A STUDY ON THE INPATIENT CARE JOURNEY: EVALUATING SERVICE QUALITY AND PATIENT PERCEPTION

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. Goutam Sadhu

2025

2nd June 2025

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms. Uttara Jangade** has successfully completed her internship with Sahyadri Hospitals Pvt. Ltd., Sahyadri Super Speciality Hospital, Karve Road.

Her internship tenure was from **10th March 2025 to 31st May 2025.** During this period, she worked in the Quality Control Department and was actively involved in the assignments allocated to her. She also successfully completed a project on **"A Study on the Inpatient Care Journey: Evaluating Service Quality and Patient Perception"**, demonstrating her analytical skills and commitment to quality improvement.

We wish her a bright future in all her endeavours.

For Sahyadri Hospitals Private Limited

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CERTIFICATE

This is to certify that dissertation titled: **A Study on the Inpatient Care Journey Evaluating Service Quality and Patient Perception** is a record of the research work undertaken by Ms. Uttara V. Jangade in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

Dr. Goutam Sadhu (Faculty Guide)
Professor and Proctor
IIHMR University, Jaipur
Date: 13th June 2025

Dr. Sanjay Gupta
School Dean and Professor
IIHMR University, Jaipur
Date:

DECLARATION BY STUDENT

I hereby declare that this dissertation titled **A Study on the Inpatient Care Journey Evaluating Service Quality and Patient Perception** 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 Information derived from the published or unpublished work of others has been duly acknowledged in the text.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)

Name of Student Uttara V. Jangade

Date :19/06/2025

ACLS	**Adverse Cardiac Life Support**
ALOS	**Average Length of Stay**
BLS	**Basic Life Support**
CCTV	**Close Circuit Television**
CCU	**Cardiac Care Unit**
CPR	**Cardio Pulmonary Resuscitation**
CSSD	**Central Sterile Supply Department**
ECG	**Electro Cardiograph**
ENT	**Ear Nose Throat**
HAI	**Hospital Acquired Infection**
HEPA	**High Efficiency Particular Air**
ICD	**International Classification of Disease**
ICU	**Intensive Care Unit**
IPD	**Inpatient Department**
KPI	**Key Performance Indicator**
MIS	**Management Information System**
MRI	**Magnetic Resources Imaging**
NICU	**Neonatal Intensive Care Unit**
NPS	**Net Promoter Score**
OPD	**Outpatient Department**
PSI	**Patient Satisfaction Index**
QMS	**Quality Management System**
SCD	**Supply Chain Management**
SICU	**Surgical Intensive Care Unit**

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Abstract

Executives in the healthcare sector are paying more and more attention to the problem of patient/customer satisfaction. Organisation leaders have been able to integrate patient viewpoints as a means of fostering a culture in which service is considered a key strategic objective for healthcare facilities thanks to the measuring of patient happiness through patient satisfaction surveys. Evidence suggests that some work is still needed in this area, despite their numerous attempts and achievements with satisfaction measuring. Maintaining the patient/customer satisfaction improvement project in the face of conflicting objectives and dwindling resources has been one of the main obstacles. This research aims to provide Sahyadri Super Speciality Hospital in Pune with the resources it needs to carry out its mission of improving patient and customer satisfaction and being the community's first option for medical treatment. Through data analysis, this study shows that tangible medical services and intangible human values like compassion, cooperation, and care are essential to meeting the needs of the patient and have the greatest impact on patient satisfaction during a hospital stay at Sahyadri Super Speciality Hospital.

ACKNOWLEDGEMENT

I wish to express my profound gratitude and sincere appreciation to all those who have contributed to the successful completion of this project, "A Study on the Inpatient Care Journey: Evaluating Service Quality and Patient Perception." Their invaluable support, guidance, and encouragement have been instrumental in shaping this dissertation.

First and foremost, I extend my heartfelt thanks to **Sahyadri Hospitals, Pune**, for providing me with the opportunity to conduct this study within their esteemed institution. Their cooperation and willingness to facilitate access to necessary data and insights were crucial.

I am especially indebted to my university mentor, **Dr. Goutam Sadhu**, for his consistent guidance, insightful feedback, and unwavering support throughout this research endeavour. His profound knowledge and meticulous reviews have significantly enriched the quality and direction of this study.

My deepest gratitude also goes to **Dr. Kamini Hinge, Quality Control Manager at Sahyadri Hospitals, Pune**, my organizational mentor. Her practical expertise, critical insights into hospital operations, and readiness to share valuable information were indispensable. Her contributions provided a real-world perspective that was vital for the applicability and relevance of my findings.

I also wish to thank the entire staff of Sahyadri Hospitals, Pune, particularly those in the inpatient departments, for their cooperation and for allowing me to observe and understand the intricacies of inpatient care. Their dedication to patient well-being served as a constant inspiration.

Finally, I am grateful to my family and friends for their continuous encouragement and understanding throughout this academic journey. Their support provided the motivation needed to overcome challenges and successfully complete this project.

This study would not have been possible without the collective wisdom and support of these esteemed individuals and institutions.

Executive Summary

Experience of Patient:

One of the most endearing outcomes of professional care in the specialist's workplace is calm comprehension and satisfaction, which may even contribute to prosperity status itself. In most cases, a patient's expression of satisfaction or disenchantment serves as a judgement on the facility's identity. Therefore, a human administration relationship requires assessing patient experience and solidifying results to create a culture where the organisation is seen as an import, but the prosperity could not care less about small affiliations.

The topic of patient experience has gained more attention in recent years from those in charge of the human administration sector. Similarly, the association of restorative administrations has been concentrating its efforts on enhancing calm comprehension through a range of services. A key force behind Quality Control of India (QCI), the National Accreditation Board for Hospitals & Healthcare Providers (NABH) was established to create and implement an accreditation scheme for social confirmation affiliations. For centre and therapeutic administration providers, they have set up a comprehensive social affirmation standard.

SECTION 1: -

Patient Cantered Standards:

. Access, Assessment and Continuity of Care (AAC)

. Patient’s Rights and Education (PRE)

. Management of Medications (MOM)

. Hospital Infection Control (HIC)

Front Office Department:

The front desk strives to provide patients and their families with high-quality social insurance administrations. In order to ensure complete services, it plays a crucial role in maintaining coordination between many departments, such as nursing, food and beverage, housekeeping, and maintenance. By continuously examining and improving the doctor's facility administrations, it also plays a fundamental role in resolving patient complaints. The PATIENT EXPERIENCE INDEX is developed at the conclusion of each month with the intention of evaluating the type of services provided so that the opportunity for continuous improvement is not overlooked. Overall, it provides a full 360-degree view of the medical institution.

Work Flow of Front Office Department:

1. The daily exchange of queries and feedback. To ensure the comfort of the patient or attendant by addressing their concerns immediately (if feasible) through coordination with several departments, such as nursing, food and beverage, housekeeping, finance, etc.

2.Luteraction at the time of discharge: Find out how satisfied patients and attendants are with the services they got throughout their stay by asking them for feedback at the time of discharge.

3. VIP Medical Attention to provide VIP patients with nearly complete treatment. These VIP patients should be referred to as the critical patients list in order to guarantee that the other patients' sensitivities are taken care of. This is because, even if a patient is on the "HNI (igia net worth individual) patient list" in advance, the patient won't believe that they are receiving preferential treatment because of their history, status, or other characteristics.

4. Programs for the attendants' education in IPD areas: Conducting educational programs for the attendees waiting in the IPD area with the goal of positively impacting attitudes and information regarding the development of health on a personal and communal level, in addition to raising health awareness. In hospitals, these posters are on display.

Chapter 1 Introduction:

The quality of human administration is a general problem. The human services sector is rapidly evolving to satisfy the ever-expanding needs and requests of its patient populations. Instead of viewing patients as ignorant and having few options for human services, centres are realising that educated consumers have access to a wide range of organisation solicitations and social protection options. Any method of sympathetic restorative administration must respect the requirements and desires of the patient.

