Summer Training

At

CK Birla hospital, Jaipur

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A Report

By

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Under The Guidance Of

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Sincerely

Mr Kunal Kothyari

Roll no- 1122

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ACRONYMS / ABBREVIATIONS

A/D	Admissions/discharge
BMW	Bio-medical waste
F&B	Food and beverages
TMT	Treadmill test
HDU	High dependency unit
HIS	Hospital information system
HRD	Human resource development
ICU	Intensive care unit
NABH	National accreditation board for hospital and healthcare providers
IPD	In-patient department
OPD	Out-patient department
OT	Operation theatre
TAT	Turn around time
TPA	Third party administrator
SOP	Standard operating procedure
EHC	Executive health checkup
MICU	Medical intensive care unit
NICU	Neonatal intensive care unit
SICU	Surgical intensive care unit
MRI	Magnetic resource imaging
ENT	Ear nose throat
MIS	Management information system

SECTION-A

SECTION A-1

ORGANIZATION PROFILE-

CK Birla Hospitals, has its three landmark identities The Calcutta Medical Research Institute (CMRI), BM Birla Heart Research Centre (BMB) and its recent venture Rukmani Birla Hospital (RBH). These have set milestones in the healthcare Industry. The hospitals are intrinsically bound by three integrated philosophies —Clinical Excellence, Ethics and Patient Centricity. These operational philosophies have been pivotal in making the hospitals grow and serve people who are in need of healthcare. The three units of CK Birla Hospitals having footprints in Kolkata and Jaipur offer 800 plus beds with comprehensive outpatient and inpatient services. Working with a mission in providing quality healthcare for all, supported by latest technologies and modern infrastructures, the hospitals continue to set new standards of Cure and Care.

Overview of the hospital- 230 bedded Rukmani Birla Hospital is a multispecialty hospital which offers comprehensive in-patient, out-patient, and emergency services. Built on three key principles- clinical excellence, ethical conduct, and patient centric approach. RBH has 24 specialized healthcare departments, each with state-of-art medical equipment and a team of highly trained doctors and nurses. It was established in the year 2014 in Jaipur. It is NABH accredited a quality council of India. It is located at GopalPura Bypass Road, near Triveni Bridge, Jaipur,302019. Rukmani Birla Hospital Jaipur has world class infrastructure with ergonomically designed interiors. It has 6 modular OT's, advanced cath lab, modular IVF and diagnostic lab , large 12 bedded Emergency ward, 15 bedded dialysis unit and 64 cririical care beds. Fully equipped life saver ambulances are available 24*7 for the patients.

SPECIFIC OBJECTIVES-

- **Vision:** To provide best of patient services and clinical excellence.
- **Mission:** Continuously creating benchmarks towards providing unmatched patient experience through clinical and service excellence amidst an exclusive environment embraces, innovative and quality combined with compassion, accountability, and transparency.

- **Commitment towards quality:** To constantly upgrade our human and technological resources aligned with the best global developments in medical science.
- **Quality Policy Statement:** maintaining standard of quality as high, in the service delivered at the hospital.

SECTION A-2

MODE OF DATA COLLECTION-

- In F&B department the data for patient's breakfast, lunch and dinner is recorded by dietician in computer and the diet ticket is sent daily to kitchen timely according to the meal. For liquid meal the data is taken from dietary census and for the extra orders the data is stored in KOT'S(kitchen ordering ticket). As the company is outsourced the final payment to company is done at the end of month after checking all KOT'S, census and diet tickets.
- In IP pharmacy the data got saved in the computer. When any indent is sent from the nursing staff after approval or rejection the data of patient medicine got saved in the computer. And for OP pharmacy when any person purchase any medicine or anything, after the billing the data got saved.
- In OPD and IPD first the registration of patient is done then remaining procedures are done. If the patient is already registered then for billing new invoice is done accordingly. So all the data of any patient can be found by his/her MRN number or mobile number or by name. generally name is taken as last priority for searching weather patient is registered or not.

SECTION A-3

OBSERVATIONAL LEARNING'S-

FLOOR-WISE PLAN

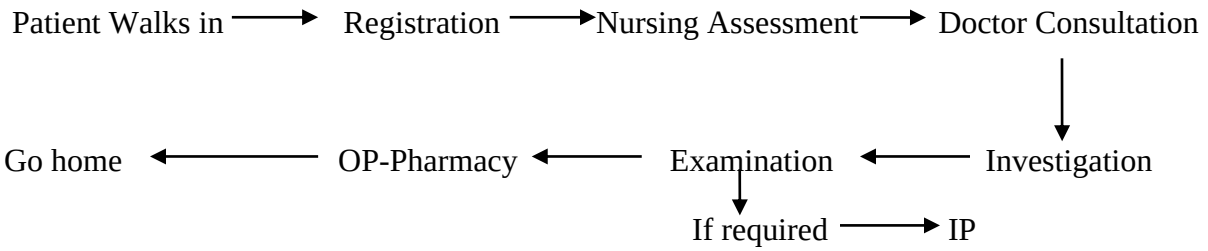
FLOOR	SPECIALITIES AVAILABLE
Basement	Outpatient Billing, OPD, consultant's Chamber, Radiology Department, Teaching Room for Nursing Staff

Ground Floor	Inpatient Billing, Counseling, TPA Desk, Emergency, Daily Report Collecting Section, PHC Section, F&B, Linen, Consult Chamber, Pharmacy, CCD, Cafeteria for Staff Members.
First Floor	Blood Bank, Cath Lab, Pre & Post Operation Rooms, MICU, ICCU, General ICU, KTU, SICU, Waiting Area, Histopath Lab, CSSD, Admin Block
Second Floor	General Ward – 22 Bedded, Dirty Utility, Waiting Area, Nursing Admin Room, 3 Doctor's Room
Third Floor	IP Beds (18), SCBU, NICU, Labor Room, Maternity Triage, Typing Pool for Discharge Summary Preparation, Dirty Utility
Fourth Floor	IP Beds (45), Doctor's Room, Dirty Utility
Fifth Floor	IP Beds (30), Doctor's Room, Dirty Utility

