Patient Experience in IPD

By

Abhishek Surolia

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2016-2018

The IIHMR University, Jaipur

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Table of Contents

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVERMAY CONCERN

This is to certify that **Dr. Abhishek Surolia** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training in **Krsnaa Diagnostics Pvt. Ltd. Center at Rajiv Gandhi Government Hospital, Alwar** from **5th-Feb -2018 to 5th May-2018.**

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

Iwish him all success in all his future endeavors.

Dr. (Col) Ashok Kaushik
Dean, Academics and Student Affairs
The IIHMR University, Jaipur

Dr. P R Sodani
Acting President and Dean-Training
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krsnaa DIAGNOSTICS
LET'S DO GOOD...

The certificate is awarded to

Dr. Abhishek Surolia

In recognition of having successfully completed his
Internship in the department of

OPERATIONS MANAGEMENT

and has successfully completed his Project on

A REPORT ON PATIENT EXPERIENCE IN IPD

From 05-02-2018 to 05-05-2018

At

KRSNAA DIAGNOSTICS PVT. LTD. CENTER IN RAJIV GANDHI GOVERNMENT HOSPITAL, ALWAR (RAJASTHAN)

He comes 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

Mr. Neeraj Bajpai
(General Manager-HR)

KRSNAA DIAGNOSTICS PVT LTD. CHINCHWAD PUNE

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **A Report on Patient experience in IPD In Krsnaa Diagnostics Pvt. Ltd. Center, At Rajiv Gandhi Government Hospital, Alwar Rajasthan** and submitted by **Dr. Abhishek Surolia** Enrollment No. **0371** under the supervision of **Dr. P R SODANI** for award of MBA in Hospital and Health Management of the University carried out during the period from **05/02/2018 to 05/05/2018** 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 Abhishek

ABSTRACT

The Issue of patient/customer satisfaction has gained increasing attention from executives across the healthcare industry. The measurement of patient satisfaction through patient satisfaction surveys has helped organization leaders incorporate patient perspectives as a way to create a culture where service is deemed an important strategic goal for healthcare facilities. However, despite their many efforts and successes with satisfaction measurement, evidence shows that a bit of work in this area is still needed. One of the primary challenges has been in sustaining patient / customer satisfaction improvement initiative in the face of competing priorities and diminishing resources. The purpose of this study is to serve as a resource to help **RAJIV GANDHI GOVERNMENT HOSPITAL, ALWAR** fulfill its mission to enhance it patient/customer satisfaction as to make it community's first choice in seeking medical care. By analyzing data, this study demonstrates that intangible human values such as care, co-operations, compassion along with the tangible medical services are vital to satisfy the needs of the patient and has the most powerful effect in terms of patient satisfaction during a hospital stay at **RAJIV GANDHI GOVERNMENT HOSPITAL.**

ACKNOWLEDGEMENT

Owe a great debt to all professionals at **KRSNAA DIAGNOSTICS PVT. LTD., JAIPUR** for generously sharing their knowledge and time, which inspired me to do my best at this project study.

My heartfelt gratitude to **MR. RAJENDRA MUTHA** (Chairman) and **Mrs. PALLAVI JAIN** (Managing Director) **KRSNAA DIAGNOSTICS PVT. LTD, Mr. YASH MUTHA** (C.F.O) for showing their keen interest in the study and for sharing their views in spite of their very busy schedule. It has been my privilege to work under their dynamic supervision at the Hospital.

I am extremely grateful to **Mr. NEERAJ BAJPAI** (Genral manager and HR Department) **Mr. RAJESH CHANDURKAR (**Head of operation's Department) for the constant support and encouragement. This study would not have been possible without their support.

I express my warm veneration towards front office department staff, for their valuable guidance throughout the entire course of study to its completion.

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I would like to express my heartless thanks to my parents for their moral support, which always inspires me to perform best. And finally credit goes to all my friends' colleagues who helped me in this study.

Sincerely

Dr. Abhishek Surolia

MBA- HM 21. (2016-2018)

IIHMR, Jaipur

EXECUTIVE SUMMARY

PATIENT EXPERIENCE

Calm comprehension and satisfaction is an outstandingly charming after effect of clinical care in the specialist's office and may even be a part of prosperity status itself. A patient's look of satisfaction or disillusionment is a judgment on the idea of facility in mind in most of its viewpoints. A human administrations relationship thusly, needs estimation of patient experience and solidifying results to make a culture where organization is regarded imported should be an imperative target however the prosperity couldn't mind little affiliations. Throughout late years, the issue of Patient experience has expanded growing thought from the authority over the human administrations industry. In like manner, all the restorative administrations affiliation has been focusing their thought on improving calm comprehension through various services. National Accreditation Board for Hospitals & Healthcare Providers (NABH) is a constituent driving gathering of Quality control of India (QCI), set up to develop and work accreditation program for social confirmation affiliations. They have arranged a far reaching social affirmation standard for center and therapeutic administrations providers.

SECTION 1:- PATIENT-CENTERED STANDARDS

- Access, Assessment and Continuity of Care (AAC)
- Patients Rights and Education (PRE)
- Management of Medications (MOM)
- Hospital Infection Control (HIC)

FRONT OFFICE DEPARTMENT:

The front office goes for giving quality social insurance administrations to the patients and in addition their families. It assumes a fundamental part in keeping up coordination among different divisions, for example, Nursing, Food and Beverage, Housekeeping, and Maintenance in order to guarantee finish services. It additionally assumes a basic part in settling patient's grievances by constantly taking care into and refining the doctor's facility administrations. Toward the end of every month PATIENT EXPERIENCE INDEX is created keeping in mind the end goal to assess the nature of administrations offered with the goal that

the open door for nonstop change isn't missed. All in all, it gives a 360 perspective of the healing facility.

WORK FLOW OF FRONT OFFICE DEPARTMENT

1. **Daily interactions query and feedback handling-** To make the patient / attendant's stay comfortable by resolving their issues then and there (if possible) by co-ordination with various departments like nursing, F & B, Housekeeping , Finance, etc.

2. **Interaction at the time of discharge-** Take feedback from the patients/attendants at the time of discharge in order to know their level of satisfaction with the services they received during their stay.

3. **VIP Patient Care** To give almost care to VIP patients. In order to ensure that the sensitivities of other patients are managed, these VIP patients should be referred to as the critical patients list. The reason for this is that even if such a list called the "HNI (high net worth individual) patient list" is seen in advertently by a patient, the patient will not think that special care is being offered to these patients as a result of a reference, status, background etc

4. **Education programs for the attendants in IPD areas:-** To conduct educative programs for the attendants waiting in the IPD area with an aim of not only increasing health awareness, but also favorably influencing the attitudes and knowledge related to the improvement of health on a personal as well as community level. For this posters are display in hospital.

PROJECT TITLE: TO STUDY PATIENT EXPERIENCE OF THE INDOOR PATIENTS AT RAJIV GANDHI GOVERNMENT HOSPITAL, ALWAR.

