

Internship Training

At

**CGHS Specialist Wing of Safdarjang Hospital**  
**New Delhi**

On

**Patient Satisfaction and Quality Assurance in OPD Services**  
**of CGHS Specialist Wing of Safdarjang Hospital, New Delhi**

by

**Lieutenant Colonel Ravinder Singh Mehta**

Enroll No. **PGDHM/15-17/066**

Under the guidance of

**Prof. Dr. AK Khokhar, IIHMR, Dwarka, New Delhi**

Post Graduate Diploma in Hospital and Health Management  
2015-17



**International Institute of Health Management**  
**Research New Delhi**

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## **The Certificate is Awarded to**

**Lieutenant Colonel Ravinder Singh Mehta**

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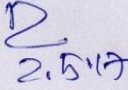
**Patient Satisfaction and Quality Assurance in OPD Services  
of CGHS Specialist Wing of Safdarjang Hospital, New Delhi**

**Date : 30 April 2017**

**Organisation : CGHS Specialist Wing of Safdarjang Hospital**

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

We wish him all the best for future endeavors

  
DR. S. P. SINGH  
M.D.(Med.), FMSA  
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This is to certify that **Lieutenant Colonel Ravinder Singh Mehta**, 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 **CGHS Specialist Wing of Safdarjang Hospital** from **01 February 2017** to **30 April 2017**.

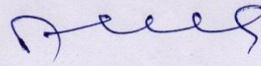
The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.



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**Dean, Academics and Student Affairs**  
**IIHMR, New Delhi**



**Prof. Dr. A.K. Khokhar**  
**Mentor**  
**IIHMR, New Delhi**





### Certificate of Approval

The following dissertation titled "Patient Satisfaction and Quality Assurance in OPD Services of CGHS Specialist Wing of Safdarjang Hospital, New Delhi" at "CGHS Specialist Wing of Safdarjang 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.**

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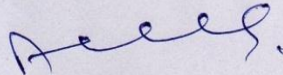
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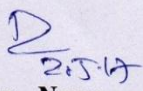
### **Certificate from Dissertation Advisory Committee**

This is to certify that **Lieutenant Colonel Ravinder Singh Mehta**, a graduate student of the Post- Graduate Diploma in Health and Hospital Management has worked under our guidance and supervision. He is submitting this dissertation titled **"Patient Satisfaction and Quality Assurance in OPD Services of CGHS Specialist Wing of Safdarjang Hospital, New Delhi"** at **"CGHS Specialist Wing of Safdarjang 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.

  
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**INTERNATIONAL INSTITUTE OF HEALTH  
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**CERTIFICATE BY SCHOLAR**

This is to certify that the dissertation titled "**Patient Satisfaction and Quality Assurance in OPD Services of CGHS Specialist Wing of Safdarjang Hospital, New Delhi**" at "**CGHS Specialist Wing of Safdarjang Hospital**" and submitted by **Lieutenant Colonel Ravinder Singh Mehta**, Enrollment No. **PGDHM/15-17/066** under the supervision of **Prof. Dr. AK Khokhar, IIHMR, Dwarka, New Delhi**, for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from **01 February 2017 to 30 April 2017** 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.

  
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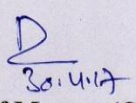
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Dissertation: **CGHS Specialist Wing of Safdarjang**  
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Area of Dissertation: **Patient Satisfaction and Quality Assurance**  
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Objectives Achieved: **Fully**  
Deliverables: **100%**  
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Improvement

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Date: 30 April 2017

Place: Safdarjang Hospital

## Abstract

**Background:** Patient satisfaction is one of the important goals of any health system, but it is difficult to measure the satisfaction and gauge responsiveness of health systems as not only the clinical but also the non-clinical outcomes of care do influence the customer satisfaction. Patients' perceptions about health care systems seem to have been largely ignored by health care managers in developing countries. Patient satisfaction depends up on many factors such as: Quality of clinical services provided, availability of medicine, behavior of doctors and other health staff, cost of services, hospital infrastructure, physical comfort, emotional support, and respect for patient preferences. Mismatch between patient expectation and the service received is related to decreased satisfaction. Therefore, assessing patient perspectives gives them a voice, which can make public health services more responsive to people's needs and expectations.

In the recent past, studies on patient satisfaction gained popularity and usefulness as it provides the chance to health care providers and managers to improve the services in the public health facilities. Patients' feedback is necessary to identify problems that need to be resolved in improving the health services. Even if they still do not use this information systematically to improve care delivery and services, this type of feedback triggers a real interest that can lead to a change in their culture and in their perception of patients.

The present paper is based on a comprehensive study conducted at public health facilities in CGHS Specialist Wing of Safdarjung Hospital to measure patient satisfaction who have availed services at outdoor patient department. The main objective of this paper is to share the findings on patients' satisfaction about various components of out-door patient department (OPD) services.



Out Patient Department is the mirror of the hospital, which reflects overall functioning of the hospital, being the first point of contact between the patient and the hospital staff. Nowadays OPD services of majority of the hospitals are facing queuing and waiting time problems that is resulting into patient dissatisfaction. Waiting for consultation and getting investigations done in the hospital is one of the main reason behind patient does not want to avail the services of that particular hospital. Provision of quick and efficient services is only possible with optimum utilization of resources through multitasking in a single window system in the OPD.

**Materials & Methods:** The study is cross sectional in nature and sampling technique used were census data and purposive sampling. During the study both qualitative data like factors responsible for long waiting time in OPD, its impact on patient satisfaction and quantitative data like average waiting time of the patients in OPD, percent distribution of satisfaction score given by the patients has been collected. The data has been collected through face to face interview with the help of semi-structured questionnaire and to estimate the average waiting time daily reporting of in-time and out-time of patients coming in the has been measured. The study area is Multi specialty Out Patient Department of CGHS Specialist Wing Safdarjang Hospital, New Delhi. The data was analysed using software SPSS 22 version. Proportions were used for interpretation.

**Results:** Average waiting time of Orthopedics OPD (2:35 hr) is the highest followed by Pediatrics OPD (2:15hr), Eye OPD (2:10hr), ENT OPD (2:05hr) and Medicine OPD (1:30 hr) in descending order respectively. There are various factors which are responsible for long waiting period for patients in OPD majorly they are; doctors

coming late in the OPD, shortage of doctors, wrong information given to the patient about the availability of doctor in the OPD, Maximum number of patients is dissatisfied with waiting time at reception counter and non-availability of other service areas related to OPD like diagnostics and pharmacy. Some were also dissatisfied due to non-availability of Feedback mechanism, food, snacks and beverages.

### **Cumulated Analysis:**

1. In overall care provided at the hospital, Medicine OPD top scores with (3.67) points, followed by ENT with (3.57) points, followed by Eye with (3.53) points, followed by Paediatrics with (3.46) points and last was Orthopaedics with (2.90) points.
2. Reliability and Assurance scores more than 80% in all OPDs less Orthopaedics OPD due to non-availability of Orthopaedics doctors at times.

**Discussion:** In all OPDs, Tangible aspects score low due to non-availability of Lab, Pharmacy, food, snacks, beverages and feedback mechanism in CGHS Specialist Wing. Responsibleness aspects also score low due to rude behaviour of Registration Staff, high average Waiting time and no Feedback mechanism. Empathy also scores low due to indifferent attitude of Staff towards patients and lack of provision of comfort to patients. Average waiting time of Orthopedics OPD (2:35 hr) is the highest followed by Pediatrics OPD (2:15hr), Eye OPD (2:10hr), ENT OPD (2:05hr) and Medicine OPD (1:30 hr) in descending order respectively. There are various factors which are responsible for long waiting period for patients in OPD majorly they are; doctors coming late in the OPD, shortage of doctors, wrong information given to the patient about the availability of doctor in the OPD, Maximum number of patients is



dissatisfied with waiting time at reception counter and non-availability of other service areas related to OPD like diagnostics and pharmacy.

### **Measures for Improvement**

1. Separate counter at Lab and Pharmacy at the CGHS wing.
2. 24 hrs Online Registration and more counters for Registration.
3. Dedicated Orthopaedics Specialist to improve Orthopaedics OPD.
4. OPD strictly on referral basis to reduce Waiting time.
5. Have Wet Canteen for patients.
6. Soft Skills cadre for Staff and Nurses.
7. Introduce Feedback mechanism.
8. There should be a Nursing Home / Private Ward facility for CGHS beneficiaries on the similar lines of RML Hospital.
9. Digital Token Numbers to be displayed in Waiting Area for ease of patients.

**Conclusion:** Waiting time for patients in OPD is higher especially in case of Orthopedics department. Although only few number of the patients are dissatisfied with the waiting time at different service areas and but they should be taken in more consideration as a single bottleneck of the hospital can affect the efficiency of overall functioning of the system. Every patient attending the hospital is responsible for spreading the good image of the hospital and therefore satisfaction of patients attending the hospital is equally important for hospital management.

