

Internship Training
At
Eye-Q Super-Speciality Eye Hospitals
BY

Monika Mishra

Enroll no – PG/14/072

2014-2016



International Institute of Health Management Research





Internship Training

At

Eye-Q Super-Specialty Eye Hospital

On the topic of patient satisfaction

By

Monika Mishra

Enroll no – PG/14/072

Under the guidance of

MS Divya Aggarwal



**Post Graduate Diploma in Hospital and Health Management
2014-2016
International Institute of Health Management Research
New Delhi**

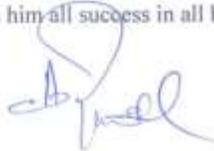
TO WHOMSOEVER IT MAY CONCERN

This is to certify that Monika Mishra, 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 Eye Q Hospital from 4th March, 2016 to 31st March, 2016.

The Candidate has successfully carried out the study designated to him during internship training and his 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. A.K. Agarwal
Dean, Academics and Student Affairs
IIHMR, New Delhi



Ms. Divya Aggarwal
Assistant Professor (HR)
IIHMR, New Delhi

CERTIFICATE OF APPROVAL

The following dissertation report titled "**Patient satisfaction at Eye-Q Super-Specialty Eye Hospitals**" Yamuna Nagar is hereby approved as a certified study in management carried out and presented in a manner satisfactory. It is understood by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation project report only for the purpose it is submitted.


Ms Divya Aggarwal

Assistent professor

Mentor

IHMR Delhi

Certificate Of Approval

The following dissertation titled "**Patient Satisfaction**" at "**Eye Q Hospital**" 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.

Name

Dr. Manish Piyadashi
Dr. Nishikant Bek

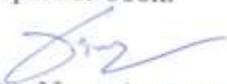
Signature

Manish
Nishikant

Certificate from Dissertation Advisory Committee

This is to certify that **Ms Monika Mishra**, a graduate student of the **Post- Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. He/ She is submitting this dissertation titled " Patient Satisfaction" at "Eye Q Hospital " 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.


Institute Mentor Name **DIVYA AGGARWAL**
Designation, **ASSISTANT PROFESSOR**
Organization


Organization Mentor
Designation,
Organization

(Completion of Dissertation from respective organization)

The certificate is awarded to

Name – Monika Mishra

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

Title - Operation
and has successfully completed her Project on

Title of the Project – Patient Satisfaction

Date -31st March 2016

Organisation – Eye Q Hospital

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

We wish him/her all the best for future endeavors

Training & Development


Zonal Head-Human Resources

FEEDBACK FORM

Name of the Student: Monika Mishra

Dissertation Organisation: Eye Q Super Speciality Eye Hospitals

Area of Dissertation: Patient Satisfaction

Attendance: 100%

Objectives achieved: Yes

Deliverables: Assisted in various operational activities in the hospital and attended different modules like PRE, Counsellor module, O.T. module, commercial, Optical and Pharmacy module at different locations of the Eye Q Hospitals during this time period.

Strengths: Quick learner and Sincere

Suggestions for Improvement: No


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

Date: 16-May-2016

Place :- Gurgaon

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled “**Patient Satisfaction** and submitted by Monika Mishra Enrollment No PG /14/072 under the supervision of Ms Divya Aggarwal (Assistant Professor) IIHMR New Delhi for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from 4th March 2016 to 31st March 2016 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
Monika Mishra

DECLARATION

Monika Mishra student of International Institute of Health Management Research, New Delhi, hereby declare that I have completed my project, titled “**Patient satisfaction at Eye-Q Super-Specialty Eye Hospitals** from 7th March 2016 to 31st March . The information submitted herein is entirely true and original work. The project was undertaken and carried out by me, under the guidance of **Ms Divya Aggarwal** and it has not been submitted to any other University or Institute or published.

Abstract

Standardization is an important aspect to increase patient satisfaction, increase the conversion rate of patients and to obtain a competitive edge on other hospitals in the field of hospital. In a hospital setting, the executives, administration and medical staff all focus on delivering quality services to the patients. Internal auditing is a catalyst for improving an organization's governance, risk management and management controls by providing insight and recommendations based on analyses and assessments of data and business processes.

OBJECTIVE

- To assess the level of standardization through telephonic call audit at EYE Q Super speciality eye hospitals

-

METHODOLOGY

Prospective audit was conducted by telephonic calls with the help of a checklist at EYE Q Super Speciality Eye Hospitals . The data was collected and marked in the checklist according to the three parameters (Call Pick up Status, Welcome Greetings and Voice tone of staff with status of information delivered). Later, the data was analyzed for the percentage of compliance of telephonic calls as per the standards and recommendations were given for the problem areas.

FINDINGS and DISSCUSSION

In Pick up criteria,100% calls were picked up by the staff at the center of Palam vihar, Randeria road and Roorkee and least calls were picked up in DLF and Muzzaffarpur centers.

In Greeting followed criteria,100% greeting was followed at the center of Palam vihar, Randeria road and Roorkee and least were greeted at NRR & Rohtak centers.

CONCLUSIONS

Hospital standardization of the healthcare services is only possible when the hospital assures and provides excellent services to the patient. This can be achieved through the timely internal audits in the hospital, telephonic call audit is one of them. Patient satisfaction is the important criteria for the growth of hospital as the front office is the first communication between hospital and patient.

