Summer Training at
C K Birla, Hospital (RBH), Jaipur
(April 3 to June 2, 2017)

IPD Satisfaction Survey

By
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Under the guidance of
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MBA Hospital & Health Management
2016-2018

Institute of Health Management Research
The IIHMR University, Jaipur
2017

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that **Dr. Maaz Iqbal** has undergone summer training in **C K Birla hospital (RBH), Jaipur** from 3rd April to 2nd June 2017.

The candidate himself completed the project assign to him during summer training. His approach to the project was sincere and proactive. This summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Hospital and Health Management.

I wish him success in all his future endeavors.

Col. (Dr.) Ashok Kaushik

Dean (Academic & Student Affair)

The IIHMR University, Jaipur

Dr.P.R.Sodani

Dean (Training)

The IIHMR University, Jaipur

CK BIRLA HOSPITALS | RBH

Date:- 2nd June 2017

To whom so ever it may concern

This is to certify that Dr. Maaz Iqbal has successfully completed his summer internship in IPD department from 3rd April 2017 to 2nd June 2017.

We found him sincere, punctual & hardworking. We wish him every success in his future and career.

Ashwin Divakaran

Head – HR & Training

Rukmani Birla Hospital - A unit of The Calcutta Medical Research Institute
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ACKNOWLEDGEMENT

First of all, I extend my profound gratitude to the almighty, which helped me to accomplish all my tasks well on time. I would like to extend my sincerest gratitude to all who contributed their valuable time and incomparable and everlasting support without which my study and learning would have been incomplete.

My special gratitude to **Mr.Ashwin Diwanakaran** (HR head, RBH) and **Ms.Bhawana Hemrajani** (assistant manager –learning & development, RBH) who has given me the opportunity to execute my summer training in Rukmani Birla Hospital (jaipur).I cannot forget to mention the name of **Ms.Meenal Patni** (Head Patient Care Services) for her enormous encouragement and support. She extended valuable guidance and support during my study.

I am really thankful to all the operation staffs especially **Ms.Monika Sharma**, all the billing staffs, nursing staffs and the pharmacy staffs for cooperating in completion of my project.

Most importantly I would like to thank my mentor **Dr. P.R.Sodani** (Dean training, IIHMR) for his guidance and motivation throughout the study.

TABLE OF CONTENTS:

ABBREVIATIONS:

PUKR - Patient unique key registered

PANR - Patient admission number registered

LOS - length of stay

LAMA - leave against medical advice

DOR - Discharge on request

CAG - Coronary angiography

CABG - Coronary artery bypass grafting

GDA – Ground duty assistant

IPD - In patient department

OPD - Out patient department

MRD - Medical record department

NICU - Neonatal intensive care unit

HDU- High dependency unit

CSSD - Central sterile and supply management

GRE - Guest relation executive

DOT- Discharge order time

TPA - Third party assistance

HIS - Hospital information system

LA - local anesthesia

GA - General anesthesia

SA - Spinal anesthesia

CSEA - Combined spinal & epidural anesthesia ACC: Access & Continuity of Care

COP: Care of Patients

CQI: Continuous Quality Improvement

HIRA: Hazard Investigating and Risk Taking

HR: Human Resource

HIC: Human Infection Control

HRM: Human Resource Management

MSDS: Material Safety Data Sheet

MOM: Management of Medication

MRD: Medical Record Department

MIS: Medical Imaging Services

NABH: National Accreditation Board of Hospitals And Healthcare Providers

OT: Operation Theatre

QA: Quality Assurance

SOP: Standard Operating Procedures

INTRODUCTION

Summer training is an integral part of Post graduate course in Hospital Management. As a part of the curriculum, students are required to undergo 2 months training with reputed organization to learn management related issues and areas. The main purpose of the training is to get exposure to functioning of organization.

Rukmani Birla Hospital is a recognized center of excellence for providing medical care, and research facilities of high order in field of medicine. RBH is a 230 bed multi-specialty hospital offering comprehensive inpatient and outpatient services in Jaipur. It is founded on three key principles — Clinical Excellence, Ethical and Patient Centric approach, this multi-specialty facility caters to patient needs and makes sure that the patients and their families are being well looked after by a team of efficient doctors, caring and vigilant nurses, organized housekeeping and back office management.

Due to these distinguishing features I did my summer training in RBH(Jaipur)with reference to **Inpatient department**.

ABOUT THE HOSPITAL:

VISION STATEMENT:

Patient at the core.

MISSION STATEMENT:

Continuously creating benchmarks towards providing unmatched patient experience through clinical and service excellence amidst an inclusive environment that embraces innovation and quality combined with compassion, commitment, accountability and transparency.

COMMITMENT TOWARDS QUALITY:

To constantly upgrade our human and technological resources in order to keep pace with the best global developments in medical science.

QUALITY POLICY STATEMENT:

To maintain highest standard of quality service delivery provided at the hospital.

History: -

CK Birla Hospitals, comprises three Hospitals, CMRI (The Calcutta Medical Research Institute), BMB (BM Birla Heart Research Centre) and, RBH (Rukmani Birla Hospital).

It has set milestones in the healthcare Industry for over four decades. The hospitals are intrinsically bound by three integrated philosophies — Clinical Excellence, Ethical Conduct and Patient Centricity. These operating philosophies have been pivotal in making the hospitals grow and serve people who are in need of quality healthcare.

The three units of CK Birla Hospitals, having established themselves in Kolkata and Jaipur, offer 800 plus beds with comprehensive outpatient and inpatient services. Working on a mission to providing quality healthcare for all, the hospitals so far have performed over 5.5 lakh successful surgeries, 1.9 lakh Cath lab procedures and 22,000 critical cardiac surgeries. Supported by the latest technology and modern infrastructure, these hospitals continue to set new standards of Cure and Care.

RBH, Jaipur is the latest venture of CK Birla group started in July 2016.

Location:

The Hospital is located on Gopalpura Bypass, Jaipur

Address:

Rukmani Birla Hospital,

Gopalpura Bypass Road, Near Triveni Bridge,
Gopalpura, Jaipur – 302018

Area:

Total build up area is 2, 00000 sq.ft. It is 230 bedded specialties with 115 operational beds. The hospital provides space and comfort to patients as well as staff.