INTRODUCTION

Human administrations quality is an overall issue. The human administrations industry is encountering a quick change to meet the never-endingly growing necessities and solicitations of its patient masses. Centers are moving from overview patients as uneducated and with minimal human administrations choice, to seeing that the educated buyer has numerous organization solicitations and social protection choices open. Respect for patient's needs and wishes, is indispensable to any sympathetic restorative administrations system. Nature of prosperity organizations was by and large in light of master rehearse standards, however over the span of the latest decade; patient's acumen about social protection has been dominatingly recognized as an imperative pointer for estimating nature of human administrations and a fundamental section of execution change and clinical ampleness

Industrious experience has been described as the level of congruency between a patient's wants of immaculate care and his/her impression of the veritable care (s) he gets. It is a multidimensional point, addresses a major key marker for the idea of human administrations movement and this is an all around recognized segment which ought to be pondered more than once for smooth working of the social insurance systems. It has been a basic issue for restorative administrations executives . The client here does not in reality assess their own specific prosperity status consequent to getting care yet the level of satisfaction with the organizations is passed on

PROBLEM STATEMENT

Various dimensions of patient experience have been identified, ranging from admission to discharge services, as well as from medical care to interpersonal communication. Well recognized criteria include responsiveness, communication, attitude, clinical skill, comforting skill, amenities, food services, etc. It has also been reported that the interpersonal and technical skills of health care provider are two unique dimensions involved in patient assessment of hospital care. Better appreciation of the factors pertaining to client experience would result in implementation of custom made programs according to the requirements of

the patients, as perceived by patients and service providers. Following increased levels of competition and the emphasis on consumerism, patient experience has become an important measurement for monitoring health care performance of health plans.

Patient is the best judge since (s)he accurately assesses and provides inputs which can help in the overall improvement of quality health care provision through the rectification of the system weaknesses by the concerned authorities.

AIM OF STUDY:

The aim is to study the level of patient experience so as to understand the emerging needs of the patient in terms of quality health care and to identify strategies that may help in increasing patient experience scores and sustain patient loyalty on a long-term basis.

RATIONALE OF THE STUDY

Numerous past examinations have created and connected patient experience as a quality change device for medicinal services suppliers. Hence, tolerant experience is an imperative issue both for assessment and change of human services administrations.

REVIEW OF LITERATURE

Nurse Burnout and Patient Satisfaction.

Doris C. Vahey (2004 February)

Concentrated that elevated amounts of medical attendant burnout could antagonistically influence quiet fulfillment. This review looks at the impact of the attendant workplace on medical attendant burnout, and the impacts of the medical attendant workplace and medical caretaker burnout on patients' fulfillment with their nursing care. They led cross-sectional studies of medical caretakers (N = 820) and patients (N = 621) from 40 units in 20 urban doctor's facilities over the United States. Nurture overviews included measures of medical caretakers' practice surroundings gotten from the overhauled Nursing Work Index (NWI-R) and attendant results measured by the Maslach Burnout Inventory (MBI) and expectations to take off. Patients were met about their fulfillment with nursing care utilizing the La Monica-Oberst Patient Satisfaction Scale (LOPSS).

This exploration reasoned that changes in medical attendants' workplaces in healing centers can possibly at the same time diminish medical attendants' large amounts of occupation burnout and danger of turnover and increment patients' fulfillment with their care.

Systematic review of studies of patient satisfaction with telemedicine

Mair F, Whitten P. (2000 June)

He did an exploration into patient experience with teleconsultation, particularly clinical discussions between medicinal services suppliers and patients including continuous intelligent video. Methodological inadequacies (low specimen sizes, setting, and study outlines) of the distributed research constrain the generalisability of the discoveries. The reviews recommend that teleconsultation is adequate to patients in an assortment of conditions, however issues identifying with patient experience require advance investigation from the point of view of both customers and suppliers.

Patient satisfaction: a review of issues and concepts

Sitzia J. (1999 Aug)

Did this review to evaluate the properties of legitimacy and dependability of instruments used to survey fulfillment in a wide example of wellbeing administration client fulfillment ponders, and to evaluate the level of familiarity with these issues among study creators. With couple of special cases, the review instruments in this example showed little confirmation of unwavering quality or legitimacy. In addition, contemplate creators displayed a poor comprehension of the significance of these properties in the appraisal of fulfillment. Scientists must know this is poor research rehearse, and that absence of a solid and substantial evaluation instrument gives occasion to feel qualms about the believability of fulfillment discoveries.

Patient Satisfaction Surveys as a Market-Research Tool for General Practices

Khayat K, Salter B.(1994 May)

A review was attempted to examine the utilization of a patient satisfaction study and whether parts of patient satisfaction differed by socio statistic attributes, for example, age, sex, social class, lodging residency and period of time in training. Studies and examinations of this kind, if led for a solitary practice, can frame the premise of a promoting procedure gone for improving rundown estimate, list structure, and administration quality. Fulfillment studies can be promptly consolidated into medicinal review and monetary administration.

Nursing: A Key To Patient Satisfaction

Ann Kutney-Lee, Matthew D. McHugh (2009 June)

Patient satisfaction is accepting more noteworthy consideration thus of the ascent in pay-for-performance (P4P) and the general population arrival of information from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) review. This paper looks at the connection amongst nursing and patient fulfillment crosswise over 430 healing centers. The medical caretaker workplace was altogether identified with all HCAHPS persistent fulfillment measures.

Also, patient-to-medical attendant workloads were fundamentally connected with patients' appraisals and suggestion of the clinic to others, and with their fulfillment with the receipt of release data. Enhancing attendants' workplaces, including medical caretaker staffing, may enhance the patient experience and nature of care.

Measuring patient satisfaction for audit in general practice

R Baker and M Whitfield (1992 June)

Directed the examination to build up the legitimacy of two patient satisfaction polls (surgery fulfillment survey and counsel satisfaction survey created for use when all is said in done practice. Both polls characterized patients in gatherings 1 and 2 as indicated by the develop of satisfaction; therefore the distinction in middle scores for each part of satisfaction in every survey was noteworthy and happened toward the path anticipated by the build. Every poll likewise segregated between patients gathered by their surveyed level of congruity of care. They presumed that SSQ and CSQ are substantial measures of fulfillment for these sorts of patients.

The "five minute" consultation: effect of time constraint on clinical content and patient satisfaction.

D C Morrell and M O Roland(1986 March)

A test was completed in which patients who were looking for arrangements for an interview in a general practice in south London went to counseling sessions booked at 5, 7.5, or 10 minute interims. The specific session that the patient went to was resolved non-deliberately. The clinical substance of the counsel was recorded on an experience sheet and on sound tape. Toward the finish of every meeting patients were welcome to finish a poll

intended to gauge fulfillment with the counsel. The anxiety induced in specialists doing surgery sessions booked at various interims of time was likewise measured. At surgery sessions booked at 5 minute interims, contrasted and 7.5 and 10 minute interims, the specialists invested less energy with the patients and distinguished less issues, and the patients were less happy with the conference. Pulse was recorded twice as regularly in surgery sessions that were reserved at 10 minute interims contrasted and those booked at 5 minute interims.

