EVALUATION OF IN PATIENT SATISFACTION OF GOVERNMENT GENERAL HOSPITAL

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INTRODUCTION

MISSION

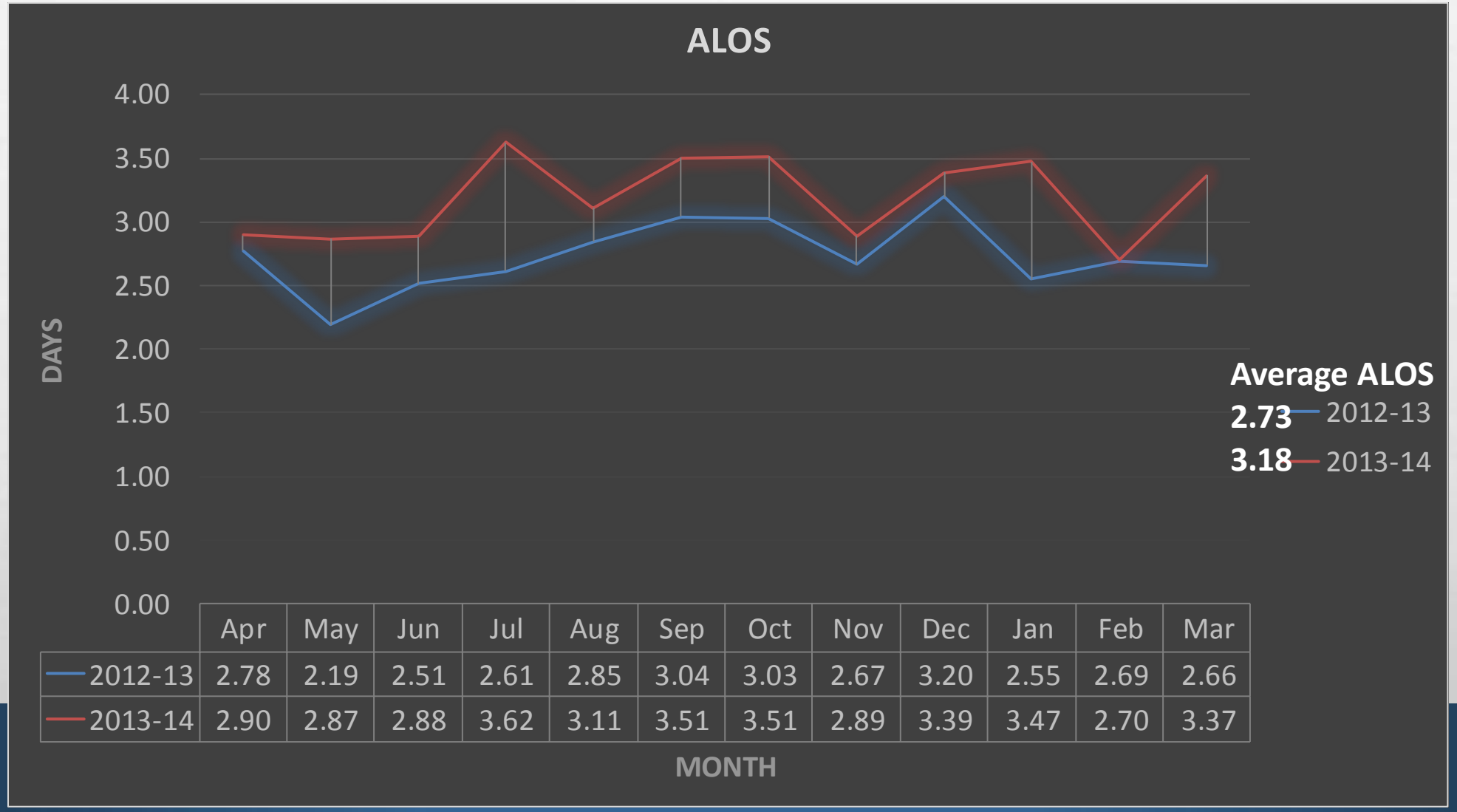
"To enhance the patients' quality of life by providing specialized medical treatment and preventative healthcare at free/ affordable cost".

VISION

"To be the network of finest public healthcare institutions in Gujarat as well as in India, providing quality medical care services with the state of art technology with easy accessibility, affordability & equity to the people of Gujarat and beyond"

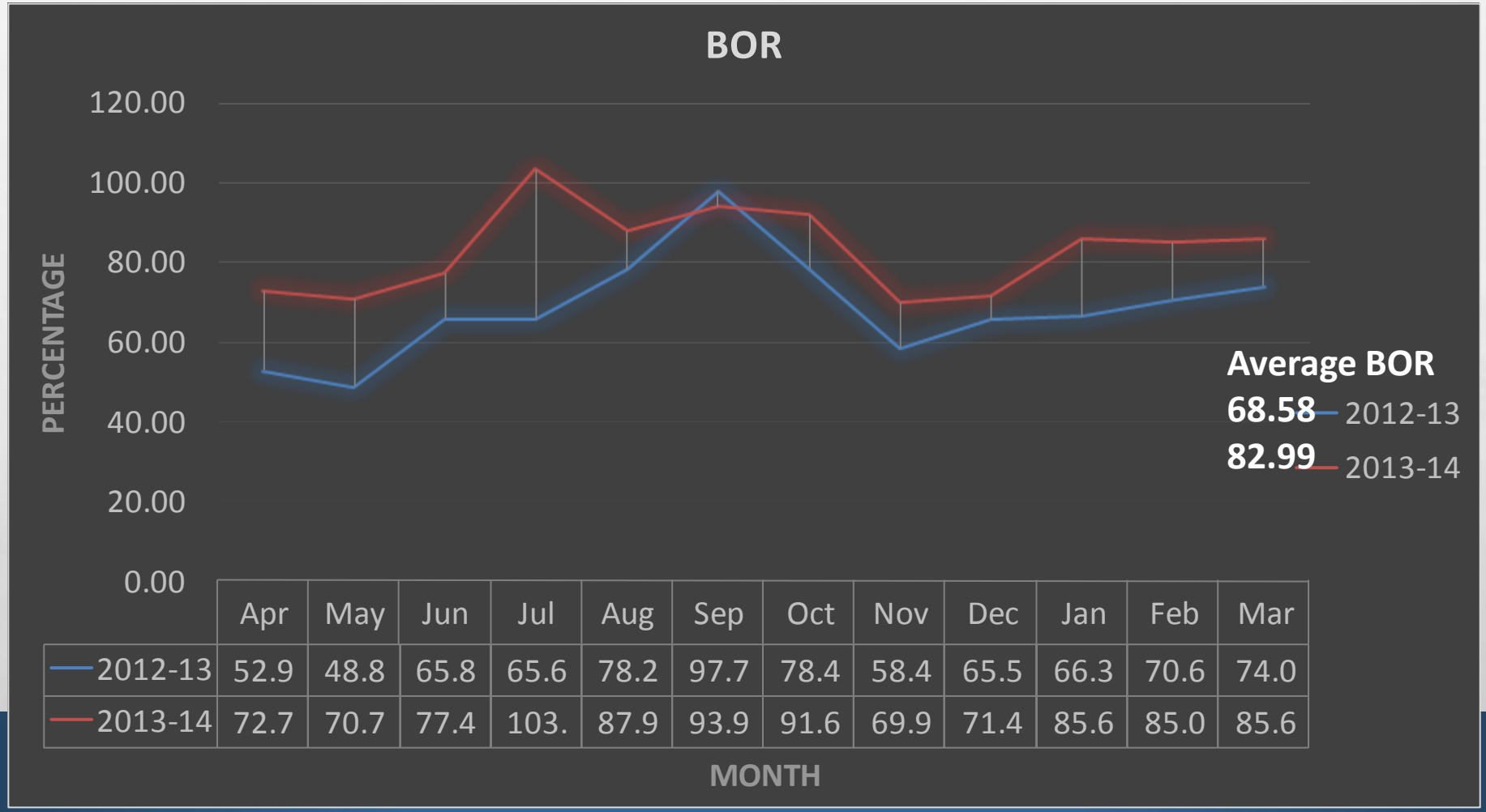
- **Biggest district hospital at the border area of MP, Gujarat & Maharashtra.**
- **It is established on Feb 21st 1919 by his highness maharaja Shri Vijay Singh now it is part of ministry of health and family welfare, Govt. Of Gujarat.**
- **It is a referral centre for 4 CHCs, 21 PHCs and 135 sub centres of Rajpipla.**