ACKNOWLEDGEMENT

A formal statement of acknowledgement is hardly sufficient to express my gratitude towards the personalities who have helped me undertake this dissertation project. I hereby convey my thankfulness and obligation to all those who have rendered their valuable time, help, support and guidance to meet this project completion. A special thanks to the **Almighty** and **My Parents** for the completion of my project.

First of all a special gratitude to **Eye-Q Vision Private Limited, Gurgaon** for giving me the opportunity to work on the project during the three months internship cum dissertation as a part of course curriculum for the partial fulfilment of Post Graduate Diploma in Health and Hospital Management.

No work can be perfect, without the ample guidance. I owe my sincere gratitude to my Organizational Dissertation advisor **Mr.Ranjit Tiwari-Training and development, Eye-Q Vision Private Limited**. Without his ample guidance, regular encouragement, inspiration and intelligent criticism; it would have not been possible to carry out this work. His unfailing constant help and support was a source of motivation & inspiration for me.

I am also highly thankful to **Mr. Subhash Bansiwala, CHRO; Mrs Shurbhi, Human Resource; Mr. Shishir Paliwal, Human Resource;** at Eye-Q Vision Private Limited for their constant facilitation in completion of this project.

A sincere token of thanks to **Ms Divya Aggarwal IIHMR, New Delhi** for her valuable time as a mentor for completion of this study. Her continuous guidance and support at crucial juncture helped me complete the assigned project .

Monika Mishra

ABBREVIATIONS	FULL FORM
CMD	Chairman and Managing Director
ISO	International organisation for Standardization
FLP	Future Leadership Programme
OPD	Out Patient Department
OT	Operation theatre
HMIS	Hospital management information system
COGS	Cost of goods Sold
IPD	In Patient Department
QA	Quality Assurance
NRR	New Railway Road
PRE	Patient Relationship Executive

INTERNSHIP REPORT



Hospital Profile

The Eye-Q hospital chain is committed to providing best quality eye care at affordable cost across India. We are an ISO 9001-2000 registered organization operating under the leadership of our Founder and CMD- Dr. Ajay Sharma- one of the most renowned eye surgeons in India, aided by a team of specialists with rich experience in their respective specialties from top hospitals across the country.

Presently have Hospitals at Gurgaon (DLF & New Railway Road), Rewari, Rohtak, Yamunanagar, Hissar (Jindal Chowk & Barwala Road), Fatehabaad, Bhiwani, Lucknow (Gomti Nagar, Aliganj, Vijaynagar, Rajajipuram), Saharanpur, Muzzfarnagar, Meerut, Kanpur, Sonipat, Delhi (Shalimaar Bagh & South Extension), Haldwani, Roorkee, Surat (Rander Road & Udhana Road), Vadodara (BPC Road & Fatehgunj) and Bharuch

ORGANIZATIONAL PROFILE

Eye-Q is the dynamic new code in super-specialty eye care. It covers everything, from maintaining optimum vision, preventing deterioration to correcting vision related problems. All this through exceptional array of preventive and corrective procedures and cutting-edge practices.

It is an ISO 9001-2000 registered organization operating under the leadership of

Founder and CMD- Dr. Ajay Sharma- one of the most renowned eye surgeons in India, aided by a team of specialists with rich experience in their respective specialties from top hospitals across the country.

Vision

To be India's foremost chain of eye hospitals in terms of both Quality of eye care and the Number of patients handled.

Mission

To make every patient an Ambassador for Eye-Q through a combination of

- Highest level of quality and technology in eye care.
- Exceptional personal care.
- Complete integrity to the patient and his/her needs.

Values

- World class competence and technology
- Charged and motivated team (Maximize your potential)
- Ethical/Transparent
- Exceed customer expectations (great value for the patients' money)
- Pride in association for all stake holders

- Give back to society
- Enjoy the drive

SERVICES PROVIDED

1. Comprehensive Eye Examination
2. Cataract
3. Lasik
4. Glaucoma
5. Retina
6. Paediatric Services
7. Oculoplasty
8. Visual Aid services
9. Optical services
10. TPA AND Mediclaim

Eye-Q is one of the fastest growing healthcare chains in India and is a pioneer in its field. Eye Q is currently operating 27 super-speciality eye hospitals. Head office of Eye Q Super-Specialty is in Gurgaon, Haryana. All centers are divided into three zones:-

North I:-

Lucknow (Gomti Nagar, Aliganj, Vijaynagar, Rajajipuram)

Saharanpur

Muzaffarnagar

Meerut

Kanpur

Haldwani

Roorkee

Yamuna Nagar

North II:-

Gurgaon (DLF, Palam vihar & New Railway Road)

Rewari

Rohtak

Hisar (Jindal Choke & Barwala Road)

Fatehabad

Bhiwani

Sonapat

Delhi (Shalimar Bagh)

West:-

Surat (Rander Road & Udhana Road)

Vadodara (BPC road & Fatehgunj)

Bharuch

• **Basic Eye Care**

- ✓ General Eye Care
- ✓ Women Eye Care
- ✓ Diabetes Eye Care
- ✓ Eye Care for Everyone
- ✓ Pediatric Eye Care

