATION

There are few limitations as achieving information from all the patients was not feasible. Language barrier was also occurred as some couldn’t understand. First, the dynamic of ED is high and couldn’t gather data at same time. Second, patients were in trauma and were not willing to become respondents. “As in this departments expected patients are merely zero so cannot determine at what time the ED can be occupied or not so that at extreme conditions staff quality ca be assessed.”

COCNCLUSION

“This study reveals that the most commonly identified drivers of patient experience include factors related to communication, wait times, staff empathy and compassion, lab report, billing and discharge.” These are the most mean valued factors that caused disinterest even though long stay was not a factor. As these all factors are interlinked to each other causing gradual delay and parallelly disinterest in atients. “These can be communicated and can be decreased with increased efficiency and forward planning”.

RECOMMENDATIONS

1. Medical staff should frequently update patient health status and if Physician/Specialty doctor or specialty Physician/Specialty doctor provides this information it can increase interest in them.
2. There is lag in communication in between staff for contacting specialty Physician/Specialty doctor which can be decreased by immediate action to contact required Physician/Specialty doctor for suggestion.
3. PRE staff should be communicated on time by medical staff to decrease misled billing charges.
4. Sometimes patient disinterest can be decreased by frequent update about bill as it can be major factor for unaffordable patients.
5. Runners or house-keeping staff should be increased to decrease Lab reports turnaround time.
6. False belief regarding insurance or corporate schemes applicable in ED should be decreased especially in illiterate patients as it creates disinterest during billing and discharge time.

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ANNEXURE

Parameters	**Excellent**	**Good**	**Average**	**Poor**	**Bad**	**Total**
How did you feel welcome to the E.D						
How hygienic the ER is						
Is the patient identification and documentation done accurately						

How quick the registrations are done
How did they give priority according to current condition of patient
How quick the Physician/Specialty doctor assessment was done
How quick the bed placement is done
How quick nurse assessment done after bed placement
How quick the nurses responded when you call them
How did nurses treated you during the admission
How willingly nurses where there to answer your questions
How often nurses checked on you and how well they kept track of your status
How was the Physician/Specialty doctor's empathy towards you
Did Physician/Specialty doctor gave opportunity to disclose your pain?
Did physician frequently/necessarily checked on your health status?

How well the information given to you about medical tests and its importance?
How quick E.D staff contacted PRE for further tests?
How well the counselling was done for further tests?
How quick the staff sent the sample tests to radiology and laboratory?
How quick your test result are arrived to ER?
How comfort the patient is
How well nurses/physicians kept your family/ friends informed about your condition and needs ?
How ease was it to complete the documentation during discharge?
What was your satisfactory rate during billing (Cash/Corporate/Membership)?
How well the home care instructions given to you while discharge
How quick the discharge process done
what is the total length of stay(hrs)

How would you recommend this hospital to your family and friends
How would you recommend yourself to this hospital in case of emergency