Summer Training at
Sakra World Hospital,
Bangalore

Study on Digital Marketing, Brand Image and the Impact of Service Quality Towards Customer Perceptions Using Servqual Model 5 at Sakra World Hospital, Bangalore

By
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Under the guidance of
Dr. P.R. Sodani

MBA Hospital and Health Management
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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 WHOMSOEVER IT MAY CONCERN

This is to certify **Dr. Priyanka Cherian** student of **MBA in Hospital and Health Management, 2015-17** from the IIHMR University; Jaipur has undergone summer training at **Sakra World Hospital, Bangalore** from 1st April to 31st May, 2016.

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

The internship is in fulfilment of the course requirements.

I wish her all success in future endeavours.

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SAKRA
WORLD HOSPITAL

Date: **31st May 2016**

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Priyanka Cherian**, student of Institute of Health Management Research, Jaipur has successfully completed her dissertation project on **"A Study of Digital Marketing, Brand Image And The Impact of Service Quality Towards Customer Perception Using Servqual Model 5 and 1"** at Sakra World Hospital (A Unit of Takshasila Hospitals Operating Private Limited) from **1st April 2016** to **31st May 2016**, under the supervision and guidance of Assistant General Manager - Digital Marketing and Senior Manager – Patient Care Services.

During the dissertation, she was found to be sincere, dedicated and hardworking. She has also shown a great passion towards learning.

We wish her a successful career ahead.

For **Takshasila Hospitals Operating Pvt. Ltd**

S.V.Kiran

S V Kiran
Group Vice President – Human Resources

ACKNOWLEDGEMENT

Success of an individual is possible when a person is being supported and promoted by others.

Apart from the efforts of myself, the success of this study depends largely on the encouragement and guidelines of many others. I take this opportunity to express my gratitude to the people who have been instrumental in the successful completion of this study. The guidance and support received from all the members who contributed was vital for the success of this study. I am grateful for their constant support and help.

I wish to express my sincere respects, regards and deep sense of gratitude to my Guide, **Mr. Richard Roy Mendonce**, Assistant General Manager- Digital Marketing, Sales and Marketing, at Sakra World Hospital, Bangalore, a well versed teacher, experienced in a plethora of fields, with an inherent rare human quality to listen and to render physical and mental courage on the onlooker. I sincerely express my boundless reverence for his excellent guidance, constant courage, encouragement, timely advice, thoughtful criticism and constructive suggestions to which this thesis owes its very existence.

I am also very grateful to my Dean **Prof. P R Sodani** for his immense support and inputs towards the study to be a success, without whom the project would have been a distant reality. I sincerely express my gratitude to him as he took keen interest in my project work and guide all along, till the completion of my project work by providing the necessary information

I owe my profound gratitude to **Mrs. Deepthi Nath** (Senior Manager, Patient Services Department), and **Mrs. Lekha Maria** (Deputy Manager) for their constant guidance.

I am very thankful to **Mr. Rathish Thambu** (Senior Manager- People and Process management) who helped me by giving in their suggestions at every step of my project study and timely guiding me to proceed to the successful completion of the study.

I also wish to thank specially my family members and well-wishers who has always been supportive in successful completion of my project. My heartfelt thanks to complete **Patients** of Sakra World Hospital, Bangalore, who were the subjects of this study, who have willingly shared their precious time during the data collection, without whose consent and cooperation this work would not be complete.

DATE Dr. Priyanka Cherian

CONTENTS

ORGANIZATION PROFILE

SAKRA
WORLD HOSPITAL

SY No. 52/2 & 52/3, Devarabeesanahalli, Opposite Intel, Varthur Hobli,
Bengaluru, Karnataka 560103

SAKRA WORLD HOSPITAL, BANGALORE

- Sakra World Hospital is a Joint Venture between Secom & Toyota Tsusho of Japan.
- Its India's 1st 100% Foreign Direct Investment Japanese Hospital. Its committed to improving the quality of medical care & its delivery.
- Sakra World Hospital is operational from 11th November 2013.
- Secom Hospitals train the nurses on clinical quality, processes, infection control and rehabilitation & sharing the best practiced of medical care & delivery from Japan.
- Toyota Tsusho Company integrates proven management practices, strong administrative processes, financial planning & management process to ensure Sakra Hospital have a strong administrative back bone.
- Meaning of Sakra: Derived from Sacrum- which is the last bone of the vertebral column
    - Relevance- It balances & Supports the entire body and health
    - Sakura- which is the cherry Blossom Flower, National flower of Japan
    - Relevance: Beautiful and brings a feeling of proactive energy, hope & good health.

ORGANISATIONAL VALUES:

VISION

We Commit to Medical Care that enhances the Quality of Human Life

MISSION

- Providing high quality medical care through cutting edge technology and highly skilled manpower.
- Caring beyond the treatment include complete after-care.
- Being responsible for the patient's well-being and continuous enhancement of his quality of life.

CORE VALUES

- Safety
- Team Practice
- Trust
- Integrity
- Empathy
- Respect
- Excellence
- Honesty
- Ethics

PILLAR OF SAKRA

- Skill
- Technology
- Ethics &
- Family Atmosphere

Key Features Of Sakra World Hospital

- **NABH** Accredited Hospitals
- Joint Venture Company between Secom & Toyota Tshusho of Japan
- Service Excellence
- Secom known for the Rehabilitation Centre- " Magic Cube'
- 24*7 Ambulance Service with Mobile ICU, Blood Bank, Emergency Services, Pharmacy, Radiology and Imaging, Trauma Centre & Specialized Critical Care with NICU
- Digital Radiology
- 350 bedded Hospital
- Hybrid OT with Biplan Cathlab with 3D Rotational Angiogram, Stent boost for Neuro, Vascular & cardiac applications.
- 3 Tesla & 16 channel MRI with all application software for Cardiac, Neuro, Ortho to enhance precision , help in treating complex medical condition.
- Advanced cardiac CT Scan- Cardiac Angiogram without invasive procedure with very low radiation dose.

- Unique H Shaped design in patient ward areas with free movement of patients.
- 22 beds in the hospital have been dedicated for economically weaker sections.
- Energy efficient design having VRF based HVAC systems in patient wards, Solar Lighting & Solar Hot water system.
- Financial Stability
- 2 basements and 7 floors
- 12 Operation Theatres
- 18 Elevators
- Intensive Care Unit
- Intensive care units (ICUs) provide intensive care (treatment and monitoring) for people in a critically ill or unstable condition.

  Sakra World Hospital has:
- CTVS ICU: For patients admitted for Cardio Thoracic Vascular Surgeries or critical Cardiac patients.(14 beds)
- Surgical ICU: For patients who have undergone surgeries or trauma patients.(8 beds)
- CCU: For patients who are admitted for invasive procedures in Cath Lab.
- MICU: For patients with Medical conditions (12 beds)
- NSICU: For Neuro patients (12 beds)
- NICU: For care of Neonates after delivery.(5 beds)
- Sakra plans to become a chain of Hospitals across India.

FLOORWISE DESIGN OF SAKRA WORLD HOSPITAL

BASEMENT 1

Parking

BASEMENT2

Marketing Department
Quality Department
Staff cafeteria

GROUND FLOOR

Admission Desk
Registration / Billing
TPA / Insurance
Lab Report Collection
Lab Sample Collection
Visitor cafeteria
Pharmacy
Neuro Sciences OPD
Emergency & Trauma
Radiology & Imaging
Prayer Room
Preventive Health Check

FIRST FLOOR

Multispecialty OPD
Women & Childcare OPD
Cardiac Sciences OPD
Dialysis
Cath Lab
Pre & Post Angio Wards
CCU
Laboratory
Gastro-Enterology
Echo, TMT, ECG
Patients Rooms

SECOND FLOOR

ICU
ICU Waiting Area

Day Care
Pre / Post OP Care
Operation Theatres

THIRD FLOOR

Patient Rooms
Standard Single (3101-3119)
Economy Wards (3201-3222)
Rehabilitation & Physiotherapy
IPD Billing
CSSD

FOURTH FLOOR

Patient Rooms
Standard Single (4101-4119)
Standard Single (4201-4221)
Twin Sharing (4301-4338)
Single Deluxe , Twin Sharing (4401-4425)

FIFTH FLOOR

Patient Rooms
Standard Single (5101-5119)
Standard Single (5201-5221)
Executive Suite (5301-5309)
Single Deluxe(5310)
Twin sharing (5401-5406)
Single Deluxe (5407-5408)
Labor Rooms (5409-5410)
Single Deluxe (5427)
Pre / Post Care (5411-5412)
NICU
OBG Triage (5428-5431)

SIXTH AND SEVENTH FLOOR

Corporate Office

OUTPATIENT DEPARTMENT:

Outpatient department is "A part of the hospital with allotted facilities and medical and other staff in sufficient numbers, with regularly scheduled hours, to provide care to patients who are not registered as in patients".

A well-managed OPD services ensures not only a good relation, but also enhances the patient flow to the hospital. It also results in cost reduction and helps the hospital to become more economical.

Patient coming to OPD are –

1. General Outpatients.	***2. Emergency Outpatients***	***3. Referred Outpatients***
➢ Appointment Patients. ➢ Walk-in Patients	Patient come with severe illness/injury needs emergency treatment.	Patient referred by other doctor/Hospital for specific diagnostic or treatment procedures or opinion to be done as outpatient

The importance of OPD lies in the following:

- An OPD is the patient`s first point of contact with the hospital and the entry point in to the health care delivery system.
- It is an inseparable link in the hierarchical chain of health care facilities.
- It contributes to reduction in morbidity and mortality.
- It is a stepping stone for health promotion and disease prevention.
- It helps reduce the number of admission to in patient wards, thus, conserving scarce beds.
- It acts as a filter for inpatient admission ensuring that only those patients are admitted who are the most likely to benefit from such care.
- It is the "shop window" of the hospital.

‘*Guidelines for effective planning and management of outpatient services:*

Outpatient department of a hospital has functional and administrative links with the hospital of which it is a part. It may also be linked with health centers, satellite clinics and dispensaries dependent on it. Expected demand will have to be determined based on the hospital`s catchment area and the population to be served. As a matter of fact, preventive and curative care should be provided.

Location of OPD:

The outpatient department should be conveniently located close to vital adjunct services such as registration and medical records, admitting, emergency and social service. It should also be easily accessible to the laboratories, radiology and pharmacy and physical therapy departments since outpatients use practically all of the diagnostic and therapeutic departments during every visit. Attention should be paid to circulation, which should result in the smooth flow of the various traffic lines traversing the department. The outpatient department should be on the ground level preferably with a separate entrance and adequate parking facilities. It should be so designed as to handle wheelchairs and stretchers.

OPD Design: Special attention should be given to the design following areas of the department.

- Wheelchairs and stretchers, away from the stream of traffic but conveniently accessible.
- Lobby and lounge to provide seating for the largest foreseeable number of persons who will occupy it at one time.
- Elevators easily accessible to the lobby are especially important for cardiac and obstetric patients who require immediate care.
- Doctor`s offices, rooms should be numbered.
- In large hospitals if the laboratory is located at a distance or on another floor, it is recommended that a laboratory substation be located in the outpatient clinic area.
- Directional signs freely used throughout the department.
- Outpatient billing and cahier`s booth conveniently accessible to the main flow of lobby traffic.

Waiting space:

There should be a main entrance hall where people first arrive and get registered. On entering an outpatient department, the patient should find himself in the entrance hall faced by the reception and enquiry counter. Waiting space should be well equipped with furniture, benches, chairs, depending upon

the economic position of the hospital and there should be some reading material, newspaper, magazines. There should be wheelchair for physically disabled patients. A/c, fans, cooler should be present. There should be bathroom, wash basin, telephone facilities, drinking water, dust bins.

Staffing:

The staffing of the outpatient department depends upon the size of the hospital and upon the specialties it is offering. The medical staff working in a hospital should be same in both the inpatient and outpatient departments. The nursing staff has to be headed by senior sister in charge who will exercise supervision over the work of nurses and paramedical workers employed in OPD.

Registration counter:

The registration counter and outpatient medical record room should be conveniently located at one end of the main waiting hall.

All patients have to register at the outpatient registration counter. Each new patient is given a registration number in the form of a ticket, and an outpatient card is made for him/her which is sent to the physician to whose clinic the is directed. On subsequent visits, when the patient presents his ticket at registration counter, his folder is taken out from the record room and sent to the appropriate physician.

The folder is deposited back in the medical record room by the clinic staff at the end of the day and is restored to their appropriate place by the medical records clerk. Considerable time can be wasted sorting unfiled papers and chasing missing reports. There should be a clear distinction between the work of medical records department and the clinic staff.

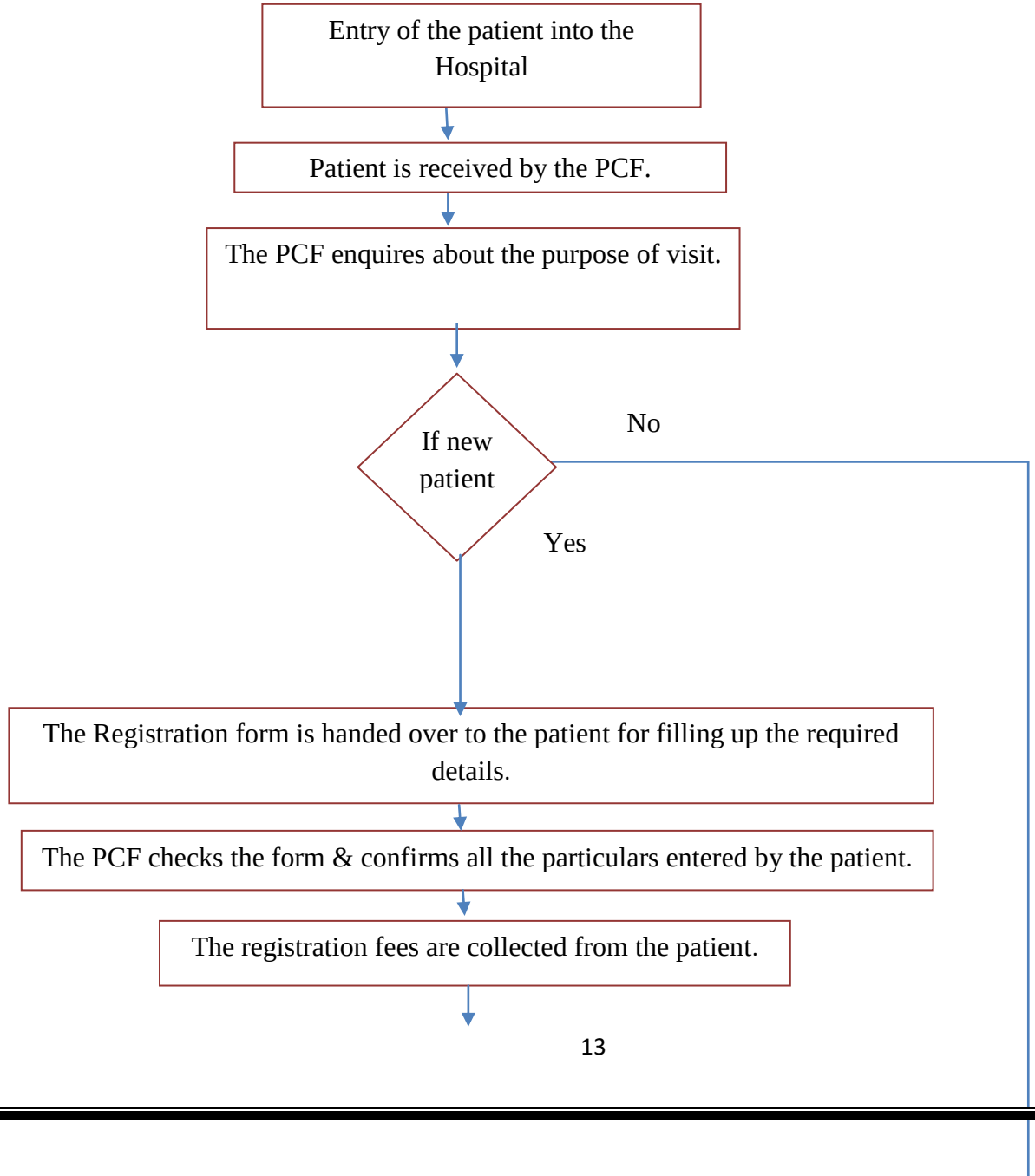
Consulting and examination rooms:

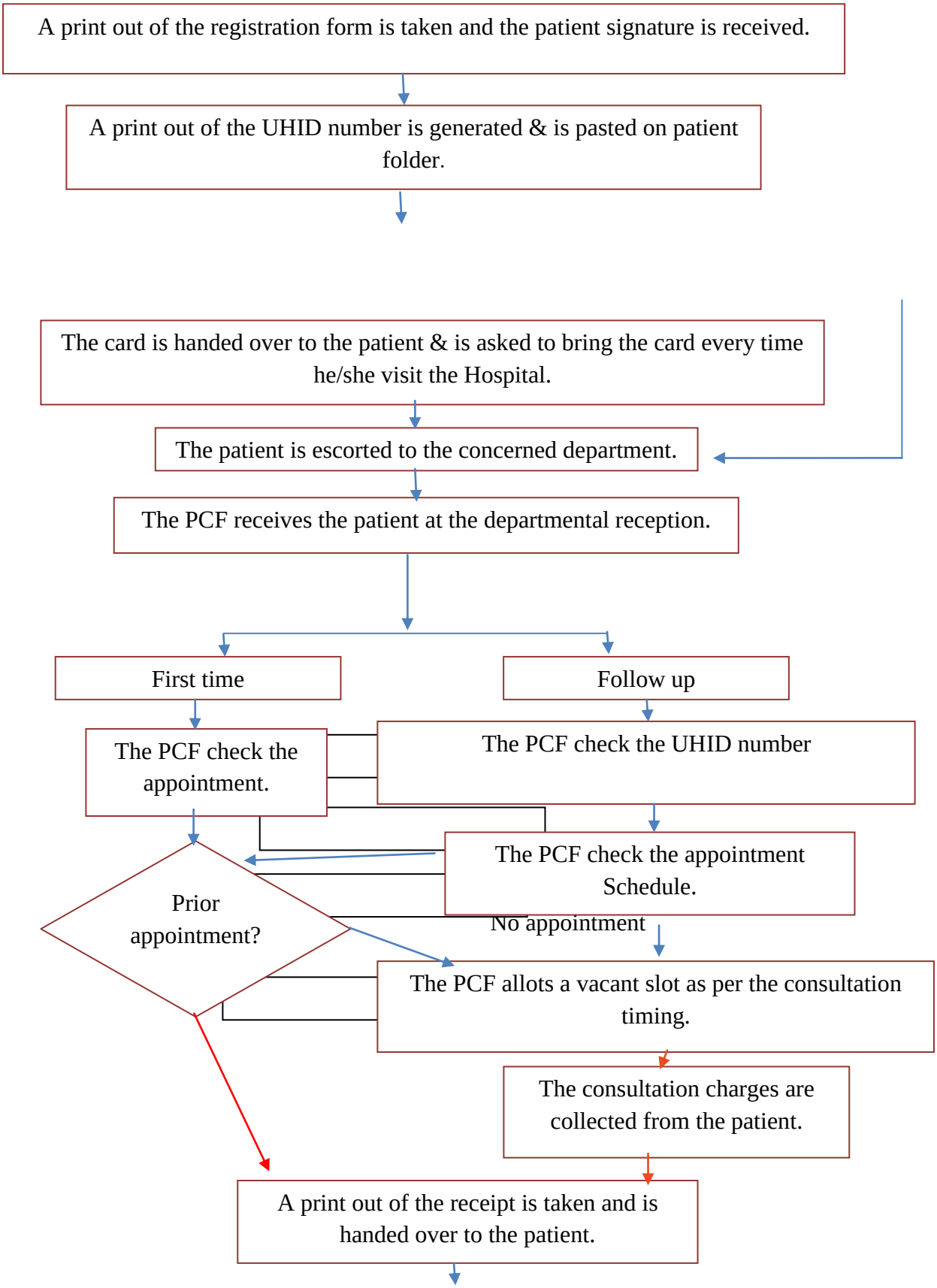
In busy outpatient clinics, combined examination rooms permit all activities associated with patient examination. It eliminates the use of dressing cubicles, with minimization of movement around the clinic. A series of intercommunicating consulting cum examination rooms offers an efficient as well as economical arrangement. Each doctor uses two or more such rooms according to the nature of the work, his speed of operation and number of assistants with him. While the patient is dressing, the doctor can write his notes, and then move on to adjoining room to deal with the next patient who would be ready on examination table.

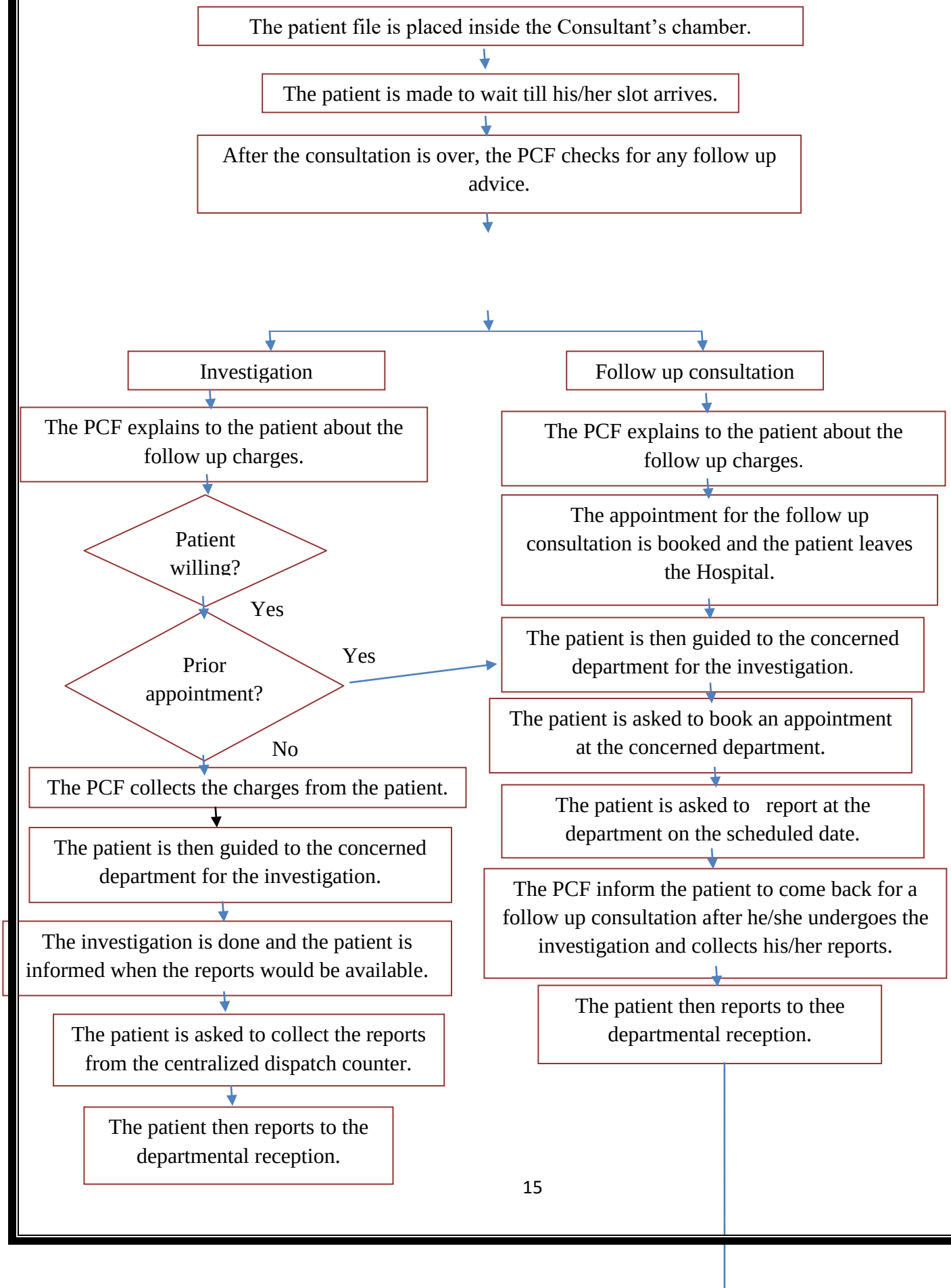
Days and Hours of operations at SAKRA WORLD HOSPITAL:

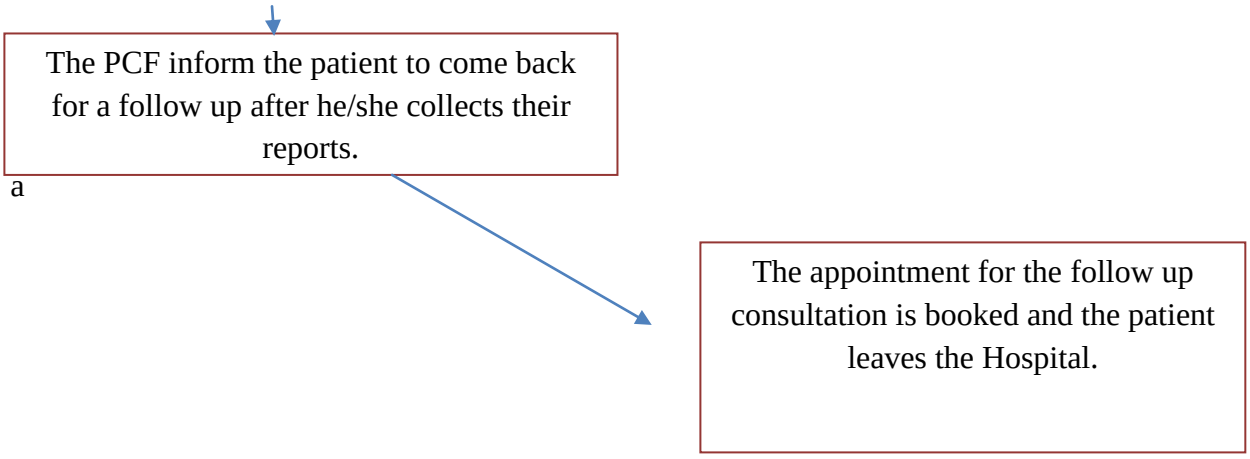
1	Reception and Registration	24hrs.
2	OPD Reception	8am to 8pm.
3	Admission	24 hrs.

PROCESS FLOW CHART OF OPD:




A print out of the registration form is taken and the patient signature is received.
A print out of the UHID number is generated & is pasted on patient folder.
The card is handed over to the patient & is asked to bring the card every time he/she visit the Hospital.
The patient is escorted to the concerned department.
The PCF receives the patient at the departmental reception.
First time
Follow up
The PCF check the appointment.
The PCF check the UHID number
The PCF check the appointment Schedule.
Prior appointment?
No appointment
The PCF allots a vacant slot as per the consultation timing.
The consultation charges are collected from the patient.
A print out of the receipt is taken and is handed over to the patient.


The patient file is placed inside the Consultant's chamber.
The patient is made to wait till his/her slot arrives.
After the consultation is over, the PCF checks for any follow up advice.
Investigation
Follow up consultation
The PCF explains to the patient about the follow up charges.
Patient willing?
Yes
Prior appointment?
Yes
No
The PCF collects the charges from the patient.
The patient is then guided to the concerned department for the investigation.
The investigation is done and the patient is informed when the reports would be available.
The patient is asked to collect the reports from the centralized dispatch counter.
The patient then reports to the departmental reception.
The PCF explains to the patient about the follow up charges.
The appointment for the follow up consultation is booked and the patient leaves the Hospital.
The patient is then guided to the concerned department for the investigation.
The patient is asked to book an appointment at the concerned department.
The patient is asked to report at the department on the scheduled date.
The PCF inform the patient to come back for a follow up consultation after he/she undergoes the investigation and collects his/her reports.
The patient then reports to thee departmental reception.



OPD Bill counter

It accounts for registration & billing, and patient's queries; even corporate billing, Lab Billing, Radiology Billing which have their separate counters. But it is not meant for billing for PHC.

Along with paying patients, cashless services are provided for ECHS and CGHS patients. For CGHS patients, if cash, Rs.58/- is being charged and Xerox of ID proof is kept by the Hospital. If credit, referral letter from CGHS Clinic is required, which is valid for 7days. Colored photocopy of card & bill has to be kept.

For ECHS patients, referral letter is required which is valid for 30days. Referral letter can be used for single time only. Cash patients need to pay Rs.58/- along with copy of ID proof.

Report collection counter

This is a report collection counter for Lab. Investigations, Radiology, cardiac procedures, Neuro procedures. Reports of endoscopy and PHC are given by the respective departments.

(Normal timings for reporting- if tests are done before 12pm, reports can be collected after 5pm on the same day. If after 12 pm then next day morning.)

Counseling Room

If patient gets admitted in the hospital, patients are explained the estimate of hospital stay, expenses, etc. in this room. And they are allotted room according to their choice and availability.

Bed Management

It is responsible for allotment of bed and shifting of beds on patient's request. If the desired bed category is not available then the patient is upgraded into the immediate above bed category.

OPD Counters A to F

- **Counter A- Cardiology**

  Manpower on Nursing Counter: 3 nurses.