INDICATORS: ALOS



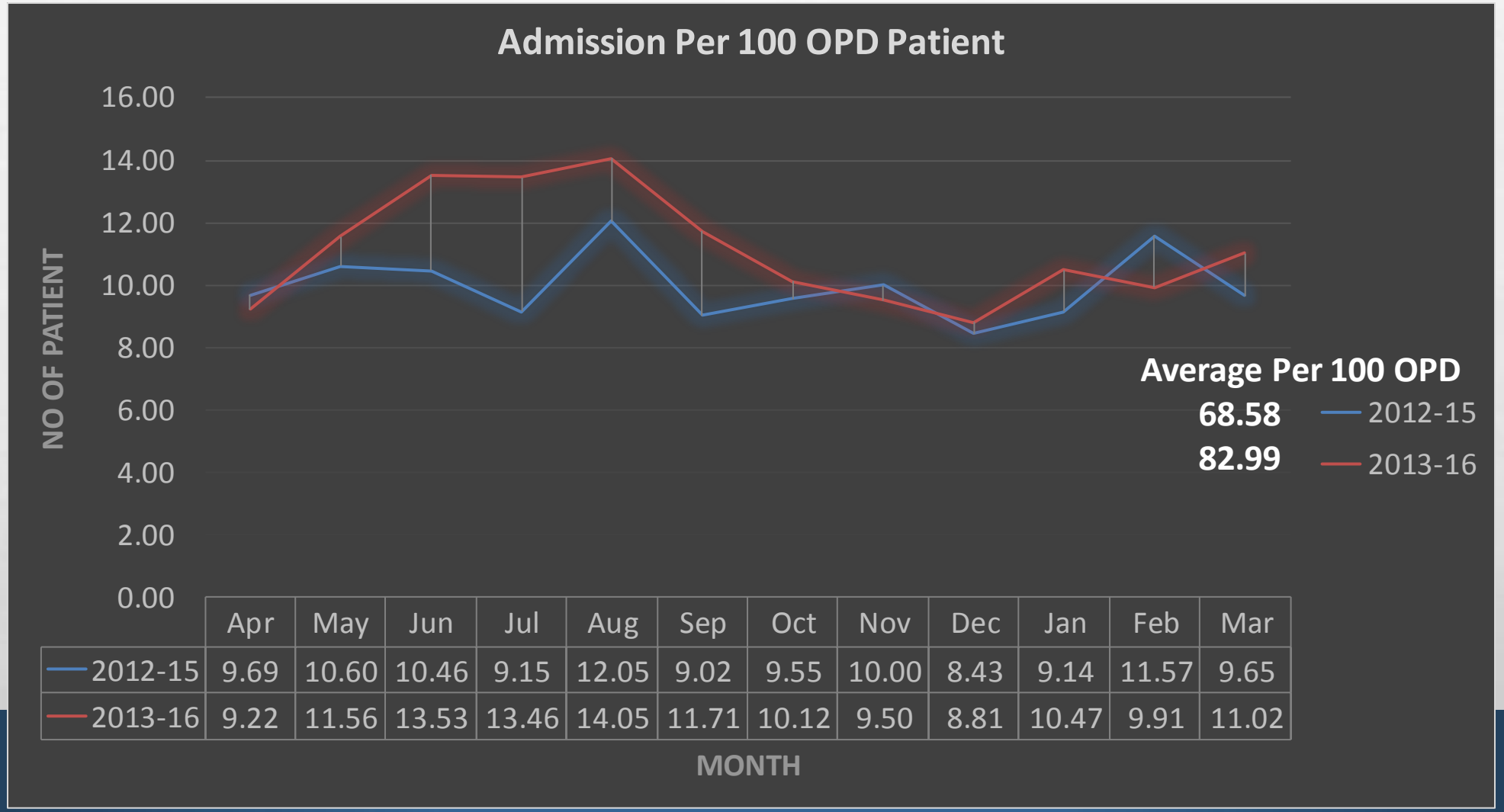
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2012-13	2.78	2.19	2.51	2.61	2.85	3.04	3.03	2.67	3.20	2.55	2.69	2.66
2013-14	2.90	2.87	2.88	3.62	3.11	3.51	3.51	2.89	3.39	3.47	2.70	3.37

INDICATORS: BOR



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2012-13	52.9	48.8	65.8	65.6	78.2	97.7	78.4	58.4	65.5	66.3	70.6	74.0
2013-14	72.7	70.7	77.4	103.	87.9	93.9	91.6	69.9	71.4	85.6	85.0	85.6

INDICATORS: ADMISSION PER 100 OPD



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2012-15	9.69	10.60	10.46	9.15	12.05	9.02	9.55	10.00	8.43	9.14	11.57	9.65
2013-16	9.22	11.56	13.53	13.46	14.05	11.71	10.12	9.50	8.81	10.47	9.91	11.02

KEY LEARNINGS

- Understanding of functioning of various departments of a government facility, management of staff, maintenance etc.
- HMIS and e- portals
  - GHMIS: Gujarat health management information system
  - DLIMS: drug logistics information management software
  - e-Mamta: mother and child tracking system
- Implementation of 5S in every department

PATIENT SATISFACTION

“In simple words patient satisfaction is an intangible reward, which can be achieved through efforts done by healthcare service provider & facility which exceeds up to patient’s expectations.”

- **INFLUENCING FACTORS:**
  - Literacy levels
  - Intellectual and physical/sensory disability levels and difficulties with language proficiency & cultural diversity.
- **SOCIAL ELEMENTS**
  - Financial Status,
  - Educational Status,
  - Demographics (Urban/Rural),
- **TECHNOLOGY**

IMPORTANCE OF STUDY

Most important reason to conduct patient satisfaction surveys

- They provide the ability to identify and resolve potential problems before they become serious.
- They can also be used to assess and measure specific initiatives or changes in service delivery.
- They can identify those operations and procedures that require better explanation to patients.
- Most importantly, they can increase patient loyalty by demonstrating you care about their perceptions and are looking for ways to improve.

AIM & OBJECTIVE

Aim: to find out satisfaction level of patients and causes behind patient dissatisfaction in in patient department

Objective:

- To evaluate satisfaction level of patients
- To ascertain the cause behind patient dissatisfaction

METHODOLOGY

Study Design: Descriptive Observational

Study Area: In Patient Department Of General Hospital, Narmada

- **Sample Size:** Average monthly admissions for year 2013-14 are 642 and sample size is 130
- **Selection Process:** Random selection of patients who are being discharged
- **Study Population**: Discharged patients

METHODOLOGY :DATA COLLECTION TECHNIQUES & TOOLS

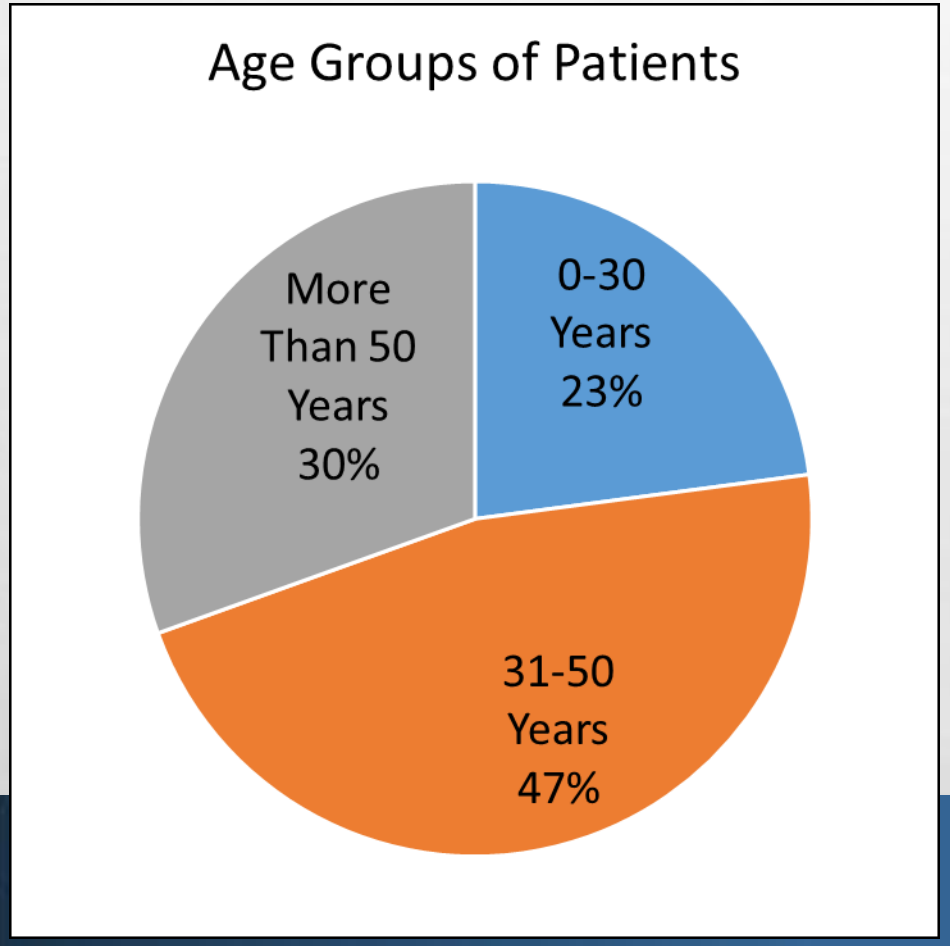
- **Primary data**: - Bilingual (English & Guajarati) questionnaire was made on the basis of Likert scale

