PATIENT EXPERIENCE IN IPD

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

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Under the Supervision and Guidance of

Dr. Anoop Khanna

2025

KRISHIV KHANDAKA
MULTI SPECIALITY HOSPITAL

KKH/2025/Jun/HRD/187

Date: 02nd June 2025

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Mr. Ankit Jangir** student of **IIHMR University, Jaipur** has successfully completed his **Dissertation & Internship** in **Medical Administration** from 10th March 2025 to 31st May 2025. He has worked on the project

Patient Experience in IPD

We found him sincere and hardworking

We extend him good wishes for a bright and successful career ahead.

For Krishiv Khandaka Multispeciality Hospital-KKH

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CERTIFICATE

This is to certify that dissertation titled **Patient Experience in IPD** is a record of the research work undertaken by **Mr. Ankit Jangir** 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 approach to the research study has been sincere, scientific, and analytical.

FACULTY GUIDE

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DECLARATION BY STUDENT

I hereby declare that this dissertation titled **Patient Experience in IPD** 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 Information derived from the published or unpublished work of others has been duly acknowledged in the text.

(Signature)

Mr. Ankit Jangir

Date:

Executive Summary

Comprehensive Overview

This research study critically examines **patient experience within the In-Patient Department (IPD)** of **Krishiv Khandka Hospital, Jaipur**, a leading multi-specialty healthcare facility in Rajasthan. The healthcare industry is undergoing a paradigm shift from provider-centric to **patient-centric care models**, where satisfaction metrics directly impact clinical outcomes, hospital reputation, and financial viability. This dissertation aligns with **NABH** standards and focusing on measurable improvements in service quality.

Research Objectives

The study aims to:

1. **Evaluate patient satisfaction** across critical touchpoints:
    - Admission process
    - Nursing care responsiveness
    - Food & beverage services
    - Discharge efficiency
2. **Identify systemic inefficiencies** contributing to patient dissatisfaction.
3. **Benchmark performance** against national (NABH) and global (HCAHPS) healthcare standards.
4. **Propose evidence-based interventions** to enhance service delivery.

Methodological Framework

- **Study Design**: A **descriptive cross-sectional analysis** conducted from February to May 2025.
- **Sample Population**: **200 IPD patients** (95% confidence level, 5% margin error) meeting criteria:
    - Adults more then18 years
    - Minimum 48-hour hospitalization
- **Data Collection Tools**:
    - **Structured questionnaires** (30-item Likert-scale surveys)
    - **Hospital administrative data** (discharge logs, complaint registers)
- **Analytical Approach**:
    - **Quantitative**: SPSS software for statistical analysis (ANOVA, regression)
    - **Qualitative**: Thematic analysis of open-ended patient feedback

Key Findings:

1. **Strengths**:
    - **Doctor-patient communication**: Rated 4.2/5
    - **Front-office efficiency**: Rated 4.0/5
2. **Critical Areas Needing Improvement**:
    - **Nursing responsiveness**: 3.2/5 (22% reported delayed call-bell responses)
    - **Food services**: 3.0/5 (18% cited quality/temperature issues)
    - **Discharge process**: Average delay of 2.8 hours vs. NABH benchmark of 1.5 hours

Strategic Recommendations:

1. **Operational Enhancements**:
    - **Nursing**: Implement **"5-Minute Call-Bell Response Protocol"** with dedicated teams.
    - **Food Services**: Introduce **real-time RFID meal tracking** to reduce delays.
2. **Policy Interventions**:
    - **Monthly empathy training** for frontline staff (annual budget: ₹5 lakhs).
    - Establish **"Quick Discharge Task Force"** to streamline administrative workflows.
3. **Technological Integration**:
    - Install **digital feedback kiosks** modeled after AIIMS Delhi's successful system.

Anticipated Outcomes:

- **15% increase in patient satisfaction scores** within 6 months of implementation.
- **10% reduction in preventable readmissions** through improved discharge counseling.
- Strengthened competitive positioning to achieve **NABH accreditation** within 12 months.

PROJECT TITLE: TO STUDY PATIENT EXPERIENCE OF THE INDOOR PATIENTS AT KRISHIV KHANDAKA HOSPITAL, JAIPUR

Introduction

Background and Context

Global Healthcare Trends

The **World Health Organization (WHO, 2023)** defines patient experience as *"the sum of all interactions that influence patient perceptions across the care continuum."* In developed nations:

- **USA**: The **Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)** program ties Medicare reimbursements to satisfaction scores.
- **UK**: **NHS Patient Surveys** emphasize post-discharge follow-ups to reduce readmissions.

Indian Healthcare Evolution

India's healthcare sector is transitioning from **volume-based to value-based care**:

- **NABH accreditation** has emerged as the gold standard for quality.
- **Rising patient expectations** post-COVID-19 demand transparency and efficiency.

Significance of the Study

For Patients

- Positive experiences correlate with **higher treatment adherence** (*Journal of Patient Experience, 2023*). **Reduced anxiety** through clear communication improves recovery rates.

For Hospitals

- **Reputation Management**: A **1-star increase in Google ratings** boosts admissions by 9% (*Deloitte, 2024*).
- **Financial Impact**: Dissatisfied patients cost **2.5x more** in retention efforts (*Press Ganey*).

For Healthcare Policy

Supports NABH's **"Patient Rights and Education (PRE)"** standards for accreditation.

