Summer Training at

Aster Prime Hospital, Ameerpet

Hyderabad

From

10th May 2021 to 2nd July 2021

Patient Satisfaction in Outpatient Department In Multi-Specialty Hospital

by

Lahari Saipriya

MBA (Hospital and Health management)

2020-22

Aster
PRIME HOSPITAL
We'll Treat You Well

Date: 05th Jul, 2021.

TO WHOM SOEVER IT MAY CONCERN

INTERNSHIP CERTIFICATE

This is to certify that **Ms. Telaprolu Lahari Saipriya** student of MBA (Hospital & Healthcare Management) of the IIHMR University, Jaipur, has successfully completed her 8 weeks summer Internship under the guidance of Mr Nidhin Antony Head of Operations Management at Aster Prime Hospital, Hyderabad.

During the period of training from 10th May 2021 to 02nd July 2021 her conduct was found to be sincere, dedicated and committed.

We wish her all the best in her future endeavors.

For Aster Prime Hospital

ASTER PRIME HOSPITAL HR Department HYDERABAD

Ashwani Kumar Kaza
Head- HR

ASTER PRIME HOSPITAL
Corporate Office : Sri Sainatha Multi Speciality Hospital Pvt. Ltd.
Regd. Office: Plot No: 2 & 4, Opp. Passport Seva Kendra, Ameerpet,
Hyderabad – 500 038, Telangana, India
For Appointments: 040 4959 4959 | Email: appointments.prime@asterhospital.com

T : +91- 40-4456 9999
F : +91- 40-2375 5152
E : info@asterprime.com
www.asterprime.com

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ACKNOWLEDGMENT

I would like to begin with by saying Ameerpet was a superb opportunity for my internship at Aster Prime Hospital, both for education and professional development. Therefore, I feel very blessed that I have succeeded in taking the chance to join the family right now. I am pleased and overwhelmed that before **Mr. Devanand Kolothodi [CEO of Aster Prime Hospital**], I have my presentation of a project, a very supportive, open person and focused on discussions. My skills and confidence have flourished and increased this opportunity. I never assumed I'll be a totally different person by the end of two months. That's what I've taken from this organisation.

Bearing that in mind, I have used this opportunity to express my heartfelt appreciation and particular thanks to **Mr. Nidhin Anthony [head of operations]** who, although he had been extraordinarily involved in his work, took trips to concentrate on and "guide me and keep my track and enable me to carry out my project in their respected hospital.

I should also like to express my sincere thanks to **Dr C Shiny Priyanka, [Deputy Chief Operating Officer]** for taking part and making useful decisions and for giving the necessary advice and enlightenment.

I am very grateful to you, **Ms. Vanaja Duddu [HOD Front Office]**, for her heartfelt appreciation. Your support and on-the-spot guidance made us understand the work and responsibility.

In my career expansion, I regard this opportunity as an enormous success. I feel I'm ready to "seek to make the best possible use of the knowledge and skills acquired," which I can still improve to achieve the desired purpose of my lifetime. "Hope to continue your cooperation" over the long term.

Sincerely

Lahari Saipriya

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ABBREVIATIONS:

CATH LAB- Catherization laboratory

CICU- Critical Intensive care Units

CRM – Customer relationship management

CSSD – Critical sterile supply department

CT ITU- Intensive Therapy Unit

ER – Emergency

HDU- High dependency Units

HIMS – Hospital information management system

IPD- Inpatient department

MICU- Medical Intensive care unit

NICU- Neonatal intensive care unit

OPD – Outpatient Department

CHAPTER-01: INTRODUCTION

ABOUT ASTER PRIME HOSPITAL:

The "prime clinics" in Ameerpet "Hyderabad (Telangana) with just over 10 consultants, decided to open initially within 2006 as a polyclinical. ‘ With state-of-the-art technology and a careful approach, the Prime Clinics gradually grew and in 2007 resulted after its first orders of magnitude hospital with 96 beds. " Over the years, Prime Hospitals has developed into 'Specialty Hospitals, Cardial Procedures and Joint Replacement parts, Neuro Care, Services for Diagnosis, and Intervention,' 'Mother and child and many other things,' with break-throughs in emergency responders.

Prime Hospitals initially within the year of 2006 has found to open ‘as a polyclinic, “Prime Clinics’’ at Ameerpet, ”Hyderabad, (Telangana) with just over 10 consultants. ‘ With the cutting-edge“ technology and mindful ‘approach, Prime Clinics grew progressively leading to the‘ successful ‘establishment of Prime Hospitals, its first full-fledged 96-bed Multi-Specialty Hospital, in 2007.

‘Together with the leading healthcare providers during this a part of the country, patients at Prime Hospitals receive advanced diagnosis and treatment for the foremost acute clinical conditions.

Prime Hospitals has started a business with Aster DM Healthcare, a diversity that comprises a healthcare sector multinational corporation as part of a business strategy. Then was presented aster primary hospital.

As Aster Prime Hospitals continues to provide with latest technologies and facilities that meet global standards in Quaternary Medical Care to ensure that everyone, patients or even anyone, receives world class health care. The hospital offers patients with the latest technology innovations to diagnose the most acute clinical conditions, highly qualified medical expertise, customised care it around clock to promote the patient's fastest recovery, because the main provider of health-care services offers patients the most recent technologic innovations. Aster Prime Hospital currently has 204 beds and is currently a multi-specialty hospital in Ameerpet's Hyderabad strategic location. Aster Prime Hospitals has always been at the top of the line with the other pioneering medical facilities within the state of Telangana, providing quality health care in Hyderabad to its vast population.

From one clinic to a healthcare community leading to a spread of 308 facilities and increasing Aster DM health coverage in nine countries. Aster DM Healthcare now covers the whole range of treatments, one of the most important and quickly growing conglomerates in MENA. A large portfolio of 'hospitals, diagnostic' centres, clinics and 24 in 7 drugstores.

The Aster DM network now includes hospitals with to their headquarters in Dubai (GCC- 12 India- 13). Aster DM Healthcare is constantly looking to create new zeniths with advanced developments. Never stop to rest in its laurels. More innovative strategies and impressive high-class initiatives. The health revolution in central East India and therefore in the Far East has been radically by Aster DM Healthcare Each vertical of the Group could also be a "distinctive, engaging" logo to make tomorrow healthier and then to need healthcare to a degree of excellence.

