

Internship Training

at

Kukreja Hospital and Heart Centre, New Delhi

To analyze the IPD Feedback Form

by

Name Dharendra Kumar

Enroll No. PG/13/017

Under the guidance of

Dr. Vinay Tripathi

Post Graduate Diploma in Hospital and Health Management

2013-15



International Institute of Health Management Research

New Delhi

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At

Kukreja Hospital and Heart Center (New Delhi)

To Analyze the IPD Patient Feedback of Kukreja Hospital and Heart Centre,

Rajouri Garden, New Delhi

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Dr. Vinay Tripathi

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International Institute of Health Management Research

New Delhi

(Completion of Dissertation from respective organization)

The certificate is awarded to

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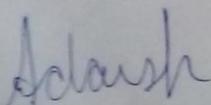
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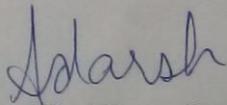
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He comes across as a committed, sincere & diligent person who has a
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We wish him/her all the best for future endeavors


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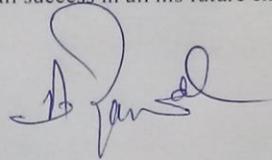
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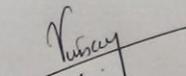
The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

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



Dr. Vinay Tripathi
Asst. Professor
IIHMR, New Delhi

Certificate of Approval

The following dissertation titled "To Analyze the IPD Patient Feedback of Kukreja Hospital and Heart Centre Rajouri Garden, New Delhi" at "Kukreja Hospital and Heart Centre, Rajouri Garden (New Delhi)" is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

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Certificate from Dissertation Advisory Committee

This is to certify that **Dhirendra Kumar**, 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 "To Analyze the IPD Patient Feedback/Suggestion of Kukreja Hospital and Heart Centre Rajouri Garden, New Delhi" at "YOUR ORGANIZATION" 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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6

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FEEDBACK FORM

Name of the Student: Dhirendra Kumar.

Dissertation Organisation: Kukuja Hospital and Heart Center.

Area of Dissertation: Patient Feedback Analysis

Attendance: Full Attendance

Objectives achieved: Understanding of quality dept. and its workings.

Building customer relation and satisfaction

Deliverables: Training on bio-medical waste, hand washing techniques and needle-stick injuries.

Strengths: Good understanding of functionings in the hospital.

Hardworking and Dedicated.

Suggestions for Improvement: Deeper understanding of Excel and improvement in communication skills.

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

Geeta Kuberja

Date: 20th May '2015

Place: Delhi

Dissertation Writing



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

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "To Analyze the IPD Patient Feedback of Kukreja Hospital and Heart Centre Rajouri Garden, New Delhi" and submitted by Dhirendra Kumar, Enrollment No. PG/13/017 under the supervision of Dr. Vinay Tripathi, Asst. Professor, IIHMR, Delhi for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from 20/02/2015 to 20/05/2015 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.

Dhirendra
Signature



Kukreja Hospital & Heart Centre



OPD Reception

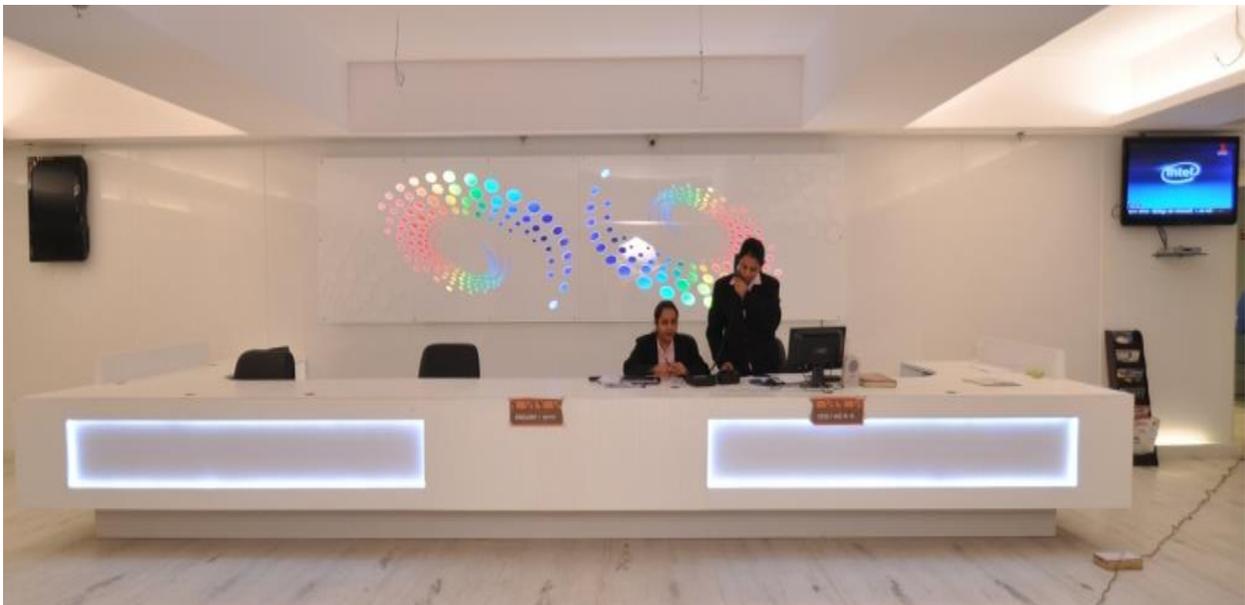


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Abbreviations

MRD	MEDICAL RECORD DEPARTMENT
ER	EMERGENCY
OT	OPERATION THEATER
IPD	IN PATIENT DEPARTMENT
OPD	OUT PATIENT DEPARTMENT
ICU	INTENCIVE CARE UNIT
DIAL	DIALYSIS
LDR	LABOR AND DELIVERY ROOM
HCW	HEALTH CARE WORKER
LAB	LABORATORY

Acknowledgement

I would like to extend my heartfelt gratitude towards all the personnel at “Kukreja Hospital and Heart Center, Rajouri Garden New Delhi” who helped me get through this project.

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Dhirendra Kumar

PGDHHM

PG/13/017

IIHMR DELHI

Abstract

Aim: Aim of the study was “To Analyze the IPD Patient Feedback of Kukreja Hospital Rajouri Garden, New Delhi”

Background: Patient feedback is important for Quality improvement in Hospital. Patient gets satisfied by getting services done on time, proper treatment, and other daily services which we can find at home also

Method: It was a cross sectional study conducted in Kukreja Hospital, New Delhi with the objective of “To analyze the IPD Patient feedback of Kukreja Hospital.

- A set of well structured Questionnaire containing close ended question were developed for IPD Patient separately.
- Data was collected from discharged patient.
- Results were calculated from the findings using Microsoft excel.

Findings:

Certain things which were not found in Night some times,so patient gets problem during night. Doctors did not inform the need of surgery to patient. 100% Patient were satisfied by cleaning of Room and also by Nurses competent of work.

Conclusion:

Patients are responsible for spreading good image of Hospital and therefore satisfaction of patients visiting Hospital is highly Important for Hospital management. Various studies about Outpatient services have elicited problems like overcrowding, Doctors do not come for checkup immediately after admission of patient, proper cleaning of Room etc. In this study it is found that majority of patients are satisfied by services provided. There it concluded that the IPD Services form an important component of Hospital Services and Feedback of patients play a vital role in Quality Improvement.