  Counter A also includes Cardiac Procedure room. The procedures performed in Cardiac Procedure Room and their Turn Around Time is as follows:

  1. ECG-Electrocardiography: 5 min

  2. Echocardiography/Color Doppler: 15-20 min

  3. Treadmill Test(TMT): 25 min

  4. Stress echocardiography: 35 min

  5. Transoesophagal cardiography (TEE): 15 min

  Procedures done per day (on an average):

  1. ECG-7
  2. ECHO-15
  3. Stress ECHO-2
  4. TMT-3

Manpower in Cardiac Procedure Room:

1 or 2 Doctors

1 Technician

1 Female Nurse

1 Medical Transcriptionist (M.T.)

- **Counter B** involves following specialties:

  Obs. and Gynae.

  Pediatrics

  ENT

  Ophthalmology

- **Counter C**- Neurology

  This counter caters to patients coming for Neurology Consultation. Neuro Procedure Room also come under this counter where following Neuro procedures are being done.

  1. EMG-Electromyography
  2. EEG-Electroencephalography
  3. NCV-Nerve conduction velocity test.

  (Time taken by each procedure-45 min

- **Counter D**

  Counter D caters to patients coming for General and Lap. Surgeon consultation and this is also a Billing Counter for Lab. and Neuro procedures bill

- **Counter E** includes:

  Internal Medicine

  Orthopaedics & Joint Replacement

  Gastroenterologist

  Psychiatry

  Rheumatology

- **Counter F** includes:

  Neurosurgery

Urology

Haematology

Spine clinic

Psychiatry/Clinical Psychology

Nephrology

Dialysis unit

Dialysis unit has 5 dialysis machines and 1 dialyzer re-processor. Dialysis takes 3-4 hrs. to complete the process. So the appointments given to the patients are in 4 shifts as mentioned under:

Morning 8-12

Afternoon 12-4

Evening 4-8

Night- 8-12

Manpower:

3 staff nurse

3 technicians-

1 GDA

1 housekeeping personnel

Endoscopy suite

Consists of procedure room, pre- & post-procedure room and cleaning area.

Procedures done:

1. Colonoscopy

2. Endoscopy

3. Sigmoidoscopy

4. ERCP (done in OT)

TAT for the procedures:

Each procedure takes 10-15 min. If pre-care, post-care and reporting is added it takes 30 min. Only colonoscopy requires 30 min. (only for the procedure)

Manpower:

1Doctor

1 female nurse

1 technician

1 GDA

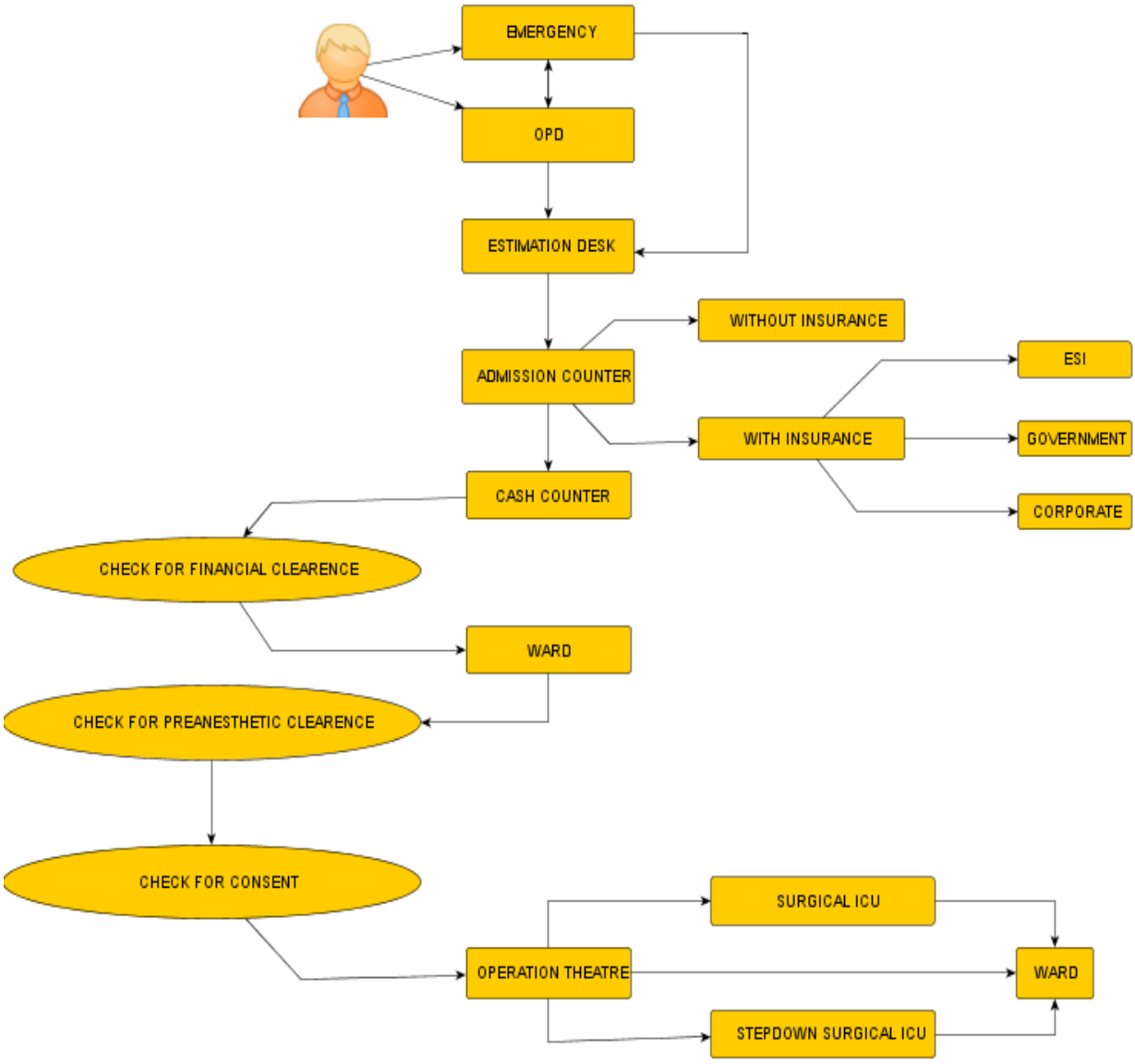
- There are 34 OPD's in MSCC
- 30,000 to 35,000 Out patients in a month .HINAI is used to manage patient queue.
- QIKWELL is the chosen software of choice now.
- Launched in three busy OPD's on ground floor of MSCC in April. These OPD's are Neurology, Urology and Nephrology.
- By the end of May this software has been scaled up to 9 other departments.
- Gather's information from the doctors, about their OPD timings and consultation time devoted to new and follow up patients.
- With this information a dashboard is created with the slot timings and OPD dates.
- The front desk secretaries were trained about booking the appointment for patients and the working of

the system.

- Apart from this, patients receive a message as soon as they are checked into the system by the secretary or if the appointments are booked online, for the live slots of appointment of doctors can be seen on the site. This also provides MSCC to out lay all its doctors on the net platform.

DEPARTMENT OF OPERATION THEATRE

WORK PROCESS FLOW



Emergency Department

The purpose of Emergency department is to ensure patients undergo an immediate care in an urgency that their treatment is initiated in a timely manner & to do triage assessment.

1) Scope of emergency

To cater all emergencies coming to hospital, their stabilization, admission, transfer or referral from emergency department within or outside the hospital.

i. ER provides a comprehensive & uniform emergency service/ care to patient (functional 24*7).
ii. All patients are assessed & triaged by a qualified & experienced medical & paramedical staff & provided appropriate level of care in ER department.
iii. The ER department provides medical evaluation & treatment (including rapid resuscitation & stabilization) .Patients receive medical referral / transfer (including critically ill patients & or those are not in scope of services of hospital)
iv. Emergency care services provided include-
    1. Stabilization of life threatening conditions.
    2. Life saving procedures.
    3. Immediate treatment of medical & surgical emergencies.
    4. Emergency treatment for minor injury or illness.

2) Admission process flow

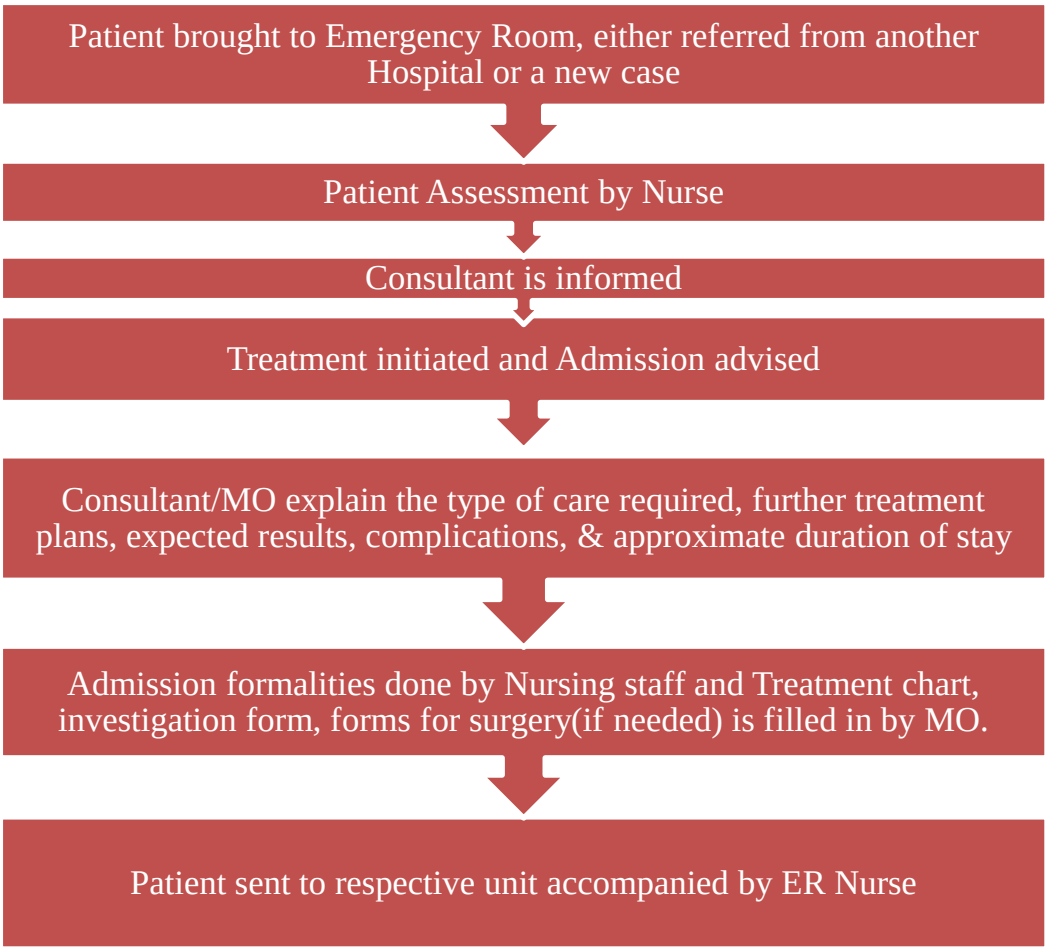


Figure 2.10.1: Process Flow showing admission process in Emergency Department

3) Process Flow in Triage

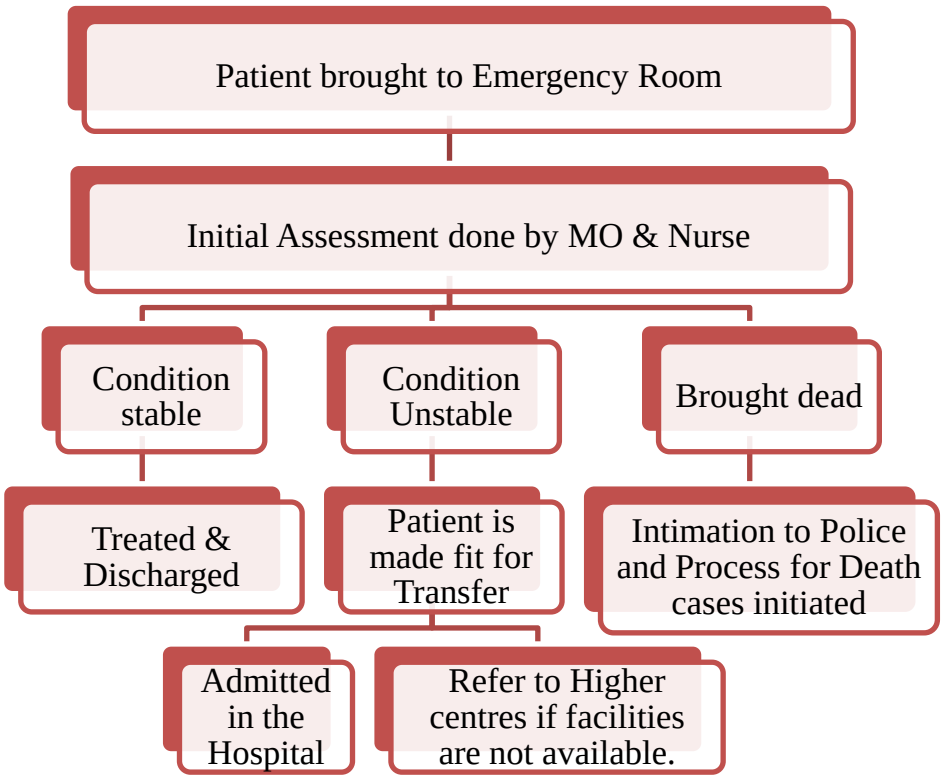


Figure 2.10.2: Process Flow in Triage

4) Overview of the department

ER department is situated at the Ground floor of Sakra World Hospital. It is 24 hour functional & is eight bedded. Hierarchy is as shown:

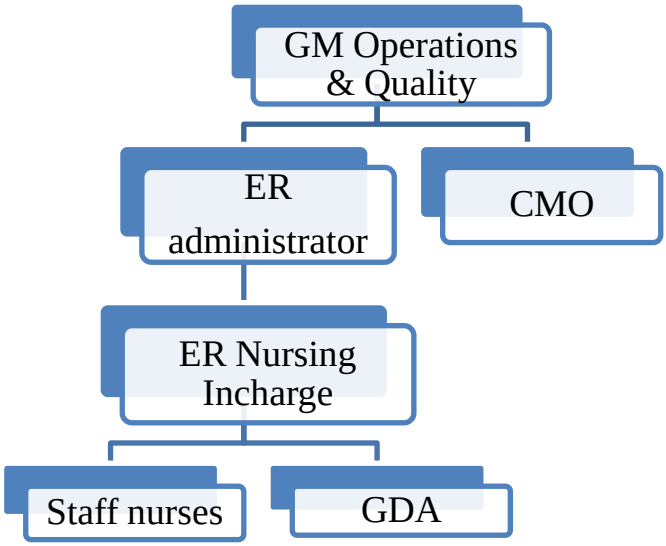


Figure 2.10.3: Organogram of Emergency Department

5) Important medications used in Emergency Department

<u>High alert medications</u>

These are defined as those which could cause an immediate life threatening condition for the patient if an error in administration occurs.

<u>Narcotic drugs & psychotropic substances (NDPS)</u>

These are drugs which required special storage & issue to prevent misuse, pilferage etc e.g. fentanyl, morphine,

pethidine, sufentanyl (also known as Schedule 2 drugs).

Each person independently compares the label & product contents in hand versus the written order & EMAR (if it is the first dose) or label. Double check of medications prior to administration by 2 registered nurses after reading the label is mandatory.

Hospital has made some policies regarding the use of Narcotic Drugs

General guidelines for the Medicines:

- High alert medications dispensed, & administered only on prescription by credentialed personnel / OT/ ICU/ ER in charge doctors to critical care & special care areas
- Double check of Medications prior to Administration by 2 Registered Nurses by reading aloud:

i. Right medication, Right dose rate, including double check of any calculation & verification of pump settings.

ii. Right route , including line reconciliation., Right frequency, Right patient.

- High alert medications details will be recorded in Medication Administration Record.
- Storage as per manufacturer packaging instruction.
- Narcotics must be stored under double lock & key.
- In case of expiry/ breakage, excise inspector will be informed accordingly.
- Warning labels for all cytotoxic drug containers, as well as shelves.

6) MLC cases

It is a case of injury or ailment etc where attending doctor after taking history & doing clinical examination of patient thinks that some investigations by law enforcing agencies are essential so as to fix responsibility regarding the said injury or ailment etc according to law.CMO attending the case, label the case as MLC.

Cases labeled as MLC-

Trauma, burns, electrocution, poisoning, industrial accidents, sexual offences, cases requiring age estimation, criminal abortion, animal or snake bite, cases of coma where cause could not be ascertained, cases of starvation including hunger strike, unclaimed newly born, hanging, strangulation, drowning, suffocation etc, cases brought by police or sent by court for medical examination, BID, where death

certification due to disease or natural cause is not possible being not apparent, result of medical malpractices.

Central Sterile Supply Department

It is responsible for providing seamless supply of sterilized instruments and other devices to the required departments for the smooth working of the Hospital alongwith maintaining the sterility. The aim of CSSD is to reduce hospital acquired infection level to zero.

1) Structure of CSSD

CSSD is divided into 2 areas: **Sterile and Unsterile Area**. Unsterile area is for receiving the unsterile supplies, washing and packing them to proceed for sterilization whereas sterile area is to store the sterile items to avoid any kind of contamination. In the unsterile area, gauze pieces and gamzee roll (of half metre size) are also made for wards and OT which then is packed and sterilized in the Autoclave. For OT, set of 10 gauze pieces are packed together with a single piece of 8 layers and of size 10 by 10 whereas in the ward, a set of 4 pieces are packed with a single gauze piece of 12 layers and of size 7.5 by 7.5

3) Areas where CSSD supplies are required

- OT& ICU
- Nursing counters & OPD

Issuing of sterilized materials are done 2 times a day from the Issue Counter in the sterile area.

<u>Receiving & Issue Time-</u>

Morning- 9am-10am

Evening-3apm-4pm

Night-9pm-10pm

For sterilization of metal instruments, firstly Ultrasonic machine is used for disinfecting the instruments with Rapid-multi enzyme cleaner(10 ml/litre) and a chemical-Neadishter Iar (10ml/litre) to prevent the instruments

from rusting. This takes 15-20 min. to complete the procedure. After completion of the procedure, instruments are washed in running water and then dried. Then these are packed in sets in a double sheet. Finally the packed sets are autoclaved at a temperature of 132-134 degree Celsius and 15 lb pressure. The process takes 40 to 50 minutes. Autoclave in CSSD has double door with one door opening in the non-sterilized area from where non-sterilized items are moved to the autoclave and another door in the sterile area.

For sterilization of plastic and rubber items, ETO sterilizer is used. It has an inbuilt tray for the items. It uses Ethylene oxide gas for sterilization which comes in the form of 100ml cartridge. A single cycle takes 10 hrs 20 minutes

5) Process flow

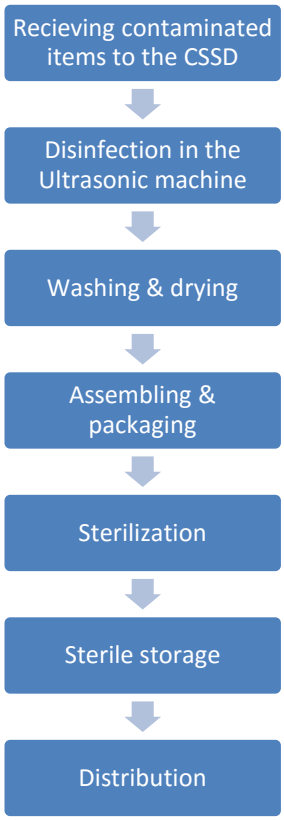


Figure 2.6.1: Flowchart of CSSD sterilization

7) Indicators of sterilization

Two types of Indicators are there: Chemical Indicator and Biological Indicator.

Chemical Indicator is an adhesive tape which is adhered to the packet which after the procedure turns its color

indicating the process of sterilization has completed. For Autoclave, Green color turns to Black and for ETO, brown color turns to Green.

Biological Indicator-.Biological indicators are used to confirm autoclave's killing efficiency. A kit containing *Bacillus stearothermophilus (*for steam sterilizer) and *Bacillus Subtillus* (for ETO machine) is kept inside the machines; the machines are run for their actual processing time. Then the kit is sent to the lab to identify if the bacteria died or not. After this, the machine is declared fit to run. This test is performed on weekly basis, every Tuesday. Investigation of this test takes 48 hrs.

Other tests to ensure functioning of CSSD Equipments:

For every load**, Steam sterilization Integrator** is also used in both Autoclave and ETO which resembles a strip and changes its color indicating the successful procedure. In case of Autoclave, color changes from White to Blue and in ETO, color changes from Yellow to Green.

Bowie-Dick test or DART (*Dynamic air removal test)* is performed every morning before starting any procedure. A strip is placed in the Autoclave for 15-20 minutes, after which its color turns from Blue to Pink. This test is for checking prevaccum autoclave's air removing ability and steam penetration.

Fumigation every week on Monday Night.

8) Manpower and shifts

CSSD In charge (8:00am-4:30pm)

4 Technicians

9) CSSD Layout

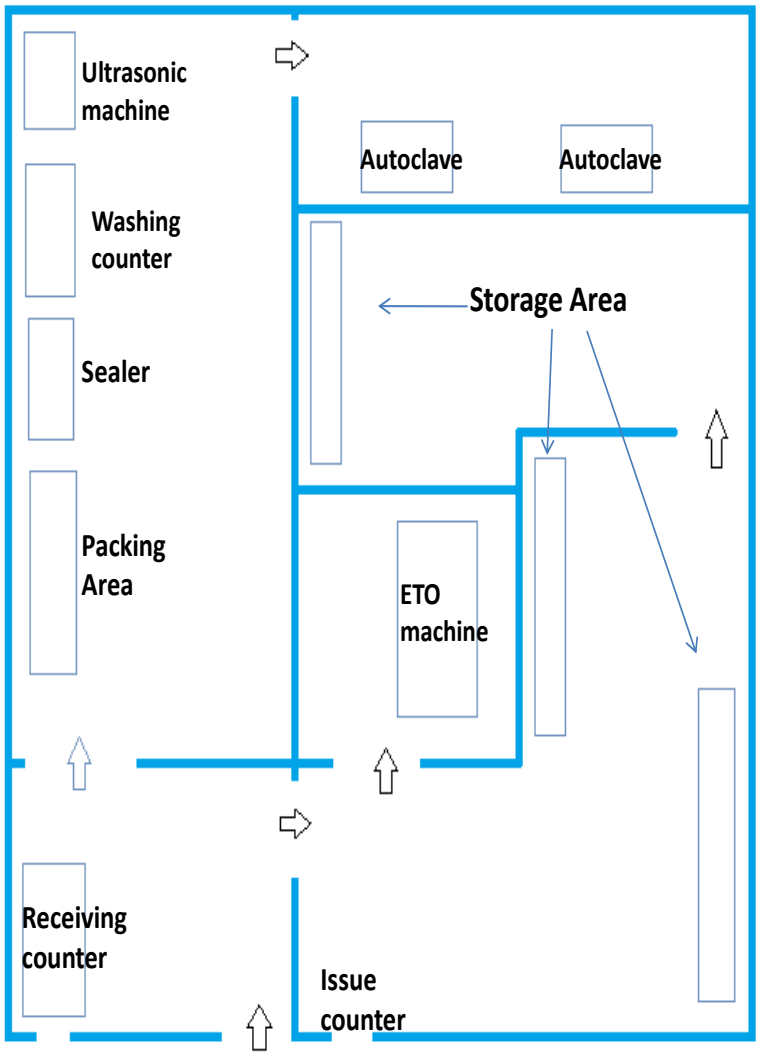


Figure 2.6.2: CSSD layout

IP Pharmacy

IP Pharmacy majorly caters to IPD, OT pharmacy and Emergency department.

1) Manpower

Head of Department: 1

Deputy Manager: 1

Assistant Manager: 1

Executive: 2 (store)

Senior Pharmacist: 4

Pharmacist: 9

Pharmacy asst.: 5

2) Emergency Drugs:

A total of 35 critical life saving drugs and 48 high alert drugs are kept. High alert drug such as chemo drugs are those which need to be handled with care and prevent breakage etc.

Look alike and Sound alike drugs are kept in a different shelf and are marked as look alike and sound alike so that a person dispending any of these drugs is more alert.

4) Drug Ordering:

Bulk orders are given on Tuesday and Friday but still depending on the stock at hand the department can put an indent every day. The ROL (Re order level) has a minimum stock marked for 7 days and a maximum for 15 days.

5) Medicine Expiry:

Every month in the last week, the IP Pharmacy staff checks the medicines which are three months before the date of expiry. Medicines found in that category are collected and returned to the respective vendor. Surgical device and vaccines can be kept before 6 months of expiry after which they are returned.

6) Legal Norms:

Forms 20 and Form 21 certify the pharmacy by the government to dispense medicines. As of now the pharmacy has three licenses issued in name of four people. Anyone of the four is expected to be at the hospital at all times.

For a person to qualify as a pharmacist, he or she is at least expected to have a Diploma in pharmacy. Also each pharmacist is expected to have a valid registration with the pharmacy council which has to be renewed every year.To stock narcotics, a separate permit is also required.

8) Storing the drugs:

Drugs are stored based on alphabetical order and are segregated based upon the types.

9) Processes Taking Place in the Pharmacy:

Medicine Dispatch:

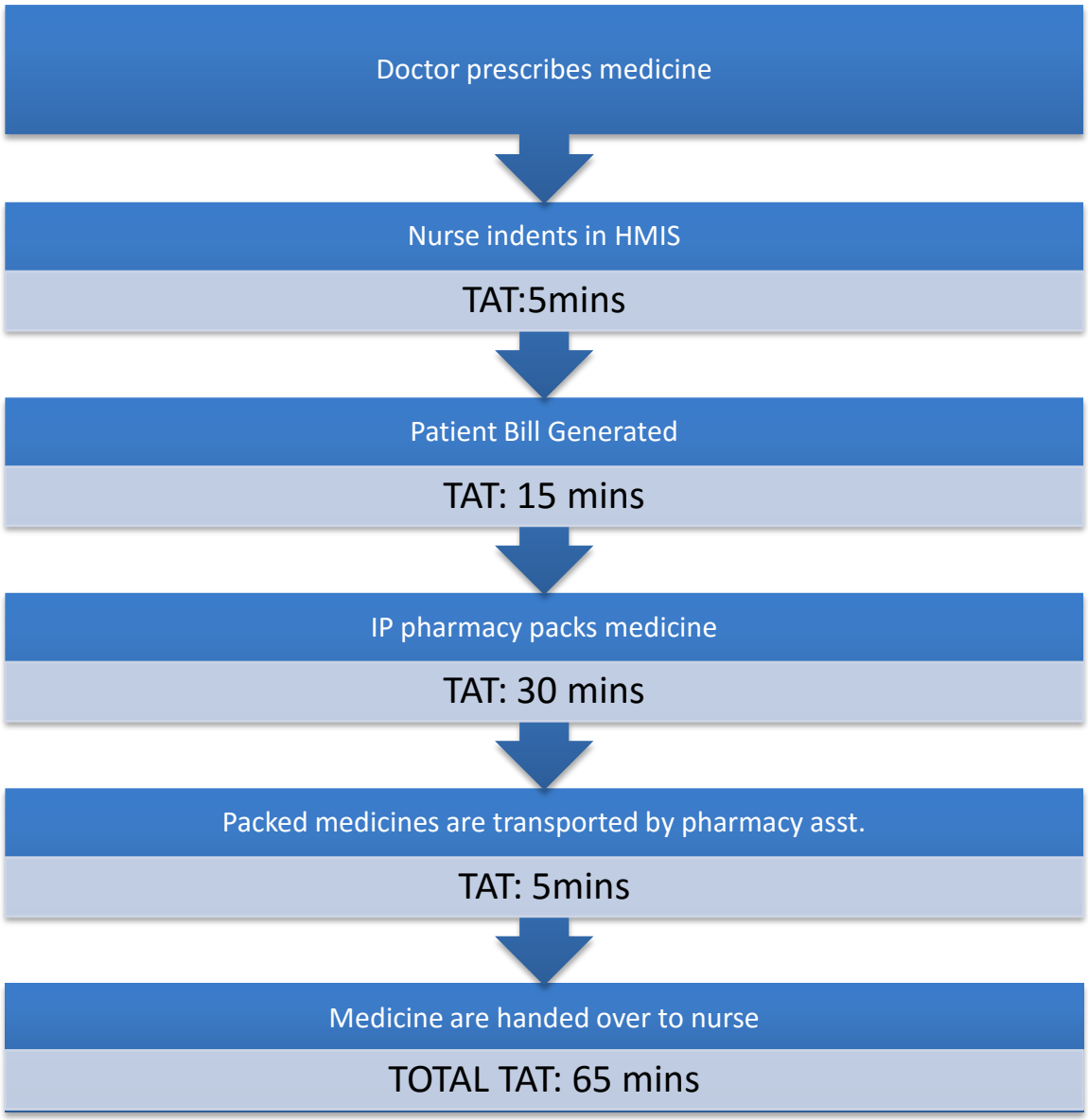


Figure 2.5.1: Process flowchart of medicine deliver

Medicine Return:

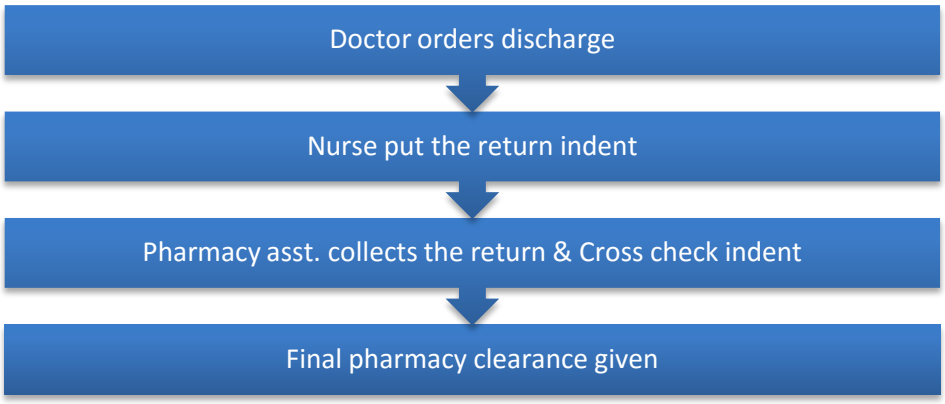


Figure 2.5.2: Medicine return process

The standardized hospital TAT for the above procedure is 40 minutes.

