A Study of Competitive Landscape of Maternity Centre's in Jaipur

Dissertation
at
Cocoon Hospital, Jaipur

By
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Under the Guidance of
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2015

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 Ms. Samta Purohit student of MBA Pharmaceutical Management from IIHMR University, Jaipur has undergone internship training at Cocoon Hospital, Jaipur from 1 Feb 2015 to 15, April 2015.

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 dissertation is in fulfilment of the course requirements.

I wish her all success in all her future endeavours.

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cocoon
the birthing style statement

TO WHOM IT MAY CONCERN

This is to certify that **Ms. Samta Purohit**, who is pursuing MBA (Pharmaceutical) from IIHMR, Jaipur has completed her dissertation from **Cocoon (A Unit of Lineage Healthcare Ltd.)**, Jaipur from **1st February, 2015 to 15th April, 2015**. During this period she has studied and experienced various aspects of **Marketing** and has prepared a project report on **Competitive Landscapes of Maternity Centers** in Jaipur under the guidance of **Ms. Nikita Morbia-Executive (Marketing).**

Ms. Samta has been committed and hardworking as a Trainee. She exhibited good interpersonal skills.

We wish her all the best for her future endeavours.

For **Cocoon, Jaipur**
Authorized Signatory

Unit Head- Human Resources

Sr. Manager-Medical

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled" **A study of Competitive Landscape of Maternity Centre's In Jaipur"** and submitted by **Samta Purohit** enrollment No IIHMR-U/02/2013-2015/0009 under the supervision of **Dr. Seema Mehta** for award of MBA Pharmaceutical Management of the university carried out during the period from 2013 to 2015 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.

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I thank my father **Mr**. **D. N. Purohit** & my mother **Mrs**. **Chandra Shobha Purohit** for being a pillar of strength in my journey, my friends **Ms. Shalini Attkan, Mr . Rhit Srivastava** and colleagues for supporting me throughout my project work.

Thanking You
Samta Purohit
MBA PM 05

Abstract

In accessing obstetric care, women can be influenced by health system factors, such as a respectful provider attitude, competency, and availability of drugs and medical equipment . Cultural inappropriateness of care, disrespectful and inhumane services, and lack of emotional support, can deter them from accessing obstetric care. On the other hand, positive client perception of doctor and nurse skills can increase utilisation of delivery services . Support in the form of comfort, reassurance and praise during childbirth is particularly beneficial Indeed, the mother's assessment of quality is central because emotional, cultural and respectful supports are needed during labour and the delivery process . Women and their family often decide the location for childbirth based on their opinions, evaluations and experience with the maternity services.

The report on "A study of competitive landscape of maternity centres in Jaipur" encompasses the need to determine the consumer perceptions regarding maternity centres in Jaipur. The report also states the findings of patients from Out Patient Department and In Patient Department regarding the functioning of maternity hospitals. The total sample size of 109 respondents was used to gather the findings. The findings states that the major factors for the selection of maternity hospitals are: doctor's panel, emergency services, location , feedback, ambience. Ratings towards different hospitals are gathered thereby helping in identification of gap areas for Cocoon Hospital .The study provided valuable insights from customers point of view which can be helpful for the organization and individually in some other projects.

Key words : Out patient department, Inpatient Department, Consumer Perception, Emergency facilities .

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Aim: A study of Competitive Landscape of Maternity Centre's in Jaipur

Introduction:

Objective:

1. To analyse the major concerns and challenges in Out Patient and In patient Department of a maternity hospital.
2. To find out consumer perception regarding maternity centres in Jaipur

Hospital Profile:

Healthcare Division of RJ Corp

RJ Corp an Indian Multinational which has developed expertise in its core management team to bring international brands to Sub Continent consumers and develop local brands. In the last 18 years, RJ Corp has built a powerhouse multinational of businesses ranging from Beverages, Fast Food Restaurants, Ice Creams, Dairy Products, Education, and Breweries. With emphasis of acquiring and retaining the best talent, RJ Corp has created a high performance culture with focus on leadership, innovation, entrepreneurship and integrity.(1)

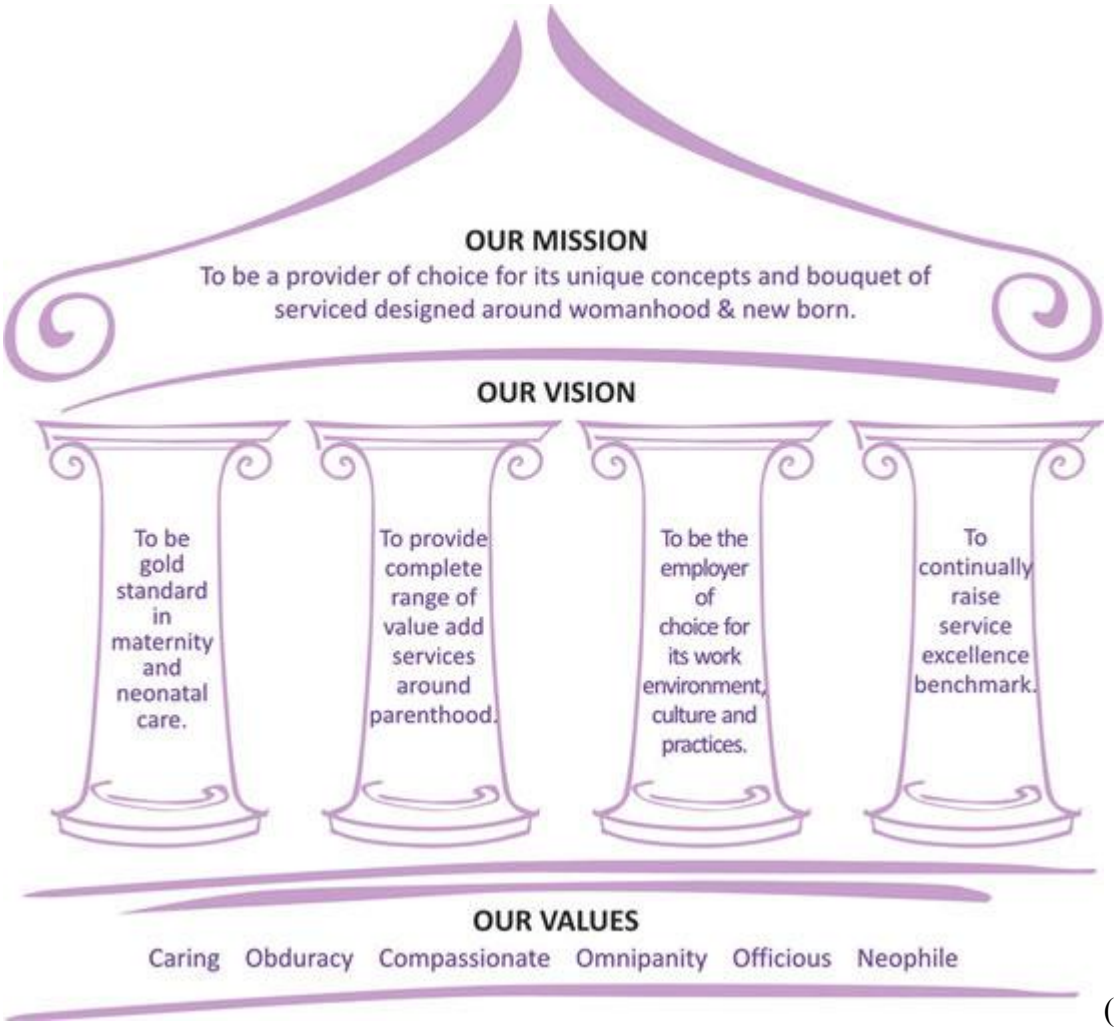
In 2012 Cocoon (A unit of Lineage Healthcare Limited) came up with a concept of Luxurious birthing center and gave the new borns a "Safe Heaven" to deliver with a style statement. Cocoon the concept where a mother spends nine months in the most joyous manner without apprehensions & fear, celebrates the delivery and makes it one that is smooth, stress free, joyous and enchanting.Right from preconception to antenatal & postnatal

stages and then onto the care of your little one.It will offer a one-stop for all prenatal, childbirth and infant care needs.

Cocoon is equipped with Aristocratic Care, Royal Comforts and luxurious amenities of Spa, Yoga, Special Maternity, Newborn apparels & accessories and state of the art **cafe**. A Team of highly qualified personnel helps the family make informed choices for their care during regnancy, labor, birth, postpartum & newborn care, and strives to provide them with the experience they desire for.

Cocoon provides the world-class medical facilities like modular **Operation Theatres, LDR suites, Level 3 Neonatal Intensive Care Units, Fully Motorized Imported Medical Beds and Examination Couch, 4D Ultrasound Technology**. Right from the day when the doctor gives the "Good News", till the baby is one year old.... we offer complete solution with a touch of class. We make you feel special, with special "pick & drop" facility, care at your doorstep, food, music and apparels of your choice at the time of stay!!! We make you feel cared and pampered, by taking care of your smallest needs.

Right from a trusted gynecologist to the exercise regimen, expert nutritionist, the regular checkups and most importantly, ensuring the comfort and health of the expectant mother. Yet there is an underlining worry of what, where and how someone is there to take care for your nine months and make them the most memorable times ever! Where the whole family celebrates the delivery of a baby where the room allotted to you does not have a number.., but a beautiful name....where the color of the walls and interior decor is bright and lively. ..Where you get the comfort and **hospitality of a 5 star hotel**. Complemented by the most advanced medical care, where doctors make the mother feel at home in most trusted hands... *At Cocoon we make God's special creation arrive in style... and deservingly so*


OUR MISSION
To be a provider of choice for its unique concepts and bouquet of serviced designed around womanhood & new born.
OUR VISION
To be gold standard in maternity and neonatal care.
To provide complete range of value add services around parenthood.
To be the employer of choice for its work environment, culture and practices.
To continually raise service excellence benchmark.
OUR VALUES
Caring Obduracy Compassionate Omnipanity Officious Neophile

(1)

Ten Philosophies of Cocoon

- Childbirth is seen as wellness, not illness. Care is directed to maintain labor, birth, postpartum and newborn care as a normal life event involving dynamic emotional, social and physical changes.
- Prenatal care is personalized according to the individual's psychosocial, educational, physical, spiritual and cultural needs of each woman and her family.
- A comprehensive program of prenatal education prepares families for active participation throughout the evolving process of preconception, pregnancy, childbirth and parenting.
- The hospital team helps the family make informed choices for their care during pregnancy, labor, and birth, postpartum and newborn care and strives to provide them with the experience they desire.
- The father and/or other supportive persons of the mother's choice are actively involved in the educational process, labor and birth, postpartum and newborn care.
- Whenever the mother wishes, family and friends are encouraged to be present during the entire hospital stay including labor and birth.
- Each woman's labor and birth care are provided in the same location unless a cesarean birth is necessary. When possible, postpartum and newborn care is also given in the same location and by the same caregivers.
- Mothers are encouraged to keep their babies in their rooms at all times. Nursing care focuses on teaching and role modeling while providing safe, quality care for the mother and baby together.
- When mother-baby care is implemented, the same person cares for the mother and baby couplet as a single-family unit, integrating the whole family into the care.
- Parents have access to their high-risk newborns at all times and are included in the care of their infants to the extent possible given the newborn's condition.

Services at Cocoon

1. Obstetrics: Birthing in Style

Birthing is the most profound initiation to spirituality a woman can have

2. Laparoscopic Gynecology Surgeries

3. At Cocoon the motto behind every Gynae. Surgery is "Less Pain and Faster Recovery" i.e. performing complex Surgeries in Simpler Ways…

4. Neonatology :- So That God's Most Precious Gift Arrives in Safe Hands

5. **Cord Cell Preservation:-** Cord blood banking involves collecting blood left in newborn's umbilical cord and placenta and storing it for future medical use.

