Study to Access the Patient Satisfaction Level in Inpatient Department at Sarvodaya Hospital, Faridabad

By

Garima Maheshwari

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2015-2017

The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: **www.iihmr.edu.in**

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

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that **Dr.Garima Maheshwari** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at **Sarvodaya Hospital, Faridabad** from **6thFebruary 2017 to 6th 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.

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

Dr. Susmit Jain
Assistant Professor
The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141- 3924700, 2791431- 32, Fax: 0141 3924738, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

sarvodaya
HOSPITAL AND RESEARCH CENTRE

CELEBRATING 25 Years

TO WHOM IT MAY CONCERN

This is to certify that **Dr. Garima Maheshwari** student of MBA Hospital and Health Management (MBA-HM) from the IIHMR University,Jaipur has undergone dissertation at Sarvodaya Hospital, Faridabad from 6 FEBRUARY TO 6 MAY.

She did her dissertation on the topic **"Study on Patient Satisfaction"** at Sarvodaya Hospital ,Faridabad.

I wish her all the success in future endeavors.

Dr. Purnima Rao
Head Operations
(Non Clinical)

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **"A Study to Access the Patient Satisfaction level in Inpatient Department at Sarvodaya Hospital, Faridabad"** and submitted by **Garima Maheshwari,** Enrollment No. **0279** under the guidance of **Dr. Susmit Jain, Assistant Professor,** IIHMR University, Jaipur, for honor of MBA in Hospital and Health Management of the University carried out during the period from **6th February, 2017 to 6th May, 2017** 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 organization or other similar organization of advanced learning.

Garima Maheshwari

Dr.Garima Maheshwari

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that all ethical issues have been considered while collecting data for my dissertation titled **"A Study to Access the Patient Satisfaction level in Inpatient Department at Sarvodaya Hospital, Faridabad"**

Garima Maheshwari

Signature of student

[GARIMA MAHESHWARI]
MBA-HM (20 BATCH)

ACKNOWLEDGEMENT

Dissertation is a golden opportunity in a student's life for wisdom and self-development. I believemyself very lucky and privileged to have so many brilliant people direct me through in completion of this project.

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Last but not least, I also express my gratitude towards my family,who supported me throughout my thick and thin times.

Garima Maheshwari
Roll No-0279

Contents

LIST OF FIGURES

TITLE: A Study to Access the Patient Satisfaction level in Inpatient Department at Sarvodaya Hospital, Faridabad

1.INTRODUCTION

Quality of care can be precise on two basics: patient outcome and patient satisfaction .Whenever a patients visits a hospital there are channel of events which a patients goes through like attentiveness, respect, effective information , and decision making. It starts with the introduction and welcome of patients by name and maintaining a warm care helps in establishing the early perception of being a caring and genuine clinician. But for patients in IPD the situation is changed as the patient stays there for a night where he experiences the quality of care more precisely. To maintain satisfaction in IPD it takes a lot of patience and persistence and maintaining continuity till the closure is an important phenomenon to revert patients back to the similar organization in times of need. Hospitals have always been in the business of providing patient care. However, with the inception of value based purchasing, the measurement of successful patient care delivery has been redefined. Patient satisfaction is an important and commonly used indicator for measuring the quality in health care. Patient satisfaction affects clinical outcomes, patient retention, and medical malpractice claims. It affects the timely, efficient, and patient-centered delivery of quality health care. Patient satisfaction is thus a proxy but a very effective indicator to measure the success of doctors and hospitals. Patient satisfaction in IPD can be defined as meeting of expectations of a person from a service .when a patient comes to a hospital, he has a pre set image of the different aspects of the hospital as per the status and cost involved. Although, their main belief is getting cured and going back to their work, but there are many other factors which affect their satisfaction level .Sometimes, they might have ranked a hospital very low on the basis of information, they have from various different sources, but they find it higher than their expectation and they are very satisfied. Similarly, if they have got a very high expectation from any hospital, but if they find it below their level of expectation, they will not be satisfied. In the IPD patient stays in hospital premise or are admitted minimum for a night and therefore experiences all the parameters associated with the stay

which starts from the admission process and ends till till the discharge process. Thus measuring all the related activities will lead to the belief of satisfaction in patients.

The different services provided at varied levels may not be all satisfactory, thus a survey to identify the dissatisfaction causes /services is done. By this we can improve the weaker areas and improve the healthcare system wherever required.

This study was done to measure the level of satisfaction of IPD patient at Sarvodaya hospital. A questionnaire was made and convenience sampling was done. Sample size of123 IPD patients were taken from the general ward .Some of the quality dimensions studied are as follows: general satisfaction, technical quality, interpersonal manner, communication, financial aspects ,time spent with doctor and accessibility and convenience. These quality dimensions are useful for judging the hospital and medical care facilities on such parameters and hence, in knowing the customer satisfaction.

There were in total six parameters for judging the satisfaction level of patients in IPD: 1)Front office 2)Consultants and doctors 3) Nursing staff 4)Food/ Diet services 5) Housekeeping 6) Discharge Process

2. REVIEW OF LITERATURE

Literature review was mainly done from the international, the national articles, journals and books .The literature mainly describes the Patient satisfaction as an advantageous result of positive clinical aspects and results in the hospital and can even be as a parameter of judging health status of patients (1). Patient's view of satisfaction or dissatisfaction can be seen as an indicator of the quality of hospital and its positive outcomes in all of its aspects like hospital acquired infection, behavior of staff ,behavior of doctors, nursing staff, delays in processes etc . Whatever be the strengths and limitations, patient satisfaction will always remains an indicator that would be vital to the assessment of the quality of care in hospitals.

