A STUDY ON PATIENT-BASED ASSESMENT AND EVALUATION OF SERVICE QUALITY.

.

Dissertation Submitted to

The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer, Airport

Jaipur-302029, Rajasthan

Ph.: 0141 3924700, Fax: 3924738

Website: www.iihmr.edu.in

For the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management (HHM)

Academic Year: 2020-2022

By

Dr. Sakshi Khandelwal

Under the Supervision and Guidance of

Dr. Piyusha Majumdar

2022

DECLARATION BY STUDENT

I hereby declare that this dissertation titled "**A STUDY ON PATIENT-BASED ASSESMENT AND EVALUATION OF SERVICE QUALITY"** 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 Information derived from the published or unpublished work of others has been duly acknowledged in the text.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)

Dr. Sakshi Khandelwal (1182)

MBA HM-25

Date:

CERTIFICATE OF COMPLETION (Organization)

This is to certify that Dr. Sakshi Khandelwal in partial fulfilment of the requirements for the award of the degree o Master of Business Administration (MBA) in Hospital and Health Management (HHM) from the IIHMR University Jaipur has successfully completed his internship at **"SHRI RAM TRAUMA AND SUPER-SPEACILITY HOSPITAL"** during March 23rd, 2022 to June 25th 2022.

Place:

Date: (Preceptor/Head of the Organization)

Shri Ram Trauma and Super-Speciality Hospita

CERTIFICATE (From Faculty Guide and School Dean)

This is to certify that dissertation titled **A STUDY ON PATIENT-BASED ASSESMENT AND EVALUATION OF SERVICE QUALITY through SHRI RAM TRAUMA AND SUPER-SPEACILITY HOSPITAL is** a record of the research work undertaken by **Dr. Sakshi Khandelwal (Roll no. 1182)** in partial fulfilment of the requirements for the award of the degree of Master of Business Administration (MBA) in Hospital and Health Management (HHM) from the IIHMR University, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific, and analytical.

(Faculty Guide)

Dr. Piyusha Majumdar

Assistant Professor

IIHMR University, Jaipur

Date:

(School Dean)

Dr. Mahendra Kumar

IIHMR University, Jaipur

Date:

ABSTRACT

INTRODUCTION: The outpatient division plays a significant role in the smooth operation of the hospital as a whole. Before being admitted to the hospital as an inpatient later on, many patients are assessed and treated as outpatients first. Upon release, they could visit the outpatient clinics for follow-up care.

OBJECTIVE: The study's goals are to comprehend the history, functioning, and observing the hospital's operations, the outpatient department's operations, and analyse the patient satisfaction survey to find any gaps and make recommendations, if any.

BROAD OVERVIEW: My project is based on "PATIENT SATISFCTION OF OPD." Patient satisfaction is a significant and frequently used metric for gauging the superiority in medical care. Clinical outcomes, patient retention, and other factors are all impacted by patient satisfaction including allegations of medical malpractice. It has an impact on the prompt, effective, and patient-cantered provision of high-quality medical treatment. Patient satisfaction efforts need to transition away from just "making patients happy" in order to achieve their desired results. Providing personalised care to improve care. Providing the appropriate service for the ideal patient, when and where they require it.

PROBLEM IDENTIFICATION: The OPD area's issue is a shortage of housekeeping personnel. The notice board does not prominently display the public holiday, lengthy wait times at the counter for registration and billing, delays in collecting laboratory specimens, and payments.

RECOMMENDATION: According to OPD, the number of housekeeping personnel should be increased, should be expanded, and more billing employees and counters should be hired. The notice board should prominently display any public holidays.

CONCLUSION: 60 people responded in total, and there were 9 questions in total. There were 540 replies in all. Out of a total of 540 replies, 60% were satisfied and 40% were not. This task required me to through the various project development phases and provided me with genuine insight into the hospital industry.

ACKNOWLEDGEMENT

I would want to use this opportunity to express my gratitude to everyone who assisted me in completing my training report successfully. In addition, I would like to thank Mr. Manish Tyagi, the OPD Manager, for allowing me to finish the project.

My mentor, has always been a pillar of support for me and has presented me with unique ideas for my project. Continuing to work on the project, Dr. Piyusha Majumdar my college mentor, has always been a rock for me. Who has given me fresh ideas for moving forward with the project. I would also like to express my gratitude to team of SHRI RAM TRAUMA SUPER SPECIALITY HOSPITAL, SIKAR for their persistent dedication to the care department.

Finally, I would like to convey my gratitude to all the personnel who helped me and answered all my inquiries. I am near the end of my training. The project training at “SHRI RAM TRAUMA HOSPITAL" provided me with both

learning and experience possibilities and a look inside a prominent hospital's day-to-day activities I was fortunate enough to be able to participate with people who did everything they could to help and mentor me.

TABLE OF CONTENTS

LIST OF TABLES

ABBREVIATIONS

S.NO	ABBREVATIONS	TERMS
1	**ICMR**	Indian Council of Medical Research
2	**OPD**	Outpatient Department
3	**ECHS**	Ex- Servicemen Contributory Health Scheme
4	**TPA**	Third Party Administrator
5	**ICU**	Intensive Care Unit
6	**MRD**	Medical Record Department
7	**NICU**	Neonatal Intensive Care Unit
8	**HDU**	High Dependency Unit
9	**CSSD**	Central Sterile Supply Department
10	**IPD**	Inpatient Department.

The report's text is divided into sections:

1. Learning through observation.
2. A report on the project.

1. **Observational learnings:**

<u>INTRODUCTION OF ORGANISATION</u>:

MISSION: Shri Ram Trauma Hospital provides high-quality, low-cost medical care in a safe and compassionate environment.