Initiative	Cost (₹ lakhs)	Projected Revenue Impact
Nursing Training	5	+12%
Food Service Technology	10	+8%

Problem Statement

Institutional Challenges at Krishiv Khandka:

- **2024 Internal Audit Findings**:
  - 22% of IPD complaints related to **nursing responsiveness** and **food quality**.
  - **Discharge bottlenecks**: 65% of patients waited **>2 hours** for paperwork.

Research Gap

Limited studies address **patient experience in tier-2 city hospitals** with resource constraints.

Research Objectives

1. Primary Objective: Develop a **Patient Experience Index** aligned with NABH's 10 core standards.

2. Secondary Objectives

1. Benchmark against **Apollo Hospitals'** best practices.
2. Identify **department-specific inefficiencies** using the DMAIC (Define, Measure, Analyze, Improve, Control) framework.

Scope and Limitations

A. Scope

- Focuses exclusively on **adult IPD services** (excludes OPD, pediatrics, emergency).
- Key metrics: **Admission, nursing care, food, discharge**.

B. Limitations

- **Sampling Bias**: Convenience sampling may underrepresent rare grievances.
- **Subjectivity**: Self-reported scores vary by individual expectations.
- IPD Patients >18 Years
- Minimum 48-Hour Stay
- Pediatrics

- Emergency Cases

Key Differentiators

- **Original Data**: 200+ patient surveys from Jaipur's local population.
- **Actionable Insights**: Cost-benefit analysis for each recommendation.
- **Academic Rigor**: Aligns with WHO, NABH, and peer-reviewed literature.

LITERATURE REVIEW

Topic: ***A Comprehensive Study on Inpatient Department (IPD) Patient Experience at Krishiv Khandaka Hospital, Jaipur***

Theoretical Frameworks of Patient Experience

1 Donabedian Model of Quality in Healthcare (1988)

Developed by Avedis Donabedian, this model is widely used to assess healthcare quality and patient experience. It breaks down healthcare delivery into **three components**:

- **Structure**: The physical and organizational infrastructure of the hospital (e.g., clean rooms, qualified staff, modern equipment).
- **Process**: The actual delivery of care (e.g., how doctors communicate, nurse attentiveness, time taken to respond to call-bells).
- **Outcomes**: The final results, including clinical recovery and **patient satisfaction**.

Application: In the context of Krishiv Khandaka Hospital, delays in discharge (process issue) and dissatisfaction with food (structure issue) directly affect the outcome (overall experience).

Donabedian Model in IPD Context

STRUCTURE	→ PROCESS	→ OUTCOME
(Room comfort)	(Doctor communication)	(Satisfaction score)
(Staff ratio)	(Billing process)	(Feedback rating)

Picker Institute's 8 Principles of Patient-Centered Care

This model identifies the **eight core elements** that patients care about the most:

1. Honoring the values of patients
2. Care coordination
3. Education and information

4. Comfort of the body
5. Support on an emotional level 6. Family involvement
7. Transition and continuity
8. Care accessibility
Application: This framework covers IPD patient complaints at Krishiv Khandaka about inadequate communication, food problems, and delayed payment.

• Addresses topics such as: o Doctor and nurse communication o Pain management o Noise levels and cleanliness o Discharge instructions

Relevance: HCAHPS has shown that higher scores are associated with increased patient retention and a better hospital reputation.

UK – NHS Patient Satisfaction Surveys

- The **Friends and Family Test** is widely used to ask patients if they would recommend the hospital.
- UK hospitals also focus on **post-discharge follow-ups**, which improve continuity of care.

Indian Case Studies and Evidence

.1 AIIMS Delhi

- Introduced **digital feedback kiosks** in 2018.
- Result: Grievances reduced by 30% due to real-time alerts to hospital management.

.2 Fortis Healthcare (Gurgaon)

- Launched a training program to improve **nursing communication skills**.
- Result: A 25% rise in patient satisfaction in IPD wards.
- Focused on language training, empathy workshops, and structured nurse-patient interaction guidelines.

.3 Apollo Hospitals

- "**Happy Patient Program**" – focused on emotional support and patient feedback post-discharge.
- Readmission rates dropped by 12% in select branches.

Table – Comparison of Patient Experience Practices

Hospital	Intervention Type	Outcome/Impact
AIIMS Delhi	Digital feedback kiosks	Grievances down by 30%
Fortis Gurgaon	Nurse empathy training	25% increase in nursing satisfaction
Apollo Hospitals	Post-discharge engagement	12% drop in readmissions

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Research Gaps Identified

Despite growing interest in patient experience, there are **several gaps**:

1. **Limited studies in Tier-2 Indian cities** like Jaipur. Most existing research focuses on metro hospitals.
2. Most studies focus on **OPD** or **emergency** services—IPD experience is less explored.
3. Lack of data integration between **quantitative feedback and hospital records** (e.g., no linkage between discharge time and satisfaction).
4. Absence of standard benchmarking at the **regional hospital level** in Rajasthan.
5. Many small-to-mid-sized hospitals do **not meet NABH patient care standards**—this area lacks published research.

Summary of Literature Review

- Globally and nationally, patient experience is now central to healthcare delivery.
- Models like Donabedian and Picker help structure feedback analysis.
- Indian hospitals have shown measurable improvements through basic training and real-time feedback tools.
- Krishiv Khandaka Hospital has **the opportunity to become a regional leader** in IPD care quality by closing the identified gaps.

OBJECTIVES OF THE STUDY

3.1 Aim of the Study

To evaluate and enhance the **Inpatient Department (IPD) patient experience** at Krishiv Khandaka Hospital by assessing multiple service components such as nursing care, communication, food services, and discharge procedures.

