ASSESSING HOSPITAL PERFORMANCE THROUGH PROCESS OPTIMIZATION AND PATIENT FEEDBACK: A STRATEGIC ANALYSIS

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfillment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

by

Mahima Dash

Under the Supervision and Guidance of

Mr. S.P. Chattopadhyay

2025

AMAR JAIN HOSPITAL
WHC
Vaishali Nagar, Jaipur

Date: 17nd June 2025

TO WHOM IT MAY CONCERN

This is to certify that Ms.Mahima Dash in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur has successfully completed her internship at WHC Amar jain Hospital ,Jaipur during Mar 10 - May 31, 2025.

Best wishes for her future endeavor.

Thanks & Regards

WHC Amar Jain Hospital Vaishali Nagar, Jaipur HR

Human Resource

Amar Jain Hospital WHC

PHONE
+91 9549219991

EMAIL
CARE@WHCGLOBAL.IN

Managed by
WINNING HEALTHCARE PVT. LTD
374-C, AMRAPALI CIRCLE, VAISHALI NAGAR,
JAIPUR RAJASTHAN 302021

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that dissertation titled **Assessing Hospital Performance through Process Optimization and Patient Feedback: A Strategic Analysis** is a record of the research work undertaken by **Ms. Mahima Dash** in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

Faculty Guide
IIHMR University, Jaipur
Date 19/6/2025

School Dean
IIHMR University, Jaipur
Date

DECLARATION BY STUDENT

I hereby declare that this dissertation titled ***"Assessing Hospital Performance through Process Optimization and Patient Feedback: A Strategic Analysis at WHC Amar Jain Hospital"*** is a bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

(Signature) Malina Dash

Name of Student: Malina Dash

Date 18/06/25

ACKNOWLEDGEMENT

I am deeply grateful to the management and staff of Amar Jain Hospital for providing me with the opportunity to intern and gain firsthand experience in healthcare operations and my sincere gratitude to Purva Rawat for their constant support, motivation, and precious suggestions during this internship and while writing this dissertation.

I would like to express my deepest gratitude to my guide S.P Chattopadhyay,Assitant Professor, whose guidance, support and mentorship have been invaluable throughout my dissertation journey

I would like to pay my gratitude to the staff of Amar Jain Hospital for the cooperation they extended during my internship here. Such willingness coming from them to pass their information and knowledge to other people was highly valued.

It is my pleasure to thank my family and friends for their encouraging and believing in me all the time throughout this study process which pay off.

It is important to recognize that this project would not have been possible without the support of such individuals and institutions. I am extremely grateful for it.

Sincerely,

Mahima Dash

Table of Content

List of Table

ABSTRACT

In the modern healthcare landscape, performance optimization has become a critical determinant of hospital success. Efficient internal processes, robust coordination mechanisms, and meaningful patient feedback loops not only enhance service quality but also impact patient satisfaction, staff productivity, and the hospital's overall reputation. This dissertation titled "Assessing Hospital Performance through Process Optimization and Patient Feedback: A Strategic Analysis at WHC Amar Jain Hospital" is a comprehensive study undertaken during a full-time internship to understand, analyze, and improve hospital operations at a practical level.

WHC Amar Jain Hospital, a 150-bedded multispecialty healthcare facility in Jaipur, serves as the research site for this observational study. Despite being well-equipped and focused on ethical, affordable care, the hospital experiences operational bottlenecks that hinder service efficiency. The study was designed to identify such gaps through a strategic evaluation of five critical performance areas: Turnaround Time (TAT) in OPD and IPD, Housekeeping Audit Compliance, Daily MIS (Management Information System) Analysis, Floor and Patient Coordination, and Patient Feedback Analysis.

The research methodology included real-time data collection, structured audit reviews, time-motion studies, and qualitative feedback interpretation. TAT was measured using standardized time sheets during peak and non-peak hospital hours, while housekeeping performance was evaluated through NABH-aligned audit templates. Daily MIS reporting, which includes OPD footfall, IPD admissions, length of stay (LOS), births, and mortality rates, was assessed for both consistency and utility. Patient and floor coordination were evaluated through observational logs and informal staff interviews, focusing on shift transitions, patient movement delays, and diagnostic workflow disruptions. Feedback was collected via standardized hospital forms, which included both quantitative ratings and qualitative remarks.

