Report on Patient Satisfaction in OPD

By

Aagosh Chouhan

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2015-2017

The IIHMR University, Jaipur

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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
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TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Aagosh Chauhan student of MBA Hospital and Health Management from The IIHMR university, Jaipur has undergone internship training at ASIAN HEART INSTITUTE, from February 2017 to May 2017.

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.

I wish her all success in all his future endeavors.

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

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The certificate is awarded to

Dr. Aagosh Chauhan

Enrollment No. IIHMR-U/01/2015-17/0242

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

Medical Operations

and has successfully completed his project on

Patient Satisfaction In OPD

from **15 February 2017 to 15 May 2017** at

Asian Heart Institute, Mumbai.

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.

For Asian Heart Institute

Authorized Signatory

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THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled Patient Satisfaction in OPD and submitted by Aagosh Chauhan Enrollment No IIHMR-U/01/2015-2017/0242 under the supervision of Col. (Dr.) Ashok Kaushik for award of MBA in Hospital and Health/ Pharmaceutical / Rural Management/ Human Resource Management in Health and Hospitals of the University carried out during the period from February 2017 to May 2017embodies 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.

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This is to certify that all ethical issues have been considered while collecting data for my dissertation titled **Study on patient satisfaction in OPD.**

Signature

1 ABSTRACT

1.1 BACKGROUND:

Patient fulfillment with therapeutic care is maybe a standout amongst the most usually measured patient demeanors, and work in this field has expanded especially in the previous decade. Donabedian, has cited "accomplishing and creating wellbeing and fulfillment, as characterized for its individual individuals by a specific culture or subculture, is a definitive valuator of the nature of care. A few variables have invigorated research in the range of patient fulfillment. Purchasers are ending up noticeably more modern about the sort of care they get, suppliers are ending up noticeably more mindful to their worries, and rivalry for patients among paid ahead of time and free for specialist co-ops has strengthened. The study was done to understand the impact of patient satisfaction in today's competitive heathcare market.

1.2 OBJECTIVES:

The main objective of the study was to assess the level of satisfaction of the patients and also identifying areas that cause low satisfaction levels ,further which , providing suggestions for a better patient experience.

1.3 METHODOLOGY :

The study was done on the patients coming to the Outpatient department (OPD) at the Asian heart Hospital, Mumbai, Maharashtra. It was a Descriptive cross-sectional study, in which the sample was taken through non- probability Convenient sampling.The size of the smple was 120 OPD patients and it was conducted for a total duration of three months with two months dedicated to OPD data collection and one month for report preparation**.** Data analysis and tabulation was done completely on MS – Excel and MS- Word.

1.4 RESULTS:

A few numbers of issues have been recorded by the patients on the amenities provided by the Asian Heart hospital .Such as long waiting time for consultation. This is in context to the consultation time it took to meet any doctor after a scheduled appointment. This was recorded to be approximately**47%** of the total complains. Of the 47% majority said that **doctors were late** to their OPD's

Another major complain that was seen was that staff at the reception counters were **rude and inefficient**. Approximately **36%** of total complains were regarding the indifferent behavior of the reception staff.

1.5 CONCLUSION:

Attention needs to be given on the behavior of counter and support staff in contact with patients and waiting time for consulting doctors at OPD. These areas are to improve on the experience status among patients. Over all the patients coming to Asian heart Hospital are satisfied and happy with the array of service being provided to them and would suggest other patients to come for their treatment to this hospital.

2 Acknowledgement

I owe a great debt to all professionals at **ASIAN HEART INSTITUTE, BKC, MUMBAI** for generously sharing their knowledge and time, which inspired me to do my best at this project study.

My heartfelt gratitude to **Dr. Ramakant Panda** (Vice Chairman and Managing Director) **Asian Heart Institute, Mr. Girinath Menon** (C.O.O) **Mr. Aditya Bahadur** 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. Dheeraj** (Head of HR Department), **Mrs. Arti Aggarwal** (Quality 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.

My sincere gratitude to **Dr. Ashok Kaushik (Professor Dean, IIHMR, Jaipur)** for his relentless support and guidance. My regards go to my guide at institute **Dr. Suresh Joshi** for his very helpful attitude and valuable suggestions.

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. Aagosh Chauhan

MBA- HM 20. (2015-2017)

IIHMR, Jaipur

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CERTIFICATE BY ORGANIZATION

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ACRONYMS/ABBREVIATIONS

ABC	Always Better Control
A/D	Admissions/Discharge
ALOS	Average Length of Stay
ACLS	Advanced Cardiac Life Support
ABG	Air blood gas
BMW	Bio-Medical Waste
CPR	Cardio-Pulmonary Resuscitation
CSSD	Central Sterile Supply Department
FOS	Fortis Operating System
F & B	Food & Beverage
GDA	General Duty Attendant
HDU	High Dependency Unit
HIS	Hospital Information System
HRD	Human Resource Development
ICU	Intensive Care Unit
MLC	Medico Legal Cases
MRD	Medical Record Department
NABH	National Accreditation Board for Hospital and Healthcare Providers
NABL	National Accreditation Board for Testing and Calibration Laboratories
IPD	In-patient Department
OPD	Out-patient Department
OT	Operation Theatre
PCS	Patient Care Services
TAT	Turn-around Time
TPA	Third Party Administrator
SOP	Standard Operating Procedure
PHC	Preventive health checkup
MICU	Medical Intensive Care Unit

CCU	Cardiac Care Unit
SICU	Surgical Intensive Care Unit
NICU	Neonatal Intensive Care Unit
CSSD	Central Sterile Supply Department
CPR	Cardio pulmonary resuscitation
ECG	Electro Cardiograph
MRI	Magnetic Resources Imaging
ENT	Ear Nose Throat
ICD	International Classification of Diseases
HEPA	High Efficiency Particulate Air
SCD	Supply Chain Department
ACLS	Adverse Cardiac Life Support
BLS	Basic Life Support
MIS	Management Information System
CCTV	Close Circuit Television
RCA	Root Cause Analysis

3 STUDY ON PATIENT SATISFACTION OF OPD PATIENTS AT ASIAN HEART HOSPITAL

3.1 INTRODUCTION

Health Care quality is a worldwide issue. The medicinal services industry is experiencing a fast change to meet the continually expanding necessities and requests of its patient populace. Doctor's facilities are moving from review patients as uneducated and with little social insurance decision, to perceiving that the informed shopper has many administration requests and medicinal services decisions accessible.

Patient fulfillment can be characterized as satisfaction or meeting of desires of a man from an administration or item. At the point when a patient goes to a healing facility, he has a pre-set picture of the different parts of the doctor's facility according to the notoriety and cost included. Despite the fact that, their fundamental desire is moving cured and back to their work, yet there are different components, which influence their fulfillment. In some cases, they may have evaluated a healing facility low on the premise of data; they have from various sources, however they discover it over their desire and they are fulfilled. . For the restorative organizations to know how patients feel about their administration is vital, both, for act of spontaneity of self and, maintenance of patients. Over an existence time, understanding desires of medicinal services may change significantly.

Healing centers have advanced from being a confined sanatorium to a place with five star offices. The patients and their relatives going to the healing center expect world-class treatment, as well as different offices to make their stay agreeable in the doctor's facility. This adjustment in mentality and desire has come because of huge development of media and its presentation, and additionally commercialization and change in the offices. Since the way of administration rendered by the doctor's facility is extremely unique when contrasted with the other administration associations, the state of mind and the level of fulfillment of the patient is of especially significance for the quality therapeutic care.

Directing patient fulfillment overviews in our practice can loan outstanding understanding into how to enhance quality, care, and referral rates. At the point when performed insightfully and with sufficient development, the aftereffects of these reviews can promptly

influence the way our practice works together. Fulfilled clients are basic to our practice's proceeded with achievement, regardless of our practice size, claim to fame, or area.

Understanding fulfillment overview is a critical angle for a human services association to be fruitful, it is required to help enhance wellbeing framework execution and advance better administration of the clinic administrations. Albeit most patients are fulfilled they may not be consistently happy with every one of the parts of care they get. Quiet fulfillment studies are one of the set up measuring sticks to quantify accomplishment of the administration conveyance framework practical at healing facilities. Likewise mindfulness about patient fulfillment is applicable as in fulfilled patients will probably comply with the treatment exhorted, to keep utilizing therapeutic administrations and to advance referrals, along these lines expanding the administration volumes.

The aftereffects of the review can be utilized for enhancing the administrations where tolerant indicated concerns. It will keep up a decent connection between the patient and the social insurance supplier

Persistent fulfillment is one of the essential objectives of any wellbeing framework, yet it is hard to gauge the fulfillment and cloth responsiveness of wellbeing frameworks as the clinical as well as the non-clinical results of care do impact the consumer loyalty. Patients' observations about social insurance frameworks appear to have been to a great extent overlooked by medicinal services chiefs in creating nations. Understanding fulfillment depends up on many variables, for example, Quality of clinical administrations gave, accessibility of solution, conduct of specialists and other wellbeing staff, cost of administrations, doctor's facility framework, physical solace, enthusiastic support, and regard for patient inclinations. Mismatch between patient desire and the administration got is identified with diminished fulfillment. Therefore, evaluating quiet viewpoints gives them a voice, which can make general wellbeing administrations more receptive to individuals' needs and desires.

In the current past, studies on patient fulfillment picked up notoriety and helpfulness as it gives the opportunity to medicinal services suppliers and troughs to enhance the administrations in the general wellbeing offices. Patients' input is important to recognize issues that should be settled in enhancing the wellbeing administrations. Regardless of the possibility that despite everything they don't utilize this data methodically to enhance mind conveyance and administrations, this sort of input triggers a genuine intrigue that can prompt an adjustment in their way of life and in their view of patients.

OPD PROCEDURE

QUALITY POLICY OF OPD

AHI is committed to deliver highest quality of healthcare to enhance patient satisfaction and meet their expectation through well defined quality systems, world class professionals, state of art technology, human and compassionate care.

QUALITY INDICATORS IN OPD

- Waiting time analysis of patients in OPD
- Delay time in doctor starting their OPD

OPD billing-

There is one billing counter and billing for the consultant for all doctors on the same floor is done here.

PROCESS FLOW:

- As the appointment patient enters the first floor OPD for seeking doctor’s consultation, she/he has to report to the OPD desk, where the FOE guide them to the billing counter to pay the consultation fee. If the patient is non appointment, walk in patient who is visiting for the first time then he/she has to fill the registration card and has to do the billing where itself the particular doctor is appointment and if the

patient is non appointment follow up patient then he has to first do the billing and then report to the respective nursing station.

- After completing billing, appointment patient again comes to the OPD desk and get their name registered in the patient register. If the patient is coming for the first time for consultation then the nurse makes their new OPD card, wherein doctor writes all the important findings, all the test and drugs are prescribed in the same booklet, and the patient has to bring the booklet every time he/she comes for follow ups. The patient has to bring the booklet every time he/she can keep all his reports. But if the patient is coming for the follow up visit the nurse themselves take out their file, which contains all their previous and current reports. As soon as patient leaves the counter FOE makes an entry in the computer that patient has arrived (there is an automatic system and each nurse and other staff have their separate ids and passwords to open this and so by this they can see all the records of patients).

