Patient Experience in IPD

By

Vineet Dwivedi

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2016-2018

The IIHMR University, Jaipur

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

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that **Dr. Vineet Dwivedi** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at **Government District Hospital Jamkhambaliya, District- Dwarka** from **5th Feb 2018 to 5th May-2018.**

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 his future endeavors.

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

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NATIONAL RURAL HEALTH MISSION
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन
(2005-2012)

Office Of the Superintendent

General Hospital, Salaya Char Rasta, Jam-Khambhaliya.

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સ્વર્ણિમ ગુજરાત
1960 - 2010

CERTIFICATE

The certificate is awarded to

DR. VINEET DWIVEDI

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

Hospital Administration

And has successfully completed his project on

"Patient Experience in IPD"

From 5 February 2018 to 5 May 2018 at

Government District Hospital Jam-khambhaliya
District Dwarka

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.

Authorized Signatory

Superintendent
General Hospital
Jam-Khambhalia
Dist-Devbhumi Dwarka

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **"PATIENT EXPERIENCE IN IPD"**and submitted by **DR. VINEET DWIVEDI**Enrollment No **IIHMR-U/01/2016-18/0515**under the supervision of **Dr. Ashok Kaushik** for award of MBA in Hospital and Health/Pharmaceutical/Rural Management in Health and Hospitals of the University carried out during the period from 5 of February to 5th of May 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 .

Vineet Dwivedi

Signature

19-5-18

ABSTRACT

The Issue of patient/customer satisfaction has gained increasing attention from executives across the healthcare industry. The measurement of patient satisfaction through patient satisfaction surveys has helped organization leaders incorporate patient perspectives as a way to create a culture where service is deemed an important strategic goal for healthcare facilities. However, despite their many efforts and successes with satisfaction measurement, evidence shows that a bit of work in this area is still needed. One of the primary challenges has been in sustaining patient / customer satisfaction improvement initiative in the face of competing priorities and diminishing resources.**Government District Hospital Khambhaliya** is a hospital that has made the issue of improving patient/customer satisfaction one of its top priorities. The purpose of this study is to serve as a resource to help **GDH Khambhaliya**fulfill its mission to enhance it patient/customer satisfaction as to make it community's first choice in seeking medical care. By analyzing data, this study demonstrates that intangible human values such as care, co-operations, compassion along with the tangible medical services are vital to satisfy the needs of the patient and has the most powerful effect in terms of patient satisfaction during a hospital stay **.**

ACKNOWLEDGEMENT

I owe a great debt to all professionals at **Government District Hospital, Khambhaliya** for generously sharing their knowledge and time, which inspired me to do my best at this project study.

My heartfelt gratitude to **Dr. Gaurav Dahiya** (M.D. NHM) **Dr. Ketan Joshi** (C.D.M.O)for showing their keen interest in the study and for sharing their views despite their very busy schedule. It has been my privilege to work under their dynamic supervision at the Hospital.

I am extremely grateful to **Dr. Kanara** (In charge of Pathology), **Mrs. Lata Ben** (Mentor Nursing staff) for the constant support and encouragement. This study would not have been possible without their support.

I express my warm veneration towards front office department staff, for their valuable guidance throughout the entire course of study to its completion.

My sincere gratitude to **Dr.Ashok Kaushik** sir **(Professor Dean, IIHMR, Jaipur)** for his relentless support, guidance and very helpful attitude and valuable suggestions.

I would like to express my heartless thanks to my parents for their moral support, which always inspires me to perform best. And finally, credit goes to all my friends' colleagues who helped me in this study.

Sincerely

Dr. Vineet Dwivedi
MBA- HM 21. (2016-2018)
IIHMR, Jaipur

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ACRONYMS/ABBREVIATIONS

ABC	Always Better Control
A/D	Admissions/Discharge
ALOS	Average Length of Stay
ACLS	Advanced Cardiac Life Support
ABG	Air blood gas
BMW	Bio-Medical Waste
CPR	Cardio-Pulmonary Resuscitation
CSSD	Central Sterile Supply Department
CPR	Cardio pulmonary resuscitation
F & B	Food & Beverage
GDA	General Duty Attendant
HDU	High Dependency Unit
HIS	Hospital Information System
HRD	Human Resource Development
ICU	Intensive Care Unit
MLC	Medico Legal Cases
CSSD	Central Sterile Supply Department
NQAS	National quality Assurance Standards
ENT	Ear Nose Throat
IPD	In-patient Department
OPD	Out-patient Department
OT	Operation Theatre
PCS	Patient Care Services
TAT	Turn-around Time
MIS	Management Information System
SOP	Standard Operating Procedure
PHC	Preventive health checkup
CCTV	Close Circuit Television

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 health 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)

PROJECT TITLE

TO STUDY PATIENT EXPERIENCE OF THE INDOOR PATIENTS AT GOVERNMENT DISTRICT HOSPITAL, JAMKHAMBHALIYA (DWARKA).

INTRODUCTION

Human service quality is an overall issue. The human administrations industry is encountering a quick change to meet the ceaselessly extending necessities and solicitations of its patient masses. Facilities are moving from overview patients as uneducated and with minimal human administrations choice, to seeing that the educated buyer has numerous organization solicitations and social protection choices open. Respect for patient's needs and wishes, is vital to any sympathetic restorative administrations structure. Nature of prosperity organizations was by and large considering master home standards, however over the span of the latest decade; patient's insight about social protection has been dominatingly recognized as an essential pointer for estimating nature of human administrations and a fundamental portion of execution change and clinical ampleness.

Persevering background has been described as the level of congruency between a patient's wants of immaculate care and his/her impression of the certified care (s) he gets. It is a multidimensional point, addresses a principal scratch marker for the idea of human service transport and this is a generally recognized segment which ought to be considered more than once for smooth working of the social insurance structures. It has been a basic issue for restorative administrations managers. The client here does not in truth assess their own specific prosperity status resulting to getting care yet the level of satisfaction with the organizations passed on .