6. **Cosmetology & Cosmetic Surgeries:** Redefining women with a Perfect Body & Flawless Look

7. **Value Added Services:**

i. 2D Foot impression
ii. Cocoon Shoppe
iii. Cafe Gazebo
iv. Photo album
v. Celebration
vi. Therapeutic Spa

Literature Review

The term "perception" can be defined as the ability to derive meaning. Derived from the word "perceive", it refers to the ability of giving meaning to whatever is sensed by one's sense organs. It is the process through which an individual interprets ones' sensory impressions to give meaning to them. Schiffman defines it as "the process by which an individual selects, organizes, and interprets stimuli into a meaningful and coherent picture of the world." (2)

There is a difference between perception and sensation. Sensation is the ability of our five sense organs to sense a stimulus. It is an auto reflex mechanism (direct and immediate) of four sense organs, i.e. eyes, ears, nose, tongue, and skin towards a stimulus in the environment. This stimulus could be anything, a person, object, situation or thing. In terms of marketing, it could be a product, a brand name, an advertisement or even a store. Thus sensation is the reaction or response of a sense organ or a sensory receptor towards a stimuli. Perception is much broader in scope. It is complex process by which a person organizes facts around the stimuli and gives meaning to it. The perceptual process depicts a complex and dynamic interplay of three processes, viz., selection, organization and interpretation. The person selects the stimuli and organizes and interprets the input received from the sense organs, so as to give a meaning to the stimuli. Thus, for example, as a person is caught by a new packaging of a familiar brand, he picks up other stimuli on the package through his senses, as well as organizes other facts from internal (memory) and external sources (dealer, packaging) etc, so as to conclude that the package is new but the brand is old and familiar. This is perception. While the sense organs report a change in the form of flashy colours on the packaging, the human mind works cognitively and organizes other information around it to give a meaning and arrive at a conclusion. This is referred to as perception. Thus while sensation is physiological, perception is broader and includes not only the physiological

component but also the sociological and psychological component. While perception starts with sensation, it ends up when meaning is given to the stimuli, through cognitive processes. While sensation picks up bits and pieces as stimuli, the cognitive processes involved in perception can add to/delete/modify the diverse sensations and information. Also, while each one of us would be similar in sensing a stimulus, the way we interpret it would be different. In other words, sensation is similar but perception is not. This is because as far as our sense organs are concerned, we are similar, but when it comes top the human mind and the cognitive processes, we are all different. As one have varying cognitive capacities and capabilities; with diverse backgrounds and psychological processes (needs, motivation, learning, attitudes, values, etc) and sociological factors (culture, sub-culture, social class, etc) different. So sensation is an objective process but perception is highly subjective.

Perception can be better explained by understanding the nature and characteristics of perception:

NATURE OF PERCEPTION:

1. Perception is a complex process. After a stimulus is detected by the sense organs, the perception process comes into play and involves the interplay of three processes, viz.,selection, organization and interpretation. It is a dynamic process.

2. It is also an intellectual process; it involves a lot of cognitive effort. Once sensation takes place, the perception process involves the selection, organization and interpretation of data.

3. Perception is broad in nature; it includes a physiological component (through sensation), as well as sociological and psychological components.

4. Perception is a subjective process as two people may perceive the same stimuli differently. While two persons may be exposed to the same stimuli, the manner in which they select them, organize and interpret them is different. This is because the two are impacted by their background, learning and experiences, motivation, personality, cultures, values and lifestyles, social class effects etc which may be different from each other.

The perceptual process starts when a person is exposed to a stimulus and the sensory receptors report the same to the human body. While the senses may be exposed to various stimuli, the human senses select only some of these at a point of time. This is because the sense organs have a limited capacity at a particular point of time. After the sense organs, report a few stimuli, the perceptual process takes over. Of the stimuli that have been detected, few are selected, organized and interpreted for meaning. This is known as perception. During this process of selection, organization and interpretation, the human being is assisted by the memory bank or the information that is stored in his long term memory. This is known as the schema. The scheme acts as a filtering mechanism and helps select some of the stimuli, and then interpret and organize them. The selection, organization and interpretation by the human mind is done on the basis of i) characteristics of the perceiver, and ii) characteristics of the situation. The characteristics of the perceiver include learning and experiences, knowledge and beliefs, motivation, need and involvement, attitude, personality, social class, culture etc. All these constructs act as the bases of the schema, and put together affect the perceptual process. The characteristics of the situation include the time and location. People perceive things differently because of their characteristics and backgrounds, and because of the different perceptual mechanisms that take place.

Although difference may be present in such processes, universally speaking, the perceptual process comprises four components, viz., input, perceptual mechanism, output and behavior.

i. Input:

The input to the perceptual process refers to the various stimuli that surround an individual and exist in his environment. It could assume various forms, for example, it could be another person, object , thing, or situation. The perceptual process begins when the sensory receptors detect a stimulus in the environment, which acts as an input to the perceptual mechanism.

ii Perceptual mechanism:

The perceptual mechanism consists of three sub-processes, viz., selection, organization and interpretation. Once the sense organs detect a stimulus in the environment, a person selects, organizes and interprets it through perceptual selectivity, perceptual organization and perceptual interpretation. Put together, these are known as perceptual mechanisms.

Perceptual selection or perceptual selectivity refers to a tendency within a person to select one or a few out of the many stimuli present in the environment; this selectivity is based on one's demographic, socio-cultural and psychographic factors. A person would tend to select those stimuli that appear relevant and attractive to him.

Perceptual organization refers to the process of organizing the various stimuli with other cues around so that a whole picture can be created. In other words, the various stimuli are

organized and given a form. It is the process of organizing inputs into a definite, coherent and interpretable structure.

Perceptual interpretation refers to the process of drawing in inferences out of the organized whole (of stimuli), and giving meaning to it.

iii Output:

Once the input has been interpreted, it results in an output. This output towards the stimuli assumes various forms, for example, in the formation of emotions and moods, feelings and opinions, as well as attitudes and beliefs.

iv Behavior:

The resultant behavior is an outcome of the output. Based on his emotions and moods, feelings and opinions, as well as attitudes and beliefs, a person would enact out a behavior. This behavior is a function of and will be reflective of such emotions and moods, feelings and opinions, as well as attitudes and belief

Perception Towards Maternity Hospitals

Quality of care is an important but often neglected issue in safe motherhood programmes [4]. Quality of care can be considered from the provider or user's perspective, and is differentiated into observed and perceived quality [5,6]. Users, in reality, play a central role in defining and assessing quality of care because they choose whether or where to go for care based on their opinions, previous experiences with the health system and those of people they know . Perception of low quality has been reported as a major factor in non-utilisation or bypassing of health services.

In accessing obstetric care, women can be influenced by health system factors, such as a respectful provider attitude, competency, and availability of drugs and medical equipment .

Cultural inappropriateness of care, disrespectful and inhumane services, and lack of emotional support, can deter them from accessing obstetric care. On the other hand, positive client perception of doctor and nurse skills can increase utilisation of delivery services . Support in the form of comfort, reassurance and praise during childbirth is particularly beneficial

Indeed, the mother's assessment of quality is central because emotional, cultural and respectful supports are needed during labour and the delivery process . Women and their family often decide the location for childbirth based on their opinions, evaluations and experience with the maternity services. Perceptions of higher technical quality attract women to deliver at hospitals, unlike health centres which typically cannot provide emergency operation and lack competent midwives and doctors. Therefore, client-perceived quality is an important issue in delivery service utilisation.

Perceived quality of care can be assessed subjectively using a qualitative approach, such as suggestion boxes to obtain feedback, participant or non-participant observation, analysis of formal complaints or through satisfaction surveys . Such methods have been criticised due to reporting biases, inability to trap consumers' relative preferences for different attributes of quality, and they tend to be difficult to interpret, with little evidence of reliability or validity. In recent years, perceived quality is quantified objectively using standardised and validated instruments that collect information from the users, who rate the quality of service structure, the actual healthcare activities and outcomes. The information so obtained is directly interpretable and actionable to improve the quality.

Need of study:

Perception studies provides custom research for achieving excellence and knows that your organization's future depends on a number of strategic decisions. Making these decisions without quality research is a dangerous prospect. In the current climate of consumer orientation in health care services (3). Because the patient's voice acts as a guide in designing of healthcare services delivery processes to foster confidence and promote the usage of the healthcare facilities and services in a hospital setting. The purpose of this study is to provide a resource to help in developing maternity services delivery and finding the perceived quality of maternity services. Such assessment and comparison of perceived quality will identify strength and weakness of the maternity services, and can assist in quality improvement by making services more responsive and client-oriented.

Research Questions:

1. What is the work flow in OPD and IPD departments?
2. Which are the preferred maternity centres in Jaipur?
3. Which are the factors that influences the selection of maternity hospitals?
4. How different hospitals are rated on different services?
5. What are the gap areas in the main factors influencing selection for Cocoon?
6. What are the extra services people seek from hospitals?

Objectives:

1. To analyse the major concerns and challenges in Out Patient and In patient Department of a maternity hospital.
2. To find out consumer perception regarding maternity centres in Jaipur.
3. To determine the factors affecting the selection of maternity Hospitals.
4. To find out the competitive ranking of hospitals offering maternity services.
5. To find out the gap areas for strategy designing.

Study Plan:

Study Design: Descriptive study design was chosen

Study Population: Working and Non Working females were taken as study population

Study area: Jaipur was selected as the study area

Sample size: 109 responses were collected.

Sampling method: Purposeive sampling method was used for data collection

Study tool: Interviews with pre defined questionnaires

Sample Collection: Sample collected was done from hospitals with similar stature to Cocoon Hospital and Inpatient & Out-patient department for in house study

Data analysis plan:

Data collection technique: Primary research was done for data collection

Data collection method: Survey method was used for collection of data

Data Collection tool : Semi structured questionnaire was used for data collection

Data management and analysis : MS Excel was used for data analysis

Results & Findings

1) In- House Study Finding

1.1 Out Patient Department:

Guest Flow Diagram in Out Patient Department :This flow diagram shows the typical guest flow in maternity hospitals.

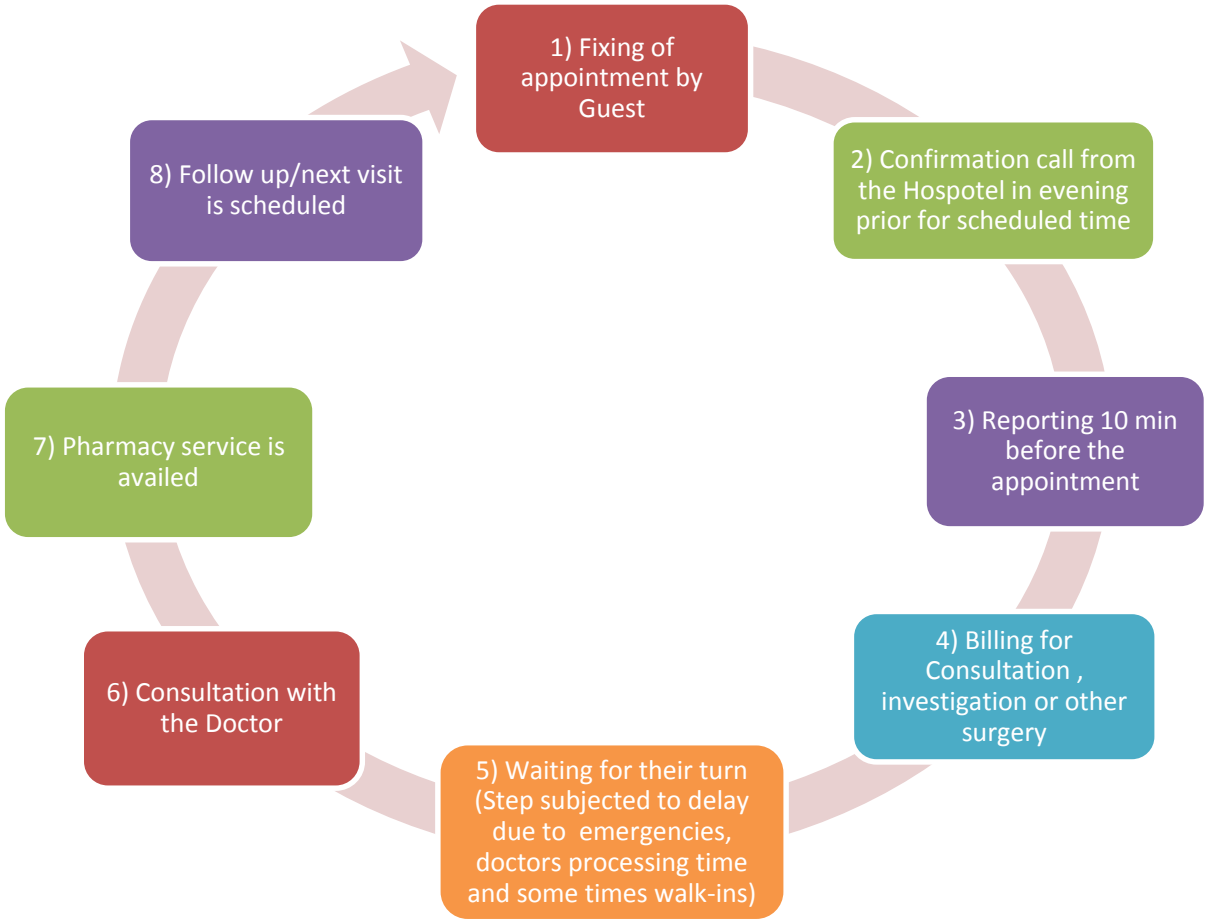


Figure 1.1.1 Guest flow diagram for Out Patient Department

Critical Pathway for Out Patient Department guest flow:

The critical pathway is to find out the activities concern in context to Out Patient Department

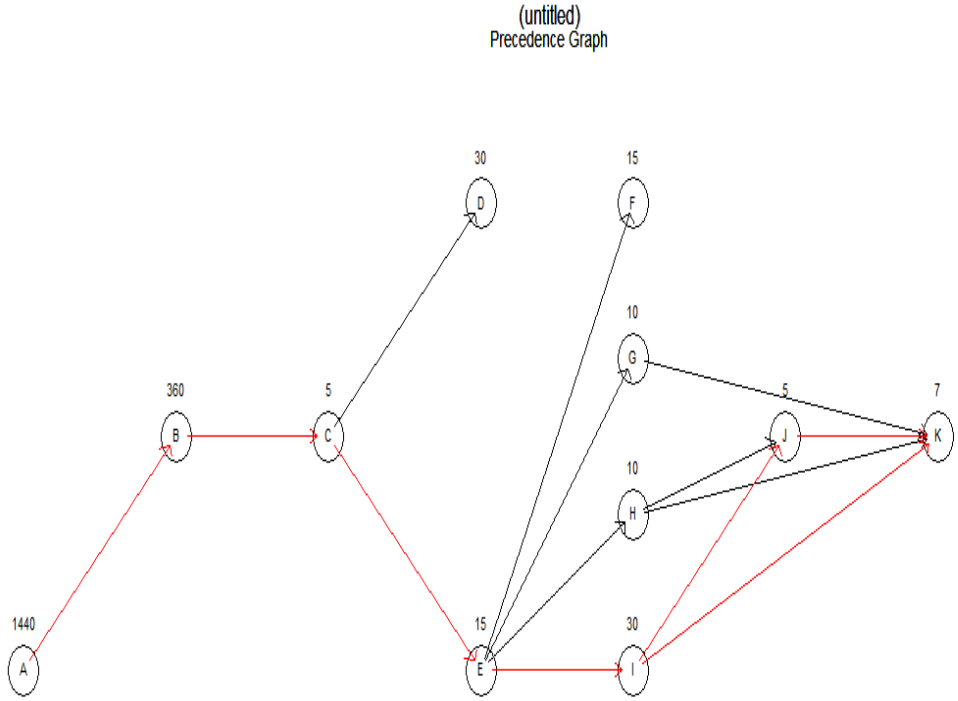


Figure: 1.1.2 The above figure shows the critical pathway for Out Patient Department Guest Flow

Major Activities	**Average Time Taken**
• A- Booking of an appointment	1 Day or 1440 min prior
• B- Confirmation call from Cocoon	6- 8 hrs or 360 min
• C- Reporting of guest from appointment	5 min prior
• E- Billing for consultation, investigation and USG	15 min
• I- Ultra sonogram	30 min – 45 min
• J- Reports are shown	5 min
• K- Pharmacy service billing	5 min

Minor Activities	Average Time Taken
• D- Waiting time	30 min
• G- Consultation of guest	10 min
• F- Briefing about Packages	15 min
• H- Investigation	10 min

Entry to Exit Time

Supposing that guest avail all services present, so time taken= D+E+G+H+I+J+K= 120 min or 2 hrs(With appointment)

Time Taken from booking of an appointment= 26 hrs

Findings

The following results were obtained by the observational studies in Out Patient Department and In patient Department with major calculations of total number of registrations, their differentiations, billing time, services availed and patient personnel ratios.

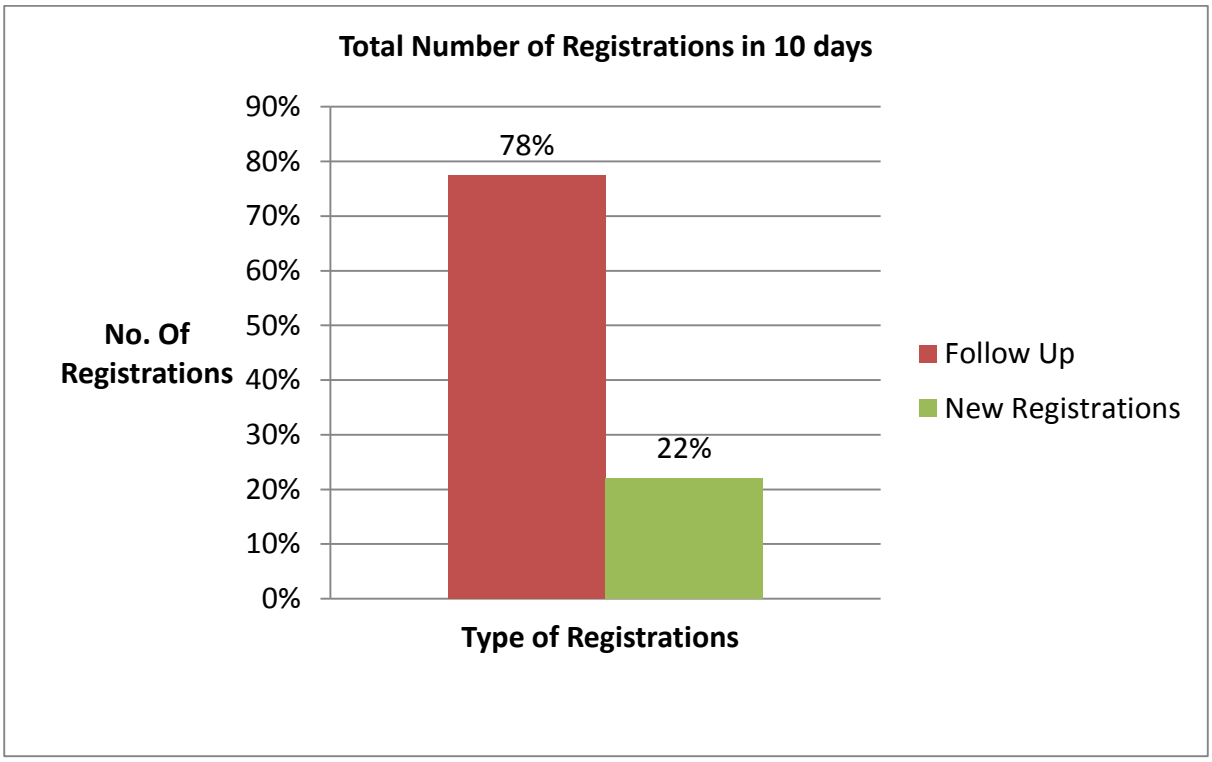


Figure 1.1.3 : Total observed registrations for 10 days period categorized into follow up and new with major contribution of follow up cases n=416

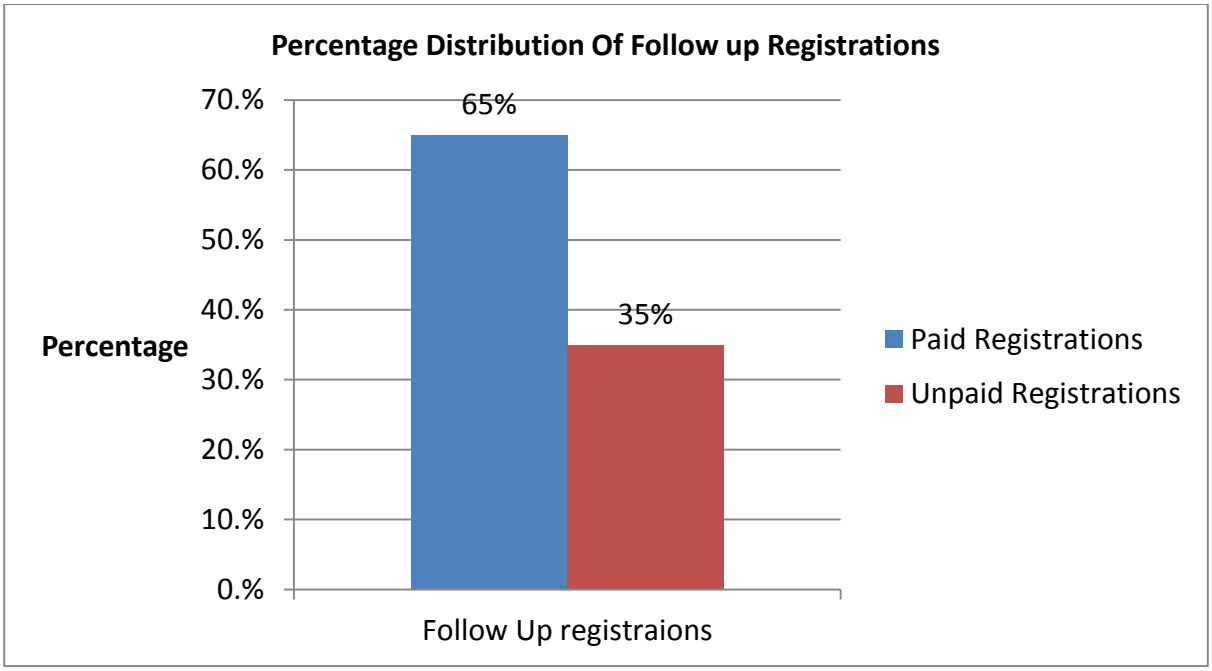


Figure 1.1.4 : Above Graph depicts the percentage among follow up guests who had paid and Unpaid registrations

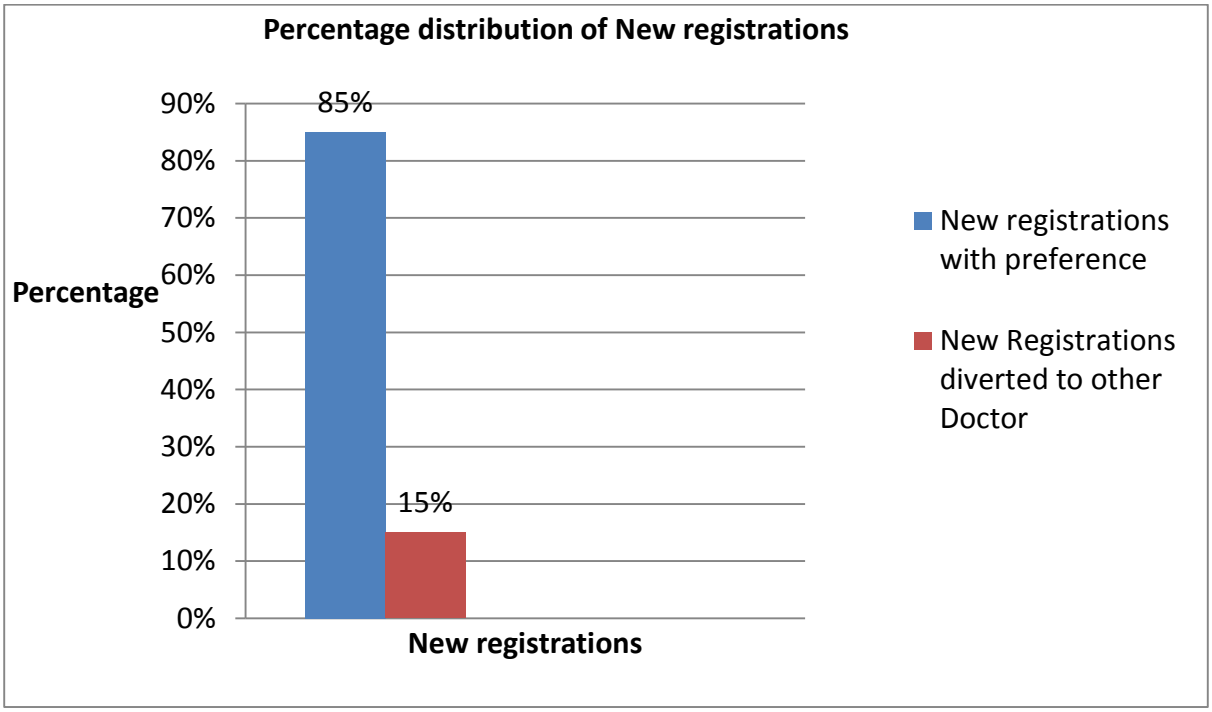


Figure 1.1.5: Among the total new registrations of 94 , 85% guests came with preference while only 15 % came without preference