- **Eye Q Programme**

- 1. The Golden Year's Programme**

Prominent features of the **GOLDEN YEAR'S PROGRAMME**

- Covers the sixty plus age group
- Membership is free of cost & forms available at all our hospitals
- Discount in Consultation fees
- Free review for 45 days months after cataract surgery
- Reminder Call service for medicine & surgical care
- Regular diabetic eye care education programs and age specific vision care programs conducted for the benefit of the members

- 2. Executive Eye Q Programme**

Prominent features of the **EXECUTIVE Eye-Q PROGRAMME**

- Free vision screening camp and examinations
- Vision screening camp includes Refraction, Color Vision tests & IOP tests.
- Lifestyle related eye-care tips.
- For empanelled corporate, option for cashless treatment on request will be provided.
- Regular eye care awareness talks.

- 3. Eye Q Juniors Programme**

About 80% of learning in a child's first 12 years comes from what the child sees through the eyes. Parents need to be extra-vigilant because a child may not realize the eyes. Parents need to be extra-vigilant because a child may not realize that his vision is imperfect. Some children are even labeled "learning disabled" or "trouble-makers," when all they need is an eye exam and appropriate vision correction.

At Eye-Q we understand the value of vision care and early prevention of any eye ailments. Our eye experts arrange vision screening programs for children in association with school authorities.

Learning at Eye Q Hospital

1. Working as a FLP Trainee at Eye Q Hospital
2. I got an opportunity to learn various Operational Activities in the hospital such as :-
 - Reception Handling
 - Floor Management
 - Data Management
 - Counselling of Patients
 - Surgery Case Management
 - HMIS Entry
 - Inventory Management in OPD,OT, Medicine and Optical
 - Daily collection & deposition of cash in Bank
 - Control Various Expenses at Centre
 - Tracking of COGS
 - Process flow of OT preparation
 - Ensure daily cash collection in the evening from all departments including OPD, IPD, and Medical, Optical etc.
 - Internal audits in hospital

DISSERTATION
REPORT

Introduction

Almost everyone would say that they want high quality health care and most people have an intuitive sense of what that means. When one wants to develop a research project related to quality of care, however, one quickly finds what is true in many areas of research; that it is much easier to have a sense of what quality is than it is to develop an operational definition and valid and reliable measures of quality. Part of this complexity in defining quality of care is that different groups can have very different reasons for measuring quality and hence different measurement criteria and emphases.

Every initiative taken to improve quality and outcomes in health systems has as its starting point some understanding of what is meant by ‘quality’. Without this understanding, it would be impossible to design the interventions and measures used to improve results.

There are many definitions of quality used both in relation to health care and health systems, and in other spheres of activity. There is also a language of quality, with its own frequently-used terms.

For the purposes of this document, a working definition is needed to characterize quality in health care and health systems. Without such a working definition, the process of selecting new interventions and building strategies for quality improvement would be seriously impaired.

The focus of this guide is on health systems as a whole, and on the quality of the outcomes they produce. For this reason, this working definition needs to take a whole-system perspective, and reflect a concern for the outcomes achieved for both individual service users and whole communities.

The following working definition suggests that a health system should seek to make improvements in six areas or dimensions of quality, which are named and described below. These dimensions require that health care be:

- **effective**, delivering health care that is adherent to an evidence base and results in improved health outcomes for individuals and communities, based on need;
- **efficient**, delivering health care in a manner which maximizes resource use and avoids waste;

- **accessible**, delivering health care that is timely, geographically reasonable, and provided in a setting where skills and resources are appropriate to medical need;
- **acceptable/patient-centered**, delivering health care which takes into account the preferences and aspirations of individual service users and the cultures of their communities;
- **equitable**, delivering health care which does not vary in quality because of personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status;
- **safe**, delivering health care which minimizes risks and harm to service users.

The need to improve quality in healthcare delivery is increasing. The Centers for Medicare & Medicaid Services (CMS), hospitals, and insurance providers alike are striving to better define and measure quality of health care. A major component of quality of health care is patient satisfaction. Furthermore, patient satisfaction is critical to how well patients do; research has identified a clear link between patient outcomes and patient satisfaction scores. Patient satisfaction is a key determinant of quality of care and an important component of pay-for-performance metrics.

Patient Satisfaction :-

Patient satisfaction is multifaceted and a very challenging outcome to define. Patient expectations of care and attitudes greatly contribute to satisfaction; other psychosocial factors, including pain and depression, are also known to contribute to patient satisfaction scores. Historically, physicians, especially surgeons, have focused on surgical technique and objective outcomes as measures of “patient satisfaction,” while patients place great value on the surgeon-patient interaction.

Patient satisfaction is an important and commonly used indicator for measuring the quality in health care. Patient satisfaction affects clinical outcomes, patient retention, and medical malpractice claims. It affects the timely, efficient, and patient-centered delivery of quality health care. Patient satisfaction is thus a proxy but a very effective indicator to measure the success of doctors and hospitals. This article discusses as to how to ensure patient satisfaction in dermatological practice.