PROBLEM STATEMENT

Different measurements of patient experience have been recognized, extending from admission to release administrations, and additionally from restorative care to relational correspondence. Very much perceived criteria incorporate responsiveness, correspondence, state of mind, clinical ability, encouraging expertise, conveniences, sustenance administrations, and so on. It has additionally been accounted for that the relational and specialized aptitudes of medicinal services supplier are two exceptional measurements associated with persistent appraisal of doctor's facility mind. Better valuation for the elements relating to customer experience would bring about usage of specially crafted programs as indicated by the necessities of the patients, as saw by patients and specialist co-ops. Following expanded levels of rivalry and the accentuation on consumerism, understanding knowledge has turned into a vital estimation for observing human services execution of wellbeing designs.

Customer's is the best judge since (s)he precisely evaluates and gives inputs which can help in the general change of value social insurance arrangement through the amendment of the framework shortcomings by the concerned experts.

AIM OF STUDY:

The aim is to study about the level of patient experience in order to comprehend the rising needs of the patient as far as quality medicinal services and to distinguish procedures that may help in expanding understanding background scores and support persistent devotion on a long-haul premise.

RATIONALE OF THE STUDY

Numerous past investigations have created and connected patient experience as a quality change instrument for medicinal services suppliers. Consequently, persistent experience is an essential issue both for assessment and change of healthcare services.

REVIEW OF LITERATURE

Doris C. Vahey (2004 February)

Nurse Burnout and Patient Satisfaction.

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".

"Mair F, Whitten P. (2000 June)

"Systematic review of studies of patient satisfaction with telemedicine".

"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 generalizability 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".

"Sitzia J. (1999 Aug)

"Patient satisfaction: a review of issues and concepts"

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 .

“Khayat K, Salter B.(1994 May)

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

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 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 .

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

“Nursing: A Key To Patient Satisfaction”

“Patient satisfaction is accepting mor,e 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,.

R Baker and M Whitfield (1992 June)

“Measuring patient satisfaction for audit in general practice”

“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 .

“D C Morrell and M O Roland (1986 March)

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

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 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

“Vinagre, M. H. and Neves, J. (2008)”

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

“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 .

“Wensing, M. and Elwyn, G. (2002”).

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

“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”.

“J Health QualVander Veen, L. and Ritz, M. (1996”

“Customer satisfaction: a practical approach for hospitals”.

“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.

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

“Improving patient satisfaction through multidisciplinary performance improvement teams”

“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.

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

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

“The review was led among 200 patients going to OPD, ofSree Chitra Tirunal establish for medicinal sciences and innovation, Thiruvananthapuram, Kerala. The review was done to know the fulfilment 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 is 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.”

“Dr. S.R. Shambulingaiah”.

“Inter-Relationship between Clinical Departments in Treating Outpatients””

“The review was taken up in the setup, of SDM healing centre, 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 centre setup and to look for the input from, the patients in regard 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, 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.”

“Prahalad Raj Sodani, Rajeev K Kumar, Jayanti 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 fulfilment 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 was, investigated utilizing SPSS. It was found that the greater part of the respondents wasyouth, 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 fulfilment, patients were happier with, the fundamental pleasantries at higher wellbeing offices contrasted with lower level offices."

"AkilanArunkumar (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 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 experienceand services of the IPD".

METHODOLOGY:

- **STUDY AREA – "**In-Patient Department of GDH Jamkhambhaliya (Dwarka)".
- **STUDY DESIGN – "**Descriptive Cross sectional"
- **STUDY PERIOD- "**5th February- 5thMay 2018".
- **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. Registration office.
    2. Accommodation
    3. Facilities for attendants
    4. Medical and nursing process
    5. Discharge process
    6. OtherFacilities like:
        - Waiting area
        - Parking and security
    7. Overall behavior

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

SCALE OF RATING RESPONSES

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

TYPE OF DATA: -

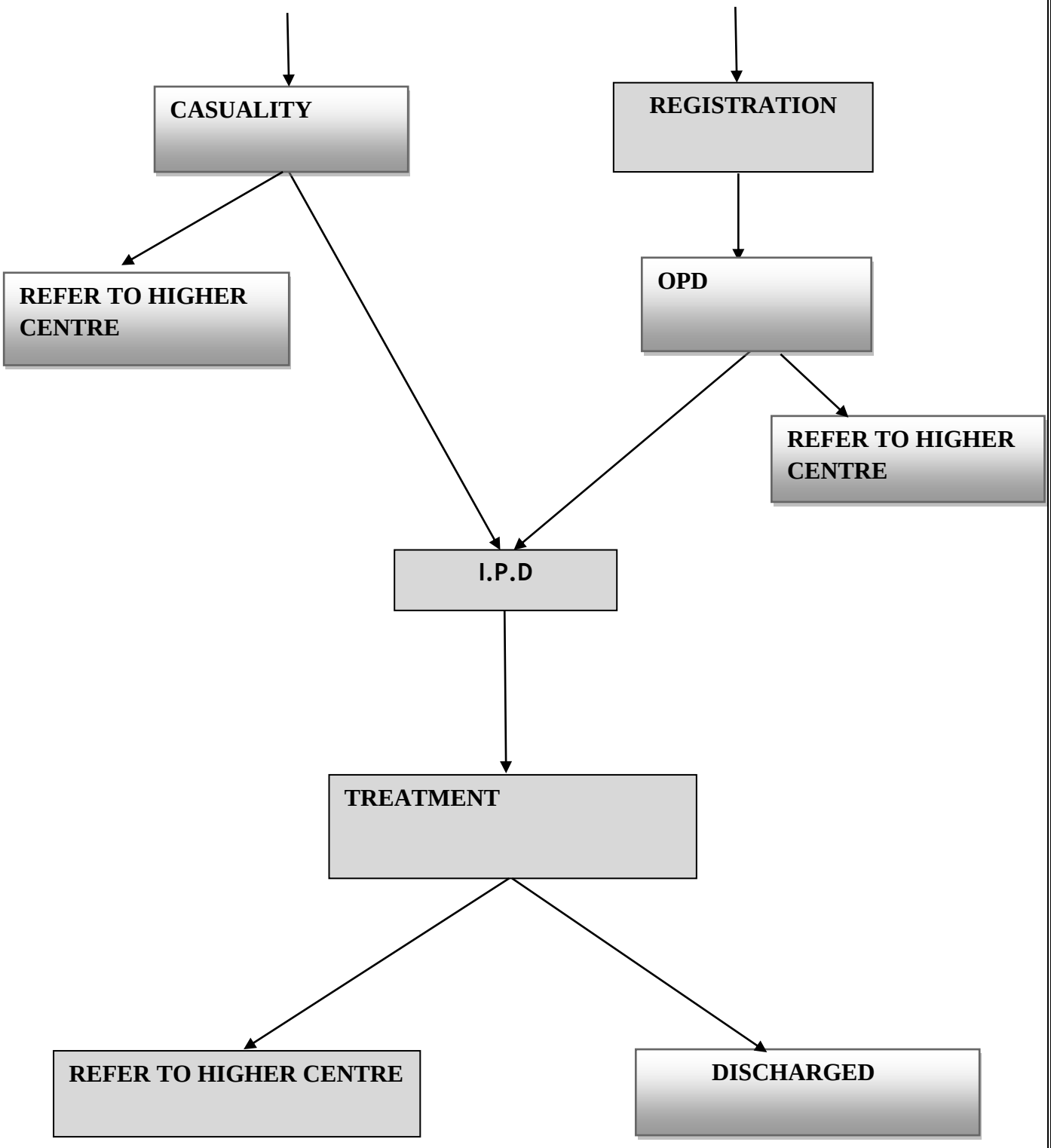
1. Collected through direct observations.
2. Interacting with the patients or the attendants of the patients of this hospital.
3. Information obtained through Hospital records.
4. Information gathered through internet.