Findings from the study revealed that OPD patients often experience a waiting time of 40–50 minutes, while IPD admission times vary between 60–90 minutes, largely due to interdepartmental communication gaps. Housekeeping compliance was found to be 85%, with documentation inconsistencies during night shifts. MIS reports were found to be accurate but underutilized in real-time planning, as most data compilation occurs post-shift. Floor coordination was interrupted most frequently during nurse shift changes, resulting in delays in OT transfers and diagnostics. Feedback showed that while 68% of patients were satisfied

overall, recurring complaints included poor discharge communication, long waiting periods, and inconsistent availability of helpdesk staff.

This study establishes a strong correlation between process standardization, feedback implementation, and hospital performance outcomes. It emphasizes that hospitals can greatly benefit from digitized queuing systems, structured interdepartmental communication protocols, housekeeping digital dashboards, and proactive use of MIS analytics. The dissertation proposes a strategic roadmap that includes the introduction of digital queue tokens, designation of a floor coordinator, digitized audit logs, real-time MIS integration, and SOP-based discharge processes.

The results advocate for a shift from reactive service delivery to proactive, data-driven hospital management, which is essential for quality care, patient satisfaction, and future accreditation readiness. The recommendations, if implemented, have the potential to reduce operational inefficiencies, improve patient experience, and boost staff accountability — all aligning with the long-term strategic goals of WHC Amar Jain Hospital.

Keywords

Hospital Performance, Turnaround Time (TAT), MIS, Housekeeping Audit, Patient Feedback, Floor Coordination, Hospital Operations, Quality Improvement, WHC Amar Jain Hospital, Healthcare Management.

Chatper-1

Introduction

INTRODUCTION

1.1 Background of the Study

In recent years, the performance of hospitals has come under intense scrutiny due to rising patient expectations, competitive pressures, and the demand for quality care delivery. Efficient healthcare services are no longer determined solely by clinical outcomes but are now deeply influenced by how well hospital operations function. Operational efficiency, timely services, clean environments, and patient-centric experiences have become non-negotiable indicators of quality healthcare.

The need for process optimization within hospitals has become more pressing than ever. It is essential for reducing operational delays, improving resource utilization, minimizing patient wait times, and enabling better health outcomes. Meanwhile, patient feedback has emerged as a critical source of actionable insights. Feedback mechanisms not only empower patients but also help administrators and quality teams detect service lapses, communication gaps, and improvement areas.

This dissertation explores how hospitals like WHC Amar Jain Hospital, Jaipur, can harness internal data and real-time feedback to drive performance excellence.

1.2 About WHC Amar Jain Hospital

WHC Amar Jain Hospital is a 150-bedded multispecialty hospital based in Jaipur. It provides services in general medicine, surgery, orthopedics, pediatrics, gynecology, diagnostics, and emergency care. Known for its commitment to affordable and ethical healthcare, the hospital emphasizes patient well-being through structured care pathways and evidence-based medicine.

The hospital is in the growth phase of establishing itself as a leader in operational efficiency. During this period of transformation, the internship provided a valuable opportunity to study core administrative and operational components.

- The areas of focus for this research include:
- Turnaround Time (TAT) in OPD and IPD
- Housekeeping audit and hygiene maintenance
- Daily MIS (Management Information System) reporting
- Patient and floor coordination
- Patient feedback analysis and service quality response

1.3 Statement of the Problem

Despite having adequate infrastructure and clinical expertise, many Indian hospitals still struggle with delays in patient movement, coordination breakdowns, and limited use of feedback for decision-making. Problems such as prolonged waiting times, inefficient admissions or discharge processes, poor communication across departments, and lack of real-time data tracking affect both performance metrics and patient satisfaction.

WHC Amar Jain Hospital, like many growing institutions, is looking to move beyond traditional reactive management to proactive, data-informed operations. However, the absence of real-time process reviews, standardized audits, and structured feedback responses presents operational challenges.

