Comparative Study of Various POP (Point of Presence) Management and Patient Feedback Analysis, Call Health, Hyderabad

By

Brijmohan Munjal

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2016-2018

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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 **Mr. Brijmohan Munjal** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at **IIHMR University and CallHealth Service Pvt Ltd** from 7- **Feb -2018 to 7-May-2018**.

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

I wish him all success in all his future endeavors.

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

Dr. Nutan P. Jain
Professor
The IIHMR University, Jaipur

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Everything about health

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Tel: 040 - 4141 5555
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Dated: **11th May 2018**
Place: **Hyderabad**

To Whomsoever It May Concern

This is to confirm that **Dr. Brijmohan Munjal (Officer ID: 12100)** has been working with us as **Management Trainee** in our **Services Delivery** Business since **07th** of **March 2018** to **till date**.

He comes across as a committed, sincere and diligent person who has a strong drive and zeal for learning and we wish him all the success with continued service with us.

Note: This letter has been issued upon his request for college degree certification purpose and **not** valid for any other purpose.

For CallHealth Services Pvt. Ltd.,

R. Samson Peters,
Business Integrator – Talent Engagement
Human Resources

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "Comparative Study of Various POP (Point of Presence) Management and Patient Feedback Analysis, Call health, Hyderabad"and submitted

by Brijmohan Munjal Enrollment No 0406 under the supervision of Dr. Nutan P. Jain for award of MBA in Hospital and Health Managementof the University carried out during the period from 7th February 2018 to 7th May 2018 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Signature

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This report is the result of two months whereby I have been accompanied and guided by many people. It is a pleasant opportunity to express my gratitude to all of them.

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I genuinely thank my parents, family and friends for their blessings and support. Last but not the least I am thankful to God, for getting an opportunity to learn from this organization

Brijmohan Munjal

MBA-HM, 21st Batch

IIHMR, Jaipur

LIST OF FIGURES

LIST OF ABBREVIATIONS

POP	Point of Presence
HHC	Home Health Care
CS	Customer Satisfaction
APO	Advance Planner Optimizer
i.e.	That Is
etc	Et Cetera / And The Rest

INTRODUCTION

Customer satisfaction is a perceived performance or outcome by a person of his pleasure or disappointment resulting from comparing product or service in relation to his or her expectation. As this definition makes clear, satisfaction is a function of perceived performance and expectations. If the performance falls below the expectations, the customer is dissatisfied. If the performance matches the expectations, the customer is satisfied. If the performance above expectations, the customer is delighted. Patient satisfaction is one of the most widely accepted outcome indicators of quality of health care. As a result, patient satisfaction is an active area of research that is increasingly being used to support health care, because it encompasses patients' needs.[1]

Home health care is a system of care provided by skilled practitioners to patients in comfort of their homes with the help of a physician. Home health care services include medical care, nursing care nursing attendant; physiotherapy, occupational therapy, and speech-language therapy; and social services. The aim of home health care services is to help individuals to improve their activity of daily living and for restoration of function with greater independence; to promote the client's optimal level of well-being; and to assist the patient to recover at home, avoiding hospitalization or admission to long-term care institutions and hence reduce the chance of hospital born infection. Physicians, surgeon, may transfer patients for home health care services, or family members or patients request for home health care services. Patient satisfaction has been one of the many measured care outcomes in home healthcare area.[2]

As the anchor establishment (main centre) cannot reach out to the patients of distal areas in time so as to provide the services, therefore they have setup the secondary establishments (Point of Presence - POP) to deliver the efficient and effective services to the patients.

Point of Presence (POP) is a setup that arranges the service delivery in order to reach out to the patients in a more timely and efficient way.

According to Bala K. et al, it is because of escalating costs of healthcare, developing countries like India, are moving towards home healthcare services instead of institutional care wherever possible. The overall trend is associated with the major health system restructuring initiatives, technological advancements and changing social values. Therefore, it is important to maintain the high quality and patient safety in homecare services.[11]

In order to analyse the quality of homecare services, certain parameters need to be considered. The reason for considering these parameters for the study are as follows: -

Human Resource Management – Agarwal A. et al (2011) in their study stated that healthcare delivery is highly labour-intensive and health sector performance is critically dependent on the employee motivation level. Therefore, ensuring proper handling of the manpower resources has always been one of the major challenge in the healthcare sector, especially in

India. It is very important to have competent healthcare professional so as to deliver higher quality of services.[12]

Order Assignment - Home healthcare organisation even though gaining its momentum in the field of providing the services, still there are certain section of patients who are sceptical about their timely and effective service delivery. Therefore, in order to gain the community confidence for these organisation it is important to have proper and timely order assignment.[2]

Diagnostic Sample Management – There are cases where the samples which are collected does not produce the correct result or are sometimes even rejected by the laboratory due to improper collection, storage or transportation issues.[2]

Inventory Management – Emiliano W. et al (2017) mentioned in their study that improper inventory management results in non-availability of required resources, resulting in delay in providing services and thus higher dissatisfaction amongst patients and their relatives. Moreover, the mismanagement also adds up the organisation's cost.[8]

Cash Management – poor cash management leads to insufficient finances for daily operations and also raises the risk of theft.[13]

Documentation – Ohlen A. et al (2013) in their study emphasized on accurate documentation which is considered as an important tool for transferring secure and accurate patient -related information between nurses and other healthcare professionals.[14]

Apart from studying the management of all nine POPS, it is also important to study the patient's perception of each POP's quality of service through patient feedback in order to understand the overall efficiency and effectiveness of each POP.

As the healthcare industries have seen recent movements towards continual quality improvement and this has gained momentum since 1990s. Incorporating patient perception into quality assessment have become an important part shifting the healthcare into patient centred care as a major component in the healthcare mission. The healthcare managers who endeavour to achieve excellence, take the patient perception into account when designing the strategies for quality improvement of care. Recently, the healthcare regulators also shifted towards a market -driven approach of turning patient satisfaction surveys into a quality improvement tool for overall organizational performance.

REVIEW OF LITERATURE

Habbal Youssef stated in his study on "Patient's Satisfaction with Medical Care" that patient's satisfaction is of prime importance as a measure of the quality of clinical services because it gives information on the provider's success at meeting those client values and expectations, which are matters on which the client is the ultimate authority. The measurement of satisfaction is, therefore, an empirical tool for research planning, and administration. The informal assessment of satisfaction has an even more important role during each practitioner-client interaction, since it can be used continuously by the practitioner to monitor and guide that interaction and, at the end, to obtain a result on how successful the interaction has been.[1]

Said Abusalem et. al explained in his study on "Patient satisfaction in home health care" Patient satisfaction is one of the most widely used outcome indicators of quality of health care (Mahon 1996). As a result, patient satisfaction is an active area of research that is increasingly being used to guide health care, because it encompasses patients' needs. Home healthcare agencies, however, continue to be devoid of empirically valid and reliable patient satisfaction scales. The study also demonstrated that the use of patient satisfaction index to evaluate the healthcare programmes is not an evaluation of the care provided only by a home healthcare organisation. Service care is usually provided by a complementary team of multidisciplinary healthcare service providers, starting typically at either a hospital or a clinic and then the patient is referred to home health care services. Therefore, a comprehensive evaluation of the care programme should be done so as to assess the effectiveness of the services.[4]

According to Devija P et al (2012), patient satisfaction surveys represent real-time feedback for providers and show opportunities to improve services or decrease risks. Their study considered a five factor model which included communication with patients or relatives, staff competency, behaviour of staff, quality of the facilities provided, and perceived costs. They also represented the strategic concept that managers can address in their bid to remain competitive in market. Probability sampling was done and the multiple regression model was used to test the hypotheses. The results indicated that all the five factors were significant in the model. The study was concluded that the assessment of the quality of the healthcare organization should also be based on the patients' perceptions of overall care and patient satisfaction level, moreover, patient satisfaction scores can be used a parameter in performance appraisal.[5]

Khattak Afshan et al. (2012) concluded in his study on "Patient Satisfaction - A Comparison between Public & Private Hospitals of Peshawar" that the patient satisfaction is not a new concept. Patients are one of the key stake holders among the ever-expansive modern healthcare medicine. Although the roles of patients and healthcare professionals have remained fixed, the contexts and backdrops have undergone various changes overtime. Traditionally, there were no specific boundaries between care and cure of patient. With changing patterns of disease, newer treatments and patients' perceptions, care and cure are now entirely separate concepts.[6]

Elrod J. K. et al (2017) in their study on "The hub-and-spoke organization design: an avenue for serving patients well" stated the hub and spoke organisation design has greatly facilitated the healthcare organizations to operate in a more effective manner. By embracing this method for the service delivery, the organisation's growth ambitions have turned into achievements. The rationale of the study was that as healthcare industry is very dynamic and intensive wherein the achievement of success in such tumultuous environment requires service providers to be proficient in various fronts including delivery of services. In that scenario, one particular avenue that provides great amount of potential for serving patients efficiently and more effectively is the hub and spoke organisation design.[7]