VISION: To be the best managed healthcare organisation in the Shekhawati region.

MOTTO: Patient comes first

STRENGTH: Collaborative efforts and high-performing personnel.

This hospital is also known for super speciality services such as neurosurgery, urology, plastic operations, join replacement, arthroscopy, and other orthopaedic injuries. It is the first trauma centre in the Shekhawati region, with all facilities available specifically for all accidental injuries. Since May 19, 2017, the team of competent doctors and employees has been able to save the lives of a large number of patients. Dr. Ajay Mishra is well-known for join replacement and complex orthopaedic procedures such as joint reconstruction, ligament repair with Arthroscopy ilizarov surgeries, and other paediatric procedures. The hospital also has the majority of the TPA with the Rajasthan state government employee scheme, as well as ECHS patient care services. Facilities provided at the hospital are Emergency Care, X-ray & radiology services, Ambulance Service, Outpatient services, Diagnostic imaging Pharmacy services, Orthopaedics', Nursing services, Neurology, Gastroenterology, Maternity care, Psychiatry Mental Health Care, Laboratory services, Physical therapy, General Check-up, General surgery. Hospital also provides the facilities for covid-19. At the time of surge in the cases of covid patient the hospital played the big role for the treatment of the patients, providing oxygen, ventilators, ICU, and it was also approved by ICMR for covid testing.

INTRODUCTION:

Surveys of patient and client satisfaction are an important part of the facility's Quality Improvement programme. I provides crucial information on patients' perspectives and experiences with high-quality services, which will, o course, assist service providers in improving their procedures and service delivery. A Patient Satisfaction Improvement Program entails gathering patient feedback, conducting a root cause analysis to determine the roo causes of poor satisfaction, developing an action plan, and putting the plan into action to accomplish the goal o continuous improvement of the hospital.

AIM: To study the gaps and to know the level of satisfaction provided by the hospital.

TRAINING OBJECTIVES:

- To study about the different services in the hospital and process of functionality in various department.
- To do a patient satisfaction survey of OPD.
- To identify issue and suggest recommendation to improve the function.

REVIEW OF LITERATURE

1. J Cutan Aesthet Surg. 2010 Sep-Dec 3(3) 151-155 Bhanu Prakash
- Patient satisfaction is a significant and frequently used indicator for evaluating the standard of medical care. Medical malpractice lawsuits, patient retention, and clinical outcomes are all impacted by patient satisfaction. It has an impact on providing timely, effective, and patient-centred care. Health care consequently, patient satisfaction is a proxy yet a highly useful indicator to measure the doctors' and hospitals' success. How to ensure patient pleasure and is covered in this article, profession of dermatology.

2. Clinical Performance and Quality Healthcare by Nettleman MD [01 January 1998, 6(1):33-37]
- Patient satisfaction has received more attention during the past ten years, although there are there isn't a standard way to gauge patient satisfaction. A summary of current research gives some intriguing information. It has been demonstrated that patient satisfaction is directly tied to perceptive physician assessments of the patient's expectations, however, may not correspond to actual expectations. Additionally, the degree of patient satisfaction may not be related to clinical result our understanding of this complex topic has changed in light of recent developments.

3. Outcomes Management for Nursing Practice by Redmond GM, Sorrell JM [01 Apr 1999, 3(2):6772]
- This qualitative research study's goals were to describe the actual experience of people and following release from two rural acute care facilities of 20 patients. Issues in this article talks about the factors that go into calculating patient happiness. Outcomes of the research are discussed within the themes of (1) informed vigilance, (2) serious consideration, and (3) Hospital: home and homeless; One pattern involved, nursing as a bridge during all of the interviews. The authors suggest incorporating qualitative research components in patient satisfaction research to identify the subtle, undetectable ways that improve patient satisfaction with high-quality healthcare can result from nursing interventions

4. Marketing health services: Bell, Krivich, and Boyd [01 Jan 1997, 17(2):22-29]
- It has been widely investigated and recorded how important it is to keep patient satisfaction levels high. In order to increase quality, patient satisfaction can be efficiently monitored, altered, controlled, and managed. The impact of patient satisfaction on healthcare outcomes hasn't been thoroughly studied through patients' views of quality or patient satisfaction techniques. According to the authors of this study, Adding value by focusing on patient pleasure. A control-chart for the statistical procedure is displayed. A technique that could aid in putting into practise and assessing a CQI strategy for raising patient satisfaction. In this study, patient satisfaction is measured, control charts are made, and the results are interpreted. Creating administrative applications with a CQI strategy in mind which helps them analyse their findings.

5. Rashid Al-Abri Rashid Al-Abri* and Amine Al-Balushi
- Patient satisfaction surveys have drawn more attention in the past 20 years as important and crucial sources of data for detecting gaps and creating a successful action plan, for enhancing the quality of healthcare organisations. However, only few of them have been published. Studies describing the enhancements brought forth by patient satisfaction feedback surveys, and the results of these research are frequently in conflict. This piece critically examines a variety of

research articles that look closely at the relationship between dependent and independent factors that affect overall patient satisfaction and adds on value to know how it affects healthcare companies and ways work to improve quality.

