# Quality Assessment of Health Services Provided by Private Hospital in Jaipur

***By***

Nancy Dixon

*Dissertation submitted for the partial fulfillment of the*

*MBA Hospital and Health Management*

***Academic year, 2014-2016***

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# TO WHOMSOEVER MAY CONCERN

This is to certify that Nancy Dixon student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at Health Line Hospital, Jaipur, from February 16' to April 16'.

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.

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TO SERVE IS OUR MOTTO

30th April 2016

To whomsoever it may concern

This is to inform that Ms. Nancy Dixon has completed her dissertation from the Health Line Hospital, Jaipur for the duration dated 8th February 2016 to 30th April, 2016.

During this period she made valuable contribution not only in the Operations of the Health Line Hospital but also as a Quality Manager (Internee) by her study topic:

"Quality Assessment of Health services provided by Private Hospital in Jaipur".

We wish her all success in all her future endeavors.

**JAIPUR**

Dr I. B. KHAN (DIRECTOR)
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JAIPUR

**Dr. I. B. Khan**

(Director)

# THE IIHMR UNIVERSITY, Jaipur

## CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **Quality Assessment of Health Services in a Private Hospital, Jaipur** and submitted by **Nancy Dixon**, **Enrollment No. 0172** 19th Batch under the supervision of **Dr. Anoop Khanna, Associate Professor, The IIHMR University, Jaipur, India** for award of MBA Hospital and Health Management of the university carried out during the period from **Feb – 2016** to **April – 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.

Signature

Nancy Dixon
Roll No. 0172
MBA Hospital and Health Management
19th Batch
2014-2016

## Acknowledgement

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

I am gratified to **Dr. Inaam B. Khan**, Director, who found me suitable as Management Intern in this organization and gave me permission for three months training and project work.

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

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ABBREVIATIONS

| | |
|---|---|
| NABH | National Accreditation Board for Hospitals |
| IPHS | Indian Public Health Standards |
| ISO | International Organization for Standardization |
| ISQUA | International Society for Quality in Health Care |
| NHSRC | National Health System Resource Centre |
| KPI | Key Performance Indicator |
| NVA | Non Value Adding |
| AAC | Access and Assessment and Continuity of Care |
| COP | Care of Patients |
| MOM | Management of Medications |
| PRE | Patient Rights and Education |
| HIC | Hospital Infection Control |
| CQI | Continuous Quality Improvement |
| ROM | Responsibility of Management |
| FMS | Facility Management and Safety |
| HRM | Human Resource Management |
| IMS | Information Management System |
| IT | Information Technology |
| MRD | Medical Record Department |
| OT | Operation Theatre |
| CSSD | Central Sterile Stores Department |
| ENT | Ear Nose Throat |
| LAP | Laparoscopy |
| BHT | Bed Head Ticket |
| GOB | General Order Book |
| GU | Genito-urinary |
| OB | Obstetrics |
| ECG | Electro Cardio Graphy |
| EMG | Electro Myo Graphy |
| TMT | Tread Mill Test |
| NCV | Nerve Conduction Velocity |
| HR | Human Resource |

LIST OF FIGURES

**DISSERTATION**

**"Quality Assessment of Hospital Services provided by a Private Hospital in Jaipur"**

## EXECUTIVE SUMMARY

Quality has become an icon for customers while selecting a service or product and at the same time organizations are making efforts for providing quality products or services as per customer's needs and wants. Quality has been considered as a strategic advantage for the organizations to gain success and to sustain in the business world. Like the other service organizations; healthcare sector has also become a highly competitive and rapidly growing service. To build customer loyalty, more and more private health care organizations, big or small, are increasingly performing an internal quality assessment. By and large, more and more are going for external accreditation by third parties. In India, these are the NABH and IPHS have that been recognised by the ISQUA. In this study, the quality parameters set by these two, form the basis of the assessment.

## INTRODUCTION

The study is the first of its kind in this Small Health Care Organization (SHCO). The basis of the assessment are the guidelines from the NABH for the SHCO's and the IPHS standards. The Self-Assessment Tool Kit from the NABH helps to determine the level of entry for this hospital at the accreditation stages. The departments under the detailed study are the OPD and the IPD.

The delivery of quality healthcare services and the integration of quality in healthcare policies is a concern in various health organizations. Research on healthcare satisfaction is vital to ensure a high quality of care and patient satisfaction and to maximize the benefits of scarce resources. Determining the factors associated with patient's satisfaction is critical for managers in order to understand what is valued by patients, how the quality of care is perceived by the patients and to know where, when and how service changes and improvements could be made. Over the years, quality of services has assumed far greater importance in health systems of both developed and developing countries. Legitimate expectations about service quality also serve as key tool in understanding patients' aspirations and needs for better health care. The evaluation of services vis a vis consumer satisfaction is, therefore, a dynamic rather than a static process. Formal evaluation mechanisms including consumer satisfaction are indispensible in the health systems. It provides continuous information regarding relative improvements (or shortfalls) in health care standards. This study tries to make an effort in understanding the dynamic processes that influence patient satisfaction and Quality Management Systems as the key to it.

## 2.2 **RATIONALE**

During recent decades, the number of private centres providing health care services has been ever increasingly growing, and the private health care services market has turned out to be a competitive environment. Highly competitive market in the private hospital industry has caused increasing pressure on them to provide services with higher quality.

Quality is considered a key factor in differentiation and excellence of services and is a potential source of sustainable competitive advantage so that its understanding, measurement, and improvement are important challenges for all health services organizations. Hospitals provide similar services with different quality. The quality can be used as a strategic differentiation for establishing a distinctive advantage, those difficult for rivals to follow or copy.

Different methods exist for determining the patients' expectations and the way they are met.

Because most of patients lack the required knowledge for evaluating the technical quality of the services, their evaluation of quality is based on the medical care process.

The patients' expectations are derived from their perception of the ideal care standards or their previous experiences in the use of services.

The analysis of service quality enables hospital management to allocating the financial resources for improving performance in the areas that have more influence on the customers' perception of service quality.

After delivering the services, service providers also must monitor how well the customers' expectations have been met. Quality must therefore become an integral part of the organization.

## 2.3 **Literature review**

In healthcare, patient perceptions are considered to be the major indicator in order to assess the service quality of a healthcare organization (Cronin & Taylor, 1992; Connor et al., 1994). It means that customer satisfaction is the major device for critical decision making in selecting a healthcare services (Gilbert et al., 1992) and quality of services delivered to the customers should meet their perceptions (Parasuraman et al., 1985, 1988; Reidenbach & Sandifer-Smallwood, 1990; Babakus & Mangold, 1992; Zeithaml et al., 1993).

Liz Gill, Lesley White (2006) evaluates studies of service quality in healthcare, recognizing extra key domains. The independent variables which are suggested to determine service quality are Reliability, Responsiveness, Assurance, Joint Decision Making, Caring, Risk, Continuity, Collaboration, Outcome, Empathy, and Tangibles.