There was no confirmation that patients who went to sessions booked at shorter interims got more solutions, were examined or alluded all the more regularly to healing center masters, or returned all the more frequently for further interviews inside four weeks. There was no confirmation that the specialists experienced more worry in managing conferences that were reserved at 5 minute interims than at interviews booked at 7.5 and 10 minute interims, however they griped of lack of time all the more frequently in surgery sessions that were reserved at shorter interims.

The influence of service quality and patients' emotions on satisfaction.

Vinagre, M. H. and Neves, J. (2008)

Worldwide Journal of Health Care Quality Assurance 21(1): 87-103. Reason: The motivation behind this examination is to create and exactly test a model to look at the central point influencing patients' fulfillment that portray and gauge the connections between administration quality, patient's feelings, desires and association. Plan/METHODOLOGY/APPROACH: The approach was tried utilizing auxiliary condition displaying, with an example of 317 patients from six Portuguese open human services focuses, utilizing an amended SERVQUAL scale for administration quality assessment and an adjusted DESII scale for evaluating persistent feelings. Discoveries: The scales used to assess benefit quality and enthusiastic experience seems substantial. The outcomes bolster prepare many-sided quality that prompts wellbeing administration fulfillment, which includes differing wonders inside the subjective and enthusiastic area, uncovering that every one of the indicators significantly affect fulfillment. Inquire about LIMITATIONS/IMPLICATIONS: The feelings stock, in spite of the fact that indicating great inside consistency, may be expanded to different typologies in further research—expected to affirm these discoveries. Viable IMPLICATIONS: Patient's fulfillment components are essential for enhancing administration quality. Creativity/VALUE: The exploration indicates observational

confirmation about the impact of both patient's feelings and administration quality on fulfillment with social insurance administrations. Discoveries likewise give a model that incorporates legitimate and solid measures

A systems approach to gathering and analyzing patient and family complaints and suggestions

Watrous, J. and Hobson, A. (1994).

Most medicinal offices' pioneers are worried with fulfilling the patients who utilize their social insurance association. While numerous offices have recognized particular people whose employment it is to hear tolerant grumblings, the creators advance the view that all staff individuals assume vital parts in patient backing. Administration's part is to decide how to gather and examine the grievances and recommendations voiced by patients all through their human services involvement. This article presents one technique.

Research on patients' views in the evaluation and improvement of quality of care

Wensing, M. and Elwyn, G. (2002).

The distinguishing proof of techniques for evaluating the perspectives of patients on medicinal services has just created throughout the most recent decade or somewhere in the vicinity. The utilization of patients' perspectives to enhance medicinal services conveyance requires substantial and solid estimation strategies. Four methodologies are perceived: consideration of patients' perspectives in the data to those looking for social insurance, distinguishing proof of patient inclinations in scenes of care, patient input on conveyance of human services, and patients' perspectives in basic leadership on medicinal services frameworks. Result measures for the assessment of the utilization of patients' perspectives ought to mirror the points as far as procedures or results of care, including conceivable negative outcomes. Thorough procedures for the assessment of techniques still can't seem to be executed.

Customer satisfaction: a practical approach for hospitals.

J Health QualVander Veen, L. and Ritz, M. (1996).

A California doctor's facility built up a program to better serve and fulfill its clients. This article points of interest the healing center's arrangement to actualize the program with the gathering and utilization of information to quantify achievement, advance staff responsibility, and, eventually, show enhanced consumer loyalty as measured by less objections. The

different exercises started to advance staff training and perceive representatives additionally are quickly tended to.

Improving patient satisfaction through multidisciplinary performance improvement teams

Triolo, P. K., Hansen, P., Kazzaz, Y., Chung, H. and Dobbs, S. (2002).

Healing centers today are tested by high patient registration, rising sharpness, and workforce issues that can bring about a genuine decrease in general patient fulfillment. This article talks about how one clinic handled the issue of declining patient fulfillment scores on five "vexed" patient care units through an execution change methodology that included MD-RN associations, co-tutoring, and unit staff advancement and inclusion in the critical thinking process. The outcome was a relentless change in patient fulfillment over a 6-month time span .

A study on out patient satisfaction at a super specialty hospital in India

Dr. S. K.Jawahar MHA (AIIMS). DNB (Health Administrator)

The review was led among 200 patients going to OPD of Sree Chitra Tirunal establish for medicinal sciences and innovation, Thiruvananthapuram, Kerala. The review was done to know the fulfillment level of patients and furthermore get an input about the administrations given in the outpatient division. The patients were arbitrarily chosen from different claims to fame. With a specific end goal to get the points of interest from patients, a survey was intended to incorporate question inspiring familiarity with patients about the outpatient division administrations, calculated game plans, holding up time, offices, conduct of staff and bolster administrations. It was found that lion's share of the patients are happy with the clinical administrations gave. It was noticed that there is a degree for development of the outpatient division administrations. It was inferred that OPD administrations shape a critical part of healing facility administrations and input of patients are fundamental in quality change.

Inter-Relationship between Clinical Departments in Treating Outpatients

Dr. S.R. Shambulingaiah.

The review was taken up in the set up of SDM healing center, Dharwad of northern Karnataka. The review was embraced with the target to concentrate the working and issues of

OPD administration regions in the SDM healing center setup and to look for the input from the patients in regards to the current offices, working style and needs.

Arbitrary purposive inspecting system was embraced for the determination of test. Specialists of different clinical divisions and patients going to OPD's were considered as respondents of the review. A specimen of least 51 specialists and 57 patients were picked. It was finished up from the review that the Outpatients of SDM Hospital were happy with the current offices, charge structure and outpatient administrations and Para clinical offices and as indicated by specialists of Indian Institute Of Health Management And Research, Jaipur 2014 OPD's in SDM Hospital, offices given to outpatients were great, co-operation of supporting staff should be moved forward.

Measuring Patient Satisfaction: A Case Study to Improve Quality of Care at Public Health Facilities

Prahlad Raj Sodani, Rajeev K Kumar, Jayati Srivastava and Laxman Sharma

The review was directed in outpatient bureau of locale healing facility, common doctor's facility, Group wellbeing focus and essential wellbeing focal point of the eight chose regions of Madhya Pradesh. The fundamental target of the review is to quantify the fulfillment of OPD (Outpatient Department) patients in general wellbeing offices of Madhya Pradesh in India Data were gathered from OPD patients through pre-organized surveys at general wellbeing offices in the inspected eight areas of Madhya Pradesh. The information were investigated utilizing SPSS. It was found that the greater part of the respondents were youth and having low level of training. The real reason of picking the general wellbeing office was modesty, framework, and nearness of wellbeing office. Measuring quiet fulfillment, patients were more happy with the fundamental pleasantries at higher wellbeing offices contrasted with lower level offices.

Study on Process time of patients visiting OPD

AkilanArunkumar (TATA INSTITUTE OF SOCIAL SCIENCES)

The target of the review was to decide the stream of patients and the time spent in the healing facility through landing and administration qualities and to concentrate the bottleneck in the patient stream. 1413 specimens were concentrated through this review. The reaction time was figured from finding the distinction between the section and leave time. Bottleneck examination was likewise done. They prescribed that since gathering focus being the

essential bottleneck of the framework, by expanding another administration here, the framework might be made to work in unfaltering state. It was apparently demonstrated through the reproductions that having a solitary refraction chamber with couple of specialists, the doctor's facility could lessen holding up time up to 25 percent, and also better.