Chapter 1

Introduction

The cost of providing health care is escalating at an alarming rate. With challenges ranging from rising malpractice costs to physician turnover, medical practices must maximize resources and make tough choices in order to remain profitable. It is precisely these challenges that make improving patient satisfaction so critical. Important ways to improve patient satisfaction are the reducing of malpractice costs, the decreasing patient defections, the decreasing negative word-of-mouth advertising and the increasing patient referrals. In addition, improving patient satisfaction leads to increased productivity. Physicians and staff often spend a lot of time reacting to complaints and dealing with non-compliant patients, which negatively impacts office efficiency. By contrast, satisfied patients are easier and more rewarding to care for, take up less physician and staff time and are more compliant. Improved patient satisfaction decreases the length of patients' visit and wait time, reduces treatment costs and increases patient volume.

Patient satisfaction is the extent to which the patients feel that their needs and expectations are being met by the service provided. Satisfied and dissatisfied patients behaved differently; satisfied patients were more likely to comply with treatment, keep follow up appointments and utilize health services. Such behavioral consequences related to satisfaction could affect outcome of care and health-seeking behavior.

The issue of patient/customer satisfaction has gained increasing attention from executives across the healthcare industry. The measurement of patient satisfaction through patient satisfaction surveys has helped organizational leaders incorporate patient perspectives as a way to create a culture where service is deemed an important strategic goal for healthcare facilities. However, despite their many efforts and successes with satisfaction measurement, evidence shows that more work in this area is still needed. One of the primary challenges has been in sustaining patient/customer satisfaction improvement initiatives in the face of competing priorities and diminishing resources.

Patient complaints have a long history of use in the health system as a measure of dissatisfaction, but it is only in recent decades that formal patient satisfaction surveys have been used as a measure of the quality of care, and a link between this measure, and patient safety, has been made.

The measurement of patient satisfaction and complaints is an attempt to capture elements of the quality care against patient expectations. These elements include: the art of care (caring attitude); technical quality of care; accessibility and convenience; finances (ability to pay for services); physical environment; availability; continuity of care; efficacy and outcome of care. Patient

satisfaction surveys and patient complaint letters are widely used in health systems across the world. The tools themselves vary both in type (survey, questionnaire, critical incident technique) and focus. Patient satisfaction surveys and patient complaint data can be easily integrated elements of clinical practice improvement programs. Their effectiveness depends on their construction, their applicability to the service context, and their use as drivers of change.

Patient Satisfaction:

Patient /Client satisfaction is an attitude – a person’s general orientation towards a total experience of health care. Satisfaction comprises both cognitive and emotional facets and relates to previous experiences, expectations and social networks. Satisfaction is achieved when the patient/client’s perception of the quality of care and services that they receive in healthcare setting has been positive, satisfying, and meets their expectations. Satisfaction, like many other psychological concepts, is easy to understand but hard to define.

The concept of satisfaction overlaps with similar themes such as happiness, contentment, and quality of life. Satisfaction is not some pre-existing phenomenon waiting to be measured, but a judgment people form over time as they reflect on their experience. A simple and practical definition of satisfaction would be the degree to which desired goals have been achieved.

Measurement of patient satisfaction with services provided by hospitals is important from two angles. First, as patients are the hospital’s direct clientele, their overall satisfaction is an important aspect of the service itself and second, patient satisfaction provides an indirect measure of other dimensions as well. There is increasing evidence to suggest that patient satisfaction is usually correlated with the effectiveness of treatment. Indeed, consumer satisfaction is at the very core of modern marketing theory and practice, which is based on the notion that organizations survive and prosper through meeting the needs of their customers.

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Factors that may influence Satisfaction:

When including patient satisfaction mechanisms in health care systems, the options should take account of the capacity of users to understand what is being asked of them and to communicate their opinions and feelings effectively. Important factors influencing patients/clients in this regard include literacy levels, intellectual and physical/sensory disability levels and difficulties with language proficiency or ethnic and cultural diversity. Social elements within our society must be considered as they can very often dictate whether the consumer will provide feedback and express their satisfaction or otherwise, e.g., financial status, educational status, demographics (urban/rural), technology.

Why to measure Patient Satisfaction:

Consumer participation is increasingly being linked with improvements in the quality of health care and improved health outcomes. There is an increasing impetus for shared decision making and person centred care. Person centred care has become a central concept in healthcare as a response to:

- A general trend towards increasing attention to social inclusiveness and the needs of the customer.
- The rapidly increasing cost of healthcare and the imperative for effectiveness.
- The focus on improvement of processes and outcomes of care.
- Increased access of patient/clients to information about healthcare treatments and options.

There is a growing evidence of the links between consumer feedback and participation in Decision - making in individual care leads to improvements in health outcomes and stronger therapeutic alliances. Effective consumer feedback strategies lead to more accessible health services. Consumer feedback makes organisations more aware of significant areas of dissatisfaction with care and services and give staff new insights into how people perceive aspects of their care and can increase consumer confidence. The movement to include patient/client evaluations of care is growing as more providers/organisations realize that patient/client satisfaction measurement is a cost effective, non invasive indicator of quality of care. Giving the patient/client an opportunity to voice their opinions about the care they receive can be seen as part of a broader commitment to public and patient/client participation in healthcare service planning and delivery.

Importance of Patient Satisfaction:

[Patient satisfaction](#) has long been a distant afterthought to many healthcare providers. For centuries, healthcare providers viewed the process of healthcare delivery as an isolated business transaction, primarily because patients' options of providers were limited. Today, informed patients not only have more choices, but they also take an active role in their health education, planning, and decision making.

Regardless of HCAHPS and other governmental regulations that have recently surfaced to turn the spotlight on patient satisfaction, successful healthcare professionals should view patient satisfaction as an integral part of the medical industry. Exceptional providers genuinely care about the well-being of patients and their families. They must understand the [value of patient experience](#) despite the many competing priorities they are faced with on a daily basis.

Some of the significant benefits healthcare providers reap from improving their patients' experiences include but are not limited to:

Patient Retention

Satisfied patients remain loyal to a healthcare provider they trust. It is important for doctors and other healthcare professionals to treat patients as equals, and [communicate](#) complex medical issues in plain language. The provider's ability to establish a strong connection with patients correlates directly to their ability to maximize revenue growth. It is also worth noting that obtaining a new customer is, on average, five times more expensive than retaining current customers. Therefore, it is simply less costly for a provider to keep their current patients happy than to attract new patients.

Word-of-Mouth Advertising

Satisfied patients tell others about their experience. Most healthcare providers do not advertise, and rely on referrals to grow their client base and improve their billings. However, what providers should be concerned with are negative advertisements. While satisfied patients may refer a few of their close family members or friends, dissatisfied customers tell many more about a disappointing experience. Eliminating negative experiences by implementing patient satisfaction strategies is essential to maintaining and growing your client base.

Reduced Malpractice Costs

Despite the impressive advancement in medical research and [technology](#), malpractice lawsuits have been consistently rising for the past several decades. Most patients filing malpractice lawsuits claim that poor communication is the chief reason for filing a malpractice suit. Healthcare providers who strive to deliver exceptional patient experiences understand the importance of communicating complex issues clearly and empathetically. Even when the inevitable mistakes are made, patients tend to be more forgiving if their healthcare provider met their basic expectations.

In order to achieve higher levels of patient satisfaction, healthcare systems must be able to measure and analyze their current state of operations and determine areas of improvements as perceived by the patients. For example, healthcare systems can utilize provider and [patient surveys](#) to evaluate and measure the effectiveness of certain areas of the organization, such as provider/patient communication, provider onboarding, reception, or accounting. By uncovering the insights of patients and employees, healthcare organizations can identify areas of concern in order to develop and implement customized solutions.

