

P.D. HINDUJA HOSPITAL

The healthcare journey began in 1951 under the vision of the late Shri P.D. Hinduja, who aspired to provide equitable healthcare for all. Today, it stands as a 400-bedded hospital with 55 specialties. Renowned for its rich legacy and proven expertise, it has been a pioneer in medical excellence.

MISSION

To Grow PDHH Into a Self-Sustaining, state-of-the-art Medical Institution with Latest Technology, leading In Clinical Excellence, Education and Research providing 360-degree patient care at affordable prices by ensuring steady growth in Reputation, Revenues and Surplus while fulfilling our purpose of serving the needy by continued growth in charity.

VISION

Quality Health Care for All . Healthcare that is Affordable ,Value based Ethical ,Transparent , Outcome based , Backed by Technology & Innovation

ORGANIZATIONAL STRUCTURE

JOY CHAKRABORTHY
CHIEF OPERATING OFFICER

ASHISH BORA
(Director Finance)

POONAM BHAWALE
(Front Desk Executive)

JAGDEEP CHAUHAN
(Director Human Resource)

ANAND ANDALKAR
(Legal Assistant Manager)

RAHUL RATHOD
Marketing
(Communication Head)

PHALAKSHI N
(Director Nursing)

RENUKA YADAV
(Head Support Service)

BRIG CHUKERBUTI
(Vice Sales President)

PRACTICAL vs THEREOTICAL LEARNING

THEORITICAL

- Learned about SERVQUAL, RATER, Time-Motion Study, and quality tools like Pareto Chart, Fishbone- Causes and- Effect Diagram.
- Gained skills in analysing secondary data and interpreting results

PRACTICAL

- Analysing data using MS Excel.
- Primary Data Collection.
- collected clinical feedback through surveys and face-to-face conversations with patients.
- Applied methods to interpret clinical feedback and suggest data-backed improvements to minimize service gaps.

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- Experienced and Highly skilled Staff.
- Advance medical technology.
- High Patient Turnover
- History and Reputation of the hospital

W

- Lack of Man power
- Does not have a dedicated Burns and Obstetrics Unit
- Dependency on Hand written Records.
- Investigation delays.

T

- Lower cost alternatives for these services may exist elsewhere.
- Outflow of skilled professionals to other places

O

- New projects for further development & rectifying outstanding problems
- Focusing more on the competing hospitals & how to increase revenue flow

AIM OF THE STUDY

To assess and compare patient expectations and perceptions across nine key hospital service touchpoints—Admission, Wards, X-ray, OT, Medical Staff, Nursing Wards, Housekeeping, Food Services, and Discharge ,in order to identify service gaps and recommend targeted improvements to enhance overall patient experience.

OBJECTIVES

- To assess patient experience in the Inpatient Department using the RATER model.
- To identify gaps between patient expectations and perceptions in IPD services (Defined Touchpoints).
- To analyse improvement areas to enhance patient experience using patient feedback.