OBJECTIVES:-

General

To determine the patient experience in the In-patient department by developing a patient experience score card after evaluating the collected feedback forms of a tertiary care hospital.

Specific

- To measure level of experience with medical and nursing services.
- To recommend strategies for improving the level of patient experienceand services of the IPD.

METHODOLOGY:

- **STUDY AREA –** In-Patient Department of Rajiv Gandhi Government hospital, Alwar.
- **STUDY DESIGN –** Descriptive Cross sectional
- **STUDY PERIOD-** 5th February- 5th May, 2018.
- **STUDY POPULATION –** Patients admitted in the In-patient Department.
- **SAMPLE SIZE –**200 patients in IPD (taking 95% as confidence interval)
- **SAMPLING METHOD –** Non-probability convenience sampling
- **DATA COLLECTION –** Observation and Interview method
- **DATA ANALYSIS –** Using Microsoft Excel.

- **PARAMETERS ASSESSED FOR IPD–**
    1. Help desk/Registration/front office reception.
    2. Accommodation
    3. Medical and nursing process
    4. Discharge process
    5. Facilities like:
        - Waiting area
        - Public dining options
        - Parking and security
    6. Overall behavior

NATURE OF DATA :- Quantitative data collected through survey questionnaire technique.

SCALE OF RATING RESPONSES

- **4 =** Very Good"
- **3 =** Good"
- **2 =** Average

  1 = Poor
- **0 =** No Response

TYPE OF DATA :-

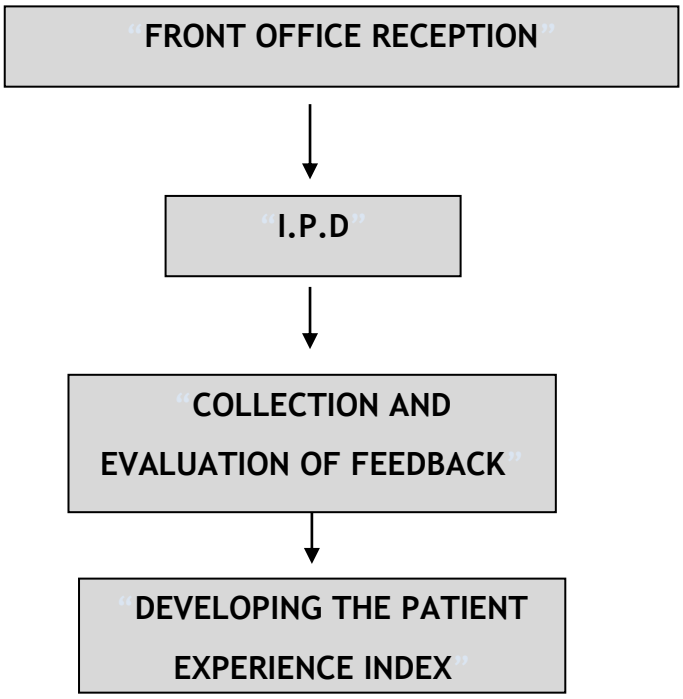
1. Gathered through direct perceptions.
2. Connecting with the patients or the orderlies of the patients of this healing center.
3. Data acquired through Hospital records.
4. Data accumulated through web.

STUDY TECHNIQUE USED :- Questionnaire technique was used including both open ended and closed-ended questions.

STUDY TOOLS USED :- 1- Feedback forms

2- Discharge Report

Patient experience will be studied according to the below mentioned flowchart.



The inter-departmental co-ordination and communication of the Front Office Reception can be depicted with the help of the following diagram.

OBSERVATION 's:-

In Patient Department

S. NO.	HELP DESK	SCALE & NO. OF RESPONSES						3.48
		4	3	2	1	0	Total	Average
1	Please rate the ease with which you could contact the hospital	79	120	1	0	0	200	3.38
2	How did we respond to your queries.	86	108	0	0	6	200	3.44
3	How did we explain the various expenses and packages available.	89	103	0	0	8	200	3.46
4	How was your admission process	84	112	0	0	4	200	3.42
5	Please rate the efficiency and warmth of front office reception team.	88	106	0	1	5	200	3.48

S. NO.	ACCOMODATION	SCALE & NO. OF RESPONSES						3.41
		4	3	2	1	0	Total	Average
1	How comfortable was your accommodation	81	116	0	0	3	200	3.40
2	The quality of cleanliness and upkeep	87	112	0	0	1	200	3.43
3	How well did all equipments/activities work	91	107	0	0	2	200	3.45
4	Quality of food	77	119	1	0	3	200	3.38
5	Food services on time	83	111	1	0	5	200	3.41
6	Efficiency and politeness of Canteen team.	80	113	0	0	7	200	3.41

S. NO.	MEDICAL AND NURSING PROCESS	SCALE & NO. OF RESPONSES						3.39
		4	3	2	1	0	Total	Average
1	Time spend by doctors to explain diagnosis and treatment.	79	120	0	0	1	200	3.39
2	Attention from our doctors team	88	109	0	0	3	200	3.44
3	Attention from our nursing team	82	114	0	0	4	200	3.41
4	How well did our nursing team explained your treatment, procedure and care at home	77	115	0	0	8	200	3.39
5	Please rate the quality of service ➢ efficiency ➢ Promptness ➢ care & warmth	76 74 77	122 124 119	0 0 0	0 0 0	2 2 4	200 200 200	3.38 3.37 3.39

S. NO.	FACILITIES FOR ATTENDANT	SCALE & NO. OF RESPONSES						3.42
		4	3	2	1	0	Total	Average
1	Quality of in room facilities	73	126	0	0	1	200	3.36
2	Food options for attendants	81	83	0	0	36	200	3.49
3	Guidance and information on patient movement during procedure.	81	115	0	0	4	200	3.41

S. NO.	OTHER FACILITIES (please rate the quality of)	SCALE & NO. OF RESPONSES					
		4	3	2	1	0	Total
1	Chemist	57	127	0	0	16	200
2	Waiting area	69	121	0	0	11	200
3	Public dining options	50	129	0	0	21	200
4	Parking and security	59	117	0	0	24	200

S. NO.	DISCHARGE PROCESS	SCALE & NO. OF RESPONSES						3.33
		4	3	2	1	0	Total	Average
1	Please rate the overall discharge process	67	130	1	0	2	200	3.33
2	Efficiency of billing desk	67	127	0	0	6	200	3.34
3	Response to any query	71	125	0	2	2	200	3.33

S. NO.	BEHAVIOUR OF THE RGGH TEAM	SCALE & NO. OF RESPONSES						
		4	3	2	1	0	Total	Average
1	Overall level of service	87	111	0	0	2	200	3.43

FINDINGS THROUGH OPEN ENDED QUESTION: -

As per the data collected, it was found that the patient's experience depends upon the attributes such as respect and compassion and not merely the technical proficiency. The quintessential elements for patient experience were found to be the speed and efficiency of the hospital in providing services, comfort during their stay in the hospital, information and proper communication to reduce their anxiety and emotional support. The in-door as well as the out-door patients of this hospital were found to be highly satisfied with the attention and co-operation provided by the doctors and the nurses team. Asian heart hospital has succeeded in gaining quality feedback from their patients and conducting the necessary review of results. Also, the staff working together as a team in problem identification and problem solving has effectively helped in creating a culture where in the patients and implementation needs to be taken so as to better meet the patient's needs at a sustainable level. The in-door patient's concerns were mainly for the canteen and Nursing departments whereas the out-door patients were more or less completely satisfied with the hospital services.