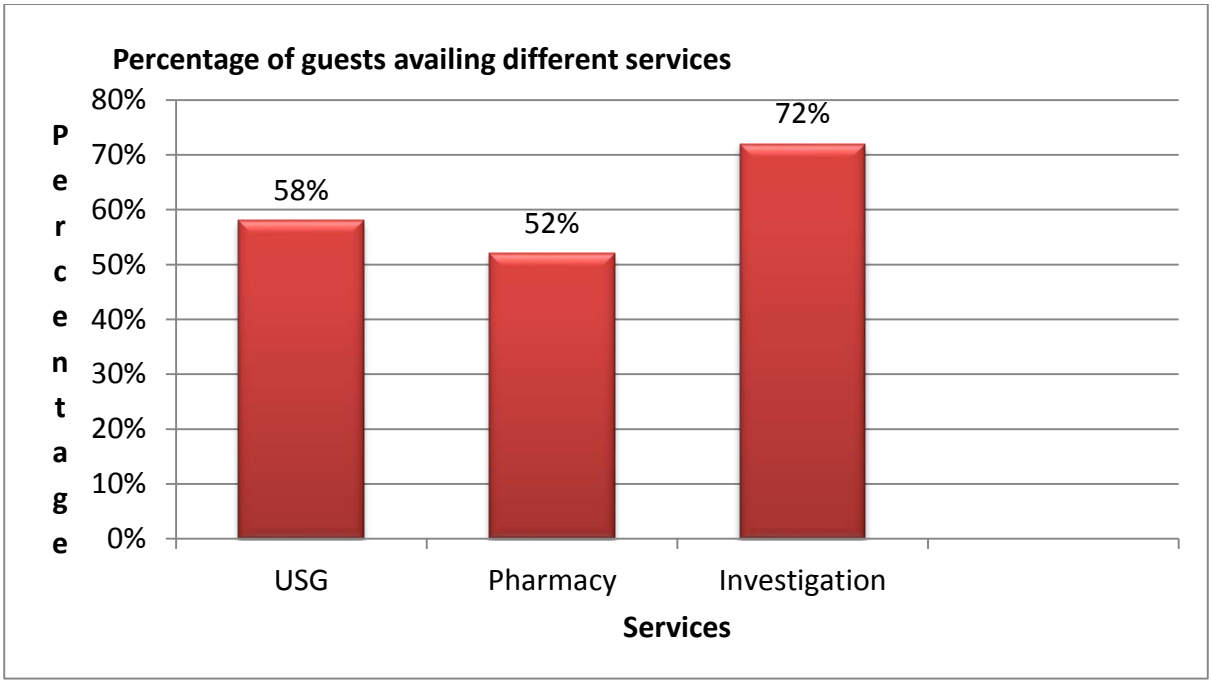


Figure 1.1.6: The Graph depicts that 72% of the total investigation prescribed , 58 % of the scheduled USG and 58 % pharmacy services are availed by the Guests

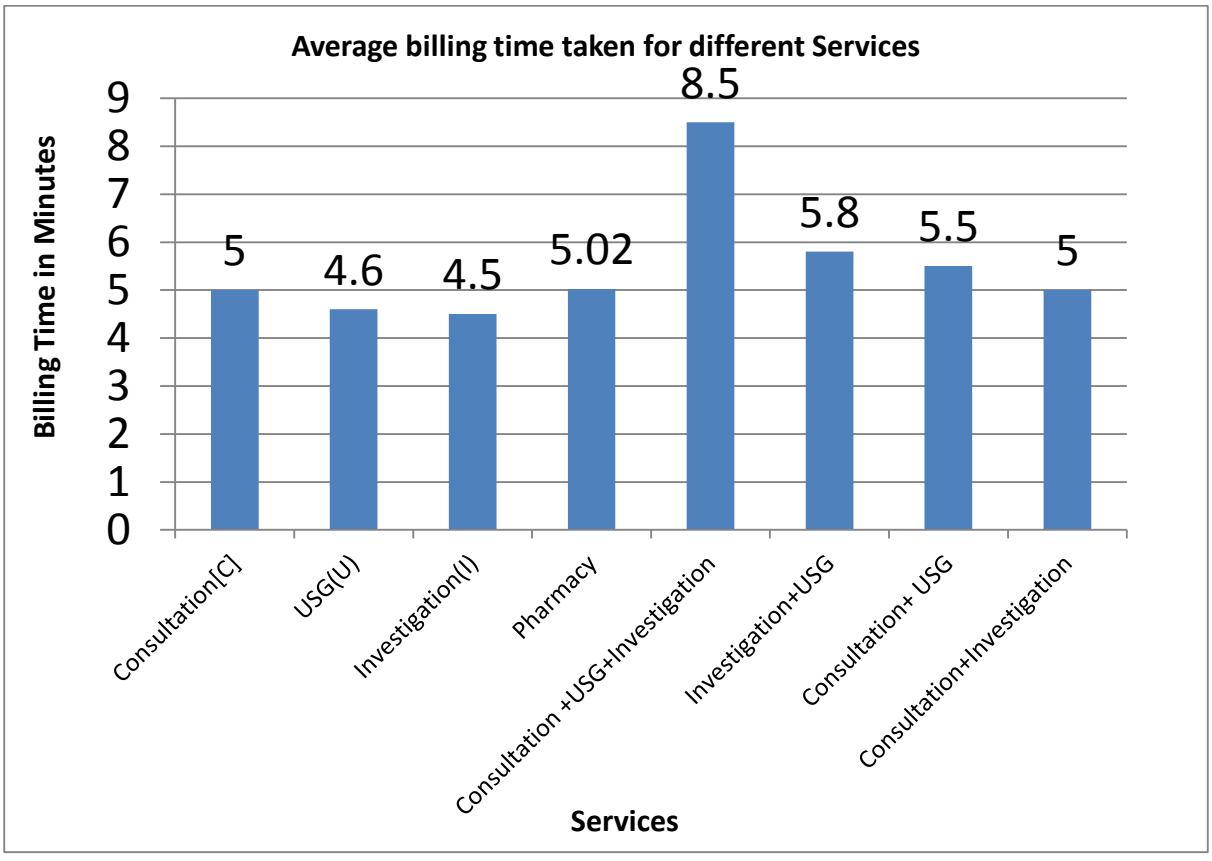


Figure 1.1.7: Above Graph shows the average billing time (minutes) for different services with highest time taken at time of multiple service billing.

In Patient Department (IPD) Study:

The following findings are the observations to In house study in In Patient Department to find out the average number of guest : nurse ratio, average personnel present so that any challenges in these key indicators can be timely corrected for patient benefit.

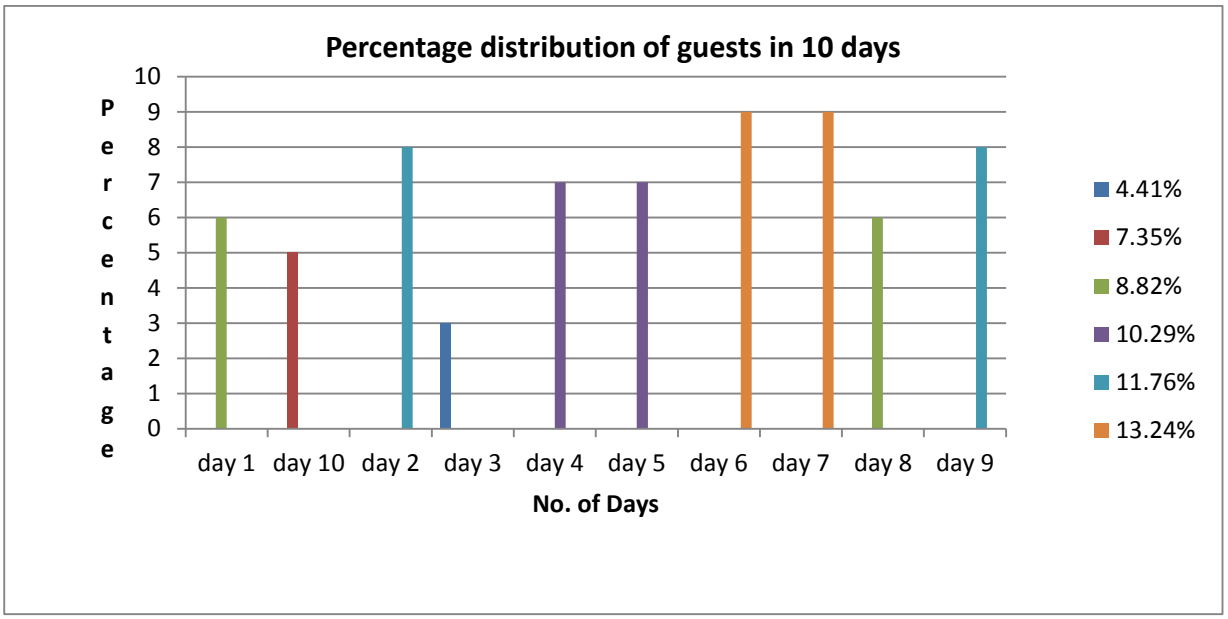


Figure 1.2.1: Above graph shows the percentage distribution of total no of guests in 10 days time period n=68

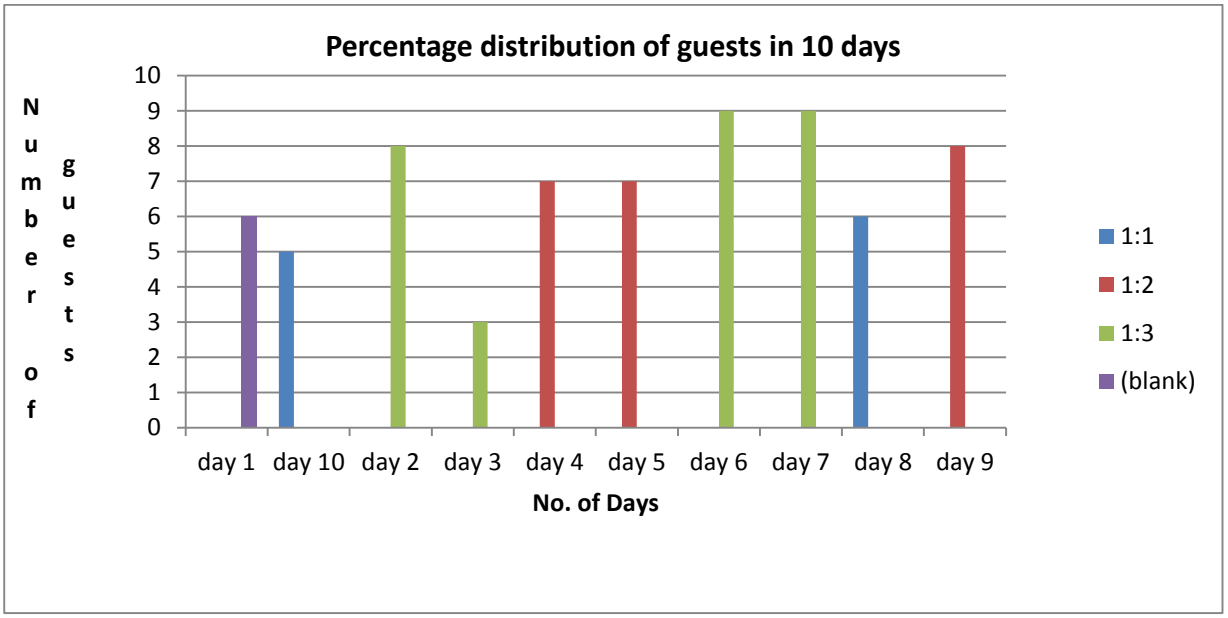


Figure 1.2.2 The above graph shows the Nurse : guest ratio during the observed days