**Keywords:** Patient satisfaction, Quality improvement, Healthcare

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## **List of Symbols and Abbreviations**

<b>Abbreviation</b>	<b>Full Acronym</b>
CGHS	Central Govt Health Scheme
OPD	Outpatient Department
IPD	Inpatient Department

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**Lieutenant Colonel Ravinder Singh Mehta**



## **INTRODUCTION ABOUT SAFDARJANG HOSPITAL**



### **Hospital Overview**

Safdarjung Hospital was founded during the Second World War in 1942 as a base hospital for the allied forces. It was taken over by the Government of India. Ministry of Health in 1954. Until the inception of All India Institute of Medical Science in 1956, Safdarjung Hospital was the only tertiary care hospital in South Delhi. Based on the needs and developments in medical care the hospital has been regularly upgrading its facilities from diagnostic and therapeutic angles in all the specialties. The hospital when started in 1942 had only 204 beds, which has now increased to 1531 beds. The hospital provides medical care to millions of citizens not only of Delhi but also the neighboring states free of cost. Safdarjung Hospital is a Central Government Hospital under the Ministry of Health & Family Welfare and is receives its budget from the Ministry. Safdarjang Hospital has a Medical College associated with it named Vardhman Mahavir Medical College. Vardhman Mahavir Medical College was established at Safdarjang hospital in November 2001 and on 20th November 2007, the Vardhman Mahavir Medical College building was dedicated to the nation. The first batch of MBBS students joined the college in February 2002. The college has

recognition by the Medical Council of India. The college is affiliated to Guru Govind Singh I P University, Delhi, From 2008 onwards the post graduate courses are also affiliated to GGSIP which were with Delhi University till now.

**THE SERVICES AVAILABLE** : The hospital provides services in various specialties and Super Specialties covering almost all the major disciplines like Neurology, Urology, CTVS, Nephrology, Respiratory Medicine, Burns & Plastics, Pediatric Surgery, gastroenterology, Cardiology, Arthroscopy and Sports Injury clinic, Diabetic Clinic, Thyroid Clinic. Further, it has two Whole Body CT Scanner, MRI, Color Doppler, Digital X-ray, Cardiac Cath. Lab, Multi load CR system and Digital OPG X-ray Machine. A Homoeopathic OPD and Ayurvedic OPD are also running.

**OPD SERVICES:** OPD Services are running in New OPD Building of VMMC & Safdarjang Hospital. Patients coming to OPD of Safdarjang Hospital find a congenial and helpful atmosphere. Various Public Friendly Facilities exist in the OPD Registration Area of the New OPD Building like the 'May I help You' Counter, Computerized Registration Counters, which are separately marked for Ladies, Gents, Senior Citizens and Physically Challenged. A special Counter for senior citizens, Physically handicapped patients and hospital staff was opened in Central Dispensary to avoid inconvenience to these patients and general hospital working. Additional Counter for Clinic patients was opened from the existing strength of Pharmacists in order to minimize waiting time of the patients.

**SPECIALIST OPD SERVICES FOR CGHS PATIENTS:** Specialist OPD Services for CGHS Patients are running at the Third Floor of Hospital. Various Public Friendly

Facilities exist in the OPD Registration Area like Computerized Registration Counters. In Delhi, CGHS Specialist Wing of Safdarjung Hospital is a recognized name in patient care. Backed with a vision to offer the best in patient care and equipped with technologically advanced healthcare facilities, they are one of the upcoming names in the healthcare industry. A team of well-trained medical staff, non-medical staff and experienced clinical technicians work round-the-clock to offer various services . Their professional services make them a sought after Hospitals in Delhi. A team of 91 Specialists equipped with the knowledge and expertise for handling various types of medical cases in 11 Specialties viz, Medicine, Orthopedics, Surgery, Dental, ENT, Ophthalmology, Pediatrics, Dermatology, Gynecology, Homeopathy and Ayurvedic (No Doctor available). There are 20 OPD Rooms, with an average OPD of approx 1300 per day and approx 700 attendants accompanying patients per day.



FIG 2



## **INFRASTRUCTURE & FACILITIES**

Presently, the hospital has come up over an area of 47 acres ( 1,90,738 sqm). The ground coverage being 29.7% (56572.6 sqm), with a floor area ratio (FAR) less than 100 (floor area 178941.86 sqm.). The existing medical facilities include indoor Beds - 1531(approved but around 1812 squeezed in to accommodate ever increasing rush), 180 OPD rooms, OT's-32, OPD load-7000-8000 per day with three times the accompanying attendants, 14 specialty OPDs in the evening, about and only 30 ICU beds etc. Further, on an average about 1000 patients attend casualty emergency, 355 admitted, & 75 deliveries are carried out daily. 26 Computerised counters in new OPD block besides separate counters in Ortho, Gynae, Burns, Dental, respiratory, psychiatry, radiotherapy, rehabilitation & CGHS etc and separate OPD for Homeopathy, Ayurveda & Naturopathy facilitate comprehensive patient care. Volume can be judged by an OPD attendance of more than 22 lakh, admissions of 130000 plus with bed occupancy of 140%, 1 lakh operations, X rays in excess of 2,80,000, or lab tests 40 lakh displaying remarkable work being done in this central governmental hospital. With more than 37 Depts and advanced facilities like Coronary Artery Bypass Surgery, Angiography and Angioplasty, Total Hip Replacement surgery, Knee Replacement Surgery, Arthroscopies and Arthroscopy assisted surgery of joints, Sports Injury Clinic, Lithotripsy for Kidney stones, Dialysis for Kidney Failure patients, Radiotherapy, Cancer Surgery, Artificial Limb Implant Facility, Antiretroviral therapy for AIDS patients, DOTS for TB patients, Aurveda, Homeopathy & Unani treatment Centres and Advanced Diagnostics like Blood Tests by Fully automated Machines, Mammography, MRI, Digital X-Ray, OPG, Whole Body Spiral CT Scan etc are available under one roof.

## **VISION, MISSION AND OBJECTIVES**

**FIG3**

### **Vision**

“Providing evidence based technical support for policy formulation and programme implementation in matters of Public Health, Health Care and Medical Education to the Government for achieving an acceptable standard of health for the people of India”.

Last Updated On 30/06/2016”

**FIG 4**

### **Mission**

Developing the Directorate General Health Services as a core agency so as to contribute in developing the health system with quality, excellence, equity and righteousness with participation of the people, communities and all stakeholders for health and wellbeing of all.

#### **Guiding Principles**

**The over-arching principles would be:**

- Equitable distribution of health care irrespective of age, gender, caste, creed, religion etc
- Community participation: whole of society approach with community and civil society equal partners and take responsibility for their health and well-being.
- Inter-sectoral collaboration : Whole of Government approach with advocacy and action for health in policies of all sectors beyond health.

- Health Team approach : Mutually supportive cadre of health workers appropriate to the levels of care.
- Use of appropriate medical technology including essential drugs : Accessible, affordable, feasible medical technology that is culturally acceptable to the community.
- Free Basic Health services (primary and secondary level care) is ensured for all in accordance with the public health standards evolved by DGHS.
- Advanced health services (Tertiary Care) is ensured free to those who cannot pay for the services and for others, at a cost the community can afford.

Last Updated On 14/02/2017

## Objectives

### **Broad objectives of Directorate General of Health Services would be:**

- To address social and cultural determinants to ensure every citizen has the right to health and well-being.
  1. Guarantee food security to provide essential nutrition, especially for mother and child.
  2. Ensure potable water, sanitation facilities and proper housing
- To take effective measures to prevent, mitigate & eliminate / eradicate CDs of public health imp & to prevent, mitigate & or contain public health emergencies due to biological incl zoonotic, chemical & radiological hazards.
- To promote health through behavioural change with involvement of community, civil society, community based orgs, media etc to address issues related to NCDs - cancer, cardio vascular disease, stroke, mental illnesses, alcoholism & other substance abuse.
- To ensure Emergency Medical Services coverage for all that would include medical, surgical (including trauma), paediatric and obstetric emergencies;
- Lay down specific stds & norms for safety & quality assurance of all aspects of health care
- Develop & ensure availability of HR in hlth sect to appropriate level of care.
- To manage info related to health status, health infra & health Services.

Last Updated On 14/02/2017



### **QUALITY POLICY AT SAFDARJUNG**

- ✓ Deliver world class patient care through medical excellence.
- ✓ Create a patient-centric environment
- ✓ Ensure high standards and safety of treatment during the patient's stay.
- ✓ Continuous Quality Improvement through implementation of robust clinical and non-clinical process and protocols.
- ✓ Having world-class infrastructure and cutting edge technology utilized by highly skilled employees.
- ✓ Complying with statutory regulations.