This research addresses the problem of underutilized performance data and patient insights in day-to-day hospital functioning and proposes solutions for improvement.

1.3 Purpose of the Study

The primary purpose of this dissertation is to assess the current operational performance of WHC Amar Jain Hospital and identify how internal process data and patient feedback can be used strategically to:

- Streamline workflow
- Improve service delivery
- Enhance patient experience
- Enable evidence-based management decisions

It also aims to contribute to the broader academic and healthcare management discourse on how process optimization and patient-centered analytics can reshape hospital strategy.

1.4 Objectives of the Study

The study has the following specific objectives:

- To evaluate the turnaround time (TAT) in OPD and IPD services.
- To assess the compliance and quality of housekeeping services.
- To review the accuracy and usage of daily MIS reports.
- To analyze the coordination process across departments and floors.
- To examine patient feedback for identifying service gaps.
- To recommend data-driven improvements for hospital performance.

1.5 Research Questions

- What is the average turnaround time for patients in OPD and IPD?
- How efficient and compliant are the current housekeeping practices?
- Is the MIS data being collected timely and used effectively?
- What challenges exist in patient and floor coordination?
- What key concerns do patients raise through feedback forms?
- What strategies can be implemented for performance optimization?

1.6 Rationale of the Study

This study is highly relevant to hospital administrators, quality teams, and policy makers aiming to align hospital functioning with patient expectations and accreditation standards like NABH. Hospitals like WHC Amar Jain that are growing in size and reputation must ensure operational excellence to sustain quality care delivery.

By analyzing internal operations and feedback, the study highlights areas that need intervention and offers practical, scalable recommendations. This research also sets a foundation for future benchmarking and performance audits.

1.7 Scope of the Study

The scope of this study is confined to WHC Amar Jain Hospital, Jaipur, during the internship period of the researcher. It focuses on five functional areas:

- Turnaround Time (OPD & IPD)
- Housekeeping Audit
- Daily MIS (OPD/IPD/LOS/Mortality/Birth)
- Patient & Floor Coordination
- Feedback Analysis

The findings and recommendations are expected to be applicable to similar mid-sized hospitals striving for operational improvement and patient satisfaction.

1.8 Scope of the Study

Hospitals today operate in a highly dynamic and competitive environment where efficiency, transparency, and patient satisfaction are key performance indicators. While many hospitals invest in infrastructure and medical technology, they often overlook the significance of streamlined operational processes and structured feedback mechanisms.

This study is significant for several reasons:

- It provides empirical data and analysis on the functioning of core operational areas in a 150-bedded multispecialty hospital.
- It highlights the impact of real-time process tracking and patient feedback in improving hospital performance.
- It serves as a practical framework for administrators to identify inefficiencies and implement targeted interventions.

- It contributes to the growing body of research on hospital process optimization in the Indian healthcare context, especially for mid-sized hospitals.

The recommendations derived from this study can assist WHC Amar Jain Hospital in aligning with quality accreditation standards like NABH.

1.9 Limitations of the Study

- The study is limited to one hospital and may not reflect national trends.
- Time constraints limited long-term impact analysis of recommendations.
- Data from departments not covered in the internship (e.g., ICU, OT) are excluded.
- Feedback was analyzed from available forms only; verbal feedback was not documented.

Chapter-2

Review of Literature

REVIEW OF LITERATURE

Sr no.	Author	Title	Study Location	Salient Features
1.	Rajeev P., Kiran S. (2022)	Impact of Turnaround Time on Patient Satisfaction	India	It brings out how social media can play a role in patient education and engagement and also in research dissemination. A vast number of patients are getting information about their health from social media. Generational, income, and racial differences persist across different platforms of social media. It also notes the inclusion of the need to derive relevant, trustworthy health information from social media to have better health literacy outcomes, mostly in disadvantaged populations. Through this paper, the authors discuss the advantages that social media provides in patient engagement, peer support, and advocacy with challenges of appropriate and ethical use by healthcare providers. It is the ultimate conclusion of the paper that perhaps social