The practice and system of medicine has evolved over centuries. There are certain significant developments which have taken place in the health systems in recent times. Chief among them are:

- a. the establishment of corporate hospitals equipped with the latest facilities
- b. the advent of third-party payers (insurance companies, governments, companies, etc.); increasing awareness among patients

- c. availability of information through the internet, and higher expectations of patient care, and finally
- d. the increasing litigations for unsatisfying results.

All these factors have resulted in a challenging profile for the health care industry - away from the traditional concept of a noble profession toward a service industry.

These players have recognized that higher patient satisfaction leads to benefits for the health industry in a number of ways, which have been supported by different studies:

1. Patient Loyalty
2. Improved patient
3. They are less vulnerable to price wars.
4. Consistent
5. Increased staff morale with reduced staff turnover
6. increased productivity
7. Reduced risk of malpractice suits
8. Accreditation issues
9. Increased personal and professional satisfaction

Increased personal and professional satisfaction Service excellence

Service excellence revolves around three factors: doctor, patient, and organization.

Doctor

Listed below are few “house rules” to handle the patient so as to attain a satisfying and a non-complaining patient:

- a. Break the ice
- b. Show courtesy
- c. Listen and understand
- d. Inform and explain
- e. See the whole person
- f. Share the responsibility
- g. Pay undivided attention
- h. Secure confidentiality and privacy
- i. Preserve dignity
- j. Remember the patient's family

k. Respond quickly

Patient

Certain tips can help a doctor or a hospital to understand the patients better:

1. Recognize that patients expect a personal relationship that shows compassion and care.
2. Recognize that the patient has got certain rights. Various regulatory authorities and hospitals have drawn a charter of rights for the patients.
3. Make sure a patient has got a good first impression of you and your set up.
4. Step into your patients' shoes; see through their eyes and hear through their ears.
5. Minimize the patient's waiting time to the least possible.
6. Try to make your problem-solving system to be functional.
7. Always obtain feedback from your patients and correct shortcomings if any.

Hospital

There are certain areas where minimum requirements and standards have to be maintained.

- Telephone service
- Office appearance
- Waiting time
- Doctor-patient interaction
- Patient education
- Problem solving
- Feedback

In Yamuna Nagar Center all these things are used .Patient fell happy from the services.

Review Of Literature

**Trends in patient satisfaction in Dutch university medical centers:
room for improvement for all**
BMC Health Services Research
March 2015

Abstract

Background:

Results of patient satisfaction research provide hospitals areas for quality improvement. Although it may take several years to achieve such improvement, not all hospitals analyze changes in patient satisfaction over time structurally. Consequently, they lack information from patients' perspective on effectiveness of improvement programs. This study presents a trend analysis of the patient satisfaction scores in the eight university medical centers in the Netherlands. We focus on the trends, effect size and its consequences for improving patient-centered care.

Methods:

The Core Questionnaire for the assessment of Patient satisfaction (COPS) was used in four large-scale nationwide comparative studies (2003-2009). Data were analyzed at a national level, and for each academic hospital separately. We analyzed the polynomial contrasts in the four measurements by performing an univariate analysis of variance (ANCOVA). The trend lines are presented graphically, with the means, SD, F-statistics and the standardized effect size including confidence intervals expressed by Cohen's d. By analyzing the (logit transformed) percentages of very satisfied patients we examined the change scores.

Results:

The dataset consisted of 58,055 inpatients and 79,498 outpatients. Significant positive trends were found on national level and hospital level, especially in outpatient departments. Improvement was especially seen on the dimensions "information" and "discharge and aftercare". Not only university medical centers with a lower score at the start, but surprisingly some best practices and university medical centers with a high initial score improved.

Conclusions:

We conclude that significant trends in patient satisfaction can be identified on a national and a hospital level, in inpatient and outpatient departments. The observed effect size expressed by Cohen's d is rather small. Hospitals have found room for

improvement, even hospitals with initial high satisfaction scores. We recommend that hospitals monitor their patient satisfaction scores over time and relate these to quality interventions and organizational changes. Furthermore, we recommend to expand the research to subgroups of unsatisfied patients to improve patient-centered care for all patients.

An empirical study of the impact of service quality on patient satisfaction in private hospitals, Iran

Global Journal of Health Science

July 2014

Abstract

Objective:

Perceived service quality is the most important predictor of patient satisfaction. The purpose of this study was to investigate the impact of the service quality on the overall satisfaction of patients in private hospitals of Tehran, Iran.

Method:

This cross-sectional study was conducted in the year 2010. The study's sample consisted of 969 patients who were recruited from eight private general hospitals in Tehran, Iran using consecutive sampling. A questionnaire was used for data collection; containing 21 items (17 items about service quality and 4 items about overall satisfaction) and its validity and reliability were confirmed. Data analysis was performed using t-test, ANOVA and multivariate regression.

Result:

this study found a strong relationship between service quality and patient satisfaction. About 45% of the variance in overall satisfaction was explained by four dimensions of perceived service quality. The cost of services, the quality of the process and the quality of interaction had the greatest effects on the overall satisfaction of patients, but not found a significant effect on the quality of the physical environment on patient satisfaction.