SERVICES:

- Ambulance service
- Anaesthesiology
- Cardiac pulmonary rehab & lifestyle guidance clinic
- Critical care
- Day care
- Cathlab
- Dietetics
- Emergency (24*7) and trauma care
- Emergency medicine
- IPD
- Lab diagnostic
- OPD
- pharmacy
- Preventive health check
- Radiology

SPECIALTIES:

- Bone & joint
- Cardiothoracic and vascular surgery
- Dental
- Endocrinology
- Gastroenterology
- General and minimally invasive surgery
- Internal medicine and infectious diseases
- Invasive & non invasive cardiology
- Obstetrics & gynecology
- Osteopathy
- Pediatrics & neonatology
- Respiratory medicine

ABOUT THE INPATIENT DEPARTMENT:

The **IPD** are very important services of the health care system and hospitals. Most of the functions of hospital revolve around in patient services. An independent sub unit of inpatient services is called ward or nursing unit. Nursing unit is designed, equipped and staffed to look after the patients by a team of hospital staff consisting of most competent doctors to almost illiterate staff. Inpatient facilities occupies 30-35 percent of hospitals functional area and their capital investment and operational cost is very high.

FUNCTIONS OF INPATIENT SERVICE:

- To make admissions.
- To regulate and facilitate the visits of attendants and visitors.

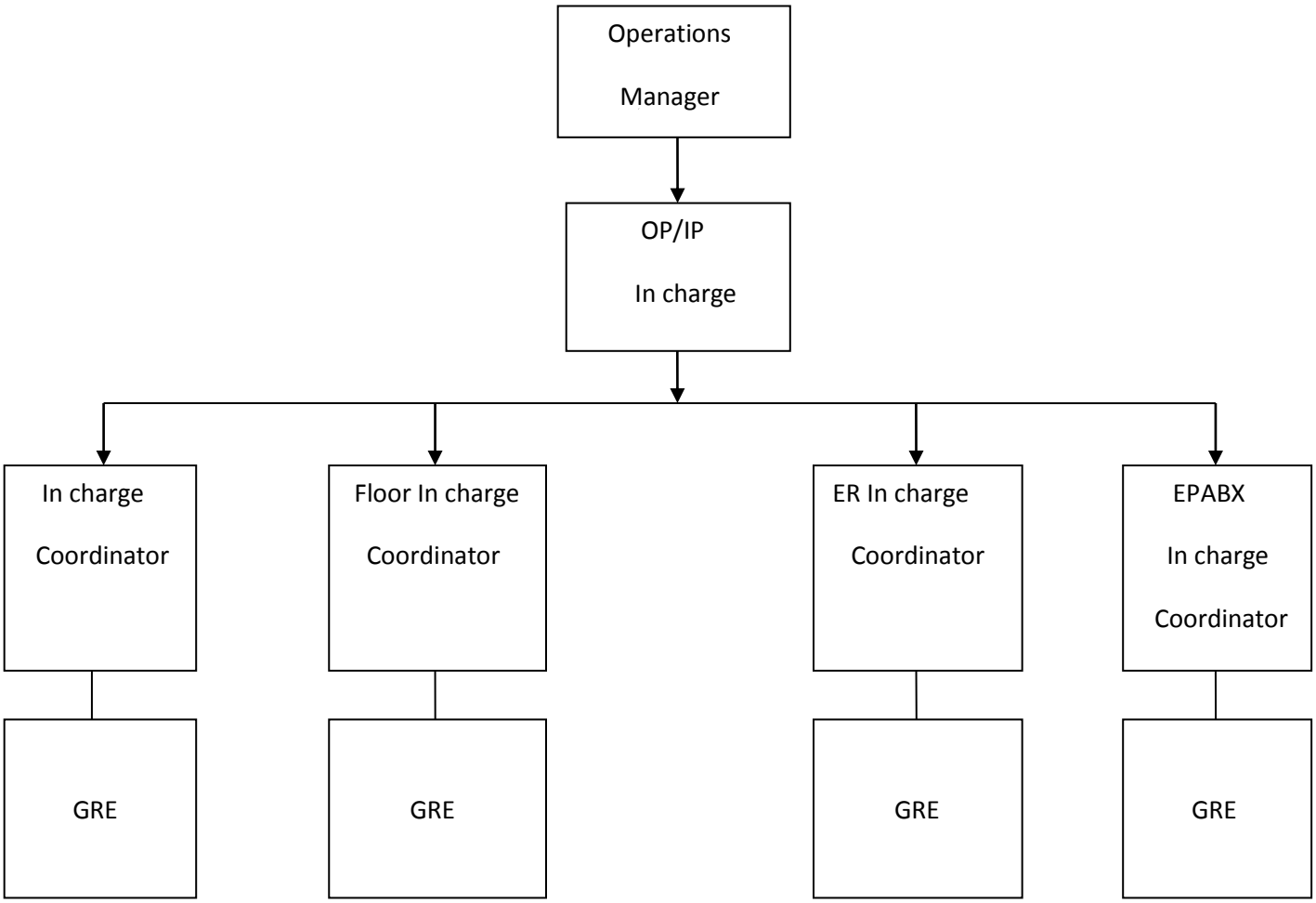
HOW IPD OPERATES:

Patient comes to Inpatient Department with IPD admission request form referred by the respective doctor. Now at this point of time first of all financial counseling is done, all the expenses of the treatment are mentioned on the financial counseling form and then explained to the patient about the approximate cost of the treatment, if the patient/attendant agrees for the treatment then a consent form filled by the patient/attendant, a PANR no. is generated at this time and admission is made. Nutrition charge is Rs200 and admission charge is Rs 500.These charges are applicable for one time only. Attendant and visitor pass issued at this point of time only, for patient admitting in general ward only attendant pass is given, only one attendant can stay with a patient and if another person wants to visit that patient the same card is to be used. In case of patient admitting to semi private or private room both a attendant and a visitor pass is provided.

