Enhancing Patient Experience in the Inpatient Department (IPD) at Max Super Speciality Hospital, Shalimar Bagh

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Introduction

- Focused on improving the overall hospital stay for patients admitted to the Inpatient Department (IPD).
- Addressed key aspects like staff communication, hygiene, responsiveness, food services, and discharge process.
- Involved collaboration with the Patient Experience Department and Floor Managers for daily patient rounds and feedback monitoring.
- Aimed to identify service gaps through real-time observations and feedback analysis.
- Targeted to enhance patient satisfaction, reduce complaints, and support NABH quality standards.

Max superspeciality hospital shalimarbagh

Research background:

Research Background: Patient experience reflects care quality and influences treatment outcomes and trust. With growing focus on NABH standards and patient-centered care, hospitals now emphasize structured feedback to drive service improvements. This study at Max Hospital, Shalimar Bagh aimed to assess IPD experience and suggest actionable improvements.

Primary Objective:

To assess overall patient experience in the IPD at Max Hospital, Shalimar Bagh and identify key factors influencing satisfaction.

Secondary Objectives:

- Assess patient perceptions of nursing care (respect, listening, communication).
- Evaluate doctor-patient communication (courtesy, clarity, adequacy).
- Measure GDA responsiveness (call bell, promptness).
- Examine satisfaction with hygiene, cleanliness, and food services.
- Assess discharge understanding (instructions, medication, follow-up).
- Interpret open-ended feedback for recurring themes and challenges.

Problem Statement: Despite robust clinical systems, patient dissatisfaction persists in key IPD service touchpoints, affecting overall care experience.

Study Scope: The study focused on admitted patients across medical and surgical units in the IPD at Max Hospital, Shalimar Bagh.

Significance of Study: Findings aim to guide service quality enhancement, improve patient satisfaction, and strengthen NABH compliance.

Review of literature

Source	Key Insights
CMS (2020)	Introduced HCAHPS to assess communication, cleanliness, discharge & staff responsiveness. Globally used performance indicator.
NABH (2020)	Mandates structured patient feedback, grievance redressal, and audits in Indian hospitals to ensure patient-centered care.
WHO (2016)	Framework promotes responsive systems based on respect, communication, and patient involvement in decision-making.
Doyle et al. (2013)	Systematic review linking positive patient experience to safety and clinical effectiveness.
Anhang Price et al. (2014)	Found staff responsiveness and communication to be key drivers of inpatient satisfaction and hospital recommendation.
Sharma et al. (2022)	Study in Indian tertiary hospital found communication, cleanliness, and discharge clarity as top predictors of satisfaction.
Choudhury & Mahapatra (2023)	Urban Indian study emphasized food services and staff empathy as critical areas needing improvement.

Research methodology

- Study Design: Descriptive cross-sectional
- Study Setting: Max Super Speciality Hospital, Shalimar Bagh
- Duration: 2 months
- Sampling Technique: Non-probability convenience sampling
- Sample Size: 232 valid responses from IPD patients
- Tool Used: Structured HCAHPS-based feedback form
- Data Analysis: MS Excel (quantitative); thematic review (qualitative)
- Ethical Considerations: Voluntary participation and confidentiality ensured

Research Question

How do patients perceive their inpatient experience at Max Super Speciality Hospital, Shalimar Bagh, and what are the key service domains influencing their overall satisfaction and likelihood of recommending the hospital?

SAMPLE SIZE ANDTECHNIQUE

- Sample Size: 281 patients approached, 232 valid responses received (82.56% response rate)
- Sampling Technique: Non-probability convenience sampling

INCLUSION CRITERIA

- Patients admitted in the Inpatient Department (General, Semi-private, Private, and Deluxe wards)
- Patients who had completed at least 48 hours of stay
- Patients willing to provide feedback at the time of discharge

EXCLUSION CRITERIA

- Pediatric, ICU, and Day-care patients
- Patients who were critically ill or cognitively impaired
- Patients unwilling to participate

DATA SOURCES

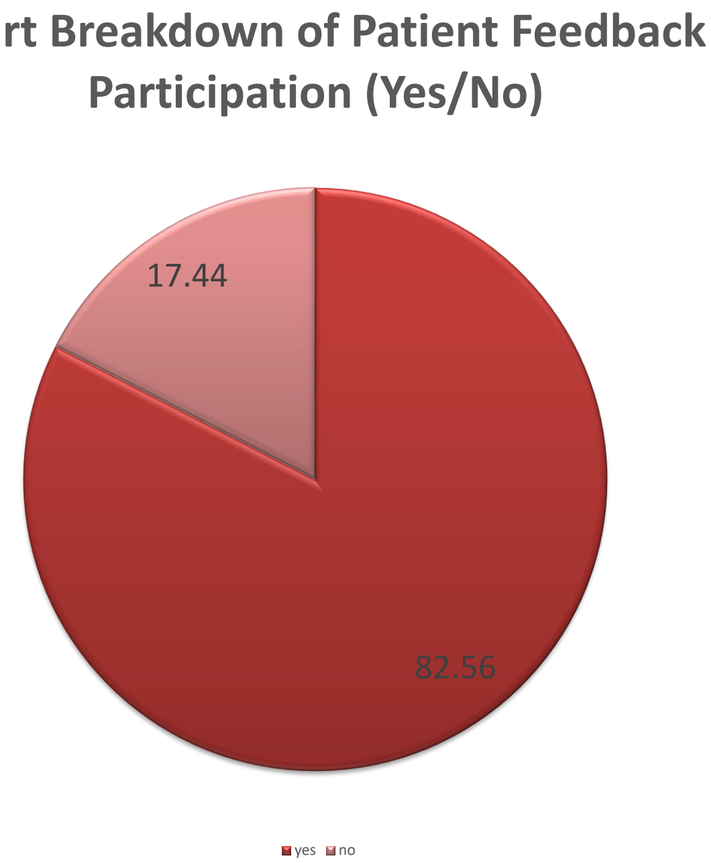
- Primary Data: HCAHPS-based structured feedback collected from patients
- Secondary Data: Institutional records, NABH guidelines, HCAHPS documentation, published literature on patient experience