Outpatient Department (OPD)-

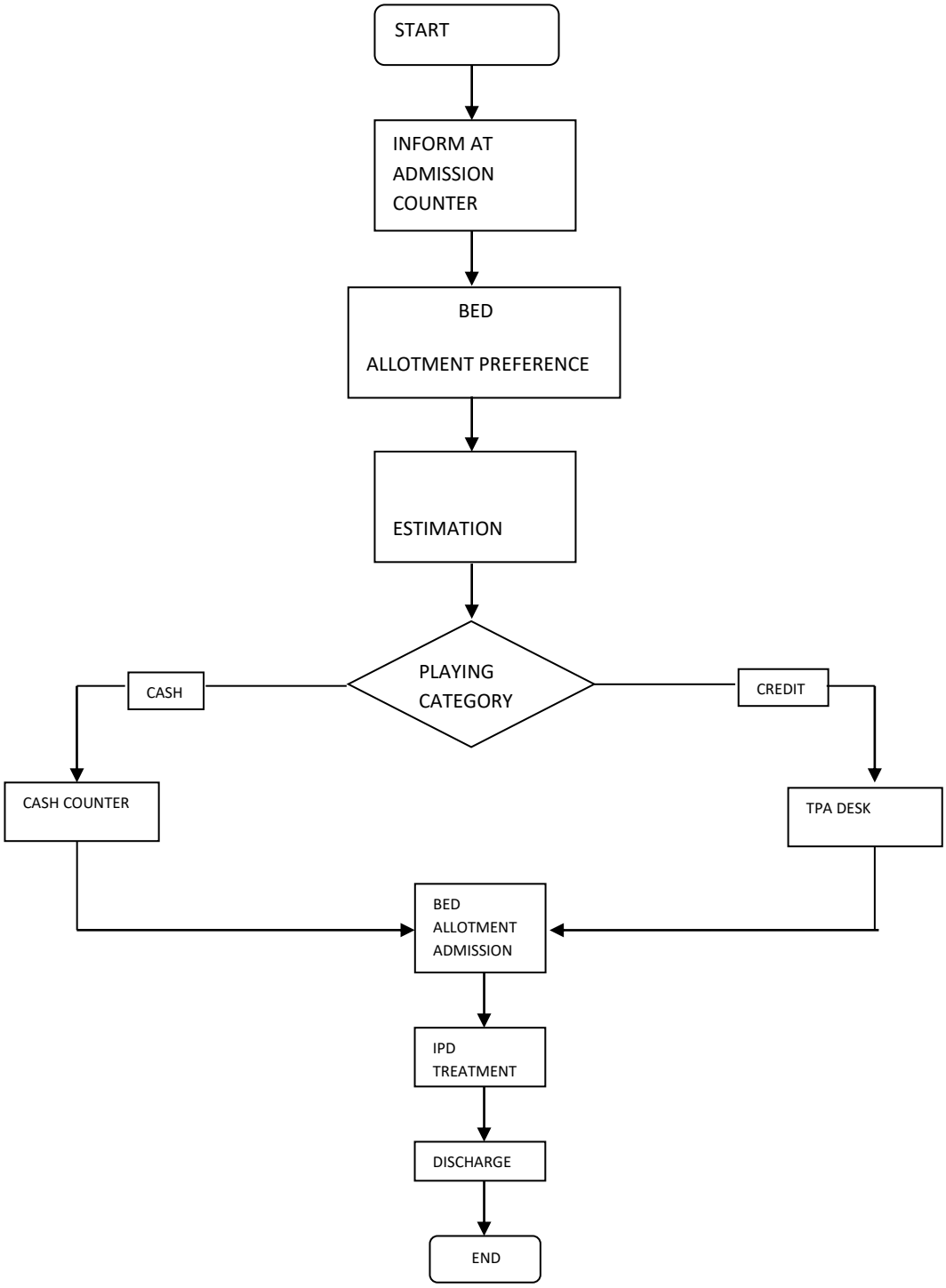
Basically, OPD of the hospital is divided into two parts. Half of the OPD is in ground floor and half is in basement. There are 14 consult chambers in OPD. OPD timings are 10am to 4pm. The sitting capacity is approximately 150. Total number of front desks are 5**.** The system they follow for appointment is first come first serve. Per day OPD is about 250.

PROCESS MAPPING



Inpatient Department (IPD)

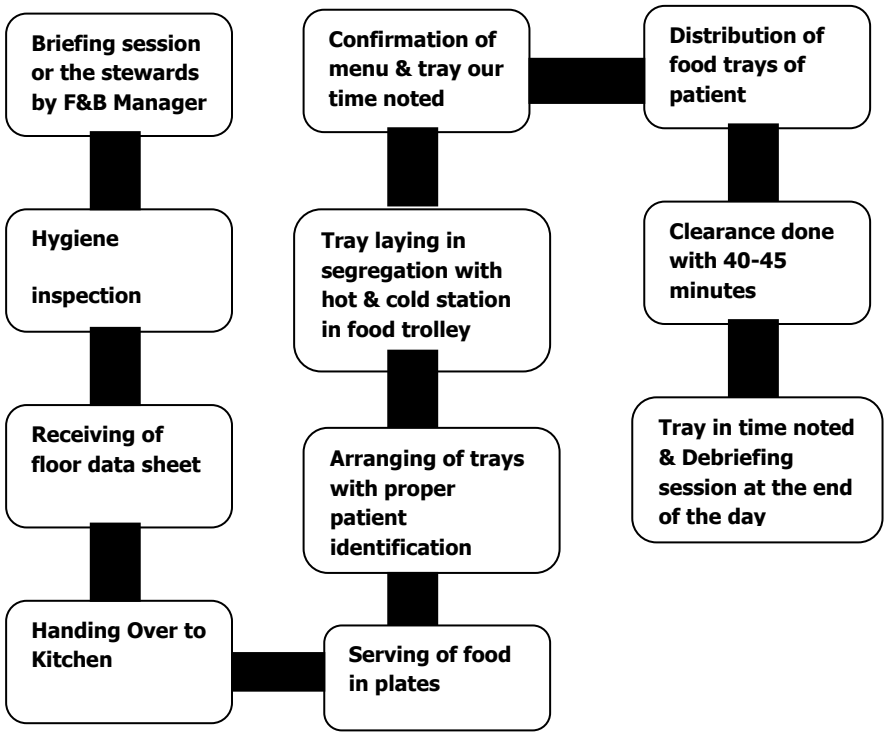
PROCESS MAPPING



Dietary (F&B Department)-

It is ground floor and outsourced company. It is owned by Life Pillars.

WORK FLOW PROCESS



PROCESS FLOW OF PHARMACY-

For IP Pharmacy-

Every requirement comes in form of E-Prescription generated by concern doctors an nursing staff as per patient's need.

Process Flow of Pharmacy For Inpatients-

for medications is raised through CPRS for inpatients	⇨	Request for dings to pharmacy	⇨	received in IPD pharmacy through HIS	⇨	requirement, putting barcode in medicines, hand over to GDA	⇨	to respective IP Floors

Fig :– IP process flow of pharmacy

Patient journey mapping in Pharmacy

Comes to the counter & gives the prescription letter written by concerned doctor. →	the medicines from the rack, after collecting all medicines prescribed, give them to the billing counter →	Cross check of medicines is done and then billing is done. →	done, pharmacist guides the patient attender about how to take medicines & then, patient left out

Fig:- mapping of patient journey in pharmacy

SECTION A-4

CONCLUSIVE LEARNING-

- In my 2 month training period I was in F&B department for almost 1 ½ months there I learned all the elements of F&B department about kitchen hygiene, usefulness of F&B department , how final billing is done as the company was outsourced, TAT time of different kind of food materials, how RCA, CAPA of complaints is done etc.
- For one week I was in supply chain management, there I learned the elements of IP pharmacy, how medicines, injections and other things are arranged, type of drugs, how stock is transferred, how drugs like ketamine and fentanyl are issued, how purchase request is done etc.
- For rest one week I was in PCS department there I learned about covid vaccination registration, approval for vaccination, how registration of patient is done, how billing is done by card, cash, online mode etc.