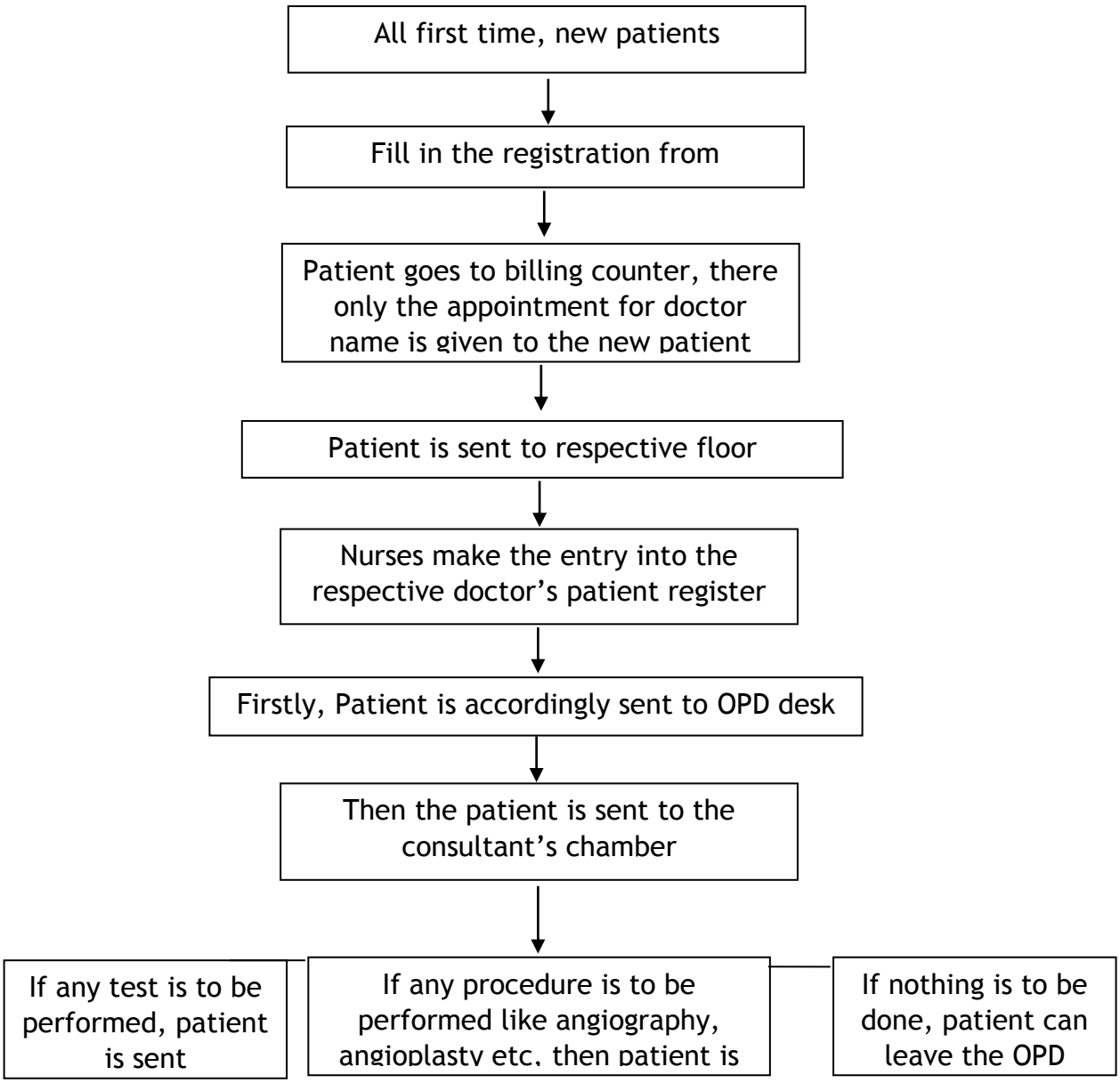
- The FOE then goes and keep these files in the doctors room, whereby each patient is called according to their appointment time.

- As soon as the patients name is called he/she first has to visit the consultant, sees the patient as soon as the patient enters doctors cabin the FOE changes the status from arrived to departed. In this way the FEHI maintains the record of patient waiting time.

- After departing from the consultation room, the patient has to either undergo some tests, or he has to get admitted into the IPD (for which he goes to Day care for screening), or he can leave the hospital, as prescribed by the doctor.

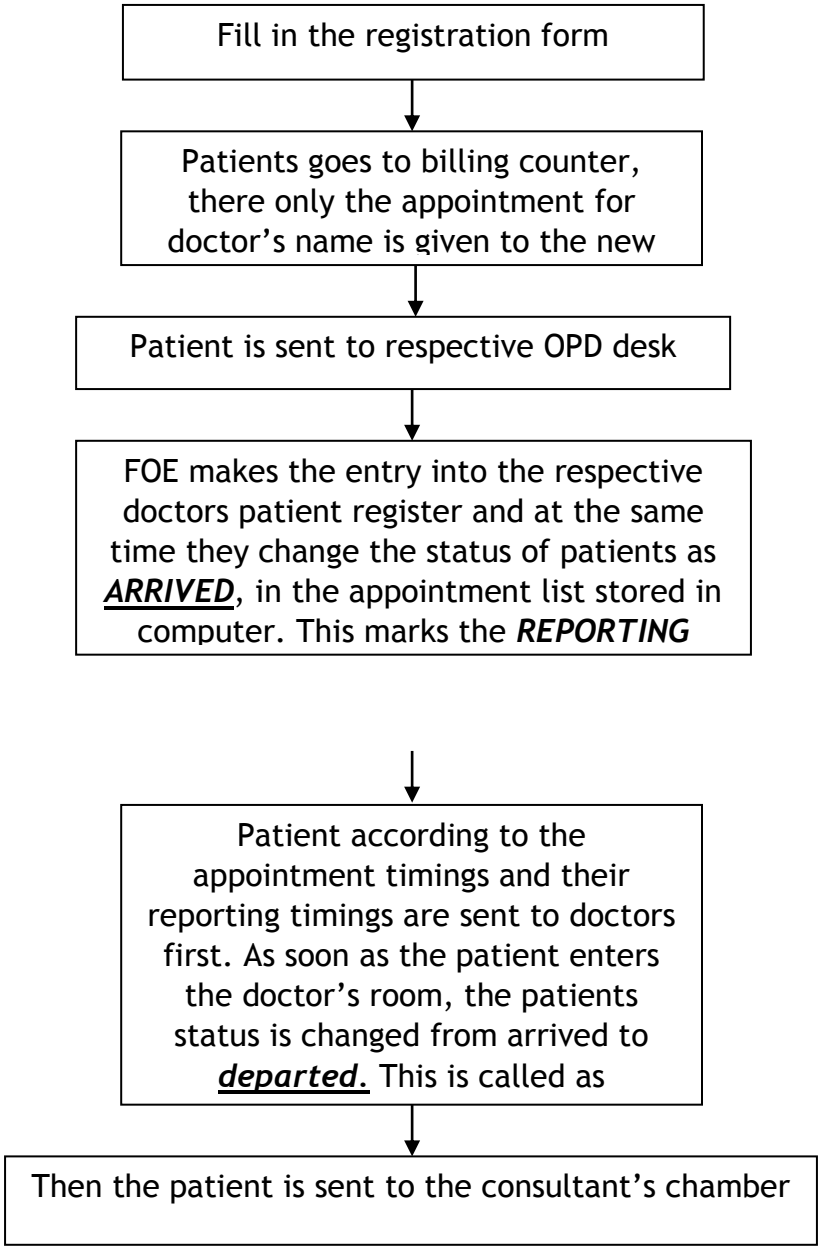
- Before leaving the first each and every patient gets his/her consultation details of that day's documents are scanned as well as photocopied.

First time patient (walk in/non appointment)



For the follow up non-appointment patients, the patients directly go the OPD desk and then to doctors' chamber, then the procedure is same as above.

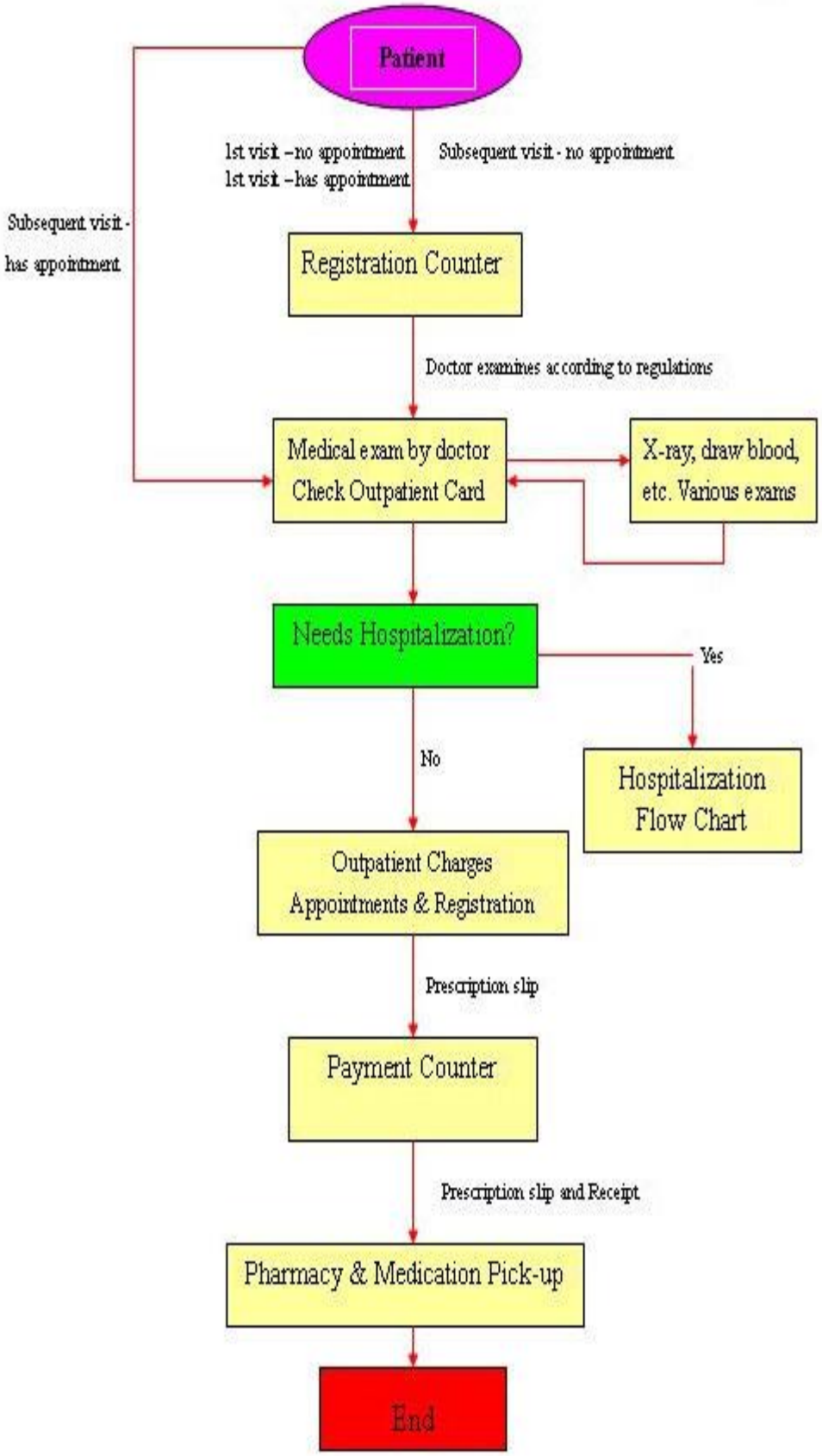
First time visitors, but appointment patients



If any test is to be performed, patient is sent

If any procedure is to be performed like angiography, angioplasty etc, then patient is sent to IPD for the

If nothing is to be done, patient can leave the OPD


Patient
1st visit – no appointment
1st visit – has appointment
Subsequent visit - no appointment
Subsequent visit - has appointment
Registration Counter
Doctor examines according to regulations
Medical exam by doctor
Check Outpatient Card
X-ray, draw blood, etc. Various exams
Needs Hospitalization?
Yes
No
Hospitalization Flow Chart
Outpatient Charges
Appointments & Registration
Prescription slip
Payment Counter
Prescription slip and Receipt
Pharmacy & Medication Pick-up
End

Health service researchers approve patient satisfaction as the key outcome indicator of medical care quality. Patient satisfaction with the doctor-patient interaction indicates the level of doctor's success and competence in service provision [1].

It is well known that a company exists because of its customers. As truly stated by Theodore Levitt "The purpose of a business is to create and keep customers", still it is observed that very less time is spent in measuring the satisfaction of our customers.

Analyzing customer satisfaction of a service help not only helps to keep up with the Patient loyalty but also gives the organization valuable insight on how to attract new patients. This document examines few of the most effective business practices in creating and sustaining a comprehensive customer satisfaction program.