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.



OBSERVATION

In Patient Department

S. NO.	(i)Registration office	SCALE & NO. OF RESPONSES						4.36
		5	4	3	2	1	Total	Average
1	Please rate the ease with which you could contact the hospital	79	120	1	0	0	200	4.39
2	How did we respond to your queries?	86	108	0	0	6	200	4.34
3	How was your admission process?	84	112	0	0	4	200	4.36
4	Please rate the efficiency and warmth of registration office team.	88	106	0	1	5	200	4.35

S. NO.	(ii) ACCOMODATION	SCALE & NO. OF RESPONSES						4.35
		5	4	3	2	1	Total	Average
1	How comfortable was your accommodation	81	116	0	0	3	200	4.36
2	The quality of cleanliness and upkeep	87	112	0	0	1	200	4.42
3	How well did all equipment's/activities work	91	107	0	0	2	200	4.42
4	Quality of food	77	119	1	0	3	200	4.33
5	Food services on time	83	111	1	0	5	200	4.33
6	Efficiency and politeness of Food & Beverage team.	80	113	0	0	7	200	4.29

"S. NO.	(iii) MEDICAL AND NURSING PROCESS	SCALE & NO. OF RESPONSES						Average
		5	4	3	2	1	Total	4.34
1	Time spend by doctors to explain diagnosis and treatment.	79	120	0	0	1	200	4.38
2	Attention from our doctor's team	88	109	0	0	3	200	4.39
3	Attention from our nursing team	82	114	0	0	4	200	4.35
4	How well did our nursing team explained? your treatment, procedure and care at home	77	115	0	0	8	200	4.26
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	4.35 4.34 4.32

S. NO.	(iv) FACILITIES FOR ATTENDANT	SCALE & NO. OF RESPONSES						Average
		5	4	3	2	1	Total	4.18
1	Quality of in room facilities	73	126	0	0	1	200	4.35
2	Food options for attendants	81	83	0	0	36	200	3.86
3	Guidance and information on patient movement during procedure.	81	115	0	0	4	200	4.34

S. NO.	(v) OTHER FACILITIES (please rate the quality of)	SCALE & NO. OF RESPONSES						4.05
		5	4	3	2	1	Total	Average
1	Pharmacy	57	127	0	0	16	200	4.04
2	Waiting area	69	121	0	0	11	200	4.20
3	Parking and security	59	117	0	0	24	200	3.93

S. NO.	(vi) DISCHARGE PROCESS	SCALE & NO. OF RESPONSES						4.30
		5	4	3	2	1	Total	Average
1	Please rate the overall discharge process	67	130	1	0	2	200	4.30
2	Response to any query	71	125	0	2	2	200	4.30

S. NO.	(VII) BEHAVIOUR OF THE D.H. STAFF	SCALE & NO. OF RESPONSES						
		5	4	3	2	1	Total	Average
1	Overall level of service	87	111	0	0	2	200	4.40

FINDINGS THROUGH OPEN ENDED QUESTION: -

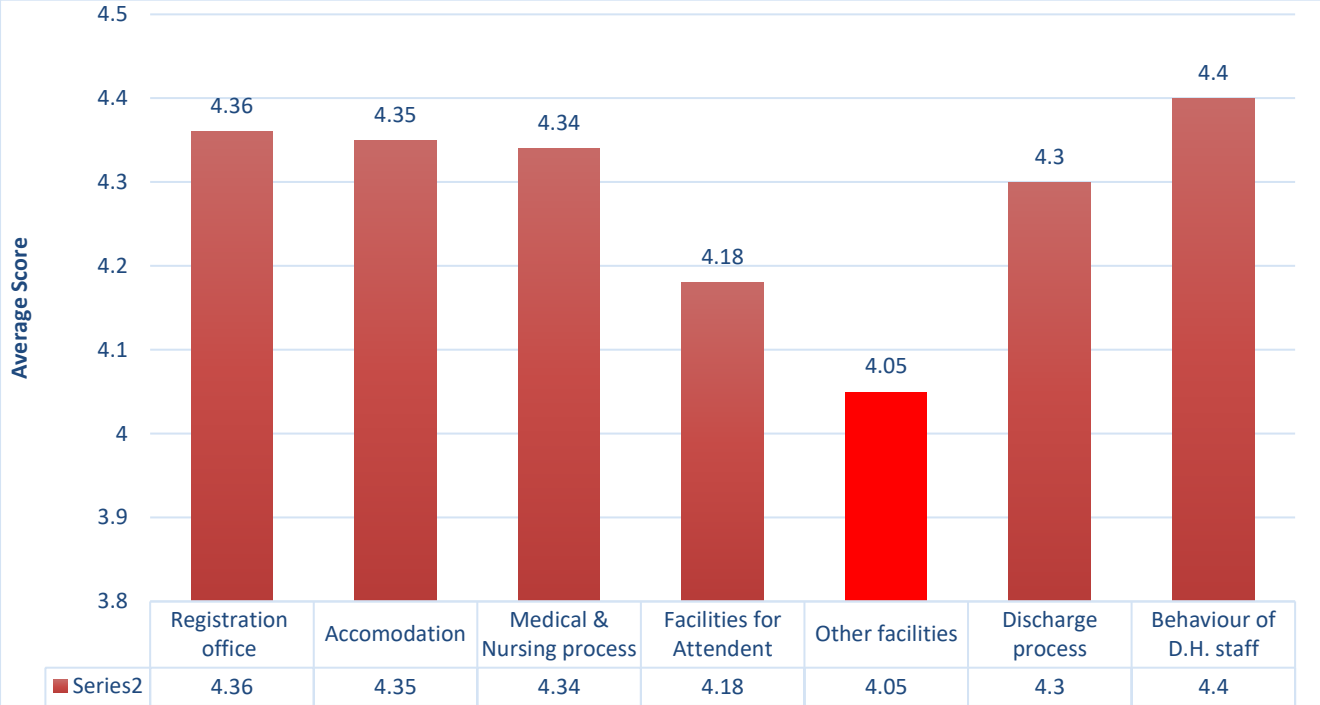
As per the data collected, it was found that the patient's experience depends upon the, attributes such as respect and compassion and not merely the technical proficiency,efficiency of, the hospital in providing services, comfort during their stay in the hospital, information and, proper communication 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. **Districthospital khambhaliya**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 to better, meet the patient's needs at a sustainable level. The in-door patient's concerns were mainly, for the F & B(outsourced) and Nursing departments whereas the out-door patients,were completely satisfied with the hospital services.