"Hospital" means "guest" and "host," and the true depth of generosity is believed to be the core of the hospital experience (2). In ancient days the original mission of hospitals was to provide a place as mercy for refuge, and a dying place for travelers returning from their divine places at the time of the late stages in life (3).

American heart association survey showed that patients perception towards insurance companies were a major factor and they believed they were in charge of their care in the hospital. A follow-up was done which exposed that patients clearly wanted to be in charge of their own hospital care. According to patients hospitals should not be a part of consumer-focused health care providers. It should not be: a confusing, expensive, untrustworthy, and often impersonal group of medical professionals and institutions. But today's perception of the market trend has changed, with a view of maximizing profits by blocking access, reducing quality, and limiting spending, to cut the cost of expenditure by hospitals and increase the profitability .

A survey of The American Customer Satisfaction providedthe hospitals with an overall satisfaction rating which ranked them 21 out of 31 industries. But now a days Quality of care and patient safety has becomea significant concern. "To Err is Human," highlighted that the potential for injury and death in United States hospitals (7).The results showed thousands of Americans die each year in hospitals because of errors in medical practices and negligence.

Patient satisfaction is the healthcare receivers reaction to judge the services on his /her own experiences (8). Patient satisfaction belongs to the service category as opposed to the technical category of quality of care. Most patients report problems which are related to technical quality of care in hospitals and moreover do not feel themselves to be qualified to judge the technical quality (9).

The Health Care Financing Administration reported hospital mortality rates as an indicator to select the hospitals (10). Hospitals with greater the expected mortality rate had a very little change in volume of patients .They do not seem to be affected by morbidity and mortality rates but more by the personal experiences of care and treatment . Patient view of quality is assessed through magnitude of what is personally valued.

Being treated with respect and confidence and their involvement in treatment decisions are elusive issues of patient satisfaction . (11).

Many patients in American hospital faced problems with patient satisfaction pertaining to issues such as the involvement of families in their care, communication and coordination of

care, and the shifting from hospital to home (12). Patients who were being admitted to research health care centers and teaching hospitals reported more problems than those cared for in corporate hospitals. Service outcomes such as patient satisfaction increase the market value and profitability for hospitals (13). Medical/surgery hospitals cannot pay for losing their patients and, the revenue generation due to issues of patient dissatisfaction cannot be accepted(14). New patients as customer is 5 times more expensive than retaining an existing customer/old patient (15).

A proof from a research demonstrating that increasing the patient satisfaction improves the clinical outcomes also (16, 17). Finally, it is important for clinicians to know that it has been clearly seen that satisfied patients improve doctors satisfaction as well as the revenue generation for the hospital with improving the brand name of hospital. (18, 19)

3.RESEARCH QUESTION

3.1 What is the level of satisfaction of IPD patients at Sarvodaya hospital?

4.OBJECTIVES

4.1To evaluate patients perception towards level of satisfaction in IPD

4.2To identify the weaker areas where improvement/alterations are needed to enhance the patient satisfaction

5.METHODOLOGY

5.1 Sample Design: Non probability convenience sampling

5.2 StudyArea: IPD patients of General ward

5.3Study population: Mostly concerning to Medicine Department

5.4Sample size: 123 IPD patient of General Ward

5.5 StudyDuration: this study was done for a period of Three months

6. SAMPLING AND DATA COLLECTION

6.1INSTRUMENT

A structured questionnaire was prepared for IPD department, which included almost all the parameters to be dealt with patients during the stay in hospital.

6.2TECHNIQUE

Quantitative technique used

6.3 DESCRIPTION OF FEED BACK FORMS

The patient feedback of services is very important for the continuous quality improvement process. The feedbacks are collected from the discharged patients about his overall experience in the hospital and suggestions for improvement. The patient feedback form could be filled by patient itself, attendant, and relative.

The IPD feedback from contained total of 34 questions which were graded as

The measurement was done on a 5 point scale. Excellent (5),good(4),average(3),below average(3),unacceptable(1).The answers were associated with some points .and some questions on basis of " yes" and "no".