Importance of customer satisfaction:

- Customer satisfaction is one of the most powerful indicators of customer Loyalty.
- Customer Loyalty drives repeat business even if competitors have better offers and lower pricing
- Loyal customers tend to cross sell and up sell linked businesses of the organization and also are the earliest adopters of any new product by the preffered survice provider
- Satisfied and loyal customers are more likely to recommend a business services
- It increases customer lifetime value(profitability tends to increase over the life of a retained customer
- It is approximately 6-7 times higher a cost to acquire new customer than to retain existing ones
- Customer satisfaction reduces negative word of mouth.

CSAT data is useful to business as well because:

- Data can be used for internal quality audits in order to assure the quality of service provided is in line with the customers expectations and sentiments.
- Data can be used to set performance targets
- Data can be used for benchmarking against competitor companies hence knowing the level of competitiveness
- Customer feedback data gives opportunity to identify loopholes and work on areas of improvement

While Mohan et al. (2011) alluded to patient fulfillment as patients' feelings, emotions and their impression of conveyed human services administrations.On the other hand, different creators characterized tolerant fulfillment as a level of congruency between patient desires of perfect care and their view of genuine care received.

At the point when a patient needs medicinal consideration, he has a preset picture of the different parts of the association according to the notoriety and cost included. Despite the fact that, the principle desire is getting cured and however there are different variables too which influence fulfillment.

Some of the time patients may have appraised a medicinal office low on the premise of data yet they discover it over their desire and they are exceedingly fulfilled. Thus, on the off chance that they have an elevated standard, yet in the event that they discover it beneath the desire, they won't be fulfilled.

Clinics have extended as far as accessibility of strengths, enhanced advances, offices and expanded rivalry, desires of patients and their relatives has expanded manifolds.

Tolerant desire in any restorative experience impacts concerning how soon and how regularly they will look for care from a similar therapeutic office. Low desires in actuality deflect patients from taking convenient therapeutic help, in this manner contrarily influencing himself and also the medicinal care supplier. In any case, a high and unreasonable desire may prompt disappointment in spite of sensible and great norms of therapeutic practice.

Learning of desire and the components influencing them, consolidated with learning of genuine and saw social insurance quality, gives the fundamental data to outlining and actualizing projects to fulfill patients

Human fulfillment is an extremely complex idea that is influenced by various components like way of life, past experience, future desire and live estimations of individual and society as far as social and sparing standings.

Certain particular attributes of the home medicinal services condition impact persistent wellbeing and nature of result: high level of patient self-sufficiency in the home setting, constrained oversight of casual parental figures by expert clinicians and circumstances special to each patient and home.

Consequently, is basic to recognize different levels and variables in charge of patient fulfillment and asses the motivations to enhance quality and administration. This review talks about with reference to how to guarantee tolerant fulfillment in home social insurance hone keeping in mind the end goal to accomplish the coveted outcomes

Significance of Patient Satisfaction

Notwithstanding being a necessity of accreditation, research demonstrates that patient/consumer loyalty is vital to the achievement of medicinal services associations as businesses[10]

Henceforth tolerant fulfillment has turned into a developing territory of enthusiasm for most social insurance associations.

• New strategies and controls in human services are making this field wind up noticeably harder to explore. Regardless of the changing patterns patients remain the point of convergence of administration organization and assessment.

Quiet fulfillment is a measure connecting the social, passionate and clinical requirements of a patient and hazard administration. Associations that have positive patient encounters have lesser claims and better clinical and budgetary results

• Satisfied patients tend to impart constructive experience to five others, on a normal, and disappointed patients grumble to (at least nine) other people.[10] Word of mouth is an intense apparatus for development of an association.

• Cost of picking up a patient is high subsequently losing a patient turns into a considerable loss of speculation, thus fulfillment of obtained patient turns into a need for any association

• Reciprocal connection between patient fulfillment and coherence of medicinal care is watched.

• Scores are enhanced essentially through evaluating the patients perspective, expanding clinician association, propelling human services mission and the opportuneness of care

Tolerant Satisfaction as a quality pointer

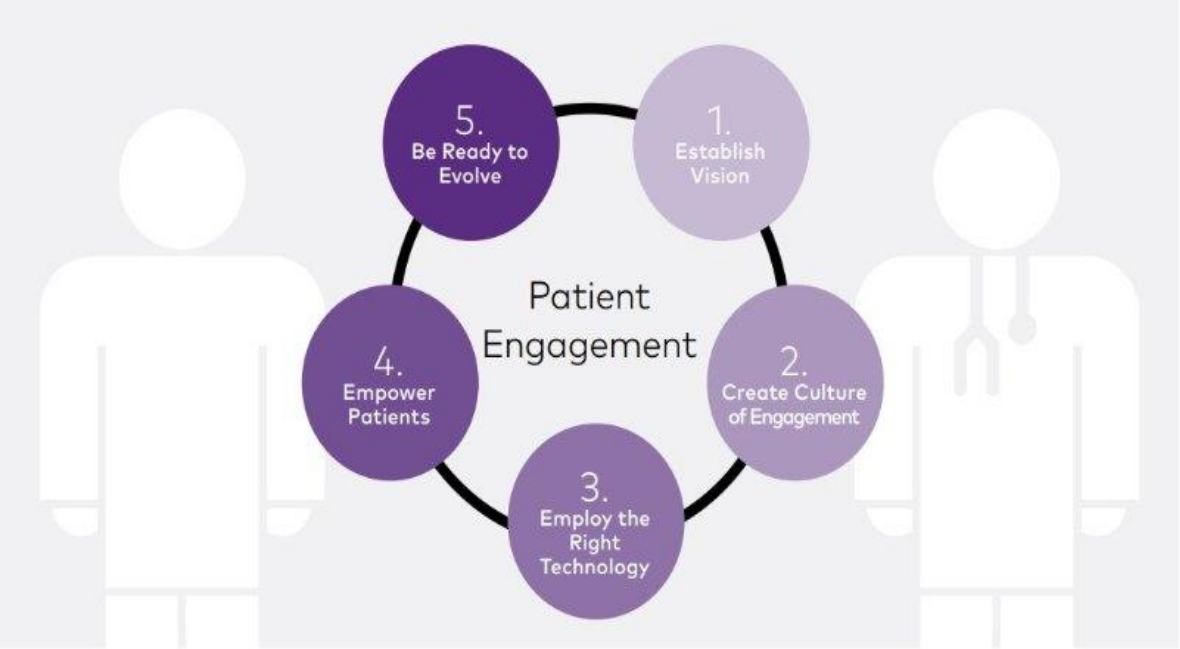
For some organizations, enhancing shopper relations is the way to enhancing business execution. While endeavoring towards this objective, new business methodologies have been created that underscore understanding purchaser states of mind, desires, and inclination. There has been a current push to utilize an organization's statement of purpose as lists of an organization's administration quality.

The essential reason wellbeing frameworks exist is to give an administration to patients with the objective of enhancing the general soundness of the populace There are many measures of general wellbeing frameworks quality. Standard components used to decide quality incorporate care got; follow up technique, supplier relations, cost adequacy, exhaustive care and patient fulfillment (Cleary1999; Nelson and Niederberger 1989)

Tolerant fulfillment announcing is a pointer of supplier execution; it can likewise be a measure that helps patients in picking their wellspring of care. There are many demonstrated advantages to keeping patients all around fulfilled. For suppliers, high fulfillment scores are related with having a good group notoriety, less misbehavior claims, Decreased turnover, and enhanced effectiveness. Customer, who are fulfilled are more probable u. keep up a continuous association with human services suppliers and hold fast to recommended treatment arrange. Advisory group crowds comprised of staff from each appear, of the wellbeing framework have motivating force of urging suppliers to concentrate on the general patient experience versus just evaluating clinical determination.

The patient experience is essentially molded by how every individual perspectives the medicinal treatment influencing their general treatment and prosperity. In the event that patients see human services suppliers as accomplices who give learning to assume responsibility of ones wellbeing outside the clinical setting,both patients and suppliers will pick up an incentive from the interaction.(Marley et al.,2004;Taylor &Benger,2004).

Implementation of a patient experience programme



The evolving concept of "Patient Engagement" encompasses a very broad range of issues, including the need for patient feedback to influence decision making, with the ultimate goal of improving overall outcomes. The graphic above is therefore especially relevant when considering Patient Experience Feedback Programs. It illustrates the need for genuine commitment at the practice leadership level and a buy in from all stakeholders, if the goals are to be achieved.

The Five Elements.

1. Define your organisation's vision for patient engagement.

"First, understand where you are and where you want to be in terms of patient engagement. Discuss what patient engagement means to your senior leadership, staff and patients. Ask "What would be important to me, if I was our patient?"

2. Create a culture of engagement.

Obtaining practice-wide support is critical for successful patient engagement, but it doesn't have to be hard. When your practice's leadership, staff and providers have been involved in creating the patient engagement vision, they are more likely to be enthusiastic about implementing it. Rely on policies and procedures when moving forward with patient engagement.

3. Employ the right technology and services.

Consider what communication processes are most appropriate for your patients, and are likely to achieve a high level of participation.

4. Empower patients to become collaborators in their care.

Provide patients the opportunity to express frank views and opinions of their treatment and interaction experiences, in a manner that is non-confrontational.

5. Chart progress and be ready to change and adapt.

Use your patient engagement vision to set achievable targets and ways to measure progress. Where there is clear evidence that particular issues are not achieving optimal satisfaction scores, revisit operational procedures and develop a remedial action plan.

Tolerant Satisfaction-Patient Perception

The evaluation of nature of care, which has for some time been founded on the utilization of expert models, is presently progressively having a tendency to incorporate estimations of patient recognition. Estimation of patient observations additionally introduces solid points of interest for assessment. Patients constitute a fundamental and restrictive wellspring of data about openness or adequacy of care. A patient's conclusion straightforwardly impacts his or her consistence with treatment and the coherence of the patient–physician relationship, and thus minds results.

It has been recognized that contrasted and different strategies for assessing quality, appraisal of patient observations offers a few handy favorable circumstances: it can be measured rapidly taking after the conveyance of care; it is efficient, does not rely on upon the nature of information found in restorative records and it is more touchy to contrasts in the estimation of care.

Various components shape quiet desires. Verbal correspondence, past experience, and outside advertising are all determinants of desires. When one patient offers with a relative points of interest of how productive treatment was directed, that individual will expect comparative care. At the point when a patient's past therapeutic encounters incorporate delayed holding up or deferred reactions, a solitary arrangement that goes easily may bring about the patient demonstrating they were "fulfilled" with their experience.

Photos, announcements and flyers delineating a minding and unrushed doctor may lead a patient to pick a supplier in view of saw desire of value (Fan et al.,2005)Patients don't assess quality just on the wellbeing result of administration , the administration conveyance handle additionally affects the level of fulfillment with the care they get. Drug may diminish the side effects however a detached demeanor is very liable to bring about poor fulfillment of patients.

The SERVEQUAL instrument for measuring quality administration assesses ten measurements of administration quality that shape the establishment of how patient's recognition are surveyed.

- The first classification is physical assets: This incorporates the presence of office and gear. Run of the mill questions incorporate whether the office looks clean or gear and machine looks spotless and all around kept up.

- The second classification is dependability and alludes to the capacity to perform guaranteed benefits in a tried and true way. Ordinary inquiries incorporate whether comes about or follow up are gotten in time.

- The third class is responsiveness. This covers the staffs eagerness to help clients and give provoke benefit.

- The fourth class is capability and alludes to whether suppliers have the required aptitudes and information to play out the vital administrations. A regular question is if a

restorative issue would he be able to immediately settled or will require a particular doctor.

- The fifth class is civility, which is the pleasantness ami regard therapeutic staff are relied upon to give patients. Run of the mill questions inquire as to whether medical attendants and specialists clarified techniques in an inviting air mid if receptionists were caring.