The NABH and the IPHS have set out the norms for Quality management for the private and public healthcare organizations. A detailed study of these documents is crucial for the quality assessment of any hospital. The NABH guide for Small Health Care organizations has been particularly useful for the organization under study. The guidelines from the NHSRC which incorporates the norms of the ISO 9001:2008(version) have also been reviewed for better understanding the Quality perspective.

## 2.4 **OBJECTIVES**

- To perform Process mapping for the Out-patients and As- Is Survey for the In-patient Departments of the Hospital.
- To conduct an Internal Quality Assessment using the NABH Self-Assessment tool kit.
- To study the Key Performance Indicators for the Hospital.
- To assess Patient Satisfaction using Survey.
- To identify the Gaps based on the process mapping and the As- Is Survey method and make recommendations for closure of the gaps in achieving Quality Standards.

## 2.5 **STUDY METHODOLOGY**

### 2.5.1 Place of Study- Jaipur

### 2.5.2 Study Area- Health Line Hospital

### 2.5.3 Study Span- February 08- April 30, 2106

### 2.5.4 Study Design- Descriptive study

### 2.5.5 Data Type- Primary and Secondary data

2.5.6 Sample Size- All cases from February 1, 2016 to April 30, 2016 have been taken into consideration for calculations.

### 2.5.7 Method of Data Collection

- Data Checklists
  Checklists from the In-patient Rooms, Cubicles and wards were used.
- Auditing Patient Records
  Patient records available in the wards and the Medical Records Department were used.
- Exit interviews of patients
  Patients admitted to the hospital and Old patients attending the OPD were requested to fill the Questionnaire.
- Observations (day to day)

### 2.5.8 Study Tool

- Process map
- As- is Survey

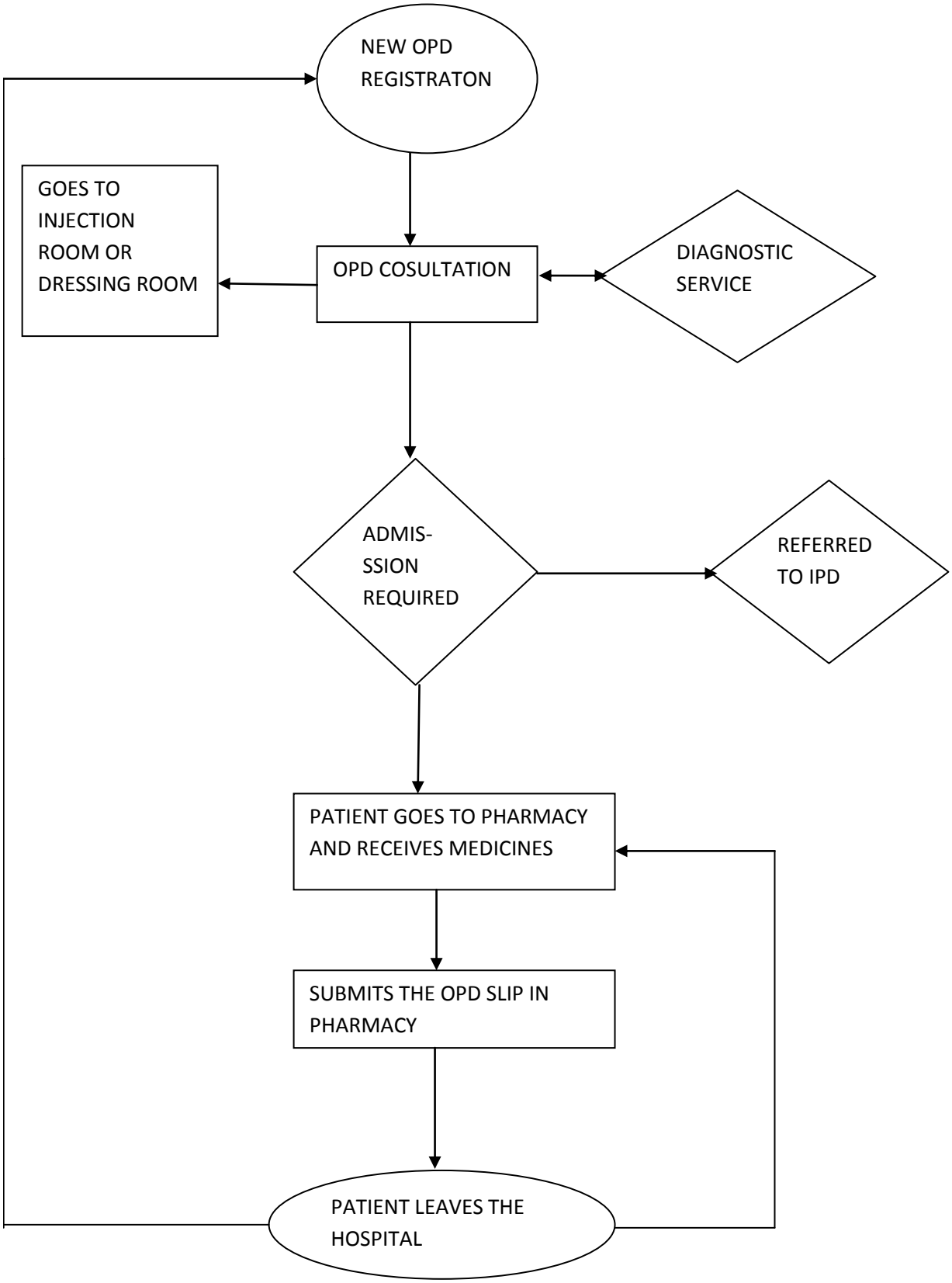
- NABH Self Assessment Tool
- Questionnaire for Patient Satisfaction