According to Emiliano W. et al (2017), Home Health Care (HHC), is a growing industry in the healthcare business. These healthcare services are provided at the patient's home by a team of service care providers using a distribution network. However, home health care services are also characterized by some logistical problems such as districting, routing, scheduling, and inventory management. Their study, therefore developed the literature review and framework that provides the understanding of the main logistic problems in the HHC scenario, how they are related and the possibility of providing the solution in an integrated mode.[8]

Abdulaziz A. Alodhayani in his study on "Comparison between home health care and hospital services in elder population: cost-effectiveness" stated that as the elderly patients tend to opt more for homecare services than the hospital services, the emphasis should be made to strengthen the system of home care services. The important characteristic of home care services is that physicians or doctors can afford the care towards each and every patient in a unique manner. However, it was also emphasized in the study that the quality services in the home care settings are very important as poor-quality services would create dissatisfaction amongst patients and this can discourage patients from using the home care services due to the concern of their health.[9]

Godfrey M. et al in their study on "Home care: a review of effectiveness and outcomes" stated that with regard to clinical outcomes, there was evidence of lower mortality rates amongst those patients who were receiving the programmes of homecare as compared to hospital services. They also reported to have improved activities of daily living such as dressing, bathing, eating etc. Moreover, there was significant improvement in the perceptions of the patients' physical and mental health. The study focused on short term treatment as well as long term care plan in the home care settings. The home care services therefore, was proved to be a better alternative for hospital services specially in long term care programmes.[10]

RATIONALE OF THE STUDY

Home Health Care (HHC) services, now a days, are one of the growing sector in the medical service business. Social and economic factors have even accelerated the expansion of these services. As one of the major goal of home health care services is to help individuals to improve function and live with greater independence, the organisation (home care services) need to ensure proper management of services in terms of manpower management, inventory management etc. Moreover, in order to improve the overall quality of care, taking patient / relative feedback is very important. Patient / relative feedback allow us to study the pattern and trends of various parameters, it also notify us with any issue or shortcomings which the patients are facing.

AIM

The study aims at improving the efficiency of healthcare delivery system and provide the improved patient care

OBJECTIVES

- To assess and compare the overall management of nine POPs (Point of Presence) in Hyderabad
- To assess the level of patient satisfaction of nine POPs
- To suggest ways for the improvement of the processes

METHODOLOGY

The study was prospective in nature which was carried out for a period of two months so as to study the comparison of various POP management and level of patient satisfaction.

Study Design – Descriptive, as present study did not involve any intervention and moreover the situation of POP management and the level of patient satisfaction was analysed.

Study Duration – 2 months (which included preparation of tool, collection of data analysis and preparation of report.)

Sampling and Sample size – All nine POPs were included in the study. A checklist was prepared for all POPs and four days given to each POP and surveyed 5 patients each day for the patient feedback analysis, through convenient sampling. Thus, total sample size were 5*4*9 (five patients in each Days, * four days in each POP* total nine POP) = 180 patients. Keeping in view the possibility of no response (or not able to respond), 20 per cent was added in the 180 patients. Therefore, a total of 216 patients and 9 POPs were taken.

Respondents – Patients (both men 35% and women 65%) or their attendants and POPs.

Sample Area – Hyderabad Call Health POPs and registered patients

The following are the list of nine POPs for Call health where the comparative study on the management and the patient feedback analysis were conducted: -

1. Madhapur POP
2. Madinaguda POP
3. Mehdipatnam POP
4. Suchitra POP
5. Bowenpally POP
6. Tarnaka POP
7. Nagole POP
8. Moosarambagh POP
9. Sainikpuri POP

Data Collection – Primary data collection was done by the patients who were registered to Callhealth, and by direct observation in 9 POPs, for the analysis of POP management and for patient feedback analysis.

Data Collection Methods and Tools: At the first instance the equal days was divided amongst all POPs, then as per availability of the patients, the feedback forms were distributed, moreover direct observation as per the prepared checklist to assess the efficiency of the various POPs was done. As more number of patients prefers to avail the service early in the morning and during daytime, so morning shift was chosen from 5:50 am to 2:00 pm for survey.

This is to ensure that the confidentiality of data has been maintained throughout the study. The participants were given a thorough explanation of the study, its content and purpose. Verbal consent were taken from all the participants who were interested in participating, by first translating it into hindi or local language. It was made very clear to the participants that they could withdraw whenever they wanted and could also refuse to answer if they felt uncomfortable or uneasy by a particular question. They were also pacified that all information collected would be kept confidential and their names would not be disclosed anywhere in the report.

FINDINGS

These findings of the present study mainly deal with the analysis of the overall management of all the nine POPs based on the above mentioned parameters and also patient feedback analysis.

Observation Findings

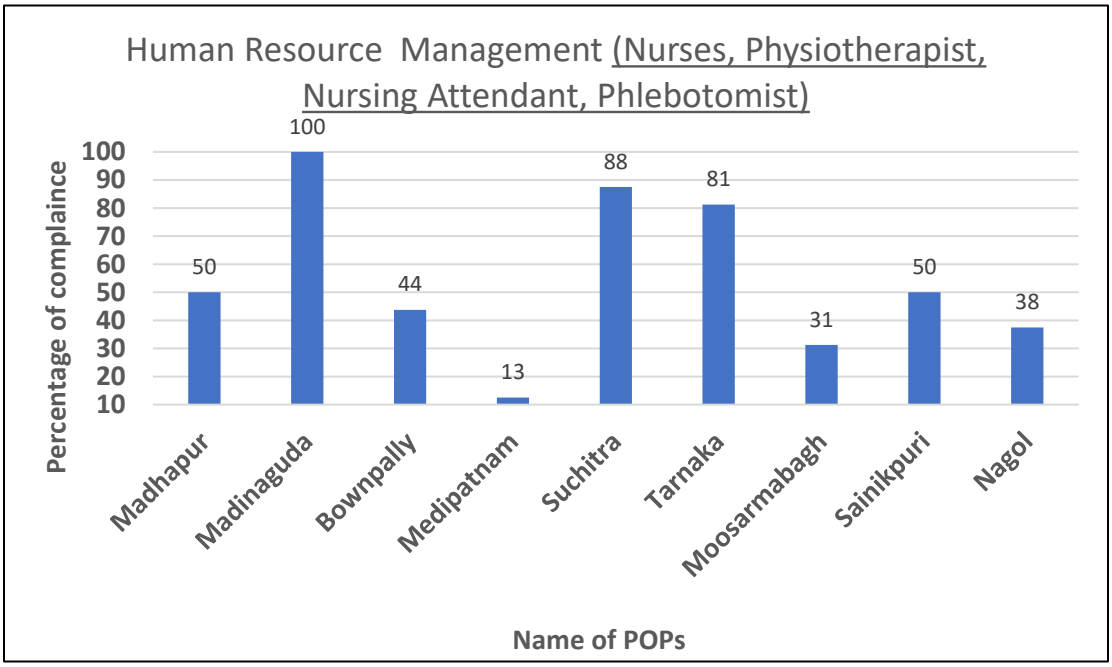
The management of POP were analysed as per six parameters which included – manpower management, order assignment, diagnostic sample management, inventory management, cash management and documentation.

A checklist was prepared based on these parameters so as to assess the management of all the nine POPs. Each POP was then assessed continuously for four days as per the prepared checklist through direct observation.

The graph in Fig 1.1 depicts the percentage of compliance of overall management of nine POPs of Call Health. After considering 50% as the benchmark value, there were three POPs

i.e. Madhapur, Mehdipatnam and Moosarambagh, whose compliance rate were even below 50% i.e. 41%, 40% & 41% respectively, whereas, Nagole and Bowenpally were just touching the 50%. However, Madinaguda and Tarnaka showed the highest compliance rate with 89% each, followed by Suchitra with 84%.

Fig1.1 Percentage of Compliance of Overall Management of Nine POPs



The graph in Fig 1.2 depicts the percentage of compliance of manpower management of nine POPs of Call Health. After considering 50% as the benchmark value, there were four POPs i.e. Bowepally, Mehdipatnam, Moosarambagh and Nagole, whose compliance rate were even below 50% i.e. 44%, 13%, 31% & 38% respectively, whereas, Madhapur and Sainikpuri were just touching the 50%. However, Madinaguda followed by Suchitra and Tarnaka showed the highest compliance rate with 100%, 88% & 81%.