SUGGESTIONS FOR IMPROVEMENT-

My suggestion for F&B department as is that, there must be digital system instead of KOT'S and every order must be noted digitally so that at the end of month when final billing is done there must not be any fuss.

Also every order must be recorded like order time, out time, clearance time everything must be recorded so that delay complaints can be managed.

Also there must be a person who only brings KOT from desk and pin them in proper sequence time wise and must be taking care of that orders are leaving on time from the kitchen.

SECTION – B

SECTION B-1

1.1 PROJECT TITLE- Managing complaints of F&B department by reducing café delays at CK Birla Hospital, Jaipur.

1.2. INTRODUCTION-

Patient satisfaction has become a key criteria by which quality of health care service is estimated. Food service satisfaction may go unobserved while looking at overall hospital patient satisfaction. As nursing and physical quality and quality of technical medical care are most commonly identified in the research. A comprehensive literature review shows that there are various studies conducted on other things rather than food satisfaction. Food service plays an important part in patient recovery and life quality so it is an important component in a hospital.

1.3. PROBLEM STATEMENT-

According to the previous studies it is seen that food service remains a big problem in hospital field. Number of studies in health sector on food services are quite low. On the same line the patient complaints related to F&B service in CK BIRLA HOSPITAL, JAIPUR. A sharp rise in number of complaints was recorded between Jan 2021 to June 2021. Patients complaints increased from 12 in January 2021 to 24 in May 2021. Seeing the number of complaints this study was done to address the problem of café delays for inpatients in the hospital. This study aims to help the hospital provide inpatient with nutritious meals on time for faster recovery and their betterment.

1.4. OBJECTIVES-

(i) To understand the cause of café delay in different floors, dialysis and ICU's.

(ii) To assess the TAT (Turn around time) in FnB department.

(iii) To conduct a GAP analysis

(iv) To assess patient satisfaction with F&B department.

SECTION B-2

METHODOLOGY-

- **Study Area-** CK BIRLA HOSPITAL, JAIPUR
- **Study Design-** Cross Sectional
- **Study Period-** 10 May 21 – 30 June 21
- **Study Population-** Inpatients and Patients of Dialysis
- **Sample Size-** 200 for café delay and 150 for patient satisfaction survey
- **Sampling Method-** non-probability convenience
- **Data Collection-** Through observation and by schedule
- **Data Analysis-** Analyzed data using Microsoft excel and Test statics
- **Type of Data-** Quantitative

SECTION B-3

3.1 OBSERVATIONS-

3.1.1 month wise complaints service/meal delivery/clearance

The bar chart shows the number of complaints received from the patients regarding Service, delivery and clearance through feedback form in the months of January to December, the number of complaints is 12 in January month from that it is increased to 50 in May and then decreased 24 in June which is appreciatable. But as the number of complaints is increasing from January so it needs to be addressed.

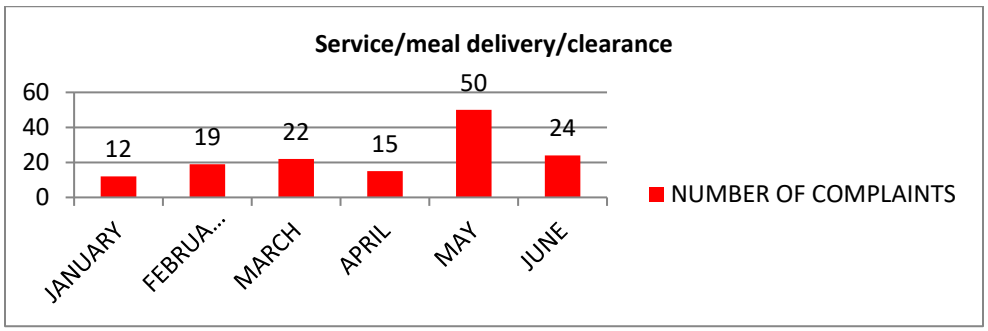


FIG 3.1.1 service/ meal delivery/ clearance from Jan 2021 to June 2021

3.1.2 month-wise service

The given bar graph shows month wise complaints from the patients regarding service in food and beverage department from January 2021 to June 2021, number of complaints from January is increasing as it was 21 in may which is alarming and needs to be resolved.

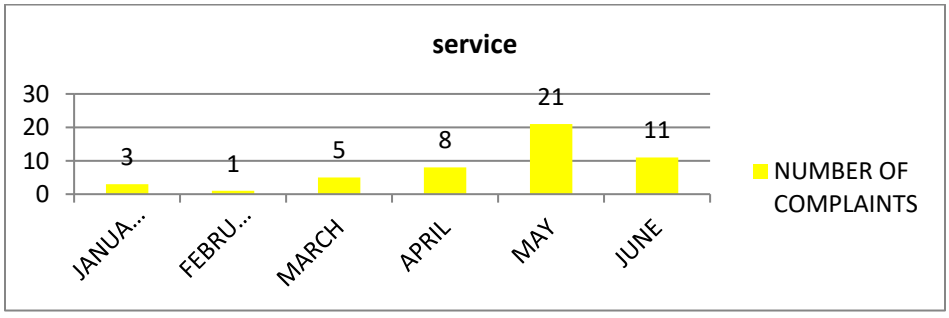
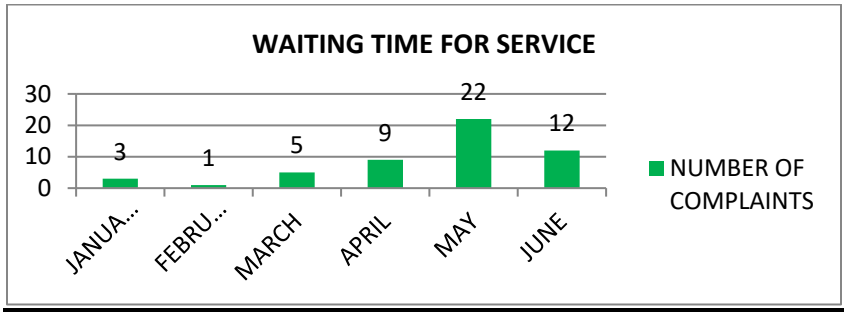


Fig 3.1.2 service complaints from Jan 2021 to June 2021

3.1.3 waiting time for service

The given graph shows month wise complaints from the patient regarding waiting time service in food and beverage department from January 2021 to June 2021. In month of May we have 24 complaints and June has 14 complaints which shows that the complaints are decreasing, therefore we can say that that patients satisfaction is increasing for the waiting time.