### 2.5.9 Data Management

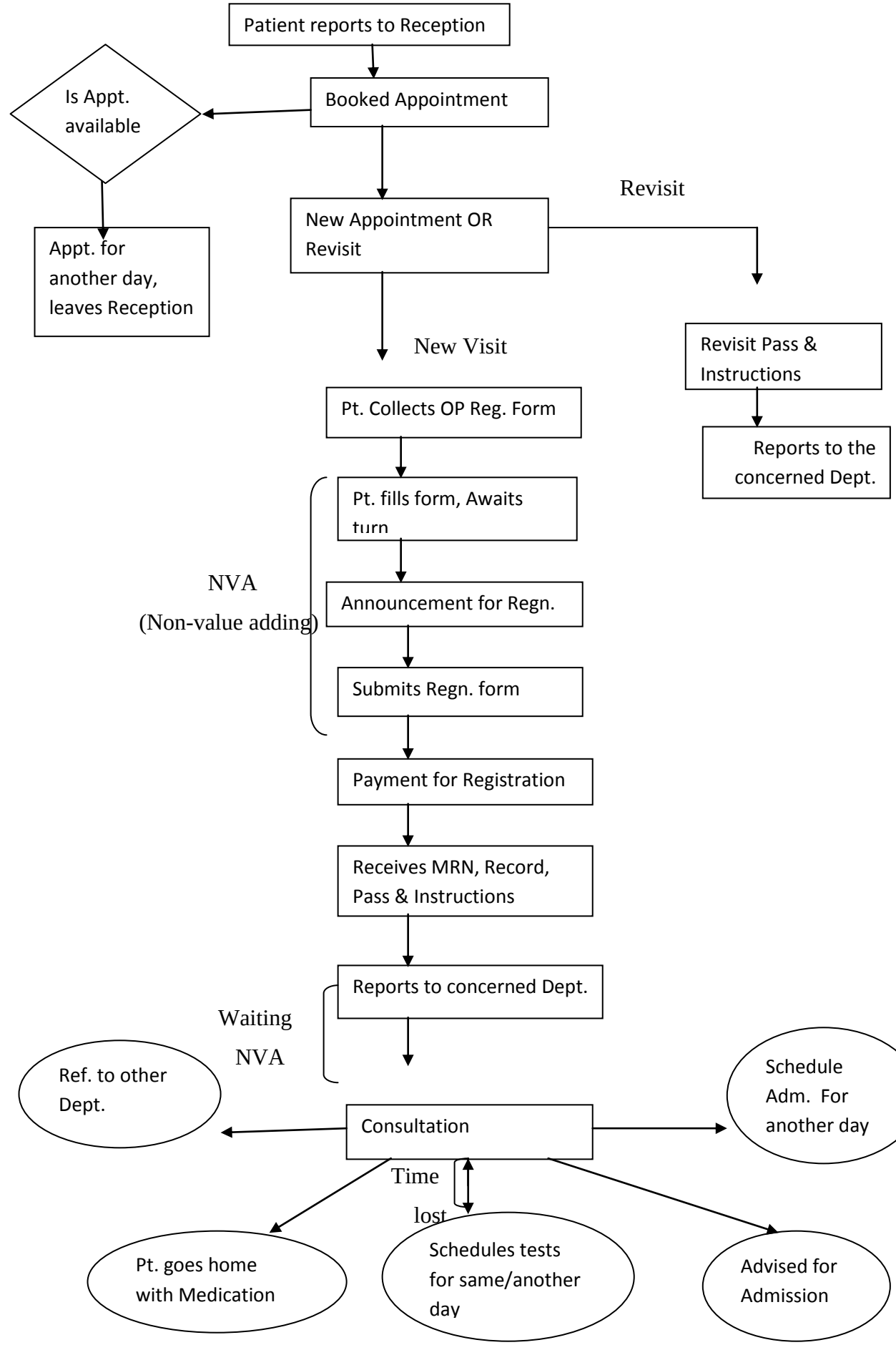
- Excel sheet for calculations
- Format for recording the QI
- Graphical representation for analysis of data
- Implicit interpretation of the same
- Recommendations for outcomes from the above

## 2.6 **FINDINGS**

PROCESS FLOW: OPD



Process Mapping: OPD

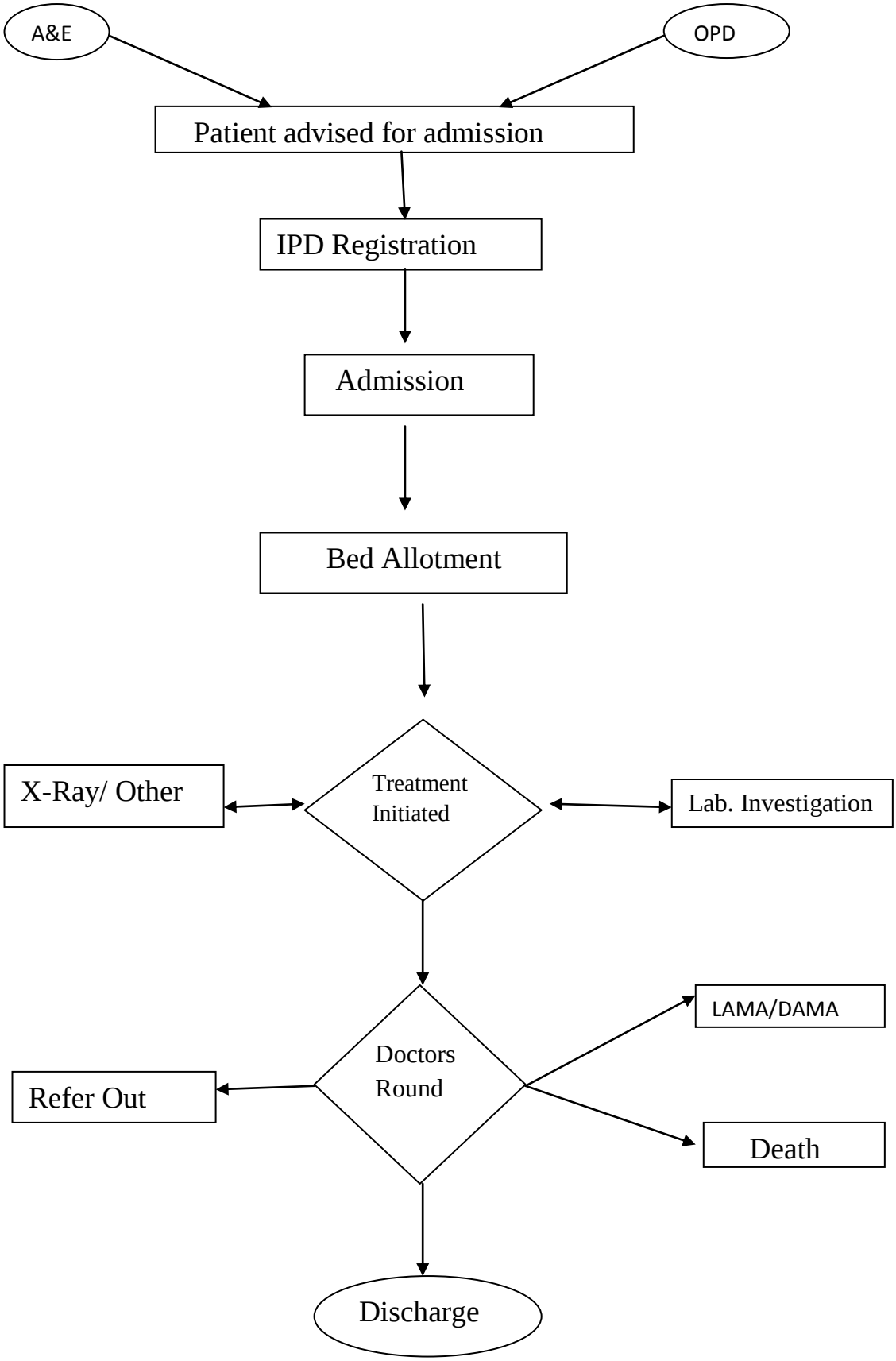


**Gaps identified in OPD:**

As the above depicts, the following are the bottlenecks or NVA (Non-value Adding) activities which increase the average waiting time in OPD by around 30 minutes:

- Patient fills the form and for those who are illiterate, it is more time consuming.
- Patient queues again to return the filled form and waits for the announcement (call) which is not followed strictly.
- On receiving the MRD card, Pass and instructions, consultation with a specific doctor delays the process.
- Diagnostics delay the OPD consultation as patient has to queue again and the counter is in a different building.
- Besides, manual entries are also performed simultaneously for registration, which causes further delays.
- OPD timings are not followed strictly.
- Old / new patients have no record of their ongoing treatment.
- Retrieval of Old patient's charts is time consuming.
- Signage is confusing.
- Storage is inadequate.
- Wheelchairs are not available when required.
- Citizen charter is not displayed.
- Health and Safety of employees is compromised at many instances.