Fig1.2 Percentage of Compliance of Manpower Management of Nine POPs

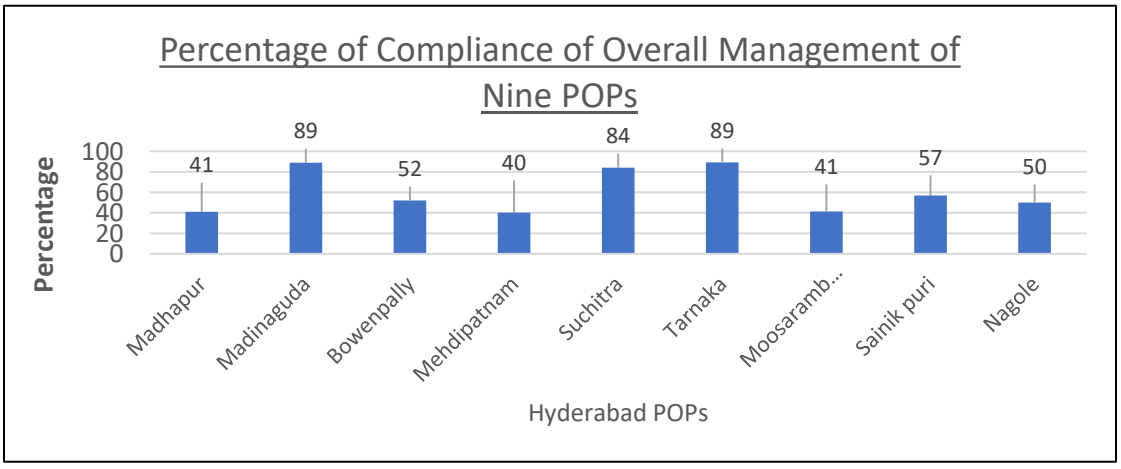
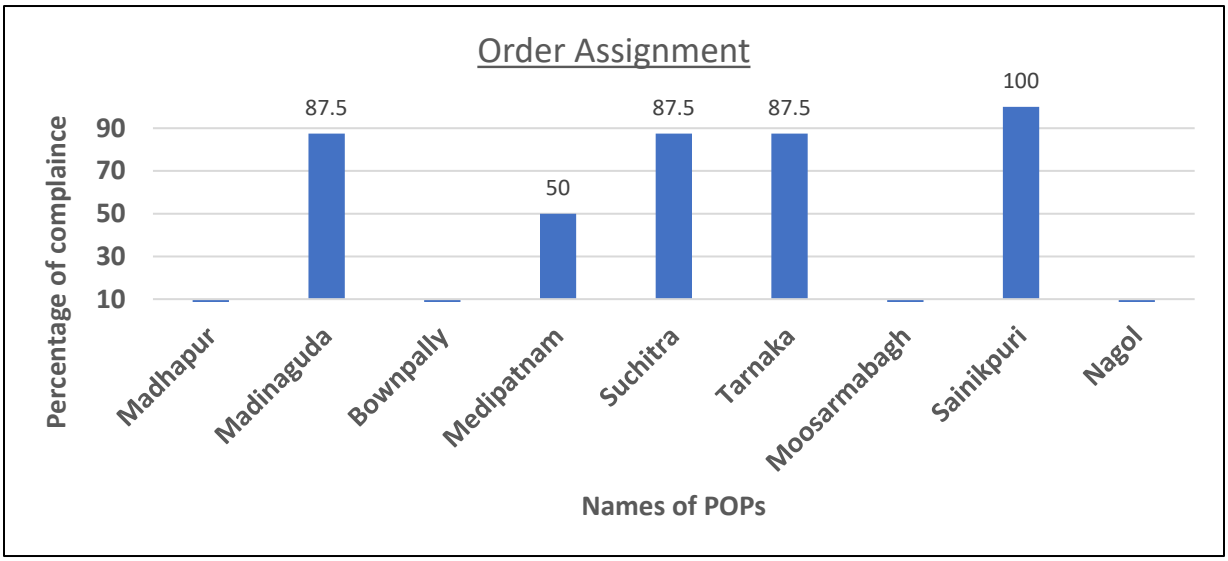
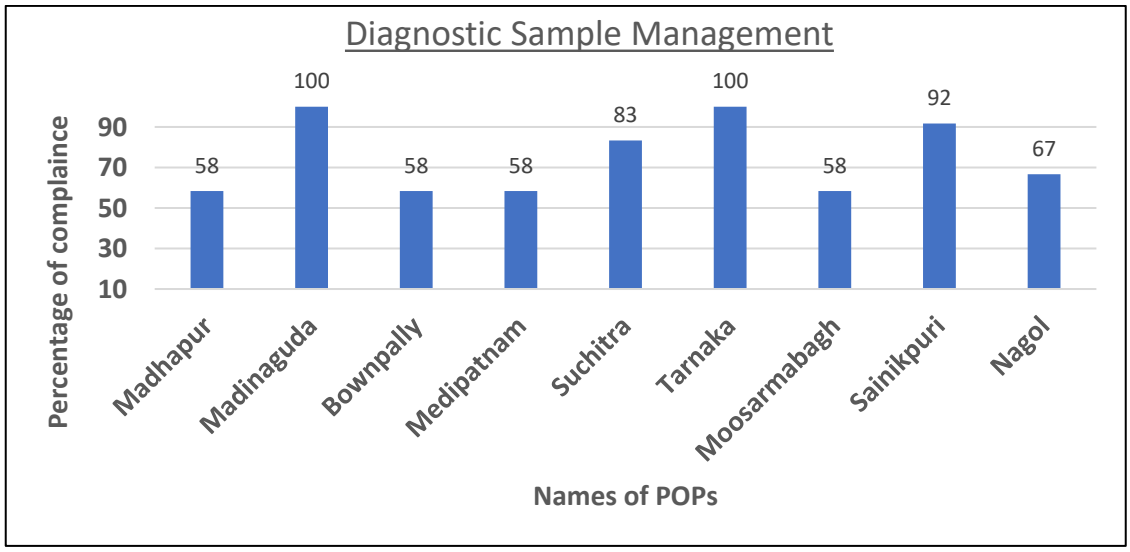


Fig1.3 Percentage of Compliance of Order Assignment of Nine POPs



The graph in Fig 1.3 depicts the percentage of compliance of order assignment of nine POPs of Call Health. After considering 50% as the benchmark value, there were four POPs i.e. Madhapur, Bowepally, Moosarambagh and Nagole, whose compliance rate were even 0% i.e. none of the orders were assigned properly in either of the POPs, whereas, Mehdipatanam was just touching the 50%. However, Sainikpuri followed by Madinaguda, Suchitra and Tarnaka showed the highest compliance rate with 100% and 87.5% each of the rest three.

Fig1.4 Percentage of Compliance of Diagnostic Sample Management of Nine POPs



The graph in Fig 1.4 depicts the percentage of compliance of diagnostic sample management of nine POPs of Call Health. After considering 50% as the benchmark value, all the nine POPs compliance rate were more than 50%. However, Madinaguda and Tarnaka showed 100%

compliance and Madhapur, Bowepally, Mehdipatnam & Moosarambagh showed lowest compliance rate of approximately 58% each.

The graph in Fig 1.5 depicts the percentage of compliance of inventory management of nine POPs of Call Health. After considering 50% as the benchmark value, there were four POPs i.e. Madhapur, Bowepally, Mehdipatnam, Moosarambagh and Sainikpuri, whose compliance rate were even below 50% i.e. 25%, 33%, 33%, 33% & 0% respectively. However, Tarnaka showed the highest compliance rate followed by Madinaguda and Nagole with 92% and 83% each of the rest two.