3.2. FINDINGS-

3.2.1 Turn Around Time (TAT)

According to the hospital administration the ideal TAT for beverages should be 20 minutes and for non beverages it must be 30 minutes. TAT is calculated separately for beverages and for non beverages under 7 parameters that are KOT(kitchen order ticket) pickup time, cooking starting time, cooking finish time, packing starting time, packing finish time, out for delivery time and final delivery time and it is calculated for 4 weeks.

3.2.2 Order Delay

For calculating delay in orders, total 200 orders are observed and TAT is calculated. Out of 200 orders 128 order is of beverages and 72 order is of non beverages comparing beverage order it is seen that only 89 orders are on time and remaining are delayed out of 128 orders and comparing non-beverage orders it is seen that 48 orders are on time and remaining are delayed out of 72.

	TOTAL ORDERS	
	BEVERAGES	NON-BEVERAGES
DELAYED ORDERS	39	24
ORDER ON TIME	89	48
TOTAL ORDERS	128	72

3.2.2- number of delayed orders for 200 orders were recorded over period of 4 weeks

After adding both beverages and non beverages total order delays contribute to 31.5 % and total orders on time in four weeks of time period contributes to 68.5%.

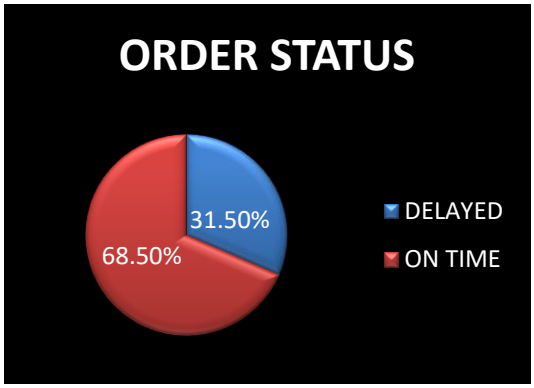


Fig 3.2.2.2 - 31.50 % of all the service requested served late

30.5% of the beverage orders were delayed and 33% of non beverage orders were delayed.

Fig 3.2.2.3 beverage and non-beverage delayed

3.2.3 Beverages Delay-

In the table below the number of beverages ordered is calculated department wise that is IP wards and dialysis. Out of 128 orders for beverages 39 are delayed, in the absolute numeric terms, 3 and 4 floor and Dialysis has the highest delay

BEVERAGE DELAY	
DEPARTMENT	NO.
DIALYSIS	9
2 FLOOR	3
3 AND 4 FLOOR	20
5 FLOOR	4
EMERGANCY	2
BLOOD BANK	1
GRAND TOTAL	39

Fig 3.2.3 beverage delay department wise

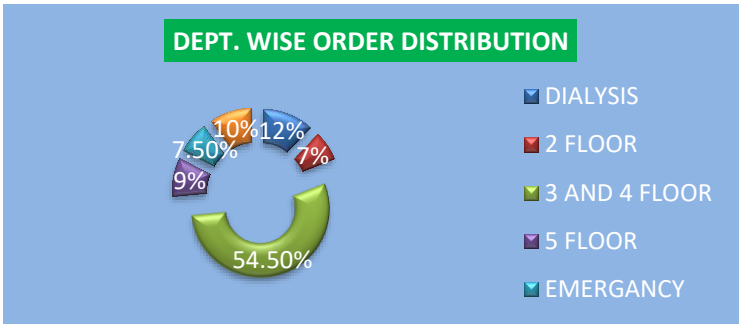
3.2.4 Non-Beverage Delay-

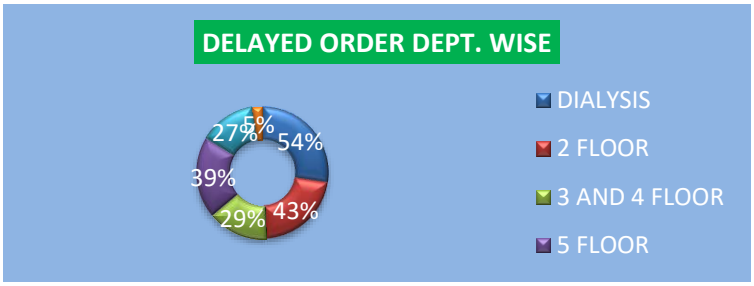
In the table below number of non beverages order delay is calculated department wise that is IP words, dialysis and blood bank in 4 weeks of time period. Out of 72 orders for non beverages 24 are delayed. In the absolute numeric terms 3rd and 4th floor and dialysis has the highest delay.

NON- BEVERAGE DELAY	
DEPARTMENT	NO.
DIALYSIS	4
2 FLOOR	3
3 AND 4 FLOOR	12
5 FLOOR	3
EMERGANCY	2
BLOOD BANK	0
GRAND TOTAL	24

Fig 3.2.4 non beverage delay department wise

3.2.5 Department wise order and delay Distribution-





3.2.6 DEPARTMENT WISE ORDER-

In the table below ,while comparing delayed orders against the orders received from the department we found that Dialysis ,2 floor and 5 floor has the highest percentage.

	DEPT. WIDE DELAY		
DEPARTMENT	TOTAL ORDERS	DELAYED ORDER	DELAYED ORDER %
DIALYSIS	24	13	54.17
2 FLOOR	14	6	42.86
3 AND 4 FLOOR	109	32	29.36
5 FLOOR	18	7	38.89
EMERGANCY	15	4	26.67
BLOOD BANK	20	1	5.00
GRAND TOTAL	200	63	31.50

Fig 3.2.6total delayed order and its % department wise

3.2.7 TAT (Turn Around Time) Calculation-

Average TAT for beverages is 21 minutes against standard delivery time of 20 minutes and for non beverages average TAT is 32 minutes against the standard delivery time of 30 minutes

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TYPE OF FOOD	AVERAGE OF TAT(Min)	Std. Dev. OF TAT (Min)
BEVERAGES	18	10
SOLID FOOD	28	18
GRAND TOTAL	23	14

3.2.8 Average and Delayed Orders TAT for Beverages-

DEPARTMENT	AVERAGE TAT(Minutes)	DELAYED ORDER TAT(Minutes)
DIALYSIS	16	18
2 FLOOR	20	24
3 AND 4 FLOOR	18	23
5 FLOOR	20	22
EMERGANCY	18	21
BLOOD BANK	17	24
GRAND TOTAL	18	22

Fig 3.2.8 For beverages TAT for delayed order is 22 minutes against the cumulative average of 18 minutes while an ideal delivery time is 20 minutes. Fifth and second floor has the highest average TAT for beverages.