**FIG 6**



**PART II**

**DISSERTATION**

On

**“Patient Satisfaction and Quality Assurance in OPD Services of  
CGHS Specialist Wing of Safdarjang Hospital, New Delhi”**

## **Patient Satisfaction and Quality Assurance in OPD Services of**

### **CGHS Specialist Wing of Safdarjang Hospital, New Delhi**

#### **Central Government Health Scheme In India**

The Central Govt. Health Scheme in India is comprehensive health care to the CGHS Beneficiaries. The Central Govt. Health Scheme is applicable to the following categories of people residing in CGHS covered cities:

- All Central Govt. Servants paid from Civil Estimates (other than those employed in Railway Services and those employed under Delhi Administration except members of Delhi Police Force).
- Pensioners drawing pension from Civil Estimates and their family members – (Pensioner residing in non- CGHS areas also may obtain CGHS Card from nearest CGHS covered City)
- Hon'ble Members of Parliament
- Hon'ble Judges of Supreme Court of India
- Ex- Members of Parliament
- Employees & Pensioners of Autonomous Bodies covered under CGHS (Delhi)
- Ex- Governors and Ex-Vice Presidents
- Former Prime Ministers
- Former Judges of Hon'ble Supreme Court of India and Hon'ble High Courts
- Freedom Fighters

- It provides service through following categories of systems:-
  - Allopathic
  - Homeopathic
  - Indian System of Medicines e.g.
  - Ayurveda
  - Unani
  - Yoga
  - Sidha System

**The main components of the Scheme are:**

- The dispensary services including domiciliary care.
- F. W. & M.C.H. Services
- Specialists consultation facilities both at dispensary, polyclinic and hospital level including X-Ray, ECG and Laboratory Examinations.
- Hospitalization.
- Organization for the purchase, storage, distribution and supply of medicines and other requirements.
- Health Education *to* beneficiaries.



The dispensary is the backbone of the Scheme. Instructions on these various matters have been issued from time to time for the guidance of the specialists and medical Officers. With the rapid and continuous expansion of the Scheme, however, not only situation has changed and problems arisen but also the rapidly expanding staff have not approved practices, procedures and instructions in regard to their various duties and responsibilities.

### **Guidelines on Referral System in CGHS**

The referral system in CGHS is based on the following set of guidelines-

#### **Treatment at CGHS empanelled hospitals**

##### **I. Treatment under medical emergency:**

No referral is required and beneficiary can directly go to any private empanelled hospital for availing treatment.

##### **II. Elective treatment at Empanelled hospitals in Delhi/NCR :**

- CGHS/Government Specialist advises specific treatment procedure required. Permission letter has to be obtained from CGHS Wellness centre /Addl. Director of CGHS in case of pensioners, ex-MPs, etc., and from the department in case of serving employees for undergoing the treatment at any of the CGHS empanelled hospitals of his /her choice.
- In satellite towns of NCR, viz., Faridabad, Ghaziabad, Gurgaon and Noida, CMO i/c of CGHS Wellness centres can refer the CGHS beneficiaries directly to private empanelled hospitals for treatment and management. In such cases permission for specific treatment procedure is to be obtained from competent authority i.e., from CGHS in case of pensioners, etc., and from the department in case of serving employees.

### **III. Treatment at Empanelled hospitals in other CGHS covered cities outside Delhi/NCR :**

- CGHS beneficiaries must compulsorily be referred to Polyclinics wherever set up by the CGHS. On the advice / opinion of the Specialists / Post graduate GDMOs, CMO In-charge, AD / JDs may refer CGHS beneficiary to private empanelled hospitals of the choice of the beneficiary.
- In those cities which do not have polyclinics and if GDMOs who are post Graduate are available, their services as specialist may be utilized and patients may be referred to the dispensary in which such PG. GDMOs are posted or if space is available in a centrally located dispensary, the PG GDMOs may be posted there.
- In the event of neither a specialist nor PG GDMO is available in a city CMO In-charge shall make a provisional diagnosis and refer the patients to private empanelled hospital for specialist consultation. If any specific treatment/ procedure is advised (except in emergency) by private empanelled hospital, It must be counter-signed by CMO I/c before the services are availed to check possible misuse.

The processes of referral through Government/ CGHS specialists provide a check and balance in the system, so far as correct diagnosis and treatment is concerned.

#### **GUIDELINES FOR CGHS BENEFICIARIES:**

- CGHS beneficiaries require to take treatment in CGHS dispensary.
- CGHS Doctor's reference and office permission required for taking treatment / test in recognized hospital / Diagnostic Centers.

- Emergency treatment can be taken from hospital in case of no government / recognized hospital located nearby.
- Medicines purchased from open market, in case of OPD treatment taken from recognized private hospital is not reimbursable, and the same is to be obtained from CGHS dispensary.
- If test / investigations are carried out privately by CGHS beneficiary on the advice of a government specialist, a non-availability certificate from the government hospital concerned should be attached.

### **GENERAL PURPOSE TREATMENT AND DIAGNOSTIC PROCEDURE:**

**The entitlement for indoor treatment would be as under:**

i) Basic Pay upto Rs.7500/-	General Ward
ii) Basic Pay Rs.7501/- to 10500/-	Semi-pvt Ward
iii) Basic Pay Rs. 10501/- and above	Private Ward

**The maximum room rent for different categories would be:**

i) General	Rs.500/- per day
ii) Semi private Ward	Rs.1000/- per day
iii) Private Ward	Rs. 1500/- per day
iv) Day Care	Rs. 500/- per day

Package deal rates include admission charges, accommodation charges, ICU / ICCU charges, monitoring charges, Operation charges, anaesthetic charges, Op. theatre charges, cost of drugs and disposable surgical sundries, Physiotherapy charges during the period of hospital stay.

If one or more treatment procedure form part of a major treatment procedure, the package charges would be made against the major procedures and only half of actual charges quoted for minor procedure would be added to the package charges of the first major procedure.

**Monthly Contributions for availing CGHS facility:**

S.No	Corresponding level in Pay Matrix as per 7th CPC	Contribution (Rs. Per month)
1	Level: 1 to 5	250
2	Level: 6	450
3	Level: 7 to 11	650
4	Level: 12 & above	1000



**Patient Satisfaction and OPD in CGHS Specialist Wing of Safdarjung**  
**Hospital, Delhi**

When a CGHS employee comes to OPD in CGHS Specialist Wing of Safdarjung Hospital, his / her expectations in various aspects are as under :

- RELIABILITY
- RESPONSIBLENESS
- TANGIBLE
- ASSURANCE
- EMPATHY

Experiences of CGHS employees at OPD in CGHS Specialist Wing of Safdarjung Hospital, in various aspects are measured as under :

- TANGIBLE
- RELIABILITY
- RESPONSIBLENESS
- ASSURANCE
- EMPATHY

## **INTRODUCTION TO THE TOPIC**

Patient satisfaction is one of the important goals of any health system, but it is difficult to measure the satisfaction and gauge responsiveness of health systems as not only the clinical but also the non-clinical outcomes of care do influence the customer satisfaction. Patients' perceptions about health care systems seem to have been largely ignored by health care managers in developing countries. Patient satisfaction depends up on many factors such as: Quality of clinical services provided, availability of medicine, behavior of doctors and other health staff, cost of services, hospital infrastructure, physical comfort, emotional support, and respect for patient preferences. Mismatch between patient expectation and the service received is related to decreased satisfaction. Therefore, assessing patient perspectives gives them a voice, which can make public health services more responsive to people's needs and expectations.

In the recent past, studies on patient satisfaction gained popularity and usefulness as it provides the chance to health care providers and managers to improve the services in the public health facilities. Patients' feedback is necessary to identify problems that need to be resolved in improving the health services. Even if they still do not use this information systematically to improve care delivery and services, this type of feedback triggers a real interest that can lead to a change in their culture and in their perception of patients.

The present paper is based on a comprehensive study conducted at public health facilities in Safdarjung Hospital to measure patient satisfaction who have availed services at outdoor patient department. The main objective of this paper is to share the findings on patients' satisfaction about various components of out-door patient department (OPD) services.

Out Patient Department is the mirror of the hospital, which reflects overall functioning of the hospital, being the first point of contact between the patient and the hospital staff. Nowadays OPD services of majority of the hospitals are facing queuing and waiting time problems that is resulting into patient dissatisfaction. Waiting for consultation and getting investigations done in the hospital is one of the main reason behind patient does not want to avail the services of that particular hospital. Provision of quick and efficient services is only possible with optimum utilization of resources through multitasking in a single window system in the OPD.

