Internship Training

at

Eye-Q Vision Super-Specialty Hospital, Sheetla, New Railway Road Gurgaon

On

"**Importance of Patients and Doctors in Improving Quality of Healthcare Services"**

by

Ms. Megha Goud

PG/21/057

Under the guidance of

Dr Nidhi Yadav

PGDM (Hospital & Health Management)

2021-23


**International Institute of Health Management ResearchNew Delhi**

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**International Institute of Health Management ResearchNew Delhi**

This certificate is awarded to

**Ms. Megha Goud**

in recognition of having successfully completed
her Internship in the department of

Operations Management

and has successfully completed her Project on

**"Importance of Patients and Doctors in**

**Improving Quality of Healthcare Services"**

**Feb, 2023 – April, 2023**

**Eye Q Vision Super-Specialty Hospital, Sheetla, New Railway Road, Gurgaon, Haryana**

She comes across as a committed, sincere & diligent person
who has a strong drive & zeal for learning.

We wish her all the best for future endeavors.

21/06/2023

**Senior Manager Operations**

Eye Q Vision Pvt. Ltd.
New Railway Road, Sector-8
Gurgaon-122001

**Clinical In-Charge**

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Ms. Megha Goud, student of PGDM (Hospital & Health Management) from International Institute of Health Management Research, New Delhi has undergone internship training at Eye-Q Vision Super- Specialty Hospital, Sheetla, New Railway Road from 02-02-23 to 30-04-23.

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 her all success in all her future endeavors.

Dr. Sumesh Kumar
Associate Dean, Academic and Student Affairs
IIHMR, New Delhi

Mentor
IIHMR, New Delhi

## FEEDBACK FORM

**Name of the Student:** Ms. Megha Goud

**Name of the organization in which Dissertation has becompleted:** Eye-Q Vision Pvt. Ltd., Sheetla Hospital, New Railway Road, Gurgaon.

**Area of Dissertation:** Hospital

**Attendance:** 100%

**Objectives Achieved:** Successfully completed "Importance of Patients and Doctors in Improving Quality of Healthcare Services"

**Deliverables:** Adequate in-depth analysis of Pre-op and Post-op satisfactory levels and paramters of patients and suggestions for improving the quality of healthcare services provided.

**Strengths:** A very committed, sincere, cooperative, and positive nature person with strong zeal for learning.

**Suggestions for Improvement:** Data Analysis, Communication

**Suggestions for Institute (course curriculum, Industry Intraction, placement, alumini):** Vigorous Industry exposure across hospitals

Eye Q Vision Pvt. Ltd.
New Railway Road, Sector-3
Gurgaon-122001

**Signature of the Officer In-Charge/Organisation Mentor:**

**p**

**DATE: 21/06/23**

## Certificate of Approval

The following dissertation titled **"Importance of Patients and Doctors in Improving Quality of Healthcare Services"** at **"at Eye-Q Vision Super-Speciality, Sheetla, New Railway Road, Gurugram, Haryana"** 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 **PGDM (Hospital & Health 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.

| Name | Signature |
|---|---|
| Prof Ashok Agarwal | |
| Dr. Aman Raj Gupta | |
| Dr. Asif yousuf | |

Certificate from Dissertation Advisory Committee

This is to certify that **Ms. Megha Goud,** a graduate student of the **PGDM (Hospital & Health Management)** has worked under our guidance and supervision. She is submitting this dissertation titled "Importance of Patients and Doctors in Improving Quality of Healthcare Services" at "Eye-Q Vision Super-Specialty Hospital, Sheetla, New Railway Road, Gurugram" in partialfulfillment of the requirements for the award of the **PGDM (Hospital & Health Management).**

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

| | |
|---|---|
| Dr Nidhi Yadav | Mrs. Meenakshi Malhotra |
| Associate Professor | Senior Operations Manager |
| IIHMR, Delhi | Eye-Q Vision Pvt. Ltd. |

INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH,

**NEW DELHI**

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled Importance of Patients and Doctors in Improving Quality of Healthcare Services at Eye-Q Vision Pvt Ltd. and submitted by Ms. Megha Goud, PG/21/057 under the supervision of Dr. Nidhi Yadav for award of PGDM (Hospital & Health Management) of the Institute carried out during the period from 02/0/23 to 30/04/2 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

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## PREFACE

## ABSTRACT

**Title: Importance of Patients and Doctors in Improving Quality of Healthcare Services**

**Objective:** This study aims to examine the factors influencing the quality of healthcare services in an Eye Hospital setting and understand the specific contributions of patients and doctors in enhancing healthcare quality. The study focuses on promoting high-quality, patient-centered care, optimizing resource utilization, improving patient outcomes and satisfaction, enhancing healthcare system efficiency, addressing gaps in healthcare quality, and informing policy and practice.

**Methods:** A descriptive cross-sectional study design was employed, involving a sample of 396 patients and 7 doctors from EYE-Q Vision Pvt. Ltd. in Gurgaon. Convenience sampling was used to select surgical patients and doctors involved in surgical interventions. Feedback forms were utilized as the data collection tool, and Microsoft Excel was employed for data analysis, including data categorization, graphical representation, and variables assessment.

**Results:** The study revealed that 88% of patients reported being satisfied with the healthcare services provided, while 6% expressed dissatisfaction, and 6% neither

satisfied nor dissatisfied. The checklist for patients encompassed various aspects, such as respectful treatment, informed consent, convenience of the admission process, satisfactory waiting times, post-surgery care, and privacy protection. The checklist for doctors focused on factors affecting patient transfers and operating room availability.

**Conclusion:** The findings of this study emphasize the significance of patient-centered care, effective doctor-patient communication, surgical proficiency, resource utilization, and benchmarking as essential elements for improving the quality of healthcare services in the Eye Hospital setting. Recommendations include improving counselor-patient interactions, enhancing facility rounds, renovating basement washrooms, streamlining administrative processes, starting counseling from optometrists, and implementing rotational OT timings for doctors. Addressing these recommendations can contribute to enhancing the overall quality of healthcare services and informing policy and practice in the healthcare industry.

# 1. DISSERTATION TRAINING

## 1.1. INTRODUCTION

Eye-Q Vision Pvt Ltd is a leading eye care organization dedicated to providing comprehensive and state-of-the-art vision solutions. Established in [year], Eye-Q Vision has grown to become a trusted name in the field of eye care, offering a wide range of services to improve and maintain eye health.

With a mission to make quality eye care accessible to all, Eye-Q Vision focuses on delivering personalized and advanced treatments using the latest technologies and techniques. The company boasts a team of highly skilled and experienced ophthalmologists, optometrists, and support staff who are committed to delivering excellence in eye care.

Eye-Q Vision offers a range of services, including routine eye examinations, refractive surgeries (such as LASIK and PRK), cataract surgeries, glaucoma management, pediatric eye care, and treatment for various other eye conditions. They also provide contact lenses, eyeglasses, and other optical products to cater to the diverse needs of their patients.

In addition to its commitment to quality eye care, Eye-Q Vision places a strong emphasis on patient education and awareness. The organization strives to educate individuals about the importance of regular eye check-ups, preventive measures, and lifestyle choices that promote good eye health.

With a network of well-equipped eye care centers across different locations, Eye-Q Vision aims to reach out to as many people as possible, ensuring convenient access to their services. Their centers are designed to provide a comfortable and welcoming environment, creating a positive experience for patients.

Overall, Eye-Q Vision Pvt Ltd stands as a trusted and reliable provider of comprehensive eye care services, driven by a passion for improving vision and enhancing the quality of life for their patients.

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PUSHERS- DREAMERS- LEADERS:

Dr. Ajay Sharma

Founder and CMD

Dr. Ajay Sharma has made significant contributions to the field of ophthalmology in India over the course of his 25-year career. He obtained his MBBS degree in 1990 and his Master of Surgery in Ophthalmology in 1994 from PGIMS, Rohtak. In 1995, he served as a Senior Resident at Safdarjung Hospital in New Delhi. He completed two fellowships in Cataract Microsurgery and IOL Implantation and Phacoemulsification in 1996 at the prestigious LV Prasad Eye Institute in Hyderabad. From 1994 to 1995, he also served in the Haryana Civil Medical Services.

In 1996, Dr. Sharma was among the first few surgeons in India to introduce the Phacoemulsification technique. He also played a pioneering role in bringing Toric IOLs and Toric Multifocals to the country. With nearly 1.5 lakh surgeries performed, Dr. Ajay is recognized as one of India's foremost ophthalmologists, possessing extensive knowledge and top-notch surgical expertise.

Dr. Sharma has always aimed to create social impact, providing affordable, quality eye care in India, and making a small contribution to reducing blindness in the country. He has received numerous awards for his exceptional work, including the Gold Medal by the Intraocular Implant & Refractive Society of India, which was presented to him by the Honorable Governor of Tamil Nadu, for his exemplary work and contributions to Indian Ophthalmology. In addition, he received the Frost and Sullivan Award in 2012 for Best Eye Care Service Provider, the Best

Ophthalmologist in Haryana 2012, the Best Ophthalmologist in North India 2013 at Business and Service Excellence Awards, and the Excellence Award to serve humanity from the Honorable Governor of Haryana and Punjab in 2015.

Mr. Rajat Goel

Co-Founder and CEO

A dynamic healthcare IT professional with over 24 years of experience in clinical practice, healthcare management, quality consulting, clinical change management, and healthcare digital transformation.

He is passionate about healthcare information technology and has a unique capacity to combine clinical knowledge, healthcare management expertise, and quality management skills to clearly understand and not only resolve difficulties faced by providers and payers, but also to assist them in developing and implementing solutions that effectively and efficiently satisfy their needs.

He's also interested in teaching physicians about EMRs and IT systems, as well as ensuring that electronic medical/health records are adopted through change management, as well as mentoring students and physicians preparing for jobs in healthcare administration and informatics.

## 1.2 OBSERVATIONS AND LEARNINGS

### 1.2.1. Machines and Functions

1. IOL Master- The IOL Master is a specialized ophthalmic diagnostic device used in the field of eye care. It is primarily used for measuring the length of the eye and determining the appropriate intraocular lens (IOL) power for cataract surgery or refractive lens exchange. The IOL Master helps ophthalmologists and optometrists to accurately calculate the power of the artificial lens that will be implanted in the eye during these procedures.