3.2.9 Average and Delayed Orders TAT for SOLID FOOD-

DEPARTMENT	AVERAGE TAT(Minutes)	DELAYED ORDER TAT(Minutes)
DIALYSIS	25	30
2 FLOOR	30	35
3 AND 4 FLOOR	26	33
5 FLOOR	30	35
EMERGANCY	29	32
GRAND TOTAL	28	33

Fig 3.2.9 For solid food TAT for delayed order is 33 minutes against the cumulative average of 28 minutes, while an ideal delivery time is 30 minutes. 2nd floor and 5th floor has the highest average TAT.

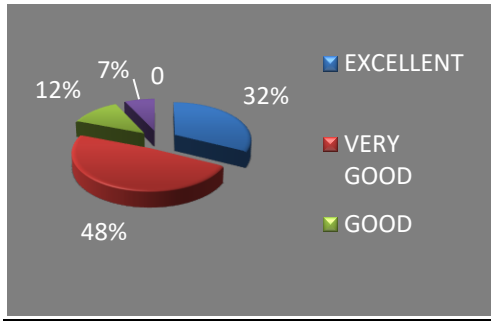
3.3. PATIENT SATISFACTION SURVEY-

This survey was conducted on 150 persons to know the patients over of satisfaction with food and beverages services. This survey was conducted over a period of week. The Google form was designed primarily to collect the qualitative data and quantitative data. Later this questionnaire which was form in Google forms was later analyzed using the Microsoft Excel.

- For patient satisfaction survey Likert's Scale was used.

Numbers in the Likert Scale Indicates- 1. strongly agree, 2. Agree, 3. Neutral, 4. Disagree, 5. strongly disagree

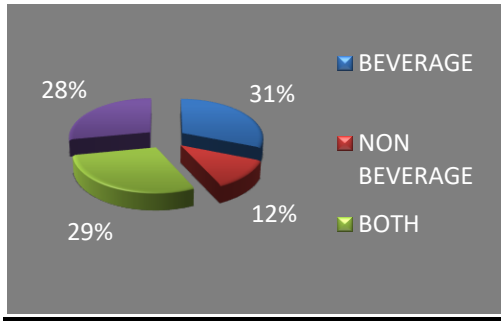
3.3.1 PRESCRIBED DIET BY DIETICIAN-



- 32% Patient rated diet prescribed by dietician as excellent.
- Only 7% patient rated diet prescribed by dietician as fair, which is a good sign because on this font we don't see much of concern.

Fig 3.3.1- response on dietician prescribed diet

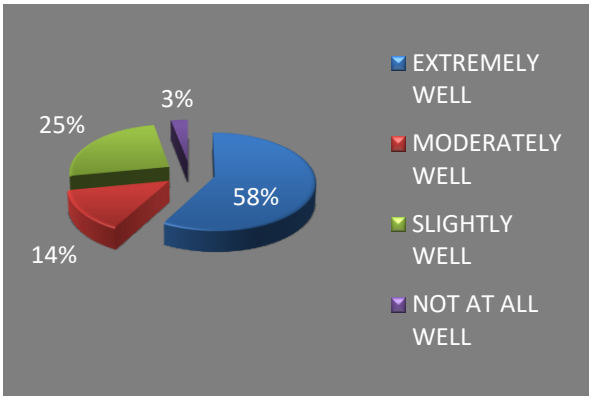
3.3.2 DELAYED SERVING IN TYPE OF ORDER-



- 31% of the respondents said that order of beverage generally reach late to them. Another 28% said both the type of order reaches late.
- Only 12% patient's complaint exclusively about non beverage delay. Seeing the response ,it is quite easy to state that

Fig 3.3.2- response on type of order delay

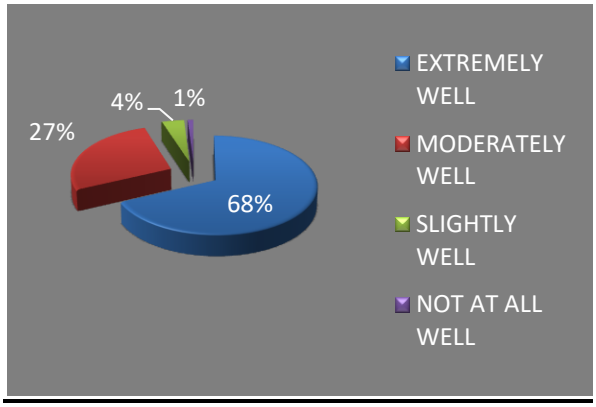
3.3.3 MEAL MEETING DIETARY NEEDS-



- 83% of the respondents rate admin meeting dietary requirement either extremely well or moderately well.
- 25% said it is slightly well and another 3% it is not well at all total of these two categories makes 17%. Referring to this number it wouldn't be wrong to say that the dietary needs should be given little more attention.

Fig 3.3.3- response on meet meeting needs

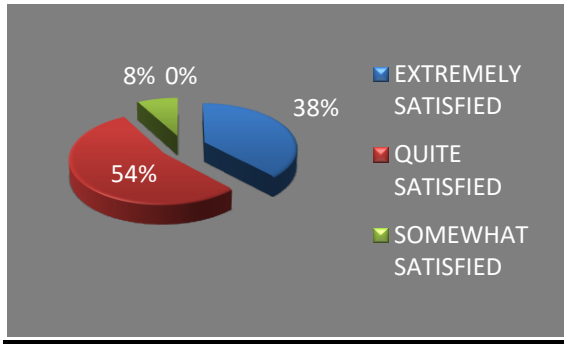
3.3.4 NURESE RESPONSE REAGARDING FnB-



- 68% of the respondents rated nurse's response as extremely well about F&B. 27% given moderately well rating.
- Only 1% patient complaint about the response of the nurse

Fig 3.3.4- response on nurse response regarding F&B

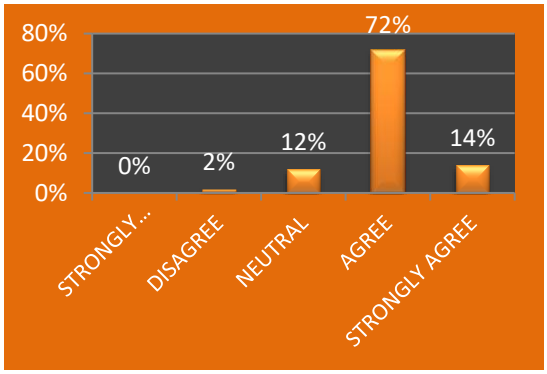
3.3.5 SERVICE STAFF CARE- SATISFACTION-



- 38% of respondents rated services staff care as extremely satisfied and 54% rate it as quite well.
- Only 8% patient said that the service staff care is somewhat satisfied while none of the respondents said it is bad.
- From this survey we can conclude that the service staff is doing a great job.

Fig 3.3.5- response on service staff care

3.3.6 FOOD SERVED- (HOT AND FRESH)-



- 86% of the respondents said that the food is served hot and fresh.
- Only 2% of the respondents sad that food is not served hot and fresh.
- Looking at all the data we don't see much of the problem on this.

