

Internship Training

At

SRI BALAJI ACTION MEDICAL INSTITUTE

Topic:

**Analyses of Satisfaction Levels of Patients Admitted in Economy Ward of a
Private Hospital in New Delhi**

By

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PG/16/01

Under the guidance of

Dr. S N SARBADHIKARI

(Dean Academics)

Post-graduate Diploma in Hospital and Health Management

2016-2018



(Completion of Dissertation from Shri Balaji Action Medical Institute)

The certificate is awarded to

Name: AARUSHI CHAWLA

In recognition of having successfully completed her

Internship in the department of

Title: In Patient Department

And has successfully completed her project on

**Analyses of Satisfaction Levels of Patients Admitted in Economy Ward of a
Private Hospital in New Delhi**

Date:

Organization: Sri Balaji Action Medical Institute

She comes across as a committed, sincere and diligent person who has

A strong drive and zeal for learning

We wish her all the best for future endeavors

Training and Development

Zonal Heal-Human Resource

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **MS. AARUSHI CHAWLA** student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of Health Management Research, New Delhi has undergone internship training at Shri Balaji Action Medical Institute from 7th February 2018 – 7th May 2018.

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

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

Dr. S N SARBADHIKARI

Dean Academics

IIHMR, Delhi

CERTIFICATE OF APPROVAL

The following dissertation titled “**Analyses of Satisfaction Admitted in Economy Ward of a Private Hospital in New Delhi**” at “**SRI BALAJI ACTION MEDICAL INSTITUTE**” is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed, or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

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CERTIFICATE FROM DISSERTATION ADVISORY COMMITTEE

This is to certify that **MS. AARUSHI CHAWLA**, a graduate student of the **Post-Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. She is submitting this dissertation titled “**Analyses of Satisfaction Levels of Patients Admitted in Economy Ward of a Private Hospital in New Delhi**” at “**SRI BALAJI ACTION MEDICAL INSTITUTE**” in partial fulfillment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital Management**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled “**Analyses of Satisfaction Levels of Patients Admitted in Economy Ward of a Private Hospital in New Delhi**” and submitted by **MS. AAARUSHI CHAWLA** Enrollment No. PG/16/01 under the supervision of **DR. S N SARBADHIKARI** for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from 7th May 2018 to 7th May 2018 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Signature

FEEDBACK FORM

Name of the Student: Aarushi Chawla

Dissertation Organization: SBAMI, PaschimVihar

Area of Dissertation: South Wing 3rd Floor (42 bedded economy ward)

Attendance:

Objectives achieved:

Deliverables:

Strengths:

Suggestions for Improvement:

Suggestions for Institute (course curriculum, industry interaction, placement, alumni):

Signature of the Officer-in-Charge/ Organization Mentor (Dissertation)

Date:

Place:

ACKNOWLEDGEMENT

“Knowledge is in the end based on acknowledgement”

---- Ludwig Wittgenstein

I acknowledge my gratitude to the almighty for giving me the power and motivation without whose blessings; this work would not have been possible. I am very thankful to **Sri Balaji Action Medical Institute** for providing me such a great opportunity of internship in hospital and helping me gain practical knowledge. I am thankful to **DR. PINKY YADAV (Medical Suprintendent, SBAMI)** and **DR. REETA VARSHNEY (Add. Medical Superintendent, SBAMI)** for providing such opportunities to me. I am also thankful to **MS. TARANPREET (Deputy Administrative Officer)**, **DR. AARTI (Administrative Officer)** and **DR. MANISH SINGHAL (Assistant Administrative officer, SBAMI)** who guided at every step and through the completion of this project.

DR. SUPTEN SARBADHIKARI (Dean Academics), IIHMR, my mentor, for his valuable guidance, timely advice and attention in directing steps, methods, procedures and finalization of report. During the entire tenure of training, I have worked with him for the study at different stages of patient discharge process. In the end, I would like to acknowledge with a deep sense of reverence, my gratitude towards my family who have believed in me every step of the way.

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ABBREVIATIONS

IPD	In Patient Department
OPD	Outpatient Department
ACLS	Advance Cardiac Life Support
BLS	Basic Life Support
ANS	Assistant Nursing Superintendent
HIS	Hospital Information System
UHID	Unique Hospital Identification Number
SOP	Standard Operating Procedure
CGHS	Central Government health Services
CSC	Computer Science Corporations
NHS	National Health Services
MRD	Medical Record Department
TPA	Third Party Administrators
MO	Medical Officer
PRP	Platelet Rich Plasma
USG	Ultra Sonography
DEPT	Department

LIST OF APPENDICES

- Patient Feedback Form

PART-1
ORGANISATION REPORT



ABOUT THE HOSPITAL



Sri Balaji Action Medical Institute has been established with a mission to provide world class integrated healthcare facilities to all sections of the society with a humanitarian touch, whilst maintaining high standard of ethical practice and professional competency with emphasis on training and

education leading to research.

In 2005, Action Group of Companies forayed into the healthcare sector with the launch of Sri Balaji Action Medical Institute located at PaschimVihar.

In 2010, Action cancer hospital was started to develop it into a specialized cancer care center with all cancer related specialties' under one roof. The hospital also started imparting training through the Diplomate of National Board (DNB) program. It also started a nursing training facility under the name, Ginni Devi Action School of Nursing.

In 2011, Sri Balaji Action Medical Institute announced Cashless facility.

In 2014, the department of Neurosurgery of Sri Balaji Action Medical Institute organized ENDOSPINECON. It was two-day conference aimed at training young spine surgeons to enhance their knowledge and skill on endoscopic spine surgery.

In 2015, Sri Balaji Action Medical Institute is listed of 52 Delhi hospitals that are obligated (to varying degrees) to provide free treatment to those belonging to the Economically Weaker Section categorization, which means a household income of less than Rs1 lakh per annum.

BOARD MEMBERS OF THE HOSPITAL

Shri Lala Ram Aggrawal	Chairman
Shri Nand Kishore Agrawal	Vice-Chairman
Shri Raj Kumar Gupta	President
Shri R.C. Chharia	General Secretary
Shri LaxmiNaraianGoel	Member
Shri SubhashChander Agrawal	Member
Shri B. P. Jain	Member
Shri Naresh Kumar Agrawal	Member
Shri O. P. Gupta	Member
Dr. Y. P. Bhatia	Member
Shri H. K. Agrawal	Member
Shri Anil Kumar Agrawal	Member
Dr. Deepika Singhal	Member

The Institute has been promoted by LalaMunniLal Mange Ram Charitable Trust of Action Group of Companies. The chairman of the trust Lala Mange Ram Agarwal, a great philanthropist had a strong desire to build a hospital for the service of mankind.