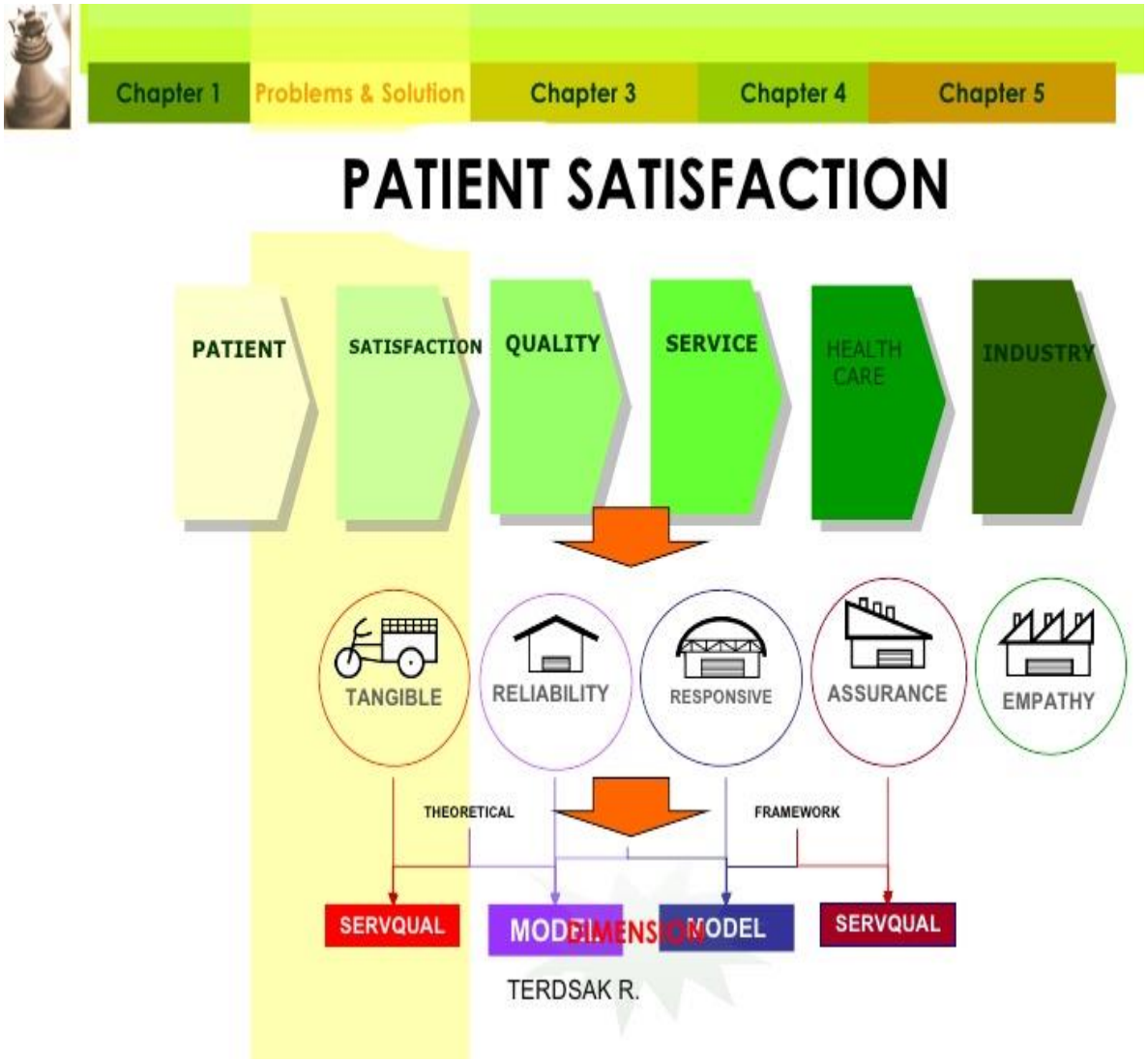
- The 6th class is validity this alludes to dependability and genuineness of the specialist organization. Patients may make inquiries, for example, w whether they trust a supplier has a decent notoriety or his or her certifications for a decent supplier.

- The seventh class is security: this alludes to opportunity from threat and hazard.

- The eighth class is get to and alludes to agreeability and simplicity of contact.

- The ninth class is correspondence and alludes to how well the costumer is kept educated in dialect they can get it. Average inquiries inquired as to whether doctors depict strategies the way patients can get it.

- The last class is knowing your client, which comprehends the clients and alludes to the supplier trying to know them and their needs.



3.2 Review of Literature:

Persistent fulfillment is a critical and regularly utilized pointer for measuring the quality in medicinal services. Patient fulfillment influences clinical results, understanding maintenance, and restorative negligence claims. It influences the opportune, productive, and Patient focused conveyance of value social insurance. Patient fulfillment is along these lines an intermediary however an extremely compelling marker to gauge the achievement of specialists and healing facilities. (1)

For specialist co-ops to genuinely determine the experience and view of patients and the group explore should first be directed to distinguish the ways and terms in which those patients see and assess the administration. (2)

The patient fulfillment point of view of doctor's facility mind had increased more consideration as of late and studies have demonstrated that patients are most happy with relational communications, for example, staff-persistent connections (3). A review done in South Africa inferred that patient fulfillment is a principal pointer of fair nature of care.(3)

Quiet fulfillment is as vital as other clinical wellbeing measures and is an essential methods for measuring the viability of social insurance conveyance. The current aggressive condition has constrained social insurance associations to concentrate on patient fulfillment as an approach to pick up and keep up piece of the pie. In the event that you don't recognize what your qualities and shortcomings are, you can't contend viably. The information assembled through measuring understanding fulfillment reflects mind conveyed by staff and doctors and can fill in as an instrument in basic leadership. (4)

Most therapeutic offices' pioneers are worried with fulfilling the patients who utilize their social insurance association. Though numerous offices have distinguished particular people whose occupation it is to hear quiet grievances, 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 dissect the grumblings and recommendations voiced by patients all through their human services understanding. This article presents one method.(5)

The reason for this exploration is to create and observationally test a model to inspect the main considerations influencing patients' fulfillment that delineate and gauge the connections between administration quality, patient's feelings, desires and involvement. The look into shows experimental proof about the impact of both patient's feelings and administration quality on fulfillment with social insurance administrations. Discoveries additionally give a model that incorporates substantial and solid measures.(6)

Concentrated and elevated amounts of medical caretaker burnout could unfavorably influence quiet fulfillment. This review inspects the impact of the medical attendant workplace on medical caretaker burnout, and the impacts of the medical caretaker workplace and medical attendant burnout on patients' fulfillment with their nursing care. They directed cross-sectional studies of medical attendants (N = 820) and patients (N = 621) from 40 units in 20 urban healing facilities over the Unified States. Nurture studies included measures of medical attendants' practice surroundings gotten from the modified Nursing Work Record (NWI-R) and medical caretaker results measured by the Maslach Burnout Stock (MBI) and aims to clear out. Patients were met about their fulfillment with nursing care utilizing the La Monica-Oberst Understanding Fulfillment Scale (LOPSS). This exploration presumed that changes in medical caretakers' workplaces in clinics can possibly all the while diminish attendants' abnormal amounts of occupation burnout and danger of turnover and increment patients' fulfillment with their care.(7)

He did an exploration into patient fulfillment 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 restrict the generalizability of the discoveries. The reviews recommend that teleconsultation is worthy to patients in an assortment of conditions, yet issues identifying with patient fulfillment require facilitate investigation from the point of view of both customers and suppliers.(8)

Did this review to survey the properties of legitimacy and unwavering quality of instruments used to evaluate fulfillment in a wide example of wellbeing administration client fulfillment thinks about, and to evaluate the level of familiarity with these issues among study creators. With couple of special cases, the review instruments in this example exhibited little proof of dependability or legitimacy. In addition, think about creators displayed a poor comprehension of the significance of these properties in the evaluation of fulfillment. Specialists must know this is poor research rehearse, and that absence of a solid

and legitimate evaluation instrument gives occasion to feel qualms about the believability of fulfillment discoveries. (9)

An overview was attempted to research the utilization of a patient fulfillment study and whether parts of patient fulfillment shifted by socio statistic attributes, for example, age, sex, social class, lodging residency and time allotment in training. Reviews and examinations of this kind, if led for a solitary practice, can shape the premise of a promoting technique gone for upgrading list estimate, list arrangement, and administration quality. Fulfillment studies can be promptly joined into medicinal review and budgetary administration. (10)

Quiet fulfillment is accepting more noteworthy consideration thus of the ascent in pay-for-execution (P4P) and people in general arrival of information from the Doctor's facility Purchaser Evaluation of Medicinal services Suppliers and Frameworks (HCAHPS) study. This paper analyzes the connection amongst nursing and patient fulfillment crosswise over 430 doctor's facilities. The medical caretaker workplace was essentially identified with all HCAHPS tolerant fulfillment measures.

Moreover, patient-to-attendant workloads were altogether connected with patients' evaluations and proposal of the healing facility to others, and with their fulfillment with the receipt of release data. Enhancing medical attendants' workplaces, including medical caretaker staffing, may enhance the patient experience and nature of care.(11)

Directed the exploration to set up the legitimacy of two patient fulfillment surveys (surgery fulfillment poll and counsel fulfillment survey produced for use when all is said in done practice. Both surveys arranged patients in gatherings 1 and 2 as indicated by the build of fulfillment; in this way the distinction in middle scores for each part of fulfillment in every poll was critical and happened toward the path anticipated by the develop. Every survey likewise segregated between patients assembled by their evaluated level of congruity of care. They inferred that SSQ and CSQ are legitimate measures of fulfillment for these sorts of patients. (12)

A test was completed in which patients who were looking for arrangements for a counsel 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 interview was recorded on an experience sheet and on sound tape. Toward the finish of every counsel patients were welcome to finish a poll intended to quantify fulfillment with the conference. The anxiety caused in specialists completing surgery sessions booked at various interims of time was additionally 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 counsel. Circulatory strain was recorded twice as frequently in surgery sessions that were reserved at 10 minute interims contrasted and those booked at 5 minute interims.(13)

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The purpose of this research is to develop and empirically test a model to examine the major factors affecting patients' satisfaction that depict and estimate the relationships between service quality, patient's emotions, expectations and involvement. DESIGN/METHODOLOGY/APPROACH: The approach was tested using structural equation modelling, with a sample of 317 patients from six Portuguese public healthcare centres, using a revised SERVQUAL scale for service quality evaluation and an adapted DESII scale for assessing patient emotions. FINDINGS: The scales used to evaluate service quality and emotional experience appears valid. The results support process complexity that leads to health service satisfaction, which involves diverse phenomena within the cognitive and emotional domain, revealing that all the predictors have a significant effect on satisfaction. RESEARCH LIMITATIONS/IMPLICATIONS: The emotions inventory, although showing good internal consistency, might be enlarged to other typologies in further research—needed to confirm these findings. PRACTICAL IMPLICATIONS: Patient's satisfaction mechanisms are important for improving service quality. ORIGINALITY/VALUE: The research shows empirical evidence about the effect of both patient's emotions and service quality on satisfaction with healthcare services. Findings also provide a model that includes valid and reliable measures . (15)

Most restorative offices' pioneers are worried with fulfilling the patients who utilize their social insurance association. While numerous offices have distinguished particular people whose occupation it is to hear persistent grievances, 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 break down the protestations and proposals voiced by patients all through their social insurance encounter. This article presents one strategy. (16)

The recognizable proof of techniques for surveying the perspectives of patients on medicinal services has just created in the course of the most recent decade or thereabouts. The utilization of patients' perspectives to enhance social insurance conveyance requires legitimate and solid estimation strategies. Four methodologies are perceived: incorporation of patients' perspectives in the data to those looking for social insurance, distinguishing proof of patient inclinations in scenes of care, patient criticism 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 systems for the assessment of techniques still can't seem to be executed. (17)

A California hospital developed a program to better serve and satisfy its customers. This article details the hospital's plan to implement the program with the collection and use of data to measure success, promote staff accountability, and, ultimately, demonstrate improved customer satisfaction as measured by fewer complaints. The various activities initiated to promote staff education and recognize employees also are briefly addressed .(18)