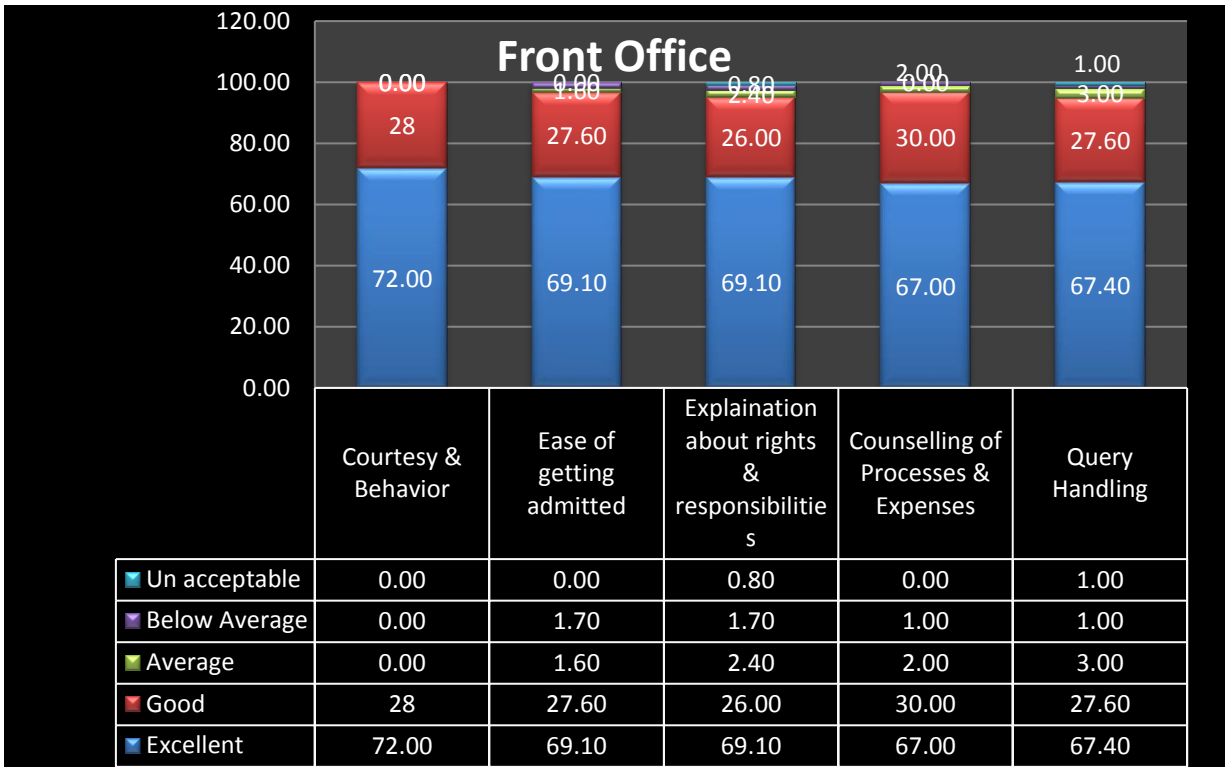
Results were then calculated by counting the points in excel sheet. Then by using the formula "count if" all the categories/each question was segregated. Then a graph of percentage was created to know the results of satisfaction level.

6.4DATA ANALYSIS

The results were analyzed in MS EXCEL and further graphs were made to differentiate them into percentages. The data was transcribed in excel then segregated into the categories with "count if" function .Then it was further calculated in percentages and thus graphs were made on the basis of percentage.

7. FINDINGS

7.1REVIEW OF FRONT OFFICE



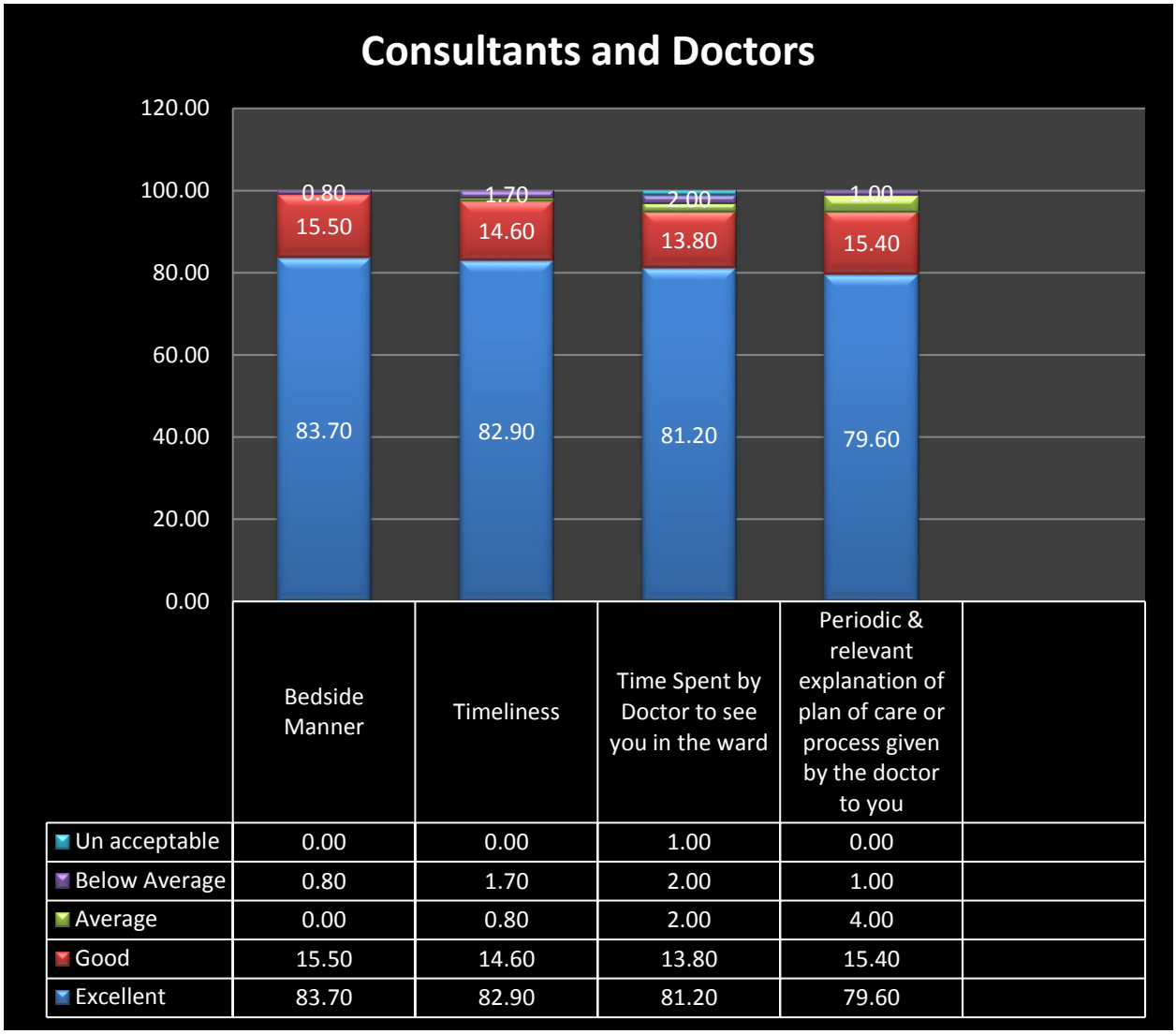
	Courtesy & Behavior	Ease of getting admitted	Explaination about rights & responsibilities	Counselling of Processes & Expenses	Query Handling
Un acceptable	0.00	0.00	0.80	0.00	1.00
Below Average	0.00	1.70	1.70	1.00	1.00
Average	0.00	1.60	2.40	2.00	3.00
Good	28	27.60	26.00	30.00	27.60
Excellent	72.00	69.10	69.10	67.00	67.40