Visiting hours:

FOR WARD	MORNING :11AM TO 1PM EVENING: 4:00PM TO 6:00PM
ICU	MORNING: 11:00 AM TO 12:00 PM EVENING: 4:00PM TO 5:00PM

ORGANOGRAM OF THE DEPARTMENT



LIST OF FUNCTIONING BEDS

Department	Number of beds
Labor room	2
Cradle	5
Day care	9
Emergency	7
Endoscopy ward	5
HDU	5
ICCU	7
Maternity triage	2
MICU	9
Multi bed	8
NICU	6
Post-op-recovery	5
Pre-operative	5
Private	4
Semi private	4
General ward	22

SWOT ANALYSIS OF HOSPITAL

STRENGTH	WEAKNESS
Care for the patient. Diligent staffs. Free ambulance facility. Competent doctors. Nursing facility Financial counseling. Ambience. Cleaning. Prayer room. Infrastructure. Multiple OT rooms. Cozy semi private & private rooms. Latest & modern technology.	Delays in discharge. Least number of TPA. Pathway to general ward. Lack of attendant room. no display of doctors in main lobby. Lack of low budget cafeteria. No benches for sitting in garden area. Lack of porter in IPD pharmacy.
THREATS	**OPPURTUNITIES**
Delayed discharge. Open area to general ward. Consent form. Least TPA.	Sitting arrangement in garden area Patient satisfaction. Attractive health packages. Publicity.

OBJECTIVES OF SUMMER TRAINING

- To scan the internal environment of the organization.
- To gain knowledge about the multi-specialty services offered by the hospital.
- To study as how the hospital deals with its patient and their grievances.
- To study the different departments of the hospital in terms of location, workflow, staffing pattern etc.
- To study the relationship and co-ordination between medical and administrative services.
- To involve myself in a task or activity assigned by the hospital and provide valuable inputs according to the need of organization.

MAIN TEXT:

OBSERVATIONAL LEARNING:

- Government has made it mandatory to submit a copy of pan card for each patient if the bill goes above fifty thousand. In case patient does not have pan card, he's supposed to fill FORM 60. Form 60 has all the information of the patient and Aadhar card number and if pan card is applied and not yet generated then the person is supposed to fill the date of application and acknowledgement number.

- Three types of admission come;

  - Walk –in
  - Planned one (Delivery case)
  - From OPD

  - Generally, in emergency when a patient comes, patient is send directly to the emergency room and the doctor first observe the condition, if they feel they are able to treat the case, they inform the operation staff to track the patient and then they register the patient otherwise a first aid is given and then patient is asked to consult other hospital or is referred.

  - Four types of Patient Discharge;

  - LAMA
  - DOR
  - Referred to other hospitals
  - Normal discharge

    - When a patient gets admitted, bill generates, the due amount is outstanding, and one staff is there to call the patient attendant before discharge to deposit. In case if patient does not deposit though we discharge but we follow government norms (rule) and we undertake the patient. In undertaking we keep their original ID's.

    - TPA:

Organization currently has a tie up with only three insurance companies,

- Cholamandalam
- Max Bupa
- Saras

- In case of TPA, when a patient comes we look for two things

a) whether the patient has a tie up with that organization
b) kind of insurance
    - individual
    - corporate

individual insurance does not cover all the treatment procedure while corporate covers entire procedure from day one. Then while registering patient hospital need to send an investigation report and prescription to that organization, we have to substantiate whatever we are sending for. Once the approval is received treatment begins and when the treatment gets over the final bill is being send to the insurance company, they generally reply in three hours, so the patient asked to wait. once they approve then only the patient is asked to leave.

Generally, it takes 21 to 45 days for settlement if the insurance company settles within 15 days they cut 2% of the amount which they call early discount.

- For BPL patients everything is free, only the patient has to pay registration fees.

- We can't make a bill at zero.

- Ambulance picking facility is free while dropping facility is chargeable.

- Registration fees are 50 rupees.

  Refund policy: Hospital has a policy of not refunding in cash above ten thousand rupees, either through cheque or net banking (RTGS).

- At radiology, entries of patients are done both manually (maintaining a register) & on system basically there are three things entries, coordination and then dispatch of the reports. In case of pregnancy an additional form is filled known as fetal form, one copy of which is given to patient while another one ids kept for hospital record and send to MRD and can be shown to government or any authorized body on demand.

IPD satisfaction survey

PROJECT FINDINGS

ABSTRACT:

Background: Hospitals have evolved from being an isolated sanatorium to a place with five-star facilities. The patients and their relatives coming to the hospital not only expect world-class treatment, but also other facilities to make their stay comfortable in the hospital. This change in attitude and expectation has come due to tremendous growth of media and its exposure, as well as commercialization and improvement in the facilities. The aim of this study was to evaluate the level of satisfaction at **Rukmani Birla hospital** (Jaipur) and feedback from them for improvement of the same. A satisfaction survey was conducted with a set of 7 questionnaires with patients and their attendants.

Methodology:

Type of study: Descriptive/cross sectional

Sampling method: non-probability purposive sampling

Sample size: 82 (responded at the time of survey)

Method of data collection: primary and secondary method

Tool used: semi structured questionnaires on the scale of 1 to 7.

Source of questionnaire: self-generated

Result: most of the patients are satisfied with all the services of the hospital and they had a comfortable stay in the hospital while few of the patients complained regarding the slow discharge process and their issues with the billing.

Conclusion: treatment provided by the doctors satisfies most of the patients, behavior of the doctor and the way of explanation regarding disease and its treatment. Cleanliness of the hospital also touches the heart of most of the patients and their attendants.

INTRODUCTION:

Patient satisfaction can be defined as fulfilment or meeting of expectations of a patient/attendant from the services of hospital. It improves performance and communication with patients. Patient satisfaction have become of paramount importance as mouth-to-mouth publicity and personal referral is the most common and influential cause of using a particular health facility.

Patient satisfaction is one of the important goals of any health system, but it is difficult to measure the satisfaction and gauze responsiveness of health systems as not only the clinical but also the non-clinical outcomes of care do influence the customer satisfaction.

Patient satisfaction depends up on many factors such as: Quality of clinical services provided, availability of medicine, behavior of doctors and other health staff, cost of services, hospital infrastructure, physical comfort, emotional support, and respect for patient preferences. Mismatch between patient expectation and the service received is related to decreased satisfaction. Therefore, assessing patient perspectives gives them a voice, which can make hospital services more responsive to people's needs and expectations. Patient expectations are constantly changing, so what satisfies a patient at one point in time may not satisfy him at some later date. In establishing a patient satisfaction, some of the usual goals are to:

- Measure patient satisfaction
- Monitor changes in satisfaction
- Monitor changes in performance

Various dimensions of patient satisfaction have been identified, ranging from admission to discharge services, as well as from medical care to interpersonal communication. Well recognized criteria include responsiveness, communication, attitude, clinical skill, food services, etc. It has also been reported that the interpersonal and technical skills of health care provider are two unique dimensions involved in patient assessment of hospital care. Keeping all these in mind a semi structured questionnaire was developed on the range of 1 to 7. A total of 180 patients were called out of which 82 responded to the survey. Each patient and their attendant were called and asked if they can contribute to the survey, the survey took 3 to 4 minutes for each respondent.