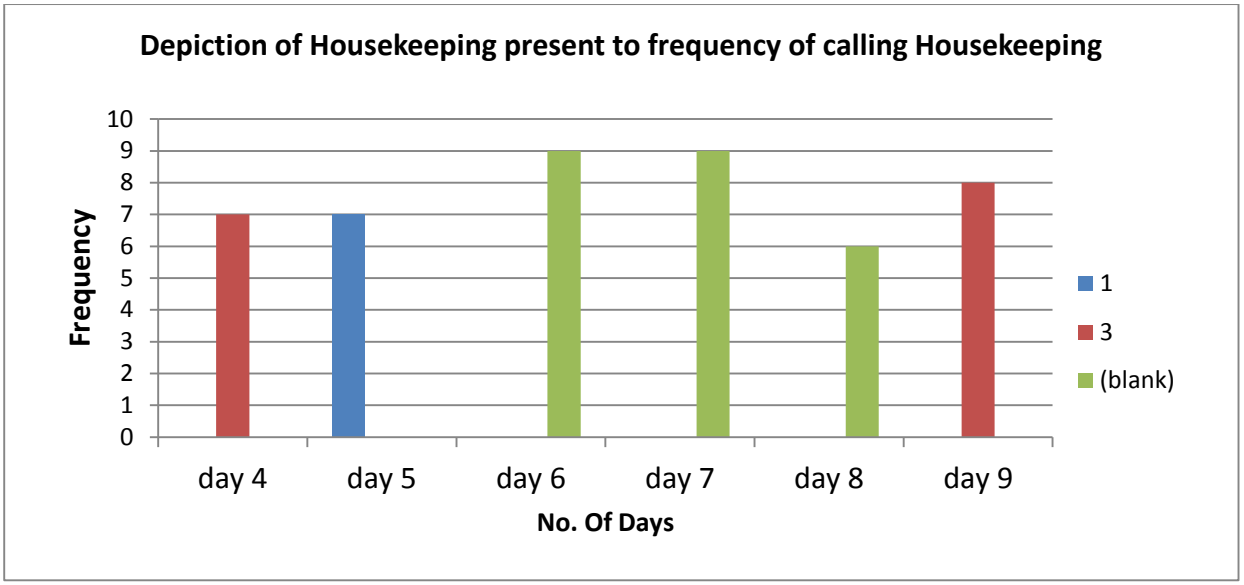


Figure 1.2.3 : The above graph shows the depiction of housekeeping present to frequency of calling housekeeping

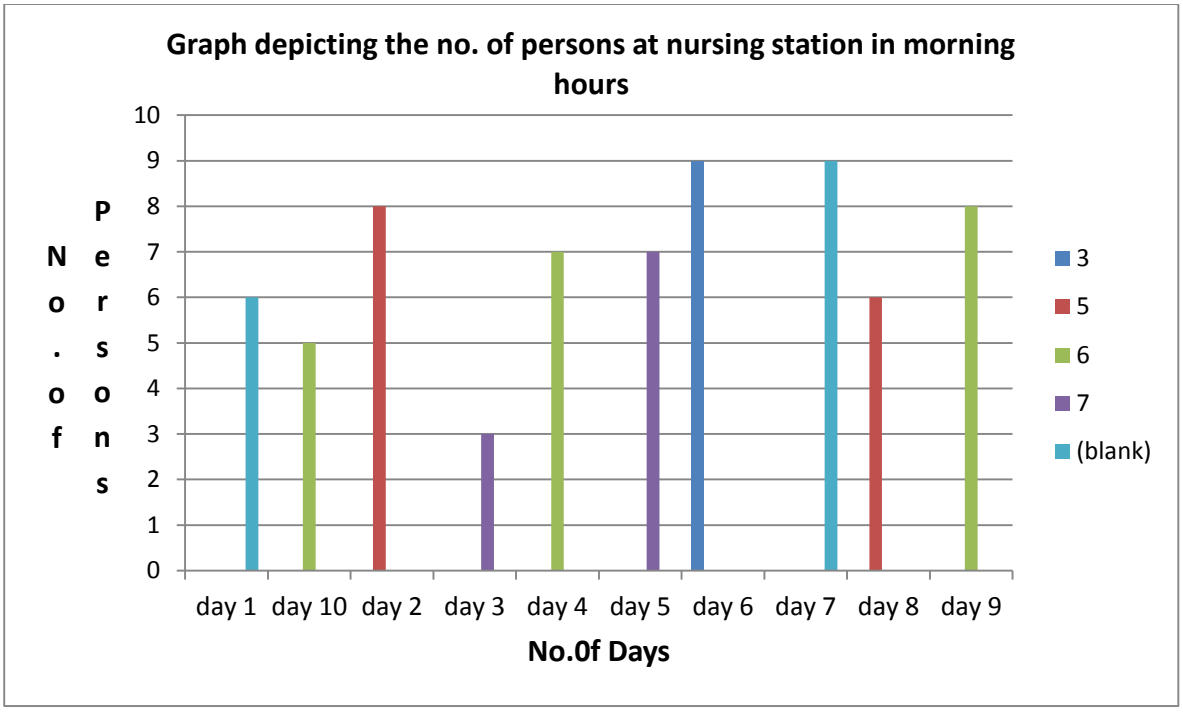


Figure 1.2.4 : The above graph shows the number of persons at nursing station in the morning hours. The high number of persons might result in unnoticed directives/instructions which are in patients context

Operation Theatre Floor Study

Guest Flow diagram: The flow diagram depicts the man and material flow in operation theatre floor

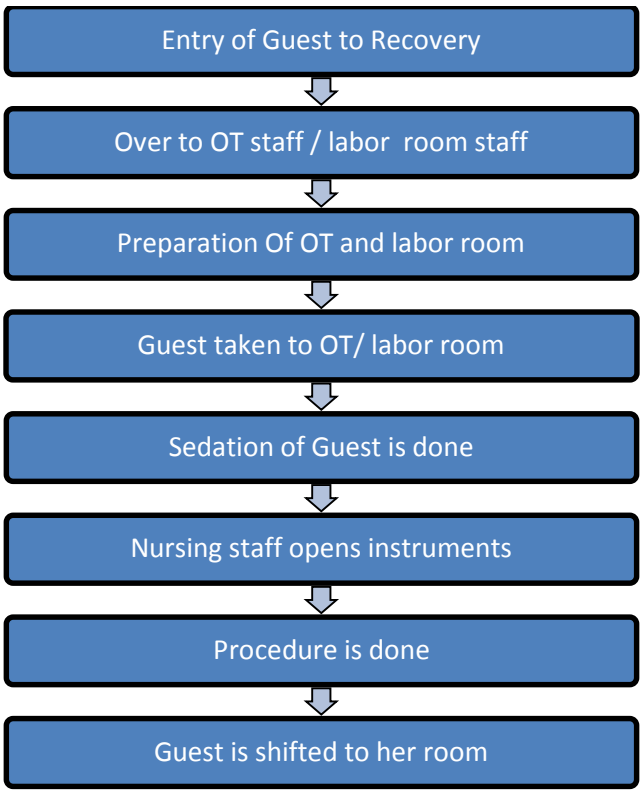


Figure 1.3.1: The above flowchart shows the guest flow diagram at OT and Labor room floor

2) Findings of Main Study: The following results are for the main study conducted with different respondents to find out consumers perception towards maternity centres.

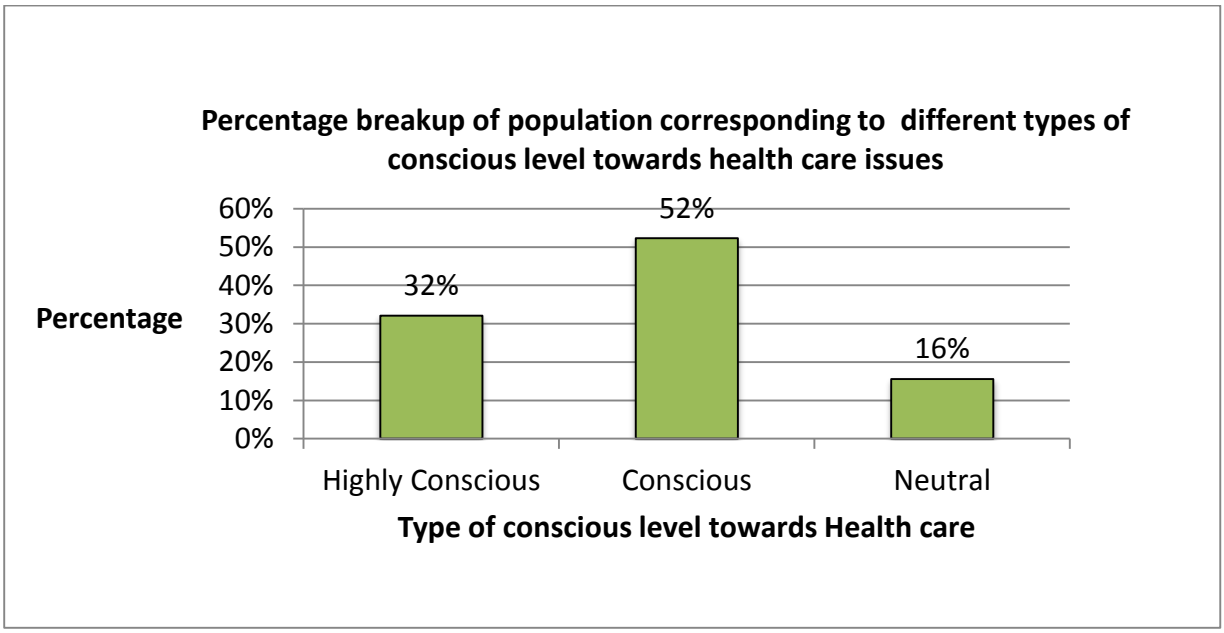


Figure 2.1: In n=109, 52% of the people are conscious towards there health, followed by 32% highly conscious and 16% are neutral

These categories were then analyzed in terms of prospective clientele so we excluded the respondents already consulting Cocoon Hospital.

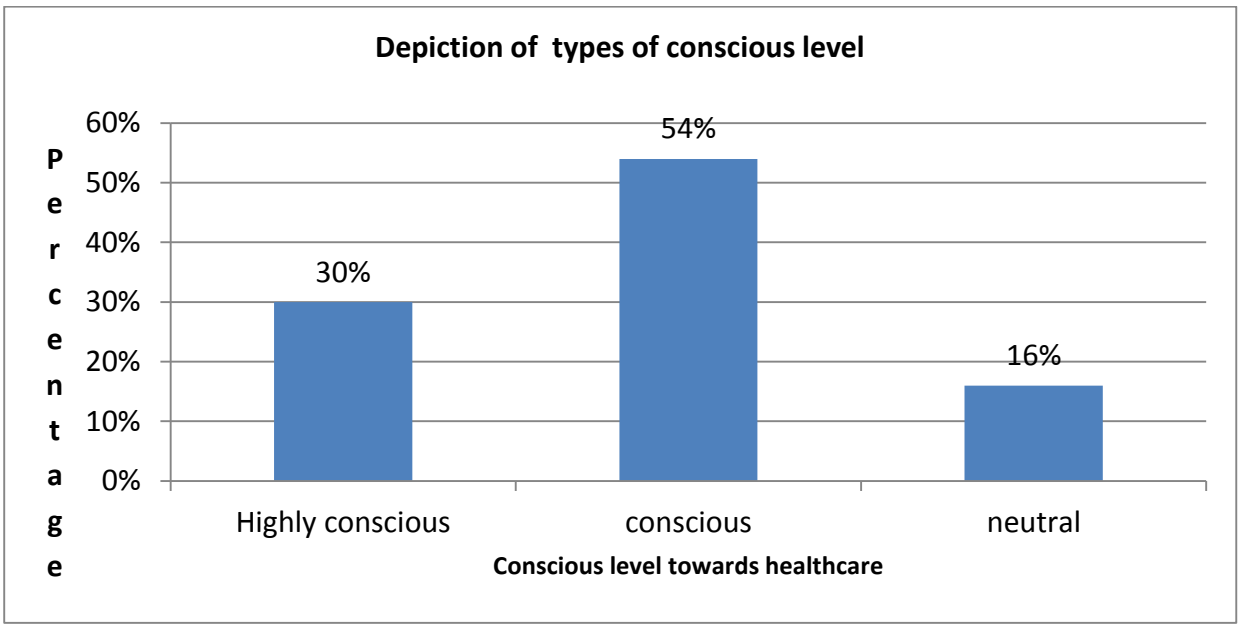


Figure 2.2:Graph shows the percentage of respondents corresponding to types of conscious level in view as our prospective clientele n=98