The process of measuring and analyzing will naturally enable healthcare systems to increase the quality of the medical services delivered. This understated benefit of a patient-centered operations strategy is a powerful advantage for any healthcare system, tremendously contributing to the advancement of the healthcare industry.

Benefits of Patient Satisfaction Measurement:

The following benefits are shown by the measurement of patient satisfaction from health services:

- **Revenue:** Customer retention is perhaps the most visible aspect of customer satisfaction. If the customer is not satisfied, he or she simply won't return; more importantly, the money he or she spent earlier on a business that did not meet expectations will now go to a business that does. Therefore, it is in the interest of every member of the organization to keep the patient satisfied.
- **Risk Mitigation:** According to the National Center for State Courts, the median damages awarded in malpractice lawsuits is \$400,000, which is twenty times higher than the median awarded in personal injury lawsuits. While improving an organization's overall [quality assurance practices](#) will inherently lower the probability of medical malpractice, patient experience also plays a considerable role. While malpractice costs are astonishing and will not be fully mitigated by increasing patient satisfaction, if the patient believes that the healthcare provider is genuinely interested in his welfare and all his needs have been taken care of, then even in the occasional case of health complications, the propensity to sue will be considerably lessened. Study after study elicits the clear correlation between time spent with patients and risk of lawsuits. The more time a provider spends with a patient, then the lower the chance of a patient filing a lawsuit.
- **Talent Retention:** In a service industry such as healthcare, employees are an organization's greatest asset. While a healthcare facility may have the most advanced medical equipment, without skilled and suitably trained staff, achieving service excellence would be difficult. Unfortunately, retaining talented employees is not an easy task even in less than stellar economic climates. Talented individuals thrive on working in an excellence-driven business environment. By nature, service-focused organizations provide an environment that rewards performance, thus appealing to skilled and talented providers and staff. [Satisfied providers](#) will naturally promote their organization and recruit additional qualified healthcare professionals, fostering an ecosystem that continuously improves the overall organization.

- **Medical benefits:** Early diagnosis, show a decrease in pain and prevention complications, procedures which in many cases prolong hospitalization and shoot the cost.
- **Psychological benefits:** Satisfied patients are led to reduced hospitalization time and faster recovery, while many researchers are equated with self-healing. This feeling of trust that develops in satisfied patients, is based mainly on the sense of control of the situation and participation of their own, and the possibility of expression of opinion about the quality of health services. Therefore, even the search for the patients' opinion, can be considered a therapeutic agent, since it increases satisfaction and encourages active participation.
- **Improvement of the quality of services:** When measuring patient satisfaction the multitude of information is very important, but more important is the evaluation and its realization, as they can contribute to improving the quality of services. Such measurements feed back into the system and help redesign by providing information to management for problematic areas of healthcare in order to take corrective measures, which either directly have a positive effect on patients' health, or in the long term increase the level of patient satisfaction.
- **Performance of Staff:** An attempt to address patient satisfaction can be in turn a way to estimate the performance of the agency's staff. On the same time from patient satisfaction data can be obtained useful data for attitudes and behaviors of staff in order to take appropriate corrective interventions. Therefore it gives rise to management of any organization of health services to reward or to direct the staff to improve the services.
- **Comparative Advantage:** Finally, the measurement of patient satisfaction as a tool evaluation of staff performance, gives a comparative advantage in this organization providing health services if:
 - Recognizes the needs and requirements of patients/customers
 - Identifies any gaps between them and the final service received by the patient/customer
 - Detects and sets new goals for staff and patients.

Improving the patient experience requires more than instituting robust training programs, updating facilities, and tweaking a few standard operating procedures. Improving the patient experience is, at its core, about creating a culture of excellence to promote an unparalleled commitment to providing quality care, measuring results, and continuously raising the bar higher.

1.1: Organization profile

KUKREJA HOSPITAL AND HEART CENTER (KHHC)

- The Hospital was founded in 1996 by Dr. Rajnish Kukreja and Dr. Geetu Kukreja with a capacity of 50 beds and was inaugurated by Dr. Naresh Trehan Director, Escorts Hospital and Research Center. It is a unique example of multi super specialty medical institution of modern times.
- Today, the Hospital has an enviable list of specialties and super-specialties on offer. Each department has been painstakingly built over the years into a completely networked facility, designed for maximum convenience to the patient. Hospital offers about 8 specialties, ranging from Internal Medicine, Obstetrics and Gynecology, Pediatrics and Neonatology, Orthopedics, Cardiology, Ophthalmology, General Surgery, Dermatology, Emergency Medicine, Anesthesia, criticalcare.
- It was a vision and philosophy of a far reaching dimension that inspired the founders of Hospital to provide excellent standards of medical services for all super specialties under one roof to cater to the growing needs of medical care of the society. The Hospital Management pursues the policy of ploughing back the earnings of the venture for further improvement of the hospital services. Adhering to its promise, the hospital has added a new block enhancing its total bed capacity to 100 beds to meet the growing demand of quality medical care and hospitalisation.
- The New Block has state-of-the-art Cardiac unit with Observation Ward and Resuscitation Unit backed by all the diagnostic and support services. The ground floor has been designed as Operation Theatre Complex, Cardiac Cath lab. It comprises of Operation Theatres for Neurology, Urology, Orthopedics Surgery, Ophthalmology, Gastrointestinal Surgery and pediatrics Surgery. Post-Operative Intensive Care Unit has also been strategically designed within the same complex to provide maximum medical care to the patients. The New Block also has the state-of-the art labor Room, Pediatric Intensive Care Unit, Observation Nursery and In-vitroFertilizationCentre.

- The Hospital trust has been pursuing the aim and objective of providing the services to all classes of the population at affordable rates and will continue to strive to be the most modern hospital always upgrading. Following its core philosophy of valuing human life above all, the Hospital continuously strives to provide newer standards of Medicare with a warm human touch.

Kukreja Hospital and Heart Centre

- Kukreja Hospital caters to the people living in urban and rural area.
- It is Secondary care hospital
- It was established in 1996.
- The number of beds available in Hospital is 200.
- All departments required for Hospital are available in this hospital except dental and eye
- It is establish in south delhi, Rajouri Graden
- One of the best Hospital in South Delhi
- 24 hour Emergency facility Available in this Hospital.

Hospital hours of Operation

DEPARTMENT	BUSINESS/OPERATION HOURS
Marketing	Monday - Saturday: 9am to 5pm
Emergency Room	24 hours
Pharmacy	24 hours
Radiology	8am to 6 pm hours
Laboratory	24 hours
Physiotherapy	Monday - Saturday: 8am to 8pm Sunday: 9am to Noon
Nursing Ward	24 hours
HR	Monday - Saturday: 9.30am to 5.00pm
OPD	08:00am to 02:00pm Staggered timings for various OPDs
Emergency Room	24 hours

RATIONALE OF THE STUDY

The quality of service in health means an inexpensive type of service with minimum side effects that can cure or relieve the health problems of the patients. It is easier to evaluate the patient's satisfaction towards the service than evaluate the quality of medical services that they receive. Therefore, a research on patient satisfaction can be an important tool to improve the quality.

Other industries have been paying attention to customer satisfaction for years. "Health care is the only industry - service or manufacturing - that for years has left the customer out of it. This is an absolutely prehistoric thinking. To ignore the input from the patient, to ignore the customer, to say the customer's desires are irrelevant is not living with reality".

