COST OF SERVICES, QUALITY OF SERVICES AND DOCTOR-PATIENT RELATIONSHIP AIDING TO PATIENT SATISFACTION IN THE IN-PATIENT DEPARTMENT

By

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Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

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IIHMR UNIVERSITY

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Anamika Tripathi, student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at Sahara Hospital, Lucknow from 11th February to 30th April 2016 and Aster DM Healthcare, Dubai from 8th May to 20th May 2016.

The Candidate has successfully carried out the study designated to her during internship training and her 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 her future endeavors.

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

Dr. Suresh Joshi
Professor
The IIHMR University, Jaipur

SAHARA HOSPITAL
Curing Through Care

CIN:U85110MH1997PLC109186

Ref. No.: 142/2016/SH-HR/05941 *Date:* 30.04.2016

TO WHOM IT MAY CONCERNED

This is to certify that ***Dr. Anamika Tripathi*** *D/o* ***Mr. Satya Prakash*** *has successfully completed her internship at* ***Hospital Administration, Sahara Hospital, Sahara India Medical Institute Limited, Lucknow.***

Her training period was w.e.f. 11.02.2016 to 30.04.2016.

The topic of training was ***"Cost of Services, Quality of Services and Doctor Patient Relationship adding to Patient Satisfaction in the In- Patient Department".***

During the above period, her overall performance was ***"Excellent".***

We wish her bright & prosperous future.

For Sahara Hospital,

Dr. Mazhar Husain
Director (Medical Health)
Sahara Hospital
Sahara India Medical Institute Limited

Aster DM Healthcare

June 12, 2016

To Whomsoever It May Concern

This is to certify that Dr. Anamika Tripathi student of the IIHMR University, Jaipur has completed her training with us on the topic "'Cost of Services, Quality of Services and Doctor-Patient Relationship aiding to Patient Satisfaction in the In-patient department" from Aster DM Healthcare from 8th May 2016 to 20th May 2016.

During her period of dissertation, we found her to be sincere and hardworking.

For DM Healthcare LLC,

Nishant Nambiar
Manager - HR

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **Cost of Services, Quality of Services and Doctor-Patient Relationship aiding to Patient Satisfaction in the In-Patient Department** and submitted by **Dr. Anamika Tripathi** Enrollment No **IIHMR-U/MBA-HM/2014-16/19-1530** under the supervision of **Dr. Suresh Joshi** for award of MBA Hospital and Health Management of the University carried out during the period from **February 11, 2016 to May 20, 2016** 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.

Tripathi
13/6/16

Dr. Anamika Tripathi

ABSTRACT

Introduction - Many hospitals especially those in the corporate sector, have begun to function like a service industry. The hospital industry has begun to employ HR professionals and management graduates. Third-party payers too have recognized that patient satisfaction is an important tool for the success of their organization and are regularly monitoring patient satisfaction levels among their customers because it leads to patient loyalty, Improves patient retention, for accreditation of hospital as now the accreditation agencies are focusing majorly on Patient satisfaction, etc.

Rationale – Patient satisfaction has become an important yardstick to measure the success of services being provided in the health facilities. To gauge the satisfaction and responsiveness of health systems it is important to measure the satisfaction of patients. Basic amenities and services at the hospital has a much scope of improvement in terms of availability of medicine, drinking water, toilets / hand washing facility in the wards, cleanliness in the toilets and wards, fans / lights in the wards, bed sheets. And, of course major bearing on Doctor-Patient relationship.

Research question- What are the factors influencing Patient satisfaction in hospitals in India ?

Objectives –

1. To study the factors that influence the patient satisfaction of admitted patients in In patient department of a Tertiary care corporate hospital.
2. To study the expectations of the patients at various moments of truth in the In-patient Department
3. To deduce the factors that improve patient satisfaction, to implement delight doctrine, under commit and over perform.

Research Methodology –

Study design – Descriptive study

Data Collection -

Primary data

Primary data will be collected by Questionnaire and Personal interviews with the patients.

Secondary data

Reviews of the patient on the hospital's website and existing literature of the organization, the Quality Manual, Standard Operating Procedures, Departmental and Administrative Manuals will be the source of secondary data.

The previous surveys carried out in this context can also be a source of secondary data.