The nature of prosperity organisations was primarily based on master practice standards, but in the past ten years, patients' knowledge of social protection has been widely acknowledged as a crucial indicator for determining the nature of human services and a key component of clinical ampleness and execution change.

The degree of alignment between a patient's desire for flawless care and his or her perception of the actual care received has been defined as "industrious experience."

It is a multifaceted issue that tackles a significant turning point in the concept of the human administration movement. It is a widely acknowledged area that should be considered repeatedly to ensure the seamless operation of the social insurance systems. For administrators in restorative administrations, it has been a fundamental problem. The client's degree of happiness with the organisations is conveyed, but they do not actually evaluate their own particular prosperity situation as a result of receiving assistance.

1.1 Problem Statement:

From medical care to interpersonal interactions, as well as from admission to discharge services, several aspects of the patient experience have been recognised. Reactivity, communication, attitude, therapeutic expertise, consoling ability, facilities, food services, etc. are all acknowledged qualities. Additionally, it has been noted that two distinct factors influencing how patients evaluate hospital care are the technical and interpersonal qualities of the healthcare worker. A greater understanding of the elements that affect the client experience would lead to the adoption of programs that are specifically tailored to the needs of the patients as judged by both the patients and the service providers. Patient experience has emerged as a crucial metric for tracking the effectiveness of health plans in the wake of heightened competition and the focus on consumerism.

The patient is the best arbiter since he or she correctly evaluates and offers suggestions that can aid

in the general enhancement of high-quality healthcare delivery by having the relevant authorities address systemic flaws.

1.2 Aim of Study:

The Aim is to assess the degree of patient experience in order to comprehend the patient's changing wants for high-quality medical care and to find tactics that could improve patient experience ratings and maintain patient loyalty over time.

1.3 Rationale of Study:

Patient experience has been developed and linked as a quality-change tool for providers of medical services by numerous previous analyses. Tolerance is therefore a crucial factor in both evaluating and altering human services administrations.

Chapter 2 Review of Literature:

2.1 Nurse Burnout and Patient Satisfaction:

Doris C. Vahey (2004 February)

Focused on the possibility that high levels of burnout among medical attendants could negatively impact peaceful fulfilment. This review examines the relationship between medical attendant burnout and the workplace, as well as the effects of medical

The impact of carer exhaustion on patients' satisfaction with nursing care. They oversaw cross-sectional studies of patients (N = 621) and medical staff (N = 820) from 40 units in 20 metropolitan doctor's offices across the US. The updated Nursing Work Index (NWI-R) was used to examine the practice environment of medical carers, and the Maslach Burnout Inventory (MBI) was used to measure related outcomes and expectations to take off. Using the La Monica-Oberst Patient Satisfaction Scale (LOPSS), patients were asked how satisfied they were with the nursing care they received.

According to this investigation, alterations to medical attendants' work environments in rehabilitation facilities may reduce high rates of occupational burnout and turnover risk while also increasing patients' satisfaction with their care.

Systematic review of studies of patient satisfaction with telemedicine.

Mair F, Whitten P. (2000 June)

He investigated how patients experienced teleconsultations, namely clinical conversations between patients and providers of medical services that included ongoing intelligent video. The generalisability of the findings is limited by the scattered research's methodological flaws (small specimen sizes, study outlines, and setting). According to the reviews, teleconsultation is suitable for patients with a variety of diseases; however, problems pertaining to patient experience necessitate more research from the perspectives of suppliers and customers.

Patient satisfaction: a review of issues and concepts.

Sitzia J. (1999 Aug)

The purpose of this review was to assess the reliability and validity of the tools used to measure satisfaction in a broad sample of wellness administration client fulfilment questions, as well as the degree of expertise that research designers had with these topics. The review tools in this sample provided minimal evidence of consistent quality or authenticity, with a few exceptions. Furthermore, product makers showed a lack of understanding regarding the importance of these attributes in

evaluating fulfilment.

Scientists need to be aware that this is inadequate research practice and that the lack of a reliable and meaningful assessment tool raises questions regarding the plausibility of such discoveries.

Patient Satisfaction Surveys as a Market-Research Tool for General Practices

Khayat K, Salter B.(1994 May)

The use of a patient satisfaction study and if some aspects of patient satisfaction varied by sociodemographic characteristics, such as age, sex, social class, place of residence, and training duration, were the subjects of a review. If conducted for a single practice, these kinds of studies and analyses can serve as the foundation for a promotion process aimed at enhancing rundown estimates, list structure, and administration quality. Studies on fulfilment can be quickly combined with reviews of medications and financial management.

Nursing: A Key To Patient Satisfaction

Ann Kutney-Lee, Matthew D. McHugh (2009 June)

Due to the rise in pay-for-performance (P4P) and the general public's access to data from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) evaluation, patient happiness is receiving more significant attention. This study examines the relationship between patient satisfaction and nursing across 430 healing centres. All of the HCAHPS persistent fulfilment measures were recognised in the medical carer workplace.

Furthermore, patient-to-medical attendant workloads were closely linked to patients' evaluations, recommendations of the clinic to others, and satisfaction with release data. Improving the working conditions of attendants, including the number of medical carers, may improve the quality of care and patient experience.

Measuring patient satisfaction for audit in general practice

R Baker and M Whitfield (1992 June)

Oversaw the investigation to strengthen the validity of two patient satisfaction surveys (the counsel satisfaction survey and the surgical fulfilment survey), which were designed to be used when everything is said and done. The difference in middle ratings for each component of satisfaction in each survey was significant and occurred in the direction that the construct had predicted because both surveys described patients in gatherings 1 and 2 based on the development of satisfaction. Each survey also distinguished between patients based on the degree of congruity of care they reported.

They assumed that for these patients, the SSQ and CSQ are significant indicators of fulfilment.

The "five minute" consultation: effect of time constraint on clinical content and patient satisfaction

D C Morrell and M O Roland(1986 March)

Patients seeking to schedule an interview at a south London general practice took a test in which they attended counselling sessions scheduled at 5-, 7.5- or 10-minute intervals. The patient's particular session was ended in an involuntary manner. Both a sound recording and an experience document contained the clinical content of the advice. Patients were asked to complete a survey at the end of each session to determine how satisfied they were with the advice. The level of anxiety experienced by surgeons doing surgeries scheduled at different times was also evaluated.

The specialists spent less time with the patients and identified fewer problems with surgery sessions scheduled at 5-minute intervals as opposed to 7.5 and 10-minute intervals, and the patients were less satisfied with the conference. Compared to surgical sessions scheduled at 5-minute intervals, those scheduled at 10-minute intervals had twice as frequent pulse recordings.

There was no proof that patients who attended sessions scheduled at shorter intervals received more answers, were checked or referred to healing centre masters more frequently, or returned more frequently for follow-up interviews throughout the four weeks.

There was no proof that the specialists complained about running out of time more often during surgery sessions scheduled at shorter intervals than during conferences scheduled at 5-minute intervals compared to interviews scheduled at 7.5 and 10-minute intervals.

The influence of service quality and patients' emotions on satisfaction.

Vinagre, M. H. and Neves, J. (2008)

21(1): 87-103 in the Worldwide Journal of Health Care Quality Assurance. Reason: The purpose of this analysis is to develop and precisely test a model that depicts and measures the relationships between administration quality, patient sentiments, wishes, and associations in order to examine the key factor impacting patients' fulfilment.

Strategy, Methodology, and Approach: A modified SERVQUAL scale for administration quality assessment and an adjusted DESII scale for assessing persistent sensations were used to test the technique using auxiliary condition displays on 317 patients from six Portuguese open human services centres.

Findings: It appears that the scales used to evaluate enthusiastic experience and benefit quality are significant. The results show that all of the variables have a substantial impact on fulfilment and support the multifaceted quality that leads to wellbeing administration fulfilment, including several wonders in the subjective and enthusiastic region.

A systems approach to gathering and analyzing patient and family complaints and suggestions

Watrous, J. and Hobson, A. (1994)

The majority of medical offices' founders are concerned with providing for the people who use their social insurance program. The authors promote the idea that all employees play crucial roles in patient support, even if many offices have designated specific workers whose job it is to listen to patient complaints. The administration's role is to determine how to collect and review the complaints and suggestions made by patients during their engagement with human services. One method is presented in this article.