Questionnaire for patients: A uniform patterned questionnaire consisting of Likert scale will be used with score level of 1-5

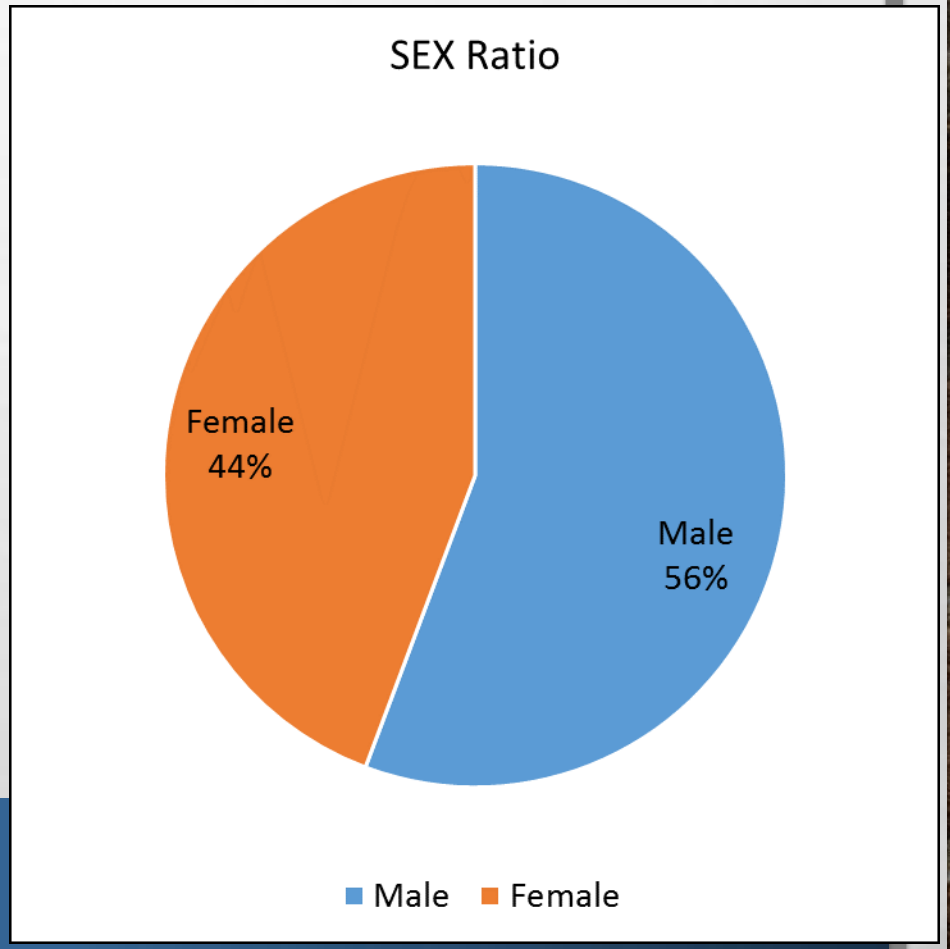
  - Scoring pattern :- scoring of each question be based on
  - 1 = strongly agree
  - 2 = agree
  - 3 = neutral
  - 4 = disagree
  - 5 = strongly disagree

- Other vital observations
- **Secondary data**: Review of various relevant literature for in patient satisfaction.
- **Data management:** All data collected with the help of questionnaires is analyzed with the help of spss and microsoft excel

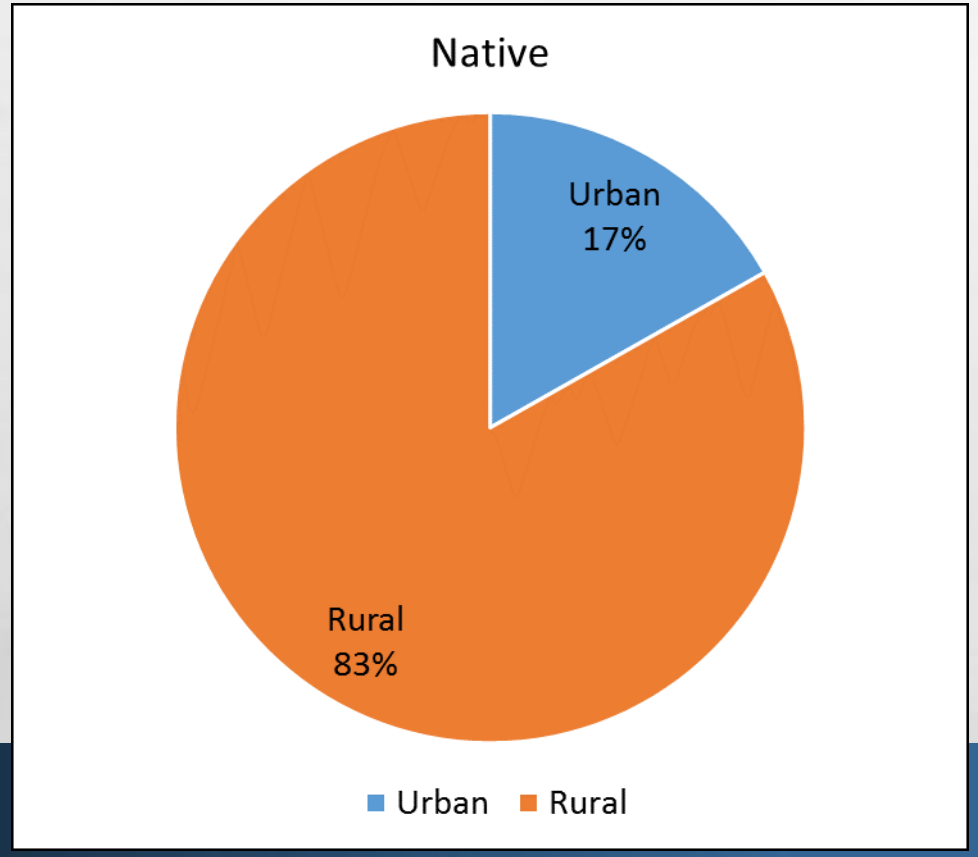
SOCIO-ECONOMIC INFORMATION OF SAMPLE PATIENTS