Also medicine is returned against a credit note or cash in the form of cheque from vendor.

Procurement of Medicine:

Everyday an indent can be put in if some new medicine is being prescribed by the doctors or if the store does not have a set of medicines. Bulk order days for pharmacy are Tuesday and Thursday.

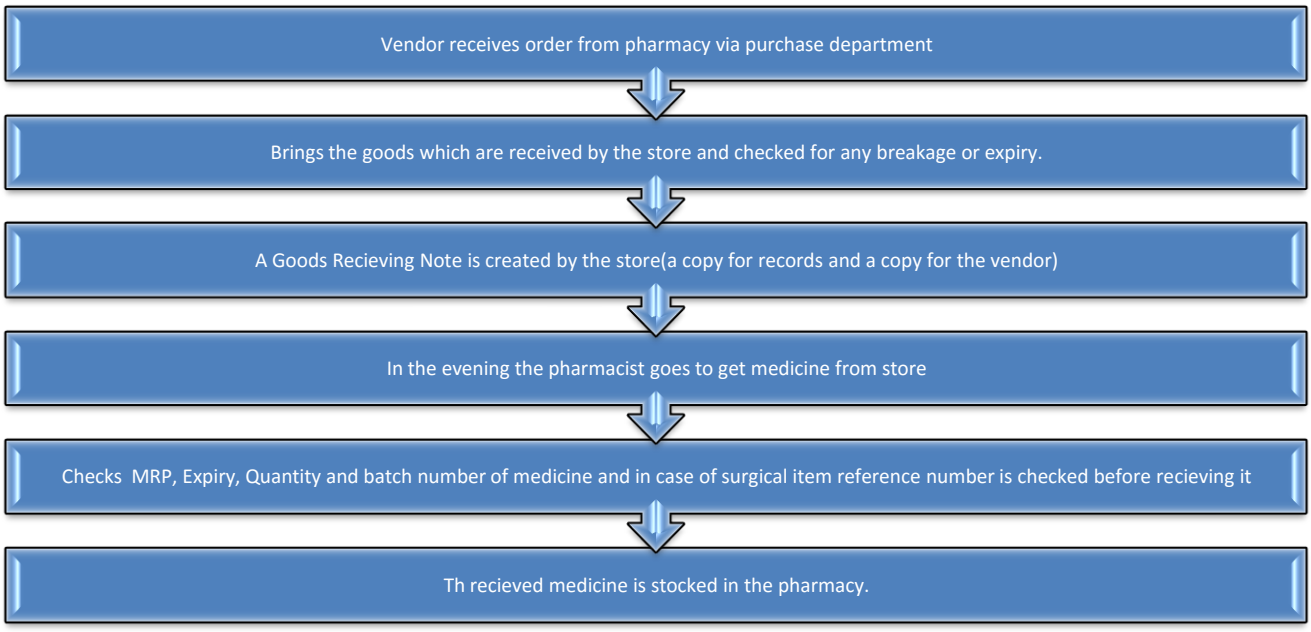


Figure 2.5.3: Process flowchart of procuring medicines

10) Manual Prescriptions are used for the following cases:

1. Medicine for emergency department
2. New admission in the IPD
3. Chemo Drugs
4. Urgent drugs
5. Non available drugs.

13) Adverse reaction:

In case of an adverse reaction of any medicine, an adverse reaction form is filled by the doctor and the batch no. of the medicine is noted. All the drugs of the batch are discarded from use and returned back to the vendor with the documents mentioning the reason.

Intensive Care Unit

Intensive care units (ICUs) provide intensive care (treatment and monitoring) for people in a critically ill or unstable condition.

Sakra World Hospital Hospital has **7 ICUs**:

1. CTVS ICU: For patients admitted for Cardio Thoracic Vascular Surgeries or critical Cardiac patients.
2. Surgical ICU: For patients who have undergone surgeries or trauma patients.
3. CCU: For patients who are admitted for invasive procedures in Cath Lab.
4. MICU: For patients with Medical conditions
5. NSICU: For Neuro patients
6. PICU: For Pediatric patients
7. NICU: For care of Neonates after delivery.

1) Admission Process in ICU

In ICUs patients get admitted via OPD, IPD or Emergency.

2) Discharge process from ICU

Generally, patient is stepped down to the ward if the condition gets stable and then discharged. In some cases, if patients' relatives wants to take the patient against the Doctor's advice, then they are given LAMA (Leave against Medical Advice).

4) Equipments used & care in ICU

Major Equipments used in ICUs:

1. Ventilator `
2. Monitor
3. Crash Cart
4. Air beds to prevent Bed Sores
5. BIPAP

In each ICU, Bed Panels are there for each bed through which medical air, oxygen, vacuum for suctioning is supplied.2 Portable machines are also dedicated for ICUs, mainly for the Chest X-Rays of the bed-ridden patients.

In case of infectious patients, nurse-to-bed ratio is one with separate gown for the Nurse and Doctor who sees that patient. For infected patients with Respiratory diseases, double mask are given to the patients to wear to control the spread of infection to other patients and ICU staff. Identification to Infectious patient is by 'Barrier Nursing' or 'High Risk patient' Tag.

7) Nurse-to-bed ratio

For ventilated patients, nurse to bed ratio is 1:1

For non-ventilated patients, nurse to bed ratio is 1:2 or 1:3

6) Temperature in ICU

In each ICU, temperature is maintained between 22-24 degree Celsius, reason being bacteria and viruses cannot thrive at lower temperatures.

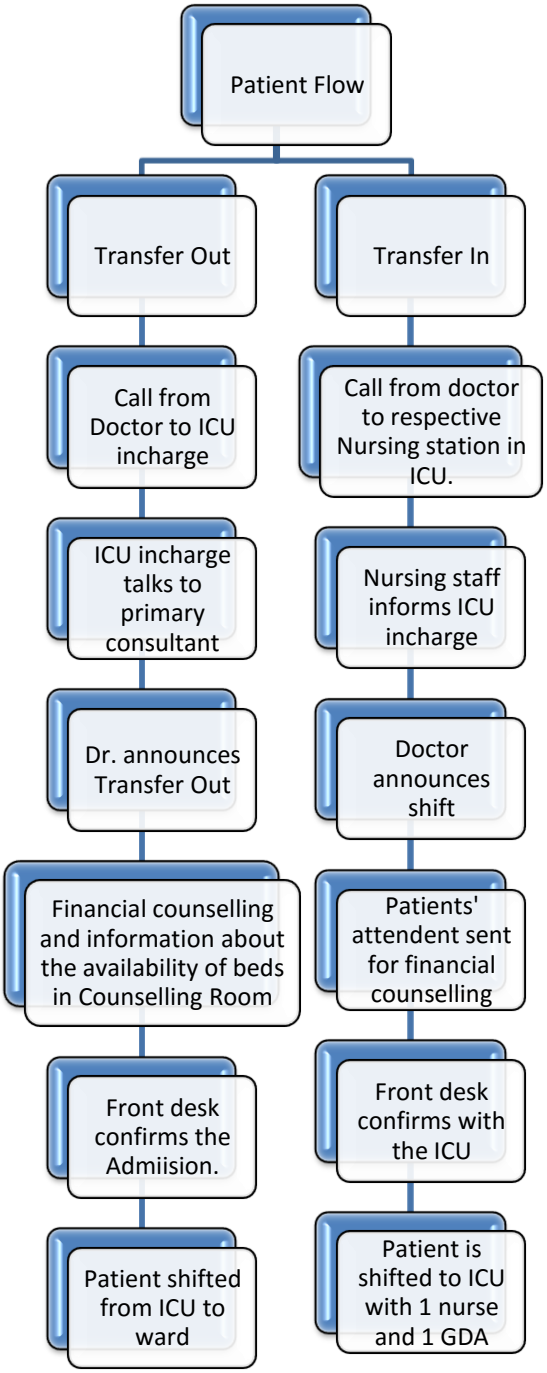


Figure 2.4.1: Transfer In Transfer out process chart

5) Infection Control in ICU

- ✓ Hand washing.

- ✓ Floor cleaning with Sodium Hypochlorite.
- ✓ Proper Biomedical waste segregation.
- ✓ Not more than 3 antibiotics
- ✓ Fumigation once in a month.
- ✓ Used items such as Ambu Bag, etc. are sent to CSSD for sterilization.
- ✓ Use of Gowns, shoe covers and masks inside the ICUs.
- ✓ After each Transfer Out or Discharge, bed is carbolized with sodium hypochlorite.

8) Food & beverages

Patients' diet is decided by the doctor by consulting the dietician.

8) Store rooms

Each ICU has store room where medicines, injectables, etc. are kept for the need of the hour. Generally medicines for the patients are called from IP Pharmacy through Drug Requisition in HMIS. On Daily Basis, each Nurse is assigned to check the items of the store for its expiry date.

9) Manpower & shifts-

1 Senior Area Incharge (8:00am-4:30pm)

1 Area Incharge (12:00pm-8:00pm)

7 staff Nurses

- Morning shift-8:00am-2:00pm (3 staff nurses)
- Evening shift-2:00pm-8:00pm (2 staff nurses)
- Night shift-8:00am-8:00pm (2 staff nurse)

10) Different Areas in ICU-

- ➢ Patient Area
- ➢ Nursing Counter
- ➢ Store Room
- ➢ Utility Room

Specific to NSICU:

Neuro Surgical ICU has an isolation room which is mainly for highly infectious patients negative air pressure is maintained in this so that infection does not spread.

Specific to CCU:

Patients in CCU are admitted mainly for the Angioplasty or other Cath Lab Procedures. Before patient is sent to Cath Lab, below mentioned things are looked after:

- Part Preparation of Radial and Femoral site.
- Surgery Billing & Completion of Consent Forms
- Investigations, mainly kidney Investigations are done because the dye given during the Cath Lab Procedure can affect kidney.
- It also records the vitals for upto 72 hours.

Different Areas in ICU-

- Patient area
- Doctor's Room
- Store Room
- Utility Room

Specific to PICU:

Pediatric ICU mainly caters children of age 1 month to 15 years. It is 8-bedded ICU.

Specific to NICU:

NICU mainly caters to the neonates of less than a month. Only low-birth weight babies are treated in NICU for upto 3 months. NICU is divided into 2 areas: One is for outside patients and another is for inside patients. There are total 9 beds in NICU, 3 for the outside patients and 6 for the inside patients.

In NICU, admissions are mainly due to Pre-term, meconium aspiration or Low Birth Weight.

Patients in NICU are treated according to the Level of care needed:

For Level 1- only patient warmer is used.

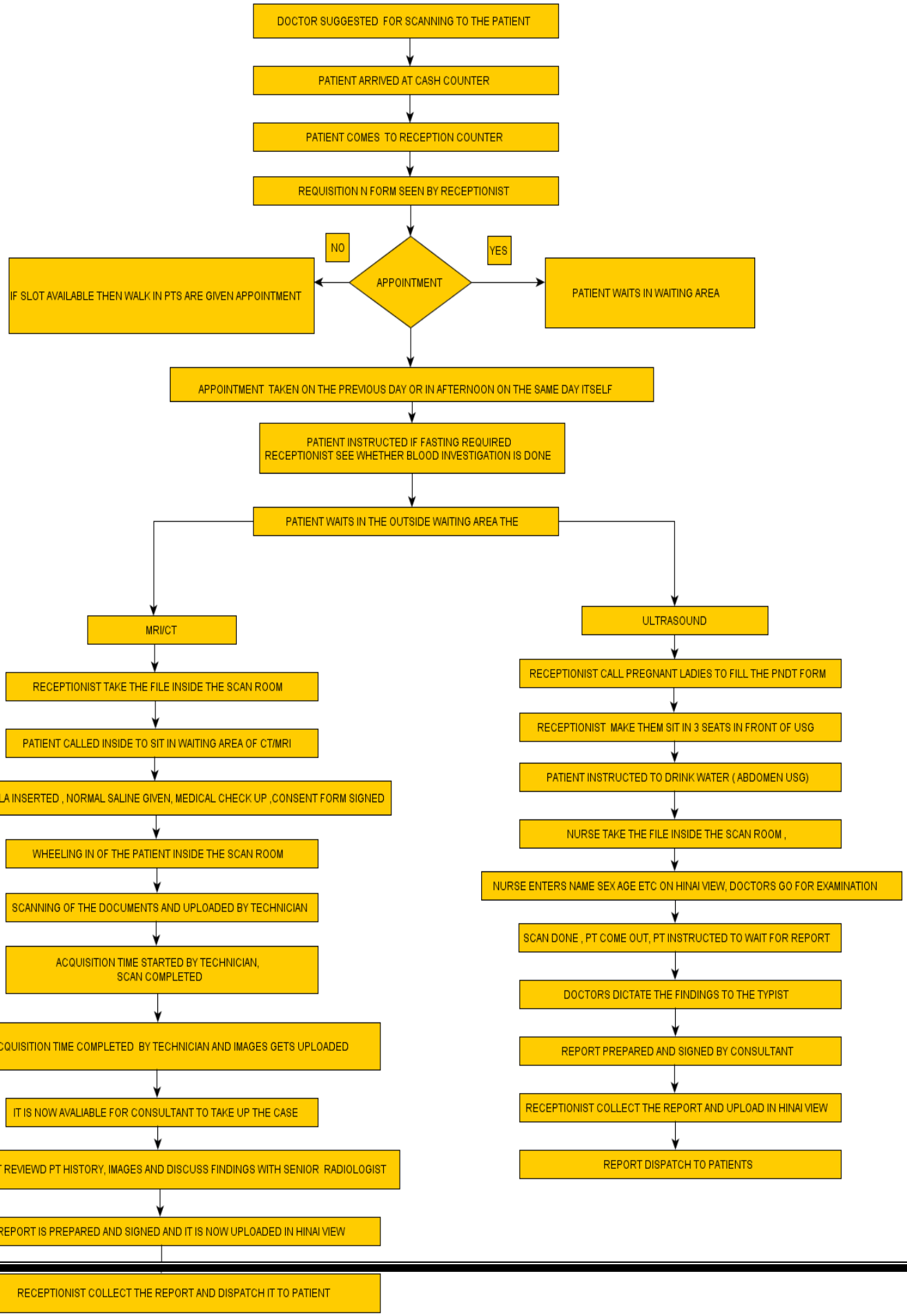
For Level 2- patient warmer, monitor, syringe pump & phototherapy is used.

For Level 3- patient warmer, syringe pump, monitor & ventilator is used.

Equipments used in NICU-

- Neonatal warmers-9, which maintains the temperature between 36-37 degree Celsius.
- Phototherapy unit -4
- 3 ventilators- 2 Pediatric and 1 adult
- 6 oxygen hoods- to supply the oxygen to the patient
- Nasal prone, for patients with high respiratory distress.

PROCESS FLOW



MARKETING DEPARTMENT:

Marketing department of Sakra World Hospital promotes the hospital in various platforms. Initially the department announced the launch of the new hospital and the brand visibility of hospital. now the marketing activities are targeted towards individual specialties in the hospital and expand reach in the domestic as well as international market.

Verticals in Marketing:

6. Branding
    a. Outdoor- External Doctor (referrals and associate centre), Neighborhood(camps, health talks, awareness
    b. Print- Newspaper, health articles
    c. PR- Public Relations
    d. Electronic- TV, radio, emails, SMS
    e. Collaterals- Leaflets, brochures
    f. Internal Branding- Signage, Internal Doctors

7. Corporate
    a. Health Talk
    b. Health Camp
    c. Tie-up – (Health checks, IPD, OPD)
    d. Event sponsorship

8. Digital
    a. Website
    b. Search and Display advertising
    c. Search Engine Optimization
    d. Social Media and Online Reputation Management
    e. Direct promotion (email, SMS)

9. Neighborhood
    a. Health Talks
    b. Health Camps
    c. Tie-ups - (Health checks, IPD, OPD)
    d. Event Sponsorships
    e. Event activation

10. Referral and Associate Centers
    a. Doctor Calls
    b. Continuing Medical Education
    c. Doctor networking activities
    d. Outreach camps and clinics
    e. Health talks
    f. Outreach OPDs
    g. Tie-up
    h. Event activation

RESEARCH OPPORTUNITY: Comparison of the Official Website and Social Media Marketing of Sakra world Hospital and its comparison with Other 5 Corporate Hospitals of Bangalore

OBJECTIVE: 1. To analyze the official website of Sakra World Hospital for availability of few important features and compare it with Other Hospitals of Bangalore
2. To analyze the Social Media presence of Hospitals in Bangalore and study their performance on Facebook to obtain pattern to achieve maximum user engagement.

METHODOLOGY:

Observational Descriptive study

Website of Sakra World Hospital, Manipal Hospital, Columbia Asia Hospital, Apollo Hospital, Fortis Hospital, Narayana Health on 1st - 12th April 2016

All the Facebook post Sakra World Hospital, Manipal Hospital, Columbia Asia Hospital, Apollo Hospital, Fortis Hospital, Narayana Health between 15 March- 12 April 2016

TOOLS AND TECHNIQUES

Quantitative data collection technique

METHOD OF COLLECTION:

Primary data collection through Internet.

LITERATURE REVIEW

CASE STUDY 1:

The Effect of Digital Marketing Communication Tools in the Creation Brand Awareness By Housing Companies

Füsun ÇİZMECİ, Tuğçe ERCAN

Department of Knowledge Building, Yıldız Technical University, Istanbul, Turkey.

SUMMARY: Creating brand awareness is the first and most important stage of marketing communication. Many types of marketing communication tools have been used to do this in business processes. Digital marketing tools are actually a deconstruction of traditional marketing tools and have become more important by providing interactivity to both consumers and producers in the marketing process. The role of consumers is active, rather than passive. Systematic and strategic use of digital marketing tools is an important resource in gaining competitive advantage, yet there is limited research on this topic in the literature. In this context, this study made use of the Delphi Method to investigate the impact of digital marketing tools on brand awareness generation among housing companies. Normative inferences were made through interviews with panel participants working in large-scale housing companies, and a theoretical framework was drawn up for usage trends among digital marketing tools. The Delphi results indicated that, in housing companies, marketing tools that create "paid digital content" (corporate website, search engine pages, e-mail communication, etc.) currently have a greater impact than those which create "proactive content" (social media, etc.). However, another significant finding on which there was consensus among the panel participants is that in the creation of brand awareness, digital marketing tools such as Facebook or Twitter which create the latter content will become more important in the future.

CASE STUDY 2:

Effect Of Digital Marketing Communication On Customer Loyalty

Marko Merisavo

Helsinki School Of Economics, Finland

SUMMARY: The cost efficiency and diversity of digital channels facilitate marketer's frequent and interactive communications with their customers. Digital Channels like the Internet, email, mobile phones and digital television offer new prospects to cultivate customer relationships. However, there are a few models explaining how digital marketing communication (DMC) works in digital marketing perspective, especially in cultivating customer loyalty. It explains how key elements of DMC -

frequency and content of brand communication , personalization and interactivity - can lead to improved customer value, commitment and loyalty.

DATA ANALYSIS AND INTERPRETATION (WEBSITE)

Social Media presence for Sakra World Hospital, Narayana Health, Fortis Hospital, Apollo Hospital, Manipal Hospital, Columbia Asia Hospital.

Name Of hospital	Facebook	Twitter	Instagram	Google+	LinkedIn	Youtube	Blog	FourSquare	Alexa	Quora	Pinintrest	Slideshare	Total (12)
Sakra World Hospital	Yes	Yes	No	Yes	Yes	Yes	Yes	No	No	No	Yes	No	7
Narayan Health	Yes	Yes	No	No	Yes	Yes	Yes	No	No	No	No	No	5
Fortis Hospital	Yes	Yes	No	No	Yes	No	Yes	No	NO	No	NO	NO	4
Apollo Hospital	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	No	No	Yes	7
Manipal Hospital	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	10
Columbia Asia	Yes	Yes	No	Yes	No	Yes	No	No	No	No	Yes	No	5
Total	6	6	1	3	5	5	5	1	2	1	2	1	-

- All the hospitals has presence on facebook and twitter
- 5/6 has presence on LinkedIn , Youtube and blog
- 3/6 in google+
- 2/6 in Alexa and Pininterest
- 1/6 in Instagram, Slideshare, Quora and foursquare
- Manipal hospital has maximum- presence on 10 different Social Media
- Sakra World Hospital and Apollo Hospitals each has presence on 7 different Social Media
- Columbia Asia and Narayana Health each has presence on 5 different Social Media
- Fortis hospital has minimum- presence on 4 different Social Media

Analysis of the official website of Sakra World Hospitals and Other 5 Hospitals of Bangalore (Manipal Hospital, Columbia Asia Hospital, Apollo Hospital, Fortis Hospital, Narayana Health) for availability of few important features.

S.NO.	FEATURES	SAKRA WORLD HOSPITAL	NARAYANA HEALTH	FORTIS HOSPITAL	APOLLO HOSPITAL	MANIPAL HOSPITAL	COLUMBIA ASIA HOSPITAL	TOTAL [6]
1	**Search**	Yes	Yes	Yes	Yes	Yes	Yes	6
2	**Emergency Number**	Yes	No	Yes	Yes	Yes	No	4
3	**Appointments**	Yes	Yes	Yes	Yes	Yes	Yes	6
4	**Contact**	Yes	Yes	Yes	Yes	Yes	Yes	6
5	**Languages**	No	Yes	No	No	No	No	1
6	**Book Health checkup**	Yes	Yes	Yes	Yes	Yes	Yes	6
7	**Live Chats**	No	No	No	No	Yes	No	1
8	**International Patients**	Yes	Yes	Yes	Yes	Yes	Yes	6
9	**Carrers**	Yes	Yes	Yes	Yes	Yes	Yes	6
10	**Upload Resume**	No	No	No	No	No	Yes	1
11	**Mobile App**	No	No	No	No	Yes	No	1
12	**Testimonials**	Yes	Yes	No	Yes	No	Yes	4
13	**Medical Professionals**	Yes	Yes	No	Yes	Yes	Yes	5
14	**Health-Checkups**	Yes	Yes	No	Yes	Yes	Yes	5
15	**Videos**	No	Yes	No	No	No	No	1
16	**Health-Articles**	No	No	No	No	No	Yes	1
17	**Social media Presence**	Yes	Yes	Yes	Yes	Yes	Yes	6
18	**Pay-Online**	No	Yes	No	Yes	No	No	2
19	**What's New**	No	Yes	Yes	Yes	Yes	Yes	5
20	**Events and Promotion**	Yes	Yes	No	Yes	No	Yes	4
21	**Find a Doctor**	Yes	Yes	No	Yes	Yes	Yes	5
22	**Second Opinion**	Yes	No	No	Yes	No	No	2
23	**Online Consultation**	No	No	No	No	No	No	0
24	**Patient Portal**	No	No	No	No	No	No	0
25	**Medical Reports Online**	No	No	No	No	Yes	No	1
26	**Desktop and Mobile Site Vs Responsive website**	Yes	Yes (live chat on mobile)	Yes	Yes	Yes	Yes	5
	TOTAL [26]	15	16	10	17	16	16	

- Apollo Hospital stands out the best as out of 26 features, it has 17 features incorporated on its website.
- Manipal Hospitals, Columbia Asia Hospital, Narayana Health has 16/26 on their website
- Sakra World Hospital has 15/26 features on website

- Fortis hospital has least - 10 features on their website

INFERENCE: Sakra World Hospital has adequate presence on different social media platforms but the availability of features on the official website of the hospital has to gain better competitive advantage as the competitor hospitals are performing better.

RECOMMENDATION:

Improvement on the official website of the hospital can be done by incorporating certain features that are present in its competitors website.

S.NO.	FEATURES TO BE INCLUDED ON SAKRA OFFICIAL WEBSITE	NAME OF THE HOSPITAL IN BANGALORE IN WHICH FEATURES ARE THERE	AVAILAIBILITY ON SITE
1	Language translations available on website	Naryana Health	Home page top right hand side (104 Translations)
2	Ranking and accreditations of hospital		Home page - Scrolling bar
3	Videos related to Narayana Health		Home page bottom last
4	Medical Insurance- TPAs	Manipal Hospital	Home page, Top right- Patient Info
			scroll down, left side about us- TPA/Insurance
6	Get in touch - Subscribe news release		Home page - bottom left side
7	Manipal hospital mobile app		Home page- bottom right side
8	Live Chat with health provider for assistance		Home page right side- chat with our health professional
9	Value added services	Apollo Hospital	Home page bottom right side
10	International patients - Name of Insurance we accept		Home page bottom middle- International patient
11	Stay information-pick up??, star hospital?? For International Pt		- Plan your visit
12	Online lab report, Online payment		Home page - toolbar - Patient service
13	OPD timings and weekday/time of availaibility of doctor	Columbia Asia	Home page top- centre our hospitals- OPD

			timings on left side
14	Registration charges/OPD charges/Consultation fees		Home page top- centre our hospitals- Pricing on left side
15	Careers at Columbia- upload a Resume		Home page top left Carriers - Submit Resumes
16	CSR	Fortis Hospital	Home page top left side - CSR
17	Investors - annual reports, financial reports		Home page top left side - Investors
18	Details of the treatment offered under the health packages		
19	About Secom and Toyota		
20	Information that Sakra is now 100% FDI		
21	Facilities in Sakra e.g. ATM, Cafeteria, CCD		
22	Latest technology projected as Least Invasive Procedure		
23	Mobile adaptability of the Sakra website		
24	Blood camps, Blood donation promotion in Sakra		
25	Any offers/discounts available on treatment at Sakra		
26	Patients Portal		
27	Online medical consultation		
28	Online medical reports		
30	Videos of testimonials, events, promotion		

DATA ANALYSIS AND INTERPRETATION (FACEBOOK)

All the Facebook post Sakra World Hospital, Manipal Hospital, Columbia Asia Hospital, Apollo Hospital, Fortis Hospital, Narayana Health between 15 March- 12 April 2016 were recorded.

Date, Day, Time, Tone, Type, Design, Tone , User Engagement (Likes, Comments, Shares) of each post was captured and analyzed

The Result came out to be:

Out of all the dates, On 2nd April 2016 (Saturday), maximum User engagement was there.