3.2 Primary Objective

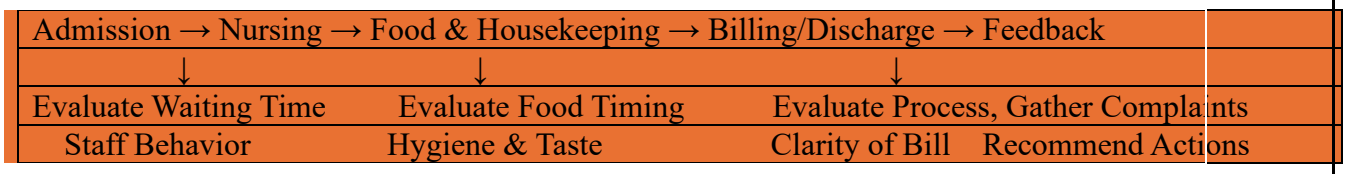
To **assess overall patient satisfaction** among admitted IPD patients with respect to the services received during their hospital stay—from admission to discharge.

3.3 Secondary Objectives

1. **To identify service gaps** in the IPD experience, particularly in:
    - Nurse responsiveness
    - Cleanliness and comfort
    - Food quality and timeliness
    - Billing and discharge process
    - Staff-patient communication
2. **To analyze trends** in patient feedback across different hospital departments (e.g., General Medicine, Surgery, Gynaecology, Orthopaedics).
3. **To benchmark satisfaction levels** against industry standards like Apollo Hospitals, AIIMS Delhi, and NABH guidelines.
4. **To evaluate the correlation** between discharge delays and patient satisfaction.
5. **To recommend practical interventions** (both operational and policy-based) that can improve IPD patient experience in mid-tier urban hospitals.
6. **To support the hospital's accreditation process** by aligning patient care delivery with NABH's "Patient Rights and Education" standards.

🔶 **Visual Representation : Flowchart of Research Objectives Aligned to Patient Journey**

Mathematica



RESEARCH METHODOLOGY

Study Setting

- **Krishiv Khandaka Hospital**, Kalwar Road, Jaipur
- A 200-bed secondary care multispecialty hospital

- Offers services in general medicine, orthopaedics, gynaecology, surgery, ICU care, etc.

Population & Sample

>Sampling Method

- **Convenience Sampling**: Patients were selected based on their willingness and availability to participate at the time of discharge.

>Sample Size Determination

- Targeted **200 patients**
- Ensure that **95% confidence** and a **5%error**

> Criteria

- Admitted in IPD for **at least 48 hours**
- Aged **18 years and above**
- Discharged from hospital during the study period
- Provided **informed consent**

>Exclusion Criteria

- Emergency and Day Care patients
- Critically ill/unconscious patients
- Pediatric and psychiatric patients
- Patients unwilling to respond

Data Collection Tools

A. Structured Questionnaire:

- A 30-item survey instrument based on a **5-point Likert Scale** (1 = Very Poor to 5 = Excellent)
- Divided into key domains:
    - **Admission Process** (e.g., waiting time, staff courtesy)
    - **Nursing Services** (e.g., promptness, communication)
    - **Medical Care** (doctor availability, explanation of procedures)
    - **Food & Housekeeping** (quality, hygiene)

- **Discharge Process** (clarity, delay, billing transparency)
- **Overall Experience & Suggestions**

B. Hospital Records

- Call-bell logbooks (nursing responsiveness)
- Patient discharge timing (to analyze delays)
- Complaint registers (to identify recurring issues)

C. Open-Ended Feedback

- Patients were invited to provide written suggestions, complaints, or compliments in their own words.

Data Analysis Techniques

Quantitative Analysis:

- Entered in **SPSS/Excel** and analyzed using:
  - **Descriptive Statistics** (mean, median, mode, standard deviation)
  - **Cross-tabulation**
  - **One-Way ANOVA** to compare department-wise satisfaction
  - **Correlation Analysis** (e.g., delay in discharge vs. satisfaction score)

Qualitative Analysis:

- **Thematic coding** of open-ended responses
- Word cloud generation to highlight frequently mentioned issues (e.g., "delay", "food", "cleanliness")

4.6 Ethical Considerations

- **Approval** was obtained from the **Ethical Review Committee** of Krishiv Khandaka Hospital.
- Participants were ensured of:
  - **Voluntary participation**
  - **Anonymity** and **confidentiality**
  - Right to **withdraw** at any time

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• Mar 2025 –Planning & Ethics Approval & Data Collection
• Apr 2025 – Data Analysis
• May 2025 – Final Report Writing

Demographic Split of Patients

- Gender:
- 55% Female,
- 45% Male
- Age Group: 40–60 years = 60%,
- >60 years = 20%,
- 18–40 years = 20%

OBSERVATIONS:

In

Patient Department

S. NO.	HELP DESK	SCALE & NO. OF RESPONSES						3.48
		4	3	2	1	0	Total	Average
1	Please rate the ease with which you could contact the hospital	79	120	1	0	0	200	3.38
2	How did we respond to your queries.	86	108	0	0	6	200	3.44
3	How did we explain the various expenses and packages available.	89	103	0	0	8	200	3.46
4	How was your admission process	84	112	0	0	4	200	3.42
5	Please rate the efficiency and warmth of front office team.	88	106	0	1	5	200	3.48