MISSION AND VISION OF THE HOSPITAL



VISION: To become the largest healthcare provider with a human touch.

MISSION: Shri Balaji Action Medical Institute was established with a mission to provide to provide world class affordable health care

facilities to all sections of the society with a humanitarian touch, whilst maintaining high standards of ethical practices and professional competency with emphasis on training and education leading to research.

ABOUT THE LOGO

The Logo of the Institute portrays its philosophy; it consists of a hand embracing the flame of life with a sphere in the background. The **Human Hand** represents the healing touch and health care our dedicated teams of professional provide to brighten the lives of those who come to us. The **Flame** denotes the traditional values of honesty and selfless service towards our patients. The **Sphere** in the background reflects our commitment to maintain international standards of excellence.



SPECIALITIES SERVED AT SBAMI



SBAMI is multi-specialty hospital with a total of 52 specialties. It has 4 ICUs, equipped with world of the art equipment and one of the best available doctors. The ICUs are named as Medical ICU, Surgical ICU, Neurology ICU and Nephrology ICU. Each ICU has a separate doctor on duty and consultants and senior consultants take regular rounds and meet the patients at least twice a day.

INFRASTRUCTURE

The understanding of human needs for healing inspired the founder of SBAMI to develop this lush 6acre green campus. The 250 bedded facilities can double its capacity in an emergency situation.

With over 30 specialties and 15 super specialties, this NABH certified hospital is truly world class. To serve more people, they have 97 critical beds and 11 state of the art operation theaters, highest in this part of the Delhi.

Patients can choose from 42 well-appointed single rooms including deluxe, suites and super deluxe rooms.

There are two Cath-labs in the hospital which are equipped with the latest medical technology. With 32 high end dialysis machines, their nephrology department is the largest in West-Delhi.

Extending the frontiers of healing, department of transfusion medicine goes beyond being just a Blood Bank, by making every drop count.

The department continues to acquire the latest technology for procedures such as bone marrow transplant, PRP therapy for Alopecia, disorders of the joints as well as Aphaeresis of all types.

Their NABL certified full automatic labs are the largest in West Delhi. This enables high precision and reliable results and hence quick diagnosis and accurate treatment.

They have acquired the best radio-diagnostics equipment from leading global brands, be it CT, MRI, PET CT, Mammography, X-ray, Ultrasound or Bone Densitometry, all the radio diagnosis services are available under one roof.

Equipment, facilities and nursing standards are all structured keeping patient welfare as the ultimate goal. The core catalyst of the hospital functions is patient welfare and recovery. For SBAMI, freedom from pain, restoration of perfect health and resumption of normal life with respect to the patient is of paramount importance and throughout the treatment process the mental and physical wellbeing of the patient is the main priority. They have thus encapsulated these work ethics in their motto “healing with a human touch” and strive to always uphold it.

ASSOCIATED HOSPITALS AND CLINICS

Action Cancer Hospital, PaschimVihar, New Delhi

Sri Balaji Hospital, Hissar, Haryana (150 bedded)

Balaji Ashram, Vrindavan

QUALITY POLICY

They are committed to improve the health and satisfaction level of our patients by ensuring continual improvement by:

- Providing high quality care according to the health needs of the patients.
- Facilitating patient satisfaction by exceptional service and ensuring the dignity and rights of patients.
- Providing a safe and conducive work environment for staff.
- Ensuring accountable, consultative and transparent management process.
- Providing basic and continuing education for staff.

ACCREDITATIONS

NABL: The department of Lab Sciences is NABL (National Accreditation Board for Testing and Calibration Laboratories) accredited.

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

BENEFITS OF ACCREDITATION

The patients get services by credential medical staff. Rights of patients are respected and protected. Patient satisfaction is regularly evaluated.

The staff in an accredited hospital is a satisfied lot as it provides for continuous learning, good working environment, leadership and above all ownership of clinical processes

Accreditation to a hospital stimulates continuous improvement. It enables the hospital in demonstrating commitment to quality care.

Accreditation raises community confidence in the services provided by the hospital. It also provides opportunities to the healthcare unit to benchmark with the best.

Accreditation provides an objective system of empanelment by insurance and other third parties.

SERVICES AND FACILITIES

Operation Theater

Sri Balaji Action Medical Institute has taken great care in constructing and maintaining a total of eleven state of the art ergonomically efficient Operation Theatres (O.T.). These O.T.'S are equipped with the latest design, features and equipment conforming to the latest international standards. The hospital premises are provided with central air supply and laminar airflow. For maintaining sterile conditions epoxy coating on the floors and steel cladding on the walls has been done. The hospital offers all major or minor and elective or emergency operation services round the clock daily. Operations can also be done on a daycare basis based on the patient's requirement.

Ambulance Services

SBAMI, our foremost priority is to reach a patient in the least possible, because the treatment given to the patient in the golden hours plays a vital role in its outcome and so our emergency department is well backed with state of the art ambulance services which are fully equipped with ambulance services for both incoming and outgoing patients is available round the clock.

Support Services

General OPD and Private OPD by experienced consultants is provided in all disciplines of healthcare Accident and Emergency – The hospital has a 24 hour emergency ward well equipped to handle all kinds of emergencies under the guidance of dedicated doctors and paramedical staff. The emergency center runs its own BLS & ACLS Ambulances.

Kitchen – The main cause of spreading of infections is through food and beverages. SBAMI has a specialized kitchen area where food is prepared adhering to dietary and cleanliness standards by expert chefs. Hospital kitchen is designed to maintain high levels of hygiene with different temperature zones. Each and every equipments, trolleys or utensils are of stainless steel for greater cleanliness.

- Cafeteria and reception counter for patient
- Health status round the clock
- Internet facility in rooms
- TV cable services
- CCTV monitored security
- Laundry
- Generators for uninterrupted power supply

Accident and Emergency

The hospital has a 24 hour emergency ward well equipped to handle all kinds of treatments under the guidance of dedicated doctors and paramedical staff. The emergency center runs its own BLS & ACLS Ambulances.

