Patient Experience in IPD

By

Sundeep Seth

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**

Patient Experience in IPD

By

Sundeep Seth

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2015-2017

Asian Heart Institute, Mumbai

The IIHMR University, Jaipur

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

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

IIHMR UNIVERSITY

TO WHOMSOEVERMAY CONCERN

This is to certify that **Dr. SUNDEEP SETH** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at **ASIAN HEART INSTITUTE, BKC, MUMBAI** 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 him all success in all his future endeavors.

Col. (Dr.) Ashok Kaushik

Dean, Academics and Student Affairs
The IIHMR University, Jaipur

Dr. Suresh Joshi

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

ASIAN HEART INSTITUTE

THE HIGHEST ACCREDITED HOSPITAL IN INDIA

ISO 9001:2000 CERTIFIED

JOINT COMMISSION INTERNATIONAL

NIAHO®

CERTIFICATE

The certificate is awarded to

Dr. Sundeep Seth

Enrollment No. IIHMR-U/01/2015-17/0356

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

Medical Operations

and has successfully completed his project on

Patient Experience In IPD

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

ASIAN HEART INSTITUTE G/N Block, Bandra-Kurla Complex, Bandra (East), Mumbai

HOD, Human Resource
Mr. Dhiraj Advani

Every heart deserves the best

Asian Heart Institute & Research Centre Pvt. Ltd.
G/N Block, Bandra-Kurla Complex, Bandra (East), Mumbai - 400 051.
Tel. : (91-22) 6698 6666 ◆ Fax : (91-22) 6698 6506 ◆ E-mail : info@ahirc.com ◆ Website : www.asianheartinstitute.org

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **A Report On Patient Experience In IPD** submitted by Dr.Sundeep Seth Enrollment No IIHMR-U/01/2015-17/0356 under the supervision of Dr. Suresh Joshi for award of MBA in Hospital and Health Management carried out during the period from 15/02/17 to 15/05/17 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Signature
Dr.Sundeep Seth

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 REPORT ON PATIENT EXPERIENCE IN IPD**

Dr.Sundeep Seth
Signature of student

EXECUTIVE SUMMARY

PATIENT EXPERIENCE

Quiet understanding and fulfillment is an exceptionally alluring result of clinical care in the doctor's facility and may even be a component of wellbeing status itself. A patient's look of fulfillment or disappointment is a judgment on the nature of clinic care in the greater part of its perspectives. A human services association in this way, needs estimation of patient experience and consolidating results to make a culture where administration is esteemed imported ought to be a vital objective though the wellbeing couldn't care less associations. In the course of recent years, the issue of Patient experience has increased expanding consideration from the official over the human services industry. Accordingly, all the medicinal services association has been concentrating their consideration on enhancing quiet understanding through different activities. National Accreditation Board for Hospitals and human services suppliers (NABH) is a constituent leading group of Quality control of India (QCI), set up to build up and work accreditation program for social assurance associations. They have planned a comprehensive social assurance standard for clinic and medicinal services suppliers.

SECTION 1:- PATIENT-CENTERED STANDARDS

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

FRONT OFFICE DEPARTMENT:

The front office department aims at providing quality health care services to the patients as well as their families. It plays a vital role in maintaining coordination amongst various departments such as Nursing, Food & Beverage, Housekeeping, and Maintenance so as to ensure complete patient experience. It also plays an imperative role in resolving patient’s grievances by continually reviewing and refining the hospital services. At the end of each month PATIENT EXPERIENCE INDEX is developed in order to evaluate the quality of

services offered so that the opportunity for continual improvement is not missed. On the whole, it gives a 360 view of the hospital.

WORKFLOW OF FRONT OFFICE DEPARTMENT

1. **Greeting and introduction for new admissions-** To help the patient get acquainted with the room and hospital services at large. This makes the patients and his/her relative feel comfortable.

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

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

4. **Developing a patient experience index-** Analyzing feedbacks and formulating a experience index with the aim of monitoring hospital's quality of care.

5. **Review of internal processes-** To continually assess and refine processes towards patient centricity and ensure that these are followed.

6. **Handling customer feedback of staff-** To receive customer feedback about particular employees and take appropriate action to correct behavior or to appreciate the staff as appropriate.

7. **Celebrating special occasions of in-patients-** To make the patients feel at home by giving them special attention on special occasion.

8. **VIP Patient Care-**To give almost care to VIP patients. In order to ensure that the sensitivities of other patients are managed, these VIP patients should be referred to as the critical patients list. The reason for this is that even if such a list called the "HNI (high net worth individual) patient list" is seen in advertently by a patient, the patient

will not think that special care is being offered to these patients as a result of a reference, status, background etc.

9. **Follow up calls-** To know the recovery of patients who have been discharged from the hospital and conveying good wishes for their speedily recovery through telephonic conversation.

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

11. **Care of attendants of deceased-** To ensure that the attendants of the deceased person are handled with dignity and care and the billing is done with minimum delay. Also to ensure that we are compassionate with the attendants who may be finding it difficult to accept the fact that they have lost a member of the family?