### **REVIEW OF LITERATURE**

Healthcare industries have seen recent movements towards continuous quality improvement and this has gained momentum since 1990 and according to Donabedian's declaration for incorporating patient perception into quality assessment, healthcare managers thus incorporate patient centered care as a major component in the healthcare mission.<sup>1</sup> The healthcare managers that endeavor to achieve excellence take patient perception into account when designing the strategies for quality improvement of care. Recently, the healthcare regulators shifted towards a market -driven approach of turning patient satisfaction surveys into a quality improvement tool for overall organizational performance.<sup>2</sup> In 1996, evaluation of patient satisfaction was mandatory for all French hospitals.<sup>3</sup> Laurent et al. 2006 conducted a study in a tertiary teaching hospital in France aiming to assess the opinions of clinical staff towards the effect of in-patient satisfaction surveys on the quality improvement process. A favorable result of 94% revealed that the patient was able to judge hospital service quality, especially in its relational, organizational and environmental dimensions.<sup>3</sup>

In Germany, measuring satisfaction has been required since 2005 as an element of quality management reports.<sup>4</sup> Since 2002, the Department of Health (DOH) has launched a national survey program in which all NHS trusts in England have to survey patient satisfaction on an annual basis and report the results to their regulators.<sup>5</sup> Therefore, measurement of patient satisfaction is a legitimate indicator for improving the services and strategic goals for all healthcare organizations.<sup>6</sup> In this review, the primary aim is to carry out an in-depth investigation into a number of research studies that critically discuss the relationship of dependent and independent influential attributes to overall patient satisfaction in addition to its impact on the quality improvement process within healthcare organizations. The literature also focuses on measurement tools of patient satisfaction.

### **Methodology and Search Strategy**

Two methods were used as search strategies. The first was keywords and the second is called the snowball search method. Recent studies published in the last 15 years, from 1997 until 2012 and those written only in English were selected.

The research studies included satisfaction surveys of patients who have been hospitalized or patients visiting the out-patient departments within tertiary hospitals in different foreign countries. The research empirically excluded all patient satisfaction surveys related to ambulatory care centers, specific departments or specialties.

The databases utilized were Google Scholar, Medline, Emerald, Pub-Med and Science Direct, while the main keywords used were: patient satisfaction surveys, quality improvement, patient feedback, hospitals and patient satisfaction measurement. The outcome of the research study was 29 articles that appeared to be highly relevant to the subject under investigation.



## **The Concept of Patient Satisfaction**

There is no consensus between the literatures on how to define the concept of patient satisfaction in healthcare. In Donabedian's quality measurement model, patient satisfaction is defined as patient-reported outcome measure while the structures and processes of care can be measured by patient-reported experiences.<sup>7</sup> Many authors tend to have different perceptions of definitions of patient satisfaction. Jenkinson C et al. (2002) and Ahmed et al. (2011) pointed out that patient satisfaction mostly appears to represent attitudes towards care or aspects of care.<sup>8,9</sup> While Mohan et al. (2011) referred to patient satisfaction as patients' emotions, feelings and their perception of delivered healthcare services.<sup>10</sup> On the other hand, other authors defined patient satisfaction as a degree of congruency between patient expectations of ideal care and their perceptions of real care received.<sup>9</sup>

## **Measurement of Patient Satisfaction**

The reviewed literature agreed on the fact that there is an impact of measuring patient satisfaction on quality improvement of care. Patients' evaluation of care is a realistic tool to provide opportunity for improvement, enhance strategic decision making, reduce cost, meet patients' expectations, frame strategies for effective management, monitor healthcare performance of health plans and provide benchmarking across the healthcare institutions.<sup>7,9,11,12</sup>

In addition, due to the tendency of healthcare industries to concentrate on patient-centered care; patient satisfaction reflects patients' involvement in decision making and their role as

partners in improving the quality of healthcare services.[9](#)[13](#) Mohan et al. also deemed the significant correlation between measuring patient satisfaction and continuity of care where the satisfied patients tend to comply with the treatment and adhere to the same healthcare providers.[10](#) Patient satisfaction represents a key marker of communication and health-related behavior.[4](#) In contrast, some of the literature dismiss patients' views as a wholly subjective evaluation and an unreliable judgment of the quality of care.[7](#)[10](#)[14](#)

Basically, there are two approaches for evaluating patient satisfaction-qualitative and quantitative. The quantitative approach provides accurate methods to measure patient satisfaction. Standardized questionnaires (either self-reported or interviewer-administrated or by telephone) have been the most common assessment tool for conducting patient satisfaction studies.[14](#)[15](#)

There is a great variation in questionnaires as instruments of measuring patient satisfaction. The spectrum includes: instruments provided by private vendors, which are usually not published and their reliability and validity are not clear. Secondly, there are quite a number of publically and standardized instruments such as patient satisfaction questionnaires; PSQ-18 and consumer assessment health plans (CAHPS). Such instruments have the advantage of good reliability and validity; however, offer limited scope of survey questions.[1](#) Thirdly, internally developed instruments which are mainly generated entirely *de novo* or import questions from other existing standardized instruments.[1](#) A survey conducted in 16 academic medical centers across the USA in 2002 to determine the type of patient satisfaction instrument that was used at each center established that the majority of institutions use an

internally developed instrument for outpatient satisfaction, while they used private vendor's instruments for inpatient satisfaction. Patient satisfaction measurement tools should be reliable and valid in order to precisely function and to realise the main goal of collecting patient's feedback.[14](#)

Another large survey conducted in major acute care hospitals in five countries (United Kingdom, USA, Sweden, Switzerland and Germany) to determine the applicability and relevance of short form questionnaire (PPEQ- 15) from Picker Patient Experience Questionnaire for inpatient experience concluded that PPEQ -15 demonstrates a high correlation of selected items, high consistence validity across countries and a high association of the gold standard.[5](#)

On the other hand, Yellen et al. (2002) and Kilbourne et al. (2004) declared that based on many standardized, validated patient satisfaction instruments which have been developed primarily to assess patient satisfaction with specific aspects of care, these have little potential of validity and reliability in other settings of care.[6](#)[16](#) Therefore, selecting an appropriate patient satisfaction instrument is a critical challenge for healthcare organizations.

One critical literature review on survey instruments and other existing studies ascertained that the plethora of survey instruments measuring patient satisfaction in healthcare industries is heartening; however, core instruments need to be standardized and there needs to be centralized uniform information collection.[6](#)[11](#)[14](#)

## **Determinants of Patient Satisfaction**

In the increasingly competitive market of healthcare industries, healthcare managers should focus on achieving high or excellent ratings of patient satisfaction to improve the quality of service delivery; therefore, healthcare managers need to characterize the factors influencing patient satisfaction which are used as a means to assess the quality of healthcare delivery. In order to understand various factors affecting patient satisfaction, researchers have explored various dimensions of the perceived service quality, as meaningful and essential measures of patient perception of healthcare quality. Kaneet et al. (1997) and Marley et al. stated that measuring satisfaction should "incorporate dimensions of technical, interpersonal, social, and moral aspects of care".<sup>2</sup> Research of patient satisfaction in advanced as well as developing countries has many common and some unique variables and attributes that influence overall patient satisfaction.<sup>9</sup>

Most of the studies in the literature review examined the correlation between demographic factors such as age, gender, health status and level of education with patient satisfaction; however, the findings from these studies are conflicting. Two studies, one conducted in Scotland whereby 650 patients discharged from four acute care general hospitals during February and March 2002, and the second study was conducted in 32 different large tertiary hospitals in the USA; both showed that male patients, patients older than 50 years of age, patients who had a shorter length of stay or better health status and those with primary level education had higher scores related to variable health service-related domains.<sup>15,17</sup>

On the other hand, a national survey performed in different accredited hospitals of Taiwan found that patient characteristics such as age, gender and education level only slightly

influenced patient satisfaction but that the health status of patients is an important predictor of a patient's overall satisfaction.[12](#) In addition, Nguyen et al. (2002) and Jenkinson et al. (2002) declared from their studies that the two strongest and most consistent determinants of higher satisfaction are old age and better health status.[8:18](#) While two studies reported contrary results regarding the influential effect of the two controlled variables (age and gender) on overall patient satisfaction in different aspects of healthcare services.[4:10](#) In contrast, a 2006 national survey of 63 hospitals in the five health regions in Norway showed that age, gender, perceived health and education level were not significant predictors of overall patient satisfaction.[7](#)

These factors are not modifiable and are impractical for healthcare managers that are eager to improve patient satisfaction.[19](#) Though these patient characteristics should be considered for fair adjustment of patient satisfaction studies in order to be utilized in benchmarking with other healthcare institutions.[15](#) On the other hand, the researchers extensively discussed the multidimensional attributes of healthcare settings that were shown to be the most potent determinants for improving the overall patient satisfaction. Healthcare managers need to direct more efforts towards those highly ranked attributes and initiate some improvement strategies in other areas of health services that are unsatisfactory from the patient's perspective.