Participation Analysis

This pie chart illustrates the participation rate in the patient feedback survey:

82.56% of patients participated and provided valid responses to the structured feedback form.

17.44% of patients either declined to participate or provided incomplete data.

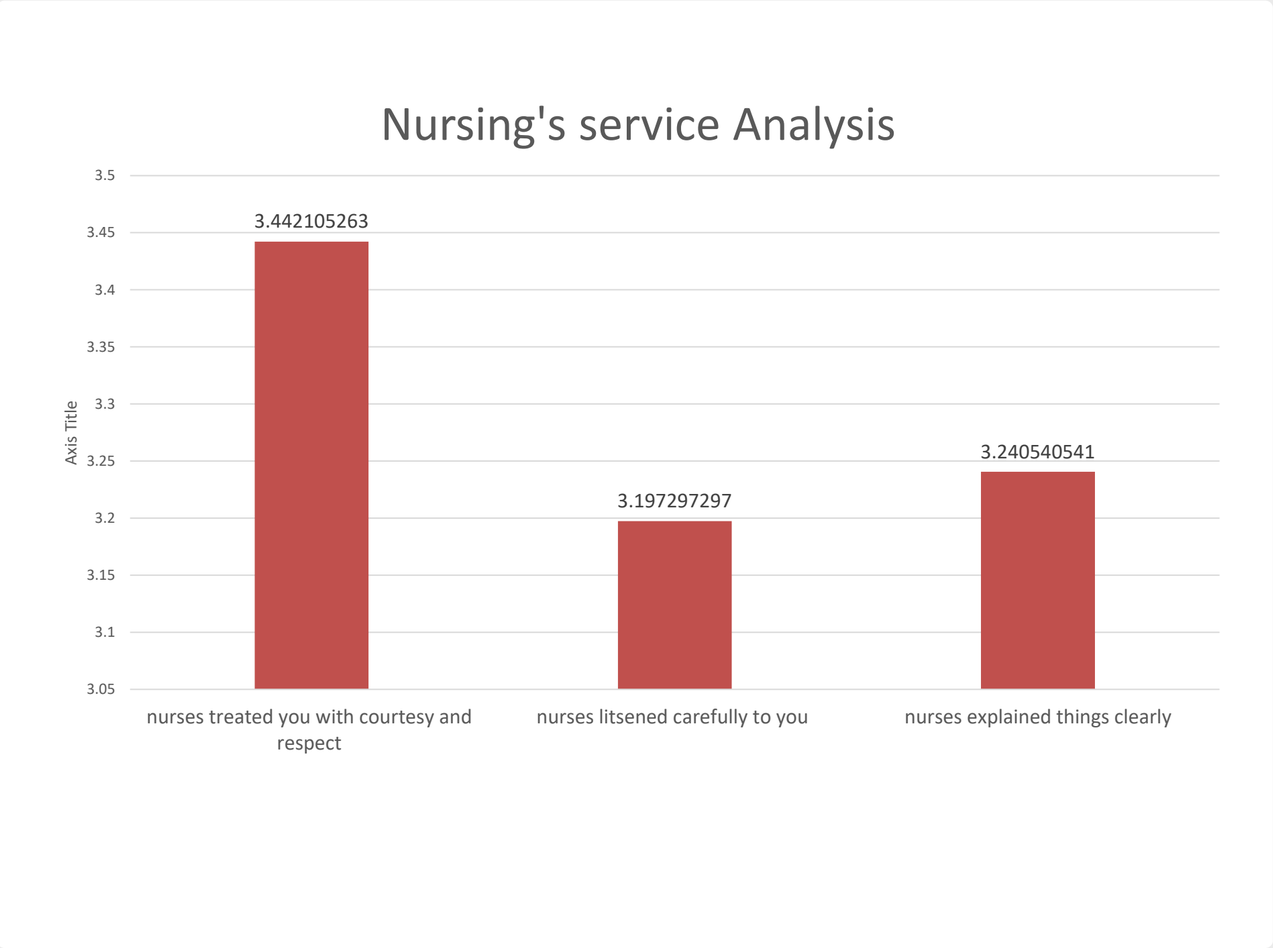


Results and Interpretations

Domain-wise Analysis of Patient Experience Scores

NURSE COMMUNICATION SCORES INTERPRETATION:

PATIENTS RATED NURSE COMMUNICATION HIGHEST AMONG ALL DOMAINS. COURTESY, LISTENING, AND EXPLANATION SCORED CONSISTENTLY ABOVE 3.2 ON A 5-POINT SCALE, REFLECTING STRONG INTERPERSONAL AND EMPATHETIC CARE BY NURSING STAFF.