PROJECT TITLE: TO STUDY PATIENT EXPERIENCE OF THE INDOOR PATIENTS AT ASIAN HEART INSTITUTE (AHI), MUMBAI.

INTRODUCTION

Human services quality is a worldwide issue. The human services industry is experiencing a fast change to meet the perpetually expanding necessities and requests of its patient populace. Clinics are moving from survey patients as uneducated and with little human services decision, to perceiving that the informed purchaser has many administration requests and social insurance decisions accessible. Regard for patient's needs and wishes, is integral to any empathetic medicinal services framework. Nature of wellbeing administrations was generally in light of expert practice principles, however in the course of the most recent decade; patient's discernment about social insurance has been dominatingly acknowledged as a vital pointer for measuring nature of human services and a basic segment of execution change and clinical adequacy.

Persistent experience has been characterized as the level of congruency between a patient's desires of perfect care and his/her impression of the genuine care (s) he gets. It is a multidimensional angle, speaks to a fundamental key marker for the nature of human services conveyance and this is a universally acknowledged component which should be contemplated more than once for smooth working of the health care frameworks. It has been an imperative issue for medicinal services administrators. The customer here does not in fact evaluate their own particular wellbeing status subsequent to getting care yet the level of fulfillment with the administrations conveyed.

PROBLEM STATEMENT

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

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

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

AIM OF STUDY:

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

RATIONALE OF THE STUDY

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

REVIEW OF LITERATURE

Nurse Burnout and Patient Satisfaction.

Doris C. Vahey (2004 February)

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

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

Systematic review of studies of patient satisfaction with telemedicine.

Mair F, Whitten P. (2000 June)

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

Patient satisfaction: a review of issues and concepts

Sitzia J. (1999 Aug)

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

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

Khayat K, Salter B.(1994 May)

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

Nursing: A Key To Patient Satisfaction

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

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

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

Measuring patient satisfaction for audit in general practice

R Baker and M Whitfield (1992 June)

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

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

D C Morrell and M O Roland(1986 March)

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

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

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

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

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

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

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

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

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

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

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

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

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

Customer satisfaction: a practical approach for hospitals.

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

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

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

Improving patient satisfaction through multidisciplinary performance improvement teams

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

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

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

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

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

Inter-Relationship between Clinical Departments in Treating Outpatients

Dr. S.R. Shambulingaiah.

The review was taken up in the set up of SDM healing center, Dharwad of northern Karnataka. The review was embraced with the target to concentrate the working and issues of OPD administration regions in the SDM healing center setup and to look for the input from the patients in regards to the current offices, working style and needs.

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

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

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

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

Study on Process time of patients visiting OPD

Akilan Arunkumar (TATA INSTITUTE OF SOCIAL SCIENCES)

The target of the review was to decide the stream of patients and the time spent in the healing facility through landing and administration qualities and to concentrate the bottleneck in the patient stream. 1413 specimens were concentrated through this review. The reaction time was figured from finding the distinction between the section and leave time. Bottleneck examination was likewise done. They prescribed that since gathering focus being the essential bottleneck of the framework, by expanding another administration here, the framework might be made to work in unfaltering state. It was apparently demonstrated

through the reproductions that having a solitary refraction chamber with couple of specialists, the doctor's facility could lessen holding up time up to 25 percent, and also better.

OBJECTIVES:-

General

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

Specific

- To measure level of experience with medical and nursing services.
- To measure level of experience with support services of the hospital namely diet and nutrition, housekeeping, food and beverage and security
- To recommend strategies for improving the level of patient experience and services of the IPD.

METHODOLOGY:

- **STUDY AREA –** In-Patient Department of Asian Heart Institute, BKC, Mumbai.
- **STUDY DESIGN –** Descriptive Cross sectional
- **STUDY PERIOD-** 15th February- 15th May, 2017.
- **STUDY POPULATION –** Patients admitted in the In-patient Department.
- **SAMPLE SIZE –** 200 patients in IPD (taking 95% as confidence interval)
- **SAMPLING METHOD –** Non-probability convenience sampling
- **DATA COLLECTION –** Observation and Interview method
- **DATA ANALYSIS –** Using Microsoft Excel.
- **PARAMETERS ASSESSED FOR IPD–**

1. Help desk/Registration/front office.
2. Accommodation
3. Facilities for attendants
4. Medical and nursing process
5. Discharge process
6. Facilities like:
    - Waiting area
    - Public dining options
    - Parking and security
7. Overall behavior

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

SCALE OF RATING RESPONSES

- **4** = Very Good
- **3** = Good
- **2** = Average
- **1** = Poor
- **0** = No Response