**IPD Process Flow:**



**As- Is Process for IPD**

1. IPD Registration/ Admission

| | | | |
|---|---|---|---|
| Process Group | IPD Management | Sub-Process | IPD Registration/Admission |
| Process Location | OPD & A&E Registration Counter | Process Owner | Registration In charge /Clerk |
| Input | Patient's personal details, OPD/A&E slip | Output | IPD admission with Registration Number |

| | |
|---|---|
| Process Records | OPD Slip, Medical Record, IPD Register, Patients Bed Ticket, Ward Register, TPR Sheet, Treatment Continuation Sheets |

2. Receiving patient in the ward/s

| | | | |
|---|---|---|---|
| Process Group | IPD Management | Sub-Process | Receiving patient in the ward |
| Process Location | In- patient Ward | Process Owner | On-duty Staff Nurse |
| Input/s | Patient, Patient's Bed Ticket | Output/s | Patient admitted in the ward |

3. Rounds of Doctor in ward/s/ Consultation

| Process Group | IPD Management | Sub-Process | Rounds of the Doctor |
|---|---|---|---|
| Process Location | In- patient Ward | Process Owner | Treating Doctor/Consultant |
| Input/s | Patient and Patient's Bed Ticket | Output/s | Doctor's notes on the Bed Ticket, Nurses notes on the Bed Ticket |

| Process Records | Patient's Bed Ticket, Ward Round Book |
|---|---|

4. Pathology & Radiology Investigation

| Process Group | IPD Management | Sub-Process | Pathology & Radiology Investigation |
|---|---|---|---|
| Process Location | In- patient Ward | Process Owner | Staff Nurse |
| Input/s | Patient | Output/s | Number of investigations performed for the IPD patient per day |

| Process Records | Medical /surgical notes, Requisition form, Pathology register, ECG, X-ray films, Reports of the Patient |
|---|---|

5. Nursing Care

Activities include:

- Bed making
- IV cannulation

- Hygiene care
- Dispensing oral medication
- Administration of IV Fluids/Injection
- Urinary catheterization
- Wound care

| | | | |
|---|---|---|---|
| Process Group | IPD Management | Sub- Process | Nursing care |
| Process Location | Ward | Process Owner | Staff Nurse |
| Input/s | Patient, Bed ticket | Output/s | Nursing care given to patients |

| | |
|---|---|
| Process Records | IPD clinical nurses notes, General Order Book |

6. Follow-up & Period Assessment by resident Doctors, Consultant and Nurses

| | | | |
|---|---|---|---|
| Process Group | IPD Management | Sub- Process | Follow-up & Period Assessment |
| Process Location | Ward | Process Owner | Treating Consultant & Staff Nurse |
| Input/s | Patient | Output/s | Patient's record with complete documentation |

| | |
|---|---|
| Process Record | Patient's Record |

7. Doctor's Call Process

| | | | |
|---|---|---|---|
| Process Group | IPD Management | Sub-Process | Doctor's Call Process |
| Process Location | Ward | Process Owner | On- duty Staff Nurse |
| Input/s | Written Call | Output/s | Doctors visit |

| | |
|---|---|
| Process Record | Doctors call book, Patient's Record, GOB |

8. Transfer In/Out

| | | | |
|---|---|---|---|
| Process Group | IPD Management | Sub-Process | Transfer In/Out |
| Process Location | Ward | Process Owner | On- duty Staff Nurse |
| Input/s | IPD Patient | Output/s | No. of IPD patients shifted from the ward per day |

| | |
|---|---|
| Process Record | Transfer In/Out Register, GOB, Patients notes. |

9. Indenting of drugs

| | | | |
|---|---|---|---|
| Process Group | IPD Management | Sub-Process | Indenting of drugs |
| Process Location | Ward | Process Owner | On- duty Staff Nurse |
| Input/s | IPD Patient | Output/s | No. of medicines indented periodically |

10. Patient Absconding

| | | | |
|---|---|---|---|
| Process Group | IPD Management | Sub-Process | Patient Absconding |
| Process Location | Ward | Process Owner | On- duty Staff Nurse |
| Input/s | IPD Patient | Output/s | Number of absconded patients |

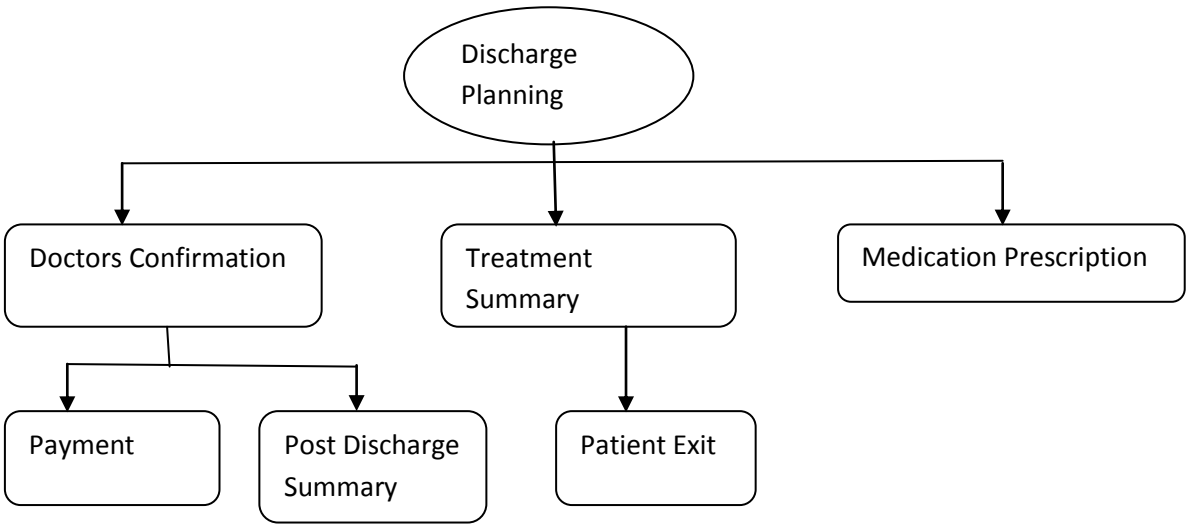
| | |
|---|---|
| Process Record | MLC Register, IPD Record, GOB |