Research on patients' views in the evaluation and improvement of quality of care

Wensing, M. and Elwyn, G. (2002).

The unique evidence of methods for assessing patients' opinions about medical services has only recently been developed in the last ten years or nearby. It takes significant and reliable estimation techniques to use patient viewpoints to improve the delivery of medical services. Consideration of patient viewpoints in the data to those seeking social insurance, identifying evidence of patient preferences in care settings, patient input on the delivery of human services, and patient viewpoints in fundamental leadership on medical services frameworks are the four approaches that are thought to be used.Measures of results for evaluating the use of patients' viewpoints should reflect the points on procedures or care outcomes, including any drawbacks. It still appears that comprehensive processes for technique evaluation cannot be carried out.

Customer satisfaction: a practical approach for hospitals.

J Health QualVander Veen, L. and Ritz, M. (1996).

A medical facility in California developed a program to better serve and satisfy its patients. This article highlights the healing center's plan to implement the program by collecting and using data to monitor success, promote employee accountability, and ultimately demonstrate increased customer loyalty as indicated by fewer complaints. The various activities that were initiated to improve staff training and understand representatives are also promptly attended to.

Improving patient satisfaction through multidisciplinary performance improvement teams

Triolo, P. K., Hansen, P., Kazzaz, Y., Chung, H. and Dobbs, S. (2002).

High patient registration, increasing sharpness, and staffing problems that might actually result in a decline in overall patient satisfaction are the challenges facing healing centres today. This article describes how one clinic used an execution change approach that featured co-tutoring, MD-RN

relationships, unit staff advancement, and critical thinking to address the problem of dropping patient fulfilment scores on five "vexed" patient care units. The result was a consistent shift in patient satisfaction over a period of six months.

A study on out patient satisfaction at a super specialty hospital in India

Dr. S. K.Jawahar MHA (AIIMS). DNB (Health Administrator)

200 patients who were visiting the outpatient department of Sree Chitra Tirunal Establishment for Medical Sciences and Innovation in Thiruvananthapuram, Kerala, participated in the review. The purpose of the review was to determine the patients' level of satisfaction and to get feedback regarding the services provided in the outpatient division. The patients were selected at random from a variety of claims to renown. A survey was designed to include questions that would encourage patients to become familiar with the outpatient division administrations, calculating game plans, holding up time, offices, staff conduct, and bolster administrations. The purpose of the survey was to specifically gather the points of interest from patients. The majority of patients were judged to be satisfied with the clinical administrations provided.

It was observed that there is room for improvement in the administration of the outpatient division. It was concluded that patient feedback is essential to quality improvement and that OPD administrations play a crucial role in healing facility administrations.

Inter-Relationship between Clinical Departments in Treating Outpatients

Dr. S.R. Shambulingaiah.

The review was conducted at the SDM Healing Centre in northern Karnataka's Dharwad. The goal of the study was to focus on the operations and problems of OPD administrative areas in the SDM healing centre setup and to gather patient feedback on the current offices, working methods, and requirements.

For the purpose of determining the test, an arbitrary purposive inspection system was adopted.

Respondents to the review included patients visiting outpatient departments and specialists from several clinical divisions. A sample of 57 patients and at least 51 specialists was selected.

The review concluded that SDM Hospital's outpatients were satisfied with the current offices, charge structure, outpatient administrations, and paraclinical offices. Additionally, according to experts from the Indian Institute of Health Management and Research, Jaipur 2014 OPDs, the outpatient offices provided were excellent, and the support staff's cooperation should be continued.

S. No.	Author(s) & Year	Title/Topic	Objective/Focus	Key Findings
1	Doris C. Vahey (2004)	Nurse Burnout and Patient Satisfaction	Examines the link between nurse burnout and patient satisfaction	Improving work environment reduces nurse burnout and enhances patient satisfaction
2	Mair F, Whitten P (2000)	Systematic Review of Patient Satisfaction with Telemedicine	Assessed patient experience in teleconsultations	Patients accept telemedicine, but more research is needed on patient satisfaction
3	Sitzia J. (1999)	Patient Satisfaction: Issues and Concepts	Validity and reliability of satisfaction measurement tools	Tools often lack reliability; inconsistent methods raise validity concerns
4	Khayat K, Salter B. (1994)	Patient Satisfaction as a Marketing Tool	Demographic variation in satisfaction	Satisfaction surveys can guide marketing and quality improvements
5	Kutney-Lee & McHugh (2009)	Nursing and Patient Satisfaction	Impact of nurse staffing and work environment on satisfaction	Better nurse work conditions lead to higher satisfaction ratings (HCAHPS)
6	R. Baker & M. Whitfield (1992)	Patient Satisfaction Surveys	Validating consultation and surgery satisfaction surveys	Surveys effectively differentiate satisfaction levels
7	Morrell & Roland (1986)	Time Constraint on Consultation	Impact of consultation time on satisfaction	Shorter consultations reduce satisfaction and diagnostic quality
8	Vinagre & Neves (2008)	Service Quality & Patient Emotions	Explore how emotions and service quality affect satisfaction	Both emotional and quality aspects significantly influence patient satisfaction
9	Watrous & Hobson (1994)	Complaints and Suggestions System	Importance of complaint management in hospitals	Staff-wide involvement in complaint review is vital for service improvement
10	Wensing & Elwyn (2002)	Patient Views in Quality Evaluation	Methods for including patient perspectives in healthcare	Patient input is essential for improving service quality and outcomes
11	Vander Veen & Ritz (1996)	Customer Satisfaction in Hospitals	Strategy to increase patient satisfaction using feedback	Training and data monitoring helped reduce complaints and increase satisfaction
12	Triolo et al. (2002)	Performance Improvement Teams	Team approach to improve low satisfaction scores	Team-based interventions improved patient satisfaction in six months

13	Dr. S. K. Jawahar	OPD Satisfaction at Super Specialty Hospital	Measure satisfaction in OPD services	High satisfaction noted, with scope for administrative improvement
14	Dr. S. R. Shambulingaiah	Coordination Between Clinical Departments	OPD operational efficiency and interdepartmental collaboration	Effective coordination and facilities led to patient satisfaction

2.2 Gap Identified By ROL:

1. Less Focus on Inpatient Experience in Indian Hospitals

   Most of the research done so far has focused on patients who come for outpatient services or are based in foreign healthcare systems. There is a clear lack of studies that explore how admitted patients (inpatients) in private Indian hospitals feel about their overall experience.
2. Emotional Experience is Often Overlooked

   While treatment quality is often measured, many studies do not talk about how patients feel emotionally—whether they feel cared for, respected, and supported during their stay. This emotional side is an important part of patient satisfaction but is often ignored.
3. Limited Study of Non-Medical Services

   Research mainly focuses on medical services like doctor care or nursing, but important areas such as cleanliness, food services, admission/discharge process, and staff behavior are not given enough attention, even though these factors affect a patient's experience greatly.
4. Patient Feedback is Collected But Not Used Properly

   Although many hospitals ask patients to give feedback, the system for collecting and analyzing that feedback is not strong. In many cases, feedback is not used effectively to make real improvements in hospital services.
5. Lack of Standard Tools to Measure Satisfaction

   Tools like Patient Experience Index, Net Promoter Score (NPS), and other performance indicators are used in many countries to regularly check how patients feel. But Indian hospitals rarely use these tools, making it difficult to compare or track improvements over time.

Research Question –

1. What is the level of patient experience in the Inpatient Department (IPD) at Sahyadri Super Speciality Hospital, Pune?
2. How do patients perceive the quality of medical and nursing services provided during their hospital stay?
3. What are the key factors influencing patient satisfaction in the IPD setting?
4. What strategies can be recommended to improve the patient experience and service delivery in the Inpatient Department?

Chapter 3 Objectives:

General

To determine the patient experience in the In-patient department by developing a patient experience score card after evaluating the collected feedback forms of a tertiary care hospital.