1.1 (i) Specialities:

- Accidents & Emergency
- Anaesthesiology
- Bariatric Surgery
- Cardiology
- Cardiothoracic Surgery
- Dentistry
- Dermatology
- Endocrinology
- Gastroenterology
- General Medicine
- General Surgery
- Intensive Care Medicine
- Laboratory Medicine
- Nephrology
- Neurology
- Neurosurgery & Spine Centre
- Obstetrics & Gynaecology
- Orthopaedics
- Otorhinolaryngology
- Paediatrics &Neonatology
- Pain & Palliative Medicine
- Paediatric Surgery
- Physiotherapy
- Plastic Surgery
- Podiatry
- Psychology & Wellness
- Pulmonology
- Radiology & Imaging
- Rheumatology
- Urology

1.1 (ii) "Departments:

- Outpatients' department
- Inpatient department
- Emergency department
- CSSD
- CRM
- Billing department
- Operation theatre
- Dialysis
- Radiology department
- Pharmacy
- Housekeeping
- Maintenance & engineering
- Intensive care unit
- HDU
- CICU
- NICU
- Laboratory department
- Blood bank
- CTITU
- Cath lab
- Casualty
- Dietary services
- Physiotherapy
- Security
- Anaesthetics
- Specialized departments (e.g.- cardiology, urology, ENT, etc.)
- Medical record department
- Information technology
- Human resources
- Bme(bio-medical engineering)
- Procurement stores

1.1 (iii) Facilities

- Emergency and trauma services
- ICU and NICU
- Diagnostic services
- Hospital rooms
- Pharmacy services
- Ambulance services
- Cath lab
- Neurophysiology
- MRI services
- International services
- Housekeeping

1.2 OBJECTIVES:

1. To understand the functioning of departments under operations.
2. To observe the problems in different departments under operations.
3. To understand the managerial issues in various departments under operations.
4. To understand the service-related problem facing by the patient.
5. Working under pressure when overcrowded.
6. How to make the process more efficient.

1.3 MODE OF DATA COLLECTION:

Data was collected based on the observations from various departments under operations. Posted in various departments and data was collected based on the observation for 1 week to 10days. A sample is small for some departments and large for others. All of this includes the quantitative analysis.

Following departments:

- Pharmacy (IP)
- Pharmacy (OP)
- OPD Front office
- Vaccination
- Emergency

CHAPTER-02: OBSERVATIONAL LEARNING

2.1 OBSERVATIONS AND WORKFLOW FOR 8 WEEKS

2.1 (i) 8 Weeks workflow chart:

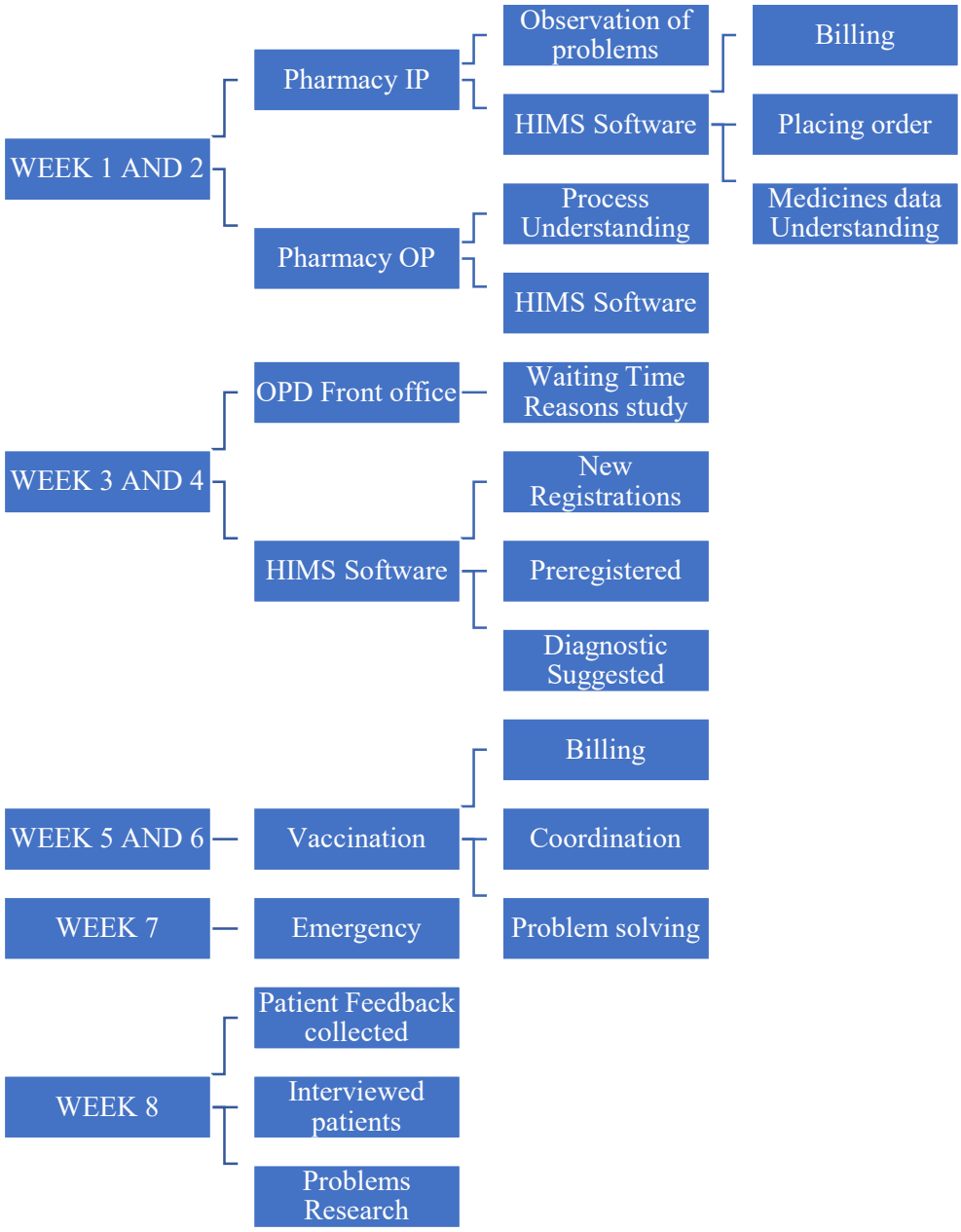


Figure 2.1 (i): 8 weeks workflow diagram

1. Week 1: Posted in the pharmacy (INPATIENT AND OUTPATIENT)
2. Week 2: Pharmacy Outpatient
3. Week 3: OPD front office First floor

4. Week 4: OPD second floor
5. Week 5: Vaccination (Conference Hall for Covishield)
6. Week 6: Vaccination (General Ward for Covaxin)
7. Week 7: Emergency Department
8. Week 8: Data collection from OPD waiting area and presentation in front of CEO.