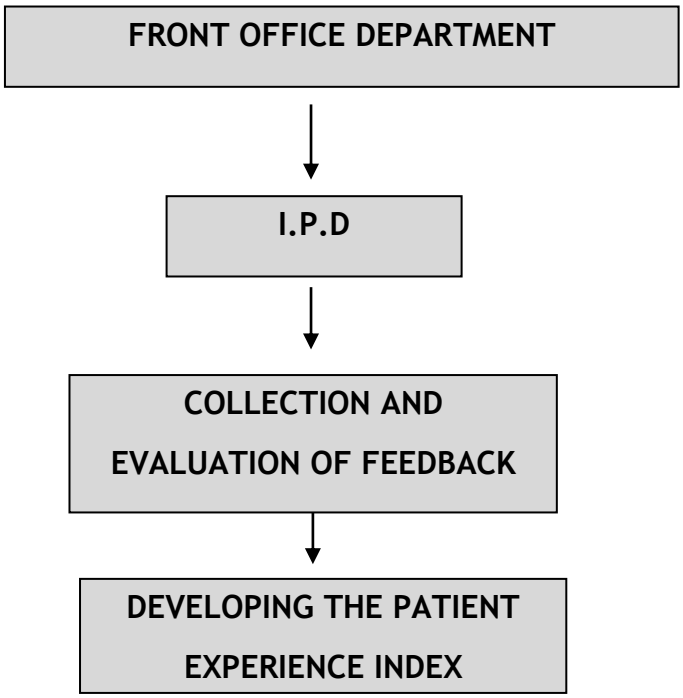
TYPE OF DATA:-

1. Collected through direct observations.
2. Interacting with the patients or the attendants of the patients of this hospital.
3. Information obtained through Hospital records.
4. Information gathered through internet.

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

STUDY TOOLS USED:- 1- Feedback forms
2- Discharge Report

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



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

OBSERVATION 's:-

In Patient Department

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

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

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

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

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

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

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

FINDINGS THROUGH OPEN ENDED QUESTION: -

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

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

1. **F & B DEPARTMENT:-**
   - (i) Delay in delivering food to the patients.
   - (ii) Communication gap between the dietetics and the F & B department because of which inappropriate food being served to the patients.
   - (iii) Quality and quantity of food being compromised.

2. **NURSING DEPARTMENT:-**
   - (i) Delay in nurse call-bell response.
   - (ii) Communication problem between the nurse and the patients as the nurses mainly communicate in their local language.

3. **HOUSEKEEPING DEPARTMENT**
   - (i) Patients were not provided with uniform of their appropriate size.
   - (ii) The cleanliness of the washroom was a major issue for many patients.
   - (iii) The housekeeping staff was found to be loud and disturbing while cleaning the ward rooms in the morning.

(iv) Patients were also found to be dissatisfied because of the absence of towel, soap, dental kit were not found in some rooms.

4. MAINTENANCE DEPARTMENT

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

5. BILLING DEPARTMENT

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

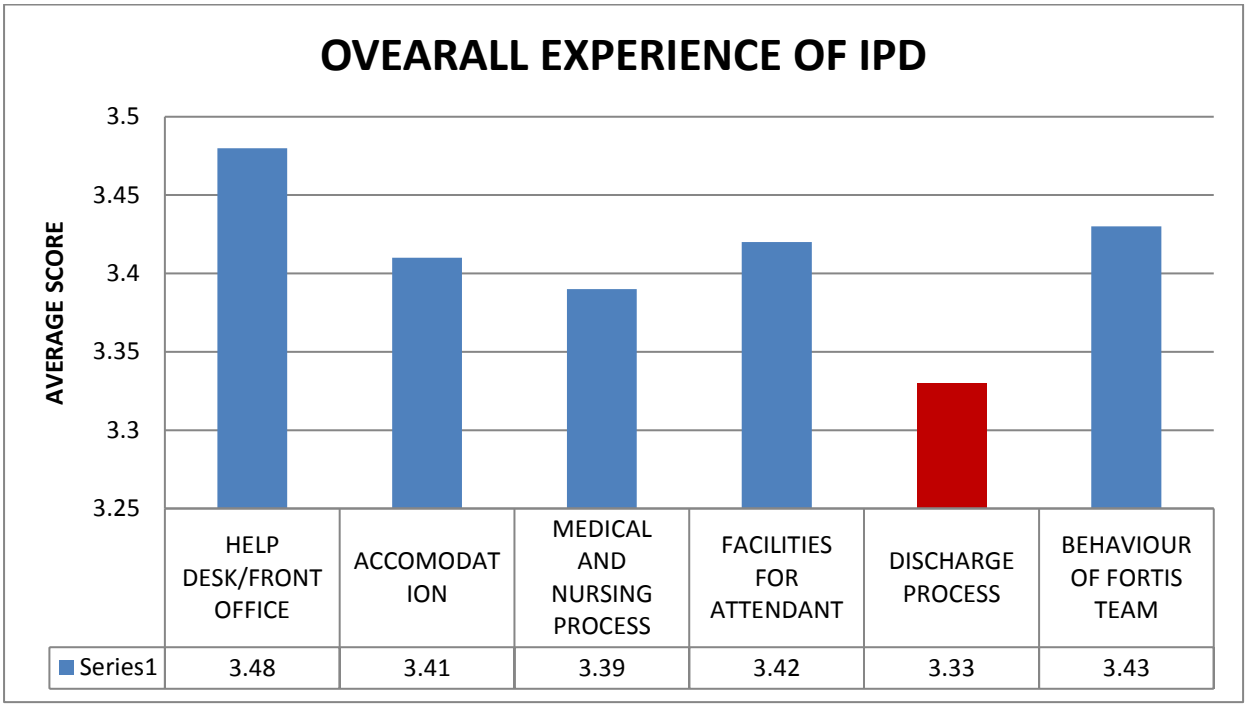
(ii) Things need to be explained more properly to the patients. Also, the patients in emergency cannot pay the whole amount upfront so the billing staff needs to be more accommodative as it takes around 1-2 days to arrange the whole amount.