   The device uses optical biometry to measure the axial length of the eye, as well as other parameters such as corneal curvature and anterior chamber depth. These measurements are crucial for selecting the correct IOL power and achieving optimal visual outcomes for patients undergoing cataract surgery.

2. KR -

   KR (Autorefraction + Keratometer) refers to a combination of two diagnostic instruments used in ophthalmology and optometry for measuring refractive errors and corneal curvature of the eye.

   Autorefraction is a technique that utilizes automated optical systems to measure the refractive error of the eye, which includes parameters such as sphere, cylinder, and axis. It provides an objective assessment of a person's refractive status, helping to determine the appropriate prescription for corrective eyeglasses or contact lenses.

A keratometer, on the other hand, is a device specifically designed to measure the curvature of the cornea, the clear front surface of the eye. It provides important information about the corneal shape and curvature, which is essential for diagnosing and managing various eye conditions, including astigmatism and keratoconus. The keratometer measures the steepness and flatness of the cornea in different meridians, typically represented by the values of K1 and K2.

3. Non-Contact Tonometer -

A non-contact tonometer (NCT) is a diagnostic instrument used to measure intraocular pressure (IOP) without touching the surface of the eye. It is a commonly used method for screening and monitoring glaucoma, a condition characterized by increased pressure within the eye that can lead to optic nerve damage and vision loss if not properly managed. The non-contact tonometer works based on the principle of air-puff tonometry. The instrument releases a rapid, gentle puff of air onto the front surface of the eye, specifically targeting the cornea. As the air interacts with the cornea, it causes a slight indentation and the cornea begins to move. The tonometer uses advanced sensors to measure the change in corneal response caused by the air puff.

4. A-scan - A-scan, short for amplitude scan, is a diagnostic technique used in ophthalmology to assess the dimensions of various structures within the eye, particularly the axial length of the eyeball. It is primarily used for pre-operative planning of intraocular lens (IOL) implantation in cataract surgery and for diagnosing conditions such as glaucoma.

The A-scan ultrasound device emits high-frequency sound waves into the eye, which then bounce off the different ocular structures and return as echoes. These echoes are recorded

and analyzed to determine the distance traveled by the sound waves and, consequently, the dimensions of the eye's structures. It provides several important measurements like Axial Length, Anterior Chamber Depth, Lens Thickness and Tumor Evaluation.

5. B-scan - B-scan, short for brightness scan, is a diagnostic imaging technique used in ophthalmology to visualize and assess the structures within the eye, particularly the posterior segment. It is commonly employed when direct visualization of the posterior segment is not possible or when a more detailed assessment is needed.

   The B-scan ultrasound device emits high-frequency sound waves into the eye, which then bounce off the different structures within the eye and return as echoes. These echoes are converted into a two-dimensional image, allowing for visualization of the internal structures.

6. Slit lamp - A slit lamp is a specialized ophthalmic instrument used by eye care professionals, including ophthalmologists and optometrists, to examine the structures of the anterior segment of the eye. It provides a magnified and illuminated view of the eye, allowing for detailed assessment and diagnosis of various eye conditions.

   The slit lamp consists of a binocular microscope combined with a light source and a slit beam. It is a fundamental tool in routine eye examinations, contact lens fittings, and the diagnosis and management of various eye conditions. It provides valuable information for detecting and monitoring eye diseases, evaluating the response to treatment, and assisting in surgical planning when necessary.

7. Lensometer - A lensometer, also known as a lensmeter or focimeter, is an ophthalmic instrument used to measure the prescription of eyeglasses or contact lenses. It is an essential

tool in optometry practices and optical laboratories for verifying and determining the power and other optical characteristics of lenses.

8. Applanation - Applanation refers to the process of flattening or pressing against a surface, typically used in ophthalmology to describe a technique for measuring intraocular pressure (IOP). In this context, applanation tonometry is a method used to assess the pressure inside the eye.

   The most commonly used applanation tonometer is the Goldmann applanation tonometer (GAT). It involves gently touching the cornea with a calibrated probe or prism that has a known surface area. A small amount of local anesthetic eye drops and a fluorescein dye may be used to aid in the measurement process. It is considered the gold standard for measuring IOP and is commonly used in the diagnosis and management of glaucoma. Elevated IOP is a significant risk factor for glaucoma, a condition characterized by progressive damage to the optic nerve, leading to vision loss. Regular IOP measurements with applanation tonometry help monitor the effectiveness of treatment and the progression of the disease.

9. YAG Laser - YAG laser, short for Yttrium-Aluminum-Garnet laser, is a type of laser used in ophthalmology for various procedures within the eye. The YAG laser emits a high-energy beam of light that can pass through transparent tissues, making it particularly useful for treatments in the posterior segment of the eye.
10. Retinoscope - Objectively determine a patient's refractive error. It allows for the measurement of the patient's prescription for corrective lenses, including nearsightedness (myopia), farsightedness (hyperopia), and astigmatism.

The retinoscope works on the principle of retinoscopy, which involves shining a beam of light into the patient's eye and observing the movement and characteristics of the reflected light as it interacts with the retina.

11. Gonioscopy lens- A gonioscopy lens, also known as a gonio lens or a gonioprism, is a specialized lens used in ophthalmology to examine the angle structures of the eye. It is commonly used in the diagnosis and management of glaucoma, a condition characterized by increased intraocular pressure and damage to the optic nerve.

    The gonioscopy lens is typically a small, handheld lens that is placed directly on the cornea of the patient's eye. It has a curved surface and a mirror or prism incorporated into its design, which helps to visualize the angle structures of the eye.

12. Optical Coherence Tomography - It is an advanced imaging technique used in ophthalmology and other medical specialties to capture high-resolution cross-sectional images of biological tissues.
13. OCT utilizes light waves to generate detailed, three-dimensional images of tissue structures. It works on the principle of interferometry, where a beam of light is split into two arms: a reference arm and a sample arm. The light from the sample arm is directed towards the tissue being examined, and the light waves that are reflected back from the tissue are combined with the light from the reference arm. By comparing the interference patterns between the reflected light waves and the reference light waves, the system can generate detailed images of the tissue.
14. Optical Coherence Tomography Angiography - It is an advanced imaging technique that combines the principles of OCT and angiography to visualize the blood vessels within the

retina and other tissues of the eye. It provides non-invasive, high-resolution images of the microvasculature without the need for injecting contrast agents.

OCT-A utilizes the same interferometric principles as traditional OCT but with an additional step to detect motion in the reflected light waves. This allows for the differentiation between stationary tissue structures and flowing blood within the vessels.

15. Humphrey Field Vision - is a commonly used method for assessing the visual field of a patient. It is a diagnostic test that measures the sensitivity of a person's visual field, or the ability to see objects in their peripheral (side) vision while fixating on a central target.

    The Humphrey Visual Field test is typically performed using an automated perimeter, such as the Humphrey Field Analyzer. During the test, the patient sits in front of the perimeter and focuses on a central target while a series of light stimuli are presented at various locations in their visual field. The patient is instructed to press a button or indicate whenever they see a light stimulus.

16. Pentacam - It is a device used in ophthalmology for anterior segment imaging and analysis. It is a non-invasive imaging system that captures high-resolution images and provides detailed measurements of the cornea, anterior chamber, and other structures of the eye.

    The Pentacam utilizes Scheimpflug imaging technology, where a rotating camera captures multiple cross-sectional images of the anterior segment of the eye. These images are then analyzed to generate three-dimensional maps and measurements of various parameters.

17. Wave scan - Also known as wavefront analysis or wavefront aberrometry, is a diagnostic technique used in ophthalmology to measure and analyze the optical aberrations of the eye. It provides a detailed assessment of the way light travels through the eye, allowing for a more precise evaluation of refractive errors and higher-order aberrations.

Wavefront analysis is based on the principle that the optical characteristics of the eye can be represented as a wavefront, which describes the shape of the incoming light as it passes through the eye's optical system. By measuring and analyzing this wavefront, wavefront aberrometer can identify and quantify aberrations that may affect visual quality.

### 1.2.2. Eye Diseases

There are numerous eye diseases and conditions that can affect the health and function of the eyes. Some of the common diseases are mentioned below-

1. Refractive Errors: These include conditions such as myopia (nearsightedness), hyperopia (farsightedness), astigmatism, and presbyopia. Refractive errors affect the way light is focused on the retina, resulting in blurred vision.
2. Cataracts: Cataracts involve the clouding of the eye's natural lens, leading to progressive vision loss and decreased visual clarity. Cataracts are usually age-related but can also be caused by injury, certain medications, or underlying medical conditions.
3. Glaucoma: Glaucoma is a group of eye conditions characterized by damage to the optic nerve, usually due to elevated intraocular pressure (pressure inside the eye). It can lead to gradual peripheral vision loss and, if left untreated, may result in permanent vision impairment or blindness.
4. Age-Related Macular Degeneration (AMD): AMD affects the macula, the central part of the retina responsible for sharp, central vision. It is a leading cause of vision loss in older adults and can result in a progressive loss of central vision.

5. Diabetic Retinopathy: This eye disease is associated with diabetes and occurs when high blood sugar levels damage the blood vessels in the retina. It can lead to vision loss or even blindness if left untreated.
6. Retinal Detachment: Retinal detachment occurs when the retina becomes separated from its underlying tissue layers. It is a medical emergency and requires immediate attention to prevent permanent vision loss.
7. Dry Eye Syndrome: Dry eye syndrome occurs when there is insufficient tear production or poor tear quality, leading to dryness, irritation, and discomfort in the eyes.
8. Conjunctivitis: Also known as pink eye, conjunctivitis is an inflammation of the conjunctiva (the clear tissue covering the white part of the eye). It can be caused by infections, allergies, or irritants, and typically results in redness, itching, and discharge from the eyes.
9. Keratoconus: Keratoconus is a progressive thinning and bulging of the cornea, resulting in distorted vision. It usually starts during adolescence or early adulthood and can lead to significant visual impairment.
10. Retinitis Pigmentosa: This is a group of inherited eye disorders that cause the gradual degeneration of the retina. It typically leads to night blindness and peripheral vision loss.