11. Discharge

| | | | |
|---|---|---|---|
| Process Group | IPD Management | Sub-Process | Discharge |
| Process Location | Ward | Process Owner | Treating Doctor and Staff Nurse |
| Input/s | Patients Bed Ticket | Output/s | Discharge Summary and Medicine card |

| | |
|---|---|
| Process Record | Patients Bed Ticket, Discharge Summary |

**Discharge Process Flow:**



12. Death in Wards

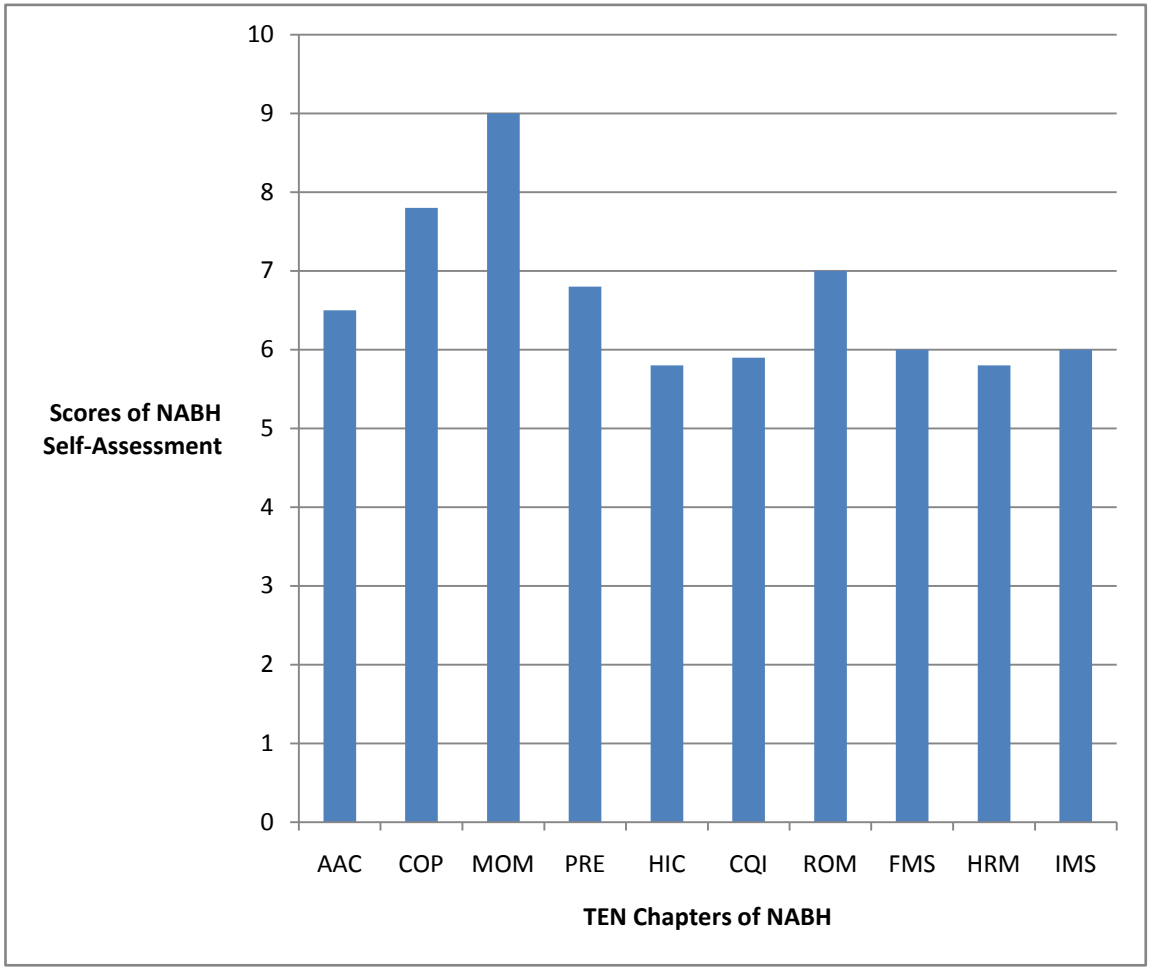
| | | | |
|---|---|---|---|
| Process Group | Management of Mortuary | Sub Process | Death in Wards |
| Process Location | Ward | Process Owner | Ward Staff Nurse |
| Input/s | Inpatient and Out-patient | Output/s | Care of the deceased |

| | |
|---|---|
| Process Records | Death Certificate, Death Register |

Gaps identified in IPD:

- No Standard policy for Infection Control in the wards.
- Information regarding treatment is not given to the patients.
- No method of Incident Reporting in IPD
- No monitoring of Quality Indicators.
- No policy for Bed-allotment.
- Hand Hygiene is not maintained strictly.
- Visitors Policy not followed.
- Use of PPE's is inadequate.
- Spacing between beds is not as per the guidelines.
- Nurse to patient ratio is not as per the norms.

**NABH Self-Assessment Tool- kit**




GRAPH 2.6. 1- SCORES OF THE NABH SELF-ASSESSMENT TOOL KIT

NABH has laid down the following pattern

- Non-compliance 0
- Partial compliance 5
- Full compliance 10

No standard can have more than one zero

The average for a standard must exceed 5

The overall average score must exceed 7

No zeros in legal requirements

Satisfactory Total Score = 70

HLH Total Score =66.6

Overall average score for 4 standards is significantly less than 7. These Standards fall in the chapters of:

Hospital Infection Control -5.8

Continuous Quality improvement -5.9

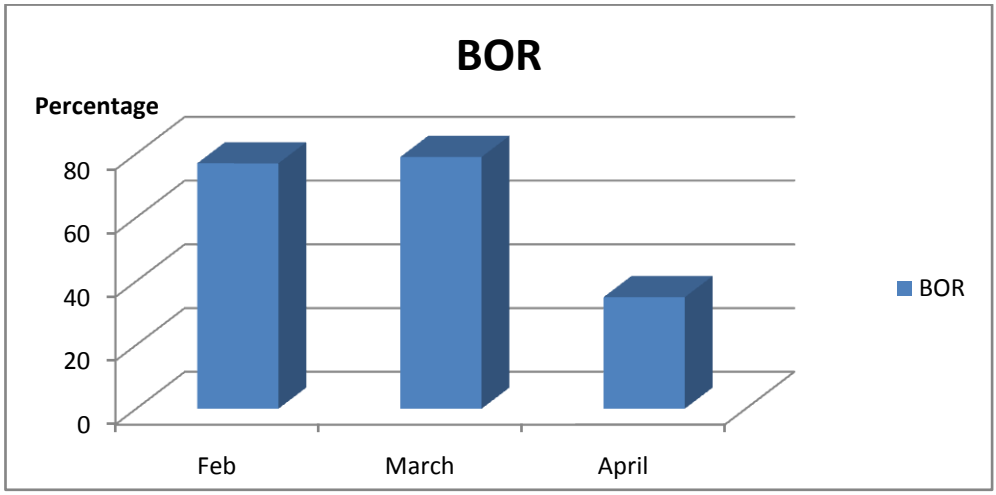
Facility Management & Safety-6

Human Resource management-5.8

Lack of SOP's for Hospital Infection Control and Health & Safety could possibly be the explanation for the low scores in these Chapters. Also an increase workload due to staff shortages explains the scores of HRM. Absence of a Committee dedicated to Quality Control in the hospital explain the poor scoring in the CQI chapter.