Health care consumers today, are more sophisticated than in the past and now demand increasingly more accurate and valid evidence of health plan quality. Patient-centered outcomes have taken center stage as the primary means of measuring the effectiveness of health care delivery. It is commonly acknowledged that patients' reports of their satisfaction with the quality of care and services, are as important as many clinical health measures. Health care organizations are operating in an extremely competitive environment, and patient satisfaction has become a key to gaining and maintaining market share. Patient satisfaction with the healthcare services largely determines their compliance with the treatment and thus contributes to the positive influence on health.

REVIEW OF LITERATURE:

The first study that was reviewed was conducted by Raman Sharma, Meenakshi Sharma in a Multispecialty Tertiary level Hospital. It was a cross sectional study that was conducted to assess the patient level satisfaction visiting the hospital, with the objective to know the behavior and clinical care by the clinicians and Paramedical staff and in terms of amenities available. The data was collected with the help of a pre designed questionnaire that was given to the respondents after the patients had undergone consultation with the doctor. The findings of the study suggested that average time spent by respondents for registration was 33.20 minutes. The overall satisfaction regarding the doctor - patient professional and behavioral communication was more than 80% at almost all the levels of healthcare facilities. In total 55% of respondents opined that doctors have shown little interest to their problems while 2/3 opined that doctors used medical and technical terms to explain their illness and its consequences. More than 70 percent satisfaction level was observed with staff of laboratories and security personnel with their cooperation and sympathetic nature. More than 80.0 percent were satisfied with basic amenities. Of these 40.0 percent were of the view that services were costlier than their affordability.

Second study that was reviewed was conducted by S.K. Jawahar in a super specialty hospital in India. The study was conducted to know the satisfaction level of patients and also get a feedback about the services provided in the In patient department. This was a cross sectional study, the patients were randomly selected and a questionnaire was developed to evaluate patient satisfaction about the OPD services, logistics arrangement in the outpatient department, waiting time, facilities, perception about the performance of staff, appointment system, behavior of staff, support services and any other suggestions of patients. The results of the study showed that 57 percent of the patients need to wait occasionally for long hours. Most of the patients have responded that the waiting time was within one hour, however in some cases it was extended to more than three hours. 50 percent of the patients were highly satisfied with regards to the cleanliness in the hospital whereas 15.5 percent said that cleanliness can surely be improved. 56 percent of the total patients were highly satisfied with the behavior of doctor whereas 35.5 percent were somewhat dissatisfied with the behavior. The care and explanation of disease by nursing staff was found satisfactory, however the friendliness component of the nursing staff was rated to only average by 40 percent of the patients. About the support services of the hospital majority of the patients were satisfied with the support services like security, accounts and attenders. When the patients were asked about recommending the hospital 55.8 percent said that they would always do so, while only 11.6 percent said that they will sometimes recommend this hospital.

Another study that was conducted by Syed Shuja Qadri and Dr. Rambha Pathak in a tertiary care hospital with the objective to assess patient satisfaction with services provided in a tertiary care hospital situated in Rural Haryana. A cross sectional study was conducted among patient

attending various outdoor and indoor departments of the institute. To draw the patient's satisfaction to health care service a self designed, semi structured questionnaire was developed. The findings of the study showed that 89.1 percent of the patients were satisfied with the services received from the hospital while the remaining 10.9 percent were dissatisfied. Specifically 90.9 percent, 78.6 percent and 74.6 percent of the patients were satisfied with patient provider relationship, medical care and information and support services. However 20.7 percent and 13.0 percent of the patients were dissatisfied with organization of care and cost of care respectively. Patients and their relatives complained about cost of drugs, delayed reports and long appointment for ultrasound and other radiological investigations. These necessary inputs from the patients and the attendants with respect to various drawbacks or deficiencies were taken out by the hospital administration to improve the hospital service and satisfaction of the patients.

A brief study of patient and attendant satisfaction was done by W. Qureshi and G. Naikoo at the Lal Ded Hospital Srinagar. It was a cross sectional study and the comments were noted by the answers of the questionnaire that was given to each admitted patient/ attendant randomly in various sections of the hospital. After thorough analysis the aggregate score of the questionnaire regarding patient satisfaction was; 72% patients considered the services at Lal Ded Hospital as good while as 8.3% average and 19.7% were poorly satisfied or not satisfied with the hospital services. The biggest factor in this study was lack of communication between the doctor and the patients, if this gap is bridged the patients as well as attendants change their perception all together about the hospital services. This is an important factor that doctors communicate properly with the patients to explain to them their ailments and the steps to be taken to mitigate their sufferings. About 82% patients were satisfied with the admission and Registration procedures, 8% gave less average score and 10% described the process as poor. About 70 % patients in the ward described services good and 19.7% rated the services as poor. 40% of the total patients rated good for the labor room services, 30% rated as average whereas 30% of them rated as poor. Item wise satisfaction score for patient's satisfaction of good category regarding attending doctors (50%), followed by 31% about quality nursing care and 13% regarding quality laboratory work. 80% of patients preferred to suggest this hospital to friends and relations and future consultations. Majority of patients suggested free life saving medicines from hospital. Most of the patients and attendants suggested regular vigilance of the hospital administration to look over the work of paramedical staff especially sanitation and hospital cleanliness.

Another cross sectional study that was reviewed was conducted by Rajagopal Rao Kodali and P. Ramacharyulu in a private medical college hospital in Andhra Pradesh with objective to study the level of satisfaction of in patients and to find out the causes of dissatisfaction. Patient satisfaction was assessed in relation to doctors, nurses, housekeeping and billing. The satisfactory level was divided into very good, good, fair, bad and very bad. The results of the study showed that the overall satisfaction of the in-patients was rated as good by 79.54 percent of the total respondents followed by fair, bad, very good and at last very bad. The patient

satisfaction in relation to doctors was good in majority with the availability factor followed by treatment and care part. When the satisfaction level was rated in relation to nurses, it was found more with the care and supply of medicines followed by availability of precautions. The satisfaction in billing was more with the billing information and billing time. In relation to housekeeping the satisfaction level was good; no patient expressed very good satisfaction. The overall satisfaction of in patients expressed was good in majority of cases

Chapter 3

OBJECTIVES

3.1 Main Objectives: - To Evaluate patient Satisfaction towards healthcare services in the IPD of Kukreja Hospital, New Delhi.

3.2 Specific Objectives:-

- ✓ To determine the Level of patient satisfaction towards IPD Services with reference to clinical services.
- ✓ To study satisfaction of the patients regarding non clinical services provided in the Hospital.
- ✓ To determine the patients satisfaction on the accessibility of basic health care services provided by Kukreja Hospital, New Delhi.

Chapter 4

Methodology

- 4.1 Study area and Design:- Study was Conducted in Kukreja Hospital New Delhi, It was a descriptive cross sectional study in nature
- 4.3 Study Population: IPD Patient of Kukreja Hospital, New Delhi
- 4.3 Sample Size: - 104 Patient feedback Were selected randomly from various IPD Patient in Kukreja Hospital, New Delhi
- 4.4 Sample Time: 02 March to 30 April
- 4.6 Study design: Cross section & Descriptive study
- 4.7 Data collection technique : Feedback Form Checklist
- 4.7 Data collection tool: Structured Questionnaire
- 4.8 Type of data: Primary data
- 4.9 Statistical software used for data analysis:- MS excel 2007, MS word 2007.