The Post that gain maximum user engagement its:

Tone is **Neutral**

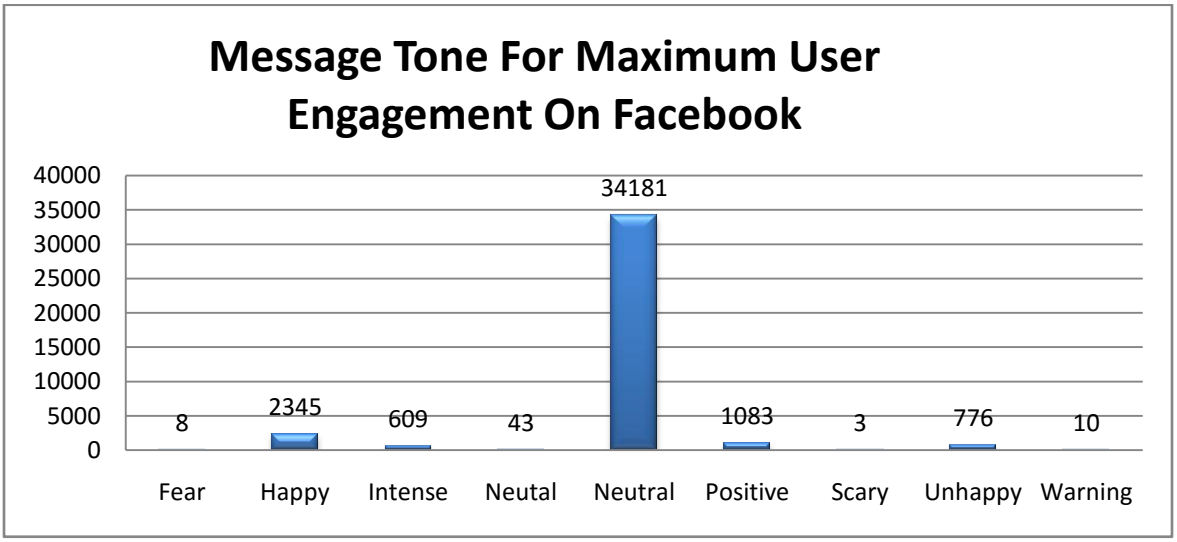
Message Type- **Interactive**

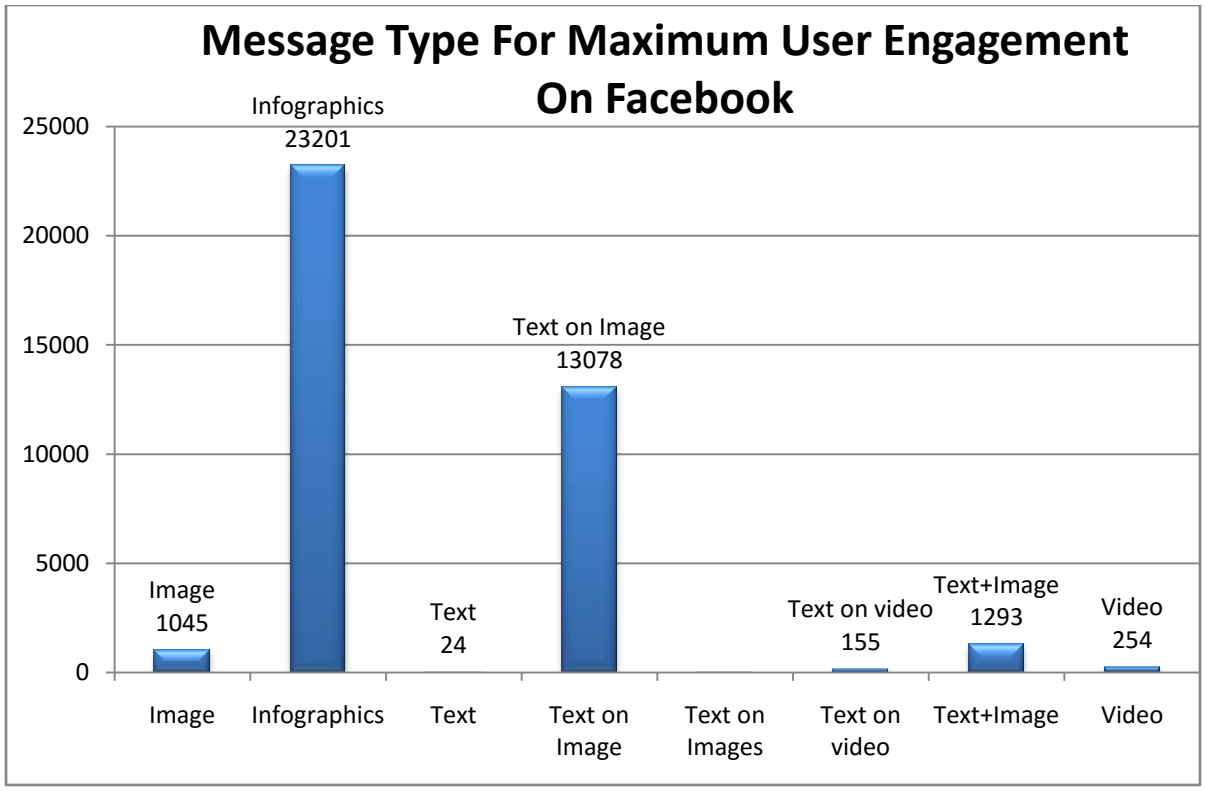
Type is **Info graphics and Text on Image**

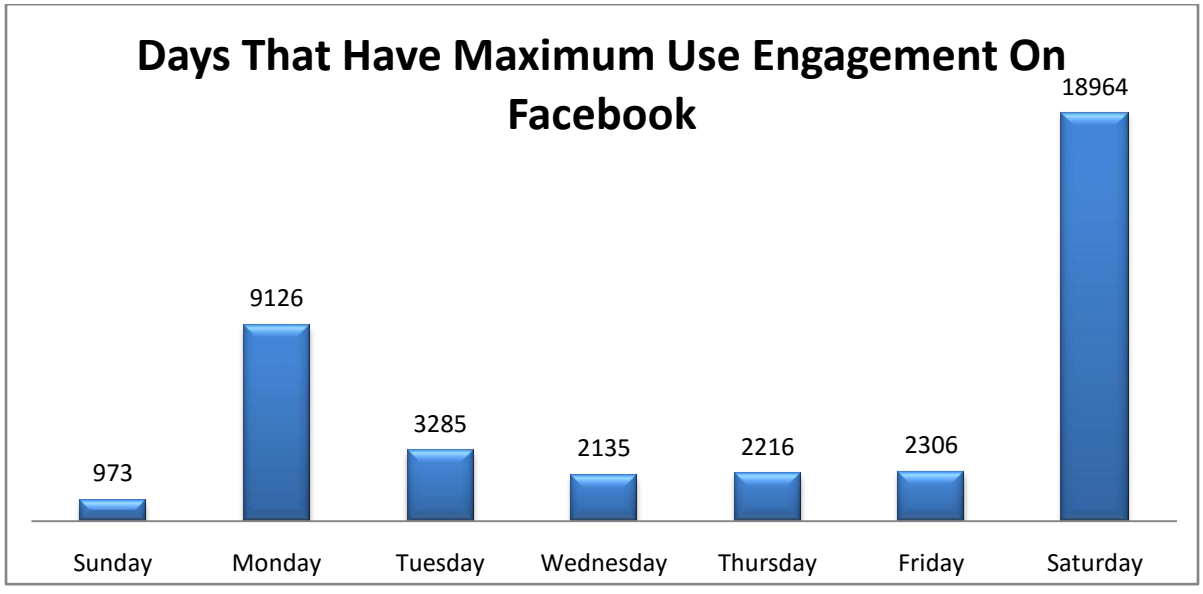
Design is **Human**

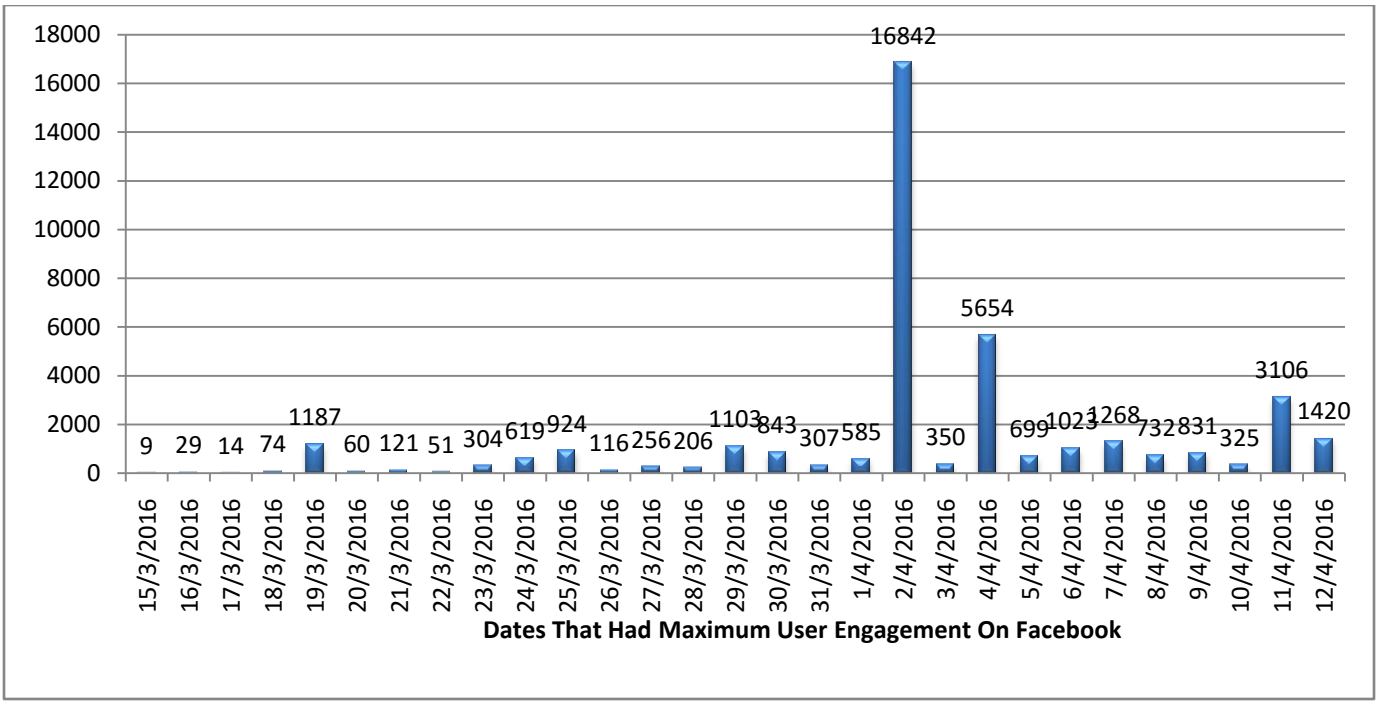
Days having maximum user engagement is **Saturday followed by Monday.**

As Facebook is the most common and widely used social media platform, to help people recognize and remember the brand Sakra world Hospital following the results we can reach mass audience at the same time and save a lot on the monetary resources.




Message Type For Maximum User Engagement On Facebook
25000
20000
15000
10000
5000
0
Image 1045
Infographics 23201
Text 24
Text on Image 13078
Text on video 155
Text+Image 1293
Video 254
Image
Infographics
Text
Text on Image
Text on Images
Text on video
Text+Image
Video


Days That Have Maximum Use Engagement On Facebook
973
9126
3285
2135
2216
2306
18964
Sunday
Monday
Tuesday
Wednesday
Thursday
Friday
Saturday


18000
16000
14000
12000
10000
8000
6000
4000
2000
0
9
29
14
74
1187
60
121
51
304
619
924
116
256
206
1103
843
307
585
16842
350
5654
699
1023
1268
732
831
325
3106
1420
15/3/2016
16/3/2016
17/3/2016
18/3/2016
19/3/2016
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27/3/2016
28/3/2016
29/3/2016
30/3/2016
31/3/2016
1/4/2016
2/4/2016
3/4/2016
4/4/2016
5/4/2016
6/4/2016
7/4/2016
8/4/2016
9/4/2016
10/4/2016
11/4/2016
12/4/2016
Dates That Had Maximum User Engagement On Facebook

TOP 10 POST OF SAKRA WORLD HOSPITAL HAVINGMAXIMUM USER ENGAGEMENT

	DATE	LIKES	COMMENT	SHARE	MUE	TYPE	TONE	MESSAGE	SENTIMENTS	DESIGN	TYPE
1	16 Apr 2016	274	-	20	294	Text	Neutral	Interactive	Neutral	Text on Image	Human
2	18 Apr 2016	135	-	16	151	Link	Neutral	Interactive	Neutral	Text on Image	Abstract
3	30 Mar 2016	132	-	2	134	Text	Neutral	Interactive	Neutral	Text on Image	Human
4	26 Mar 2016	104	-	8	112	Image	Happy	Informative	Neutral	Text on Image	Human
5	09 Apr 2016	76	2	11	89	Image	Neutral	Informative	Neutral	Text on Image	Abstract
6	05 Apr 2016	80	1	4	85	Link	Neutral	Interactive	Neutral	Text on Image	Abstract
7	14 Apr 2016	72	-	11	83	Text	Neutral	Interactive	Neutral	Text on Image	Human
8	12 Apr 2016	77	-	3	80	Link	Neutral	Interactive	Neutral	Text on Image	Human
9	10 Apr 2016	56	1	5	62	Link	Neutral	Interactive	Neutral	Text on Image	Human
10	23 Mar 2016	30	-	1	31	Image	Neutral	Informative	Neutral	Text on Image	Abstract

Post having Maximum User Engagement were :

Day: Saturday

Type: Infographics

Tone: Neutral

Message: Interactive

Design: Human

Time: 12 afternoon>4:30pm>11:00am>10:15am>5:20pm>7:10pm

TOP 20 POST BETWEEN 15 MARCH TO 12 APRIL OF ALL 6 HOSPITALS

S.NO	DATE	HOSPITAL'S PAGE	TOTAL LIKES, SHARES & COMMENT	TYPE	TONE	MESSAGE	SENTIMENTS	DESIGN	DESIGN TYPE
1	02 Apr 2016	Narayana Health	16983	Link	Neutral	Interactive	happy	Infographics	Human
2	05 Apr 2016	Apollo Hospitals	7743	Link	Neutral	Interactive	happy	Infographics	Human
3	15 Apr 2016	Apollo Hospitals	6869	Link	Neutral	Interactive	happy	Infographics	Human
4	15 Apr 2016	Apollo Hospitals	6689	Link	Neutral	Interactive	happy	Infographics	Human
5	11 Apr 2016	Apollo Hospitals	6381	Link	Happy	Announcement	Positive	Image	Human
6	12 Apr 2016	Apollo Hospitals	5553	Link	Neutral	Announcement	Neutral	Infographics	Human
7	04 Apr 2016	Narayana Health	5483	Link	Neutral	Interactive	Positive	Infographics	Human
8	01 Apr 2016	Apollo Hospitals	5056	Link	Neutral	Educational	Neutral	Infographics	Abstract
9	01 Apr 2016	Apollo Hospitals	4842	Link	Happy	Promotional	Positive	Text on Image	Human
10	31 Mar 2016	Narayana Health	2003	Link	Neutral	Informational	Positive	Infographics	Abstract
11	13 Apr 2016	Manipal Hospitals	1606	Link	Positive	Interactive	Positive	Text on image	Abstract
12	11 Apr 2016	Narayana Health	1439	Link	Neutral	Interactive	Positive	Text on Image	Human
13	19 Apr 2016	Narayana Health	1279	Link	Neutral	Informational	Positive	Infographics	Abstract
14	16 Apr 2016	Narayana Health	1263	Link	Positive	Interactive	Positive	Text on image	Abstract
15	15 Apr 2016	Manipal Hospitals	1168	Link	Neutral	Interactive	Positive	Text on Image	Human
16	23 Mar 2016	Manipal Hospitals	1109	Link	Happy	Interactive	Positive	Text on image	Abstract
17	26 Mar 2016	Narayana Health	1082	Link	Neutral	Interactive	Enthusiastic	Text on Image	Human
18	28 Mar 2016	Manipal Hospitals	1067	Link	Neutral	Interactive	Enthusiastic	Text on image	Abstract
19	12 Apr 2016	Manipal Hospitals	1054	Link	Positive	Interactive	Neutral	Text on image	Abstract
20	18 Apr 2016	Manipal Hospitals	1013	Link	Happy	Interactive	Positive	Text on image	Abstract

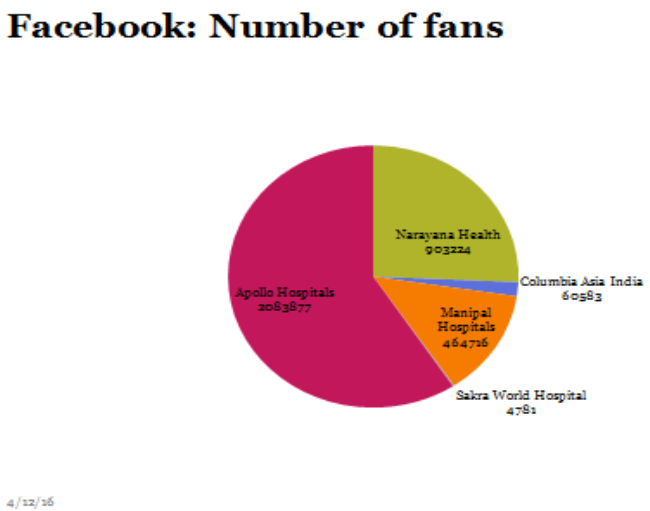
Out of top 20 post that got maximum likes between 15 March - 12 April:

Apollo hospital- 7 posts

Narayana Hospital- 7 posts

Manipal Hospital- 6 post

Apollo Hospitals, Narayana Hospitals, Manipal Hospitals are the best performing on Facebook.



Page	Number of fans	Engagement	Post Interaction	Page Performance Index	Average Weekly Growth	Posts per day	Value To Reach These many People (Rupees)
Apollo Hospitals	20,90,334	0.09%	0.02%	6.0%	0.2%	3.7857	12,70,410
Columbia Asia India	60,579	0.03%	0.03%	1.0%	0.0%	1.0357	40,354
Fortis Bangalore	64,143	0.04%	0.03%	9.0%	- 0.02%	1.1071	34,824
Manipal Hospitals	4,64,499	0.16%	0.05%	3.0%	- 0.03%	3.25	10,46,220
Narayana Health	9,41,725	0.16%	0.08%	37.0%	3.87%	1.8929	10,46,220
Sakra World Hospital	4810	1.08%	1.12%	36.0%	0.56%	0.9643	48,873

INFERENCE: Sakra World Hospital may be receiving less number of likes, comments and shares as compared to other hospitals but when we compare it with the total number of followers they have on facebook (maximum User Engagement),Sakra World Hospital is performing better.

Sakra World hospital has good growth on Facebook yet falls way behind the other hospitals in competition on social media platform- facebook

RECOMMENDATION: Sakra World Hospital should increase the number of post on its facebook timeline to 3 or 4 post per day and follow the pattern of post to achieve maximum user engagement:

Day: Saturday

Type: Text on image

Tone: Neutral

Message: Interactive

Design: Human

RESEARCH PROBLEM: To study the Brand Image of Sakra World Hospital for quality of service provided.

NEED FOR STUDY:

As Sakra World Hospital is operational since 2 Years, it is required to analyze whether people have appropriate image about the hospital, are the marketing activities directed in proper direction and is there a need for amendment in the Image created for Sakra World Hospital in market.

SIGNIFICANCE OF THE PROJECT:

Significance of the project is to analyze the Image people of Bangalore have about Sakra world Hospital to learn about Brand Awareness of the hospital.

OBJECTIVE: To analyze the image of Sakra world Hospital, people of Bangalore have in terms of service quality to channelize the marketing activities in appropriate manner.

METHODOLOGY-

All people who were aware about Sakra World Hospital in areas of Outer Ring Road (ORR), Marathahalli, HAL Road and Whitefield, Bangalore.

Study Design-Descriptive (Cross sectional survey)

Sampling technique: Convenience sampling

Target population –all age group men & women

TOOLS AND TECHNIQUES:

Quantitative data collection technique

TOOLS	TECHNIQUES	RESPONDANTS
observation	observation guidelines	People of Bangalore
structured Questionnaire (close ended questionnaire)	structured Questionnaire guidelines	People of Bangalore

SAMPLE SIZE

OBSERVATIONAL STUDY: A total of 300 people sample taken for study.

STRUCTURED QUESTIONAIRE : Interview Method was used to ask questions from the respondents.

INTRODUCTION:

Brand awareness is the probability that consumers are familiar about the life and availability of the product. It is the degree to which consumers precisely associate the brand with the specific product. It is measured as ratio of niche market that has former knowledge of brand. Brand awareness includes both brand recognition as well as brand recall.

Brand recognition is that the consumers can clearly differentiate the brand as having being earlier noticed or heard.

Brand recall refers that consumers should correctly recover brand from the memory when given a clue or he can recall the specific brand when the product category is mentioned. It is generally easier to recognize a brand rather than recall it from the memory.

Brand awareness is improved to the extent to which brand names are selected that is simple and easy to pronounce or spell; known and expressive; and unique as well as distinct.

There are two types of brand awareness:

3. **Aided awareness-** This means that on mentioning the product category, the customers recognize your brand from the lists of brands shown.
4. **Top of mind awareness (Immediate brand recall)-** This means that on mentioning the product category, the first brand that customer recalls from his mind is your brand.

Brand image is a perception of a brand held in customer memory and reflecting a customer's overall impression. A positive brand image can be considered as a crucial ability of a corporation to hold its market position. In the health care context, Kotler and Clarke (1987) suggested that **hospital brand**

image is the sum of beliefs, ideas, and impressions that a patient holds toward a hospital. A brand image of a hospital is not absolute; it is relative to brand images of competing hospitals. Furthermore, hospital brand image possesses a strategic function. Through strategic marketing activities, the brand image of a hospital can be used to help it improve its competitive position (Javalgi etal., 1992). Thus, a favorable hospital brand image helps strengthen the intentions patients have for selecting a hospital.

Service quality

- The definition of service quality is the customer's overall impression or assessment concerning the relative inferiority or superiority of the organization and its services (Zeithaml, 1988; Bitner and Hubbert,1994).
- It can be measured by the comparison of customers' expectations with customers' perceptions of actual service performance (Parasuraman et al., 1985).Customers form expectations prior to their encounter with the services. They develop perceptions during the process of service delivery, and then they compare their perceptions to their expectations in evaluating the outcome of the service encounter. Specifically, service quality means that the service delivery should fulfill customers' requirements and expectations (Tan et al., 2010).
- According to aforementioned perspectives, service quality can be viewed as a measurement of how well the service level delivered conforms to customers 'expectations.
- In terms of healthcare, service quality can be defined as a gap between patients' expectations and perceptions (Woodside et al., 1989).
- Expectations are treated as what the patients think should be offered in the medical services, and perceptions can be considered as the evaluation of patients regarding specific medical service attributes relative to their expectations.
- Operationally, the service quality of hospital depends upon the balance of perceptions and expectations of patients. Moreover, Lytle and Mokva (1992) proposed that service quality satisfies the needs of patients, and patients evaluate a hospital's service quality from its service output, service process, and physical environment.

Patient satisfaction

In the service environment, customer satisfaction has been seen as a special form of customer attitude. It is a phenomenon of post-purchase reflection on how much the
customer likes or dislikes the service after experiencing it (Woodside et al., 1989). In the field of medical service, Kim et al. (2008b) adopted the concept of customer satisfaction and defined that patient satisfaction is the judgment of perceived value and sustained response toward service related stimulus before, during or after the consumption of medical services by a patient. Patient satisfaction is concerned with the degree to which the expectations of a patient are fulfilled by the medical services. Moreover, patient satisfaction is a critical indicator for medical service industry. Providers of medical services need to understand the patients' expectations and try to meet them (Lee et al.,2010). For hospitals, satisfied patients are important because they are more likely to keep using medical services, follow the prescribed

treatment plan, and maintain the relationship with a specific health care provider, and recommend the hospital to others (Hekkert et al.,2009).

Building brand awareness is essential for building brand equity. It includes use of various renowned channels of promotion such as advertising, word of mouth publicity, social media like blogs, sponsorships, launching events, etc. To create brand awareness, it is important to create reliable brand image, slogans and taglines. The brand message to be communicated should also be consistent. Strong brand awareness leads to high sales and high market share. Brand awareness can be regarded as a means through which consumers become acquainted and familiar with a brand and recognize that brand.

LITERATURE REVIEW:

CASE STUDY 1: The impact of hospital brand image on service quality, patient satisfaction and loyalty

Chao-Chan Wu
Department of Cooperative Economics, Feng Chia University, Taiwan

SUMMARY: In the competitive market, branding is a valuable intangible asset of a company. Branding plays an important
role because positive brands will enable customers to better visualize and understand products, reduce customers' perceived risks in buying services (Kim et al., 2008a), and help companies achieve sustained superior performance. In particular, brand image is a critical issue in the field of brand management. Research interest is growing among academics and practitioners in the topics of brand image's antecedents and outcomes. The proposition that a strongly positive brand image allows a corporation to gain reputational value and competitive advantage (Porter and Claycomb, 1997) nurtures this growth. A favourable brand image increases various outcomes such as customer satisfaction, service quality, loyalty, and repurchasing intention (Bloemer et al., 1998; Da Silva and Alwi, 2008; Lai et al., 2009). Health care institutions face unique challenges around the world. An increasing number of hospitals face extremely competitive environments owing to open-door policies in the medical service market (Kim et al., 2008b). The growth of senior citizens population and growing focus on health are dynamically increases particular health wants and needs within the general populace. The current medical service market favours the buyer, rather than the seller (Lee et al., 2010). Hence, the field of medical service is now emphasizing the importance of customer-oriented marketing. Hospitals endeavour to establish marketing strategies which promote brand image among patients for enhancing the satisfaction and loyalty of patients as well as further promoting performance. In general, the research of brand image mostly focuses on corporate context such as goods producing firms,

service firms, and retail stores (Bloemer and de Ruyter, 1998; Nguyen and LeBlanc, 1998; Lai et al., 2009). Although hospital brand image is becoming an increasingly important issue in the competitive health care industry (Javalgi et al., 1992), few studies are available in this field. Further, no studies investigate how the hospital brand image impacts the attitudes and behaviours of 4874 Afr. J. Bus. Manage. patients towards hospitals. Thus, exploring the complex relationship among the hospital brand image and its influence on the intentions of patients is necessary. That is the purpose of this study, and the details are as follows First, the study provides an integrated model that explains the relationship among hospital brand image, service quality, patient satisfaction, and loyalty. Next, the correlations among these constructs within the integrated model are examined systematically. Finally, the results of this study include new marketing implications for hospitals to nurture positive brand images.

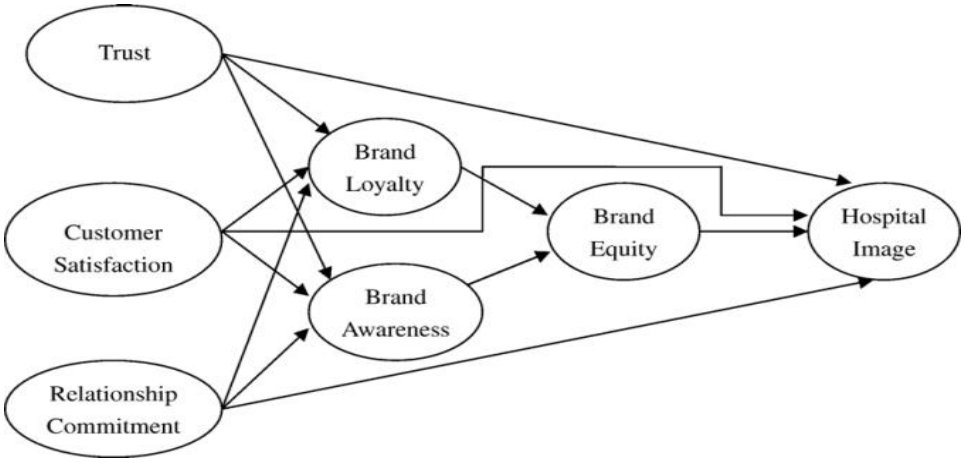
LITERATURE REVIEW:

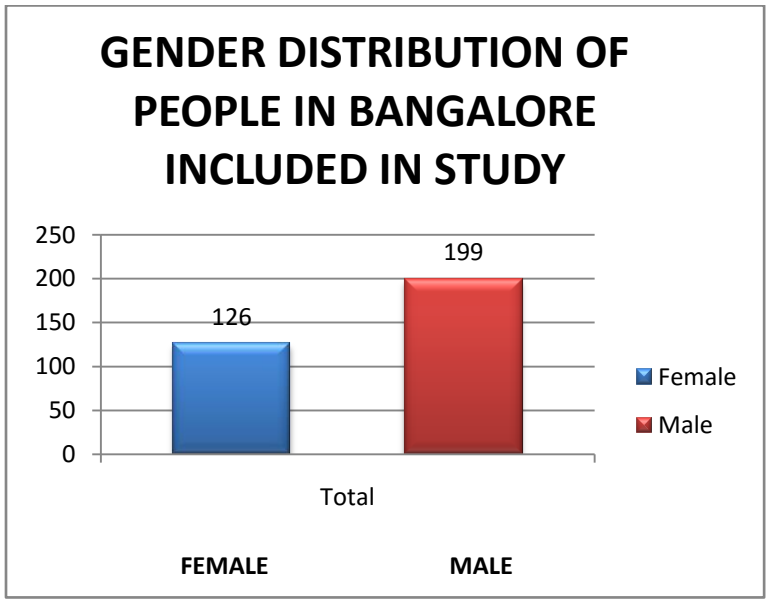
CASE STUDY 2: Hospital service-line positioning and brand image: influences on service quality, patient satisfaction, and desired performance

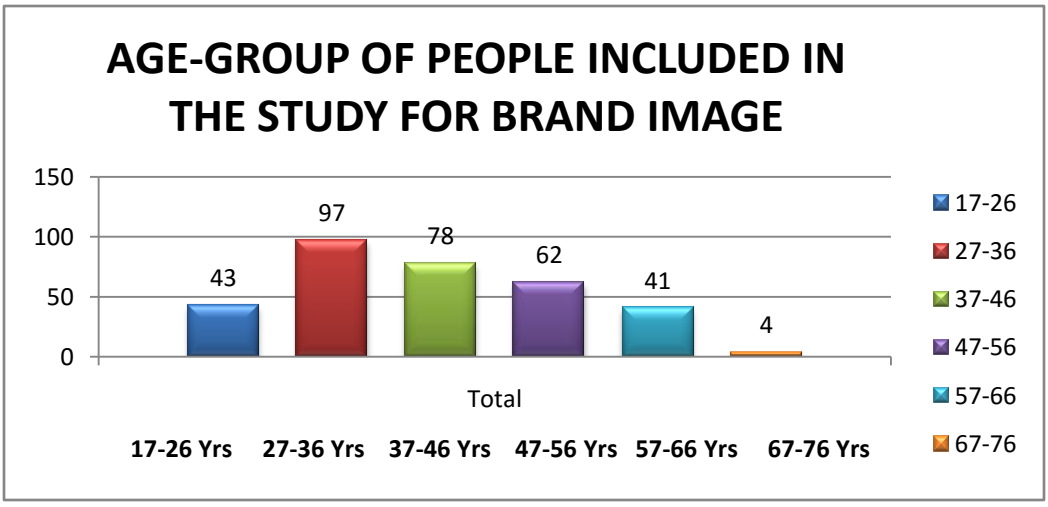
Lisa M. Sciulli (USA), Tracey L. Missien (USA)

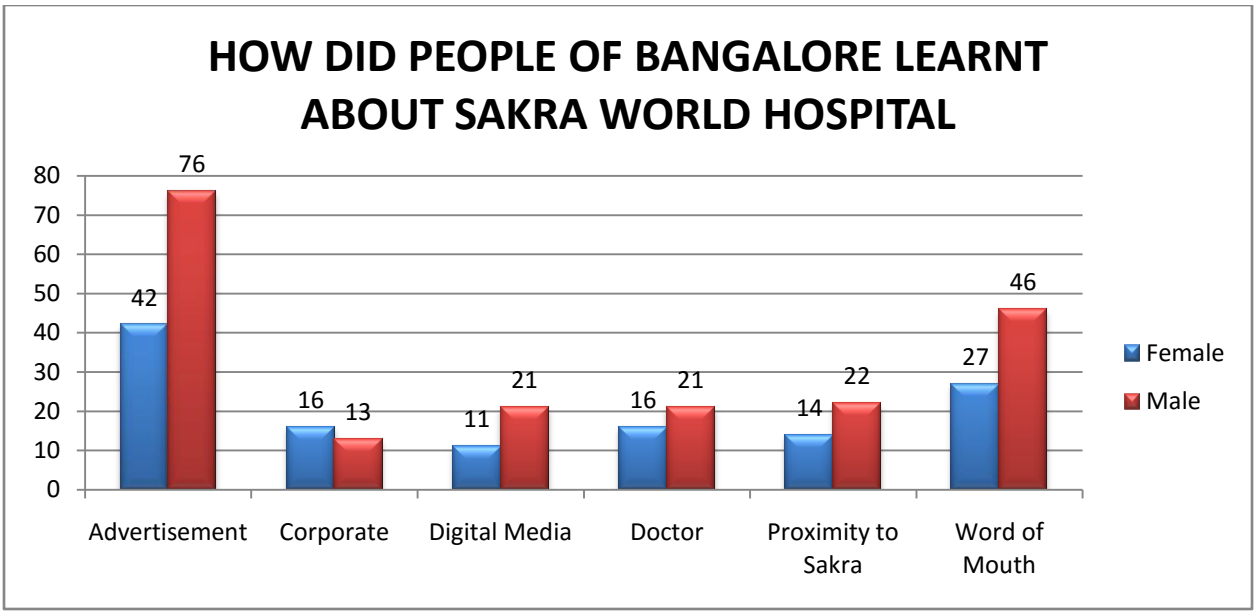
SUMMARY: The goals of this study are to provide a conceptual framework for developing service-line positioning and brand image strategies for healthcare organizations. Application of the framework within an actual hospital environment is examined exploring service quality, patient satisfaction, and subsequent outcomes. The work provides a comprehensive analysis of how the organization is designed, promoted, and a successful marketing plan is implemented using positioning and branding strategies to effectively penetrate a market and foster ongoing patient/healthcare provider relationships. A service-line strategy was employed combining the talent and resources of both a nonprofit community hospital and privately-held (independent) physician practice. Results indicate measurable differences in desired performance factors attributed to service-line initiatives specifically in the areas of patient satisfaction, clinical outcomes, and financial impact. Future recommendations including managerial implications are explored and suggestions for future marketing activities are discussed.