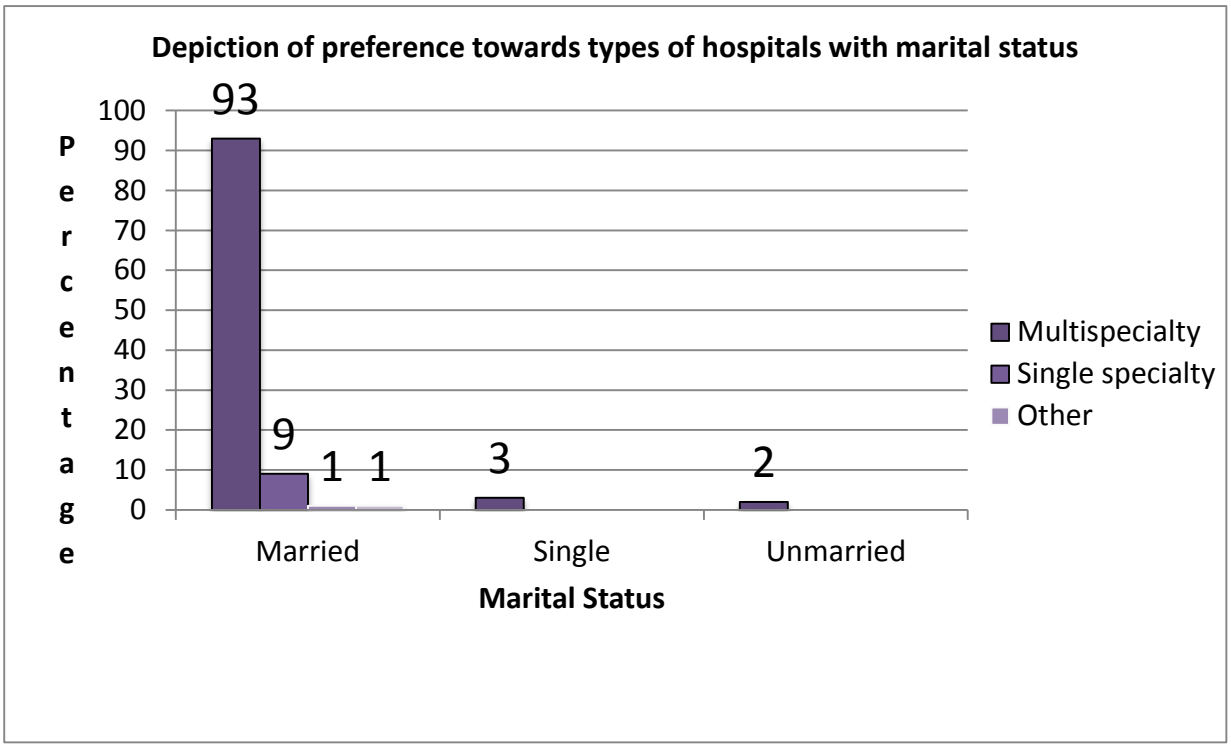


Figure 2.3: Above graph depicts the preference for types of hospitals w.r.t. their marital status n=109 with majority preferring multispecialty hospitals.

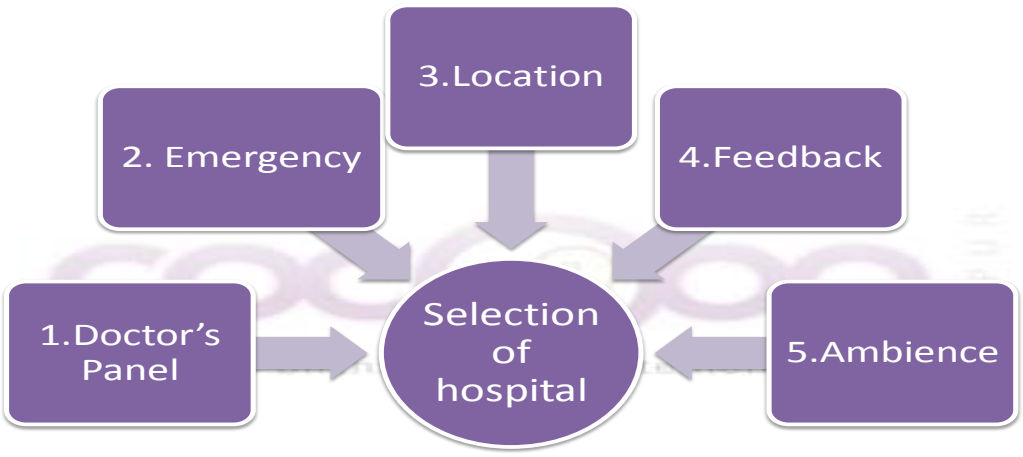
Major Factors for selection of Hospital

FACTORS	Location	Doctor's Panel	Feedback	Ambience	Emergency
Ranking	**3**	**1**	**4**	**5**	**2**
Mean	3.009345794	1.803738318	3.364485981	4	2.794392523
Standard Deviation	1.390638018	0.994695861	1.284101061	1.0728203	1.30845089

Note: All the calculations are at 95% confidence interval

Figure 2.4 : The major factors were founded through comparing the mean scores and less standard deviation of all these factors . Above ranks were obtained with first factor obtained as Doctor's Panel. n=107

Major Factors obtained were as follows:



Factors affecting the selection of Hospital

Figure2.5 Factors affecting the selection of hospital

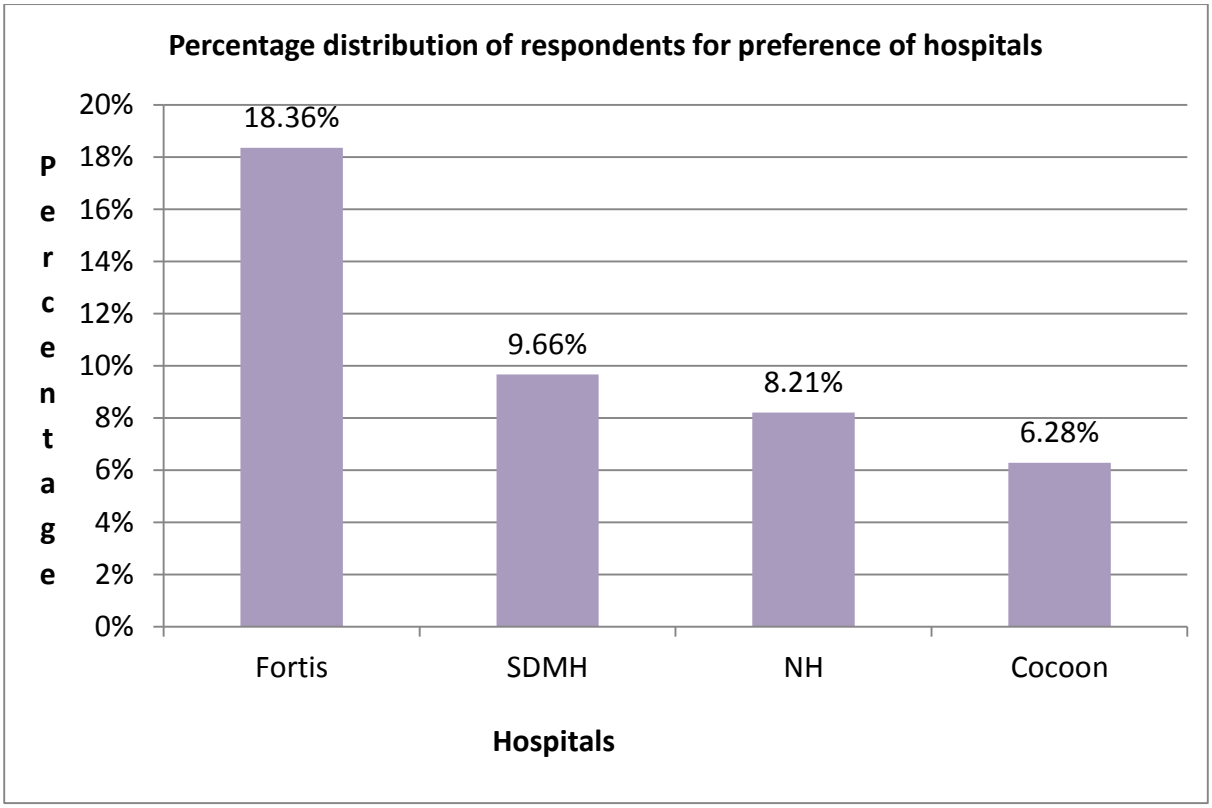


Figure 2.6: Above graph shows the major contributors in percentage distribution of respondents for preference of hospitals. n=209

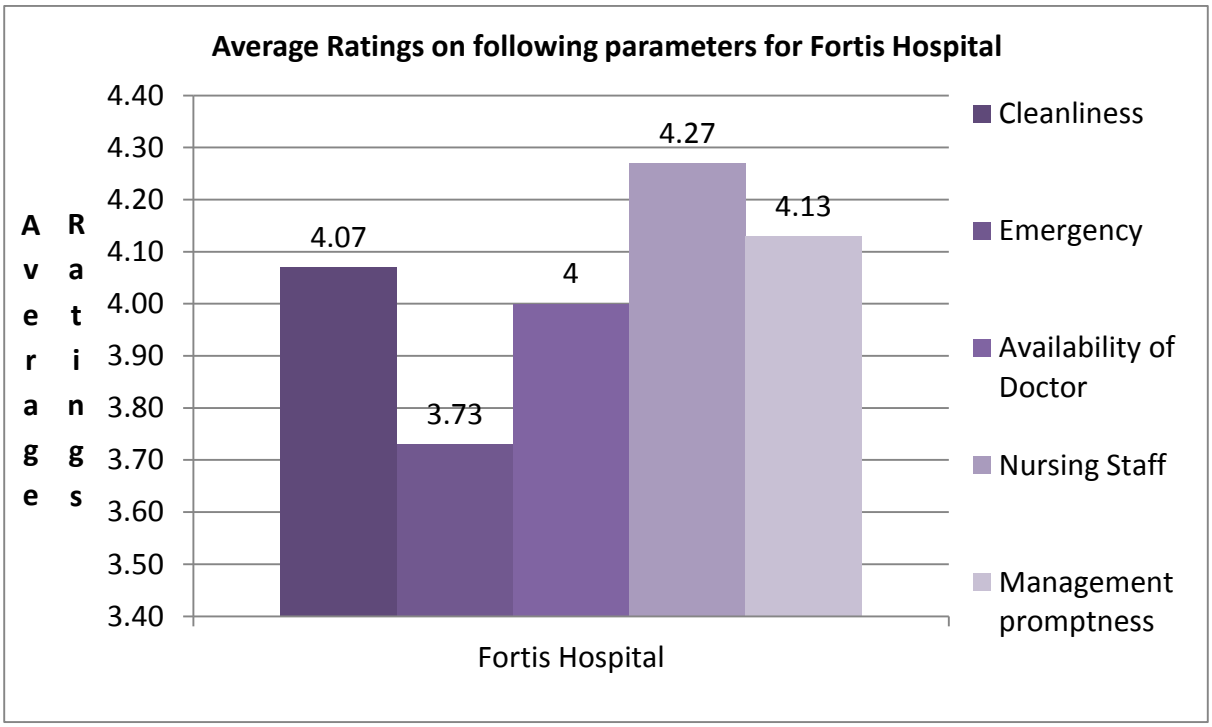


Figure 2.7: The graph shows the average ratings for Fortis Hospital on the listed parameters n=15

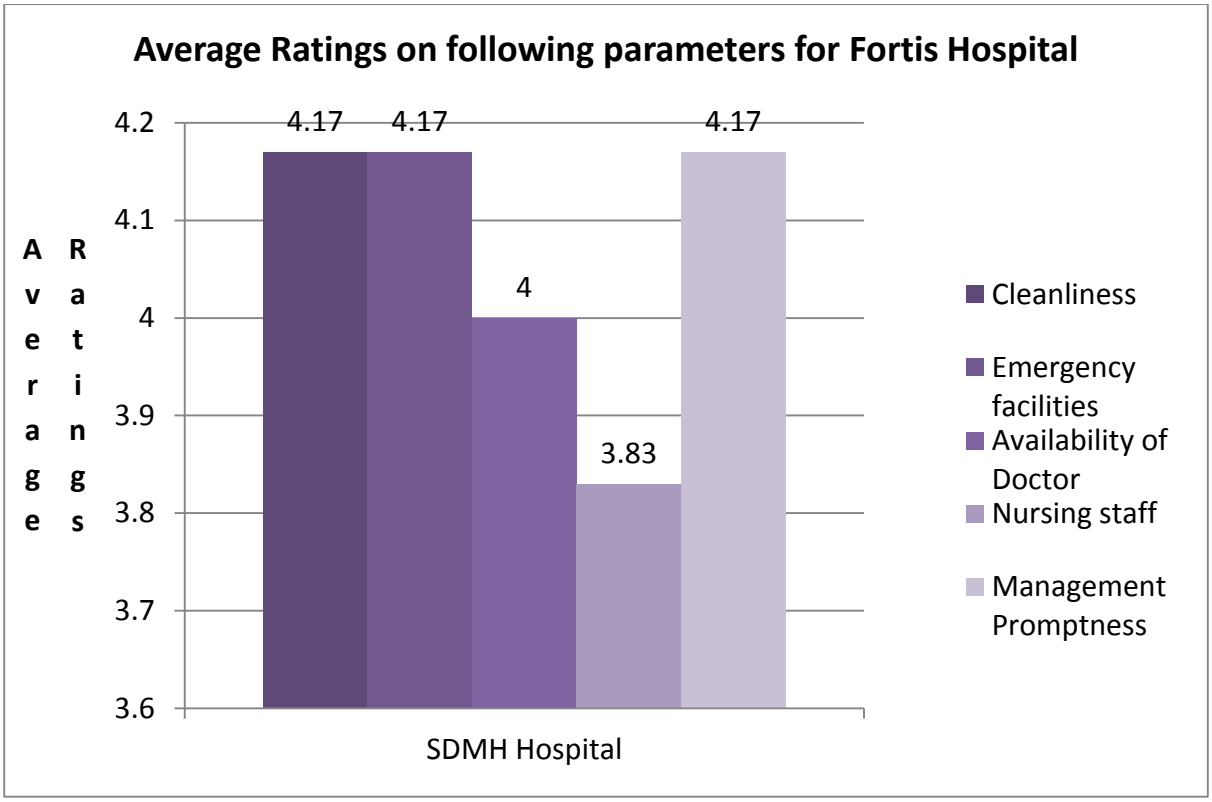


Figure 2.8: The graph shows the average ratings for SDMH Hospital on the listed parameters
n=13