6. PATIENT CARE SERVICES DEPARTMENT

(i) There was a complaint regarding the delay the issue of the attendant passes by the front office department.

ANALYSIS:-

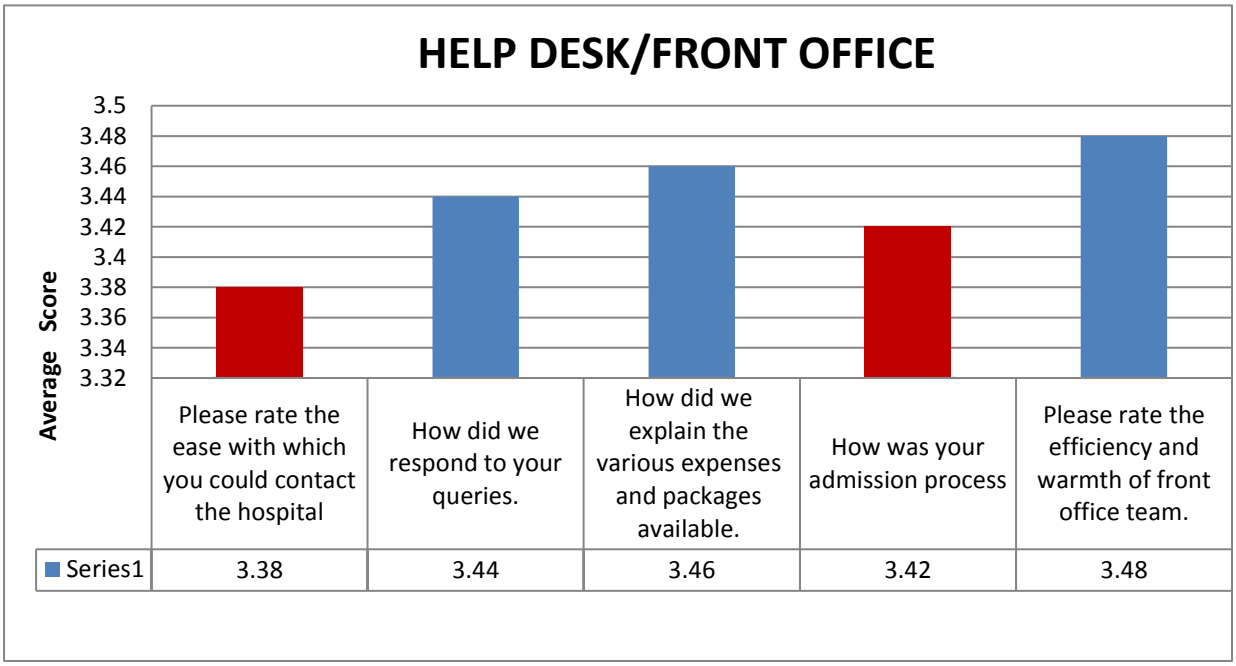
Graph 1:- Overall Experience of IPD in General



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

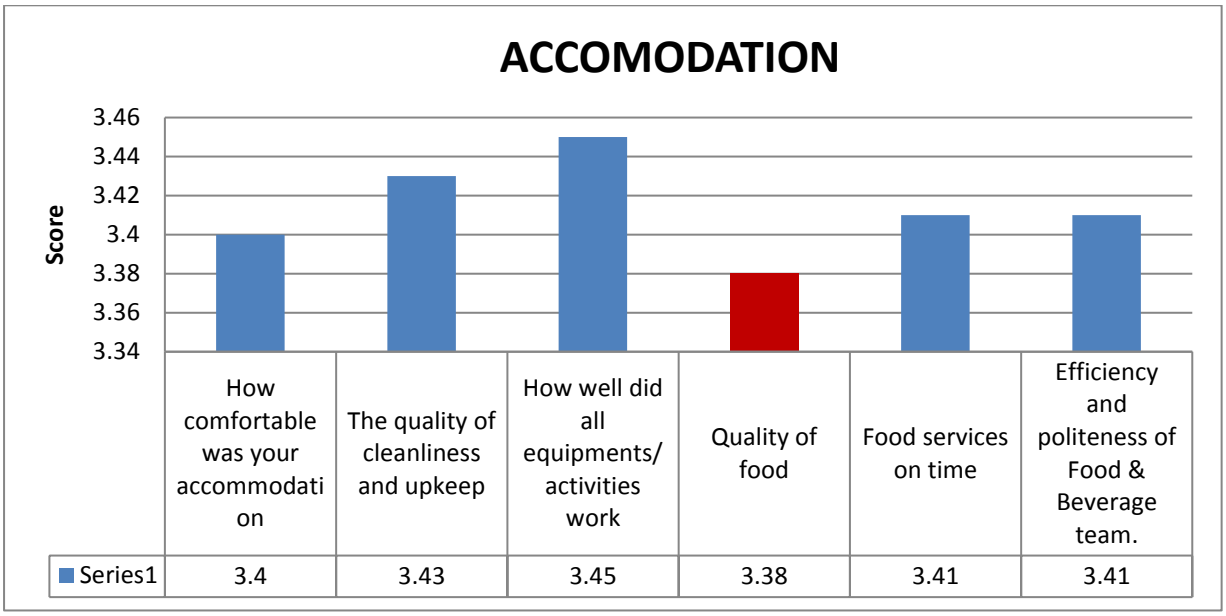
In Specific experience of each department in the IPD are as follows