Also, the patients' feedback forms available with the hospital of the previous month will be taken into consideration

SAMPLING TECHNIQUE

Simple Random sampling will be done

Sampling Size : 216

Sample size =

$$\frac{Z^2 * (p) * (1-p)}{c^2}$$

Where:
Z = Z value (e.g. 1.96 for 95% confidence level)
p = percentage picking a choice, expressed as decimal
(.5 used for sample size needed)
c = confidence interval, expressed as decimal
(e.g., .05 = ±5)
Non-response rate: 10% (19.6)

Inclusions – IPD Patients + Attendants
Exclusions – Pediatric patients
Emergency patients
Critical patients
Elderly patients
Study duration – Three months

Analysis Plan -

Data Analysis

1. Each parameter in the feedback form is analyzed with the help of likert scale
2. Scores from 1 to 4 are given to each response.
3. The Classification range is Standard (as per the hospital)
4. Satisfactory 1
5. Good 2
6. Excellent 3
7. Not Applicable 4
8. The final analysis is done by calculating the effective percentage score so that the data become comparable
9. 0 - 33 % Satisfactory
10. 33% - 67% Good
11. 67% -100% Excellent
12. Survey questions will be open-ended
13. Taking the feedback of patients admitted in IPD through the questionnaire already present in the system, the questionnaire is designed to incorporate feedback of patients on the following services/ moments of truth encountered by patients during their treatment in the hospital
14. Reception
15. Emergency
16. Pharmacy
17. Billing and Cash
18. Wards/ICU
19. Diagnostics

20. Safety
21. After interacting with the study subjects (216 inpatients) , analysis would be done by taking out the average percentage of each row corresponding to the services mentioned at each stage and then basing the decision on the findings a report will be made with the bearings on the assumptions that will be made in percentages in congruence with the organization's vision.

Key Findings -

1 Issues in Pharmacy for not being equipped with medicines at all times and Cost of treatment is high
2 Issues in waiting area as shortage of chairs was noticed and the quality and quantity of food being served by the kitchen and canteen
3 In emergency unit, the treatment is not started unless the hospital receives the payment from the ailing family or patient and this prolongs the initiation of treatment
4 Location of cash & billing too far from emergency department
5 Lack of communication during shift change of staff

Conclusion- Though through the findings and the questionnaire received from the patients the hospital is doing well in all areas of services and generally the services scored good remarks for being excellent except for some gray areas which are not major as for now but in long run might create a bad image of the hospital if not corrected in time.

Acknowledgement

Nothing really can be accomplished alone. It's the driving force, guidance, involvement, encouragement, support and prayers from more than few that results into realization.

Experience during my entire journey in IIHMR University, Jaipur was fruitful to me. During this period I was able to recall the theoretical concepts through practical experience.
I am extremely grateful to **Dr.(Col) Ashok Kaushik, Mr. V P Raghuvanshi, Dr. Suresh Joshi. Dr. D K Mangal and the entire staff of The IIHMR University and Faculty** for making me what I am today.

I would like to give my sincere thanks to **Dr. Suresh Joshi and Dr. D K Mangal** for their guidance in the study.

I would like to thank all other Faculty heads and Staff, who helped me during the period of my project. I thank my parents and friends for their support and motivation.

Thanks and Regards

Dr. Anamika Tripathi

Mbahm : Intern

Iihmr, Jaipur

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Introduction

The practice and system of medicine has evolved over centuries. There are certain significant developments which have taken place in the health systems in recent times. Chief among them are:

a. the establishment of corporate hospitals equipped with the latest facilities
b. the advent of third-party payers (insurance companies, governments, companies, etc.); increasing awareness among patients
c. availability of information through the internet, and higher expectations of patient care, and finally
d. the increasing litigations for unsatisfying results.

All these factors have resulted in a challenging profile for the health care industry - away from the traditional concept of a noble profession toward a service industry.

Lately, many hospitals especially those in the corporate sector, have begun to function like a service industry. The hospital industry has begun to employ HR professionals and management graduates. Third-party payers too have recognized that patient satisfaction is an important tool for the success of their organization and are regularly monitoring patient satisfaction levels among their customers.

1. Patient satisfaction leads to customer (patient) loyalty.
2. Improved patient retention - according to the Technical Assistant Research Programs (TARPs), if we satisfy one customer, the information reaches four others. If we alienate one customer, it spreads to 10, or even more if the problem is serious. So, if we annoy one customer, we will have to satisfy three other patients just to stay even. Change the reference number.
3. They are less vulnerable to price wars. There is sufficient evidence to prove that organizations with high customer loyalty can command a higher price without losing their profit or market share. In fact, in a study conducted in Voluntary Hospitals of America, nearly 70% of patients were willing to pay more money if they had to consult a quality physician of their choice
4. Increased staff morale with reduced staff turnover also leads to increased productivity.