Fig1.5 Percentage of Compliance of Inventory Management of Nine POPs

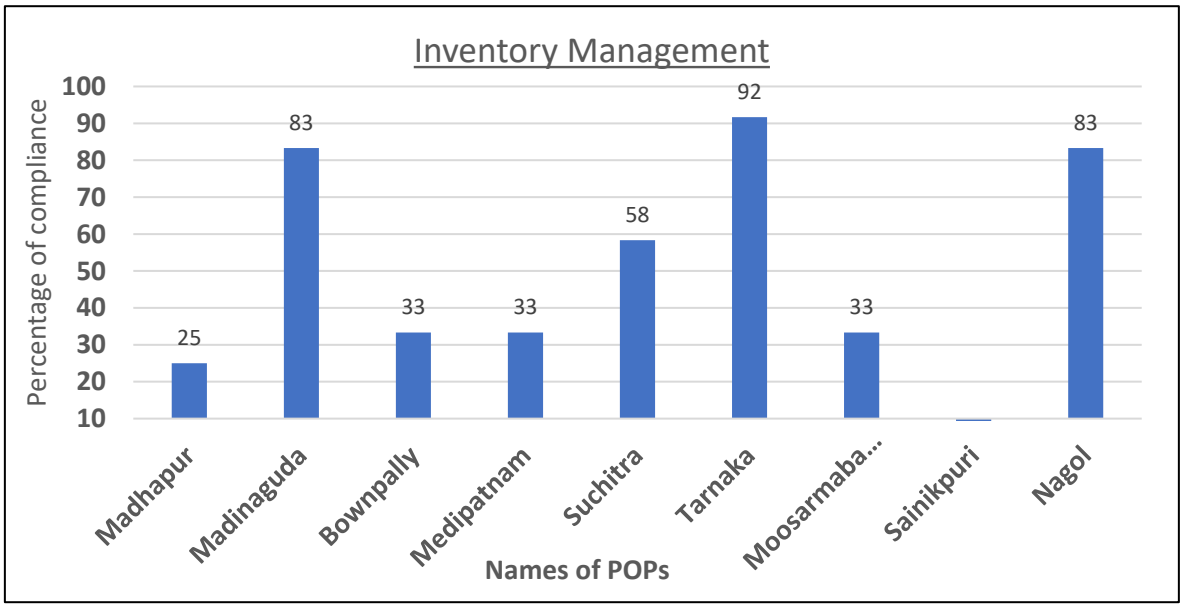
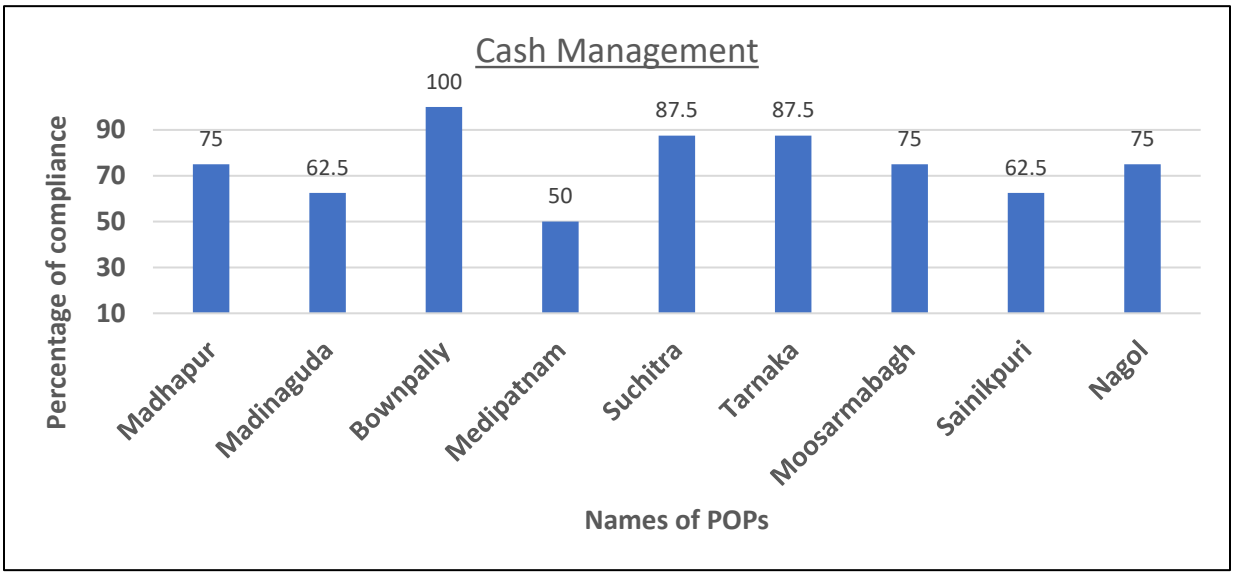
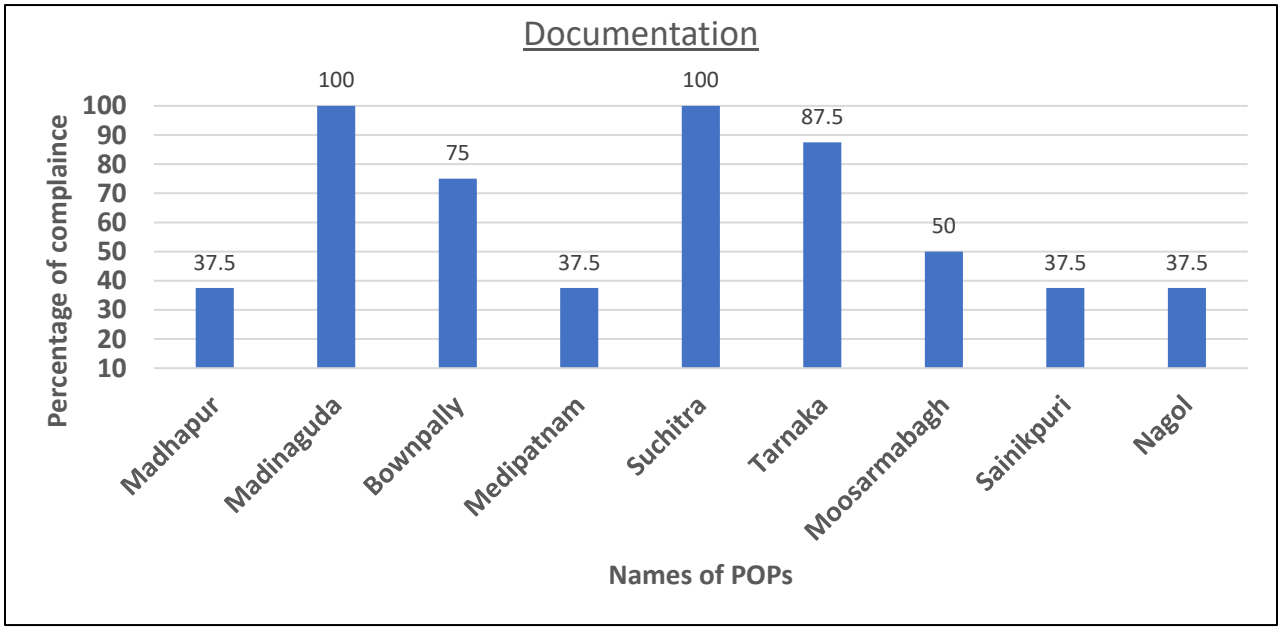


Fig1.6 Percentage of Compliance of Cash Management of Nine POPs



The graph in Fig 1.6 depicts the percentage of compliance of cash management of nine POPs of Call Health. After considering 50% as the benchmark value, all the nine POPs compliance rate were equal to or more than 50%. However, Bowenpally showed 100% compliance and Mehdipatnam showed lowest compliance rate of 50%.

Fig1.7 Percentage of Compliance of Documentation of Nine POPs

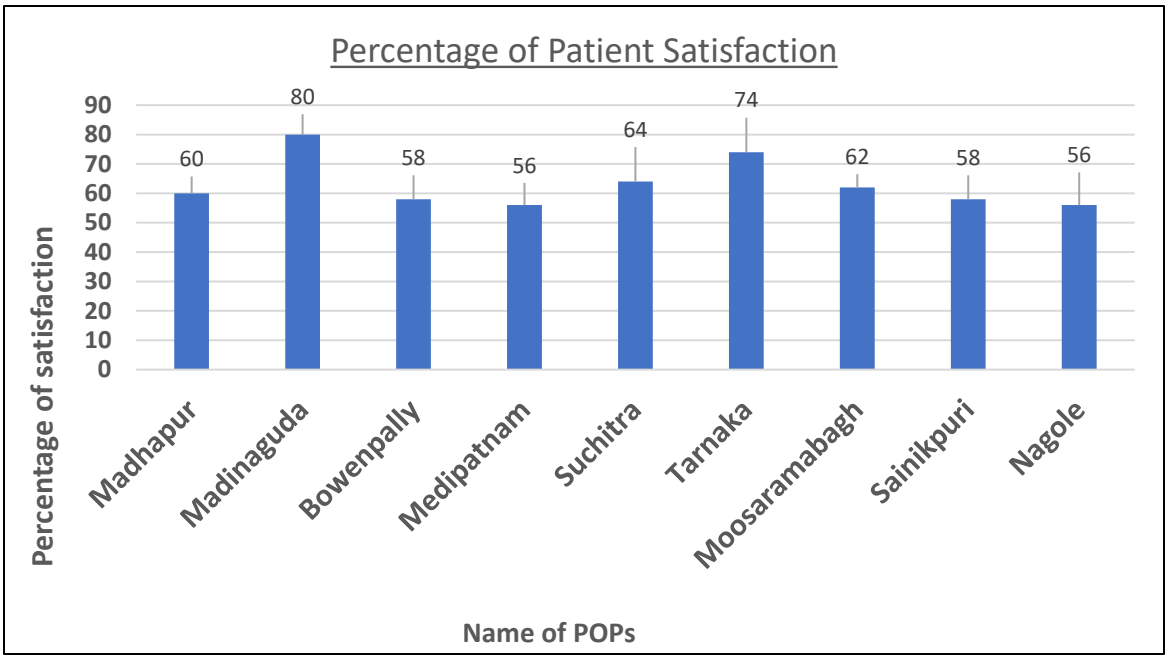


The graph in Fig 1.7 depicts the percentage of compliance of documentation of nine POPs of Call Health. After considering 50% as the benchmark value, there were four POPs i.e. Madhapur, Mehdipatnam, Sainikpuri and Nagole whose compliance rate were even below 50% i.e. 37.5% each. However, Madinaguda and Suchitra showed the highest compliance rate of 100% each.