2.2 DEPARTMENT WISE CONCLUSIVE LEARNING AND SUGGESTIONS:

2.2 (i) OP Pharmacy:

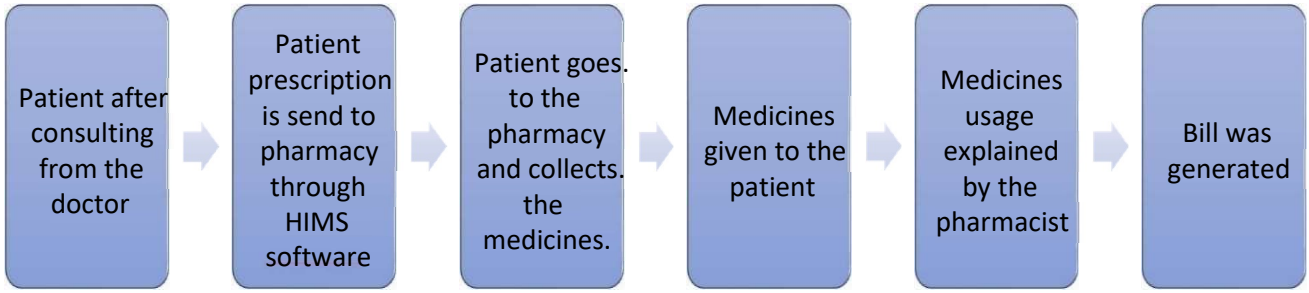


Figure 2.2 (i): OP pharmacy observation patient flow

Observations:

1. Because of the covid 19, there are mostly covid medicines that were sold, so other medicines which were ordered in bulk quantities that were common earlier might get wasted or expired soon.
2. While ordering the medicines or the types of equipment of higher demand should be stocked up frequently and those which are not could be ordered in lower numbers. This must be done by some person responsible for ordering the right medicines and right quantities so that we can decrease the medicines that were not used frequently and more in need medicines should never run out of stock.
3. Another major problem lies with the purchasing department that even if some medicines are shocked up after placing the order by a pharmacist, they take 2 to 3 days to update them, and this delay time may lead to the overall loss.

Suggestions:

i. The purchase department and General store should strictly work on updating the pharmacist on time.
ii. The time taken to stock up the medicines and making them available should be well communicated between the staff and everyone should work in coordination.
iii. Frequent inspections should be conducted for the people working in the back-office Because front line workers should not suffer because of any miscommunication amongst them.
iv. Some medicines the workers usually used to call the departments and confirm. That discussion should be fixed by frequent prior updates.

2.2 (ii) IP Pharmacy:

Observations:

1. OT Sheets: Medicines used, or items used by the surgeons at the time of surgery are mentioned in this sheet.
2. These sheets are then forwarded to the central store for the billing approvals and charges-related process.
3. OT pharmacy: Surgery-related items and medications are sold here to maintain the highest possible sterility.
4. These medicines are then noted and formed a list and later the charges were applied to patients at the time of discharge.
5. Two forms are mandatory before selling certain medications or drugs. Form number 20 and form number 21.
6. These forms were issued by State Govt, Drug controller administration for selling drugs included in Schedule C and Schedule C1 excluding Schedule H drugs.
7. Signed by Licensing authority which is valid for 5 years.
8. All the names of responsible authorities along with their designations are mentioned in the form.

Suggestions:

i. One extra boy is needed in the store not highly qualified but someone like ward boy. Who could take care of the things like cleanliness in the store, to get the things from the main pharmacy if something comes up? So that the staff would get the minor distractions for little things.
ii. The other important thing is that the reordering issues should be taken by the person completely responsible and dedicated to making the maximum medicines availed to generate the maximum revenue.
iii. So, the purchasing department should work on the exact quantities mentioned as mentioned by the store so that it will be easy to keep the record.

2.3 OPD (Outpatient Department)

Observations:

1. The patient is coming for the first time is registered in the new registrations.

- One form is right beside the reception desk which the patient has to fill in the details.
- Once the form is filled the patient details were entered on the system by the front office executive.
- Once this is done the new UMR number is generated.

2. If the patient is coming after the first time then the existing UMR is entered and all the details of the UMR were displayed and the patient history.
3. If the patient is suggested for the tests by the doctor then the patient has to go to the diagnosis area.

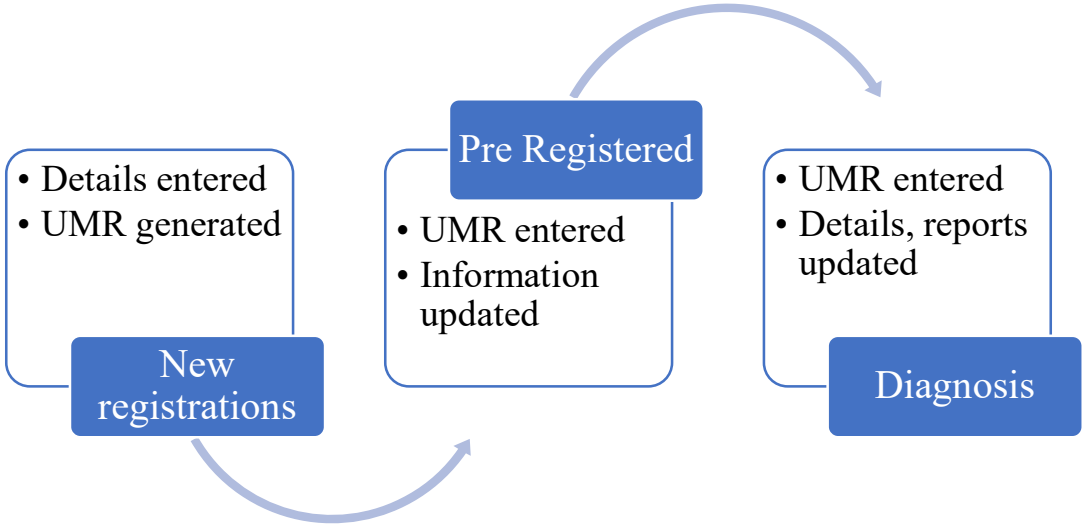


Figure 2.3 (i): OPD front office Process

Suggestions:

i. Some of the patients were not aware of the doctor's timings.
ii. Asking them to call the customer care number which was displayed in the patient's report card before coming for the timesaving.
iii. Scheduling is done properly by the CRM people then the crowd could be avoided.
iv. If the patient's condition is very serious should give them the preference.
v. If the patient is a senior citizen and is not aware of the calling and all then the screen should be displayed in the waiting area for more information.
vi. Proper guidance to the senior citizens.
vii. An App should be there to avoid the misunderstanding of the timings and proper scheduling of the doctors with other information should be provided. So that the crowding can be managed.
viii. Sometimes the doctor's timings are changed for some reason, or the patient is misguided by the customer care executives which leads to unnecessary disputes this could be avoided by the app.
ix. Customer care executives should also be properly updated in case of such cases.

Learnings:

- Learn how to book an appointment for the patient.
- Learned how to do the registration for the patient coming for the first time to consult a doctor.
- Learned how to collect the chargers.
- Learned the procedure for the payment and collection.
- Learned the closing.
- Learned how to manage the crowd.
- Learned the registration procedure for the vaccination too.
- Accounting
- Billing
- Verification
- And then in the second half, I was able to coordinate with the citizens coming for vaccination.

- Collected some reviews from them as well.
- It has helped me to communicate with the citizens and how to handle the situation.

2.4 Vaccination Drive:

Figure 2.4.(i): Vaccination drive Entry to exit whole procedure undertaken at the hospital

Learning:

- Billing procedure and whole operations are undertaken for COVAXIN & CoVishield.
- Bulk billing and corporate mass vaccination undertaken.
- Learn the patient communication.
- Learn how to reduce the TAT of the consumers coming in for the vaccination.
- Implemented some of our strategies.
- Guided and trained the other staff.
- Observed the changes.
- Helped a few of them to register.
- Tried to clear the crowd as much as possible.
- I tried to maintain discipline so that people don't get gathered up in the same place for long.
- Still working on some of my coordination skills.
- Learned software.
- Earlier because of UMR billing it was taking a lot of time the billing, however now due to OSP we can do more bills in less time which makes us more efficient to manage the crowd.
- COWIN PORTAL (Vaccinator's end) How to do the registrations.
- Scheduling of the appointment.
- First dose verification
- Second dose adding and verification.
- To provide the Certificate for senior citizens (Above 70) if asked.

Suggestions:

I. A token system was introduced to control the crowd.
II. Two different counters for 45 above and 18 above were made.
III. Change the billing procedure from UMR to OSP.

2.5 Emergency (ER)

Figure 2.5 (i): ER process

Observations:

1. 24 hours unit that is present beside the entrance of the hospitals.
2. Shoes are not allowed inside the ER ward.
3. Patients under the emergency need like severely ill or injured people coming to the hospitals are taken here.
4. Bed capacity:
   - RED: 1st priority (4 beds): Immediately life-threatening cases.
   - Yellow: 2nd priority (4 beds): Time-critical cases, if not taken on time could be life-threatening.
   - Green: 3rd priority: (3 beds) Situational urgency that mandates assessment within thirty minutes.