The hospital has a spacious parking area and a waiting hall for visitors with access to lift and staircase from outside the building.

Mother and Child Complex

There is a specialised mother and child complex to take care of the new born, pre-term and critically sick babies. The complex houses well equipped nurseries, NICU, observation nursery, isolation and infant ICU. The center is backed by electronic labor table, latest monitors, cardiotocograph machine for external fetal monitoring, Hi-tech neo-natal resuscitation unit beside facilities of transport

incubators, latest generation ventilators, pulse oximeter, multi-para monitoring, double surface photo therapy and servo control warmers. The complex is a first one in Delhi that offers the facility of natural child birth in a single room with special birthing bed.

Contemporary Cardiac Center

SBAMI's contemporary cardiac center has an immediate intensive care to cater to serious patients during the golden hours. The cardiac center is equipped with advanced investigative facilities where important decisions like Intra-aortic Balloon Pump, Ventilator, and Cardiac Pacing are taken without any delay. Our non-invasive sophisticated diagnostic facilities include Holter monitoring system, Electrocardiogram, TMT, Color Doppler. The diagnostic tests provide complete picture of the condition of the patient before taking any preventive and remedial measures. The cardiac center also includes interventional cardiology techniques with high resolution flat panel cardiac cauterization lab that performs full range of invasive procedures of coronary carotid and renal angiography. Surgery on the beating heart is done without using heart-lung machine by a team of highly trained surgeons and anesthesiologists. The intensive care units provide constant monitoring and critical care to the post-operative patients.

Radiology and Imaging

We provide state-of-the-art diagnostic services all under one roof:

- Latest MRI 1.5 Tesla MAGNETOM AVANTO featuring total imaging matrix TIM which permits seamless whole body anatomical coverage without patient repositioning
- 64 Slice latest MD volume CT

- Sub second rotation time with all advanced applications for CT angiography including non-invasive CT coronary angiography
- AXIOM ICONOS remote controlled Digital Fluoroscopy
- Latest Computerized Radiology CR system.
- Latest color Doppler 4D Ultrasound machines.
- Bone Densitometry for detection of osteoporosis, thinning of bones
- Latest digital mammography machine
- USG and CT guided biopsy and other interventions
- Dedicated mammography for early detection of breast cancer

PART-2

PROJECT REPORT

**Analysis of Satisfaction Levels of Patients Admitted in Economy Ward of a
Private Hospital in New Delhi**

ABSTRACT

This study was conducted to analyze patient's feedback based on their experience and treatment during their stay at economy ward.

Feedbacks forms must be analyzed and whosoever department is lagging that department should work on the outcome of analyses. This study was orchestrated with the aim of analyzing feedbacks filled by the patients on south wing 3rd floor of SBAMI, New Delhi. A total of 286 discharged patients were requested to fill in the feedback forms and henceforth the analysis was done using MS Excel. Patients discharged in the time frame of 1st March, 2018 to 15th April 2018 were included in the study. The results after study was completed it is found that in every phase the percentage of Excellent Grades is increasing as nursing care was 66.67% in phase 1 it raised till 68.46% in phase 2 and 73.33% in Phase 3 only after counseling the nursing staff with the help of ANS of the floor. Medical care started from 68.18% raised till 70.77% in phase 2 and 76.67% till phase 3. Dietary Services started from 54.55% in phase 1 till 60% in phase 2 and 64.44% till phase 3. Housekeeping services started with 57.58% in phase 1 and raised till 57.69% in phase 2 and 59.60% in phase 3. On the other hand, percentage of good grades was decreasing and it is good for us because patient found our services excellence in comparison to good. So, nursing care percentage of good grades in phase1 was 33.33% decreased till 31.54% in phase 2 and 26.67% in phase 3. Medical Care was 31.82% in phase 1 decreased till 29.23% in phase 2 and 23.33% in Phase 3. Dietary Services started at 45.45% in phase 1 decreased till 40% in phase 2 and 35.56% in phase 3. Housekeeping services started at 42.42% in phase 1 decreased till 42.31% in phase 2 and only in this phase 3 it is increasing till 44.60%. But, it is has no negative effect on patient satisfaction level and increase on percentage of excellent grades.

INTRODUCTION

Hospitals are increasingly becoming sensitive to the needs of the patients as well as the community. It is no longer the seller's [providers] market. Except for the totally free service provided by the Government run hospitals and a few hospitals run by the civic hospitals. During the recent years the use of patient satisfaction surveys has increased in the health care industry due in part to the belief that perception of quality is an important factor in demand for services and that survey results may have a significant effect on provider behavior. Use of patient satisfaction surveys as a tool for quality improvement has become extensive in almost all western countries. Most hospitals have a system of obtaining routine feedback from all the discharge patients. The quality improvement task force of the Joint Commission on Accreditation of Health Care Organizations in the USA is also encouraging hospitals to mandate surveys are conducted in private hospitals. But the actual value of patient satisfaction surveys, as a tool for continuous quality improvement is a matter of debate among the academicians and hospital managers.

Improving Patient Flow

Our healthcare system has become complex over time with resources being shared between processes for expediency's sake. We see that there is inherent variation in our processes, and we have not eliminated all these sources of variations to make our process high quality, repeatable and safe. As a consequence, our team tries to compensate via the existing systems, often though working increasingly harder and

longer rather than smarter. The evolution of healthcare processes over time has led to systemic issues that include poor scheduling of appointments and resources, overly complex pathways, a lack of ownership and control of patient's pathways, a lack of subsequent management of patients once they are on their pathways, few defined processes and standard working and poorly quantified capacity and demand. The problem of delayed feedback and poor booking, administration and information systems mean we often find out too late about problems in the system to take effective utilization of resources. To improve flow, we need to redesign the systems and processes that produce the interruptions to patient journeys, but we need to ensure that high performance is not achieved at the expense of quality.