5. Reduced risk of malpractice suits – an inverse correlation has been reported for patient satisfaction rates and medical malpractice suits.
6. Accreditation issues – it is now universally accepted that various accreditation agencies like International Organization for Standardization (ISO), National Accreditation Board for Hospitals (NABH), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), etc., all focus on quality service issues.
7. Increased personal and professional satisfaction - patients who improve with our care definitely make us happier.The happier the doctor, the happier will be the patients.

Literature Review

Patient satisfaction is one of the established yardsticks to measure success of the services being provided in the health facilities. But it is difficult to measure the satisfaction and gauze responsiveness of the health systems as not only the clinical but also the non-clinical outcomes of care do influence the patient satisfaction. Satisfaction is a psychological concept which is defined in different ways. Sometimes satisfaction is considered as a judgment of individuals regarding any The primary goal of the tertiary care hospital as a highest level of health care provision is to provide best possible health care to the patients.

21 % patients reported unavailability of drinking water, 43 % reported unavailability of toilets / hand washing facility in the wards. 62 % and 40 % were dissatisfied by the cleanliness in the toilets and wards respectively. Basic amenities and services at the hospital has a much scope of improvement in terms of availability of medicine, drinking water, toilets / hand washing facility in the wards, cleanliness in the toilets and wards, fans / lights in the wards, bed sheets. This study shows assessing satisfaction of patients is simple and cost effective way for evaluation of hospital services and has helped finding that patients were more satisfied with behaviour of doctors and dissatisfaction was found to be more regarding cleanliness in the toilets and the wards. Recommendations: Continuous supervision of patient satisfaction levels should be done to deduct methods to improve hospital services.

Patient satisfaction levels in a tertiary care medical college hospital in Punjab, North India

object or event after gathering some experience over time. Human satisfaction is a complex concept that is related to a number of factors including lifestyle, past experiences, future expectations and the value of both individual and society.

The main beneficiary of a good health care system is clearly the patient. As a customer of healthcare, the patient is the focus of the health care delivery system. Patient's perceptions about health care system seem to have been largely ignored by the health care managers in the developing countries. Patient satisfaction depends upon many factors such as: quality of clinical services provided, availability of medicine, behaviour of doctors and other health staff, cost of the services, hospital infrastructure, physical comfort, emotional support and respect for patient preferences.

For health care organization to be successful monitoring of customer's perception is a simple but important strategy to assess and improve their performance. But very few studies are being carried out in India for measuring satisfaction of patient with hospital services as a routine process.

The purpose of present study is to carry out evaluation of hospital services by getting feedback from indoor patients conducted at a medical college hospital in Punjab.

A similar study was also done as a university dissertation/ thesis at **Rajindra hospital (GMC Patiala) by Chopra A**; 10 yrs back in 2003 to assess patient satisfaction among indoor patients admitted through emergency dept.

Another study done among indoor patients at **Lata Mangeshkar Hospital which is a tertiary care hospital attached to NKPSIMS, Nagpur by Kulkarni** et al in 2008 found level of satisfaction among patients to be better with behaviour of doctors (87.76%).Dissatisfaction was found to be more with cleanliness in toilets (56.01%) as compared to the other hospital areas [9].

Similar study in **PGIMER, Chandigarh in 2011 by Sharma R**. et al concludes that the overall

satisfaction regarding the doctor-patient professional and behavioural communication was more than 80 per cent at almost all the levels of health care facilities. In total, 55 per cent of respondents opined that doctors have shown little interest to listen to their problem. More than 70 per cent satisfaction level was observed with staff of laboratories. More than 80.0 per cent were satisfied with basic amenities

SCOPE OF THE STUDY

This study will help us to understand consumers, preferences, and their needs expected from the healthcare facility. This study will not only help me as a student but will also assist the hospital in improving their standards.

Study conducted

The study was conducted in Sahara Hospital, Lucknow. Under able guidance of Dr. (Col) Randhir Puri, Dr. Abha Tandon and Ms. Manisha Masih.

About the Hospital

Sahara Hospital is a tertiary care private hospital in Lucknow, capital city of Uttar Pradesh state of India. The hospital is a venture of Sahara India Medical Institute Limited, a subsidiary of Sahara Prime City Limited.

History

Sahara Hospital was the project of Sahara India Medical Institute Limited, a subsidiary of Sahara Prime City Limited. It sits on a 27-acre (11 ha) campus at Gomti Nagar, in the neighborhood of Lucknow. It was designed by Mumbai-based architect Hafeez Contractor. The construction contract for the hospital building (set at ₹490 million (US$8.2 million)) was given to Larsen & Toubro. The total cost of the project was ₹4 billion (US$67 million), which also included cost of medical equipment. Rising 80.06 meters (262.7 ft) and 19 floors, it is one of the tallest building in Lucknow.