   STAFF: EMO-2, HOD-1, Incharge-1, Nurses-4

2.6 HIMS (Hospital management system)

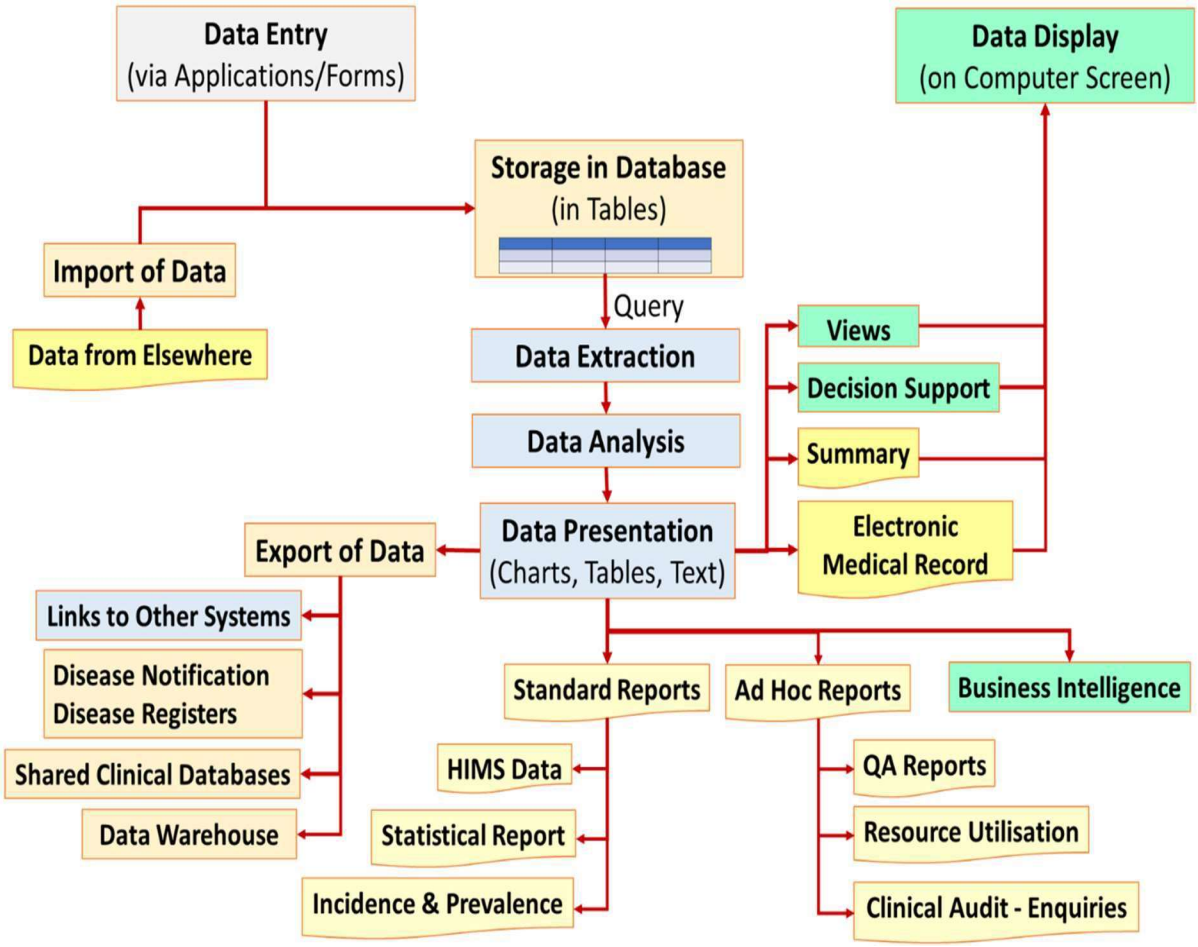


Figure 2.6 (i): HIMS Software process.

Suvarna Software is used by the Aster Prime Hospital, for managing the information and records.

1. How to do the admissions process
2. How to do the registrations and new registrations
3. How to place an index
4. How to do the billing in different payment modes
5. How to take care of the data
6. How to check the saved information.
7. How to do the bill cancellation
8. How to give concession to the staff direct relatives
9. How to do the zero billing
10. How to merge the UMR'S
11. How to generate new UMR
12. How to recover the account

CHAPTER 3: RESEARCH PROJECT

3.1 RESEARCH QUESTION:

What are managerial-related dysfunctions affecting the quality of healthcare services provided to the patient, leading to patient dissatisfaction?

3.2 RATIONALE:

A critical and common indicator for measuring medical quality may very well be patient satisfaction. It is the best indicator for measuring time-to-time efficiency services and the provision of medical services. Patient satisfaction is essential to measure hospitals and healthcare professionals' success. A proxy is indeed, but an effective indicator.

Why is improvement in quality is valuable?

Every health system is built into a complex network of treatment processes and routes. The quality of care provided by the system depends on how well it works to an outsized extent 'and therefore the ways in which the people who 'provide and administer care work together.

The overall objective is simple: providing patients with high-quality care and improving the health of our people. The quality improvement means the time, permission, competences, and resources they need to unravel to the people closest to questions that affect the quality of care. The solution of a roadway through special methods and techniques involves a scientific and coordinated approach" to offer in some measurable improvements. "Well done, improving quality' can lead to lasting improvements, not just in field of standard, expertise, performance and care but also 'in the life of healthcare workers.

Anybody who provides or manages medication also as for people who use care services and wondering how they can be continued to improve is therefore critical to understand the quality of improvement. The potential to build up a healthcare system that can ensure no 'no unnecessary death ; no undue stress or hardship in the served, no unwanted waiting, no waste and no one overlooked' is 'through improved quality.

3.3 SPECIFIC OBJECTIVES:

1. To assess the level of satisfaction after interacting with the outpatients related to the services.
2. To understand the key factors affecting the satisfaction regarding the various services for outpatient at the hospital.

3. "To formulate recommendation at the areas where the patient is not satisfied.

4. "Provide high-quality care to patients and improve the health.

3.4 RESEARCH METHODOLOGY:

Collected the patient feedback survey from the waiting area of the OPD department concerning the services of the healthcare services provided at the hospital.

3.5 RESEARCH DESIGN: Quantitative survey – The feedback forms"were given to the patients and they were asked to fill the"form and if not interested "were interviewed about the questions. Then the"research report was prepared based on the percentage out of 70 patients.

3.6 SAMPLE SIZE: 70 Patients. From the patients coming to meet the consultants at the out patients reception waiting area. "Consultants available between"11 to 2pm every day except"Sundays. So age group more than 18 years of age were asked to fill the form who are tend to be physically and mentally fit. They were asked the consent first and were asked to fill the form or either they would like to interact about the problems were also done for some people.

3.7 MODE OF DATA COLLECTION:

Face to face Interview. The data were tabulated, and the frequency distribution was developed. The percentages and mean scores were computed from different to analyse the questionnaire and selected customers were analysed to know the customer satisfaction towards the Aster Prime Hospital.

3.8 DATA COMPILATION AND INTERPRETATION:

1. Ease of making an appointment by phone

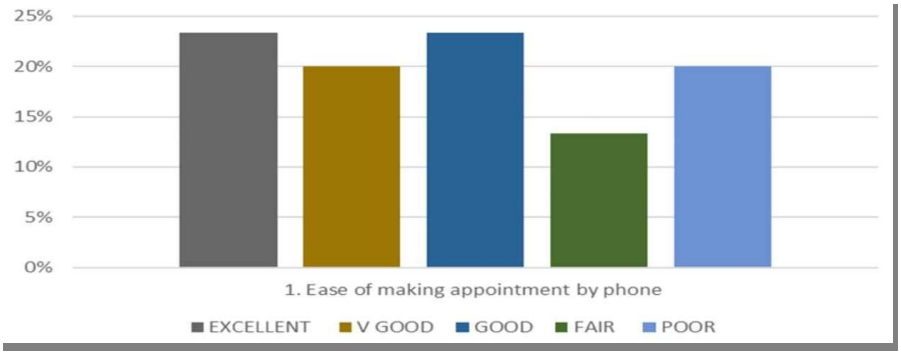


Figure 3.8 (i): Graph representing responses for ease of making an appointment.

Interpretation:

- For some people, it is easier to make an appointment by phone.
- Most of the senior citizens or those who do not understand the technology much have given it a poor reaction..