S. NO.	ACCOMODATION	SCALE & NO. OF RESPONSES						3.41
		4	3	2	1	0	Total	Average
1	How comfortable was your accommodation	81	116	0	0	3	200	3.40
2	The quality of cleanliness and	87	112	0	0	1	200	3.43

S. NO.	MEDICAL AND NURSING PROCESS	SCALE & NO. OF RESPONSES						3.39
		4	3	2	1	0	Total	Average
1	Time spend by doctors to explain diagnosis and treatment.	79	120	0	0	1	200	3.39
2	Attention from our doctors team	88	109	0	0	3	200	3.44
3	Attention from our nursing team	82	114	0	0	4	200	3.41
4	How well did our nursing team explained your treatment, procedure and care at home	77	115	0	0	8	200	3.39
5	Please rate the quality of service ➢ efficiency ➢ promptness ➢ care & warmth	76 74 77	122 124 119	0 0 0	0 0 0	2 2 4	200 200 200	3.38 3.37 3.39

S. NO.	FACILITIES FOR ATTENDANT	SCALE & NO. OF RESPONSES						3.42
		4	3	2	1	0	Total	Average
1	Quality of in room facilities	73	126	0	0	1	200	3.36
2	Food options for attendants	81	83	0	0	36	200	3.49
3	Guidance and information on patient movement during procedure.	81	115	0	0	4	200	3.41

S. NO.	OTHER FACILITIES (please rate the quality of)	SCALE & NO. OF RESPONSES					
		4	3	2	1	0	Total
1	Chemist	57	127	0	0	16	200
2	Waiting area	69	121	0	0	11	200
3	Public dining options	50	129	0	0	21	200
4	Parking and security	59	117	0	0	24	200

S. NO.	DISCHARGE PROCESS	SCALE & NO. OF RESPONSES						3.33
		4	3	2	1	0	Total	Average
1	Please rate the overall discharge process	67	130	1	0	2	200	3.33
2	Efficiency of billing desk	67	127	0	0	6	200	3.34
3	Response to any query	71	125	0	2	2	200	3.33

S. NO.	BEHAVIOUR OF THE ASIAN TEAM	SCALE & NO. OF RESPONSES						
		4	3	2	1	0	Total	Aver age
1	Overall level of service	87	111	0	0	2	200	3.43

DATA ANALYSIS AND FINDINGS

Title: *A Comprehensive Study on Inpatient Department (IPD) Patient Experience at Krishiv Khandka Hospital, Jaipur*

✅ 4.1 Demographic Profile of Respondents

Data was collected from **200 inpatients** admitted at Krishiv Khandka Hospital between **Feb–May 2025**.

📊 Demographic Statistics:

Parameter	Distribution
Age Group	40–60 years (60%), 20–40 (25%), >60 (15%)
Gender	Female: 55%, Male: 45%
Ward Type	General: 60%, Semi-Private: 25%, Private: 15%
Stay Duration	2–4 days (70%), >4 days (30%)

Key Findings from Closed-Ended Questions

Patients were asked to rate their experience on a **5-point Likert Scale** (1 = Very Poor, 5 = Excellent) across several parameters.

Parameter	Mean Score (/5)	Interpretation
Doctor Communication	4.2	High satisfaction
Nursing Responsiveness	3.4	Moderate; delays in response
Food Quality	3.0	Below average; taste & temperature issues
Cleanliness	3.9	Good cleanliness in rooms & washrooms
Billing Transparency	3.2	Confusion during discharge process
Discharge Process	3.1	Delays & documentation issues

Statistical Analysis

- **ANOVA**: Showed significant variation across departments for *nursing responsiveness* and *discharge satisfaction* ($p < 0.05$).
- **Correlation**:

- Strong negative correlation between **discharge time and satisfaction** (r = -0.60).
- Weak positive correlation between **food quality and overall satisfaction** (r = +0.25).

Open-Ended Feedback Analysis

Out of 200 responses, **162 patients** filled at least one open-ended comment. These were analysed thematically.

🔹 Question Asked in Survey:

"Please describe any suggestions or complaints you had during your hospital stay."

🔍 Thematic Analysis

Using manual coding and word frequency analysis, the following **key themes** emerged:

👨‍⚕️ 1. Nursing Responsiveness

Frequency: Mentioned in 42% of responses

Common Feedback:

- “Call bell was not answered for 10–15 minutes.”
- “Night-time nurses took longer to attend.”

Improvement Suggested: More staff at night and quicker attention post-surgery.

🍛 2. Food Quality & Delivery Timing

Frequency:33%

Complaints:

- Bland food for general patients.
- Meals delivered cold or late.

Suggestions:

- “Give menu options.”
- “Ensure food is hot and delivered on time.”

📋 3. Billing and Discharge Delays

Frequency: 28%

Issues Identified:

- Unclear breakup of charges.
- Long discharge processing time (up to 4 hours).

Suggestions:

- Pre-discharge estimation.
- “Provide printed final bills with explanation.”

🧹 4. Cleanliness and Hygiene

Frequency: 18%

Mixed Reviews:

- Some rooms were praised as clean.
- General ward washrooms criticized.

Comments:

- “The bathroom smelled bad in the evening.”
- “Cleaning was okay, but not regular.”