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

1. **F & B DEPARTMENT(outsourced): -**
   - (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 response.
   - (ii) Communication problem between the nurse and the patients.
3. **HOUSEKEEPING DEPARTMENT**
   - (i) The cleanliness of the washroom was a major issue for many patients.
   - (ii) The housekeeping staff was found to be loud and disturbing while cleaning the ward rooms in the morning.
   - (iii) Biomedical waste bins should be clean regularly
4. **REGISTRATIONDEPARTMENT**
   - (i) Registration staff needs to be more polite and humble.
   - (ii) Things need to be explained more properly to the patients.
6. **PATIENT CARE SERVICES DEPARTMENT**
   - (i) There was a complaint regarding the delay the issue of the attendant passes by the registration department.

ANALYSIS

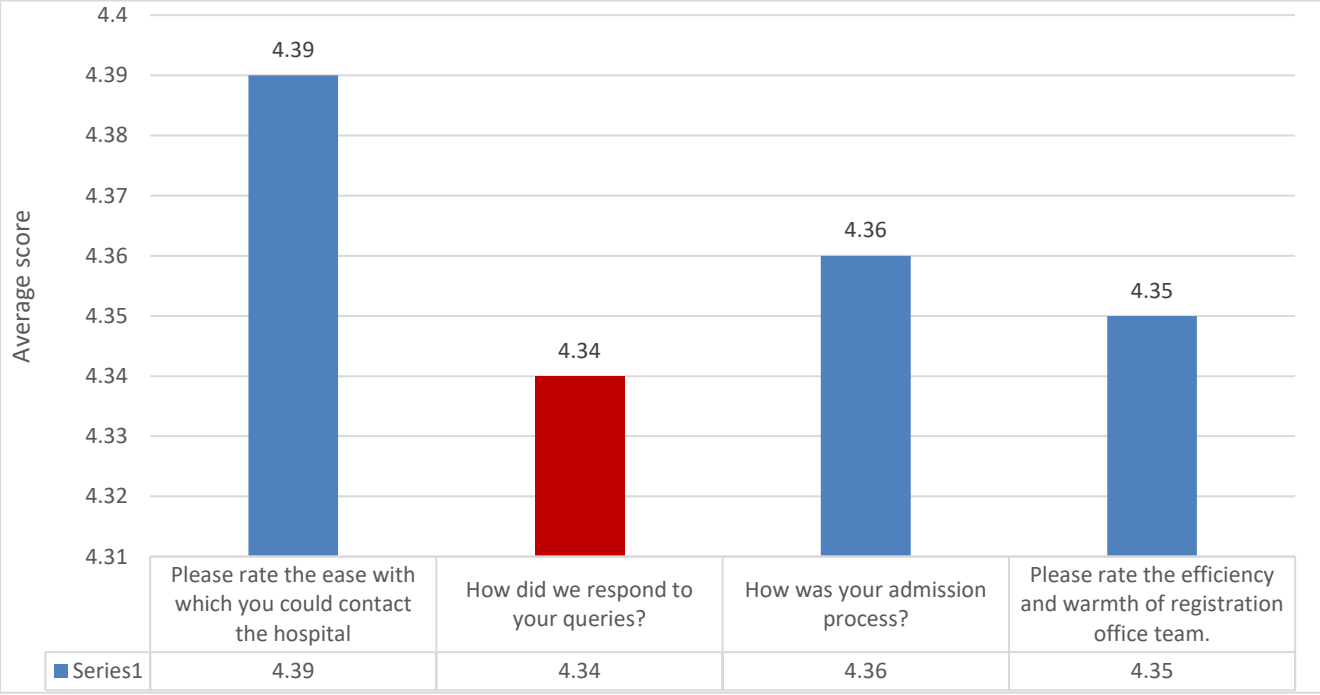
Graph 1: -Overall Experience of IPD in General



Satisfaction of patients with the behavior of D.H. staff is of a high level with average ratings of 4.4. Whereas other facilities got the least rating of 4.05.