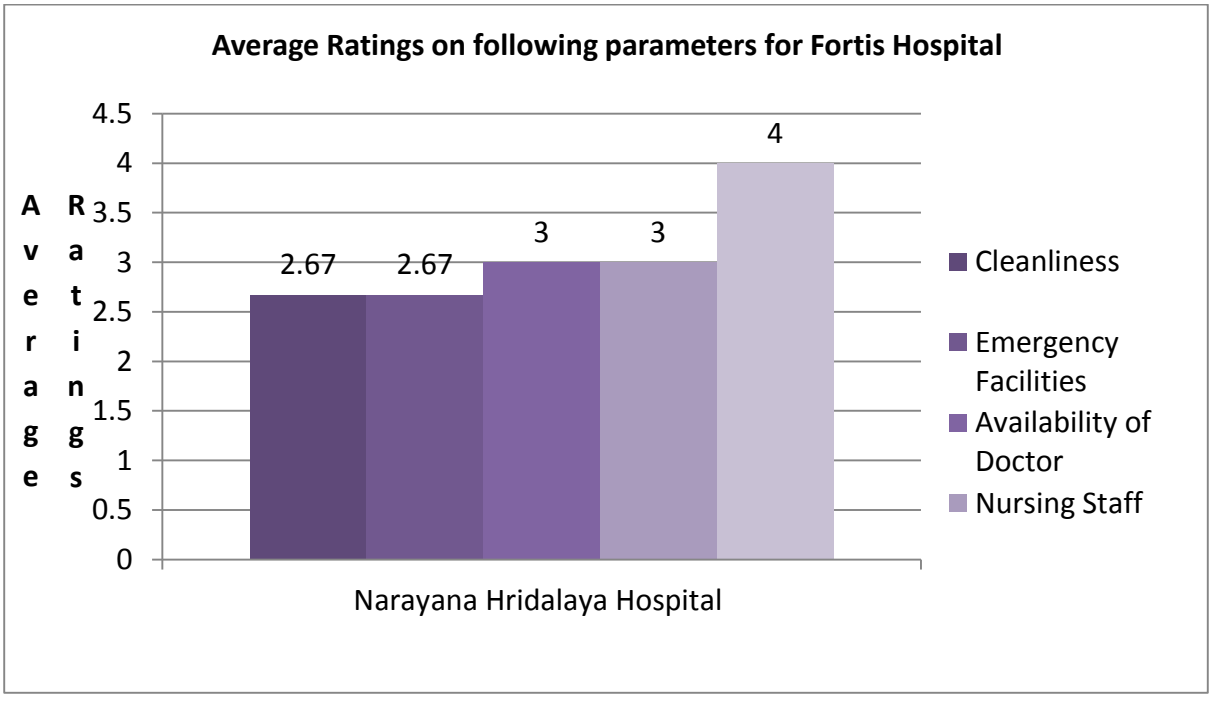


Figure 2.9: The graph shows the average ratings for Narayan Hridalaya Hospital on the listed parameter n=10

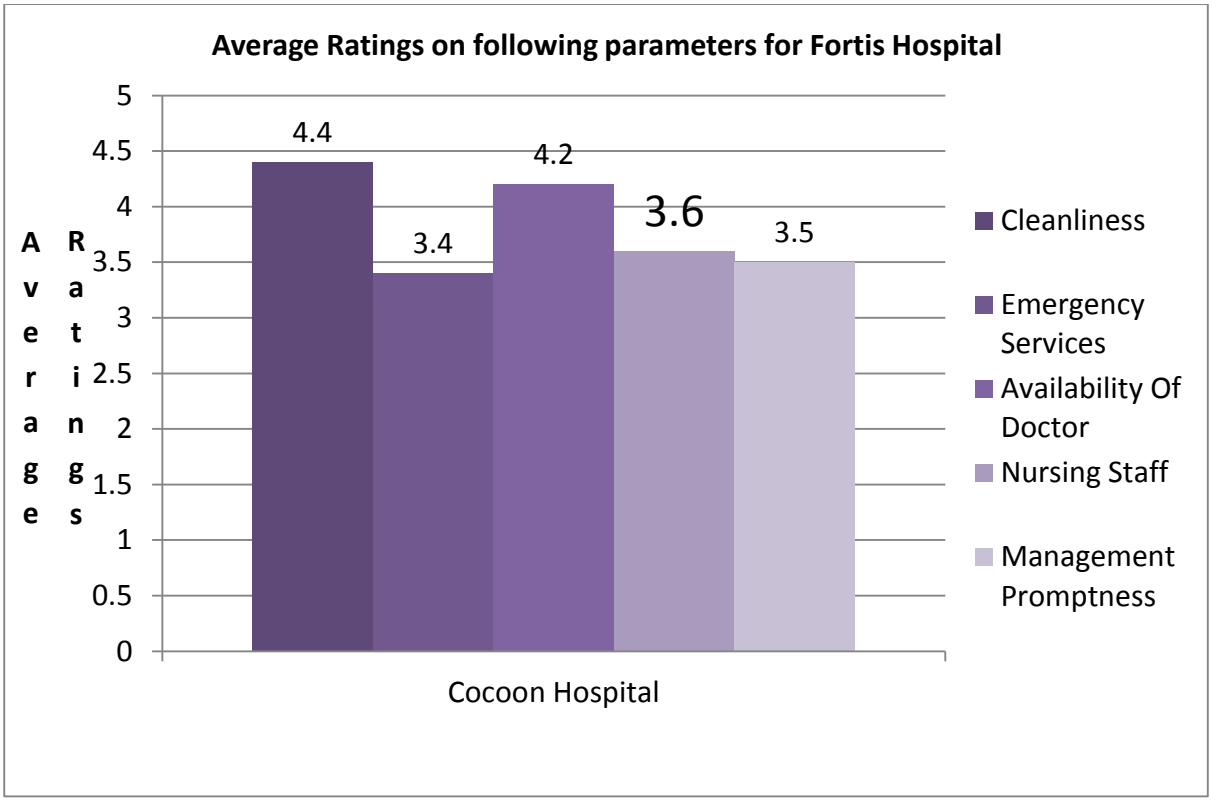


Figure 2.10: The graph shows the average ratings for Cocoon Hospital on the listed Parameters n=11

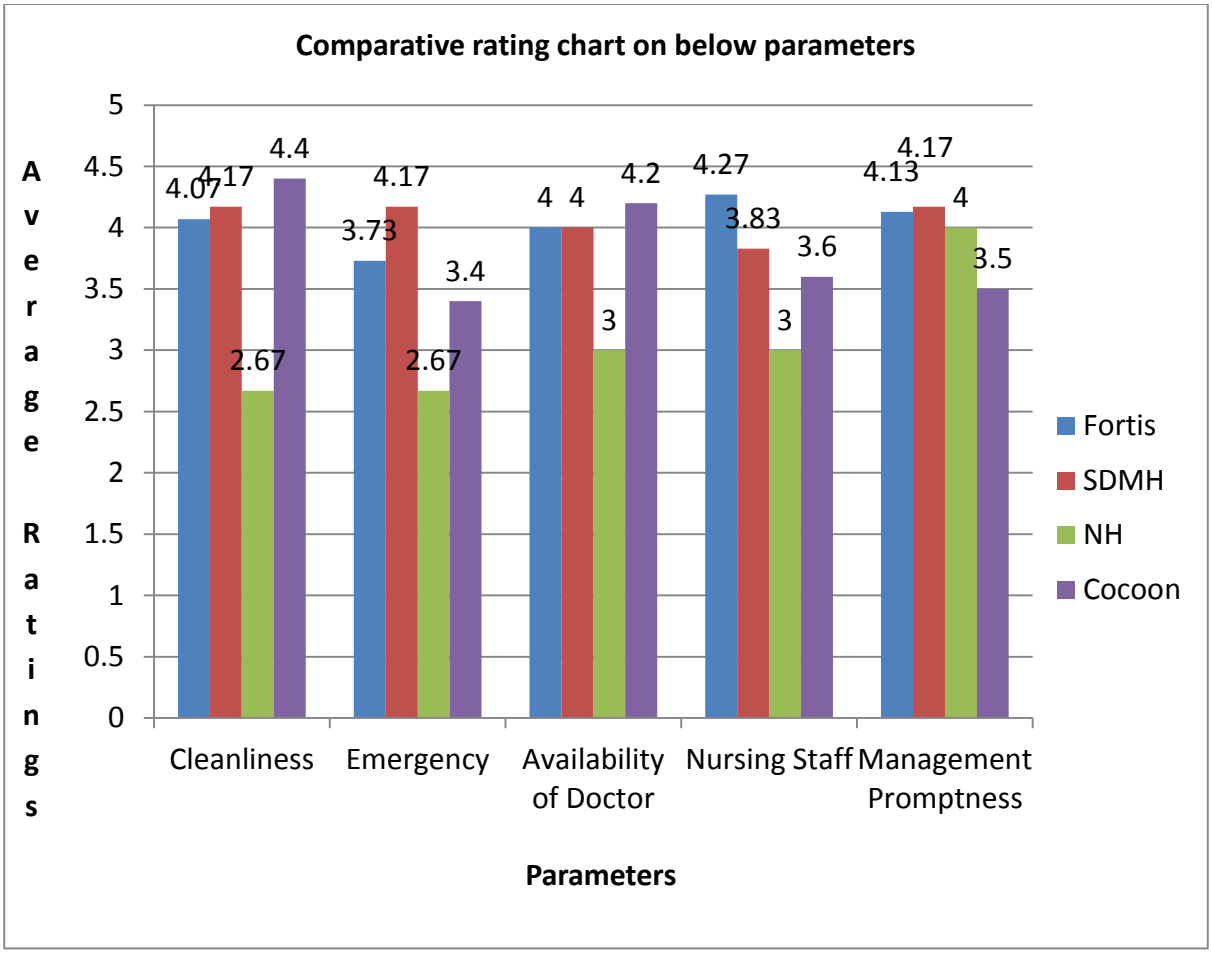


Figure 2.11: Comparative graph of ratings on different parameters for listed hospitals

Note: Reason of Comparison among these Hospitals:-

1) Sample observation is of almost similar number.
2) Maternity centre market is majorly shared by these players

Competitive Matrix

Ratings / Factors	Low (1-2)	Medium (2.1-3.5)	High (3.6-5)
Cleanliness			
Emergency			
Availability of Doctor			
Nursing Staff			
Management Promptness			

Coding: Cocoon -Fortis -SDMH -NH

Figure 2.12 : Competitive Matrix for Hospitals

Identification Of Gap areas

Factors	Cocoon Ratings	Cocoon standings in Levels	No of Low level competitors	No. Of Medium Level Competitors	No. of High Level Competitors	Gap areas (Yes or No)
Cleanliness	4.4	High		3	9	No
Emergency	3.4	Medium		6	6	Yes
Availability of Doctor	4.2	High		4	8	No
Nursing Staff	3.6	High	2 (Mahatma Gandhi, Soni)	4	6	Yes
Management Promptness	3.5	Medium	1 (Jain fertility)	1	10	Yes

Figure 2.13 : Table depicting ratings and identification of gap areas

Here we found 3 major areas to focus so that we are in match to the average competition level

