

A STUDY ON PATIENT SATISFACTION AND QUALITY OF INPATIENT SERVICES IN A TERTIARY CARE SETTING

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by

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Under the Supervision and Guidance of

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CERTIFICATE

OF ACHIEVEMENT



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This is to certify that dissertation titled “**A Study on Patient Satisfaction and Quality of Inpatient Services in a Tertiary Care Setting**” is a record of the research work undertaken by **SWETA SAMANTARAY** partial fulfilment 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 her approach to the research study has been sincere, scientific, and analytical.



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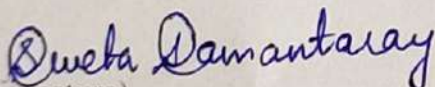
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DECLARATION BY STUDENT

I hereby declare that this dissertation titled **A Study on Patient Satisfaction and Quality of Inpatient Healthcare Services in a Tertiary Care Setting** is the 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 Information derived from the published or unpublished work of others has been duly acknowledged in the text.


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Date 11 June 2025

ABSTRACT

TITLE: A Study on Patient Satisfaction and Quality of Inpatient Healthcare Services in a Tertiary Care Setting

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KEYWORDS: Patient Satisfaction, Inpatient Services, Quality of Care, Hospital Operations, Net Promoter Score, PSAT Score, Feedback management system, IPD Experience

BACKGROUND:

Patient satisfaction serves as a key indicator for evaluating the quality of healthcare services, encompassing both clinical and non-clinical domains, particularly in tertiary care settings. Max Smart Super Speciality Hospital, a NABH-accredited institution, provided the opportunity to assess the alignment of inpatient care with patient expectations systematically. The primary objective of this study is to enhance the overall patient experience by enabling the hospital to proactively utilize feedback mechanisms and uphold high standards of care delivery.

OBJECTIVE:

- To assess the level of patient satisfaction in inpatient healthcare services.
- To identify the patient perceptions of the quality of inpatient healthcare services received at the hospital.
- To identify the causes of dissatisfaction if any and suggest recommendations to improve the IPD services.

METHODOLOGY: A Cross-Sectional study was conducted over three months (March to June 2025) at Max Smart Super Speciality Hospital, New Delhi. Secondary Data of total 200 discharged inpatients were selected using simple random sampling from the hospital's Feedback Viesta in DreamSol Feedback Management System which collects patient feedback via SMS and hospital apps within 24 hours post-discharge. To validate this, Telephonic interviews were conducted for cross-verification and to capture additional remarks. Observational rounds were conducted with the Floor Managers during routine IPD ward rounds to note patient concerns and understand patient experiences

RESULTS: The study revealed a high level of patient satisfaction in clinical service domains, with 86% of respondents rating physician care as excellent and 77% expressing high satisfaction with nursing services. However, the discharge process received an 'excellent' rating from only 57% of patients, indicating potential areas for improvement. Moderate satisfaction gaps were also observed in the admission process, dietary services, and emergency response. Furthermore, non-clinical domains, including attendant comfort, sanitation frequency, and parking logistics, exhibited an indirect yet notable influence on overall inpatient satisfaction.

CONCLUSION: High satisfaction in clinical care highlights the hospital's strength, while lower ratings in discharge and moderate gaps in admission, dietary, and non-clinical services signal areas for improvement. Strengthening discharge planning, streamlining admission workflows through technology integration, and leveraging real-time feedback analytics can drive targeted enhancements, ensuring a more consistent and patient-centered inpatient experience.

ACKNOWLEDGMENT

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LIST OF ABBREVIATIONS

- OPD - Out-Patient Department
- IPD- In-Patient Department
- ER- Emergency Room
- NPS - Net Promoter Score
- PSAT- Patient Satisfaction Assessment Tool
- CAPA- Corrective Action and Preventive Analysis
- PCC- Patient-Centered Care
- HIS- Hospital Information System
- RAG-Risk Assessment Group
- IT- Information Technology
- EHR- Electronic Health Records
- CPRS-Computerized Patient Record System
- TPA -Third Party Administrator
- ENT - Ear, Nose, and Throat
- MRI -Magnetic Resonance Imaging
- OT- Operation Theatre
- ICU - Intensive Care Unit
- CCU - Coronary Care Unit
- NICU- Neonatal Intensive Care Unit
- PICU- Paediatric Intensive Care Unit
- HDU- High Dependency Unit

ABOUT THE ORGANISATION

In 2000, Max Healthcare launched its first medical facility in Panchsheel Park, South Delhi. By 2002, it had expanded to include two additional secondary care facilities: one in Noida, a suburb of eastern Delhi, and another in Pithampura, North West Delhi. The East Block of Max Hospital, Saket, a key tertiary care centre, opened in 2004, and in 2015, Max Healthcare acquired Saket City Hospital. These facilities were subsequently renamed Max Smart Hospital, Saket, and Max Hospital Vaishali.

Max Smart Super Specialty Hospital in Saket, part of the Gujarmal Modi Hospital and Research Centre for Medical Sciences, is a well-respected 250-bed institution accredited by NABH. Located on a 16-acre site at Press Enclave Marg, Saket, it features four floors within the Saket District Centre. The hospital offers an extensive array of diagnostic and therapeutic technologies, including several firsts in Asia and India. It provides a comprehensive range of medical services, encompassing cardiology, neurology, orthopedics, gastroenterology, oncology, and urology, among others. As a tertiary care facility, it is equipped with a 256 Slice CT Angio system, twelve advanced modular operation theatres, and a specialized emergency and observation unit. Additionally, Max Smart Hospital includes 72 critical care beds, a cutting-edge dialysis unit, and a dedicated endoscopy unit, featuring innovations such as a 3.0 Tesla digital broadband MRI, electrophysiology navigation in Cath Labs, and a flat panel C-Arm detector.

With a team of over 300 specialized doctors and a robust nursing staff, Max Smart Super Specialty Hospital is committed to delivering high-quality medical care throughout the patient journey, from admission to discharge. The hospital upholds the highest standards of clinical excellence, research, and patient care, catering to both domestic and international patients. Operated under the Vikrant Children's Foundation and Research Centre, it employs around 2,500 staff members and provides free treatment to approximately 80,000 economically disadvantaged patients each year in its inpatient and outpatient services.

As a super specialty hospital, Max Healthcare combines expert medical care with the advantages of a large facility while maintaining a friendly and accessible environment. The 24 integration of advanced technologies, world-class infrastructure, and top-tier medical professionals enables personalized care, facilitating faster recovery with minimal infection risk.

VISION

The vision of Max Healthcare is to aspire to be the most well-regarded healthcare provider in India, dedicated to upholding the highest standards of clinical excellence and patient care. The commitment is driven by the integration of advanced technology and cutting-edge research. Max Healthcare operates with a culture of continuous improvement constantly challenging its benchmarks to better serve its patients.

The institution emphasizes patient-centered care by consistently pushing the boundaries of clinical and service excellence. The approach is deeply embedded in its ethos, as encapsulated in the words of Mr. Abhay Soi, Chairman and Managing Director of Max Group:

"Every day we come to honor a higher purpose – To serve, To excel."

MISSION

- **World-class patient care:** Strives to offer advanced and affordable medical services that meet global standards. Focusing on providing personalized treatments and excelling in areas like IVF, oncology, and critical care.
- **Clinical Excellence:** Maintaining the highest standards of clinical excellence, supported by cutting-edge research and technology.
- **Patient-centered care:** Prioritizes the patient's needs and well-being, ensuring a positive and supportive experience.

VALUES

- **Compassion:** Max Healthcare demonstrates a deep understanding of its patients by consistently showing empathy and sensitivity toward their needs. This fosters a culture that prioritizes superior patient-centered care. Patients are treated with dignity and respect, ensuring their concerns are addressed thoughtfully and ethically.
- **Excellence:** The organization holds itself to the highest standards and is driven by a relentless pursuit of clinical and service excellence. It acknowledges that excellence is a continuous journey, constantly motivating its workforce to improve and innovate in all facets of healthcare delivery.
- **Efficiency:** A key strength of Max Healthcare lies in its ability to quickly adapt to the evolving needs of patients. The institution maintains a focused yet flexible approach, ensuring timely, precise, and practical care using the latest technology and streamlined processes.
- **Consistency:** The organization consistently upholds its commitment to quality, ensuring that high standards of patient care are maintained across every touchpoint. This unwavering reliability fosters trust among patients and supports the hospital in achieving its long-term goals.



Picture 1. Max Smart Super Speciality Hospital, Saket, New Delhi

TABLE 1 SPECIALITIES IN MAX SUPER SPECIALITY HOSPITAL

SPECIALITIES IN MAX SUPER SPECIALITY HOSPITAL	
MEDICAL AND CLINICAL SERVICES	Cardiology
	Critical care
	Gynaecology and Obstetrics
	Orthopedics and joint replacement
	Department of Neurosciences
	Department of General surgery and MAMBS
	Department of Pulmonology
	Department of Dental sciences
	Department of Anesthesiology
	Department of Dermatology
	Department of Dental sciences
	Department of Endocrinology
	Department of Gastroenterology and Hepatology
	Department of ENT and cochlear implant
	Department of Nephrology and Dialysis
	Department of Paediatrics and Paediatric surgery
	Department of Internal medicine
	Department of Ophthalmology
	Department of Psychiatry and Behavioral sciences(OPD Only)
	Department of Plastic and Reconstructive surgery
	Department of Urology sciences
	Department of Medical and Surgical Oncology
AUXILIARY SERVICES	Quality Management
	Infection Control Department
	Hospital Management Information System
	Food And Beverage (Canteen Service)
	Dietician Service
	Transportation Service
SUPPORTIVE SERVICES	Pharmacy Services
	Medical Record Department
	Physiotherapy
	Laboratory Services
	Radiology Services
24*7 SERVICES	Emergency medicine & services
	Ambulance service
	Operation theatre
	HDU

TABLE 2 HOSPITAL OVERVIEW FLOORWISE

FLOOR	DEPARTMENTS
BASEMENT	Nursing office
	Central sterile supply department
	IP pharmacy
	Finance and billing department
	Cafeteria
	Engineering department
	Store
	Human Resource department
	Medical record department
	Information Technology (IT Room)
	Call centre
	Credit cell
GROUND FLOOR	Commercial department
	Biomedical engineering
	Outpatient department
	Obstetrics and Gynaecology
	NICU
	PICU
	Radiology
	Obstetrics and Gynaecology
	Front Office
	Neuro lab
	Physiotherapy
FIRST FLOOR	Dental department
	Kitchen
	ICU
	CCU
	CATH LAB
	WARDS
	Dialysis
	Administration department
SECOND FLOOR	Operation theatres
	Ortho wards
THIRD FLOOR	Gynaecological Ward
FOURTH FLOOR	Wards
	Library
	Onco Day Care

CHAPTER 1

INTRODUCTION

1.1 Patient Satisfaction Overview

Patient satisfaction is the judgment of the patient on the healthcare services and healthcare system and is commonly used as an indicator of quality. To improve the health system and to ensure that patients receive the quality service they need, patient satisfaction-based analysis has become important to healthcare managers.

This dissertation aims to evaluate patient satisfaction within the healthcare system by examining the degree to which inpatient services meet patient expectations in a tertiary care setting.

The satisfaction of patients coming to hospitals depends on the structure and function of the medical care system. The functioning of the medical care system is based on various social, technical, and physical aspects. The structure of the medical care system is guided by the policies of the government and the type of government set-up prevailing in the country, whereas the functioning mainly depends on those who manage the system.

Patient's perceptions of quality of care and their satisfaction with quality of care may affect health outcomes. Patient satisfaction is also an important contributor to both physical and mental health-related quality of life.

Patient satisfaction with inpatient healthcare services is a critical aspect of healthcare quality assessment. It typically involves evaluating various aspects of a patient's experience during their hospital stay.

Patient satisfaction in In-Patient Departments (IPD) is a critical metric for evaluating the quality of healthcare services. It encompasses a variety of factors, including medical care, hospital environment, and patient experience.

1.1.1 Key Aspects Influencing Patient Satisfaction in IPD:

a. Quality of Medical Care

- Competence of Medical Staff: Skill level, expertise, and professionalism of doctors and nurses.
- Communication: Clarity and comprehensiveness of information provided to patients and their families.
- Responsiveness: Promptness in addressing patient needs and concerns.

b. Hospital Environment

- Cleanliness: Overall hygiene and maintenance of the facility.
- Comfort: Quality of the physical environment, including beds, rooms, and overall ambiance.
- Privacy: Measures taken to ensure patient privacy during treatment.

c. Administrative Services

- **Admission Process:** Efficiency and ease of the admission procedures.
- **Billing and Discharge:** Clarity, transparency, and speed of billing and discharge processes.
- **Support Services:** Availability and quality of support services like food, housekeeping, and transportation.

d. Patient Experience

- **Empathy and Respect:** Attitude of the healthcare providers towards patients.
- **Involvement in Care:** The Degree to which patients are involved in decision-making about their care.
- **Pain Management:** Effectiveness of pain management strategies.

e. Outcome of Care

- **Health Improvement:** Patients' perception of their health improvement post-treatment.
- **Complications:** Occurrence and handling of any medical complications.

Measuring patient satisfaction often involves surveys, interviews, and feedback mechanisms to gather patient opinions and identify areas for improvement. Healthcare facilities use this information to enhance the quality of inpatient services and prioritize patient-centered care.

1.1.2 Strategies to Improve Patient Satisfaction :

- **Training Staff:** Regular training programs to enhance communication and patient care skills.
- **Patient-Centered Care:** Implementing models that emphasize holistic, patient-centered approaches.
- **Technology Integration:** Using electronic health records (EHR) and patient portals to streamline processes and improve communication.
- **Continuous Improvement:** Regularly analyzing feedback and implementing quality improvement initiatives.
- **Patient Education:** Educating patients about their conditions and treatments to involve them more in their care.

1.1.3 Importance of Patient Satisfaction :

- **Quality Improvement:** Provides insights for improving healthcare services and patient outcomes.
- **Reputation and Trust:** Enhances the hospital's reputation and builds trust among the community.
- **Financial Performance:** Satisfied patients are more likely to return and recommend the hospital, impacting revenue positively.
- **Regulatory Compliance:** Helps in meeting regulatory requirements and accreditation standards.

1.2 Inpatient Department Max Smart Super specialty Hospital



Picture 2. MAX SMART 3RD FLOOR IPD BLOCK

An inpatient department (IPD) is a hospital unit where patients are admitted and stay overnight for observation, treatment, or surgery. Overview of the key aspects of an inpatient department:

1.2.1 Key Components and Functions

- **Admission Process**
Patients are admitted via emergency, referrals, or scheduled treatments. Administrative staff manages paperwork and insurance.
- **Patient Care**
 - **Medical Services:** Provided by doctors and specialists.
 - **Nursing:** 24/7 care, medication administration, and vital monitoring.
- **Facilities**
 - Rooms: Presidential Suite, Deluxe Room, Semi Deluxe Room, General Ward.
 - Specialized Units: ICU, CCU, NICU, PICU.
- **Support Services**
 - **Pharmacy:** Medication supply and administration.
 - **Lab & Radiology:** Diagnostics like blood tests, MRIs, and X-rays.
- **Multidisciplinary Team**
Includes doctors, nurses, and therapists (physiotherapist, occupational therapist, speech therapist).
- **Patient Monitoring**
On-going monitoring, record updates, and communication with families.
- **Safety & Quality**
Infection control and routine quality checks ensure optimal care.
- **Discharge Planning**
Includes follow-up care, home instructions, and equipment support.