DATA COLLECTION METHODOLOGY:

- **Study Design**: Descriptive Cross Sectional Study
- **Setting**: Shri Ram Trauma and Super Speciality Hospital
- **Study population**
  1. **INCLUSION CRITERIA**: All those patients are taken, who are coming to the hospital for OPD services are included in the study.
  2. **EXCLUSION CRITERIA**: IPD patients are excluded in the study.
- **Duration of study**: 23rd March 2022 to 25th June 2022
- **Study Tool**: Interviews from the patients of OPD.
- **Sample Size**: 60 patients are taken as a sample size.
- **Sampling technique**: Random Sampling Method
- **Data collection procedure**: Data is taken directly from the patients.
- **Data analysis plan**: Data is analysed using MS Excel.
- **Ethical considerations**: Data is taken directly from the patient, after taking informed consent from the patient for taking an interview to know the patient satisfaction level.

RESULT

The study is conducted to learn about the hospital services, structure and functionality of various departments, process of various departments. To learn about the patients feedback on the service quality provided by the hospital.

Hospital layout:

BASEMENT: Physiotherapy, x-ray, laboratory, OPD 3 and 4

GROUND FLOOR: Reception, Emergency, Plaster Room, Medical store, OPD 1 and 2

FIRST FLOOR: Labour Room, NICU, Dialysis, General Ward, Female Ward

SECOND FLOOR: Quality dept., accounts office, MRD, TPA, HR department.

THIRD FLOOR: Operation theatre, ICU, HDU, CSSD, Sterilisation room.

Reception of OPD:

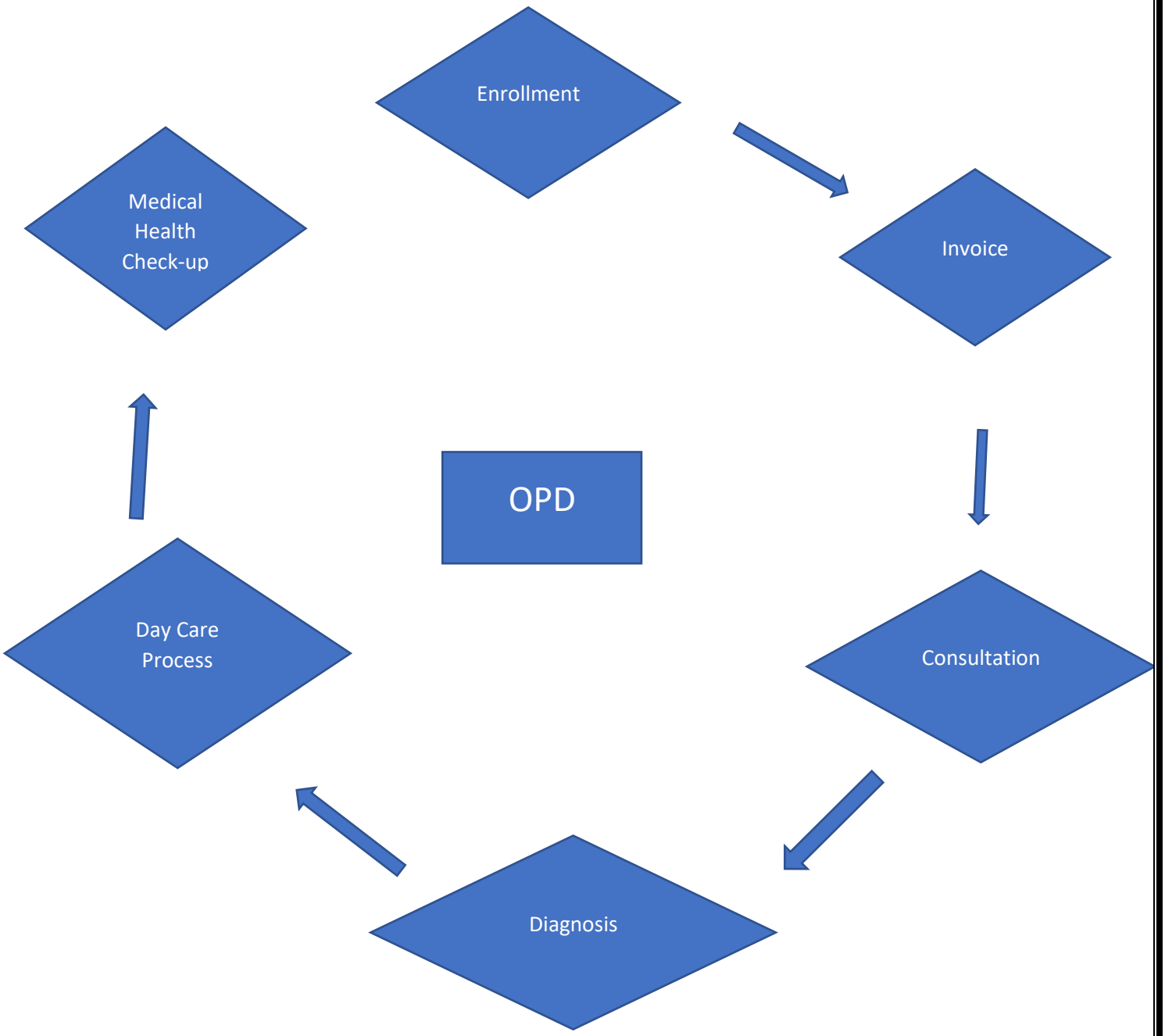
The outpatient department (OPD) acts as a gateway to the hospital. We guaranteed that OPD services would provide patients with an exceptional experience because OPD and Reception have such a huge impact on a patient's sensitivity to a facility. Our front-desk staff is courteous and accommodating. Patients will be given the required information such as how to schedule an appointment and where to go, by support experts at the OPD Reception. If necessary they will join them.

The purpose of this is to develop standards and processes for the OPD Appointment Scheduling Process in order to meet the following objectives:

• The needs and expectations of the customer are determined.