Healing facilities today are tested by high patient enumeration, 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 "harried" patient care units through an execution change methodology that included MD-RN organizations, co-coaching, and unit staff improvement and association in the critical thinking process. The outcome was an unfaltering change in patient fulfillment over a 6-month time frame. (19)

The review was directed among 200 patients going to OPD of Sree Chitra Tirunal organize for restorative 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 office. The patients were arbitrarily chosen from different claims to fame. So as to get the points of interest from patients, a survey was intended to incorporate question inspiring attention to patients about the outpatient division administrations, calculated courses of action, holding up time, offices, conduct of staff and bolster administrations. It was found that greater part of the patients are happy with the clinical administrations gave. It was noticed that there is an extension for development of the outpatient office administrations. It was

inferred that OPD administrations frame an essential segment of healing center administrations and input of patients are imperative in quality change. (20)

The review was taken up in the set up of SDM clinic, Dharwad of northern Karnataka. The review was embraced with the target to concentrate the working and issues of OPD administration zones in the SDM doctor's facility setup and to look for the input from the patients in regards to the current offices, working style and needs.
Irregular purposive inspecting system was received for the determination of test. Specialists of different clinical offices 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 closed from the review that the Outpatients of SDM Doctor's facility were happy with the current offices, expense structure and outpatient administrations and Para clinical offices and as indicated by specialists of Indian Organization Of Wellbeing Administration And Exploration, Jaipur 2014OPD's in SDM Healing center, offices given to outpatients were great, co-operation of supporting staff should be moved forward. (21)

The review was led in outpatient division of region healing facility, common doctor's facility,
group wellbeing focus, and essential wellbeing focal point of the eight chose areas of MadhyaPradesh. The primary target of the review is to quantify the fulfillment of OPD (OutpatientDepartment) patients in general wellbeing offices of Madhya Pradesh in IndiaData were gathered from OPD patients through pre-organized polls at open healthfacilities in the tested eight regions of Madhya Pradesh. The information were examined utilizing SPSS. It was found that the majority of the respondents were youth and having low level of instruction. Themajor reason of picking the general wellbeing office was modesty, foundation, andproximity of wellbeing office. Measuring tolerant fulfillment, patients were more fulfilled withthe essential amenitiesat higher wellbeing offices contrasted with lower level offices. (22)

The goal of the review was to decide the stream of patients and the time spent in the healing center through landing and administration qualities and to concentrate the bottleneck in the patient stream. 1413 examples were concentrated through this review. The reaction time

was figured from finding the contrast between the passage and leave time. Bottleneck investigation was likewise done. They suggested that since gathering focus being the essential bottleneck of the framework, by expanding another administration here, the framework might be made to work in consistent state. It was apparently demonstrated through the reproductions that having a solitary refraction chamber with couple of professionals, the healing facility could diminish holding up time up to 25 percent, and additionally better. (23)

Study on Process time of patients visiting OPD

Akilan Arunkumar (TATA INSTITUTE OF SOCIAL SCIENCES)

The objective of the study was to determine the flow of patients and the time spent in the hospital through arrival and service characteristics and to study the bottleneck in the patient flow. 1413 samples were studied through this study. The response time was calculated from finding the difference between the entry and exit time. Bottleneck analysis was also done. They recommended that since reception centre being the primary bottleneck of the system, by increasing another service here, the system may be made to work in steady state. It was evidently proved through the simulations that having a single refraction chamber with few technicians, the hospital could reduce waiting time up to 25 percent

3.3 Problem statement

Different measurements of patient fulfillment have been recognized, going from admission to release administrations, and also from restorative care to relational correspondence. The current aggressive condition has constrained human services associations to concentrate on patient fulfillment as an approach to pick up and keep up piece of the pie. On the off chance that you don't comprehend what your qualities and shortcomings are, you can't contend successfully.

3.4 Rationale of the study

Many previous studies have developed and applied patient satisfaction as a quality improvement tool for health care providers. Thus, patient satisfaction is an important issue both for evaluation and improvement of healthcare services.

3.5 Research Question:

What is the level of satisfaction of OPD patients at Asian Heart Hospital, Mumbai?

3.6 Objectives:

1) To assess the level of satisfaction of the patients.
2) To identify the areas that cause low satisfaction levels.
3) To provide suggestions for a better patient experience.
4) To do a GAP analysis of the OPD and provide suggestions

3.7 Methodology:

Study area: Outpatient department (OPD) at the Asian heart Hospital, Mumbai, Maharashtra

Study design: Descriptive cross-sectional study

Study population: Patients attending OPD.

Sample design: Non- probability Convenient sampling

Sample size: 120 OPD patients.

Study duration: This study will be conducted for a total duration of three months with two months dedicated to OPD data collection and one month for report preparation.

Exclusion & Inclusion Criteria – Patients who had come for the first time were not included in thestudy.ICU patients were not included in the study.

3.8 Data collection tools and techniques:

Technique: Quantitative technique would be used for the study

Tool: One structured questionnaire were fuctionalized in OPD department at Asian hospital to collect the data after granted oral consent from the Patients. All questions in the feedback were closed ended.

- Ishikawa diagram / Cause and effect diagram used to do root cause analysi of the OPD

4 ABOUT THE PATIENT SATISFACTION FEEDBACK FORMS AT ASIAN HEART HOSPITAL

As a promise to quality improvement for the patients and their families, hospital requires feedback on a continuous basis. Throughout the year, feedbacks are randomly obtained from patients coming to Asian Heart Hospital as inpatients and outpatients, and report the survey results monthly. These patient affair survey results can be used to mark the strengths and opportunities for quality improvement programs and accreditation requirements. If the target isn't met a quality assessment is indicated. For the services provided there are differentiated feedbacks questionnaires developed. These provide with a judgment of the patient's perceptions and opinions about the care they obtain. The survey can be completed by the patient, a care giver, family member or friend.

"The survey is calculated by a 5 point grid: "Excellent", "good", "Average", "Below Par" and "Very poor". Every answer is related with certain points: Excellent -5, Above Par-4, At Par -3, below par-2, very poor-1. Some questions are also related with a "Yes" or "No". Results are then further grouped and calculated on index score of 5 on monthly term. Mean, weighted mean, average of the weighted mean and percentage of satisfaction status is then finally calculated. To calculate the index score total numbers of answers are multiplied to the score that answer holds. For example : If 45 patients said Excellent for Nursing care behavior and attitude, 22 said above par, 15 said at par , 6 said below par, and 2 said very poor , the index score for Nursing care attitude will be calculated by :

$$= (45 * 5 + 22 * 4 + 15 * 3 + 6 * 2 + 2 * 1)/(45 + 22 + 15 + 6 + 2)$$

Likewise average of all dimensions stated in the questionnaire will be calculated and additional average and percentage can be obtained.

On the last page of the survey, patients are able to comprehend their comments and suggestions, and "Would you recommend Asian Heart Hospital to other?"

The Outpatient survey is made up of 36 questions, 30 of which are clubbed into seven dimensions:

- Appointment(Telephonic) and walk in
- Registration /Vouchering /Appointment(At counters)
- Doctor consultation
- Nursing care
- General comfort of OPD Premises
- Lab investigation and diagnostic process
- Overall Experience

5 DATA ANALYSIS:

The study results were collected and studied using MS Excel software and the findings were tabulated in MS Word

5.1 OPD survey

OPD	CSI
Appointment(Telephonic) procedure	4.0
Registration /Vouchering /Appointment(At counters)	4.1
Consultation doctor	4.0
Nursing care	4.3
General comfort of OPD Premises	4.2
Lab investigation and diagnostic process	4.2
Overall Experience	4.2
Overall OPD satisfaction %	83.6%

Table 1: Overall index score of various parameters in OPD

Table 1 shows that appointment procedure; registration and consultation with the doctor are the areas with low index scores. Although the overall OPD satisfaction level among patients is 83.6%.Table 1: Index score of appointment procedure

APPONTMENT(TELEPHONIC)	CSI
Time taken to get through to the appointment cell	4.12
Time taken by appointment staff to give an appointment for doctor/ service	4.08
Adequacy of information provided	4.16
Courtesy shown by the staff providing the information	3.89
Overall impression of Appointment	4.00

Table 5.2describes the attributes under OPD appointment procedure. Here we see that courtesy shown y the staff providing the information scores the lowest (3.89) whereas overall impression of the appointment procedure scores the highest (4.23).

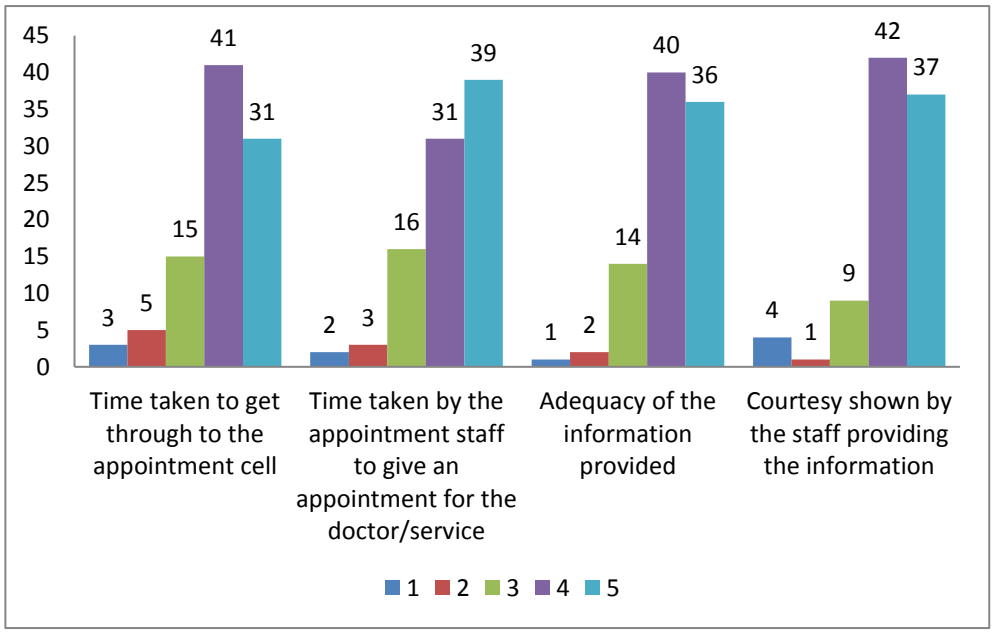
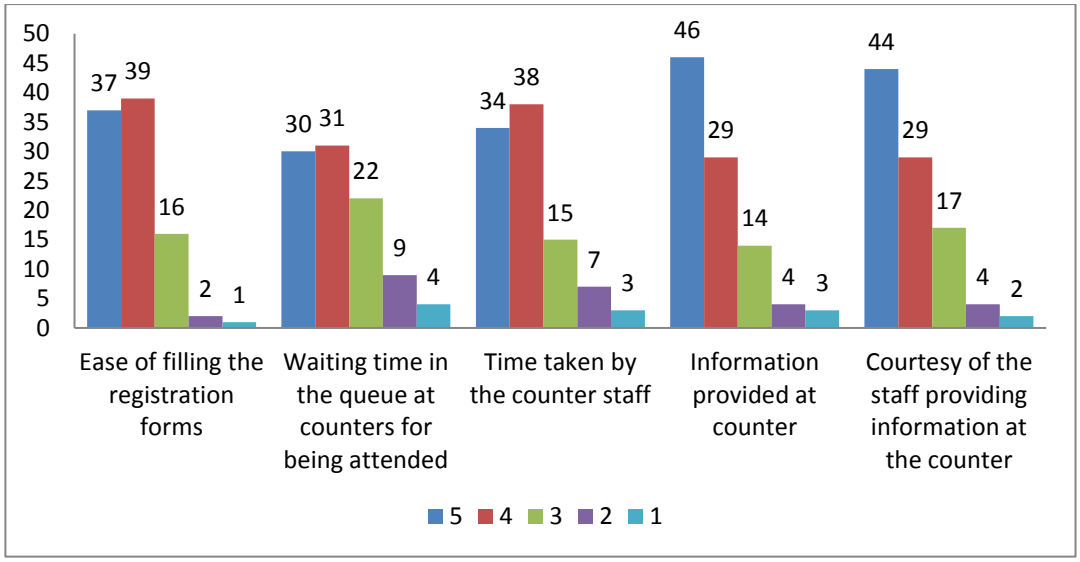


***Table5. 3**:Index Score of Registration/ Vouchering/ Appointment (At Counters*

Table 3 describes the attributes under OPD registration/ vouchering/ appointment (at counters). Here we see that time taken by counter staff for being attended scores the lowest (3.83) whereas Information provided at counter scores the highest (4.18).

