

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

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Background

Hospital performance is increasingly being evaluated through operational efficiency and patient-centric metrics. While clinical outcomes remain essential, modern healthcare organizations are focusing equally on process optimization, service coordination, and feedback management. This study is based on WHC Amar Jain Hospital, a 150-bedded multispecialty facility in Jaipur, which is striving for excellence in hospital operations and patient satisfaction.



REVIEW OF LITERATURE

1. Rajeev P., Kiran S. (2022)

Impact of Turnaround Time on Patient Satisfaction

It brings out how social media can play a role in patient education and engagement and also in research dissemination.

2. Mehta D., Sharma A. (2021)

Audit Tools in Patient Satisfaction

How social media is used for a variety of health purposes by institutions, health researchers and professionals, and members of the public.

3. WHO (2020)

Operational Efficiency in Healthcare Facilities

Address large customer groups at a time and conduct surveys, letting patients feel they are part of the community



Research Question

How can process optimization and structured patient feedback mechanisms improve hospital performance in mid-sized multispecialty hospitals like WHC Amar Jain Hospital?

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.



Objectives of the Study

- 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.

Methodology

- Observational and descriptive research design.
- Primary data was collected through time tracking sheets, housekeeping audit forms, daily MIS reports, and feedback forms. Staff discussions and coordination logs supplemented qualitative insights.
- Data was analyzed using both quantitative averages and qualitative thematic methods.

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

FINDINGS

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



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.

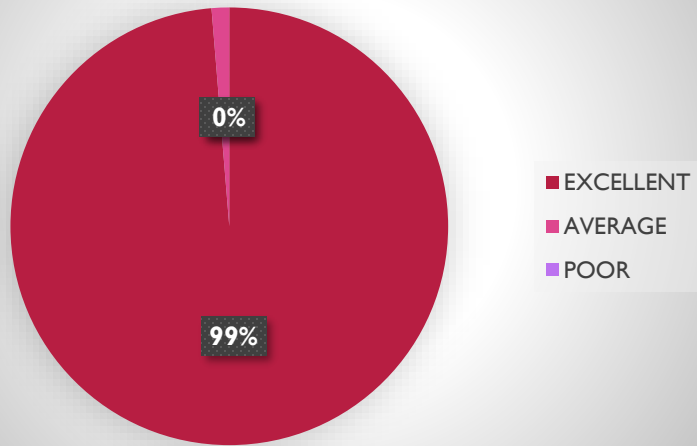


Daily MIS Averages:

- OPD patient volume: 80–100/day.
- IPD admissions: 12–15/day.
- Average Length of Stay (LOS): 2.8–4.1 days

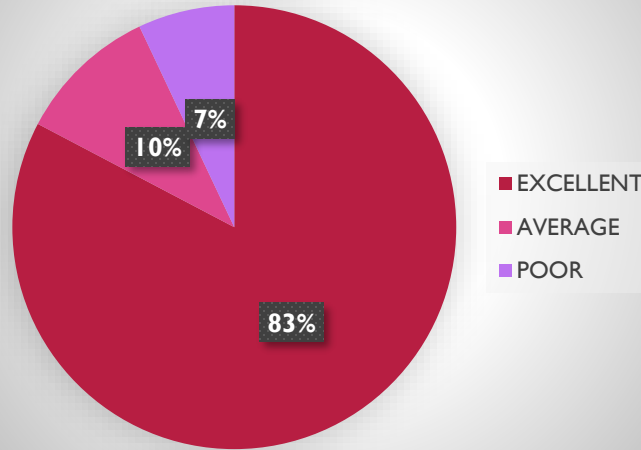
PATIENT FEEDBACK ANALYSIS

OVERALL ANALYSIS



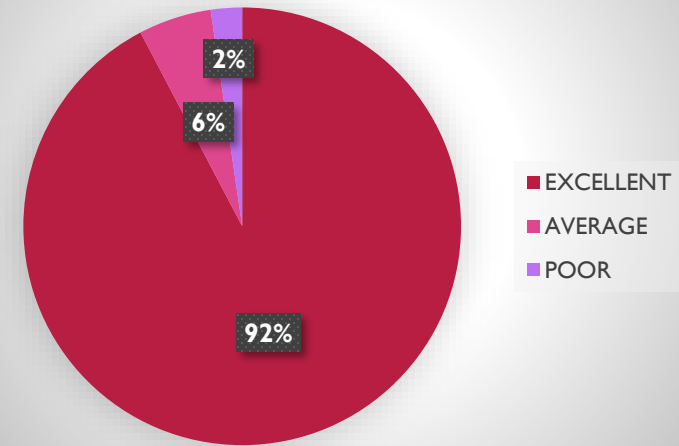
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OVERALL ANALYSIS



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Interpretation:

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

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.



CONCLUSION

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.



Discussions

Operational Efficiency and Service Quality

The study highlights that operational efficiency is a cornerstone of patient satisfaction and hospital performance. Inadequate staffing, delays in service delivery, and poor infrastructure were found to negatively impact service quality.

Patient-Centric Approach

There is growing evidence that patient feedback mechanisms are underutilized. While many hospitals collect feedback, few analyze and act upon it systematically, limiting its impact on quality improvement.

Policy Compliance and Accreditation

Compliance with NABH and other quality standards remains inconsistent. Facilities that followed protocols had better clinical and operational outcomes, showing the value of strict adherence to policies and procedures.



RECOMMENDATIONS

Adopt Smart Hospital Practices

Enhance Workforce Training Programs

Strengthen Feedback and Grievance Redressal Systems

Regular Audits and Quality Checks

Standardization of SOPs Across Departments



Thank you!