1.2.2 Importance

The Inpatient department plays a crucial role in managing acute medical conditions that require intensive and comprehensive care. It ensures patients receive the necessary treatments in a controlled environment, thus improving recovery outcomes and overall health.

1.2.3 Challenges:

- **Resource Management:** Ensuring adequate staffing, equipment, and supplies.
- **Patient Flow:** Efficiently managing patient admissions and discharges to optimize bed availability.
- **Infection Control:** Preventing hospital-acquired infections.
- **Cost Control:** Balancing high-quality care with financial constraints.

The IPD is essential in providing complex medical care, ensuring patient safety, and facilitating recovery through a structured and supportive environment.

1.2.4 Location:

The inpatient department is located on four different floors and easily accessible from the main entrance and is managed by floor managers, doctors, nursing staff, and GDA staff.

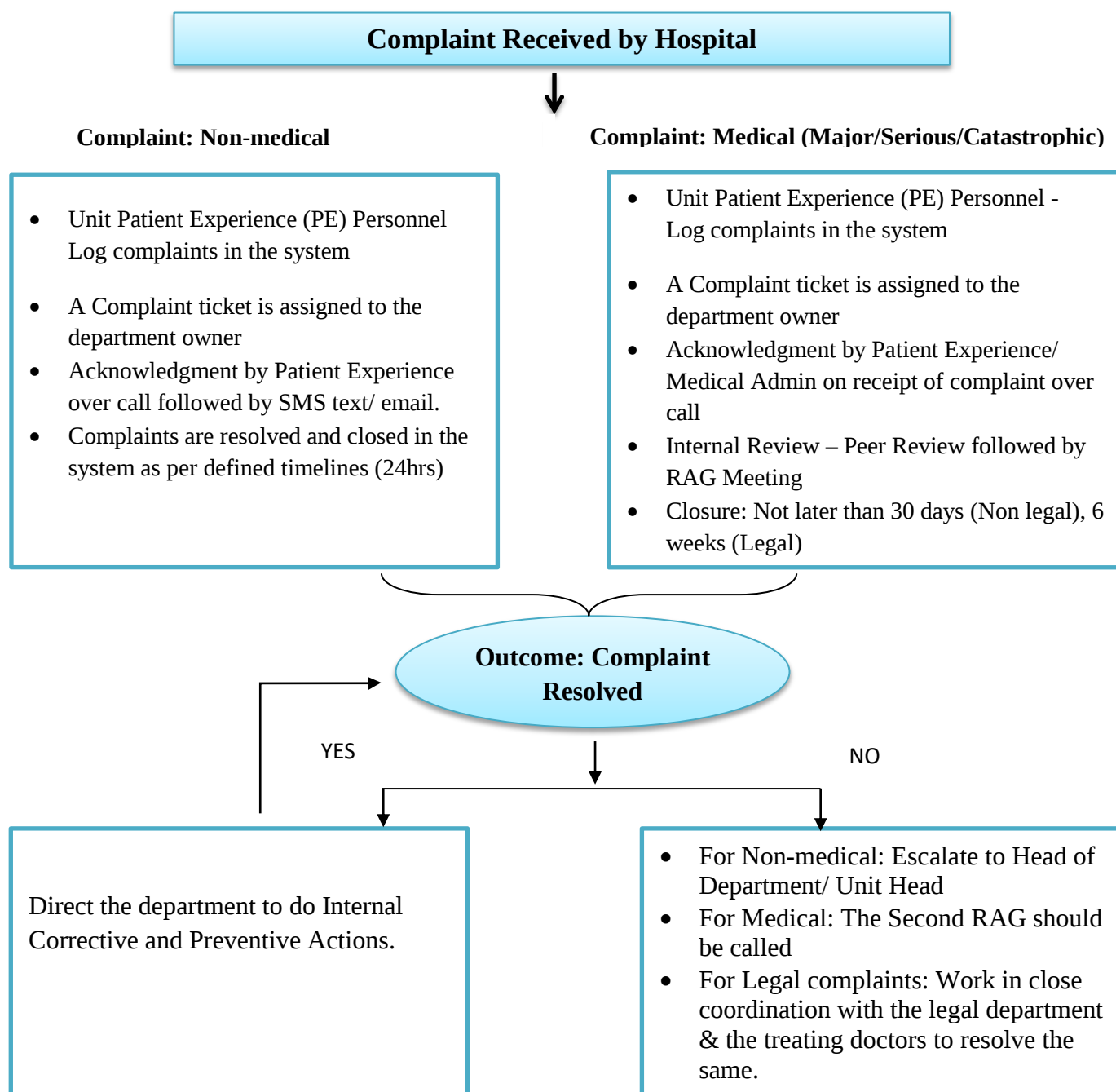
1.2.5 Workflow Summary

- **Admission & Registration:** Entry via the emergency department and planned admissions through admission request form submitted by a doctor; documentation and initial assessment.
- **Room Assignment:** Bed allocation based on need and availability by consulting with bed managers.
- **Initial Evaluation:** Full medical assessment and diagnostic tests under primary consultant.
- **Treatment Planning:** Multidisciplinary approach with medication, and vitals monitoring.
- **Patient Care:** Medications given, vitals monitored, daily rounds by medical staff.
- **Support Services:** Therapies by physiotherapy and GDA staff, nutrition by a dietician from the food and beverage department, and housekeeping facilities provided.
- **Monitoring & Documentation:** EHR use and proper shift handovers are done in the CPRS system.
- **Communication:** Proper communication with families and between departments is done to ensure clarity.
- **Discharge Planning:** Discharge is initiated by the doctor 24 hours before to ensure nursing, pharmacy, and billing clearance goes smoothly.
- **Post-discharge:** Discharge summary include follow-up instruction and bill details.

1.3 Feedback Management System In Max Smart Super specialty Hospital

- **Daily Feedback Review:** All patient feedback is reviewed daily by the patient experience team. Complaints are logged as individual tickets in the "Ticket Board" system and assigned to relevant departments for resolution.
- **Feedback Vista Platform:** Patients rate various aspects of their hospital experience (e.g., staff behavior, services, billing, and emergency care) through the "Feedback Vista" system, enabling detailed service quality assessment.
- **CAPA System for Resolution:** Once a complaint is resolved, the CAPA (Corrective Action and Preventive Analysis) system is used to evaluate the effectiveness and sustainability of the corrective measures taken.
- **Data-Driven Improvements:** Aggregated feedback metrics, such as Net Promoter Score (NPS), are analyzed to derive insights into departmental performance and patient sentiment driving targeted service improvements and enhancing patient satisfaction

TABLE 3 Overview of the Patient Feedback Management System



1.4 Purpose of the Research

The primary purpose of this research is to explore and evaluate the level of patient satisfaction among inpatients admitted to Max Smart Super Speciality Hospital, Saket. In the current healthcare landscape, where patients are becoming increasingly aware and expect both clinical excellence and seamless service, it is essential to understand their overall hospital experience. This study intends to capture patient feedback across various domains of their inpatient journey, such as admission, nursing, medical care, housekeeping, dietary services, emergency care, and discharge. The purpose is to bridge the gap between hospital services and patient expectations, and to support data-driven improvements that align with the hospital's goal of delivering high-quality and empathetic care.

1.5 Problem Being Investigated

Max Smart Super Speciality Hospital maintains a strong reputation for clinical expertise and is accredited by the NABH, observations and feedback have pointed to challenges in certain non-clinical areas that significantly influence patient satisfaction. These include delays in admission and discharge, lack of clear communication from staff, absence of real-time service updates, and issues in support services like housekeeping and food delivery. While clinical care from doctors and nurses receives high praise, dissatisfaction in these operational areas reduces the overall satisfaction score and impacts the patient's perception of quality. The problem being investigated in this study is the gap between clinical care excellence and gaps in non-clinical services that affect the inpatient experience.

1.6 Context and Importance of the Problem

Patient satisfaction has emerged as a core performance metric in healthcare, impacting everything from reputation and accreditation to funding, patient loyalty, and clinical outcomes. In a tertiary care hospital setting like Max Smart, where patients and their families deal with complex medical conditions, their experience of care goes far beyond just treatment. It includes interactions with staff, administrative procedures, waiting times, physical environment, and overall communication. The hospital's strategic goal is to maintain high patient satisfaction and competitive service standards, it becomes essential to continuously monitor, evaluate, and improve service delivery. This makes it crucial to focus not only on clinical outcomes but also on service coordination, discharge processes, and patient engagement. By identifying and addressing areas of dissatisfaction, this research contributes to the hospital's broader mission of offering not just treatment but also comfort, clarity, and compassion throughout the patient journey.

1.7 Aim:

To study the level of satisfaction in the Inpatient Department at a Tertiary care specialty hospital and to find out the causes for dissatisfaction in the hospital.

1.8 Objectives:

- To assess the level of patient satisfaction in inpatient healthcare services.
- To identify the patient perceptions of the quality of inpatient healthcare services received at the hospital.
- To identify the causes of dissatisfaction if any and suggest recommendations to improve the IPD services.

CHAPTER 2
REVIEW OF LITERATURE

SR NO	AUTHOR	TITLE	PUBLISHED DATE	STUDY LOCATION	SAMPLE SIZE AND TECHNIQUE	SALIENT FEATURES
1.	- Ankita Kankaria - Ramnika Aggarwal - Madhur Verma - Kirtan Rana	“Assessment of patient’s satisfaction in visiting a tertiary healthcare institute in North India”	18 July 2020	A newly established tertiary care Hospital in a district of Haryana	300 each from OPD and IPD were included in the study (A Total of 600 was calculated.	Patient satisfaction surveys emphasized that satisfaction is not only shaped by provider behavior and hospital infrastructure but also by perceived safety, fairness, and system-level responsiveness giving multidimensional insights.
2	- David H. Peters - Karen Bandeen Roche - Krishna Dipankar Rao	“Toward patient Centred Health Services in India- A Scale to measure patient perceptions of Quality”	29 September 2006	PHC, CHC, district Hospitals, Female District Hospitals in the state of Uttar Pradesh in North India.	1869 Outpatients, and 611 Inpatients were Interviewed by the Academy of Management Studies using the convenience sampling technique.	The Article highlights the importance of developing a reliable and valid scale to measure patient perception of quality in Indian public health settings. Patient satisfaction covers doctor behavior, staff conduct, infrastructure, and information.
3	Carrie	“Patient	10 April 2015	Hong Kong	Hong Kong	The 23

	H.K. Yam • Siu Fai Lui • Wilson • Annie W.L. Cheung • W.S. Tam • Eng-kiong Yeoh • Eliza Y Wong • Angela Coulter • Paul Hewitson	Experience and Satisfaction with inpatient service: Development of Short Form Survey Instrument measuring the core aspect of Inpatient experience ”			Inpatient Experience Questionnaire consisted of 54 Evaluative Items in 9 Dimensions in two stage approaches a consensus conference and a cross-sectional validation survey.	development of a reliable and valid short-form instrument (SF-HKIEQ) to capture essential aspects of the inpatient experience. It emphasizes the value of psychometric rigor-such as construct validity, item-to-total correlation, and internal reliability to simplify patient feedback tools without compromising data quality.
4.	• Kalpa Sharma • P.R. Sodani	“A Study on Patient Satisfaction at a Multi Super Specialty Hospital”	12 March 2014	Multi Super Specialized Hospital of New Delhi.	The study included a sample size of 100 inpatients of Gynaecology, Medicine, and Surgery departments.	The study assessed patient satisfaction focusing on various quality dimensions. Patients were most satisfied with doctors behavior & communication, and moderate satisfied with technical care & consultation time. Financial

						concerns, service delays, and accessibility issues lowered overall satisfaction indicating targeted improvements
5.	- Deepak Sharma - Amarjeet Singh - Sonu Goel	“Development and Validation of patient satisfaction questionnaire for outpatients attending health centres in North India.”	22 March 2015	Chandigarh, North India	Cross-sectional survey was conducted among 942 patients.	The article highlights the approach to developing a valid outpatient satisfaction tool but misses the continuity, depth, and complexity of patient journeys like follow-up care and monitoring. The insights pointed to the inpatient setting as a richer context for exploring holistic patient experience and service integration.
6.	- Khyati Jagani - Rohit Trivedi	“Perceived Service Quality, Repeat Use of healthcare services and inpatient	2 May 2018	18 private sector Hospitals in 3 cities; Rajkot, Surat, and Ahmedabad.	1080 inpatients were requested to fill up the questionnaire. Finally, 702 Inpatients agreed. Convenience Sampling was	Inpatient Satisfaction is shaped by both technical and functional dimensions of service quality. Repeat Visits to the same

		satisfaction in an emerging economy.”			used.	doctor or hospital do not enhance satisfaction, challenging the assumptions about loyalty. Real-time experience during hospitalization impacts overall patient satisfaction.
7.	• F. Empereur • Phi Linh Nguyen thi • S Briancon • F. Guillemain	“Factors Determining Inpatient Satisfaction with Care”	March 2002	Nancy University Hospital Centre, Northeast France.	550 sample size was included from 12 medical and surgical services specialized in cardiovascular, Respiratory, urinary, locomotor system diseases.	Patient satisfaction is strongly influenced by factors like age, perceived health status at admission, and emotional memory of hospital stay. Patients being critically ill reported higher satisfaction suggesting emotional framing and expectations play a powerful role.
8.	• S.Konjen gham • R.Bishwalata • B.S. Akoijam • T.A. Singh	“Patient Satisfaction with Hospital Care in a Referral Institute in Manipur.”	October 2007	Regional Institute of Medical Sciences, Imphal	Cross-Sectional Study was conducted with a sample size of 351 patients.	In a Tertiary Referral Hospital setting like RIMS Manipur factors such as inefficient admission procedures, lack of

						cleanliness and poor food services lowers patient satisfaction despite good physician and nursing care. The need for strengthening support services alongside clinical care brings holistic patient experience improvements.
9.	• Chanada na Deka • Luish • Ipsita Paul • Borboruah • Pranay P Sarmah	“A Study on Patient Satisfaction among the Patients Admitted in the Inpatient Departments of a Tertiary Healthcare Institute in North East India”	30 September 2020	Jorhat Medical College and Hospitals, Jorhat.	A Cross-Sectional Study of 280 patients admitted in the indoor departments of Medicine, Surgery, Obstetrics, Gynaecology, and Orthopaedics.	The article emphasizes how using multistage, stratified, and systematic sampling helps capture diverse patient experiences across departments. Resource-limited government hospitals with high clinical satisfaction and basic amenities impact overall patient experience.
10.	• Durgadatta Das	“Patient Satisfaction in In-patient	23 March 2017	Utkal Institute and Institute of Medical	A cross-Sectional Study was conducted by using	The Study highlights the importance of understanding

		Department in a Tertiary Care Hospital in Odisha.”		Sciences, Odisha	Stratified Sampling Techniques with a sample size of 332 patients.	patient satisfaction as a key indicator of healthcare quality. It focuses on effective communication, coordinated care processes, and responsive services are essential for enhancing patient experience.
11.	• Mirkuzie Woldie Kerie • Mubarek Abera Mengistie • Elias Ali Yesuf • Tirsit Retta Woldeyohannes • Teodros Eyob Woldehaimanot	“Perceived Patient Satisfaction with in-patient Services at Jimma University Specialized Hospital, Southwest Ethiopia.”	1 July 2015	Ethiopia	Cross-Sectional study design with systematic random sampling with 189 participants was conducted. SPSS 19 version was used for data analysis.	Patient Satisfaction is shaped by psychosocial and contextual factors like education level, rural-urban divide, and unmet expectations. It highlights the gap between perceived safety and dissatisfaction with non-clinical services like privacy, interpreter access, and health education.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Aim:

To study the level of satisfaction in the Inpatient Department at a Tertiary care specialty hospital and to find out the causes for dissatisfaction in the hospital.