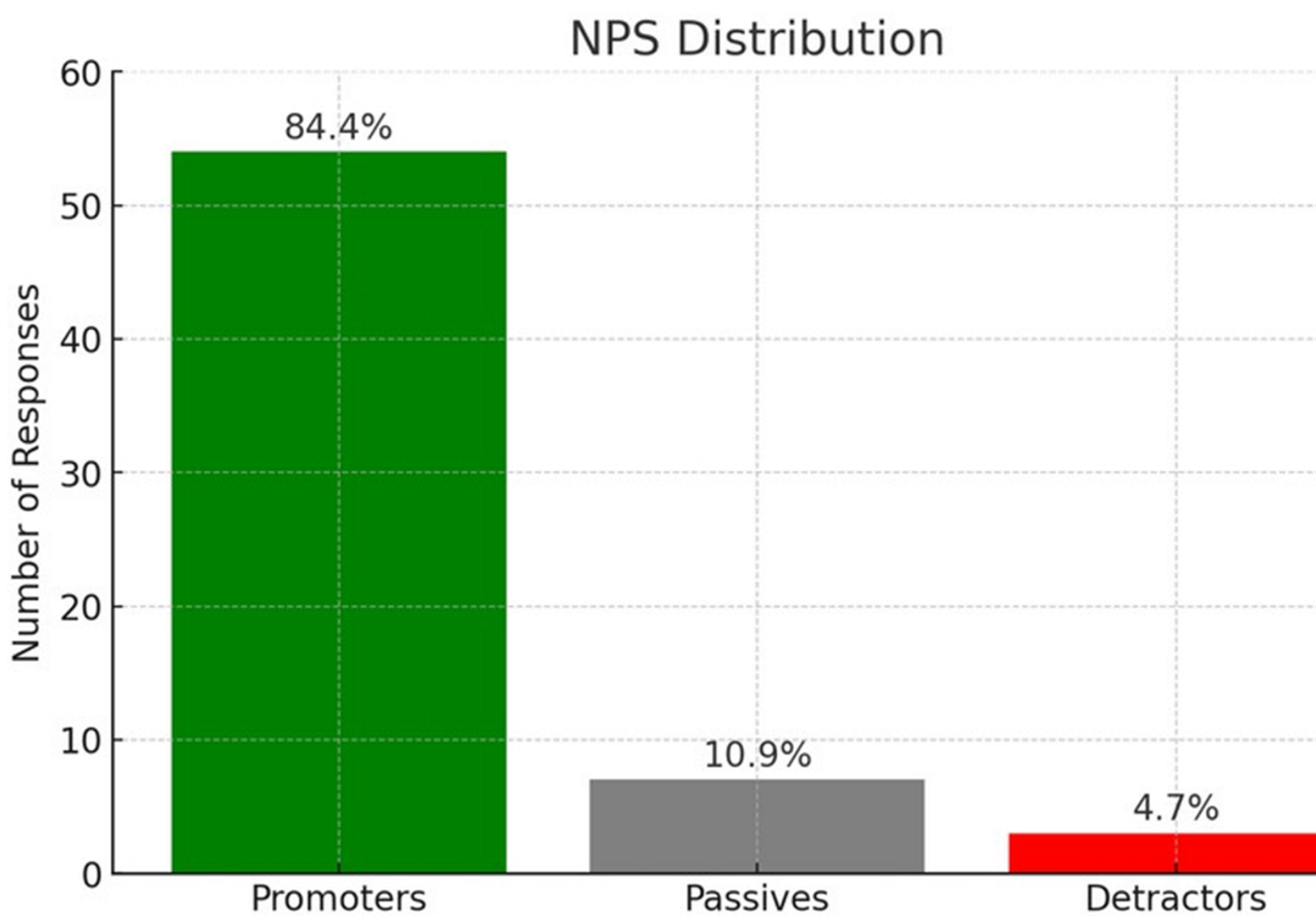
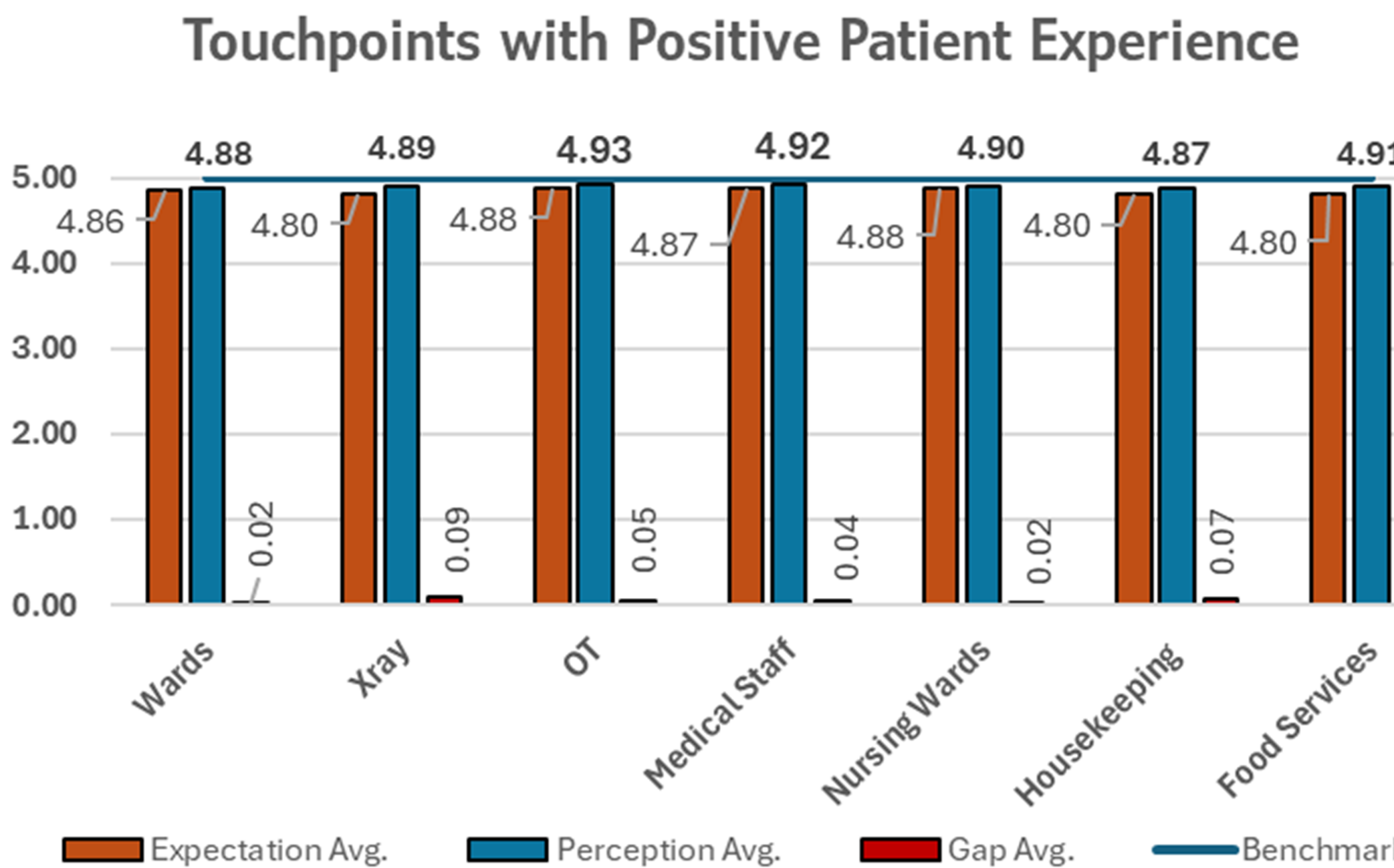
