Improving Patient Experience in AKD department at P.D. Hinduja Hospital, Mumbai

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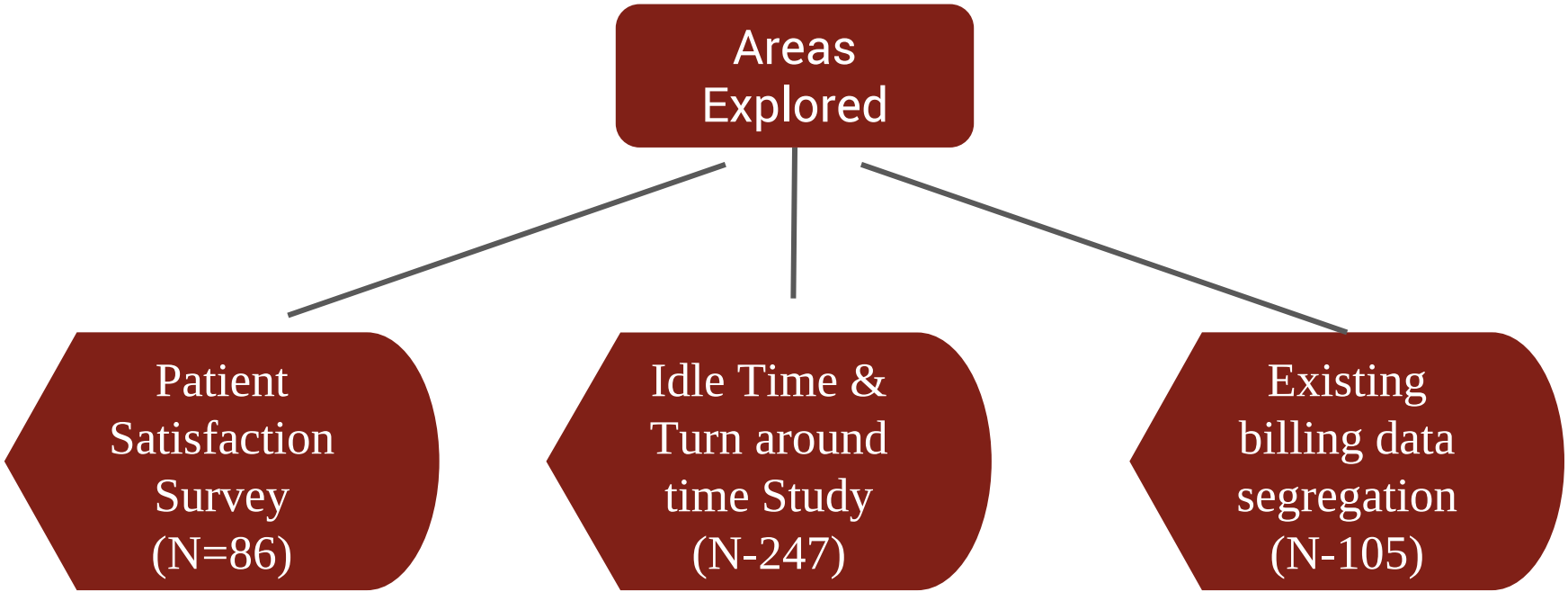
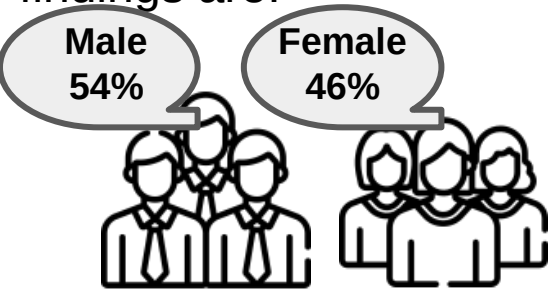
Projects conducted in AKD Department