Specific

. To measure level of experience with medical and nursing services.

. To recommend strategies for improving the level of patient experience and services of the IPD

3.1 Methodology:

. Study Area - In-Patient Department of Sahyadri Super Speciality Hospital , Pune

. Study Design - Descriptive Cross sectional

. Study Period -10th March- 31st May, 2025.

. Study Population - Patients admitted in the In-patient Department.

. Sample Size-200 patients in IPD (taking 95% as confidence interval)

. Sampling Method -Non-probability convenience sampling

. Data Collection- Observation and Interview method

. Data Analysis - Using Microsoft Excel.

. Parameters Assisted For IPD-

1. Help desk/Registration/front office reception.
2. Accommodation0
3. Medical and nursing process
4. Discharge process

. Facilities like:

. Waiting area

. Public dining options

. Parking and security

. Overall behaviour

Nature of Data :- Quantitative data collected through survey questionnaire technique.

Scale of Rating Responce

4 = Very Good

3 = Good

2 = Average

1=Poor

0=No Response

Type of Data :

1. Obtained from firsthand observations.
2. Establishing a connection with this health center's patients or their orderlies.
3. Information obtained from medical records.
4. Information gathered online.

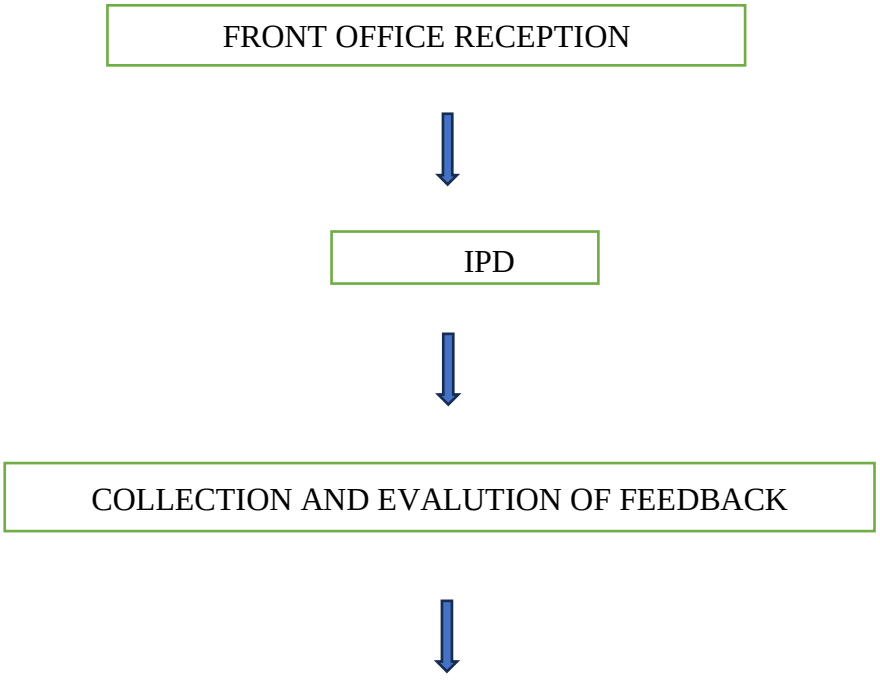
Study Technique Used :- Open-ended and closed-ended questions were included in the questionnaire technique.

Study Tool Used :-

1- Feedback forms

2- Discharge Report

Patient experience will be studied according to the below mentioned flowchart.



3.2 Qualitative Findings from Open-Ended Questions: Patient Experience in In-Patient Department (IPD):

In an effort to assess the overall quality of healthcare delivery, a detailed patient feedback mechanism was employed as part of this study on patient experience in the In-Patient Department (IPD). Apart from structured questionnaires with rating scales, open-ended questions were integrated to allow patients and their attendants to share nuanced insights, personal experiences, and suggestions for improvement. This section elaborates on the key qualitative findings derived from analyzing those open-ended responses, categorized into major themes.

1. Cleanliness and Hygiene

One of the most consistently praised aspects of patient experience was the standard of cleanliness maintained in the hospital. Several patients expressed satisfaction with the upkeep of wards, private rooms, and washroom facilities. They appreciated the regular sanitization practices implemented by the housekeeping staff, particularly in the context of infection control. A few patients noted that even though daytime cleaning was efficient, night-time cleaning schedules could be improved. In shared wards, some patients recommended increased frequency of cleaning, especially in high-contact areas like bed rails and doorknobs.

The availability of dustbins in every room, neatly maintained corridors, and disinfected surfaces contributed positively to the overall perception of a safe and hygienic environment. This reinforced a sense of security among patients recovering from surgery or undergoing long-term treatment.

2. Staff Behavior and Communication

Another major theme emerged around the behavior of medical and non-medical staff. A large number of patients and family members commended the empathetic and courteous nature of nurses. They were described as "friendly," "always available," and "supportive," particularly during difficult times when patients were in pain or discomfort.

Doctors were generally perceived as competent and professional; however, several patients wished for more personalized interactions. A recurring suggestion was that doctors should simplify their explanations when discussing diagnoses and procedures. Some elderly patients reported difficulty in understanding medical jargon and expressed a need for doctors to communicate more clearly and patiently.

A few patients felt that communication gaps existed during shift changes, leading to repeated questions or delays in care. This indicates a need for more robust internal handover protocols.

3. Food and Nutrition Services

Opinions on hospital food services varied, with many patients describing their meals as fresh, warm, and served on time. Patients appreciated the hygiene of food packaging and the courteous behavior of the food delivery staff. Diabetic and post-operative patients especially noted the importance of meal timing and expressed satisfaction with dietary adherence.

Despite these positive responses, some patients suggested offering more variety and cultural relevance in meal options. For example, patients from different regions expressed interest in having meals that align with their dietary habits. One patient wrote, "It would be great to have lighter meal options in the evening and some fruit choices in the morning."

4. Admission and Billing Experience

Feedback on the admission process was generally positive, with patients finding the procedure organized and time-efficient. The assistance provided by the front desk staff during form filling and bed allocation was appreciated. Patients felt comfortable asking questions and received immediate guidance in most cases.

On the contrary, billing and discharge procedures were a point of concern for several respondents. Many patients reported a lack of transparency in the final bill and delays during discharge due to pending approvals or documentation. A few patients felt the explanation of charges could be improved to avoid confusion. These findings suggest the need for digitized billing systems and better communication during discharge planning.

5. Facilities for Attendants

Since many patients were accompanied by attendants, feedback also included remarks about amenities provided for them. Respondents appreciated that recliner chairs, blankets, and basic toiletries were made available for caregivers staying overnight. However, a few attendants pointed out that the availability of drinking water, food coupons, or information about visiting hours was not consistent across all departments.

Another frequent suggestion was to install clear signage or provide printed guides for new attendants. This would assist them in navigating hospital facilities such as diagnostic centers, restrooms, and cafeterias. Improved lounge facilities for waiting periods during surgeries were also recommended.

6. Waiting Areas and Navigation

While the main waiting areas were found to be clean and moderately comfortable, patients and families suggested enhancements in terms of seating arrangements and availability of reading materials or television for long waits. Some requested that soft instrumental music or health education videos be played to help reduce anxiety.

In terms of hospital navigation, patients expressed difficulties in locating departments like radiology, physiotherapy, and pharmacy without staff assistance. Introducing digital kiosks or floor maps was a popular recommendation to address this.

7. Safety and Privacy

Patients appreciated that nurses adhered to safety protocols such as using gloves, hand hygiene, and double-checking identities before administering medicines. The hospital's effort in maintaining patient confidentiality and providing gender-specific wards was noted as a strength.

However, a few female patients felt uncomfortable during physical examinations when male staff were present without a female attendant. They emphasized the importance of gender-sensitive practices and privacy curtains.

8. Suggestions for Improvement

Open-ended responses also included creative and constructive ideas from patients:

- Installation of free Wi-Fi for patients and attendants.
- Provision of meditation rooms or quiet zones.
- Introduction of patient engagement programs such as storytelling, games, or music therapy for long-term stays.
- Expedited medication delivery from the hospital pharmacy to reduce waiting time.
- Availability of basic grocery items and toiletries within hospital premises.