A remarkable outcome of four studies conducted in tertiary hospitals in different countries revealed that the nurses' courtesy, respect, careful listening and easy access of care was particularly the strongest driver of overall patient satisfaction. These aspects of nursing care are highly ranked by patients compared to other independent factors such as physician care,

admission process, physical environment and cleanliness.[4](#)[20](#)[22](#) In addition, a study carried out in 430 hospitals in the USA found the nurse work environment and patient-nurse staffing ratio had statistically significant effects on patient satisfaction and recommendations.[23](#)

In 2011, Otani et al. surveyed 32 different large tertiary hospitals in the USA to identify the relationship of nursing care, physician care and physical environment to the overall patient satisfaction and the results showed that all attributes were statistically significant and positively related to overall satisfaction; however, nursing care was the most critical to increase overall patient satisfaction. The researchers also found that the courtesy and respect of healthcare providers impact more on patient satisfaction while communication and explanation are the second most important aspect.[17](#) In contrast, a survey conducted at 13 acute care hospitals in Ireland revealed that effective communication and clear explanation had the strongest impact in improving the overall patient satisfaction among other attributes of care.[24](#) These findings provide evidence of the importance of the nursing role as the most significant determinant of overall patient satisfaction.

While three other studies found that interpersonal communication skills of physicians in terms of their attitude, explanation of conditions, level of care, emotional support, respect for patient preferences and involving patients in decision making were more influential factors than clinical competence and hospital tangibles on patient satisfaction.[12](#)[25](#)[26](#) However, a survey conducted in a tertiary care academic hospital in the USA showed that only 33% of physicians were rated as excellent for their communication behavior which suggests that there is room for improvement in physician communication behavior in the hospital to



improve quality of care.[13](#) In addition, the main outcome of a study using the data of 202 participants from general acute care hospitals in the USA, concluded that most determinants of patient satisfaction was related to communication, empathy and caring from hospital personnel.[2](#)

There are some contrary comments which were disclosed regarding the aspects of hospital environment and amenities which scored lowest for a patient satisfaction index in a study carried out in out-patients departments in South Korea.[22](#) Correspondingly, a study conducted in a public hospital in France found the most common problems experienced by patients were related to hospital living arrangements and amenities.[18](#) A similar result was reported in a study conducted at five hospitals served under the BJC Healthcare System.[19](#) Furthermore, in 2012 Arshad et al. reported that the major dissatisfaction in an out-patients department was the long waiting time and overcrowded registration.[26](#) In contrast, a study carried out in five different hospitals in Scotland found that physical comfort had the highest satisfaction rate compared to other core dimensions: information, coordination of care and emotional support.[8](#)

### **Impact of Satisfaction Surveys Results on Hospital Quality Improvement**

Over the past 20 years, patient satisfaction surveys have gained increasing attention; however, there is little published research on improvements resulting from feedback information of patient satisfaction surveys,[27](#) and most often these studies are contradictory in their findings.[3](#) Four studies in the literature review investigated to what extent healthcare managers and policy makers obtain patient views to target new quality improvement projects.

More recently, a survey conducted in a teaching hospital in France confirmed that reported data from satisfaction surveys led to the implementation of some improvement initiatives mainly in a hospital environment but no significant change in care providers' behavior such as interpersonal skills.[3](#)

On the contrary, the main finding of a wide state survey conducted in Victoria, Australia, over a 5 year period showed that very limited improvement initiatives have been commenced.[27](#) On the other hand, in 2002 Barr et al. examined the quality improvement activities in 13 tertiary care hospitals in response to public reports of patient satisfaction. The results showed that each of these hospitals introduced a variety in the range of quality improvement initiatives that address different aspects of care.[28](#) Correspondingly, a survey assessed patients' perception feedback in 50 hospitals in Massachusetts, which resulted in a wide range of successful improvement projects.[29](#)

## **Conclusion**

Patient satisfaction is not a clearly defined concept, although it is identified as an important quality outcome indicator to measure success of the services delivery system. Patient evaluation of care is important to provide opportunity for improvement such as strategic framing of health plans, which sometimes exceed patient expectations and benchmarking. The advantages of patient satisfaction surveys rely heavily on using standardized, psychometrically tested data collection approaches. Therefore, a standardized tool needs to be further developed and refined in order to reflect positively on the main goals of patient satisfaction survey. This literature review provides a comprehensive understanding of determinants of patient satisfaction either dependent or in-dependent variables, and compares

the magnitude of the effects of various independent healthcare dimensions on overall patient satisfaction. There was a common salient determining factor between the studies which was interpersonal skills in terms of courtesy, respect by healthcare providers in addition to communication skills, explanation and clear information, which are more essential and influential than other technical skills such as clinical competency and hospital equipment.

Although feedback from patient satisfaction surveys is an established yardstick for healthcare quality improvement plans, they are still not being systematically and extensively utilized for developing improvement initiatives. Furthermore, it is agreed that a patient satisfaction questionnaire is considered to be a significant quality improvement tool; therefore, detailed description of the different questionnaires that have been used to assess patient satisfaction surveys will be discussed extensively in a separate study. Finally, this review of various elements of patient satisfaction ranging from its measurement, predictors for improving overall patient satisfaction and impact of collecting patient information to build up strategic quality improvement plans and initiatives has shed light on the magnitude of the subject. It thus provides the opportunity for organization managers and policy makers to yield a better understanding of patient views and perceptions, and the extent of their involvement in improving the quality of care and services. Furthermore, managers implement effective change by unfreezing old behaviors, introducing new ones, and re-freezing them for better healthcare.[30](#)

## **Relevance of the Study**

In this review of the theoretical and empirical work on patient satisfaction with care, the most consistent finding is that the characteristics of providers or organizations that result in more "personal" care are associated with higher levels of satisfaction. Some studies suggest that more personal care will result in better communication and more patient involvement, and hence better quality of care, but the data on these issues are weak and inconsistent. Further research is needed to measure specific aspects of medical care and the ways in which patient reports can complement other sources of information about quality. In addition, more research on the determinants of satisfaction and the relationship between quality and satisfaction among hospitalized patients is recommended.

## **Statement of the Problem**

“A study to assess mismatch between patient expectation and the service received is related to decreased satisfaction. Therefore, assessing patient perspectives gives them a voice, which can make public health services more responsive to people's needs and expectations at CGHS Specialist Wing of Safdarjung hospital, New Delhi”.

## **Objectives of the Study**

1. To study the existing procedure of provision of OPD facilities to CGHS patients at CGHS Specialist Wing of Safdarjung hospital, New Delhi.
2. To assess mismatch between patient expectation and the service received is related to decreased satisfaction.
3. To suggest measures for improvement in OPD services provided in the hospital.

## **Research Methodology**

The study is cross sectional in nature and sampling technique used were census data and purposive sampling. During the study both qualitative data like factors responsible for long waiting time in OPD, its impact on patient satisfaction and quantitative data like average waiting time of the patients in OPD, percent distribution of satisfaction score given by the patients has been collected. The data has been collected through face to face interview with the help of semi- structured questionnaire and to estimate the average waiting time daily reporting of in-time and out-time of patients coming in the has been measured. The study area is Multi specialty Out Patient Department of Safdarjang Hospital, New Delhi. The data was analysed using software SPSS 22 version. Proportions were used for interpretation.

The questionnaire contained two parts.

**Part I** The first part contained 35 Questions under five heads of patient expectations namely Reliability, Responsibleness, Tangible, Assurance and Empathy.

**Part II** The second part contained 41 Questions under five heads of patient experiences namely Tangible, Reliability, Responsibleness, Assurance and Empathy

The questionnaire so designed were pretested for its authenticity and validity. In case of lower group of patients those were unable to read English were explained the questions in hindi and were assisted in marking the answers as replied by the respondents. Data compilation and analysis was done using software SPSS 22 version. Proportions and percentage were used to interpret the result.

## **Observations and Results**

The study was conducted for three months 01 Feb to 30 Apr 2017. A total of 5 doctors, 5 staff, 50 Patients were assessed by using structured questionnaire. The data was analysed using proportions and percentages.

