Summer Training at
Fortis Escorts Heart Institute,
Okhla, New Delhi

Patient Satisfaction in IPD and OPD

By
Sundeep Seth

Under the guidance of
Dr. J.P. Singh

MBA Hospital and Health Management
2015-2017

The IIHMR University, Jaipur
2016

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

IIHMR UNIVERSITY

CERTIFICATE

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Dr. Sundeep Seth** student of **MBA Hospital and Health Management** from the IIHMR University; Jaipur has undergone summer training at **Fortis Escorts Heart Institute, okhla, New Delhi** from 1st April to 31st May, 2016.

The candidate has successfully carried out the study designated to him during summer training and his approach to the study has been sincere, scientific & analytical.

The internship is in fulfilment of the course requirements.

I wish him all success in all his future endeavours.

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Fortis Escorts
HEART INSTITUTE

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A NABH and JCI Accredited Institute

May 31, 2016

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr.Sundeep Seth**, student of Indian Institute of Health Management Research, Jaipur has successfully completed his project on **"Patient Satisfaction In IPD and OPD"** at Fortis Escorts Heart Institute, Okhla, New Delhi from April 01, 2016 to May 31, 2016.

During the project work his communication & co-ordination with respective departments was found to be effective. He was diligent, hardworking & sincere during his tenure.

We wish him all the best for his future endeavor.

Dr. Nishith Mittal
Deputy Medical Superintendent

Dr. Nishith Mittal
MBBS, MHA (AIIMS)
Deputy Medical Superintendent
Fortis Escorts Heart Institute
Okhla Road, New Delhi-110025

NABH Accredited

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31st May, 2016

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. **Sundeep Seth** a student of Indian Institute of Health Management Research, Jaipur has completed his Internship from Fortis Escorts Heart Institute, New Delhi from 01st April to 31st May, 2016 (2 months)

He undertook elaborative project on

I. Patient Satisfaction Analysis
II. Also he contributed in improvement plan for the areas like **Out Patients Department, Indoor ward, Emergency, Medical record Department, Biomedical Waste Management, Food and Beverages Department.**

He was sincere, hardworking and cooperating with hospital staff. He has a strong drive and Zeal for learning. He will be an asset to any organization.

I wish him all the success in his career.

(DR. NISHITH MITTAL)
DY. MEDICAL SUPERINTENDENT

Dr. Nishith Mittal
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Deputy Medical Superintendent
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May 31, 2016

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Sundeep Seth**, student of Indian Institute Of Health Management Research, Jaipur has successfully completed his internship in **Medical Operation** department at **Fortis Escorts Heart Institute, New Delhi,** during the period from April 01, 2016 to May 31, 2016.

During his tenure he was found to be diligent, hardworking & sincere.

We wish him all the best for his future endeavor.

For **FORTIS ESCORTS HEART INSTITUTE**

AUTHORISED SIGNATORY

NABH Accredited

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ACRONYMS/ABBREVIATIONS

ABC	Always Better Control
A/D	Admissions/Discharge
ALOS	Average Length of Stay
ACLS	Advanced Cardiac Life Support
ABG	Air blood gas
BMW	Bio-Medical Waste
CPR	Cardio-Pulmonary Resuscitation
CSSD	Central Sterile Supply Department
FOS	Fortis Operating System
F & B	Food & Beverage
GDA	General Duty Attendant
HDU	High Dependency Unit
HIS	Hospital Information System
HRD	Human Resource Development
ICU	Intensive Care Unit
MLC	Medico Legal Cases
MRD	Medical Record Department
NABH	National Accreditation Board for Hospital and Healthcare Providers
NABL	National Accreditation Board for Testing and Calibration Laboratories
IPD	In-patient Department
OPD	Out-patient Department
OT	Operation Theatre
PCS	Patient Care Services
TAT	Turn-around Time
TPA	Third Party Administrator
SOP	Standard Operating Procedure
PHC	Preventive health checkup
MICU	Medical Intensive Care Unit
CCU	Cardiac Care Unit

SICU	Surgical Intensive Care Unit
NICU	Neonatal Intensive Care Unit
CSSD	Central Sterile Supply Department
CPR	Cardio pulmonary resuscitation
ECG	Electro Cardiograph
MRI	Magnetic Resources Imaging
ENT	Ear Nose Throat
ICD	International Classification of Diseases
HEPA	High Efficiency Particulate Air
SCD	Supply Chain Department
ACLS	Adverse Cardiac Life Support
BLS	Basic Life Support
MIS	Management Information System
CCTV	Close Circuit Television

ABSTRACT

The Issue of patient/customer satisfaction has gained increasing attention from executives across the healthcare industry. The measurement of patient satisfaction through patient satisfaction surveys has helped organization leaders incorporate patient perspectives as a way to create a culture where service is deemed an important strategic goal for healthcare facilities. However, despite their many efforts and successes with satisfaction measurement, evidence shows that a bit of work in this area is still needed. One of the primary challenges has been in sustaining patient / customer satisfaction improvement initiative in the face of competing priorities and diminishing resources. **Fortis Escorts Heart Institute, New Delhi (FEHI)**is an organization that has made the issue of improving patient/customer satisfaction one of its top priorities. The purpose of this study is to serve as a resource to help **FEHI** fulfill its mission to enhance it patient/customer satisfaction as to make it community's first choice in seeking medical care. By analyzing data, this study demonstrates that intangible human values such as care, co-operations, compassion along with the tangible medical services are vital to satisfy the needs of the patient and has the most powerful effect in terms of patient satisfaction during a hospital stay at **FEHI.**

ACKNOWLEDGEMENT

I owe a great debt to all professionals at **FORTIS ESCORTS HEART INSTITUTE, OKHLA ROAD, NEW DELHI** for generously sharing their knowledge and time, which inspired me to do my best at this project study.

My heartfelt gratitude to **Dr. Anand Bansal**(Medical Director) **Fortis Escorts Heart Institute, Dr.Nishith Mittal** (D.M.S), **Dr. Subrata Gorai** (A.M.S)for showing their keen interest in the study and for sharing their views in spite of their very busy schedule. It has been my privilege to work under their dynamic supervision at the Hospital.

I am extremely grateful to **Mr.Balkishan Sharma** (Head of HR Department), **Ms.Mallika Singh** (Assistant Manager) for the constant support and encouragement. This study would not have been possible without their support.

I express my warm veneration towards **Dr.Sonal Rai (**Team Leader of Patient Welfare Department), for her valuable guidance throughout the entire course of study to its completion.

My sincere gratitude to **Dr. Ashok Kaushik (Professor Dean, IIHMR, Jaipur)** for his relentless support and guidance. My regards go to my guide at institute **Dr. J.P Singh**for his very helpful attitude and valuable suggestions.

I would like to express my heartless thanks to my parents for their moral support, which always inspires me to perform best. And finally credit goes to all my friends' colleagues who helped me in this study.

Sincerely

Dr. Sundeep Seth
MBA- HM 20. (2015-2017)
IIHMR, Jaipur

HOSPITAL PROFILE

ESCORTS HEART INSTITUTE AND RESEARCH CENTRE (EHIRC) is a renowned name in the field of cardiac surgery, interventional cardiology and cardiac diagnostic. The institute formally came into existence in October 1988; and was set up as a dedicated cardiac hospital to bring to India the best cardiac care, training of cardiac surgeon and cardiologists and also to conduct research of international standards. The Fortis group took over the hospital on 10th September 2005.

Now the *Escorts Institute and Research Center* is popularly known as ***Fortis Escorts Heart Institute*** (FEHI) which is pioneer in the field of fully dedicate cardiac care facility in India. Fortis health care is the fastest growing hospital network in India. Fortis Healthcare is led by the vision of late Dr. Parvinder Singh for creating an integrated healthcare delivery system in India.

Fortis Escorts Heart Institute has set benchmark in cardiac care with its path breaking work over the past 25 years. Today, it is recognized world over as a center of excellence providing the latest technology in Cardiac Bypass Surgery, Minimally Invasive (Robotics), Interventional Cardiology, Non involve Cardiology, Pediatrics Cardiology Surgery. The hospital is hacked by the most advanced laboratories performing complete range of investigative tests in the field of Nuclear Medicine, Radiology, Hematology, Transfusion medicine, Microbiology.

Fortis Escorts Heart Institute has a vast poof of talented and experienced team of doctors, who are further supported by a team of highly qualified, experienced & dedicated support staff & cutting edge technology like the recently installed Dual CT Scan Currently, more than 200 cardiac doctors and 1600 employees work together to manage over 14,500 admissions and 7,200 emergency cases in a year.

The hospital today has an infrastructure comprising of around 310 beds (it currently enjoys more than 85% occupancy rate) 5 CATH Labs, 9 Operation Theatres, 2 Heart Command Centers, and 2 Heart Stations besides an array of other world-class facilities. FEHI provides top and services in areas of acute care, invasive and non-invasive cardiology and state of the art surgical procedures, besides playing a leading role in prevention, early detection and the renewal of heart disease. A consumer forum (VOICE) has ranked its patient care and nursing services as No.1 in Delhi.

To spread cardiac care to more and more people FEHI has vast network of hospitals across the country. Also to cater the far flung areas, the institute has started with Community

Outreach Programme. It provides high-class emergency services to patient including the facility for air ambulance. The institute also offers many cardiac preventive health checks.

FEHI launched its **Community Outreach Programme,** which started out with a vision to reach out to the health needs of population in the remotest community of the country, and has covered the states of Uttar Pradesh, Punjab , Bihar, Madhya Pradesh, Himachal Pradesh and Rajasthan.

Over a period of time, the philosophy of the programme **"A give back to society"** has evolved and over 100,000 people are provided free cardiac check-ups annually. FEHI has now taken a landmark step in introducing Robotic Cardiac Surgery by installing the first the **Da Vinci Surgical System** in this Region.

MISSION

"To create a world-class integrated healthcare delivery system in India, entailing the finest medical skills combined with compassionate patient care"

VALUES

Patient Centricity

- Commit to 'best outcomes and experience' for our patients.
- Treat patients and their care givers with compassion, care and understanding.
- Our patients' needs will come first

Integrity

- Be principled, open and honest.
- Model and live our 'Values'.
- Demonstrate moral courage to speak up and do the right things.

Teamwork

- Proactively support each other and operate as one team.
- Respect and value people at all levels with different opinions, experiences and backgrounds.
- Put organization needs' before department / self-interest.

Ownership

- Be responsible and take pride in our actions.
- Take initiative and go beyond the call of duty.
- Deliver commitment and agreement made.

Innovation

- Continuously improve and innovate to exceed expectations.
- Adopt a 'can-do' attitude.
- Challenge ourselves to do things differently

HOW FEHI HAS ACHIEVED THIS

- By providing state-of-the-art world standard healthcare that exceeds expectation of patients and families.
- Pursuing independent as well as collaborative research in all aspects of cardio-thoracic medicine and surgery.
- By establishing a network of joint ventures and satellite content to extend the availability of quality health care to the population at their doorstep.
- Providing expert training for medical, paramedical, nursing and other professionals in the field of heart care.
- Networking with other organizations to promote health and well being in society through education, preventive checkups and community outreach programs.

Accreditations

Joint Commission International, USA

Fortis Escorts is a Joint Commission International (JCI) accredited hospital. JCI is the highest global accreditation body to recognize hospitals adhering to patient care and safety norms. The receiving of the JCI accreditation is a vindication of our excellence in medical services and the care we provide to each of our patients.

NABH

National Accreditation Board for Hospitals & Healthcare Providers (NABH) is a constituent board of Quality Council of India, set up to establish and operate accreditation programme for healthcare organizations. The board is structured to cater to much desired needs of the consumers and to set benchmarks for progress of health industry.

Fortis Escorts is proud to announce the comprehensive NABH Accreditation (Effective June 16, 2008)

NABH (Blood Bank) Accreditation

Blood is a Drug which has to be administered with great caution. This life saving exits can save lives but can also prove fatal for the recipient.

Effective Quality assurance is essential to ensure transfusion of safe, high quality blood and its components.

National Accreditation Board for Hospital and Healthcare providers (the highest quality assurance wing of Quality Counsel of India) after a thorough check of processes and procedures being practiced at BHIRC Blood Bank appreciated the high standards being maintained and were pleased to great NABH accreditation. The Blood Bank was among the first few in the country to achieve this honour. The ensure the highest safety of blood the bankcarries out Leuco depletion on all the blood donated at this centre and tests the block by NAT Technology, the highest disease marking test available in the world, in addition to mandatory regulatory requirement of testing.

(Effecting January 28, 2009)

International Organization for Standardization (ISO) 9001:2000 Certification

Fortis Escorts has been certified by ISO 9001:2000 ensuring compliance across multiple criteria including improved patient satisfaction, effective Quality Management System, efficient management of our processes and contribution improvement of the system.
(Effective Feb 17, 2009)

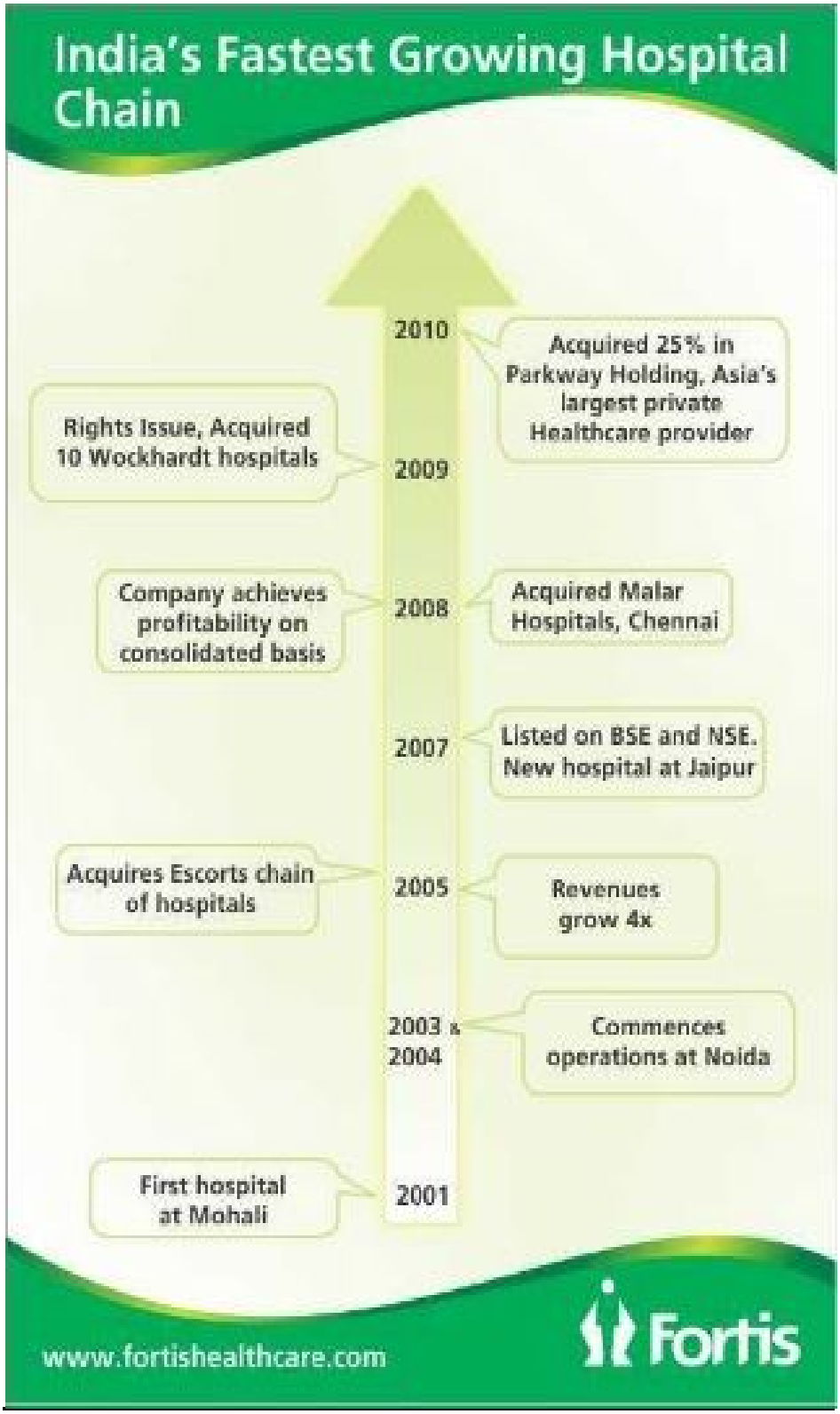
Superbrand 2008 Award

Fortis Escorts Heart Institute- Honored with Super brand 2008 Award Regional Director, Mr. Ashish Bhatia receives a Super brand Award form Shri L.K. Advani, Former Deputy Prime Minister and Leader of the Opposition and was the Chief Gluest for the Award Ceremony in the evening held at Ashoka Hotel, Chanakyapuri.

The 'Super brand' is a concept that evolved in the UK in 1993. Super brand India waslaunched in December 2002. The 1st edition of Business Superbrand India was out in September 1995. An independent panel of judging experts called the Brand Council awards the Superbrand status. The people of the panel represent the finest brand management practices in the country. Each member has outstanding records of creating and nurturing brands. Every country has its own jury. A superbrand is one, which has established the finest reputation in its field. It offers customers significant emotional and/or tangibleadvantages over its competitors, which (consciously or sub-consciously) customers want and recognize.

HISTORY

India's Fastest Growing Hospital Chain



Internship Profile:

I was appointed on the floors to understand the operations on the floor and to manage daily activities on the floor and understand the problems faced by the patients and attendants with respect to the services of the hospital. The main concern was to observe and understand the process of how different departments present in the hospital work to maintain the proper channel of work day in and day out.

The work helped me out to understand the synchronization amongst various departments and for the same I have laid down the work that I have done over the period of two months. This also helped me to understand how the hospital maintains the standard's laid down at various parts of hospital which are directly or indirectly related to patient satisfaction.

HOSPITAL LAYOUT

FEHI is a renowned name and has 2 buildings. The main building and the rehabilitation centre both the blockas are on the opposite sides of the road which is connected through an underground tunnel which is basically meant for shuttles to take patients from one building to another. Each of the blocks would be dealt in details below for understanding it's relation to patient satisfaction:

REHABILITATION BLOCK/OPD BLOCK (Red Building)

INTRODUCTION

It is very significant that, FEHI is paying much attention to the proper planning, designing, organization and functioning of the outpatient department as any other department.
The outpatient department of FEHI, Delhi has a separate building for outpatients with Upper Basement, Ground Floor and First Floor having all the important service like Executive Health Checkup (EHC), various tests like X-ray, TMT, Echo, ECG etc, OPD consultation, Comprehensive Cardiac Checkup (CCC), Pharmacy etc.

FLOOR WISE DISTRIBUTION OF REHAB BLOCK

- **Lower Basement**
  Medical Records department
  Pathology Laboratory
- **Upper Basement**
  Executive Health Centre
- **Ground Floor- (OPD Block)**
- Help Desk
- OPD Billing
- Sample Collection Room
- X-Ray
- Echo
- ECG

- TMT
- Mammography
- Bone Densitometry
- Pharmacy
- Report Room
- Dialysis Centre
- Consultant Rooms
- Physiotherapy

First Floor-(OPD Block)

- OPD Billing
- Three nurse counters
- Two helping desk
- Nineteen consultation chambers where specialized doctors in the following fields are available-
    - Pulmonologist
    - Neurology
    - Gastroenterology
    - Ophthalmology
    - Laparoscopic and General Surgery
    - Psychiatry
    - Thoracic Surgery
    - Pediatric surgery
    - Urology
    - Dermatology
    - Diabetology
    - Cardiology
    - Cardiac surgery
    - Vascular surgery
    - Pediatric cardiac surgery
    - Pediatric cardiology
    - Pacemaker Clinic.

Second Floor

- Cafe Jam Ja Jee

Third Floor

- Centre for sight

Fourth Floor

- Urology & Nephrology

Fifth Floor

- Liver & Digestive Disease Institute

Sixth Floor

- Under Construction

MEDICAL RECORDS DEPARTMENT

Layout- Lower Basement

Functions of MRD

- To ensure that the FEHI has complete & accurate medical record for every patient.
- Public dealing with respect to TPA queries, Bill verification, MLC cases and dealing with Summons to the doctors, hospital.
- To maintain high level of confidentiality as far as patient's records are concerned.
- To ensure that the records are identified and stored safely to prevent unauthorized changes and easily retrieved whenever required.
- Issuing Emergency, Medical, Birth & Death certificates.
- To generate Bed Occupancy reports (daily & monthly), **P.N.D.T, M.T.P** reports (monthly).
- Sorting of active files from the inactive files.

Record Retention Periods:

- IP Records : 10 years
- OPD documents : 3 years
- MLC Records
  - -Non court cases : 10 years
  - -Court Cases : on final decision of court + 3 years
- Birth/Death Register : Not to be destroyed

Colour coding followed for various files as follows:-

- Green - insurance
- Red - Pediatric
- Yellow - Ophthalmology
- Blue - General (OPD+IPD)

EXECUTIVE HEALTH CHECK UP (EHC)

Layout:- Upper Basement

Process Flow: -

FEHI has a separate OPD department with basement totally meant for preventive health check. It offers a wide range of preventive health check packages for various mindsets. This area is exclusively designed for providing complete body check-up for.

1. Corporate executives.
2. Pre-employment check-ups
3. General health check-up for walk-patients.

For corporate clients, Escorts have various health check packages that are pre-designed and customized by the respective company, according to their policies.

The patients usually come with a prior appointment, empty stomach that is then undergone through a series of tests under the supervision of doctors. The package includes complimentary breakfast and doctors consultation both pre-post, valid up to 15 days from the letter of reference from their office, duly authorizing the check.