Conclusions:

Constructs related to costs, delivery of service and interpersonal aspect of care had the most positive impact on overall satisfaction of patients. Managers and owners of private hospitals should set reasonable prices compared to the quality of service. In terms of process quality, waiting time for visits, admissions, and surgeries must be declined and services provided at the fastest possible time. It should be emphasized to strengthen of interpersonal aspects of care and communication skills of care providers.

Measuring Patient Satisfaction: A Case Study to Improve Quality of Care at Public Health Facilities **Indian Journal Of Community Medicine** **January 2010**

Abstract

Objective:

The main objective of the study is to measure the satisfaction of OPD (Outpatient Department) patients in public health facilities of Madhya Pradesh in India.

Materials and Methods:

Data were collected from OPD patients through pre-structured questionnaires at public health facilities in the sampled eight districts of Madhya Pradesh. The data were analyzed using SPSS.

Settings:

Outpatient Departments of district hospital, civil hospital, community health centre, and primary health centre of the eight selected districts of Madhya Pradesh.

Results:

A total of 561 OPD patients were included in the study to know their perceptions towards the public health facilities, choosing health facility, registration process, basic amenities, perception towards doctors and other staff, perception towards pharmacy and dressing room services. It was found that most of the respondents were youth and having low level of education. The major reason of choosing the

public health facility was inexpensiveness, infrastructure, and proximity of health facility. Measuring patient satisfaction were more satisfied with the basic amenities at higher health facilities compared to lower level facilities. It was also observed that the patients were more satisfied with the behaviour of doctors and staff at lower health facilities compared to higher level facilities.

Patient satisfaction and quality of surgical care in US hospitals
BMC Public health
January 2015

Abstract

Objective:

The relationship between patient satisfaction and surgical quality is unclear for US hospitals. Using national data, we examined if hospitals with high patient satisfaction have lower levels of performance on accepted measures of the quality and efficiency of surgical care.

Background:

Federal policymakers have made patient satisfaction a core measure for the way hospitals are evaluated and paid through the value-based purchasing program. There is broad concern that performance on patient satisfaction may have little or even a negative correlation with the quality of surgical care, leading to potential trade-offs in efforts to improve patient experience with other surgical quality measures.

Methods:

We used the Hospital Consumer Assessment of Healthcare Providers and Systems survey data from 2010 and 2011 to assess performance on patient experience. We used national Medicare data on 6 common surgical procedures to calculate measures of surgical efficiency and quality: risk-adjusted length of stay, process score, risk-adjusted mortality rate, risk-adjusted readmission rate, and a composite z score across all 4 metrics. Multivariate models adjusting for hospital characteristics were used to assess the independent relationships between patient satisfaction and measures of surgical efficiency and quality.

Results:

Of the 2953 US hospitals that perform one of these 6 procedures, the median patient satisfaction score was 69.5% (interquartile range, 63%-75.5%). Length of stay was shorter in hospitals with the highest levels of patient satisfaction (7.1 days vs 7.7 days, $P < 0.001$). Adjusting for procedural volume and structural characteristics, institutions in the highest quartile of patient satisfaction had the higher process of care performance (96.5 vs 95.5, $P < 0.001$), lower readmission rates (12.3% vs 13.6%, $P < 0.001$), and lower mortality (3.1% vs 3.6%) than those in the lowest quartile. Hospitals with high patient satisfaction also had a higher composite score for quality across all measures ($P < 0.001$).

Conclusions:

Among US hospitals that perform major surgical procedures, hospitals with high patient satisfaction provided more efficient care and were associated with higher surgical quality. Our findings suggest there need not be a trade-off between good quality of care for surgical patients and ensuring a positive patient experience.

Quality of care and patient satisfaction: a new theoretical and methodological approach

International Journal of Health Care Quality Assurance

August 2010

Abstract

Purpose:

The paper's purpose is to develop a care-context adapted version of the emotional stress reaction questionnaire (ESRQ), which is based on the cognitive-phenomenological writings of Lazarus, and, using this instrument, to explore the relationship between quality of care from a patient perspective and patient satisfaction while taking key antecedent conditions into account.

Design/methodology/approach:

Data were collected from 624 patients at 16 Swedish out-patient clinics (75 per cent response rate). Patients responded to the ERSQ, the quality from the patient's perspective questionnaire (QPP), the single-item measures of personality (SIMP), and questions related to the outcome of the visit. Dimensionality of the ESRQ was

analysed using exploratory factor analysis and structural equation modeling. The relationship between the theoretical concepts was explored with logistic regression analysis.

Findings:

A care-context adapted version of the ESRQ was developed with meaningful factors and satisfactory psychometric properties. Care-episode specific appraisal and coping processes co varied as predicted with emotional responses. The theoretical model was partly confirmed when assessed against two outcome criteria: intention to follow the doctor's advice and hesitation to visit the same out-patient clinic again.

Practical implications:

The scales used are easy to administer and interpret.

Originality/value:

The suggested theoretical model of the relationship between quality of care from a patient perspective and patient satisfaction is new, as is the emotion-oriented approach to assessing patient satisfaction.

The quality of health care and patient satisfaction: an exploratory investigation of the 5Qs model at some Egyptian and Jordanian medical clinics
International Journal of Health Care Quality Assurance incorporating leadership in Health Care
July 2006

Abstract

Purpose:

To examine the major factors affecting patients' perception of cumulative satisfaction and to address the question whether patients in Egypt and Jordan evaluate quality of health care similarly or differently.