Patient Satisfaction related Findings

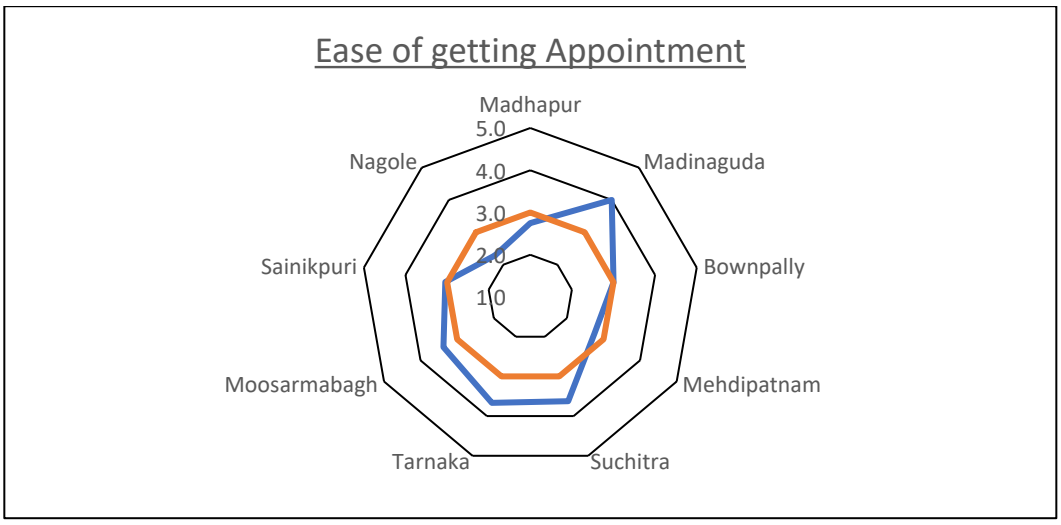
The level of patient satisfaction were analysed as per nine parameters which included- ease of getting appointment, grooming of staff, behaviour of staff, appropriate information provided by staff, staff responsiveness towards patient needs, knowledge of staff, appropriate treatment / care provided by staff, demonstration of respect for religious and cultural practice by staff and availability of appropriate and proper supportive resources (equipment) whenever required. The patient feedback form was prepared considering all these parameters. Twenty four patients from each POP were surveyed through patient feedback form.

Fig 2.1 Percentage of Patient Satisfaction of 9 POPs



The graph in Fig 2.1 depicts the patient satisfaction level amongst various POPs of Call Health. As per the benchmark value for patient satisfaction in the organisation is considered to be 60%. The graph in Fig. 1.1 shows that the level of patient satisfaction was highest in Madinaguda followed by Tarnaka whereas Bowenpally, Mehdipatnam, Sainikpuri and Nagole were having the satisfaction percentage below the benchmark value i.e below 60%.

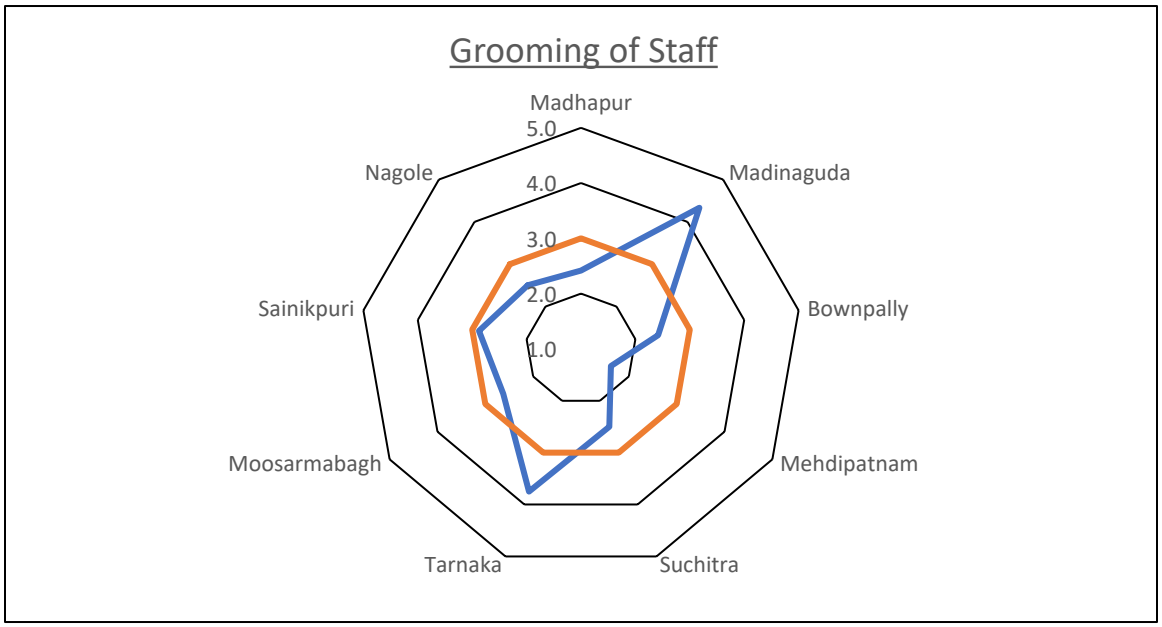
Fig 2.2 Level of Patient Satisfaction in Ease of Getting Appointment



Madhapur	Madinaguda	Bownpally	Mehdipatnam	Suchitra	Tarnaka	Moosarmabagh	Sainikpuri	Nagole
2.8	**4.0**	**3.0**	**2.8**	**3.6**	**3.7**	**3.4**	**3.0**	**2.3**

The graph in Fig 2.2 depicts the patient satisfaction level amongst various POPs of Call Health for ease of getting appointment. As per the benchmark value for patient satisfaction in the organisation is considered to be 60% i.e 3 out of 5. The graph in Fig. 1.2 shows that the level of patient satisfaction was highest in Madinaguda followed by Tarnaka whereas Madhapur, Mehdipatnam and Nagole were having the satisfaction percentage below the benchmark value i.e below 3. Bowenpally and Sainikpuri were just touching the benchmark value of 3 out of 5.

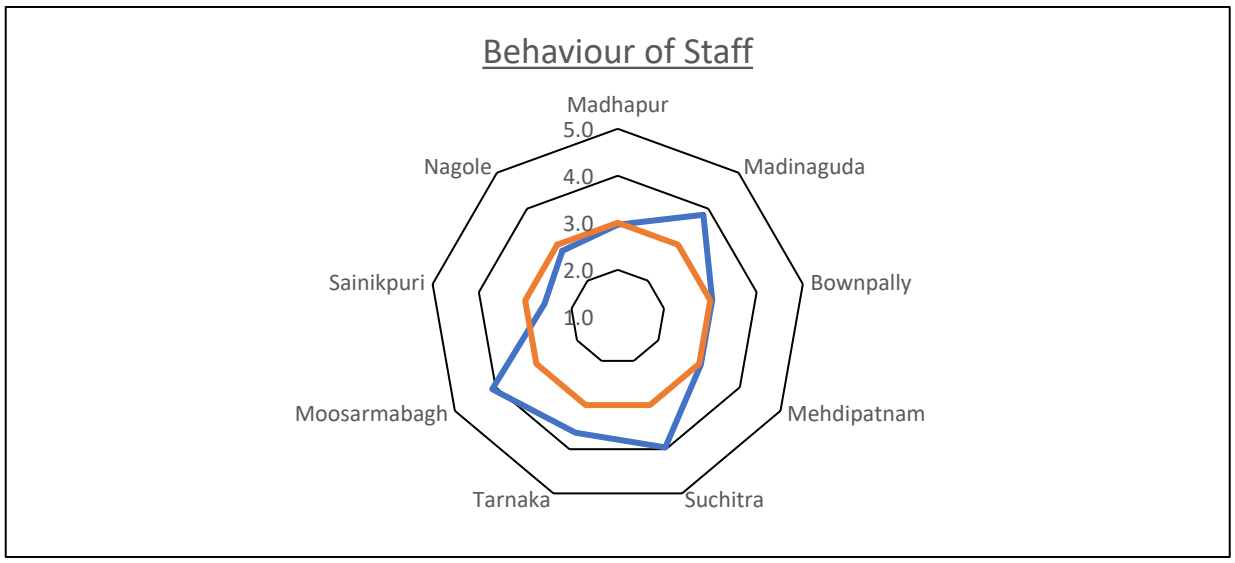
Fig 2.3 Level of Patient Satisfaction in Grooming of Staff



Madhapur	Madinaguda	Bownpally	Mehdipatnam	Suchitra	Tarnaka	Moosarmabagh	Sainikpuri	Nagole
2.4	**4.3**	**2.4**	**1.6**	**2.5**	**3.8**	**2.6**	**2.9**	**2.5**

The graph in Fig 2.3 depicts the patient satisfaction level amongst various POPs of Call Health for grooming of staff. As per the benchmark value for patient satisfaction in the organisation is considered to be 60% i.e 3 out of 5. The graph in Fig. 1.3 shows that the level of patient satisfaction was highest in Madinaguda followed by Tarnaka whereas Madhapur, Bowenpally, Suchitra, Moosarmabagh, Sainikpuri, Mehdipatnam and Nagole were having the satisfaction percentage below the benchmark value i.e below 3.