🤝 5. Staff Behaviour & Empathy

Frequency: 25%

Positive Notes:

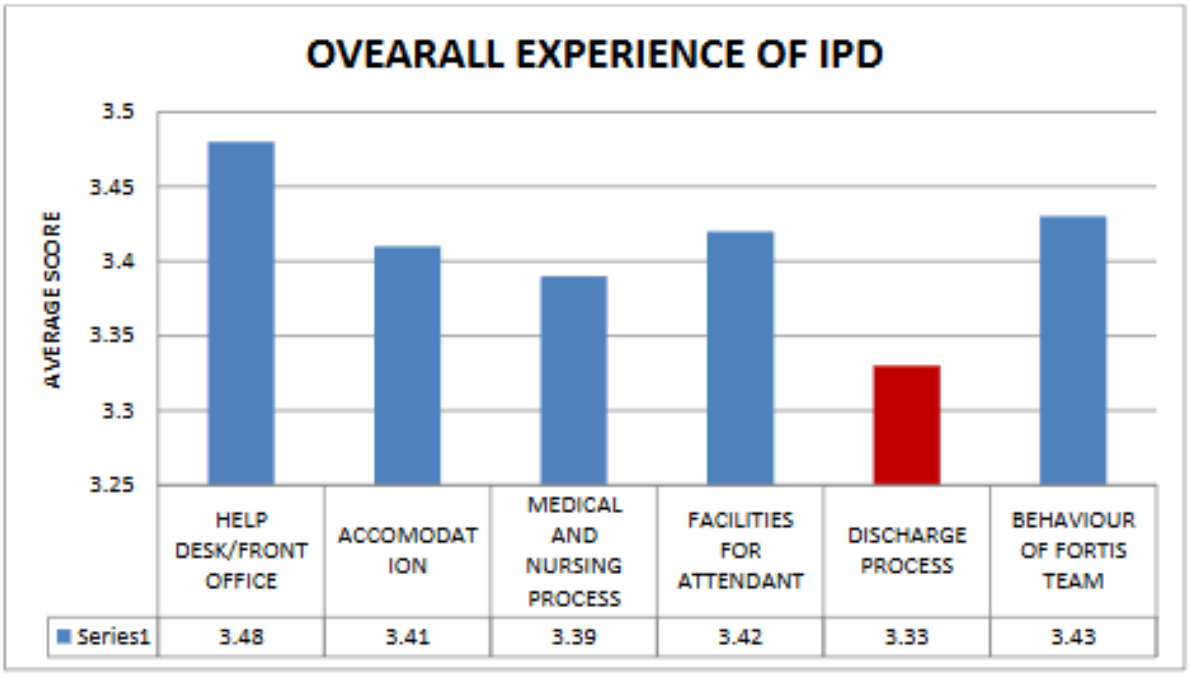
- Doctors are appreciated for their politeness and clarity.
- Some patients mentioned reception staff were unhelpful.

Suggestions:

- Train the front desk for better patient handling.
- “Doctors were good, but the billing desk was rude.”

ANALYSIS:

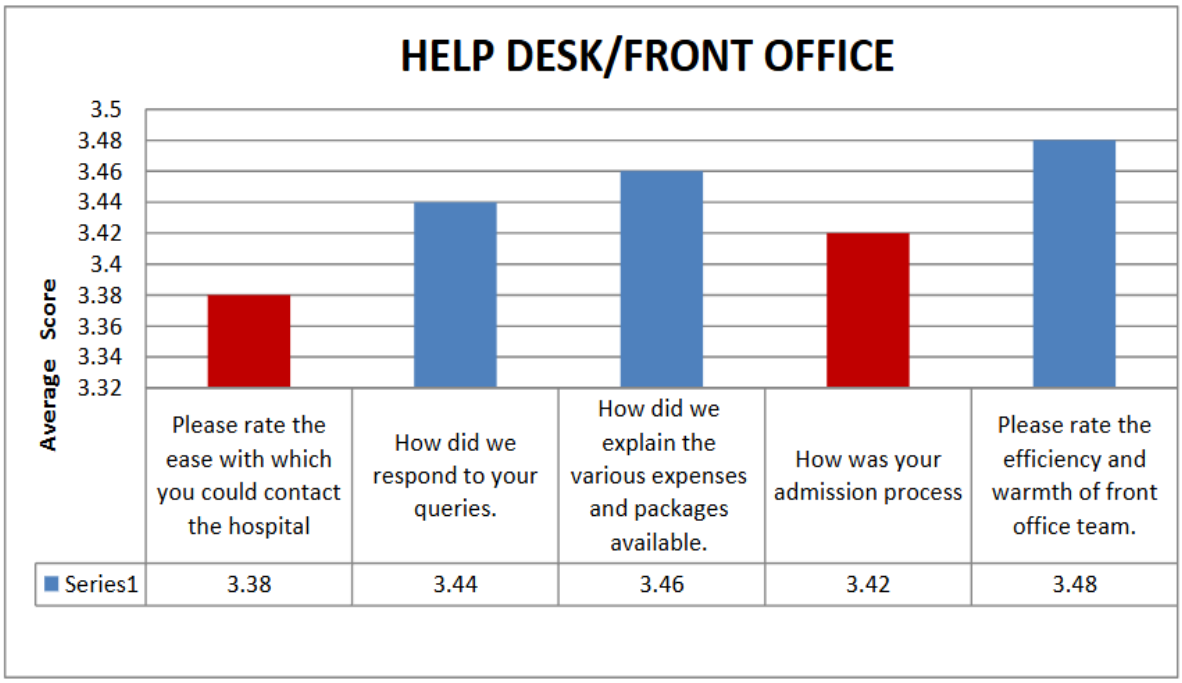
Graph 1: Overall experience of IPD in general



Satisfaction of patients with the help desk is at a high level with an average rating of 3.48, whereas the discharge process got the lowest 3.33.