This health center exclusively caters to patients from various companies with whom FEHI has a tie-up and also other executive patients including international patients. These patients have an array of various health checkup packages to choose from. They can decide which package to choose, depending on their present health condition and medical history, or they can consult the doctor, who can guide them in making the decision. After the patient has opted for a health check-up package he is guided to various diagnostic procedures.

The EHC has the following facilities:

- Sample collection room
- TMT
- ECG
- ECHO

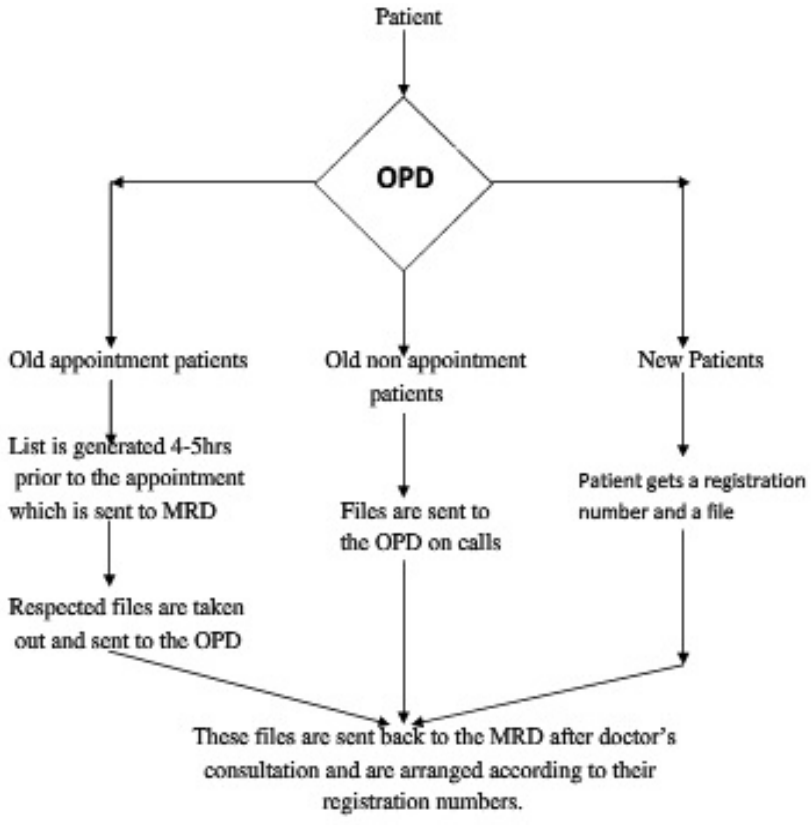
- PFT
- Ultrasound
- Audiometry department
- ENT Department
- Gynecology department
- Dental department
- Dietician
- Clinical Psychologist
- Cardiologist

Apart from these facilities, EHC also has a spacious Patient Waiting Lounge and a Learning Center.

PROCESS FLOW

The MRD department of FEHI is centralized (OPD+IPD)

1. **OPD Flow-**



One file of documents is given to the patient (patient copy) and one document is kept in the file (file copy).

2.IPD Flow-

Patient admitted in wards

↓

The patient file is maintained by the nursing staff

↓

Once the patient is discharged the file is sent to the MRD Department for the storage and for future referral

↓

The checklist to the file is attached and available documents is tick marked

↓

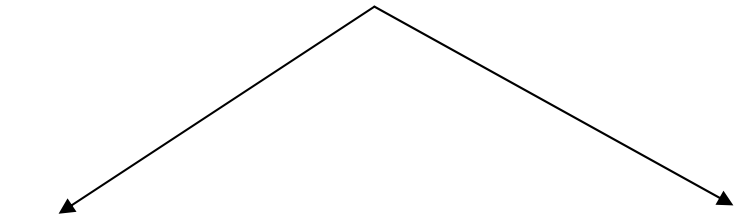
The file is then arranged at their respective positions

OPD DEPARTMENT (ground floor)

HELP DESK

It guides the patients and given them the information about all the packages of FEHI and also guides the patient to their required destinations. There are 6 nurses who provide all the information and guides to the respective destination.

Supervisor



Nurse Nurse Aids

OPD Billing

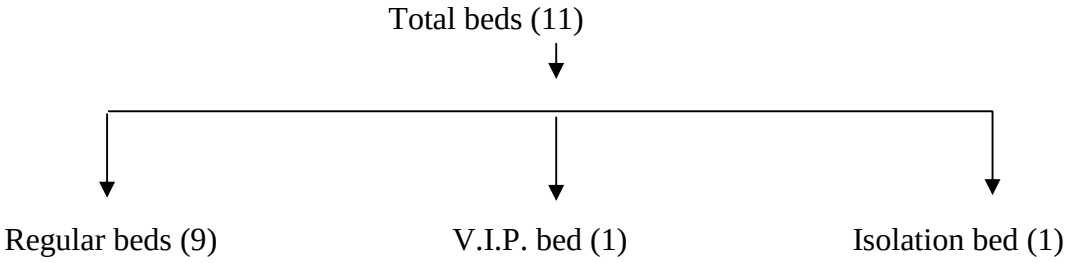
Here the billing of all the tests is done (both individual test billing as well as packages test billing). The billing counter at ground floor starts at 8.00AM to 5.00PM. There are 2 billing staff for this purpose.

Sample Collection Room

Blood samples are collected for various tests along with urine sample and stool sample.

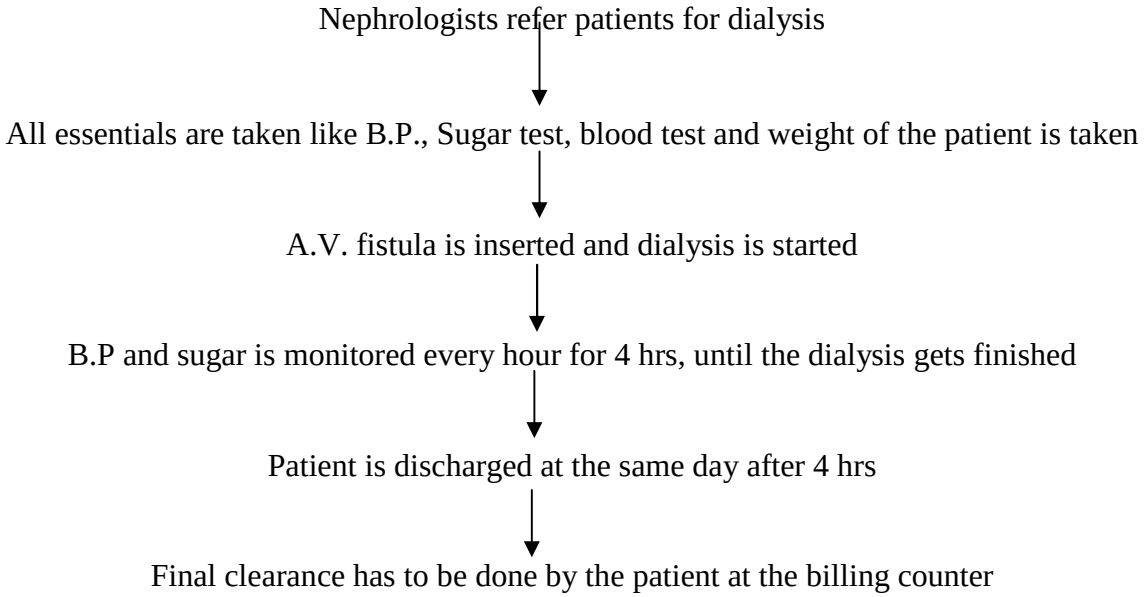
Dialysis Center

Infrastructure-



- For each bed there is a haemodialysis machine i.e. there are 8 machines.
- Peritoneal dialysis is conducted very rarely

Process Flow



- The patient is given the appointment for the next dialysis depending upon the condition of the patient. But if the patient is called twice or thrice a month then

investigation are not performed. The tests are valid for one month only, after that patient has to undergo all the tests before admitting for the procedure.

- Consultant Rooms

  There are two chambers for doctor consultation at the ground floor, rest all chambers are at the first floor OPD.

Physiotherapy

This department is outsourced.

There are various test's which are being performed at the ground floor. They are as follows:

- X-Ray
- Echo
- ECG
- TMT
- Mammography
- Bone Densitometry

STANDARDS OF OPD

- PATIENT TURN AROUND TIME = 4.5 HOURS
- DOCTORS DELAY = 15 MIN
- WAITING TIME FOR PATIENT = >15 MINUTES

PROCESS FLOW:

- As the patient enters at ground floor, he has to go at billing counter where he has to pay the initial amount for CCC package.
- If the patient is C.G.H.S/D.G.H.S. Beneficiary, then he has to fill only admission card.
- After completing billing patient comes to the nursing counter and from there patient goes for the investigation (sugar-fasting)
- After that patient comes back to the nursing counter and here patient is diverted for various investigation.

- Then reports send to the report room from various investigation centers, where the reports are compiled and distributed to the patient.

PROCESSING IN OPD

Every patient coming for CCC was considered and observed throughout all the procedures he/she undergoes, till the time their reports are complied in the report room.

Average time taken for each package was calculated by combining the time spent by the patient for the tests, since the time his billing is done till he undergoes the last test and finally the time at which the reports are available.

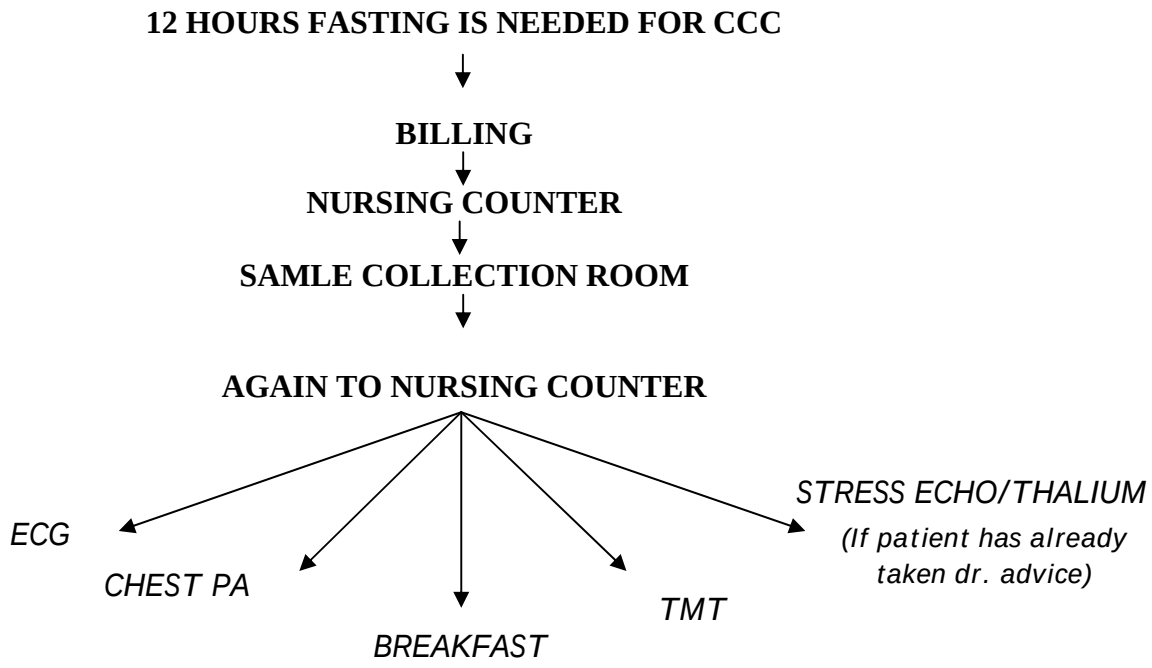
The patients visiting the CCC consist of company executives, executives for pre-employment medical checkup and the walk-in patients. The total time for each package per patient was calculated initiating from the billing time till the report generating time.

We observed CCC packages in preventive health check and observed the process flow of ECCC patients. We observed the functioning of the various departments here. Time spend by the patients at various department and made comparative study of the standard time and actual time to find out the productivity gap.

Tests Include: -

- Doctor's consultation and full medical examination
- Blood tests:
    - Complete haemogram (Hb, TLC, and DLC)
    - ESR, Haematocrit, peripheral smear)
    - Blood group (ABO, RH)
    - Blood sugar (fasting and post prandial)
    - Blood urea
    - Serum uric acid
    - Lipid profile
- Urine examination
- X-Ray chest PA
- ECG
- Ultrasound whole abdomen
- Stress screening by psychologist
- Post check-up consultation

PROCESS FLOW OF CCC



Imaging and Radiology

Services Provided:

- CT
- Ultrasound
- X-Ray
- MRI
- Mammography
- Bone Densitometry

RELIGARE WELLNESS-the complete health store

Layout :-

OPD- Ground floor rehab block

IPD- Ground floor main building

Timing: -

- **OPD: 8:00 AM – 8.00PM**
- **IPD: 24 Hours**

PROCESS FLOW:

FOR IPD PHARMACY-

In-Patient Wards, All ICU's, OT, Emergency, CTVS, CATH Lab

↓

Ward boy/Nurse brings Request for Drug indentation through

"Indoor Patient Drug Requisition Form"

↓

IPD Pharmacy

↓

Issues drugs

↓

Ward boy/nurse take drugs to respective ward/OT/ICU

FOR OPD PHARMACY

Patient comes to the pharmacy counter

↓

Shows the prescription by doctor

↓

Prescription is verified by the pharmacist

↓

Entry made in the computer

↓

Required drug is delivered

OPD FIRST FLOOR

QUALITY POLICY OF OPD

FEHI is committed to deliver highest quality of healthcare to enhance **patient satisfaction** and meet their expectation through well defined quality systems, world class professionals, state of art technology, human and compassionate care.

QUALITY INDICATORS IN OPD

- Waiting time analysis of patients in OPD
- Delay time in doctor starting their OPD

OPD billing-

There is one billing counter and billing for the consultant for all doctors on the same floor is done here.

Nursing stations-

There are 3 nursing stations, each having 2 nurses and 1 nurse aid. The consultation rooms are divided per nursing station.

Nursing Station	Consultation Rooms
1	4
2	8
3	7

PROCESS FLOW:

- As the appointment patient enters the first floor OPD for seeking doctor's consultation, she/he has to report to the respective nursing station, where the nurses guide them to the billing counter to pay the consultation fee. If the patient is non appointment, walk in patient who is visiting for the first time then he/she has to fill the registration card and has to do the billing where itself the particular doctor is appointment and if the patient is non appointment follow up patient then he has to first do the billing and then report to the respective nursing station.
- After completing billing, appointment patient again comes to the nursing counter and get their name registered in the patient register. If the patient is coming for the first time for consultation then the nurse makes their new OPD card, wherein doctor writes

all the important findings, all the test and drugs are prescribed in the same booklet, and the patient has to bring the booklet every time he/she comes for follow ups. The patient has to bring the booklet every time he/she can keep all his reports. But if the patient is coming for the follow up visit the nurse themselves take out their file, which contains all their previous and current reports. As soon as patient leaves the counter nurse makes as entry in the computer that patient has arrived (there is an automatic system called as Med track and each nurse and other staff have their separate ids and passwords to open this and so by this they can see all the records of patients).

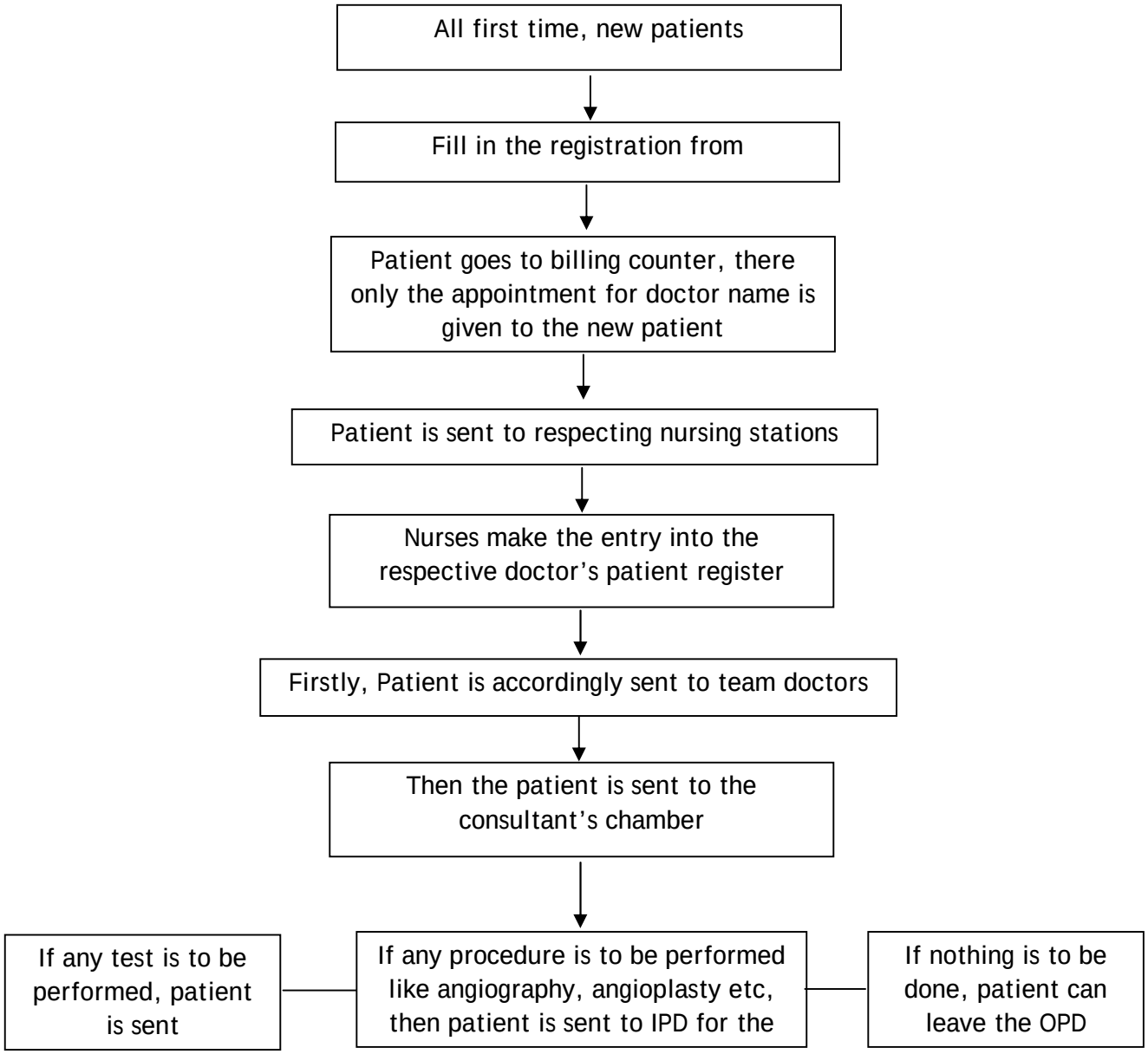
- The nurse then goes and keep these files in the doctors room, whereby each patient is called according to their appointment time.
- As soonas the patients name is called he/she first has to visit the team doctors' cabin, and after that only the senior consultant sees the patient as soon as the patient enters the team doctors cabin the nurse changes the status from arrived to departed. In this way the FEHI maintains the record of patient waiting time.
- After departing from the consultation room, the patient has to either undergo some tests, or he has to get admitted into the IPD, or he can leave the hospital, as prescribed by the doctor.
- Before leaving the first each and every patient gets his/her consultation details of that day's documents are scanned as wellas photocopied.