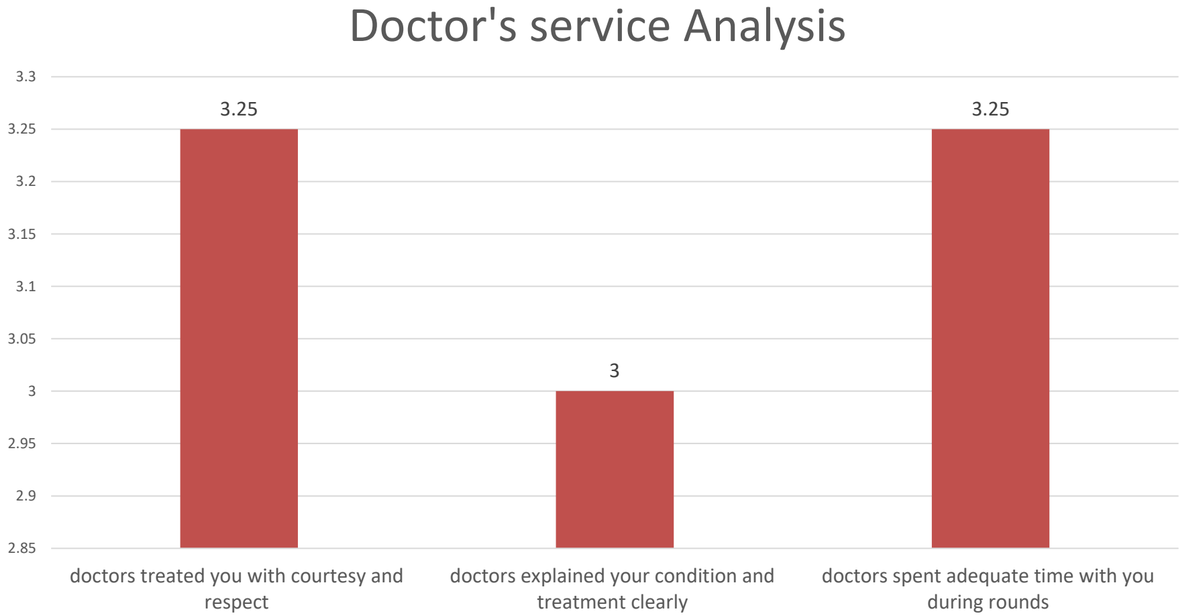


Results and Interpretations

Domain-wise Analysis of Patient Experience Scores

DOCTOR COMMUNICATION SCORES

- INTERPRETATION:
- DOCTOR-PATIENT INTERACTIONS WERE WELL RECEIVED, WITH SCORES AVERAGING AROUND 3.2–3.3. HOWEVER, CLARITY IN EXPLAINING MEDICAL CONDITIONS SHOWED SLIGHTLY LOWER SATISFACTION, SUGGESTING A NEED FOR BETTER PATIENT ENGAGEMENT AND TIME ALLOCATION DURING ROUNDS.