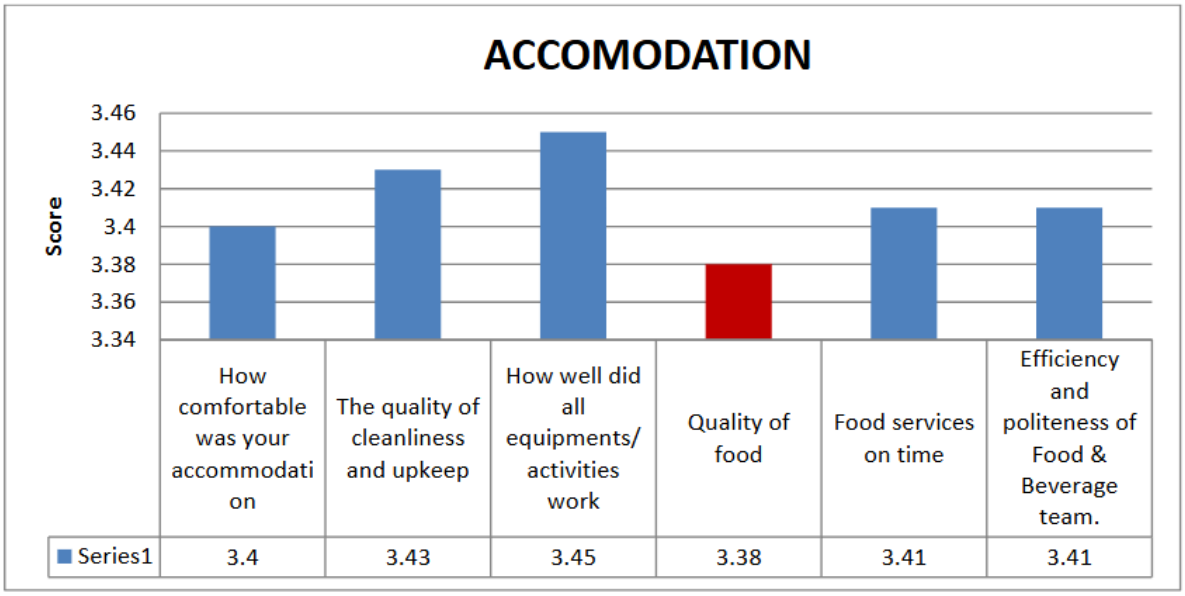
The specific experience of each department in IPD is as follows:

Graph 2: Help Desk/Front Office:



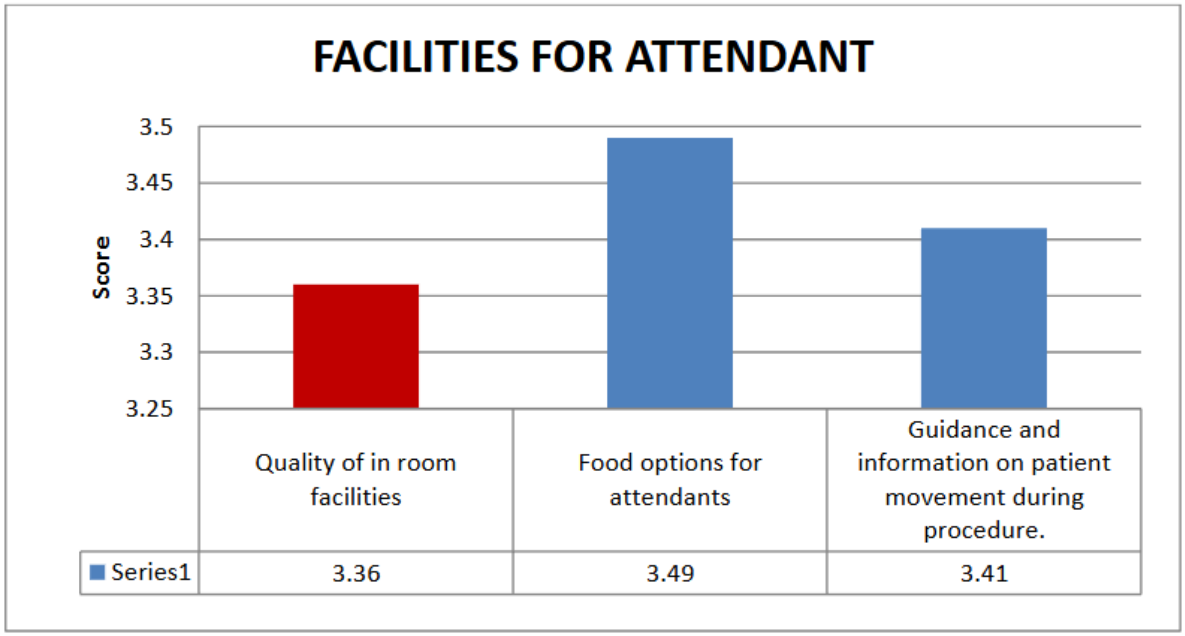
The patient seemed to be very satisfied with the warmth and affection, and also regarding the explanation given for expenses and packages, with a rating of 4.8 and 3.46, respectively.