Zero billing

Zero billing is done under following conditions: -

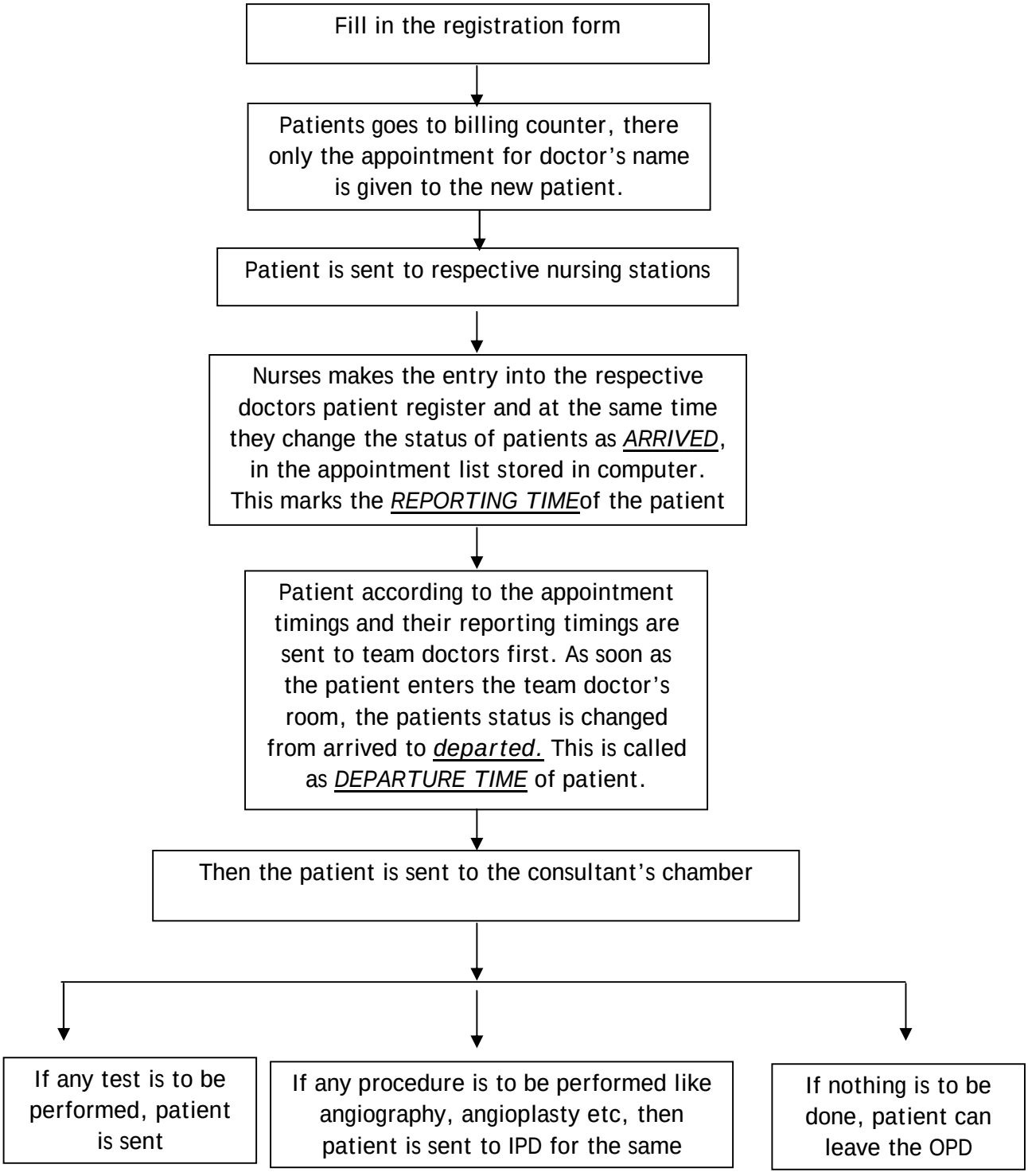
- When the patient has undergone any procedure like angiography, angioplasty etc then within 15 days of span if he/she comes for seeing a doctor then he/she is accounted for 'O' billing.
- When the patient has paid once for the OPD consultation then that bill is valid for 7 days and if in case the patient is again showing within 7 days span of consultation then he has to pay "O" i.e. zero billing.

First time patient (walk in/non appointment)



- **For the follow up non-appointment patients, the patients directly go the billing counter and then to the nursing counter, then the procedure is same as above.**

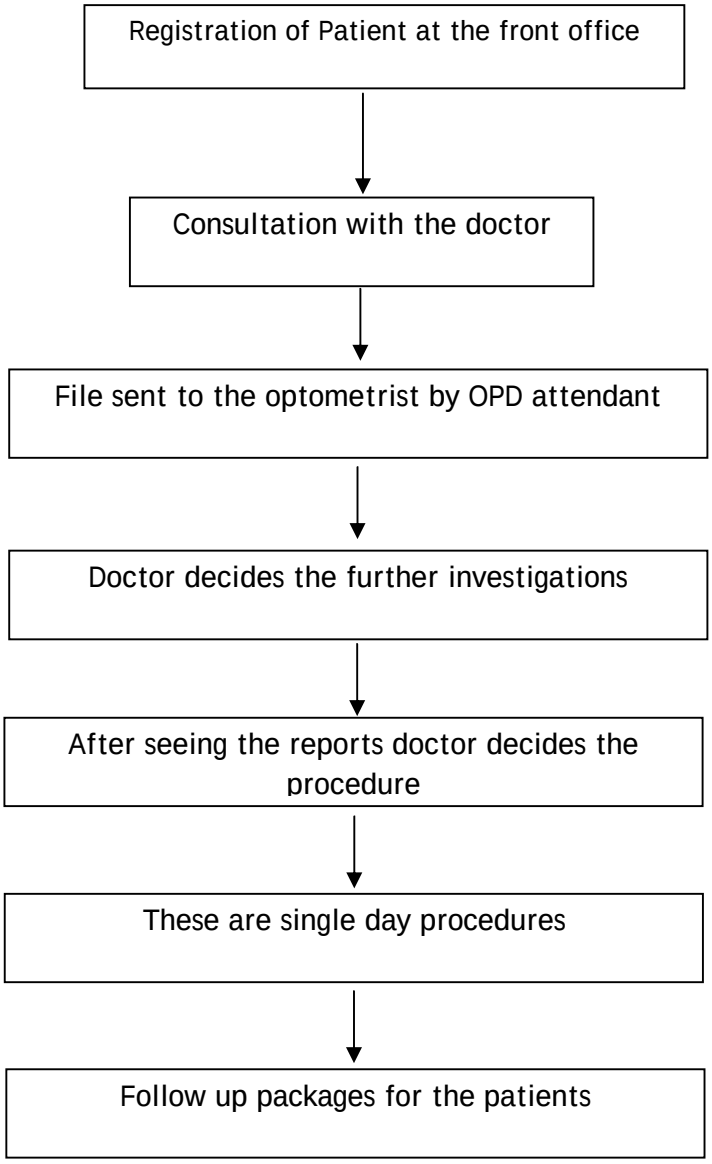
First time visitors, but appointment patients



CENTER FOR SIGHT

Layout:-4th floor

Process flow:-



PHYSIOTHERAPY DEPARTMENT

Layout: Rehab block, 1st floor

IPD Building

IPD Block Floor wise Plan-

Basement-

- Blood bank
- Laboratory
- Pediatric Echo Lab
- Finance Department
- Laundry
- Purchase Department
- Stores
- Nursing Office
- Corporate Office
- Library
- Auditorium
- MD's Office
- CEO's Office
- Board Room
- Administration Block

Ground Floor-

- Emergency
- Heart Command Centre I, II
- Heart Station I and II
- ICU-I
- Nuclear Medicine
- Patient Care Service
- Medical Superintendent Office
- Director's Office
- Food and Beverages
- Cafeteria
- Dietician

- Security
- Pharmacy
- Counseling
- Billing
- Lounge
- International desk.
- TPA department

First Floor-

- Pediatric ICU –II,III
- Recovery I, II
- Anesthesia Room
- OT
- IT department

Second Floor–

- CSSD
- Biomedical Engineering
- Regional director's Office
- MD Office
- Board Room
- CEO Office
- Doctors Office
- Catheterization Lab
- CATH Recovery I, II, III

Third Floor-

- CATH Recovery IV
- Day Care Center
- Block A (Old) Ward-Bed no 301-331F
- Block B (New) Ward-Bed no. 332-359.

Fourth Floor-

- Cardiac Care Unit.
- Block A (Old) Ward-Bed no. 401 to 431F
- Block B (New Ward-Bed no. 432 to 453, PS I and II

Fifth Floor-

- Pediatric ICU –I.
- Pediatric Ward
    - Ward bed no. 501 to 516.
    - Step down I-Bed no. 517 to 521.
    - Step down II-Bed no. 522 to 526.

MARKETING DEPARTMENT

1) Referral:

- Community Education Programmes (CME)
- General Practitioners
- Picnics
- Community Outreach Programmes (COP) i.e. Free Community Checkup Camps.
- Friends of Escorts (FOE)
- *Nannichhav*

2) Corporate

- Empanelment/Corporate Tie ups
- PSU's Tie-ups
- TPA Tie Ups
- Summits
- Workshops

3) International

- Embassy
- Doctors
- Facilitators

4) Public Relation

- Press Conferences
- Shoots/Interviews
- Print Media: Newspaper, Magazines
- Branding: Events, Conferences, Trade shows.

LOCAL PUBLICITY

- TV ads / Cable ads
- Newspaper Ads
- Ads in local magazines, supplements, directories
- Leaflets, Pamphlets and Flyers
- Direction Boards
- Kiosks
- Hoardings
- Hospital Board (Glow sign)
- SMS Health Tips & Discount scheme

QUALITY DEPARTMENT

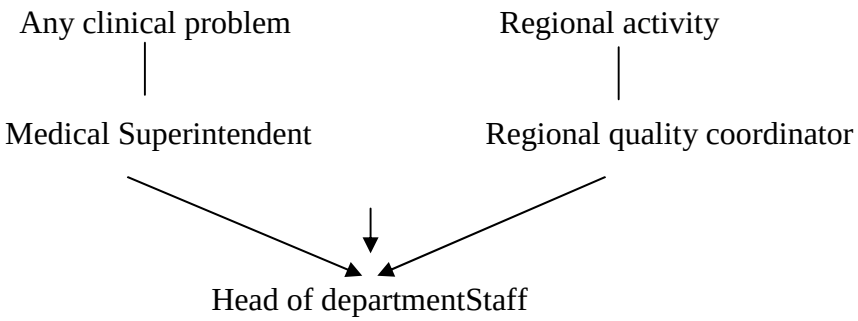
Layout:-Basement

Functions of quality department

- Clinical and non clinical audit
- Policy making
- Quality initiative
- Committee meeting coordination
- Organizing meeting and taking the minutes
- Various committee organized by quality department are:-
    - Infection control committee
    - Safety and quality starting
    - HR committee
    - Pharmacy and therapeutically committee
    - Medical audit committee
    - Medical record committee

- OT committee
- Sexual harassment committee
- Independent ethics committee
- Executive council committee
- Institutional review board committee

Process Flow



HUMAN RESOURCE DEPARTMENT

Layout:-Basement

Jobs & Responsibilities:

- Manpower Planning
- Internal Job Posting Process
- CV Selection
- Credential Policy
- Confirmation and Appraisal
- Staff Queries
- Follow up with selected candidates
- Issuing of appointment letters
- Disciplinary Policy
- Leaves sanctioning
- Payroll
- Budgeting for departments
- Doctors payout
- Duty roster
- Issuing of Experience letters
- Investigation of staff grievances

- Issues of slow cause
- Salary statement
- Full in final settlement
- Outsource staff report checking
- Manpower planning
- Dispatch of salaries
- Pre-recruitment calls
- Organizing interviews
- Housekeeping of CV's
- Preliminary interviews
- Joining formalities
- Leave record maintenance
- Issuing of I-Cards
- Conducting Employee Welfare Programme e.g. Nurse Day
- Issuing of Refreshment Coupons
- Conducting Exit Interviews.

BLOOD BANK

Layout: Basement

FLOW OF DONOR:

Donor

↓

Donor Registration/Counseling Room

↓

Medical Examination Room/Screening Room(Height, Weight, B.P. Hb, ABO Blood Grouping checked) (If not Ok) – Exit

↓ If Ok

Phlebotomy Room

↓

Recovery Couch (if required)

↓

Refreshment Room

↓

Instructions Given

↓

Exit

- If the donor is more than 55kgs, then 450 ml of blood is collected, otherwise 350 ml.

Movement of Donor's Blood:

Blood collected from donor is blood bag+temporary labelingin Phlebotomy Room

450 ml blood bag → Blood components (PRBC, FFP, Platelets) separated by Centrifuged

350 ml Blood Bag

→ Screened for HIV,Hepatitis-C, HBS Ag. VDRI, Malaria Parasite

→ ABO Grouping & Rh Compatibility Checked

→ Screened blood stored at 4-6^{0}C

Infrastructure of the blood bank-

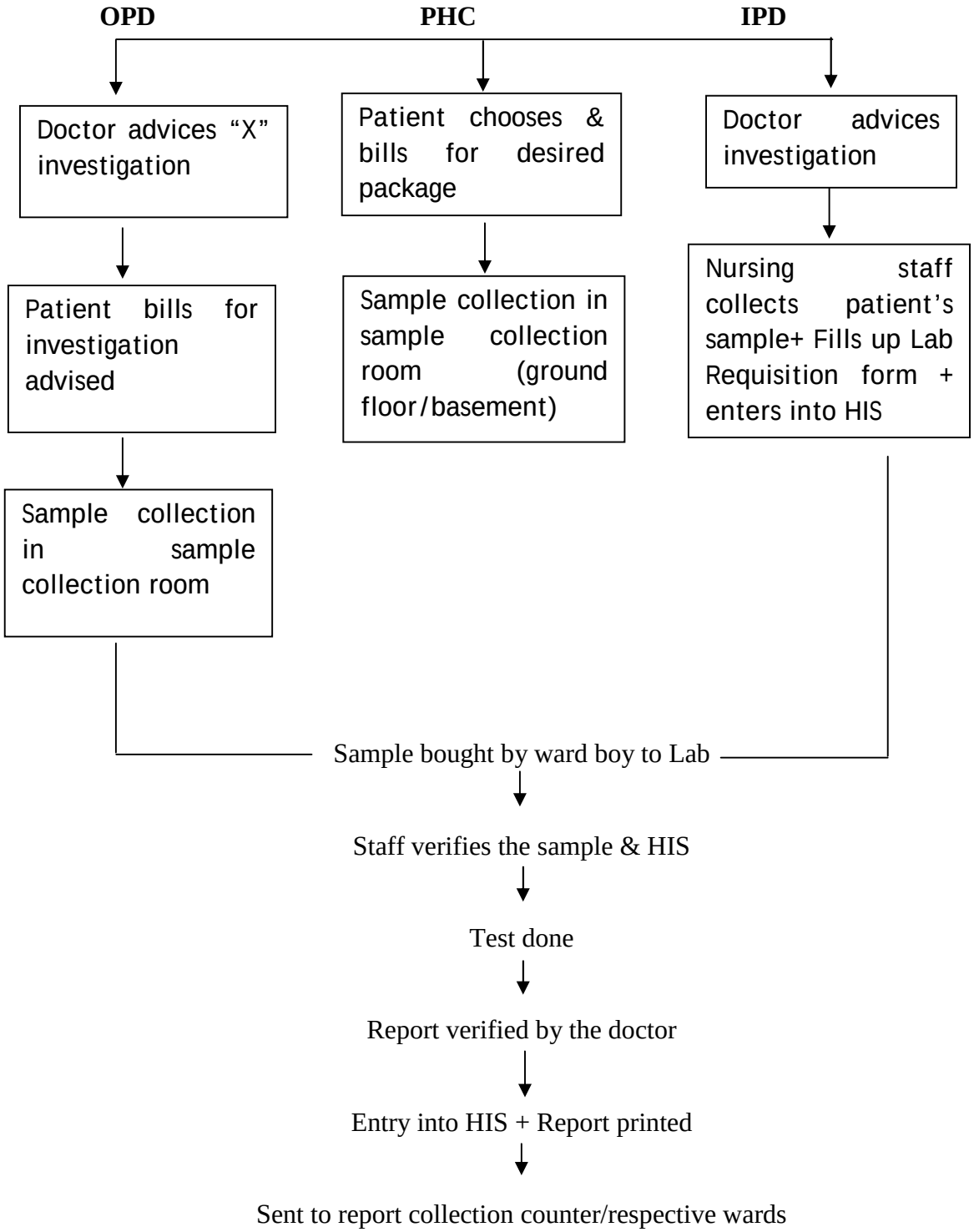
- Donor Registration/Counseling Room
- Medical Examination Room
- Donor room/Phlebotomy/Bleeding room-Blood is collected in this room.
- Aphaeresis Room
- Refreshment Room-After donating the blood, refreshments are provided here.
- Component Room: Here collected blood is formed into different components.
- Cross matching Room (Serology room) – Here Blood is tested & cross matched.
- Store Room/Record Room-All the records and inventories are stored here.
- Wash & Sterilization Room-Here any blood tested positive for any infection or unmatched blood is discarded.

Laboratory Services

Biochemistry | **Microbiology** | **Hematology**

Layout:-Basement, Main building

Workflow:


OPD
PHC
IPD
Doctor advices "X" investigation
Patient chooses & bills for desired package
Doctor advices investigation
Patient bills for investigation advised
Sample collection in sample collection room (ground floor/basement)
Nursing staff collects patient's sample+ Fills up Lab Requisition form + enters into HIS
Sample collection in sample collection room
Sample bought by ward boy to Lab
Staff verifies the sample & HIS
Test done
Report verified by the doctor
Entry into HIS + Report printed
Sent to report collection counter/respective wards

FINANCE & ACCOUNTS

Layout:- Basement

Scope of Services:

The scope & complexity of service proved by this department (which includes billing aspect also) is:

- Business building insights.
- Areas for lowering cost & improve profitability
- Updating of bills on daily basis for IPD patients.
- Customer (patient's Attendant) satisfaction for billing concern.
- The Billing staff has overall responsibility for coordination of various functions (Pharmacy, Wards etc.) and dialy basis report for admission and they maintain a log of all the problems that arise and provide the necessary solution as deemed proper and reasonable.
- Daily collection of money from various sources in the hospital and its deposition in bank.
- Maintenance of petty cash.
- Budgeting
- Department serves all departments for finance & billing aspect.
- Making Balance sheet, Profit & Loss statement for the financial year.
- Maintenance of file of all employees, vendors, creditors & debtors.

PROCESS OF BUDGET MAKING

Budget format printed and approved

↓

Revenue Budget received from every unit

↓

Capital Budget received from every unit

↓

Manpower Budget received from every unit

↓

Final budget received from every unit

↓

Internal approvals

↓

Board approval

↓

Finalization of the budget

LAUNDRY SERVICES

Layout:- Basement

Cleaning and washing of clothes of all the hospital with ironing is done.

MAINTENANCE & ENGINEERING

Layout: Basement

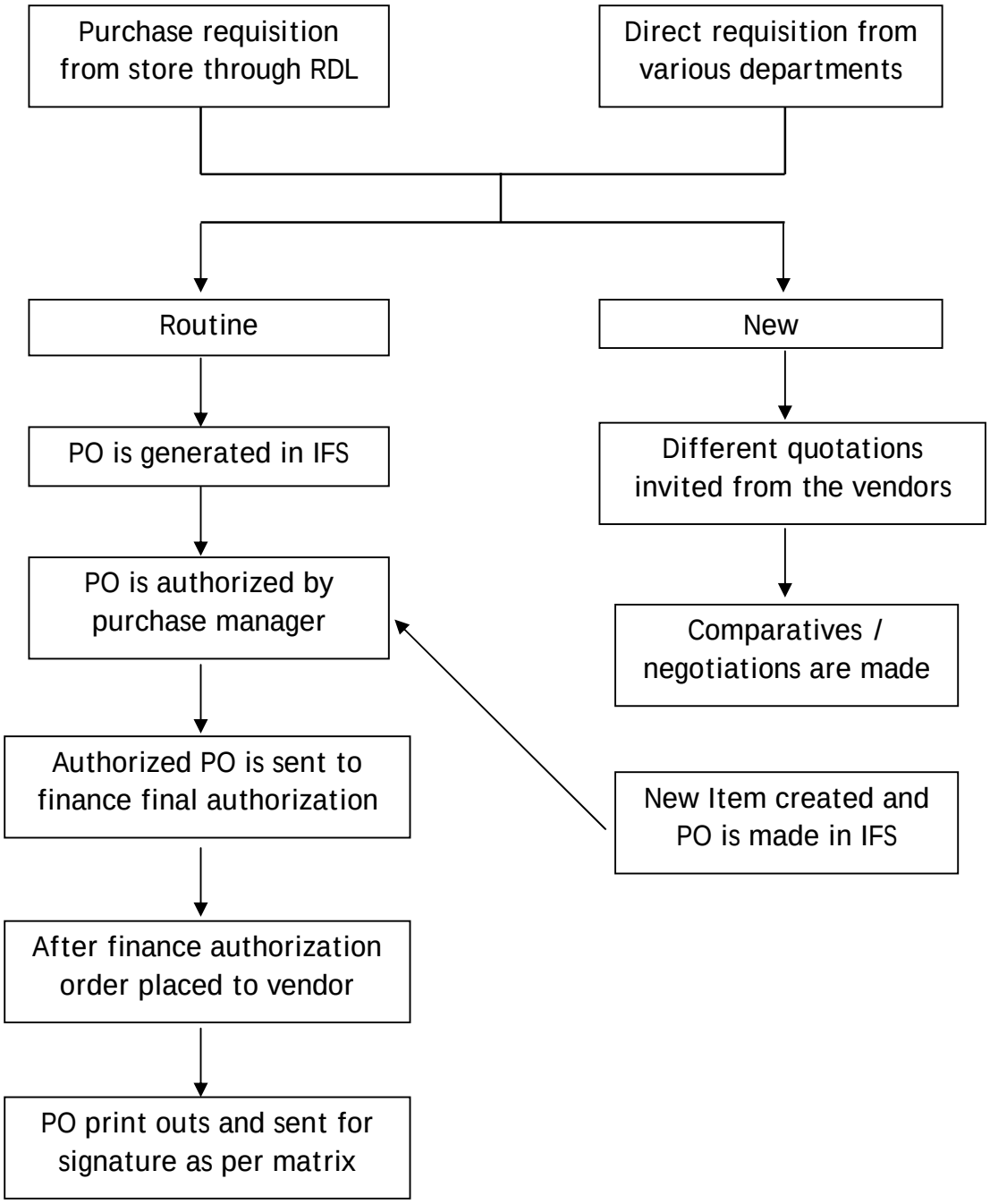
Components:

- Electricals
- Boiler Plant
- Air conditioning
- Sewage treatment plant
- Carpentry
- Pump House + Fire Fighting
- HVAC
- Plumbing

Functions:.

- Preparing the plan for equipment daily and preventive maintenance, spare parts and consumable for the department so that each facility works properly & there is minimum breakdown.
- Engineering is also responsible for controlling and ensuring for optimum use of power, water and diesel.