3.2 Objective:

- To assess the level of patient satisfaction in inpatient healthcare services.
- To identify the patient perceptions of the quality of inpatient healthcare services received at the hospital.
- To identify the causes of dissatisfaction if any and suggest recommendations to improve the IPD services.

3.3 Research Design:

A descriptive cross-sectional research design was employed to assess inpatient satisfaction and identify quality gaps at Max Smart Super Speciality Hospital. The research aimed to assess inpatient satisfaction levels and identify quality gaps in healthcare service delivery at Max Smart Super Speciality Hospital, Saket.

3.4 Research Questions

1. What are the levels of patient satisfaction with inpatient services?
2. What factors contribute to dissatisfaction among patients?
3. How can service quality and patient experience be improved in the inpatient setting?

3.5 Study Setting

The study was conducted at Max Smart Super Speciality Hospital, Saket – a tertiary care facility located in New Delhi, known for its advanced clinical services and structured patient feedback systems.

3.6 Study Population

The study population consisted of inpatients discharged from the hospital across various departments, including general medicine, surgery, and specialties. The inclusion criteria involved patients who had received inpatient care and were reachable for post-discharge feedback.

3.7 Study Period: The study is done from 17 March to 7 June 2024 at Max Smart Super Specialty Hospital.

3.8 Inclusion Criteria:

- For a minimum of 24 hours, the patient was admitted to the IPD department.
- Patients who are mentally competent and willing to participate in the telephonic interview.

3.9 Exclusion Criteria:

- Patient admitted for less than 24 hours (Daycare)
- OPD, ICU, OT patients.
- Medico-legal cases patients.
- Patients discharged against medical advice(DAMA/LAMA).

3.10 Sample size: A total of 200 discharged inpatients were selected using simple random sampling from hospital-generated feedback records and follow-up interactions conducted post-discharge.

3.11 Data collection: Data was collected using:

- **Secondary data** was sourced from **Feedback Viesta** in **DreamSol Feedback Management System**, which collects patient feedback via SMS and hospital apps within 24 hours post-discharge. To validate this, **Telephonic interviews** were conducted for cross-verification and to capture additional remarks.
- **Observational rounds** were conducted with the **Floor Manager** during routine IPD ward rounds. During these rounds, patient concerns, feedback, and non-verbal cues were noted informally to support the understanding of patient experiences and service delivery.

Patient feedback collected through the **DreamSol Feedback Management Platform** was reviewed daily in detail. Each feedback entry—submitted via SMS or app—was studied for IPD satisfaction attributes. Responses were organized manually in **Microsoft Excel** for further analysis.

3.12 Tools of study:

- **Microsoft Excel** was used to enter, clean, and organize patient feedback responses. It was also used to generate **pie charts** to visualize the distribution of patient satisfaction levels across key service areas such as nursing care, housekeeping, food services, discharge process, and overall experience.
- **PSAT (Patient Satisfaction Score)** was calculated using the standard formula:

$$\text{(Excellent+ Good)} - \text{(Fair + Poor)} / \text{Total Feedback} * 100$$

- To explore relationships between overall inpatient satisfaction with another department, **correlation analysis** was performed using **SPSS** (Statistical Package for the Social Sciences).
- For departments reporting lower PSAT scores i.e. in the Admission and Discharge process, a **Fishbone Diagram (Ishikawa Analysis)** was used to identify underlying causes.
- A **Power BI dashboard** is being developed to visually present PSAT scores, trends, and department-wise performance.

3.12 Ethical Considerations

- **Consent:** Implied consent was considered given since patients had voluntarily submitted feedback through SMS.
- **Confidentiality:** All data were anonymized before analysis.
- **Data Security:** Access to the feedback system and Excel data was not accessible to others.
- **Approval:** The study followed the institutional norms and did not involve any direct intervention with patients beyond routine feedback protocols.

CHAPTER 4

RESULTS AND DISCUSSION

This chapter presents the findings of the study conducted to assess patient satisfaction in the Inpatient Department (IPD) at Max Smart Super Speciality Hospital, Saket. The data was collected through the DreamSol Feedback Management System and for better understanding telephonic interviews were conducted with 200 IPD discharged patients to understand their overall hospital experience. The results focus on evaluating patient satisfaction across multiple service dimensions that significantly influence the quality of care and patient perceptions. The responses reflect both the clinical and non-clinical pain points encountered during the hospital stay. The following key factors were included for interpretation:

- 4.1 Admission Process
- 4.2 Doctor's Care and Communication
- 4.3 Nursing Services and Responsiveness
- 4.4 Food and Beverage Services
- 4.5 Housekeeping and Cleanliness
- 4.6 Discharge and Billing Process
- 4.7 Emergency Services

4.1 PATIENT PERSPECTIVE ON OVERALL EXPERIENCE IN HOSPITAL

4.1.1: Overall Experience in Hospital

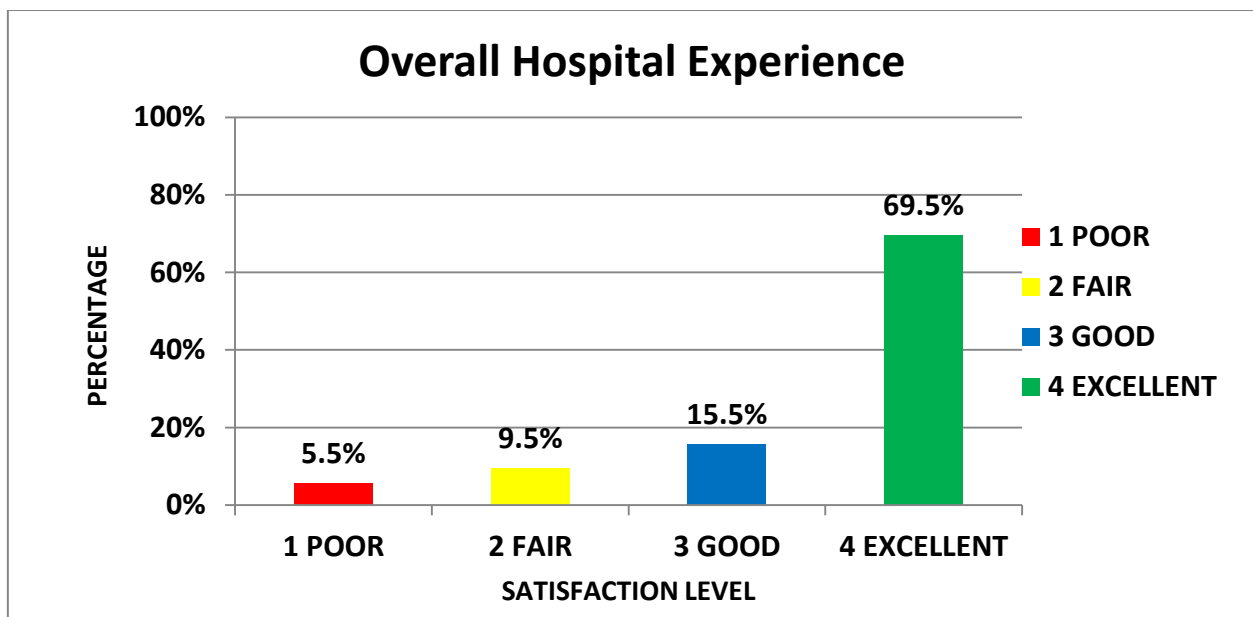


FIGURE 4.1: Overall Experience in Hospital

Figure 4.1 signifies the "Overall Hospital Experience" of 200 IPD respondents; **69.5% (N=139)** rated their experience as **Excellent**, while **15.5% (N=31)** rated it as **Good**, reflecting that 85% of patients had a favorable impression of the hospital services. A smaller segment rated experience as **Fair (9.5%, N=19)** and **Poor (5.5%, N=11)**, pointing to gaps in services particularly in departments like admission and discharge, which were found to have lower PSAT scores. These findings highlight the hospital's overall service effectiveness while allowing targeted quality improvement for the 15% of patients who did not rate their experience as excellent.

4.2 PATIENT PERSPECTIVE ON THE ADMISSION PROCESS

4.2.1: Distribution of Respondents by Overall Admission Experience

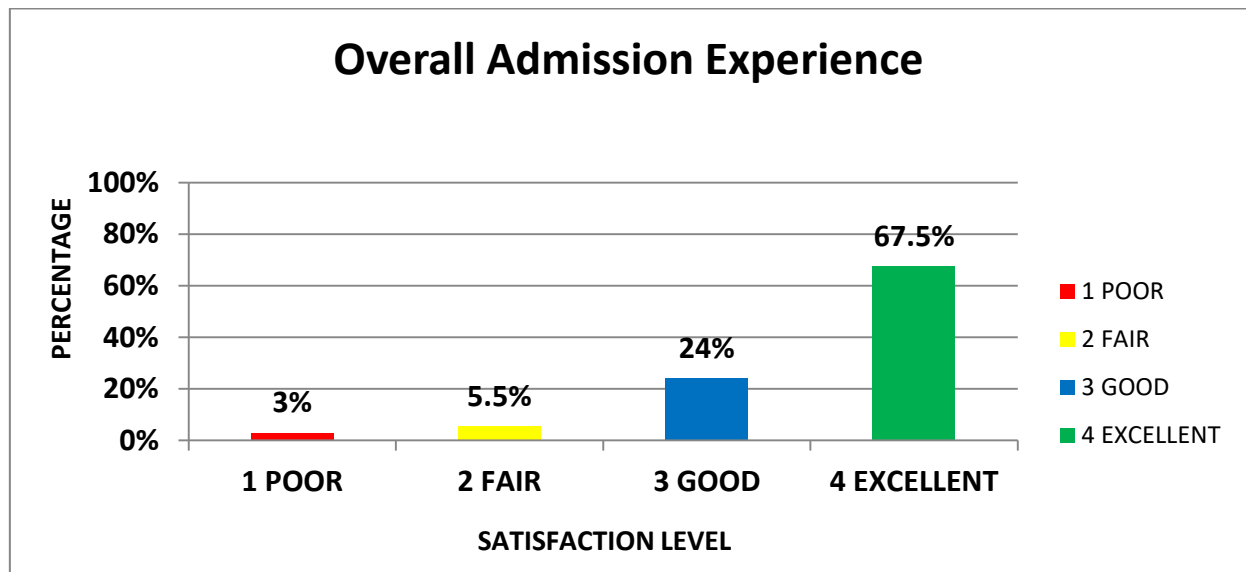


Figure 4.2: Distribution of Respondents by Overall Admission Experience

Figure 4.2 suggests that **67.5% (N=135)** of respondents rated the overall Admission Experience as **Excellent** and **24% (N=48)** as **Good**, indicating that over 91% of patients were satisfied with the admission process. A minimal proportion of respondents rated the experience as **Fair (5.5%, N=11)** and **Poor (3%, N=6)**, indicating the need of immediate action. Poor Satisfaction in overall admission is due to unclear communication and unempathetic staff interactions. In some cases, incomplete documentation or arriving late for scheduled admissions deteriorates the admission experience.

4.2.2: Distribution of Respondents by Time Taken for Admission Process

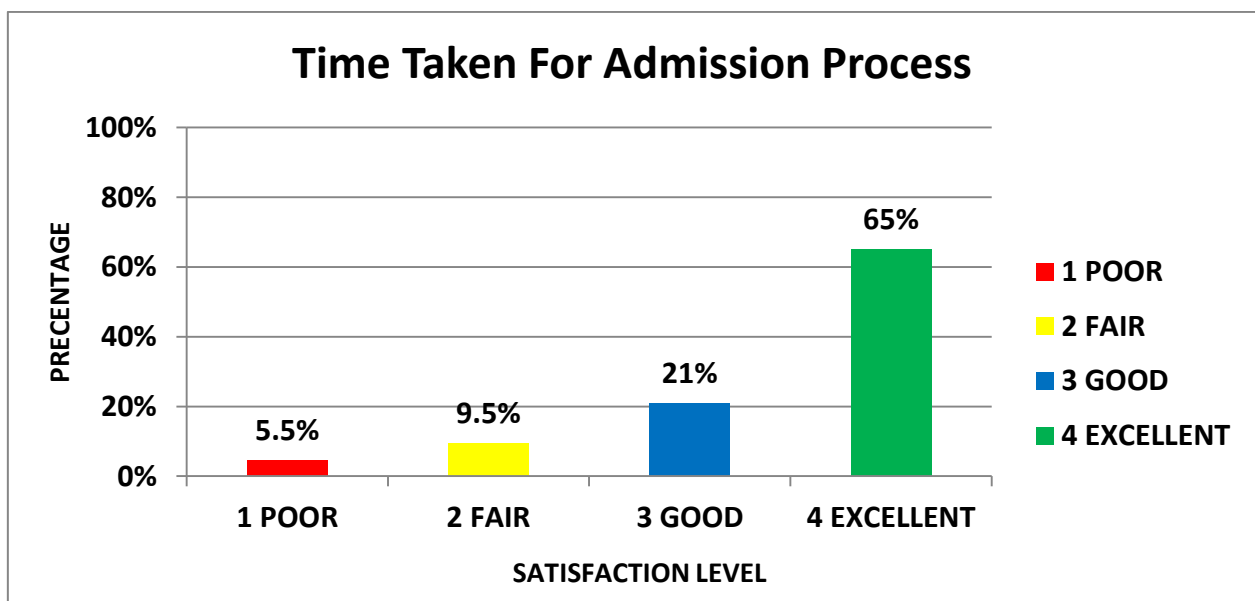


Figure 4.3: Distribution of Respondents by Time Taken for Admission Process

In Figure 4.3, patient feedback on the time taken for the admission process highlights **65% (N=130)** rated the process as **Excellent**, 35% of respondents expressed dissatisfaction to varying degrees - with **21% (N=42)** rating it as **Good**, **9.5% (N=19)** as **Fair**, and **4.5% (N=9)** as **Poor**. The lower PSAT score suggests that timeliness during admission did not consistently meet patient expectations. The discrepancy highlights a potential gap in service efficiency, due to delays in documentation, coordination between departments, and resource constraints during peak hours. Long waiting times due to a backlog of patients in the queue further cause dissatisfaction,

4.2.3: Distribution of Respondents by Quality & Promptness of Responses to Patient Queries

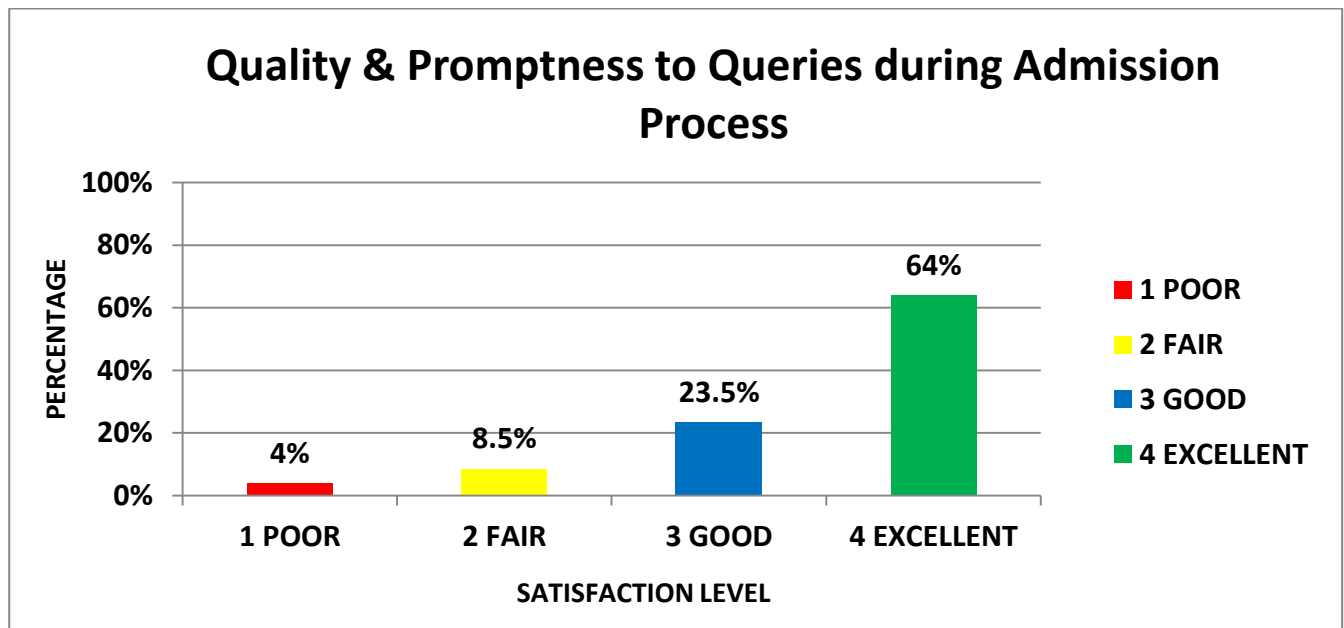


Figure 4.4: Distribution of respondents by Quality & Promptness of Responses to Patient Queries

In Figure 4.4, the responses related to the Quality and promptness of Responses to patient queries indicate underlying service gaps. **64% (N=128)** patients rated this aspect as **Excellent**, **23.5% (N=47)** rated it as **Good** during peak hours and shift changing time, when response delays occur, **8.5% (N=17)** as **Fair**, and **4% (N=8)** as **Poor**. Despite the high proportion of 'Excellent' ratings, the lower PSAT score suggests inconsistency in communication practices as clear, timely information is not provided to patients. The deployment of newly inducted staff that was not adequately trained to handle patient queries efficiently leads to dissatisfaction.