Fig 3.3.6- response on served food condition

3.3.7 FOOD VARIETY-

- 44% of the patients prefer to stay neutral about the food variety question so this seems to be an issue.
- Another 12% said that they are not happy with the variety of food served.
- So it is evident from the numbers that food variety needs more attention

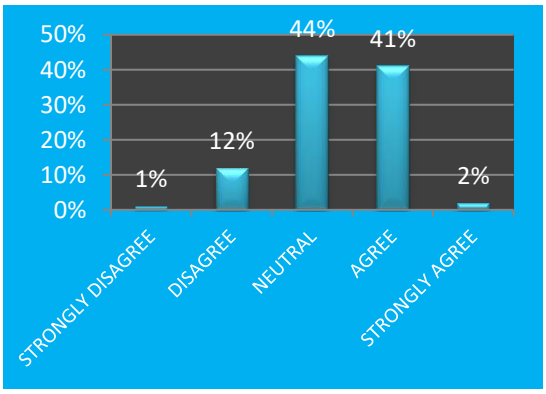


Fig 3.3.7- response on food variety

3.3.8 FOOD QUALITY-

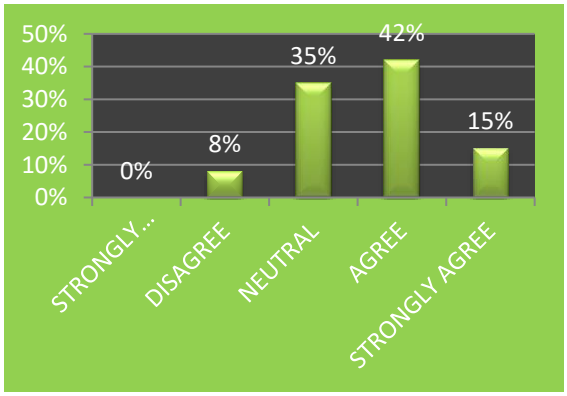
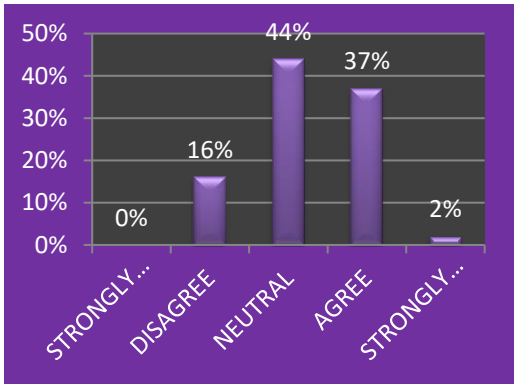


Fig 3.3.8- response on food quality

- 42% of the respondents were agree with the idea that food quality is good and another 15% were strongly agree with this. While 35% of the patient's were neutral during the survey about the food quality.
- 35% of neutral rating and 8% of disagreed rating makes a total of 43% which is a cause of concern and which cannot be ignored.

3.3.9 FOOD TASTE AND FLAVOUR-



- 37% patient's said that they agree with the statement that food is tasty. While 44% were neutral ,they were nor negative nor positive about this question.
- A sum of neutral and disagree makes 60% which means that food taste and flavor should be focused in F&B department.

Fig 3.3.9- response on food taste and flavor

3.3.10 BEVERAGE QUALITY-

56% of the patient said that the beverage quality is either good or very good. 26% responses were neutral and 17% responses disagreed which draw attention towards the fact that a lot can be done to improve the quality of beverage served.

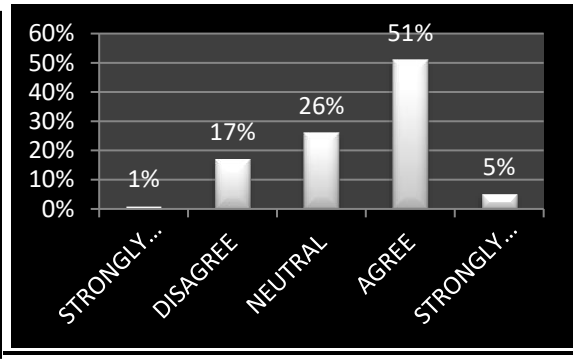
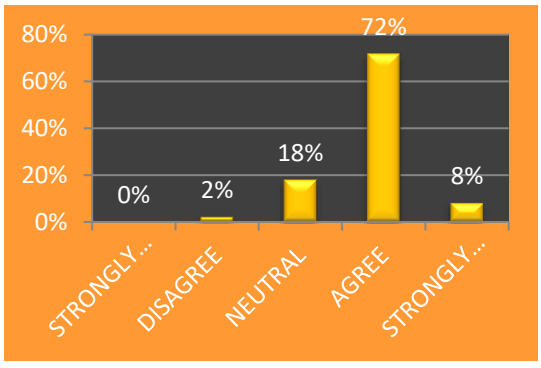


Fig 3.3.10- response on overall quality

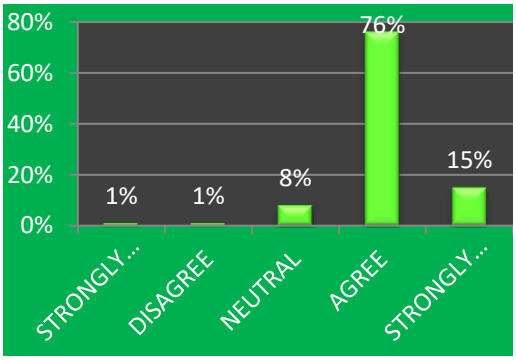
3.3.11 UTENSIL- CLEAN AND HYGINE-



- Hygiene of utensils doesn't seem to be an issue as 80% of respondents rated it either as agree or strongly agree on Likert scale.

Fig 3.3.11- response on utensil hygiene

3.3.12 SERVICE- ORDER CORRECT AND COMPLETE-



- As 1% of patient's were dissatisfied with the fact that order reach to them correct and complete ,so this doesn't seem to be an area of concern.

Fig 3.3.12- response on order status

3.3.13 ORDER TAKER'S ATTITUDE-

- 97% of the patient's said that they agree and strongly agree with the statement that order taker listen and takes down the order patiently and has polite attitude.