BRAND IMAGE:

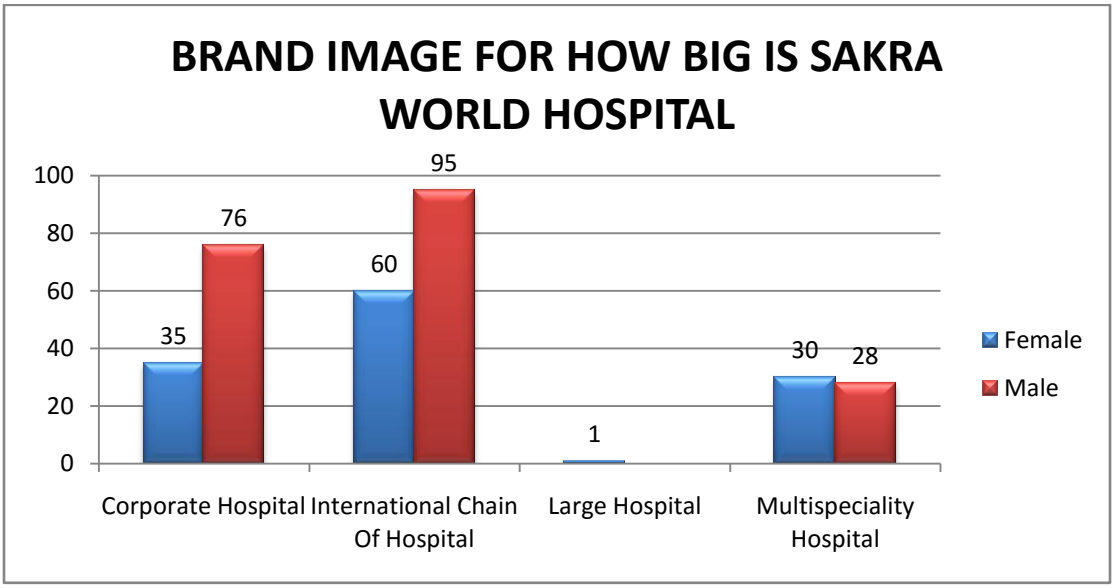

Trust
Brand Loyalty
Customer Satisfaction
Brand Equity
Hospital Image
Brand Awareness
Relationship Commitment


GENDER DISTRIBUTION OF PEOPLE IN BANGALORE INCLUDED IN STUDY
250
200
150
100
50
0
126
199
Female
Male
Total
FEMALE
MALE


AGE-GROUP OF PEOPLE INCLUDED IN THE STUDY FOR BRAND IMAGE
150
100
50
0
43
97
78
62
41
4
17-26
27-36
37-46
47-56
57-66
67-76
Total
17-26 Yrs
27-36 Yrs
37-46 Yrs
47-56 Yrs
57-66 Yrs
67-76 Yrs

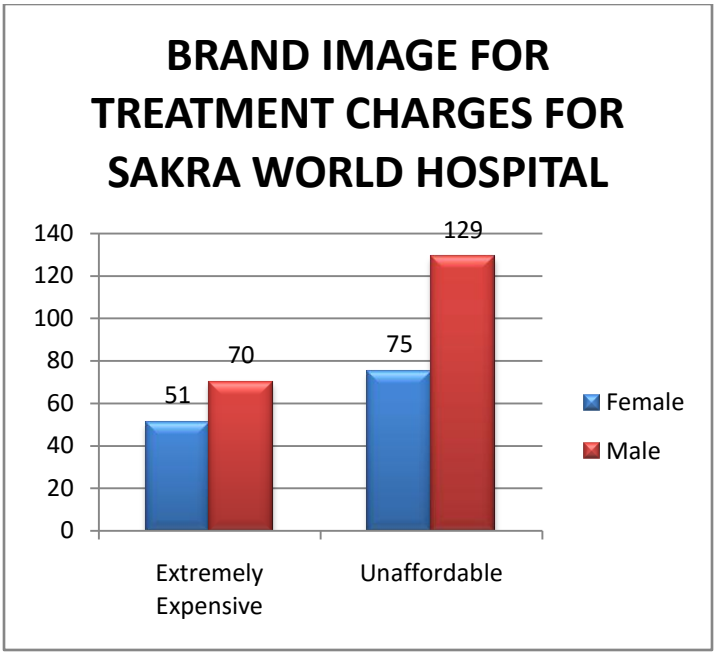


INFERENCE :The study population learnt about Sakra mostly by Advertisement (118/ 325) and then by Word Of Mouth (73/ 325) Doctor (37 / 325) Proximity to Sakra (36/325) , Digital Media (32 /325) and Corporate (39 /325)

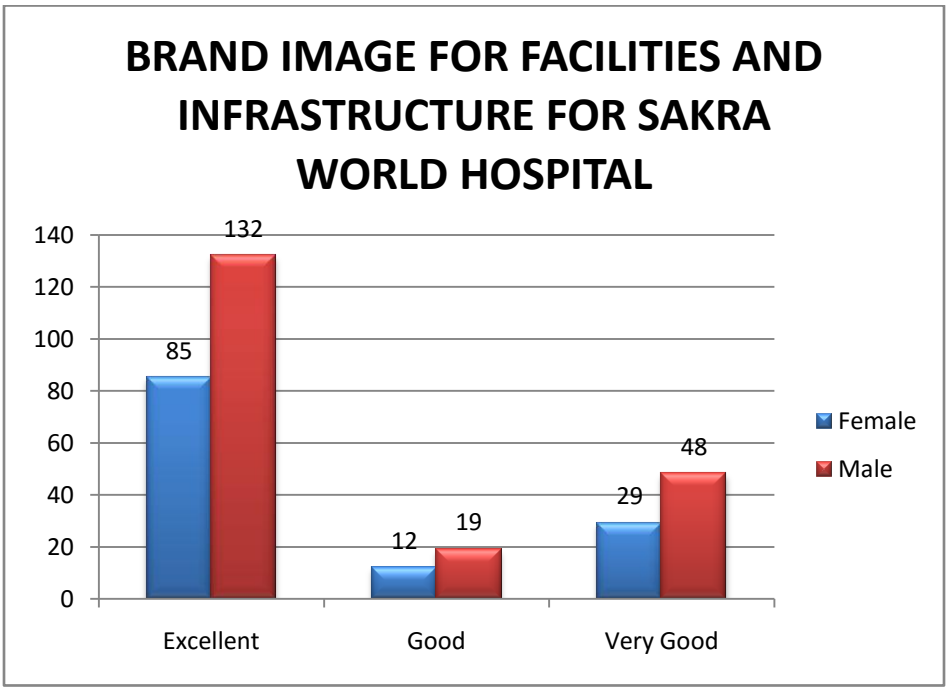


INFERENCE : 115 / 325 had an Image that Sakra World Hospital is an International Chain Of Hospital

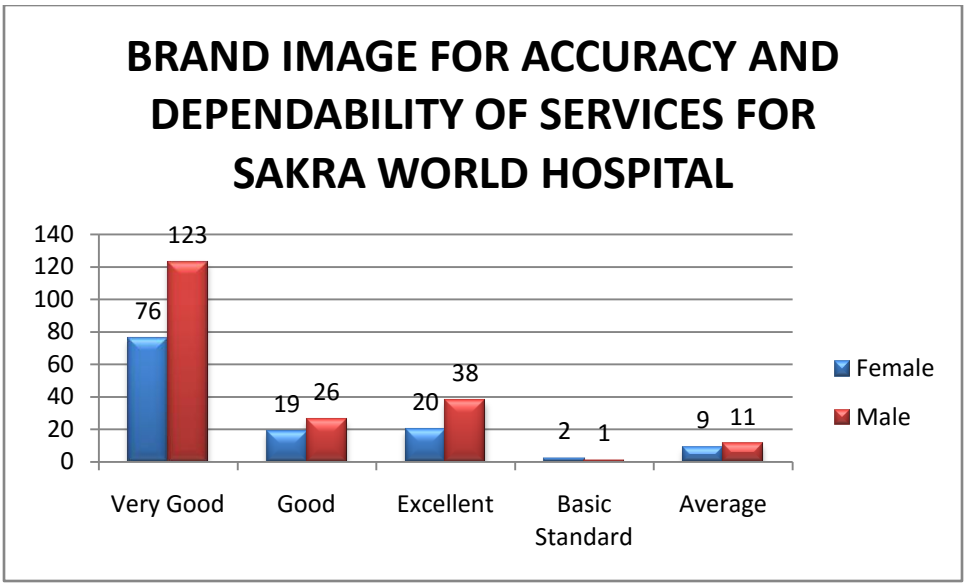
111/325 has a perception its Corporate hospital, 58/325 thinks it to be Multispecialty hospital and 1 person thought it to be Large Hospital.



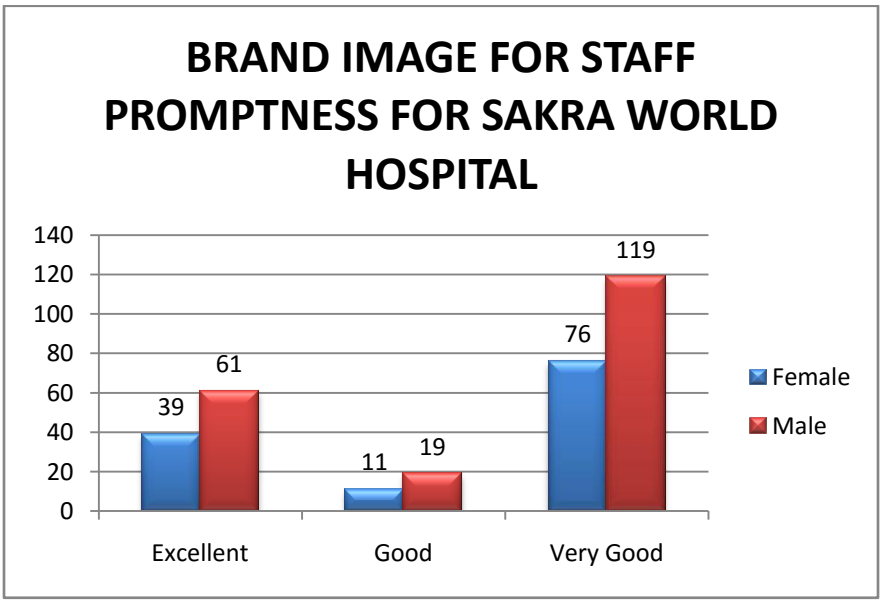
INFERENCE : 204 /325 Expects Sakra World Hospital to be Unaffordable & 121/325 expects Sakra world Hospital to be Extremely Expensive.



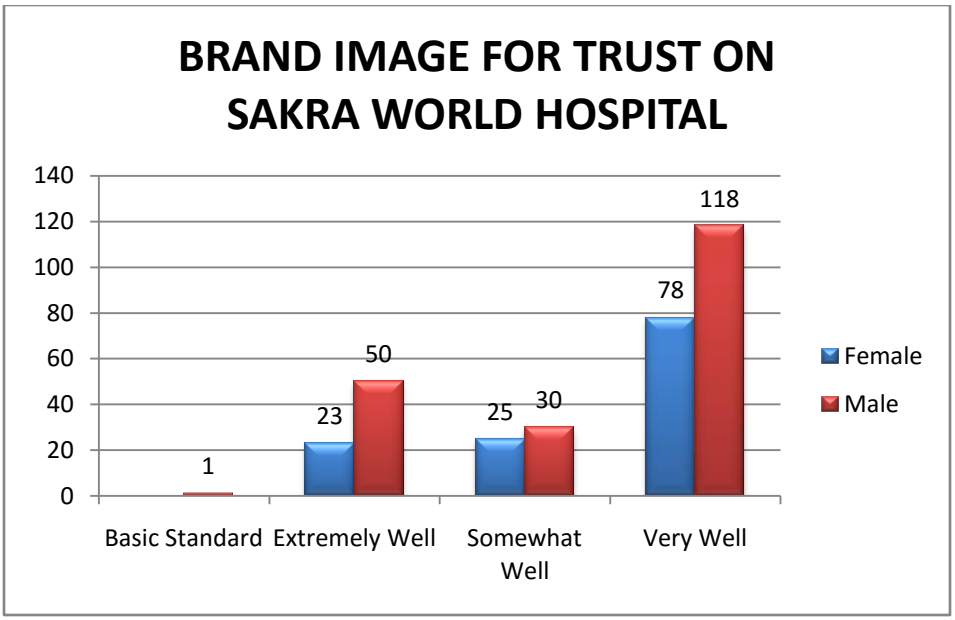
INFERENCE :217 / 325 has brand image for Sakra World Hospital that its facilities and Infrastructure would be Excellent, 77 / 325 expects it to be Very Good and 31 / 325 expects it to be Good.



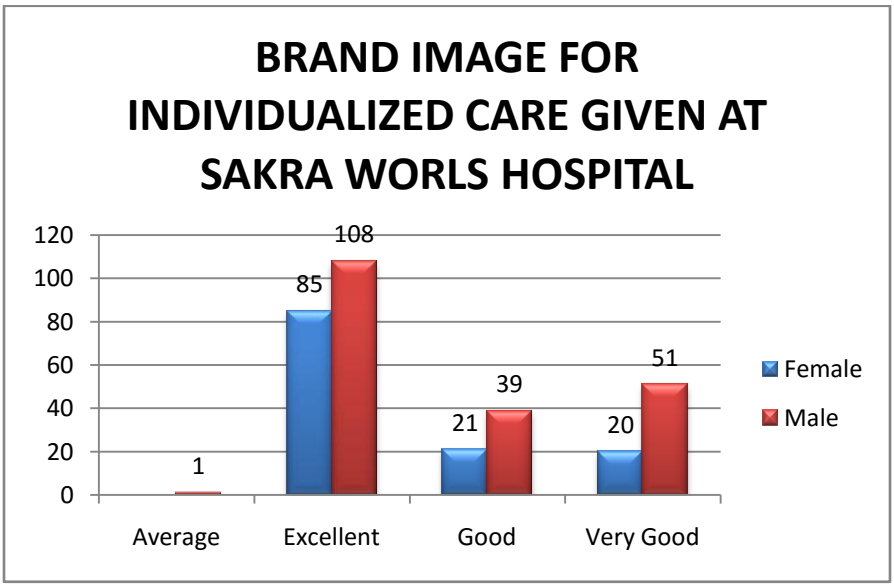
INFERENCE :119 / 325 has expects the accuracy and dependability of services for Sakra World Hospital to be Very Good, 58 / 325 expects it to Excellent, 45 / 325 expects it to be Good, 20 / 325 expects it to be Average and 3 / 325 expects it to be of Basic standards.



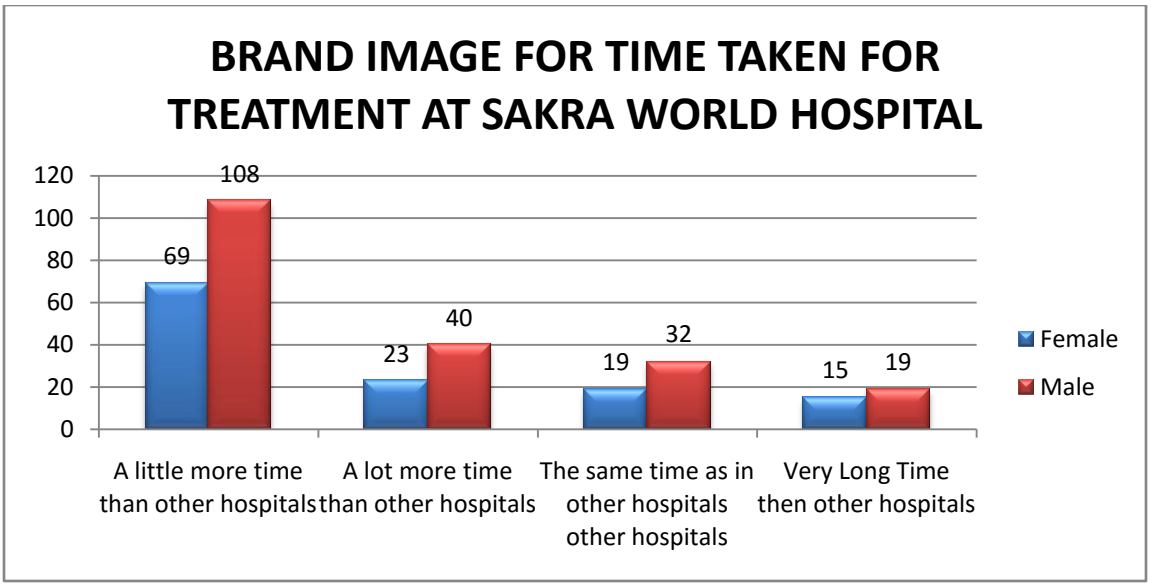
INFERENCE :195 / 325 has brand image for Sakra World Hospital that it is Very Good, 100 / 325 has brand image for Sakra World Hospital to be Excellent, 30 / 325 expects it to be Good.



INFERENCE : 196 / 325 has brand image for trust on Sakra World Hospital to be Very Well, 73 / 325 expects it to be Extremely Well , 55 / 325 expects it to be Somewhat well, 1 / 325 expects it to be of Basic Standards.



INFERENCE: 193 / 325 has brand image for Sakra World Hospital to be Excellent, 71 / 325 expects it to be Very Good, 60 / 325 expects it to be Good , 1 / 325 expects it to be Average.



INFERENCE:177 / 325 has brand image for Sakra World Hospital to be a little more time than other Hospitals , 63 / 325 expects it to be a lot more time than other Hospital, 51 / 325 expects it to be same as in other hospitals, 34 / 325 expects it to be very long time than other hospitals.

RECOMMENDATION: Extensive & Invasive marketing activities to be adopted to make more and more people aware about Sakra as mostly people learn about the hospital by Advertisement.

- Some people are aware that Sakra World Hospital is a Japanese Hospital in India, that has to marketed to gain better attention and more patients.
- Mostly people avoided coming to Sakra when ill because they have a perception that it is Unaffordable or extremely expensive, So we need to create an image that Sakra World Hospital is affordable Hospital and the treatment charges are equivalent to the competitors in the market.
- The word "World" creates a lot of Impact in the name of Sakra World Hospital, People has expectation that the facilities, infrastructure, equipments, surrounding will be excellent.
- As Sakra World Hospital is new in the market- since just 2 years, people has not developed the trust in the brand, the treatment provided as well as accuracy and dependability of services (Nursing, food services, housekeeping), individualized care to be given at Sakra World Hospital.
- Improvement of Brand Image has to be done in these areas from the stage of brand recognition to brand recall. Marketing activities have to be strengthened in these areas.

RESEARCH PROBLEM: To study the difference in customer expectation and experience for quality of services of Sakra World Hospital and its comparison with other hospitals in Bangalore.

NEED FOR STUDY:

As Sakra World Hospital is operational since 2 Years, it is required to analyze whether people are receiving what they actually expect from Sakra World Hospital and where do we stand against our competitors in terms of patient expectation and experience.

SIGNIFICANCE OF THE STUDY: To create the 'WOW culture'- at least the patients to have what actually they expects from Sakra World Hospital and then fulfilling their expectation providing them something extra to create the delightment.

OBJECTIVE: 1.To analyze gap between expectation and perception on quality of services provided in Sakra World Hospital.

2. To make comparison of expectation and perception of quality of services between Sakra World Hospital and Other Hospitals in Bangalore.

METHODOLOGY-

Patients in IPD and OPD, between 14 April 2015 to 14May 2016, at Sakra World Hospital , Bangalore were prospectively enrolled in the study.

Study Design-Descriptive (Cross sectional survey)

Sampling technique: Simple Random sampling

Area of Study- Sakra World Hospital, Bangalore

Target population –all age group men & women

***TOOLS AND TECHNIQUES*:**

Quantitative data collection technique

TOOLS	TECHNIQUES	RESPONDANTS
Observation	observation guidelines	Patients and their attendants
structured Questionnaire (close ended questionnaire)	structured Questionnaire guidelines	Patients

SAMPLE SIZE

OBSERVATIONAL STUDY

A total of 300 patients were sampled for study.

IPD- 150 Patients, OPD- 150 Patients

STRUCTURED QUESTIONAIRE

Interview Method was used to ask questions from the respondents.

LITERATURE REVIEW:

CASE STUDY 1: REVIEW OF THE SERVQUAL CONCEPT

Džemal Kulašin, MSc.,Economic High school, Travnik
Jordi Fortuny-Santos, PhD..Technical University of Catalonia (UPC),Spain

SUMMARY: *The basic aim of this paper is to review the literature and point out at the main controversies*
regarding the SERVQUAL and to defend this robust instrument. Namely, SERVQUAL was the first and, doubtless, most popular measurement tool for service quality. However, usefulness of the SERVQUAL instrument is questionable for a number of reasons. First, empiric studies have produced inconsistent results regarding whether expectations should be included as a variable. Second, several studies have failed to detect the same dimensions as Parasuraman, Zeithaml and Berry (1985, 1988), when applying the SERVQUAL instrument in some different service areas.

CASE STUDY 2: SERVQUAL: review, critique,research agenda

Francis Buttle
Manchester Business School, Manchester, UK

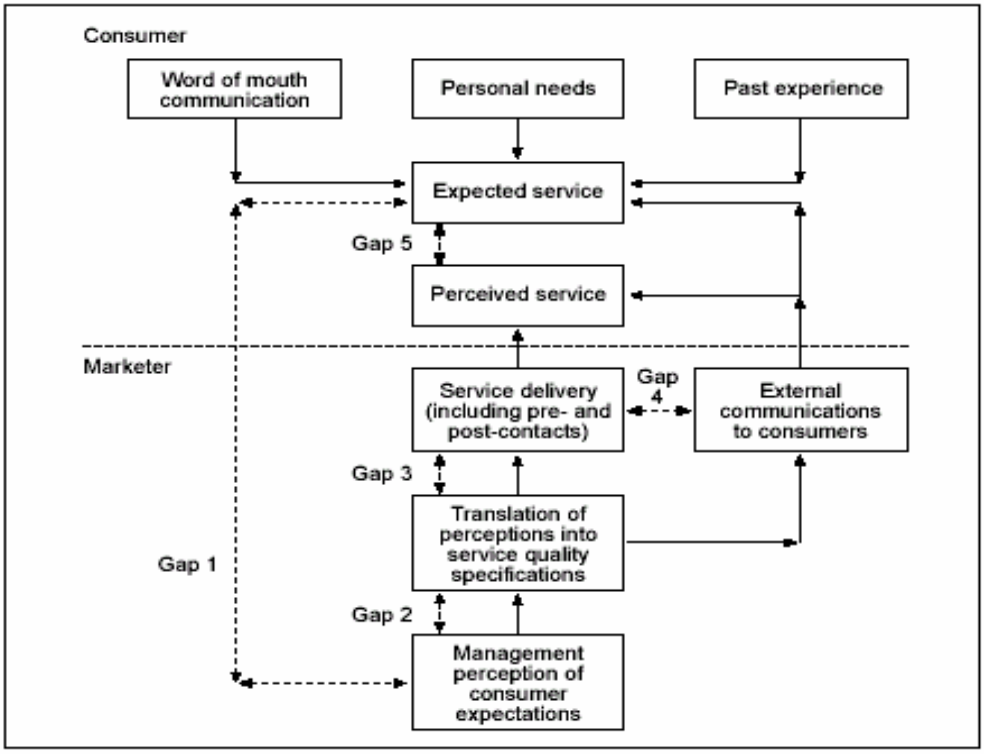
SUMMARY: SERVQUAL provides a technology for measuring and managing service quality (SQ). Since 1985, when the technology was first published, its innovators Parasuraman, Zeithaml and Berry, have further developed, promulgated and promoted the technology through a series of publications (Parasuraman *et al.*, 1985; 1986; 1988; 1990; 1991a; 1991b; 1993; 1994; Zeithaml *et al.*, 1990; 1991; 1992; 1993).

The ABI/Inform database "Global edition", (September 1994) reports that service quality has been a keyword in some 1,447 articles published in the period January 1992 to April 1994. By contrast SERVQUAL has been a keyword in just 41 publications. These publications incorporate both theoretical discussions and applications of SERVQUAL in a variety of industrial, commercial and not-for-profit settings. Published studies include tyre retailing (Carman, 1990) dental services (Carman, 1990), hotels (Saleh and Ryan, 1992) travel and tourism (Fick and Ritchie, 1991), car servicing (Bouman and van der Wiele, 1992), business schools (Rigotti and Pitt, 1992), higher education (Ford *etal.*, 1993; McElwee and Redman, 1993), hospitality (Johns, 1993), business-tobusiness channel partners (Kong and Mayo, 1993), accounting firms (Freeman and Dart, 1993), architectural services (Baker and Lamb, 1993), recreational services (Taylor *et al.*, 1993), hospitals (Babakus and Mangold, 1992; Mangold and Babakus, 1991; Reidenbach and Sandifer-Smallwood, 1990; Soliman, 1992; Vandamme and Leunis, 1993; Walbridge and Delene, 1993), airline catering (Babakus *et al.*, 1993a), banking (Kwon and Lee, 1994; Wong and Perry, 1991) apparel retailing (Gagliano and Hathcote, 1994) and local government (Scott and Shieff, 1993).

There have also been many unpublished SERVQUAL studies. In the last two years alone, the author has been associated with a number of sectoral and corporate SERVQUAL studies: computer services, construction, mental health services, hospitality, recreational services, ophthalmological services, and retail services.