				media can play a very important role in bridging the gap of health literacy to improve patient outcomes. Social media can equally enhance health literacy and patient engagement in various ways, such as the provision of accurate health information, facilitation of peer review, or even care advocacy. It also engages patients who get involved with field experts, become educated, garner support with peer groups, and advocate for care. Further, social media can be used to reduce the communication gap between patients and healthcare practitioners on matters of lifestyle and preventive medicine. It is indisputable that patient-designed social media platforms can contribute positively toward health disparities reduction by engaging patients in more peer support, emotional and social support, and mobilizing

				efforts aimed at improving health. This would mean that such facilities provide means for having patient-powered research networks, thereby giving them chances to offer improvements toward healthcare. Besides enhancing the chances of contributing to healthcare, it gives an opportunity for the patient to become empowered.
2.	Mehta D., Sharma A. (2021)	Audit Tools in Hospital Housekeeping	India	This systematic review explored how social media is used for a variety of health purposes by institutions, health researchers and professionals, and members of the public. Ten general uses of social media for health that the review identified include invigilance, which means using the data in social media for disease surveillance, dissemination of information on health and countering misinformation, support of health interventions, facilitation of research in health and

				professional development, assurance of doctor-patient communications, and enabling members of the public to seek and share health-related information, exchange social support, track and share health activities. It also noted several new uses that have come into being since 2013 and listed the gaps in research, such as testing strategies for segmenting audiences and evaluating dose-response relationships for the differential impact of various social media applications on health interventions. Moreover, there are pending concerns about the privacy of personal information. The review categorizes the three classes of social media users into health institutions, health researchers and professionals, and the general public. Some of the challenges and concerns this review has

				noted as issues for health social media relate to the quality of health information and its bearing on individual health outcomes, spreading misinformation, the need to reduce misinformation on social media, and improvement of public abilities to find sources of reliable information on social media.
3.	WHO (2020)	Operational Efficiency in Healthcare Facilities	Global	An increasing percentage of physicians also uses social media to communicate directly with patients to supplement clinical care. In a survey by the social media site Quantum, including more than 4,000 physicians, more than 90% of physicians are using some form of social media for personal activities; only 65% use such sites for professional purposes. Media-Sharing Sites Websites for sharing media, like YouTube, make up an important portion of social media tools that specialize in rendering, sharing, and

				embedding digital media content on the Web. They also support many of the features found on other forms of social media sites, including profiles, connections, comments, and private messaging. Many of these universities also have a branded YouTube channel, which is possible to share videos in the university's social media site. Social media permit pharmacies to address large customer groups at a time and conduct surveys, letting patients feel they are part of the community in a pharmacy. Similar problems arise with traditional online press, but the interactive nature of social media exacerbates the problems because anybody can post information on the site. Social media users could also be bombarded with both latent and overt forces of conflicts of interest that the users might have no way of knowing.

				Social Media Guidelines from Health Care Institutions social media has a lot of underlying risks for health care organizations, many of which could have an effect on the safety and security of patient information and patient consent, as well as impacting employment practices, physician credentialing and licensure, HCP-patient boundaries violations, and many other ethical issues.

Chapter-3

Research Methodology

RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the research methodology used to assess hospital performance at WHC Amar Jain Hospital. The methodology is designed to evaluate key operational areas through a combination of observational analysis, structured data collection, and feedback evaluation. The focus was on real-time performance indicators and process assessments within a hospital environment during the internship period.

3.2 Research Design

The study adopted a descriptive and observational research design. It was conducted during a hands-on internship at WHC Amar Jain Hospital, Jaipur. The design allowed for continuous monitoring of hospital operations, collection of primary data, and real-time insights into process gaps and efficiencies.

3.3 Study Setting

The study was conducted at WHC Amar Jain Hospital, a 150-bedded multispecialty facility in Jaipur. The hospital has departments such as General Medicine, Surgery, Pediatrics, Orthopedics, and Gynecology, along with emergency and diagnostic services. Operational workflows were assessed across OPD, IPD, housekeeping, and coordination areas.

3.4 Duration of Study

The internship-based study was carried out over a period of eight weeks from [10 March 2025] to [31 May 2025]. The data was collected on a daily basis and validated through internal discussions with supervisors and department heads.