The hospital was inaugurated on 12 February 2009 by Chhabi Roy, mother of founder and chairman of the Sahara India Pariwar Subrata Roy.

Services

The hospital strives to provide "quality healthcare with compassion efficiency". Among the hospital's medical specialties are general surgery, obstetrics and gynecology, orthopedics, neurology and nephrology. There are two separate departments for oncology: the Department of Surgical Oncology, and the Department of Medical Oncology. The hospital started a hematopoietic stem cell transplantation program in 2011. Among other specialty services are cardiology, physiotherapy and sports medicine, and transfusion medicine. The hospital has equipment for cardiac monitoring, magnetic resonance imaging, and computed tomography.

The hospital is the first medical centre in Uttar Pradesh to perform a successful elbow transplant and endoscopic cervical plate placement. Patients admitted in the 'critical care area' of hospital can be monitored by the internet protocol cameras. In addition to physicians, this remote monitoring facility is provided to the relatives of patients, so that hygiene and sterility of such areas can be maintained.

Mission

The mission of Sahara Hospital is to provide quality healthcare with compassion efficiency.

To apply and share new technology.

To Promote and environment in the hospital that facilitates protection of patient’s rights and commitment towards patient care

To include preventive healthcare practices in addition to treatment applications without discrimination of religion, Language, Race and Gender.

Vision

To set a benchmark of excellence in advanced, hi tech multi disciplinary medical services in Asia, Offering high quality healthcare and tertiary care facilities.

Quality Policy

Sahara Hospital is committed to deliver high quality patient care through applications of latest technology coupled with medical excellence, ensuring safety of treatment during patient's stay, promoting and environment of continuous quality improvement and complying with statutory regulations

Project Details

Study Topic

Cost of Services, Quality of Services and Doctor-Patient Relationship aiding to Patient Satisfaction in the In-Patient department

Research Question

What are the factors influencing Patient satisfaction in hospitals in India?

Objective Of The Study

1. To study the factors that influence the patient satisfaction of admitted patients in In patient department of a Tertiary care corporate hospital.
2. To study the expectations of the patients at various moments of truth in In patient Department
3. To deduce the factors that improve patient satisfaction, to implement delight doctrine, under commit and over perform.

Research Methodology

The study is basically based on both primary and secondary data. The primary data will be collated through questionaire and semi-structured interviews will be conducted to elicit first hand information with the theme of the research work. However, secondary data will be collected from hospital records, hospital magazines, journals, reports of previous 1 year.

As many factors are prevalent aiding to patient satisfaction viz. logistic arrangement in the outpatient and inpatient departments, waiting time, facilities, perception about the performance of staff, appointment system, behavior of staff, support service and any other suggestions of patients. Of the many factors abetting the level of patient satisfaction, the following factors will be taken into consideration for my study-

1. Quality of Services
2. Behavior of Doctors and other related health staff
3. Cost of the Services

Methodology Of The Study

Study design – Descriptive study

1. Data Collection

1.1 Primary data

1.1.1 Primary data will be collected by Questionnaire and Personal interviews with the patients.

1.2 Secondary data

1.2.1 Reviews of the patient on the hospital's website and existing literature of the organization, the Quality Manual, Standard Operating Procedures, Departmental and Administrative Manuals will be the source of secondary data.

1.2.2 The previous surveys carried out in this context can also be a source of secondary data.

1.2.3 Also, the patients' feedback forms available with the hospital of the previous month will be taken into consideration

Sampling Technique

Simple Random sampling will be done

Sampling Size : 216

Sample size =

$$\frac{Z^2 * (p) * (1-p)}{c^2}$$

Where:

Z = Z value (e.g. 1.96 for 95% confidence level)
p = percentage picking a choice, expressed as decimal
(.5 used for sample size needed)
c = confidence interval, expressed as decimal
(e.g., .05 = ±5)

Non-response rate: 10% (19.6)

Inclusions – IPD Patients + Attendants

Exclusions – Pediatric patients

Emergency patients

Critical patients

Elderly patients

Study duration – Three Months

Analysis Plan –

Data Analysis

Each parameter in the feedback form is analyzed with the help of likert scale

Scores from 1 to 4 are given to each response.