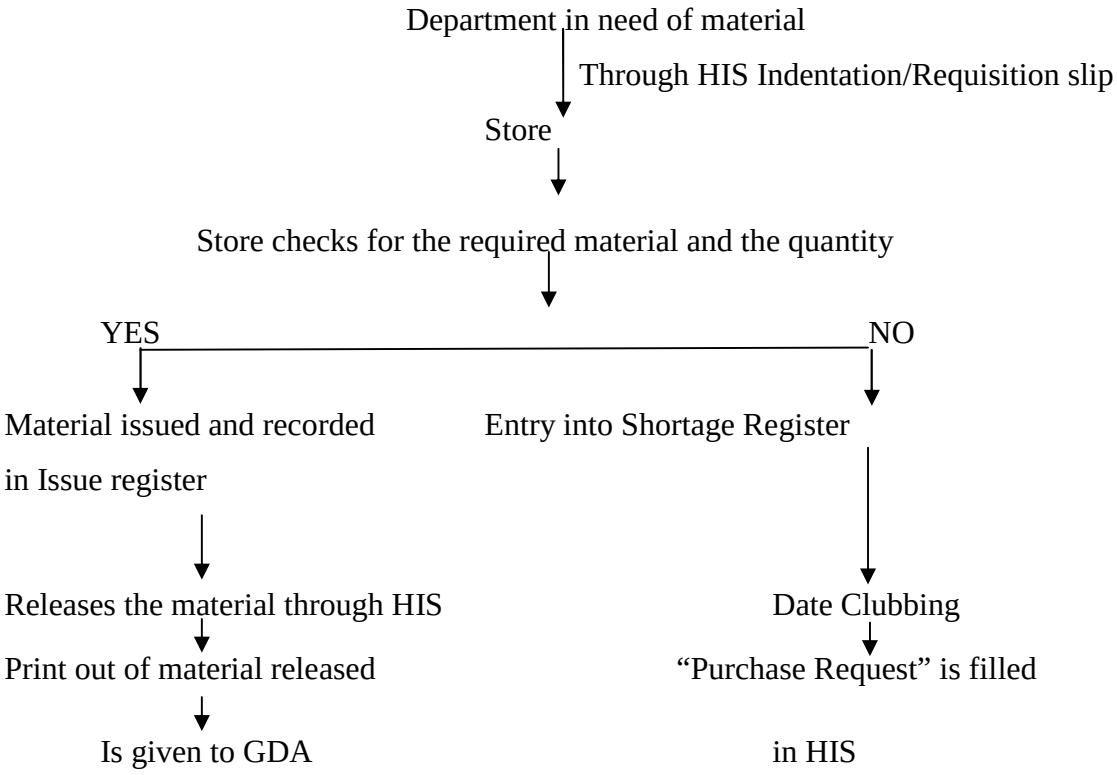
Work Flow


Purchase requisition from store through RDL
Direct requisition from various departments
Routine
New
PO is generated in IFS
Different quotations invited from the vendors
PO is authorized by purchase manager
Comparatives / negotiations are made
Authorized PO is sent to finance final authorization
New Item created and PO is made in IFS
After finance authorization order placed to vendor
PO print outs and sent for signature as per matrix

STORES

Layout: Basement

WORK FLOW



IMAGING & RADIOLOGY

Services provided:

- CT
- ULTRASOUND
- X-RAY
- MRI
- MAMMOGRAPHY
- BONE DENSITOMETRY

HOUSEKEEPING

Status: Outsourced

Components & Status

S. No.	Component	Outsourced to:	Shift Timings
1.	Housekeeping	Sandha & Co.	Morning: 7A.M-3.30P.M
2.	Ward boys (GDA's)	Indian Sanitation	Morning: 7A.M-3.30PM
3.	Glass Cleaners	Classic Appearance	8.AM – 5.30PM
4.	Pest controllers	Pest Control of India (PCI)	Morning: 7A.M -11AM Evening: 5.PM – 9.P.M

Advantages of outsource:

- ✓ Reduce workload of management e.g. no salary, PF, Uniform headache.
- ✓ Manpower management is the responsibility of contractor
- ✓ Reduction in cost if services are contracted out.

FUNCTIONS:

- Clean Floor, Wall ceiling
- Discharge Cleaning
- Remove Garbage
- Replace Supplies in Utility Rooms
- Clean Housekeeping Equipments
- Clean Room, Wards, Reception, OT, ICU Etc.
- Infection Control
- Pest & rodent Control
- Odor Control
- Environment Hygiene
- Sanitation Hygiene
- Checking Cleanliness of All Areas
- Control & Reporting of All maintenance Works
- Hospital Waste Disposal
- In-Service Training

Day	Weekly Assignment
Monday	Thorough Cleaning of all hospital doors
Tuesday	Thorough Cleaning of Ceilings & AC ducts
Wednesday	Thorough Cleaning of corners & skirting
Thursday	Thorough Cleaning of Toilets
Friday	Thorough Cleaning of AHU's & wooden beading cleaning
Saturday	Thorough Cleaning of Outer area+Parking Area
Sunday	Thorough Cleaning of all Administration Block + All Wards

EMERGENCY

Layout: Ground Floor

- Nurse Station
- Store room: 1
- Doctor's Duty Room: 2

Infrastructure:

- Beds: Total: 11
    - For Triage-4
    - For Observation -7
- Ambulance -2
- Air Amblances-1

Nurse: Patient Ratio: 1:1

Inventory Management

1. Inventory register
    - Medicine trolley daily checklist
    - Dressing trolley daily checking
    - POP Checklist
    - Crash cart checklist
2. Ambulance inventory Register

Maintenance Book:

- Oxygen pressure daily checklist
- ECG Checklist
- Biomedical Equipment Checklist.

AMBULANCE SERVICE FLOW

Call centre executive attends the emergency call

↓

Transfer the call to Emergency's Doctor

↓

Notes down necessary details like

* Place/address
* Time of call received
* Details of call
* Name & contact no of caller

↓

Informs Casualty Nurse in charge

↓

2 nurses + 2 GDAs + 1 Resident Doctor get ready

↓

Ambulance dispatched within 5 mins.

↓

Ambulance picks up patient

↓

Necessary first aid given to patient & call is given to doctor in Emergency regardingcurrent patient's condition

↓

Patient brought to emergency & duty doctor attends the patient

Advice admission	Advice Investigation	Calls up concerned OPD consultant	MLC

Heart Command Centre-I and II

Layout: Ground Floor

Beds: 12 (including 4 for Triage, 3 for Observation and 1 Isolation Room)

Workflow:

Cardiac procedure done in CATH lab or OT

↓

Patient is transferred from OT to HCC – I or II

↓

If patient is stable but requires further investigations, then transferred to wards If patient is unstable, then he remains in the HCC till he is ready to be either shifted to Wards (most of the times) or is ready for getting discharged

F & B Department

Layout- Ground Floor

Functions:-

- Catering to Inpatients, Hospital staff, Patient attendants.
- Diet counseling
- Education
- Smooth provision of laid out 9 diets to the patients.
- To check the patient, Attendant & Staff food for quality, preparation, presentation and packing.
- Coordinating closely with the Nursing shift in charges for changes in the patient's diet or new admissions etc.

Areas in Kitchen

- **Receiving & Storage Area-** Walk in refrigerator
- **Preparation Area-** For peeling, cutting, chopping, slicing, mincing
- **Cooking Area:**Party, Bakery, Continental, Indian
- **Tray Layout & Packing Area**
- **Service Area:**From here food is transferred to patient's on trolleys.

Other Areas:

- Dish washing & pot washing area
- Dietician Room

Type of Diet	Diet Card Color
Normal	Green
For Diabetes Mellitus	Yellow

Flowchart of Dietician and Inpatient Interaction;

The dietician takes details of new patients such as name, UHID, doctor's name, diagnosis and diet prescribed.

↓

Takes a detailed round and provides nutritional counseling and education, ensures patient's compliance to recommended diet.

↓

Does nutritional screening in order to know about patient's clinical conditions, appetite and tolerance to food and acceptance to hospital diet and food allergies if any.

↓

After the rounds, detailed food summary sheets are planned and prepared for every patient keeping in mind medical history and preference of patient as well.

Flowchart of Dietician & Nursing Staff interaction

Dietician receives a daily diet requisition once a day from all nursing station.

↓

Dietician cross-checks received diet requisition from time to time with nurse both during rounds and on phone constantly.

↓

Dietician updates changes with respect to new admissions/transfers/discharges/changes in diet

SECURITY SERVICES

Layout:-ground Floor

Area of Operation (Present)

- Visitor's check
- Surveillance of hospital through CCTV's
- Theft, Burglary
- Violence
- Handling of MLC
- Material movements in & out of the hospital
- Handling visitor's pass
- In case of patient's death, handling emotional chaos of attendant
- Parking management and traffic control.

Additional Responsibilities:

- Playing their role once different codes are bought into action.
    - Blue : Individual Disaster
    - Red : External Disaster
    - Pink : Baby Abduction
    - Grey : Internal disaster
    - Purple : Fight likely
    - Yellow : Fire
- Locker & key management.
- Conducting Mock Fire and Disaster Drills.
- Playing their part in **HAZMAT.**

ICU

Layout:-Ground floor and first floor.

It mainly caters to the non-cardiac patients.

Working Shifts:

Morning: 8.00 AM to 2.00 PM

Evening: 2.00 PM to 8.00 PM

Night: 8.00 PM to 8.00 AM

EQUIPMENTS:

1. Ventilator
2. Patient monitor
3. Defibrillator
4. Syringe pump
5. ECG machine
6. Pace Maker
7. ICU bed
8. Blood gas analyzer
9. Crash Cart

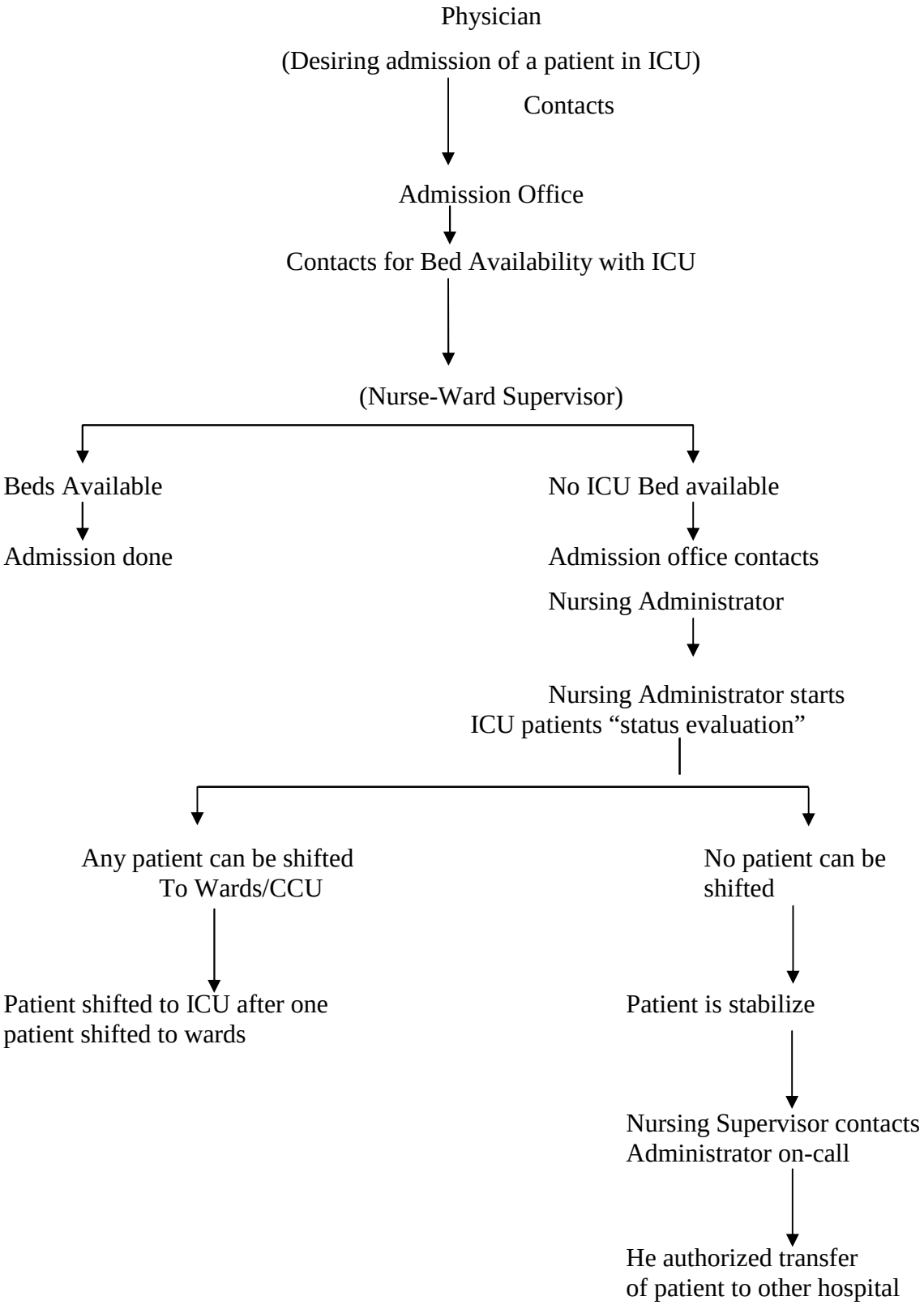
Each Bed Space Contains

1. Motorized Electric Bed
2. Multiparameter Modular Philips Monitor- mounted on wall behind the bed.
3. Chart/Locker Trolley
4. Independent wall mounted panel housing 2 each of Oxygen, Air & Vacuum outlets (all connected to control manifold by concealed pipelines)
    - Each bedside monitor is hooked to CENTRAL NURSING STATION MONITOR.
    - Other Equipment (common to all beds):
        - Ventilators
        - Syringe pumps
        - Feedings pumps
        - Nebulizer
    - I bed has access to piped Ro water & can be used for bed-side dialysis.

Admission in ICU can occur from:

- Inpatient wing of the hospital
- Emergency complex
- From other hospitals
- Sometimes directly from OPD
- Rarely from Bronchoscope, Endoscopy, Dialysis unit

Patient admission procedure in ICU-



DEATH PROTOCOL

In case of clinical death

↓

Duty doctor informs both admitting & CCM team before declaring death

↓

Family informed of death

↓

Doctors on duty issues a Death Certificate ASAP after death

↓

Body is duty packed in fresh sheet & retained in ICU**

↓

Family is requested to clear bills (Hospital + Pharmacy + any other & fill Dead Body Form

After receiving Dead Body Form, body handed over to family

↓

Body retained in ICU for a maximum of 1 hr. after death and up to 4 hrs in exceptional situation on orders of Duty Doctor & beyond that on orders of GM (Admin). Thereafter body is sent to Mortuary and security is informed.

If it is a MLC case, packed body is sent to mortuary & handed over to police by security.

Information Technology (IT) Department

Layout:- First Floor

Functions and responsibilities:

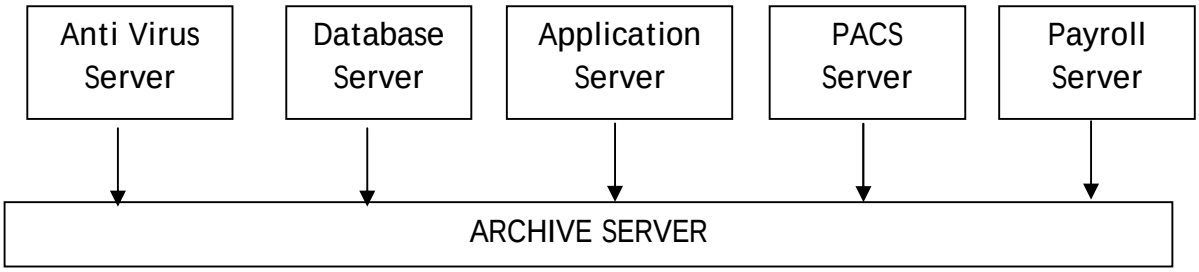
- To keep the servers alive
- To keep the network alive
- To keep internet connectional alive
- To take care of all the desktops & laptops in the organization
- To track the records of all the desktops
- To keep an eye on the employees
- Training of the other Staff for the HIS
- To come up with new technologies that can be implemented in the hospital to ensure its smooth functioning and increasing safety of care of patients.

2 Major Work Areas: General Administration & HIS

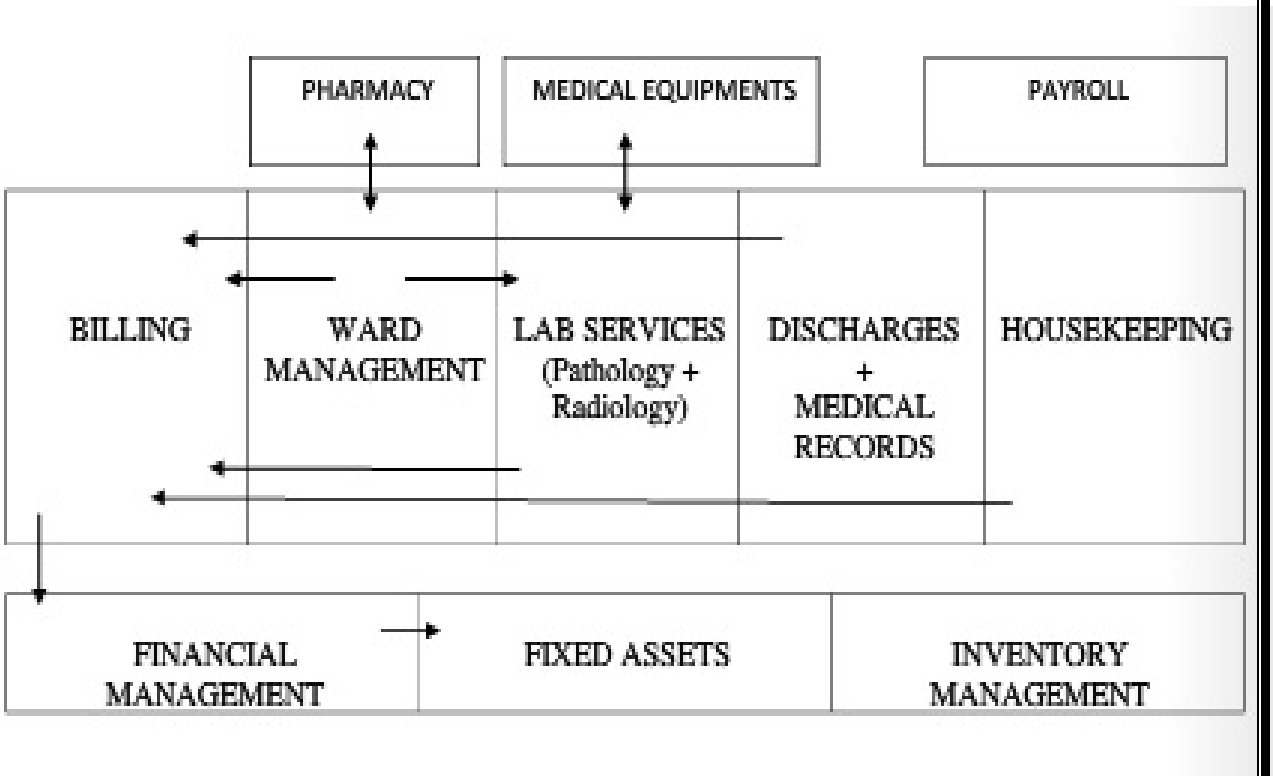
I) General Administration:

Servers:

- Anti view server
- Database server
- Application server
- PACS server
- Payroll server
- Archive server



ll) HIS Structure



OT (Operation Theatre)

- Layout: 1st floor
- No. of OT's: 9
- No. of beds in Preoperative ward: 5
- No. of beds in post operative wards: 6
- Utility room: 1
- Pantry: 1
- Sterile room: 4
- Changing room: 4

OT Staff:

1. OT Coordinator
2. Surgeon
3. Anesthetist
4. Anesthetist Assistant
5. Senior OT Technician
6. OT Technician
7. Per fusionist
8. Perfusionist technician
9. Scrub Nurse

INFECTION CONTROL SURVEILLANCE PROGRAME FOR OT

Records maintained for OT Sterilization Check:

1. OT Culture File:

- Contains culture report of each OT
- Done every **72 hrs.**
- Swabs taken from OT floor, walls, table locations.
- Method used: **Still Air Method.**
- FORMAT: Site (OT No.)
  Method
  Receiving date
  Reporting date
  Microbiology report

2. Daily OT Cleaning File:

- Daily OT cleaning record (complied to get monthly record) with format as: OTNo. / Item name / Qty./Date/Morning, Evening, Night with (personnel sign & ID no.)
- OT washing date record, OT fumigation date record.