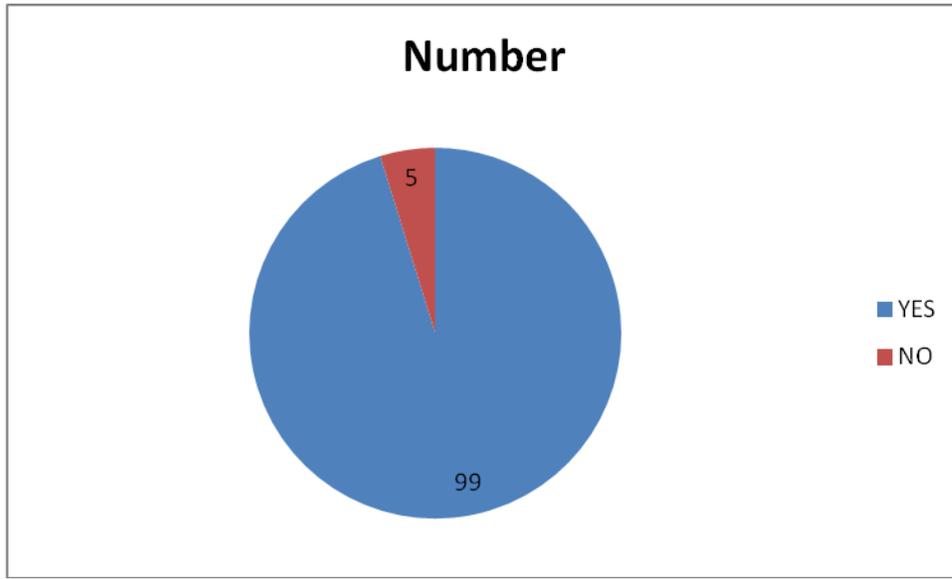
Chapter 5

Data analysis and findings

The Analysis was conducted In Patient Department of Kukreja Hospital, New Delhi in order to determine the overall patient satisfaction in the In patient Department. Total of 104 Sample taken from 02 march- 30April. The Research tool for data collection was Feedback form Questionare.. The data analysis and findings werewere done with the help of Microsoft office Excel 2007. The patient were asked to fill feedback form Questionare and rate as Yes or No. The patient who told yes were Happy with Services of the Hospital and who said No were not Happy with Hospital Services in some Process of the Hospital.

The Results for overall patient Feedback towards the In Patient Department of Kukreja Hospital, New Delhi are as Follows:

Figure 1: Did Dr. Informed about reason for admission?



Interpretation:-

During the study it was observed that 99% admission was informed to patient, only 1 % admission taken was not informed/ not known to patient. (According to Data taken for analyzing)

Figure 2: Did you shifted immediately after admission?

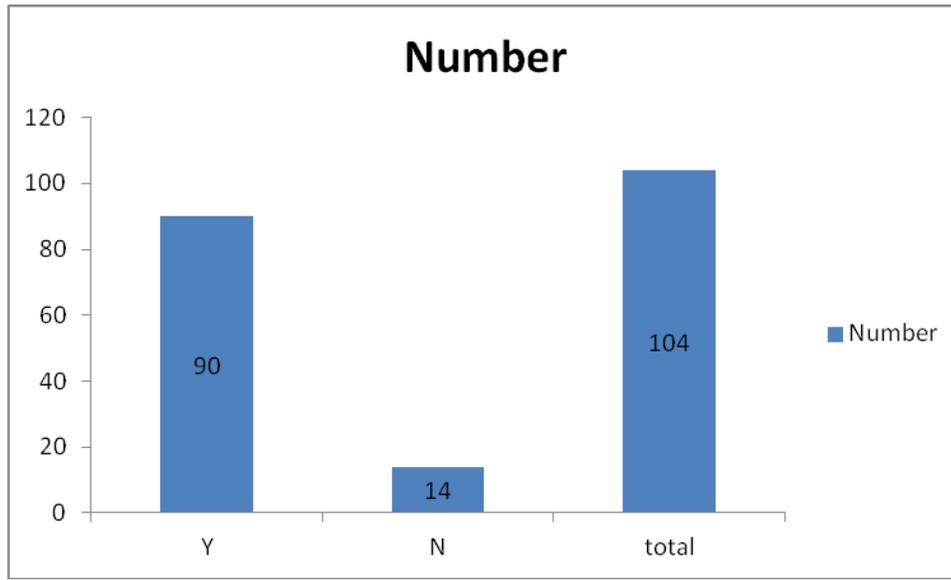


Fig. showing that total of 104 admission, 90 patient were shifted immediately, but only 14 were not satisfied for shifting.

Interpretation:

The respondents were asked about the shifting of patient in ward after admission, only 93.6% were told he were shifted immediately only 6.4 % were not satisfied by shifting time

Figure 3: Was the Bed ready when the patient shifted to ward?

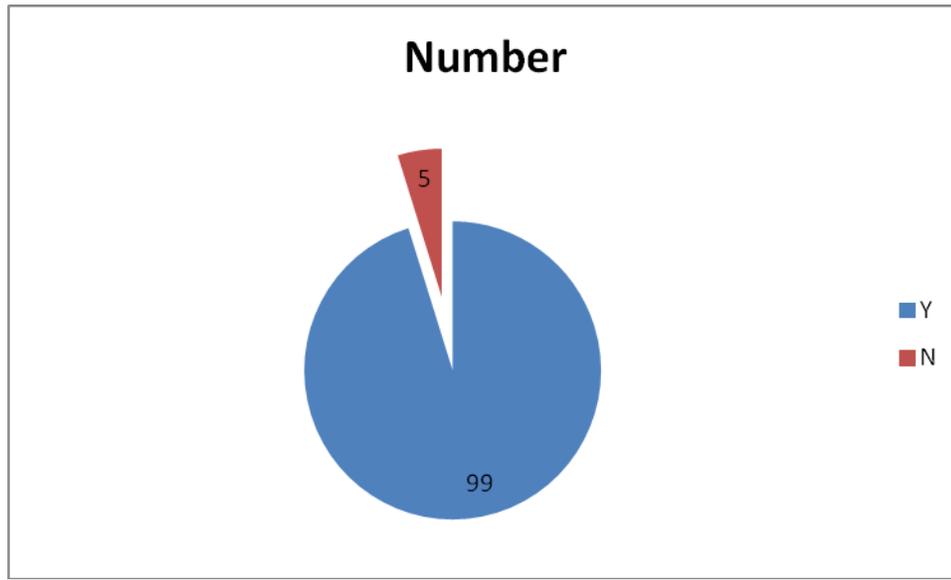


Fig. showing that 99 % (N=99) of overall sample taken (N=104) is said yes and 1% said No for ready of room.

Interpretation:

The respondents were asked about the Room was ready before shifting of patient, more than 99% patient told yes and only some of the patient said No by asking this question.

Figure 4 : Did Dr. came immediately for checkup after shifting of patient?

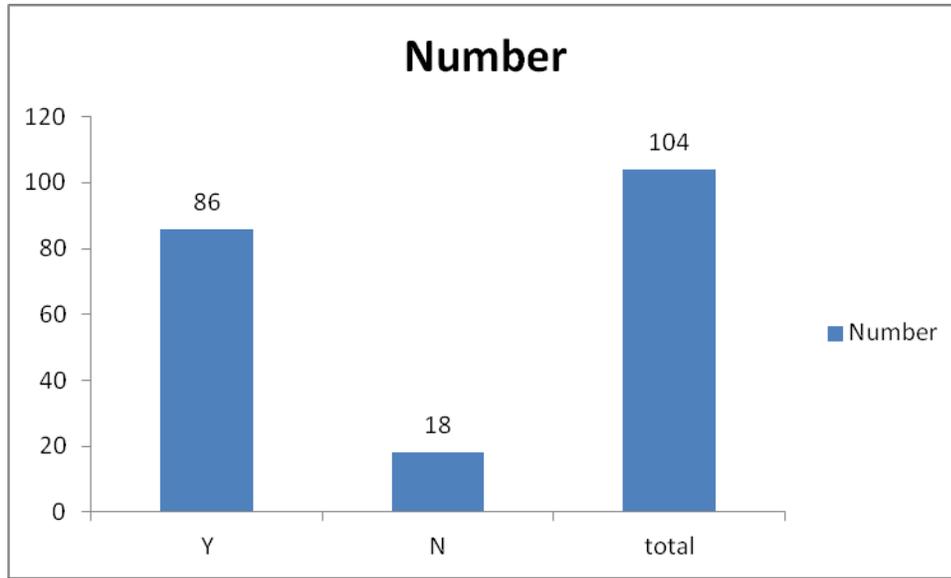


Fig. showing that 89.44% (N=86) patient told doctor came immediately after shifting for checkup, only 11% (N= 18) patient told Dr. did not came immediately.