## **Demographic Details of Patients**

**Table No 1**

### **Statistics**

Gender

N	Valid	50
	Missing	0

**Table No 2**

### **Gender**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	28	56.0	56.0	56.0
	Female	22	44.0	44.0	100.0
	Total	50	100.0	100.0	



**Table No 3**

		<b>Agerange</b>			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	30 to 35 Yrs	7	14.0	14.0	14.0
	36 to 40 Yrs	3	6.0	6.0	20.0
	41 to 45 Yrs	19	38.0	38.0	58.0
	46 to 50 Yrs	9	18.0	18.0	76.0
	51 to 55 Yrs	2	4.0	4.0	80.0
	56 to 60 Yrs	10	20.0	20.0	100.0
	Total	50	100.0	100.0	

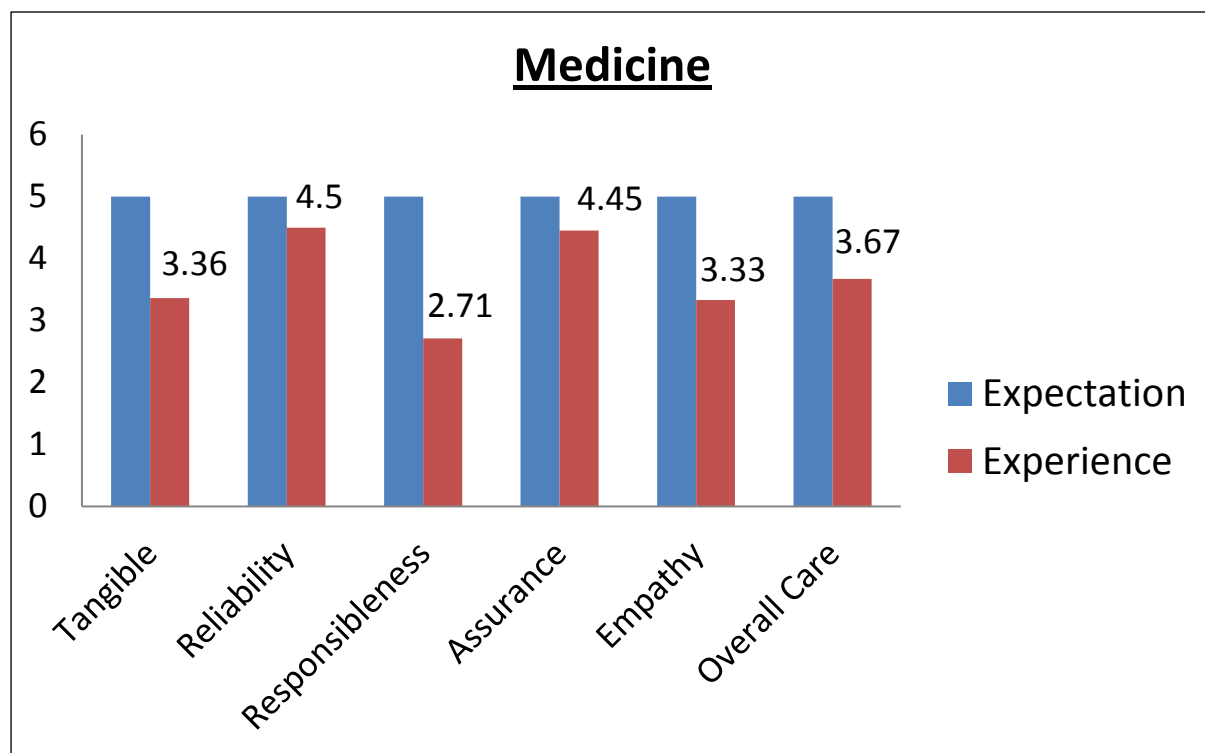
**Table No 4**

		<b>Incomerange</b>			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	30000 to 40000	11	22.0	22.0	22.0
	40001 to 50000	14	28.0	28.0	50.0
	50001 to 60000	19	38.0	38.0	88.0
	60001 to 70000	4	8.0	8.0	96.0
	70001 to 80000	2	4.0	4.0	100.0
	Total	50	100.0	100.0	

## Analysis

FIG 7

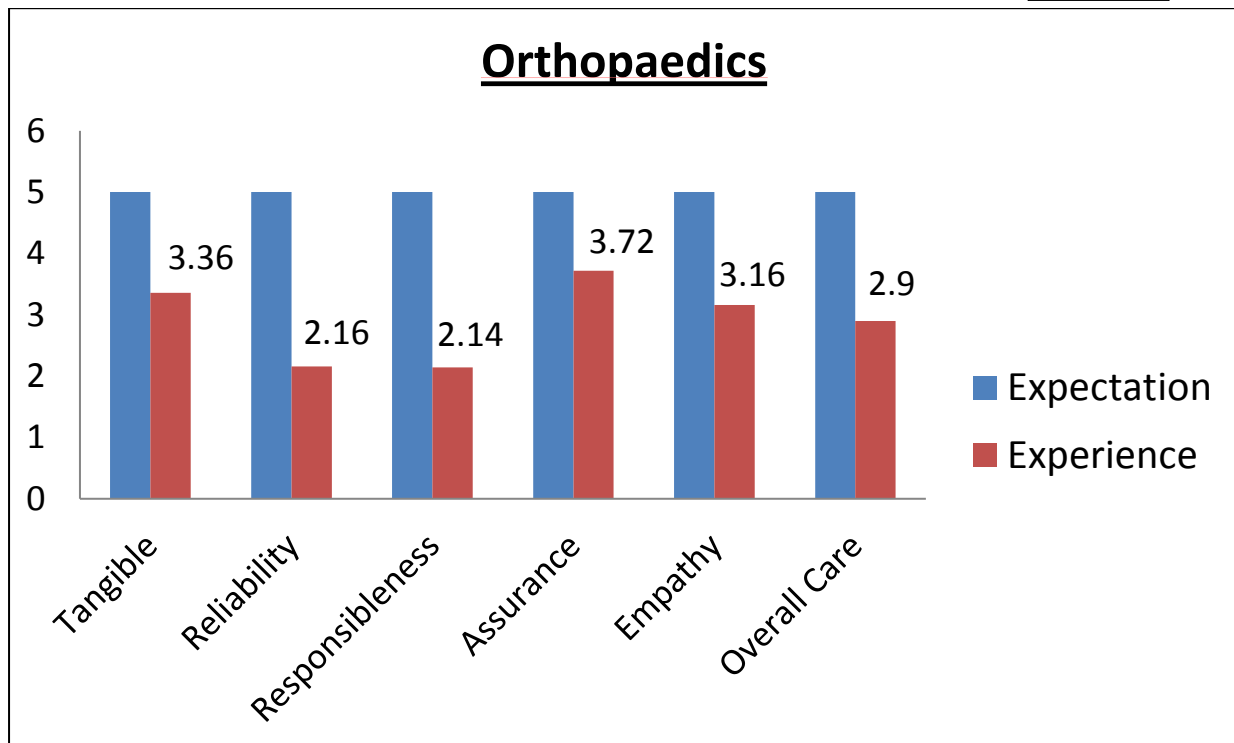
### 1. Medicine OPD.



**Medicine OPD:** The above graph is a clear indicator that Tangible aspects score low (3.36) due to non-availability of Lab, Pharmacy, food, snacks and beverages in CGHS specialist Wing. Responsibleness aspects also score low (2.71) due to rude behaviour of Registration Staff, average Waiting time of 1:30 Hrs and no Feedback mechanism. Empathy also scores low (3.33) due to indifferent attitude of Staff towards patients and lack of provision of comfort to patients.