• Efforts to improve client satisfaction are done on a regular basis.

• To ensure continual progress, a feedback loop is established.



FLOW CHART OF OPD

REGISTRATION OF OUTPATIENT DEPARTMENT:

Guidelines and Procedures

Purpose – To provide guidelines and procedures for the Outpatient Department Registration (OPD) Process in orde to meet the following objectives:

- The requirements and expectations of customers are identified
- Customer satisfaction is continually improved, and
- A feedback loop is established to allow for continuous improvement.

Scope – • It provide services to all new and existing patients

TABLE 1. REGISTRATION PROCESS

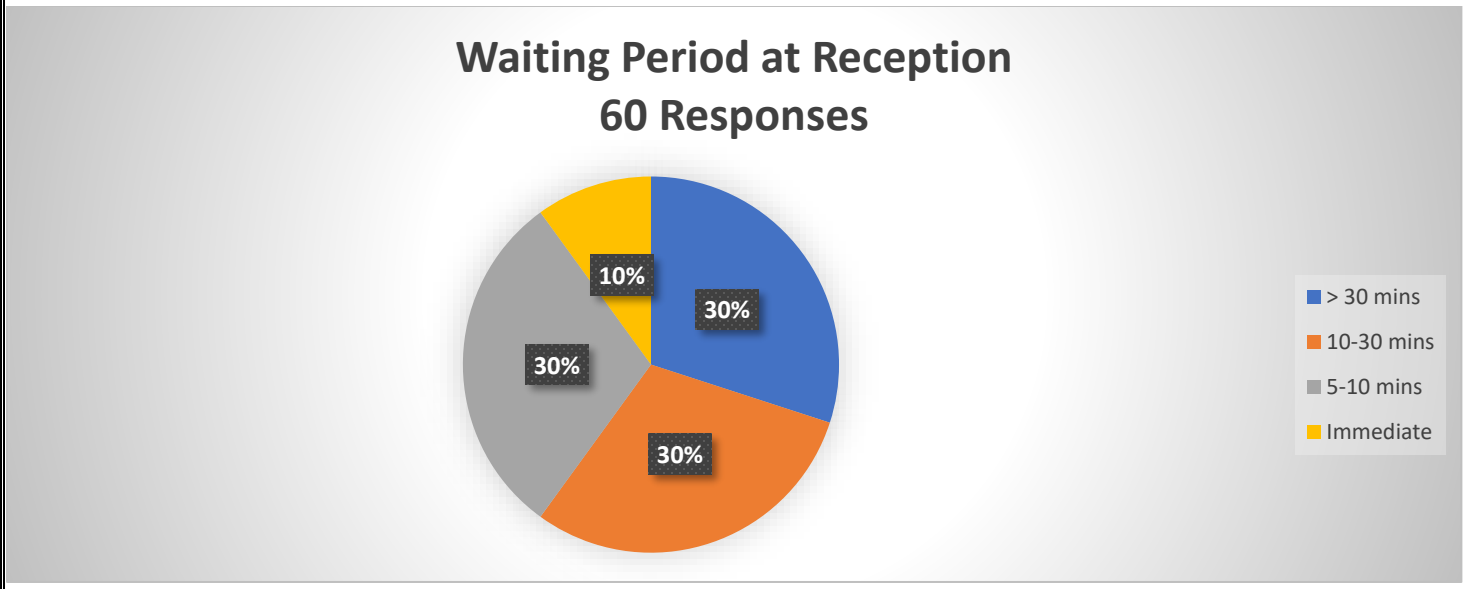
Serial number	**Activity**	**Responsibility of:**
After arriving at OPD reception	A new patient arrives at the OPD reception desk • Does not have a certain doctor in mind, but is aware of the specialisation and seeks physician recommendations. • Is aware of the symptoms of the condition but is unsure of the speciality or expert to see. • Earlier had an word with the doctor and needs to consult with the doctor.	HELP DESK AVAILABLE AT HOSPITAL / OPD RECEPTION DESK OF HOSPITAL
	The necessary instruction is given to the patient– • Consultant information is provided via the OPD consultation. • Specialty availability or general availability • Patients should be sent to the right doctor based on specialised guidelines that	HELP DESK AVAILABLE AT HOSPITAL / OPD RECEPTION DESK OF HOSPITAL

	explicitly identify the symptoms associated with each specialisation.	
	The patient dials the hospital's number and is connected to the OPD'S receptionist. Registration times, consultant availability, and other relevant information are communicated to the patient.	Receptionist of OPD/ TELEPHONE OPERATOR AT RECEPTION
REGISTRATION AT OPD	The registration is made on the basis of guidelines, patient's knowledge of speciality and the doctor.	OPD RECEPTION DESK OF HOSPITAL
	The patient's information is entered into the system, and a unique patient ID number and an OPD Registration Card are generated, after which the patient can make a payment using Debit/Credit/UPI.	OPD RECEPTION DESK OF HOSPITAL
	The patient is then referred to the appropriate OPD and given a registration card.	OPD RECEPTION DESK OF HOSPITAL
	Patients who need to return to the OPD are led to the registration desk, where they are checked for the doctor's OPD scheduling, previous patient visits, and other relevant information You will be directed to the designated area after the doctor's availability is confirmed.	OPD RECEPTION DESK OF HOSPITAL
Records to be generated	OPD Patient Guidance System Guidelines O.P.D. Patient Registration Form Slip of payment	