IPD: Inpatient department are very important services of the health care system and hospitals. Most of the functions of hospital revolve around in-patient services. Inpatient care generally refers to any medical service that requires admission into a hospital. Inpatient care tends to be directed towards more serious ailments and trauma that require one or more days of overnight stay at a hospital. People who are admitted as inpatients to hospitals and facilities will typically have more serious conditions that require prolonged monitoring and care from medical staff overnight or for more days. Around 67% of the hospital revenue generates from here therefore it

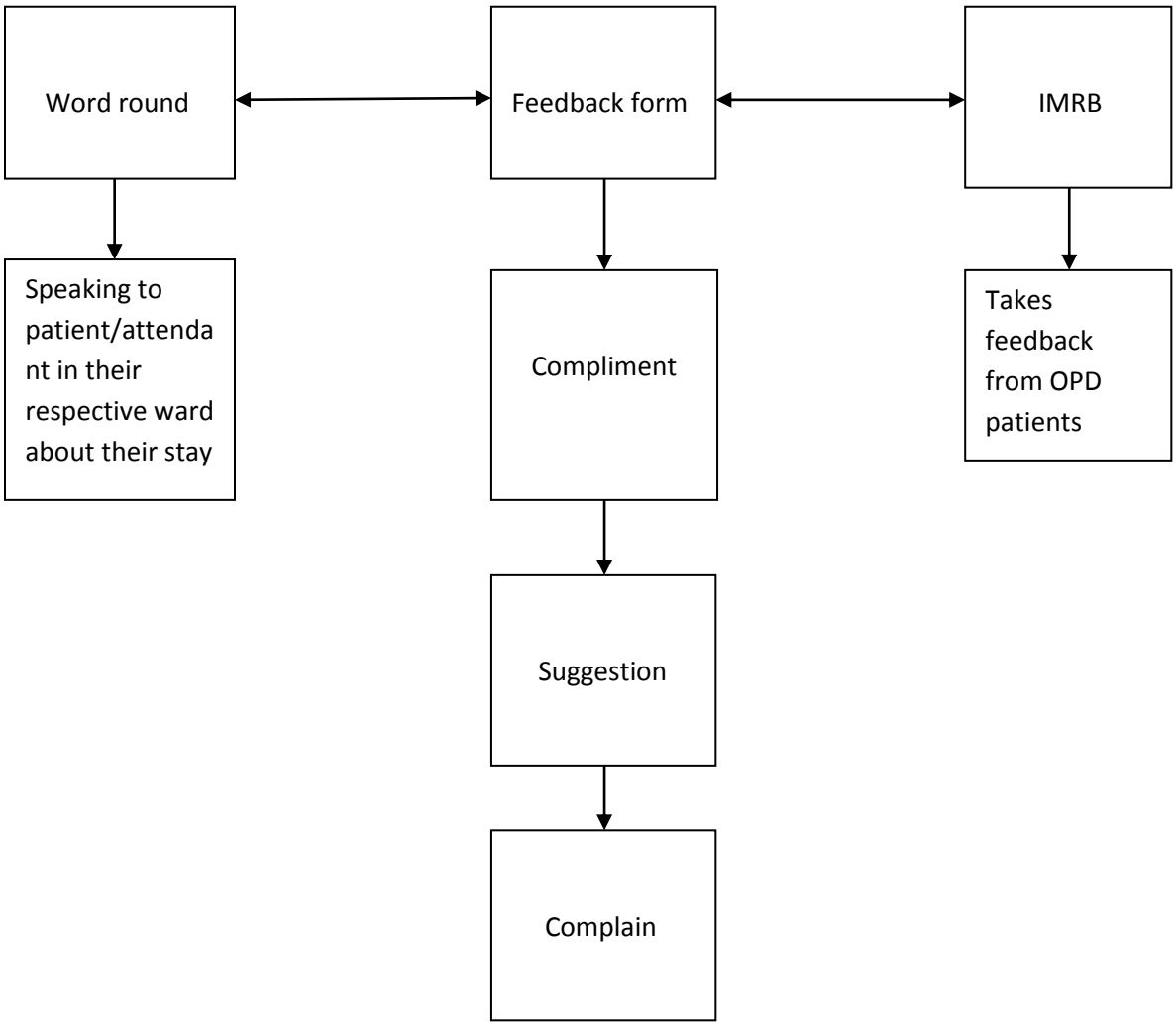
is very necessary to know about the satisfaction level of the patients and their attendants with respect to **IPD** for successful running of an organization.

Rationale: The study is required to gauge Inpatient satisfaction level in order to improve upon the current set of services at **Rukmani Birla Hospital** (Jaipur).

Objectives:

- The main objective of the study is to measure the satisfaction of IPD (Inpatient Department) patients in Rukmani Birla hospital.
- To assess patient satisfaction with the various services provided in the hospital.
- To analyze & investigate the gaps in the patient satisfaction.