3. Fumigation Record File

- Separate record for each OT
- Fumigation done by **2% trigene**
- Weekly reporting
- FORMAT:

DOCUMENTS AND CHECKLIST MAPPING ACCORDING TO PATIENT FLOW IN OT

Patient's Progress	**Documents in file**	**Documents to be added**	**Checks and checklist**	**Procedure done by nursing staff (during the process)**
From WARD to PRE-OPERATIVE AREA	Consent forms: - Informed - Surgical - Anesthesia Pre operative checklist Bill clearance papers Records of Antibiotic & Investigations Pre anesthetic check up record	**Surgical safety checklist form** Requisition forms: - Histopathology - Blood bank - Laboratory - Indoor patient's drug requisition form	All documents received from wards are complete Part preparation done On-time pre-surgery antibiotic schedule	**OT Patient Pre hold register**completion Time in entry in **"In-Out Register"**
From PRE-OPERATIV		Completed **Surgical safety check list**	**"First column" of Surgical**	Completion of **"Second**

E AREA to OPERATIO N THEATRE (OT)		**form.** Operation notes	**safetycheck list form**completed or not. Checks of: - Medical gases - Equipments - Electrical points - Linen - Surgical set **"Pre-column" of Instrument checklist form.**	**column" of Surgical safety check list form Operation records register** completion **"Post column" of Instrument checklist form**completed.
From OT to POST OPERATIV E AREA/REC OVERY AREA		Completed operation notes form OT Daily Charge Bill	Proper disposal of OT waste as per procedures laid down. OT preparation for next surgery. Special attention to blood spills.	OT Daily charge bill completion Completion of **"Time out" in "In Out OT Register"**

CSSD

(Central Sterile Supply Department)

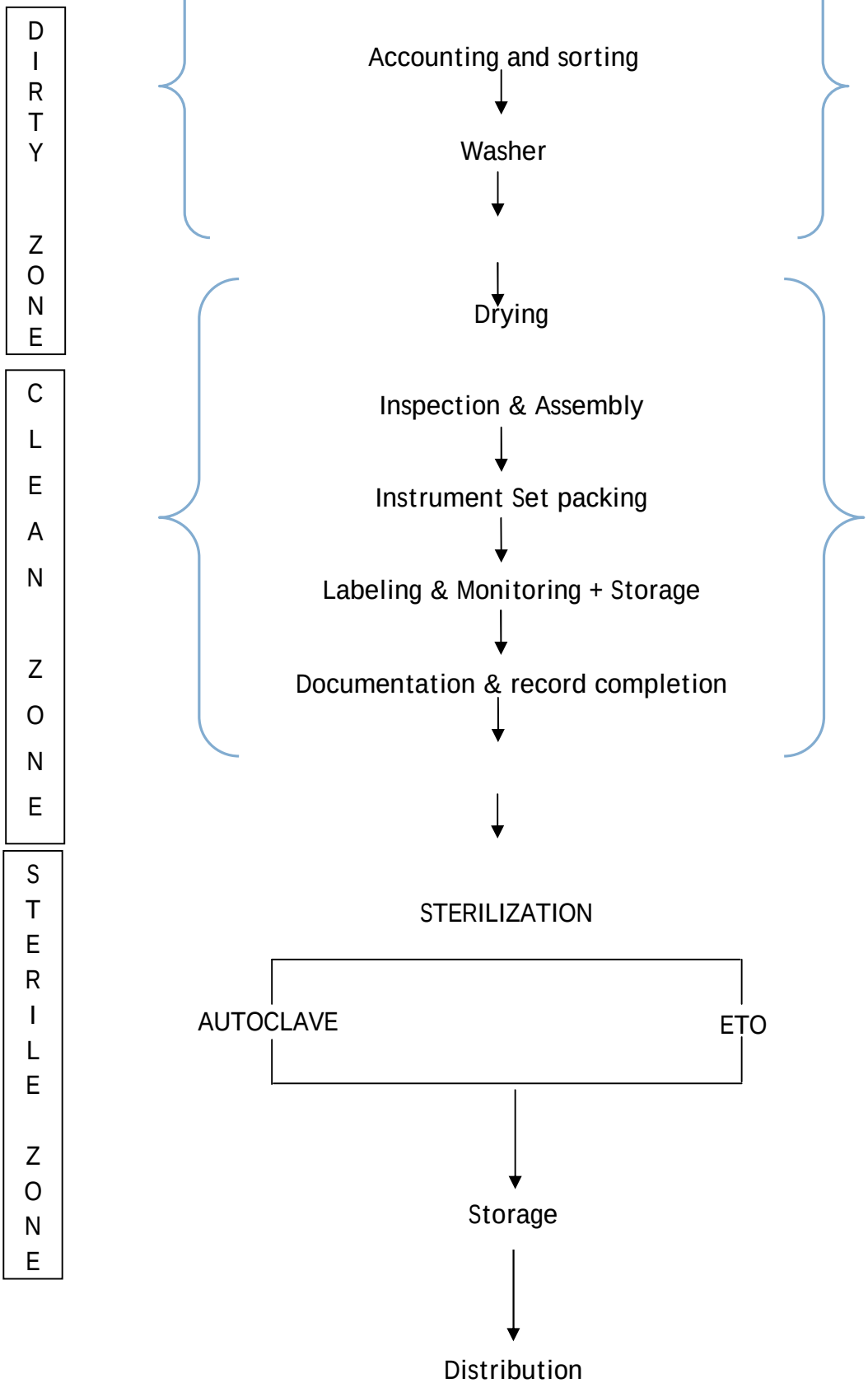
Layout: 2nd floor

Infrastructure:

- Autoclaves (Vacuum type)
- ETO-3
- Ultrasonic washer

Work Flow: The process how CSSD works for the hospital is as follows.

DEPARTMENT WORK FLOW:



METHODS OF STERILIZATION USED:

AUTOCLAVE (Steam sterilization)	ETO (Ethylene Oxide)
• No. of autoclave -2 • Type-vacuum type • No of cycles per day –Acc. To load. • Temp/time/pressure. 121^0C/15 mins/1.2kg 134^0C/4 mins/2.2kg • **STERILIZATION CHECK:** a) Bowie Dick Indicator (Chemical Indicator) One a day b) Biological Indicator: G. Stereothermophilus Once a week	• Number -3 • No of cycles-usually 1/day (But can vary acc. To load) • Temp-54^0C • 12 hour cycles • **STERILIZATION CHECK:** ✓ Biological indicator Bacillusatrophies: Eachload

MONITORING:

CHEMICAL MONITORING	BIOLOGICAL MONITORING
• Class I Indicator: Interlocking Tape applied onpacks. • Class II Indicator: Bowie Dick+Batch Monitor • Class VI Indicator: To be put inpacks.	• *G. stereothermophilus* • *B. atrophaeus*

Labeling:

Autoclave I or II/Lot no/Date of Sterilization/Date of Expiry/Indicator Slip/Contents

Records Maintained

1. Receivable item register
2. Items issued register
3. CSSD Sterilization Record Register:

   It includes:

   - Reports from microbiology
   - Graphs generated from each sterilization
   - Batch Monitoring Record
4. Record keeping register of each sterilization process:

   It includes:

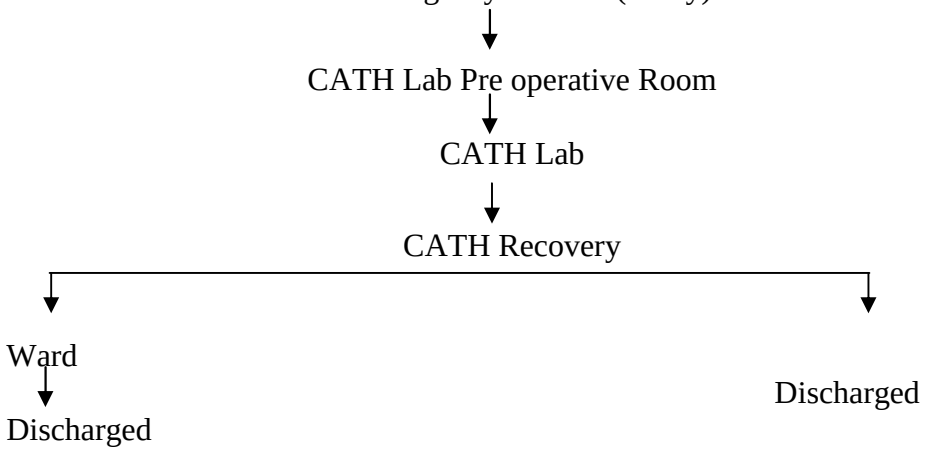
   - Indicator used
   - Temperature/pressure
   - Time of start/end
   - Initials of person doing sterilization
   - Process number

Catheterization Lab (CATH)

Layout: 2nd floor

Workflow

- Patient from Cardiac OPD/Emergency / Wards (rarely)



Common procedures in CATH Lab:

- Coronary Angiography (CAG)
- Coronary Angioplasty (PTCA)
- Balloon Mitral Valve Plasty
- Permanent Pacemaker
    - Single chamber
    - Dual chamber
    - Bivent
    - Combo device
    - AICD
- Electrophysiology study-Radiofrequency Ablation (EPS-RFA)

CATH Recovery

Layout: 2nd floor

Workflow-

After the patient has undergone a cardiac procedure, he/she is shifted to CATH Recovery (any of the 3 rooms), to keep an eye over the cardiac status for the next few hours.

- If the patient had only Angiography, he is discharge from CATH Recovery after 6 hours of the procedure.
- If the patient has undergone any surgical procedure, then he/she is shifted to the wards the next day for further investigations.

The nurses keep the record of the patients' status and their medications as well. The duty doctor is responsible for reviewing the patients from time to time.

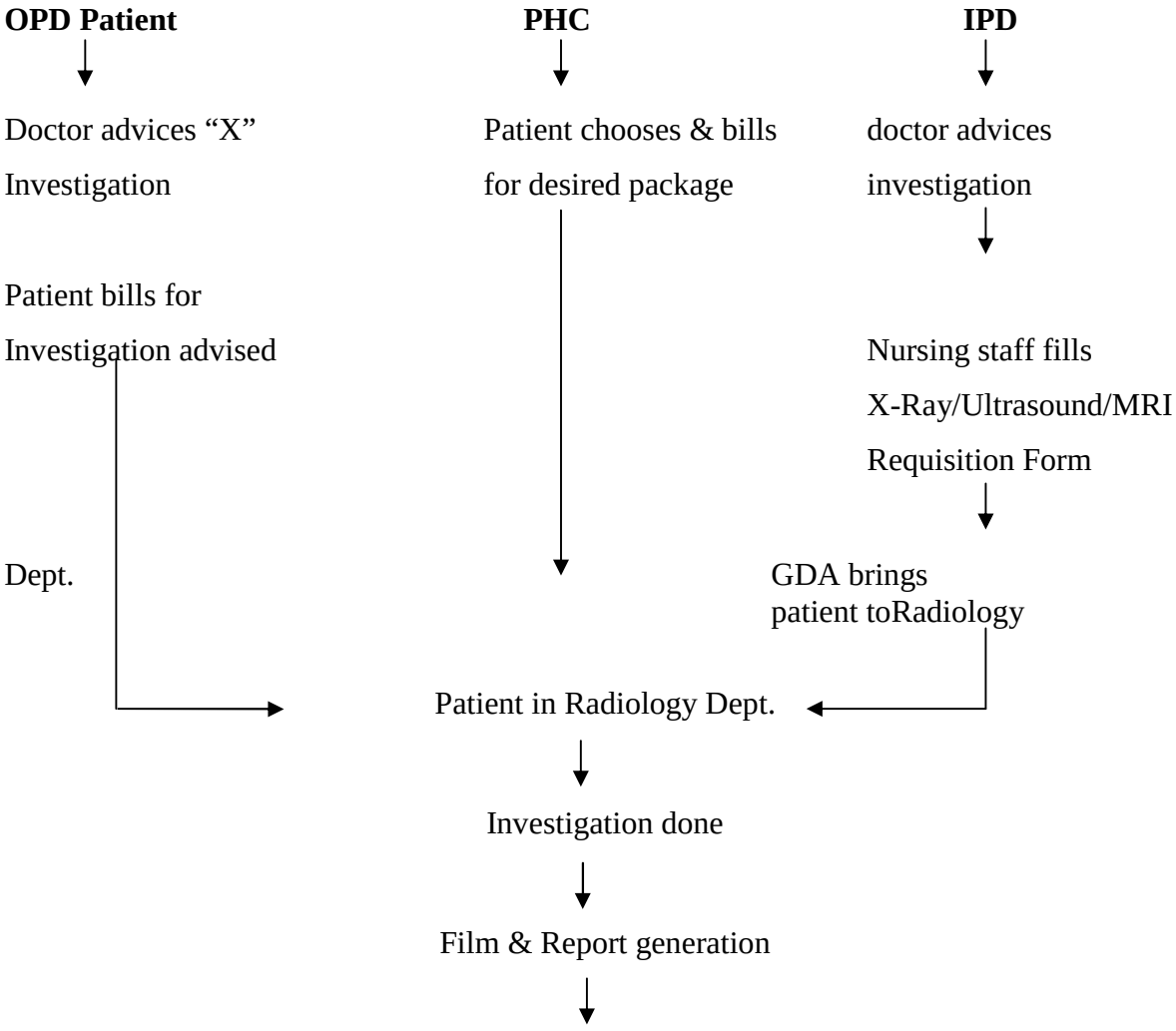
CCU

Layout: Fourth Floor

Clean Utility room: 1

Dirty utility room: 1

WORKFLOW



Wards

Layout: 3rd, 4th floor (for adults) and 5th floor (for pediatrics)

Staffing of Nursing Personnel in wards:-

Chief Nursing Superintendent
↓
Deputy Nursing Superintendent
↓
Nursing Supervisor
↓
Nursing in charge
↓
Nursing TL (Team Leader)
↓
Nurses

- Nurse to Patient ratio-1.5
- The staff works in three shifts
  a) Morning (8.00AM-2.PM)
  b) Evening (2.00PM-8.00PM)
  c) Night (8.00PM-8.00AM)

EXECUTIVE SUMMARY

PATIENTSATISFACTION

Patient Satisfaction is a highly desirable outcome of clinical care in the hospital and may even be an element of health status itself. A patient's expression of satisfaction or dissatisfaction is a judgment on the quality of hospital care in all of its aspects. A healthcare organization. Therefore, measurement of patient satisfaction and incorporating results to create a culture where service is deemed imported should be a strategic goal for all the health care organizations. Over the past several years, the issue of Patient satisfaction has gained increasing attention from the executive across the healthcare industry. As a result, all the healthcare organization have been focusing their attention on improving patient satisfaction through various initiatives. National Accreditation Board for Hospitals and healthcare providers (NABH) is a constituent board of Quality council of India (QCI), set up to establish and operate accreditation programme for healthcare organizations. They have designed an exhaustive healthcare standard for hospital and healthcare providers. Accreditation maybe helpful in assuring that these hospitals provide high quality services, NBABH standards are as follows:

SECTION 1:- PATIENT-CENTERED STANDARDS

- Access, Assessment and Continuity of Care (AAC)
- Patients Rights and Education (PRE)
- Care of Patients (COP)
- Management of Medications (MOM)
- Hospital Infection Control (HIC)

PATIENT WELFARE DEPARTMENT:

The patient welfare department aims at providing quality health care services to the patients as well as their families. It plays a vital role in maintainingcoordination amongst various departments such as Nursing. Food & Beverage, Housekeeping, Maintenance so as to ensure complete patient satisfaction. It also plays an imperative role in resolving patient's grievances by continually reviewing and refining the hospital services. At the end of each month PATIENT SATISFACTION INDEX is developed in order to evaluate the quality of services offered so that the opportunity for continual improvement is not missed. On the whole, it gives a 360 view of the hospital.

WORKFLOW OF PATIENT WELFARE DEPARTMENT

1. **Greeting and introduction for new admissions-** To help the patient get acquainted with the room and hospital services at large. This makes the patients and his/her relative feel comfortable.
2. **Daily interactions query and feedback handling-** To make the patient / attendant's stay comfortable by resolving their issues then and there (if possible) by co-ordination with various departments like nursing, F & B, Housekeeping , Finance, etc.
3. **Interaction at the time of discharge-** Take feedback from the patients/attendants at the time of discharge in order to know their level of satisfaction with the services they received during their stay.
4. **Developing a patient satisfaction index-**Analysing feedbacks and formulating a satisfaction index with the aim of monitoring hospital's quality of care.
5. **Review of internal processes-** To continually assess and refine processes towards patient centricity and ensure that these are followed.
6. **Handling customer feedback of staff-** To receive customer feedback about particular employees and take appropriate action to correct behavior or to appreciate the staff as appropriate.
7. **Celebrating special occasions of in-patients-** To make the patients feel at home by giving them special attention on special occasion.
8. **VIP Patient Care-**To give almost care to VIP patients. In order to ensure that the sensitivities of other patients are managed, these VIP patients should be referred to as thecritical patients list. The reason for this is that even if such a list called the "critical

patient list" is seen in advertently by a patient, the patient will not think that special care is being offered to these patients as a result of a reference, status, background etc.

9. **Follow us calls-** To know the recovery of patients who have been discharged from the hospital and conveying good wishes for their speedily recovery through telephonic conversation.

10. **Education programmes for the attendants in IPD areas:-** To conduct educative programmes for the attendants waitingin the IPD area with an aim of not only increasing health awareness, but also favourably influencing the attitudes and knowledge related to the improvement of health on a personal as well as community level.

11. **Care of attendants of deceased-** To ensure that the attendants of the deceased person are handled with dignity and care and the billing is done with minimum delay. Also to ensure that we arecompassionate with the attendants who may be finding it difficult to accept the fact that they have lost a member of the family?

PROJECT TITLE: TO STUDY PATIENT SATISFACTION OF THE OUTDOOR AS WELL AS THE INDOOR PATIENTS AT FORTIS ESCORTS HEART INSTITUTE (FEHI), NEW DELHI.

INTRODUCTION

Health care quality is a global issue. The health care industry is undergoing a rapid transformation to meet the ever-increasing needs and demands of its patient population. Hospitals are shifting from viewing patients as uneducated and with little health care choice, to recognizing that the educated consumer has many service demands and health care choices available. Respect for patient's needs and wishes, is central to any humane health care system. Quality of health services was traditionally based on professional practice standards, however over the last decade; patient's perception about healthcare has been predominantly accepted as an important indicator for measuring quality of health care and a critical component of performance improvement and clinical effectiveness.

Patient satisfaction has been defined as the degree of congruency between a patient's expectations of ideal care and his /her perception of the real care (s) he receives. It is a multidimensional aspect, represents a vital key marker for the quality of health care delivery and this is an internationally accepted factor which needs to be studied repeatedly for smooth functioning of the health care systems. It has been an important issue for health care managers. The client here does not technically assess their own health status after receiving care but the degree of satisfaction with the services delivered.

PROBLEM STATEMENT

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, comforting skill, amenities, 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. Better appreciation of the factors pertaining to client satisfaction would result in implementation of custom made programs according to the requirements of the patients, as perceived by patients and service providers. Following increased levels of

competition and the emphasis on consumerism, patient satisfaction has become an important measurement for monitoring health care performance of health plans.
Patient is the best judge since (s) he accurately assesses and provides inputs which can help in the overall improvement of quality health care provision through the rectification of the system weaknesses by the concerned authorities.

AIM OF STUDY:

The aim is to study the level of patient satisfaction so as to understand the emerging needs of the patient in terms of quality health care and to identify strategies that may help in increasing patient satisfaction scores and sustain patient loyalty on a long-term basis.

RATIONALE OF THE STUDY

Many previous studies have developed and applied patient satisfaction as a quality improvement tool for health care providers. Thus, patient satisfaction is an important issue both for evaluation and improvement of healthcare services.

REVIEW OF LITERATURE

Nurse Burnout and Patient Satisfaction.
Doris C. Vahey (2004 February)
Studied that high levels of nurse burnout could adversely affect patient satisfaction. This study examines the effect of the nurse work environment on nurse burnout, and the effects of the nurse work environment and nurse burnout on patients' satisfaction with their nursing care. They conducted cross-sectional surveys of nurses (N = 820) and patients (N = 621) from 40 units in 20 urban hospitals across the United States. Nurse surveys included measures of nurses' practice environments derived from the revised Nursing Work Index (NWI-R) and nurse outcomes measured by the Maslach Burnout Inventory (MBI) and intentions to leave. Patients were interviewed about their satisfaction with nursing care using the La Monica-Oberst Patient Satisfaction Scale (LOPSS).
This research concluded that improvements in nurses' work environments in hospitals have the potential to simultaneously reduce nurses' high levels of job burnout and risk of turnover and increase patients' satisfaction with their care.

Systematic review of studies of patient satisfaction with telemedicine.

Mair F, Whitten P. (2000 June)

He did a research into patient satisfaction with teleconsultation, specifically clinical consultations between healthcare providers and patients involving real time interactive video. Methodological deficiencies (low sample sizes, context, and study designs) of the published research limit the generalisability of the findings. The studies suggest that teleconsultation is acceptable to patients in a variety of circumstances, but issues relating to patient satisfaction require further exploration from the perspective of both clients and providers.

Patient satisfaction: a review of issues and concepts

Sitzia J. (1999 Aug)

Did this study to assess the properties of validity and reliability of instruments used to assess satisfaction in a broad sample of health service user satisfaction studies, and to assess the level of awareness of these issues among study authors. With few exceptions, the study instruments in this sample demonstrated little evidence of reliability or validity. Moreover, study authors exhibited a poor understanding of the importance of these properties in the assessment of satisfaction. Researchers must be aware that this is poor research practice, and that lack of a reliable and valid assessment instrument casts doubt on the credibility of satisfaction findings.

Patient Satisfaction Surveys as a Market-Research Tool for General Practices

Khayat K, Salter B.(1994 May)

A survey was undertaken to investigate the use of a patient satisfaction survey and whether aspects of patient satisfaction varied according to socio demographic characteristics such as age, sex, social class, housing tenure and length of time in education. Surveys and analyses of this kind, if conducted for a single practice, can form the basis of a marketing strategy aimed at optimizing list size, list composition, and service quality. Satisfaction surveys can be readily incorporated into medical audit and financial management.

Nursing: A Key To Patient Satisfaction

Ann Kutney-Lee, Matthew D. McHugh (2009 June)

Patient satisfaction is receiving greater attention as a result of the rise in pay-for-performance (P4P) and the public release of data from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. This paper examines the relationship between

nursing and patient satisfaction across 430 hospitals. The nurse work environment was significantly related to all HCAHPS patient satisfaction measures.

Additionally, patient-to-nurse workloads were significantly associated with patients' ratings and recommendation of the hospital to others, and with their satisfaction with the receipt of discharge information. Improving nurses' work environments, including nurse staffing, may improve the patient experience and quality of care.