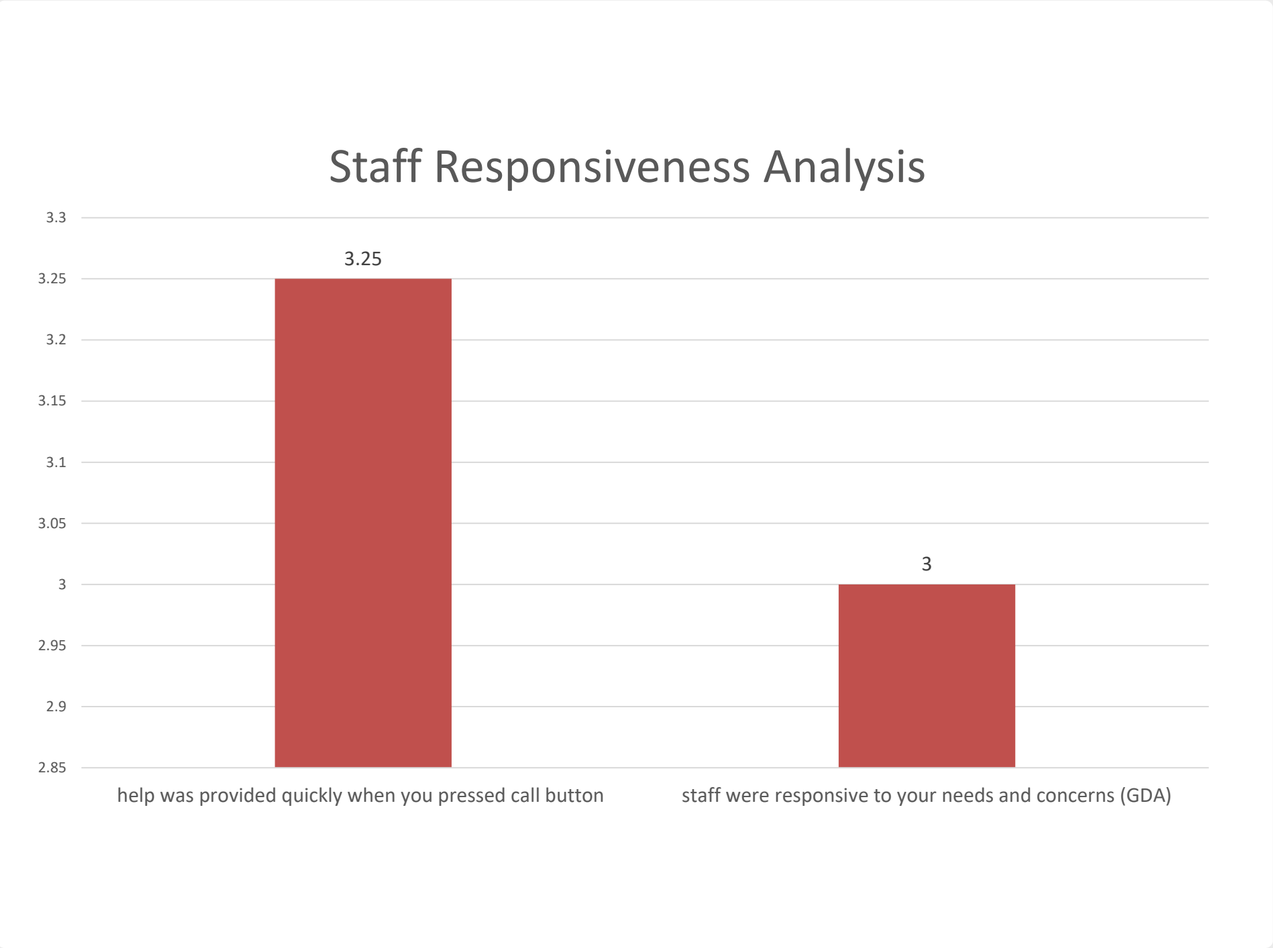


Results and Interpretations

Domain-wise Analysis of Patient Experience Scores

STAFF RESPONSIVENESS SCORES

- INTERPRETATION:
- RESPONSIVENESS TO CALL BELLS AND ATTENDING TO CONCERNS SCORED LOWER (AROUND 3.0–3.25). THIS POINTS TO DELAYS IN ASSISTANCE, PARTICULARLY DURING NIGHT SHIFTS, INDICATING A GAP IN STAFF AVAILABILITY OR WORKFLOW MANAGEMENT.