REGISTRATION/ VOUCHERING/ APPOINTMENT(AT COUNTERS)	CSI
Ease of filling the registration forms	4.14
Waiting time in the queue at counters	3.96
Time taken by the counter staff	3.83
Information provided at counter	4.18
courtesy of staff providing information at the counter	4.14
Overall impression of Registration/ Vouchering/ Appointment	4.23



CONSULTATION WITH DOCTOR	CSI
Waiting time to see the doctor	3.50
Information shared by the doctor	4.47
Courtesy shown by the doctor	3.90
Time spent by the doctor	4.85
Overall impression of consultation with doctor	4.0

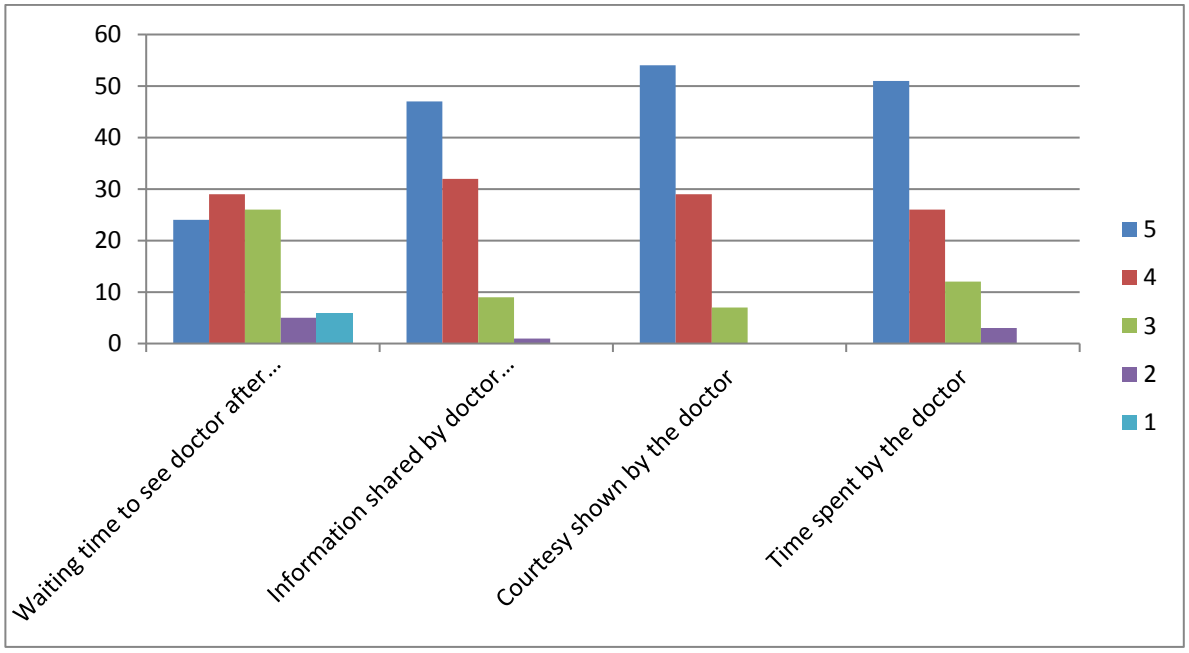


Table5. 4: Index scores of areas in consultation with doctor

Table 5.4 describes the attributes under OPD consultation with doctor. Here we see that waiting time in to see the doctors scores the lowest (3.50) whereas time spent by the doctors scores the highest (4.85).

NURSING CARE	CSI
Behaviour and attitude	4.19
Response to queries	4.35
care offered	4.41
Overall impression	4.33

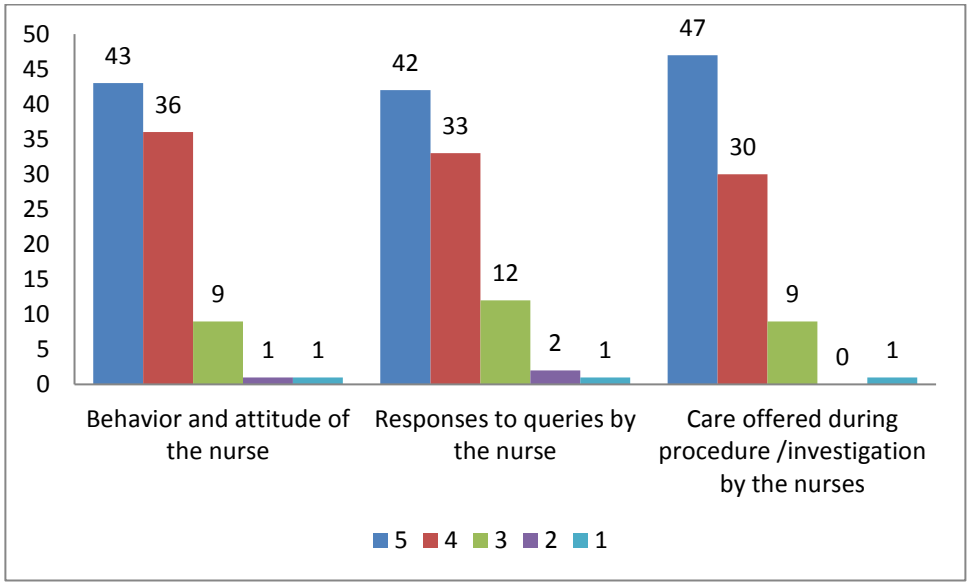


Table 5.5: Index scores in areas under nursing care

Table 5.5 describes the attributes under OPD nursing care. Here we see that behavior and attitude scores the lowest (4.19) whereas care offered scores the highest (4.41).

GENERAL COMFORT OF OPD PREMISES	CSI
Cleanliness in the OPD area	4.33
Comfort of waiting area	4.16
Cleanliness of toilets	4.24
Overall	4.23

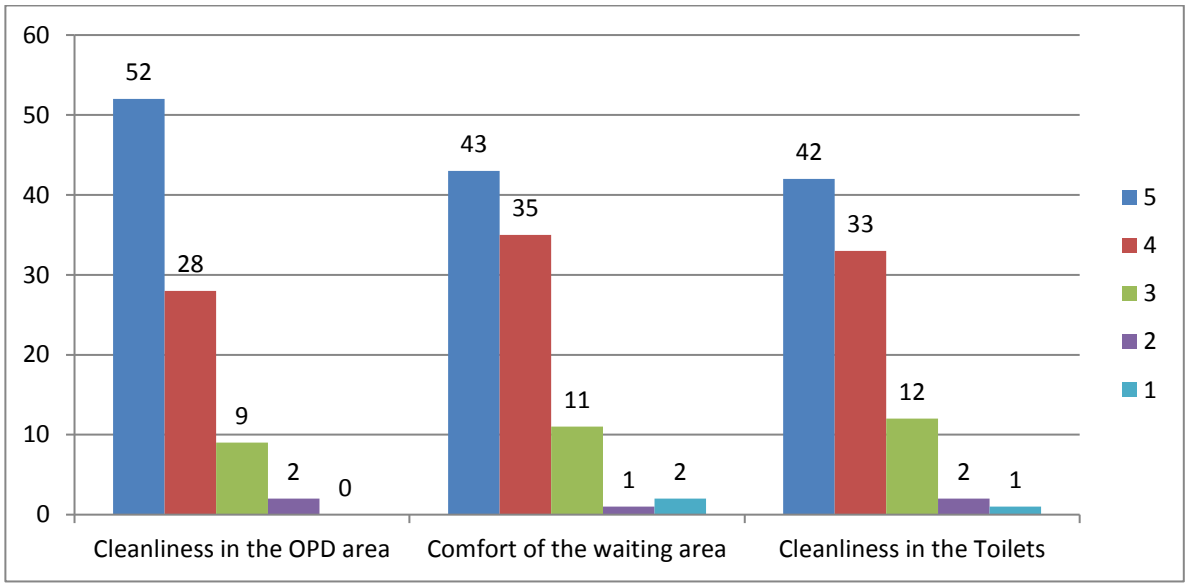


Table5.6: Index scores in areas under general comfort

Table 5.6 describes the attributes under OPD general comfort of OPD premises. Here we see that comfort of the waiting area scores the lowest (4.23) whereas cleanliness of the OPD area scores the highest (4.33).

LAB INVESTIGATION AND DIAGNOSTIC PROCESS	CSI
Waiting time prior to test	4.11
Information provided by technician	4.34
Efficiency of technician	4.41
Courtesy shown by the technician	4.29
Overall impression	4.24

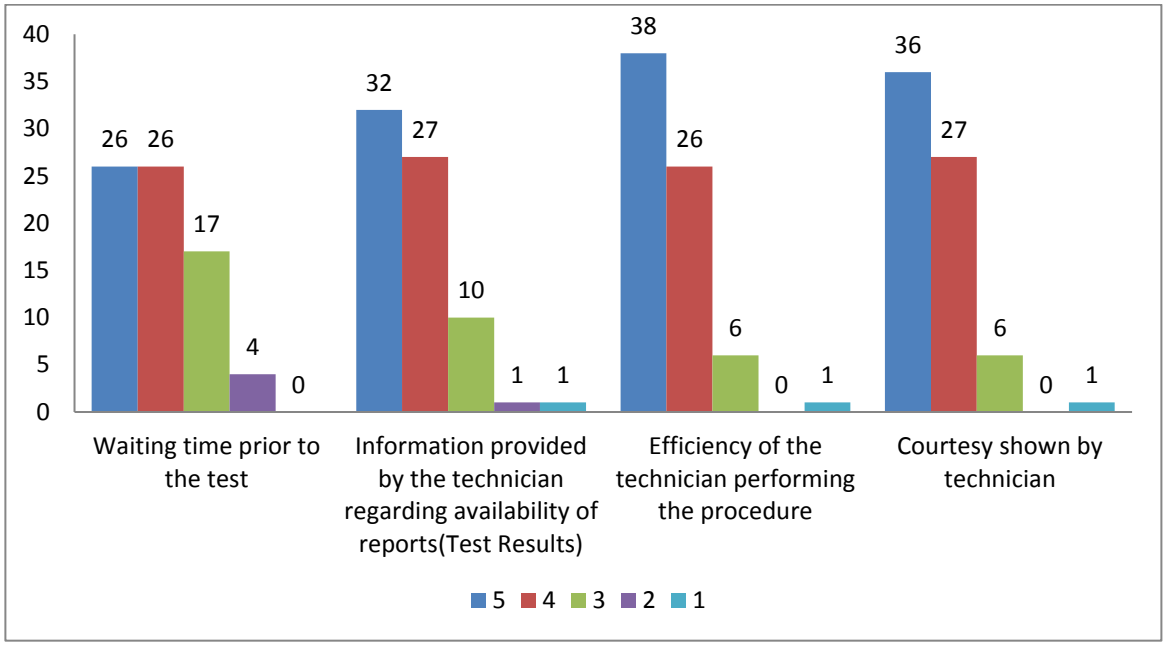


Table 5.7: Index scores in areas under lab investigations and diagnostic process

Table 5.7 describes the attributes under OPD general comfort of OPD premises. Here we see that Waiting time prior to test scores the lowest (4.11) whereas Efficiency of technician scores the highest (4.41).

Would you recommend Asian Heart Hospital OPD to your friends/ relatives?	NUMBER OF RESPONDANTS
Yes	102
No	18

Table 5. 8:Patient recommendation response

Table 5.8 shows that 102 of the 120 respondents will recommend Asian Heart Hospital OPD to their friends/ relatives

Patient Reasons for low rating

A few numbers of issues have been recorded by the patients on the amenities provided by the Asian Heart hospital .Such as long waiting time for consultation. This is in context to the consultation time it took to meet any doctor after a scheduled appointment.