**Hospital Statistics**

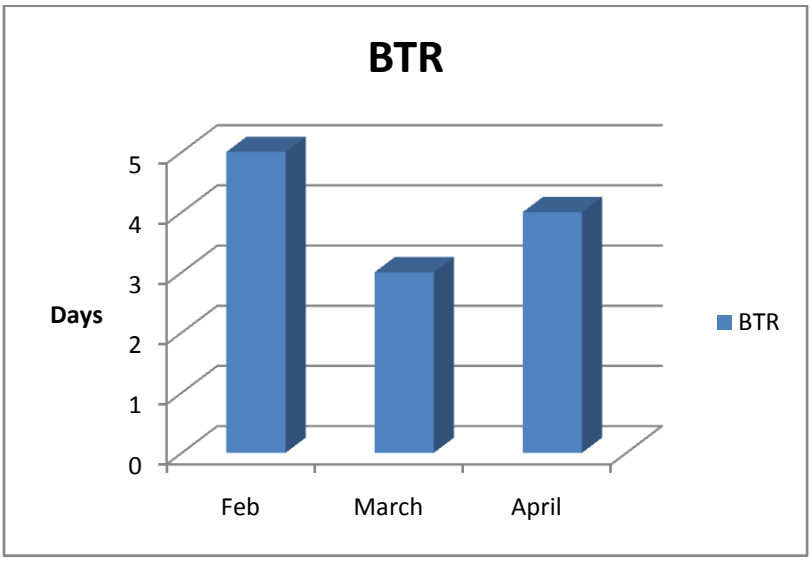
1. **BOR – Bed Occupancy Rate**




GRAPH 2.6.2-BOR

The standard BOR is between 70-80%. February and March figures are promising, while April is not looking good.

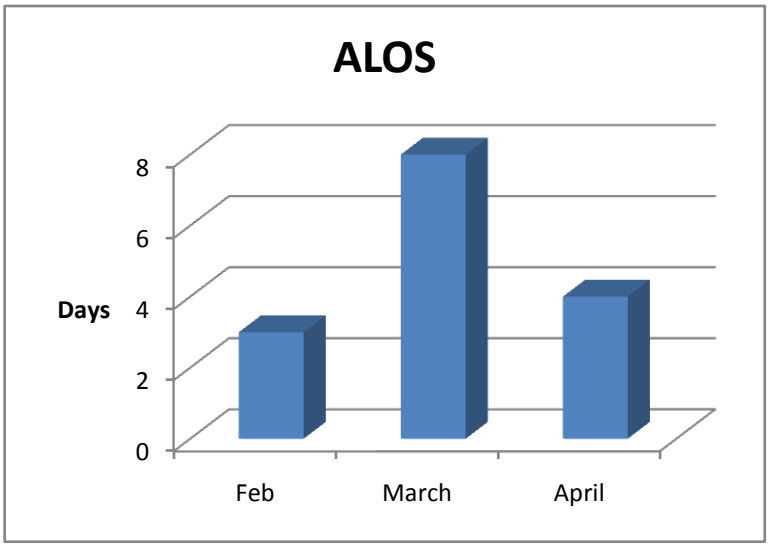
2. **BTR- Bed Turnover Rate**




GRAPH 2.6.3- BTR

- Useful because two time periods may have the same percentage of occupancy, but the turnover rates may be different.

### 3. ALOS- Average Length of Stay



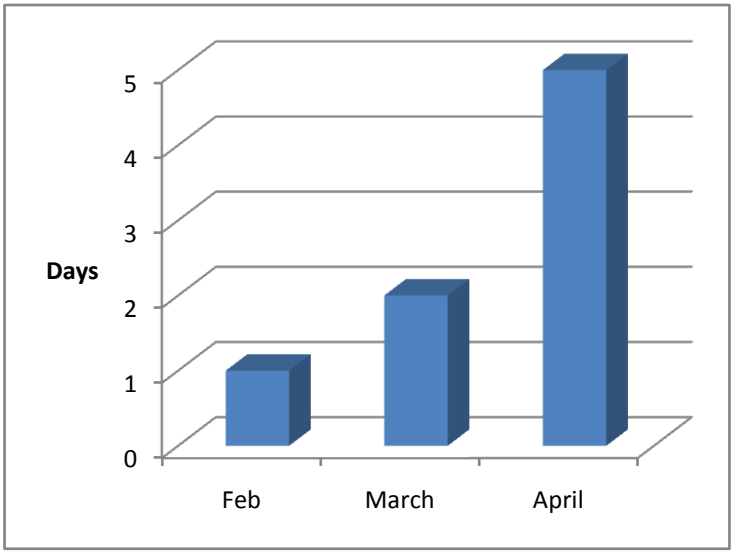

GRAPH 2.6.4 - ALOS

Ideal figures range between 3-5 days.

### 4. Hospital Death Rate

The Hospital Death rate is nil for the months of Feb and April, while there was one death in the month of March.

5. **Bed Turnover Interval(BTI)**

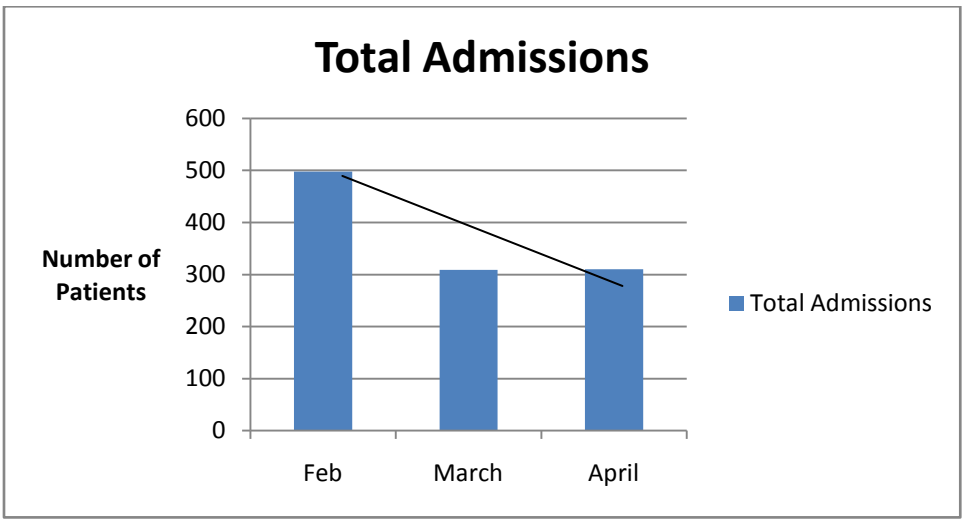



GRAPH 2.6.5- BTI

Average period in days that an available bed remains empty between the discharge of one inpatient and the admission of the next.