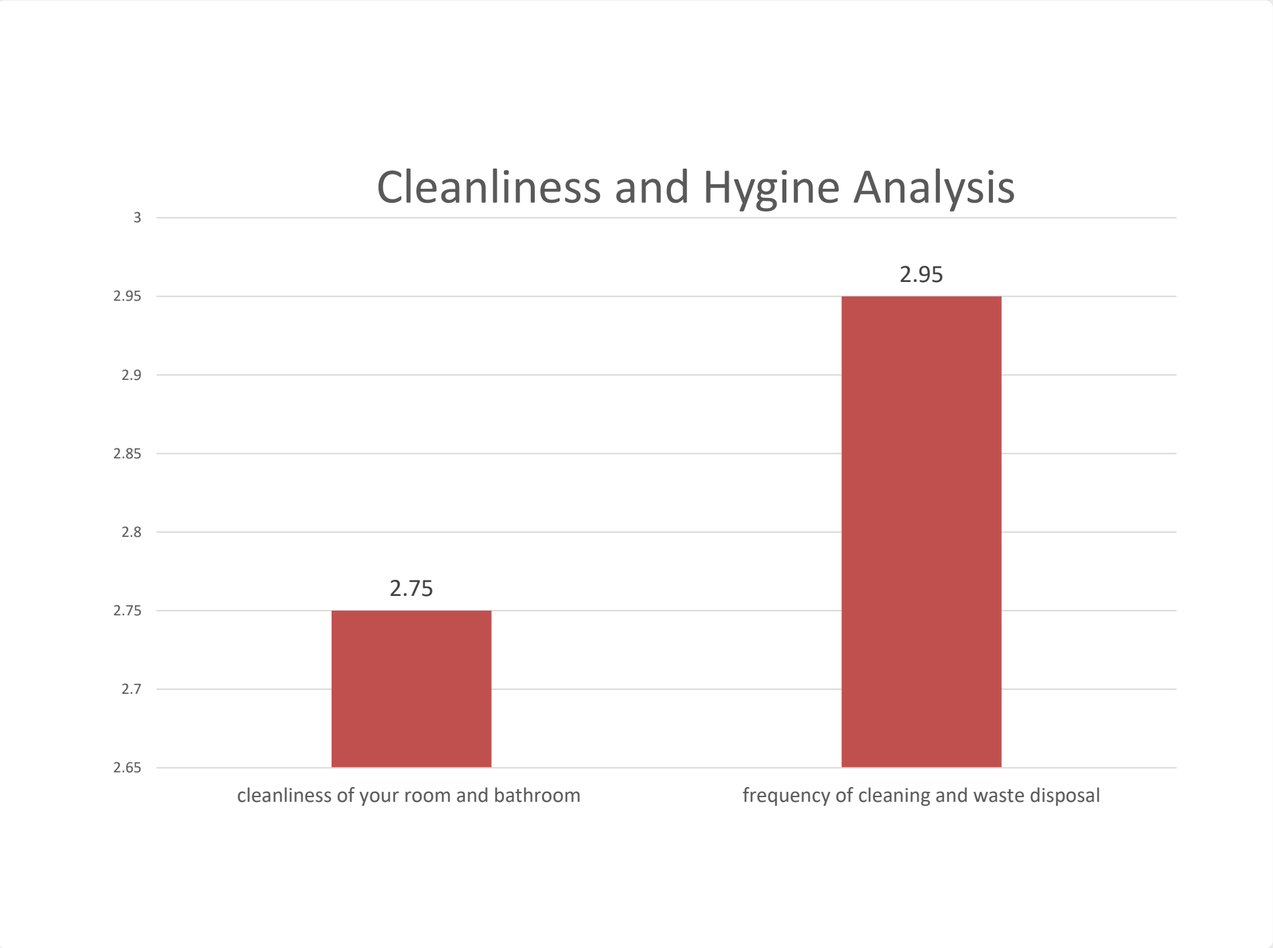


Results and Interpretations

Domain-wise Analysis of Patient Experience Scores

CLEANLINESS & HYGIENE SCORES

- INTERPRETATION:
- CLEANLINESS OF ROOMS AND BATHROOMS AND WASTE DISPOSAL FREQUENCY WERE MODERATELY RATED (2.75–2.95), SHOWING THAT WHILE STANDARDS WERE GENERALLY MET, CONSISTENCY ACROSS SHIFTS MAY BE LACKING. HOUSEKEEPING SCHEDULES MAY NEED REINFORCEMENT.