Figure 7. 1 Review of Front Office

Figure 7.1 has the following observations

- Overall front office rating suggests satisfactory results with 67-70% falling in excellent category
- Further Improvements in areas like query handling ,counseling ,ease of getting admission can be done as it has 27 -30% in good category
- Query handling has scored an average of 3%
- Patients faced language issues , thus explanation in local language would be preferred for counseling
- Proper communication with bed manager and reducing the communication gap can improve the ease of getting admission

7.2 REVIEW OF CONSULTANTS AND DOCTORS



	Bedside Manner	Timeliness	Time Spent by Doctor to see you in the ward	Periodic & relevant explanation of plan of care or process given by the doctor to you	
Un acceptable	0.00	0.00	1.00	0.00	
Below Average	0.80	1.70	2.00	1.00	
Average	0.00	0.80	2.00	4.00	
Good	15.50	14.60	13.80	15.40	
Excellent	83.70	82.90	81.20	79.60	

Figure 7. 2 Review of Consultants and Doctors

Figure 7.2 has the following observations:

- Overall a result of 79-80% fall in category of excellent
- Periodic and relevant plan of care can be further improved as 4% fall in average category
- Time spent by the doctors in ward has scored 2% in average category

7.3 REVIEW OF NURSING STAFF

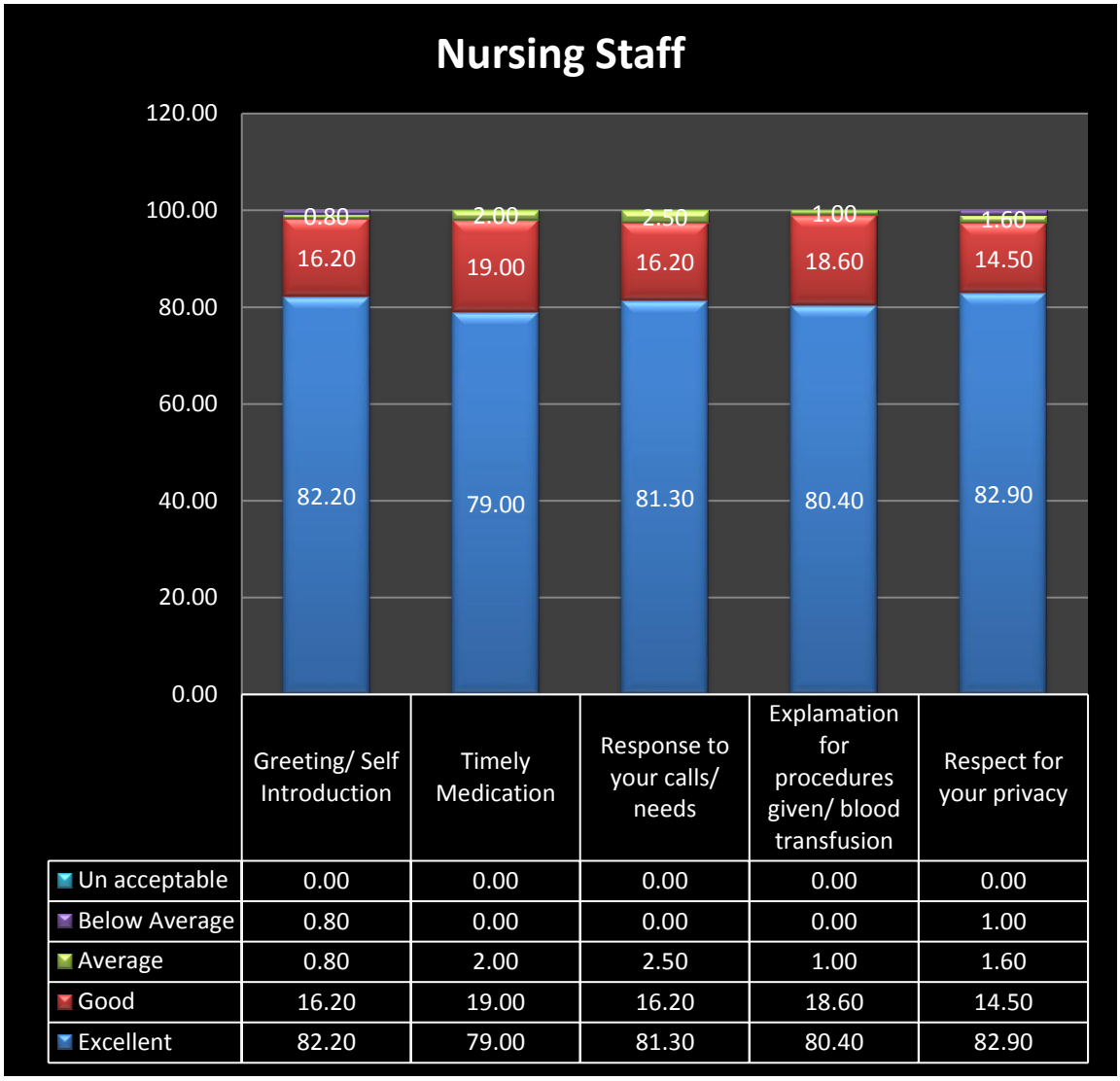
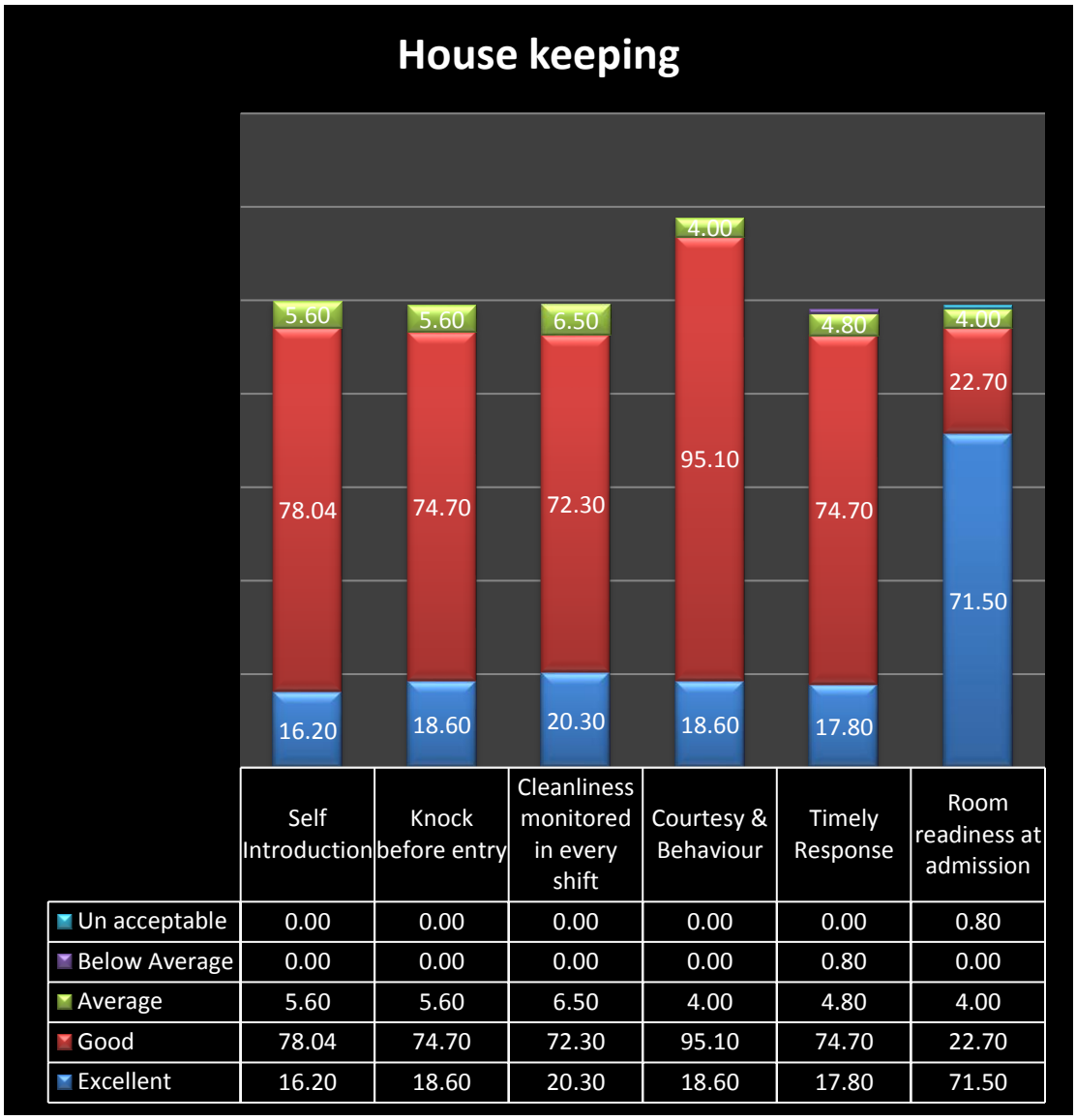