In addition, a number of organizations, such as the Midland and Abbey National banks have adopted it. Service quality (SQ) has become an important research topic because of its apparent relationship to costs (Crosby, 1979), profitability (Buzzell and Gale, 1987; Rust and Zahorik, 1993; Zahorik and Rust, 1992), customer satisfaction (Bolton and Drew, 1991; Boulding *et al.*, 1993), customer retention (Reichheld and Sasser, 1990), and positive word of mouth. SQ is widely regard

SERVQUAL (Service- Quality) MODEL:

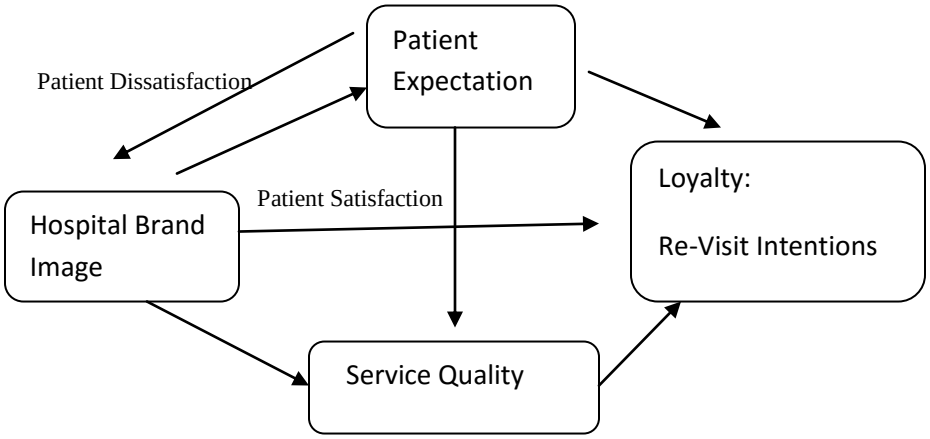


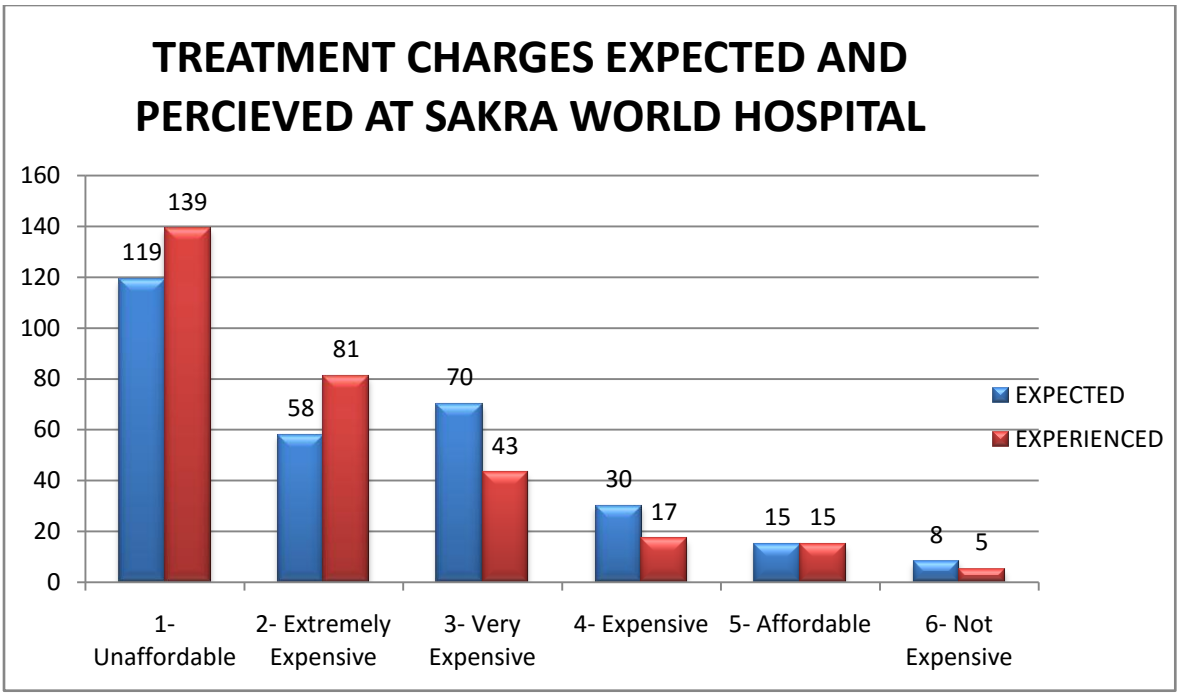
Dimensions Definition

- **Reliability:** The ability to perform the promised service dependably and accurately
- **Assurance:** The knowledge and courtesy of employees and their ability to convey trust and confidence
- **Tangibles:** The appearance of physical facilities, equipment, personnel and communication materials
- **Empathy:** The provision of caring, individualized attention to customers
- **Responsiveness:** The willingness to help customers and to provide prompt service

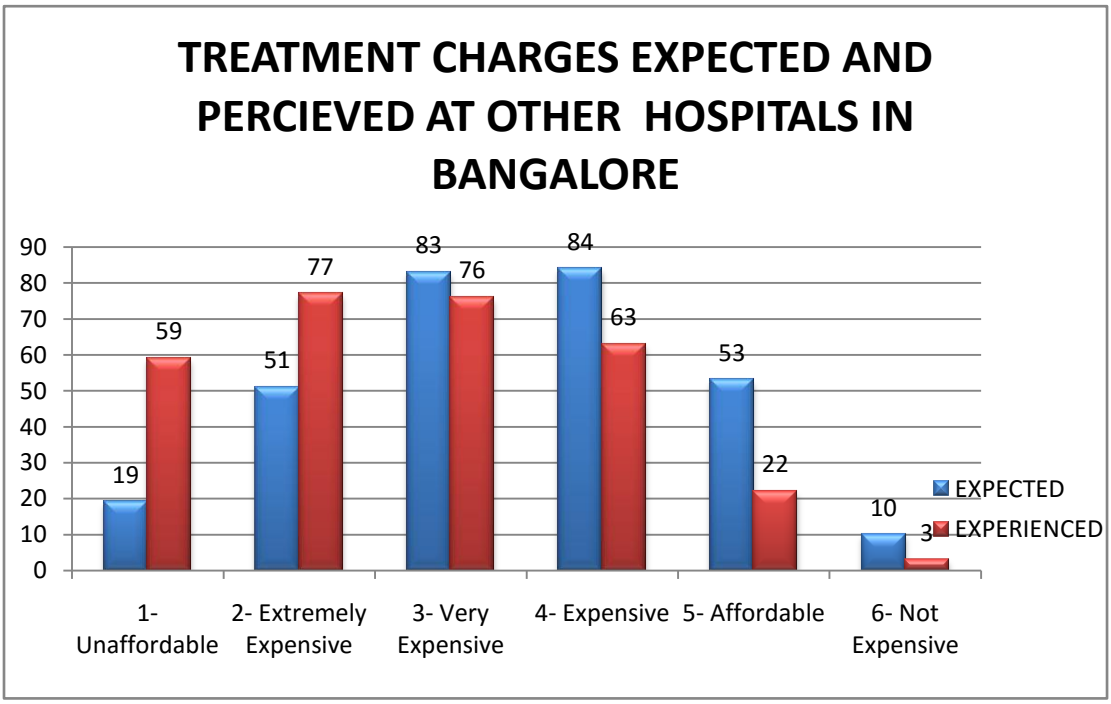
Awareness about the hospital leads to certain expectation of each patients and these 5 dimensions of Service Quality delivered at hospital are the experience of the patients that leads to patients satisfaction or patient dissatisfaction.

Patient Satisfaction leads to patients revisit intention, patient dissatisfaction leads to negative impact on hospital image.

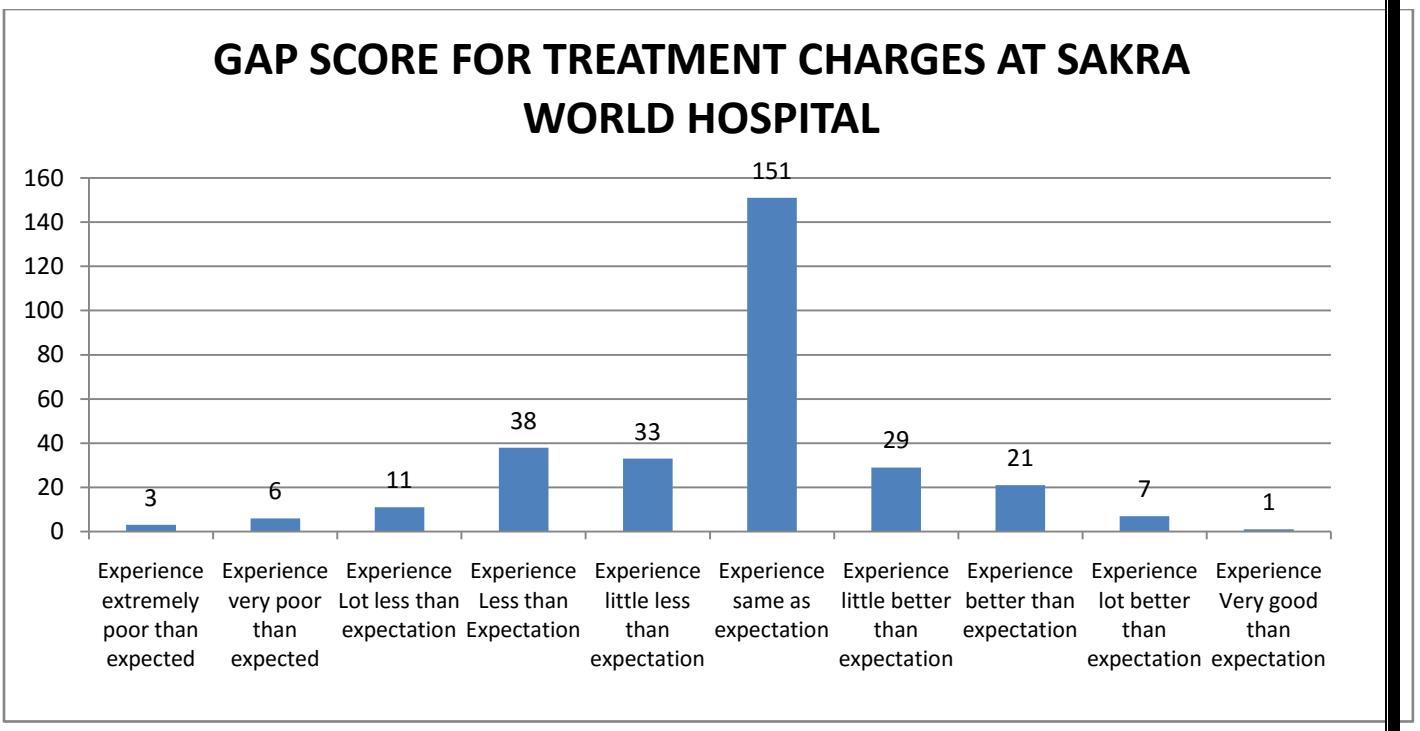


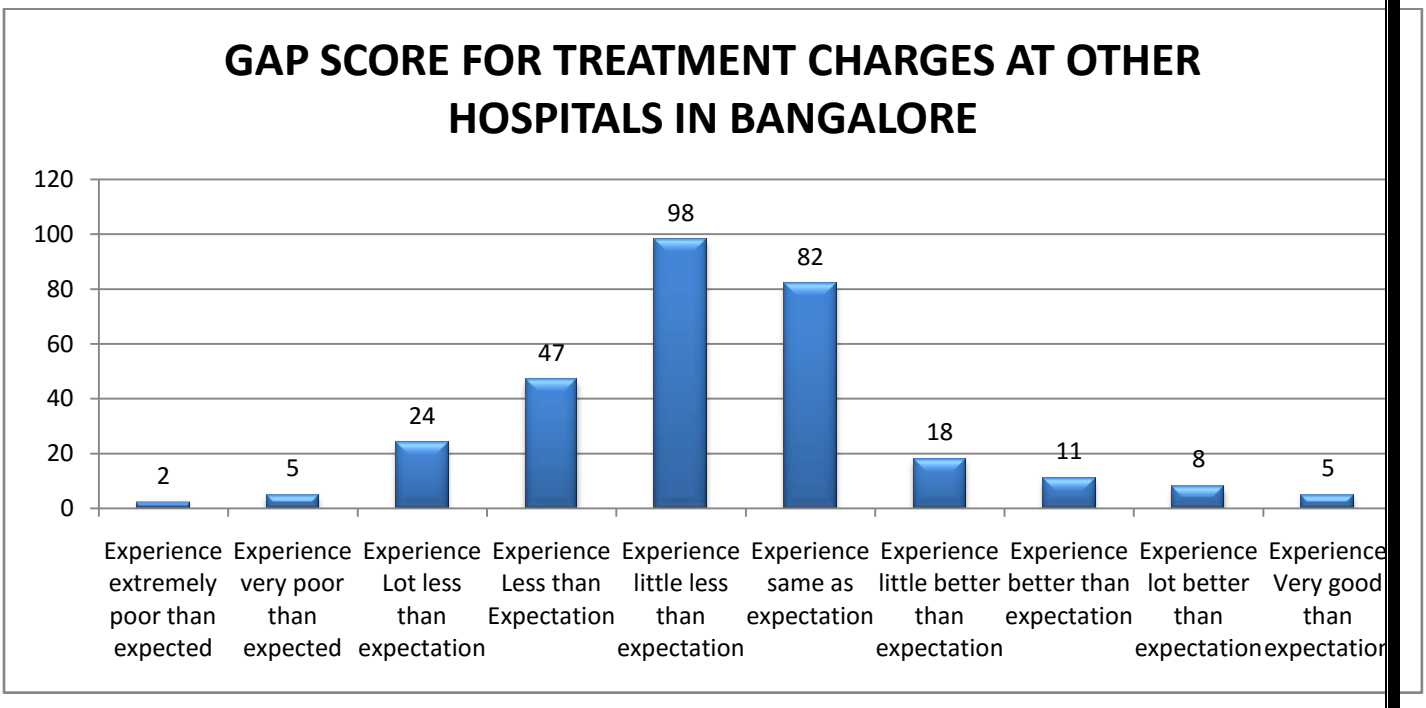


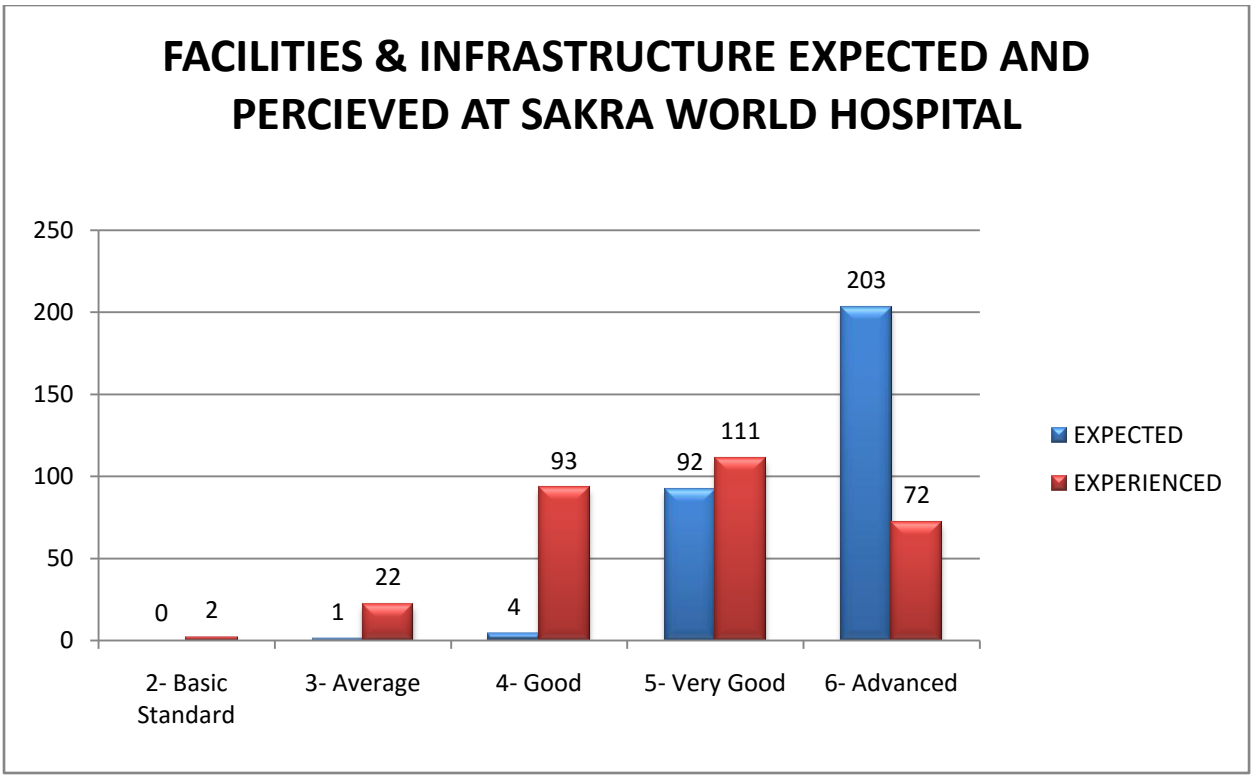
INFERENCE:119 Patients has expectation that Sakra World Hospital is Unaffordable while experience of comparatively more people 139 is that the hospital is Unaffordable



INFERENCE: Majority of people expects Other hospitals in Bangalore to be Expensive and Very Expensive but experience of most people is the Hospitals are Extremely expensive and Very Expensive.

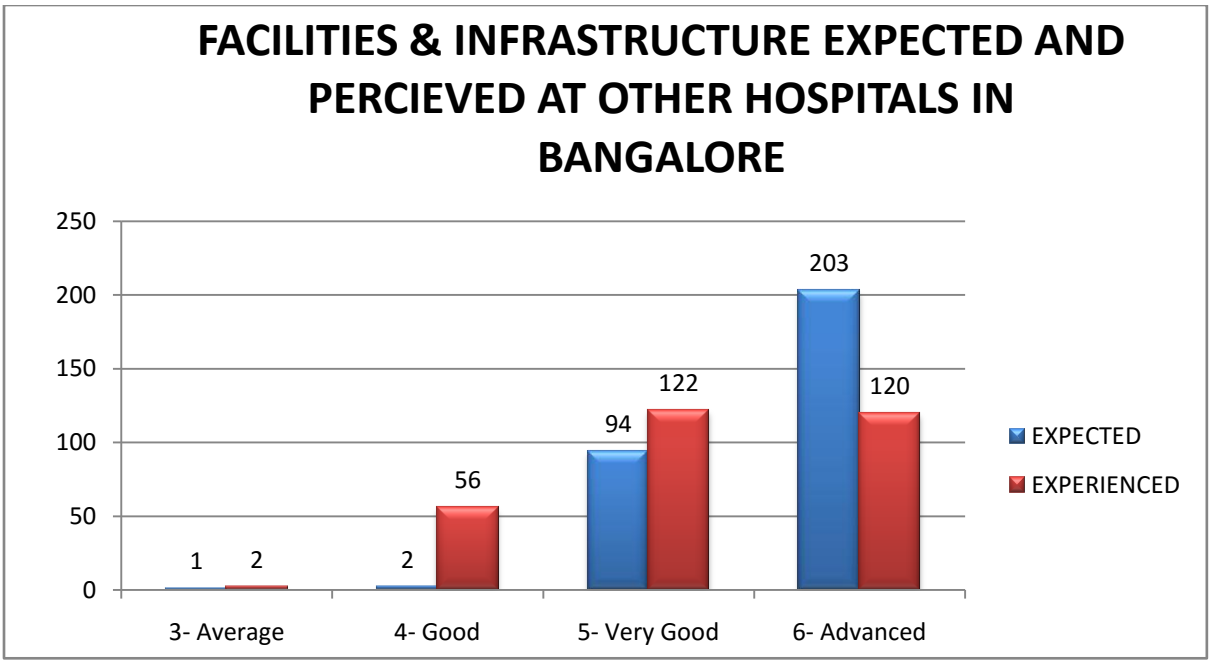

GAP SCORE FOR TREATMENT CHARGES AT SAKRA WORLD HOSPITAL
160
140
120
100
80
60
40
20
0
3
6
11
38
33
151
29
21
7
1
Experience extremely poor than expected
Experience very poor than expected
Experience Lot less than expectation
Experience Less than Expectation
Experience little less than expectation
Experience same as expectation
Experience little better than expectation
Experience better than expectation
Experience lot better than expectation
Experience Very good than expectation


GAP SCORE FOR TREATMENT CHARGES AT OTHER HOSPITALS IN BANGALORE
120
100
80
60
40
20
0
2
5
24
47
98
82
18
11
8
5
Experience extremely poor than expected
Experience very poor than expected
Experience Lot less than expectation
Experience Less than Expectation
Experience little less than expectation
Experience same as expectation
Experience little better than expectation
Experience better than expectation
Experience lot better than expectation
Experience Very good than expectation



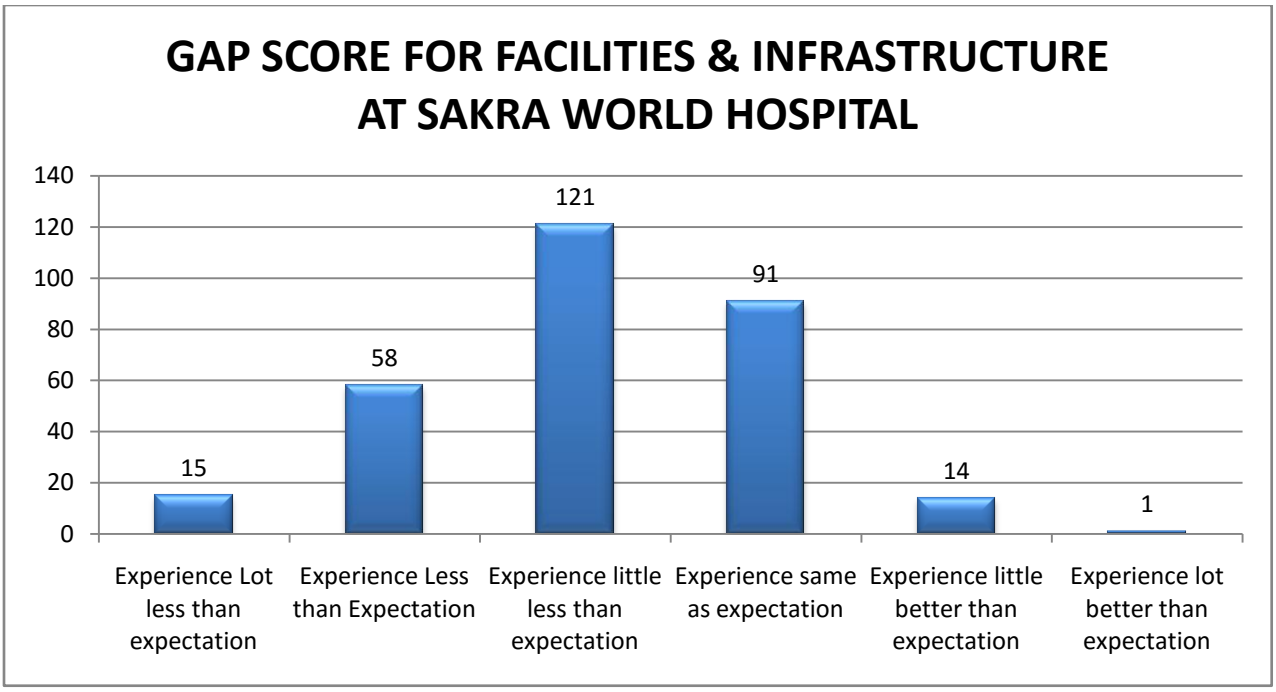
INFERENCE: People expected facilities and infrastructure at Sakra World Hospital to be Advanced but they experienced it to be only good because:

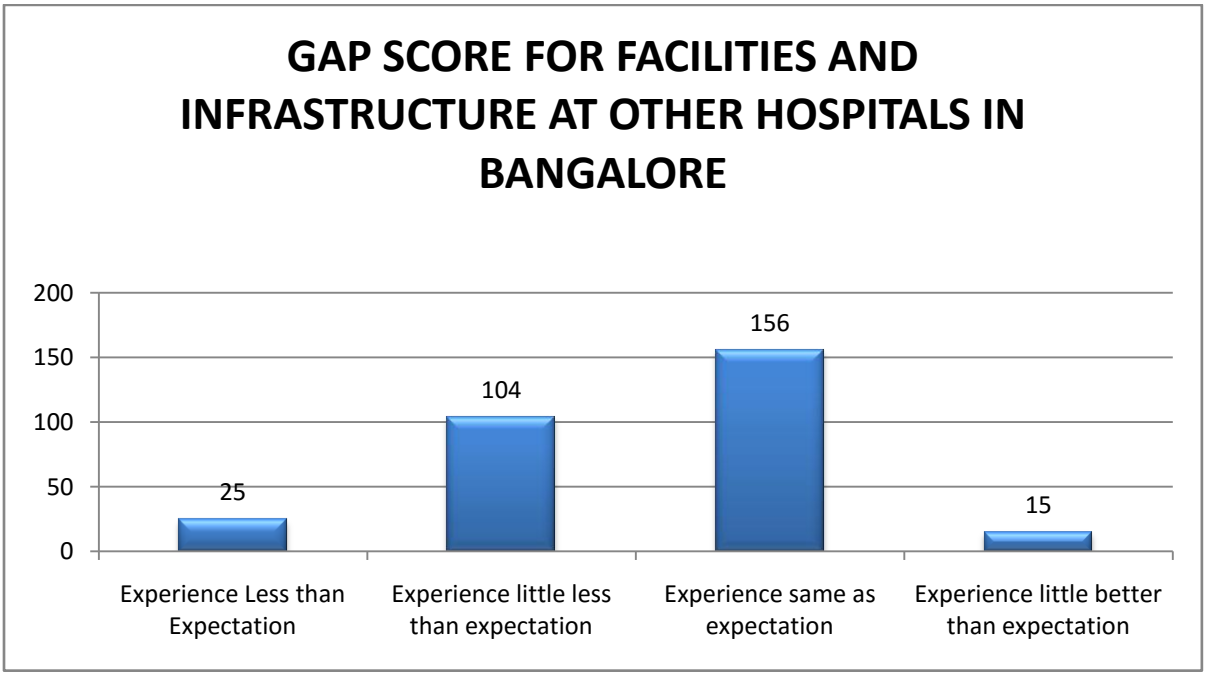
- Lack of clear signage describing way to Sakra World Hospital and way to departments inside the hospital.
- Patient had hygiene and safety issues in ICU, IP wards and other areas
- Lack of convenience facilities near ICU visitors area
- Improper maintenance of facilities like landline, nurse calling bell, sliding doors

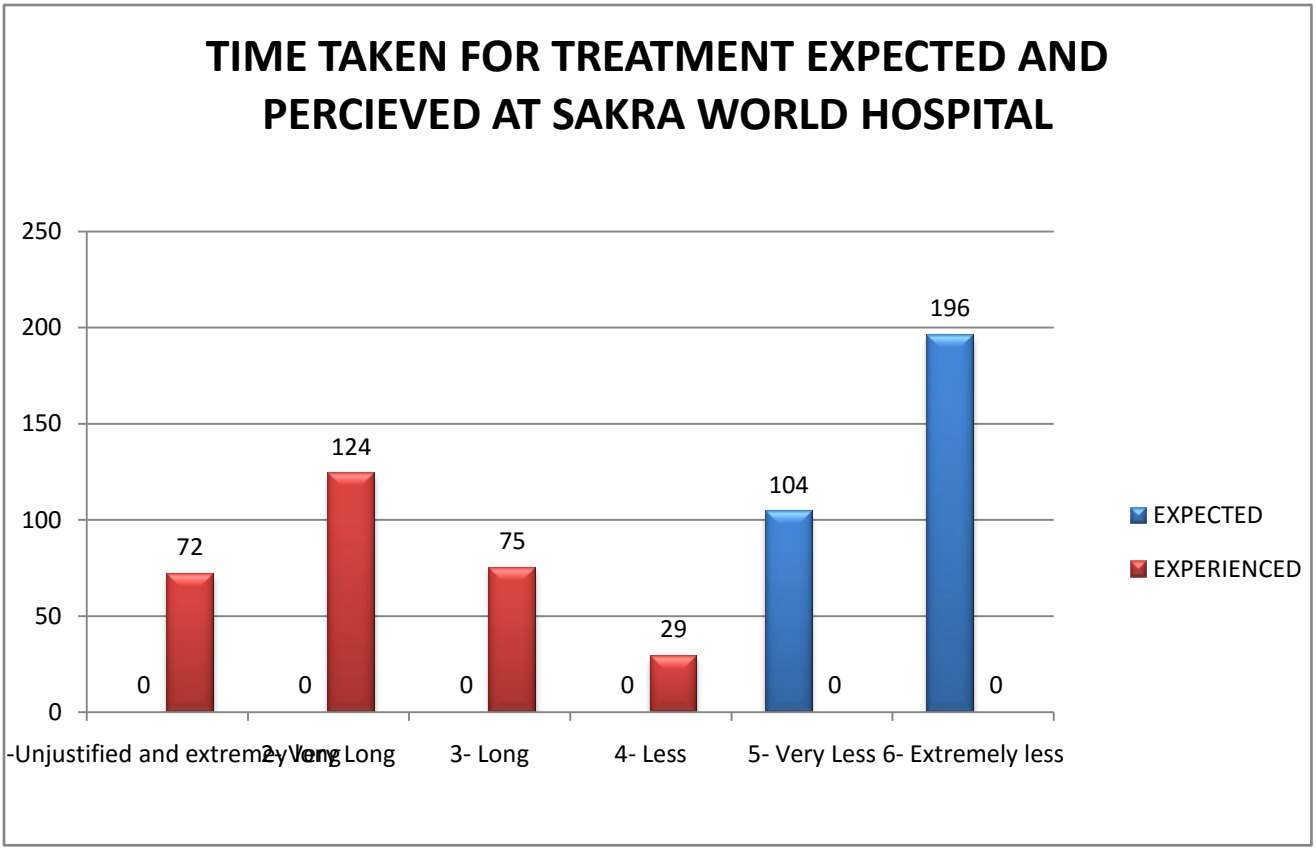


INFERENCE: People expects the Facilities and Infrastructure in Other Hospitals to be Advanced but what they experience is that it's Very Good to Advanced.