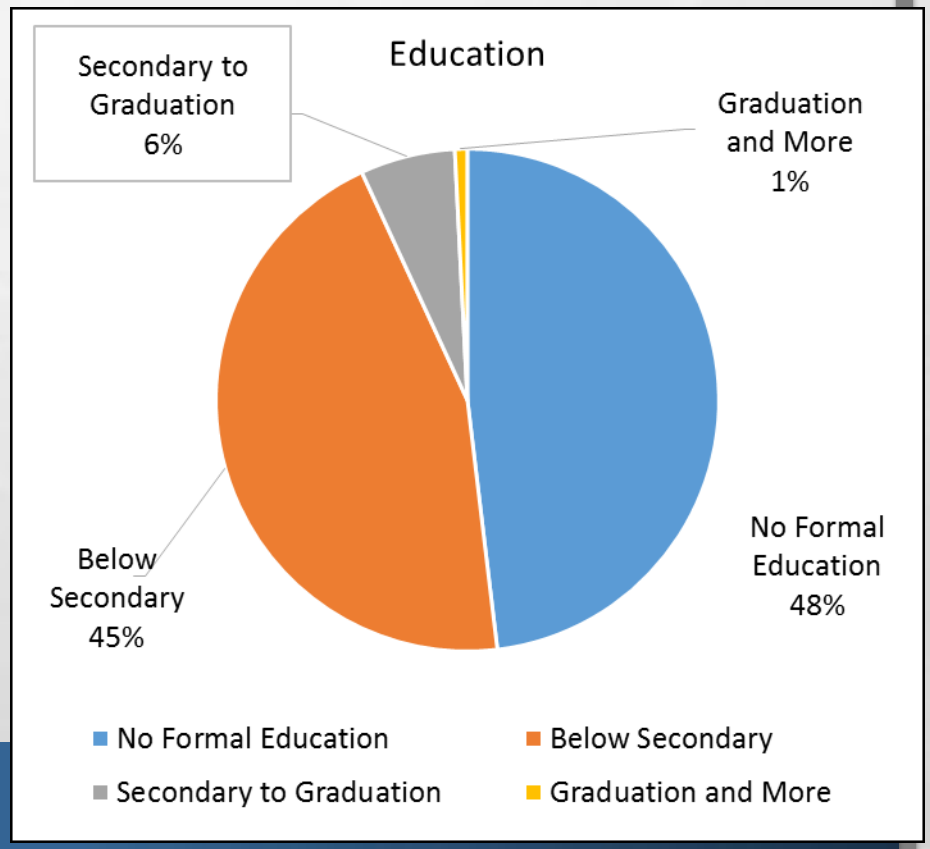
Majority of the admitted population belongs to Age group between 31-50 Years. Out of which 56 percent were male and 44 percent are female patient



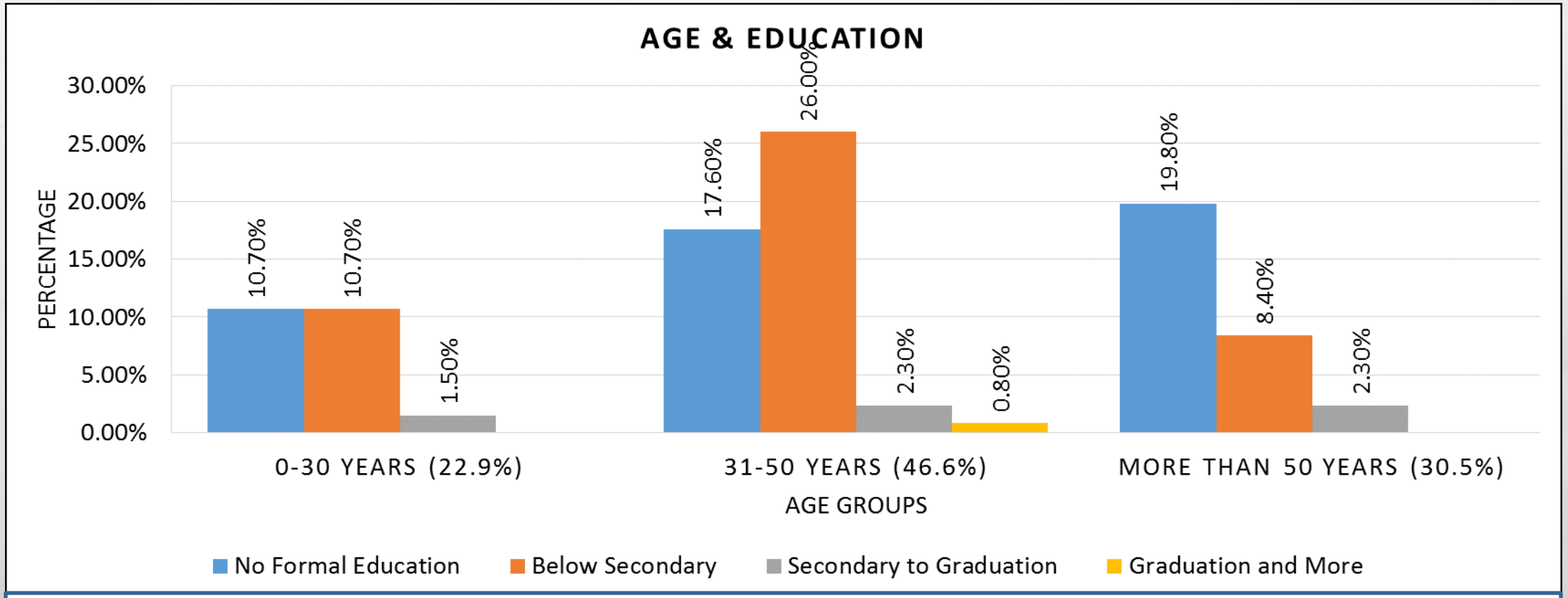
NATIVE & EDUCATION



Majority of the admitted population belongs from the rural area i.e. 83 percent. Figure 4 shows that maximum patient has received no formal education.