Interpretation:

The respondents were asked about the patient checkup by Dr. after admission, only 86 % were told Yes, he were shifted immediately only 14 % were Told he/she was not checkup immediately after admission.

Figure 5: Do You feel Nursing staff is competent?

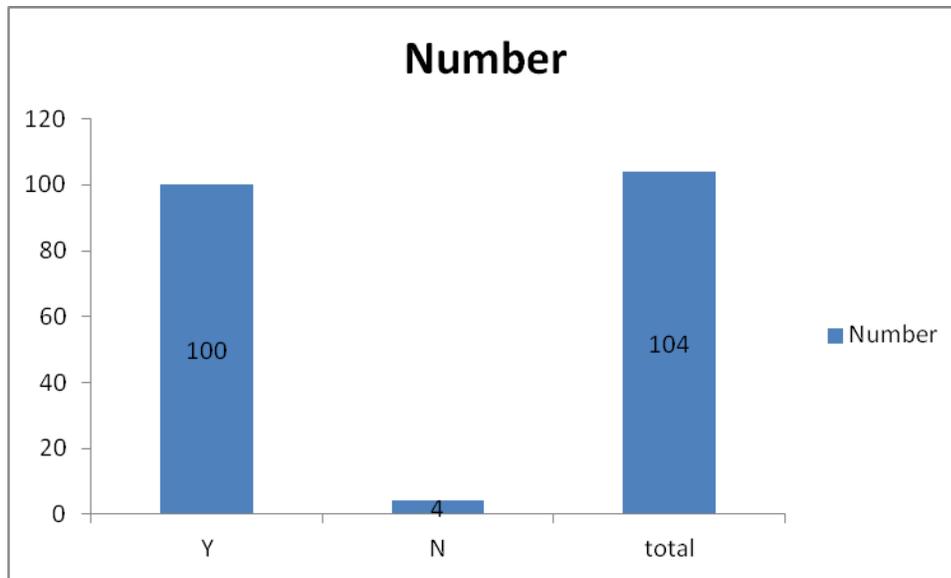


Fig. showing that Working of Nurse Competent was good. More than 99.2% patient was Happy by Nurses work.

Interpretation

The respondents were asked about the Nurse competent of work in ward/ Floor, more than 99.2 % of patient told yes by nurse work. Only some of the patient said No (N= 4) .

Medicine Priveded Regularly on time;

Figure 6: Medicine provided Regularly on time?

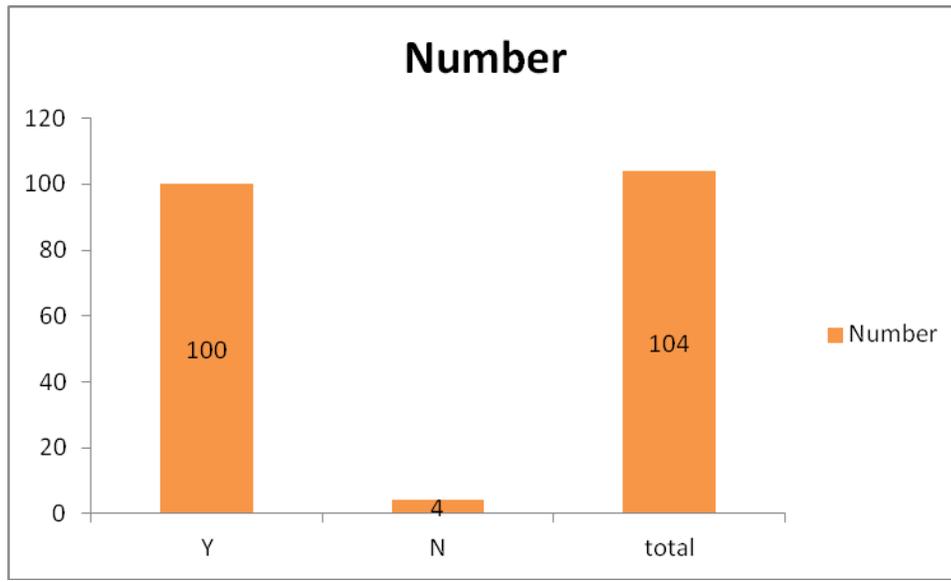


Fig. showing that 99.5% (N=100) of overall Patient (N=104) said he has been given medicine regularly on time.

Interpretation

More than 99.5% patient told yes Overall (N=104), when he asked about the medicine provided on time or not. Very Few were told No by asking this question. So It shows patient are happy by nurse work.

Figure 7: Did Dr. Examined every day.

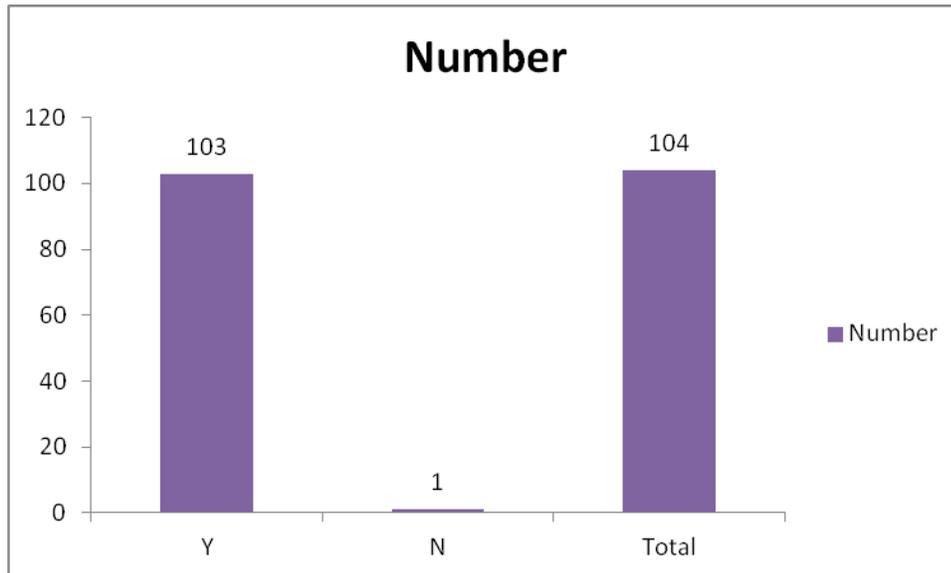


Fig. showing that 99.9% Patient said yes (N=103), Total of (N=104) when asked dr. examined Everyday.

Interpretation

The respondents were asked about the Dr. examined everyday, more than 99.9 % (N=103) out of (N=104) said Yes when he asked about this question. Very few were said No by asking this question.