9. Overall Satisfaction and Emotional Impact

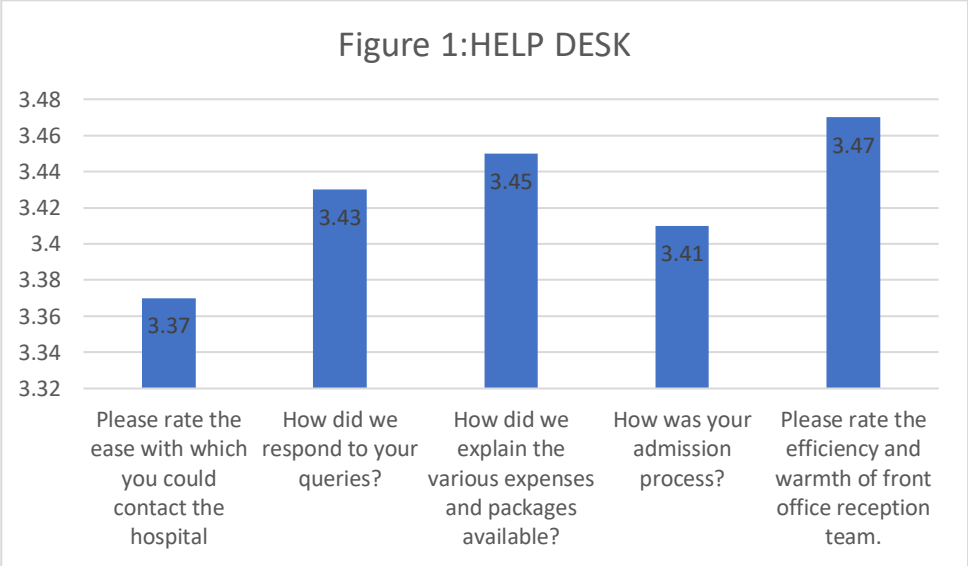
Despite some concerns, the emotional tone of most open-ended responses was overwhelmingly positive. Patients used phrases like "I felt safe," "They treated me like family," and "I would come back here if needed" to describe their experience. Attendants also expressed gratitude for the support received during emergencies and complex procedures.

The combination of technical care with emotional support made a significant difference in patient experience. This indicates that hospitals must continue to focus not only on clinical excellence but also on building trust and emotional resilience among patients.

Chapter 4 – Study Findings:

4.1 Help Desk:

This figure depicts patients' responses regarding their initial interaction with the hospital's front office. The responses reflect a generally positive experience, especially in terms of staff behavior and the clarity of information shared about services and costs. Patients appreciated the helpfulness and politeness of the reception team, as well as the ease of the admission process. However, the figure also suggests that accessibility—such as reaching out to the hospital or receiving immediate responses—can still be enhanced. Overall, the Help Desk was perceived as a key strength in shaping the first impression.



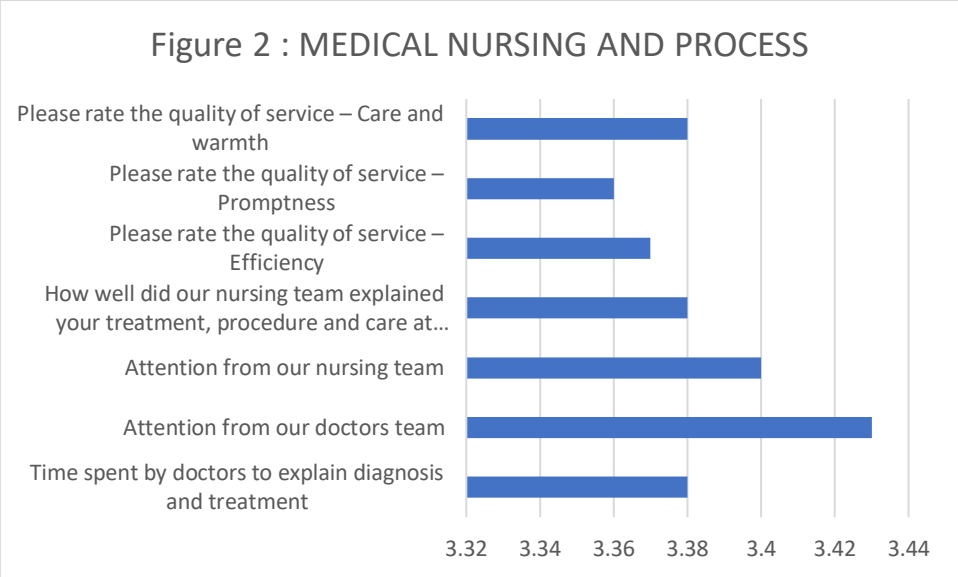
Case 1:

While conducting observations at the front office, a middle-aged patient's family member appeared confused about the admission process. The front desk executive calmly explained the room categories and documentation process and even coordinated with the billing department for a smoother experience. However, another patient mentioned waiting on call multiple times before connecting to the hospital. This reflects how in-person support was effective, while telephonic access still needed improvement.

4.2 Medical Nursing and Process:

Figure 2 illustrates patient perceptions of the care provided by doctors and nurses during their stay. The graph depicts a high level of attentiveness and professionalism from the medical team. Patients especially valued the care and warmth shown by nursing staff. While doctors were found to be knowledgeable and attentive, some respondents felt that more time could be spent explaining

treatment plans in a simpler, more patient-friendly manner. The figure highlights the importance of not just clinical accuracy but also empathetic communication in the healing process.

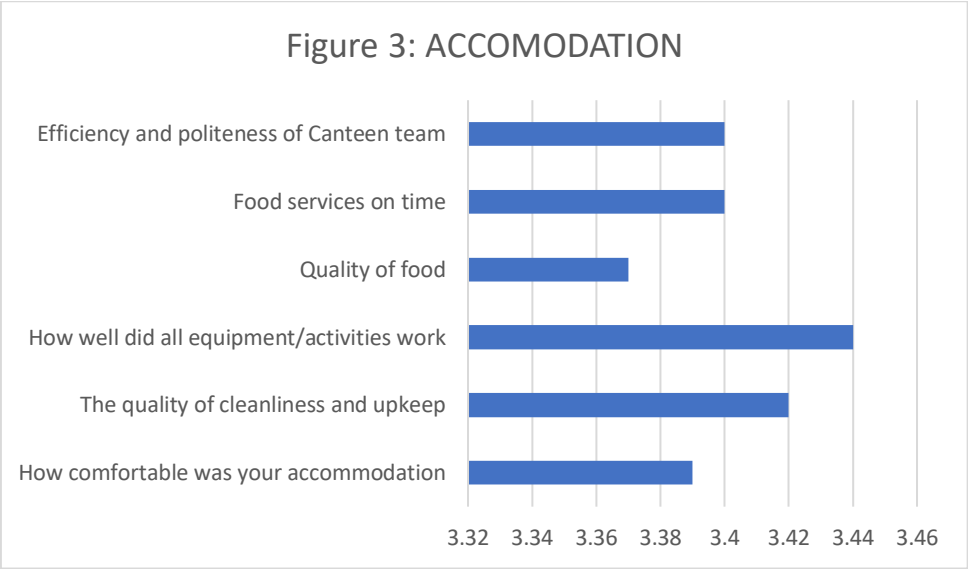


Case 2:

An elderly patient admitted for a minor surgical procedure was observed being visited regularly by the doctor and nursing staff. The nursing staff patiently explained post-surgery care in the local language, which helped build trust. However, during shift change, another patient's family had to repeat their queries to different nurses, indicating a communication gap during transitions. This case highlights the excellent interpersonal care but also suggests the need for stronger internal coordination.

4.3 Accommodation:

This figure 3 represents patient feedback related to the hospital stay environment. It suggests that the accommodation facilities were largely satisfactory, with cleanliness and the proper functioning of room equipment being well-maintained. The quality and timeliness of food services were viewed positively, although there is scope for improvement in offering more diverse meal options. The politeness and efficiency of the canteen team were also recognized as contributors to a comfortable inpatient experience.