Figure 7. 3 Review of Nursing Staff

Figure 7.3 has following observations :

- The nursing staff scored the highest in category of excellent with 82%
- The category good has been scored with 16 – 18 %.
- Explanation of procedures and timely medication could be further improved in increasing the satisfaction level as it has scored 2% in average category

7.4 HOUSE KEEPING



	Self Introduction	Knock before entry	Cleanliness monitored in every shift	Courtesy & Behaviour	Timely Response	Room readiness at admission
Un acceptable	0.00	0.00	0.00	0.00	0.00	0.80
Below Average	0.00	0.00	0.00	0.00	0.80	0.00
Average	5.60	5.60	6.50	4.00	4.80	4.00
Good	78.04	74.70	72.30	95.10	74.70	22.70
Excellent	16.20	18.60	20.30	18.60	17.80	71.50

Figure 7. 4 Review of House Keeping

Figure 7.4 has the following observation:

- Housekeeping has scored maximum percentage in the category “good”
- Only 16.20% scored excellent for self introduction, which needs further improvement.
- Only 18.60% scored excellent for privacy and self introduction by staff, this needs to be improved.
- 4-6% fall in the category of average,as it has been scored in all the services of housekeeping

7.5 REVIEW OF DISCHARGE PROCESS

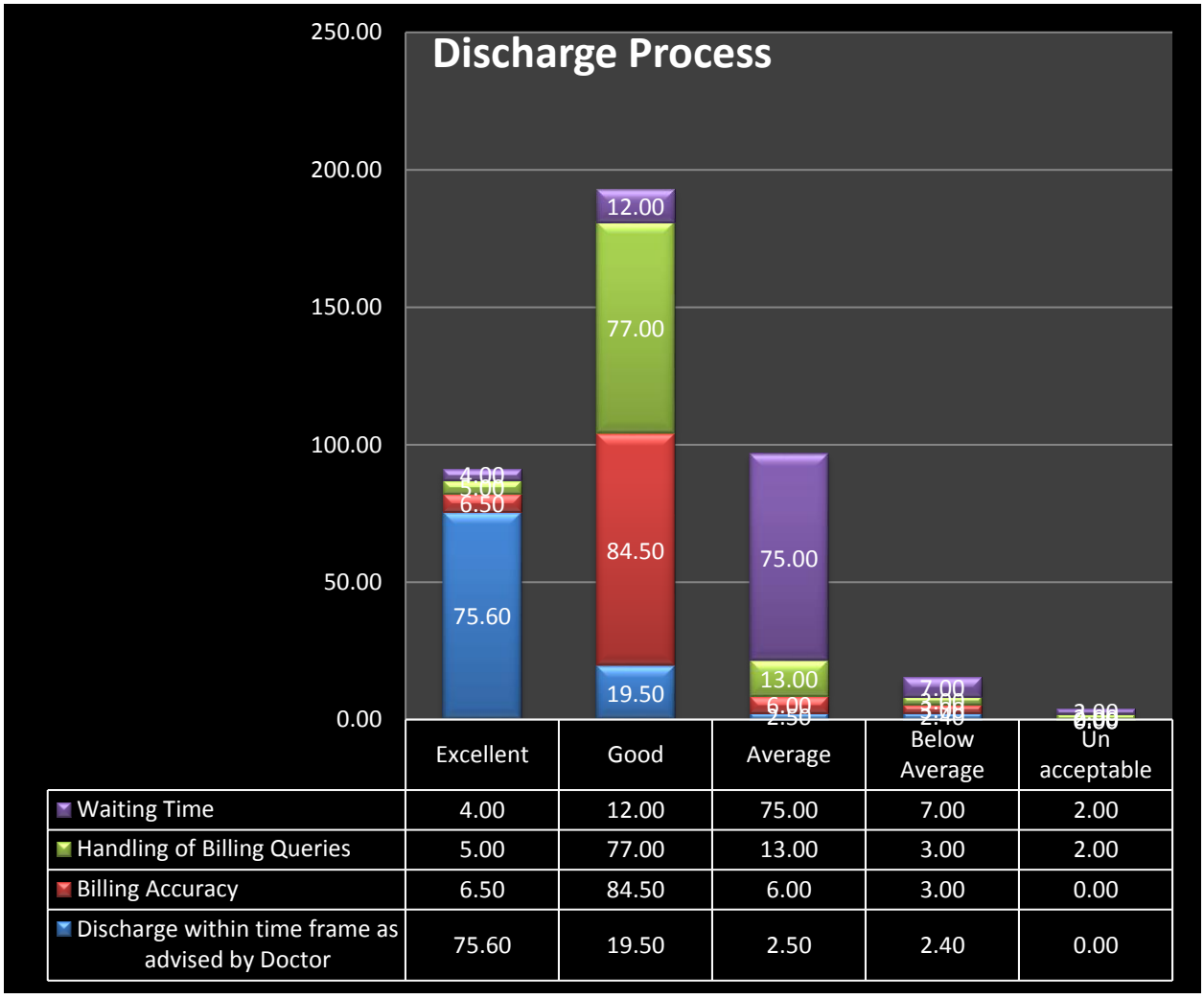


Figure 7. 5 Review of Discharge Process

Table describes the following results:

- Overall excellent was scored with low percentages
- Discharge process waiting time scored an 75% of average and 7% below average13% was scored average for billing queries
- Billing accuracy scored in category of good with 84.5% and average 6%

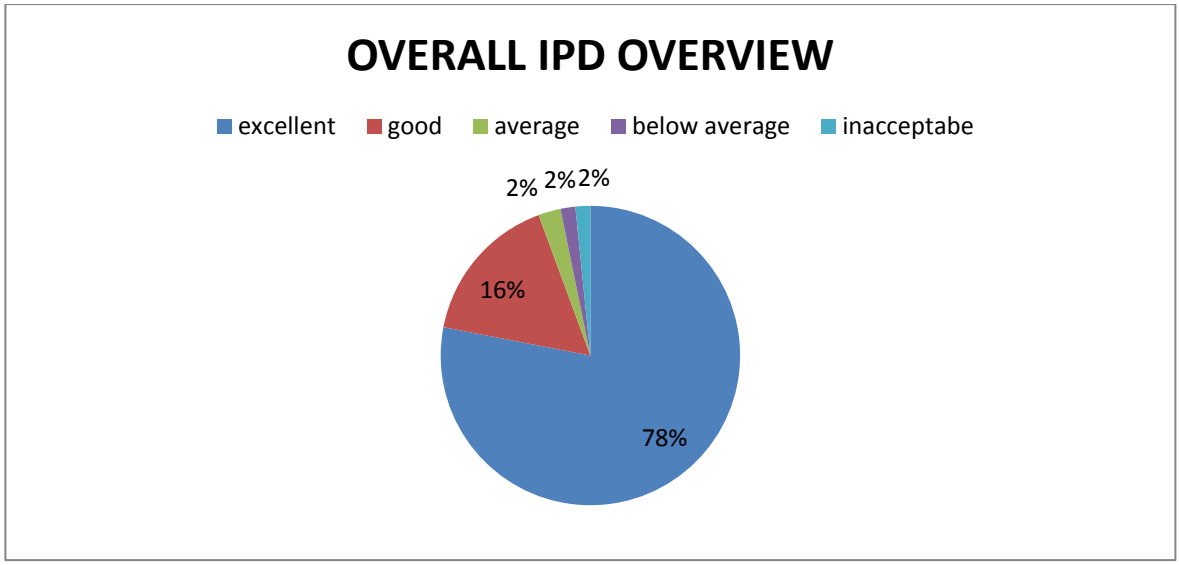


Figure 7. 6 Overall IPD Review

Fig 7.6: Overall IPD Overview

Figure 7.6 shows the following results:

- Overall 78% is excellent,16%good,2% with average ,2%below average ,2%inacceptable
- Overall satisfaction level is good

8. RESULTS

- There is a major dissatisfaction due to discharge waiting time which counts an average of 76%
- Handling of billing queries has below average scoring

- Housekeeping is another factor of dissatisfaction. There is a general score of average ranging from 6 -8 %.

9. SUGGESTIONS

- TPA files should be sent before 10:00 so that approval can be received attime.
- Summaries should be made on daily basis, so that in the end there is no time consumption in making summaries.
- The typist error should be minimized as possible by giving them training on medical transcription
- There should be a track of time within the billing and the TPA department on receiving and finalizing the bill.
- Housekeeping staff should be given training and grooming classes.
- Communication gap needs to be minimized by organizing get together programs and activities so that interdepartmental communications can improve.

10. CONCLUSION

The overall satisfaction level of the IPD patients is good. Discharge process needs to be improved as it has the maximum dissatisfaction due to increased waiting time and billing queries. Housekeeping is the second most category of patient dissatisfaction. It requires grooming and training of the staff.