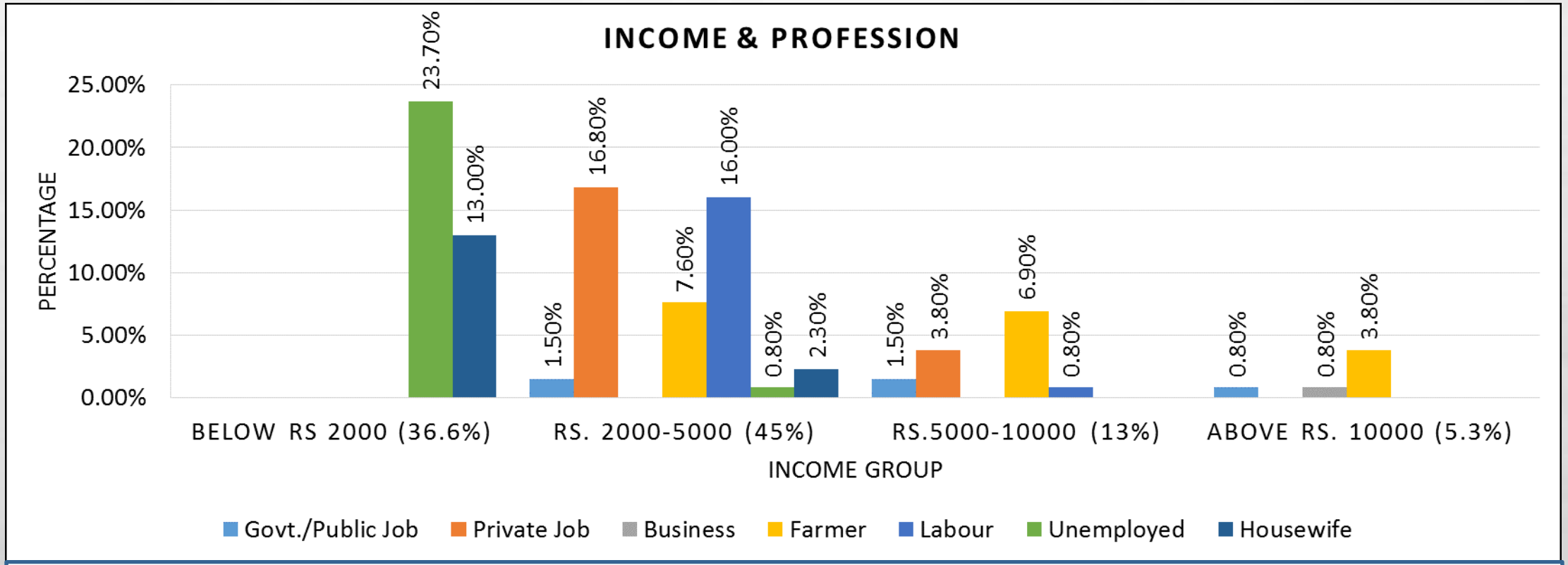


AGE & EDUCATION



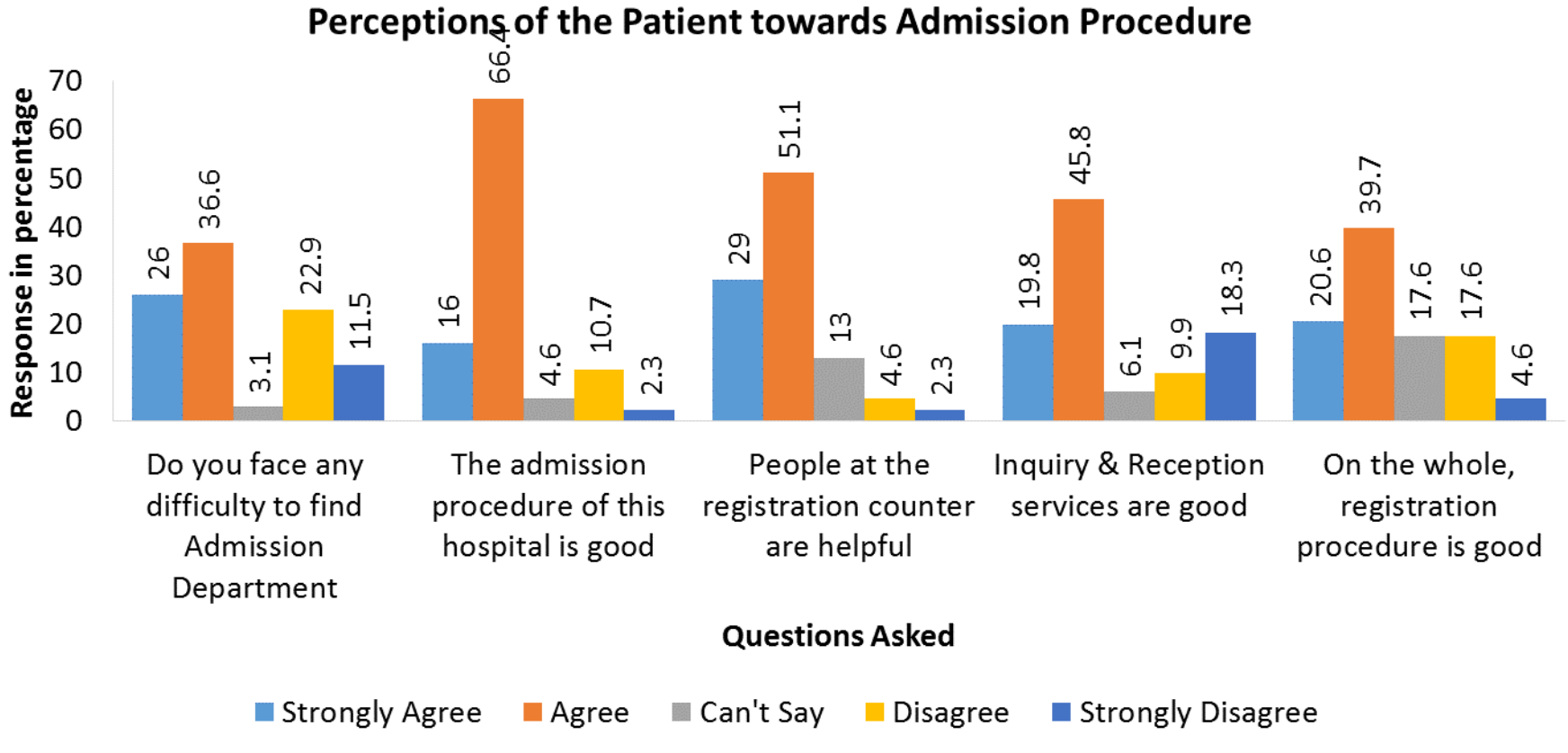
Majority of the admitted population are from age group of 31- 50 years (46.6 percent) out of them majority have education below secondary (26 percent)

INCOME & PROFESSION



Majority of admitted population (45 percent) earns between rs. 2000- 5000 only. Second majority of population (36 percent) have monthly income of less than rs. 2000 out of them 23.70 percent are unemployed.

PERCEPTIONS OF THE PATIENT TOWARDS ADMISSION PROCEDURE

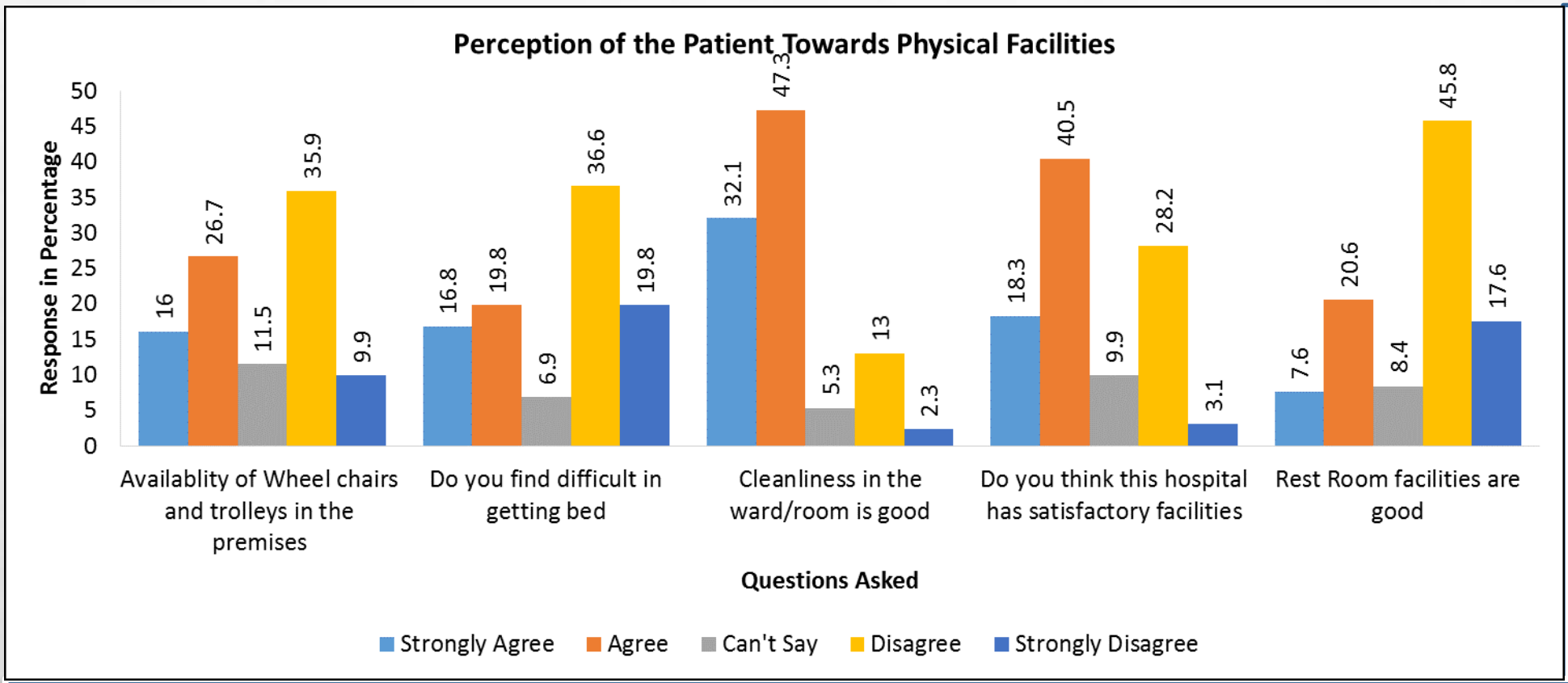


Over all admitted people perceive that admission procedure of the hospital is satisfactory although 62.6 percent agreed that they face difficulty to find Admission Department & various departments of hospital.

Causes:

- Lack of proper signage at various areas of hospital
- Old building, so lack of symmetrical structure