Case 3:

A patient staying in a semi-private ward praised the cleanliness of the room and the prompt response from housekeeping. Observation showed regular sanitization of surfaces, especially in the mornings. However, one family pointed out that food variety was lacking, especially for diabetic patients, and the canteen's fixed menu made it difficult to request dietary changes. These observations align with the feedback showing high satisfaction with cleanliness and functionality, but moderate satisfaction with food services.

4.4 Facilities for Attendant:

Figure 4 shows the responses related to amenities and support available for patient attendants. The feedback indicates appreciation for the food options provided to attendants, which were rated favourably. The figure also reflects that while basic in-room facilities were found to be acceptable, communication about patient movement and procedural guidance could be made clearer. This emphasizes the need for more structured communication and signage for attendants, who play an important role in the inpatient journey.

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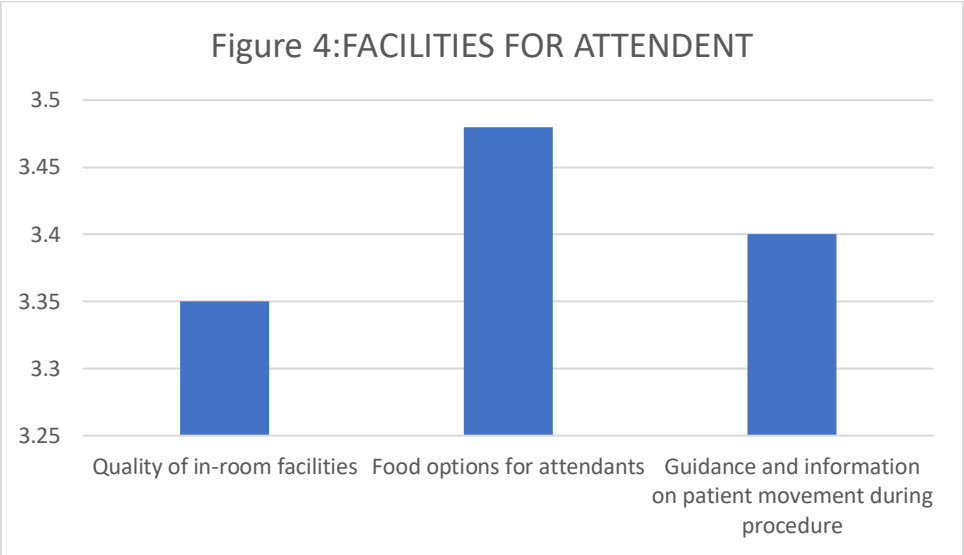
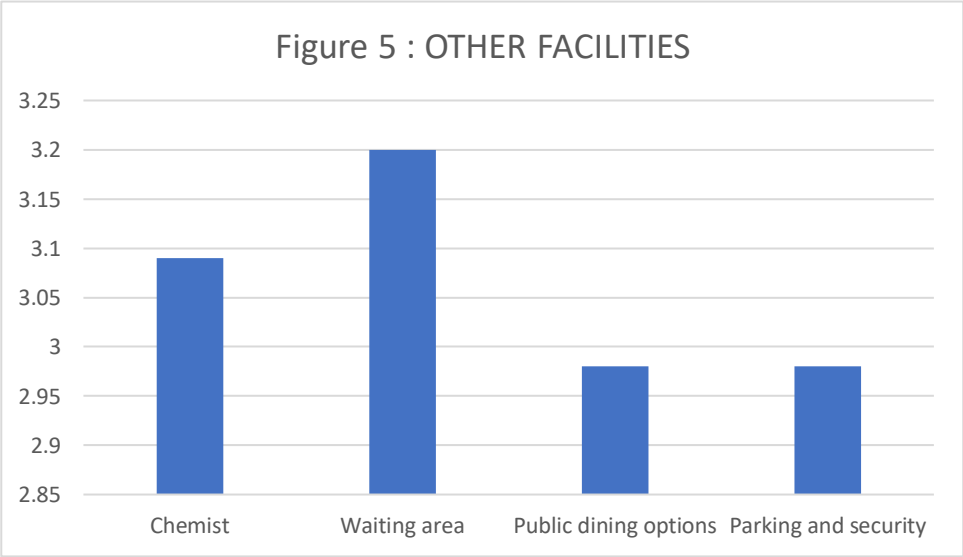


Case 4:

An attendant staying overnight in the patient's room mentioned being grateful for the recliner chair and extra blanket provided. However, he struggled to locate the lab when his patient was taken for a test and received no clear guidance from staff. This case highlights how hospitals are attentive to attendants' comfort inside the room, but external navigational support and communication could be improved.

4.5 Other Facilities:

This figure highlights perceptions about supporting infrastructure such as pharmacy services, waiting areas, dining, parking, and security. The responses suggest that while pharmacy access and waiting areas are reasonably maintained, there is noticeable dissatisfaction with public dining options and parking availability. These findings point to the need for facility improvements in non-clinical areas that significantly influence the overall hospital experience for both patients and visitors.

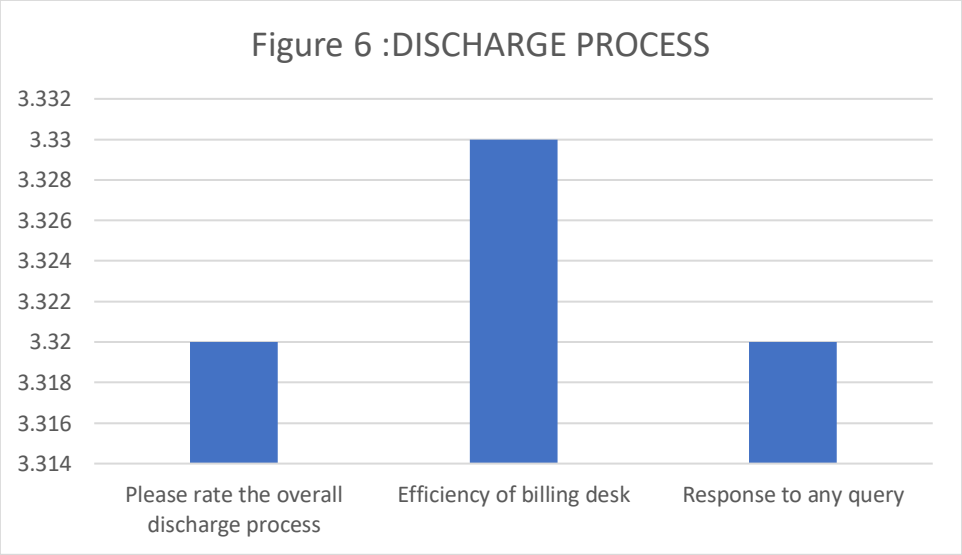


Case 5:

A patient's relative reported difficulty finding parking during visiting hours and was later seen standing in the overcrowded waiting area. Although a chemist shop was available on-site, long billing queues were observed. These situations demonstrate practical challenges in non-clinical service areas that, while secondary to treatment, have a strong impact on overall patient and visitor experience.

4.6 Discharge Process:

Figure 6 depicts patient experiences during the discharge phase. The analysis indicates that the billing desk operated efficiently and was appreciated by most patients. However, the overall discharge process was seen as less smooth, particularly in terms of handling final queries and ensuring clear communication. This figure suggests a need to streamline the discharge protocol to avoid confusion and delays at the end of the hospital stay.



Case 6:

A patient ready for discharge waited nearly two hours due to a delay in the pharmacy sending the final medication list. During this time, the billing desk provided timely updates, but no staff member offered an estimated discharge time. This led to frustration for the patient and family. Another patient, however, was discharged smoothly in under 30 minutes thanks to proactive coordination by the nurse in charge. This contrast shows inconsistency in discharge efficiency across departments.

Chapter 5 Discussion:

This study aimed to evaluate the inpatient care journey by understanding patients' experiences and perceptions of service quality at Sahyadri Super Speciality Hospital, Pune. The findings from structured surveys, open-ended feedback, and observation provide valuable insight into how patients view different aspects of their hospital stay—from admission to discharge. These findings are compared with previously published literature and referenced studies to understand where this study aligns with, expands on, or diverges from existing knowledge.