### 1.2.3. Operations Management

Operations management in healthcare involves the planning, organizing, and controlling of various processes and activities to ensure the efficient and effective delivery of healthcare services. It focuses on optimizing resources, streamlining workflows, improving patient care, and maximizing operational performance within healthcare organizations. Here are some key aspects of operations management in healthcare:

1. Patient Flow Management: Efficiently managing the flow of patients through various stages of care, including registration, triage, diagnosis, treatment, and discharge. This involves optimizing appointment scheduling, managing wait times, and ensuring smooth transitions between different healthcare departments or units.
2. Capacity Planning: Determining the appropriate level of resources, such as hospital beds, operating rooms, and staff, to meet patient demand. This involves forecasting patient volumes, analyzing utilization rates, and ensuring adequate capacity to handle patient needs while minimizing resource bottlenecks or underutilization.
3. Supply Chain Management: Managing the procurement, inventory, and distribution of medical supplies, medications, and equipment. This includes optimizing supply chain processes, supplier relationships, and inventory levels to ensure timely availability of essential resources while minimizing waste and controlling costs.
4. Quality and Process Improvement: Implementing quality improvement initiatives to enhance patient safety, clinical outcomes, and operational efficiency. This includes utilizing quality management tools, monitoring performance metrics, identifying areas for improvement, and implementing evidence-based practices and guidelines.
5. Information Technology (IT) Integration: Leveraging technology and information systems to streamline operations, enhance communication, and improve patient care. This includes

electronic health records (EHRs), telemedicine, data analytics, decision support systems, and other IT solutions that support clinical workflows and decision-making.

6. Financial Management: Managing the financial aspects of healthcare operations, including budgeting, cost control, revenue cycle management, and reimbursement processes. This involves optimizing revenue streams, controlling expenses, and ensuring financial sustainability while complying with regulatory requirements.
7. Emergency Preparedness: Developing and implementing plans to respond to emergencies, disasters, and public health crises. This includes coordinating with emergency services, training staff, maintaining contingency plans, and ensuring the availability of resources to handle unexpected situations.
8. Continuous Quality Improvement: Emphasizing a culture of continuous improvement, encouraging feedback from patients and staff, and implementing initiatives to enhance the quality, safety, and efficiency of healthcare delivery.

## 2. DISSERTATION REPORT

**Introduction:**

Quality healthcare services are essential for ensuring optimal patient outcomes, improving patient satisfaction, and enhancing the overall efficiency of healthcare systems. In today's rapidly evolving healthcare landscape, it is crucial to identify the factors that influence healthcare quality and understand the specific contributions of patients and doctors in driving improvements. This study aims to explore the importance of patients and doctors in improving the quality of healthcare services, with a particular focus on an Eye Hospital setting.

The unique challenges and opportunities in an Eye Hospital setting make it an ideal context for studying healthcare quality improvement. Eye hospitals cater to a wide range of ophthalmic conditions and surgical interventions, requiring specialized care and attention. By examining the quality of healthcare services in this setting, we can gain valuable insights that have the potential to be applied in other healthcare facilities as well.

The primary rationale for conducting this study is to promote high-quality, patient-centered care. Patients play a crucial role in driving improvements in healthcare quality. Their experiences, perspectives, and expectations significantly influence their satisfaction and overall healthcare outcomes. By understanding the factors that impact patient experiences in an Eye Hospital, such as communication, information provision, respect, and comfort, healthcare providers can tailor

their services to meet patient needs and preferences, ultimately leading to better patient satisfaction and outcomes.

Equally important are the contributions of doctors in enhancing healthcare quality. Doctors possess the expertise, skills, and knowledge required to deliver optimal care. Understanding their role in healthcare quality improvement, including factors such as surgical proficiency, communication with patients, adherence to best practices, and collaboration with other healthcare professionals, can provide valuable insights into the strategies that can be implemented to enhance the overall quality of care provided by doctors.

Efficient resource utilization is another critical aspect that impacts healthcare quality. By identifying the factors that affect resource utilization in an Eye Hospital, such as operating room availability, patient attendance, and administrative causes, healthcare providers can optimize processes and ensure that resources are effectively allocated. This can lead to improved workflow, reduced waiting times, and enhanced overall efficiency of the healthcare system, ultimately benefiting both patients and healthcare providers.

Furthermore, this study aims to address gaps in healthcare quality and inform policy and practice in the healthcare industry. By identifying areas where the Eye Hospital may fall short in delivering high-quality care, such as deficiencies in communication, inadequate patient education, or operational challenges, healthcare providers can implement targeted interventions and quality improvement initiatives. These findings can also contribute to the development of guidelines and

best practices that can be adopted by other healthcare facilities, thus fostering a culture of continuous improvement in healthcare quality.

This study seeks to examine the factors influencing the quality of healthcare services in an Eye Hospital setting and understand the specific contributions of patients and doctors in driving improvements. By addressing the unique challenges and opportunities in this context, this study aims to contribute to the ongoing efforts of enhancing healthcare quality, optimizing resource utilization, improving patient outcomes and satisfaction, addressing gaps in healthcare quality, and informing policy and practice. The findings of this study have the potential to benefit not only the Eye Hospital but also the broader healthcare industry by providing valuable insights into improving the overall quality of healthcare services.

**Literature Review:**

1. Patient-Centered Care and Quality Improvement:

Numerous studies emphasize the importance of patient-centered care in improving healthcare quality. Patient-centered care focuses on involving patients in their healthcare decision-making process, understanding their preferences, and addressing their individual needs. It has been associated with improved patient satisfaction, adherence to treatment, and better health outcomes (Epstein and Street, 2011). Studies have also highlighted the significance of effective communication, shared decision-making, and respect for patient autonomy in achieving patient-centered care (Institute of Medicine, 2001). By integrating patient perspectives and preferences into healthcare delivery, quality improvements can be made to meet patient expectations and enhance overall healthcare experiences.

2. Doctor-Patient Communication and Quality of Care:

Effective communication between doctors and patients is a key component of quality healthcare services. Studies have demonstrated the positive impact of good doctor-patient communication on patient satisfaction, treatment adherence, and health outcomes (Stewart et al., 2000; Zolnierek and DiMatteo, 2009). Open and empathetic communication helps establish a trusting relationship, enables shared decision-making, and ensures that patients have a clear understanding of their conditions, treatment options, and potential risks. Improved doctor-patient communication has been associated with enhanced patient compliance, reduced medical errors, and improved patient outcomes.

3. Surgical Proficiency and Quality in Eye Hospitals:

In the context of Eye Hospitals, surgical proficiency plays a crucial role in delivering quality care. Studies have emphasized the importance of surgeon expertise, experience, and technical skills in achieving optimal surgical outcomes and patient satisfaction (Chen et al., 2013; Grob et al., 2018). Factors such as surgical complication rates, success rates, and patient-reported outcomes have been used as indicators of surgical quality in ophthalmology (Donovan et al., 2015). Evaluating and improving surgical proficiency through ongoing training, monitoring, and feedback mechanisms can contribute to enhancing the overall quality of care provided by Eye Hospitals.

4. Resource Utilization and Efficiency in Eye Hospitals:

Efficient resource utilization is a critical aspect of healthcare quality improvement. Studies have highlighted the importance of optimizing resource allocation, reducing waiting times, and streamlining processes to improve overall efficiency in healthcare settings (Witter et al., 2016). In an Eye Hospital, factors such as operating room availability, patient attendance, and administrative causes can impact resource utilization and workflow. Effective management of resources, including proper planning, scheduling, and coordination, can lead to improved efficiency, reduced waiting times, and enhanced patient experiences.

5. Benchmarking and Best Practices in Healthcare Quality:

Benchmarking and adopting best practices from high-performing healthcare organizations have been recognized as effective strategies for quality improvement (Franz et al., 2019). By identifying and learning from organizations that excel in delivering high-quality care, Eye Hospitals can

implement evidence-based interventions, guidelines, and quality improvement initiatives. Benchmarking can help identify areas for improvement, set performance targets, and drive continuous quality enhancement.

The literature review highlights the importance of patient-centered care, effective doctor-patient communication, surgical proficiency, resource utilization, and benchmarking in improving the quality of healthcare services. These factors are crucial to addressing gaps in healthcare quality, optimizing resource utilization, enhancing patient outcomes and satisfaction, and informing policy and practice in the Eye Hospital setting. By synthesizing existing knowledge, this study aims to contribute to the ongoing efforts of improving healthcare quality in Eye Hospitals and the broader healthcare industry.

## OBJECTIVES

- To identify the key factors influencing the quality of healthcare services in an Eye Hospital setting.
- To contribute to the ongoing efforts to improve the overall quality of healthcare services and inform policy and practice in the healthcare industry.

## METHODOLOGY

**Study design-** Descriptive Cross Sectional

**Sample size-** 396 patients and 7 doctors

**Sampling technique-** Convenience Sampling

**Technique of data collection -** Feedback forms

**Selection Criteria-**

- Including all surgical patients and all the doctors performing surgeries at EYE-Q Vision Pvt. Ltd. New Railway Road, Gurgaon.
- Exclude all the patients who are not undergoing surgical interventions.
- Exclude all the patients who are of other centers.
- Exclude all the doctors who are not involved in surgical interventions.

**Methods and tools- Microsoft excel**

**Analysis Method –**

- Data categorization: Organize the data into categories based on the research questions and objectives of the study.
- Graphs and variables.