PERCEPTION OF THE PATIENT TOWARDS PHYSICAL FACILITIES

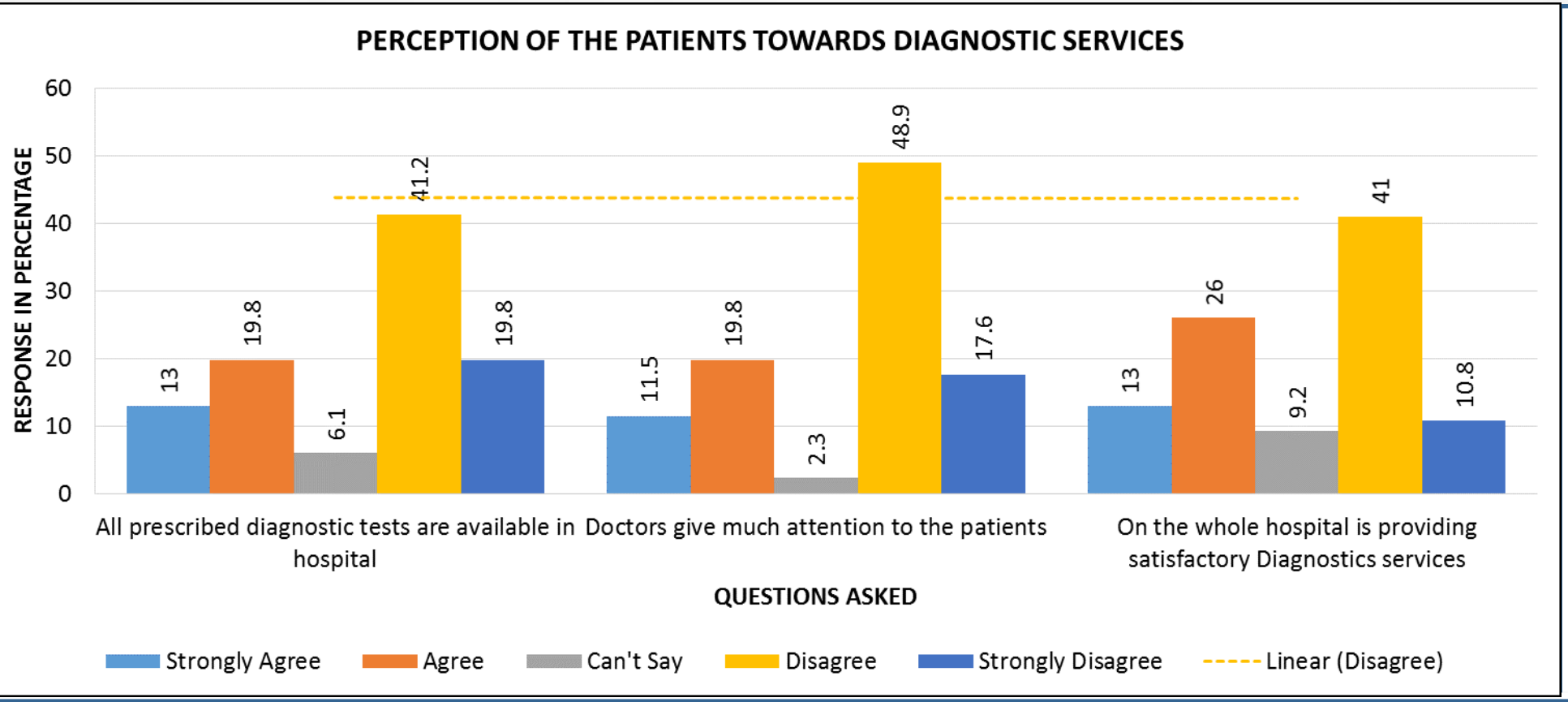


Above graph shows that over all admitted patients perceive that from all physical facilities they are satisfied except the availability of wheel chair and trolleys on time (45.8 percent) & Restroom facilities (63.4 percent).

Causes:

- **For Wheel chair and trolley:**
  - **Lack of Housekeeping staff / Grade IV**
  - **Unorganized usage of wheelchairs and trolleys**
- **For Restroom facilities:**
  - The hospital is functional in an almost 100 years old building, infrastructure cannot be modified

PERCEPTION OF THE PATIENTS TOWARDS DIAGNOSTIC SERVICES

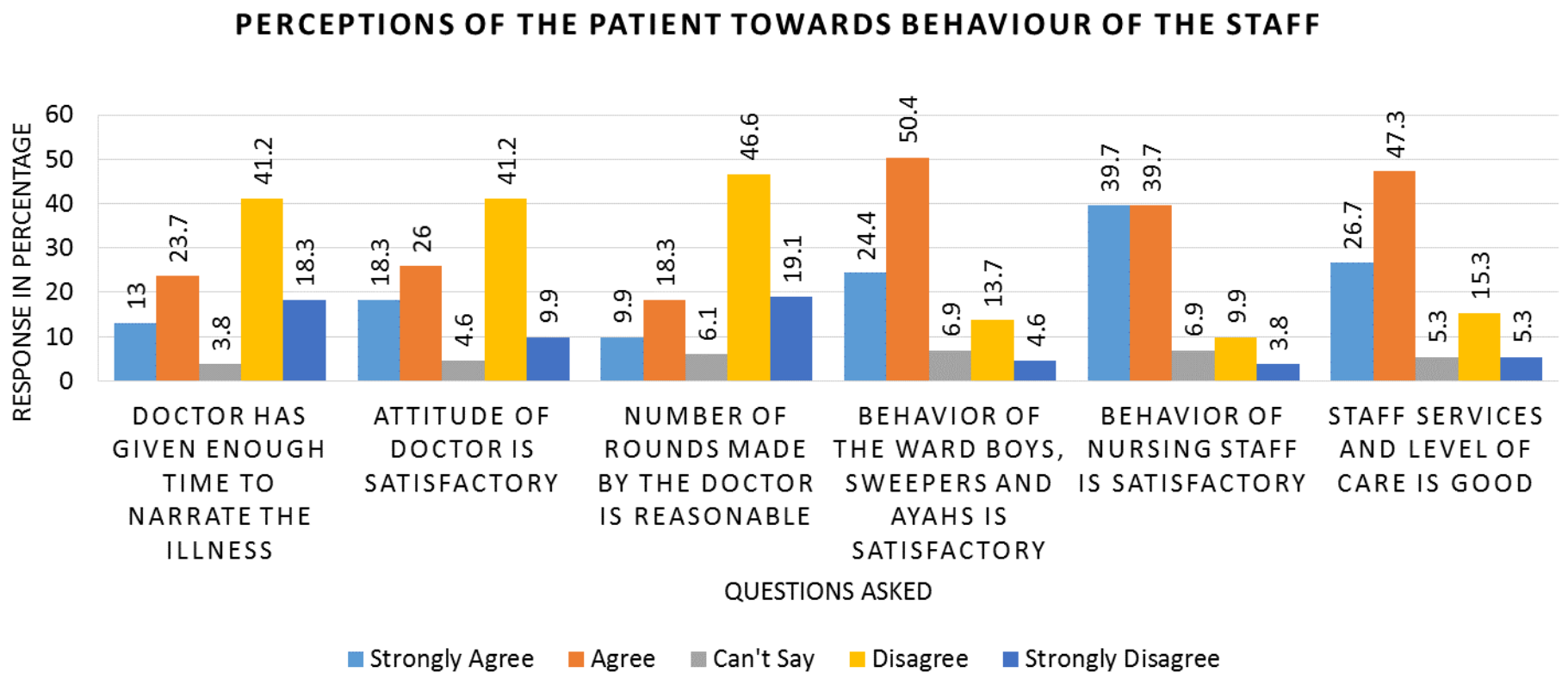


All admitted patient perceives that all diagnostic facilities are not available in hospital (41.2 percent), doctors do not give much attention to the patients (48.9 percent) and overall hospital is providing not providing satisfactory services (51.8 percent)

Causes

- **For Diagnostics:**
  - Only basic investigations (Biochemistry, Rapid card or Kit test), X-Ray facilities are available.
  - Laboratory facility is not available 24 hours, open only in OPD timings.
- **Vacant post of technical staff:** Due to vacant post of Radiologist, Lab Technician