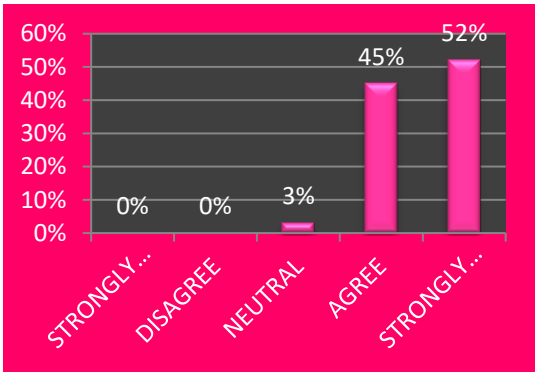
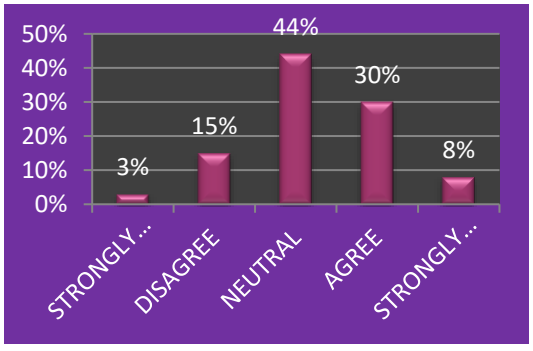


Fig 3.3.13- response on order taker attitude

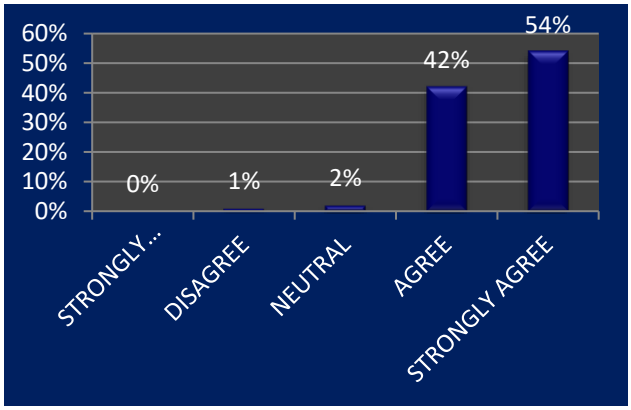
3.3.14 AVAILABILITY OF USEFUL ACCESSORIES-



- 44% PATIENT'S have neutral response about useful accessories provided with food. While 18% patient's disagreed or strongly disagreed about the useful accessories provided, so it is an area of improvement.

Fig 3.3.14- response on availability of useful accessories

3.3.15 ORDER TAKER'S COMMUNICATION SKILLS-



- Order taker has good communication skills at it is appreciated by 96% of respondents.

Fig 3.3.15- response on order taker comm.. skills

3.3.16 OVERALL SERVICE-

84% of the patients are in favor of the statement that overall service is good of F&B department. Since a total of 16% respondent fall under the category of neutral and disagree. 16% is significant number for overall service rating, so I strongly feel that the hospital administration needs to focus on this area religiously.

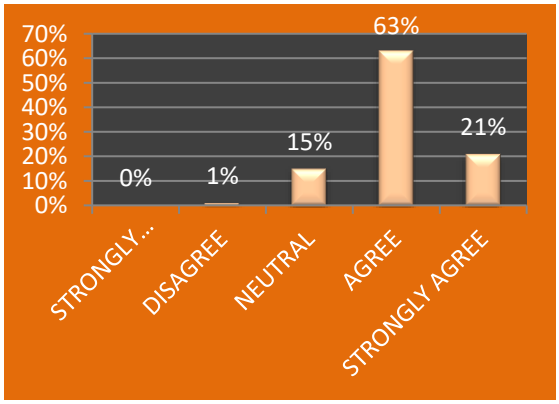
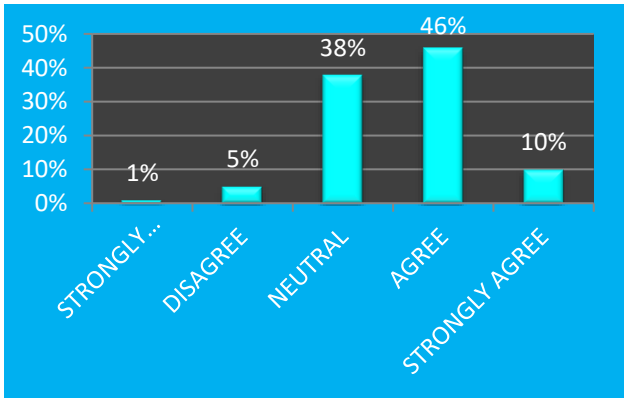


Fig 3.3.16- response onoverall service

3.3.17 VALUE FOR MONEY-



60% of the respondents rated strongly agree or agree on the question of value for money. Only 6% respondents said that they don't see value for money at this Hospital. Though this is not an area of concern but it would be a good idea for the hospital admin to investigate it further to under the issue which are driving this statement in the minds of patients.

Fig 3.3.17- response on value for money

SECTION B-4

4.1 RECOMMENDATIONS-

(i) There should be dedicated delivery staff for the delivery of quick serving beverages and to avoid the delay in beverages ,chef's need to make sure that all the kinds of serving items are ready at any point in time.

(ii)To reduce the overall delay we need to focus specially on those department and floors which are having highest number of delays.

(iii) Order from ICU's and labor department should be given topmost priority.

(iv) We should focus more on timely delivery of beverages and non beverages items and try to bring their TAT down to maximum 20 minutes for non beverages and 10 minutes for beverages.

For that I have mentioned some recommendations.-

a) KOT should be arranged on the basis according to the time of order.

b) Ready order should be arranged in sequence according to the time of order.

c) Order should be delivered by delivery staff cording to the sequence and it must be arranged by assembly staff to avoid delay.

d) There should be one person to pick up the KOT or 1 bell should be kept there to signify steward for every new order.

RECCOMENDATIONS

ISSUES	SOLUTIONS
Lack of communication	Delivery in service staff communication or outsource delivery services
KOT pickup is delayed	Creating token system and tracking cycle time for each order
Maximum complaints from 3 and 4 floor	3rd and 4th floor patients, ICU and dialysis order should be given priority
Priortizing the orders	Priortizing orders based on Time slot and Urgency
Too much clearance time	Cleaning activities should be streamlined
Quick serving items taking time	Dedicated staff for quick packing and serving of items.

4.2. CONCLUSION-

It can be concluded from the study that Cafe delay is a major problem for F&B department. F&B department should take corrective measures to fix these issues related to delivery because high percentage of delay delivery is alarming. Major reason for delay is lack of communication which needs sudden improvement.32% to 37 % of patient's complaints for delay of food services for both beverage and non-beverage services. With the above recommendations and continuous monitoring we believe that the problem can be solved in a very short span of time.