Satisfactory	1
Good	2
Excellent	3
Not Applicable	4

0 - 33 %	Satisfactory
33% - 67%	Good
67% -100%	Excellent

1. Survey questions will be open-ended
2. Taking the feedback of patients admitted in IPD through the questionnaire already present in the system, the questionnaire is designed to incorporate feedback of patients on the following services/ moments of truth encountered by patients during their treatment in the hospital,

2.1 Reception
2.2 Emergency
2.3 Pharmacy
2.4 Billing and Cash
2.5 Wards/ICU
2.6 Diagnostics
2.7 Safety

3. After interacting with the study subjects (216 inpatients) , analysis would be done by taking out the average percentage of each row corresponding to the services mentioned at each stage and then basing the decision on the findings a report will be made with the bearings on the assumptions that will be made in percentages in congruence with the organization's vision.

Analysis Of Patient Satisfaction Survey Of Jan '16

	Moments of Truth of patients in the hospital		
		Patient Satisfaction	Remark
Reception	Time taken by reception staff to attend you	72	Exc
	Your satisfaction with reception staff behaviour	74	Exc
	Adequacy of responses to your query	74	Exc
	General Cleanliness & Hygiene	74	Exc
Emergency	Time taken by emergency staff to attend you	74	Exc
	Satisfaction with services offered at emergency	67	Good
	Explanation of treatment offered & estimate of expenditure	67	Good
	Behaviour of nursing staff	56	Good
Pharmacy	Time taken by billing staff to attend you	57	Good
	Your satisfaction with pharmacy staff behaviour	74	Exc
	Total time for drug procurement	65	Good
	Availability of drugs in pharmacy	70	Exc
Billing & Cash	Time taken by billing staff to attend you	58	Good
	Your satisfaction with billing staff behaviour	73	Exc
	Explanation of billed services	67	Good
	Total time for bill settlement	67	Good
Wards/ ICU	General Cleanliness & Hygiene at wards/ICU	69	Exc
	Explanation of treatment offered & estimate of expenditure	70	Exc
	Behaviour & support of nursing staff	76	Exc
	Quality of food served	83	Exc
	Timeliness & adequacy of food served	68	Exc
	Overall Satisfaction with services offered at Wards/ICU	71	Exc
Diagnostics	Time taken by reception staff to attend you	72	Exc
	Your satisfaction with Radiology staff behaviour	69	Exc
	Total time taken for radiological procedure	70	Exc
	Total time taken for sample collection	66	Good
	Satisfaction with sample collection procedure	69	Exc
Safety	Sense of safety in hospital premises	76	Exc
	Adequacy of signage & directions in Lobby/ OPD	71	Exc
	Adequacy of signage & directions in Indoor Area	71	Exc
	Behaviour of security personnel	71	Exc

Analysis Of Patient Satisfaction Survey Of Feb '16

	Moments of Truth of patients in the hospital		
		Patient Satisfaction Index	Remark
Reception	Time taken by reception staff to attend you	72	Exc
	Your satisfaction with reception staff behaviour	77	Exc
	Adequacy of responses to your query	80	Exc
	General Cleanliness & Hygiene	91	Exc
Emergency	Time taken by emergency staff to attend you	89	Exc
	Satisfaction with services offered at emergency	92	Exc
	Explanation of treatment offered & estimate of expenditure	90	Exc
	Behaviour of nursing staff	94	Exc
Pharmacy	Time taken by billing staff to attend you	81	Exc
	Your satisfaction with pharmacy staff behaviour	82	Exc
	Total time for drug procurement	85	Exc
	Availability of drugs in pharmacy	82	Exc
Billing & Cash	Time taken by billing staff to attend you	75	Exc
	Your satisfaction with billing staff behaviour	72	Exc
	Explanation of billed services	78	Exc
	Total time for bill settlement	82	Exc
Wards/ ICU	General Cleanliness & Hygiene at wards/ICU	79	Exc
	Explanation of treatment offered & estimate of expenditure	92	Exc
	Behaviour & support of nursing staff	79	Exc
	Quality of food served	77	Exc
	Timeliness & adequacy of food served	94	Exc
	Overall Satisfaction with services offered at Wards/ICU	91	Exc
Diagnostics	Time taken by reception staff to attend you	96	Exc
	Your satisfaction with Radiology staff behaviour	94	Exc
	Total time taken for radiological procedure	89	Exc
	Total time taken for sample collection	88	Exc
	Satisfaction with sample collection procedure	90	Exc
Safety	Sense of safety in hospital premises	78	Exc
	Adequacy of signage & directions in Lobby/ OPD	75	Exc
	Adequacy of signage & directions in Indoor Area	80	Exc
	Behaviour of security personnel	72	Exc