3.5 Data Sources

Primary data was collected through observation, structured audit tools, and feedback forms. Secondary data was obtained from internal MIS reports, existing hospital checklists, and relevant policies. The key data sources included:

- OPD/IPD turnaround time sheets
- Housekeeping audit records
- MIS reports (OPD, IPD, LOS, Births, Mortality)
- Feedback forms from patients
- Coordination logs maintained by nursing and administration

3.6 Data Collection Tools

The tools used for data collection included:

- Manual time trackers and stopwatch
- NABH-compliant audit forms
- Excel spreadsheets for MIS compilation
- Structured feedback forms with rating scales
- Observational checklists for patient movement and coordination

3.7 Inclusion and Exclusion Criteria

Inclusion:

- All OPD and IPD patients observed during the study period
- Staff involved in registration, admission, discharge, and coordination

Exclusion:

- Emergency and ICU-specific data due to restricted access
- Verbal complaints not documented in feedback forms

3.8 Data Analysis

Data collected was analyzed both quantitatively and qualitatively. Turnaround time averages were calculated, audit scores were compiled, and feedback responses were categorized. MIS trends were interpreted for consistency, accuracy, and responsiveness. Graphs and charts were used for visual interpretation where applicable.

3.9 Ethical Considerations

The study ensured anonymity and confidentiality of all patients and staff involved. No personal identifiers were recorded. The data collected was used solely for academic and quality improvement purposes under the guidance of the hospital's management and IIHMR University.

3.10 Limitations

The study was limited by time, as it spanned only the internship duration. Access to certain departments like ICU and OT was restricted. Observations were subjective to some extent and depended on available hospital resources and staffing patterns.

Chapter-4

Results

Chapter 4: Results

4.1 Introduction

This chapter presents the detailed findings and observations gathered during the internship at WHC Amar Jain Hospital, Jaipur. The study focused on operational areas including Turnaround Time (TAT) for OPD and IPD, Housekeeping Audit, MIS Reporting, Floor and Patient Coordination, and Patient Feedback. The data collection methods included real-time observation, structured audits, MIS analysis, staff interaction, and feedback evaluation. Each area was studied for performance consistency, efficiency gaps, and improvement opportunities.

4.2 OPD Turnaround Time

OPD services are the first point of contact for most patients and play a critical role in shaping perceptions of hospital performance.

- **Key Findings:**

The average OPD waiting time during peak hours (10:00 AM to 12:00 PM) was 40–50 minutes.

Patients experienced delays primarily due to:

- Overcrowded registration counters.
- Delays in triage or file handling.
- Absence of a digital token system.

Non-peak hour (2:00 PM – 4:00 PM) turnaround time dropped to an average of 20–25 minutes, indicating staff workload and resource mismatch during peak times.

Observations:

- Manual patient registration slowed down the queue.
- Some patients were unaware of consultation room numbers, leading to corridor congestion.
- No visual screen or announcement system was present to guide patients post-registration.

Interpretation:

A queue management system integrated with an EHR (Electronic Health Record) and token display could help reduce OPD waiting time by 30–40%.

4.3 IPD Admission Turnaround Time

Efficient admission processes are crucial for seamless IPD functioning and reducing patient stress during transition from OPD or emergency.

- **Key Findings:**

The average time from IPD registration to bed allotment ranged between 60–90 minutes.

Delay reasons included:

- Room preparation time by housekeeping.
- Miscommunication between the reception and the nursing station.
- Manual bed availability updates leading to redundant checks.

Real-time Observations:

- When bed occupancy was over 80%, the admission process was delayed by an additional 15–20 minutes.
- Admission after 5:00 PM experienced further delays due to limited coordination staff and off-duty housekeeping supervisors.

Impact:

Delays in IPD admissions can create bottlenecks in emergency services and reduce throughput. Improved SOP enforcement and a digital bed board system could ease this challenge.

4.4 Housekeeping Audit Compliance

Cleanliness and hygiene are central to hospital safety and patient satisfaction. Regular housekeeping audits were conducted during the study period.