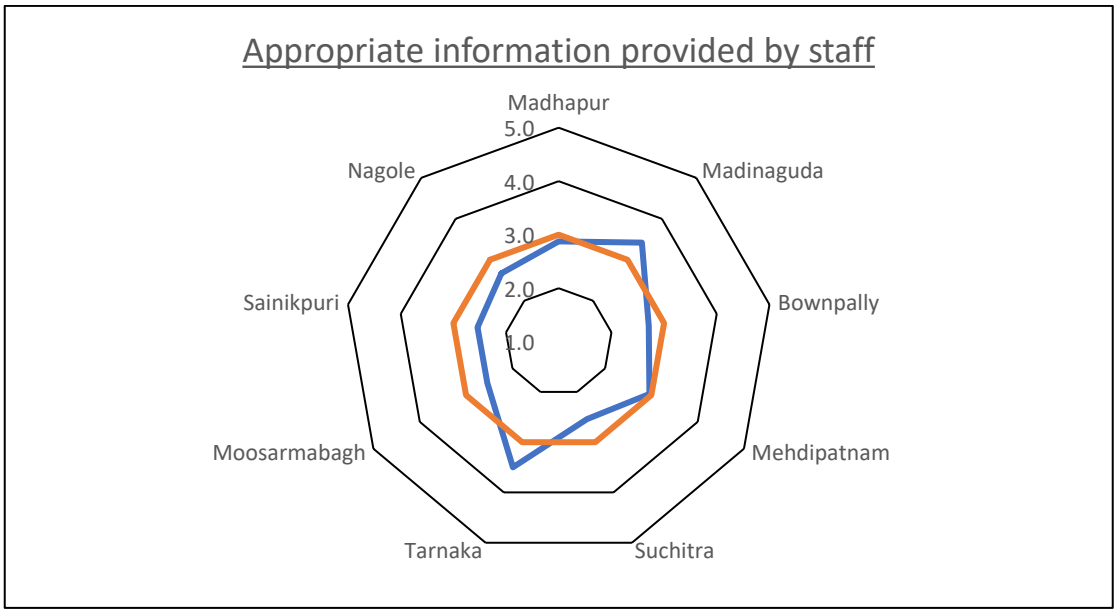
Fig 2.4 Level of Patient Satisfaction in Behaviour of Staff



Madhapur	Madinaguda	Bownpally	Mehdipatnam	Suchitra	Tarnaka	Moosarmabagh	Sainikpuri	Nagole
3.0	**3.8**	**3.0**	**3.0**	**4.0**	**3.6**	**4.1**	**2.6**	**2.8**

The graph in Fig 2.4 depicts the patient satisfaction level amongst various POPs of Call Health for Behaviour of staff. As per the benchmark value for patient satisfaction in the organisation is considered to be 60% i.e 3 out of 5. The graph in Fig. 1.3 shows that the level of patient satisfaction was highest in Moosarmabagh followed by Madinaguda whereas Sainikpuri and Nagole were having the satisfaction percentage below the benchmark value i.e below 3.

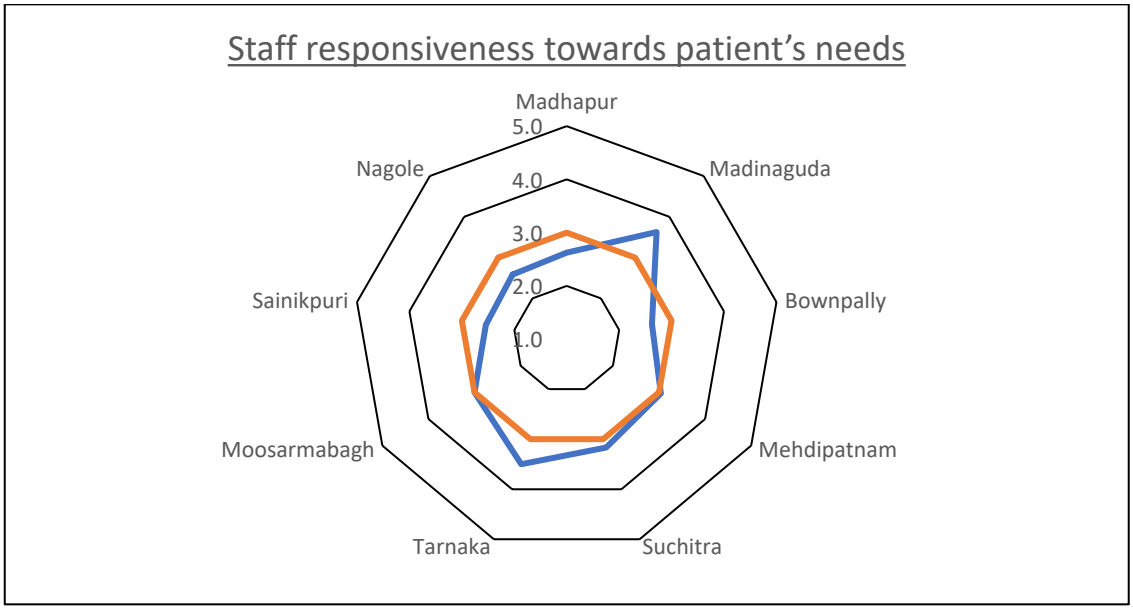
Fig 2.5 Level of Patient Satisfaction in Appropriate information provided by staff



Madhapur	Madinaguda	Bownpally	Mehdipatnam	Suchitra	Tarnaka	Moosarmabagh	Sainikpuri	Nagole
2.9	**3.4**	**2.7**	**3.0**	**2.5**	**3.5**	**2.5**	**2.5**	**2.7**

The graph in Fig 2.5 depicts the patient satisfaction level amongst various POPs of Call Health for Apropriate information provided by staff. As per the benchmark value for patient satisfaction in the organisation is considered to be 60% i.e 3 out of 5. The graph in Fig. 1.5 shows that the level of patient satisfaction was highest in Tarnaka followed by Madinaguda whereas Madhapur, Bowenpally, Suchitra, Moosarmabagh, Sainikpuri and Nagole were having the satisfaction percentage below the benchmark value i.e below 3.

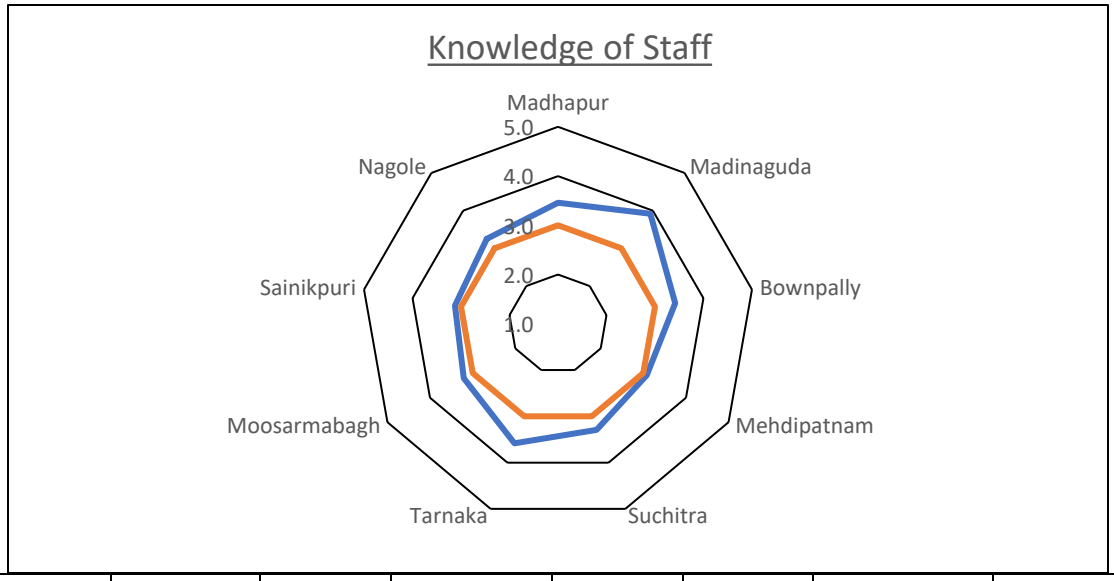
Fig 2.6 Level of Patient Satisfaction in Staff responsiveness towards patient needs