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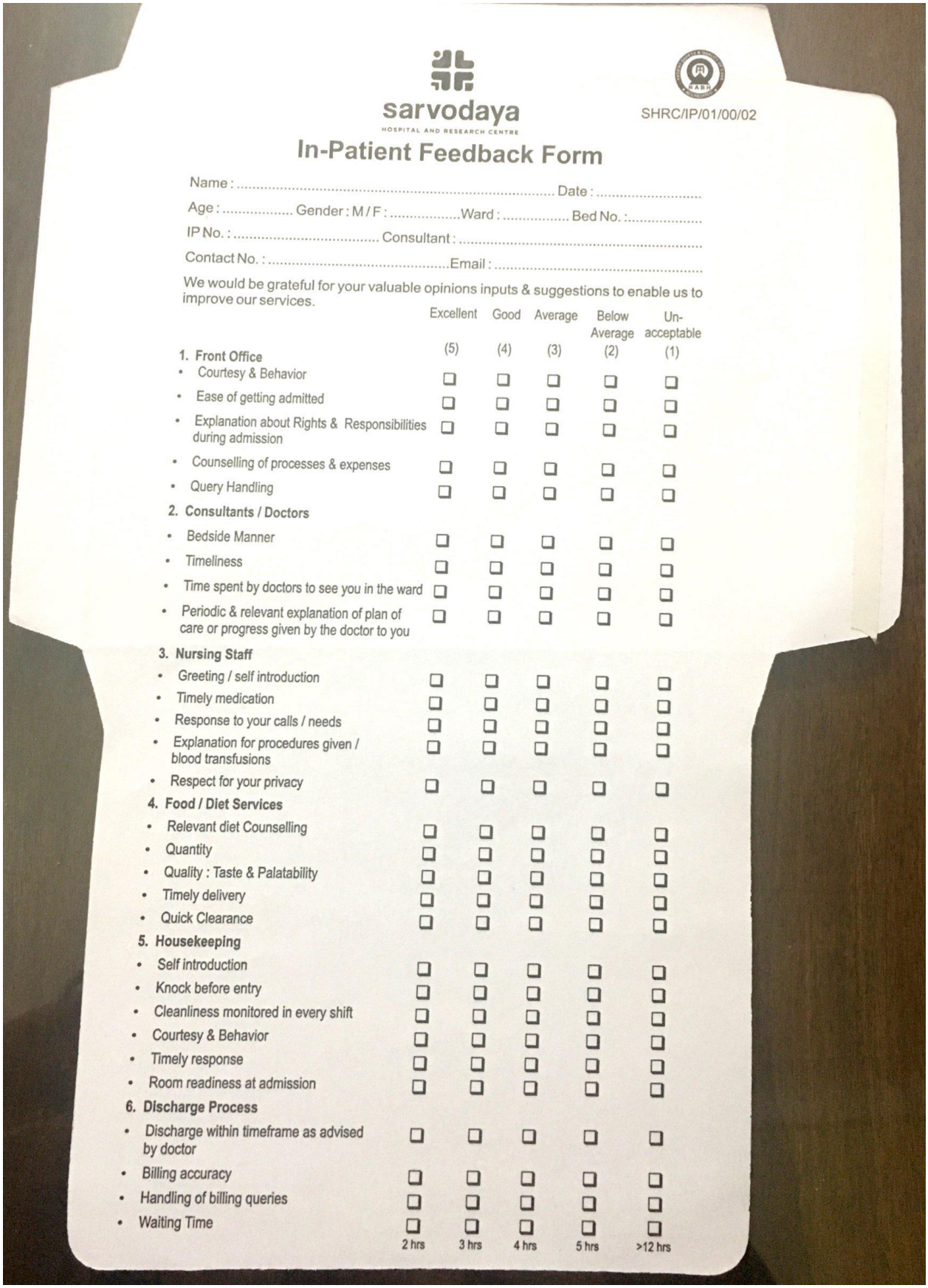
ANNEXURE



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SHRC/IP/01/00/02

In-Patient Feedback Form

Name : ..... Date : .....

Age : ..... Gender : M / F : .....Ward : ..... Bed No. : .....

IP No. : ..... Consultant : .....

Contact No. : .....Email : .....

We would be grateful for your valuable opinions inputs & suggestions to enable us to improve our services.

	Excellent (5)	Good (4)	Average (3)	Below Average (2)	Un-acceptable (1)
1. Front Office					
• Courtesy & Behavior	☐	☐	☐	☐	☐
• Ease of getting admitted	☐	☐	☐	☐	☐
• Explanation about Rights & Responsibilities during admission	☐	☐	☐	☐	☐
• Counselling of processes & expenses	☐	☐	☐	☐	☐
• Query Handling	☐	☐	☐	☐	☐
2. Consultants / Doctors					
• Bedside Manner	☐	☐	☐	☐	☐
• Timeliness	☐	☐	☐	☐	☐
• Time spent by doctors to see you in the ward	☐	☐	☐	☐	☐
• Periodic & relevant explanation of plan of care or progress given by the doctor to you	☐	☐	☐	☐	☐
3. Nursing Staff					
• Greeting / self introduction	☐	☐	☐	☐	☐
• Timely medication	☐	☐	☐	☐	☐
• Response to your calls / needs	☐	☐	☐	☐	☐
• Explanation for procedures given / blood transfusions	☐	☐	☐	☐	☐
• Respect for your privacy	☐	☐	☐	☐	☐
4. Food / Diet Services					
• Relevant diet Counselling	☐	☐	☐	☐	☐
• Quantity	☐	☐	☐	☐	☐
• Quality : Taste & Palatability	☐	☐	☐	☐	☐
• Timely delivery	☐	☐	☐	☐	☐
• Quick Clearance	☐	☐	☐	☐	☐
5. Housekeeping					
• Self introduction	☐	☐	☐	☐	☐
• Knock before entry	☐	☐	☐	☐	☐
• Cleanliness monitored in every shift	☐	☐	☐	☐	☐
• Courtesy & Behavior	☐	☐	☐	☐	☐
• Timely response	☐	☐	☐	☐	☐
• Room readiness at admission	☐	☐	☐	☐	☐
6. Discharge Process					
• Discharge within timeframe as advised by doctor	☐	☐	☐	☐	☐
• Billing accuracy	☐	☐	☐	☐	☐
• Handling of billing queries	☐	☐	☐	☐	☐
• Waiting Time	☐ 2 hrs	☐ 3 hrs	☐ 4 hrs	☐ 5 hrs	☐ >12 hrs