Measuring patient satisfaction for audit in general practice

R Baker and M Whitfield (1992 June)

Conducted the research to establish the validity of two patient satisfaction questionnaires (surgery satisfaction questionnaire and consultation satisfaction questionnaire developed for use in general practice. Both questionnaires classified patients in groups 1 and 2 according to the construct of satisfaction; thus the difference in median scores for every component of satisfaction in each questionnaire was significant and occurred in the direction predicted by the construct. Each questionnaire also discriminated between patients grouped according to their assessed level of continuity of care. They concluded that SSQ and CSQ are valid measures of satisfaction for these types of patients.

The "five minute" consultation: effect of time constraint on clinical content and patient satisfaction.

D C Morrell and M O Roland(1986 March)

An experiment was carried out in which patients who were seeking appointments for a consultation in a general practice in south London attended consulting sessions booked at 5, 7.5, or 10 minute intervals. The particular session that the patient attended was determined non-systematically. The clinical content of the consultation was recorded on an encounter sheet and on audio-tape. At the end of each consultation patients were invited to complete a questionnaire designed to measure satisfaction with the consultation. The stress engendered in doctors carrying out surgery sessions booked at different intervals of time was also measured. At surgery sessions booked at 5 minute intervals, compared with 7.5 and 10 minute intervals, the doctors spent less time with the patients and identified fewer problems, and the patients were less satisfied with the consultation. Blood pressure was recorded twice as often in surgery sessions that were booked at 10 minute intervals compared with those booked at 5 minute intervals.

There was no evidence that patients who attended sessions booked at shorter intervals received more prescriptions, were investigated or referred more often to hospital specialists, or returned more often for further consultations within four weeks. There was no evidence that the doctors experienced more stress in dealing with consultations that were booked at 5 minute intervals than at consultations booked at 7.5 and 10 minute intervals, though they complained of shortage of time more often in surgery sessions that were booked at shorter intervals.

The influence of service quality and patients' emotions on satisfaction.

Vinagre, M. H. and Neves, J. (2008)

International Journal of Health Care Quality Assurance 21(1): 87-103. PURPOSE: The purpose of this research is to develop and empirically test a model to examine the major factors affecting patients' satisfaction that depict and estimate the relationships between service quality, patient's emotions, expectations and involvement. DESIGN/METHODOLOGY/APPROACH: The approach was tested using structural equation modelling, with a sample of 317 patients from six Portuguese public healthcare centres, using a revised SERVQUAL scale for service quality evaluation and an adapted DESII scale for assessing patient emotions. FINDINGS: The scales used to evaluate service quality and emotional experience appears valid. The results support process complexity that leads to health service satisfaction, which involves diverse phenomena within the cognitive and emotional domain, revealing that all the predictors have a significant effect on satisfaction. RESEARCH LIMITATIONS/IMPLICATIONS: The emotions inventory, although showing good internal consistency, might be enlarged to other typologies in further research—needed to confirm these findings. PRACTICAL IMPLICATIONS: Patient's satisfaction mechanisms are important for improving service quality. ORIGINALITY/VALUE: The research shows empirical evidence about the effect of both patient's emotions and service quality on satisfaction with healthcare services. Findings also provide a model that includes valid and reliable measures

A systems approach to gathering and analyzing patient and family complaints and suggestions

Watrous, J. and Hobson, A. (1994).

Most medical facilities' leaders are concerned with satisfying the patients who use their healthcare organization. Whereas many facilities have identified specific individuals whose job it is to hear patient complaints, the authors promote the view that all staff members play important roles in patient advocacy. Management's role is to determine how to collect and analyse the complaints and suggestions voiced by patients throughout their healthcare experience. This article presents one method.

Research on patients' views in the evaluation and improvement of quality of care.

Wensing, M. and Elwyn, G. (2002).

The identification of methods for assessing the views of patients on health care has only developed over the last decade or so. The use of patients' views to improve healthcare delivery requires valid and reliable measurement methods. Four approaches are recognised: inclusion of patients' views in the information to those seeking health care, identification of patient preferences in episodes of care, patient feedback on delivery of health care, and patients' views in decision making on healthcare systems. Outcome measures for the evaluation of the use of patients' views should reflect the aims in terms of processes or outcomes of care, including possible negative consequences. Rigorous methodologies for the evaluation of methods have yet to be implemented.

Customer satisfaction: a practical approach for hospitals.

J Health Qual Vander Veen, L. and Ritz, M. (1996).

A California hospital developed a program to better serve and satisfy its customers. This article details the hospital's plan to implement the program with the collection and use of data to measure success, promote staff accountability, and, ultimately, demonstrate improved customer satisfaction as measured by fewer complaints. The various activities initiated to promote staff education and recognize employees also are briefly addressed.

Improving patient satisfaction through multidisciplinary performance improvement teams

Triolo, P. K., Hansen, P., Kazzaz, Y., Chung, H. and Dobbs, S. (2002).

Hospitals today are challenged by high patient census, rising acuity, and workforce issues that can result in a serious decline in overall patient satisfaction. This article discusses how one hospital tackled the issue of declining patient satisfaction scores on five "troubled" patient care units through a performance improvement strategy that included MD-RN partnerships, co-mentoring, and unit staff development and involvement in the problem-solving process. The result was a steady improvement in patient satisfaction over a 6-month period.

A study on out patient satisfaction at a super specialty hospital in India

Dr. S. K. Jawahar MHA (AIIMS). DNB (Health Administrator)

The study was conducted among 200 patients attending OPD of Sree Chitra Tirunal institute for medical sciences and technology, Thiruvananthapuram, Kerala. The study was done to know the satisfaction level of patients and also get a feedback about the services provided in the outpatient department. The patients were randomly selected from various specialties. In order to get the details from patients, a questionnaire was designed to include question eliciting awareness of patients about the outpatient department services, logistic arrangements, waiting

time, facilities, behavior of staff and support services. It was found that majority of the patients are satisfied with the clinical services provided. It was noted that there is a scope for improvement of the outpatient department services. It was

concluded that OPD services form an important component of hospital services and feedback of patients are vital in quality improvement.

Inter-Relationship between Clinical Departments in Treating Outpatients

Dr. S.R. Shambulingaiah.

The study was taken up in the set up of SDM hospital, Dharwad of northern Karnataka. The study was undertaken with the objective to study the functioning and problems of OPD service areas in the SDM hospital setup and to seek the feedback from the patients regarding the existing facilities, functioning style and needs.

Random purposive sampling technique was adopted for the selection of sample. Doctors of various clinical departments and patients attending OPD’s were considered as respondents of

the study. A sample of minimum 51 doctors and 57 patients were chosen. It was concluded from the study that the Outpatients of SDM Hospital were satisfied with the existing facilities,fee structure and outpatient services and Para clinical facilities and according to doctors ofIndian Institute Of Health Management And Research, Jaipur **2014**OPD's in SDM Hospital, facilities provided to outpatients were good, co-operation of supportingstaff needs to be improved.

Measuring Patient Satisfaction: A Case Study to Improve Quality of Care at Public HealthFacilities

Prahlad Raj Sodani, Rajeev K Kumar, Jayati Srivastava and Laxman Sharma

The study was conducted in outpatient department of district hospital, civil hospital, community health centre, and primary health centre of the eight selected districts of MadhyaPradesh. The main objective of the study is to measure the satisfaction of OPD (OutpatientDepartment) patients in public health facilities of Madhya Pradesh in IndiaData were collected from OPD patients through pre-structured questionnaires at public healthfacilities in the sampled eight districts of Madhya Pradesh. The data were analyzed using SPSS. It was found that most of the respondents were youth and having low level of education. Themajor reason of choosing the public health facility was inexpensiveness, infrastructure, andproximity of health facility. Measuring patient satisfaction, patients were more satisfied withthe basic amenitiesat higher health facilities compared to lower level facilities.

Study on Process time of patients visiting OPD

Akilan Arunkumar (TATA INSTITUTE OF SOCIAL SCIENCES)

The objective of the study was to determine the flow of patients and the time spent in the hospital through arrival and service characteristics and to study the bottleneck in the patient flow. 1413 samples were studied through this study. The response time was calculated from finding the difference between the entry and exit time. Bottleneck analysis was also done. They recommended that since reception centre being the primary bottleneck of the system, by increasing another service here, the system may be made to work in steady state. It was evidently proved through the simulations that having a single refraction chamber with few technicians, the hospital could reduce waiting time up to 25 percent, as well as better

OBJECTIVES:-

General

To determine the patient satisfaction in the In-patient and out- patient department by developing a patient satisfaction score card after evaluating the collected feedback forms of a tertiary care hospital.

Specific

- To measure level of satisfaction with medical and nursing services.
- To measure level of satisfaction with support services of the hospital namely diet and nutrition, housekeeping, food and beverage and security
- To recommend strategies for improving the level of patient satisfaction and services of the IPD and OPD.

METHODOLOGY:

- **STUDY AREA –** In-Patient Department and out-patient department of Fortis Escorts Heart Institute, Okhla, New Delhi.

- **STUDY DESIGN –** Descriptive Cross sectional

- **STUDY PERIOD-** 01st April- 31stMay

- **STUDY POPULATION –** Patients admitted in the In-patient Department and in the out patient department.

- **SAMPLE SIZE – 400**
  200 patients in IPD + 200 patients in OPD (taking 95% as confidence interval)

- **SAMPLING METHOD –** Non-probability convenience sampling

- **DATA COLLECTION –** Observation and Interview method

- **DATA ANALYSIS –** Using Microsoft Excel.

- **PARAMETERS ASSESSED FOR BOTH IPD AND OPD –**
    1. Help desk/Registration/front office.
    2. Accommodation
    3. Facilities for attendants
    4. Medical and nursing process
    5. Discharge process
    6. Facilities like:
        - Waiting area
        - Public dining options
        - Parking and security
    7. Overall behavior

NATURE OF DATA:-Quantitative data collected through survey questionnaire technique.

SCALE OF RATING RESPONSES

- **4** = Very Good
- **3** = Good
- **2** = Average
- **1** = Poor
- **0** = No Response

TYPE OF DATA:-

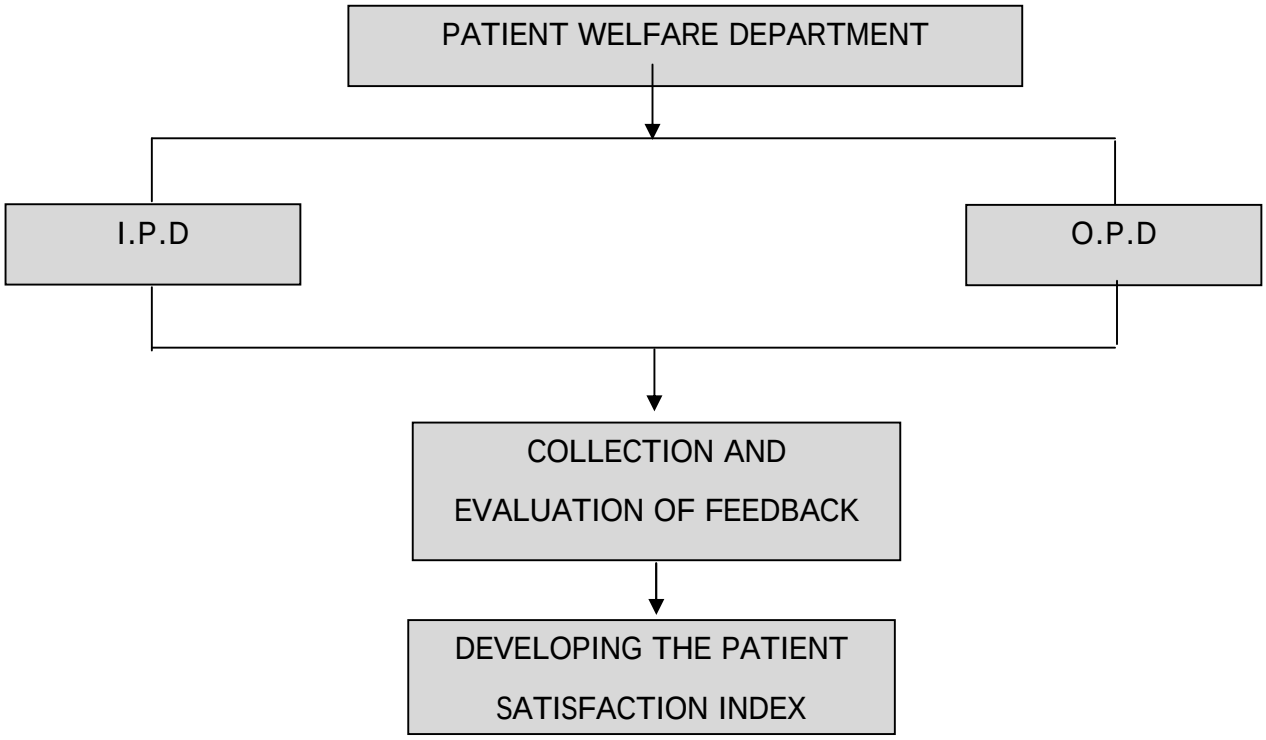
1. Collected through direct observations.
2. Interacting with the patients or the attendants of the patients of this hospital.
3. Information obtained through Hospital records.
4. Information gathered through internet.

STUDY TECHNIQUE USED:-Questionnaire technique was used including both open ended and closed-ended questions.

STUDY TOOLS USED:- 1- Feedback forms

2- Discharge Report

Patient satisfaction will be studied according to the below mentioned flowchart.



The inter-departmental co-ordination and Bi-directional communication of the Patient Welfare Department can be depicted with the help of the following diagram.

OBSERVATION 's:-

1.) **In Patient Department**

S. NO.	HELP DESK/FRONT OFFICE	SCALE & NO. OF RESPONSES						3.48
		4	3	2	1	0	Total	Average
1	Please rate the ease with which you could contact the hospital	79	120	1	0	0	200	3.38
2	How did we respond to your queries.	86	108	0	0	6	200	3.44
3	How did we explain the various expenses and packages available.	89	103	0	0	8	200	3.46
4	How was your admission process	84	112	0	0	4	200	3.42
5	Please rate the efficiency and warmth of front office team.	88	106	0	1	5	200	3.48

S. NO.	ACCOMODATION	SCALE & NO. OF RESPONSES						3.41
		4	3	2	1	0	Total	Average
1	How comfortable was your accommodation	81	116	0	0	3	200	3.40
2	The quality of cleanliness and upkeep	87	112	0	0	1	200	3.43
3	How well did all equipments/activities work	91	107	0	0	2	200	3.45
4	Quality of food	77	119	1	0	3	200	3.38
5	Food services on time	83	111	1	0	5	200	3.41
6	Efficiency and politeness of Food & Beverage team.	80	113	0	0	7	200	3.41

S. NO.	MEDICAL AND NURSING PROCESS	SCALE & NO. OF RESPONSES						3.39
		4	3	2	1	0	Total	Average
1	Time spend by doctors to explain diagnosis and treatment.	79	120	0	0	1	200	3.39
2	. Attention from our doctors team	88	109	0	0	3	200	3.44
3	Attention from our nursing team	82	114	0	0	4	200	3.41
4	How well did our nursing team expained your treatment, procedure and care at home	77	115	0	0	8	200	3.39
5	Please rate the quality of service ➢ efficiency ➢ promtness ➢ care & warmth	76 74 77	122 124 119	0 0 0	0 0 0	2 2 4	200 200 200	3.38 3.37 3.39

S. NO.	FACILITIES FOR ATTENDANT	SCALE & NO. OF RESPONSES						3.42
		4	3	2	1	0	Total	Average
1	Quality of in room facilities	73	126	0	0	1	200	3.36
2	Food options for attendants	81	83	0	0	36	200	3.49
3	Guidance and information on patient movement during procedure.	81	115	0	0	4	200	3.41

S. NO.	OTHER FACILITIES (please rate the quality of)	SCALE & NO. OF RESPONSES					
		4	3	2	1	0	Total
1	Chemist	57	127	0	0	16	200
2	Waiting area	69	121	0	0	11	200
3	Public dining options	50	129	0	0	21	200
4	Parking and security	59	117	0	0	24	200

S. NO.	DISCHARGE PROCESS	SCALE & NO. OF RESPONSES						3.33
		4	3	2	1	0	Total	Average
1	. Please rate the overall discharge process	67	130	1	0	2	200	3.33
2	Efficiency of billing desk	67	127	0	0	6	200	3.34
3	. Response to any query	71	125	0	2	2	200	3.33

S. NO.	BEHAVIOUR OF THE FORTIS TEAM	SCALE & NO. OF RESPONSES						
		4	3	2	1	0	Total	Average
1	Overall level of service	87	111	0	0	2	200	3.43

2.) **Out-Patient Department**

S. NO.	THE REASON OF YOUR VISIT	NO. OF RESPONSES
1	Executive Health check	01
2	Consultation by appointment	140
3	Walk-in patient without prior appointment	19
4	Follow-up visit	86
5	Diagnosis visit	101
6	Others	00

S. NO.	Registration/ Help desk	SCALE & NO. OF RESPONSES						3.37
		4	**3**	**2**	**1**	**0**	**Total**	**Average**
1	Ease with which you contact us	84	116	0	0	0	**200**	**3.41**
2	How was your registration experience	88	110	0	0	2	**200**	**3.44**
3	Was our team efficient and courteous	59	139	0	0	2	**200**	**3.29**
4	How well were you guided through all Required processes	88	110	0	0	2	**200**	**3.44**
5	Was the registration desk/lounge well organised and clean	74	123	0	0	3	**200**	**3.37**
6	Please rate the location/ directional signage in OPD areas	62	136	0	0	2	**200**	**3.31**
7	How Efficiently did our team retrieve your information.	69	128	0	0	3	**200**	**3.34**

S. NO.	MEDICAL AND NURSING PROCESS	SCALE & NO. OF RESPONSES						3.32
		4	3	2	1	0	Total	Average
1	Attention from our doctor's	73	122	0	0	5	200	3.37
2	Time spend by doctors to explain diagnosis and treatment.	88	110	0	0	2	200	3.44
3	Attention and efficiency by the medical support staff	57	137	0	0	6	200	3.29
4	How well were the required procedures and process explained	65	121	0	0	14	200	3.34
5	Please rate the sensitivity of our team to your privacy	65	134	0	0	1	200	3.32
6	Please rate the quality of service ➢ efficiency ➢ promtness ➢ care & warmth	64 53 59	134 143 137	0 0 0	0 0 0	3 4 4	200 200 200	3.32 3.26 3.29

S. NO.	OTHER FACILITIES (please rate the quality of)	SCALE & NO. OF RESPONSES						3.27
		4	3	2	1	0	Total	Average
1	Chemist	60	129	0	0	11	200	3.31
2	Waiting area	57	130	0	0	13	200	3.30
3	Public dining options	44	138	0	0	18	200	3.24
4	Parking and security	46	135	0	0	19	200	3.25

S. NO.	BEHAVIOUR OF THE FORTIS TEAM	SCALE & NO. OF RESPONSES						3.51
		4	3	2	1	0	Total	Average
1	Overall level of service	100	93	0	0	7	200	3.51

FINDINGS THROUGH OPEN ENDED QUESTION: -

As per the data collected, it was found that the patient's satisfaction level depends upon the attributes such as respect and compassion and not merely the technical proficiency. The quintessential elements for patient satisfaction were found to be the speed and efficiency of the hospital in providing services, comfort during their stay in the hospital, information and proper communication to reduce their anxiety and emotional support. The in-door as well as the out-door patients of this hospital were found to be highly satisfied with the attention and co-operation provided by the doctors and the nurses team. Fortis Escorts hospital has succeeded in gaining quality feedback from their patients and conducting the necessary review of results. Also, the staff working together as a team in problem identification and problem solving has effectively helped in creating a culture where in the patients and implementation needs to be taken so as to better meet the patient's needs at a sustainable level. The in-door patient's concerns were mainly for the F & B and Nursing departments whereas the out-door patients were more or less completely satisfied with the hospital services.

The concerns for the various departments were found to be as follows:

1. **F & B DEPARTMENT:-**
   - (i) Delay in delivering food to the patients.
   - (ii) Communication gap between the dietetics and the F & B department because of which inappropriate food being served to the patients.
   - (iii) Quality and quantity of food being compromised.
2. **NURSING DEPARTMENT:-**
   - (i) Delay in nurse call-bell response.
   - (ii) Communication problem between the nurse and the patients as the nurses mainly communicate in their local language.
3. **HOUSEKEEPING DEPARTMENT**
   - (i) Patients were not provided with uniform of their appropriate size.
   - (ii) The cleanliness of the washroom was a major issue for many patients.
   - (iii) The housekeeping staff was found to be loud and disturbing while cleaning the ward rooms in the morning.
   - (iv) Patients were also found to be dissatisfied because of the absence of towel, soap, dental kit were not found in some rooms.

4. MAINTENANCE DEPARTMENT

(i) The complaints of AC, TV, shower and telephone not functioning properly were being made.

5. BILLING DEPARTMENT

(i) Billing staff needs to be more polite and humble.

(ii) Things need to be explained more properly to the patients. Also, the patients in emergency cannot pay the whole amount upfront so the billing staff needs to be more accommodative as it takes around 1-2 days to arrange the whole amount.