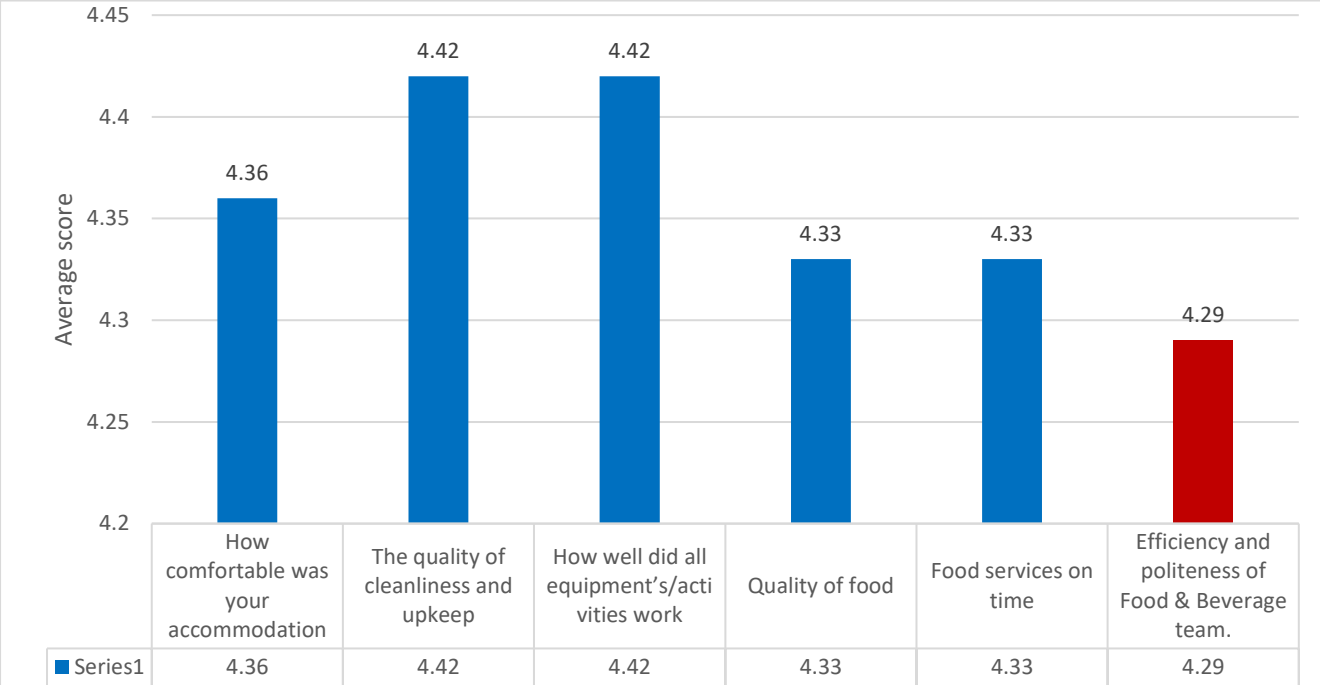
In Specific experience of each department in the IPD are as follows

Graph 2: -Registration Office



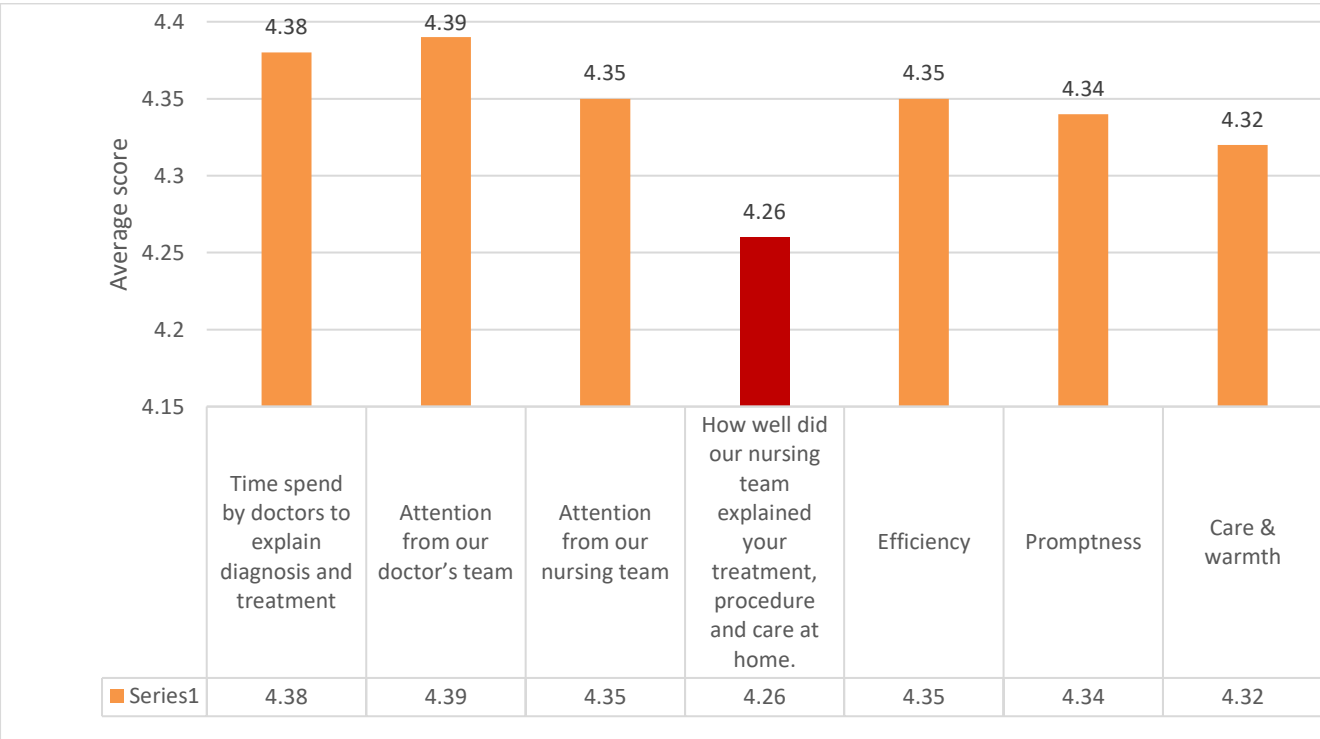
The patient's seemed to be very satisfied with the easiness in contact the hospital and response to queries with a rating of 4.39 and 4.34 respectively.