## DATA COLLECTION TOOL – PATIENTS

### Pre Op :

We are conducting a research project to gather patient feedback to improve the quality of care and services provided at EyeQ Vision Super Speciality Hospital, Sheetla, New Railway Road, Gurgaon. Your participation in this project is voluntary. By signing this consent form, you indicate your willingness to provide feedback based on your experiences at our hospital. All information provided by you will be treated as strictly confidential. Any data or records collected will be stored securely and only accessed by authorized personnel involved in the research project. Your identity will be protected, and any published or disseminated results will be presented in aggregate form to ensure individual anonymity. Patient's Signature: _____

Date: _____

| PRE OP | | | | | | |
|---|---|---|---|---|---|---|
| S. NO | PARAMETERS | Stronly agree | Agree | Neither agree or disgaree | Disagree | Strongly disagree |
| 1 | I WAS TREATED WITH RESPECT AND DIGNITY DURING MY HOSPITAL VISIT | | | | | |
| 2 | I WAS GIVEN ENOUGH TIME TO ADDRESS ANY CONCERNS RELATED TO SURGERY DURING THE COUNSELING | | | | | |
| 3 | I WAS INFORMED ABOUT THE POTENTIAL RISKS AND BENEFITS OF THE SURGICAL PROCEDURES | | | | | |
| 4 | THE HOSPITAL STAFF WAS HELPFUL REGARDING THE APPROVAL OF TPA | | | | | |
| 5 | I WAS SATISFIED WITH THE CLEANLINESS AND HYGIENE MAINTAINED IN THE HOSPITAL | | | | | |
| 6 | THE DOCTORS DISCUSS THE TREATMENT PLAN WITH ME PATIENTLY | | | | | |
| 7 | THE ADMISSION PROCESS WAS CONVENIENT | | | | | |
| 8 | DID YOU FEEL COMFORTABLE AND PREPARED BEFORE SURGERY | | | | | |

### Post Op :

| POST OP | | | | | | |
|---|---|---|---|---|---|---|
| S. NO | PARAMETERS | Stronly agree | Agree | Neither agree or disgaree | Disagree | Strongly disagree |
| 1 | THE ADMISSION PROCESS WAS CONVENIENT | | | | | |
| 2 | WAITING TIME BEFORE BEING SHIFTED TO OT WAS ACCEPTABLE | | | | | |
| 3 | I WAS SHIFTED FROM WARD TO OT SAFELY | | | | | |
| 4 | I WAS PROVIDED WITH THE REFRESHMENT AFTER THE SURGERY | | | | | |
| 5 | I WAS FULLY BRIEFED ABOUT THE MEDICATIONS AND SAFTEY MEASURES TO BE TAKEN FOLLOWING THE SURGERY | | | | | |
| 6 | I WAS PROVIDED WITH THE DISCHARGE SUMMARY ON TIME | | | | | |
| 7 | THE OVERALL BILLING PROCESS WAS SIMPLE AND CLEAR | | | | | |
| 8 | THE HOSPITAL STAFF WAS RESPONSIVE TO MY NEEDS AND REQUESTS DURING FOLLOW UP VISITS | | | | | |
| 9 | WOULD YOU RECOMMEND THIS EYE HOSPITAL TO YOUR FRIENDS AND FAMILY | | | | | |
| 10 | MY PRIVACY WAS FULLY PROTECTED DURING MY STAY AT HOSPITAL | | | | | |

**Doctors Feedback Form :**

This is the consent to participate as a doctor in a research project titled "Improving Hospital Quality: Importance of Patients and Doctors Involvement in Quality Interventions" that is being conducted at EyeQ Vision Super Speciality, Sheetla, New Railway Road, Gurgaon. The purpose of this study is to investigate the impact of involving patients and doctors in improving hospital quality interventions and to provide recommendations for improving hospital quality interventions in an Eye Hospital based on the findings of the study. Confidentiality and privacy are of utmost importance in this research project. All data collected during the study will be treated with the highest level of confidentiality. Any information that could potentially identify you or your patients will be anonymized or removed to protect your privacy.
Please note that your participation in this research project is entirely voluntary. Your decision to participate or decline will not impact your employment or professional standing within EyeQ Vision Super Speciality, Sheetla, New Railway Road, Gurgaon.

| | |
|---|---|
| Doctor's name- | |
| Doctor's signature- | |

| Doctors feedback | | | | | | |
|---|---|---|---|---|---|---|
| PARTICULARS | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | | |
| Patients shifted late from ward | | | | | | |
| Administrative cause- Instruments not ready, OT supplies availability | | | | | | |
| Lack of operating room time | | | | | | |
| Patient did not turn up | | | | | | |
| Medical reasons of the patient | | | | | | |

**RESULTS (Patients):**

**PRE-OP**

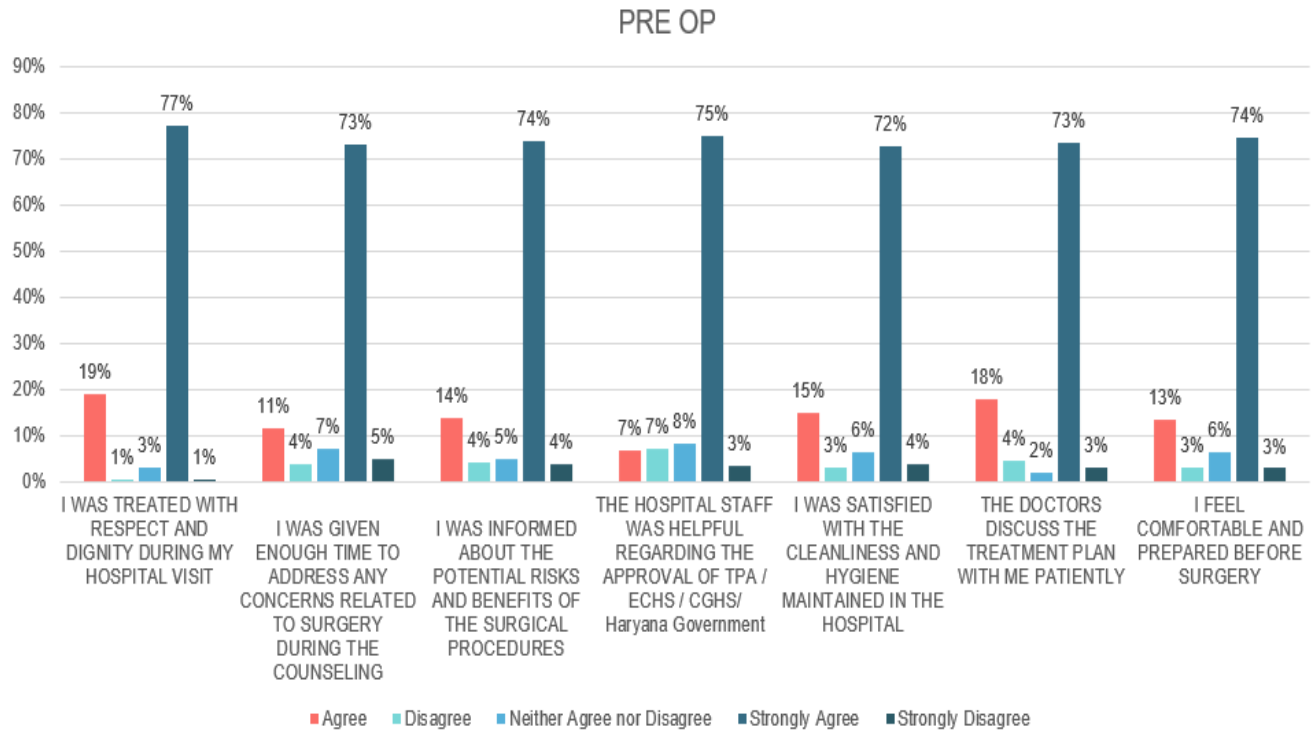


**Fig. No.1: Percentage Distribution of Responses by Factors – Pre-Op**

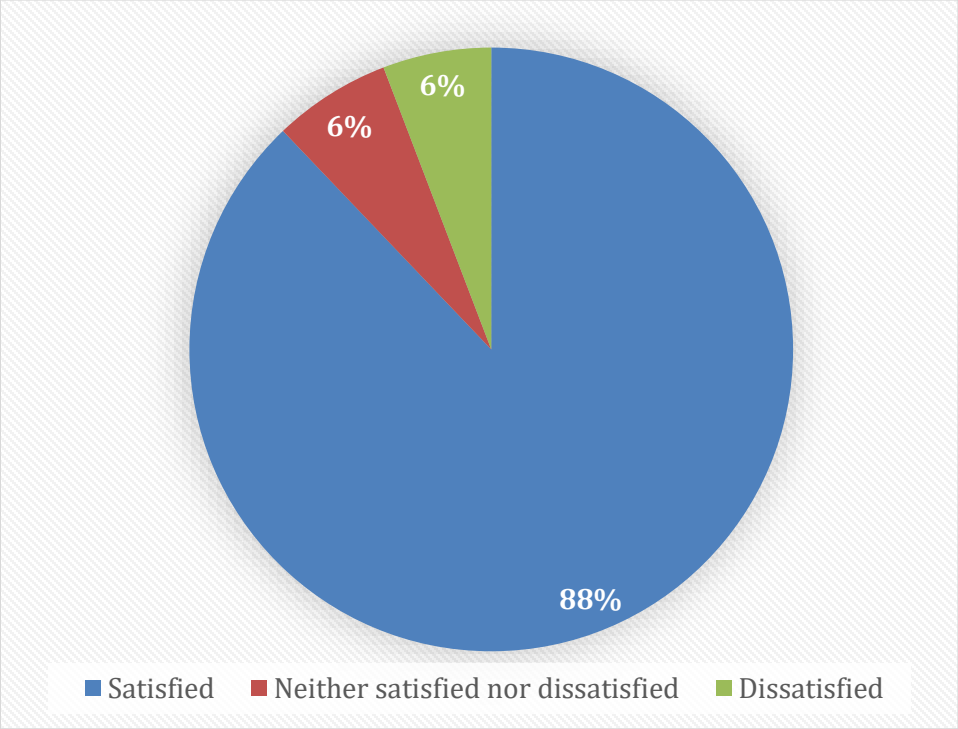


**Fig No.2: Percentage Distribution of Satisfaction Levels**

Overall, after clubbing the parameters of strongly agree and agree as satisfied and strongly disagree and disagree as dissatisfied, respectively, we found out that 88% of the p[atients were satisfied with the pre op experience and 6% of the patients were not satisfied with the same. Whereas, 6% of the people were neither satisfied nor dissatisfied**.**