Graph 2:-Help Desk/Front Office



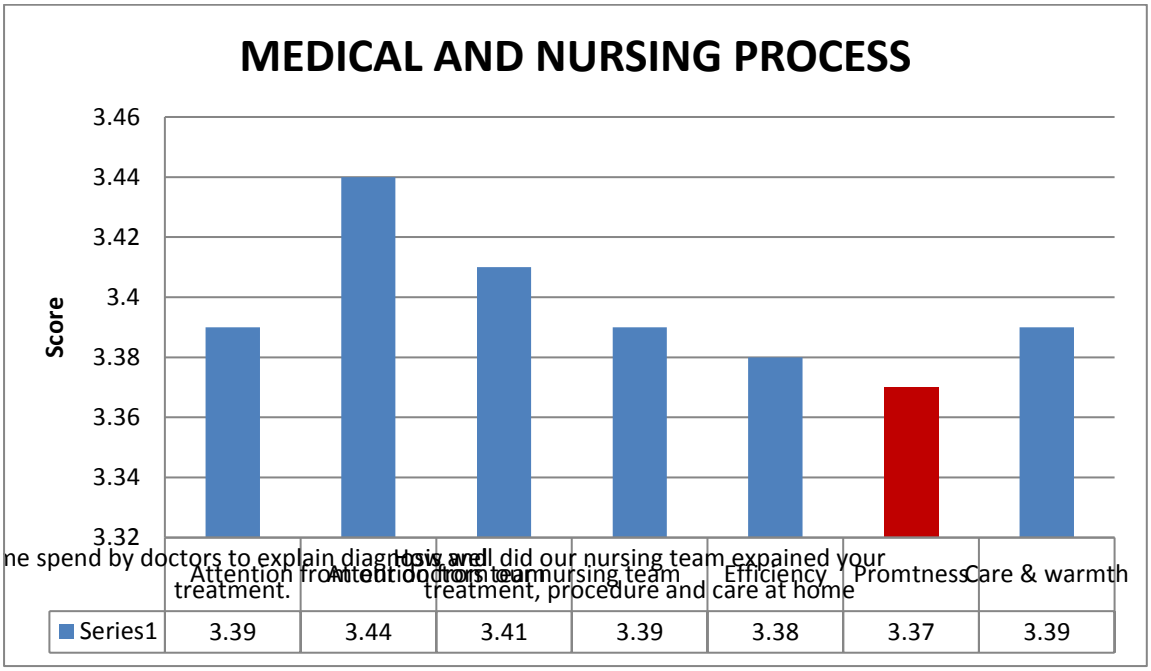
The patient's seemed to be very satisfied with the warmth and affection and also regarding explanation given for expenses and packages with a rating of 3.48 and 3.46 respectively.