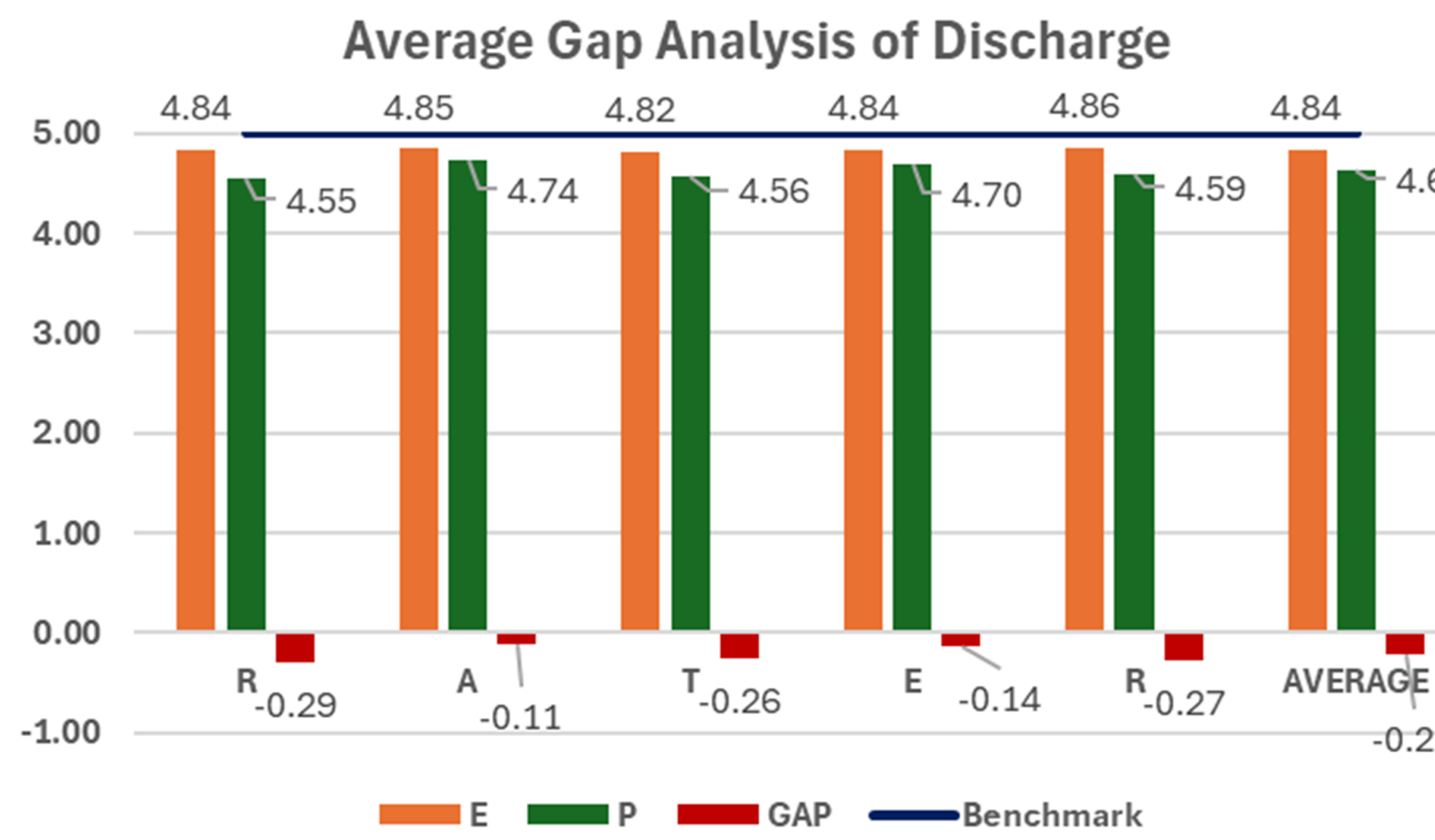