The concerns for the various departments were found to be as follows:

1. F & B DEPARTMENT:-

(i) Delay in delivering food to the patients.

(ii) Communication gap between the dietetics and the F & B department because of which inappropriate food being served to the patients.

(iii) Quality and quantity of food being compromised.

2. NURSING DEPARTMENT:-

(i) Delay in nurse call-bell response.

(ii) Communication problem between the nurse and the patients as the nurses mainly communicate in their local language.

3. HOUSEKEEPING DEPARTMENT

(i) Patients were not provided with uniform of their appropriate size.

(ii) The cleanliness of the washroom was a major issue for many patients.

(iii) The housekeeping staff was found to be loud and disturbing while cleaning the ward rooms in the morning.

4. MAINTENANCE DEPARTMENT

(i)The complaints of TV, shower and telephone not functioning properly were being made.

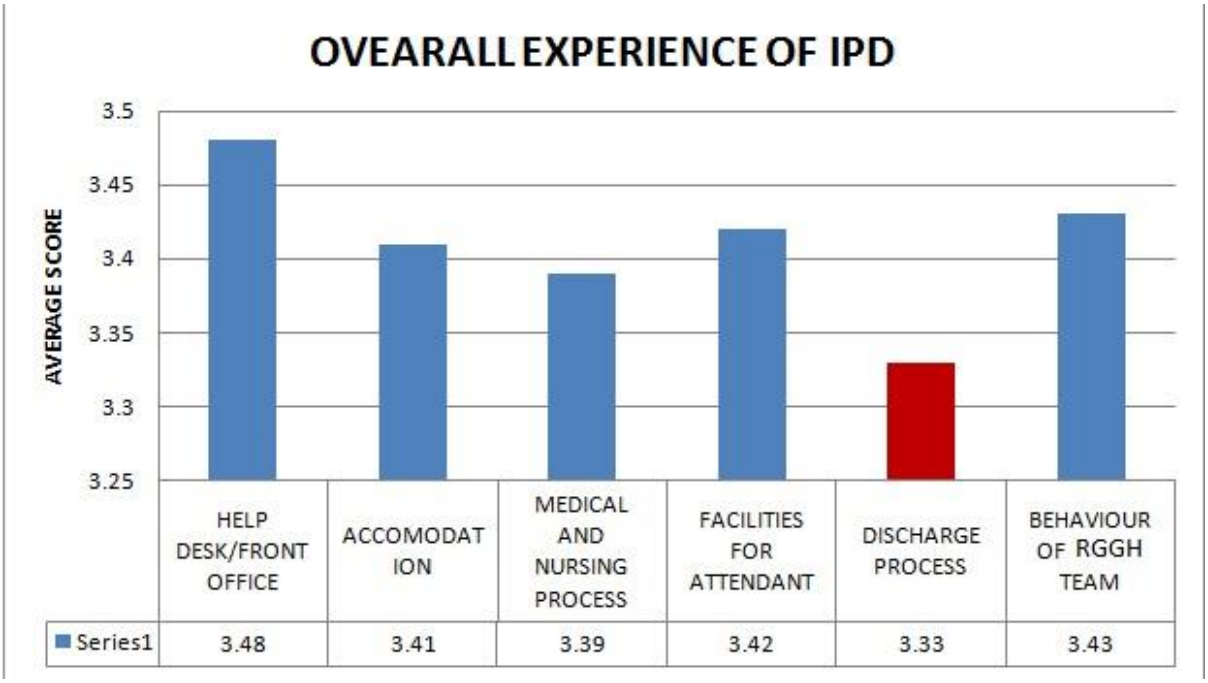
5. BILLING DEPARTMENT

(i) Billing staff needs to be more polite and humble.

(ii) Things need to be explained more properly to the patients. Also, the patients in emergency cannot pay the whole amount upfront so the billing staff needs to be more accommodative as it takes around 1-2 days to arrange the whole amount.

ANALYSIS

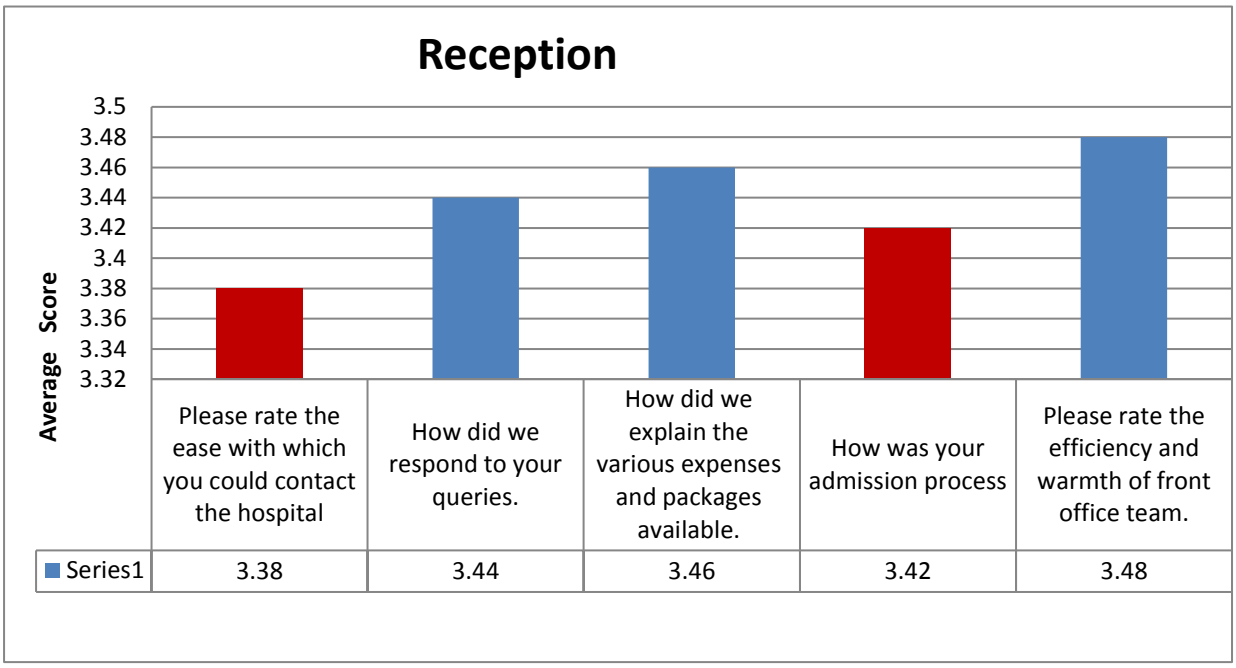
Graph 1:- Overall Experience of IPD in General