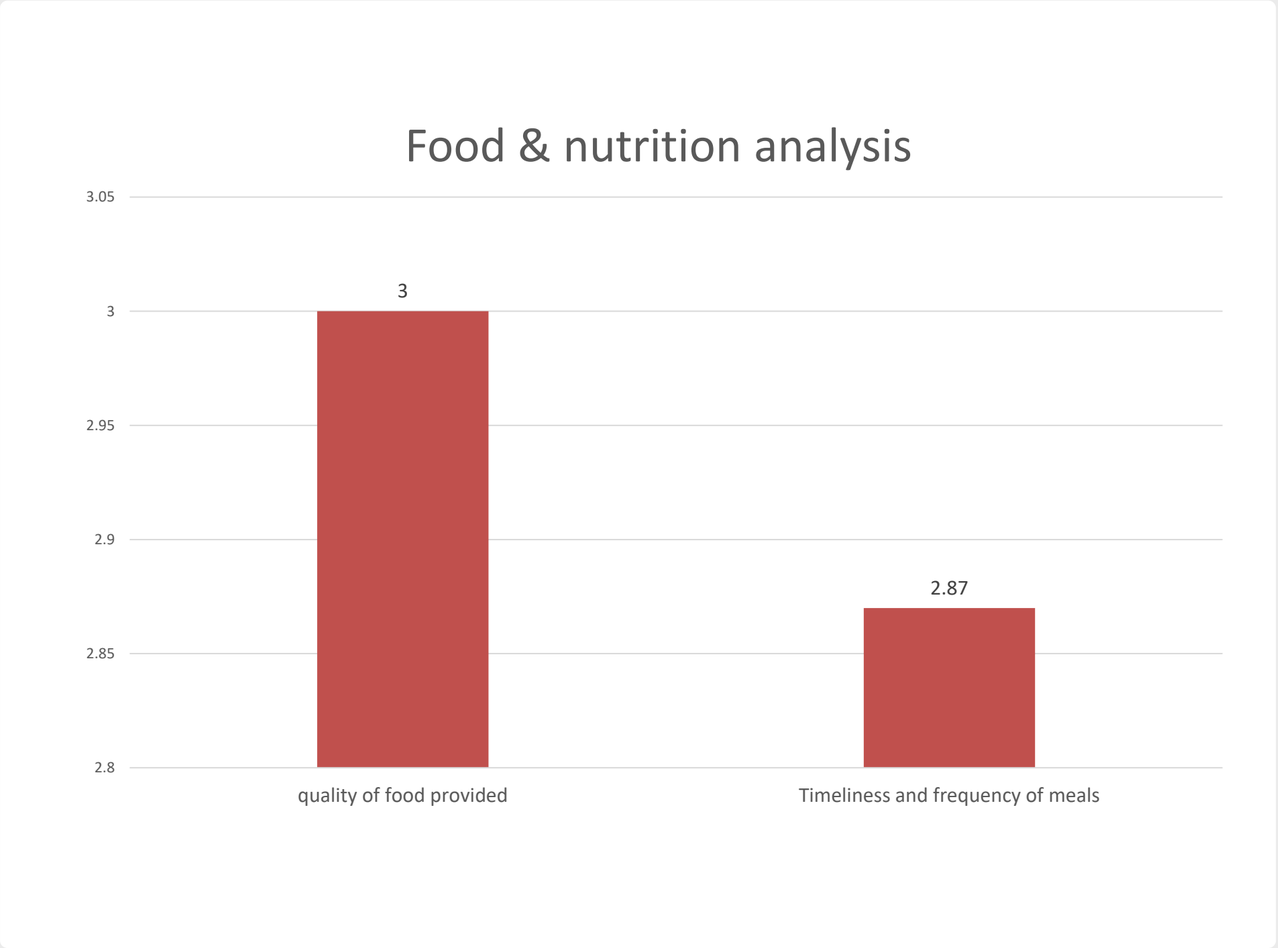


Results and Interpretations

Domain-wise Analysis of Patient Experience Scores

FOOD & NUTRITION SCORES

- INTERPRETATION:
- THIS WAS ONE OF THE LOWEST-RATED DOMAINS (SCORES AROUND 2.87–3.0). PATIENTS EXPRESSED DISSATISFACTION WITH FOOD QUALITY, VARIETY, AND MEAL TIMING, SIGNALING THE NEED FOR DIETITIAN INVOLVEMENT AND BETTER MEAL PLANNING.

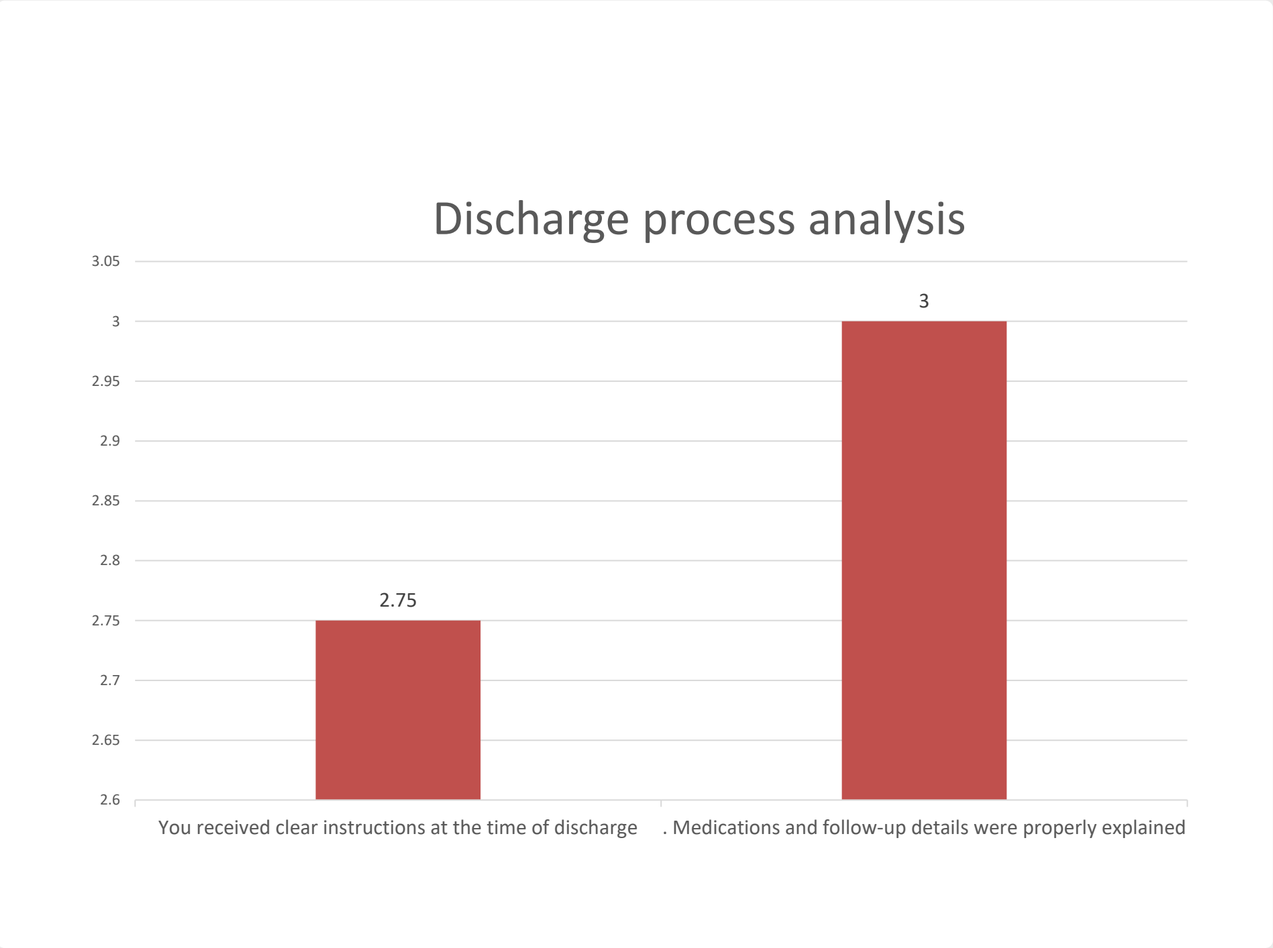


Results and Interpretations

Domain-wise Analysis of Patient Experience Scores

DISCHARGE PROCESS SCORES

- INTERPRETATION:
- PATIENTS RATED DISCHARGE INSTRUCTIONS AND MEDICATION GUIDANCE POSITIVELY (AVERAGE: 2.75–3.0), BUT THERE'S ROOM FOR IMPROVEMENT IN CLARITY, ESPECIALLY FOR NON-NATIVE SPEAKERS OR ELDERLY PATIENTS. A CHECKLIST APPROACH COULD ENHANCE CONSISTENCY.