Madhapur	Madinaguda	Bownpally	Mehdipatnam	Suchitra	Tarnaka	Moosarmabagh	Sainikpuri	Nagole
2.6	**3.6**	**2.6**	**3.0**	**3.2**	**3.5**	**3.0**	**2.5**	**2.6**

The graph in Fig 2.6 depicts the patient satisfaction level amongst various POPs of Call Health for Staff responsiveness towards patients needs. As per the benchmark value for patient satisfaction in the organisation is considered to be 60% i.e 3 out of 5. The graph in Fig. 1.6 shows that the level of patient satisfaction was highest in Madinaguda followed by Tarnaka whereas Madhapur,, Sainikpuri Bowenpally and Nagole were having the satisfaction percentage below the benchmark value i.e below 3. Mehdipatnam, and Moosarmabagh were just touching the benchmark value of 3 out of 5.

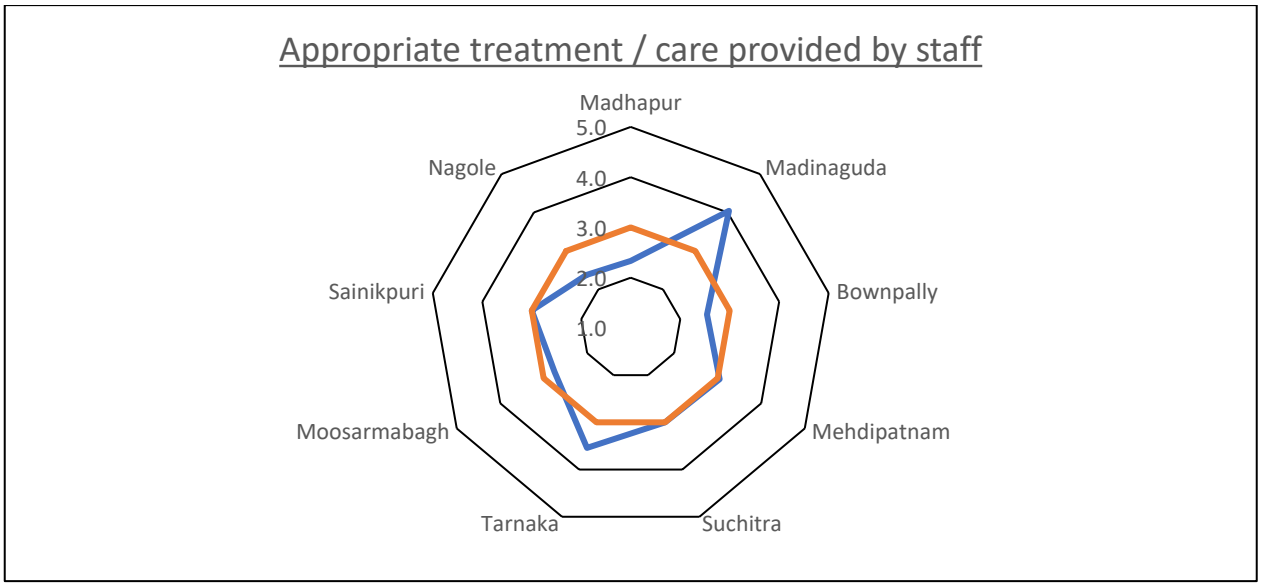
Fig 2.7 Level of patient satisfaction in Knowledge of staff



Madhapur	Madinaguda	Bownpally	Mehdipatnam	Suchitra	Tarnaka	Moosarmabagh	Sainikpuri	Nagole
3.5	**3.9**	**3.4**	**3.1**	**3.3**	**3.6**	**3.2**	**3.1**	**3.3**

The graph in Fig 2.7 depicts the patient satisfaction level amongst various POPs of Call Health for Knowledge of staff. As per the benchmark value for patient satisfaction in the organisation is considered to be 60% i.e 3 out of 5. The graph in Fig. 1.7 shows that the level of patient satisfaction was highest in Madinaguda followed by Tarnaka and Madhapur whereas other POPs, Sainikpuri Bowenpally, Mehdipatnam, Moosarmabagh and Nagole were just touching the benchmark value of 3 out of 5.

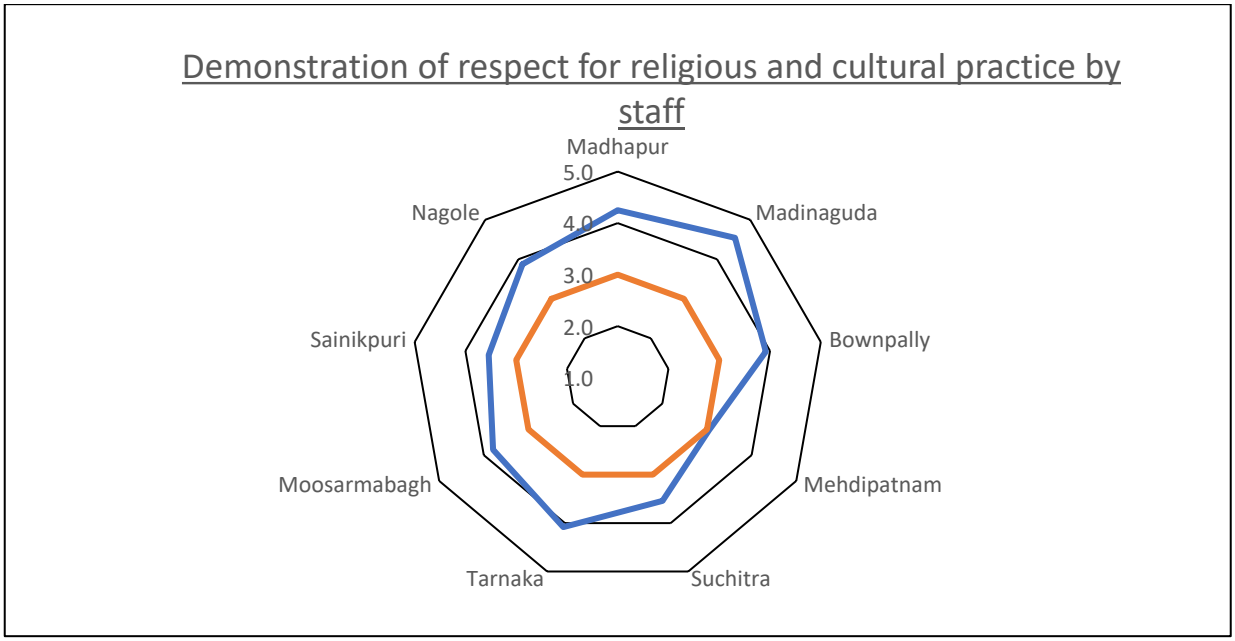
Fig 2.8 Level of Patient Satisfaction in Appropriate treatment / care provided by staff



Madhapur	Madinaguda	Bownpally	Mehdipatnam	Suchitra	Tarnaka	Moosarmabagh	Sainikpuri	Nagole
2.3	**4.0**	**2.5**	**3.0**	**3.0**	**3.5**	**2.8**	**3.0**	**2.4**

The graph in Fig 2.8 depicts the patient satisfaction level amongst various POPs of Call Health for Appropriate treatment / care provided by staff. As per the benchmark value for patient satisfaction in the organisation is considered to be 60% i.e 3 out of 5. The graph in Fig. 1.8 shows that the level of patient satisfaction was highest in Madinaguda followed by Tarnaka whereas Madhapur, Moosarmabagh, Bowenpally and Nagole were having the satisfaction percentage below the benchmark value i.e below 3. Sainikpuri, Mehdipatnam, and Suchitra were just touching the benchmark value of 3 out of 5.