Have Undergone any operation in Hospital

Figure 8: Have Undergone any operation in Hospital

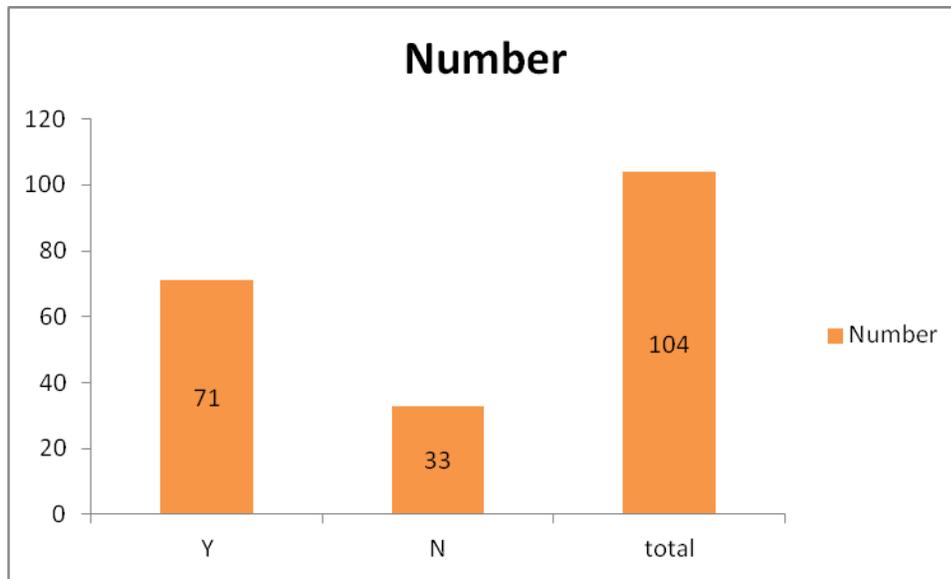


Fig. showing that 73.84 % (N=71) of overall sample (N=120) told he had undergone for surgery in Hospital.

Interpretation

The respondents were asked about when he undergone for any surgery in Hospital, only 73.84 % (N=71) of overall sample (N=120) told he had undergone for surgery in Hospital and (N=33) told No when they asked about this question.

Figure 9: Did Dr. told you about need of surgery

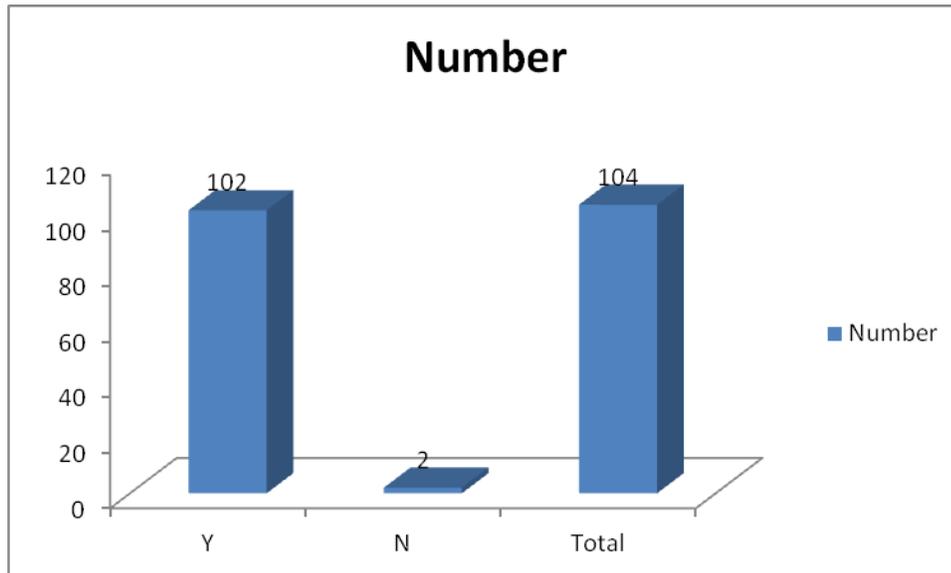


Fig. showing that 99.8(N=102) Overall (N=104) Said Yes when he asked about did doctor told him about need of Surgery and approx 0.2% (N=2) said No about this question, when we asked.

Figure 10 : Did Receptionist/ Doctor informed you the expected cost of Surgery

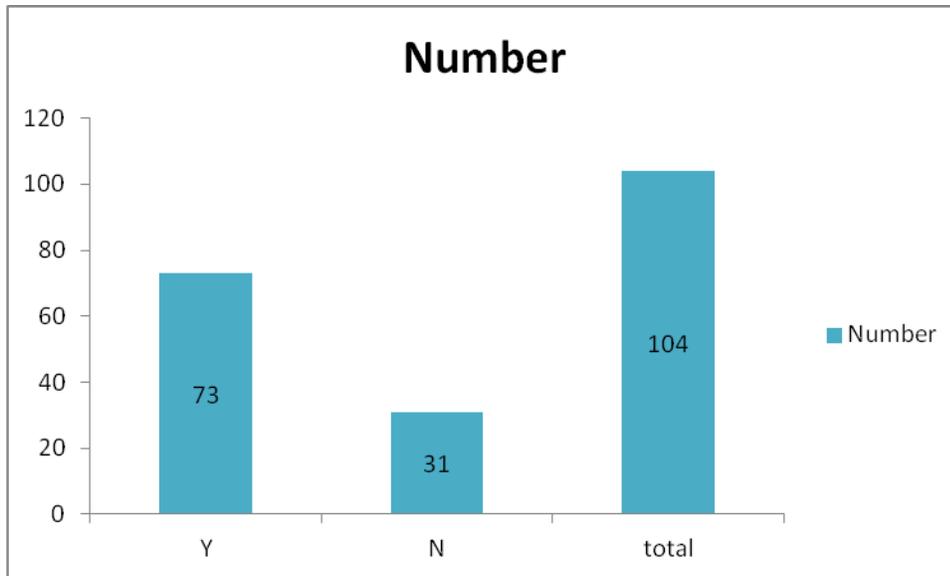


Fig. showing that 75.92% (N=73) Overall (N=104) Said Yes when he asked about the did someone informed him about expected cost of surgery.

Interpretation:

The respondents were asked about Did some one informed him about the expected cost of surgery, then 75.92% (N=73) Overall of (N=104) said Yes and 24% (N=31) said No when he/she asked this question.

Did Dr. Informed about you complication of surgery

Figure 11: Complication of Surgery

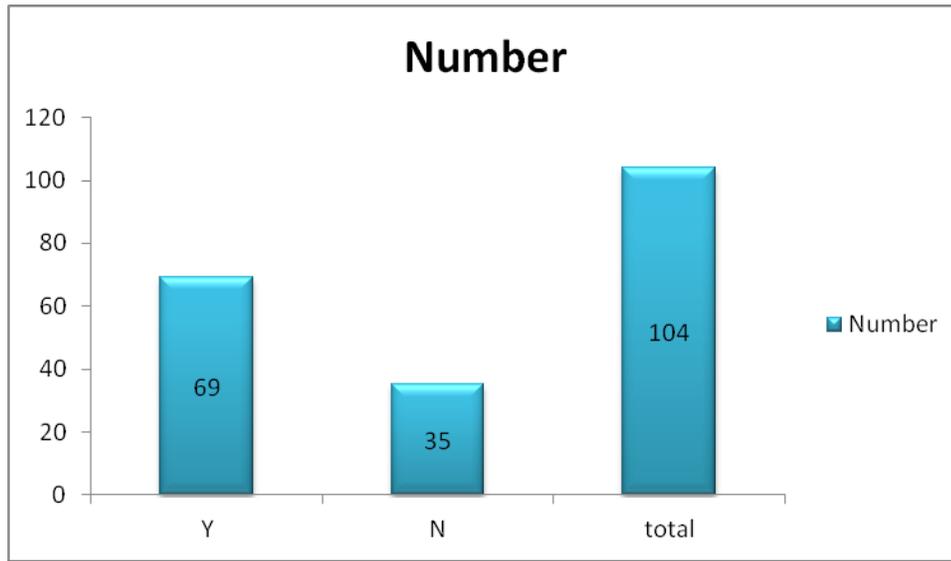


Fig. showing that 71.76 % (N=35) of overall sample (N=104) said yes when he asked about complication of surgery of patient.