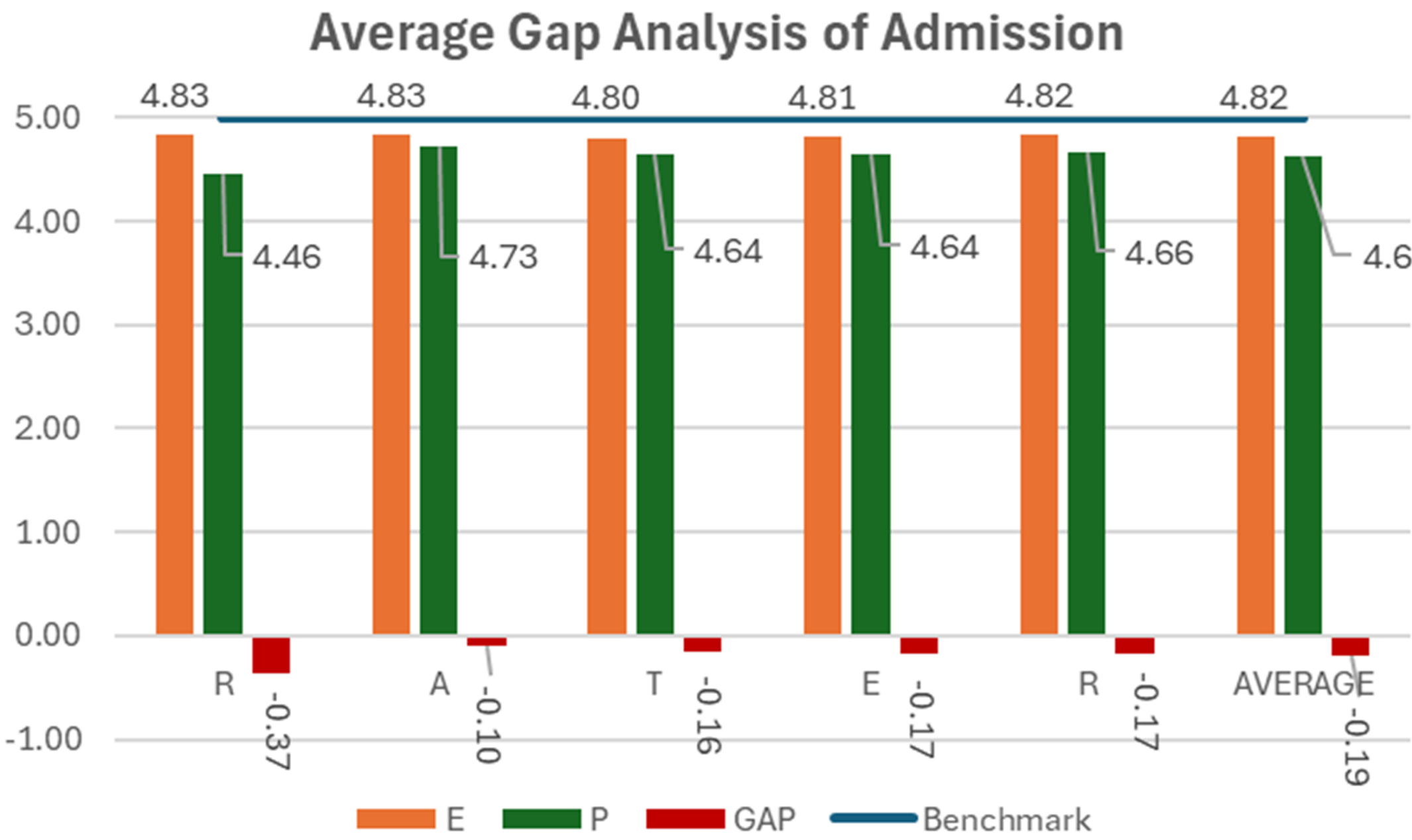
CHALLENGES FACED DURING INTERNSHIP