PROCESS OF PATIENT EXPERINCE

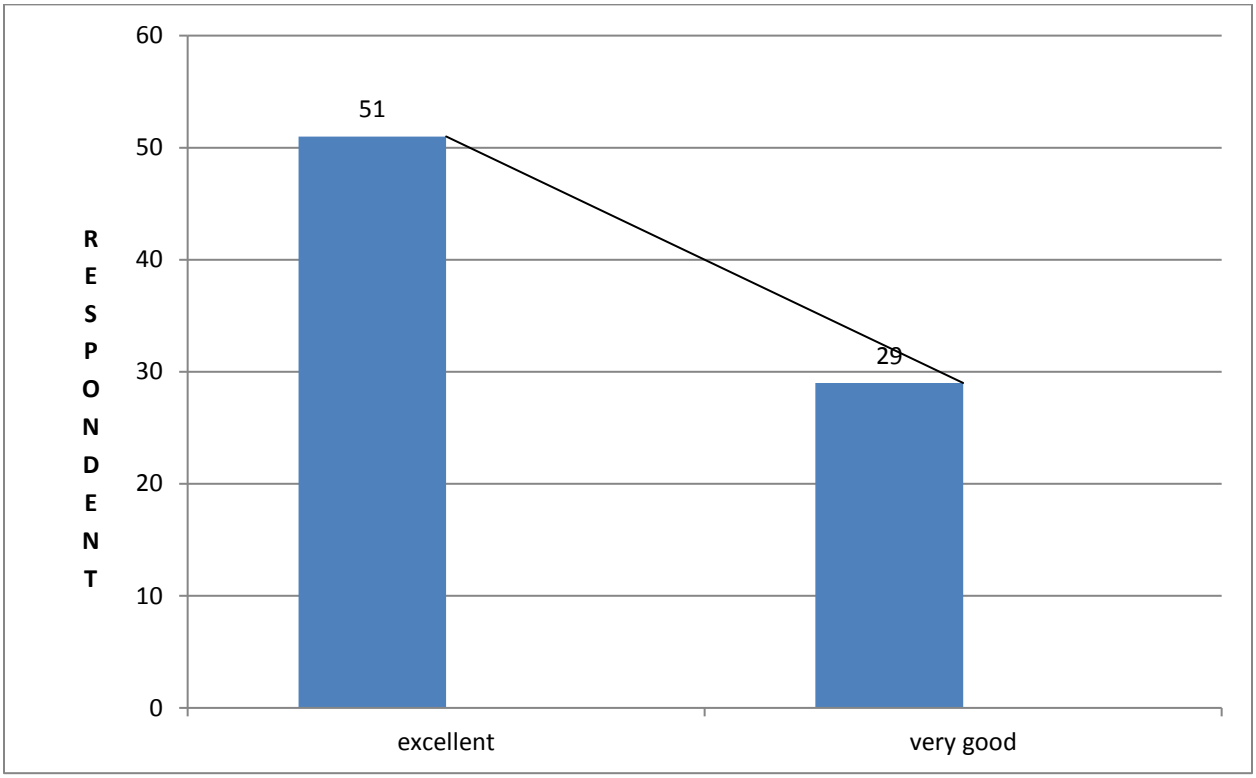


FINDINGS:

1) Overall experience during admission.

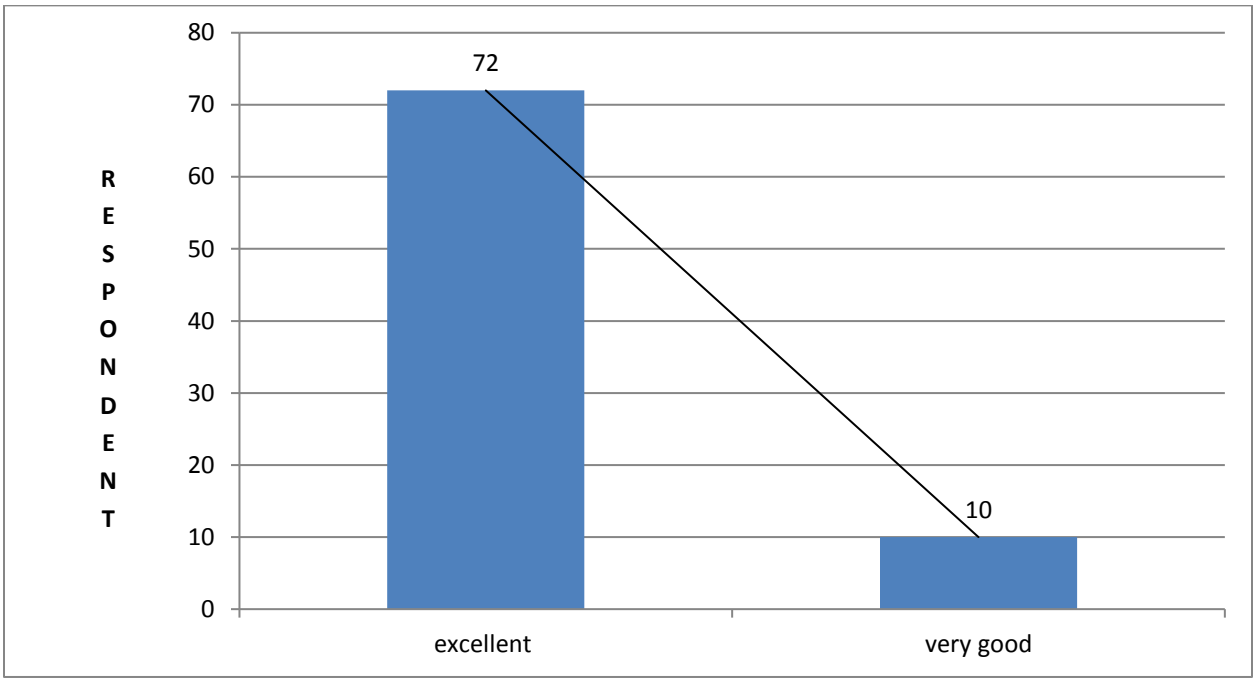
The graph reveals that most of the patients are satisfied with their admission procedure over the front desk.

2) promptness,courtsey &competency of the nusring staff



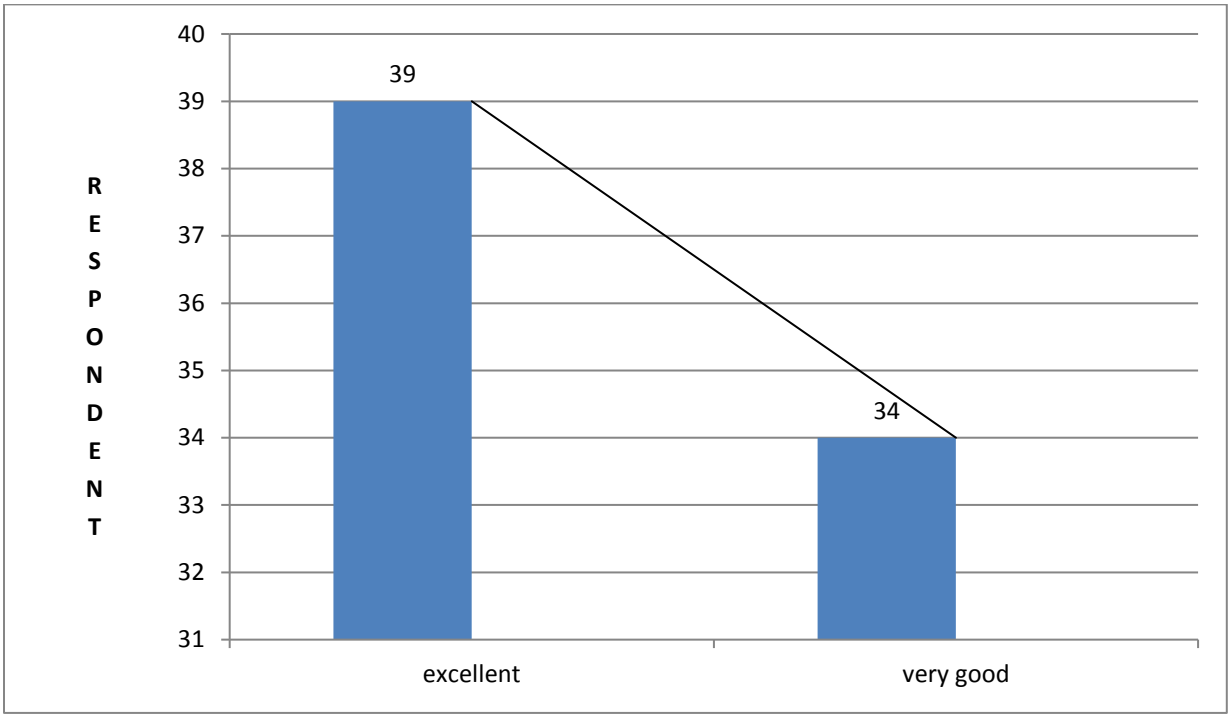
Majority of the patients were thoroughly satisfied with the nursing care and attention.