Graph 3:- Accommodation



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

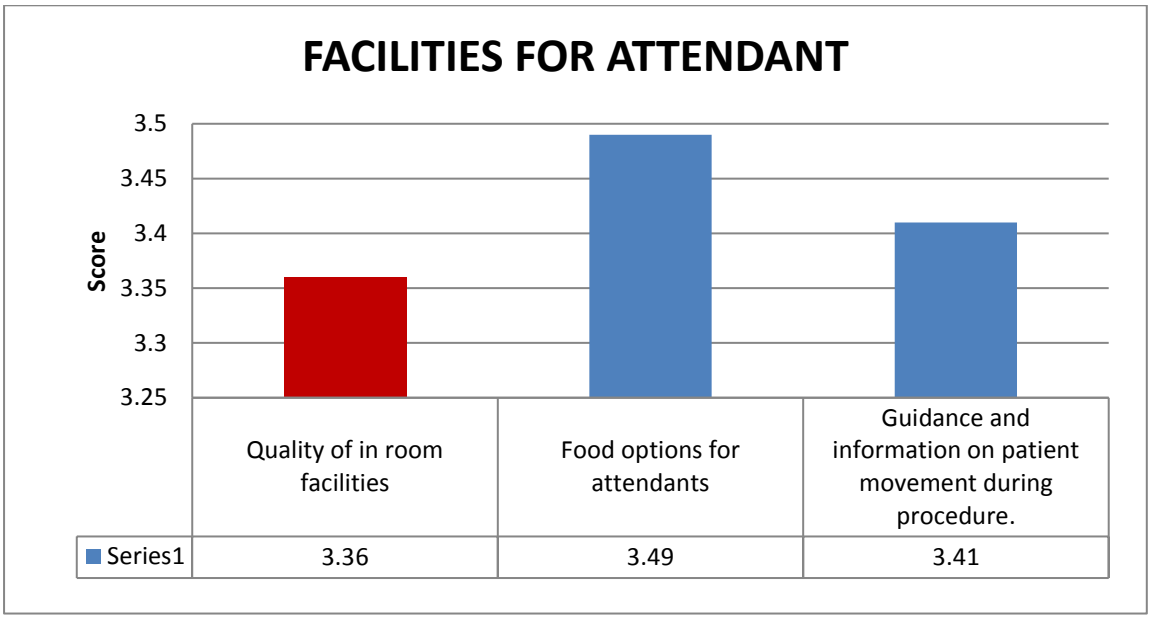
Graph 4:- Medical and nursing process



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

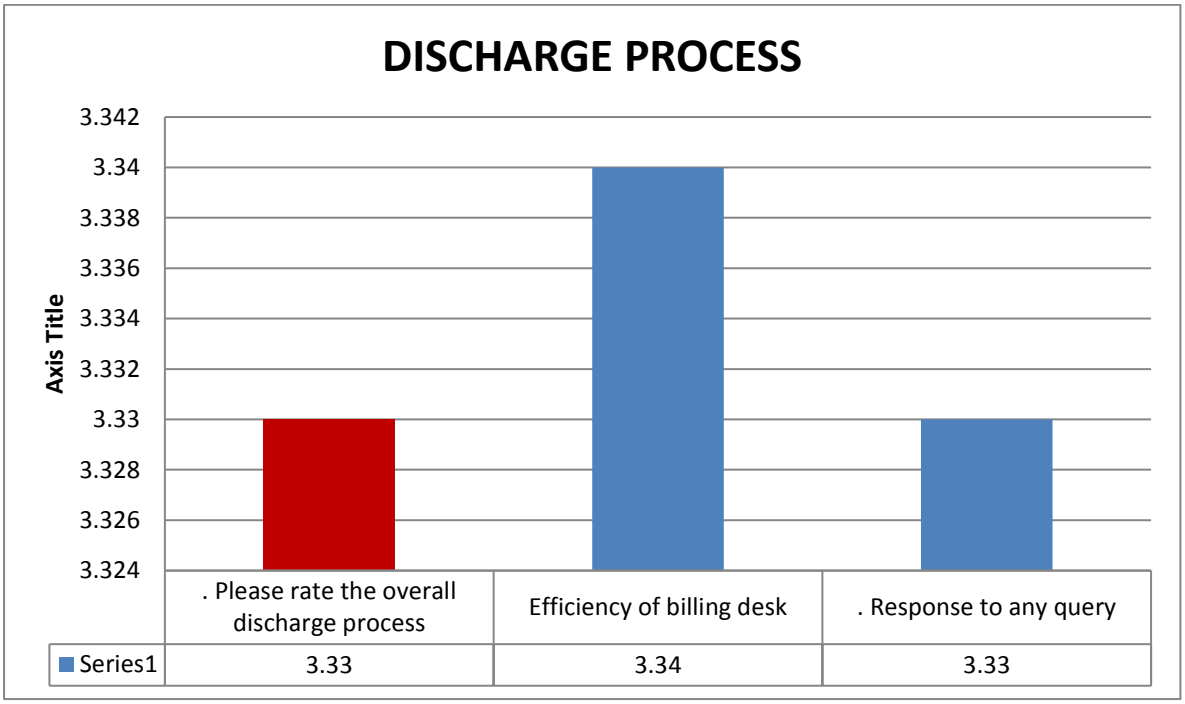
Major issue faced is of promptness.