This was recorded to be approximately47% of the total complains. Of the 47% majority said that doctors were late to their OPD's

Another major complain that was seen was that staff at the reception counters were rude and inefficient. Approximately 36% of total complains were regarding the indifferent behavior of the reception staff.

6 Rap,RCA and Suggestions of OPD (1)

	GAP	RCA	SUGGESTIONS
1	Patient guide is not included in Docket	Patient guide not provided as the schedule is not pre defined due to indefinite doctor's schedule.	Doctor's availability can be made definite by arranging substitutes for them.
2	Patient is not escorted to the departments	FOE's are not escorting the patient's as they cant leave the desk and they don't have anybody else ,to do the job	Providing House keeping staff and rotating them between departments so that they can help in escorting. Also put clear signage's of departments
3	Follow up of cancellations is not done	FOE's are not doing any follow up as they are not trained about the process of FU.	Proper FU training should be imparted to the staff.
4	Follow up of No-Show Patients	FOE's are not following the No-Show appointments as they haven't been trained about it.	Proper FU training to know the reason of a No-Show appointment is required.
5	Re- scheduling is not being done.	Re-scheduling is not being done by FOE's due to lack of training, and they haven't been told to do so.	Proper training on rescheduling assistance has to be done.
6	Data on cancelled patients is not maintained.	FOE's are not maintaining the data as there is a lack of supervision over them .	Need to identify a person who can supervise these activities and can monitor over them. Also regular audits need to be done

7	To Escort patients to various areas of EHC	FOE's are not escorting the patient's as they cant leave the desk and they don't have anybody else ,to do the job	Providing House keeping staff and rotating them between departments so that they can help in escorting. Also put clear signage's of departments
8	To Guide New recruitment to Patho , Radio and Consultations	FOE's are not escorting the new recruitments as they cant leave the desk and they don't have anybody else ,to do the job	Providing House keeping staff and rotating them between departments so that they can help in escorting. Also put clear signage's of departments
9	Check Expiry date of magazines and whether lights and TV have been switched off.	FOE's are not checking on to these details as they might be facing a disciplinary and training issue.	Train staff to look into these details .Give them a daily brief in the morning or put on some signs to remind them of it.
10	Training calendar is not being maintained	FOE's are not maintaining their training calendar as nobody is asking to see it and a monitoring issue can be seen.	Need to provide a supervisor who can keep an eye on them and monitor their activities. Also regular audits need to be done
11	Not adequate knowledge of the EHC packages.	FOE's are not having adequate knowledge about the EHC package as they haven't received a formal training in it.	Need to train them on the packages and then does a proper evaluation of test so as

			to know the level of improvement.
12	Voucher's not raised in pathology	This occurs because of a hurried style of working by which some important processes are left out , this is due to the overburden on the staff	Need to hire or circulate more FOE's on the desk, so as to divide the work uniformly. Also regular audits need to be done
13	Confusion in giving instruction to patient's regarding tests	FOE's are not able to impart proper instructions as they are overburdened and also as the whole process is not streamlined.	Hire more staff so as to delegate responsibilities equally, which will thus streamline the process as well.
14	Unavailability of doctors for consultation	Doctor's are not consulting on time due to personal obligations.	Need to hire a substitute for doctor's who have a tight schedule.
15	No Follow up regarding patient receiving the report.	There is no FU regarding this now like it was done previously but due to lack of supervision, it is not being done presently.	Need to provide a supervisor to monitor and control such indiscrepencies.

6.1 GAP, RCA and SUGGESTIONS OF OPD (2)

Sr No	GAP	RCA	SUGGESTION
1	Registration form filling is not being done in full compliance	Registration form is not properly explained and being completely filled by the patient ,due to understaffing and hurried style of work of staff	Hire extra staff and train the present one's to look into every detail of the registration form and also in explaining the whole application. Also regular audits need to be done
2	Patient is not guided neither is he escorted to the respective department.	Patient is neither guided nor escorted as there is a issue of manpower and training being seen	Need to assign house keeping staff to help in escorting and also training the FOE's on guiding the patient's. Also put clear signage's of departments
3	Doctor's advice post consultation is not being explained to the patient	Protocol for checking doctor's sheet is not being followed as the staff is not adequately trained and they do not feel the process important	Training the staff w.r.t doctor's advice and monitoring that they do it the next time.
4	Estimate and direction to be given by duty manager	Protocol for guidance and estimate is not being followed as there is no Duty manager available	Need to Hire a duty manager or train some present staff to take on this responsibility
5	Rescheduling and FU after 3 days	There is no FU done as they have not been told about it and plus they are not trained for it.	Need to provide a supervisor to monitor and control such indiscrepencies
6	Maintaining report on cancelled appointments	The gap is arising due to disciplinary issue in the FOE's an also lack of control or monitor.	There is a need of constant monitoring by a supervisor, who regularly checks on data

			maintenance. Also regular audits need to be done
7	Excel sheet regarding Doctor's advice not maintained	Data maintenance not being done due to lack of supervision or control over the FOE's	Need to hire or train a supervisor, who keeps a constant eye on data maintenance. Also regular audits need to be done.
8	OPD patients not being escorted to the respective documents.	Patient is neither guided nor escorted as there is a issue of manpower and training being seen	Need to assign house keeping staff to help in escorting and also training the FOE's on guiding the patient's. Also put clear signage's of departments
9	Registration and explanation of the check list	Issue in registration and explanation is due to the overburden on the staff and also the lack of training.	Hire extra staff and train the present one's to look into every detail of the registration form and also in explaining the whole application. Also regular audits need to be done
10	Follow up with Health Check up Patients is not done	FOE's are not following up as they are not trained and monitored for FU and they don't find the process necessary.	Need to train the staff and also keep a supervisor to monitor their activities.
11	Training about department is not adequate	Training given to FOE's are not adequate , due to lack of internal trainers and training material	Need to train internal staff by external trainers who then reinforce this on the other staff..
13	Skill set not developed	No training regarding skills as there are no particular skill trainer	Need to have small training sessions from external skill trainer , once a month at least

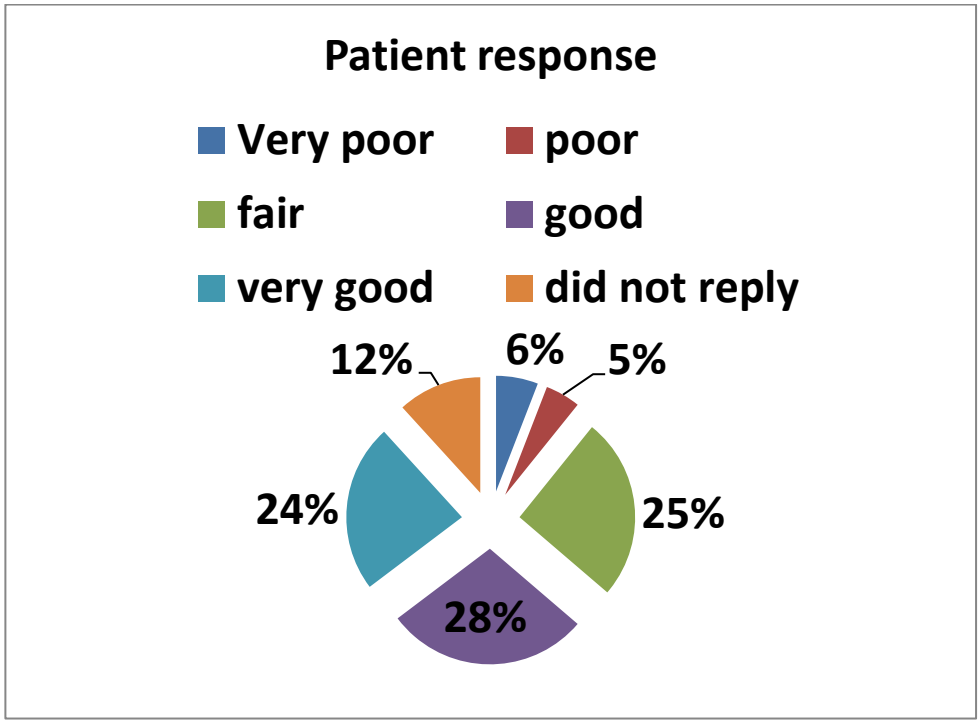
14	Patient Feedback forms are not seeing 100% compliance	FOE's not giving form to patients as they don't find it necessary and nobody asks them about it.	Supervisor should go and ask patients whether they have been given the feedback form and ask them to fill it.
15	Explanation of the induction list is not done.	FOE's are not able to explain the induction list due to hurried style of working and low man power.	Need to assist FOE's with additional manpower by circulating FOE's from different floors or by hiring new ones.
16	Time Motion Study not being maintained	FOE's are not maintaining their time motion study ,as they don't find it necessary and there is no supervision on them	Need to hire or train a supervisor to keep an eye and monitor such non compliances. Regular audits to check such data should be done.

6.2 GAPS FOUND ON EXCHANGE OF REPORT WITH OTHERS

Sr No	Process	C/PC/NC	GAPS	RCA	SUGGESTIONS
1	Enquiring about purpose of visit	C			
2	Intimation about patient arrival	PC	Only verbal intimation .No mail	No proper training and supervision	Need to train staff regarding patient arrival and also supervision of staff at reception during arrival needs to be done.
3	Incase of Credit Card inform regarding surcharge to be paid	C			
4	Queuing ,display .notification in OPD	NC	No Documentation regarding Queing	No body is trained about it	A display board can be put to let patients know about status.

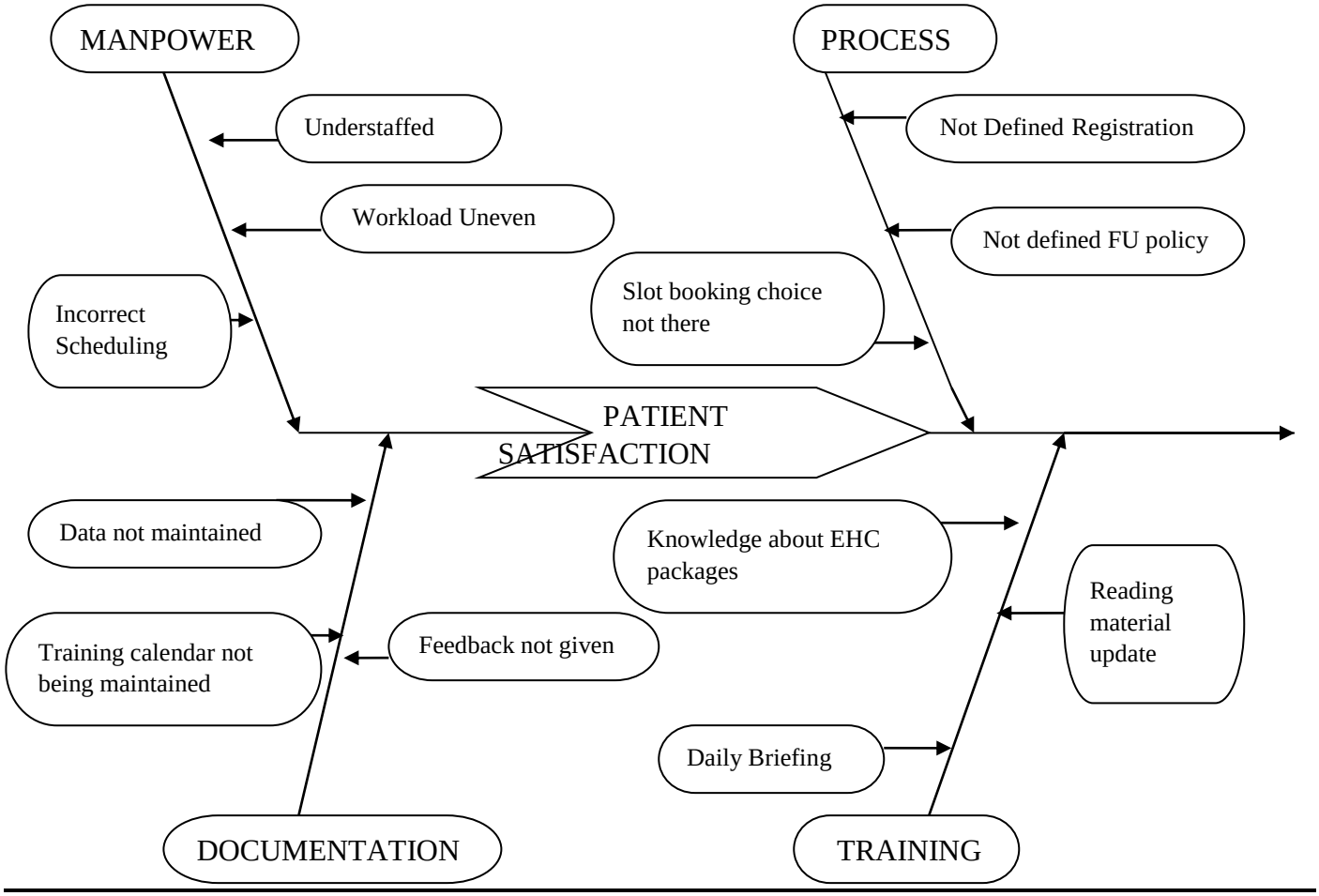
Pie Chart of Patient Response

Figure2



ROOT CAUSE ANALYSIS OF OPD

Figure 2



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7 SUGGESTIONS/ RECOMMENDATIONS