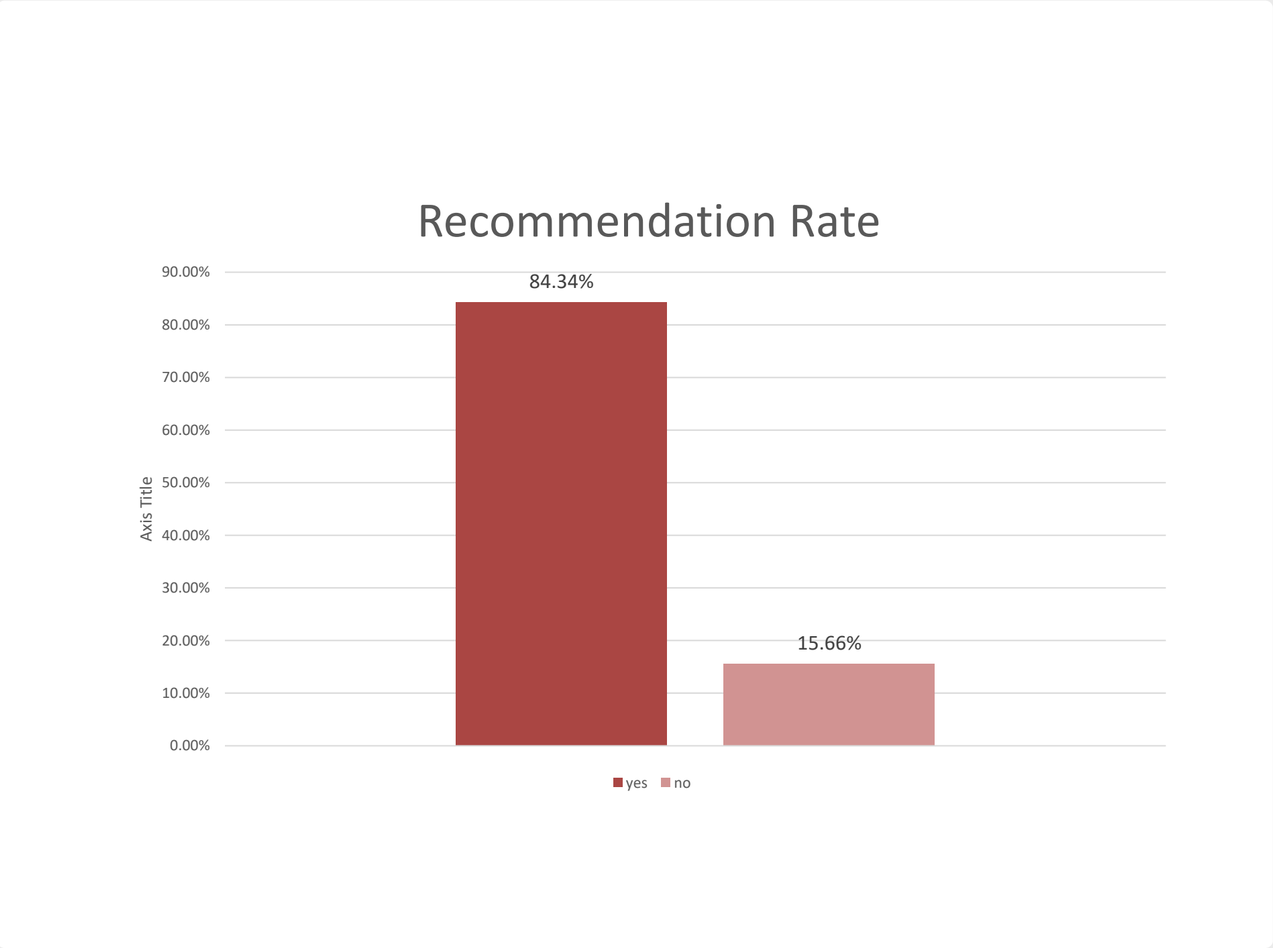


Results and Interpretations

Domain-wise Analysis of Patient Experience Scores

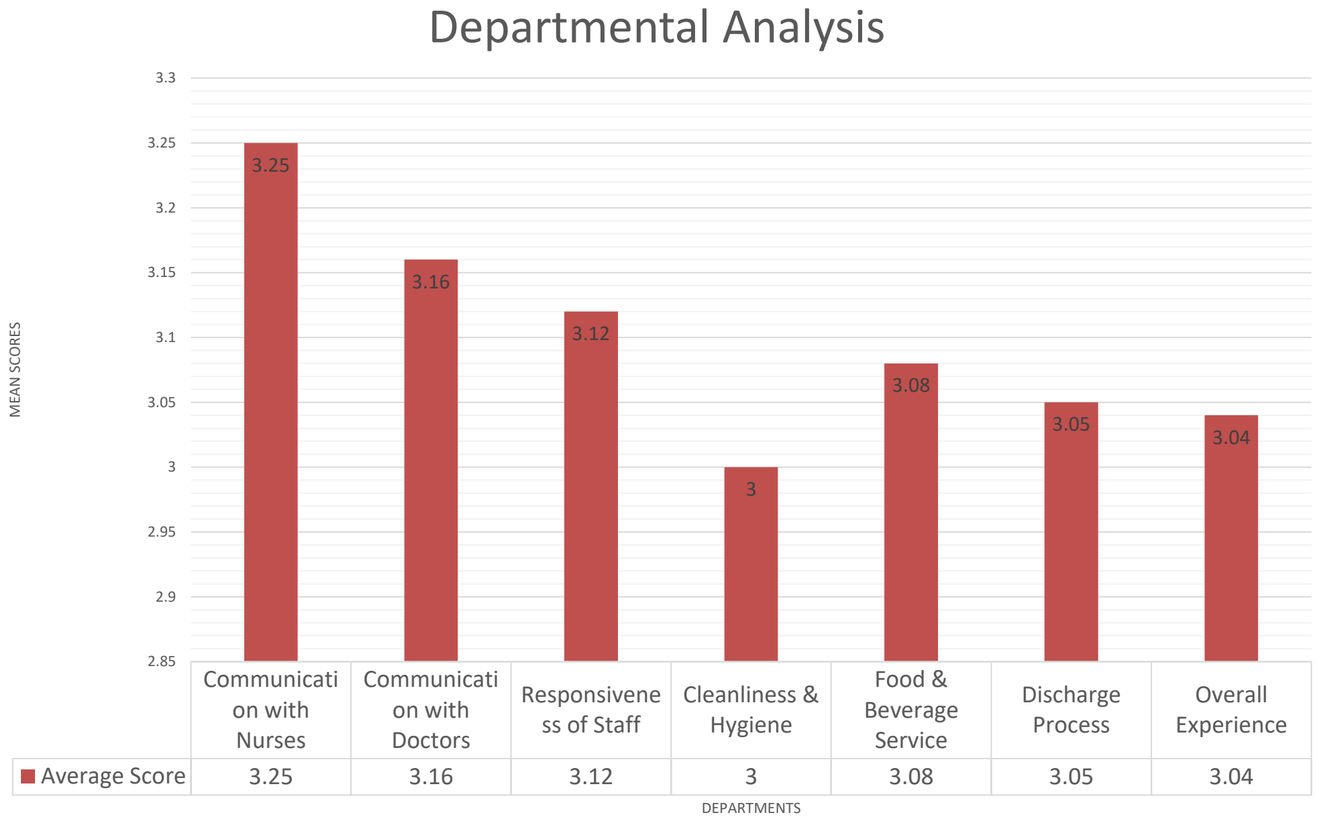
PATIENT RECOMMENDATION RATE

- INTERPRETATION:
- WITH 84.34% RECOMMENDING THE HOSPITAL, PATIENT LOYALTY APPEARS STRONG. HOWEVER, THE 15.66% WHO WOULD NOT RECOMMEND HIGHLIGHT SERVICE GAPS THAT SHOULD BE ADDRESSED TO CONVERT NEUTRAL OR NEGATIVE EXPERIENCES INTO POSITIVE ONES.



Departmental comparison Analysis

Parameters	Average Score
Communication with Nurses	3.25
Communication with Doctors	3.16
Responsiveness of Staff	3.12
Cleanliness & Hygiene	3
Food & Beverage Service	3.08
Discharge Process	3.05
Overall Experience	3.04
overall average	3.1



Compaired Analysis

Domain	Average Score (out of 5)	Performance Level
Communication with Nurses	3.25	Strong
Communication with Doctors	3.16	Satisfactory
Responsiveness of Staff	3.12	Moderate
Cleanliness & Hygiene	3.00	Below Expectations
Food & Beverage Services	3.08	Below Expectations
Discharge Process	3.05	Moderate
Overall Experience	3.04	Moderate

Root Cause Analysis

Domain	Observed Issue	Root Causes
Cleanliness & Hygiene	Inconsistent cleanliness; moderate patient scores	• Variation across shifts • Lack of cleaning audits • Understaffing
Food & Beverage Services	Poor food quality, variety, and delays	• Menu for attendant & patients not provided • Inefficient meal distribution
Staff Responsiveness	Delayed call bell responses, esp. at night	• Inadequate night staff • No real-time tracking • Poor delegation
Discharge Process	Confusing or unclear discharge instructions	• Lack of written summaries • No checklist
Overall Experience	Moderate satisfaction despite good clinical care	• Gaps in support services • Non-clinical domains undervalued

Recommendations for improvement

- •• Communication with Nurses: Reinforce soft-skills training and regular feedback.
- •• Communication with Doctors: Ensure adequate time and use of simplified language.
- •• Staff Responsiveness: Introduce real-time call bell tracking and night-shift staffing audits.
- •• Cleanliness & Hygiene: Standardize cleaning protocols and increase frequency audits.
- •• Food & Beverage Services: QR menus, improve variety, and optimize delivery schedules.
- •• Discharge Process: Provide multilingual written instructions and checklist-based multiple checks should be reduced, Pre discharge summary report audits.
- •• Overall Experience: Enhance coordination between clinical and support teams to ensure consistency.

Thank you