2. Appointments available on the time

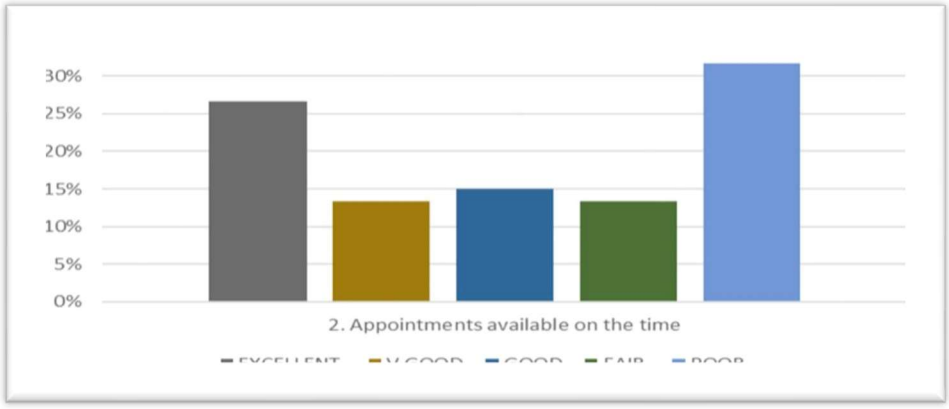


Figure 3.8 (ii): Graph representing responses for the availability of appointments on time.

Interpretation:

- Most of the patients more than 30% of patients were not satisfied with the appointment scheduling issue.
- These patients are not aware of the changes in the doctor's time.
- Doctors going on rounds or emergency visits leads to this.

3. Getting care of the illness/ injury as soon as you wanted it

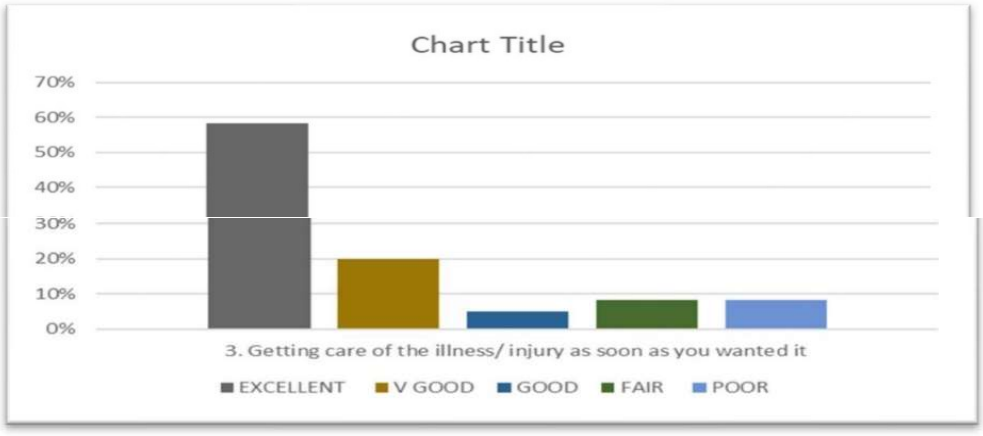


Figure 3.8 (iii): Graph representing responses for the getting the care whenever in need.

Interpretation:

- More than 70% of patients were satisfied with the quality of the treatment.

- Patients after coming back from meeting the doctors are giving good reviews about the results of the treatment.
- They were also satisfied with the specialists' behaviour.

4. Waiting time in the reception area

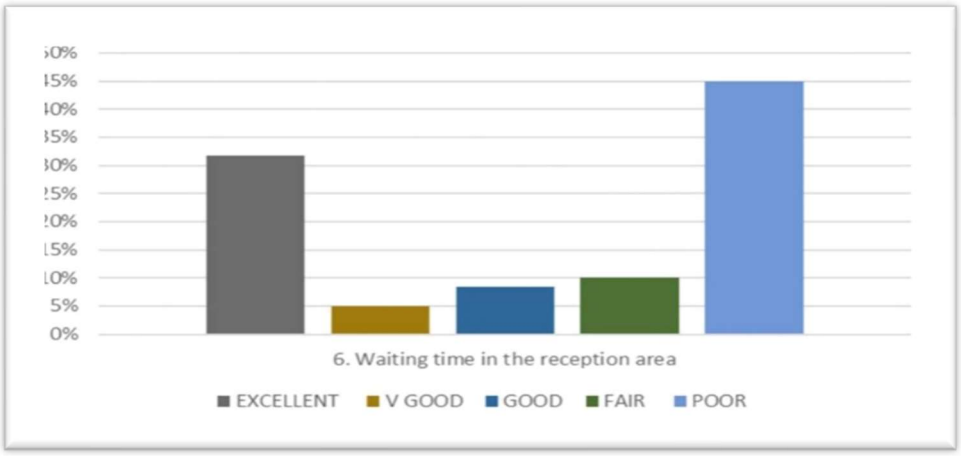


Figure 3.8 (iv): Graph representing responses related to the waiting time in the reception area.

Interpretation:

- More than 50% of people are dissatisfied with the waiting time.
- Doctors are sometimes in the rounds or the other emergency visits.
- Patients are gathered in the waiting area.

5. Survey related to our staff :

STAFF BEHAVIOUR	Excellent	Very good	Good	Fair	Poor
1. “The courtesy of the person“who took“you	8%	12%	18%	32%	30%
2. The friendliness“of the“front office executives	23%	18%	27%	13%	18%
3. Service of the nursing/ medical assistants	68%	10%	8%	7%	7%
4. The“helpfulness of the people who helped“you with the billing and the“insurance	30%	23%	20%	10%	17%
5. The professionalism of staff who did your tests (diagnosis)	65%	17%	10%	8%	0%

Figure 3.8 (iv): Table representing the percentage of response of patients related to our staff behaviour.