4.2.4: FISHBONE ANALYSIS FOR LOW PSAT IN THE ADMISSION PROCESS

This Fishbone analysis was conducted to identify the root causes behind the low PSAT score in the Admission process. It gave a visual approach to identifying and categorizing the root causes of complex service-related issues. Its structured format helped in analyzing problems by breaking them down into key contributing factors. The Admission process was one of the areas with the most patient dissatisfaction, due to delays, miscommunication, and lack of support. Contributing factors included untrained staff during peak hours, poor coordination between departments, and lack of bed availability. These inefficiencies not only prolonged waiting times but also created confusion and frustration among patients and their families, ultimately impacting their overall experience with the hospital.

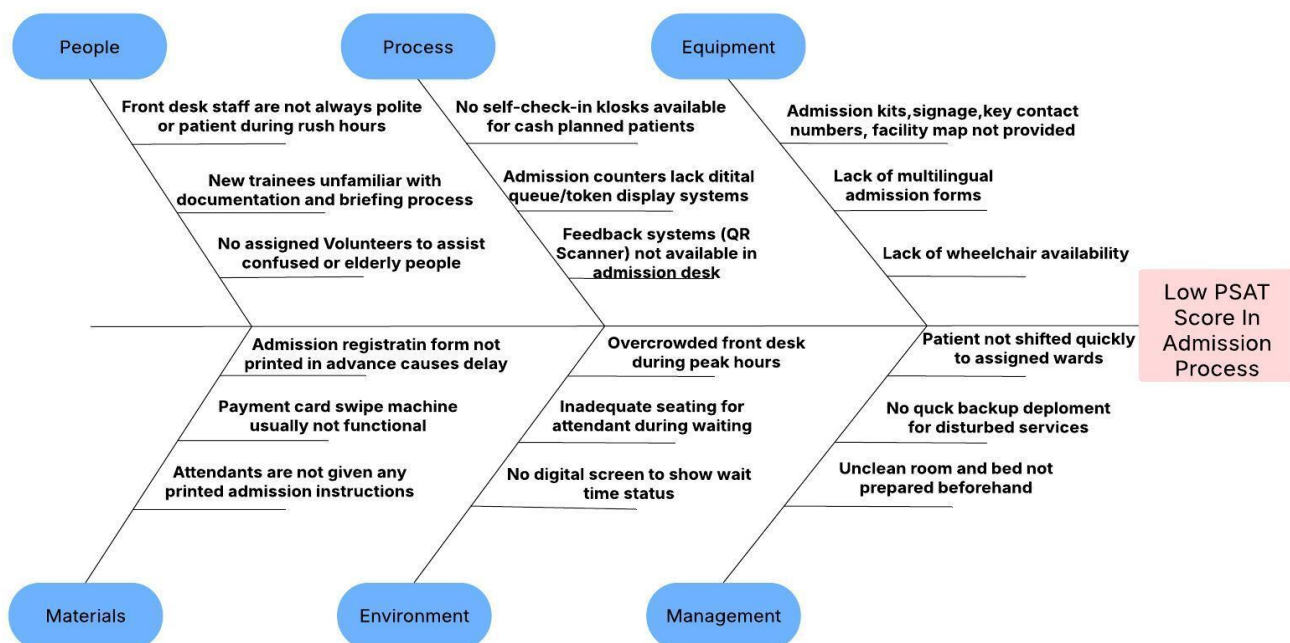


Figure 4.5: FISHBONE ANALYSIS FOR LOW PSAT IN ADMISSION PROCESS

People-related issues:

- The front desk staff was not consistently polite or patient, especially during rush hours.
- New trainees were unfamiliar with documentation procedures.
- No dedicated volunteers were available to assist elderly or confused patients.

Process-related issues:

- No self-check-in kiosks for cash patients.
- Admission counters lacked digital token/queue display systems.
- Feedback systems like QR scanners were not available at the admission desk.

Equipment-related issues:

- Essential items like admission kits, signage, and facility maps were missing.
- The lack of multilingual forms and wheelchair availability hindered patient convenience.

Materials:

- Admission forms were not printed in advance, causing delays.
- Card swipe machines often malfunctioned.
- No printed instructions were provided to the attendants.

Environment:

- The front desk was overcrowded during peak hours.
- Inadequate seating arrangements for waiting attendants.

Management-related issues:

- No digital display to show waiting time or progress.
- Rooms and beds were not ready at the time of the patient arrival.

4.3 PATIENT PERSPECTIVE ON DOCTOR'S CARE

4.3.1: Distribution of Respondents by Overall Doctor's Care Experience

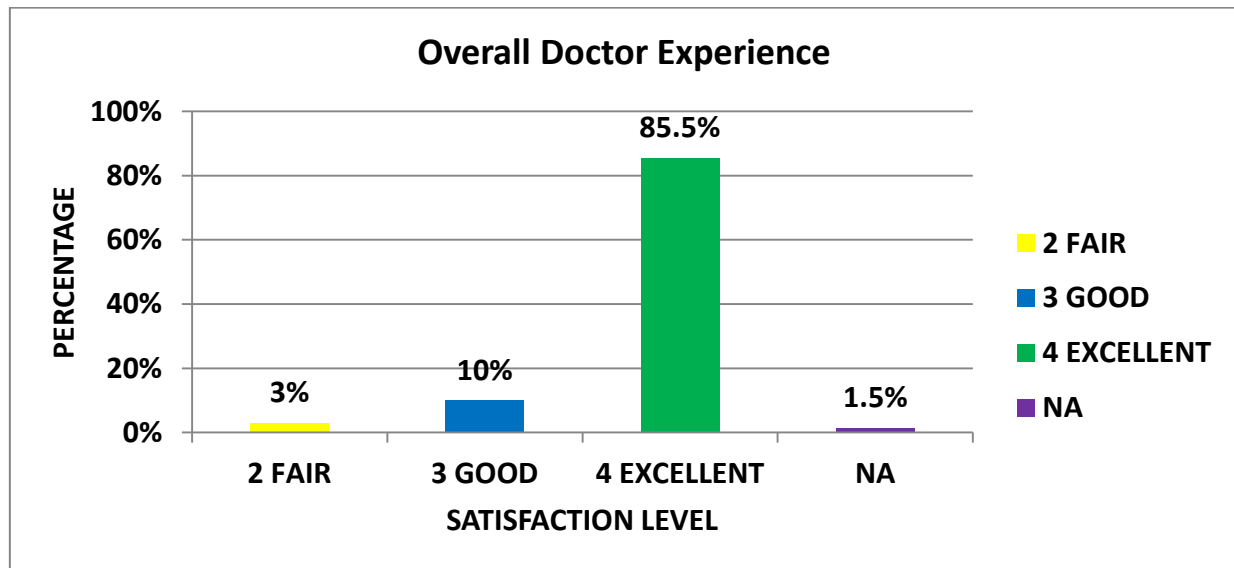


Figure 4.6: Distribution of Respondents by Overall Doctor's Care Experience

In Figure 4.6, the overall doctor experience was rated overwhelmingly positive by the majority of patients. 85.5% (N=171) of respondents rated their interaction with doctors as **Excellent**, while 10% (N=20) rated it as **Good**. Only 3% (N=6) respondents marked their experience as **Fair**, and 1.5% (N=3) chose **NA**, indicating unclear feedback and skipped questions, as patients directly interacted with the doctors and other staff. These findings reflect a high level of patient satisfaction with clinical care and professionalism demonstrated by the medical staff.

4.3.2: Distribution of Respondents by Regular visits by Doctors and progress updates

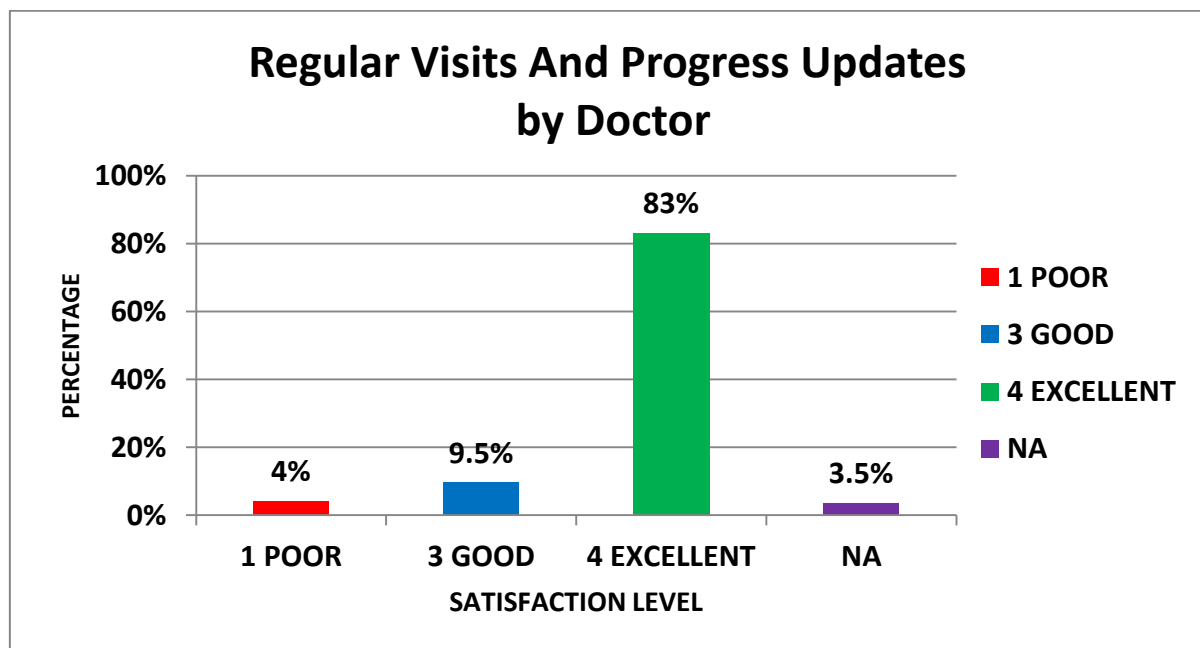


Figure 4.7: Distribution of Respondents By Regular visits by Doctors and progress updates

In Figure 4.7, 83% of respondents (N=166) rated Regular Visits and Progress Updates by doctors as **Excellent** as doctors ensure at least two daily rounds. 9.5% (N=27) and 4% (N=4) rated their experience as **Good** and **Poor**, because of doctors limited rounds because of busy schedules or OT duties. Several patients expressed dissatisfaction due to the absence of fixed timings for consultant rounds and the reliance on junior doctors for updates instead of the primary consultant visit. The 3.5% NA (N=7) respondents suggests that not all patients were aware of available during rounds.

4.3.3: Distribution of Respondents By Attentiveness, timeliness, and quality of care provided by Doctor

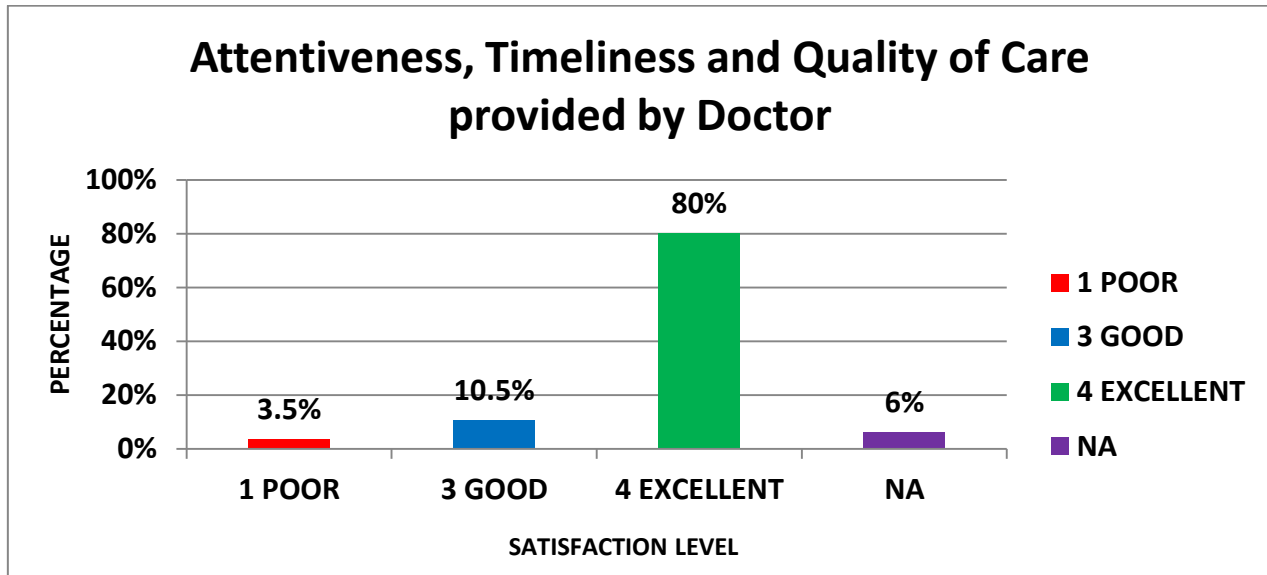


FIGURE 4.8: Distribution of Respondents by Attentiveness, timeliness, and quality of care provided by Doctor

In Figure 4.8, the domain of Attentiveness, Timeliness, and Quality of Care Provided by doctors demonstrates a strong positive patient perception. 80% (N=160) rated their experience as **Excellent** followed by 10.5% (N=21) rated it as **Good** pointing towards minor delays or inconsistencies in care delivery. 3.5% (N = 7) expressed dissatisfaction with a **Poor** rating while **Not Applicable** was selected by 6% (N = 12) of respondents because of either confusion or skipped feedback because of sudden unplanned admissions and discharges. These results reflect that most patients felt well-attended and cared for during their inpatient stay, although there remains scope to enhance consistency in attentiveness and communication.