Design/methodology/approach:

A conceptual model including behavioral dimensions of patient-physician relationships and patient satisfaction has been developed. As the empirical research

setting, this study concerns three hospitals in Egypt and Jordan. The survey instrument in a questionnaire form was designed to achieve the research objectives. A total of 48 items (attributes) of the newly developed five quality dimensions were identified to be the most relevant. A total of 224 complete and usable questionnaires were received from the in-patients.

Findings:

Hospital C has above-average total and dimensional qualities and patients are the most satisfied in accordance with all dimensions of services. Hospitals A and B have under-average total qualities as the majority of patients are not satisfied with services. Comparing hospitals A and B, in the majority of dimensions (with the exception of Q5), the quality in hospital B is higher than in hospital A. Patients' satisfaction with different service quality dimensions is correlated with their willingness to recommend the hospital to others. A cure to improve the quality for health-care services can be an application of total relationship management and the 5Qs model together with customer orientation strategy.

Practical implications:

The result can be used by the hospitals to reengineer and redesign creatively their quality management processes and the future direction of their more effective health-care quality strategies.

Originality/value:

In this research a study is described involving a new instrument and a new method which assure a reasonable level of relevance, validity and reliability, while being explicitly change-oriented. This study argues that a patient's satisfaction is a cumulative construct, summing satisfaction with five different qualities (5Qs) of the hospital: quality of object, processes, infrastructure, interaction, and atmosphere.

Interpersonal Continuity of Care and Patient Satisfaction: A Critical Review
Annals of Family Medicine
September 2004

Abstract

Purpose:

We wanted to review the medical literature regarding the relationship between interpersonal continuity of care and patient satisfaction and suggest future strategies for research on this topic.

Methods:

A search of the MEDLINE database from 1966 through April 2002 was conducted to find articles focusing on interpersonal continuity of patient care. The resulting articles were screened to select those focusing on the relationship between interpersonal continuity in the doctor-patient relationship and patient satisfaction. These articles were systematically reviewed and analyzed for study method, measurement technique, and the quality of evidence.

Results:

Thirty articles were found that addressed the relationship between interpersonal continuity and patient satisfaction with medical care. Twenty-two of these articles were reports of original research. Nineteen of the 22, including 4 clinical trials, reported significantly higher satisfaction when interpersonal continuity was present.

Conclusions:

Although the available literature reflects persistent methodological problems, a consistent and significant positive relationship exists between interpersonal continuity of care and patient satisfaction. Future research in this area should address whether the same is true for all patients or only for those who seek ongoing relationships with physicians in primary care.

Patient safety, satisfaction, and quality of hospital care: cross sectional surveys of nurses and patients in 12 countries in Europe and the United States
British Medical journal
January 2012

Abstract

Objective:

To determine whether hospitals with a good organization of care (such as improved nurse staffing and work environments) can affect patient care and nurse workforce stability in European countries.

Design:

Cross sectional surveys of patients and nurses.

Setting:

Nurses were surveyed in general acute care hospitals (488 in 12 European countries; 617 in the United States); patients were surveyed in 210 European hospitals and 430 US hospitals.

Participants:

33 659 nurses and 11 318 patients in Europe; 27 509 nurses and more than 120 000 patients in the US.

Main outcome measures:

Nurse outcomes (hospital staffing, work environments, burnout, dissatisfaction, intention to leave job in the next year, patient safety, quality of care), patient outcomes (satisfaction overall and with nursing care, willingness to recommend hospitals).

Results:

The percentage of nurses reporting poor or fair quality of patient care varied substantially by country (from 11% (Ireland) to 47% (Greece)), as did rates for nurses who gave their hospital a poor or failing safety grade (4% (Switzerland) to 18% (Poland)). We found high rates of nurse burnout (10% (Netherlands) to 78% (Greece)), job dissatisfaction (11% (Netherlands) to 56% (Greece)), and intention to leave (14% (US) to 49% (Finland, Greece)). Patients' high ratings of their hospitals also varied considerably (35% (Spain) to 61% (Finland, Ireland)), as did rates of patients willing to recommend their hospital (53% (Greece) to 78% (Switzerland)). Improved work environments and reduced ratios of patients to nurses were associated with increased care quality and patient satisfaction. In European hospitals, after adjusting for hospital and nurse characteristics, nurses with better work environments were half as likely to report poor or fair care quality (adjusted odds ratio 0.56, 95% confidence interval 0.51 to 0.61) and give their hospitals poor or failing grades on patient safety (0.50, 0.44 to 0.56). Each additional patient per nurse increased the odds of nurses reporting poor or fair quality care (1.11, 1.07 to 1.15) and poor or failing safety grades (1.10, 1.05 to 1.16). Patients in hospitals with better work environments were more likely to rate their hospital highly (1.16, 1.03 to 1.32) and recommend their hospitals (1.20, 1.05 to 1.37), whereas those with higher ratios of patients to nurses were less likely to rate them highly (0.94, 0.91 to 0.97) or recommend them (0.95, 0.91 to 0.98). Results were similar in the US. Nurses and patients agreed on which hospitals provided good care and could be recommended.