Interpretation:

The respondents were asked about the Complication were told by doctor, then 71.76% (N=69) told Yes and approx 29% (N=35) said No. It shows patient some times does not get information about the complication of Surgery.

Do you feel Hospital Food was Fresh

Figure 12: Hospital Food was Fresh

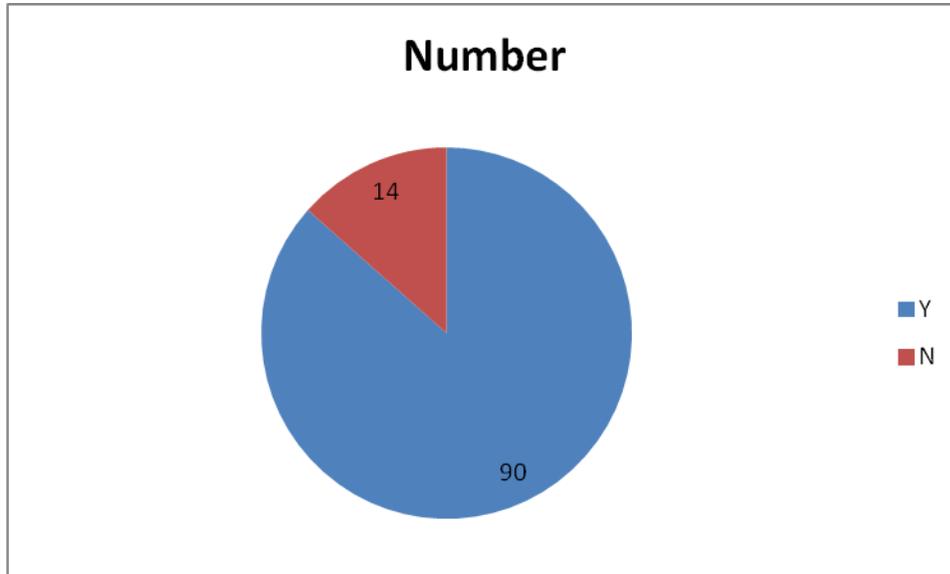


Fig. showing that 93.6 % (N=90) of overall Patient (N=104) said Yes about freshness of Food

Interpretation:

The respondents were asked about the Freshness of Food 93.6% (N=90) Overall (N=104) said Yes about Freshness of Food and approx 6% Said No (N=14) about Freshness of Food.

Figure 13: Housekeeping staff cleaned your ward/Room Everyday

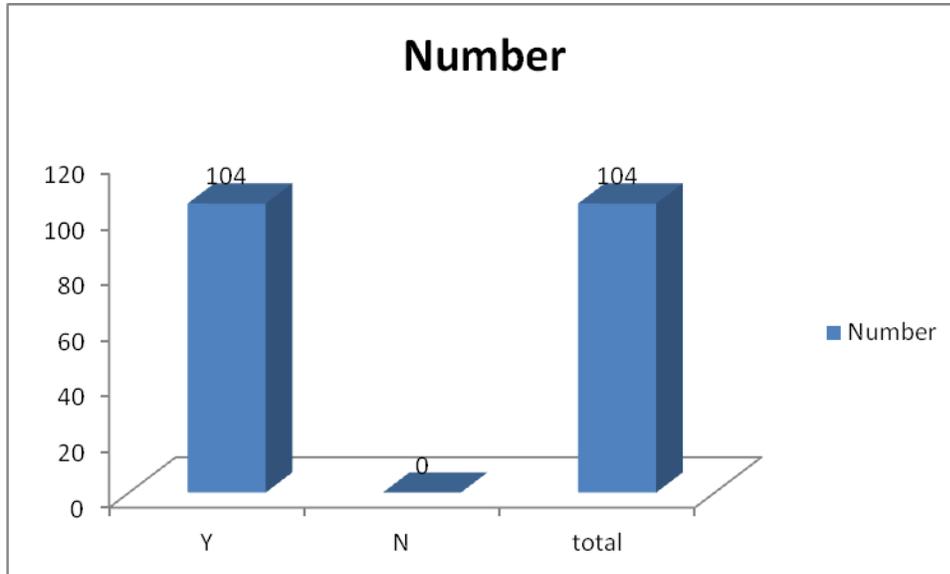


Fig. showing that Room was Cleaned Every day 100% (N=104) Overall (N=104) patient Yes when he asked about this question.

Interpretation:

The respondents were asked about Cleaning of Room/Ward, 100% Patient (N=104) Overall Sample of (N=104) Said Yes when he asked about this Question. Patient were Happy By Room cleaning and Dusting.

Discussion

The Objective of this Study were to determine the Patient Feedback Form of In Patient Department . This was a cross sectional hospital based study conducted in Kukreja Hospital New Delhi, All the departments in the hospital including All OPD, Medical ward, Surgical ward, Laboratory, Radiology, Pharmacy, OT, F& B Department etc. were visited. Information was obtained by data collection before patient discharge methods. A total of 104 sample were selected conveniently, which includes patient suggestions to improvement of these staff like doctors, nursing staff, technician, housekeeping and others. For 30 days were also observed personally with all staff to take feedback of admitted patient in Hospital.

Most of the doctors, nursing staff, technicians, housekeeping staff and other staff were doing his work well and good, but in night all patient gets complain due to unavailability of supervisor/ administration/Quality manager in Hospital.

The study shows that Patient were satisfied with Nursing care and Food and also Cleanliness of ward/Room. Only some were unhappy due to unavailability of doctor in Night, or sometimes doctor were not coming for chekup of patient in a day/ night. Patient were also unhappy because of surgery cost/ need of surgery and also Complication of surgery were Not Informed to patient during surgery or before surgery.

Chapter 6

Recommendations and Conclusion

Recommendations

- When patient gets admission during night/day, he/she should shifted immediately in ward / Room.
- If patient get admitted in hospital at night, doctor should meet the patient immediately.
- Bed should ready before patient reach in ward/room.
- Doctor should properly make understood patient why he/she got admitted in Hospital, why need of Surgery, How much cost will come for surgery, what type of complication can be happen during surgery or after surgery.
- Food should be reach in room in Fresh Condition.

Conclusion

Patients are responsible for spreading good image of Hospital and therefore satisfaction of patients visiting Hospital is highly Important for Hospital management. Various studies about In patient services have elicited problems like overcrowding of patient, Doctors do not come for checkup immediately after admission of patient, Doctor do not tell patient about need of Surgery, complication of Surgery, Cost of Surgery etc. In this study it is found that majourity of patients are satisfied by services provided. There it concluded that the IPD Services form an important component of Hospital Services and Feedback of patients play a vital role in Quality Improvement.

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10. Did Dr. Informed about expected cost of Operation?

(A) Yes (B) No

11. Did Dr. informed about complication of operation?

(A) Yes (B) No

12. Are you feel Hospital food was fresh ?

(A) Yes (B) No

13. Housekeeping staff cleaned your ward/Room Everyday ?

(A) Yes (B) No