3)Treatment provided by the doctor.



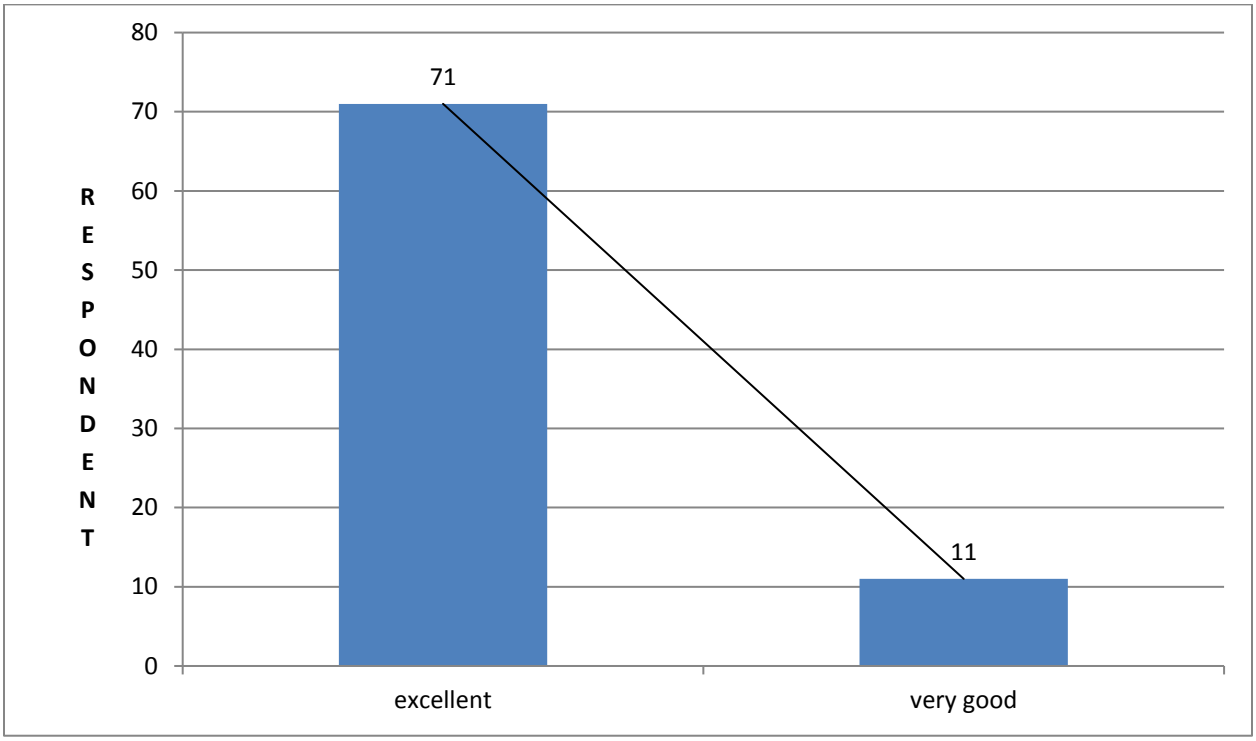
The graph reveals that 90% of the patients are fully satisfied with the treatment they received from their respective doctor and their behavior and the way they explained them the disease and the treatment procedure.

4) Food & beverages services at the hospital.



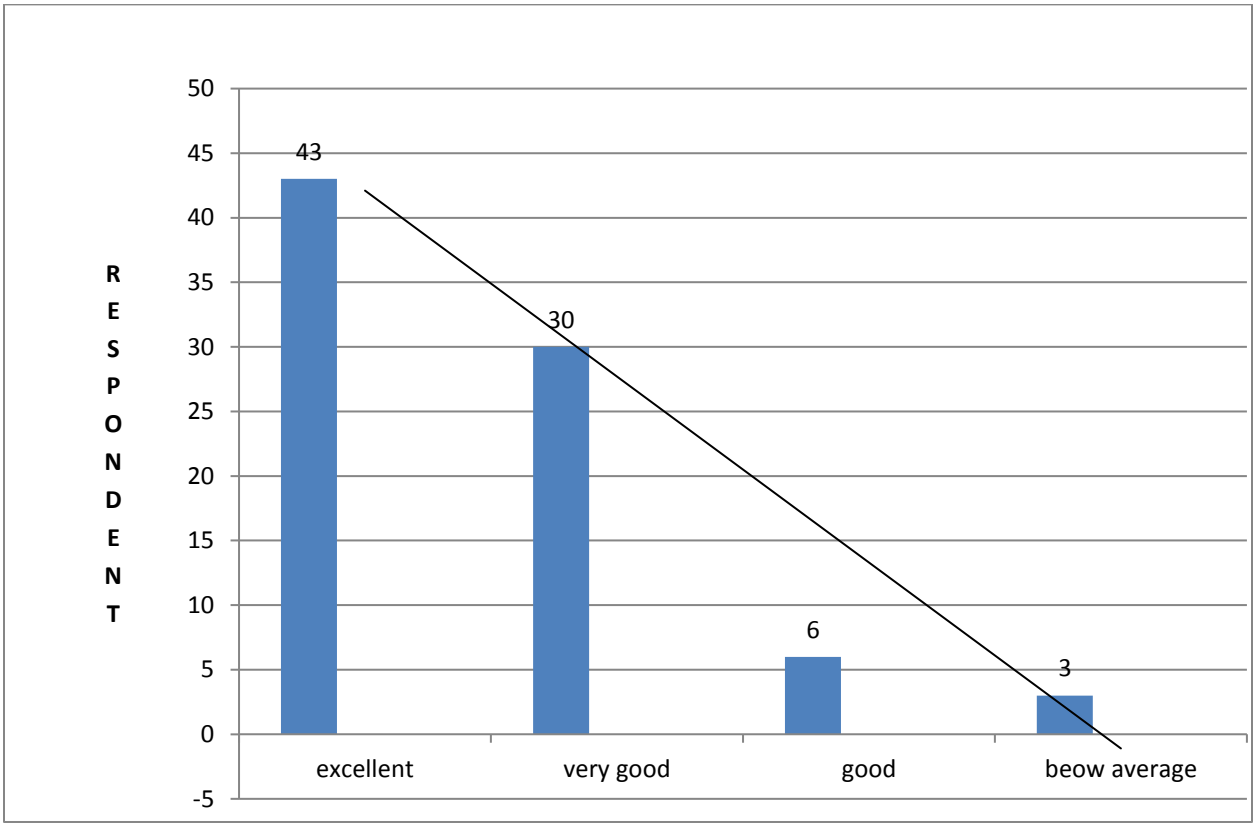
Half of the respondent was fully satisfied with the food served to them; rest of them also liked the food.