## DISTRIBUTION OF DISSATISFACTION FACTORS

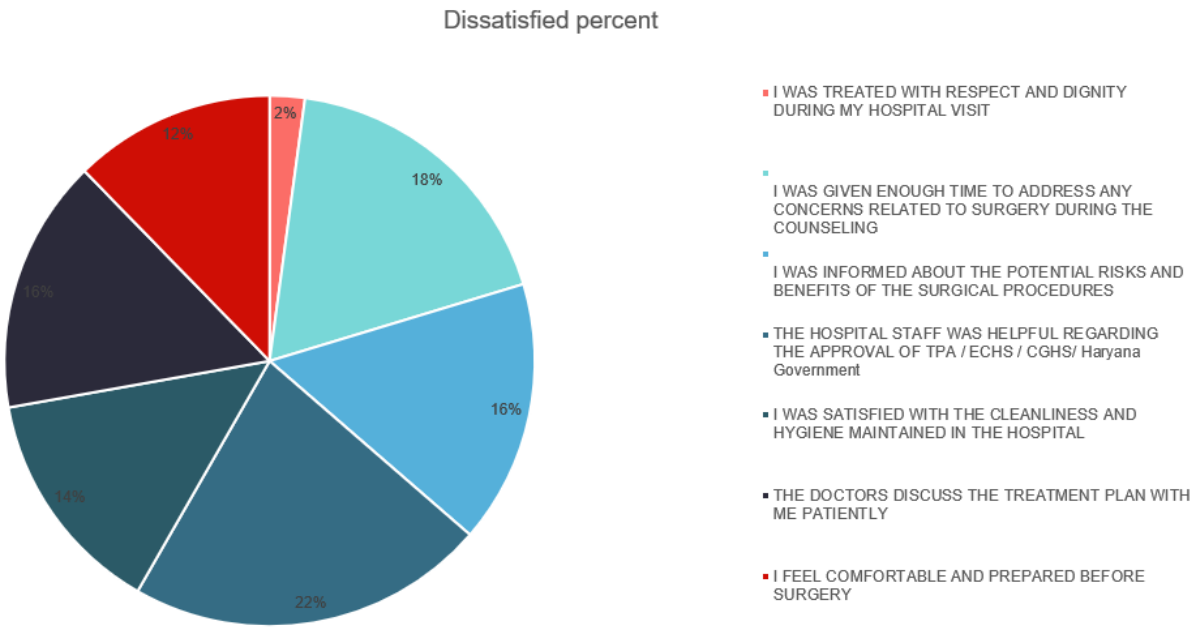


**Fig No.3: Percentage of Dissatisfaction factors during Pre-Op visit**

## FOCUS AREA

- 22% - The hospital staff was not helpful regarding the approval of TPA/ECHS/CGHS/Haryana Government.
- 18% - I was not given enough time to address any concerns related to surgery during the counseling.

**POST OP**

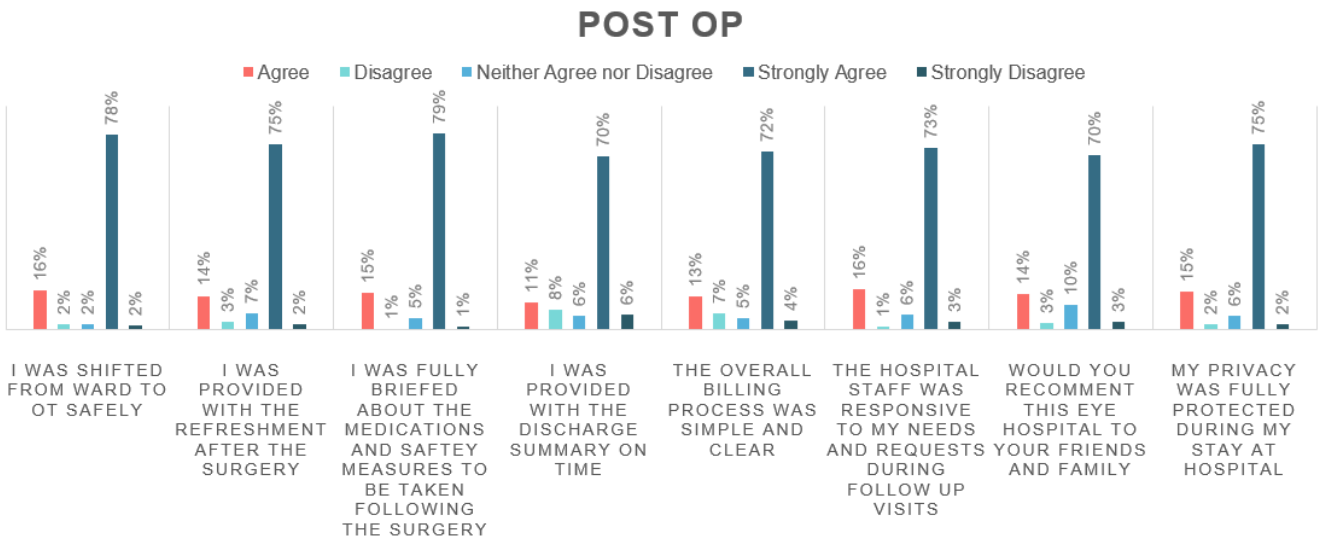


**Fig. No. 4: Percentage Distribution of Satisfaction Levels- Post-Op**

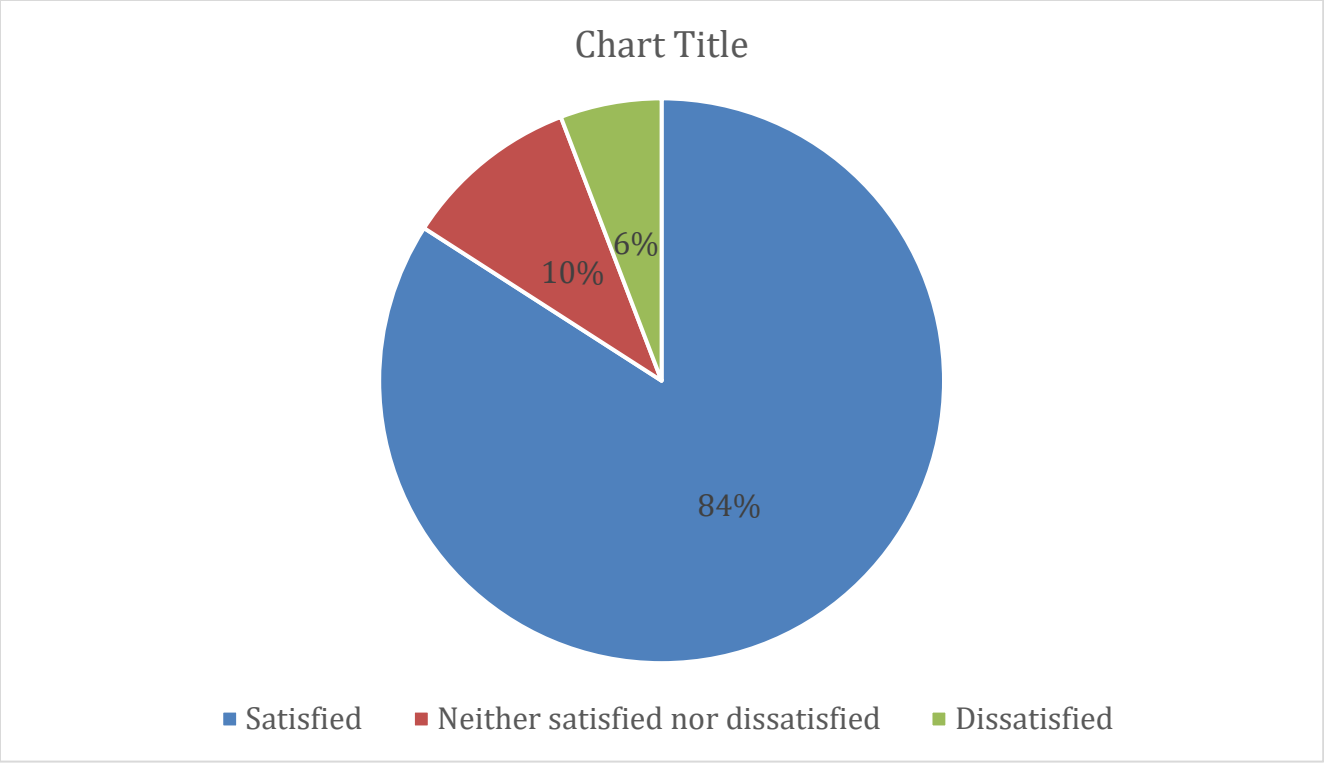


**Fig. No.5: Percentage Distribution of Satisfaction Levels**

Overall, after clubbing the parameters of strongly agree and agree as satisfied and strongly disagree and disagree as dissatisfied, respectively, we found out that 84% of the patients were satisfied with the post op experience and 6% of the patients were not satisfied with the same. Whereas, 10% of the people were neither satisfied nor dissatisfied**.**