Graph 5:- Facilities for Attendants



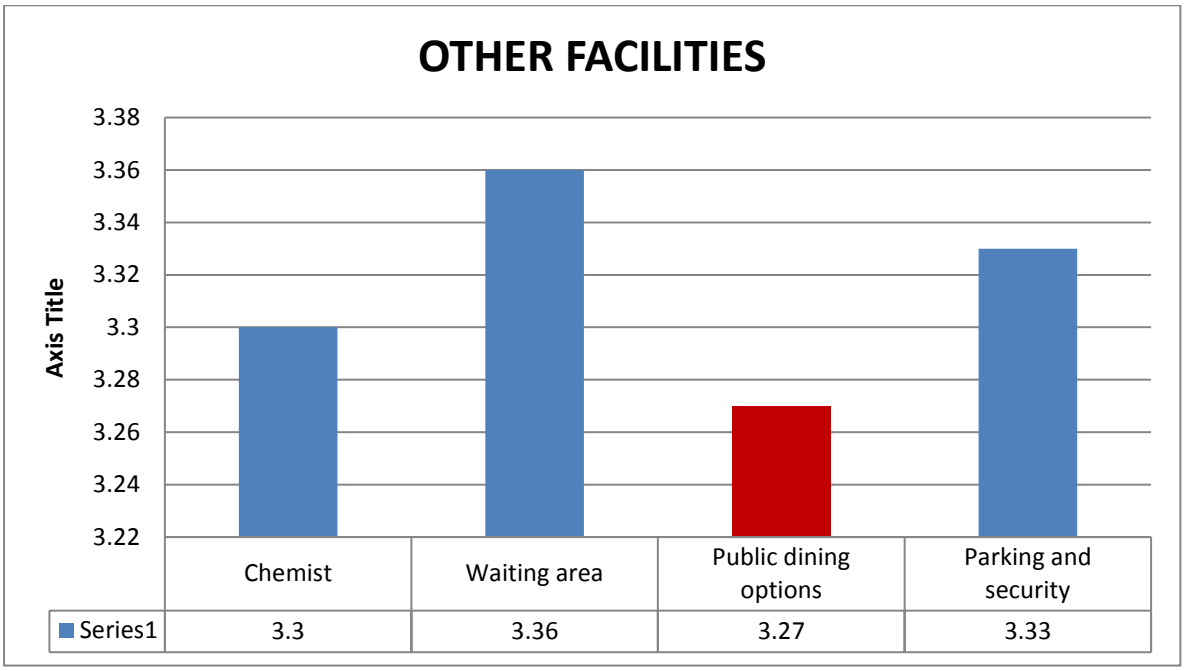
Patient were extremely happy with the number of options present in the menu. 81 patients out of 200 rated it as 3 and 84 rated it as 4.

Graph 6:- Discharge Process



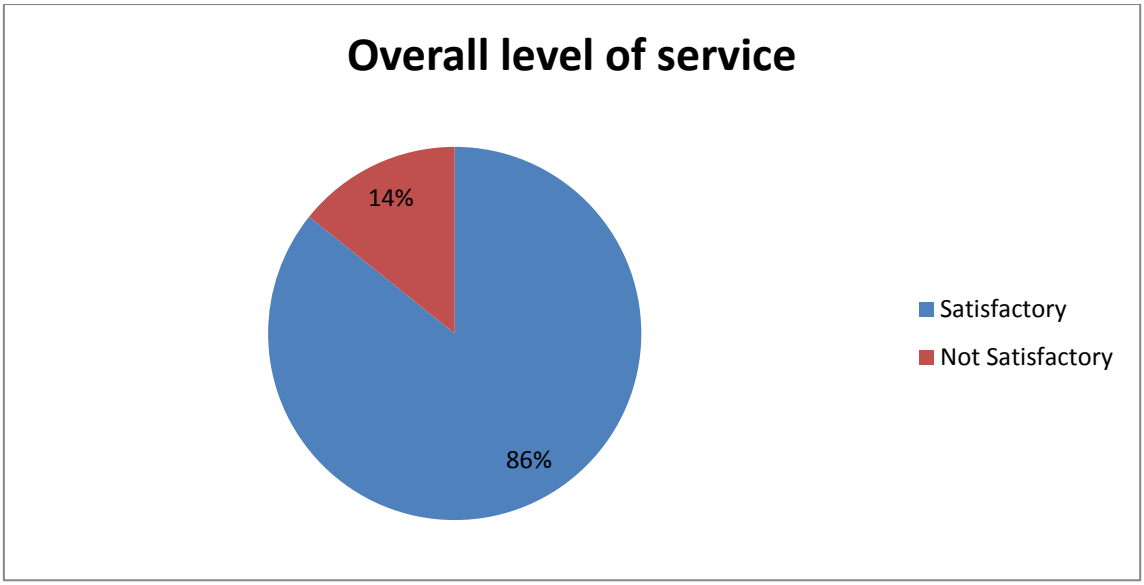
The discharge process has received a constant complain as people complained it to be slow.

Graph 7:- Other facilities



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

Graph 8:- Behaviour of the Asian Heart team



85.75% people were satisfied with the behavior of the Asian heart team. This represents that people are happy with the services provided.

RECOMMENDATIONS:-

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

(ii) Parking area charges are heavy.

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

(iv) There can be a decrease in the time taken for reaching room after admission by escorting the "in need of urgent attention" patients to the desired room while their attendant completes admission formalities.

(v) Hospital environment can be improved by reducing level of disturbances and noises at nursing stations.

(vi) Quality of food has received 16 complaints regarding various aspects such as taste, not cooked properly, delay in delivery.

(vii) Nurses respond lately to the bell. Promptness from the staff side towards patient concern should be increased, by training.