5) Cleanliness of the hospital



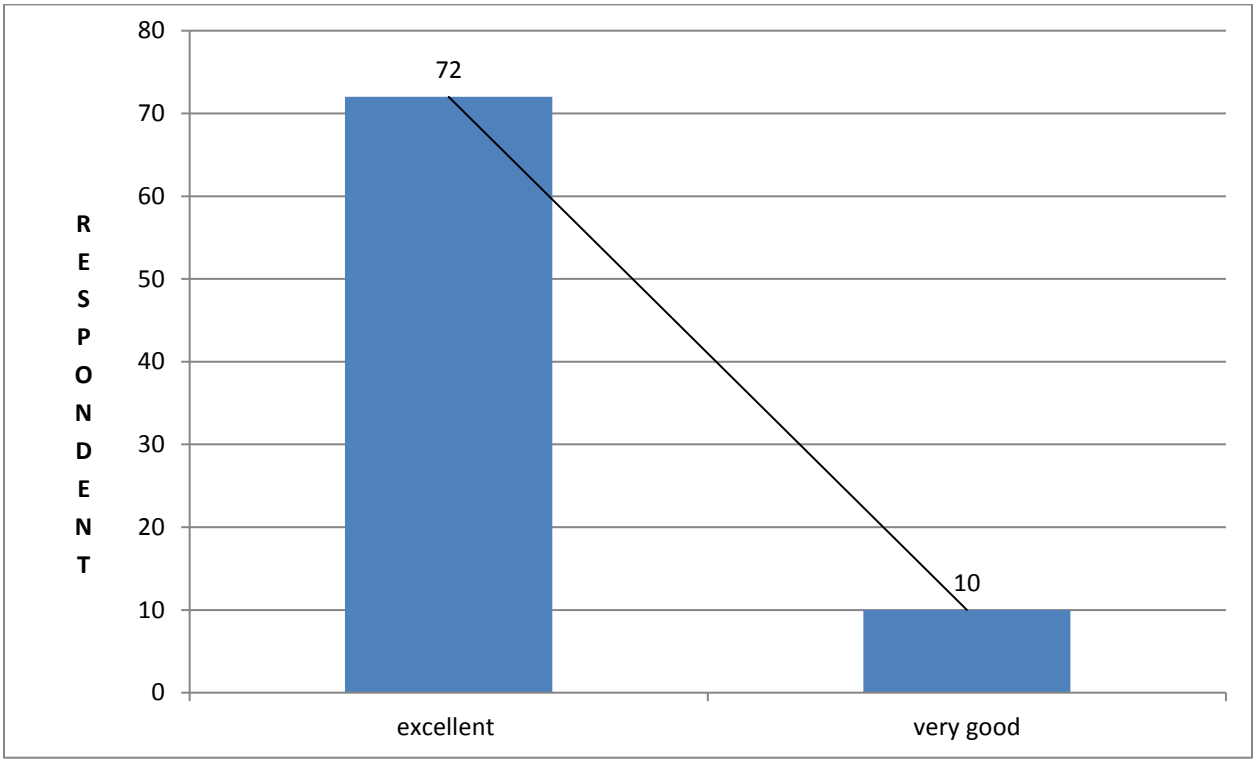
Once again almost 90% the respondent appreciated the cleanliness of the hospital and the way its maintained.

6) Experience at billing during discharge.



Despite of getting satisfied by all other services many respondent have complained regarding the slow discharge process and slow functioning of the billing staff. The graph reveals that few patients had a lengthy discharge & billing process.

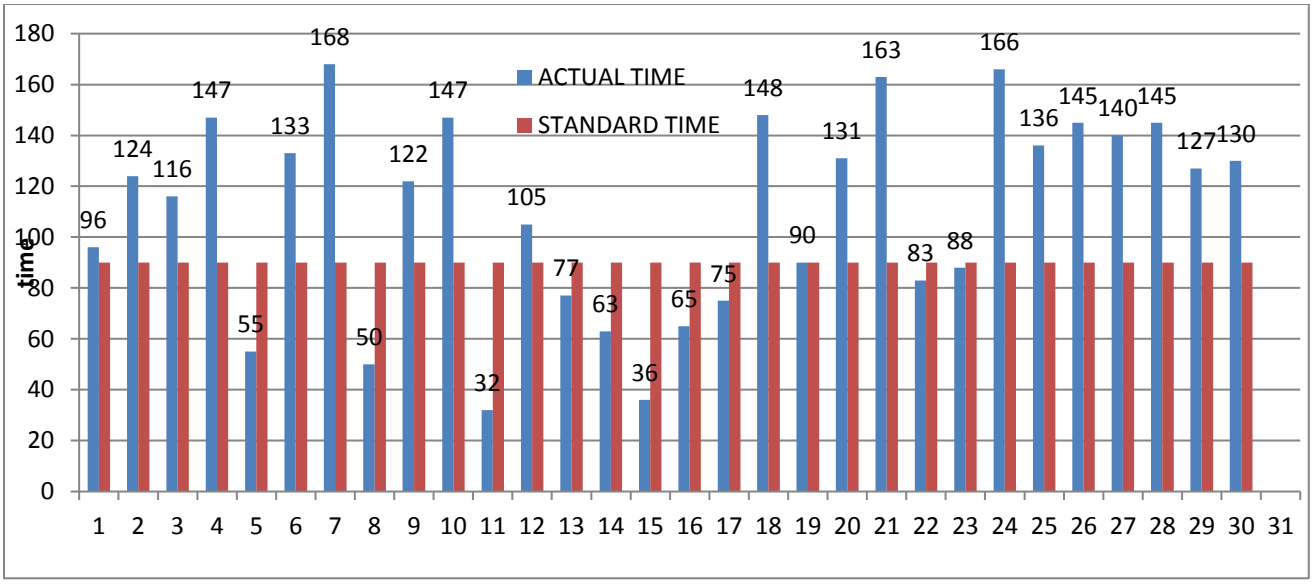
7) Entire stay at the hospital.