PROJECT TOPIC: **PATIENT-BASED ASSESMENT AND EVALUATION OF SERVICE QUALITY.**

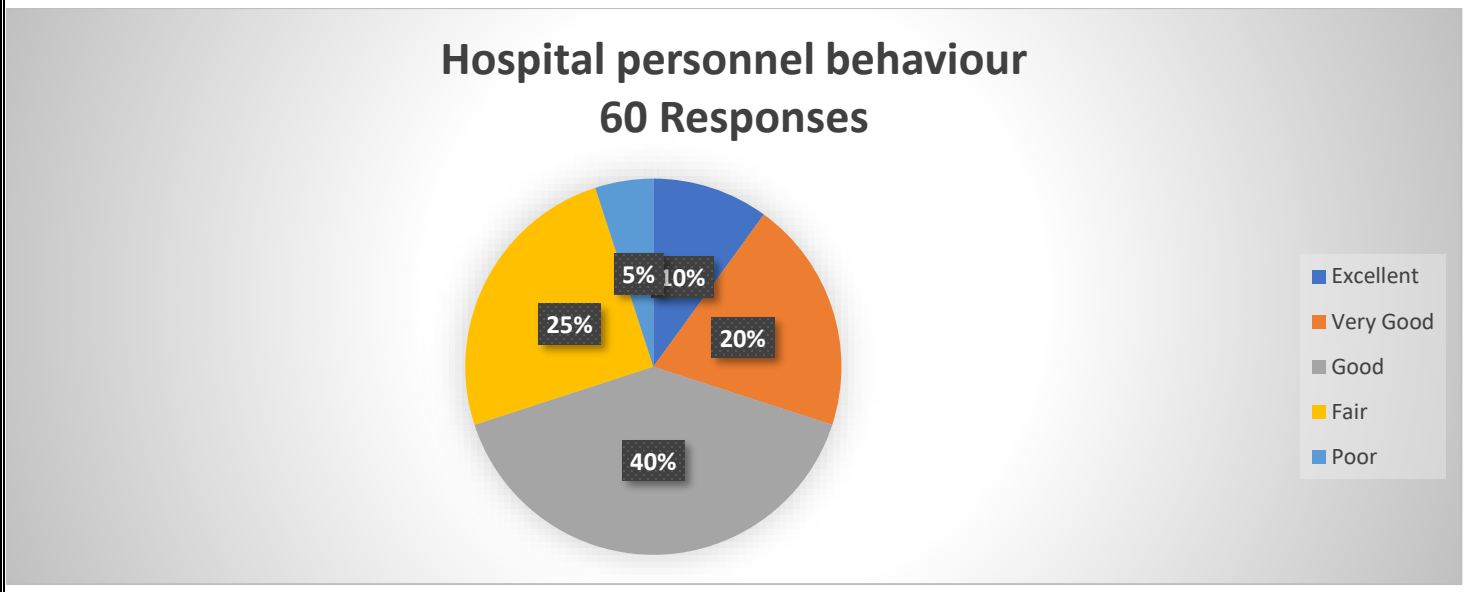
Cross-sectional survey was conducted for 60 patients to determine the difficulties they had during their hospital visit The study age group was above 18 years of age.

1. WAITING PERIOD AT RECEPTION FOR REGISTRATION AND BILLING



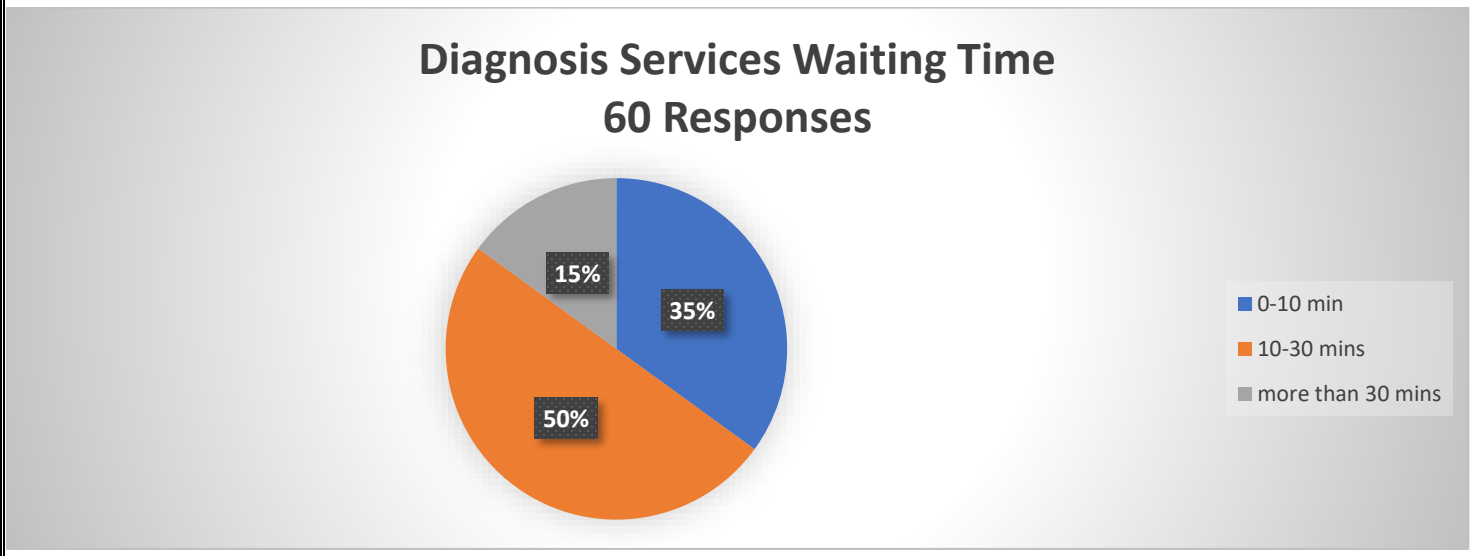
INTERPRETATION: 30% of the patients in 60 responses spent more than 30 minutes at the reception, 30% o patients spent 10 to 30 minutes at reception, 30% of patients spent 5 to 10 minutes at the reception for billing o registration and only 10% patients got the immediate response from the reception.