4.4 PATIENT PERSPECTIVE ON NURSING CARE

4.4.1: Distribution of Respondents by Overall Nursing Care

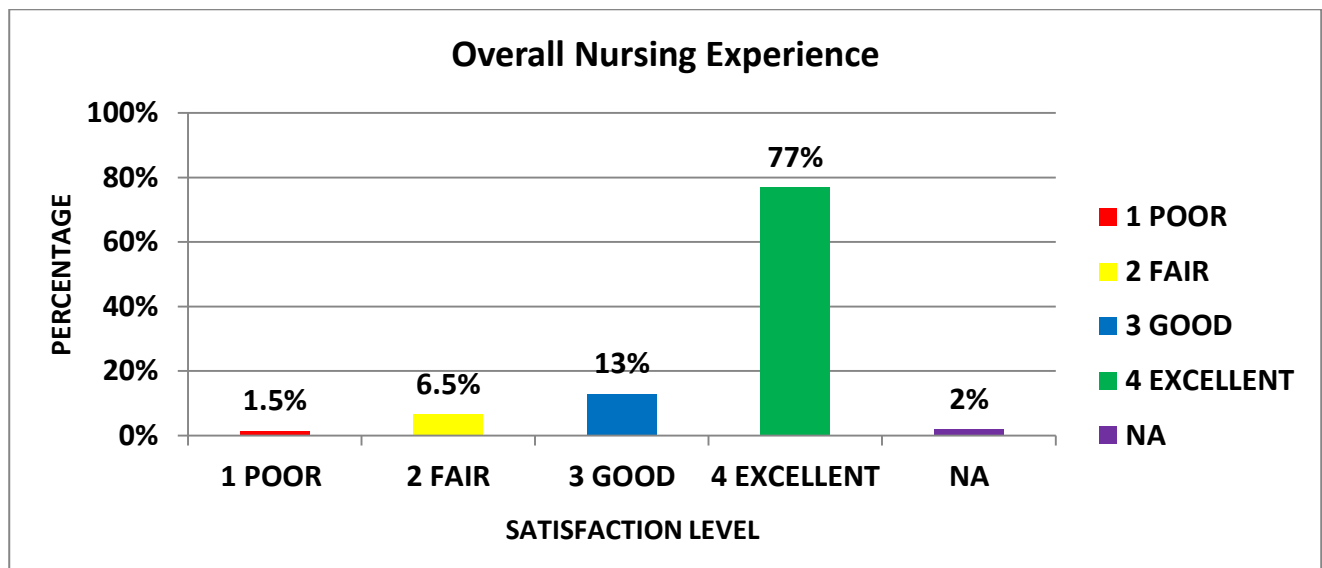


Figure 4.9: Distribution of Respondents by Overall Nursing Care

In Figure 4.9, patient satisfaction with the Overall Nursing Experience was high. 77 % (N = 154) respondents rated their experience as **Excellent**; followed by 13% (N = 26) rated it as **Good**. A smaller portion marked their experience as **Fair** (N = 13; 6.5%) and only a few selected **Poor** (N = 3; 1.5%) pointing to isolated incidents of dissatisfaction due to lack of attention. **Not Applicable** responses accounted for 2% (N = 4) because they had limited interaction with nurses. These results reflect positively on the nursing staff's role in patient care, indicating effective clinical support and interpersonal engagement across the inpatient journey.

4.4.2 Distribution of Respondents by Timeliness of Response to Call Bell

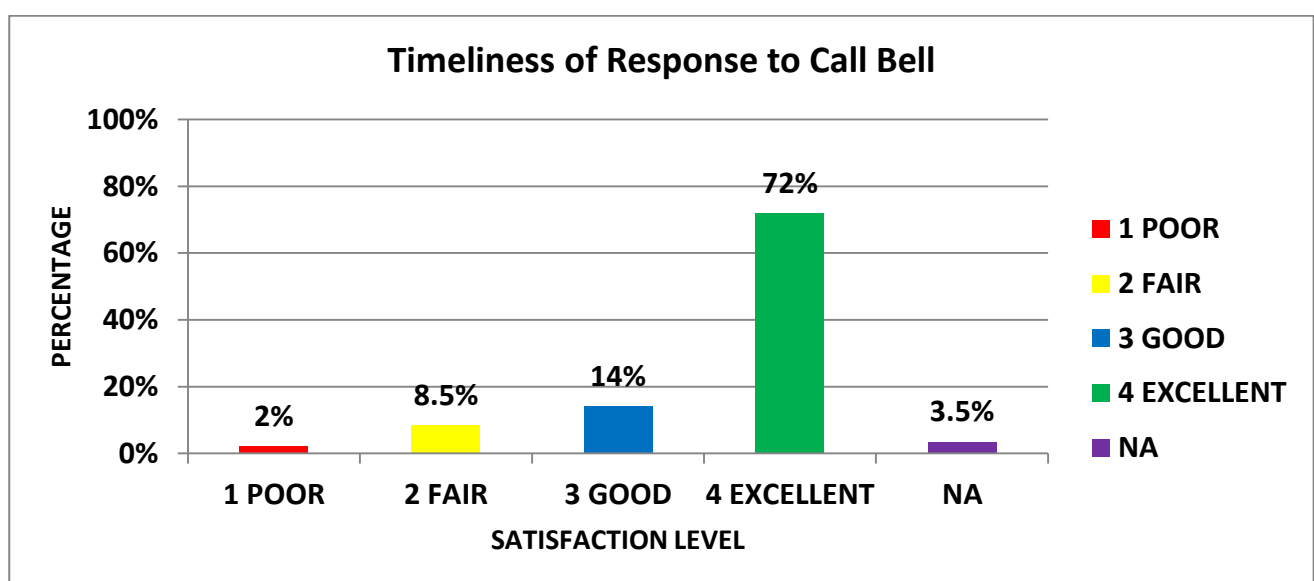


Figure 4.10: Distribution of Respondents by Timeliness of response to call bell

In Figure 4.10, the patient feedback on the Timeliness of Response to the Call Bell reflects a generally positive experience, with **72% respondents (N=144)** rating the service as **Excellent** due to quick response. About **14% respondents (N=22)** marked it as **Good**, indicating minor delays, while **8.5% respondents (N=17)** rated it **Fair**, often due to occasional waits. A small group of **2% respondents (N=4)** reported a **Poor** experience; primarily because the response was delayed despite repeated call bells. **3.5% respondents (N=7)** selected **NA**, likely because they did not use the call bell service during their stay. The low rating is because of lack of a GDA staff shortage, and shift changes, which lowers the PSAT scores.

4.4.3 Distribution of Respondents By Courtesy & Compassion of the Nursing Staff

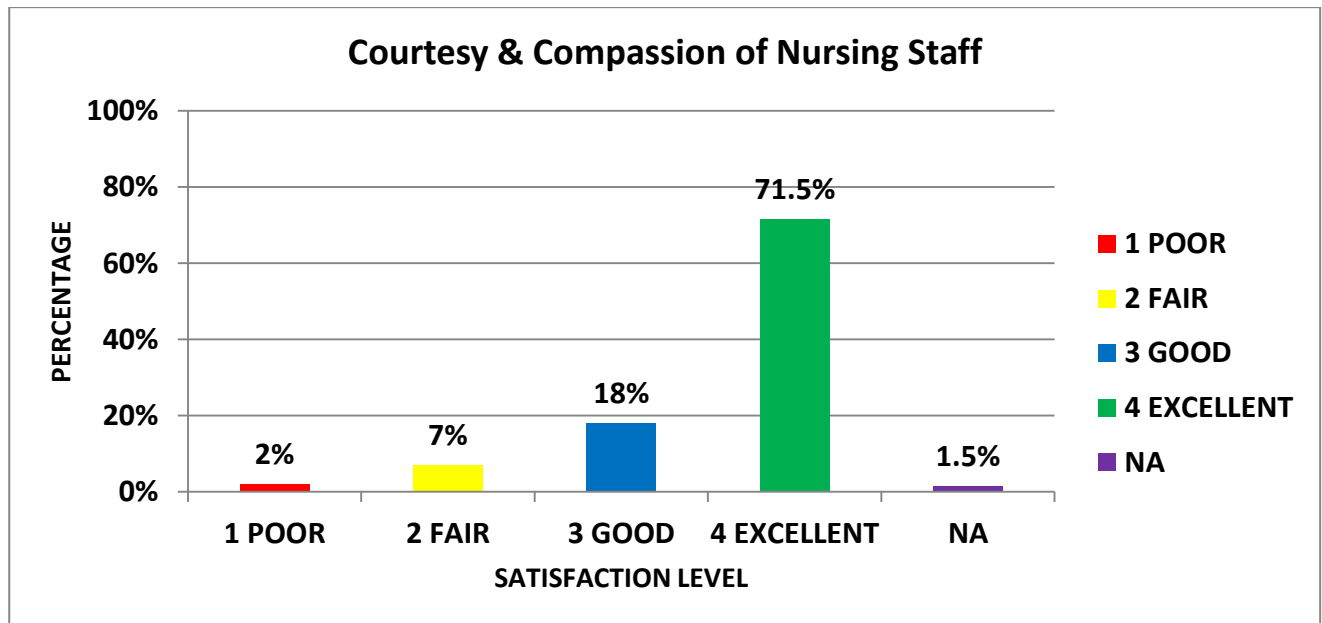


FIGURE 4.11: Distribution of Respondents By Courtesy & Compassion of the Nursing Staff

In Figure 4.11, the feedback on the Courtesy and Compassion of Nursing Staff indicates a highly favorable patient experience, with **71.5% respondents (N=143)** rating the service as **Excellent**, appreciating the staff's politeness and empathy. **18% respondents (N=36)** gave a **Good** rating, noting friendly but rushed interactions. **7% respondents (N=14)** rated it as **Fair**, citing inattentiveness or lack of warmth, and **2% respondents (N=4)** marked it as **Poor** due to because lack of interaction with patients due to heavy workload and unavailability in the nursing station. Additionally, **1.5% responses (N=3)** were marked as **NA**, likely because the respondents had limited interaction with the nursing staff. This distribution highlights the strong interpersonal skills of the nursing team, with minor areas for empathy training improvement.

4.5 PATIENT PERSPECTIVE ON FOOD AND BEVERAGES EXPERIENCE

4.5.1: Distribution of Respondents by Overall Food and Beverage Experience

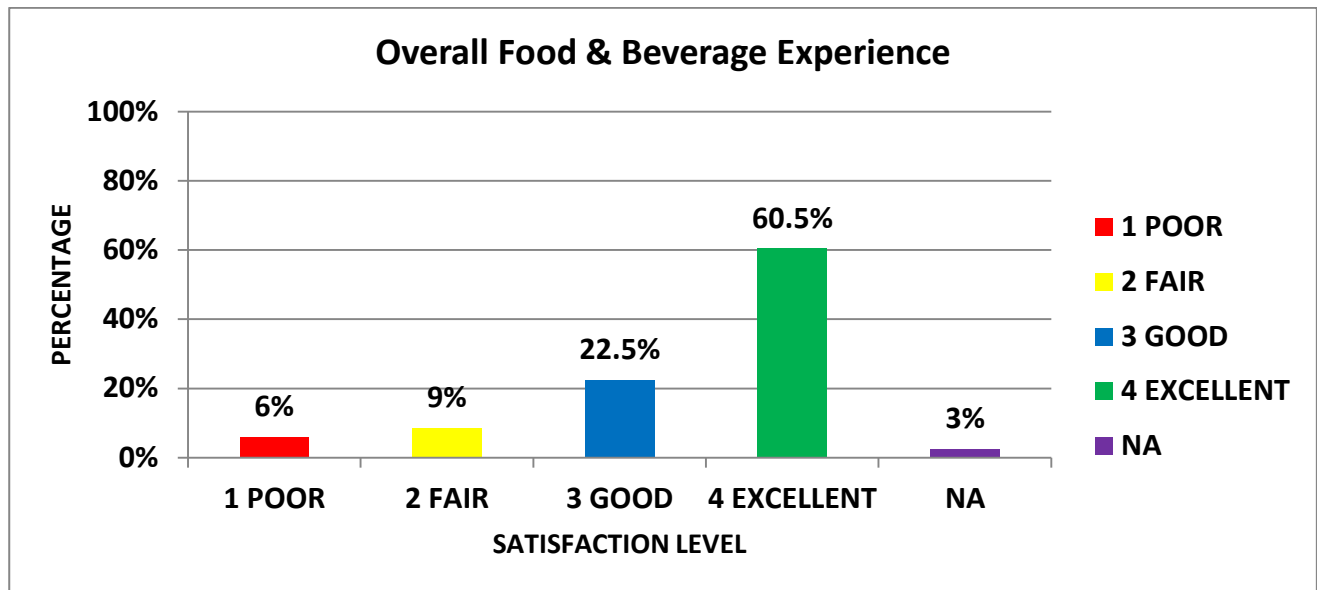


Figure 4.12: Distribution of Respondents by Overall Food and Beverage Experience

In Figure 4.12 The Overall Food & Beverage Experience received largely positive feedback, with **60.5% (N=134) respondents** rating it as **Excellent**, attributing satisfaction to well-prepared meals and timely service. **22.5% (N=45) respondents** marked it as **Good**, showing satisfactory experience but occasionally noted repetitive options. **8.5% (N=17) respondents** gave a **Fair** rating as the patient received cold food, and **3.5% (N=12) respondents** rated it **Poor**, mostly due to late delivery. **2.5% (N=5) respondents** selected **NA**, due to personal dietary arrangements and short stays.

4.5.2: Distribution of Respondents by Quality and Taste of Food



Figure 4.13: Distribution of Respondents by Quality and Taste of Food

In Figure 4.13 The Quality and Taste of Food received an **Excellent** rating from **66% (N=132)** respondents mainly due to flavor and freshness. Patients in wards mentioned meals tasted home-cooked. Patients personally thanked the dietary staff for the tasty meals. **Good** was marked by **20.5% (N=41)** respondents, who were mostly satisfied but suggested more variety. **7% (N=14)** respondents gave a **Fair** rating, citing inconsistency of spice levels, while **4% (N=8)** respondents rated it **Poor**, noting issues such as bland taste and overcooked food. **2.5% (N=5)** respondents marked **NA**, likely due to external diet preferences or NPO status. Overall, food quality was well-received with minor areas for improvement.