Experince of patients with the help desk is of a high level with average ratings of 3.48. Whereas discharge process got the least rating of 3.33

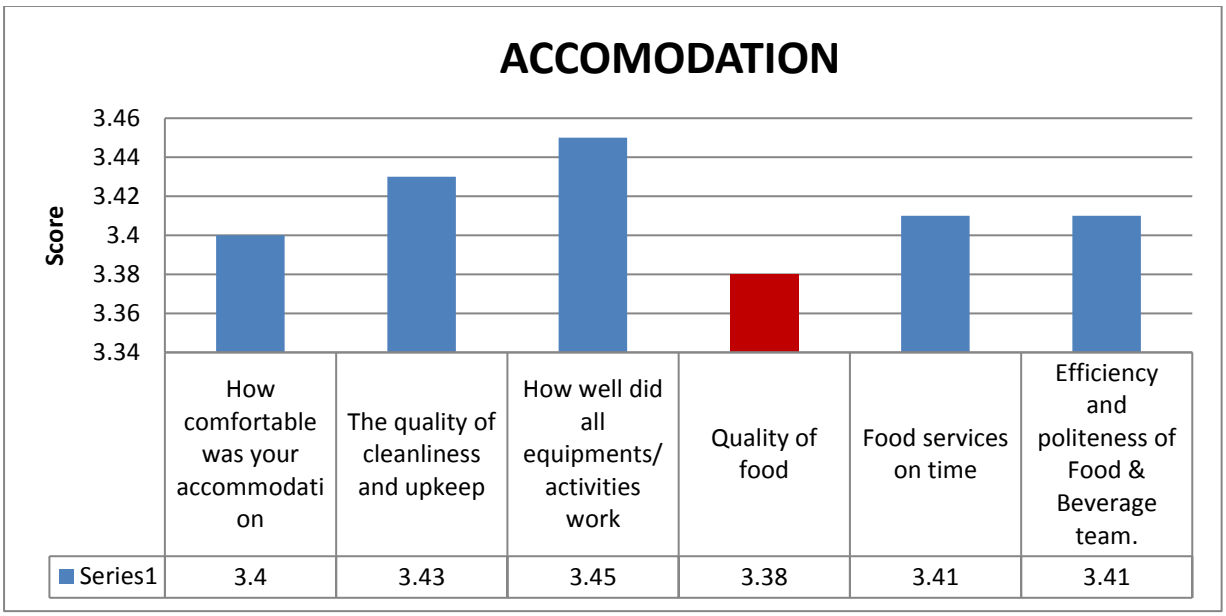
In Specific experience of each department in the IPD are as follows

Graph 2:- Reception



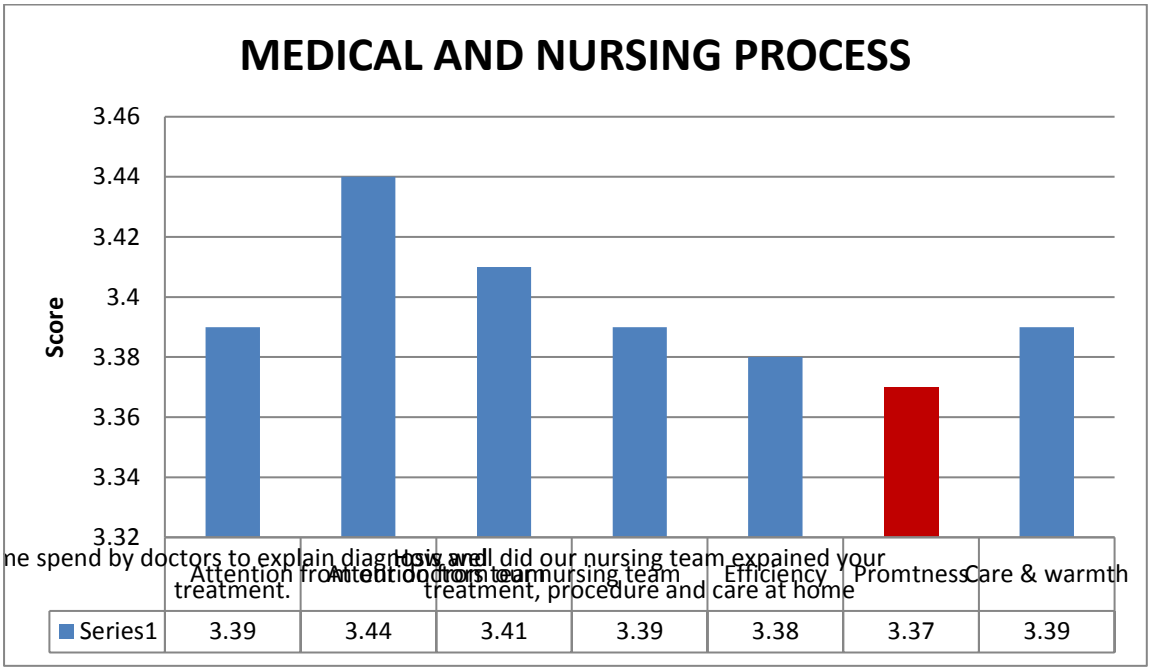
The patient's seemed to be very satisfied with the warmth and affection and also regarding explanation given for expenses and packages with a rating of 3.48 and 3.46 respectively.

Graph 3:- Accommodation



Patients seemed to have given a very good score of 3.43 for the cleanliness and upkeep but seemed to be a bit unhappy with quality of food