2. BEHAVIOUR OF HOSPITAL STAFF



INTERPRETATION: In this category only 10% of the patients out of 60 responses found excellent behaviour o hospital personnel, 20% felt very good behaviour, 40% felt good, 25% fair and 5% found it very poor.

3. WAITING TIME AT DIAGNOSIS SERVICES

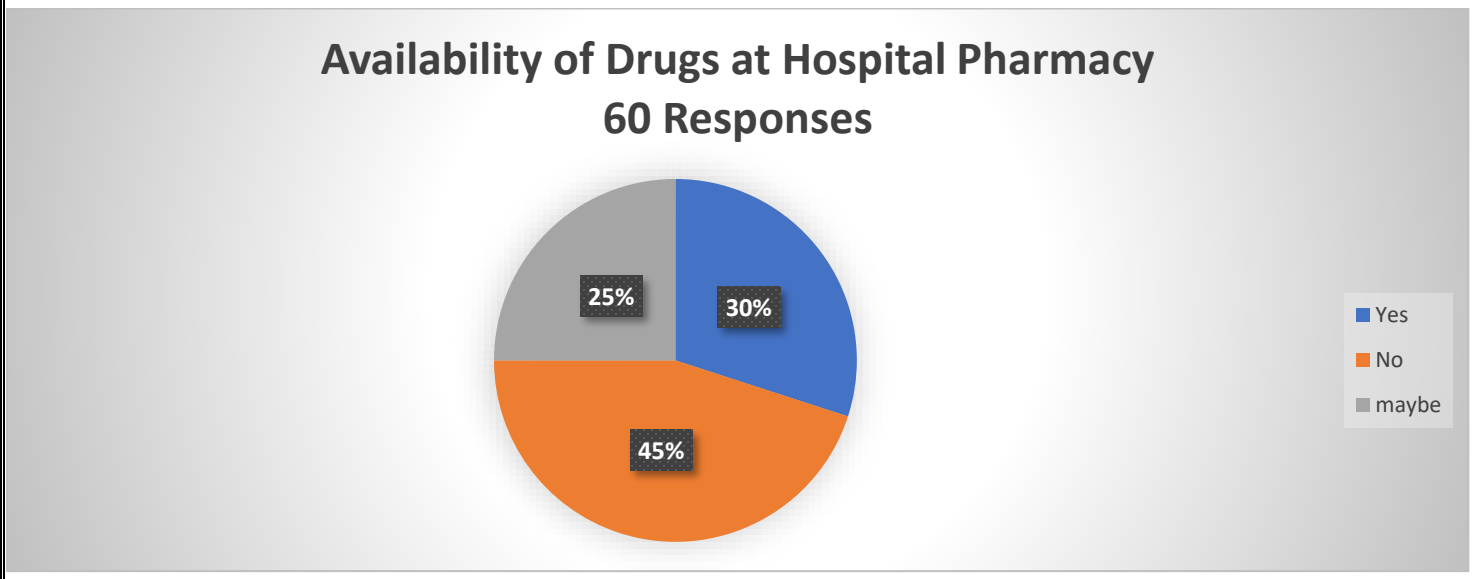


INTERPRETATION: Out of 60 responses 35% of patients spent 0 to 10 minutes as waiting time for diagnosis, 50% waits for 10-30 minutes and 15% spent more than 30 minutes for the diagnosis services.