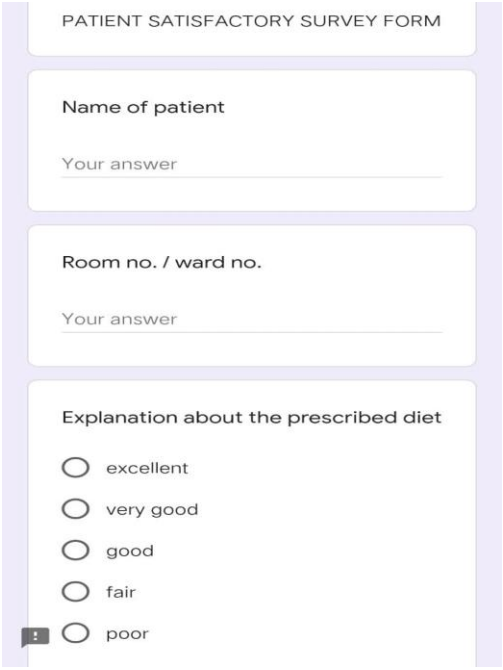
REFRENCES

1. Z Stanga, Y Zurfluh, M Roselli, A.B Sterchi, B Tanner & G Knecht. Hospital food: a survey of patient's perceptions. Clinical Nutrition, Volume 22, Issue 3. Dept. of Health and Kinesiology, Texas A&M University/ [Online] 2003. Available from: https://www.sciencedirect.com/science/article/abs/pii/S0261561402002054#! [Accessed 4th July 2021]

2. Rashid Al-Abri and Amina Al-Balushi. Patient Satisfaction Survey as a Tool Towards Quality Improvement. Oman Med Journal. [Online] 2014 Jan. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3910415/ [Accessed 27th June 2021]

3. https://rbh.ckbirlahospitals.com/

ANNEXURES



PATIENT SATISFACTORY SURVEY FORM

Name of patient

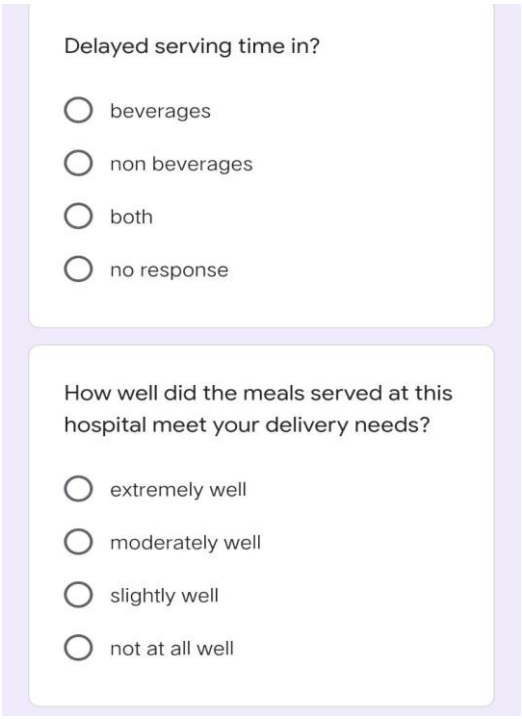
Your answer

Room no. / ward no.

Your answer

Explanation about the prescribed diet

- excellent
- very good
- good
- fair
- poor



Delayed serving time in?

- beverages
- non beverages
- both
- no response

How well did the meals served at this hospital meet your delivery needs?

- extremely well
- moderately well
- slightly well
- not at all well

During the stay at this hospital how well did the nurses listen to you regarding food and beverages?

- ○ extremely well
- ○ moderately well
- ○ slightly welll
- ○ not at all well

Over the course of your stay in this hospital were you satisfied with the staff service care you received

- ○ extremely satisfied
- ○ quite satisfied
- ○ somewhat satisfied
- ○ somewhat dissatisfied
- ○ quite dissatisfied
- ○ extremely dissatisfied

The food is served hot and fresh

0 1 2 3 4 5

strongly disagree ○○○○○○ strongly agree

The menu has good variety of items

1 2 3 4 5

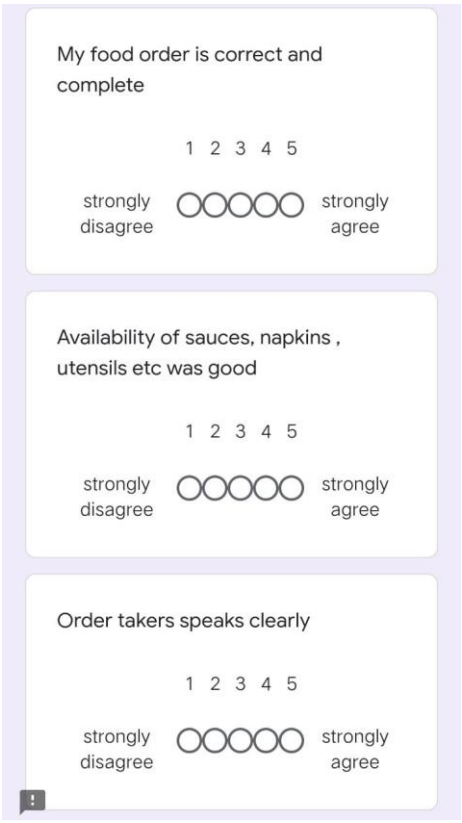
strongly dissatisfied ○○○○○ strongly satisfied

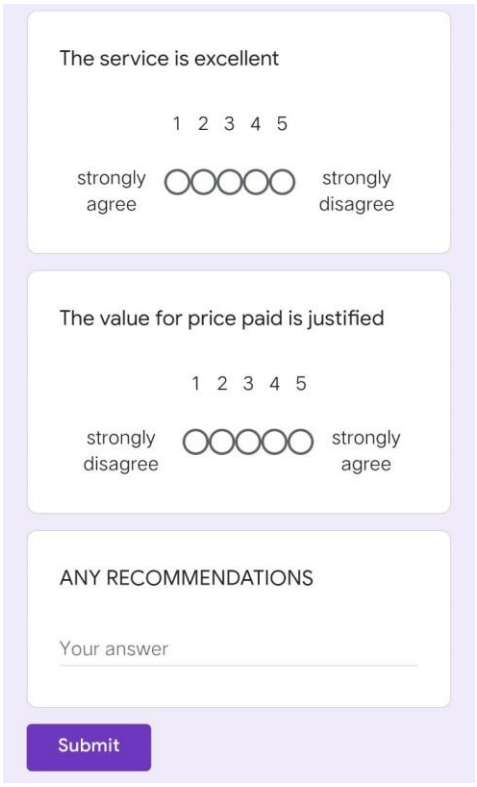
The quality of food is excellent

1 2 3 4 5

strongly dissatisfied ○○○○○ strongly satisfied


The food is tasty and flavourful
1 2 3 4 5
strongly disagree
strongly agree
The quality of beverages is excellent
1 2 3 4 5
strongly disagree
strongly agree
The utensils in which food is served is clean and hygienic
1 2 3 4 5
strongly disagree
strongly agree


My food order is correct and complete
1 2 3 4 5
strongly disagree
strongly agree
Availability of sauces, napkins , utensils etc was good
1 2 3 4 5
strongly disagree
strongly agree
Order takers speaks clearly
1 2 3 4 5
strongly disagree
strongly agree


The service is excellent
1 2 3 4 5
strongly agree
strongly disagree
The value for price paid is justified
1 2 3 4 5
strongly disagree
strongly agree
ANY RECOMMENDATIONS
Your answer
Submit