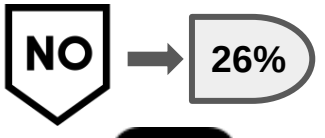


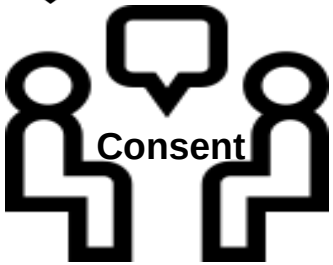
Patient Satisfaction Survey

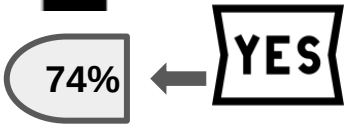
From the 112 existing dialysis patients, 86 patients participated in the survey. The findings are:

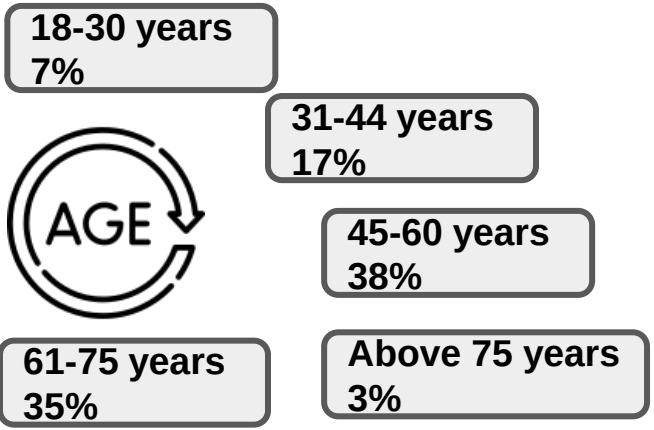


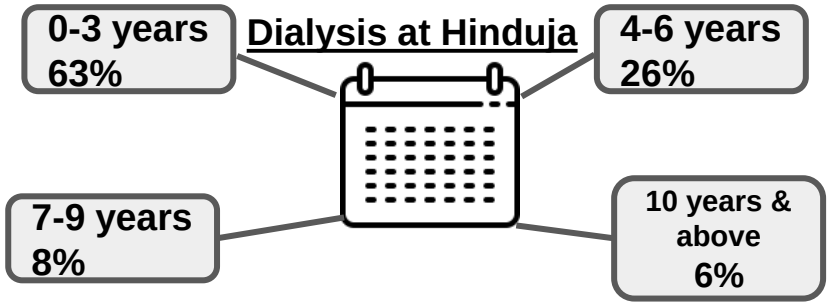
DEMOGRAPHIC INFORMATION

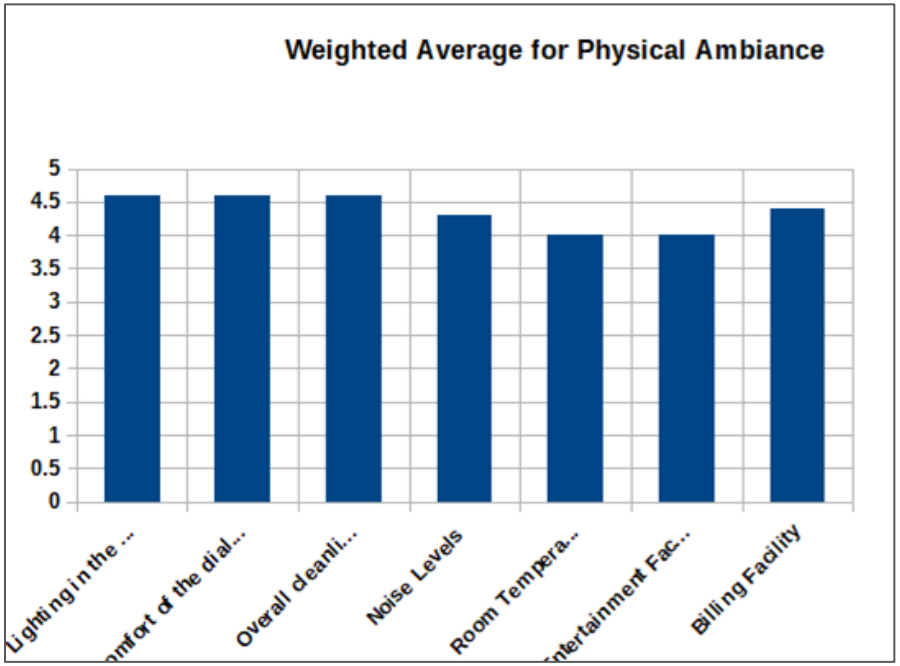






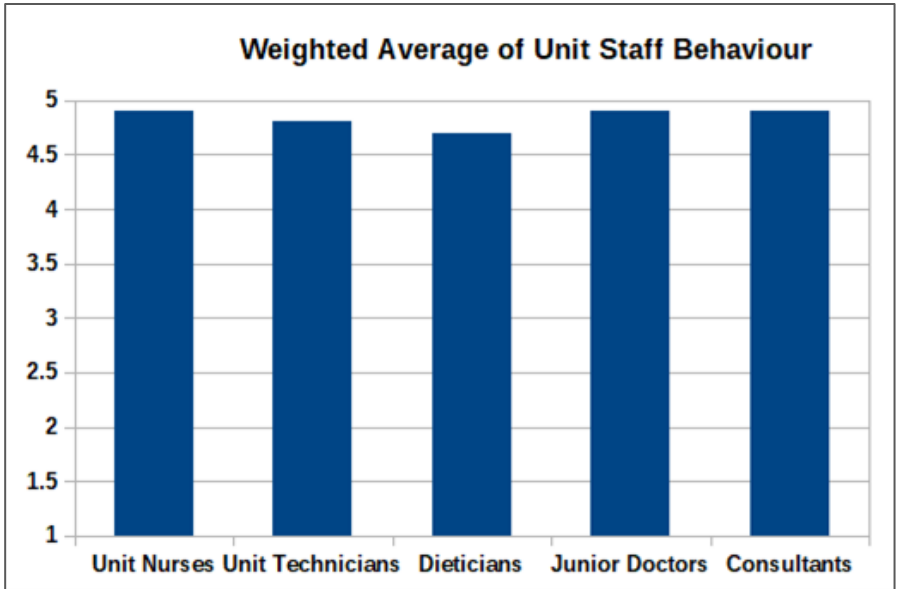






Inference:

- As seen in graph, all the particulars have a weighted average of 4 and above in the physical ambiance.
- In increasing order, Entertainment Facility and Room temperature being rated 4, followed by noise levels and online/ dedicated counter for payment facility at 4.3 and 4.4. Rest of them above the 4.5 benchmark