Conclusions:

Deficits in hospital care quality were common in all countries. Improvement of hospital work environments might be a relatively low cost strategy to improve safety and quality in hospital care and to increase patient satisfaction.

Health care competition, strategic mission, and patient satisfaction: research model and propositions
Journal of Health Organization and Management
September 2008

Abstract

Purpose:

In all industries, competition among businesses has long been encouraged as a mechanism to increase value for patients. In other words, competition ensures the provision of better products and services to satisfy the needs of customers. This paper aims to develop a model that can be used to empirically investigate a number of complex issues and relationships associated with competition in the health care industry.

Design/methodology/approach:

A literature review was conducted. A total of 50 items of literature related to the subject were reviewed. Various perspectives of competition, the nature of service quality, health system costs, and patient satisfaction in health care are examined.

Findings:

A model of the relationship among these variables is developed. The model depicts patient satisfaction as an outcome measure directly dependent on competition. Quality of care and health care systems costs, while also directly dependent on the strategic mission and goals, are considered as determinants of customer satisfaction as well. The model is discussed in the light of propositions for empirical research.

Practical implications:

Empirical studies based on the model proposed in this paper should help identify areas with significant impact on patient satisfaction while maintaining high quality of service at lower costs in a competitive environment.

Originality/value:

The authors develop a research model which included propositions to examine the complex issues of competition in the health care industry.

Evaluation of quality and patient satisfaction during endoscopic procedure: a cross sectional study from south Asian country
Journal of Pakistan Medical Association
December 2010

Abstract**Objective:**

To assess the quality of gastrointestinal (GI) endoscopic procedures and patient satisfaction in endoscopy suite of South Asian country.

Methods:

Patients coming to the endoscopic suite of Aga Khan University Hospital (AKUH) were interviewed and assessed in this cross-sectional study. Quality of GI endoscopic procedures was evaluated using assessment tools as suggested by The American Society of Gastroenterology. Patient satisfaction after the procedure was assessed using a modified GHAA-9 questionnaire. The questionnaire was statistically evaluated using Pareto analysis and Spearman rank correlation.

Results:

In this study, 323 patients were evaluated with a mean age of 43 +/- 14.36 years. Out of all the procedures 251 (77.7%) were gastroscopies while 72 (22.3%) were colonoscopies. Patients undergoing different therapeutic procedures were 121 in number (37.46%). Pre-procedure education was rated as excellent or very good by 91.3% of the patients. Midazolam was used for sedation with an average dose of 3 mg. Technically successful procedures included 99.2% gastroscopies and 98.6% colonoscopies. Mean score of patients regarding satisfaction on mGHAA-9 questionnaire was 30 +/- 3.965. Patient dissatisfaction calculated in our study was 3.6% with the length of time spent waiting before procedure and length of time waiting to get an appointment for the procedure contributing to 90% of dissatisfaction.

Conclusions:

Quality of endoscopic procedures at our centre is at par with international standards with acceptable complication rate and good patient satisfaction.

A study to ascertain the patients' satisfaction of the quality of hospital care in Greece compared with the patients' satisfaction in Poland
Advances in Medical Sciences
February 2007

Abstract**Purpose:**

The aim of this study is to evaluate the satisfaction of elderly patients, of the hospital care's quality, based on the literature evidence on results of a qualitative research and on a previous developed conceptual frame.

Material and methods:

We developed the Elderly Patient Satisfaction Scale (EPSS) by using a combination of qualitative and quantitative research. In this study participated 320 elderly patients from Greece (182 male, 138 female) and 240 patients (136 male, 104 female) from Poland (mean age 74.16 +/- 6.14 years). Most of elderly patients were married. Inclusion criteria were: elderly patients over 65 years old, being able to be interviewed, hospitalized for at least three days and not to be suffering from severe mental disease.

Results:

There was no correlation among age and global patients' satisfaction. Men in both of groups were expressed greater satisfaction with perceived quality of doctor care than women. Age positively correlated with question who estimate the satisfaction with the time that doctor spends for medical history taking. Patient's education correlated with question (satisfaction with availability of nurses night). Patient's depression found that affects the quality of hospital care and the satisfaction. Elderly patients were most satisfied with the technical care ability of nurse. The time period of hospital stay is correlated negatively with patient's global satisfaction.

Conclusions:

No significant difference between the patients from Greece and Poland in majority of dimensions: the satisfaction of elderly patients, of the hospital care's quality was noted.

The impact of service quality perception on patient satisfaction in government hospitals in southern Saudi Arabia**Saudi Medical Journal****October 2014****Abstract****Objectives:**

To examine the impact of service quality perception on patient satisfaction and determine which dimension from 5 dimensions (tangible, reliability, responsive, assurance, and empathy) has the greatest impact on patient satisfaction.

Methods:

A total of 183 eligible patients participated in this study. This study was conducted in Al-Baha province, Saudi Arabia from June 2013 to August 2013. We utilized the cross-sectional method, using a modified Assessment of Service Quality questionnaire to collect the data.