Patient Satisfaction

Patient satisfaction survey is reliable, to assess the quality of health care extended by health institute. Such surveys manifest the patients' perspective of ganging the quality of health care provided, their expectation and their need. It also enables to infer as to how well-equipped doctors, hospitals and health planners are in satisfying the patients' needs and expectations measure of patient's satisfaction become imperative in modern days as the patients in the central customer and information and experience provided from his perspective enables the healthcare provided to identify the area of strength and improvement opportunities within a single system. Secondly it helps to measure satisfaction as an outcome of care and helps to patient's behavior. Thirdly it generates doctor for theoretically importance and for practical purpose such as planning administration as an evaluation of health care services. Satisfaction is a subjective method to assess the need and outcome of the care provided by the healthcare systems. Satisfaction itself encompasses the perceived need of patient expectations of care provided by the hospital experience of care during the stay in hospital. Since measuring satisfaction is a subjective

assessment of health care and not the outcome, survey using patient satisfaction. Schedule interview a tool, which is used to measure patient satisfaction as a more objective way to assess the satisfaction level. In these days of intense of competition, hospital will find it very difficult to get patient. Retaining the already exiting patients is also very important in enhancing the profit and for this patient satisfaction has to be ensured at high level. Some studies have found out that its cost 5times more to get a new customer than it to keep a current customer. There is quoted statement in the patient satisfaction if you don't measure it, you can't improve the quality of patient satisfaction survey needs to be conducted regularly.

REVIEW OF LITERATURE

Gregory Pascoe in his report concluded that patient satisfaction information can provide a dependent measure of service quality and serves as a predictor of health-related behavior. Issues deserving further investigation and recommendations regarding research strategies are presented. Over the past 10 years patient satisfaction has gained widespread recognition as a measure of quality in many public-sector services. This has become manifest in the NHS in the call by the 1983 NHS Management inquiry to ascertain how well the service is being delivered at local level by obtaining the experience and perceptions of patients and the community. Patient satisfaction is now deemed an important outcome measure for health services; however, this professed utility rests on several implicit assumptions about the nature and meaning of expressions of 'satisfaction'. Through a review of past research findings this paper suggests that patients may have a complex set of important and relevant beliefs which cannot be embodied in terms of expressions of satisfaction. Consequently, many satisfaction surveys provide only an illusion of consumerism producing results which tend only to endorse the status quo. For service providers to meaningfully ascertain the experience and perceptions of patients and the community then research must first be conducted to identify the ways and terms in which those patients perceive and evaluate that service. (Brain William, Feb 1994)

Patient satisfaction surveys are increasingly used for benchmarking purposes. In the Netherlands, the results of these surveys are reported at the univariate level without taking case mix factors into account. The first objective of the present study was to determine whether differences in patient satisfaction are attributed to the hospital, department or patient characteristics. Our second aim was to investigate which case mix variables could be taken into account when satisfaction surveys are carried out for benchmarking purposes. Patients who either were discharged from eight academic and fourteen general Dutch hospitals or visited the outpatient departments of the same hospitals in 2005 participated in cross-sectional satisfaction surveys. Satisfaction was measured on six dimensions of care and one general dimension. We used multilevel analysis to estimate the proportion of variance in satisfaction scores determined by the hospital and department levels by calculating intra-class correlation coefficients (ICCs). Hospital size, hospital type, population density and response rate are four case mix variables we investigated at the hospital level. We also measured the effects of patient characteristics (gender, age, education, health status, and mother language) on satisfaction. We found ICCs on hospital and department levels ranging from 0% to 4% for all dimensions. This means that only a minor part of the variance in patient satisfaction scores is attributed to the hospital and department levels. Although all patient characteristics had some statistically significant influence on patient satisfaction, age, health status and education

appeared to be the most important determinants of patient satisfaction and could be considered for case mix correction. Gender, mother language, hospital type, hospital size, population density and response rate seemed to be less important determinants. The explained variance of the patient and hospital characteristics ranged from 3% to 5% for the different dimensions. Our conclusions are, first, that a substantial part of the variance is on the patient level, while only a minor part of the variance is at the hospital and department levels. Second, patient satisfaction outcomes in the Netherlands can be corrected by the case mix variables age, health status and education (Karin DoriekeHekkert, 2009)

RESEARCH DESIGN AND METHODOLOGY

The main objective of this research was to assess the level of patient satisfaction level at Sri Balaji Action Medical Institute, PaschimVihar, New Delhi.

• SPECIFIC OBJECTIVES

- To assess the impact of nursing care, medical care, dietary services and housekeeping services on patient satisfaction.
- To identify the strategies to help the hospital to increase their patient satisfaction scores.
- To gather patients' opinions and suggestions on improving the services in IPD of South Wing 3rd Floor, Sri Balaji Medical Institute, PaschimVihar, New Delhi.

Study Design:

Descriptive Study

Study Population:

In-patients at South Wing 3rd Floor, SBAMI

Data Type:

Primary Data

Study Method:

- Exit Interview
- On Floor Observations

Study Tool:

The study tool was validated feedback form of SBAMI, Paschim Vihar, New Delhi

The feedback consisted of a total of 14 indicators such as Ambience and environment, Time taken for Admission process, Nursing care, Medical Care, Timely Medication, Timely Investigations, Dietary Services, Cafeteria Services, Housekeeping Services, Linen Services, Facilities(Electricity, Water, A.C.), Behavior and Communication of Staff, Time taken for Discharge Process and Overall Experience. Out of these 14 indicators, 4 indicators, namely, Nursing care, Medical Care, Dietary services and Housekeeping Services, were assessed as a part of this study. These indicators were selected as the hospital administrators were getting maximum number of issues related to these fields so they want to analyze these four indicators.

Likert's scale of rating between 1 to 3 was used. The rating was done as follow:

1. Excellent
2. Good
3. Poor

Data collection

I. Primary data collection

- Collection of feedback forms in phase 1, phase 2, phase 3.
- Observations of concerned department services on floors.

Time frame:

March 1st – April 15th 2018 (45 days) i.e. further divided into three phases consisting 15days each in every phase.

- Phase 1 – 1st March 2018 to 15th March 2018
- Phase 2 – 16th March 2018 to 31st March 2018
- Phase 3 – 1st April 2018 to 15th April 2018

RESULTS

The study revolved around the assessment of satisfaction of Patient through feedback forms filled during discharges from SW3F. During study, a total of 286 patients (Phase1 – 66 patients, Phase 2 – 130 patients, Phase3 – 90 patients) who filled feedback forms at the time of discharge. Each Phase has their percentage of Excellent Grades and Percentage of Good Grades in that service. For better understanding please refer **Fig.1**.