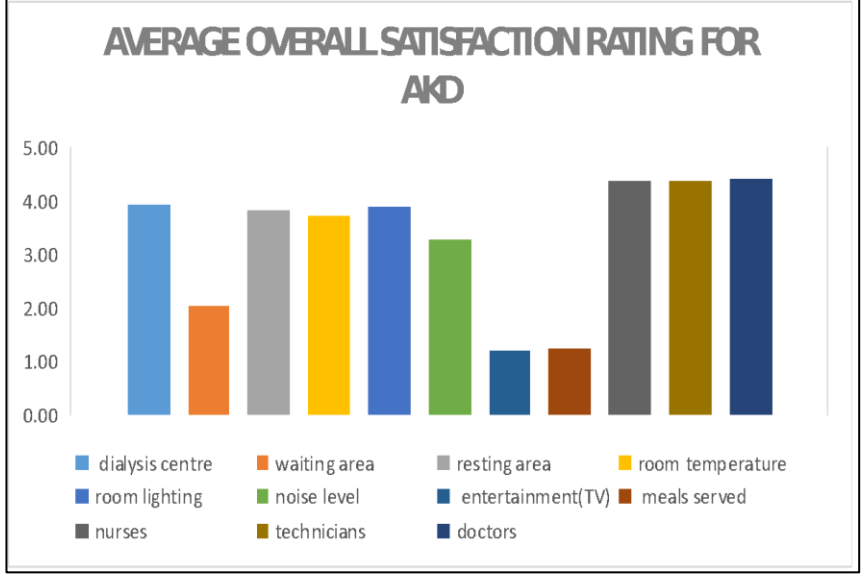


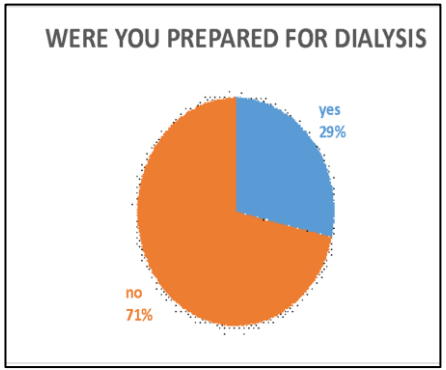
Inference:

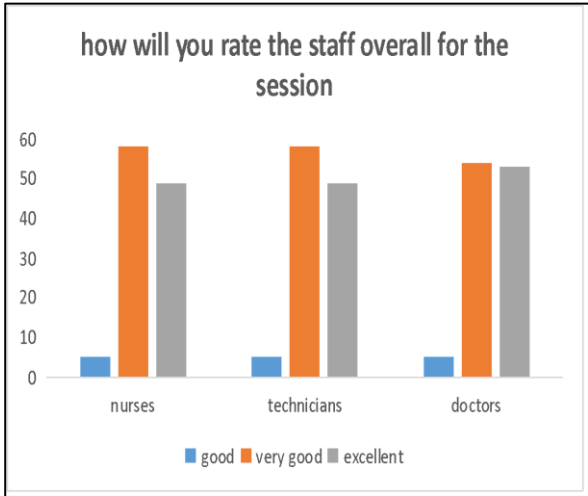
- The weight average w.r.t to each staff is above 4.5 .
- The least being dietiecients at 