## 2. Orthopaedics OPD.

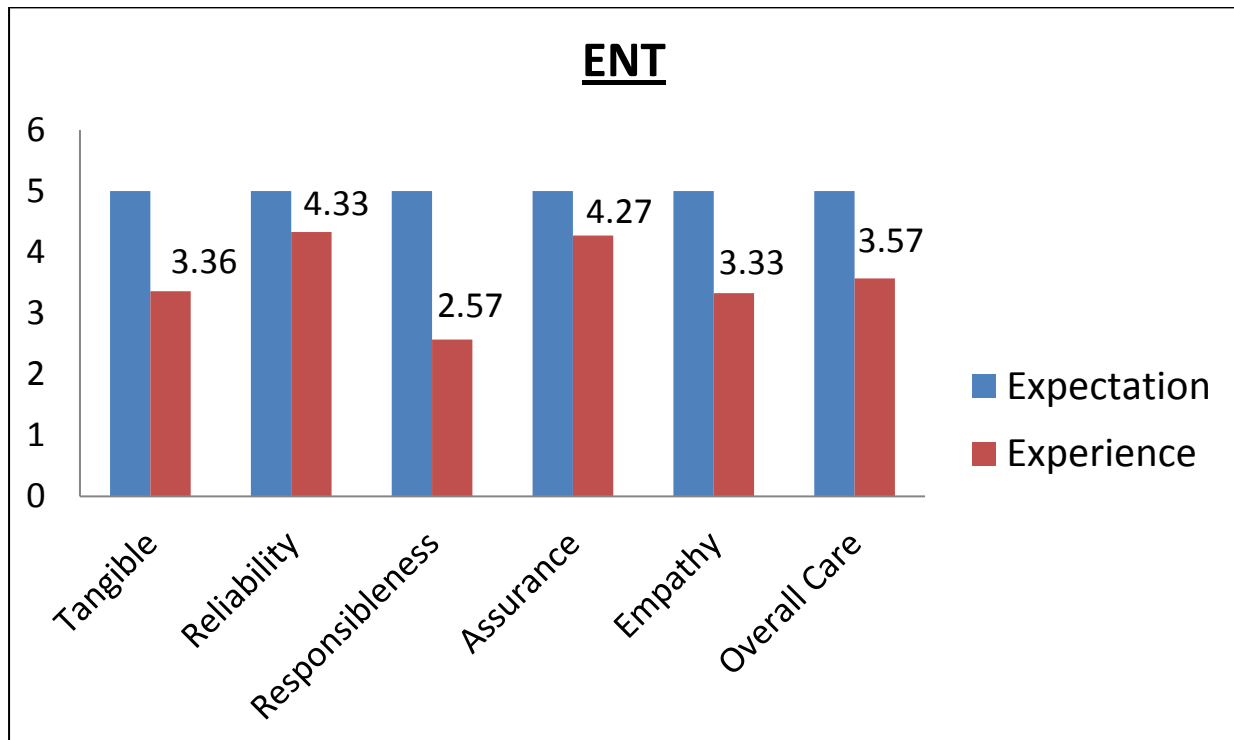
FIG 8



**Orthopaedics OPD:** The above graph is a clear indicator that Tangible aspects score low (3.36) due to non-availability of Lab, Pharmacy, food, snacks and beverages in CGHS Specialist Wing. Reliability aspects also score very low (2.16) due to non-availability of Doctors at times. Responsibleness aspects also score low (2.14) due to rude behaviour of Registration Staff, average Waiting time of 2:35 Hrs and no Feedback mechanism. Assurance aspects scores bit low (3.72) due to non-availability of Doctors at times. Empathy also scores low (3.16) due to indifferent attitude of Staff towards patients and lack of provision of comfort to patients.

### 3. ENT OPD.

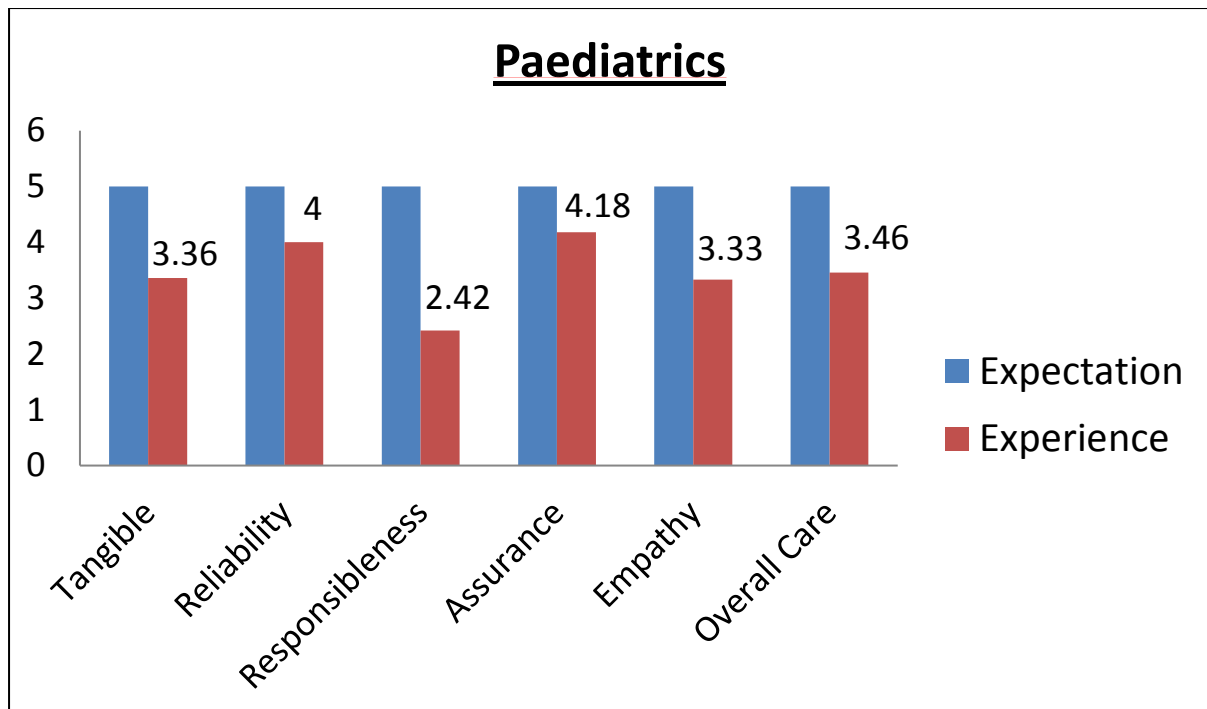
FIG 9



**ENT OPD:** The above graph is a clear indicator that Tangible aspects score low (3.36) due to non-availability of Lab, Pharmacy, food, snacks and beverages in CGHS Specialist Wing. Responsibleness aspects also score low (2.57) due to rude behaviour of Registration Staff, average Waiting time of 2:05 Hrs and no Feedback mechanism. Empathy also scores low (3.33) due to indifferent attitude of Staff towards patients and lack of provision of comfort to patients.

#### 4. Paediatrics OPD.

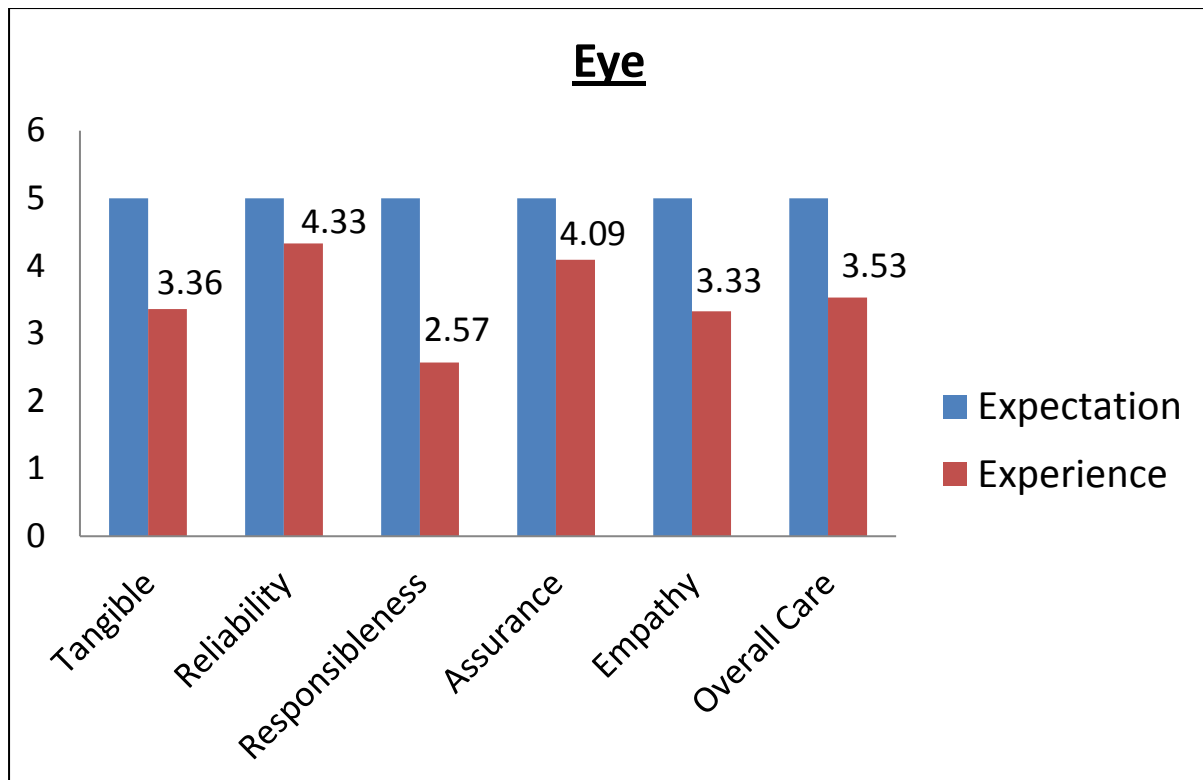
FIG 10



**Paediatrics OPD:** The above graph is a clear indicator that Tangible aspects score low (3.36) due to non-availability of Lab, Pharmacy, food, snacks and beverages in CGHS Specialist Wing. Responsibleness aspects also score low (2.42) due to rude behaviour of Registration Staff, average Waiting time of 2:15 Hrs and no Feedback mechanism. Empathy also scores low (3.33) due to indifferent attitude of Staff towards patients and lack of provision of comfort to patients.

## 5. Eye OPD.

FIG 11



**Eye OPD:** The above graph is a clear indicator that Tangible aspects score low (3.36) due to non-availability of Lab, Pharmacy, food, snacks and beverages in CGHS Specialist Wing. Responsibleness aspects also score low (2.57) due to rude behaviour of Registration Staff, average Waiting time of 2:10 Hrs and no Feedback mechanism. Empathy also scores low (3.33) due to indifferent attitude of Staff towards patients and lack of provision of comfort to patients.