Graph 3: -Accommodation



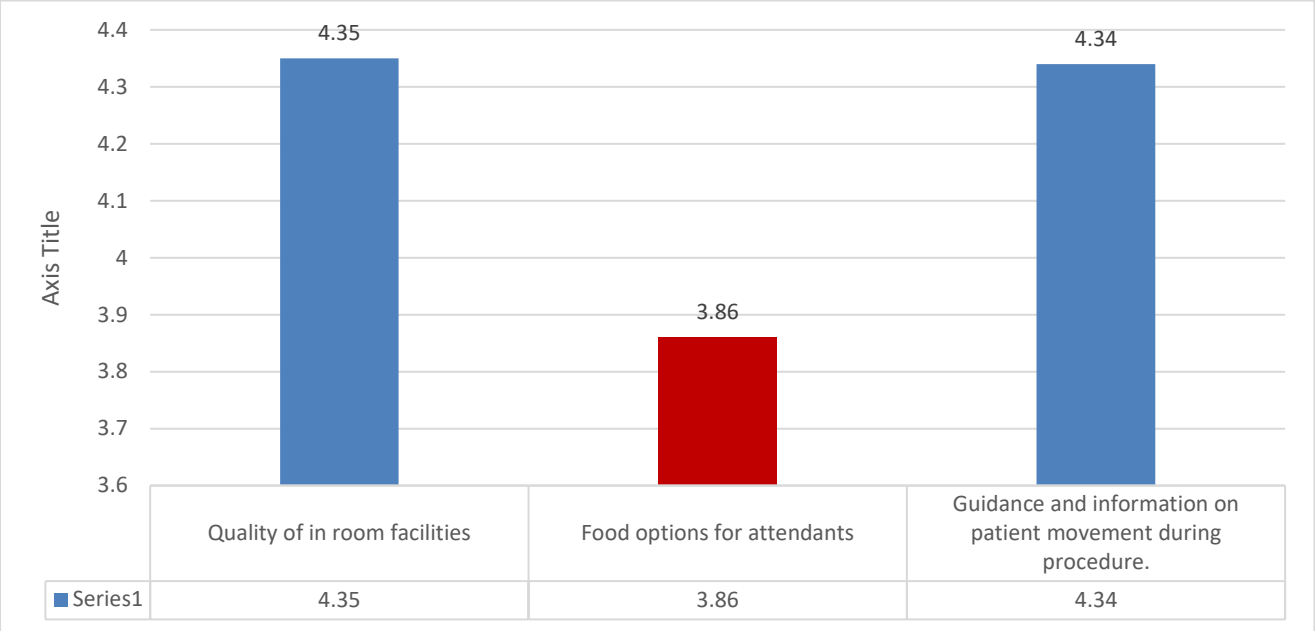
Patients have given a very good score of 4.42 for the cleanliness and equipment/activities work but seemed to be a bit unhappy with efficiency of F&B team.

Graph 4: -Medical & Nursing Process



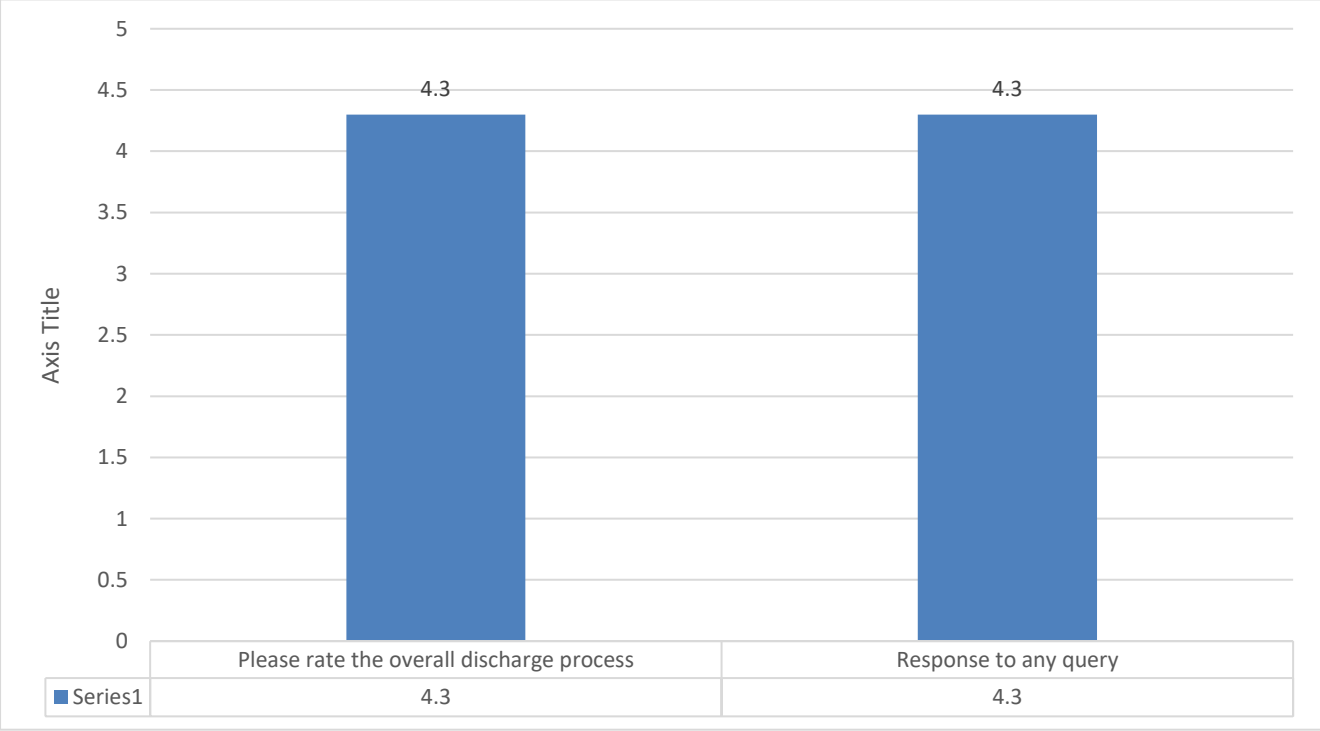
Based on number highest level of satisfaction i.e. 4.39 was given to attention from Doctors team. Major issue faced in explained treatment & care procedure by nursing team (4.26).