## DISTRIBUTION OF DISSATISFACTION FACTORS

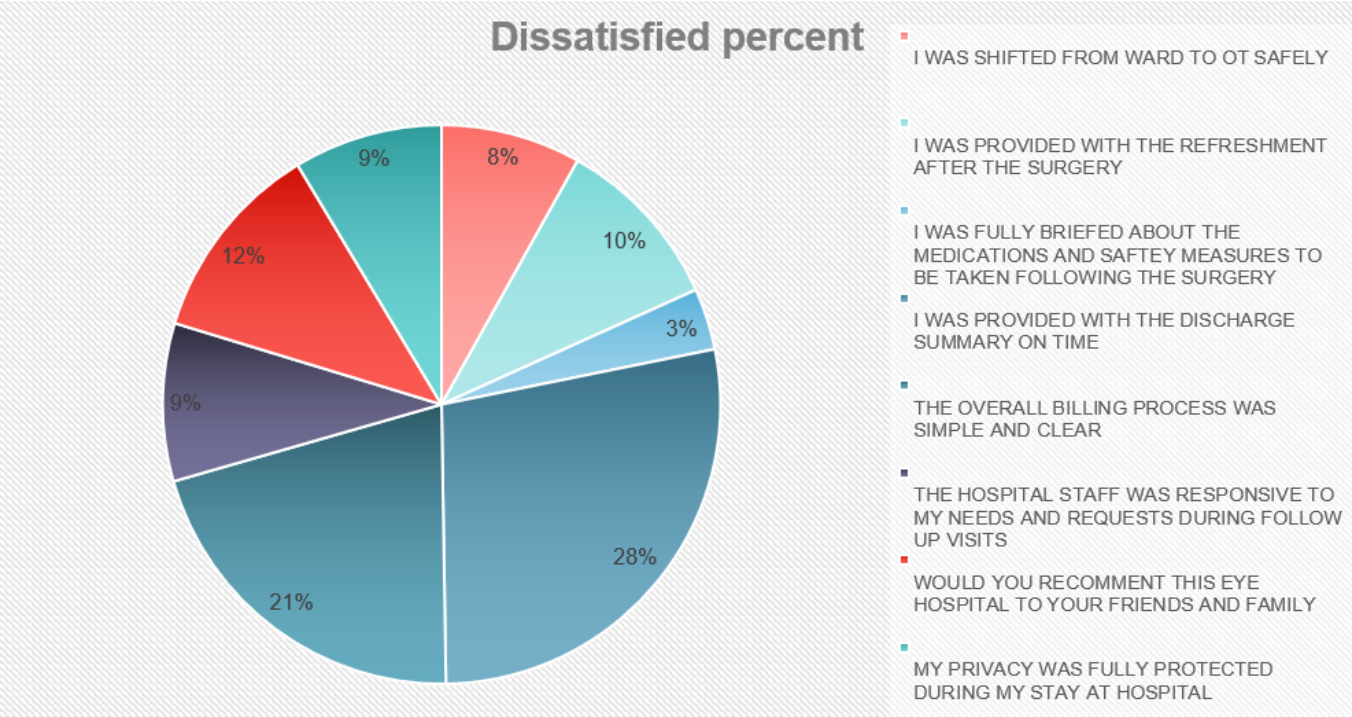


**Fig. No.6: Percentage of Dissatisfaction factors during Post-Op visit**

## FOCUS AREA

- 28% - I was not provided with the discharge summary on time.
- 21% - The overall billing process was not simple and clear.

**RESULTS (Doctors) :**

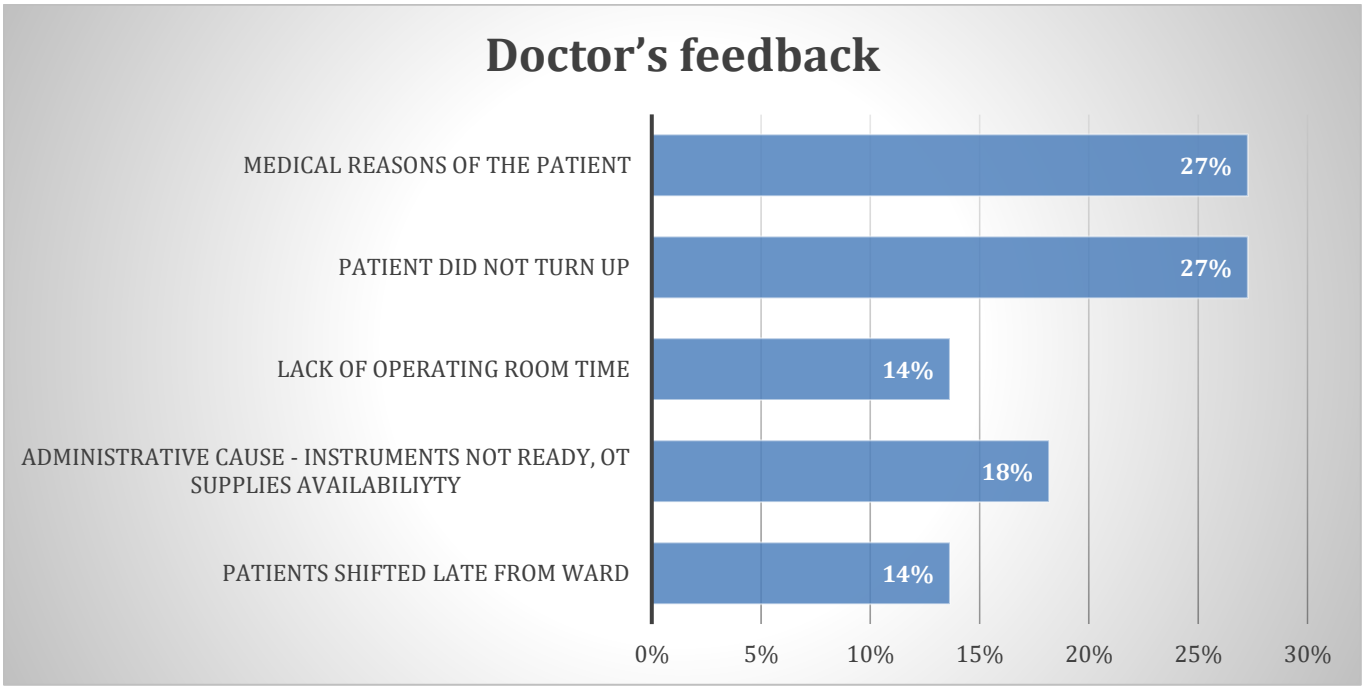


**Fig. No.7: Percentage Distribution of Satisfaction Levels for doctors**

After analyzing the above graph, it is evident that the two most common parameters being 27% in dissatisfaction are the medical reasons od the patients and the patients did not turn up on the day of their surgeries.

**Discussion:**

The objective of this study was to identify the key factors influencing the quality of healthcare services in an Eye Hospital setting and contribute to ongoing efforts to improve healthcare services in the industry. The study utilized a descriptive cross-sectional design and collected data from a sample of 396 patients and 7 doctors using feedback forms. The data was analyzed using Microsoft Excel, with a focus on data categorization, graphs, and variables.

The results of the study provide valuable insights into the preoperative and postoperative experiences of patients, as well as the factors contributing to dissatisfaction. In the preoperative phase, Fig. No. 1 shows the percentage of distribution of satisfaction levels during their pre-op visits. Additionally, Fig. No. 2 reveals, after clubbing the parameters of strongly agree and agree as satisfied and strongly disagree and disagree as dissatisfied, respectively, we found out that 84% of the patients were satisfied with the post op experience and 6% of the patients were not satisfied with the same. Whereas, 10% of the people were neither satisfied nor dissatisfied.

The distribution of dissatisfaction factors, as shown in Fig. No.3, identifies two key focus areas. Firstly, 22% of patients expressed dissatisfaction with the hospital staff's helpfulness regarding the approval of TPA/ECHS/CGHS/Haryana Government. This suggests a need for improved communication and assistance in navigating the approval processes, which can significantly impact patient satisfaction and overall experience. Secondly, 18% of patients reported not being given enough time to address concerns related to surgery during counseling. This emphasizes the

importance of patient-centered care and the need for doctors to allocate sufficient time for counseling sessions to address patient queries and alleviate concerns.

Moving to the postoperative phase, Fig. No. 4 presents the findings related to the Percentage Distribution of Satisfaction Levels during their post-op visits. Furthermore, Fig. No.5 illustrates after clubbing the parameters of strongly agree and agree as satisfied and strongly disagree and disagree as dissatisfied, respectively, we found out that 84% of the patients were satisfied with the post op experience and 6% of the patients were not satisfied with the same. Whereas, 10% of the people were neither satisfied nor dissatisfied**.**

The distribution of dissatisfaction factors, as depicted in Fig. No. 6, highlights two significant focus areas. Firstly, 28% of patients expressed dissatisfaction with not being provided with the discharge summary on time. Timely provision of discharge summaries is crucial for continuity of care and proper postoperative follow-up. Hospitals should streamline their processes to ensure timely delivery of essential documents, thereby enhancing patient satisfaction and facilitating coordinated care. Secondly, 21% of patients found the overall billing process to be complicated and unclear. Simplifying the billing process, providing clear explanations of charges, and addressing any billing-related concerns can contribute to improved patient experiences and prevent unnecessary confusion or dissatisfaction.

Overall, this study provides valuable insights into the factors influencing the quality of healthcare services in an Eye Hospital setting. The identified focus areas, including staff assistance with approvals, sufficient counseling time, timely discharge summaries, and simplified billing

processes, require attention to enhance the overall patient experience. The findings from this study can inform policy and practice in the healthcare industry, leading to targeted interventions and improvements in healthcare service delivery.

It is important to note that this study had certain limitations. Firstly, convenience sampling was employed, which may limit the generalizability of the findings to the wider population. Future studies should consider using more representative sampling techniques to obtain a more comprehensive understanding of the factors influencing healthcare service quality. Additionally, the study relied on feedback forms as the data collection tool, which may be subject to response bias. Employing additional qualitative research methods, such as interviews or focus groups, could provide deeper insights into patient experiences and satisfaction.

In conclusion, this study sheds light on the key factors influencing the quality of healthcare services in an Eye Hospital setting. By addressing the identified focus areas, healthcare organizations can make targeted improvements to enhance patient satisfaction, improve overall service quality, and contribute to the ongoing advancement of the healthcare industry.

**Recommendations:**

1. Meet & Greet: The recommendation suggests that counselors should greet and introduce themselves as soon as the patient arrives at the hospital. This practice aims to establish a personal connection and create a welcoming environment for patients. By promptly greeting and introducing themselves, counselors can make patients feel valued and cared for from the moment they step into the hospital. This initial interaction helps alleviate any anxiety or apprehension the patient may have and sets a positive tone for their entire healthcare journey. Moreover, it facilitates effective communication, builds trust between the patient and counselor, and enhances the overall patient experience.

The meet and greet process can be extended beyond a simple introduction. Counselors can take this opportunity to engage in active listening, empathize with the patient's concerns or fears, and provide reassurance. By creating a comfortable and supportive environment, counselors can establish a strong patient-provider relationship based on trust and open communication. This relationship forms the foundation for effective collaboration throughout the patient's healthcare journey.

2. Facility Rounds: The recommendation proposes conducting facility rounds twice a day throughout the entire hospital. These rounds involve systematic inspections of various areas within the hospital premises to ensure cleanliness, functionality, and patient-friendliness. By conducting regular facility rounds, hospitals can proactively identify and address any maintenance needs, cleanliness issues, or potential safety hazards. This practice contributes to a safe and comfortable

environment for patients, promoting their well-being and reducing the risk of infections or accidents.