Result Findings

January	Score	February	Score
Reception	**73.5%**	**Reception**	**80%**
Emergency	**66%**	**Emergency**	**91.25%**
Pharmacy	**66.5%**	**Pharmacy**	**82.5%**
Billing & Cash	**66.25%**	**Billing & Cash**	**82.5%**
Wards/ICU	**72.83%**	**Wards/ICU**	**85.33%**
Diagnostics	**69.2%**	**Diagnostics**	**91.4%**
Safety	**72.25%**	**Safety**	**76.25%**

Comments For Different Variables Captured In The Hospital

Different Variables	Comments
Reception	The process at the reception is smooth but soft skills training to the receptionists and less time taking approach should be trained for.
Emergency	The receiving of patients and doing the triaging is very prompt at the emergency but transferring of patients to wards who need admission should be prompt too.
Pharmacy	The general process at pharmacy is quick both for op and ip patients
Billing & Cash	The process at billing & cash is quick but the patients should also be told about the break up for the charges that have been levied on them
Wards/ICU	After succesful admission in the wards or ICU the treatment is begun without any further delay but the quantity and quaity of food should be checked for every patient by the dietician everyday.
Diagnostics	At times the samples are rejected for being inadequate or for having been clotted. The process or calling of patients for re-sample taking should be quick so that to avoid any commotion with the patients. Rest everything is fine at Diagnostics
Safety	Security officers are properly staffed at various locations within the hospital and they adhere to the protocols of the hospital for every cadre of staff working in the hospital and of the patients and their relatives too.

Root Cause Analysis of the Issues encountered at some areas

1. **Issues in Pharmacy and Cost**

1.1 Non-availability of medicines at some occasions
1.2 Cost of treatment should be elaborately discussed with the patient
1.3 Treatment is expensive
1.4 No. of counters to be increased at pharmacy
1.5 Charges for food and breakfast for the attendants are very high

2. **Issues in Waiting area, Kitchen and Canteen**

2.1 Non-availability of Chairs and Toilet facility in the waiting area
2.2 Quality of food and the menu being followed at dialysis is not proper.

3. **Issues in Emergency & Cash and Billing**

3.1 In Emergency, the treatment is not started unless they don't receive payment from the family of the patient
3.2 Long time in the initiation of treatment in Emergency
3.3 Cash & Billing is too far from Emergency

4. **Issues in Housekeeping, Security & Dialysis**

4.1 Housekeeping staff slow
4.2 Inadequacy of Security staff
4.3 Dialysis machine not working properly

5. **Issues with Doctor & Other related staff**

5.1 Communication b/w doctor and family & behavior of Nurses and lack of communication during shift change

Recommendations

1. **Administration**

1.1 The administration should consider to design and implement a marketing strategy to depict competitive pricing of the hospital.

1.2 Adequate sitting arrangement with proper furniture (Chairs) and toilet facilities for the attendants should be made
1.3 Implementation of the protocol on provision of laundered gowns to the visitors should be evaluated at periodic intervals
1.4 Display board for the initial payment for insurance holders and non insurance payers should be installed at the Emergency Department.
1.5 Proper counseling of the hospital bills should be provided to the patients by the Billing and Cash staff.
1.6 The form for "Doctor Patient Meeting Record" should be implemented across the hospital. The form is present in the medical quality folder.
1.7 Administration should consider the policy for accepting payment on a lump sum basis at the beginning of the treatment as it becomes very discomforting for the attendant to go every now and then during the treatment

2. Housekeeping

2.1 The housekeeping staff's work should be regulated properly so as to avoid delays

3. Pharmacy

3.1 Proper stock check should be done at all times as stock runs out and it creates discomfort for the attendant of the patient
3.2 Effective utilization of pharmacists should be there.

4. **Canteen**

4.1 Quality and Quantity of food should be checked periodically
4.2 The Dietician should prepare the menu and quantity of food in consultation with the Consultants.

5. Kitchen Service

5.1 The temperature of service of food should be monitored
5.2 Random audits should be carried out to check the temperature at which food is being served to the patients

6. **Nursing Staff**

6.1 Soft skills training should be provided to the nursing staff on a continuous basis
6.2 Effective utilization of nursing staff should be there. The nurse patient ratio should be monitored as per the workload
6.3 Empathy and Promptness should reflect in the nursing services.

7. Dialysis

7.1 The dialysis machines should be regularly checked if they are functioning properly or not

7.2 Repair and maintenance of hospital equipments should be routinely done and as and when required.

8. ICU

8.1 The staff should practice silence at night as critical care area is such a place where absolute silence is required

9. Maintenance

9.1 The maintenance department should regularly check for the fittings at various areas within the hospital like In toilets for source of water, AC cooling , bathroom fittings etc.