- Indicates the time that available beds are free.
- Indicates a shortage of beds when negative, and under-use of the hospital or an inefficient admission system, if positive.

6. **Total Admissions**

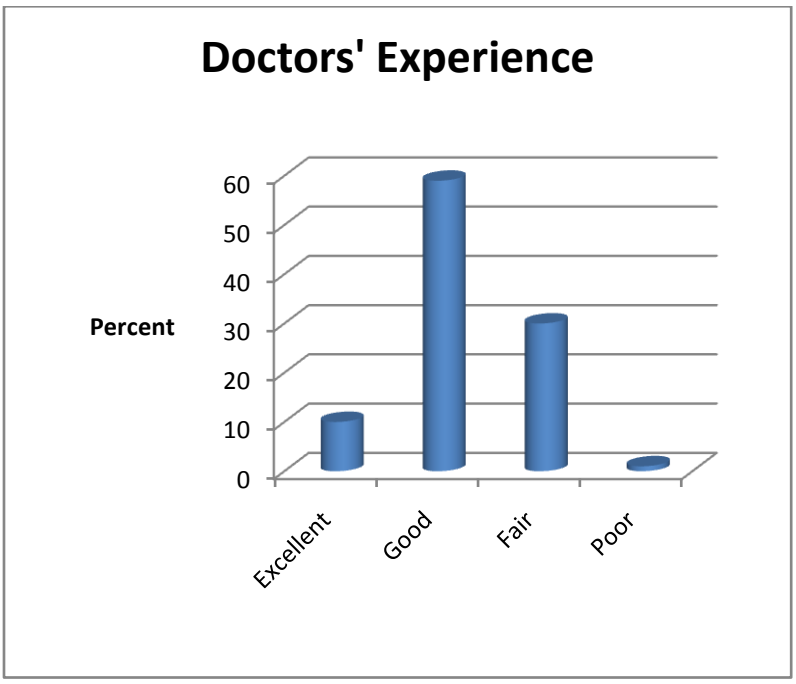



GRAPH2.6.6- ADMISSIONS

A steady fall in admissions is not a good Business Indicator.

**Patient Satisfaction Survey (PSS)**


GRAPH 2.6.7 PSS-Overall Experience




GRAPH 2.6.8- DOCTORS' EXPERIENCE


GRAPH 2.6.9- NURSING EXPERIENCE

The Overall Experience for patients has been good for sixty percent of the patients in the Health Line Hospital. As concurrent with the studies undertaken in the past in private hospitals, this study also finds that patients attending this hospital are satisfied with the services provided by Doctors and Nurses. This also indicates that if, the

Processes are streamlined and the Quality committee is functional, this hospital may fulfil the requirements that form the basis of customer loyalty. Accreditation will follow as an added benefit.

## 3.7 **Gaps and Gap Closure**

| S. No. | Gaps | Gaps Classified | Suggested Gap Closure |
|---|---|---|---|
| 1. | OPD | | |
| 1.1 | OPD timings are not adhered to strictly. | Process | Biometric system for employees and doctors. Delayed doctors round on OPD day/s. |
| 1.2 | Non-Value Added activities | Process | To eliminate these NVA's. |
| 1.3 | Manual Entries for Registration | Process | Eliminate, all entries should be on the MIS |
| 1.4 | Retrieval of Old Patients Records | Process | Old patients provided with a card. |
| 1.5 | Signage is confusing | Infrastructure | Signage should be corrected and made very clear. |
| 1.6 | Storage is inadequate | Infrastructure | Storage can be increased by using the wall cabinets. |
| 1.7 | Wheel Chairs not available when needed | Equipment | Should be stored at the designated place. |
| 1.8 | Citizens Charter not displayed | Infrastructure | Must be displayed clearly and legibly. |
| 1.9 | Health & Safety of employees | Process, Manpower | Sensitization & regular training of Housekeeping staff. |
| 2 | IPD | | |
| 2.1 | No SOP for HIC | Process | Develop SOP for Infection Control and adherence to it. |
| 2.2 | Information regarding treatment not provided to patient/family | Process | Communication between doctors, nurses and patients must be adequate and timely. |
| 2.3 | No method of Incident Reporting | Process | SOP must be developed. |
| 2.4 | No monitoring of QI's | Process | Employees be sensitized and trained for Quality parameters.(NABH), |

| | | | |
|---|---|---|---|
| | | | Dedicated committee for Quality Control. |
| 2.5 | Policy for Bed Allotment not adhered to strictly | Process | Policy must be practiced and reinforced by higher management. |
| 2.6 | Hand Hygiene not followed strictly | Process | Employees trained for Hand Hygiene on a regular basis. |
| 2.7 | Use of PPE's | Process | Employees particularly, HK must be trained. |
| 2.8 | Spacing between beds | Infrastructure Process | HIC Policy for the hospital must be developed and practised. |
| 2.9 | Nurse Patient ratio | Manpower | Norms must be followed |
| 2.10 | Discharge Process is time consuming | Process | Discharge Process must be streamlined and NVA's be eliminated. |

## 2.8 **Limitations of the Study:**

1. Duration of the study was of 3 months only.
2. Time constraint did not permit the detailed Quality assessment of all the Departments of the hospital.
3. Restricted access to patient records.
4. Dependency on MRD staff for Secondary data.
5. Lack of communication between staff.
6. Inadequate manpower led to increased workload of employees, which resulted in less time for interaction with staff.

## 3. **Conclusion:**

Despite its own limitations, the study brings out the gaps in the health care delivery process particularly for the OPD and IPD departments. It also highlights the need to constantly strive to reach the Quality parameters given in the NABH Self-Assessment Tool-kit and use this as a guide for providing Quality services in all departments. This would be the first step towards accreditation for this hospital, the beneficiaries being the patient, employees and the business itself in the long run. Once implemented, the Quality parameters can be continuously scrutinized and lead to effective Quality management system with far reaching results for both, the hospital business and its credibility.

**REFERENCES**


1. IPHS guidelines for 100 bedded hospital.

2. ISO 9001-2008 guidelines.

3. ICMR, New Delhi 2008: Guidelines for good clinical practices.

4. Guidebook for Pre-Accreditation Entry – Level Standards for Small Health Care Organizations (SHCOs) First Edition: May 2015

5. The QA Project: How can Self Assessment improve the Quality of health Care? Sujata Bose and Elizabeth Oliveras and Wendy Newcomer_ Edition September 2001.