4.6 PATIENT PERSPECTIVE ON HOUSEKEEPING SERVICES

4.6.1: Distribution of Respondents by Overall Housekeeping Services

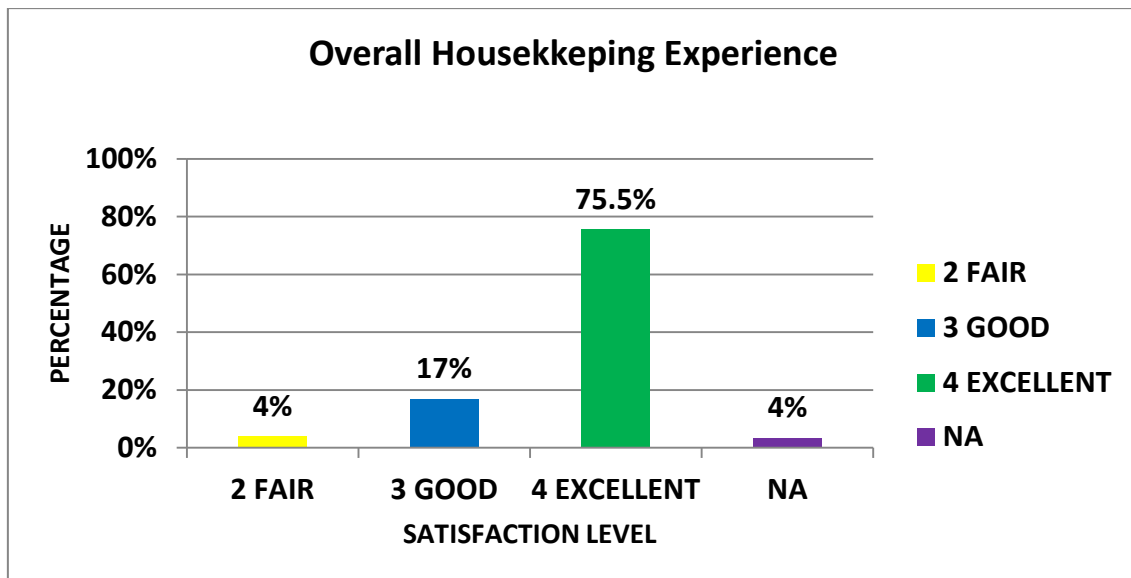


Figure 4.14: Distribution of Respondents by Overall Housekeeping Services

In Figure 4.14 The Overall Housekeeping Experience was rated **Excellent** by **75.5% (N=151)** respondents, primarily appreciating clean rooms and regular sanitization. **Good** ratings were given by **17% (N=34)** respondents, indicating general satisfaction with cleanliness but occasional delays. **Fair** was marked by **4% (N=8)** respondents, mostly pointing to infrequent cleaning and missed areas like dust under beds or trash bins not being emptied promptly. **NA** was selected by **3.5% (N=7)** respondents due to minimal interaction with housekeeping staff. Overall, feedback suggests a high level of patient satisfaction with housekeeping services, with scope for minor operational improvement.

4.6.2: Distribution of Respondents by Quality of Cleanliness and Upkeep

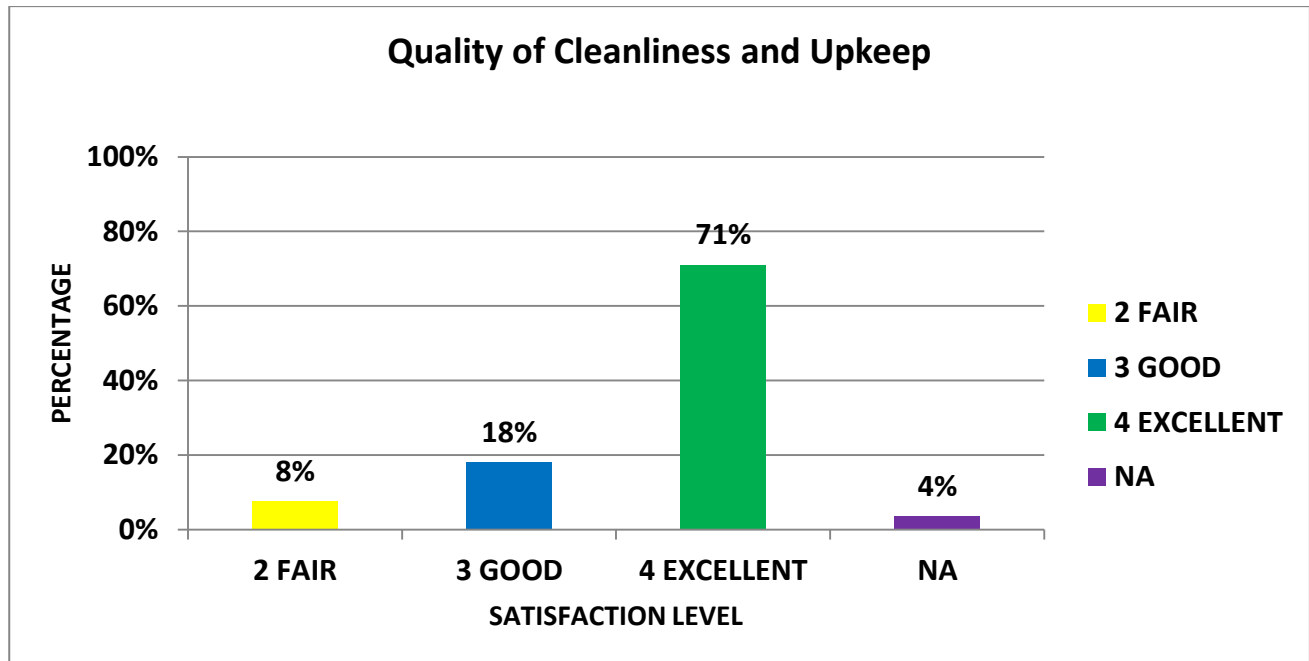
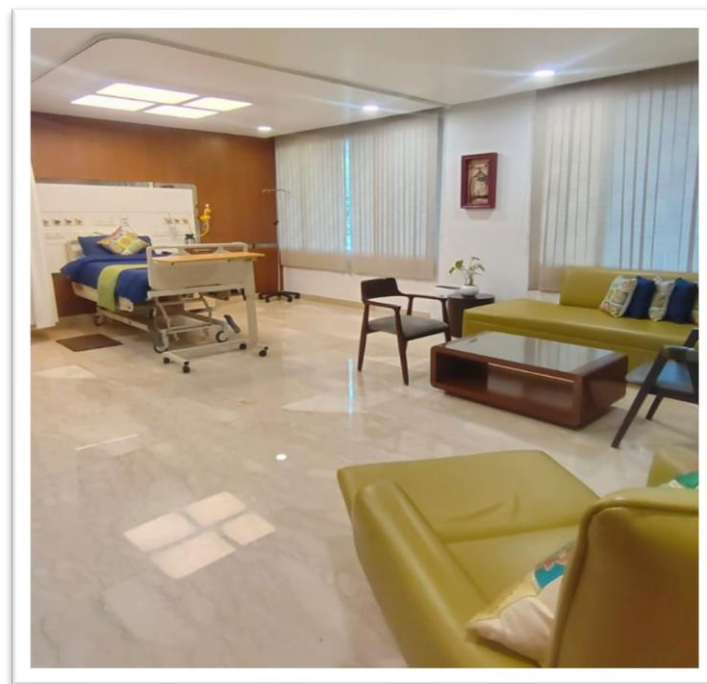


Figure 4.15: Distribution of Respondents by Quality of Cleanliness and Upkeep

In Figure 4.15 the Quality of Cleanliness and Upkeep received an **Excellent** rating from **71% (N=142)** respondents mainly due to consistent maintenance and neat surroundings. **Good** was marked by **18% (N=36)** respondents, who acknowledged cleanliness but cited occasional dust or clutter. **Fair** was noted by **7.5% (N=15)** respondents due to delayed cleaning and washroom upkeep issues. **NA** was selected by **3.5% (N=7)** respondents, likely due to limited exposure or personal assistance. Overall, patient feedback reflects a strong cleanliness standard with minor concerns in timeliness and thoroughness of maintenance. Patient Attendant informed housekeeping staff was observed cleaning rooms multiple times daily and public areas were always neat and odour-free.



Picture 3 Clean LDR Rooms Maintained by the Housekeeping Team

4.7 PATIENT PERSPECTIVE ON DISCHARGE PROCESS

4.7.1: Distribution of Respondents by Overall Discharge Process

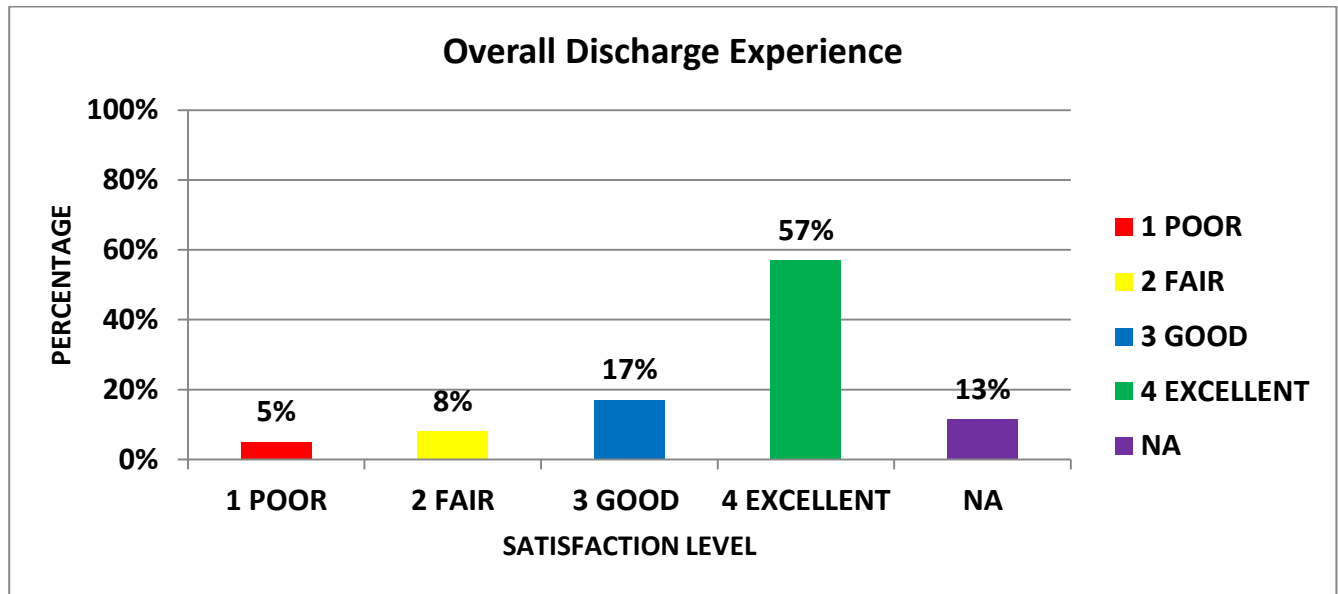


Figure 4.16: Distribution of Respondents by Overall Discharge Process

In Figure 4.16 the Overall Discharge Experience signifies the need for improvement, with only 57% (N=114) respondents rating it as **Excellent**, due to smooth coordination. The Discharge Summary was clearly explained by the nursing and billing teams. However, 17% (N=34) respondents gave a **Good** rating, many citing minor delays or confusion. The **Fair** category was selected by 8% (N=16) respondents, reflecting concerns such as long waiting times and unclear instructions. 5% (N=10) respondents rated it **Poor**, as TPA and PSU patients had to wait for 5–6 hours for clearance. Discharge coordination appears to be less efficient during weekends and late hours, due to limited staff. 13% (N=23) respondents marked **NA**, possibly indicating skipped feedback due to dissatisfaction.

4.7.2: Distribution of Respondents By Timeliness & Quality of Response to Queries by billing

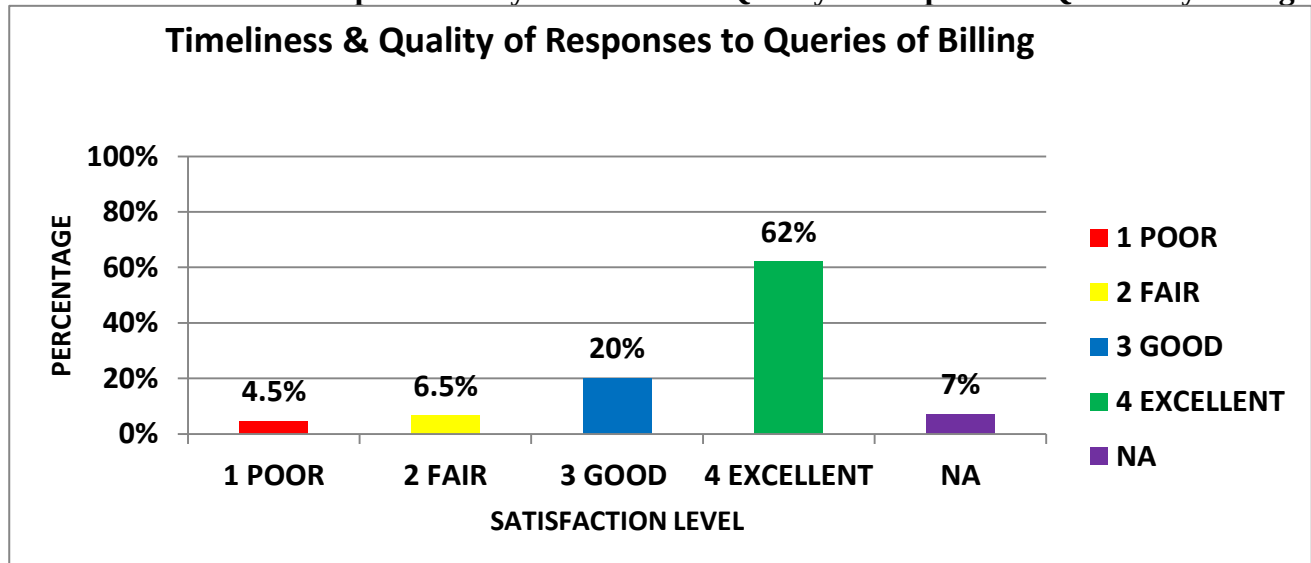


Figure 4.17: Distribution of Respondents by Timeliness & Quality of Response to Queries by Billing

In Figure 4.17 the feedback on Timeliness & Quality of Response to Queries by Billing reveals key areas of concern. **62% (N=124)** respondents rated the experience as **Excellent** indicating that billing staff was generally proactive and supportive in handling patient concerns, **20% (N=40)** respondents rated it only as **Good**, pointing to average response times and lack of detailed clarifications. **6.5% (N=13)** respondents rated the service as **Fair**, and **4.5% (N=9)** respondents rated it **Poor**, citing confusing bills, delayed resolutions. Additionally, **7% (N=14)** respondents were marked **NA**. Understaffed counters during off-hours cause unnecessary delays for some patients. This trend indicates a concerning gap in billing communication and support that could negatively impact patient trust and overall satisfaction.