Phase 1 (1st March 2018 – 15th March 2018)

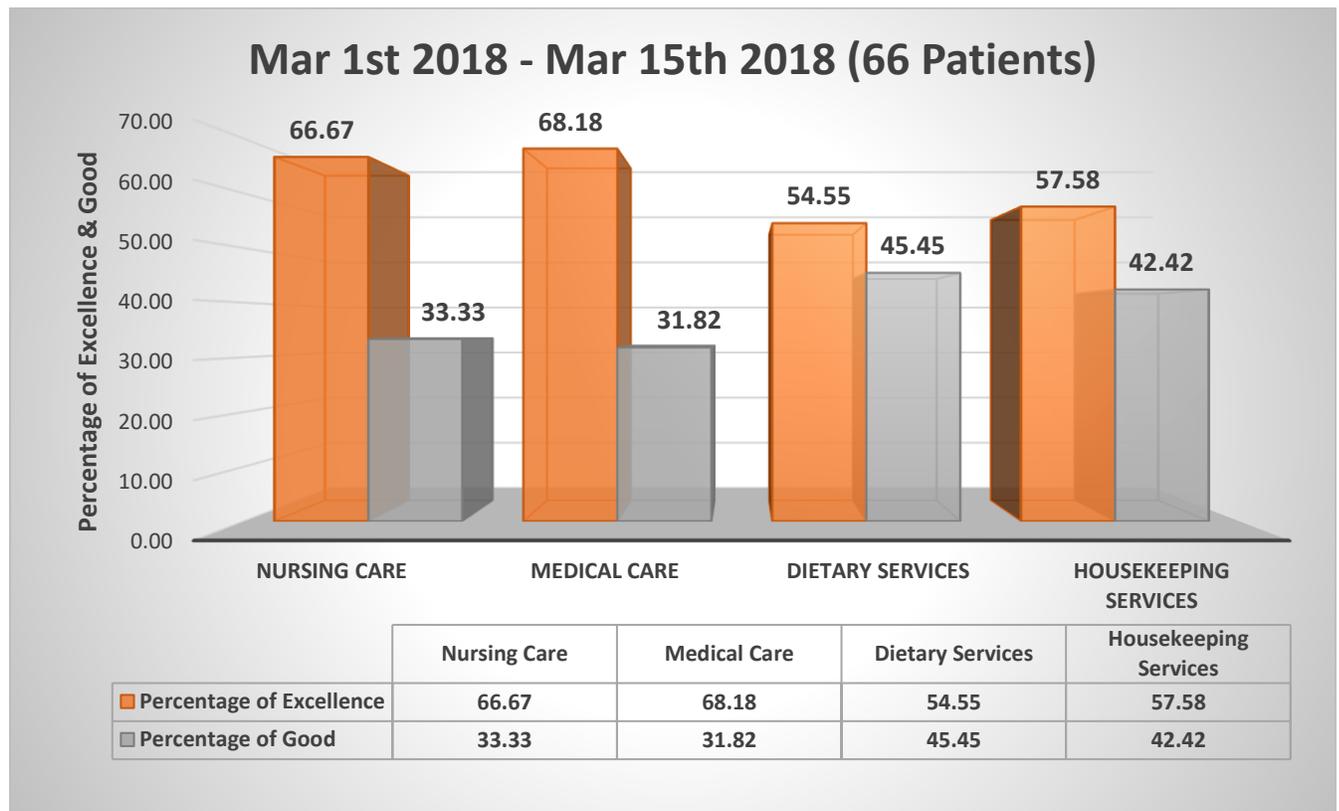


Fig. 1 (Total percentage of Excellent Grade & Good Grade in Phase 1)

- It is clearly depicted from the **Fig 1.** that each department has different percentage of excellent grade and percentage of good grade in their services.
- Medical care has the highest percentage of excellent gradee in this phase and Dietary Services has lowest percentage of excellent grade in this phase.
- **Suggestions given by patient to improve services are as follows:**
 - A. One nurse in the ward should not get more than six patients.
 - B. Housekeeping staff should be advised to clean washroom positively in each shift.
 - C. Language barriers with nursing staff.
 - D. Liftmen should be given seating facility.

➤ **Interventions made:**

- A. Meeting the concerned departments head to discuss the problem and find a relevant yet realistic solution.
- B. Counselling of concerned staff
- C. Liftmen is given seating facility now.

Phase 2 (16th March 2018 – 31st March 2018)