Fig 2.9 Level of Patient Satisfaction in Demonstration of respect for religious and cultural practice by staff

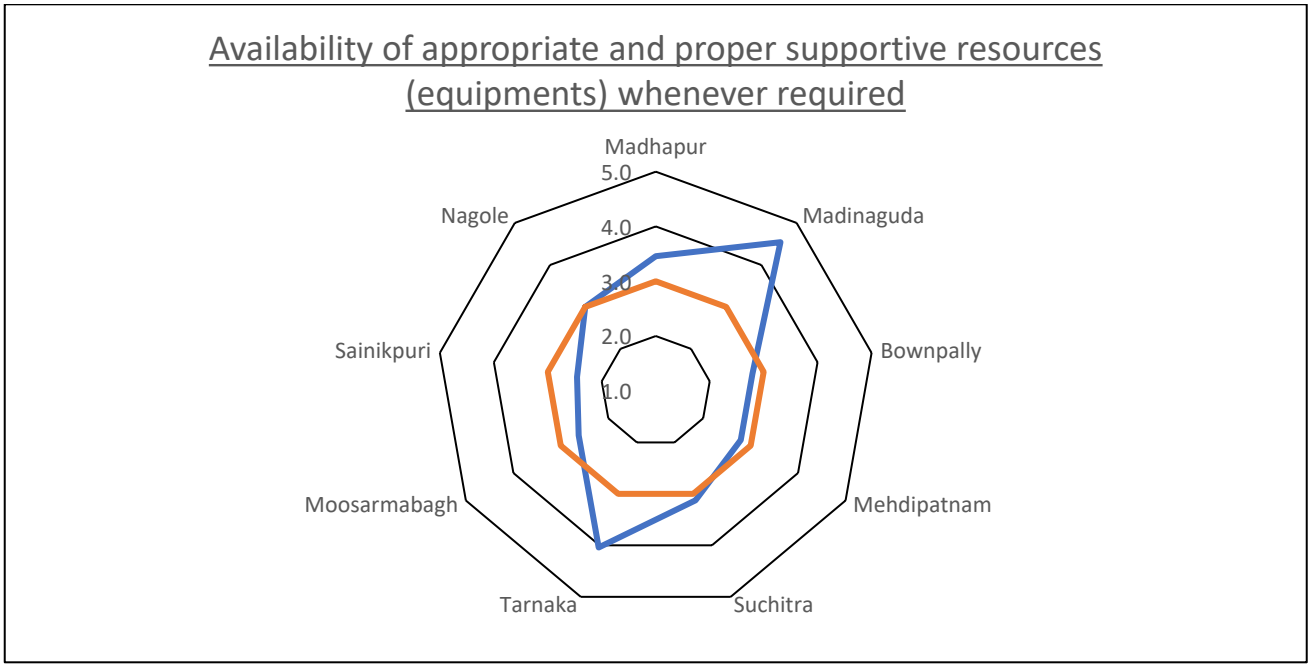


Madhapur	Madinaguda	Bownpally	Mehdipatnam	Suchitra	Tarnaka	Moosarmabagh	Sainikpuri	Nagole
4.3	**4.5**	**3.9**	**3.0**	**3.5**	**4.1**	**3.8**	**3.5**	**3.9**

2.9.Fig. Level of Patient Satisfaction in Demonstration of respect for religious and cultural practice by staff

The graph in Fig 2.9 depicts the patient satisfaction level amongst various POPs of Call Health for Patient Satisfaction in Demonstration of respect for religious and cultural practice by staff. As per the benchmark value for patient satisfaction in the organisation is considered to be 60% i.e 3 out of 5. The graph in Fig. 1.7 shows that the level of patient satisfaction was highest in Madinaguda followed by Madhapur whereas other POPs, Sainikpuri Bowenpally, Mehdipatnam, Moosarmabagh Tarnaka and Nagole were above the benchmark value of 3 out of 5.

Fig 2.10.Level of Patient Satisfaction in Availability of appropriate and proper supportive resources (equipments) whenever required



Madhapur	Madinaguda	Bownpally	Mehdipatnam	Suchitra	Tarnaka	Moosarmabagh	Sainikpuri	Nagole
3.5	**4.5**	**2.8**	**2.8**	**3.1**	**4.0**	**2.6**	**2.5**	**3.0**

The graph in Fig 2.10 depicts the patient satisfaction level amongst various POPs of Call Health for Availability of appropriate and proper supportive resources (equipments) whenever required. As per the benchmark value for patient satisfaction in the organisation is considered to be 60% i.e 3 out of 5. The graph in Fig. 1.10 shows that the level of patient satisfaction was highest in Madinaguda followed by Tarnaka and Madhapur whereas, Moosarmabagh, Bowenpally Sainikpuri, and Mehdipatnam were having the satisfaction percentage below the benchmark value i.e below 3. Nagole and Suchitra were just touching the benchmark value of 3 out of 5.

DISCUSSION

The objective of the study was to assess and compare the overall management of nine POPs (Point of Presence) and also to assess the level of patient satisfaction in each of them. The main purpose of the above objectives were to get the clear picture of the efficiency and effectiveness of each and every point of delivery which is required for smooth functioning of the organisation. Moreover, after analysing customers satisfaction level and management of POPs, organisation can work on the parameters which can improve the customer satisfaction and increase overall revenue of the organisation.

Out of nine POPs, Madinaguda and Tarnaka POPs are well managed as compare to other seven POPs. The compliance rate of most of the POPs were low even below 50% (benchmark value) in the following criteria - Manpower Management (Bowepally, Mehdipatnam, Moosarambagh and Nagole with 44%, 13%, 31% & 38% respectively), Order Assignment (Madhapur, Bowepally, Moosarambagh and Nagole with 0% each), Inventory Management (Madhapur, Bowepally, Mehdipatnam, Moosarambagh and Sainikpuri with 25%, 33%, 33%, 33% & 0% respectively) and Documentation (Madhapur, Mehdipatnam, Sainikpuri and Nagole with 37.5%). However, in Cash Management and Diagnostic Sample Management, all the POPs showed compliance rate above the benchmark value.

In patient feedback survey, out of nine POPs, Madinaguda POP showed the maximum customer satisfaction of 80% followed by the Tarnaka POP with 74% of customer satisfaction. As per the benchmark value for patient satisfaction in the organisation which is considered to be 60%, Bowenpally, Mehdipatnam, Sainikpuri and Nagole were having the satisfaction percentage below the benchmark value i.e below 60%.

The identified parameters that were considered comparatively low in customer satisfaction rate in seven POPs were - ease of getting appointment, grooming of staff, staff responsiveness towards patients needs, knowledge of staff, appropriate treatment / care provided by staff, and availability of appropriate and proper supportive resources (equipments).

CONCLUSION

Out of nine POPs, patients were more satisfied with two POPs i.e. Madinaguda, and Tarnaka. Moreover, management of these two POPs were found much better than in form of compliance. Therefore, there is a need of taking appropriate measures to increase customer satisfaction and to improve overall POPs management in other seven POPs for maximum output and better efficiency.

SUGGESTIONS

- Needs a core quality team who would conduct the periodic audit of all the nine POPs.
- Corrective and preventive action against each non-compliance
- Regular training of the staff
- Reward and Recognition Policy

LIMITATION OF STUDY

- There was lack of prior research studies on the present topic specially in India.

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Annexure

Checklist

Parameters	Yes / No	Remarks (if any)
Manpower Management **(Nurses, Physiotherapist, Nursing Attendant, Phlebotomist)**		
Proper staff allocation for patient services		
Proper availability of staff schedule		
Low absenteeism rate amongst staff		
Regular training of the staff		
Order Assignment		
Timely order acceptance		
Timely order executive (i.e sending the necessary resources like manpower, equipments for the service delivery on time)		
Diagnostic Sample Management		
Proper collection and labelling of sample		
Proper transportation of collected sample		
Proper storage of collected sample		
Inventory Management		

Timely indenting of order for the items (once reorder point is achieved)		
Ensuring the availability of the consumable and non-consumable items		
Proper and updated record maintenance of the inventories		
Cash Management		
Proper collection of payment (cash, ezetap, payment etc) by staff		
Submission of payment (in case of cash) by the staff to POP		
Documentation		
Timely and proper completion of Test Requisition Form (TRF)		
Timely and proper completion of Initial Assessment and Care Plan Form		

Patient Satisfaction Form

Patient Name :		
Age / Sex :	**Date :**	**Location :**
MRN :	**Doctor Name :**	**Contact No. :**
Order No. :	**Email ID :**	

Please (√) in the appropriate box as per your experience

S.No	Parameter	5 = Excellent	4 = Very Good	3 = Good	2 = Average	1 = Needs Improvement
1	Ease of getting an appointment					
2	Grooming of staff					
3	Behaviour of staff					
4	Appropriate information provided by staff					
5	Staff responsiveness towards patient's needs					
6	Knowledge of staff					
7	Appropriate treatment / care provided by staff					
8	Demonstration of respect for religious and cultural practice by staff					
9	Appropriate and proper supportive resources (equipments) are available whenever required					