EVALUATION OF PATIENT SATISFACTION LEVELS AFTER DISCHARGE AT MDM HOSPITAL, JODHPUR.

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History and Description

Mathura Das Mathur (MDM) Hospital, Jodhpur largest hospital in the western region. Attached with the government medical collage SN Medical collage at Jodhpur. Inaugurated in 1979 with capacity of 200 beds, which currently at 5154 beds. SN Medical collage controls budget which headed by a superintendent, who is responsible for the health care services. Currently, 7 Super Specialty department and 12 other department are available. Hospital provide administrative services like, IHMS portal for patient registration and record-keeping and E-Aushadhi system which is an online system capable of having detailed information about availability of drugs . Provide free diagnosis, treatment, and medicine distribution and with various health schemes also like MAA yojana, RGHS, etc.

Mission:

Provide personalized healthcare that focuses on patient happiness and well-being through optimal, evidence-based medical interventions.
To improve patient outcomes through investments in medical technologies.
To encourage health education and wellness through active engagement in community outreach and public health programs.

Vision:

To provide comprehensive healthcare services accessible to all. To become a model and global leader in healthcare, and a research center on health.

Organization Structure

About Project

This project involved a comprehensive analysis of the patient discharge satisfaction in a multispecialty hospital. This study also comprises the discharge procedure across various departments. Detailed data were collected and analyzed for 120 patients to identify the satisfaction regarding the discharge process. Also, analyzed claims data under MAA Yojana from April to May 2025.

OBJECTIVE

To measure patient satisfaction level in order to identify strength, gaps, and suggestion to improve hospital operations and patient care. And also, to assess the overall experience of patient by evaluating their satisfaction with the quality of health care services provided. (ex: treatment, environment, staff behavior, follow-up support, and discharge process). To improve healthcare services, it is necessary to maintain a mechanism for getting feedback from patients regarding satisfaction and suggestions.

- Patient Satisfaction = Clinical Quality + Services Quality
- Satisfaction is an indicator of how well the patient is being treated at a medical practice.
- It gives healthcare providers valuable insights into various aspects of healthcare, including the effectiveness of their care and their level of understanding.

Analysis

Table 1: Shows The Percentage Value of Patient Satisfaction (n=120).

CHARACTERISTICS	CATEGORY	FREQUENCY	PERCENTAGE
DOCTORS REVIEW	Fully Satisfied	120	100%
	Total	120	100%
WASHROOMS SERVICES			
	Satisfied	12	10%
	Not Satisfied	75	62.5%
	Average	33	27.5%
	Total	120	100%
NURSING SERVICES			
	Fully Satisfied	37	30.8%
	Satisfied	60	50.0%
	Average	23	19.2%
	Total	120	100%
FRONT DESK SUPPORT			
	Fully Satisfied	8	6.6%
	Satisfied	74	61.7%
	Not Satisfied	5	4.2%
	Average	33	27.5%
	Total	120	100%
PHARMACY SERVICES			
	Fully Satisfied	6	5%
	Satisfied	68	56.7%
	Not Satisfied	35	29.1%
	Average	11	9.2%
	Total	120	100%
HOUSEKEEPING SERVICES			
	Fully Satisfied	3	2.5%
	Satisfied	71	59.2%
	Not Satisfied	10	8.3%
	Average	36	30%
	Total	120	100%

Table 2 : Shows The MAA Yojana Approval And Rejected Data

MAA Yojnana (MUKHYAMANTRI AYUSHMAN AROGYA YOJANA)												
Speciality	Discharged		Claims Amount (in Lac)						Approved %		Rejected %	
			Submitted		Approved		Rejected					
	April	May	April	May	April	May	April	May	April	May	April	May
Cardiology	283	303	99.7	110.2	97.5	89.6	2.3	7.4	98	81	2	2
ENT	142	161	13.2	14.6	12	9.1	0.8	1.8	91	63	6	7
Gastroenterology	153	172	17.9	19.1	15.5	13.7	2.5	2.3	86	71	14	13
General Medicine	885	841	87.5	79.9	62.1	48.1	24.5	6.7	71	60	28	18
Hematology	292	396	35.5	42.7	29.6	34.6	3.1	3.4	83	81	9	4
Neurology	179	167	22.2	16.2	12.7	9.6	4	2	57	59	18	13
Obs- gynae	323	416	32.8	42.4	28	27.5	4.8	2.2	85	65	14	8
Urology	157	183	21.5	28.7	16.6	18.8	4.2	3.6	77	65	19	6

Practical Exposure vs Theoretical Understanding

- Studied rules like color coded bins, segregation of infectious vs non infectious waste, and guidelines such as BMW (Management & Handling Rules. Where as in reality, observe how waste is actually handled on ground some times bins are missing, misused, shortage, etc.
- Learned how to communicate with patients through role play or lectures on communication skills. Whereas faced real patients with different behaviors, emotional needs, and sometimes aggressive behavior.
- In theoretical classes we learned about all equipment, and staff available as per the standard guidelines. Whereas in practical learning learned how to function with limited supplies, or shortage of staff.
- Learned about structure and format of patient files, discharge summaries through guidelines and manuals. Whereas experienced in updating real patient records, managing incomplete or missing documentation, and working on hospital software (IHMS).

SWOT ANALYSIS

STRENGTH

- High Quality of care
- Experienced staff
- Trust and reputation
- Technology use- IHMS
- Satisfied patient experience
- Bed capacity

WEAKNESSES

- Communication gaps
- Overburdening of staff leading to decreased efficiency
- Overlapping of roles and duties leading to confusion and delayed progress
- Lack of accountability because of lack of role clarity

OPPORTUNITES

- Opportunity for making it NABH/NQAS compliant
- Can be made KAYAKALP guidelines compliant
- Can be made LAKSHYA guidelines compliant

THREATS

- Lack of quality compliance because of higher footfall
- Fire safety vulnerability
- Poor patient feedback because of complex patient flow.

Challenges

Facing challenge to reduce long waiting time due to large footfall daily in OPD, leading to long waiting time
Multiple approval need for simple tasks.
Saff are overburdened, leading to delays in service delivery.
Many patients are confused about where to go for services, especially in OPD departments.
Improper segregation of waste because of shortage in color plastic bag.
Patients are often sent from one unit to another without clear instructions or documentation.

Major Learning

- How hospital administration work in real scenarios.
- Concepts like queue management, waste segregation and patient satiation in daily takes.
- Gained insight how government hospital function.
- Learned about schemes like MMA Yojana, RGHS.
- Worked on digital platforms IHMS portal.
- Learned how to manage with limited resources
- Developed practical solution for problems like overcrowding.
- Observed processes like admission, discharge, patent record, and infection control.