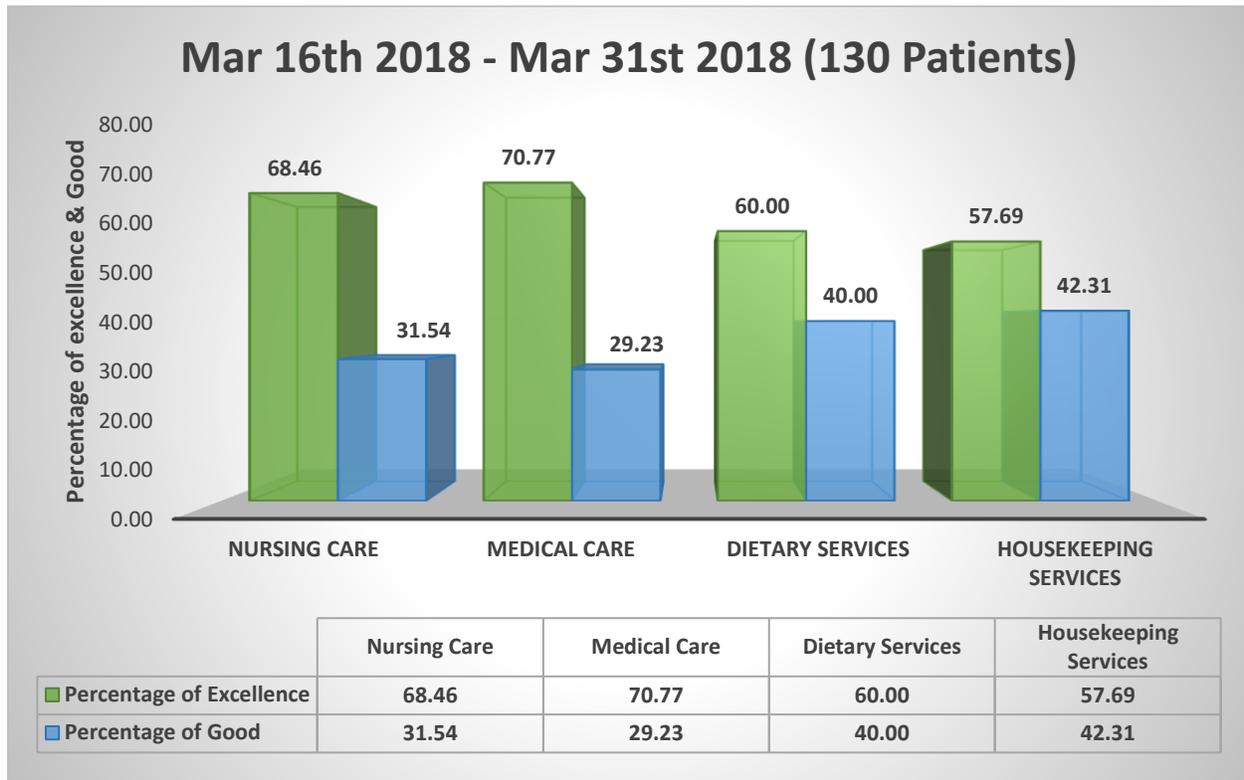


Fig. 2 (Total percentage of Excellent Grade & Good Grade in Phase 1)

- It is clearly depicted from **Fig. 2.** that in phase our services percentage of excellent grade is increasing.
- As patient discharged are more than phase 1 but still patients admitted on south wing 3rd Floor are satisfied with the services provided to them.
- **Suggestions given by patient to improve services are as follows:**
 - Nurses should not do double duties, as long duty hours lead to fatigue and thereby decreasing the efficiency of the nurses.
 - All sizes dress are not readily available.

- Sufficient housekeeping staff at floor should be provided.
- Microwave facility to heat food again should be provided.

➤ **Interventions made:**

- Reorientation of staff
- On floor motivation support given to all staff by floor manager
- Different sizes dress were made available.
- Heating food facility is now provided.

Phase 3 (1st April 2018 – 15th April 2018)

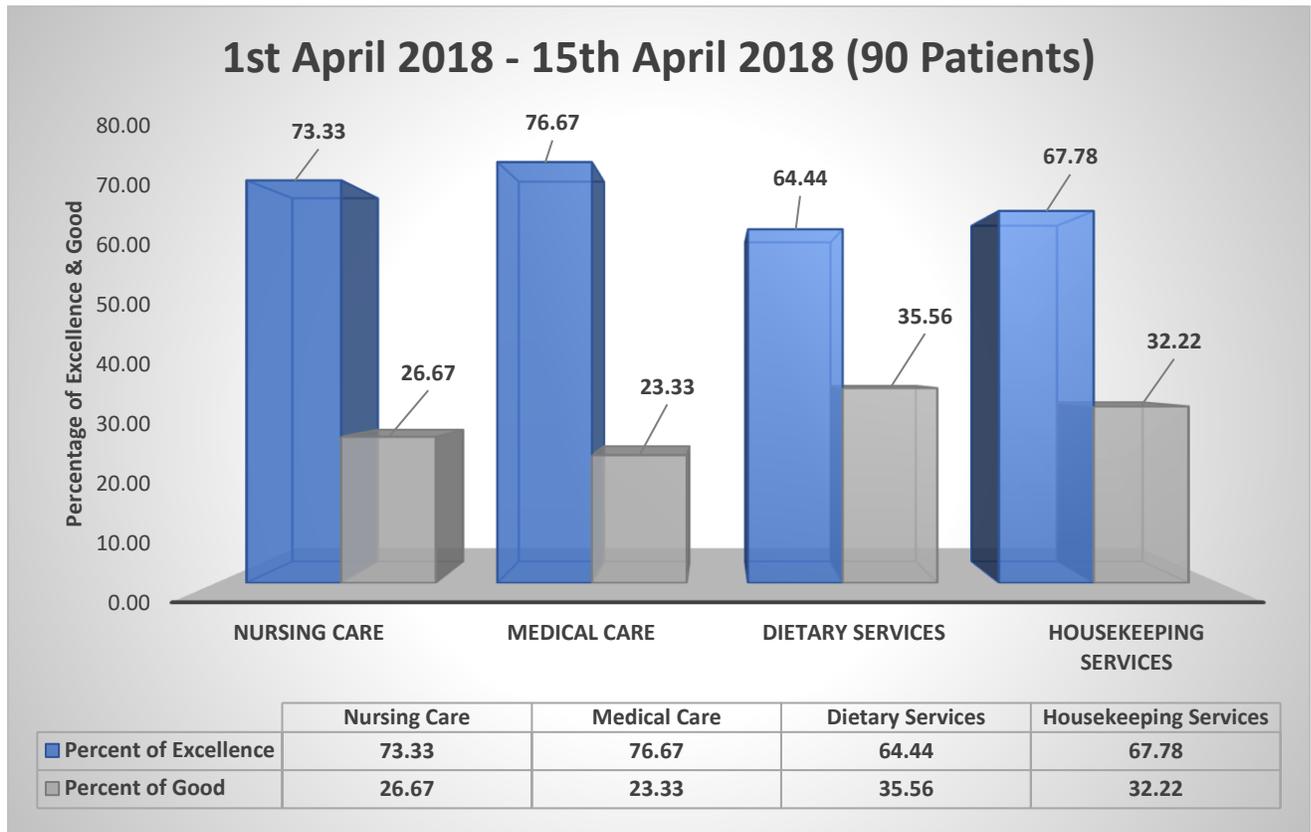


Fig. 3 (Total percentage of Excellent Grade & Good Grade in Phase 1)

- It is clearly depicted from the **Fig 3.** that each department has different percentage of excellent grade and percentage of good grade in their services.
- Medical care has the highest percentage of excellent grade in this phase and Dietary Services has lowest percentage of excellent grade in this phase.