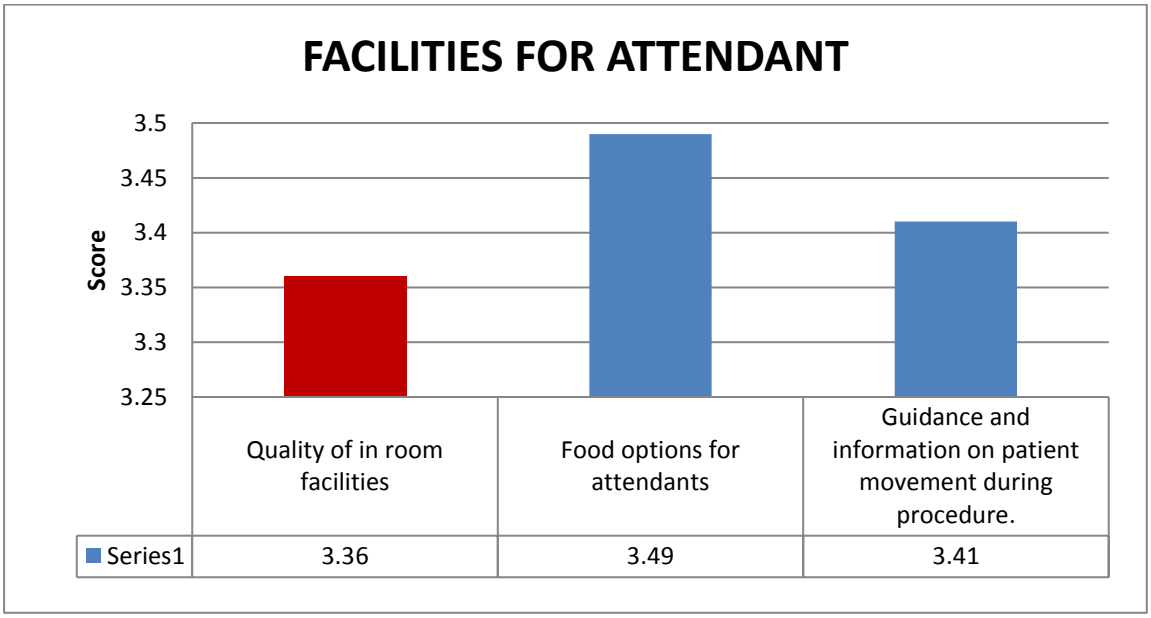
Graph 4:- Medical and nursing process



Based on number of responses highest level of satisfaction i.e. '3' was given to explanation of case and treatment plan by doctors reported by 121 patients out of 200.

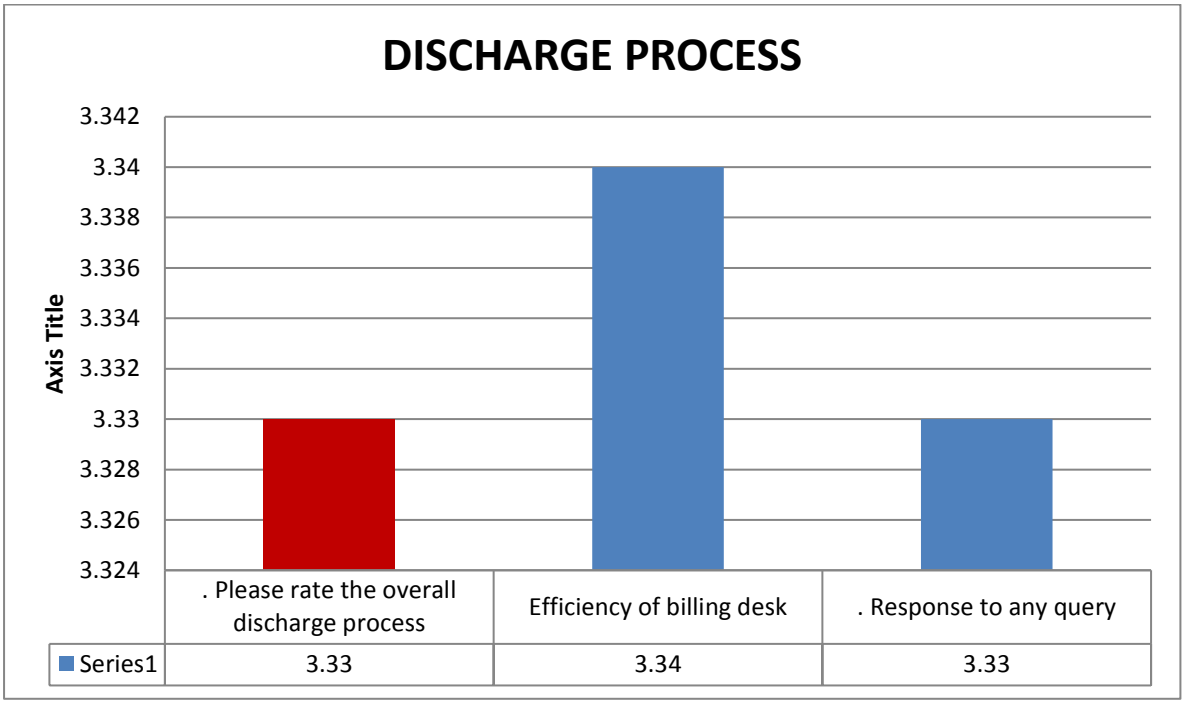
Major issue faced is of promptness.

Graph 5:- Facilities for Attendants



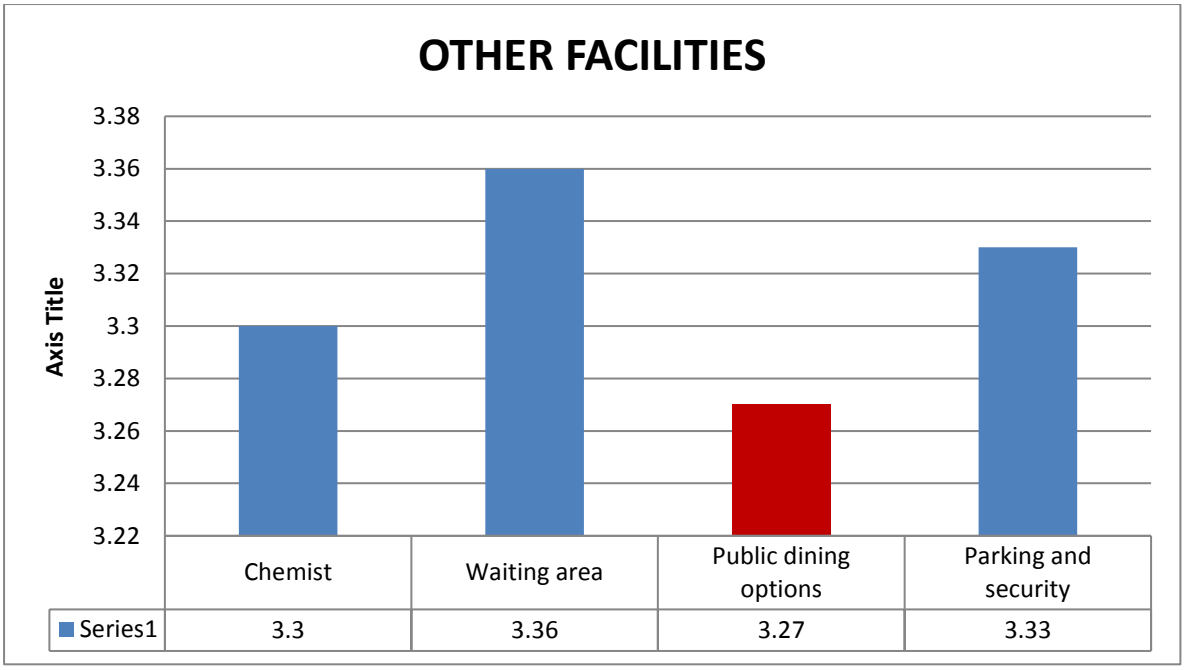
Patient were extremely happy with the number of options present in the menu. 81 patients out of 200 rated it as 3 and 84 rated it as 4