6. Service Quality: A Profit Strategy for Financial Institutions‖, Dow-Jones-Irwin, and Homewood, IL, Berry, L.L., Bennet, D.R. and Brown, C.W. (1989),

7. Relative importance of service quality. Journal of Services Research 4(1): 93-1168 Sachdev, S. B., and Verma, H. V. 2004

8. Comparing public and private hospital care service quality in Turkey. Leaders Health Serv. 2006, 19: 1-10. Taner T, Antony J:

9. Quality in NHS hospitals: no one nknows better than patients. Measuring Business Excellence. 2009, 13: 34-46. Karassavidou E, Glaveli N, Papadopoulos CT.

10. A study of patients' expectations and satisfaction in Singapore hospitals. International Health Care Quality Assurance. 2000, 13: 290-299, Lim PC, Tang NKH

11. Parasuraman et al., 1985, 1988; Reidenbach & Sandifer-Smallwood, 1990; Babakus & Mangold, 1992;Zeithaml et al., 1993).

12. Has the Service Quality in Private Corporate Hospitals met Patient Expectations? A Study about Hospital Quality in Chennai, S. Sharmila, Dr. Jayashree Krishnan.

**Appendices**

Definition

Quality is defined as "conformance to requirements of input, process and output which satisfies customers of healthcare services".

Healthcare Organizations as Systems

| **Input/s** | **Process** | **Output/s** |
|---|---|---|
| Facility | Diagnostics | Clinical Status |
| Equipment | Treatment | Functional Status |
| Patient | Business | Satisfaction |
| Staff | Management | Cost-effectiveness |
| Capital | Operations | Culture |
| Supplies | Support | |

Taxonomy of Health System Standards

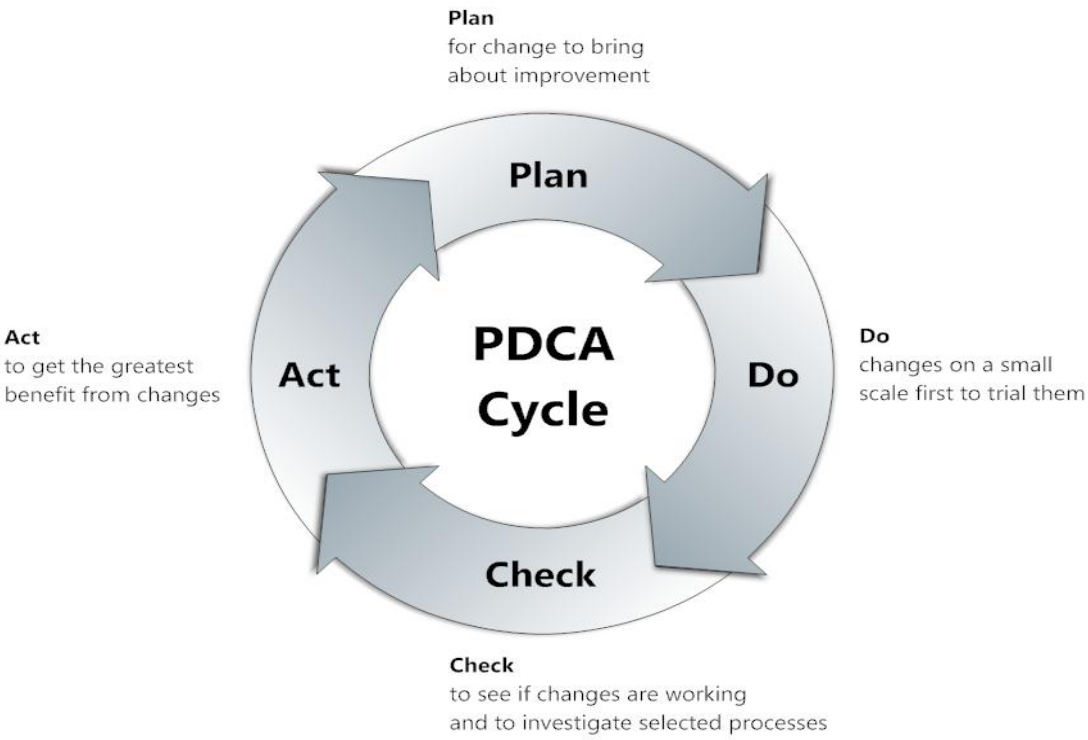
| **System Components** | **Categories** | |
|---|---|---|
| | **Administrative** | **Technical** |
| Input | Administrative policies | Job Specifications* |
| | Rules and regulations | Job descriptions |
| | Qualifications* | |
| Process | Standard operating procedures (SOP) | Algorithms |
| | | Clinical pathways |
| | | Clinical practice guidelines |
| | | Procedures |
| | | Protocols |
| | | Standing orders |
| Outcome | Expected results* | Health outcomes |
| * can be found in any category | | |

Perspective of Quality

1. Client's Perspective
2. Manager's Perspective
3. Community's Perspective
4. Provider's Perspective

The Model for Improvement:

PDCA/ Schewart/Deming Cycle



# QUESTIONNAIRE

## Patient Satisfaction Survey

Name of the patient: Date:

MRN Number:

Please rate the following based on you experience in the hospital. Also feel free to share your valuable suggestions/ comments at the space provided.

**Excellent Good Fair Poor**

1. Overall experience
   - Hygiene and cleanliness
   - Ambience
   - Promptness to concern
   - Helpfulness of security staff
2. Nursing Experience
   - Courteous and compassionate
   - Skilled and meticulous
   - Prompt to call
   - Anticipated your needs
   - Gave adequate time & explanation to queries
3. Doctor's experience
   - Courteous
   - Kind & compassionate
   - Knowledge & Skill
   - Effectiveness of treatment
   - Adequate explanation of queries
4. In- room Experience
   - Cleanliness & hygiene of the room & bathroom
   - Peace & quiet environment
   - Working condition of all equipment
   - Overall ambience of the room
5. Admission Process
   - Time taken for admission
   - Explanation of packages & tariffs
   - Courtesy & awareness of staff
   - Responsiveness

6 Discharge Process

-Time taken for Discharge process

- Communication & handling of queries

- Overall Discharge Process

7. Attendees (Family & Friends) experience

   - Information on patient health status

   - Instructions and advice

   - Care & comfort for your attendee

   - Food options for attendee

8. Food & Beverage

   - Cleanliness & ambience of the dietary dept.

   - Overall quality & taste of food

   - Regular diet counselling

   - Courtesy & responsiveness of staff

| 9. Customer engagement | Always | Most often | Sometimes | Never |
|---|---|---|---|---|
| | 4 | 3 | 2 | 1 |

   - Did you find us when you needed us?

   - Satisfaction with the services received

   - Did you receive overall value for money?

10. How likely are you to recommend us to a friend or family member?

| 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 0 |
|---|---|---|---|---|---|---|---|---|---|---|
| Extremely likely | | | | | | | | | | Not at all likely |

Please help us understand the reason behind your rating?

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