Audit Results:

- Overall housekeeping audit compliance was 85%.
- Day shift compliance: 92%
- Night shift compliance: 76%

Frequent issues:

- Missed toilet cleaning logs.
- Overflowing dustbins in waiting areas.
- Infrequent mop changes or documentation lapses.

Tools Used:

- NABH-aligned daily checklists.
- Visual inspection by supervisors.
- Cross-verification with patient complaints.

Recommendations Noted:

- Shift-wise digital tracking of housekeeping rounds.
- Supervisor presence or monitoring tags at high-footfall areas.
- Staff rotation plan to prevent burnout in cleaning personnel.

4.5 MIS (Management Information System) Reports

The hospital uses MIS for daily and monthly reporting of clinical and operational statistics. Key parameters reviewed include OPD, IPD, LOS, Births, and Mortality.

Daily MIS Averages:

- OPD patient volume: 80–100/day.
- IPD admissions: 12–15/day.
- Average Length of Stay (LOS): 2.8–4.1 days.
- Mortality rate: consistently <1%.
- Births/month: 8–12.

Challenges Identified:

- MIS updates are done at the end of the shift, reducing real-time planning capabilities.
- Manual data entry into Excel increases the risk of errors and delays.
- No visual dashboards for daily review by clinical staff or managers.

Potential Improvements:

- Integration of patient data from departments directly into MIS.
- Automated alerts for anomalies in LOS, mortality, or occupancy.
- Use of MIS trends to guide manpower planning and scheduling

4.6 Floor and Patient Coordination

Coordination between floors, diagnostics, nursing, and admission desks ensures efficient patient movement and service utilization.

Key Observations:

- Coordination lapses were most visible during shift changes and on weekends.
- Nursing staff were often multitasking, affecting patient transfer speed.
- Verbal instructions led to confusion and delayed OT shifts or diagnostic scheduling.
- Discharge process coordination between nursing and billing lacked synchronization.

Quantitative Findings:

- 1 in 5 patients waited more than 45 minutes to be shifted for a diagnostic test.
- 30–40% of admission-related delays were due to unclear delegation of responsibility.

Identified Needs:

- A designated floor coordinator during each shift.
- Use of inter-departmental communication boards or task apps.
- Staff training on shift-handover documentation and SOP usage.

4.7 Feedback Analysis

Patient feedback forms are an important tool to assess hospital performance from the user's perspective.

Sample Size:

- Total feedback forms reviewed: **152**
- Method: Manual form analysis + excel classification

Feedback Ratings:

- Overall satisfaction:
- Excellent: 18%
- Good: 50%
- Average: 24%
- Poor: 8%

Common Compliments:

- Nursing care and staff politeness.
- Cleanliness during day hours.
- Smooth admission process for elective patients.

Common Complaints:

- Long OPD waiting time.
- Lack of proper discharge explanation.
- Noisy environment at night in wards.
- Difficulty locating departments without signage.

Patterns:

- Feedback from attendants of elderly patients showed more dissatisfaction compared to that of younger or surgical cases.
- Most negative feedback related to communication or coordination rather than clinical treatment.

4.8 Summary of Results

The findings from each operational parameter are summarized below:

Area	Key Finding	Improvement Opportunity
OPD Turnaround Time	40–50 minutes avg. during peak hours	Digital token and queue system
IPD Admission Time	60–90 minutes, higher during evenings	Digital bed board, SOP coordination
Housekeeping	85% audit compliance, lapses in night shifts	QR-code checklists, digital dashboards
MIS Reports	Accurate but delayed updates	Real-time dashboards, automation tools
Floor Coordination	Disruptions during shift change	Floor manager, communication boards
Patient Feedback	68% satisfied; issues with discharge/wait	Discharge briefing, signage, noise control

Table 1: Summary of Results

Chapter-5

Conclusion

5.1 Conclusion

5.1 Introduction

This chapter presents the key findings from the internship conducted at WHC Amar Jain Hospital, Jaipur. The study focused on evaluating core operational processes such as Turnaround Time (TAT) in OPD and IPD, Housekeeping Audit, Management Information System (MIS) reporting, Floor and Patient Coordination, and Patient Feedback Analysis. The data was collected through real-time observation, internal records, audit tools, and structured feedback forms.