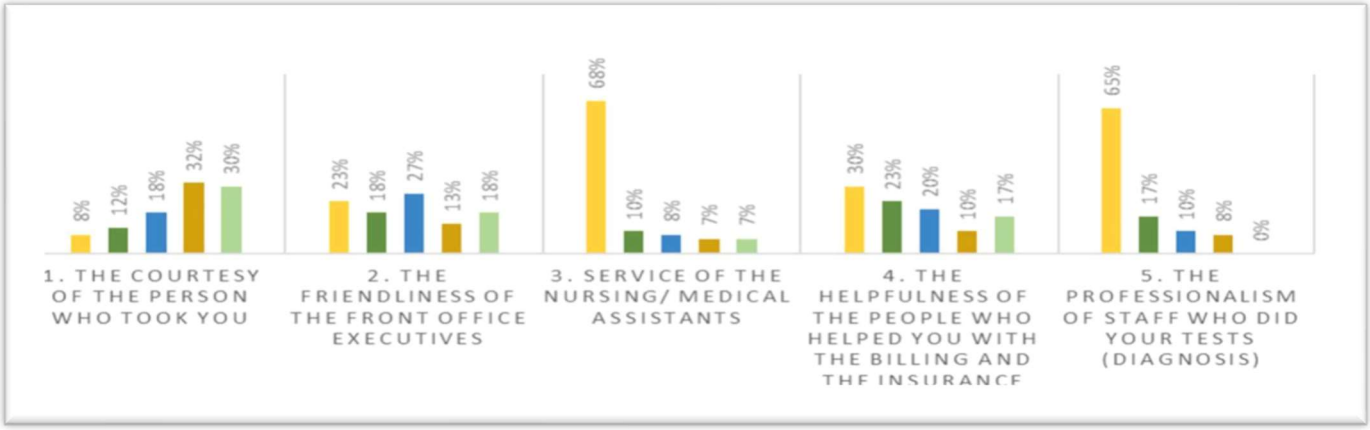


Figure 3.8 (v): Graph representing the percentage of response of patients related to our staff behaviour.

Interpretation:

1. More than 60% of the patient thinks that person who takes them to other departments are not very good communicators. Especially the old population.
2. The average rating for the friendliness of the front office executives.
3. The services of the nursing staff were appreciated by more than 70% of the patients.
4. Billing and insurance people friendliness was good for more than 50% of the patients.
5. More than 70 % of the patients were satisfied with the person who did their tests.

6. Survey related to our communication:

"OUR COMMUNICATION WITH YOU"	Excellent	Very good	Good	Fair	Poor
1. Your"phone calls"were answered properly	18%	13%	15%	23%	30%
2. Getting advice or help when during office hours	30%	18%	22%	13%	17%
3. Explanation of your procedure	13%	12%	10%	18%	47%
4. Your test results were reported on time	53%	30%	10%	7%	0%
5. Our ability to find the solutions to your problems	28%	18%	30%	10%	13%

Figure 3.8 (vi): Table representing the percentage of response of patients related to our communication.

Figure 3.8 (vii): Graph representing the percentage of response of patients related to our communication.

Interpretations:

- More than 50% of People are not satisfied with the phone answering on time.
- More than 60% of people agreed that it was answered during office/ morning hours
- More than 70% of people think that the procedure was not explained correctly if not asked by them.
- More than 80% of people are satisfied with the availability of the report on time.
- 30% of people think that the finding problems do not happen every time.

7. <u>Please rate the following in Yes or No.</u>

I. **Would you recommend Aster Prime to your relatives?**

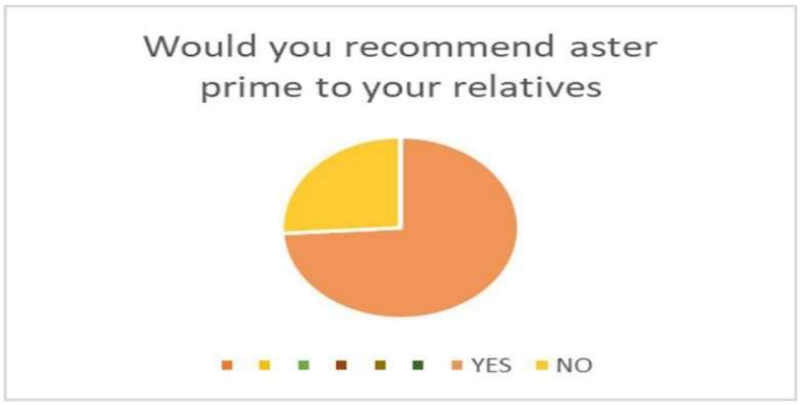
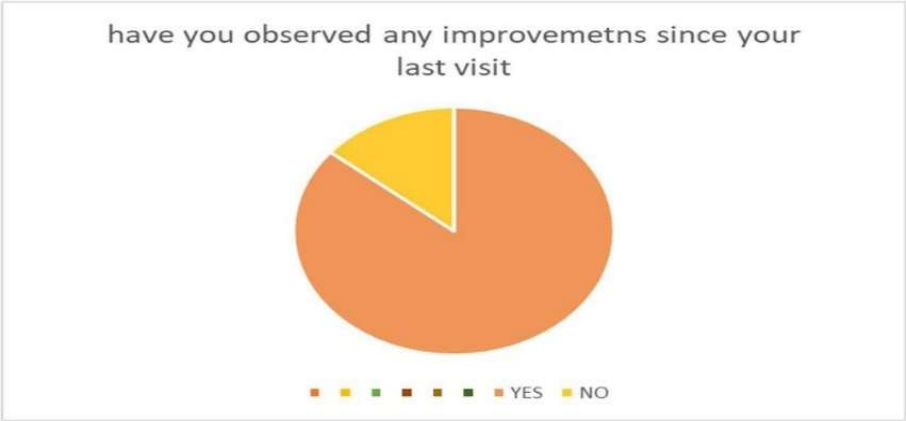


Figure 3.8(viii): Pie chart representing the result for the recommendation of Aster Prime.

Interpretation:

- More than 75% of people are satisfied with the services provided by the Aster Prime hospital in terms of treatment and cost-effectiveness.
- They have agreed that they are willing to suggest the hospital to known relatives.

II. **Have you observed any improvements since your last visit?**



Interpretation:

- More than 80% of people agreed that there were a lot of changes since their last visit.
- These people have noticed the changes and have agreed to give good reviews on google.