Tangibles is an important parameter for measurement to proper quality of service, most of the peoples experience is less than what they expect from Sakra World hospital while most people experience what they expect from Other Hospitals.

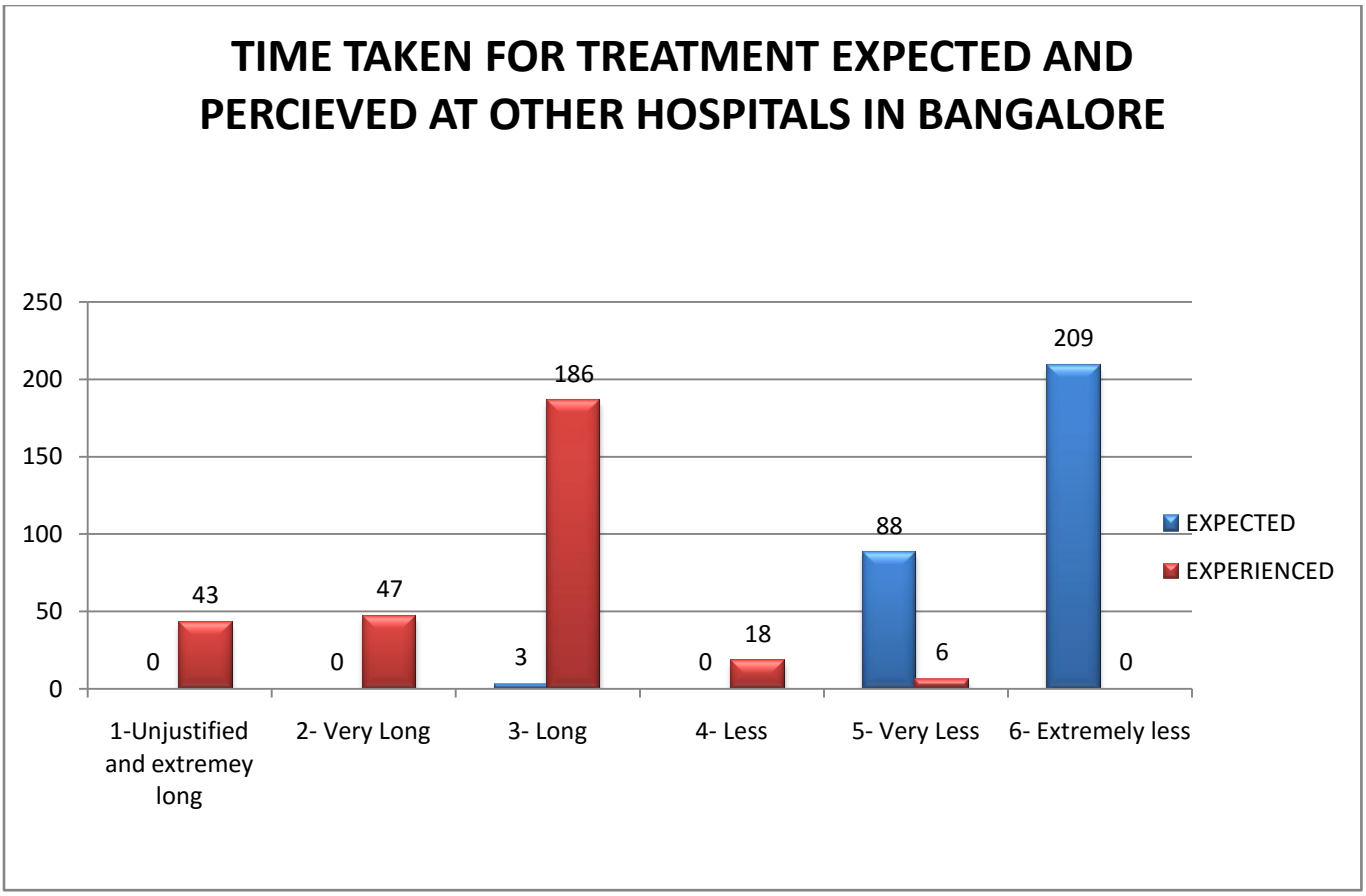

GAP SCORE FOR FACILITIES & INFRASTRUCTURE AT SAKRA WORLD HOSPITAL
140
120
100
80
60
40
20
0
15
58
121
91
14
1
Experience Lot less than expectation
Experience Less than Expectation
Experience little less than expectation
Experience same as expectation
Experience little better than expectation
Experience lot better than expectation


GAP SCORE FOR FACILITIES AND INFRASTRUCTURE AT OTHER HOSPITALS IN BANGALORE
200
150
100
50
0
25
104
156
15
Experience Less than Expectation
Experience little less than expectation
Experience same as expectation
Experience little better than expectation



INFERENCE: People expects the time taken for treatment to be extremely less. All want to take good treatment in a small time and resume their routine work fast. But they experienced that it took Very Long time for the treatment to be provided. because:

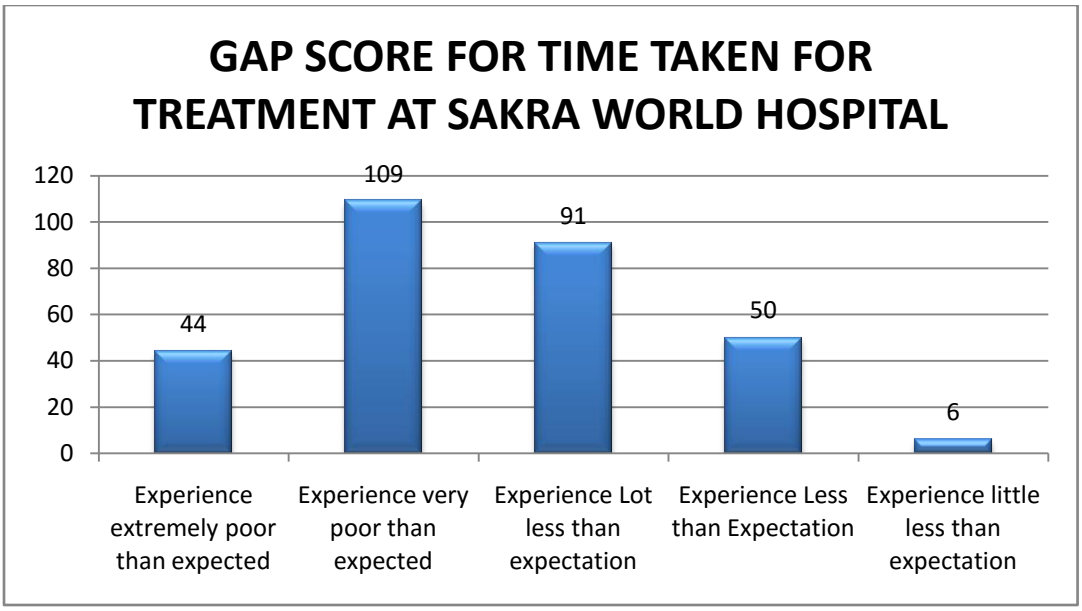
- Long waiting time in OPD, Sample Collection and pharmacy
- Long waiting time for the admission and discharge process
- Improper communication regarding Clinical and Surgical procedures timings

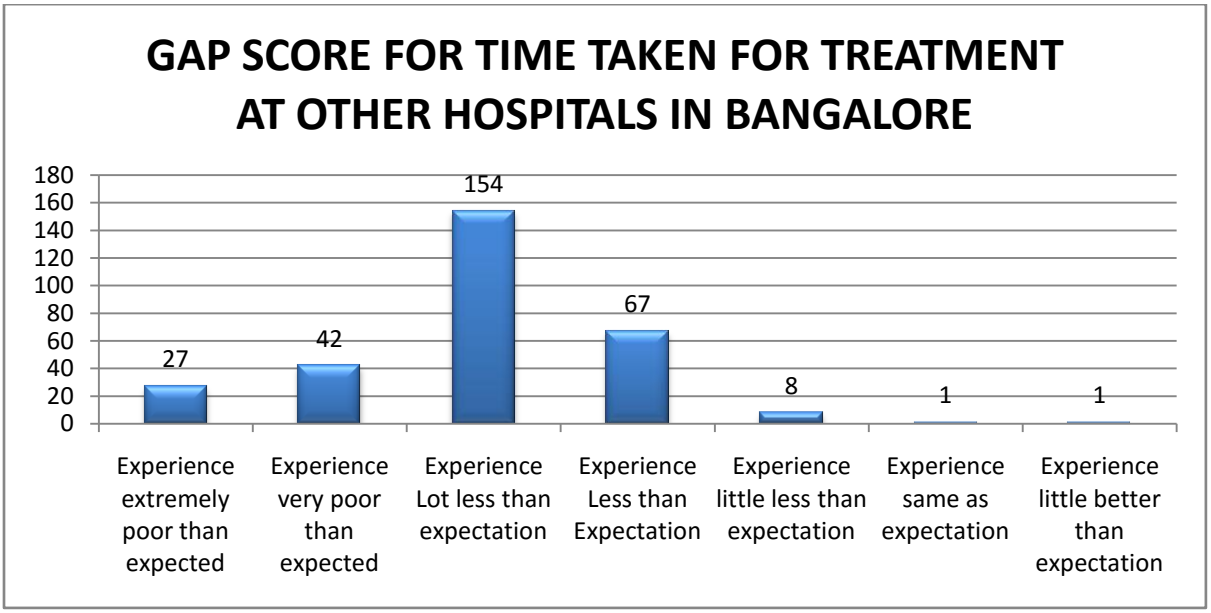


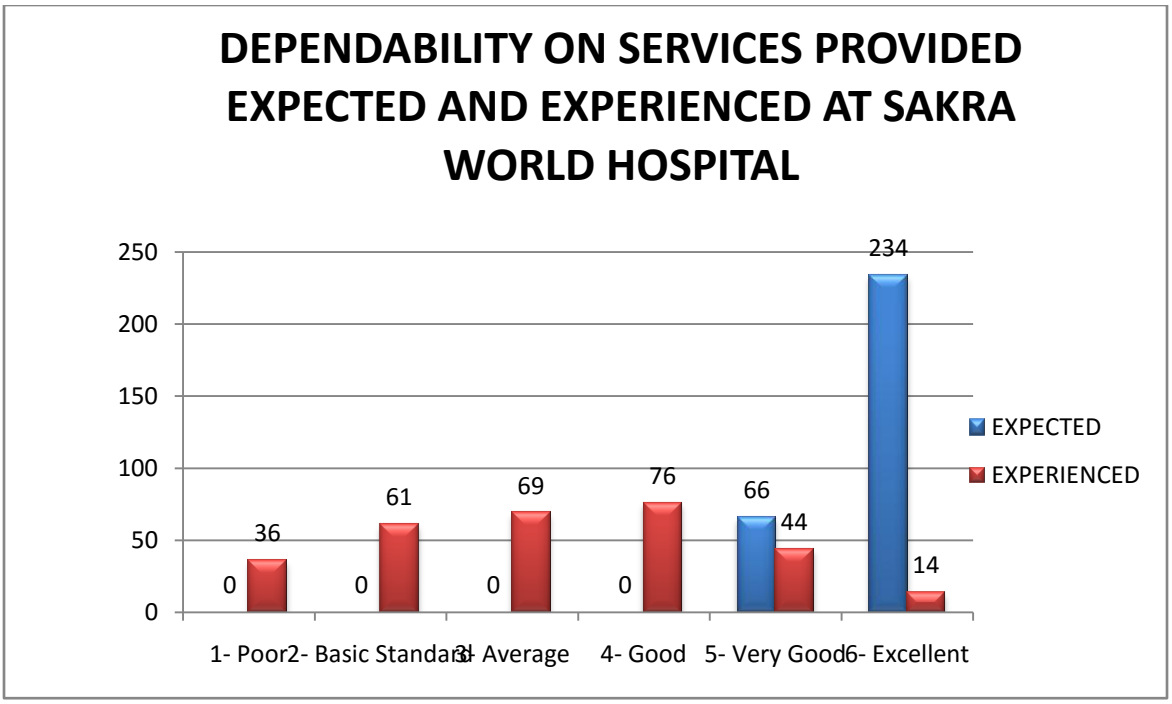
INFERENCE: Patients expects Extremely less time to be take for treatment in Other Hospitals but they experience Long waiting hours.

Other hospitals are performing better in this parameter than Sakra World Hospital, as patients experience in Sakra World Hospital regarding time taken for treatment is very poor than expectation. While their experience in Other Hospitals is lot less than expectation.

The processes has to be speed up to avoid long waiting hours and proper communication has to be done with the patients to keep them informed about how long exactly it takes for the process to avoid their restlessness.

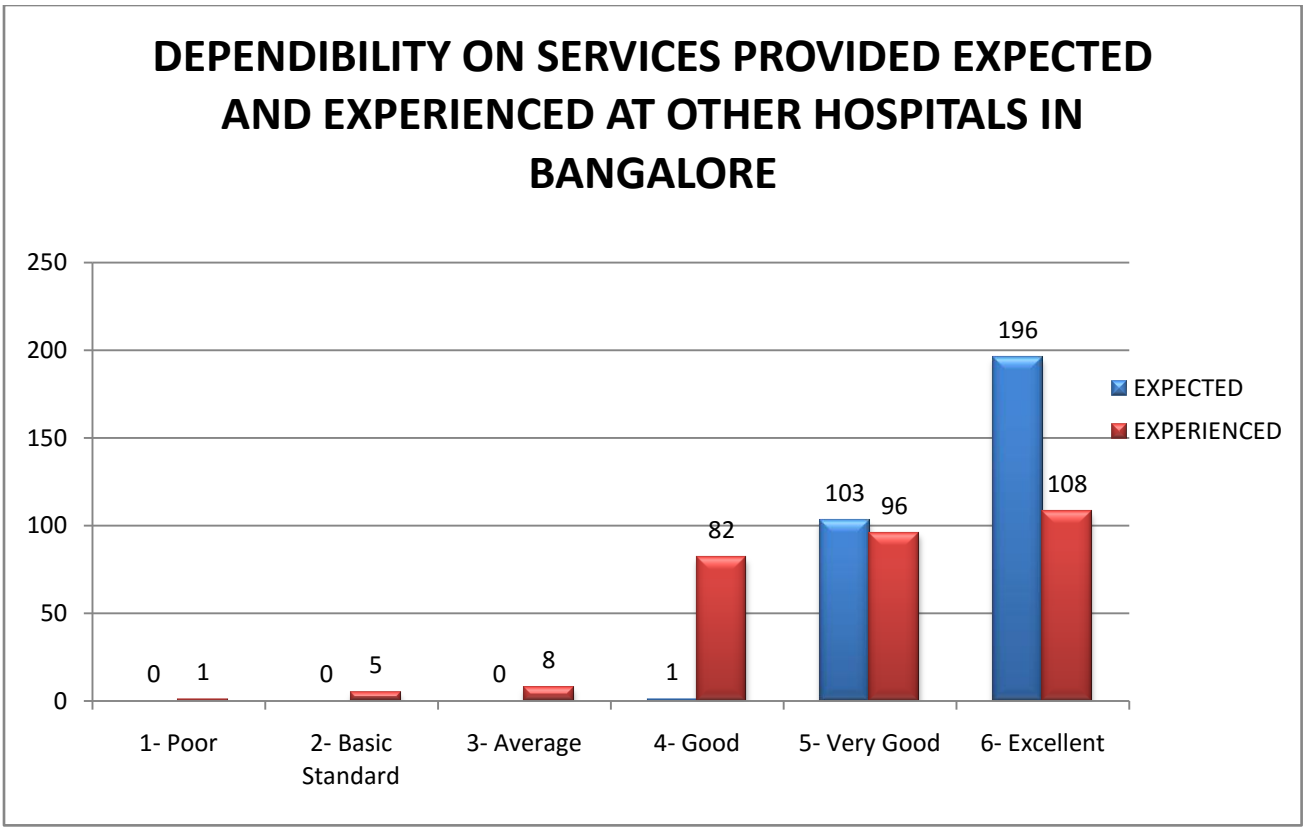

GAP SCORE FOR TIME TAKEN FOR TREATMENT AT SAKRA WORLD HOSPITAL
120
100
80
60
40
20
0
44
109
91
50
6
Experience extremely poor than expected
Experience very poor than expected
Experience Lot less than expectation
Experience Less than Expectation
Experience little less than expectation


GAP SCORE FOR TIME TAKEN FOR TREATMENT AT OTHER HOSPITALS IN BANGALORE
180
160
140
120
100
80
60
40
20
0
27
42
154
67
8
1
1
Experience extremely poor than expected
Experience very poor than expected
Experience Lot less than expectation
Experience Less than Expectation
Experience little less than expectation
Experience same as expectation
Experience little better than expectation



INFERENCE: Patients expects accuracy and dependability of the services (housekeeping, food and beverage, Nursing) to be excellent at Sakra World Hospital but their experience for majority is Good and Average. Its reason are:

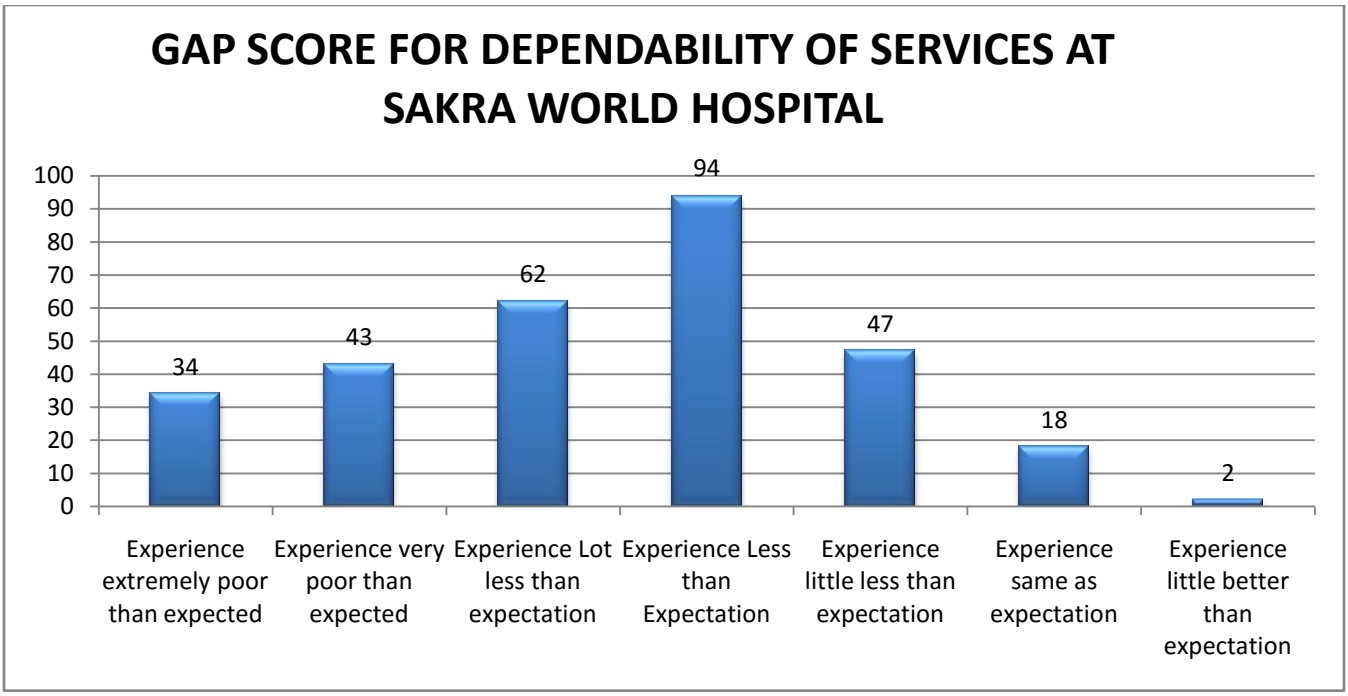
- Improper coordination between diet planned and food delivered.
- Lack of trust on diet planned
- Shortage of GDA staff and delay in service response
- Shift management of GDA to ensure at least 1 person present in wards all time
- Lack of training to GDA for handing vulnerable patient
- Delay in service provided by Food & Beverage department
- Nurse and paramedical staff lack empathy towards patients.
- Noise in corridors disturbs patients sleep

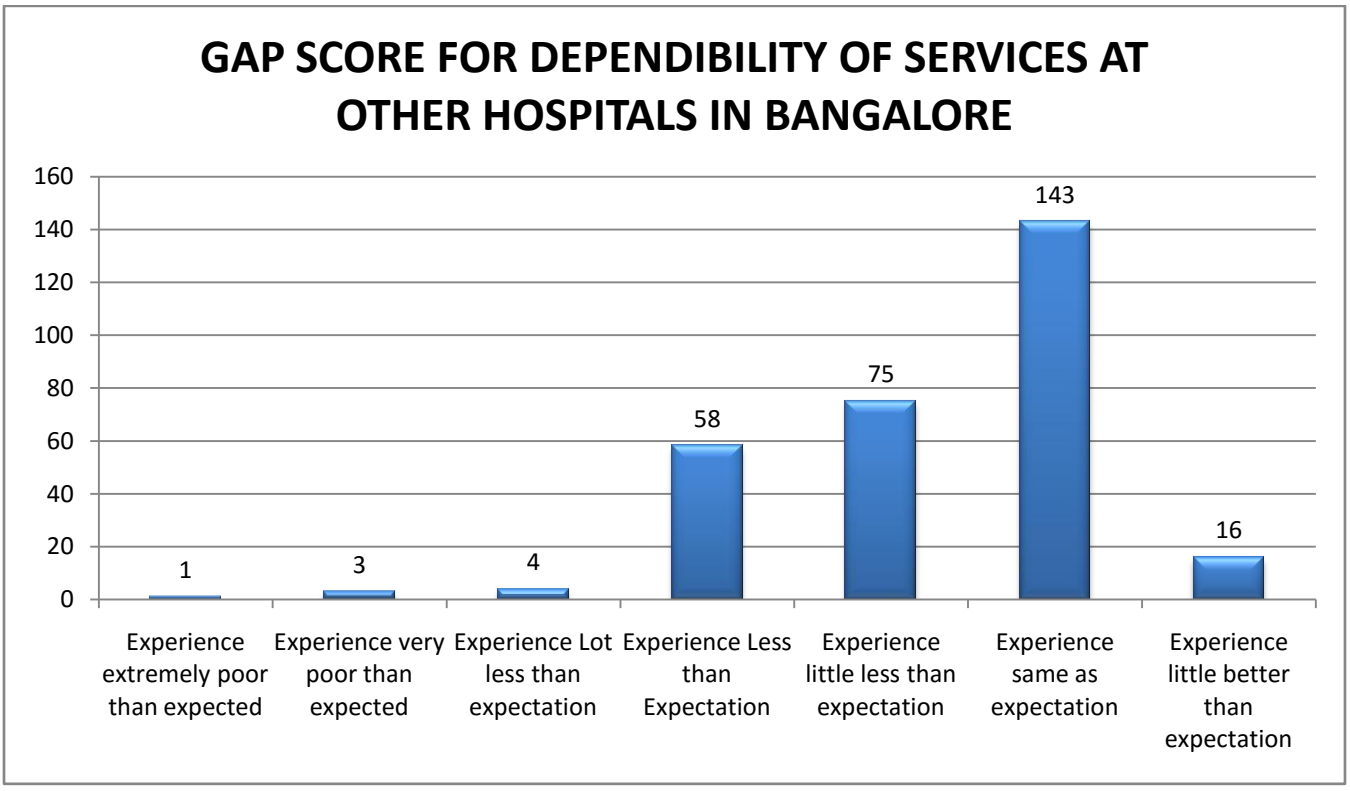


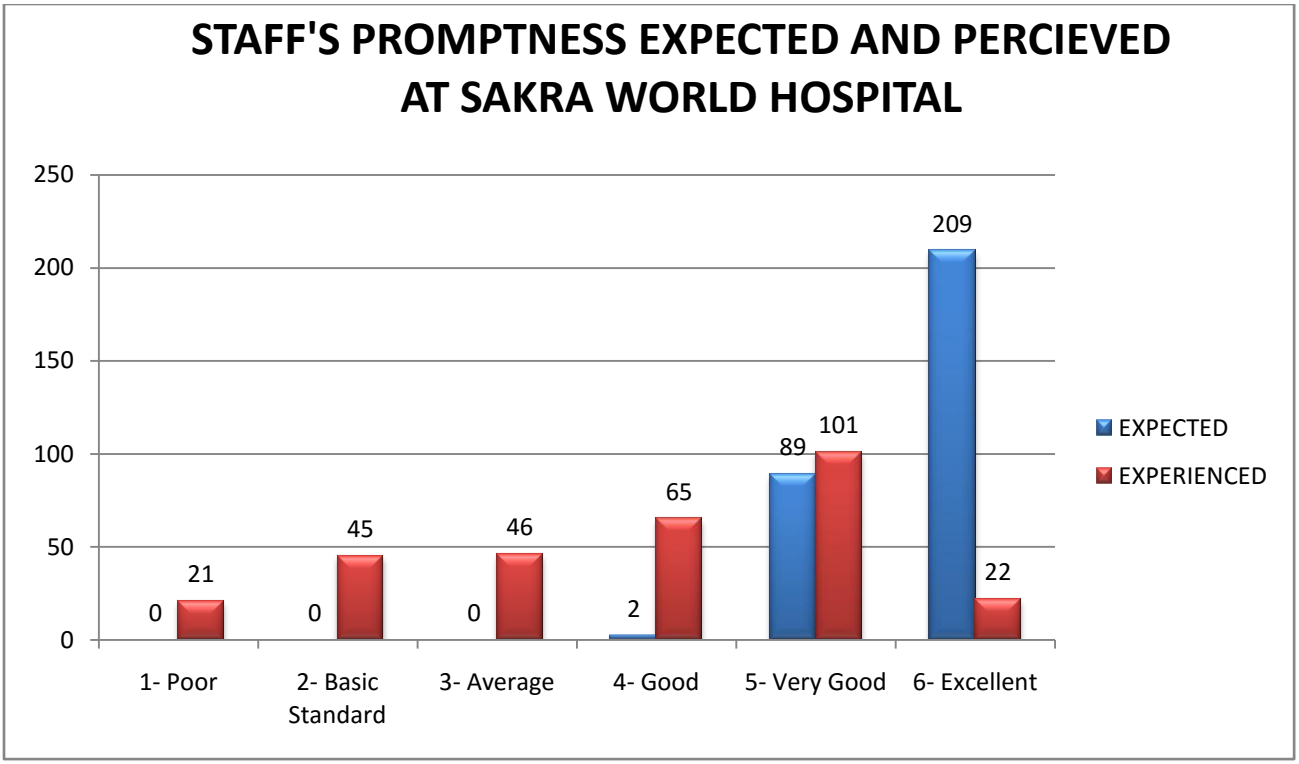
INFERENCE: Patients expects accuracy and dependability of services in Other Hospitals to be Excellent and their experience is Very good.

Sakra World Hospital needs to improve upon this parameter as mostly people experience less and a lot less than their expectation, while in Other hopitals mostly people experience the same as their expectation

This is an important parameter in service quality, so improvement in this domain will provide us competitive advantage.