4.7 and rest of the staff being rated 4.8 and 4.9
- **Overall Satisfaction Rating: 4.6**

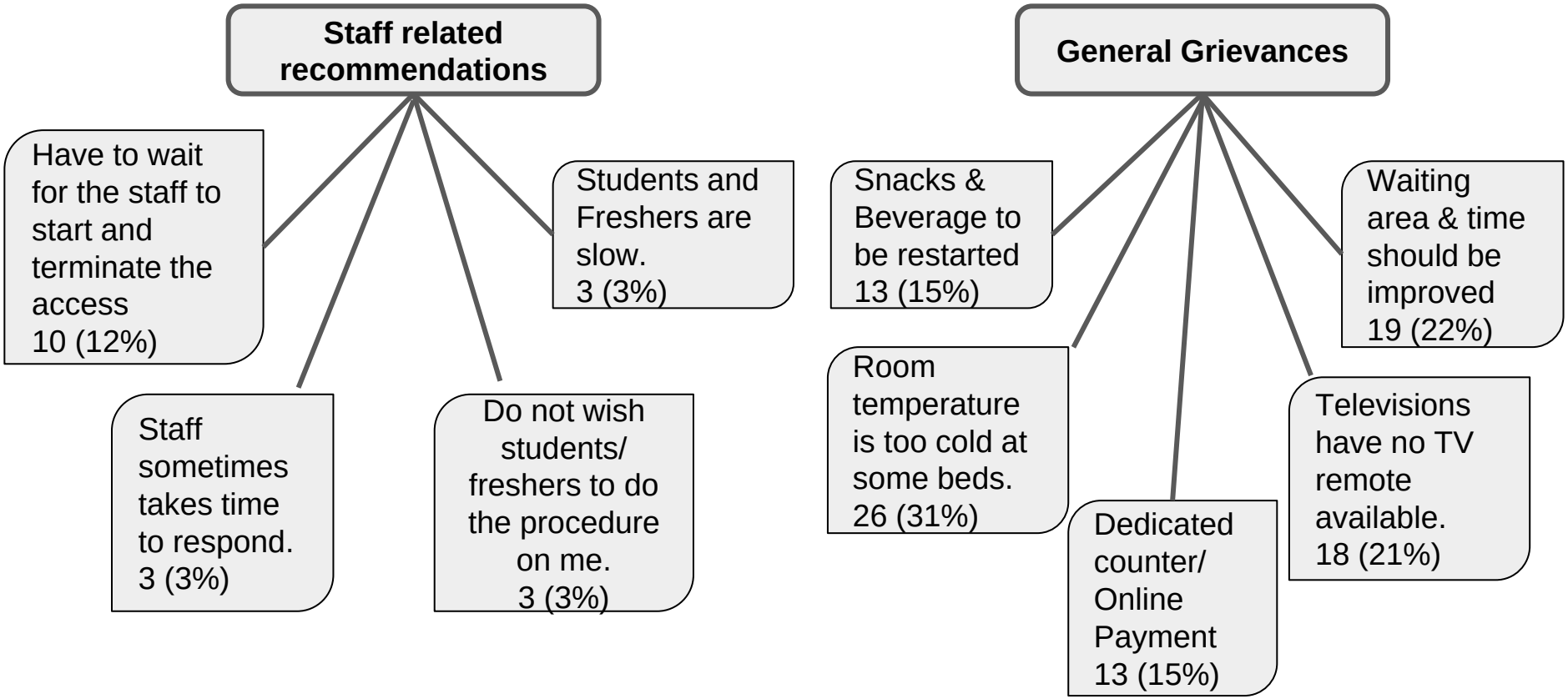
Comparison between 2019 and 2021 Patient Satisfaction Survey along with graphs from 2019 survey