Graph 5: -Facilities for Attendants



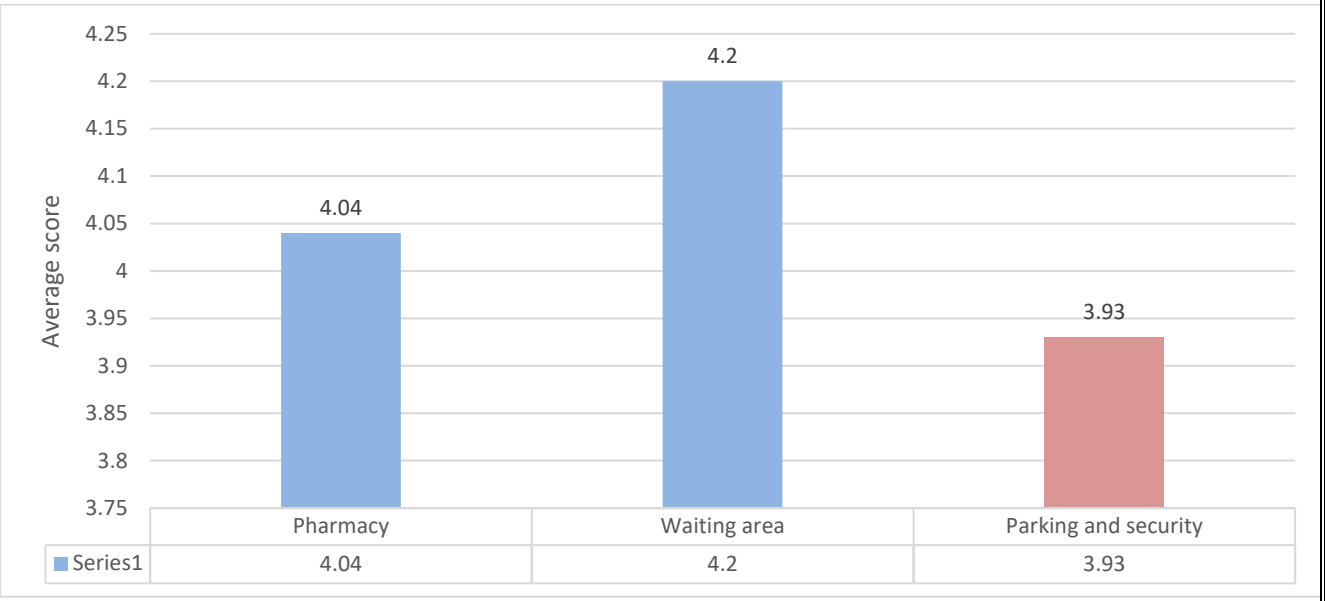
Patient were extremely happy with the quality in room facilities and less happy with the food option for attendants.

Graph 6: -Discharge Process



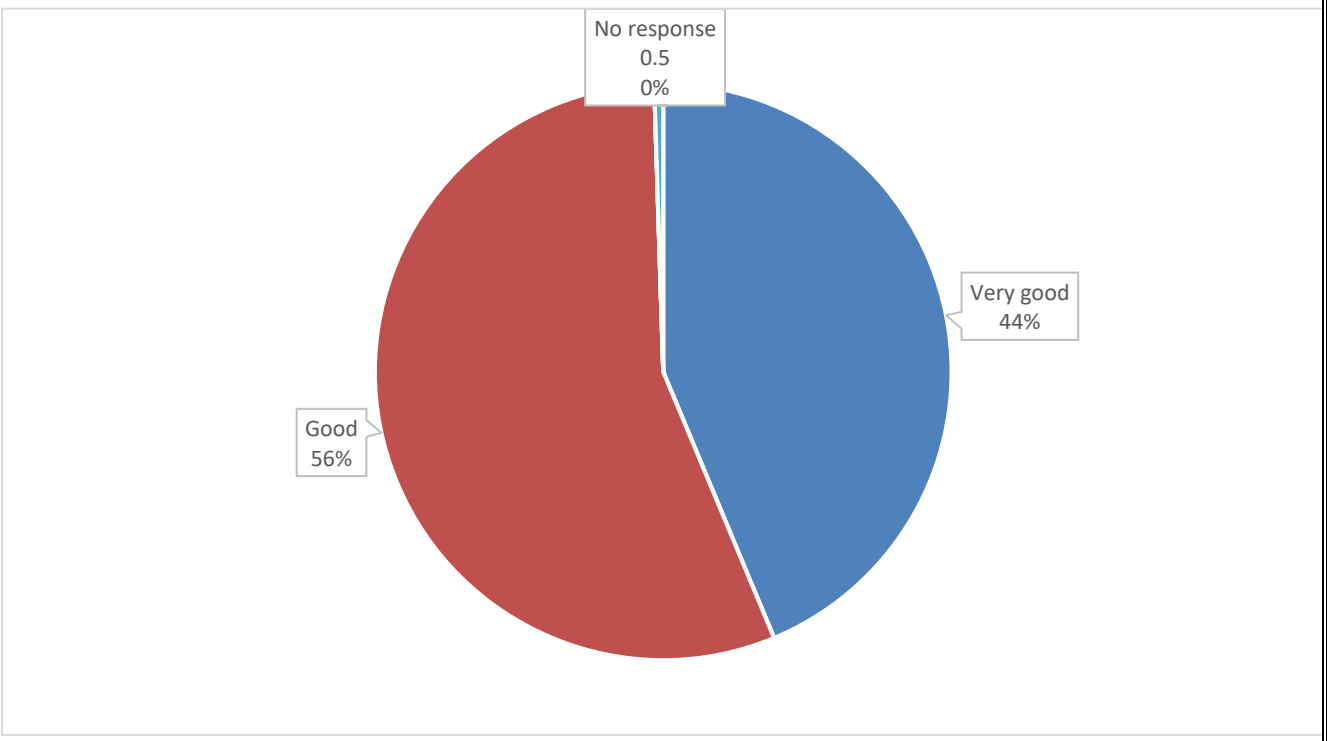
The discharge process has received a constant complain as people complained it to be slow.

Graph 7: -Other facilities



The waiting area comfort were found to be above par with a rating of 4.2 but people faced issues regarding parking and security.

Graph 8: -Behavior of the D.H. staff



44% people were highly satisfied& 56% were satisfied with the behavior of the D.H. team. This represents that people are happy with the services provided.