Once again 90% of the respondent had a excellent and a fully satisfied stay at the hospital.

INVESTIGATION &ANALYSIS:

As few complaints were received regarding slow discharge process, a time motion study was carried out for general (cash /patients) to investigate the factors causing delay of the same with the sample size of 30.



Turnaround time for Discharge is 90 minutes at Rukmani Birla Hospital.

Time taken less than the standard TAT	Time taken more than the standard TAT
11 patients	19 patients

The data shows that the majority of the patients took more time in getting discharge compared to the standard time set for discharge.

Specific reasons for the delay:

- Discretionary discount: The most contributing factor for the delay in discharge process is discretionary discount. It has been observed that most of the patient/attendant when called by the billing department for the final settlement they want some discount on their medical bills, so to meet their particular doctor under whom the patient received treatment and then the authorized person for the same issue convincing and justifying themselves for discount contributing to consumption of plenty of time. Out of 30 samples 9 of them got delayed in their discharge due to discount factor.

- Discharge summary: This is another contributing factor for delay in the discharge process. Ward secretary is responsible for making the discharge summary as per the instruction of the respective doctor, there is only one ward secretary in each ward, so it has been observed that two doctors have their round almost at the same time and issuing discharge for four patients took a lot of time in preparing their discharge summary and then taking their signatures on the discharge summary, for that they have to come to their OPD consumes a lot of time.

- Pharmacy clearance: This is another issue which is responsible for the delay in the discharge though it has been observed that the pharmacy staff do not take much time in clearance and updating the medicine, the only problem is in receiving the medicine, until and unless they will not receive the medicines physically they are not able to give a clearance so problem is lies here in receiving the medicine. The maximum time taken by the pharmacy in clearance was 15 minutes.

- Lack of man power: The reason behind the delay in refunding of unused medicines from wards to IPD pharmacy is the lack of man power, there is only one porter provided during a shift which really hurts when it comes to refund or to get any medicine for the patient. Except porter no one else is authorized to bring or refund the medicine out of the ward.

- Shortage of money: It has been also observed in few discharge cases when patient/attendant were called for the final settlement they are short of money required to be paid though they are prior informed about their outstanding bill at the hospital they are not able to pay the required amount.

- Patient /attendant does not come for payment: It had happened in most of the cases where patient/attendant was called but they do not come for payment quickly.

- Unplanned discharge: whenever there is a sudden discharge it takes time for refunding medicine and getting clearance from each department to settle the final bill.

- Few patients were observed that they are not accepting their bill initially, they asked for clarification and verification.

- Billing issues: Format problem, improper sequencing of date wise treatment in the provisional and the final bill.

RECOMMENDATION:

On interaction with patients and their attendants following suggestions came out for improvement:

- Improvement required in the discharge process, all departments involved in the discharge process should be adequately staffed, depending on the patient load in the hospital.

- Adding to the numbers of porter to the IP pharmacy will definitely help in reducing the time in refunding of medicines and making the discharge process smoother.

- A prior counseling should be done regarding discretionary discounts before the final billing clarifying the patient/attendant regarding the discount policy of the hospital and explaining all the treatment done and the medicines used and refunded.

- Both the Doctor and ward secretary must be encouraging to prepare the discharge summary well in advance for planned discharge.

- Availability of all the prescribed medicines in the pharmacy.

Despite of providing feedback by the patient/attendant and the visitor, it is difficult to get to know about each of the hospital services as the feedback forms are open ended, a close ended feedback forms especially for the IPD patients and their attendants will help to know more precisely about the hospital services and their satisfaction and it would definitely help to improve the services and will make the organization successful in future.

C K BIRLA HOSPITAL RBH

In Patient Feedback Form

Please spend few minutes to give your valuable feedback and suggestions.

Name: _____ Age: _____ Reg.no. _____

Contact no: _____ email id: _____

Date of admission: _____ Date of discharge: _____

Facilities & services	**Excellent (5/5)**	**Very good (4/5)**	**Good (3/5)**	**Average (2/5)**	**below (1/5)**
Admission desk **a.** Ease of registration **b.** Front desk friendliness **c.** Front desk efficiency and service **d.** financial counseling					
Transport pool **a.** Timeliness **b.** Behavior					
Medical care **a.** Quality of care **b**. Frequency of visits **c**. Explanation of procedures **d**. Rapport with your Doctor **e**. Empathy and understanding					
Nursing **a.** Friendliness **b**. Professionalism **c**. Frequency of visits **d**. Knowledge of your					

treatment **e.** care for you					
Ward boy **a.** Timeliness **b.** Behavior					
House keeping **a**. Cleanliness of room & bathroom **b**. Cleanliness of public areas **c**. Condition of linen **d**.Bed preparation					
In patient billing procedure **a.** Courtesy of staff **b**. Efficiency of staff **c**. Accuracy of Billing **d**. Timeliness of Billing					
Food & beverages **a.** quality of food **b.** quantity of food **c.** temperature of food					
Overall rating **a.** Quality of care **b**. Quality of services					

Your additional comments and recommendations are appreciated:

_____

_____

Would you recommend Rukmani Birla hospital to others?

Yes ☐ **No** ☐

If No, give reasons

_____

Thanking you

Office of Patient Experience

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