Particulars	2019	2021
Patient Age group	55-64 (40%)	45-60 (38%)
Years on Dialysis	4-6 years (50%)	0-3 years (63%)
Counselling done	29%	74%
Average Rating for Physical Ambiance	3.1	3.8
Overall satisfaction with Staff	80%	88%








Staff related recommendations
Have to wait for the staff to start and terminate the access
10 (12%)
Staff sometimes takes time to respond.
3 (3%)
Do not wish students/ freshers to do the procedure on me.
3 (3%)
Students and Freshers are slow.
3 (3%)
General Grievances
Snacks & Beverage to be restarted
13 (15%)
Room temperature is too cold at some beds.
26 (31%)
Dedicated counter/ Online Payment
13 (15%)
Televisions have no TV remote available.
18 (21%)
Waiting area & time should be improved
19 (22%)

Recommendations to improve Patient Satisfaction:

Physical Ambiance related:

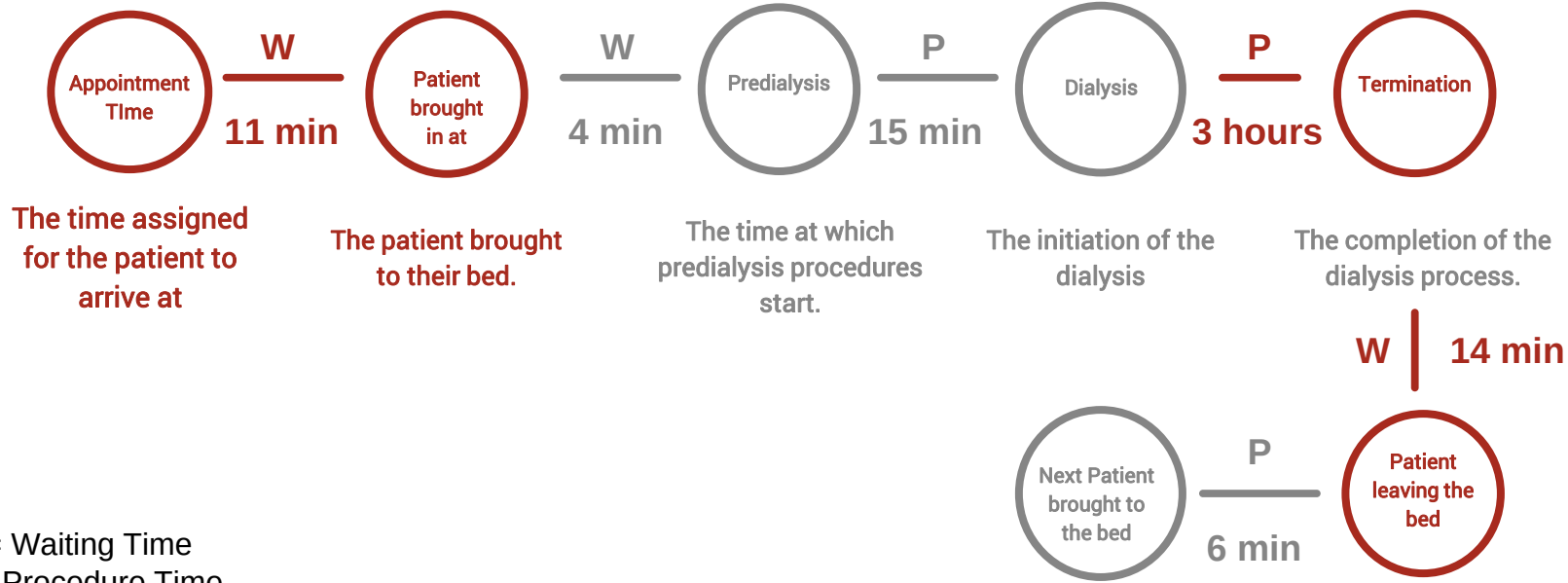
- Minimal key remote (hospitality remote) for each bed to be attached to the bedside using a coil cable. This will help in decreasing the misplacement of the remotes.
- Detachable cushions can be used for the existing plastic chairs which has been deemed uncomfortable by the patients during survey in the waiting area to make the wait for the relatives comfortable. Mounting benches parallel to the walls increasing the seating capacity. (while planning for the new space)