RECOMMENDATIONS: -

(i) The ATM facility in the building for the patient's conveniencesshould be provided.

(ii) Parking area should be in shade.

(iii) Staff can be trained to be more courteous.

(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 call. 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.

CONCLUSION: -

From the project report it can be concluded that the **DISTRICT HOSPITAL JAMKHAMBHALIY**A 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 Hospital Administration department works in 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 .

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ANNEXURE

Questionnaire (IPD)

	Very Good	Good	Average	Poor	No Response
[A.] Registration Office					
1. Please rate the ease with which you could contact the hospital.	☐	☐	☐	☐	☐
2. How did we respond to your queries.	☐	☐	☐	☐	☐
3. How was your admission process.	☐	☐	☐	☐	☐
4. Please rate the efficiency and warmth of team.	☐	☐	☐	☐	☐
[B.] Accommodation					
1. How comfortable was your accommodation.	☐	☐	☐	☐	☐
2. The quality of cleanliness and upkeep.	☐	☐	☐	☐	☐
3. How well did all equipment's/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 doctor's 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. Response to any query.	☐	☐	☐	☐	☐

[F.] Other Facilities

Please rate the quality of:

1. Chemist/ other shops.	☐	☐	☐	☐	☐
2. Waiting area.	☐	☐	☐	☐	☐
3. Parking and security.	☐	☐	☐	☐	☐

[G.] Behavior of the D.H. staff ☐

Overall level of service.

[H.] How did you select this D.H. facility

Reputation	☐	Free services	☐
Repeat patient	☐	Quality services	☐
Location	☐	Friends family	☐
Others	☐		

Would you recommend us to others? Yes, ☐ No ☐ Not sure ☐

[I.] Other comments

[J.] Personal Detail

Name -

Admitting Doctor -

Room/Ward no. - IPD no. -

Date: Admission - Discharge -

Contact no. -

Email -

Sign. –

પ્રશ્નાવલી (આઇપીડી)

[અ]. હેલ્પ ડેસ્ક/ફ્રંટ ઓફિસખૂબ જ સારી **સારું**સરેરાશનબડુ કોઈ પ્રતિસાદ નથી

૧.કેટલી સરળતાથી તમે હોસ્પિટલનો સંપર્ક કરી શકયા?

૨. અમે તમારા સવાલના જવાબ કેવી રીતે આપ્યા?

૩.તમારી દાખલ થવાની પ્રક્રિયા કેટલી સરળ હતી?

[બ]. નિવાસ

૧. દાખલ દિવસો દરમ્યાન કેટલી સરળતા હતી?

૨. હોસ્પિટલમાં સ્વચ્છતાની જાળવણી કેવી હતી?

૩. બધા સાધનો કેટલા સારી રીતે કામ કરે છે
(કોઈપણ ચોક્કસ સમસ્યા ઉલ્લેખ કરો)

૪. ખોરાકની ગુણવત્તા

૫. ખોરાક સમય પર મળેલું કે નહી.

૬. ખોરાક આપવાવાળી ટીમની કાર્યક્ષમતા અને સિષ્ટાચાર

[સિ]. દર્દીના સગાવહાલાઓ માટેની સુવિધાઓ

૧. રૂમ સુવિધાની ગુણવત્તા

૨. સગાવહાલાઓ માટે ખોરાકના વિકલ્પો

૩. એક વોર્ડમાંથી બીજી જગ્યા(વોર્ડ,ઓપરેશન થીયેટર વિગેરે) પર જતા પહેલા અમને જાણકારી આપવામાં આવે છે.

[ડ]. તબીબી અને નર્સીંગ પ્રક્રિયા

૧. નિદાનને સમજાવવા માટે ડોકટરો દ્વારા આપવામાં આવેલ સમય

૨. અમારા ડૉકટરોની ટીમ તરફથી તમારૂ રાખવામાં આવેલું ધ્યાન

૩. અમારી નર્સિંગ ટીમ તરફથી તમારૂ રાખવામાં આવેલું ધ્યાન

૪. કૃપા કરીને સેવાની ગુણવત્તાને રેટ કરો:

- કાર્યક્ષમતા ☐ ☐ ☐ ☐ ☐
- ત્વરિતતા ☐ ☐ ☐ ☐ ☐
- સંભાળ ☐ ☐ ☐ ☐ ☐

[ઇ]. ડિસ્ચાર્જ પ્રક્રિયા

૧. ડિસ્ચાર્જ પ્રોસેસની પ્રક્રિયા કઇ રીતે છે. ☐ ☐ ☐ ☐ ☐

૨. બિલિંગ ડેસ્કની કાર્યક્ષમતા ☐ ☐ ☐ ☐ ☐

૩. કોઈપણ પ્રશ્ન અંગેનો જવાબ? ☐ ☐ ☐ ☐ ☐

[ફ]. અન્ય સુવિધાઓ

કૃપા કરીને ગુણવત્તાને રેટ કરો :

૧. દવાબારી ☐ ☐ ☐ ☐ ☐

૨. રાહ વિસ્તાર ☐ ☐ ☐ ☐ ☐

૩. પાર્કિંગ અને સુરક્ષા ☐ ☐ ☐ ☐ ☐

[જ]. સ્ટાફનું વર્તન

સર્વિસનાં તમામ સ્તર

[હ]. તમે આ સુવિધાની પસંદગી કેવી રીતે કરી?

પ્રતિષ્ઠા	☐	દર્દીઓને અપાતી મફત સેવાઓ	☐
વારંવાર દર્દી	☐	ગુણવતાસભર સેવાઓ	☐
સ્થાન	☐	મિત્રો / કુટુંબ	☐
અન્ય	☐		

શું તમે અમને અન્ય લોકો માટે ભલામણ કરશો?હા ☐ ના ☐ ચોક્કસ નથી ☐

[આઇ]. અન્ય ટિપ્પણીઓ

[જે]. વ્યક્તિગત વિગત

નામ -
પ્રવેશ ડૉક્ટર -
રૂમ / વોર્ડ નં. -
પ્રવેશની તારીખ -
સંપર્ક નં. -
ઇમેઇલ -

હસ્તાક્ષર. -

આઇ.પી.ડી. નં. -
ડિસ્ચાર્જ -