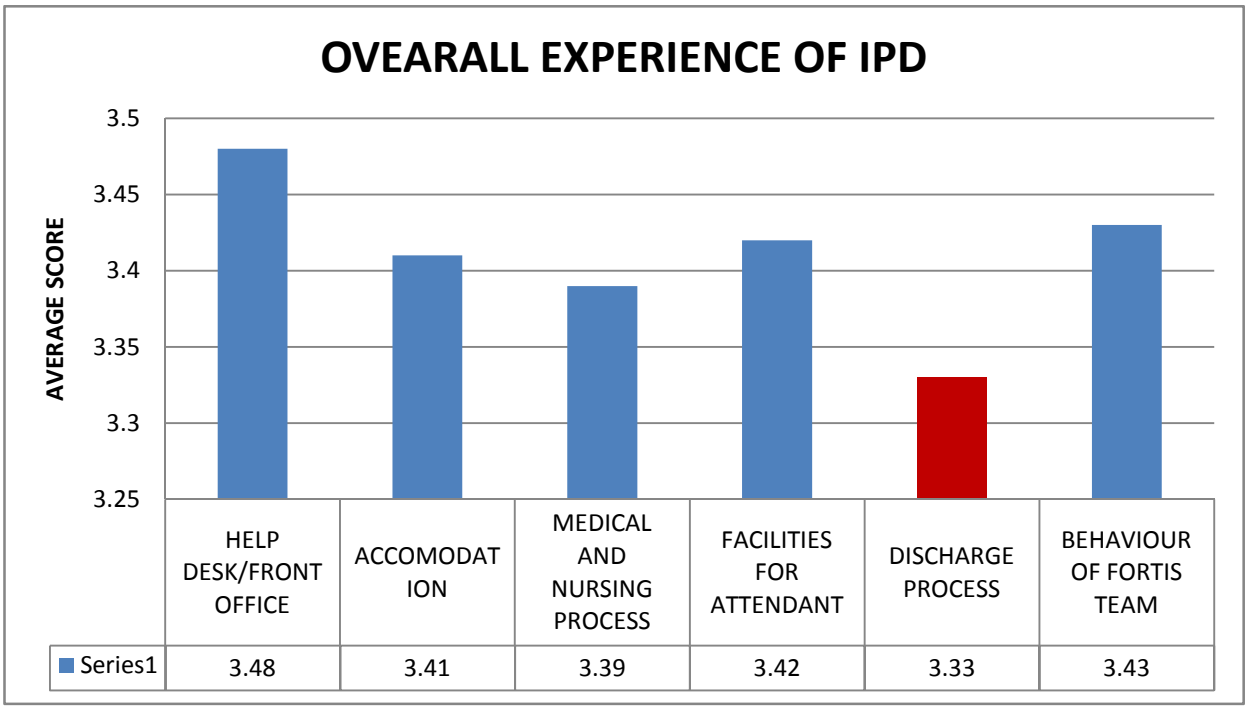
6. PATIENT CARE SERVICES DEPARTMENT

(i) There was a complaint regarding the delay the issue of the attendant passes by the PCS department.

ANALYSIS:-

1.)IPD

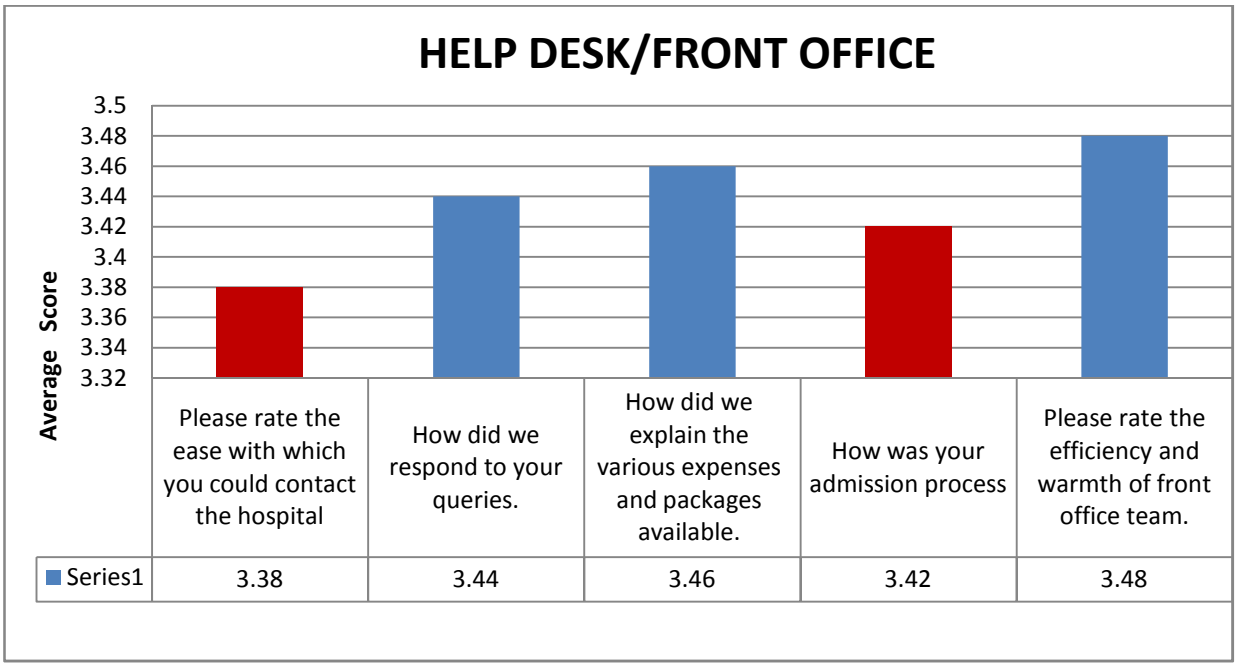
Graph 1:- Overall Experience of IPD in General



Satisfaction of patients with the help desk is of a high level with average ratings of 3.48. Whereas Discharge process got the least rating of 3.33.

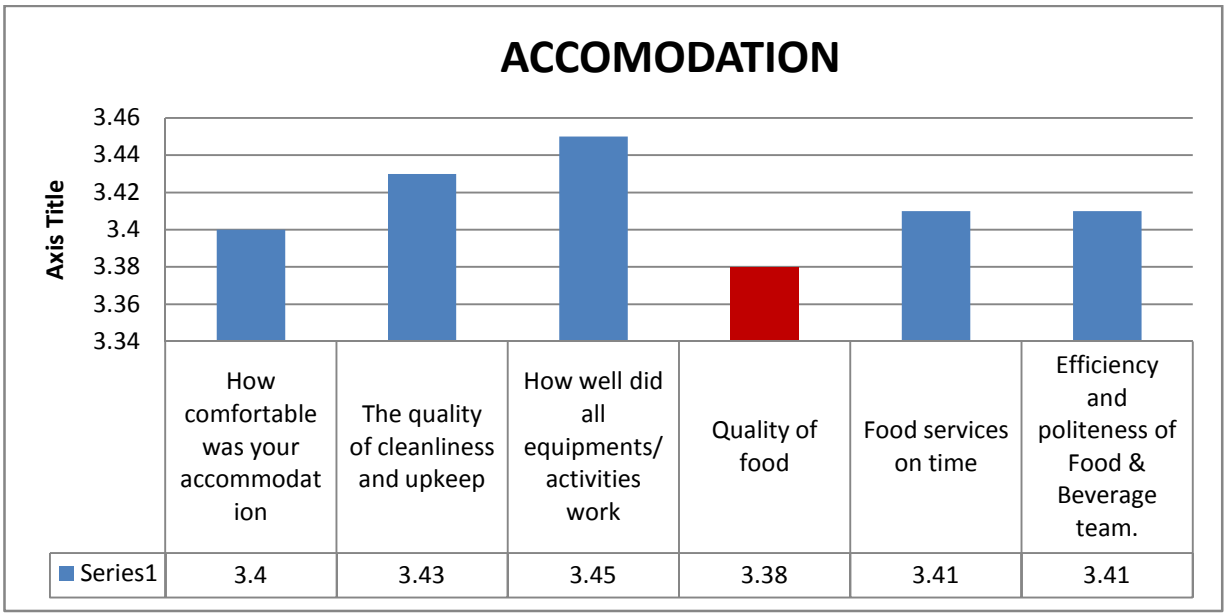
In Specific experience of each department in the IPD are as follows

Graph 2:-HelpDesk/Front Office



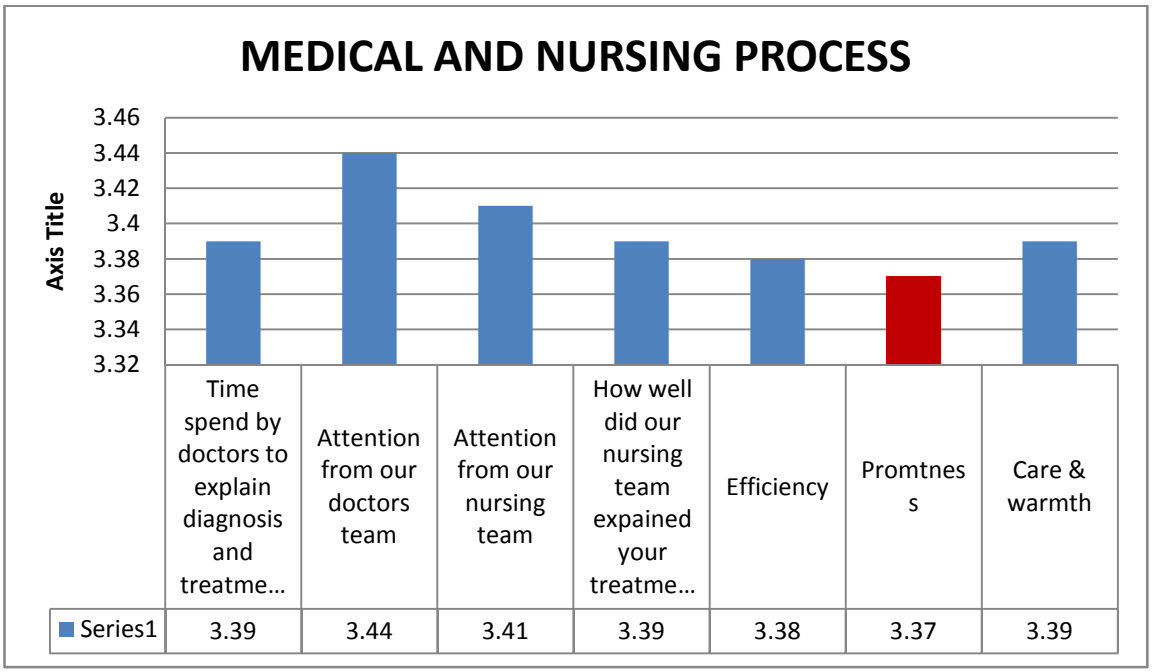
The patient's seemed to be very satisfied with the warmth and affection and also regarding explanation given for expenses and packages with a rating of 3.48 and 3.46 respectively.

Graph 3:- Accommodation



Patients seemed to have given a very good score of 3.43 for the cleanliness and upkeep but seemed to be a bit unhappy with quality of food.

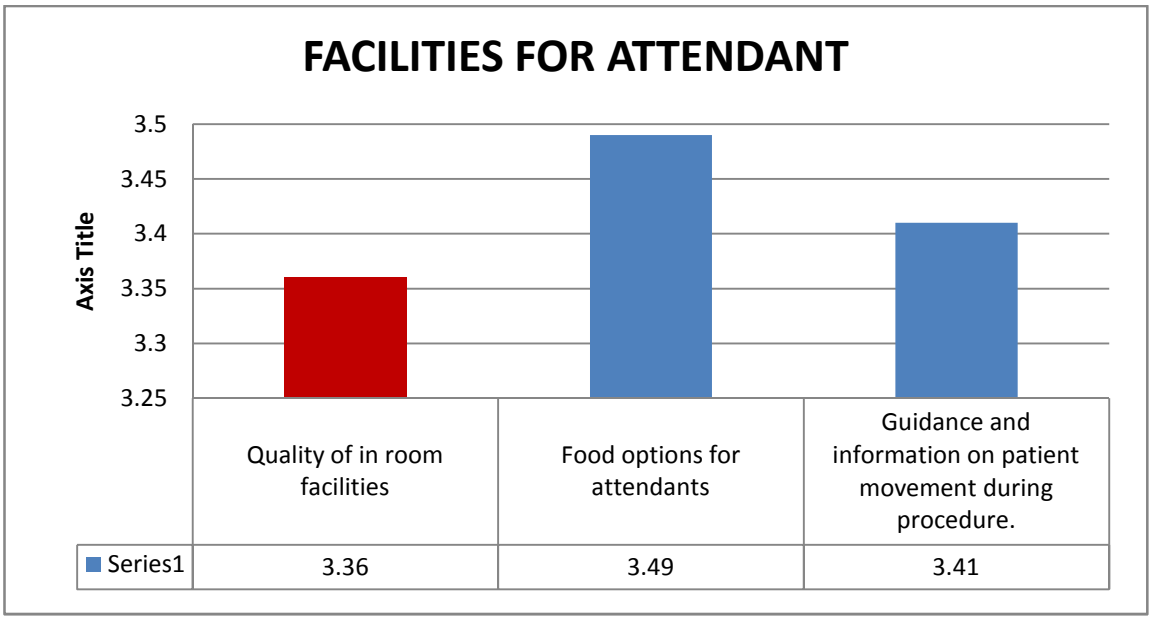
Graph 4:- Medical and nursing process



Based on number of responses highest level of satisfaction i.e. '3' was given to explanation of case and treatment plan by doctors reported by 121 patients out of 200.

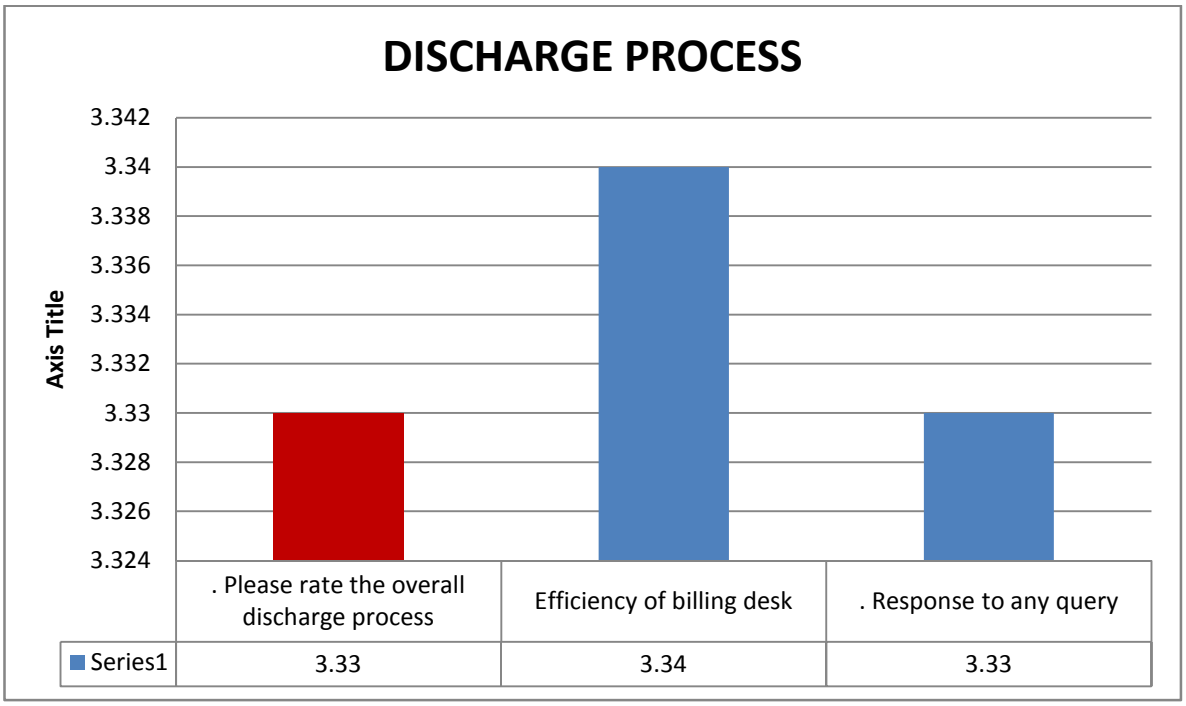
Major issue faced is of promptness.

Graph 5:- Facilities for Attendants



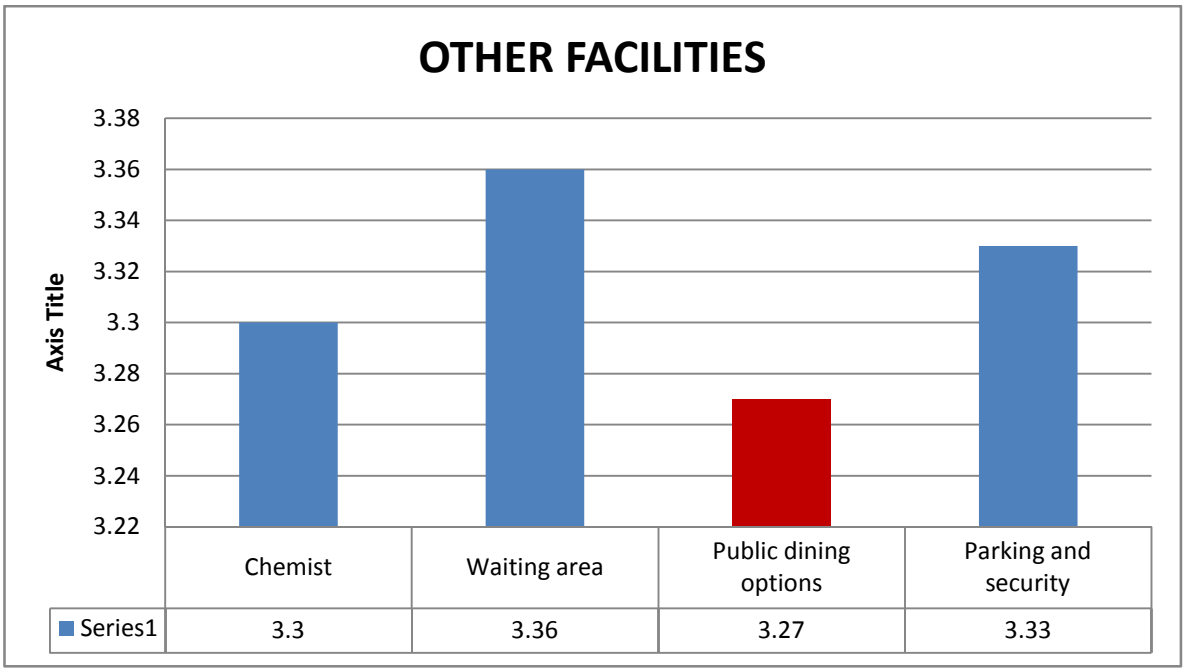
Patient were extremely happy with the number of options present in the menu. 81 patients out of 200 rated it as 3 and 84 rated it as 4.

Graph 6:- Discharge Process



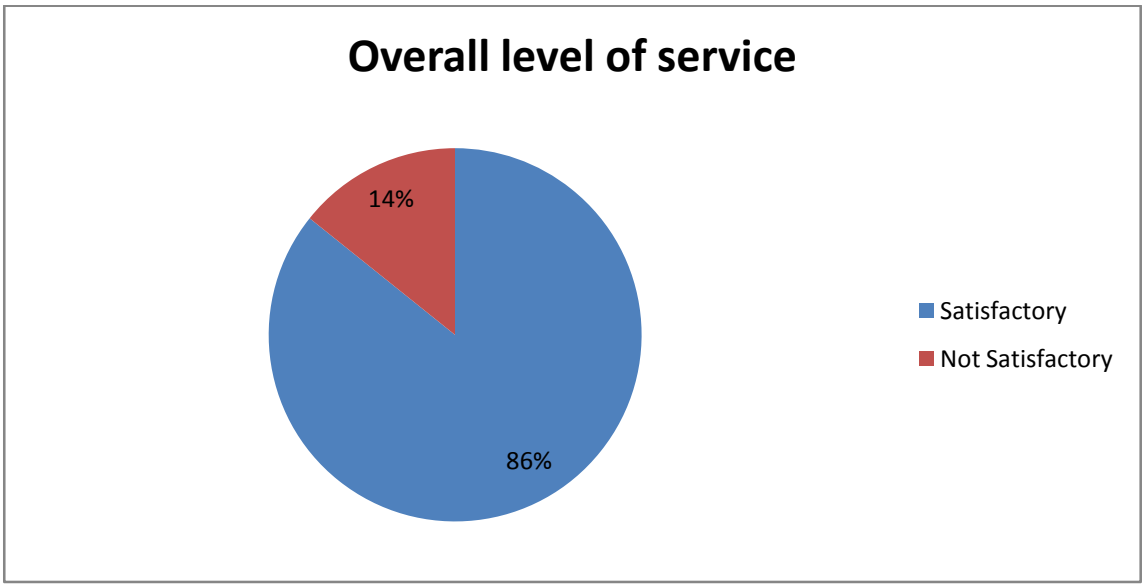
The discharge process has received a constant complain as people complained it to be slow.

Graph 7:- Other facilities



The waiting area comfort were found to be above par with a rating of 3.36 but people faced issues regarding public dining options.