Staff related:

- Training for freshers and students on communicating with the patients and building a rapport with them, to ensure that patients start trusting the new staff.
- Call bell to be provided (specially to bed no. 6,7,8,9) as these are the corner beds and sometimes if the curtains are drawn staff may won't be able to hear the patients unless they are nearby.

Idle Time & Turn Around Time Study Findings:

- Sample SIze: 247 where patients from various shifts have been used as samples where the individual samples may be repeated based on the shifts used in the study. THe time mentioned below is the average time calculated using the samples.



W= Waiting Time
P= Procedure Time

The out liers found in each step during the study were as follows:

Outlier Particular	Percentage
Idle TIme 1	34%
Idle TIme 2	33%
Predialysis Procedure TIme	35%
Termination Procedure	31%
Turnaround TIme	32%

So the overall outlier percentage is 33%.

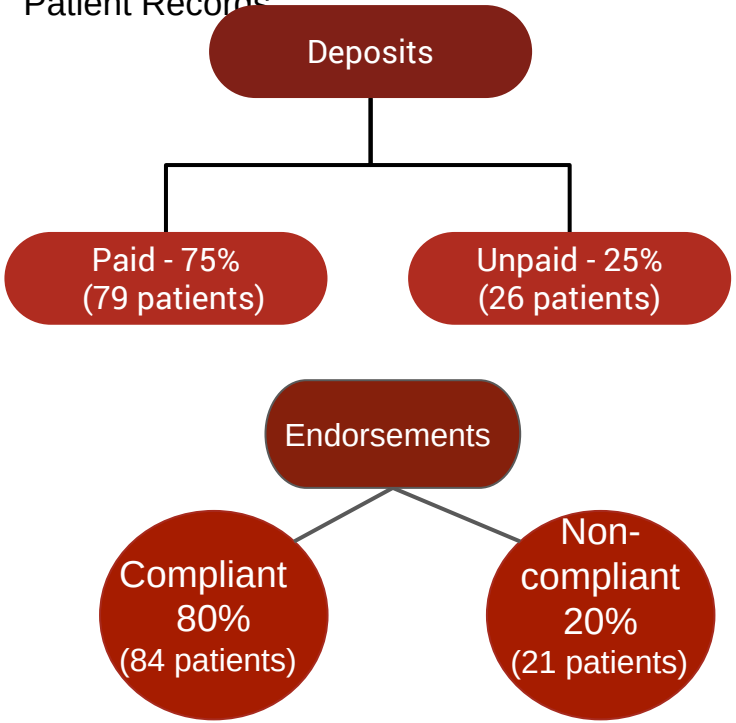
Recommendations to reduce waiting time:

- The first batch of patients should be divided into two halves and first 7 patients to be given an appointment time of 7-7.30 am and the next half between 7.45 to 8.15 am. This helps with termination of the first half by the time the next batch shows up for their appointment, reducing the waiting time.
- The list put on the notice board every week can also mention the appointment timings for each group, reminding the patients the time everytime they look at it.
- Portable Recline chairs to be kept handy, so patients who feel dizzy or tired and want to rest after the procedure can do the same on the chairs decreasing the turnaround time for the bed.

- To decrease the turnaround time, if the nursing staff is not available, housekeeping staff, students, technicians, anyone who is free could make the bed to start the next patie
- Using NIBP attached to the dialysis machine and documenting all the readings at the end saving time.
- Regular team building exercises, workshops for the technician and nursing staff together to build a positive team attitude.
- The manual documentation carried out can be reassessed to see if changes can be made and for the indent requisition along with related documentation can be divided better among the staff to save time.

Payment History Data Segregation Findings

Sample Size: 105
Mode of Data Collection: Verification of Individual Patient Records



Payment Frequency Patterns

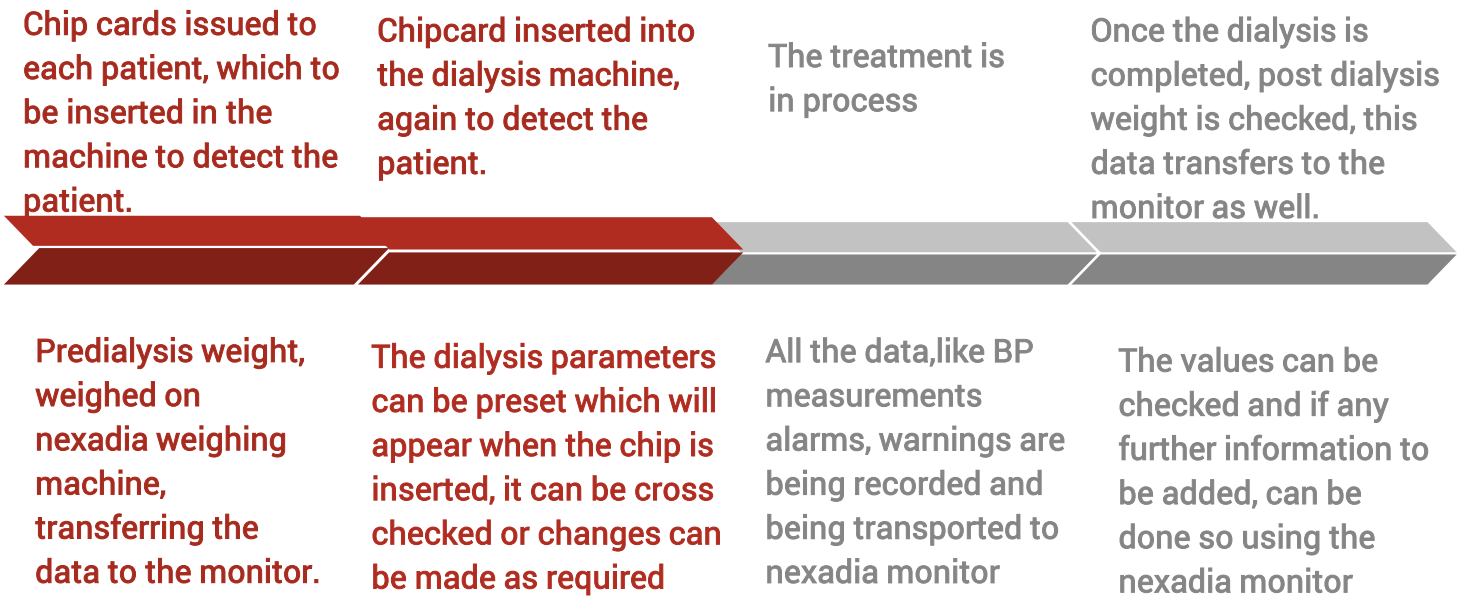
1-2	Daily/ 2 rounds	• 26 patients • 25 %
3-5	Weekly	• 43 patients • 41 %
6-10	Bi/Triweekly	• 16 patients • 15 %
12-18	Monthly	• 12 patients • 11 %
27	Bimonthly	• 3 patients • 3 %
	TPA	• 5 patients • 5 %