To determine level of satisfaction- respondents were asked 14 questions and Likert's three points rating scaling was used for measuring satisfaction. The rating was done as follow:

- 1 – Excellent
- 2 – Good
- 3 – Poor

In satisfaction part, Three -point Likert ranking scale was used for all the questions. Then sum of all the departments excellence and good was done, poor was not taken as there was no form with poor rating, each department percentage of excellent grade and percentage of good grade was calculated in each phase of data collection.

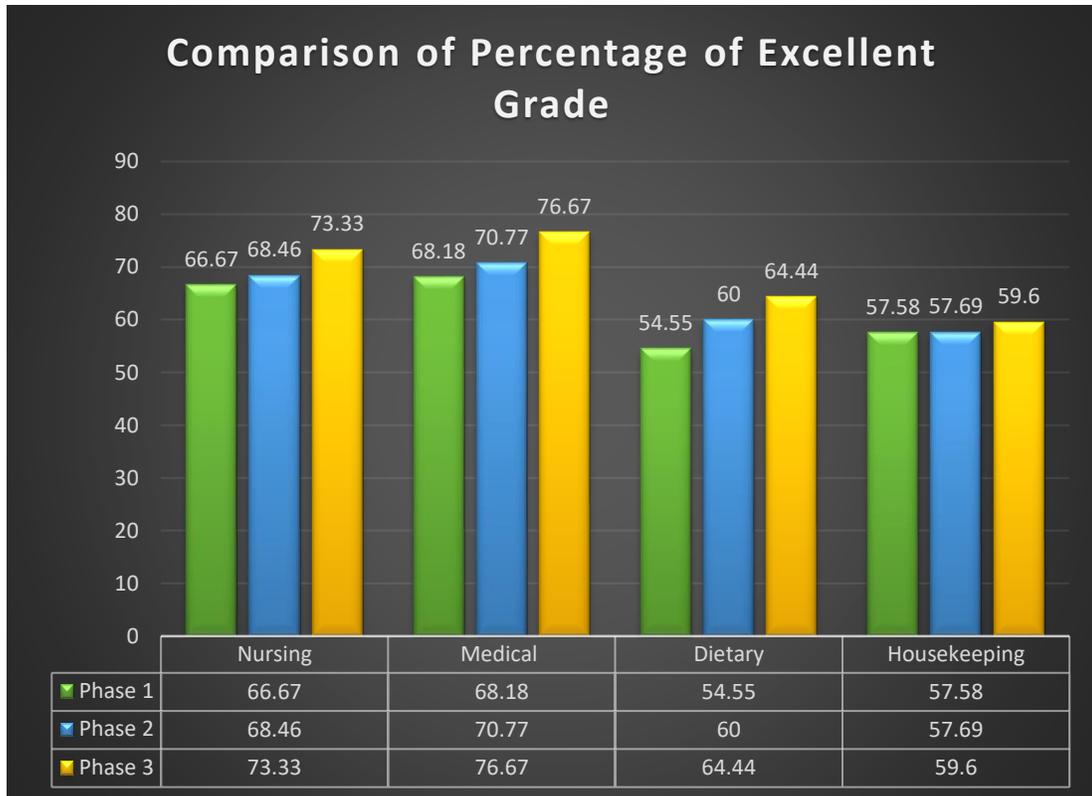


Fig.4. (Comparison of percentage of excellent grade in all phases)

- It is clearly stated that in **Fig. 4.** In each phase each service percentage of excellent grade is increasing.

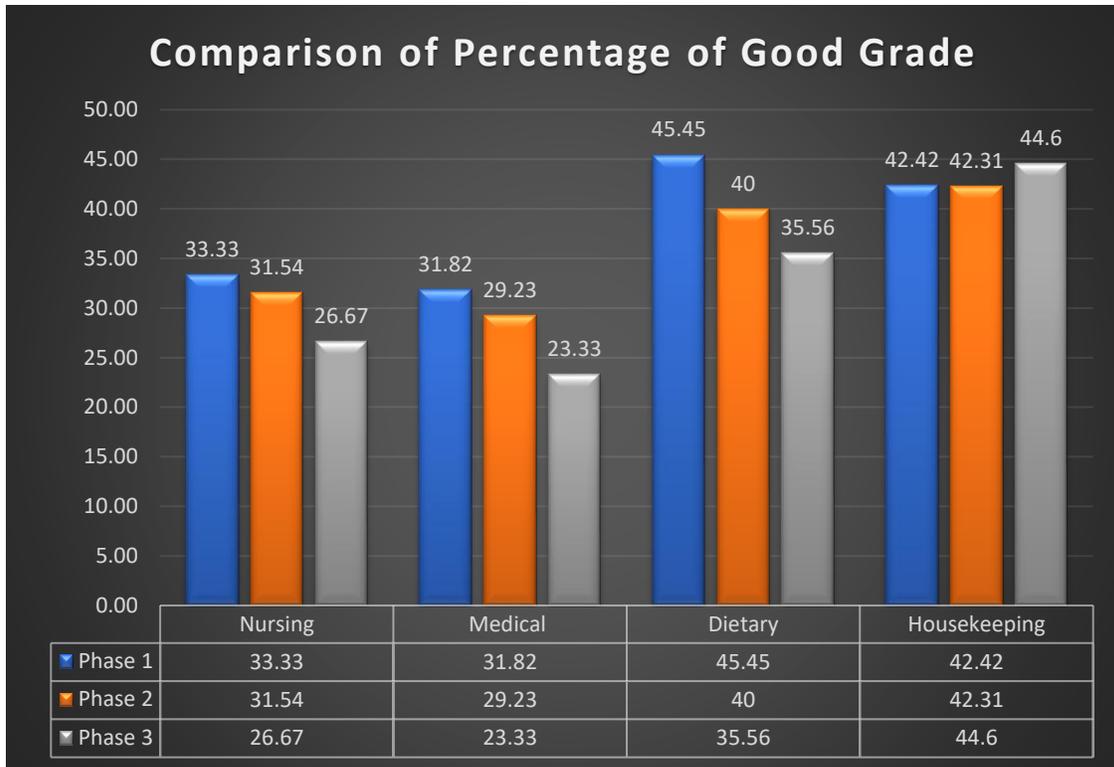


Fig. 5. (Comparison of percentage of good grade in all phases)

It is clearly stated in **Fig. 5.** That my percentage of good grade of every service is decreasing in each phase. Only in one phase i.e. phase 3 housekeeping services good are decreasing