### **Cumulated Analysis:**

1. In overall care provided at the hospital, Medicine OPD top scores with (3.67) points, followed by ENT with (3.57) points, followed by Eye with (3.53) points, followed by Paediatrics with (3.46) points and last was Orthopaedics with (2.90) points.
2. Reliability and Assurance scores more than 80% in all OPDs less Orthopaedics OPD due to non-availability of Orthopaedics doctors at times.

**Discussion:** In all OPDs, Tangible aspects score low due to non-availability of Lab, Pharmacy, food, snacks, beverages and feedback mechanism in CGHS Specialist Wing. Responsibleness aspects also score low due to rude behaviour of Registration Staff, high average Waiting time and no Feedback mechanism. Empathy also scores low due to indifferent attitude of Staff towards patients and lack of provision of comfort to patients. Average waiting time of Orthopedics OPD (2:35 hr) is the highest followed by Pediatrics OPD (2:15hr), Eye OPD (2:10hr), ENT OPD (2:05hr) and Medicine OPD (1:30 hr) in descending order respectively. There are various factors which are responsible for long waiting period for patients in OPD majorly they are; doctors coming late in the OPD, shortage of doctors, wrong information given to the patient about the availability of doctor in the OPD, Maximum number of patients is dissatisfied with waiting time at reception counter and non-availability of other service areas related to OPD like diagnostics and pharmacy.

### **Measures for Improvement**

1. Separate counter at Lab and Pharmacy at the CGHS wing.
2. 24 hrs Online Registration and more counters for Registration.
3. Dedicated Orthopaedics Specialist to improve Orthopaedics OPD.
4. OPD strictly on referral basis to reduce Waiting time.
5. Have Wet Canteen for patients.
6. Soft Skills cadre for Staff and Nurses.
7. Introduce Feedback mechanism.
8. There should be a Nursing Home / Private Ward facility for CGHS beneficiaries on the similar lines of RML Hospital.
9. Digital Token Numbers to be displayed in Waiting Area for ease of patients.

### **Conclusion**

Patient satisfaction is not a clearly defined concept, although it is identified as an important quality outcome indicator to measure success of the services delivery system. Patient evaluation of care is important to provide opportunity for improvement such as strategic framing of health plans, which sometimes exceed patient expectations and benchmarking. The advantages of patient satisfaction surveys rely heavily on using standardized, psychometrically tested data collection approaches. Therefore, a standardized tool needs to be further developed and refined in order to reflect positively on the main goals of patient satisfaction survey.

Although feedback from patient satisfaction surveys is an established yardstick for healthcare quality improvement plans, they are still not being systematically and extensively utilized for developing improvement initiatives. Furthermore, it is agreed that a patient satisfaction questionnaire is considered to be a significant quality improvement tool. Managers implement effective change by unfreezing old behaviors, introducing new ones, and re-freezing them for better healthcare.

Waiting time for patients in OPD is higher especially in case of Orthopedics department. Although only few number of the patients are dissatisfied with the waiting time at different service areas and but they should be taken in more consideration as a single bottleneck of the hospital can affect the efficiency of overall functioning of the system. Every patient attending the hospital is responsible for spreading the good image of the hospital and therefore satisfaction of patients attending the hospital is equally important for hospital management.

## **INSTRUMENTATION**

### **ASSESSMENT OF EXPECTATION OF CGHS PATIENTS AT SAFDARJUNG**

#### **QUESTIONNAIRE (EXPECTATION)**

Ser No	Question	LIKERS SCALE				
		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
<b>RELIABILITY</b>						
1.	Services should be cashless / priceless					
2.	There should be enough staff so that patient should not be left waiting for want of staff					
3.	Staff should be respectful & well conversant of their & hospital role towards patient care to install confidence in patients					
4.	All staff should have patience to hear patients problem and should be reliable on whom patient can put trust					
5.	There should be enough staff at reception and admission to avoid large queue. Infact, if kiosk can be provided for self admission with UID / Aadhar linked					
6.	Staff should immediately attend to any one when called for irrespective of his duty location & guide in a welcoming manner					
7.	All hospital data of patient should be maintained error free with linking to Aadhar and should be maintained					
<b>RESPONSIBLENESS</b>						
8.	Admin staff should be pleasant to talk to, courteous & sensitive to sick patients & their relatives. Competent to give prompt disposal					
9.	There should be provision for availing medical facility / Appt even without appt					
10.	Hospital should provide complete information about the health status and various options available					
11.	All the staff of hospital from reception, admission to final disposal should be sympathetic to patient needs and reassuring.					
12.	Hospital staff should be proactive and willing to offer help					
13.	Staff should be prompt in response to the needs of the patient					
14.	There should be mechanism in system for feedback to express gratitude or grievance					

**TANGIBLE**

15.	Physical facilities should be well marked in a bright colour with guide provided to reach					
16.	Patient rooms should have temp range with option to alter to suit comfort					
17.	Waiting Room should be clean with pleasing odour & enough supplies for all patients					
18.	Toilet should be dry, well lighted and ventilated, without odour					
19.	Staff should be pleasant, smiling & neatly dressed with clean apron, name embossed					
20.	Food should be served in a clean plate, freshly prepared hot and not covered with plastics. Plenty of fresh juices and clean drinking water be provided					
21.	There should be underground parking with lift facilities with alternate arrangement in case of parking is full					
22.	Direction signs should be bright in colour & effective both during day and night					

**ASSURANCE**

23.	Complete hospital & staff should respect & maintain confidentiality of patients and such info should be displayed in all clinics to give reassurances to patients					
24.	Doctor should be skilled & expert in his field. It should give confidence if his credentials are mentioned in the info brochure & displayed out of his chambers					
25.	Patient should be thoroughly investigated in scientific manner & not in a routine manner. The hospital should have its protocol					
26.	The doctor should make the right diagnosis supported by investigation and command scientific knowledge					
27.	The doctor should take expert opinion in difficult and critical cases and there should be systems of cross refer					
28.	The hospital and staff should be sensitized to special attention to emergency patient on priority even if it is at the cost of elective / routine case has to wait. Info be displayed clearly so that patients are reassured and do not become unnecessarily anxious					
29.	Patient should feel safe and reassured while interacting with employees					

**EMPATHY**

30.	Doctor should be caring and approach should not be businesslike					
31.	Staff & nurses should be pleasant, care about the patient in dedicated manner					
32.	Hospital should provide comfort & take care of needs of patients & their relatives					
33.	Hospital should provide all services under one roof so that patients should not be running around pillar to post. In services refreshment provisions should also be catered for.					
34.	Part time should be courteous and sensitive to patient's requirements					
35.	There should be no social status discrimination of patients					

### **QUESTIONNAIRE (EXPERIENCE)**

Ser No	Question	Reply of The Patient				
		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
<b>TANGIBLE</b>						
1.	Physical facilities & medical instrument lay out is in place & visually appealing & attractive					
2.	Suitable temp mentioned at patient rooms					
3.	Adequate supply of beverages					
4.	Hand washing and sanitizing status visually appealing					
5.	Cleanliness & adequate supplies for each ward					
6.	Clean and well maintained toilet					
7.	Staff is neat appearing and well turned out					
8.	Give specific needs to their patients including food & snacks					
9.	Efficient Lab and Pharmacy					
10.	Convenient clinic location					
11.	Good directional sign					
<b>RELIABILITY</b>						
12.	Priceless services at the time it promises					
13.	Availabilty of sufficient staff					
14.	Ability of employees to inspire trust and confidence in patients					
15.	Reliability in handling patients' problems					
16.	Staff is courteous and responded immediately when called					
17.	Maintain error free records					
<b>RESPONSIBLENESS</b>						
18.	The Registration staff was friendly and courteous					
19.	Gives prompt service without an appointment					
20.	Gives adequate information about health conditions					
21.	Employees are sympathetic, respectful and reassuring					
22.	Hospital staff always willing to help					
23.	Responsiveness and sensitivity of the staff to needs					
24.	Feedback mechanism					



**ASSURANCE**

25.	Maintenance of patient's confidentiality					
26.	Doctors expertise and skills					
27.	Thorough investigations of the patients					
28.	Doctors almost make the right diagnosis					
29.	Doctors go for expert opinion in critical cases					
30.	Special attention to emergency patient					
31.	Feel safe in interaction with employee					
32.	Were you kept informed about the care planned for you					
33.	Were you involved with decisions regarding your care?					
34.	Were you clearly explained about the treatment / procedures?					
35.	Were you informed about follow up care and appointment before you left?					

**EMPATHY**

36.	Doctor care for the patient					
37.	Staff and nurses care for the patient					
38.	Hospital provides comfort to patient					
39.	Hospital offers variety of services under one roof					
40.	The attitude of hospital part time staff is courteous					
41.	No social status discrimination					

**Client Satisfaction With Over All Care**

42.	Overall, how would you rate the care you received?					
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**Name:****Monthly Income:****Department:**

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