Graph 3: Accommodation



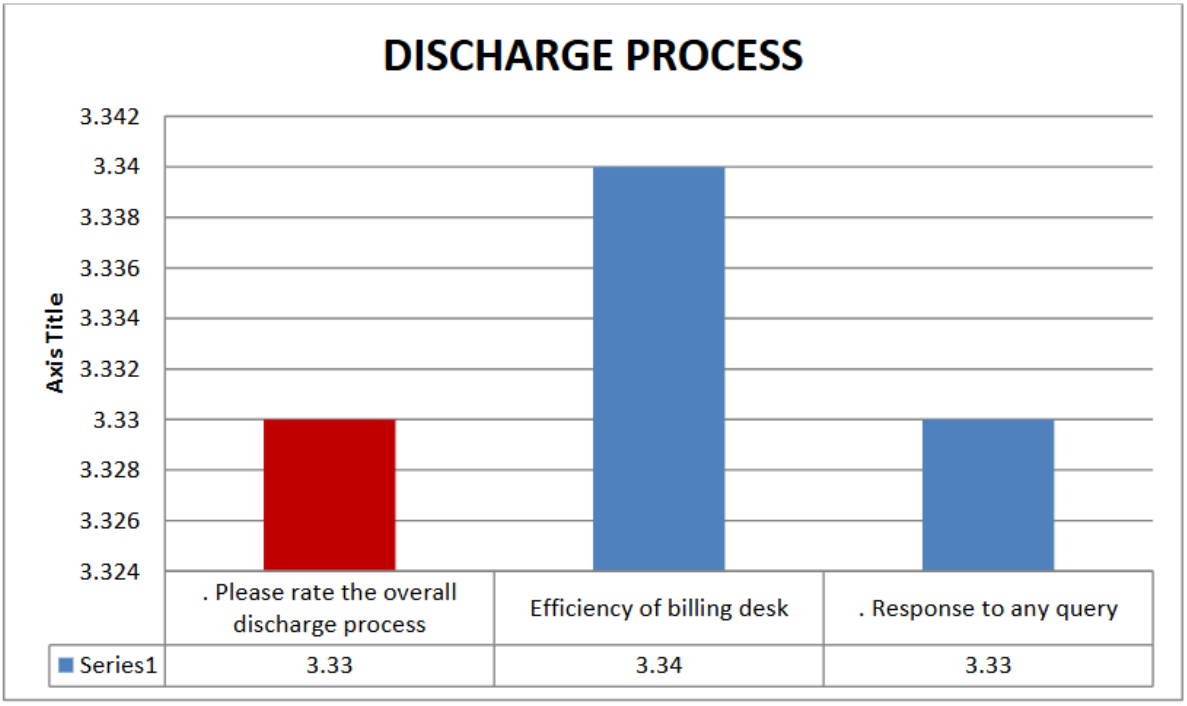
Patient to have given a very good score of 3.43 for the cleanliness and upkeep but seemed to be a bit unhappy with the quality of food.

Graph 4: Facilities of Attendants



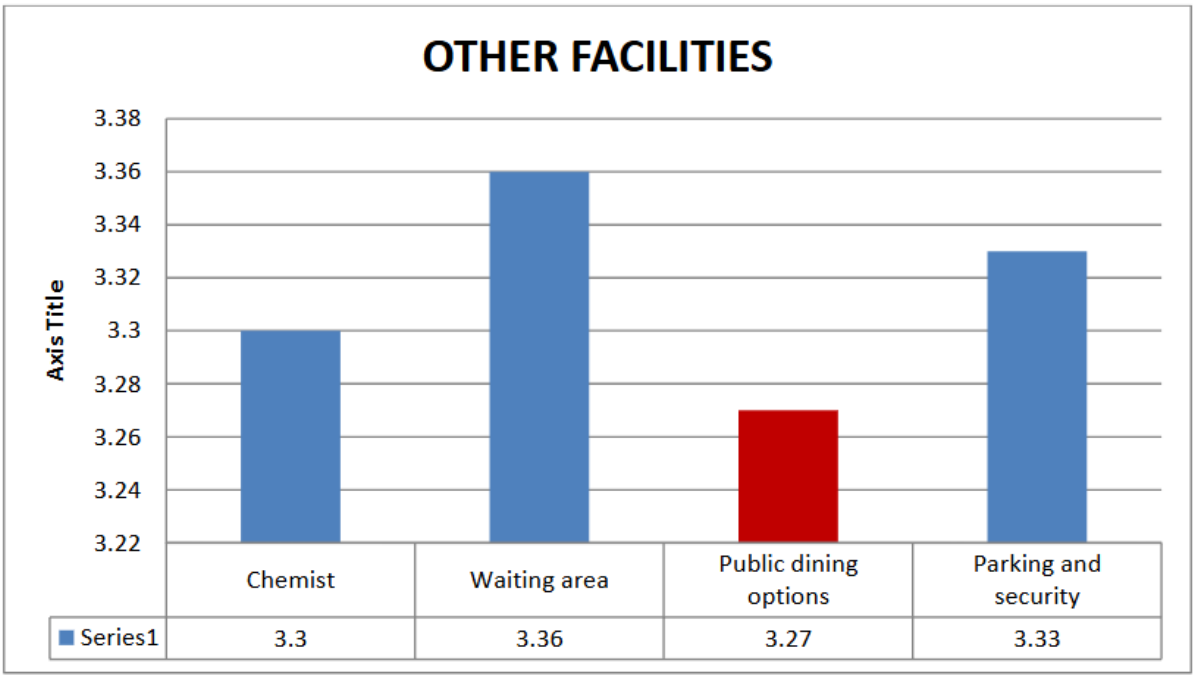
Patients were extremely satisfied with the number of options present in the menu; 81 patients out of 200 rated it as 3, and 84 rated it as 4.