4.7.3: Distribution of Respondents by Timeliness & Quality of Response to Queries by TPA

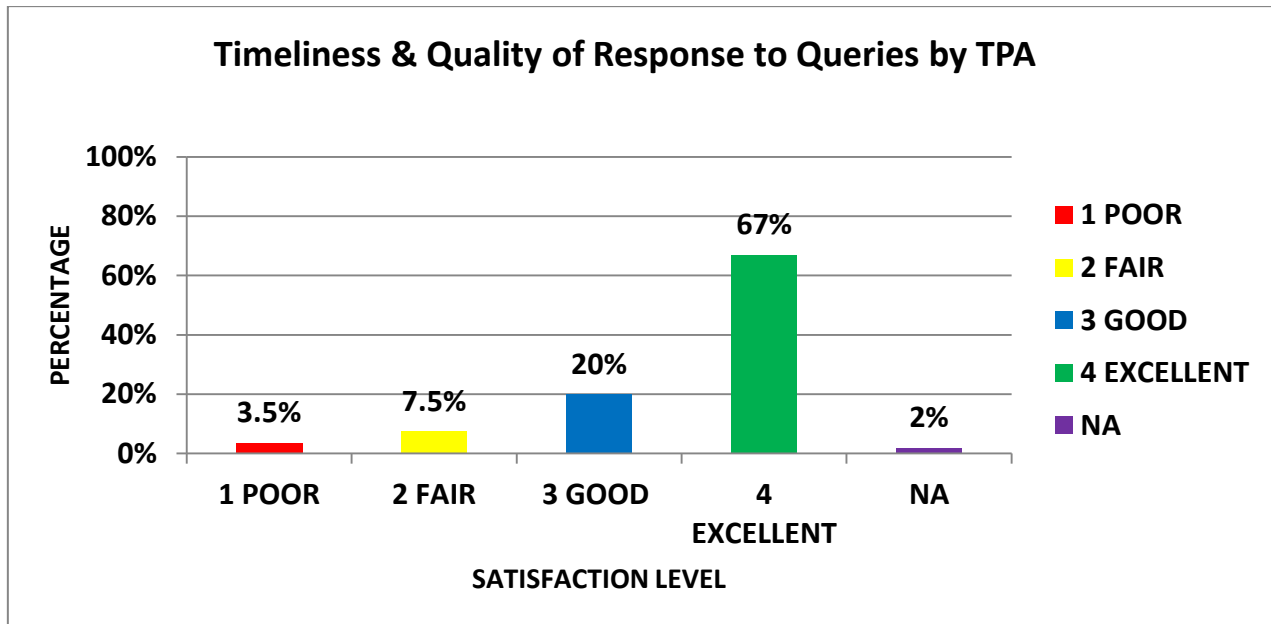


Figure 4.18: Distribution of Respondents by Timeliness & Quality of Response to Queries by TPA

In Figure 4.18 the feedback on Timeliness & Quality of Response to Queries by TPA reveals shortcomings despite a majority of positive responses. **67% (N=134)** respondents rated the experience as **Excellent** as the TPA desk handled documentation and insurer communication efficiently for most cases, **20% (N=40)** respondents rated it as **Good**, as response quality was decent, but the patient had to follow up multiple times to know the status of insurance approvals. **7.5% (N=15)** respondents fell under **Fair**, and **7 respondents (3.5%)** under **Poor**, highlighting complaints such as slow approvals, inadequate query handling, and lack of clarity on insurance procedures. **2% (N=4)** respondents marked **NA**, reflecting unresolved issues. Lack of digital integration between the TPA desk and insurers often forced patients or attendants to make external calls for clarity.

4.7.4: FISHBONE ANALYSIS FOR LOW PSAT IN THE DISCHARGE PROCESS

The Fishbone analysis was conducted to identify the root causes of low PSAT in the discharge process. Despite the overall positive feedback, the discharge process was consistently rated lower, indicating operational bottlenecks and communication issues. Discharge services had the lowest PSAT among all service areas, signaling a need for deeper analysis. Delays in documentation, last-minute billing, and poor coordination between departments emerged as key contributing factors.

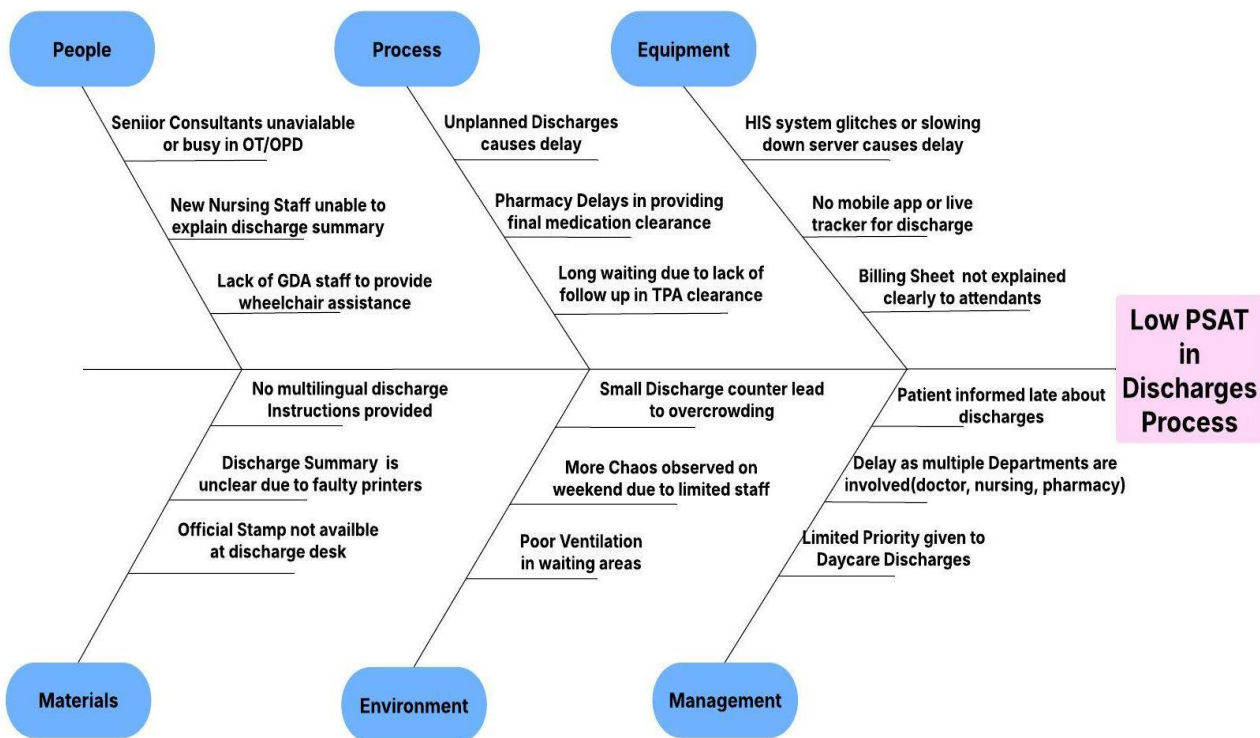


FIGURE 4.19: FISHBONE ANALYSIS FOR LOW PSAT IN DISCHARGE PROCESS

People Related Issues

- Senior consultants are often unavailable for discharge clearance.
- New nursing staff struggle to explain discharge summaries clearly.
- Inadequate GDA support delays wheelchair assistance.

Process-related issues:

- Unplanned discharges create delays in coordination.
- Pharmacy and TPA follow-ups are time-consuming.
- Lack of multilingual discharge instructions and unclear discharge summaries.

Equipment-related issues:

- HIS system glitches and server slowness lead to delays.
- No mobile app or live discharge tracking system for attendants.
- Billing sheets are not properly explained to patients or families.

Materials:

- Discharge summaries are unclear due to faulty printers.
- Missing official stamp at the discharge desk.

Environment:

- Overcrowding at the discharge counter due to limited space.
- Poor ventilation and chaotic environment on weekends.

Management-related issues:

- Delayed communication to patients about discharge timing.
- Discharge involves multiple departments, leading to delays.

4.8 PATIENT PERSPECTIVE ON EMERGENCY EXPERIENCE

4.8.1: Distribution of Respondents by Overall Emergency Experience

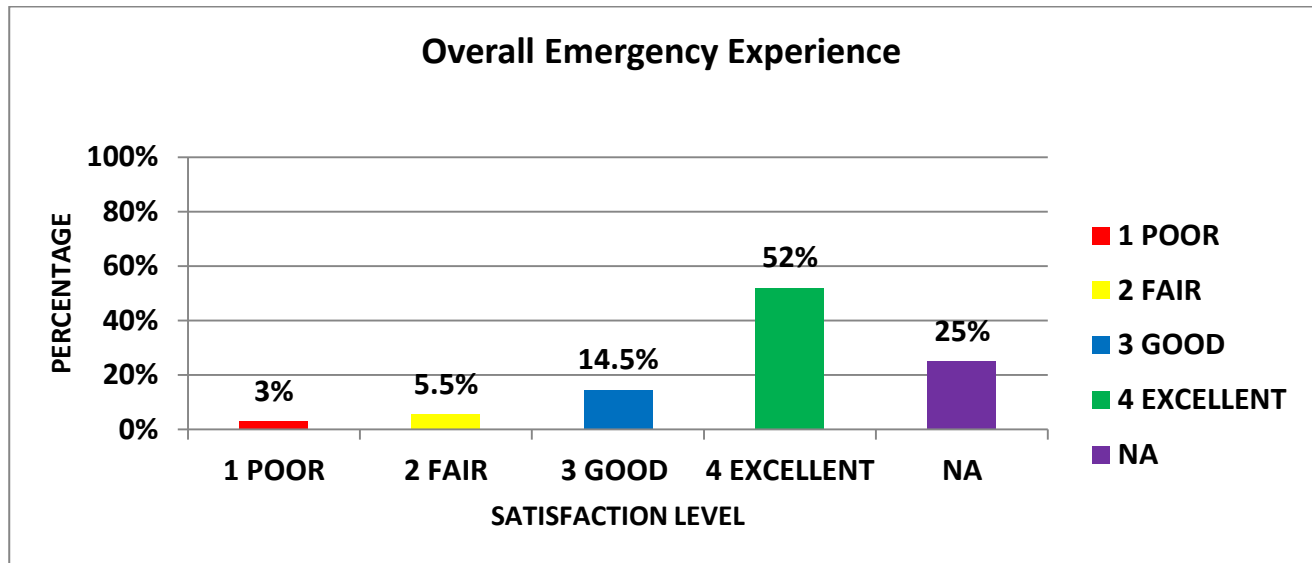


Figure 4.20: Distribution of Respondents by Overall Emergency Experience

In Figure 4.20, 52% (N=104) respondents rated their experience of emergency services as **Excellent**, indicating a positive perception of the emergency services. 14.5 respondents (N=29) rated the service as **Good**, which shows satisfaction. 5.5% (N=11) respondents rated as **Fair**, and 3% (N=6) respondents reported a **Poor** experience, due to delay because of the unavailability of wheelchairs. 25% (N=50) respondents marked **NA** as they did not have any opinion.

4.8.2: Distribution of Respondents by Immediate Assessment & Responsiveness on Arrival in Emergency

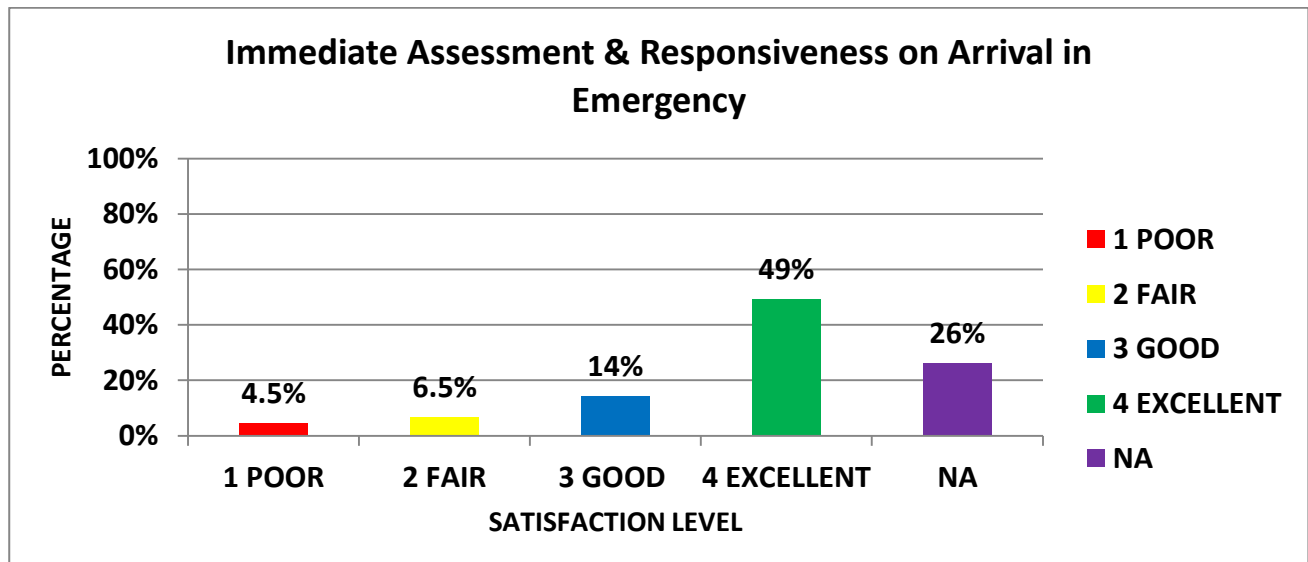


Figure 4.21: Distribution of Respondents by Immediate Assessment & Response on Arrival

In Figure 4.21, 49% (N=98) respondents marked as **Excellent**, 14% (N=28) respondents marked as **Good**, 6.5% (N=13) respondents marked as **Fair**, and 4.5% (N=13) respondent rated **poor**. 26% (N=52) respondents marked **NA** suggesting emergency services were well streamlined upon arrival.

4.9 PSAT SCORE TABLE

The overall PSAT table was developed to present a structured summary of patient satisfaction scores across multiple service domains within the inpatient department. This table served as a standardized tool to organize and display feedback related to critical components of the patient experience, including admission procedures, doctor-patient interaction, nursing care, housekeeping services, food and beverage quality, discharge processes, and emergency services. The table facilitated a clear comparison of departmental performance, identifying gaps, and assessing patient perceptions across clinical and non-clinical areas. The PSAT table framework helped in-depth analysis and forming recommendations for enhancing the overall quality of inpatient healthcare services.

TABLE 4.1 PSAT SCORE TABLE ACROSS KEY SERVICE DOMAINS

PSAT SCORE TABLE MAX SMART								PSAT
ATTRIBUTE	SUB ATTRIBUTE	EXCELLENT %	GOOD %	FAIR %	POOR %	E+G %	F+P %	
						(0-79%)	(>10 %)	
						(80-89%)	(<=10 %)	
						(90 & ABOVE %)		
ADMISSION PROCESS	Overall Admission Experience	68	24	6	3	92	9	83
	Time Taken for Admission Process	65	21	10	5	86	15	71
	Quality & promptness of responses to your queries	64	24	9	4	88	13	75
DOCTOR EXPERIENCE	Overall Doctor Experience	86	10	3	NA	96	3	93
	Attentiveness , timeliness, and quality of care provided	80	11	N.A	4	91	4	87
	Regular visits and progress updates	83	10	N.A	4	93	4	89
NURSING EXPERIENCE	Overall Nursing Experience	77	13	7	2	90	9	81

	Courtesy & Compassion of the Nursing staff	72	18	7	2	90	9	81
	Timeliness to response to Call bell	72	14	9	2	86	11	75
FOOD & BEVERAGE Experience	Overall Food & Beverage Experience	67	23	5	4	90	9	81
	Quality and Taste of food	71	20	6	3	91	9	76
HOUSEKEEPING EXPERIENCE	Overall Housekeeping Experience	76	17	4	N.A	93	4	89
	Quality of Cleanliness and Upkeep	71	18	8	N.A	89	8	81
DISCHARGE EXPERIENCE	Overall Discharge Experience	57	17	10	5	74	15	64
	Timeliness & quality of response to queries by billing	62	20	7	5	82	12	70
	Timeliness & quality of response to queries by TPA	67	20	8	4	87	12	75
EMERGENCY EXPERIENCE	Overall Emergency Experience	52	15	6	3	67	9	58
	Emergency contact number responsiveness	49	14	7	5	63	12	51

4.10 Correlation Analysis

Correlation analysis was done to understand the statistical relationships between individual service parameters and the overall inpatient satisfaction score. The primary objective of this analysis was to identify which specific departments and service domains had the most significant influence on patients' overall satisfaction during their hospital stay. By applying Pearson's correlation coefficient(r), the analysis provided empirical support for prioritizing quality improvement initiatives in areas with the highest potential to enhance patient satisfaction.