4. WAITING TIME FOR CONSULTATION AND COUNSELLING

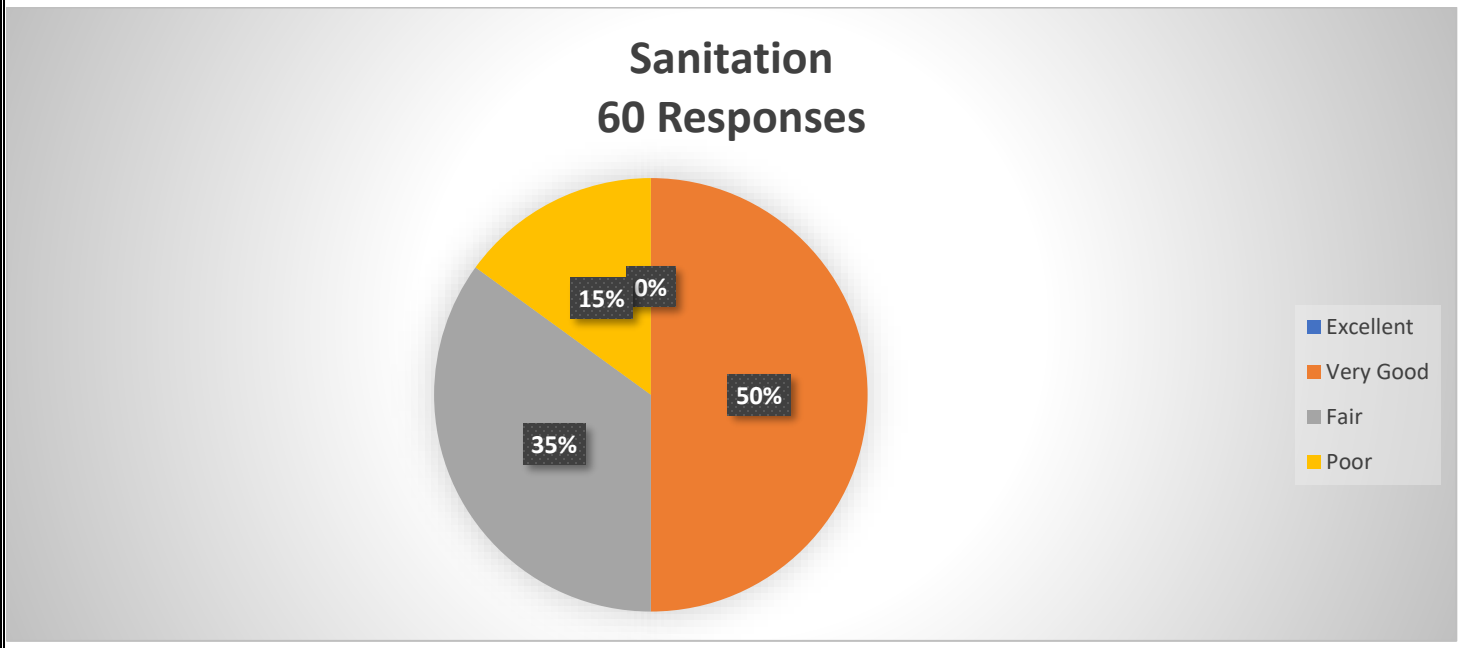
INTERPRETATION: Out of 60 responses 35% of patients spent 0 to 10 minutes as waiting time for consultation, 50% waits for 10-30 minutes and 15% spent more than 30 minutes for the consultation and counselling.

5. DRUGS AVAILABILITY AT HOSPITAL PHARMACY:



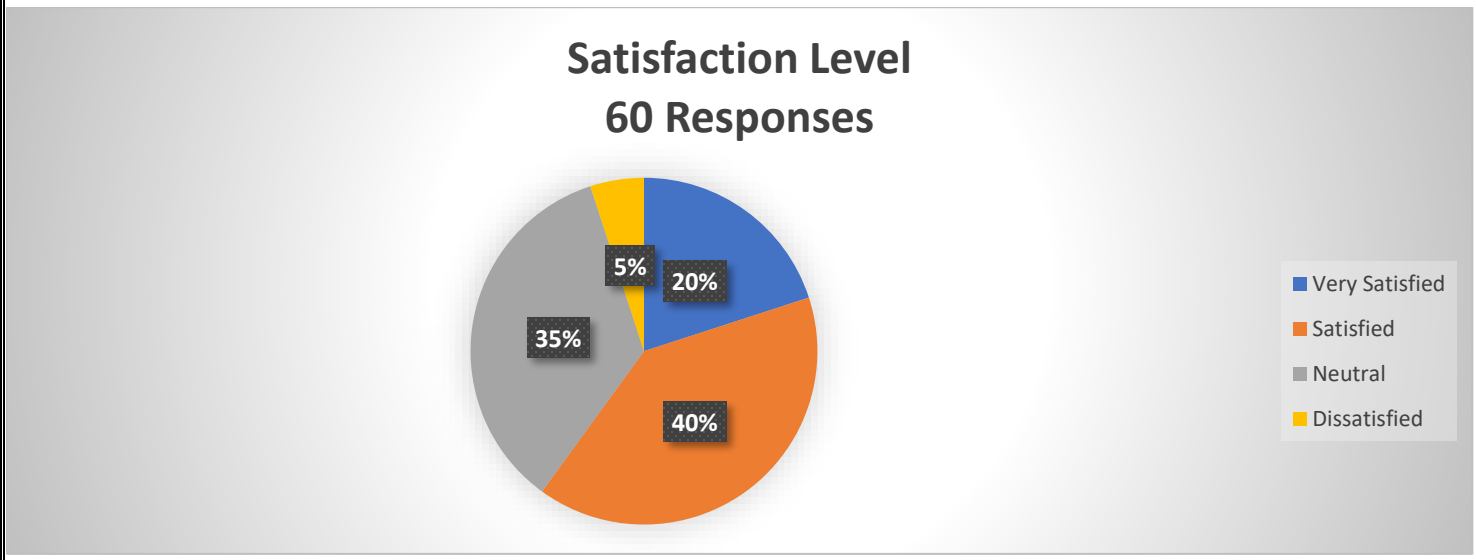
INTERPRETATION: 30% patients get all the drugs at hospital pharmacy, 45% patients do not get all the prescribed drugs, and 25% patients sometimes get all the drugs and sometimes do not.