Patient Satisfaction and Nursing Care

One of the key highlights of the study was the appreciation expressed for nursing staff. Patients consistently rated the nursing team highly in terms of attentiveness, emotional support, and clear instructions for post-discharge care. This observation closely aligns with the findings of Vahey et al. (2004) and Kutney-Lee & McHugh (2009), both of whom emphasized the significant impact of nursing care on patient satisfaction. According to their studies, positive nursing environments reduce burnout and lead to improved patient outcomes—a conclusion echoed in this study, where nurses were seen as approachable and comforting during patient recovery.

Communication and Emotional Experience

While medical professionals were rated as competent and knowledgeable, many patients in this study expressed a desire for simplified explanations of diagnoses and treatment plans. This aligns with the work of Vinagre and Neves (2008), who explored how emotional connections and clear communication impact satisfaction. Patients do not only want to be treated—they want to be heard, understood, and emotionally supported. This is particularly significant in the Indian context, where a large number of patients come from non-medical backgrounds and may not understand complex clinical terminology. Similar observations were made in the literature by Mair & Whitten (2000), who pointed out that effective communication is often more important to patients than the technical details of care.

Hospital Environment and Accommodation

The current study found that cleanliness, proper maintenance of equipment, and room comfort were generally well-rated, though some concerns were raised about food variety and canteen responsiveness. These results support the findings of Dr. S.K. Jawahar, who studied outpatient satisfaction in a super specialty hospital and highlighted that clean facilities and organized

processes heavily influence the patient's perception of care. In this study, several patients also emphasized the importance of hygienic surroundings and regular cleaning routines, especially during longer stays or after surgery. This aligns with global standards emphasized by WHO (2020) on the critical role of hygiene in patient safety and experience.

Administrative Services and Front Desk Experience

The help desk and front office teams were found to be polite and helpful, creating a good first impression for most patients. This reflects findings in the literature by Wensing and Elwyn (2002) and Sitzia (1999), who suggested that administrative staff behavior significantly impacts a patient's journey and shapes their trust in the institution. However, some patients reported delays in phone response or confusion about packages, suggesting the need for better training in information delivery and digital communication tools.

Discharge Process and System Gaps

One of the most frequently reported issues in this study was related to the discharge process. Despite the billing desk being efficient, several patients experienced delays due to coordination gaps between pharmacy, doctors, and nurses. This aligns with gaps highlighted by IHI (2017) and Al-Abri & Al-Balushi (2014), who emphasized the importance of coordinated discharge planning for smoother transitions out of care. These findings underline that administrative efficiency alone is not enough—interdepartmental collaboration and proactive planning are equally vital.

Facilities for Attendants and Holistic Care

Unique to this study is the focus on the experience of patient attendants. In India, attendants often stay with patients and play a key caregiving role. Many appreciated the provision of recliners, water, and basic amenities. However, they also reported difficulty in navigating the hospital, finding diagnostic centers, or understanding procedural flows. This aspect is often underrepresented in global literature, yet it emerged as a crucial component in this study. It supports insights from Dr. S.R. Shambulingaiah, who emphasized the need for patient and family-friendly systems in Indian hospitals.

Feedback Systems and Quality Monitoring

This study also fills a gap highlighted by Sitzia (1999) regarding the lack of reliable patient feedback mechanisms. By using structured questionnaires along with open-ended questions and creating a Patient Experience Index, the current research takes a comprehensive approach to data

collection. This methodology is aligned with international tools like SERVQUAL (Parasuraman et al., 1988) and offers a way forward for Indian hospitals to benchmark and monitor patient experience over time.

Bridging the Gaps: A Local Context

While international literature provides rich insights into patient satisfaction, this study contributes to the Indian healthcare context, especially within private urban hospitals. Unlike many Western settings, Indian patients often rely on family presence, value emotional reassurance, and have limited awareness of healthcare systems. These cultural factors heavily influence how they perceive care. The findings reveal that while technical care is well appreciated, what patients truly remember is how they were treated as human beings—whether they felt respected, safe, informed, and valued.

Chapter 6 Recommendations and conclusion:

Objective 1: Assess the degree of patient experience in the inpatient department

Recommendations:

1. **Develop a Comprehensive Patient Experience Framework:** A structured feedback system, including daily satisfaction touchpoints (via short feedback forms or digital tablets), should be introduced. This helps capture real-time opinions from patients and their families, making the feedback process ongoing and dynamic rather than a one-time survey.
2. **Utilize Patient Experience Scorecard:** Convert collected feedback into measurable indicators through a customized patient experience scorecard. This scorecard should include dimensions such as empathy, communication, responsiveness, room hygiene, and staff behavior. Use this tool regularly to evaluate trends and set performance targets.
3. **Periodic Review of Patient Journeys:** Organize monthly review meetings where cross-functional teams analyze patient journeys. These sessions should focus on highlighting pain points and identifying recurring issues, with an aim to implement timely and actionable improvements.

Conclusion: The overall inpatient experience, as observed in this study, suggests that while most patients reported satisfaction with clinical care, administrative inefficiencies and gaps in non-clinical services affect the total perception of care. By consistently measuring and evaluating patient experience using structured tools and regular feedback, hospitals can create a culture of continuous improvement, leading to better patient engagement, satisfaction, and trust.

Objective 2: Evaluate medical and nursing services provided during hospitalization

Recommendations:

1. **Strengthen Communication Protocols:** Nursing and medical teams should receive structured training on simplifying medical terminology, active listening, and empathetic responses. In addition, incorporating routine patient briefings into the daily care routine will ensure better communication and reduce patient anxiety.
2. **Standardize Care Quality Indicators:** Introduce a set of core performance indicators for medical and nursing staff to monitor key elements such as attentiveness, response time, patient education, and involvement in care planning. These indicators should be tied to regular appraisals and internal audits.
3. **Implement Shadowing Programs:** Assign junior nurses and residents to shadow senior professionals during rounds to learn best practices in patient interaction, which also contributes to standardizing the quality of interpersonal care.

Conclusion: The study identified strong performance by nursing teams in terms of attentiveness and support, affirming their critical role in shaping patient perceptions. However, clarity in doctor-patient communication emerged as a key gap. Addressing this requires sustained training and feedback mechanisms that encourage compassionate, informative, and collaborative interactions. Strengthening these aspects will significantly improve not only patient understanding but also compliance and satisfaction.

Objective 3: Identify the gaps in inpatient care and suggest practical solutions

Recommendations:

1. **Enhance Discharge Planning:** Establish a centralized discharge coordination team responsible for communication between pharmacy, billing, nursing, and medical departments. Clear timelines and checklists for discharge should be developed and shared with patients well in advance to reduce delays and uncertainty.
2. **Improve Signage and Navigation:** Install clear signage in multiple languages across all departments to assist patients and attendants in navigating the hospital. Introducing digital maps or help kiosks at strategic points will also reduce confusion.
3. **Upgrade Attendant Support Facilities:** Recognize the importance of attendants in Indian hospitals by providing basic amenities such as recliners, information desks, and rest zones. Orienting attendants about hospital policies and services at the time of admission can significantly reduce stress and enhance cooperation.

Conclusion: From admission to discharge, patients experience a wide range of touchpoints that impact their perception of care. This study exposed systemic gaps, particularly in discharge planning, information flow, and support facilities for attendants. Closing these gaps requires operational coordination and a patient-first approach at every level. When support services function efficiently and align with patient expectations, hospitals can improve satisfaction scores and reduce administrative burden.

Objective 4: Recommend strategies to improve the overall inpatient service quality

Recommendations:

1. **Adopt Technology to Enhance Experience:** Implement patient portals or mobile applications where patients can view their treatment schedule, receive educational material, and communicate with their care team. This not only enhances engagement but also ensures transparency and responsiveness.