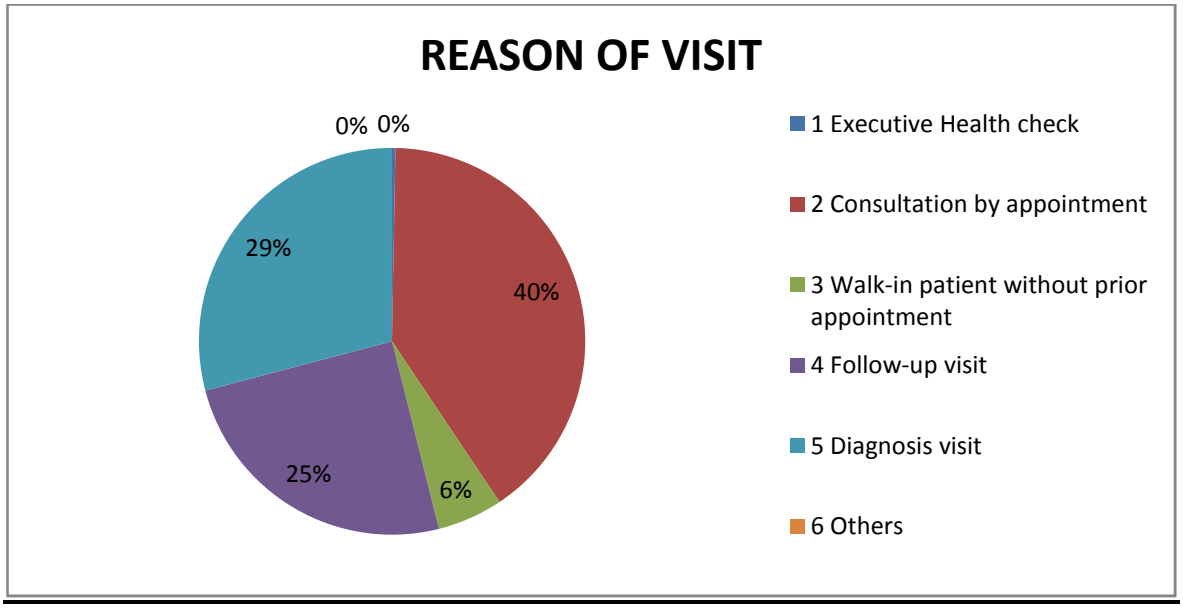
Graph 8:- Behaviour of the Fortis team



85.75% people were satisfied with the behavior of the Fortis team. This represents that people are happy with the services provided.

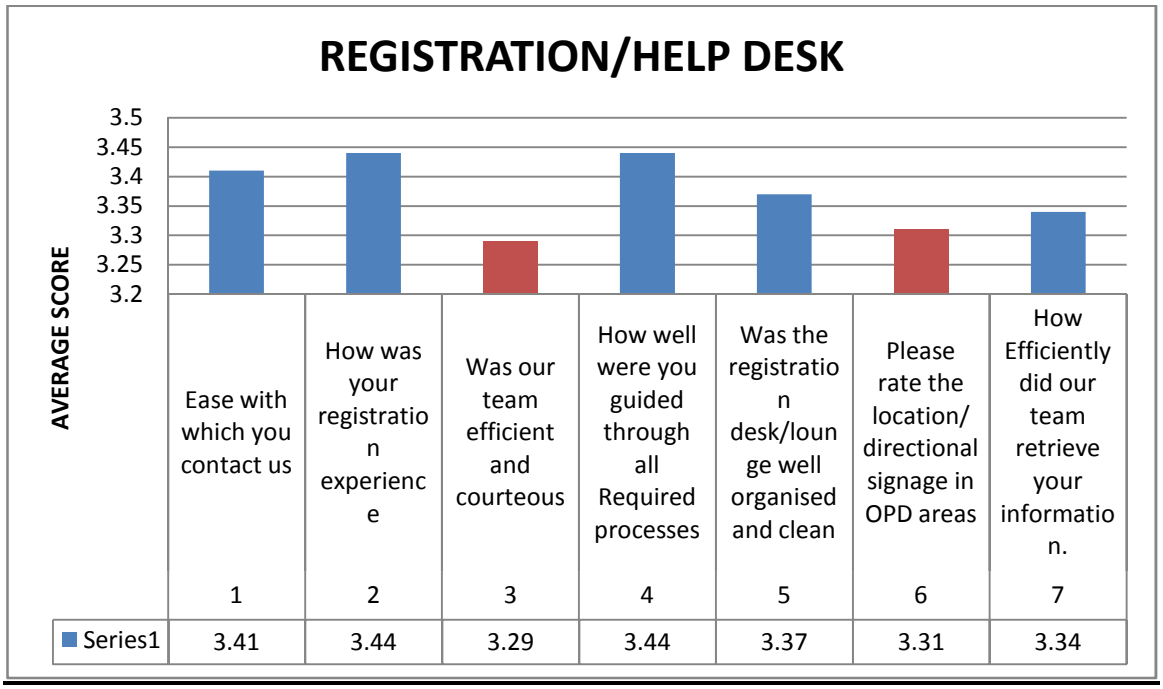
2) OPD ANALYSIS

Graph 1:- The Reason Of Visit



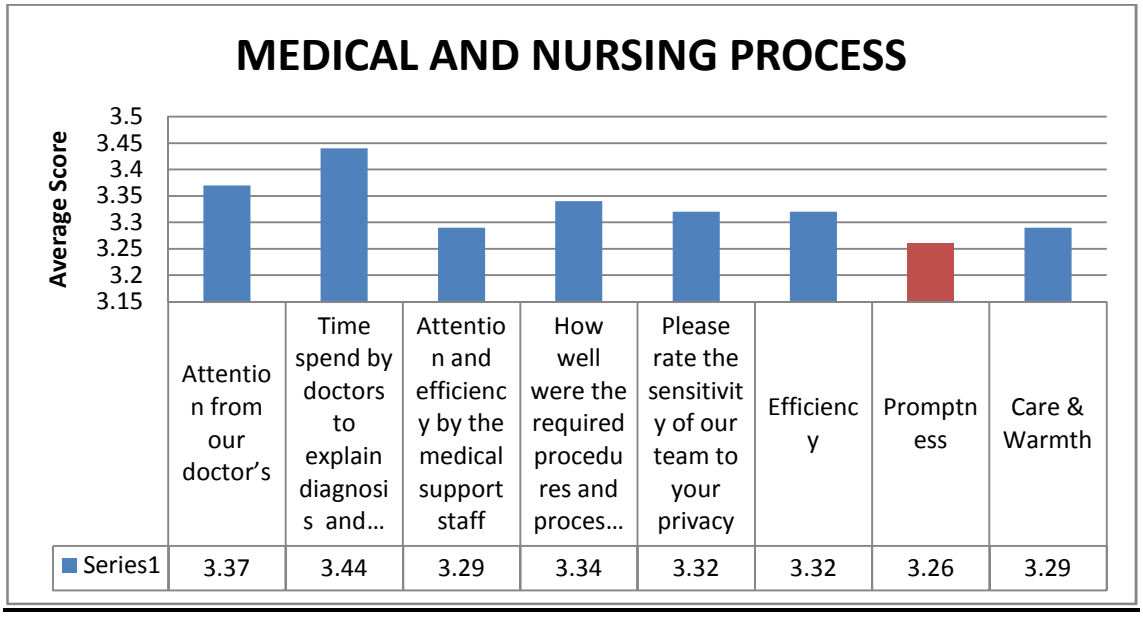
This pie chart represents that 40% are coming to the OPD with consultation by appointment,Whereas very less people come for the executive health check**.**

Graph 2:- Registration/ Help Desk



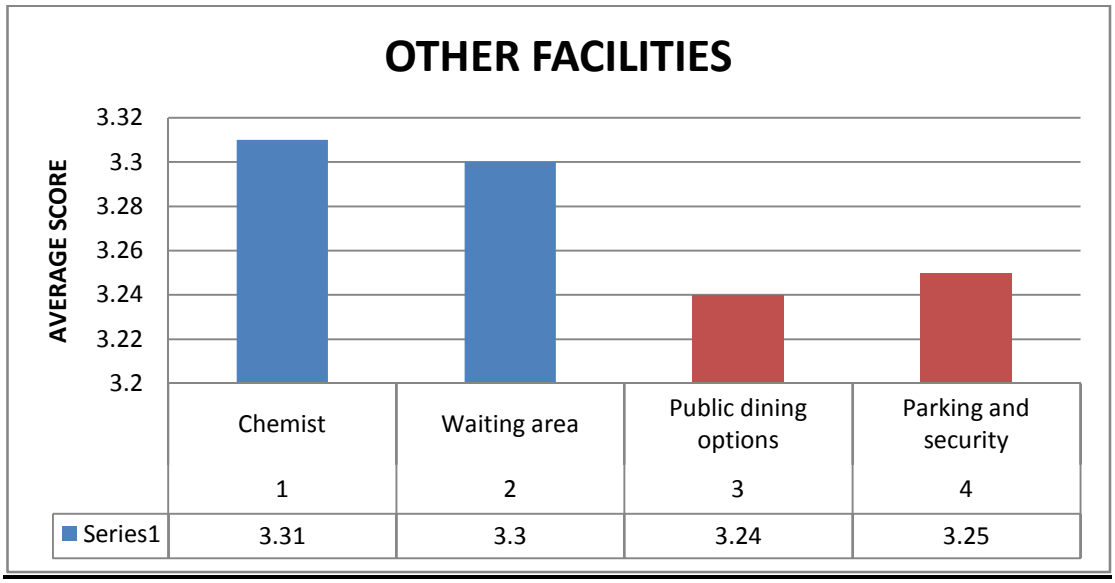
The patient's seemed to be very satisfied with the way they were guided through all required process and with registration experience with a rating of 3.44, on the other hand was not much satisfied with the courteousness of team and signage in OPD area.

Graph 3:- Medical and Nursing Process



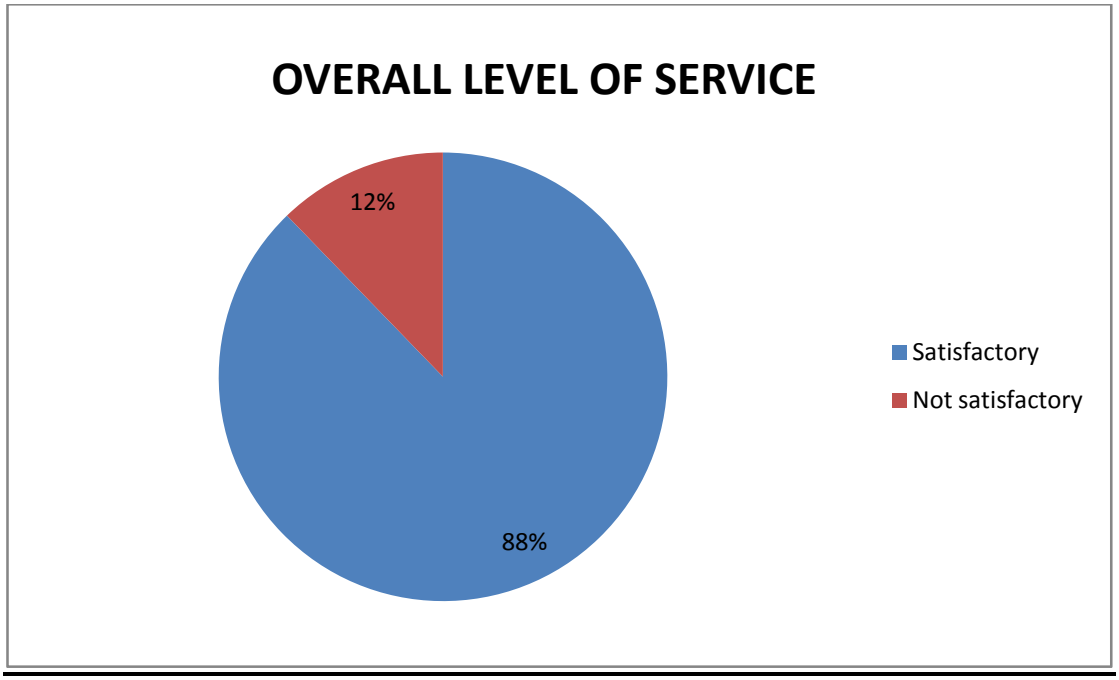
Almost 71.5% people had an issue with the promptness of services provided by the staff. But 99% people were extremely satisfied by bthe time spend by doctors to explain the diagnosis and treatment. Multi Disciplinary Consultation (MDC) has played a major role in this process.

Graph 4:- Other Facilities



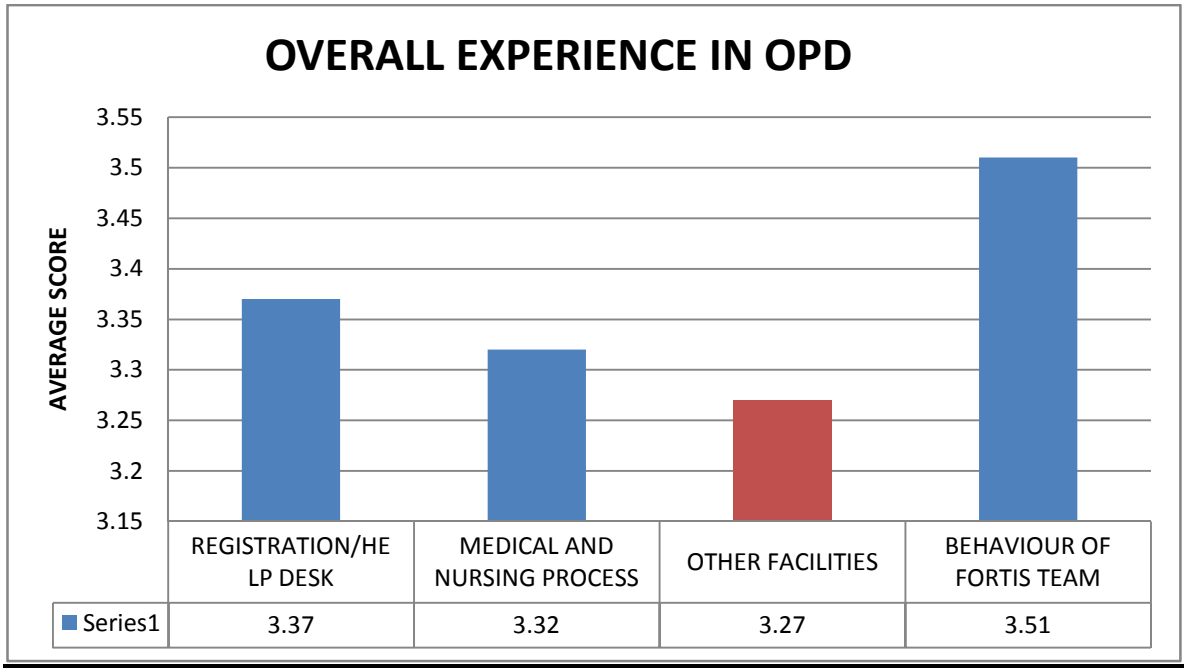
The Chemist and waiting area comfort were found to be above par with a rating of 3.31 and 3.30 respectively, but people faced issues regarding public dining options and parking in the hospital.

Graph 5:- Overall Level Of Services



87.75% people were satisfied with the behavior of the Fortis team. This represents that people are happy with the services provided in OPD.

Graph 6:- Overall experience of OPD in General



This graph depicts that patient are moreover satisfied by the behavior of FEHI team with average score of 3.51, but are less satisfied with other facilities in OPD like, public dining options and parking.

RECOMMENDATIONS:-

(i) Arrangement of the ATM facility in the OPD building for the patient's convenience.

(ii) Parking area of the O.P.D. block is insufficient.

(iii) Staff can be trained to be more courteous as 8 complaints of discourtesy have been received like staff doesn't knock and whenever leaving the room they should pull the gate.

(iv) There can be a decrease in the time taken for reaching room after admission by escorting the "in need of urgent attention" patients to the desired room while their attendant completes admission formalities.

(v) Hospital environment can be improved by reducing level of disturbances and noises at nursing stations.

(vi) Quality of food has received 16 complaints regarding various aspects such as taste, not cooked properly, delay in delivery.

(vii) Nurses respond lately to the bell. Promptness from the staff side towards patient concern should be increased, by training.

(viii) Quality of room facility can be improved by maintaining a roster which shows at what time the toiletries were kept.

(ix) Discharge process should be less time consuming and this can be achieved by completion of morning rounds by doctors and signing the discharge papers timely.

(x) AC facility in public dining area (The Emerald Lounge) should be taken in consideration and dining should be a bit reasonable.

CONCLUSION:-

From the project report it can be concluded that the Fortis Escorts hospital has succeeded in creating a culture where rendering quality patient services is its main strategic goal. The organization has put in its concentrated efforts to pay attention to the patient's need or privacy, compassion and information related to his or her hospital visit. The patient welfare department works in the area of problem identification and problem-showing ensuring the patient to be the integral part of this hospital thereby enhancing patient satisfaction and sustaining patient loyalty on the long term basis.

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ANNEXURE 1

Questionnaire (IPD)

	Very Good	Good	Average	Poor	No Response
[A.] Help desk/front office					
1. Please rate the ease with which you could contact the hospital.	☐	☐	☐	☐	☐
2. How did we respond to your queries.	☐	☐	☐	☐	☐
3. How did we explain the various expenses and packages available.	☐	☐	☐	☐	☐
4. How was your admission process.	☐	☐	☐	☐	☐
5. Please rate the efficiency and warmth of front office team.	☐	☐	☐	☐	☐
[B.] Accommodation					
1. How comfortable was your accommodation.	☐	☐	☐	☐	☐
2. The quality of cleanliness and upkeep.	☐	☐	☐	☐	☐
3. How well did all equipments/activities work.	☐	☐	☐	☐	☐
{please mention any specific problem}					
4. Quality of food.	☐	☐	☐	☐	☐
5. Food services on time.	☐	☐	☐	☐	☐
6. Efficiency and politeness of Food & Beverage team.	☐	☐	☐	☐	☐
[C.] Facilities for attendants					
1.Quality of in room facilities.	☐	☐	☐	☐	☐
2. Food options for attendants.	☐	☐	☐	☐	☐
3. Guidance and information on patient movement during procedures.	☐	☐	☐	☐	☐

	Very Good	Good	Average	Poor	No Response
[D.] Medical And Nursing Process					
1. Time spend by doctors to explain diagnosis and treatment.	☐	☐	☐	☐	☐
2. Attention from our doctors team.	☐	☐	☐	☐	☐
3. Attention from our nursing team.	☐	☐	☐	☐	☐
4. How well did our nursing team explained your treatment, procedure and care at home.	☐	☐	☐	☐	☐
5. Please rate the quality of service.					
➢ Efficiency	☐	☐	☐	☐	☐
➢ Promptness	☐	☐	☐	☐	☐
➢ Care and warmth	☐	☐	☐	☐	☐

[E.] Discharge Process

1. Please rate the overall discharge process.	☐	☐	☐	☐	☐
2. Efficiency of billing desk.	☐	☐	☐	☐	☐
3. Response to any query.	☐	☐	☐	☐	☐

[F.] Other Facilities

Please rate the quality of:

1. Chemist/ other shops.	☐	☐	☐	☐	☐
2. Waiting area.	☐	☐	☐	☐	☐
3. Public dining options.	☐	☐	☐	☐	☐
4. Parking and security.	☐	☐	☐	☐	☐

[G.] Behaviour of the Fortis team

Over all level of service.

[H.] How did you select this Fortis facility

Reputation	☐	Family physician	☐
Repeat patient	☐	Corporate tie up	☐
Location	☐	Web-site/ advertisement	☐
Other	☐	Friends family	☐

Would you recommend us to others. Yes ☐ No ☐ Not sure ☐

[I.] Others comments

_____

_____

_____

_____

_____

[J.] Personal Detail

Name -

Admitting Doctor -

Room/Ward no. - UHD no. -

Date: Admission - Discharge -

Contact no. -

Email -

Sign. –

ANNEXURE 2

Questionnaire(OPD)

[A.] The reason of your visit

Executive Health check. ☐

Consultation by appointment. ☐

Walk-in patient without prior appointment. ☐

Follow-up visit. ☐

Diagnosis visit. ☐

Others.

_____

_____

[B.] Registration/ Help desk

	Very Good	Good	Average	Poor	No Response
1. The ease with which you contact us.	☐	☐	☐	☐	☐
2. How was your registration experience?	☐	☐	☐	☐	☐
3. Was our team efficient and courteous?	☐	☐	☐	☐	☐
4. How well were you guided through all Required processes?	☐	☐	☐	☐	☐
5. Was the registration desk/lounge well organized and clean?	☐	☐	☐	☐	☐
6. Please rate the location/ directional signage in OPD areas.	☐	☐	☐	☐	☐
7. How efficiently did our team retrieve your Information if applicable?	☐	☐	☐	☐	☐

_____

_____

_____

_____

	Very Good	Good	Average	Poor	No Response
[C.] Medical and nursing process.					
1. Attention from our Doctors.	☐	☐	☐	☐	☐
2. Time spent by the doctor in explaining diagnosis/ treatment	☐	☐	☐	☐	☐
3. Attention and efficiency of the medical support staff.	☐	☐	☐	☐	☐
4. How well were the required procedures and process explained?	☐	☐	☐	☐	☐
5. Please rate the sensitivity of our team to your privacy.	☐	☐	☐	☐	☐
6. Please rate the quality of service.					
➢ Efficiency	☐	☐	☐	☐	☐
➢ Promptness	☐	☐	☐	☐	☐
➢ Care and Warmth	☐	☐	☐	☐	☐
[F.] Other Facilities					
Please rate the quality of:					
1. Chemist/ other shops.	☐	☐	☐	☐	☐
2. Waiting area.	☐	☐	☐	☐	☐
3. Public dining options.	☐	☐	☐	☐	☐
4. Parking and security.	☐	☐	☐	☐	☐
[G.] Behaviour of the Fortis team					
Over all level of service.	☐	☐	☐	☐	☐

[H.] How did you select this Fortis facility

Reputation	☐	Family physician	☐
Repeat patient	☐	Corporate tie up	☐
Location	☐	Web-site/ advertisement	☐
Other	☐	Friends family	☐

Would you recommend us to others. Yes ☐ No ☐ Not sure ☐

[I.] Others comments

_____

_____

_____

_____

[J.] Personal Detail

Name -

Admitting Doctor -

Room/Ward no. - UHD no. -

Date: Admission - Discharge -

Contact no. -

Email -

Sign. –