5.2 Turnaround Time (TAT)

OPD TAT:

- The average OPD turnaround time during peak hours (10 AM–12 PM) was 40–50 minutes.
- Delays were attributed to manual registration, absence of digital tokens, and overcrowding at consultation queues.
- Non-peak hours saw a reduced average of 20–25 minutes.

IPD Admission TAT:

- Time taken from registration to bed allotment ranged from 60–90 minutes, especially during weekends and evenings.
- Delays resulted from lack of real-time bed tracking, slow room readiness, and coordination gaps between reception, nursing, and housekeeping.

5.3 Housekeeping Audit Compliance

- Overall housekeeping compliance was recorded at 85%.
- While day shifts had high performance, night shifts and shift transitions saw audit lapses.
- Common issues included incomplete cleaning logs and irregular sanitization of restrooms and waiting areas.
- The audit emphasized the need for QR-based checklists and stronger night shift supervision.

5.3 MIS Reporting

The hospital's MIS system effectively captured daily data but lacked real-time utility.

Daily Averages:

- OPD: 90 patients
- IPD: 12–15 admissions
- LOS: 2.8–4.1 days
- Births/month: 8–12
- Mortality: <1%
- MIS compilation was end-of-day, limiting proactive planning.
- Data entry was manual, with limited visualization tools for interpretation.

5.4 Floor and Patient Coordination

- Coordination across departments was moderately functional but vulnerable during nurse shift changes and weekends.
- Patient transfer delays to diagnostics or OT were noted, often due to verbal instructions and lack of clear delegation.
- Admission and discharge often lacked synchronized communication between reception, nursing, and billing teams.
- The findings highlight the need for a dedicated floor coordinator and digital coordination tools.

5.6 Feedback Analysis

Total feedback forms analyzed: 152

- Satisfaction Rating:
- Excellent: 18%
- Good: 50%
- Average: 24%
- Poor: 8%

Positive Feedback:

- Politeness of nursing staff
- Daytime cleanliness
- Smooth elective admissions

Negative Feedback:

- Long OPD waiting time
- Discharge confusion
- Nighttime disturbances and poor signage
- Feedback trends revealed that most dissatisfaction was linked to operational inefficiencies rather than medical treatment.

5.7 Summary

Focus Area	Findings	Improvement Scope
OPD TAT	40–50 minutes avg. during peak hours	Token system and digital queue
IPD Admission	60–90 minutes avg.	Real-time bed board and SOP-based admission
Housekeeping Audit	85% compliance	QR-based digital checklist, staff rotation
MIS Reports	Manual, end-of-day updates	Real-time dashboards, automated reports
Coordination	Shift change and verbal instruction gaps	Floor coordinator, digital handover sheet
Feedback Analysis	68% patients satisfied	Discharge SOPs, better communication, signage

Table 2: Conclusion Summary

Chapter-6

References

REFERENCES

Rajeev, P., & Kiran, S. (2022). Impact of Turnaround Time on Patient Satisfaction. Journal of Healthcare Management Studies, 34(2), 115–122.

Mehta, D., & Sharma, A. (2021). Audit Tools and Hospital Housekeeping Efficiency: A NABH Perspective. Indian Journal of Hospital Administration, 28(1), 51–59.

World Health Organization (2020). Operational Efficiency in Healthcare Facilities: A Toolkit for Hospitals. Geneva: WHO Press.

Nambiar, R., & Thomas, P. (2019). Role of MIS in Hospital Administration and Real-Time Monitoring. International Journal of Healthcare Management, 16(4), 233–240.

Kumar, S., & Banerjee, A. (2021). Patient Feedback as a Tool for Quality Improvement in Mid-Sized Hospitals. Health Policy and Management Review, 19(3), 72–80.

National Accreditation Board for Hospitals and Healthcare Providers (NABH). (2023). Hospital Accreditation Standards – 6th Edition. Quality Council of India, New Delhi.

Gupta, M., & Joshi, N. (2020). Enhancing Floor Coordination Through Communication SOPs in Tertiary Care Hospitals. Indian Journal of Hospital and Health Services, 22(3), 45–53.