Graph 6:- Discharge Process



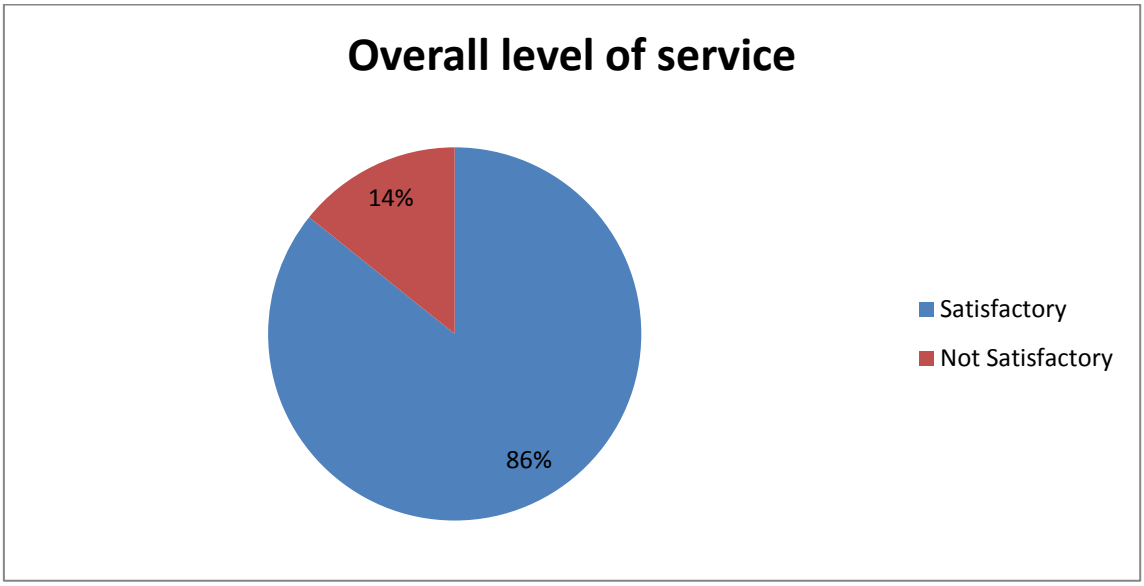
The discharge process has received a constant complain as people complained it to be slow.

Graph 7:- Other facilities



The waiting area comfort were found to be above par with a rating of 3.36 but people faced issues regarding public dining options.

Graph 8:- Behaviour of the Rajiv Gandhi Government Hospital Team.



85.75% people were satisfied with the behavior of the Rajiv Gandhi Government Hospitsl Team. This represents that people are happy with the services provided.

RECOMMENDATIONS:-

(i) The ATM facility in the building for the patient's convenience is not working many a times, which needs to be rectified.

(ii) Parking area charges are heavy for the class of peoples that come to the hospital.

(iii) Staff can be trained to be more courteous as 8 complaints of discourtesy have been received like staff doesn't knock and whenever leaving the room they should pull the gate.

(iv) There can be a lessening in the time consumed for achieving space after affirmation by escorting the "needing dire consideration" patients to the coveted room while their specialist finishes confirmation conventions.

(v) Doctor's facility condition can be enhanced by diminishing level of unsettling influences and clamors at nursing stations.

(vi) Nature of sustenance has gotten 16 protests seeing different viewpoints, for example, taste, not cooked appropriately, delay in conveyance.

(vii) Medical attendants react late to the call. Expeditiousness from the staff side towards quiet concern ought to be expanded, via preparing.

(viii) Nature of room can be enhanced by keeping up a watch list which appears at what time the cleanliness was checked.

(ix) Discharge process ought to be less tedious and this can be accomplished by fruition of morning rounds by specialists and marking the release papers timely.

(x) Air conditioning office in wards ought to be taken in thought and food ought to be somewhat acceptable.

CONCLUSION:-

From the project report it can be presumed that the Rajiv Gandhi Government Hospital Team has prevailing with regards to making a culture where rendering quality patient administrations are its fundamental key objective. The association has put in its concentrated endeavors to focus on the patient's need or protection, empathy and data identified with his or her hospital visit. The patient welfare department in the zone of issue distinguishing proof and issue demonstrating guaranteeing the patient to be the necessary piece of this healing center accordingly improving patient experience and maintaining persistent faithfulness on the long term basis.

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ANNEXURE

Questionnaire (IPD)

	Very Good	Good	Average	Poor	No Response
[A.] Reception					
1. Please rate the ease with which you could contact the hospital.	☐	☐	☐	☐	☐
2. How did we respond to your queries.	☐	☐	☐	☐	☐
3. How did we explain the various expenses and packages available.	☐	☐	☐	☐	☐
4. How was your admission process.	☐	☐	☐	☐	☐
5. Please rate the efficiency and warmth of front office team.	☐	☐	☐	☐	☐
[B.] Accommodation					
1. How comfortable was your accommodation.	☐	☐	☐	☐	☐
2. The quality of cleanliness and upkeep.	☐	☐	☐	☐	☐
3. How well did all equipments/activities work.	☐	☐	☐	☐	☐
{please mention any specific problem}					
4. Quality of food.	☐	☐	☐	☐	☐
5. Food services on time.	☐	☐	☐	☐	☐
6. Efficiency and politeness of Food & Beverage team.	☐	☐	☐	☐	☐
[C.] Facilities for attendants					
1.Quality of in room facilities.	☐	☐	☐	☐	☐
2. Food options for attendants.	☐	☐	☐	☐	☐
3. Guidance and information on patient movement during procedures.	☐	☐	☐	☐	☐

	Very Good	Good	Average	Poor	No Response
[D.] Medical And Nursing Process					
1. Time spend by doctors to explain diagnosis and treatment.	☐	☐	☐	☐	☐
2. Attention from our doctors team.	☐	☐	☐	☐	☐
3. Attention from our nursing team.	☐	☐	☐	☐	☐
4. How well did our nursing team explained your treatment, procedure and care at home.	☐	☐	☐	☐	☐
5. Please rate the quality of service.					
➢ Efficiency	☐	☐	☐	☐	☐
➢ Promptness	☐	☐	☐	☐	☐
➢ Care and warmth	☐	☐	☐	☐	☐
[E.] Discharge Process					
1. Please rate the overall discharge process.	☐	☐	☐	☐	☐
2. Efficiency of billing desk.	☐	☐	☐	☐	☐
3. Response to any query.	☐	☐	☐	☐	☐
[F.] Other Facilities					
Please rate the quality of:					
1. Chemist/ other shops.	☐	☐	☐	☐	☐
2. Waiting area.	☐	☐	☐	☐	☐
3. Public dining options.	☐	☐	☐	☐	☐
4. Parking and security.	☐	☐	☐	☐	☐

[G.] Behaviour of the RGGH team

Over all level of service.

[H.] How did you select this Rajiv Gandhi Government Hospitsl facility

Reputation	☐	Family physician	☐
Repeat patient	☐	Corporate tie up	☐
Location	☐	Web-site/ advertisement	☐
Other	☐	Friends family	☐

Would you recommend us to others. Yes ☐ No ☐ Not sure ☐

[I.] Others comments

_____

_____

_____

_____

_____

[J.] Personal Detail

Name -

Admitting Doctor -

Room/Ward no. - UHD no. -

Date: Admission - Discharge -

Contact no. -

Email -

Sign. –