(viii) Quality of room facility can be improved by maintaining a roster which shows at what time the toiletries were kept.

(ix) Discharge process should be less time consuming and this can be achieved by completion of morning rounds by doctors and signing the discharge papers timely.

(x) AC facility in wards should be taken in consideration and dining should be a bit reasonable.

CONCLUSION:-

From the project report it can be concluded that the Asian hospital has succeeded in creating a culture where rendering quality patient services is its main strategic goal. The organization has put in its concentrated efforts to pay attention to the patient's need or privacy, compassion and information related to his or her hospital visit. The patient welfare department works in the area of problem identification and problem-showing ensuring the patient to be the integral part of this hospital thereby enhancing patient experience and sustaining patient loyalty on the long term basis.

References

Vahey, D. C., Aiken, L. H., Sloane, D. M., Clarke, S. P., & Vargas, D. (2004).Nurse Burnout and Patient Satisfaction. *Medical Care*, *42* (2 Suppl), II57–II66. http://doi.org/10.1097/01.mlr.0000109126.50398.5a

Mair, F., & Whitten, P. (2000).Systematic review of studies of patient satisfaction with telemedicine.*BMJ : British Medical Journal*, *320*(7248), 1517–1520.

Patient satisfaction: a review of issues and concepts.
J. Sitzia, N. Wood
SocSci Med. 1997 December; 45(12): 1829–1843.

Khayat, K. and Salter, B. (1994) *Patient Satisfaction Surveys as a Market-Research Tool for General Practices.* British Journal of General Practice, 44 (382). pp. 215-219. ISSN 0960-1643

Kutney-Lee, A., McHugh, M. D., Sloane, D. M., Cimiotti, J. P., Flynn, L., Neff, D. F., & Aiken, L. H. (2009). Nursing: A Key To Patient Satisfaction. *Health Affairs (Project Hope)*, *28*(4), w669–w677.http://doi.org/10.1377/hlthaff.28.4.w669

Whitfield, M., & Baker, R. (1992).Measuring patient satisfaction for audit in general practice.*Quality in Health Care*, *1*(3), 151–152.

Morrell, D. C., Evans, M. E., Morris, R. W., & Roland, M. O. (1986). The “five minute” consultation: effect of time constraint on clinical content and patient satisfaction. *British Medical Journal (Clinical Research Ed.)*, *292*(6524), 870–873.

The influence of service quality and patients' emotions on satisfaction.
Maria Helena Vinagre, José Neves
Int J Health Care QualAssur. 2008; 21(1): 87–103. doi: 10.1108/09526860810841183

Watrous J, Hobson A. A systems approach to gathering and analyzing patient and family complaints and suggestions. J Healthc Qual. 1994 Nov-Dec;16(6):14-6. PubMed PMID: 10137419.

Wensing, M., &Elwyn, G. (2002).Research on patients' views in the evaluation and improvement of quality of care.*Quality & Safety in Health Care*, *11*(2), 153–157. http://doi.org/10.1136/qhc.11.2.153

VanderVeen L, Ritz M. Customer satisfaction: a practical approach for hospitals. J Healthc Qual. 1996 Mar-Apr;18(2):10-5. PubMed PMID: 10157248.

Triolo PK, Hansen P, Kazzaz Y, Chung H, Dobbs S. Improving patient satisfaction through multidisciplinary performance improvement teams. J Nurs Adm. 2002 Sep;32(9):448-54. PubMed PMID: 12360116.

ANNEXURE

Questionnaire (IPD)

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

	Very Good	Good	Average	Poor	No Response
[D.] Medical And Nursing Process					
1. Time spend by doctors to explain diagnosis and treatment.	☐	☐	☐	☐	☐
2. Attention from our doctors team.	☐	☐	☐	☐	☐
3. Attention from our nursing team.	☐	☐	☐	☐	☐
4. How well did our nursing team explained your treatment, procedure and care at home.	☐	☐	☐	☐	☐
5. Please rate the quality of service.					
➢ Efficiency	☐	☐	☐	☐	☐
➢ Promptness	☐	☐	☐	☐	☐
➢ Care and warmth	☐	☐	☐	☐	☐

_____

_____

[E.] Discharge Process					
1. Please rate the overall discharge process.	☐	☐	☐	☐	☐
2. Efficiency of billing desk.	☐	☐	☐	☐	☐
3. Response to any query.	☐	☐	☐	☐	☐
[F.] Other Facilities					
Please rate the quality of:					
1. Chemist/ other shops.	☐	☐	☐	☐	☐
2. Waiting area.	☐	☐	☐	☐	☐
3. Public dining options.	☐	☐	☐	☐	☐
4. Parking and security.	☐	☐	☐	☐	☐

[G.] Behaviour of the AHI team

Over all level of service.

_____

_____

[H.] How did you select this AHI facility

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

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

[I.] Others comments

_____

_____

_____

_____

_____

[J.] Personal Detail

Name -

Admitting Doctor -

Room/Ward no. - UHD no. -

Date: Admission - Discharge -

Contact no. -

Email -

Sign. –