Facility rounds can also be an opportunity for hospital staff to interact with patients, addressing any concerns or queries they may have. By being visible and approachable during facility rounds, staff members can create a sense of accessibility and demonstrate their commitment to patient satisfaction. Additionally, rounds provide an opportunity to gather feedback from patients regarding their experiences and make improvements based on their suggestions. This feedback-driven approach ensures that the hospital continuously strives to meet and exceed patient expectations.

Regarding the recommendation to renovate and make the basement washroom functional for patients, it is crucial to prioritize accessibility and convenience for all patients. Ensuring that washrooms are easily accessible, well-maintained, and equipped with necessary facilities promotes patient comfort, hygiene, and dignity. By addressing any deficiencies in the basement washroom and making it functional, hospitals can demonstrate their commitment to inclusivity and enhance the overall patient experience.

3. Case Sheet: The recommendation emphasizes that counselors should fill the case sheet and obtain the patient's signature as soon as the patient is booked for surgery. The case sheet is a crucial document that contains important medical information about the patient, including their medical history, diagnosis, treatment plan, and any specific requirements or considerations. Timely and

accurate completion of the case sheet is necessary to ensure effective communication and coordination among healthcare providers.

When counselors fill out the case sheet promptly, it enables other healthcare professionals, such as surgeons, anesthesiologists, and nurses, to have access to comprehensive and up-to-date information about the patient's condition. This information is vital for making informed decisions, providing appropriate care, and ensuring patient safety. Additionally, obtaining the patient's signature on the case sheet serves as documentation of their informed consent and active participation in their healthcare journey.

To enhance the case sheet process further, counselors can take the opportunity to explain the contents of the case sheet to the patient, address any questions they may have, and ensure that the patient fully understands the information provided. This process promotes transparency and empowers the patient to actively engage in their own care.

4. Final Approval Process: The recommendation highlights the importance of clarifying queries related to TPA/ECHS/CGHS/HG (Third Party Administrators/Ex-Servicemen Contributory Health Scheme/Central Government Health Scheme/Haryana Government) on a priority basis. It suggests that operational managers or counselors

should dedicate a team member from the TPA team to handle such queries. This approach ensures that patients receive prompt and accurate information regarding their insurance coverage and claims.

By dedicating a team member to handle TPA-related queries, hospitals can streamline the approval process and minimize delays or confusion for patients. This team member can have specialized knowledge and expertise in dealing with the specific requirements and procedures of different TPAs. They can proactively communicate with patients, provide clarifications, assist with paperwork, and guide them through the process, thereby reducing administrative burdens and potential frustration for both patients and staff.

Furthermore, operational managers or counselors can proactively liaise with TPA representatives to address any queries or concerns before the patient's surgery date. This proactive approach can help anticipate and resolve potential issues in advance, ensuring a smoother experience for patients and facilitating efficient coordination between the hospital and the TPA.

Overall, implementing these recommendations can contribute to the overall quality of healthcare services in an Eye Hospital setting. They focus on enhancing patient experiences, promoting effective communication, ensuring patient safety, and streamlining administrative processes. By incorporating these practices, hospitals can continually improve their services, enhance patient satisfaction, and inform policy and practice in the healthcare industry.

5. OT Timings: Implementing a rotational basis for OT timings for each doctor and the number of patients offers several advantages. By distributing the workload equitably among doctors, it ensures fairness and prevents any single doctor from being burdened with an excessive number of surgeries. This approach helps to manage fatigue and burnout among medical professionals, as

they can have sufficient rest and recovery time between their surgical procedures. It also contributes to maintaining the quality of surgical outcomes by ensuring that doctors are not overworked and can perform at their best during each surgery.

Furthermore, implementing a systematic approach to OT timings enhances patient flow and reduces waiting times for surgeries. By scheduling surgeries in a balanced manner, the hospital can optimize the utilization of resources within the operating theater. This means that operating rooms are utilized efficiently, leading to better resource allocation and reduced idle time. Patients benefit from reduced waiting times, which can alleviate their anxiety and contribute to an overall positive surgical experience. Efficient scheduling also allows for better coordination between different surgical teams and support staff, ensuring a smooth and streamlined workflow in the operating theater.

6. Counseling: Starting the counseling process with optometrists plays a crucial role in comprehensive patient care. Optometrists are often the first healthcare professionals that patients encounter during their eye care journey. They have specialized knowledge in assessing visual health, identifying eye conditions, and providing preliminary evaluations and treatments. By involving optometrists in the counseling process, patients receive early detection and intervention for any eye conditions, facilitating timely and appropriate management.

Optometrists can provide valuable information to patients about their eye health, potential treatment options, and expected outcomes. They can address patients' concerns, educate them about their condition, and guide them through the next steps of their healthcare journey. This early

involvement fosters effective communication and empowers patients to make informed decisions about their eye care. It also facilitates coordination with other healthcare professionals, such as ophthalmologists, surgeons, and nurses, ensuring a collaborative and holistic approach to patient care.

7. Pre-Op Calling: The practice of calling patients two days before their surgery serves multiple purposes. Firstly, it allows hospitals to confirm the availability of patients and ensure that they are prepared for the scheduled surgery. This step is crucial in minimizing last-minute cancellations or no-shows, which can lead to inefficiencies in the operating theater and disrupt the surgical schedule. By verifying patient availability in advance, hospitals can make any necessary adjustments to the surgery schedule, such as rescheduling or offering the slot to another patient in need.

Additionally, pre-op calling provides an opportunity to remind patients about pre-operative instructions. Patients may receive instructions regarding fasting, medication management, pre-surgical tests, or any specific preparations they need to undertake. By reminding patients of these instructions, hospitals can enhance patient compliance and readiness for surgery. This proactive communication helps to prevent any misunderstandings or oversights on the patient's part, ensuring that they arrive prepared and ready for their surgery.

Overall, these recommendations contribute to optimizing the quality of healthcare services in an Eye Hospital setting. By implementing a rotational basis for OT timings, hospitals can ensure fairness, prevent fatigue, and improve patient flow. Starting counseling with optometrists

facilitates early detection, informed decision-making, and coordinated care. Pre-op calling enhances surgical preparedness and reduces the likelihood of last-minute cancellations. By incorporating these practices, hospitals can enhance the overall patient experience, improve outcomes, and ensure efficient utilization of resources.

# IMPLEMENTATIONS

| S.No. | PARTICULARS |
|---|---|
| 1 | COUNSELLORS SHOULD GREET THE PATIENTS AS SOONS AS THEY ARRIVE |
| 2 | COUNSELLORS SHOULD CHECK THE DIAGNOSIS AND INFORM THE PATIENTS ABOUT PRE OP WORKUP |
| 3 | AFTER COMPLETION OF THEIR PRE OP WORKUP, COUNSELLORS SHOULD INFORM THE PATIENTS ABOUT THE LENSES AND PACKAGES ACCORDINGLY |
| 4 | COUNSELLORS SHOULD INFORM THE PATIENT (ECHS/CGHS) TO TAKE THE REFERRAL FOR SURGERY ON THE PRIOR BASIS. |
| 5 | PREPARE THE CASE SHEET OF THE PATIENT AND FILL ALL THE MANDATORY DETAILS LIKE: NAME, MRD NO, AGE/SEX, SURGERY DATE, ADDRESS, CONTACT NO, PAYMENT TYPE, SURGERY NAME, SURGEON'S NAME AND REFERRING CENTER |
| 6 | TAKE THE SIGNATURE OF PATIENT AND THEIR ATTENDANT ON CONSENTS IN CASE SHEET TO AVOID LAST MINUTE CHAOS IN IPD |
| 7 | ATTACH THE DOCUMENTS OF THE PATIENT IN THEIR RESPECTIVE CASHE SHEETS. |
| 8 | FILL ALL THE DOCUMENTS IN THE CASE SHEET LEAVING THE NURSING NOTES |
| 9 | CASE SHEET SHOULD BE FILLED AND COMPLETED ON THE DAY OF BOOKING THE PATIENT BY END OF THE DAY. ALL CASE SHEETS SHOULD BE RECHECKED FOR: PATIENT NAME, MRD NO, EYE, SURGERY NAME, AND SURGEON'S NAME |
| 10 | PATIENT FLOW TRACKER SHOULD BE UPDATED ON THE SAME DAY FOR NUMBER OF PATIENTS HANDLED |
| 11 | COUNSELLORS SHOULD FILL THEIR COUNSELLING FORMS ON KYLAS ON THE SAME DAY |
| 12 | COUNSELLORS SHOULD UPDATE AND MAINTAIN THEIR DAILY UPDATE REPORT ON DAILY BASIS |
| 13 | COUNSELLORS SHOULD CALL THE PATIENTS SCHEDULED FOR NEXT DAY REGARDING THE TIMINGS AND PRE OP INSTRUCTIONS. |
| 14 | PRE OP INSTRUCTIONS FORM SHOULD BE GIVEN TO PATIENTS AT THE TIME OF BOOKING THE PATIENT FOR SURGERY. |
| 15 | POST OP CALLING TO THE PATIENTS SHOULD BE DONE IN THE EVENING ON THE SAME DAY OF THEIR SURGERY. |
| 16 | SCHEDUILING HAS TO BE DONE AND CHECK TIMINGS FOR POS FOLLOW UP VISIT SHOULD BE 2:00 PM |
| | **DOCUMENTS TO BE TAKEN FROM PATIENTS** |
| 1 | ECHS/CGHS-PHOTOCOPY OF AADHAR CARD, IOL MASTER, OCT, PRESCRIPTION AND FITNESS AND ON CONSENTS IF ANY. |
| 2 | CASH-PHOTOCOPY OF ADHAR CARD, IOL MASTER, OCT, PRESCRIPTION AND FITNESS AND ON CONSENTS IF ANY. |
| 3 | TPA-PHOTOCOPY OF AADHAR CARD, IOL MASTER, OCT, POLICY CARD, PRESCRIPTION AND FITNESS. SIGNATURE ON PRE AUTH DOCUMENTS AND ON CONSENTS IF ANY. |