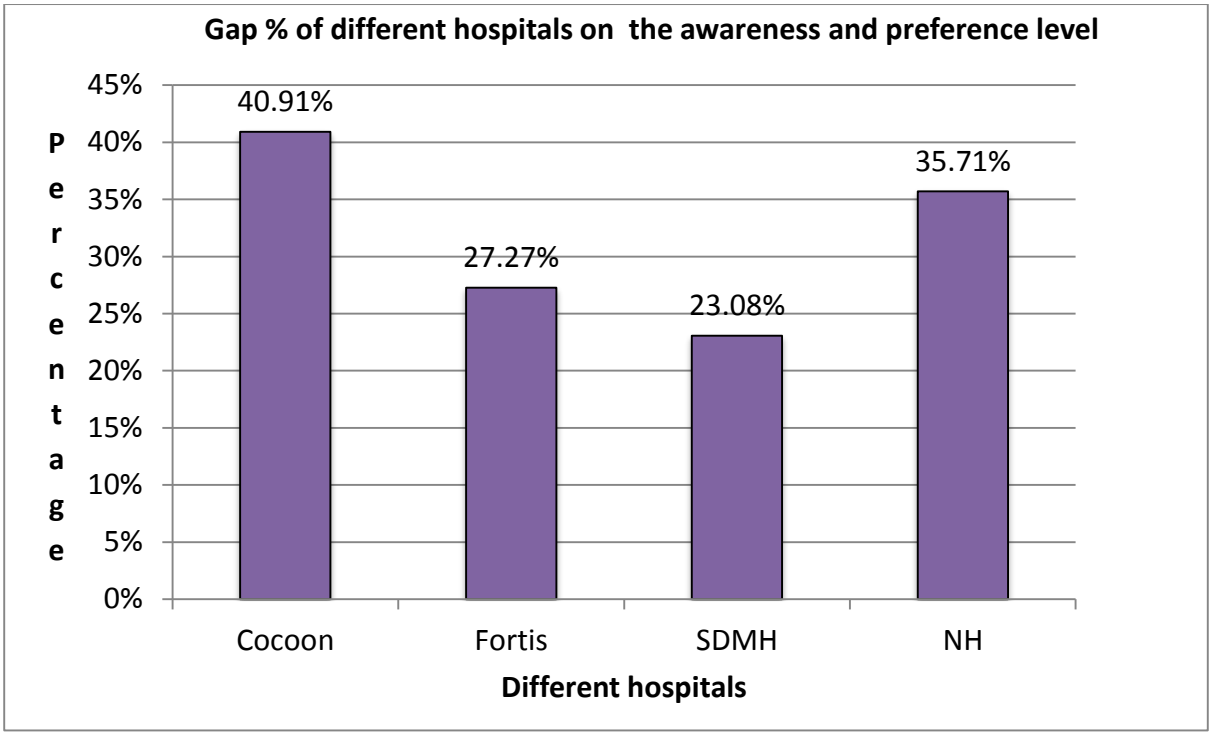


Figure 2.14: The graph shows the gap % among the awareness level and preference of that hospital with highest gap % found out for Cocoon n=109

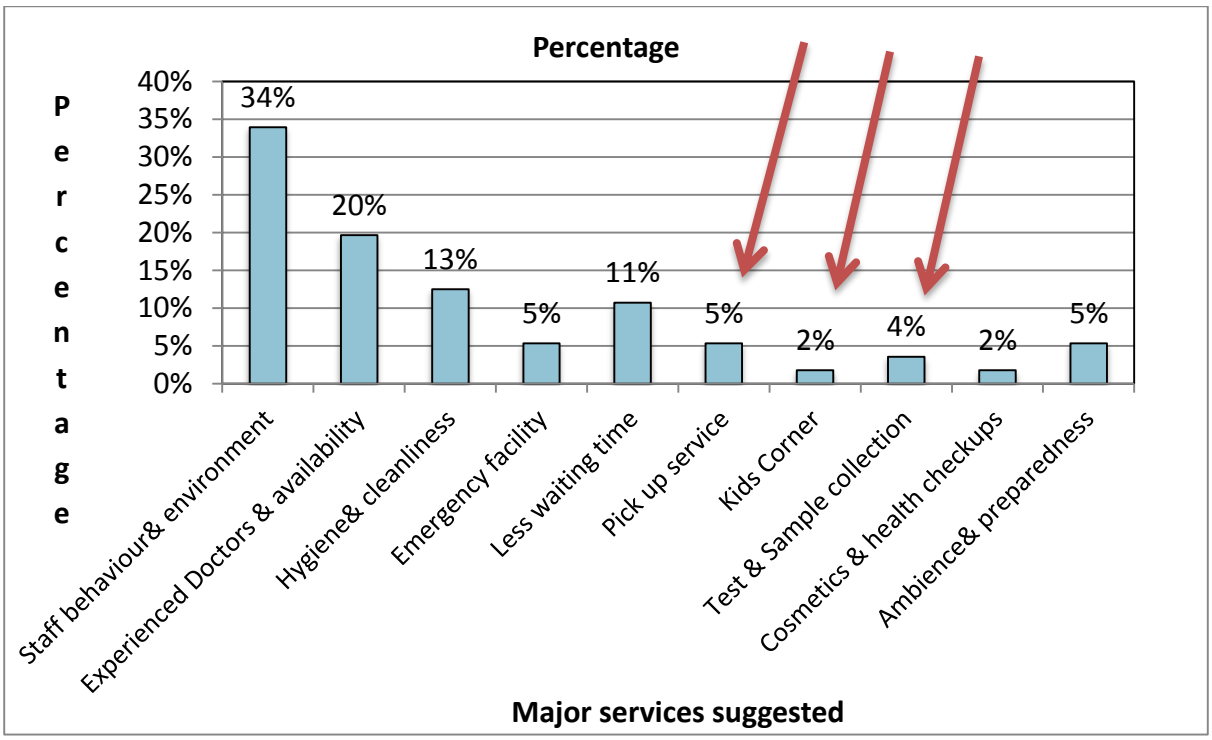


Figure 2.15 Above graph depicts the services respondents suggested to be incorporated in n=56 with interesting suggestions like pick up services, kids corner etc.

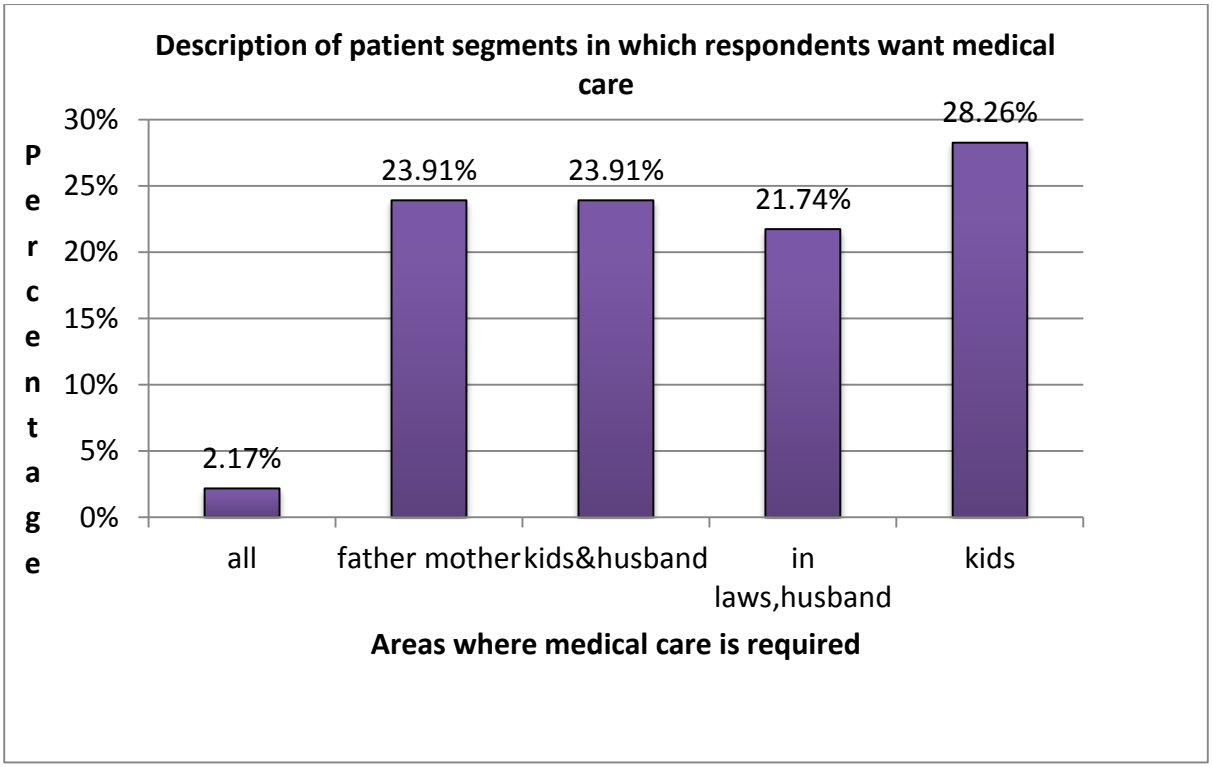


Figure 2.16 : Above graph shows the possible patient segments where respondents want medical care with majorly going for kids

Suggestions

1. Service inclusions like :

- ✓ Kids area
- ✓ Pickup service
- ✓ Flexibility in sample collection timing

2. Working on gap areas:

- ✓ Emergency
- ✓ Nursing Staff
- ✓ Management Promptness

3. Camps on themes of family checkups.
4. Weekly brainstorming activities for staff to develop an effective method for working
5. Mock training programs for staff w.r.t. emergency care
6. Checking points should be present for ensuring the proper information transfer
7. Same designation, same department but no one taking responsibility for the department so designation might be changed
8. Information passed to others through daily mails.
9. Guest handling
10. Limited staff a limitation(Housekeeping , lab personnel)
11. Security an issue in the absence of CCTV cameras so these should be installed at café Gazebo and Cocoon Shoppe.
12. At peak time in nursing station the person attentive to the doctor , authority should note down the instructions.

Limitations:

1. To identify the reasons for gap percentage another study needs to be conducted.
2. For In- house study the time duration was limited.
3. Time constraint lead to less than total observation from a day.
4. For comparative analysis among ratings for hospitals can not be established until no. of sample is almost same.

Conclusion:

It can be concluded that the majority of married females prefer multispecialty hospitals and only small number of females are preferring single specialty hospitals. For developing a clientele for the hospital , the study gives us the segment that is highly conscious(30%) and conscious(54%) towards health awareness.

The study also came up with the major factors that influences the selection of a hospital which are as follows: Doctor's Panel , Emergency, Location, Feedback and Ambience. From the ratings parameter we got the major areas for focus which are Emergency, Nursing staff, Management Promptness.

The conclusions from the In-house study are the following: The In house study majorly took the findings from Out Patient Department and In Patient Department. The major concerns included the problems in coordination, technical aspects, stress related problems which might be due to presence of limited staff. Suggestions to properly allocate work with minimum delay in work. Installing surveillance cameras for catering the security concerns

Problem areas in the Out Patient Department are mainly the interdepartmental problems, coordination problems, technical problems and employee problems. For solving these problem areas suggestions are given such as methods to improve information passage etc. The problem majorly arises due to limited staff so proper allocation has to be done and delay should be minimized. Surveillance cameras should also be installed to cater to security concerns.

Any hospital needs to be constantly working to improve the experience for guests and to make sure they achieve it with help from patients/ guests by feedback as it is vital to focus on the areas that needs improvement and making sure to keep doing the things that are done right.

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17. What Determines Quality in Maternity Care? Comparing the Perceptions of Childbearing Women and Midwives, Sue Proctor PhD, MSc, RGN, RM

Annexure

Questionnaire : Consumer perception regarding maternity centres

Name: ..... Age: .....

Marital Status: ..... Occupation: .....
Annual Income: ..... Contact no: .....

1. How conscious you are towards health related issues?(Tick one of them)
1- Highly conscious ii. Conscious iii. Not at all conscious

2. Which hospital you would prefer for the below mentioned health issues
i. Gynae ..... iii. Diet.....
ii. Any health checkup..... iv Others.....

3. What kind of hospital you will prefer going?
i. Multi specialty ii. Single specialty iii. Other (specify).....

4. List hospitals with women care and childcare facilities?
i. .....
ii. .....
iii. .....
iv. .....

5. Give the order of preference for consultation among the above hospitals
i. ..... ii.....

6. Please rank the following factors which influences your decision to choose a hospital(1 being the highest rank and 5 being the lowest rank)

	Ranking
Location of Hospital	
Doctors Panel	
Family/friends feedback	
Ambience	
Emergency facilities	

7. Rate your top preference hospital relating it with the following parameters(1 being lowest rating and 5 being the highest)

	Rating
Cleanliness and Hygiene	
Emergency services	
Availability of Doctors	
Nursing Staff	
Management Promptness	

8. Please suggest services to be incorporated for better facility to the patient

i. ..... ii. .....

9. When was the last time you visited hospital for Gynaecological concern

.....

10. Does someone in your family need medical care? (Mother/ Father/ Kids etc)

.....