PERCEPTIONS OF THE PATIENT TOWARDS BEHAVIOUR OF THE STAFF

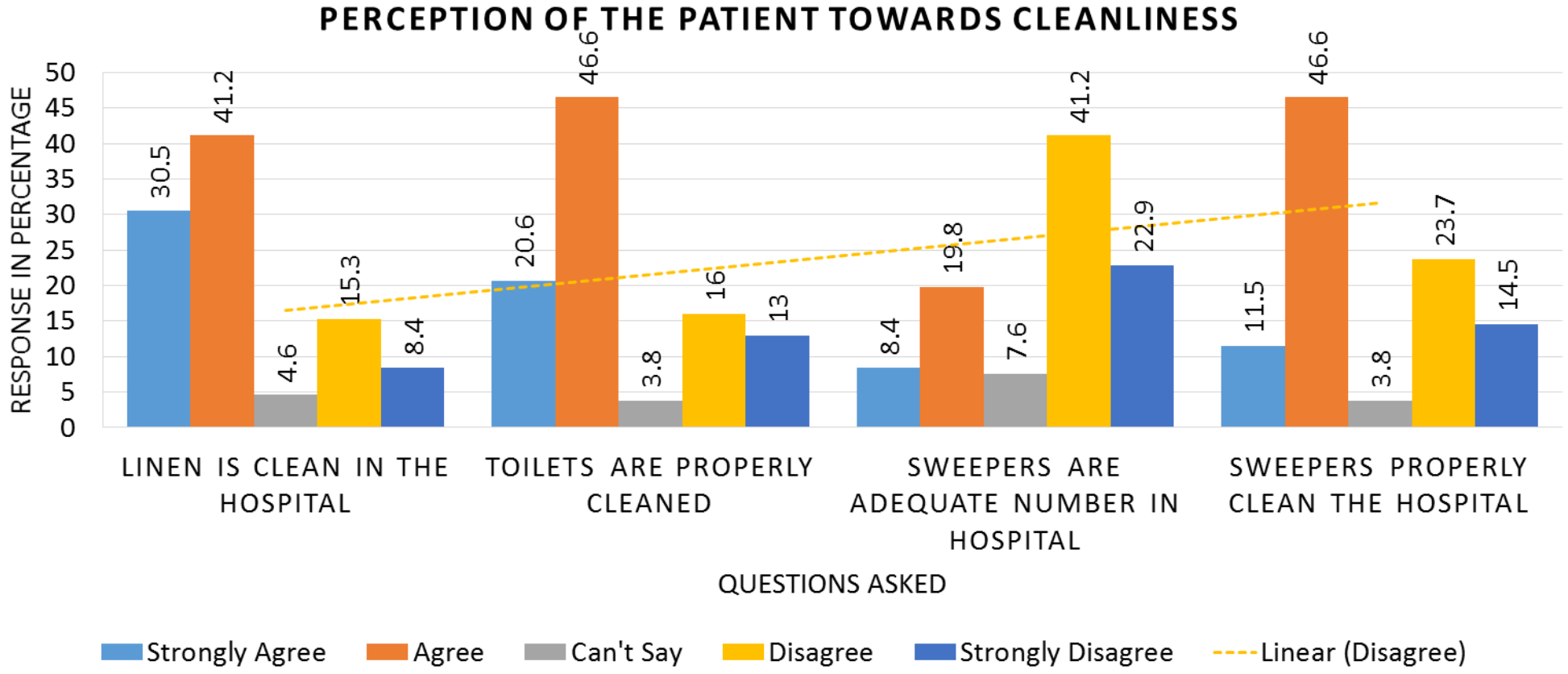


Over all admitted patients (41.2, 18.8) are dissatisfied because doctor does not give much time to narrate the illness, (41.2, 9.9 percent) says that the attitude of doctor towards them is not satisfactory & the number of rounds made by doctor (46.6,19.1 percent) are not sufficient enough.

Causes:

- Only three Medical Officer are available for all departments including emergency department over 24 hours period
- Due to excess patients (mostly) in emergency department, Medical officer have to skip rounds of stable patients.
- Majority of patients: very less educated so after proper explanation of disease the patients are unable to understand.

PERCEPTION OF THE PATIENT TOWARDS CLEANLINESS

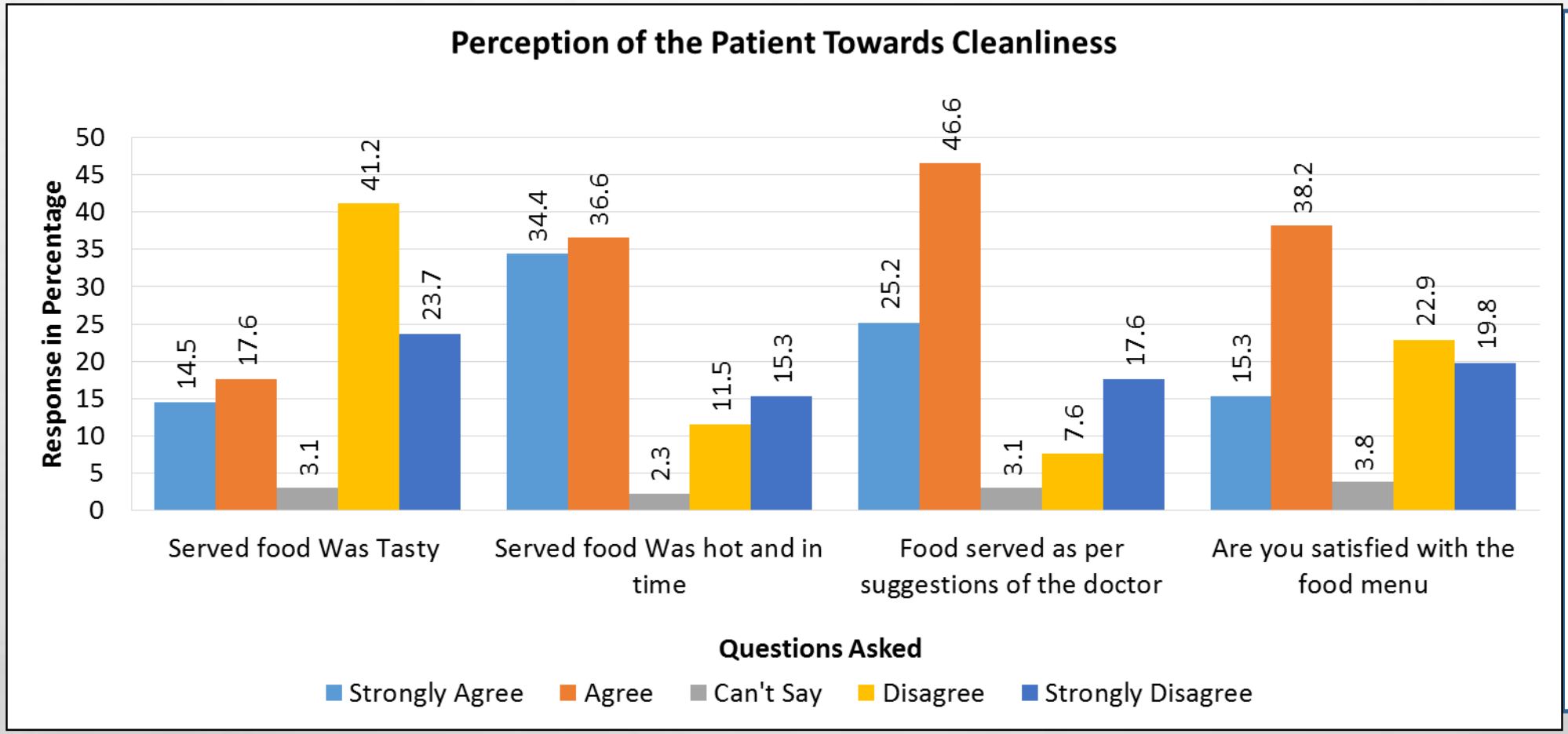


Over all patients perceives that there is lack of sweepers (41.2 percent, 22.9 percent) in the hospital for proper cleaning of hospitals and timely availability.

Causes:

- There is only one male and one female housekeeping / Grade IV staff available for each shift and they have to work out both housekeeping work, and work of helper for various works.

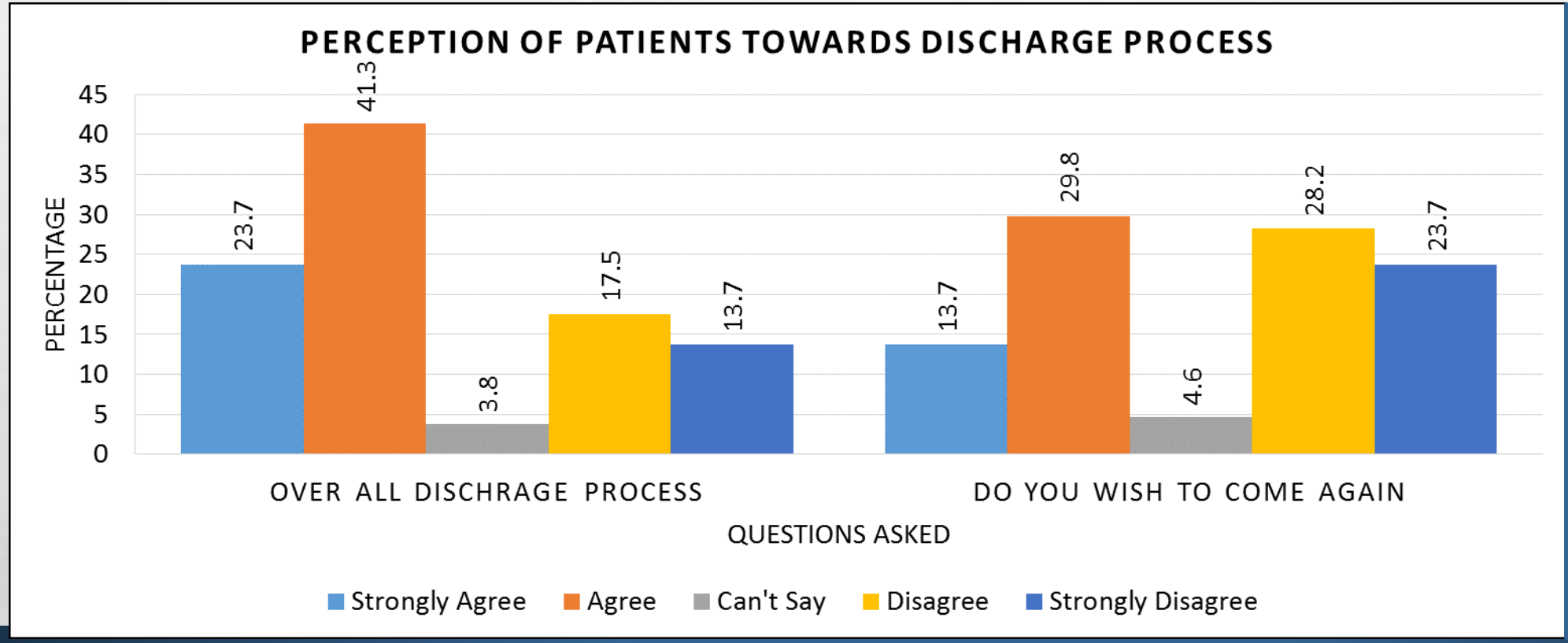
PERCEPTION OF THE PATIENT TOWARDS CLEANLINESS