9.2 Monitoring of the maintenance services should be routinely done with respect to the time elapsed between lodging of complaints and completion of repair work.

Discussion

Hospital

Many a times it happens that with a competent doctor and a compliant patient, the problems persist because of the policies, work culture, and attitude shown by the hospital. Traditionally, hospitals have had discrete functional services such as house-keeping, dietary services, pharmacy, laboratory, etc. Unfortunately, this specialization has led to more fragmentation, costly care, and less than ideal customer service. Several changes are being seen in the management strategies with the goal of serving better and improving the service quality.

The services being offered in the hospital are fairly managed so as to meet the expectations of patients and enhancing the quality too. The departments have seen exponential growth in two months with increased service quality.

Conclusion

Patient satisfaction is an attitude. Though it does not ensure that the patient will remain loyal to the doctor or the hospital, it is still a strong motivating factor. Patient satisfaction is only an indirect or a proxy indicator of the quality of doctor or hospital performance.[17–18] Delivery of patient-focussed care requires that we provide care in a particular way, not just sometimes or usually, but always. It must be every patient every time.

It is an ironic fact - the better you are, the better you must become. Quality does not stand still. It should be linear and always ascending. One should strive to provide better care and soar above each and every patient's expectations.

“A satisfied patient is a practice builder”.

Annexure:

SAHARA HOSPITAL
Caring Through Care

Form No. F/FO/01-01

VIRAJ KHAND, GOMTI NAGAR, LUCKNOW-226010

GN / EX / AE

UHID Label with Bar Code

NEW PATIENT REGISTRATION FORM

(Details to be filled in English using CAPITAL Letters)

In case, you have provided us with similar details in the past and acquired UHID number, you need not fill this form again. You may just give the UHID number to our Guest Relation Executives.

You may also contact them for any clarification you may require while filling up this form.

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Others, Please Specify

Name ______ (First Name) ______ (Middle Name) ______ (Last Name)

Father's/Husband's Name ______ (First Name) ______ (Middle Name) ______ (Last Name)

Gender ☐ Male ☐ Female Marital Status ______ Date of Birth ☐☐/☐☐/☐☐ Age ☐☐ yrs

Present Address ______

City ______ Pin Code ______ State ______

Phone No. (R) ______ (O) ______ Mobile No. ______

Email ID ______ Occupation ______

Allergies (known to the Patient) ______

In case of Emergency, person to be contacted ______

Relationship with him/her ______ Contact No. ______

Address ______

Raffered by Doctor/Hospital ______

For Billing Purpose

Organization ______

Designation ______ Employee Code ______

Insurance Company Name ______ Policy No. ______

General Consent for Treatment

I or my child or ward have a condition which requires medical-treatment and / or admission to the hospital. I request and consent to Sahara Hospital and its professional and nursing staff as well as fee for consultants to perform such medical and surgical procedures that may be necessary for my diagnosis and treatment including, but not limited to, a physical examination, x-rays, drawing / testing blood, or administration of medication and / or injectable as the consultant may consider necessary and desirable for diagnosis and treatment.

(Signature of Patient/Attendant) ______

Relationship with the Patient

अन्त:रोगी मरीज एवं रिश्तेदारों की प्रतिपुष्टि एवं सुझाव
Feedback & Suggestions of IPD Patients/Relatives

SAHARA HOSPITAL
Curing Through Care

इस कार्य के पीछे उद्देश्य है कि हम उन लोगों से प्रतिक्रिया प्राप्त कर सकें जिनके लिए हम कार्य करते हैं और जिनका उपचार करते हैं। यह सूचना हमारे आगे बेहतर विकास हेतु निश्चित ही लाभप्रद होगी। कृपया केवल आज के अपने अनुभवों के आधार पर उत्तर दें। कृपया हमारी सेवाओं को लागू बिन्दुओं पर ग्रेड दें :

The purpose of this exercise is to provide us with information about our work from those we work for and treat, and is intended for our further development. Please base your answers only on the encounters you have had today. Please grade our services against applicable elements:

1. संतोषप्रद/SATISFACTORY 2. बेहतर/GOOD 3. श्रेष्ठतम/EXCELLENT 4. लागू नहीं/NOT APPLICABLE