2. **Conduct Continuous Sensitization Programs:** Train all staff, including non-clinical personnel, in sensitivity, dignity, and cultural awareness. These programs should emphasize the importance of tone, body language, and proactive service behavior.
3. **Introduce Real-Time Service Monitoring:** Use tools like RFID tags or automated dashboards to monitor services such as housekeeping, meal delivery, and nursing visits. Alert systems can ensure timely interventions and improve accountability.
4. **Involve Patients in Decision-Making:** Encourage shared decision-making by incorporating the patient's voice in treatment planning and service improvement committees. This empowerment leads to greater trust, reduced anxiety, and improved loyalty.

Conclusion: Improving overall service quality is not just about faster service but about creating a healing environment. This study emphasizes the importance of dignity, empathy, and responsiveness in building a patient-centric healthcare culture. By blending digital innovation with human compassion and operational excellence, hospitals can deliver services that not only treat but also truly care for patients. Implementing the above strategies can serve as a roadmap for hospitals seeking to transition from a provider-focused to a patient-focused model of care.

Final Summary - Across all four objectives, this study has revealed critical insights into the current state of inpatient care at a tertiary care hospital. It has emphasized that patient experience is shaped by multiple dimensions—clinical, emotional, environmental, and logistical. Sustainable improvement in service quality can only be achieved through regular evaluation, staff training, patient involvement, and responsive management practices. The recommendations laid out above aim to build a hospital environment that is not only efficient but also empathetic, ultimately contributing to better health outcomes and patient satisfaction.

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Questionnaire

A. Reception

1. Please rate the ease with which you could contact the hospital.

   ☐ Very Good ☐ Good ☐ Average ☐ Poor ☐ No Response

2. How did we respond to your queries?

   ☐ Very Good ☐ Good ☐ Average ☐ Poor ☐ No Response

3. How did we explain the various expenses and packages available?

   ☐ Very Good ☐ Good ☐ Average ☐ Poor ☐ No Response

4. How was your admission process?

   ☐ Very Good ☐ Good ☐ Average ☐ Poor ☐ No Response

5. Please rate the efficiency and warmth of front office team.

   ☐ Very Good ☐ Good ☐ Average ☐ Poor ☐ No Response

B. Accommodation

1. How comfortable was your accommodation?

   ☐ Very Good ☐ Good ☐ Average ☐ Poor ☐ No Response

2. The quality of cleanliness and upkeep.

   ☐ Very Good ☐ Good ☐ Average ☐ Poor ☐ No Response

3. How well did all equipment/activities work?

   ☐ Very Good ☐ Good ☐ Average ☐ Poor ☐ No Response

4. (Please mention any specific problem)

   ……
   …

5. Quality of food.

   ☐ Very Good ☐ Good ☐ Average ☐ Poor ☐ No Response

6. Food services on time.

   ☐ Very Good ☐ Good ☐ Average ☐ Poor ☐ No Response

7. Efficiency and politeness of Food & Beverage team.

   ☐ Very Good ☐ Good ☐ Average ☐ Poor ☐ No Response

C. Facilities for Attendants

1. Quality of in-room facilities.

   ☐ Very Good ☐ Good ☐ Average ☐ Poor ☐ No Response

2. Food options for attendants.

   ☐ Very Good ☐ Good ☐ Average ☐ Poor ☐ No Response

3. Guidance and information on patient movement during procedures.

   ☐ Very Good ☐ Good ☐ Average ☐ Poor ☐ No Response

D. Medical and Nursing Process

1. Time spent by doctors to explain diagnosis and treatment.

   ☐ Very Good ☐ Good ☐ Average ☐ Poor ☐ No Response

2. Attention from our doctors team.

   ☐ Very Good ☐ Good ☐ Average ☐ Poor ☐ No Response

3. Attention from our nursing team.

   ☐ Very Good ☐ Good ☐ Average ☐ Poor ☐ No Response

4. How well did our nursing team explain your treatment, procedure and care at home?

   ☐ Very Good ☐ Good ☐ Average ☐ Poor ☐ No Response

5. Please rate the quality of service:

   ☐ Efficiency ☐ Promptness ☐ Care and warmth

   ☐ Very Good ☐ Good ☐ Average ☐ Poor ☐ No Response

E. Discharge Process

1. Please rate the overall discharge process.

   ☐ Very Good ☐ Good ☐ Average ☐ Poor ☐ No Response

2. Efficiency of billing desk.

   ☐ Very Good ☐ Good ☐ Average ☐ Poor ☐ No Response

3. Response to any query.

☐ Very Good ☐ Good ☐ Average ☐ Poor ☐ No Response

F. Other Facilities

Please rate the quality of:

1. Chemist/other shops

☐ Very Good ☐ Good ☐ Average ☐ Poor ☐ No Response

2. Waiting area

☐ Very Good ☐ Good ☐ Average ☐ Poor ☐ No Response

3. Public dining options

☐ Very Good ☐ Good ☐ Average ☐ Poor ☐ No Response

4. Parking and security

☐ Very Good ☐ Good ☐ Average ☐ Poor ☐ No Response

G. How did you select this Sahyadri Super Speciality Hospital facility

☐ Reputation ☐ Repeat patient ☐ Location ☐ Other

☐ Family physician ☐ Corporate tie-up ☐ Website/advertisement ☐ Friends/family

Would you recommend us to others?

☐ Yes ☐ No ☐ Not sure

H. Other Comments

……

……

……

……

……

……

I. Personal Details

Name: …….

Admitting Doctor: …….

Room/Ward No.: ……. UHD No.: ……

Date: Admission …….. Discharge ……..

Contact No.: …….

Email: ……

Signature: ……

HELP DESK

n=200

S. No.	Question	4	3	2	1	0	Average
1	Please rate the ease with which you could contact the hospital	78	121	0	1	0	3.37
2	How did we respond to your queries?	87	107	0	5	1	3.43
3	How did we explain the various expenses and packages available?	88	104	1	0	7	3.45
4	How was your admission process?	83	113	0	0	4	3.41
5	Please rate the efficiency and warmth of front office reception team.	89	105	0	1	5	3.47

ACCOMMODATION

n=200

S. No.	Question	4	3	2	1	0	Average
1	How comfortable was your accommodation	82	115	1	0	2	3.39
2	The quality of cleanliness and upkeep	82	113	1	0	4	3.42
3	How well did all equipment/activities work	90	106	2	0	2	3.44
4	Quality of food	78	118	1	0	3	3.37
5	Food services on time	82	112	1	1	4	3.4
6	Efficiency and politeness of Canteen team	82	112	1	1	4	3.4

MEDICAL AND NURSING PROCESS

n=200

S. No.	Question	4	3	2	1	0	Average
1	Time spent by doctors to explain diagnosis and treatment	78	121	0	1	0	3.38
2	Attention from our doctors team	89	109	0	1	1	3.43
3	Attention from our nursing team	83	113	0	0	4	3.4
4	How well did our nursing team explained your treatment, procedure and care at home	76	116	0	1	7	3.38
5 a	Please rate the quality of service – Efficiency	77	121	0	1	1	3.37
5 b	Please rate the quality of service – Promptness	73	125	0	1	1	3.36
5 c	Please rate the quality of service – Care and warmth	78	120	0	1	1	3.38

FACILITIES FOR ATTENDANT

n=200

S. No.	Question	4	3	2	1	0	Average
1	Quality of in-room facilities	72	127	0	0	1	3.35
2	Food options for attendants	82	83	0	0	35	3.48
3	Guidance and information on patient movement during procedure	82	114	0	0	4	3.4

OTHER FACILITIES

n=200

S. No.	Question	4	3	2	1	0	Average
1	Chemist	58	128	1	0	13	3.09
2	Waiting area	68	122	1	0	9	3.20
3	Public dining options	51	130	1	0	18	2.98
4	Parking and security	60	118	1	0	21	2.98

DISCHARGE PROCESS

n=200

S. No.	Question	4	3	2	1	0	Average
1	Please rate the overall discharge process	66	131	1	0	2	3.32
2	Efficiency of billing desk	66	128	1	0	5	3.33
3	Response to any query	72	124	1	2	1	3.32