Over all admitted patients perceives that served food was tasteless (41.2 percent, 23.7 percent)

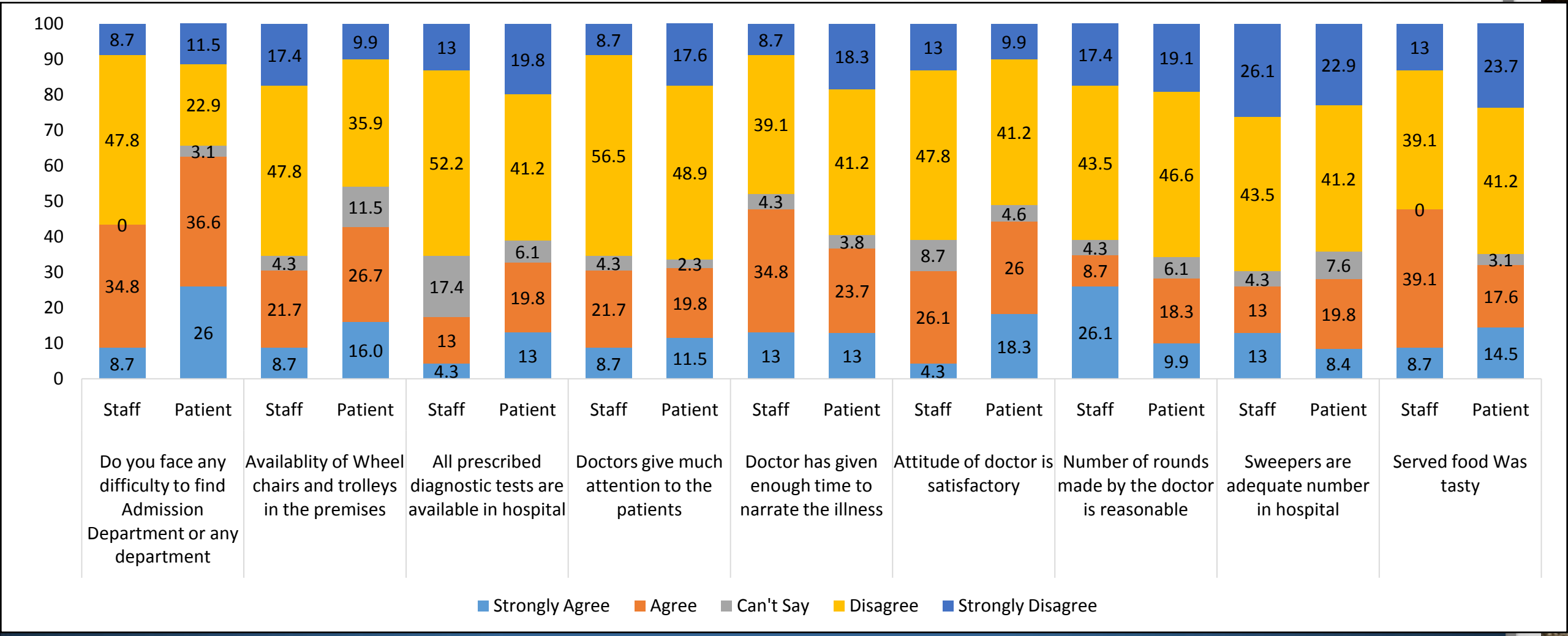
Cause: repetition of same menu within week.

PERCEPTION OF PATIENTS TOWARDS DISCHARGE PROCESS



Over all admitted patients 55 percent of patients does not want to come again to the same hospital for treatment, but out of all 65 percent are satisfied with the discharge process

COMPARATIVE ANALYSIS OF PROBLEM QUESTIONS REPLIED BY PATIENTS & STAFF



Above graph shows comparative analysis of problem questions and their replies according to perception of admitted patients and staff working around them.

PROBLEM AREAS

- Signage system: there are no or wrong signage at various places of hospital and because of which patients face difficulty to find various departments of hospital.
- Diagnostic facilities: unavailability of advance laboratory tests, USG examination & CT scan facility are not available at district hospital (41.2 percent).
- Doctors/ medical officer do not give much attention to the patients (48.9 percent)
- Doctors/ medical officer does not give much time to narrate the illness. (60 percent)
- Doctors/ medical officer do not take patient rounds timely and as guided. (65.7 percent).
- Patient complaints that the attitude of doctors/ medical officer towards them was not satisfactory (41.2, 9.9 percent).
- The availability of wheel chair and trolleys on time (35.9 percent)
- Very less restroom facilities (45.8 percent).
- Lack of adequate count of sweepers (64.1 percent) in the hospital for proper cleaning of hospitals and timely availability.
- Complaint of repetition of same menu within a week

RECOMMENDATIONS

1. **For improvement of signage system:**
   - Correction of signage and applying new signage
   - Monthly checking for all signage
2. **For diagnostic facilities:**
   - Filling vacant post of lab technicians as soon as possible so that laboratory facilities can be available for 24 hours and 7 days a week.
   - Pathologist will be directed through CDMO for starting advance lab test facilities and make efforts to start the procedure for making availability of advance lab test. (E.G. Culture, histopathology etc.)
   - Demanding for CT scan machine and technician to higher authority and making them understand the requirement & urgency of CT scan machine.
   - Filling vacant post of radiologist so that patients don't have to go for USG examination outside the hospital and increase their out of pocket expenditure.
3. **For problems related to doctor's attention, attitude and number of rounds taken by them:**
   - Filling the vacant post of medical officer/ doctors (4)
   - Quarterly training should be conducted for medical officer/ doctors.

RECOMMENDATIONS

4. **For restroom facilities:**
   - The hospital building is almost 100 years old, so it is facing structural problems for new construction but soon new hospital construction will be done and it will be commissioned and after that there will be no problems related to less count of restroom.
5. **For adequate number of sweepers:**
   - It was recommended to hospital authorities that there is a problem with adequate number of housekeeping staff/ grade 4 staff and assurance was given that soon in new contract, number of housekeeping staff will be increased.
6. **For food menu:**
   - Formation of mess committee can decide which raw food materials will be purchased and they can also timely surprise audit for the taste of food, hygienic status of kitchen, quality of food
   - Matron has to check taste of food at least once a day
   - Kitchen employees are instructed to improvise the food menu with the help of matron (in charge), so that problem with taste of food will be rectified.

CONCLUSION

- Patients are the primary target customers to any healthcare delivery organization. Patient satisfaction is very important aspect for both public and private hospitals which was used to ignore from long time in public institutions.
- Both patients and hospital staff agreed on some of the common issues which could lead to increase in the level of dissatisfaction among patients. The study concluded with results of lack of human resource from top to bottom (radiologist, gynaecologist, medical officer, lab technicians grade IV employees, housekeeping staff), unavailability of facilities like 24 hour laboratory, very few in number of basic amenities like restroom because of old infrastructure were found.
- Timely training of medical officers will make them understand patient's perspective of understanding the diagnosis and ease of care what they expect from a treating physician. Recruiting of suitable candidates for the vacant post will reduce workload on each and every individual and it will also give better outcome. Timely surveys will also help the actual situation of hospital facilities and hospital staff and will lead to find innovative ways to resolve confronting issues.

Thanks