- Patients were reluctant to respond due to illness, fatigue, or discomfort.
- Time constraints during discharge or busy IPD hours made it difficult to collect complete feedback.
- Lengthy questionnaire (22 questions) felt tiring for some patients.
- Busy ward environments caused frequent interruptions during survey interactions.

METHODOLOGY

- Study Type** : Descriptive cross sectional study
- Location** : P.D. Hinduja Hospital , IPD Building.
- Data Collection Period** : May 20th to June 20th, 2025.
- Sample Size & Criteria**: 64 IPD patients
- Sampling Method** : Stratified random sampling .
- Data Collection Tool** : Structured Questionnaire based on SERVQUAL model.
- 5-point Likert scale** (1=Strongly Disagree to 5 = Strongly Agree)

FINDINGS



FINDINGS & INTERPRETATIONS

- The **overall patient satisfaction was high**, with positive feedback across most hospital services.
- The **Net Promoter Score (NPS) was 80**, reflecting **excellent patient loyalty in Median A and Special wards from admission to discharge**.
- Service gaps were noted mainly in **admission (-0.19 gap) and discharge (-0.21gap)**,
- especially in responsiveness, reliability, and tangibles.
- Other departments like **wards, OT, medical staff, nursing, X-ray, housekeeping, and food services exceeded expectations**.
- Food services had the highest positive gap (+0.10)**, with patients praising quality and taste.

LEARNINGS DURING INTERNSHIP

- Applied Quality Models** - Learned to implement SERVQUAL and RATER models to assess service gaps and patient perceptions.
- Hands-on Data Collection & Analysis** - Developed skills in primary data collection, interacting with real patients, and handling quantitative & qualitative analysis using Excel.
- Improved Communication Skills** - Understood how to communicate effectively with patients of diverse backgrounds, ensuring empathy and clarity.
- Linking Theory with Practice** - Connected classroom knowledge from Quality Management, Research Methodology, and Organizational Behaviour to real hospital operations.
- Identified Operational Gaps** - Gained insight into bottlenecks in the admission, ward, and discharge processes, and learned to suggest actionable improvements.
- Team Collaboration** - Coordinated with nurses, doctors, and admin staff, learning the importance of cross-functional teamwork in healthcare.

SUGGESTIONS

- Use WhatsApp Business with Read Receipts**
Send admission instructions + payment link via WhatsApp Business account instead of SMS/email. Higher open rates (over 80% vs. SMS/email)
- Send a 30-second Instructional Video**
What documents to carry?, Where to go on arrival?, How to use the online payment link?.
- Admission Self Kiosks**- Currently used only for token.
- Allow patients to self-enter details, scan Aadhaar/PAN, select room type Upload documents + generate a token.
- Provide Multilingual forms** - Hindi , Marathi and English
- Revamp the admission counter** to enhance first impressions; current design appears dull and outdated .
- Install partial curtain for visitor couch in Special rooms** for privacy and comfort without blocking view of the patient ,**also add night lamps** for overnight stay.
- Renovate the IPD lobby** to enhance first impressions; consider adding a **small prayer area** for patient and visitor comfort.
- Implement a digital discharge tracking system** to improve communication and reduce patient uncertainty with **real time tracking** and unnecessary movement during the discharge process.
- Make the **IPD information desk easy to spot** by refurbishing the counter at **eye level**, adding **clear, bold signage**.

USEFULNESS OF INTERNSHIP

- Real world corporate experience.
- Opportunity to work on Real time Projects.
- Professional Growth and Skills Enhancement