**Fig. No.8: Protocol for counsellors**

| IN-PATIENT DEPARTMENT COORDINATOR PROTOCOL | |
|---|---|
| S.No. | PARTICULARS |
| 1 | UPDATED OT LIST SHOULD BE AVAILABLE WITH THE STAFF FOR IPD COORDINATION. |
| 2 | IPD COORDINATOR SHOULD CALL THE PATI8ENT IN THE WARD ALONG WITH THEIR ATTENDANT FOR BILLING. |
| 3 | IPD COORDINATOR WILL TAKE THE PHOTOCOPY OF REFERRAL (ECHS/CGHS), CHECK THE SIGN OF PATIENTS ON CONSENTS OF CASE SHEET AND ON OTHER CONSENTS IF ANY. |
| 4 | PHOTOCOPY OF PATIENT'S FITNESS REPORT AND ECG SHOULD BE TAKEN AND ATTACHED TO THE CASE SHEET. |
| 5 | MAKE SURE THAT THE PATIENT'S EYE IS MARKED AND BAND IS ATTACHED BEFORE SENDING THE PATIENT TO PRE OP ROOM. |
| 6 | MAKE SURE THAT THE PATIENTS ARE PREPARED AND IN HOSPITAL UNIFROM BEFORE SHIFTING THEM TO OT. |
| 7 | REFRESHMENT SHOULD BE PROVIDED TO PATIENTS BEFORE/AFTER SURGERY. |
| 8 | MARKING SHOULD BE DONE ACCORDING TO THE INITIALS OF THE SURGERY TO AVOID ANY CONFUSION |
| 9 | MAKE SURE THAT NURSE IS TAKING VITALS OF THE PATIENTS TIMELY |
| 10 | MAKE SURE ALL FILES ARE COMPLETE (CONSENTS AND VITALS) BEFORE SENDING THEM TO OT |
| 11 | MAKE SURE THE SMOOTH WORKFLOW BY HAVING CHECKS ON EACH PARAMETER. |
| 12 | MAKE SURE PATIENT IS BEIG PROVIDED WITH THE COMPLETE AND PROPER POST OP INSTRUCTIONS AND EXPLANATION OF MEDICATIONS. |
| 13 | MAKE SURE THAT THE PATIENT IS PROVIDED WITH DISCHARGE SUMMARY TIMELY. |
| | INSTRUCTIONS TO BE GIVEN TO PATIENT BEFORE SUREGERY |
| 1 | IT WILL TAKE 1-2 HOURS TO SHIFT PATIENT IN OT WITH COMPLETE FILE AND PAYMENT UPDATES. |
| 2 | PATIENTS WILL BE SENT TO OT ACCORDING TO THEIR DILATION STATUS AND OT LIST |
| 3 | IT WILL TAKE A TOTAL OF 4-5 HOURS IN COMPLETE PROCESS. |
| 4 | IT WILL TAKE 40 MINUTES TO 1 HOUR MAXIMUM TO DISCHARGE THE PATIENT. |
| 5 | IT WILL TAKE A TOTAL OF 4-5 HOURS IN TOTAL IN COMPLETE PROCESS |

**Fig. No.9: Protocols for IPD Coordinator**

| NURSING PROTOCOL | |
|---|---|
| S.No. | PARTICULARS |
| 1 | RECHECK THE CASE SHEET FOR PATIENT'S SIGNATURE ON CONSENTS AND THEIR DOCUMENTS: FITNESS REPORT, ECG REPORT, IOL MASTER AND DOCTOR'S PRESCRIPTION. |
| 2 | MARK THE PATIENT'S EYE AND ATTACH THE BAND ON PATIENT'S HAND BEFORE SENDING HIM/HER TO THE PRE OP ROOM. |
| 3 | MARK THE PATIENT'S EYE ACCORDING TO THE INITIALS OF SURGERY WHICH IS TO BE DONE. |
| 4 | SHIFT THE PATIENT TO PRE OP ROOM AND TAKE THE VITALS ( PULSE, RESPIRATION, TEMPERATURE, BP, RBS) OF THE PATIENT AND NOTE IT DOWN IN THE CASE SHEET. |
| 5 | VITALS SHOULD BE TAKEN 4 TIMES- AT THE TIME OF ADMISSSION, BEFORE SURGERY, AFTER SURGERY AND BEFORE DISCHARGE AND NOTED IN THE CASE SHEET. |
| 6 | FILL ALL THE NECESSARY NURSING SHEET ATTACHED IN THE CASE SHEET- NUTRITIONAL ASSESSMENT, PAIN SCORING SHEET, DISCHARGE SCORING, MEDICINES ADMINISTERED DURING HOSPITALIZATION, PAC FORM, WARD CHECKLIST). |
| 7 | ASK THE PATIENT FOR ANY ADDITIONAL NEED. |
| 8 | MAKE SURE THE HANDHOLDING OF PATIENT FROM WARD TO OT AND VICE VERSA. |
| 9 | EXPLAIN THE MEDICATIONS AND POST OP INSTRUCTIONS PROPERLY TO THE PATIENT. |
| 10 | INFORM THE PATIENT'S ABOUT THE FOLLOW UP VISIT- FOR NEXT DAY, 7th DAY AFTER SURGERY AND 30th DAY AFTER SURGERY. |
| 11 | TIMINGS FOR POST FOLLOW UP VISITS SHOULD BE 2:00 PM. |

**Fig. No.10: Protocol for nurses**

**Conclusion**:

In conclusion, the study focused on identifying the key factors influencing the quality of healthcare services in an Eye Hospital setting and aimed to contribute to ongoing efforts to improve overall healthcare quality and inform policy and practice in the healthcare industry. Through a descriptive cross-sectional study design and the collection of feedback forms from 396 patients and 7 doctors using convenience sampling, valuable insights were gained regarding areas of dissatisfaction and opportunities for improvement.

The results of the study shed light on specific factors that contribute to patient dissatisfaction in both the pre-operative and post-operative stages. The focus areas that garnered the most concern were related to the helpfulness of hospital staff in navigating the approval processes for TPA/ECHS/CGHS/Haryana government, and the availability of sufficient time for patients to address their concerns related to surgery during counseling. Similarly, in the post-operative stage, patients expressed dissatisfaction with the timely provision of discharge summaries and the simplicity and clarity of the overall billing process.

These findings provide valuable information that can guide the development of strategies and interventions to enhance the quality of healthcare services in the Eye Hospital setting. Based on the identified factors, a series of recommendations have been proposed to address the areas of concern and promote improvements.

One of the key recommendations is to implement meet and greet practices, where counselors greet and introduce themselves to patients as soon as they arrive at the hospital. This simple yet impactful gesture can create a welcoming and personalized experience for patients, easing any anxiety or apprehension they may have. By establishing a positive rapport from the beginning, patients are more likely to feel valued and confident in the care they will receive.

Another important recommendation is the implementation of facility rounds, conducted twice a day throughout the hospital. These rounds serve multiple purposes, including ensuring cleanliness, functionality, and patient-friendliness. By conducting regular inspections, hospitals can identify maintenance needs, address cleanliness issues, and mitigate potential safety hazards. Moreover, facility rounds provide an opportunity for hospital staff to interact with patients, address their concerns, and gather valuable feedback to drive continuous improvement.

The recommendation to renovate and make the basement washroom functional for patients is crucial in prioritizing accessibility and convenience. Ensuring that washrooms are easily accessible, well-maintained, and equipped with necessary facilities promotes patient comfort, hygiene, and dignity. By addressing any deficiencies in the basement washroom and making it fully functional, hospitals demonstrate their commitment to inclusivity and further enhance the overall patient experience.

The completion of case sheets and obtaining patient signatures as soon as they are booked for surgery is another vital recommendation. Timely and accurate completion of case sheets is essential for effective communication and coordination among healthcare providers. It ensures that

all medical professionals involved in the patient's care have access to comprehensive and up-to-date information. Obtaining the patient's signature on the case sheet serves as documentation of their informed consent and active involvement in their healthcare journey.

To streamline the approval process for TPA/ECHS/CGHS/HG, the recommendation suggests that operational managers or counselors should proactively clarify any queries and dedicate a team member from the TPA team for this purpose. This approach ensures that patients receive prompt and accurate information regarding their insurance coverage and claims, reducing administrative burdens and potential frustration.

Additionally, the recommendation to implement rotational OT timings for doctors and the number of patients aims to ensure fairness, prevent fatigue, and optimize resource utilization. By distributing the workload equitably, doctors have adequate rest and recovery time, which contributes to improved surgical outcomes. Furthermore, a balanced workload leads to efficient patient flow, reduced waiting times, and better utilization of operating theater resources.

Starting the counseling process from the optometrist level is another important recommendation. Optometrists are well-positioned to provide preliminary assessments, detect eye conditions early on, and guide patients through the initial stages

of their eye care journey. Their expertise and knowledge play a crucial role in educating patients, addressing their concerns, and facilitating informed decision-making. This collaborative approach to counseling promotes comprehensive and coordinated patient care.

Pre-op calling, as recommended, serves as a valuable practice to confirm patient availability and ensure preparedness for surgery. This proactive communication allows hospitals to make any necessary adjustments to the surgery schedule, reducing the likelihood of last-minute cancellations or no-shows. Moreover, by reminding patients about pre-operative instructions, hospitals enhance patient compliance and readiness, contributing to smoother and more efficient surgical experiences.

Lastly, the recommendation to check the availability of OT supplies, particularly IOLs, is vital in ensuring the seamless execution of surgeries. The availability and proper functioning of essential supplies in the operating theater are crucial for delivering high-quality care. Regular checks and proactive management of OT supplies help avoid any disruptions or delays during surgeries, leading to improved patient outcomes and increased efficiency.

In conclusion, implementing these recommendations can have a transformative impact on the quality of healthcare services in an Eye Hospital setting. By prioritizing patient satisfaction, effective communication, streamlined processes, and optimized resource utilization, hospitals can enhance the overall patient experience and deliver high-quality care. It is important to note that the implementation of these recommendations should be tailored to the unique needs and resources of each hospital, and ongoing monitoring and feedback collection will be essential to assess their effectiveness and drive continuous improvement. By embracing these recommendations, Eye Hospitals can contribute to the advancement of healthcare practices and positively impact patient outcomes.

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