Recommendation for Voucher Management & Systematic Payments:

- A time period of 2-3 cycles of dialysis to be provided for patients to decide if they plan to continue receive treatment from our centre, after which deposit is to be paid without fail, should be clarified in the beginning during onboarding process. If they fail to do so, a meeting with the department head, (Mr. Pathak) and even after which if the deposit is not paid, a meeting with higher authority, informing it is mandatory to pay deposit to continue dialysis procedure.
- The reasons explored for non-payment being, them negotiating as they haven't skipped any payments for dialysis and how the process to get the deposit back is too tedious and once they stop it will be difficult to get the money back or they won't even remember to get it back. Hence the process of getting the deposit back should be reassessed.
- For patients who wish to do online payments, the same provisions as OPD online payments can be made available, with maybe weekly option as well along daily payment option. Informing them the refund process, time period etc beforehand.

- Currently, since vouchers are manually checked by nursing staff to avoid missing out on filling voucher details, while the patients come inside to inform their arrival, the technician notes their number and are then taken in by first come first in basis, so the one who marks their appointment can ask to check for voucher of that particular day. In this way before the patient is brought to bed there is double checking that takes place once during the arrival and once by nursing staff entering the voucher details which will minimize the missing out on voucher details documented before a dialysis session.
- To make the voucher management more system based, a barcode scanner/ reader can be set up at the nursing counter before entering in. The data is decoded by the scanner into an excel sheet. In the further meetings for nexadia software, it can be explored if the excel sheet with the voucher data can be integrated into nexadia monitor.

Data Management Solution - Nexadia by B Braun



Video: https://e.video-cdn.net/video?video-id=D9P1AE4FjrF19R4cTgSqCs&player-id=1k2JYcjScVb1FzzmqjiXZN

DATA VALIDATION OF NURSING INDICATORS

- **Initial Nursing Assessment**

The initial assessment is to be completed within 30 minutes of arrival into the department. To see if this indicator is compliant or not a stratified random sample of 120 patients ranging from March to June (discharge month) was considered.

Initial Assessment within 30 mins	180
Initial Assessment after 30 mins	0
Total	180

Compliance for Initial Assessment Indicator: 100%

- **Initiation of Care Plan**

Requirement: The initiation of the first care plan should be done within the first 24 hours after admission. To see if this indicator is compliant or not a stratified random sample of 120 patients ranging from March to June (discharge month) was considered.

Initial Care Plan within 24 hours	180
Initial Care Plan after 24 hours	0
Total	180

Compliance for Initiation of Care Plan Indicator: 100%

- Appropriate Handover Process

Requirement: The handover signatures in the ISBAR tool should match with the communication book maintained in each floor of the IPD Sections. To see if this indicator is compliant or not a random sample of 76 shift handovers were considered.

Handoff Process Communication Book	76
Handoff Process ISBAR Tool	76
Total	76

Compliance for Handover Process Indicator: 100%