III. **The staff has explained to you the whole procedure**

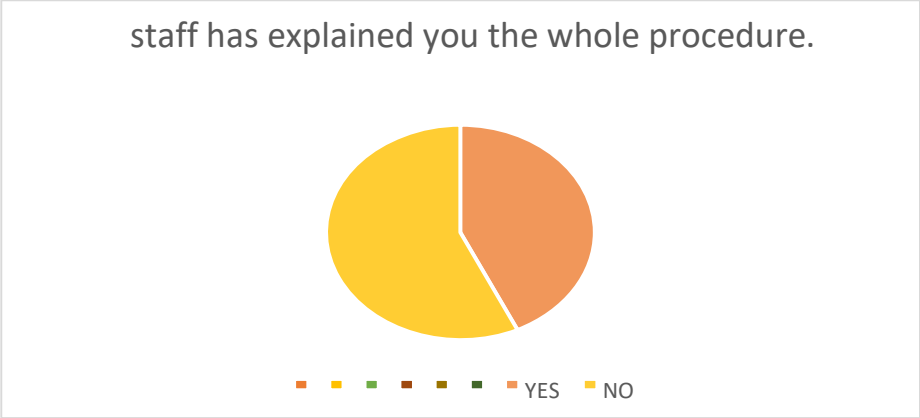


Figure 3.8(x): Pie chart representing the result about the staff.

Interpretation:

- More than 60% of people were dissatisfied with the proper guidance related to the procedures.
- These people have noticed the problems but did not know whom to reach out to.

3. 9 PROPOSED MODEL:

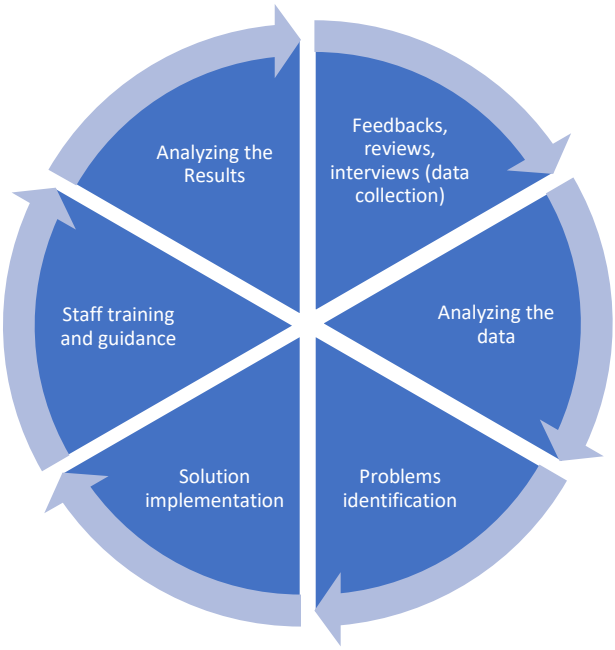


Figure 3.9: Process flow model based on recommendation.

1. Customer care executives should be directly in link with the doctor or OPD executives should update the CRM right away.
2. To reduce the waiting time the scheduling and frequent updates should be given to the patients through CRM or the app.
3. Proper training to the staff who is responsible for the patient comfort ness should be given. They should be under strict surveillance.
4. Complain boxes and pens and paper should be everywhere.
5. 24 hours working facilities should be strictly under the watch of someone.

Problems Addressed:

- Major problems fall in about the scheduling of the appointments.
- The patient is not aware of the updates.
- The patient is not asked to call on customer care before coming.
- The customer care executive was not updated by the front office end.

3.10 DISCUSSION:

This model is yet not implemented as our internship period was not enough to implement this but if the organization will implement then there are many uses to the organization. If this is followed properly then unnecessary conflicts arising at the reception and waiting area could be avoided. These issues created a bad image in other patients who are visiting for the first time. It is saving the patients to save the waiting time and coming according to the scheduled time. If this is implemented, then patient satisfaction is also improved. This will lead to avoid the unnecessary crowd at the reception area. Especially at the covid time, one can manage to maintain the social distancing as well. Doctors will also not be overworked or stress if the patient appointment scheduling is handled properly. Explaining the procedure will also happen properly because of this the diagnostic will also not get overcrowded.

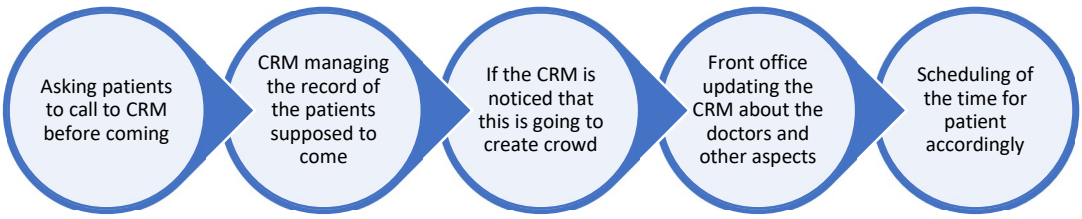


Figure 3.10: Implementation procedure at ground level.

3.11 CONCLUSION:

As the services of the doctors are concerned patients are satisfied with the treatments and the affordability of the services. The patients interviewed and participated in the feedback or reviews are only facing major issues about the waiting time (service is slow). One of the major reasons for all the service-related problems is also the staff availability. Because of the covid, there is the increased demand in the hospital for every service. But in the real scenario, the whole hospital staff was decreased to a very less number after the second wave. An increase in demand and limited staff is also one of the reasons for many delay-related issues happening at the time of overcrowding. But here other than we cannot put a finger on anyone. Because hospital staff has got the health-related issues and quit and we don't know how many more to quit. Finding and hiring a staff also takes time.

Our survey cannot be reliable because when we were working there many of the staff has got the covid and left the job in the hospital.

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ANNEXURE:

Time schedule:

S No.	Name of Department	Dates of Visit	% of time spent	Interacted with
01	PHARMACY (OP)	10 MAY to 17 MAY	TO 13%	Ashok Sir (In charge) and Rani mam (Pharmacist)
02	PHARMACY (IP)	18MAY TO 26 MAY	12.5%	Ashok Sir (In charge)
03	OPD	27 MAY TO 11 JUNE	25%	Shravanthi mam (Front office Executive)
04	Vaccination Drive	12 June to 25 June	35%	Vanaja mam (Front office HOD)
05	EMERGENCY	25JUNE TO 2 JULY	10%	Vanaja mam (Front office HOD)