6. LEVEL OF HYGIENE AND SANITATION:



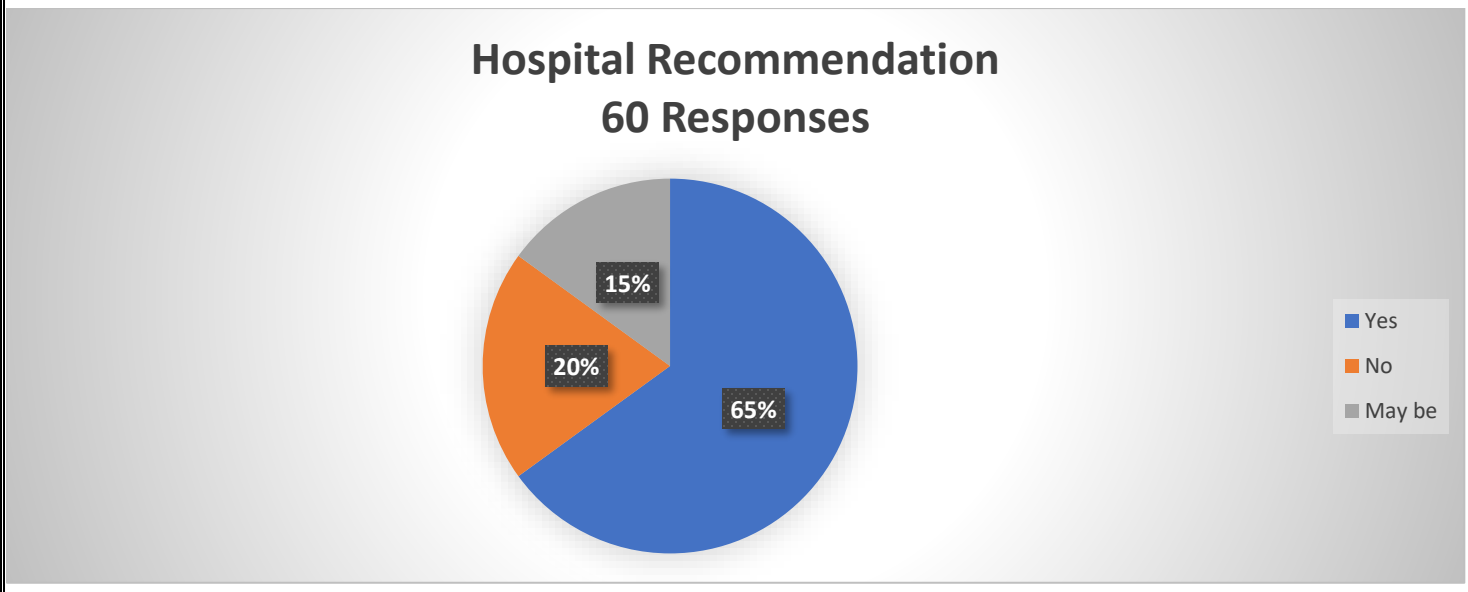
INTERPRETATION: 50% patients out of 60 responses were satisfied with the level of sanitation, 15% were dissatisfied and 35% were neutral.

7. LEVEL OF SATISFACTION



INTERPRETATION: 60% of the patients were satisfied with the hospital service quality, 35% were neutral and 5% were dissatisfied with the hospital.

8. HOSPITAL RECOMMENDATION BY PATIENTS



INTERPRETAION: 65% patients would recommend the hospital, 20% patients will not recommend and 15% were neutral for the hospital recommendation.

DISCUSSION

- The registration and billing counters took a long time to process.
- There is a lack of housekeeping personnel.
- The notice board does not prominently display public holidays.
- Payment and laboratory specimen collection delays.
- A lack of communication among the staff members.
- There is no separate women's changing area close to the procedure room.
- Parking spaces are solely available for only doctors, not patients.
- There isn't a separate counter for report delivery.

RECOMMENDATIONS AND SUGGESTIONS:

- In order to reduce patient wait times at the registration desk, the OPD reception system should be expanded in some areas, and the personnel should receive the appropriate training.
- The hospital staff's behavior needs to be addressed in order to conduct this meeting by the OPD supervisor.
- In this COVID condition, bathrooms and toilets need to be cleaned correctly and frequently.
- The Housekeeping Department is responsible for keeping them up to date.
- It's important to note that several medications are not available in the hospital pharmacy.
- Emergency take care should be prompt.
- Housekeeping personnel should be more in number to take proper care of sanitation and hygiene.
- Parking should be available for patients also to manage the patients in proper order.

CONCLUSION

In order to capture the "Voice of the Consumer" and comprehend patients' perspectives on the services being offered, patient satisfaction surveys have developed into a potent management and marketing tool that is frequently employed by numerous hospitals. Despite some structural limitations, approx. 60 to 65% of all patients reported being overall satisfied with OPD Services, which attests to the hospital management's attempts to improve the services offered at the hospital OPD.

- The doctor's overall performance is satisfactory. Some people might wait to get a hospital bed.
- The hospital personnel generally behaves well and amiably.
- Nursing care of the hospital is very much satisfactory, still there is a scope for improvement.
- Cleanliness of ward/room is good and patients are satisfied with it sometimes.
- In some waiting hours for discharge caused patient dissatisfaction.
- Overall outcome of patient treatment is found to be excellent.
- Most of patient would like to recommend this hospital to other and also would like to come for future health care.

All hospitals should be required to regularly assess patient satisfaction, and the hospital administration should make ongoing efforts to enhance specific areas of the service depending on the degree of satisfaction with the dimensions examined in this patient satisfaction study. The increased level of patient satisfaction was a result of improvements made to the facilities and atmosphere, the quality of customer service, and the impact of a dedicated work force.

REFERENCES:

- **Al-Abri R, Al-Balushi A. Patient satisfaction survey as a tool towards quality improvement. Oman medical journal. 2014 Jan;29(1):3.**
- **Cohen G. Age and health status in a patient satisfaction survey. Social science & medicine. 1996 Apr 1;42(7):1085-93.**
- **Farley H, Enguidanos ER, Coletti CM, Honigman L, Mazzeo A, Pinson TB, Reed K, Wiler JL. Patient satisfaction surveys and quality of care: an information paper. Annals of emergency medicine. 2014 Oct 1;64(4):351-7.**
- **Carr-Hill RA. The measurement of patient satisfaction. Journal of public health. 1992 Sep 1;14(3):236-**