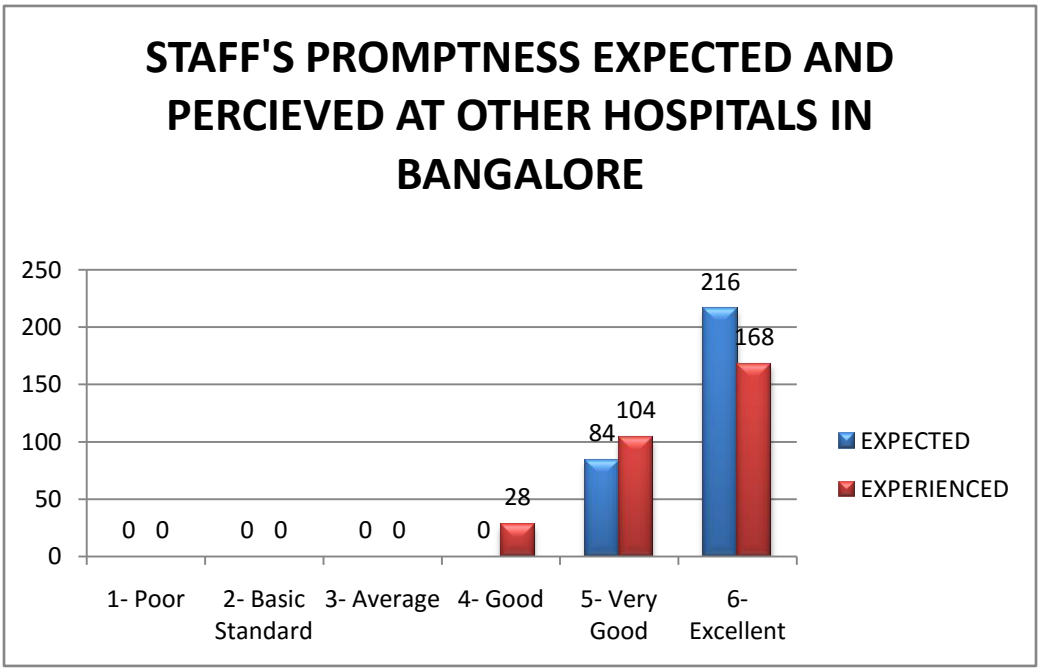

GAP SCORE FOR DEPENDABILITY OF SERVICES AT SAKRA WORLD HOSPITAL
100
90
80
70
60
50
40
30
20
10
0
34
43
62
94
47
18
2
Experience extremely poor than expected
Experience very poor than expected
Experience Lot less than expectation
Experience Less than Expectation
Experience little less than expectation
Experience same as expectation
Experience little better than expectation


GAP SCORE FOR DEPENDIBILITY OF SERVICES AT OTHER HOSPITALS IN BANGALORE
160
140
120
100
80
60
40
20
0
1
3
4
58
75
143
16
Experience extremely poor than expected
Experience very poor than expected
Experience Lot less than expectation
Experience Less than Expectation
Experience little less than expectation
Experience same as expectation
Experience little better than expectation



INFERENCE: People expects Staff's promptness in Sakra World Hospital to be Excellent but mostly experience it to be Very good and Good because:

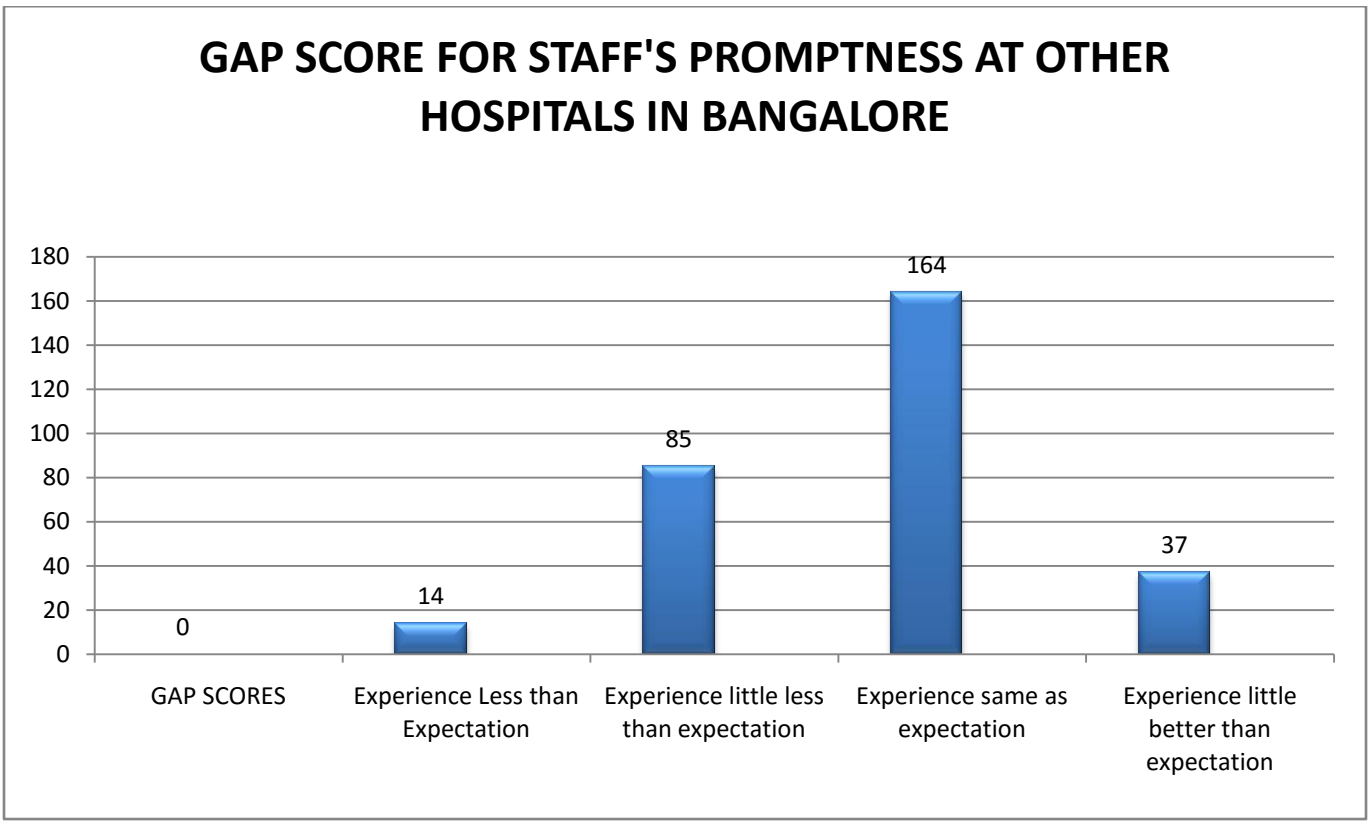
- Delay in service response by nursing staff
- Shift management of GDA to ensure at least 1 person present in wards all time
- Delay in food delivered to patients
- Patients expects Doctor to spend more time with patients

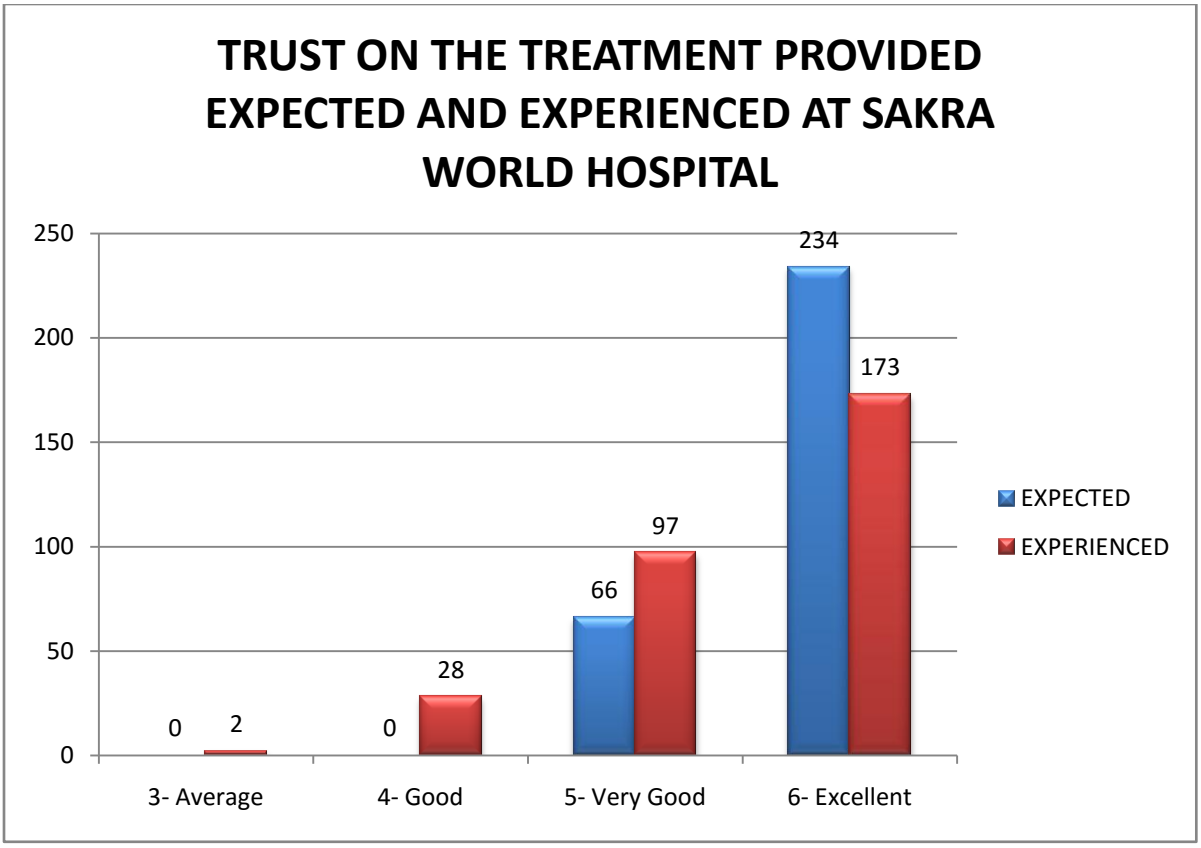


INFERENCE: Patient expect Staff's promptness in Other Hospitals to be Excellent and mostly people experienced it to be Excellent.

The range of experience in other Hospital was from Excellent- Average i.e. same as their expectation, while in Sakra World Hospital it ranges from Excellent- Poor i.e. little less than expected to extremely poor than expected.

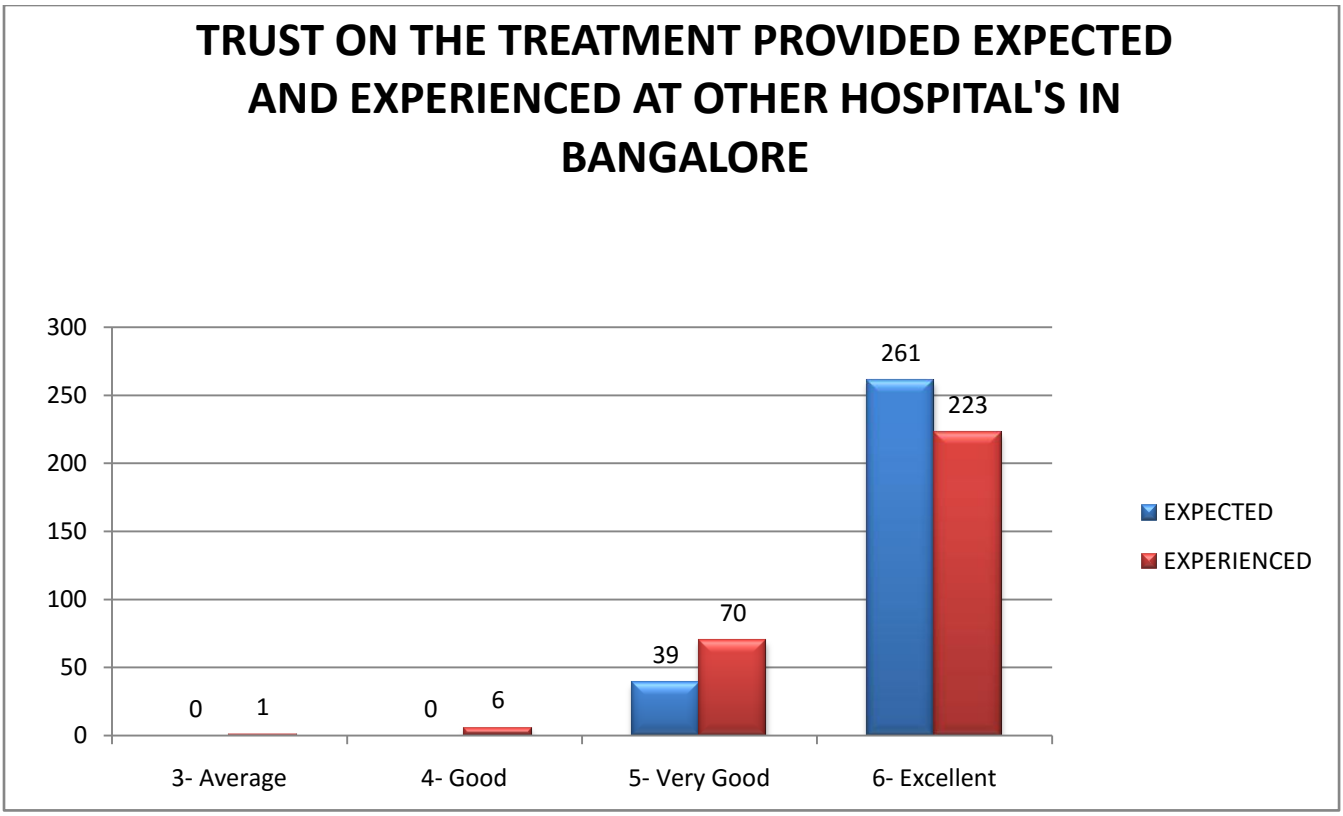

GAP SCORE FOR STAFF'S PROMPTNESS AT SAKRA WORLD HOSPITAL
90
80
70
60
50
40
30
20
10
0
18
34
49
59
77
56
7
Experience extremely poor than expected
Experience very poor than expected
Experience Lot less than expectation
Experience Less than Expectation
Experience little less than expectation
Experience same as expectation
Experience little better than expectation


GAP SCORE FOR STAFF'S PROMPTNESS AT OTHER HOSPITALS IN BANGALORE
180
160
140
120
100
80
60
40
20
0
0
14
85
164
37
GAP SCORES
Experience Less than Expectation
Experience little less than expectation
Experience same as expectation
Experience little better than expectation



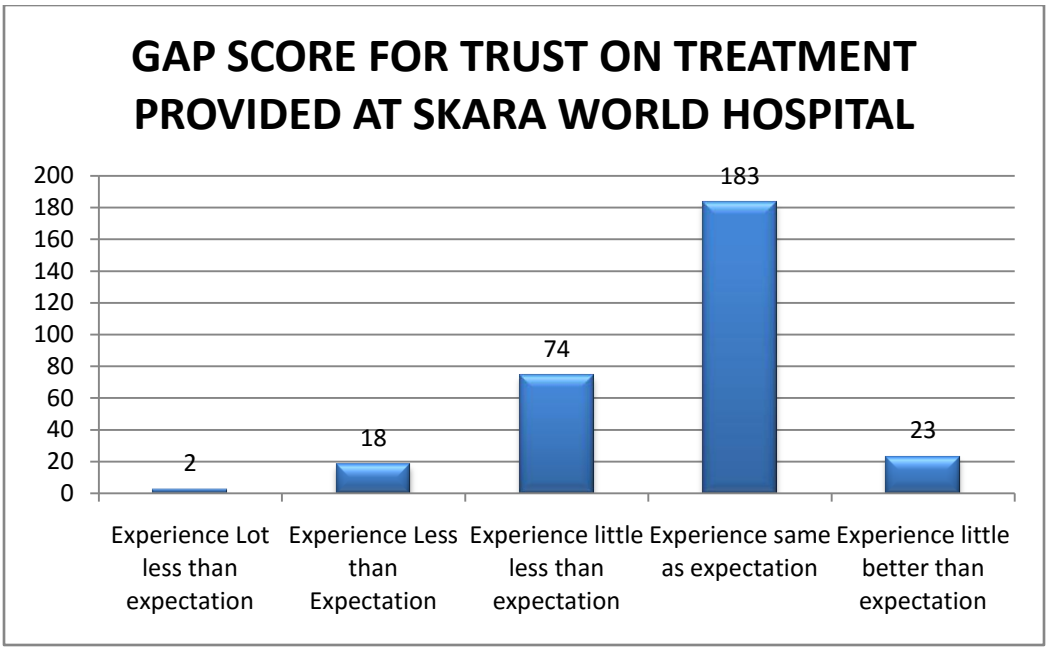
INFERENCE: People expected Trust on the treatment provided to be Excellent but they Experienced it to be mostly Excellent, only short fall was:

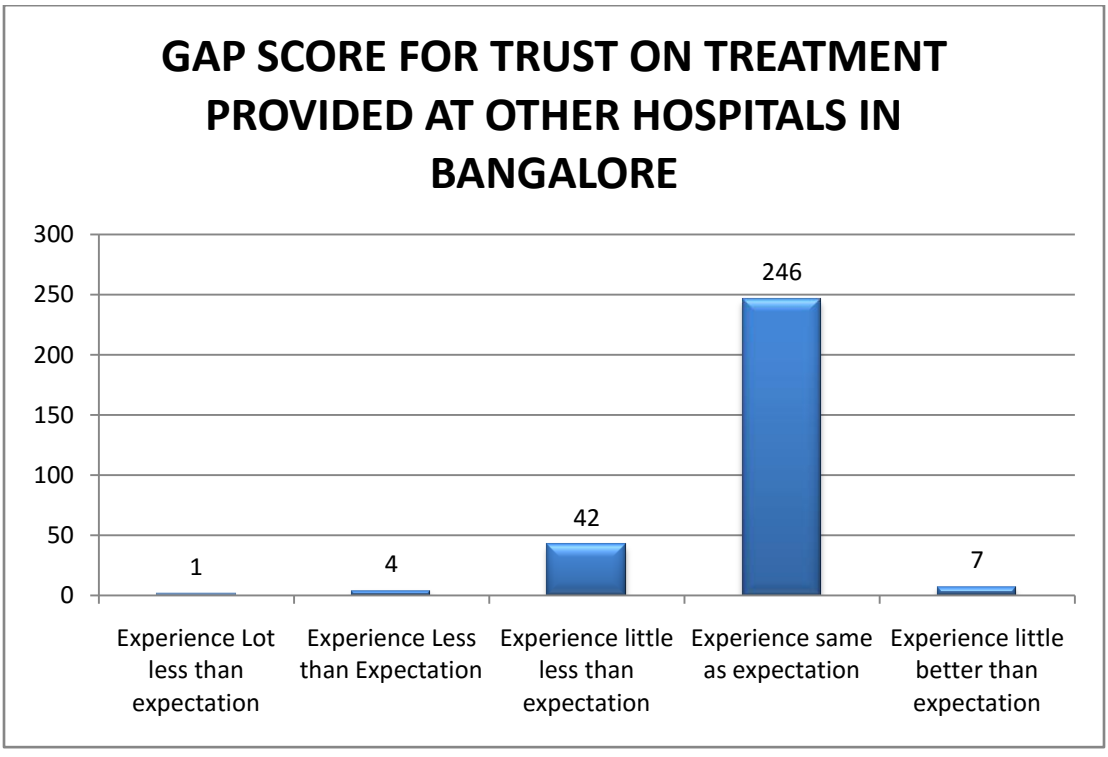
- Lack of proper communication in test follow-up & care
- Patient expects more transparency in treatment

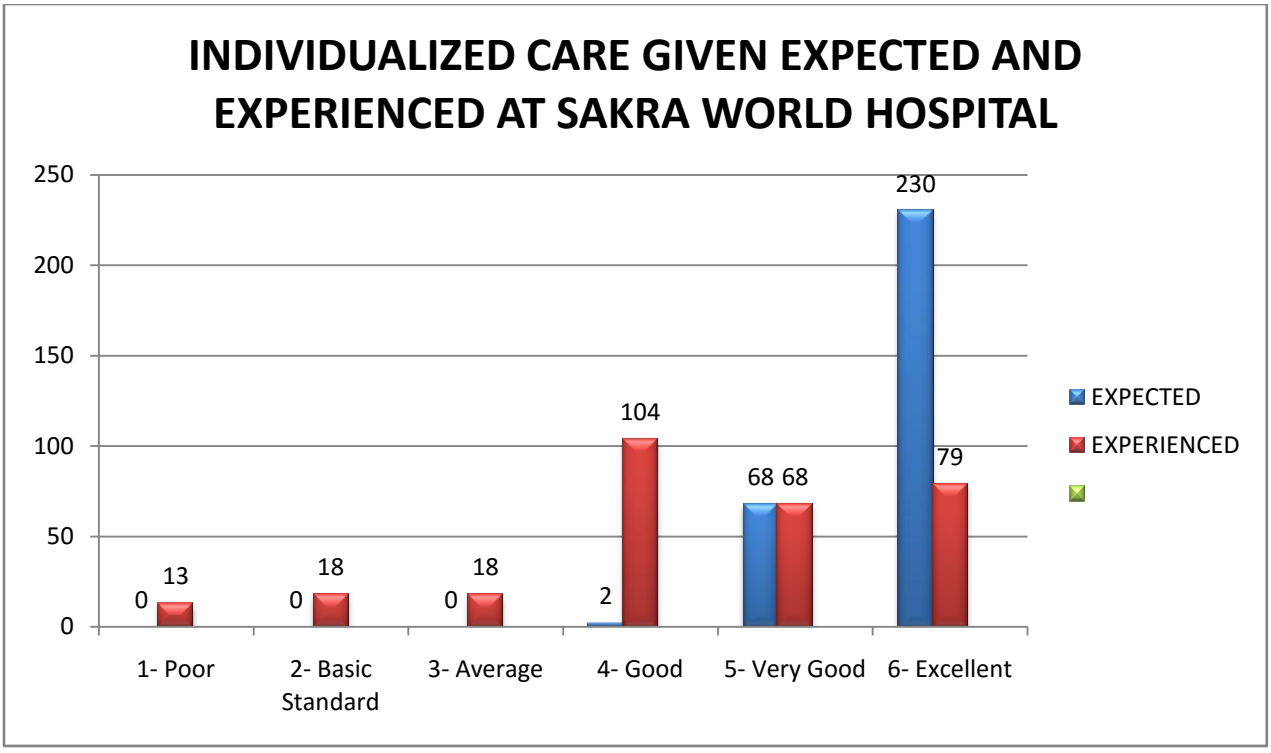


INFERENCE: Patients had expectation of having Excellent trust on Other Hospitals of Bangalore and they experience it to be Excellent.

Mostly people experience the trust they had on Doctor and their team is same as their expectation in Other Hospital, but in Sakra World Hospital they have Mostly same experience as expectation but few little less than it.

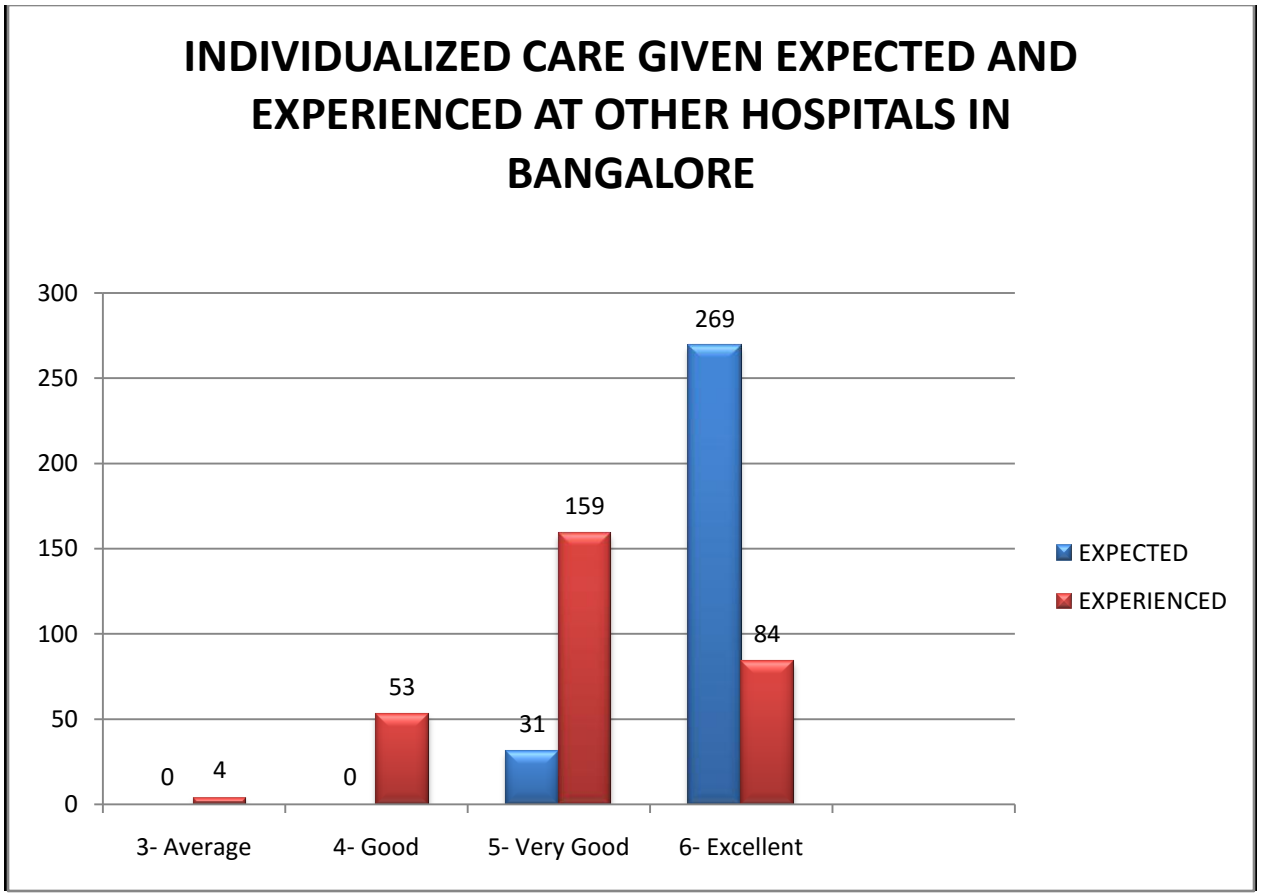

GAP SCORE FOR TRUST ON TREATMENT PROVIDED AT SKARA WORLD HOSPITAL
200
180
160
140
120
100
80
60
40
20
0
2
18
74
183
23
Experience Lot less than expectation
Experience Less than Expectation
Experience little less than expectation
Experience same as expectation
Experience little better than expectation


GAP SCORE FOR TRUST ON TREATMENT PROVIDED AT OTHER HOSPITALS IN BANGALORE
300
250
200
150
100
50
0
1
4
42
246
7
Experience Lot less than expectation
Experience Less than Expectation
Experience little less than expectation
Experience same as expectation
Experience little better than expectation



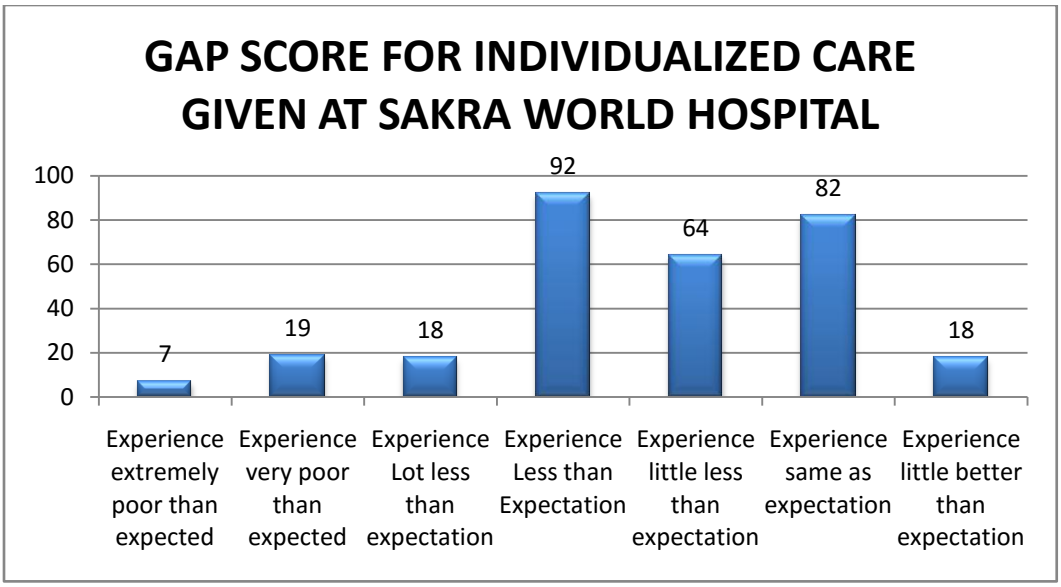
INFERENCE: Patients expects from Sakra World Hospital that Excellent individualized care will be provided to them at Sakra World Hospital but mostly their experience is only Good because:

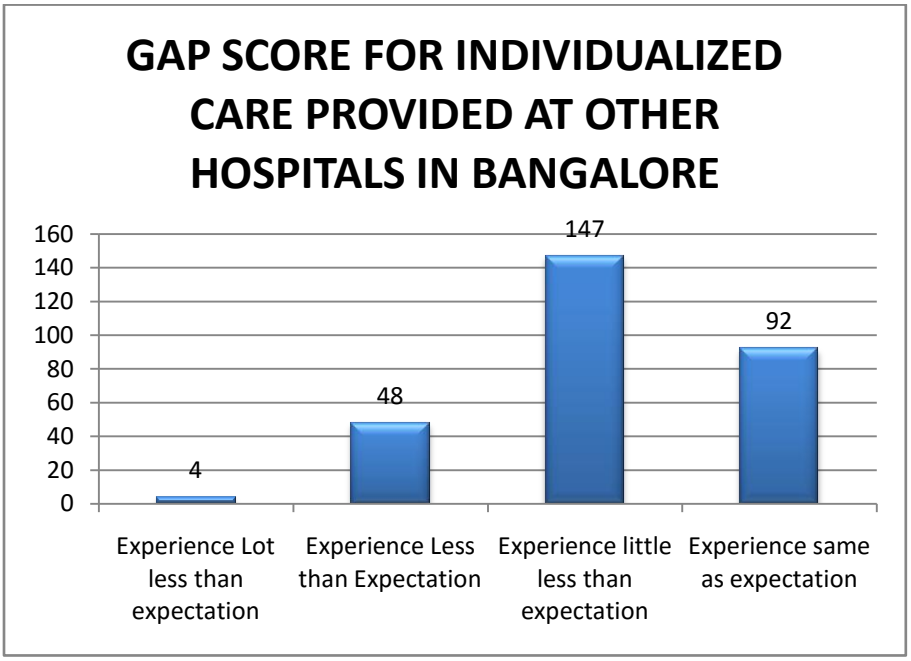
- Patient expects medical staff to spend more time with the patients
- Expectation of Paramedical staff to be more spontaneous
- Financial counseling and billing explanation should improve



INFERENCE: Patients expects Excellent Individualized care to be provided to them in other Hospitals of Bangalore, their experience is Very Good.

Experience of individualized care in Sakra World hospital is mostly less than their expectation while this experience in Other Hospitals is only a little less than their expectation.





RECOMMENDATIONS:

- Value added services should be added that patients don't feel that the cost is unreasonable or unaffordable.
- Amendments in the processes, managing Operation theatre and OPD timings of Doctors so that there is no long waiting timing.
- Empathy, smiling face, genuineness and helping nature to be maintained by all staff.
- Constant monitoring and evaluation for improvement of promptness of staff and quality of services.