- Follow up process has to be defined to the FOE's so that they start doing the practice again.
- A proper tracking of the doctor's location has to be done so as to know where they are, and are available for the consultation.
- Need to keep house keeping staff at the OPD counter to start the escorting protocol again.
- Training in using SRIT and also on updating the MIS daily.
- Maintaining excels on doctor's advice and cancellation of patients has to be kept.
- Need to work on relieving the overburdened staff, by hiring new substitutes for their place.
- Need to work on the scheduling of OPD so as to leverage the doctor – patient consultation time.
- Review outcomes and impact of physician's advice and their after effects.
- Patient choice: The patient should always be offered reasonable choice in their appointment.
- Hospital should have an integrated waiting list policy.
- Hospital must continually improve Services, always seeking to make today's best practice normal, and to work on the concept of CQM
- Rather than examining care from soiled clinical and operational perspectives, take a team-based approach to providing care.
- There Should be 100% compliance on feedback forms as they are our best critic and show us the path to development
- Booking processes should be clearly defined whereby patients leave the department knowing the date and time of their next activity – to include diagnostics, therapies and in-patient scheduling..
- Behaviour training for the FOE's should be organized at appropriate intervals.
- To have a good idea about the patient feedback each staff should go around taking the feedback from patients once every week.

- Arrangements should be done to circumvent long waiting at the OPD by proper doctor scheduling and telling them to regulate their IPD activities efficiently.
- There is a need of constant monitoring by a supervisor, who regularly checks on data maintenance. Also regular audits need to be done.
- Need to have small training sessions from external skill trainer , once a month at least and need to train internal staff by external trainers who then reinforce this on the other staff
- Providing Housekeeping staff and rotating them between departments so that they can help in escorting. Also put clear signage's of department.

-

8 LIMITATIONS:

Besides the best endeavor the study faced the following limitations: Questionnaires were available only in English. The study was only pertaining to patients who could understand English and patients who were allotted time in translating the forms in their regional languages. ICU patients were not included. Patients who were willing to give feedback only participated.

9 CONCLUSION:

Attention needs to be given on the behavior of counter and support staff in contact with patients and waiting time for consulting doctors at OPD. These areas are to improve on the experience status among patients. Over all the patients coming to Asian heart Hospital are satisfied and happy with the array of service being provided to them and would suggest other patients to come for their treatment to this hospital.

From the venture report it can be reasoned that the Asianhospital has prevailing with regards to making a culture where rendering quality patient administrations is its fundamental vital objective. The association has put in its concentrated endeavors to focus on the patient's need or security, empathy and data identified with his or her healing facility visit.

The patient welfare division works in the range of issue ID and issue indicating guaranteeing the patient to be the necessary piece of this clinic in this way upgrading quiet fulfillment and supporting patient steadfastness on the long haul premise.

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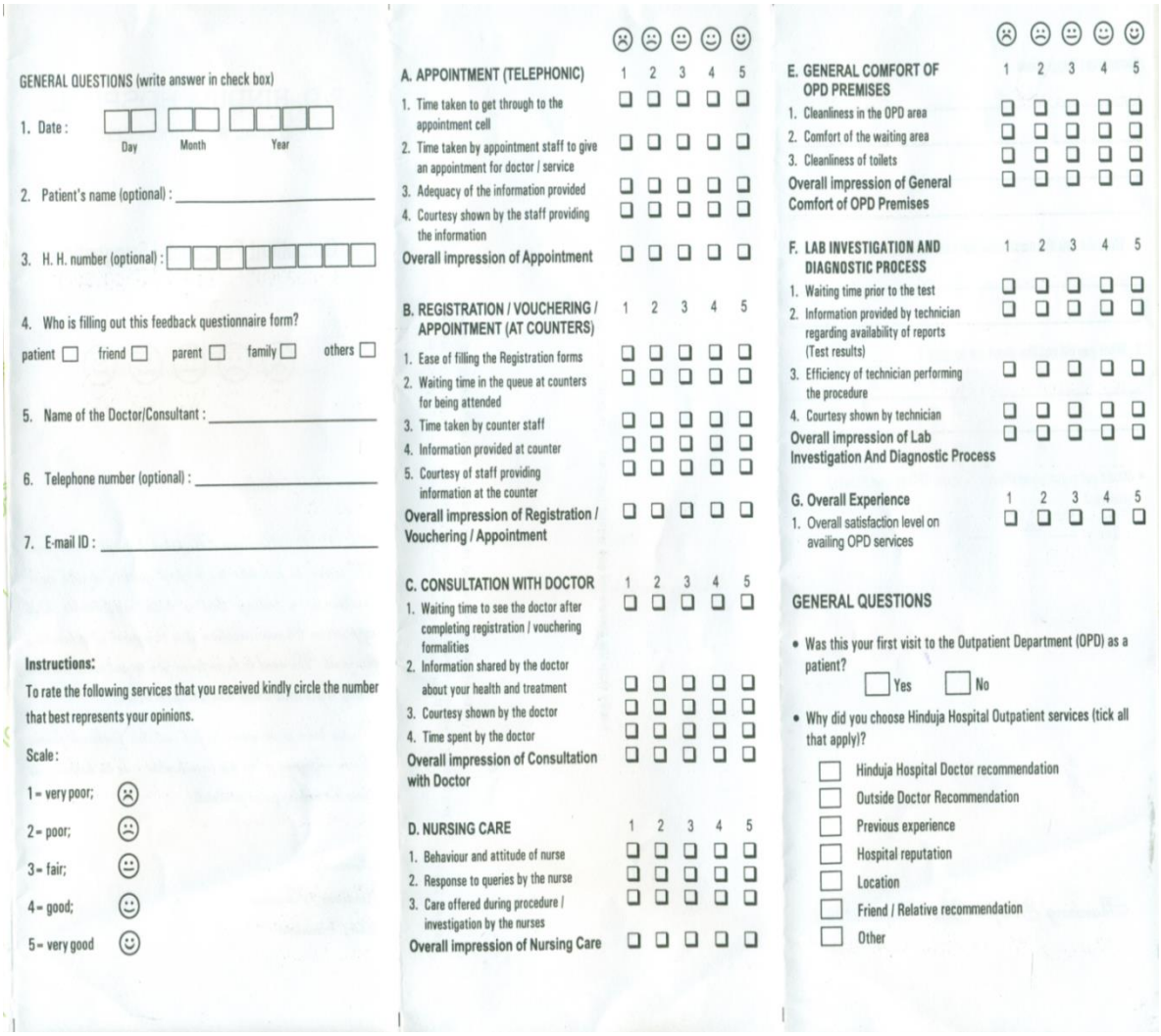
Anexxure 1

OPD Questionnaire



GENERAL QUESTIONS (write answer in check box)

1. Date : ☐☐ ☐☐ ☐☐☐☐ (Day / Month / Year)
2. Patient's name (optional) : _____
3. H. H. number (optional) : ☐☐☐☐☐☐☐☐
4. Who is filling out this feedback questionnaire form?
   patient ☐ friend ☐ parent ☐ family ☐ others ☐
5. Name of the Doctor/Consultant : _____
6. Telephone number (optional) : _____
7. E-mail ID : _____

Instructions:

To rate the following services that you received kindly circle the number that best represents your opinions.

Scale :

1 = very poor;
2 = poor;
3 = fair;
4 = good;
5 = very good

A. APPOINTMENT (TELEPHONIC)	1	2	3	4	5
1. Time taken to get through to the appointment cell	❑	❑	❑	❑	❑
2. Time taken by appointment staff to give an appointment for doctor / service	❑	❑	❑	❑	❑
3. Adequacy of the information provided	❑	❑	❑	❑	❑
4. Courtesy shown by the staff providing the information	❑	❑	❑	❑	❑
Overall impression of Appointment	❑	❑	❑	❑	❑

B. REGISTRATION / VOUCHERING / APPOINTMENT (AT COUNTERS)	1	2	3	4	5
1. Ease of filling the Registration forms	❑	❑	❑	❑	❑
2. Waiting time in the queue at counters for being attended	❑	❑	❑	❑	❑
3. Time taken by counter staff	❑	❑	❑	❑	❑
4. Information provided at counter	❑	❑	❑	❑	❑
5. Courtesy of staff providing information at the counter	❑	❑	❑	❑	❑
Overall impression of Registration / Vouchering / Appointment	❑	❑	❑	❑	❑

C. CONSULTATION WITH DOCTOR	1	2	3	4	5
1. Waiting time to see the doctor after completing registration / vouchering formalities	❑	❑	❑	❑	❑
2. Information shared by the doctor about your health and treatment	❑	❑	❑	❑	❑
3. Courtesy shown by the doctor	❑	❑	❑	❑	❑
4. Time spent by the doctor	❑	❑	❑	❑	❑
Overall impression of Consultation with Doctor	❑	❑	❑	❑	❑

D. NURSING CARE	1	2	3	4	5
1. Behaviour and attitude of nurse	❑	❑	❑	❑	❑
2. Response to queries by the nurse	❑	❑	❑	❑	❑
3. Care offered during procedure / investigation by the nurses	❑	❑	❑	❑	❑
Overall impression of Nursing Care	❑	❑	❑	❑	❑

E. GENERAL COMFORT OF OPD PREMISES	1	2	3	4	5
1. Cleanliness in the OPD area	❑	❑	❑	❑	❑
2. Comfort of the waiting area	❑	❑	❑	❑	❑
3. Cleanliness of toilets	❑	❑	❑	❑	❑
Overall impression of General Comfort of OPD Premises	❑	❑	❑	❑	❑

F. LAB INVESTIGATION AND DIAGNOSTIC PROCESS	1	2	3	4	5
1. Waiting time prior to the test	❑	❑	❑	❑	❑
2. Information provided by technician regarding availability of reports (Test results)	❑	❑	❑	❑	❑
3. Efficiency of technician performing the procedure	❑	❑	❑	❑	❑
4. Courtesy shown by technician	❑	❑	❑	❑	❑
Overall impression of Lab Investigation And Diagnostic Process	❑	❑	❑	❑	❑

G. Overall Experience	1	2	3	4	5
1. Overall satisfaction level on availing OPD services	❑	❑	❑	❑	❑

GENERAL QUESTIONS

- Was this your first visit to the Outpatient Department (OPD) as a patient? ☐ Yes ☐ No
- Why did you choose Hinduja Hospital Outpatient services (tick all that apply)?
  - ☐ Hinduja Hospital Doctor recommendation
  - ☐ Outside Doctor Recommendation
  - ☐ Previous experience
  - ☐ Hospital reputation
  - ☐ Location
  - ☐ Friend / Relative recommendation
  - ☐ Other