सेवाएं / Services	प्रश्न / Question	प्रतिक्रिया/Feedback			
रिसेप्शन Reception	रिसेप्शन स्टॉफ द्वारा आप पर ध्यान दिए जाने का समय Time taken by reception staff to attend you	1	2	3	4
	रिसेप्शन स्टॉफ के व्यवहार पर आपकी संतुष्टि Your satisfaction with reception staff behaviour	1	2	3	4
	रिसेप्शन स्टॉफ का आपके प्रश्नों पर समुचित प्रतिक्रिया Adequacy of response to your query by reception staff	1	2	3	4
	सामान्य स्वच्छता और स्वास्थ्यकर वातारण General cleanliness and hygiene	1	2	3	4
इमर्जेन्सी Emergency	इमर्जेन्सी स्टॉफ द्वारा आप पर ध्यान दिए जाने का समय Time taken by emergency staff to attend you	1	2	3	4
	इमर्जेन्सी स्टॉफ के दिए जाने वाली सेवाओं पर संतुष्टि Satisfaction with service offered by emergency staff	1	2	3	4
	इमर्जेन्सी स्टॉफ का दिए गए उपचार और खर्च पर स्पष्टीकरण Explanation of treatment offered and estimate of expenditure	1	2	3	4
	इमर्जेन्सी के नर्सिंग स्टॉफ का व्यवहार Behaviour of nursing staff	1	2	3	4
फार्मेसी Pharmacy	बिलिंग स्टॉफ द्वारा आप पर ध्यान दिए जाने का समय Time taken by billing staff to attend you	1	2	3	4
	बिलिंग स्टॉफ के व्यवहार पर आपकी संतुष्टि Your satisfaction with pharmacy staff behaviour	1	2	3	4
	दवाईयां प्राप्त करने में लगा कुल समय Total time for drug procurement	1	2	3	4
	फार्मेसी में दवाओं की उपलब्धता Availability of drug in pharmacy	1	2	3	4
बिलिंग और कैश Billing & Cash	बिलिंग स्टॉफ द्वारा आप पर ध्यान दिए जाने का समय Time taken by billing staff to attend you	1	2	3	4
	बिलिंग स्टॉफ के व्यवहार पर आपकी संतुष्टि Your satisfaction with billing staff behaviour	1	2	3	4
	बिलिंग सेवाओं का स्पष्टीकरण Explanation of bill settlement	1	2	3	4
	बिल निस्तारण में लगा कुल समय Total time for bill settlement	1	2	3	4
वार्ड्स / आईसीयू Wards / ICU	सामान्य स्वच्छता और स्वास्थ्यकर वातावरण General cleanliness and hygiene	1	2	3	4
	दिए गए उपचार और खर्चे की लागत का स्पष्टीकरण Explanation of treatment offered & estimate of expenditure	1	2	3	4
	नर्सिंग स्टॉफ का व्यवहार और सहयोग Behaviour & support of nursing staff	1	2	3	4
	परोसे गए भोजन की क्वालिटी Quality of food served	1	2	3	4
	भोजन का समयोचित एवं समुचित मात्रा में होना Timing & adequacy of food served	1	2	3	4
	वार्ड्स / आईसीयू में दी जा रही सेवाओं से संतुष्टि Overall satisfaction with service offered at wards / ICU	1	2	3	4
डायग्नोस्टिक्स Diagnostics	रिसेप्शन स्टॉफ द्वारा आप पर ध्यान दिए जाने का समय Time taken by reception staff to attend you	1	2	3	4
	रेडियोलॉजी स्टॉफ के व्यवहार पर आपकी संतुष्टि Your satisfaction with radiology staff behaviour	1	2	3	4
	रेडियोलॉजिकल प्रक्रिया में लिया गया कुल समय Total time taken for radiological procedure	1	2	3	4
	सैम्पल कलेक्शन में लगा कुल समय Total time taken for sample collection	1	2	3	4
	सैम्पल कलेक्शन प्रक्रिया में संतुष्टि Satisfaction with sample collection procedure	1	2	3	4
सुरक्षा Safety	हॉस्पिटल परिसर में सुरक्षा पर ध्यान Sense of safety in hospital premises	1	2	3	4
	लॉबी / ओपीडी में समुचित संकेत सुरक्षाकर्मियों का व्यवहार Behaviour of security personnel in lobby / OPD	1	2	3	4
	चिह्न और दिशा सूचना Signages & directions for information	1	2	3	4

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Feedback & Suggestions of IPD Patients/Relatives

सुझाव / Suggestion .....

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Patient Name
मरीज का नाम ..... UHID .....

Treating Doctor
उपचार करने वाले चिकित्सक का नाम .....

Respondent Name
तीमारदार का नाम ..... Relation
सम्बन्ध .....

Contact No.
संपर्क हेतु फोन नं0 ..... E-mail
ईमेल .....

Date
दिनांक .....

अपनी सेवाओं को सुधारने में हमारी सहायता करें HELP US SERVE YOU BETTER

References

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