		Correlations							
		Overall IPD Satisfaction	Admission Experience	Doctor Experience	Nursing Experience	Food & Beverage Experience	Housekeeping Experience	Emergency Experience	Discharge Experience
Overall IPD Satisfaction	Pearson Correlation	1	.635**	.373**	.519**	.410**	.318**	.200**	.595**
	Sig. (2-tailed)		<.001	<.001	<.001	<.001	<.001	.005	<.001
	N	200	200	200	200	200	200	200	200

Most Closely Related (Strongest Positive Correlation):

- Admission Experience ($r = 0.635$)
- Discharge Experience ($r = 0.595$)
- Nursing Experience ($r = 0.519$)

These three departments have the strongest relationship with overall IPD satisfaction, indicating improving these areas could significantly boost patient satisfaction.

Least Related (Weakest Significant Correlation):

- Emergency Experience ($r = 0.200$, $p = 0.005$)

This is the weakest statistically significant correlation, indicating patients' emergency experience has the least influence on overall IPD satisfaction.

Moderate Positive Correlation:

- Food & Beverage Experience ($r = 0.410$)
- Doctor Experience ($r = 0.373$)
- Housekeeping Experience ($r = 0.318$)

These parameters show moderate positive correlations, indicating a meaningful but comparatively lesser impact on overall inpatient satisfaction than the top three domains.

PSAT Analysis:

- All service parameters showed a statistically significant positive correlation with overall IPD satisfaction ($p < 0.05$).
- Admission, discharge, and nursing services emerged as top priorities for quality improvement due to their strong influence on satisfaction levels.
- Food and beverage, doctor interactions, and housekeeping services demonstrated moderate influence and should also be continuously monitored and enhanced to maintain a positive patient experience.
- While the emergency department had the lowest correlation, its quality should not be neglected, as it still contributes to the overall perception of care.

CHAPTER-5

RECOMMENDATIONS

5.1 RECOMMENDATIONS FOR ADMISSION PROCESS

ADMISSION	
WhatsApp-Based Pre-Admission Assistant	Use of an automated WhatsApp bot to send pre-admission instructions, documents checklist, and room location to patients 24 hours prior.
Smart Self Check-In Kiosks	Installing touchscreen kiosks in the lobby where scheduled patients can self-check-in, verify details, and generate admission slips.
Admission Queue Display Screens	Live status updates of registration counters on a digital screen to reduce anxiety and manage expectations.
Admission Welcome Packs	A folder with all patient needs like dietary hours, rounds schedule, and nurse contacts can be provided Example: Pack can include a printed map, feedback QR, and helpline numbers.
Admission Volunteers	Trained staff or volunteers can guide first-time or elderly patients through the process physically.
Real-Time Feedback Button at Admission Desk	A smiley button system to record immediate feedback on wait time, interaction, and documentation ease.

5.2 RECOMMENDATIONS FOR DOCTOR'S PROCESS

DOCTOR	
Virtual Doctor Video Updates	Doctors can record short 1-minute daily update videos on patient progress, played via tablets or TV at the bedside.
Doctor Visit Notification Alerts	Sending SMS/WhatsApp alerts before and after rounds to families who are not present.
Daily Care Summary Sheets	Providing patients with a one-pager summary every evening with updates.
Interdisciplinary Briefs	Daily coordinated briefings between doctor and support staff (dietician, physiotherapist) to align on patient goals can be conducted.
Empathy Training Sessions	Doctors can attend 10-minute weekly “Human Touch” sessions with real patient stories to improve bedside manner.

5.3 RECOMMENDATIONS FOR NURSING PROCESS

NURSING	
• Call Bell Timer Dashboard	Digital screen at nurse station that turns red if call bell is unanswered for 3+ minutes.
• Compassion Rounds	Nurse can spend 2–3 minutes just listening or talking with patients once per shift (non-clinical).
• Bedside QR Code Feedback	Simple QR for each patient to rate their nurse on promptness, politeness, and comfort.
• Shift Handover Cards for Patients	Giving patients a note about who's taking over the next shift builds trust and continuity.
• Nursing Escalation Ladder	Visible poster explaining how patients can escalate if they feel neglected like informing nurse or floor manager.

5.4 RECOMMENDATIONS FOR FOOD & BEVERAGE

FOOD AND BEVERAGE	
• Digital Diet Preference Cards	Tablets can be used by dietitians to update likes/dislikes/allergies which sync with kitchen.
• QR Code Meal Rating System	Small sticker on food tray where the patient can rate meal instantly (1–5 stars).
• Dietician Video Tips on TV	1-minute nutrition tips from dietitians played during meal times to engage patients.
• Food Delivery Tracker App	Track order → preparation → dispatched → delivered to patient bedside.
• Printed Diet Discharge Sheet	Each patient can receive a clear, customized diet plan for post-discharge with dos/don'ts.

5.5 RECOMMENDATIONS FOR HOUSEKEEPING PROCESS

HOUSEKEEPING	
• Color-Coded Cleaning Time Chart	Rooms cleaned at 9 AM, 2 PM, 7 PM marked by colors; patients know what to expect.
• QR Feedback on Cleaning Chart	In bathrooms and wards, QR on the wall allows real-time cleanliness complaints.
• Housekeeping Buddy System	One housekeeping staff assigned to every 3 to 4 rooms to build familiarity and accountability.
• Mid-Shift Surprise Audit by Nurse	Once a shift, the nurse randomly audits room cleaning with a 3-point checklist.

5.6 RECOMMENDATIONS FOR DISCHARGE PROCESS

DISCHARGE	
• Live Discharge Progress Tracker	Tracking steps: doctor note done → billing pending → pharmacy ready can be implemented.
• TPA Priority Hours	Fixed slots can be given where TPA officers prioritize patient clearance (e.g., 10–12 AM, 3–5 PM).
• Express Discharge Lane	Fast-track discharge for cash patients with no complications can be done.
• Discharge Navigator Role	Assigning one staff to each floor that coordinates discharge across nursing, TPA, and pharmacy.
• Weekend Discharge Desk	The special counter on Saturdays/Sundays with trained TPA and billing staff can be initiated.
• Printed Take-Home Summary Booklet	Easy-to-read discharge booklet in English/Hindi with medication, red flags, and diet advice should be given.

5.7 RECOMMENDATIONS FOR EMERGENCY PROCESS

EMERGENCY	
• Streamline the Triage System	Regular Audit to be conducted to ensure the triage system is followed
• 24/7 Emergency Coordinator	Having a 24/7 Emergency Coordinator helps manage patient flow, guide attendants, and coordinate with IPD Units,

5.8 OTHERS

- **Attendant Welcome & Info Kit:** Provide a printed/QR-based kit with ward rules, visiting hours, meal timings, key contacts, and hospital map at the time of admission. App-based tracking of availability and location of wheelchairs/stretchers.
- **Comfortable Waiting & Stay Zones:** Upgrading waiting areas with comfortable seats, charging ports, water dispensers, clean toilets, and real-time queue screens to reduce discomfort and stress for attendants.
- **Smart Security & Access Control:** Implement QR-code-based visitor passes and train security staff in soft skills and emergency codes. Face Recognition or QR Gate Pass can be given for authorized access to IPD wards to reduce intrusions. SMS alerts are given to attendants if visitors overstay the allowed time.
- **Dedicated IPD Parking & Shuttle:** Allocate a few priority parking slots per floor for admitted patients' families and provide golf cart shuttles from the parking to the hospital gate for elderly support.
- **Real-Time Facility Feedback Points:** Install QR codes or smiley-button feedback tools for toilets, elevators, cleanliness, and security presence to enable instant service corrections.

5.9 PATIENT SATISFACTION DASHBOARD

- **Implementation of a Real-Time Power BI Dashboard:**

A custom Power BI dashboard should be integrated at the hospital level to monitor patient satisfaction across departments in real time. There were visible gaps in the admission and discharge process, especially delays and lack of communication. No visual tool was available to **quickly identify low-performing areas** or monitor real-time patient experience data, making it difficult to track satisfaction trends and department-wise performance.

- **Department-Wise Drilldown for Focused Improvements:**

The department-wise PSAT scores, such as Emergency (68) and Discharge (81), call for focused audits. The dashboard allows departmental tracking, which can help in customizing strategies to uplift specific service areas.

- **Data-Driven Feedback Categorization:**

With a clear visual of feedback types (e.g., 84.5% positive and 15.5% negative), hospital management can regularly analyze patient comments to identify recurring concerns and prioritize resolution.

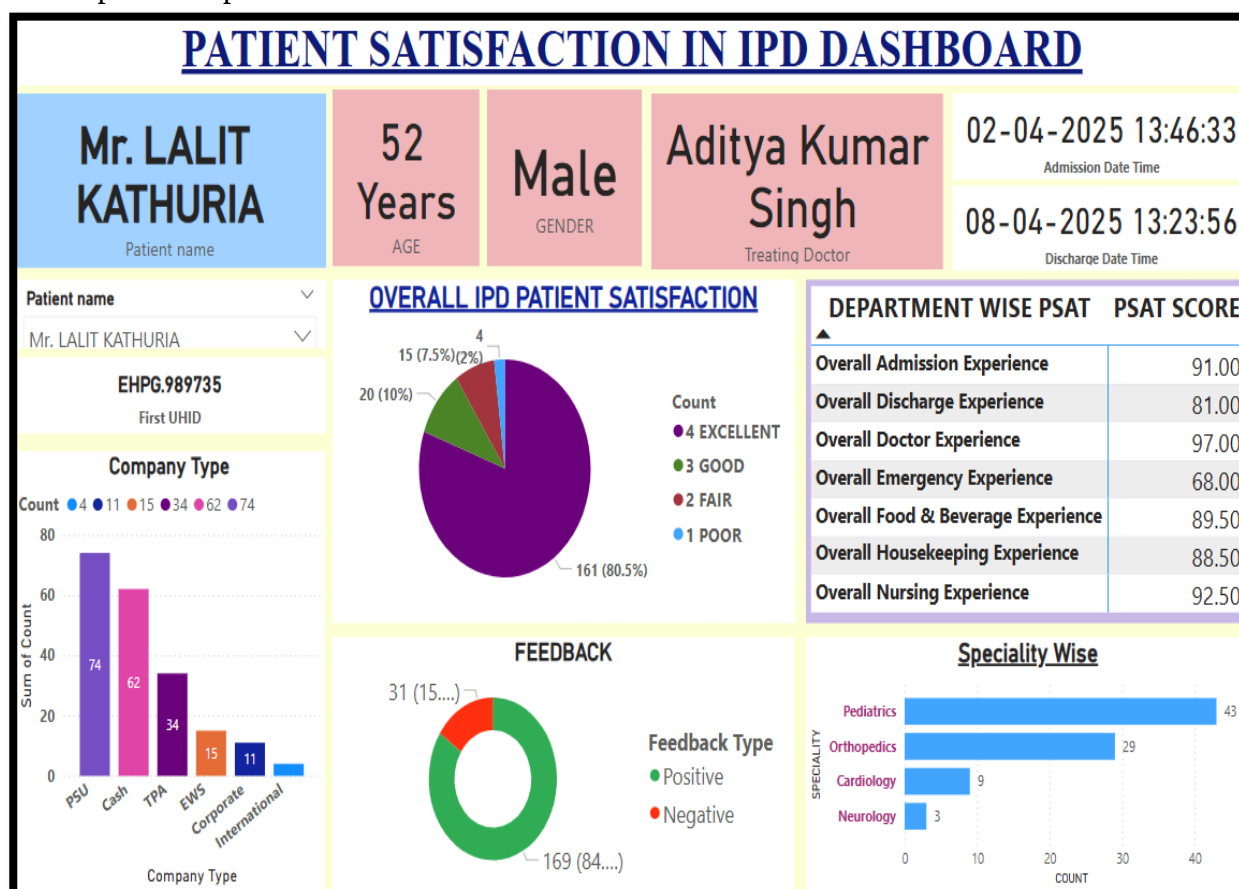
- **Specialty-Wise Satisfaction Tracking:**

Using specialty-wise charts (e.g., highest feedback from Paediatrics), the hospital can identify high-traffic or high-impact departments to allocate resources more effectively and manage patient expectations.

- **Company Type Insights:**

The dashboard captures data by company type (e.g., TPA, PSU, CGHS), which can be leveraged to customize service protocols and streamline documentation for faster admission/discharge processes.

- It will help the hospital **track satisfaction scores in real-time** and take faster corrective actions. The dashboard will improve **data visibility and decision-making**, ultimately enhancing the overall patient experience.



CONCLUSION

This study aimed to evaluate the level of patient satisfaction and perceived quality of care within the Inpatient Department (IPD) of Max Smart Super Speciality Hospital. Multiple aspects of the Hospital experience of 200 IPD Discharged patients were assessed through the DreamSol Feedback Management System and Telephonic Interviews including clinical services, nursing care, food and beverages, housekeeping, admission, discharge, and emergency responsiveness. The findings showed generally high satisfaction levels in core clinical areas but highlighted gaps in non-clinical services and communication leading to matters of concern.

The doctor's attentiveness, regular clinical rounds, and compassionate nursing care emerged as major strengths. However, even with medical excellence, the lack of timely communication and uncoordinated discharge processes lowered overall satisfaction for some patients. Instances of delayed TPA processing, dietary service inconsistency, and weekend staff shortages contributed to a less seamless patient journey, particularly at discharges during peak hours. The operational lapses in patient flow and support systems directly affect satisfaction scores.

Moreover, the study highlighted that patient satisfaction is not solely based on treatment outcomes but also shaped by their emotional and physical comfort, staff interactions, and system efficiency. Attendant's experiences, availability of amenities like clean toilets, parking, and effective security also influenced the patient's perception of care. High-satisfaction ratings in clinical areas were occasionally undermined by issues in coordination, cleanliness tracking, and discharge delays, signaling a need for hospital-wide integration of services.

The recommendations developed from this study, such as WhatsApp-based admission assistance, QR-code-based feedback systems, empathy rounding, live discharge trackers, and integrated food rating tools, are feasible, scalable, and based on real-world feedback. These solutions aim to improve the patient journey not just clinically, but holistically by enhancing empathy, communication, response time, and environment. Their implementation can turn high-quality care into a consistently positive patient experience.

In conclusion, improving inpatient satisfaction demands a strategic shift from fragmented service delivery to a patient-centered, tech-enabled, and empathetically driven approach. The findings of this study can serve as a framework for continuous quality improvement, policy refinement, and training programs that target both people and processes. A satisfied patient is not only a reflection of good care but also a powerful ambassador for the hospital's reputation and trust in the healthcare system.

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ANNEXURE

<u>ATTRIBUTES</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>NA</u>
Overall Experience in Hospital	11	19	31	139	-
Overall admission experience	6	11	48	135	-
Time Taken for Admission Process	9	19	42	130	-
Quality & Promptness of Responses to Patient Queries	8	17	47	128	-
Overall Doctor's Care Experience	-	6	20	171	3
Regular visits by Doctor's and progress updates	7	-	21	160	12
Attentiveness, timeliness and quality of care provided by Doctor	8	-	19	166	7
Overall Nursing Care	3	13	26	154	4
Timeliness of response to Call Bell	4	17	28	144	7
Courtesy & Compassion of the Nursing Staff	4	14	36	143	3
Overall Food and Beverage Experience	12	17	45	121	5
Quality and Taste of Food	8	14	41	132	5
Overall Housekeeping Services	-	8	34	151	7
Quality of Cleanliness and Upkeep	-	15	36	142	7
Overall Discharge Process	10	19	34	114	23
Timeliness & quality of response to queries by billing	9	13	40	124	14
Timeliness & quality of response to queries by TPA	7	15	40	134	4
Overall Emergency Experience	6	11	29	104	50
Immediate Assessment & Responsiveness on Arrival	9	13	28	98	52