Discussion

- Before collecting the forms of phase 1 patients' and their attendants were requested to fill feedback forms.
- Phase 1 collection of forms were analyzed and out of that patients had some suggestions on how we can improve our concerned department services which are as follows:
 1. One nurse in the ward should not get more than six patients.
 2. Housekeeping staff should be advised to clean washroom positively in each shift.
 3. Language barriers with nursing staff.
 4. Liftmen should be given seating facility.
- Based on the above suggestions in phase 1 following interventions were made:
 1. Meeting the concerned departments head to discuss the problem and find a relevant yet realistic solution.
 2. Counselling of concerned staff
 3. Liftmen is given seating facility now.
- After implementing the interventions made above simultaneously forms of Phase 2 are collected and analyzed.
- Once Phase 2 forms are analyzed following suggestions were given by the patients' based on their experience for the past days they spent in this ward:
 1. Nurses should not do double duties, as long duty hours lead to fatigue and thereby decreasing the efficiency of the nurses.
 2. All sizes dress are not readily available.
 3. Sufficient housekeeping staff at floor should be provided.

4. Microwave facility to heat food again should be provided.
- Based on the above suggestions provided by patient some more interventions are made which are as follows:
 1. Reorientation of staff
 2. On floor motivation support given to all staff by floor manager
 3. Different sizes dress were made available.
 4. Heating food facility is now provided.
 - After implementing the interventions of Phase 2 again feedback forms were collected for Phase 3 and analyzed to show the result in the end and we can see that our percentage of excellent grade is increasing continuously and my percentage of good grade is decreasing as those patients' are converted into excellence grade which in long run is good for the growth of the hospital.

Conclusion

- From the above understandings we can say that the level of patient satisfaction is increasing in every phase.
- When percentage of good grade is decreasing simultaneously percentage of excellent grade is increasing. This is good for me in the long run.
- Only in one phase i.e. phase 3 housekeeping services percentage of good grade is increasing but at that point also my percentage of excellent grade is increasing.
- Phase by phase all my services are getting better day by day.

REFERENCES

1. Liffle S, Wilcock J, Manthorpe J, et al. Can clinicians benefit from patient satisfaction surveys? Evaluating the NSF for older people, 2005-2006. *J R Soc Med.* 2008;101(12):598–604.
2. Williams T, Schutt-Aine J, Cuca Y. Measuring family planning service quality through client satisfaction exit interviews. *IntFam Plan Perspect.* 2000; 26(2):63–71.
3. Castle NG, Brown J, Hepner KA, Hays RD. Review of the literature on survey instruments used to collect data on hospital patients' perceptions of care. *Health Serv Res.* 2005;40(6 Pt 2):1996–2017
4. Gill L, White L. A critical review of patient satisfaction. *Leadersh Health Serv.* 2009; 22(1):8–19.
5. Carr-Hill RA. The measurement of patient satisfaction. *J Public Health Med.* 1992;14(3):236–49
6. Locker D, Dunt D. Theoretical and methodological issues in sociological studies of consumer satisfaction with medical care. *Soc Sci Med.* 1978; 12(4 A):283–92.
7. Mistiaen P, Poot E. Telephone follow-up, initiated by a hospital-based health professional, for post discharge problems in patients discharged from hospital to home. *Cochrane Database Syst Rev.* 2006;4:CD004510
8. Cave LA. Follow-up phone calls after discharge. *Am J Nurs.* 1989; 89(7):942–3.
9. Bikker AP, Thompson AG. Predicting and comparing patient satisfaction in four different modes of health care across a nation. *Soc Sci Med.* 2006; 63(6):1671–83.

10. Walker AH, Restuccia JD. Obtaining information on patient satisfaction with hospital care: mail versus telephone. *Health Serv Res.* 1984; 19(3):291–306.
11. Preen DB, Bailey BE, Wright A, et al. Effects of a multidisciplinary, post-discharge continuance of care intervention on quality of life, discharge satisfaction, and hospital length of stay: a randomized controlled trial. *Int J Qual Health Care.* 2005; 17(1):43–51.
12. Draper M, Cohen P, Buchan H. Seeking consumer views: what use are results of hospital patient satisfaction surveys? *Int J Qual Health care.* 2001;13(6):463–8.
13. Randy L. Aldret, Identification of Essential Skills for Entry-Level Athletic Trainers Using the Delphi Method, *Performance Improvement*, **57**, 1, (27), (2018).
14. Ahtisham Younas and Amara Sundus, Patients’ experiences and satisfaction about care provided by male nurses in medical surgical units in Islamabad, Pakistan: A pilot study, *Nursing Forum*, 53, 1, (12-19), (2017).
15. A. Shahabeddin Parizi, P. F. M. Krabbe, E. A. M. Verschuuren, R. A. S. Hoek, J. M. Kwakkel-van Erp, M. E. Erasmus, W. Bij and K. M. Vermeulen, Patient-reported health outcomes in long-term lung transplantation survivors: A prospective cohort study, *American Journal of Transplantation*, **18**, 3, (684-695), (2017).
16. Emine Kol, Fatma Arıkan, Emine İlaslan, Muhammed Ali Akıncı and Mehmet Cuma Koçak, A quality indicator for the evaluation of nursing care: determination of patient satisfaction and related factors at a university hospital in the Mediterranean Region in Turkey, *Collegian*, **25**, 1, (51), (2018).

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17. Margaret McAllister, Donna Lee Brien and Lorna Piatti-Farnell, Tainted love: Gothic imaging of nurses in popular culture, *Journal of Advanced Nursing*, **74**, 2, (310-317), (2017).
 18. Dania Comparcini, Valentina Simonetti, Marco Tomietto, Helena Leino-Kilpi, Tiina Pelander and Giancarlo Cicolini, Children's Perceptions About the Quality of Pediatric Nursing Care: A Large Multicenter Cross-Sectional Study, *Journal of Nursing Scholarship*, **50**, 3, (287-295), (2018).
 19. Linda Sirch, Linda Salvador and Alvisa Palese, Communication difficulties experienced by deaf male patients during their in-hospital stay: findings from a qualitative descriptive study, *Scandinavian Journal of Caring Sciences*, **31**, 2, (368-377), (2016).