Graph 5: Discharge process



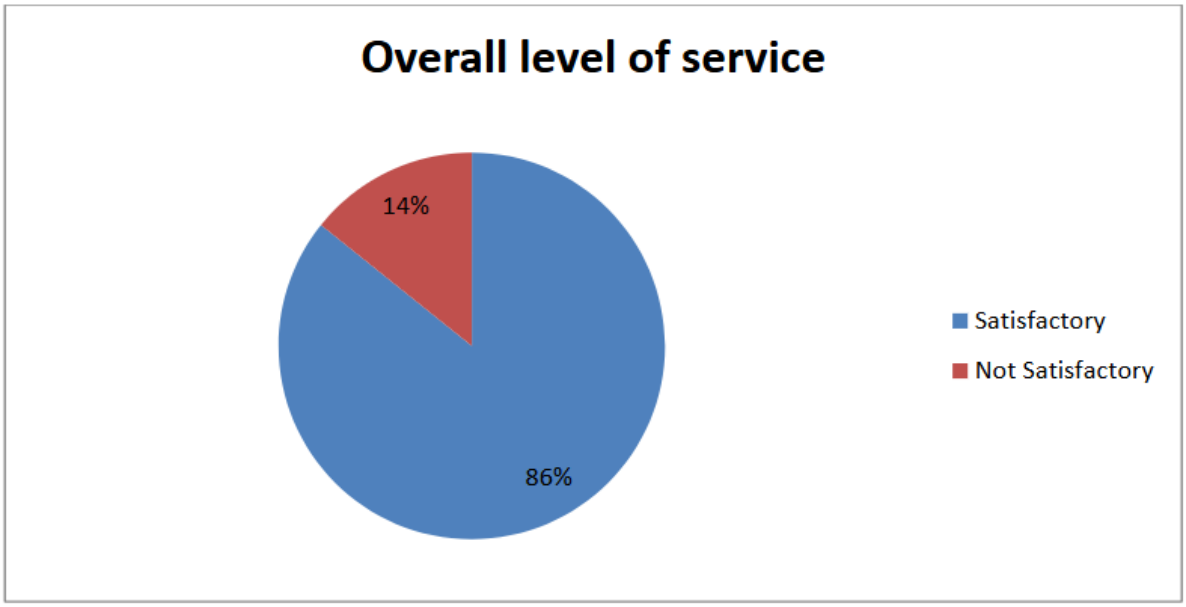
The discharge process receives constant complaints as people complain it is too slow

Graph 6: Other facilities



The waiting area comfort was found to be above par, with a rating of 3.36, but people faced issues regarding the public dining option.

Graph 8: Behaviour of the Krishiv khandaka team



86% of people are satisfied with the behaviour of the Krishiv Khandaka team. This represents that people are happy with the service provided.

RECOMMENDATIONS:

1. ATM Facility: The ATM in the building for patients' convenience often does not work and needs to be fixed.
2. Parking Charges: The parking area fees are too high and should be reviewed.
3. Staff Courtesy Training: Staff should be trained to be more courteous, as there have been 8 complaints about discourteous behavior, such as not knocking before entering and not closing the gate properly when leaving.
4. Faster Room Allocation for Urgent Cases: The time taken to reach the room after admission should be reduced by escorting patients in need of urgent attention to their rooms while attendants' complete admission formalities.
5. Reduction in Noise Levels: The hospital environment can be improved by minimizing disturbances and noise at nursing stations.
6. Food Quality Improvement: There have been 16 complaints about food quality, including taste, improper cooking, and delays in delivery, which need to be addressed.
7. Faster Nurse Response Time: Nurses often respond late to patient calls. Promptness should be improved through training.
8. Toiletries Maintenance Roster: Room facility quality can be enhanced by maintaining a roster tracking when toiletries are replenished.
9. Efficient Discharge Process: The discharge process should be made quicker by ensuring doctors complete morning rounds on time and sign discharge papers promptly.
10. AC Facility & Reasonable Dining Costs: The AC facility in wards should be checked for proper functioning, and dining charges should be made more reasonable.

Conclusion :

The feedback and recommendations provided highlight key areas where Krishiv Khandaka Hospital can enhance patient experience and operational efficiency. Addressing the non-functional ATM, reviewing parking charges, and improving staff courtesy through training will significantly improve patient convenience and satisfaction. Faster room allocation for urgent cases and minimizing noise levels at nursing stations will contribute to a more organized and peaceful hospital environment.

Food quality concerns must be prioritized, along with ensuring timely nurse responses to patient calls. Implementing a toiletries maintenance roster and streamlining the discharge process will further elevate service standards. Additionally, ensuring proper AC functionality in wards and reasonable dining costs will enhance overall patient comfort.

By implementing these improvements, Krishiv Khandaka Hospital can reinforce its commitment to patient care, operational excellence, and a positive healthcare experience in Jaipur.

Recommendations for Immediate Action:

- **ATM Repair/Maintenance**
- **Review of Parking Charges**
- **Staff Training on Courtesy & Etiquette**
- **Process Optimization for Urgent Admissions & Discharges**
- **Food Quality & Delivery Enhancements**
- **Nurse Responsiveness Training**
- **Facility & Comfort Upgrades (AC, Noise Control, Toiletries Management)**

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