Results:

To test the study hypothesis, multiple regression analysis was carried out. Analysis of variance revealed that the overall result showed a statistically significant impact of health service quality on patient satisfaction ($p=0.000$). The beta-weights (beta) suggested that the empathy dimension had the greatest influence on patient satisfaction (beta=0.476), followed by tangible (beta=0.198) and responsiveness dimensions (beta=0.164).

Conclusion:

Patient satisfaction was influenced by health service quality, with the empathy dimension as the greatest influence on patient satisfaction. Therefore, it should be considered a priority by government hospitals to train doctors in interpersonal relationship skills to enhance the doctor-patient relationship.

Research Problem

“Analyzing Variation in the Quality of Care and Patient Satisfaction among different Units of Eye Q Super-specialty Eye Hospital

AIM

To identify and analyze Variation by chance as well as by Specific causes in the Quality of Care and Patient Satisfaction among different units of the hospital.”

Objectives

- To Understand the definition and scope of Quality of Care
- Understand the basics of how to maintain the Quality of care and work up on Continuous Quality Improvement
- Identify the specific causes responsible for variations Quality of Care at different subsidiaries and its outcomes on patient satisfaction.
- Make organization aware of these causes and eliminate them in order to increase the Patient Satisfaction.

Research Methodology

1. Research type : Experimental research

2. Data Sources: Structured questionnaire

PSI question for feed back (Normal patient)



I got immediate attention when I arrived

The environment in the hospital was pleasant and welcoming

The staff were all warm ,courteous and helpful

The hospital was clean and well maintained

The hospital was equipped

I did not have to wait long for consultation

The doctor is extremely reassuring ; I feel T can trust him completely

My treatment was clearly and fully explained

The whole process was smooth and without any gaps

Someone was there to assist me at each step of the way

All the documentation and formalities were well taken care of

The reports were handed over in a neat and organized fashion

Billing was quick, efficient, and accurate

I have a number I can call and get a personal response any time

If I have any eye problem in the future, I would like to come back to EYE -Q

How likely are you to recommend EYE -Q to your friends and relatives ?



3. Study Period:

Study period ranges from 11th March 2016 – 23rd March 2016 days at Eye Q Super Specialty Eye Hospital.

4. Variables to be Analyzed:

- Proper Physical Facilities (Sitting arrangement, lift, water cooler, AC, lighting)
- Proper cleanliness and hygiene
- The behavior of the hospital staff
- Communication with the Doctor and Staff
- Availability of prescribed medicine at hospital drug counter
- Adverse drug reactions and treatment complications
- Appropriate medical records made available
- The waiting time at the hospital
- The fees charged for treatment
- The process at the hospital

5. Methodology in testing

- **Sampling method:** Random sampling
- **Sample size:** 100 Samples of normal Patients

Finding

In Yamuna Nagar centre 90% patient are totally satisfied .When any patient fill no in feedback then mail comes to Operation Manager and they solve the patient problem. They call the patient and ask about the problem and shout out the solution at the time. So patient feel happy and relax .

Conclusion

- The variation in Quality and Patient Satisfaction is due to specified reasons
- ✓ Physical facilities may be inadequate due to lack of resources
- ✓ Cleanliness and hygiene is affected by

Lack of Cleanliness measures followed by staff and patients

Lack of adequate housekeeping staff and their awareness

- ✓ Staff behaviour is found a little annoying in mostly peak time
- ✓ Also in peak time and rush hours it was difficult to handle and clarify each patient's doubts and queries
- ✓ Medicines are not available at the counter because either they are out of stock or newly prescribed.
- ✓ Adverse actions of medicines may be possible if proper history of patient is not known and wrongly prescribed
- ✓ Patient records are sometimes not provided due to technical issues
- ✓ Waiting time increases when scheduling and appointment slotting is not done properly and also when walk-in patients increase
- ✓ Cost of medical treatment is always an issue for patients
- ✓ Process smoothness is affected when there is not adequate staff, with adequate knowledge, practicality and managerial capabilities
- ✓ Medicines are not available at the counter because either they are out of stock or newly prescribed.
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Recommendation

- ✓ Optimum allocation of resources should be done.
- ✓ The staff and Patients both should understand their responsibility of cleanliness
- ✓ The housekeeping staff should also be efficient and perform their tasks faithfully
- ✓ The Centre Manager should put a check on both Staff and patients for cleanliness
- ✓ Peak time management and Multi- tasking should be adopted
- ✓ Behavioural Trainings for the staff should be provided
- ✓ Each and Every Staff should have considerable knowledge about the hospital, services, consultant, process, waiting time, Fees/charges.
- ✓ To prevent prescription bounce, medicine stock should be regularly checked and conveyed to the Doctor for the purpose of prescription.
- ✓ The Pharmacist must coordinate with the Doctor about the new and old medicines available/ unavailable.
- ✓ The pharmacist should have knowledge about the alternatives of medicines
- ✓ Patient should be asked to provide full information about disease and past history so that the doctor can become aware of the patient conditions.
- ✓ Waiting time can be managed by proper doctor scheduling and time slotting.
- ✓ The Patients should be converted into appointments rather than walk in patients.
- ✓ By cost saving techniques or by maximizing sales the per unit cost of services can be minimized to some extent.
- ✓ Each staff should be trained and must have the knowledge the processes in the hospital and be made capable to handle stress situations .

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