

# **Measuring patient satisfaction in emergency department**

**A dissertation submitted in partial fulfillment of the requirements**

**For the award of**

**Post-Graduate Diploma in Health and Hospital Management**

**by**

**Dr.Gopal Singh Meena**

**(PG/12/032)**



**International Institute of Health Management Research**

**New Delhi -110075**

**May, 2014**

**Internship Training**

**At**

**Park Hospital west New Delhi**

**Measuring patient satisfaction in emergency department**

**By**

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**Under the guidance of**

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**Post Graduate Diploma in Hospital and Health Management**

**2012-14**



**International Institute of Health Management Research**

**New Delhi-110075**

**TO WHOMSOEVER MAY CONCERN**

This is to certify that Dr. Gopal Singh Meena 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 Park Hospital West Delhi

From 10/01/2014 to 10/04/2014

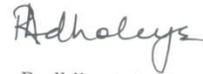
The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I Wish him all success in all his future endeavors.



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## FEEDBACK FORM

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Dissertation Organisation: Park Hospital

Area of Dissertation: Medicine, Oncology

Attendance: 100 %

Objectives achieved: "Measuring Patient satisfaction in Emergency dept."

Deliverables: Yes

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Date: 01/05/2014

Place: New Delhi

### Certificate of Approval

The following dissertation titled “**Measuring Patient Satisfaction in Emergency Department**” at “**Park Hospital West 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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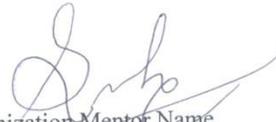
### Certificate from Dissertation Advisory Committee

This is to certify that Dr.Gopal Singh Meena, 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 "Measuring Patient Satisfaction in Emergency" 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.



Institute Mentor Name,  
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**INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH,  
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**CERTIFICATE BY SCHOLAR**

This is to certify that the dissertation titled Measuring Patient Satisfaction in Emergency and submitted by Dr. Gopal Singh Meena, Enrollment No. PG/12/032 under the supervision of Dr. Radhika Adholiya, Asst. Professor, IIHMR, Delhi for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from 10/01/2014 to 10/04/2014 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Signature



F. No.: Park/Exp. Cert. /2014-15  
Dated: 11.04.2014

**CERTIFICATE OF COMPLETION OF DISSERTATION**

The certificate is awarded to Dr. Gopal Meena in recognition of having successfully completed his dissertation in the department of Oncology.

Tenure: 10<sup>th</sup> January 2014 to 10<sup>th</sup> April 2014.  
Organization: Park Hospital

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

We wish him all the best for future endeavors.

  
HR MANAGER  
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**the health care providers the health care providers**

PANEL HOSPITAL: DELHI GOVT, CGHS, ECHS, MTNL, DJB, DTC, NDPL, MCD, NAFED, HUDCO, TRADE FAIR AUTHORITY OF INDIA, DDA, NDMC, PAWAN HANS  
HELICOPTER, IFFCO, METRO, BHEL, MOTHER DAIRY, GAIL, VSNL, TCIL, IGL, TISCO, NPCC, NBCC, NTC, PFC, IREDA, IRCON, SCI, DU, SPG, MES, ESI, CERC, CCRT,  
IGC, DERC, IGNOU, JNU, DTL, CPCB, FCI, NPC, ICAR, IARI, BSNL, BSES, DELHI POLICE, ALL MAJOR TPA'S (MEDICLAIM CASHLESS HOSPITALISATION) ETC.



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## Abbreviations

ED EMERGENCY DEPARTMENT

BMW	BIO MEDICAL WASTE
WM	WASTE MANAGEMENT
OT	OPERATION THEATER
OPD	OUT PATIENT DEPARTMENT
ICU	INTENCIVE CARE UNIT
DIAL	DIALYSIS
LDR	LABOR AND DELIVERY ROOM
HCW	HEALTH CARE WORKER

CMO CASUALTY MEDICAL OFFICER

A&E ACCIDENT & EMERGENCY

## **Acknowledgement**

I would like to extend my heartfelt gratitude towards all the personnel at “Park Hospital West Delhi” who helped me get through this project.

This project would never have been possible without those who went out of their way to help me...

I started by expressing my sincere gratitude to Dr. Ajit Gupta (Chairman) who gave me the opportunity to work in this organization.

I also extend my heartfelt gratitude to Dr. Ritu Bhutani (Director, Oncology) who extended timely guidance and support at every crucial junction of this project and gave it the shape you see today.

Sincere thanks to all the staff at all levels, for helping me at each and every step of my work. Heartiest gratitude to them for making my stay and work at this place a memorable one.

In addition I would also like to thank my mentor at IIHMR; Delhi respected Dr. Radhika Adholiya for her valuable efforts in shaping this study to a meaningful effort.

Dr. Gopal Singh Meena

PGDHHM

PG/12/032

IIHMR Delhi

## **MISSION**

“To deliver state-of-the-art personalized healthcare services to people of all social and economic background and achieve highest level of patient satisfaction.”

## **VISION**

“To be a leading name in the healthcare sector by providing holistic healthcare at affordable cost.”

## **QUALITY PARAMETERS**

- The hospital has been designed for maximum safety and comfort of the patients and healthcare providers. It complies with national & International standards for hospital accreditation.
- Clinical governance is an integral part of our practice.
- Robust quality and infection control practices are in place.
- Best in class modular OT's and ICU's with HEPA filters, laminar air flow & complete air changes per hour & access control minimize the risk of infection.
- Isolation rooms have been earmarked in the ICU to treat critically ill infectious patients thus preventing threat to other patients
- Green building: The hospital is designed to allow sunlight in most of the ICUs and patient rooms as it minimizes stress on the patients and gives them proper orientation of time.
- Stringent “Biomedical Waste Management” practices for segregation, storage, transport & disposal of hospital waste are in place.
- The hospital has one of the most advanced infrastructures which help in patient & employee safety & reduce the excessive burden on the environment.
- The “Hospital Information System” used is most advanced and user-friendly and helps to reduce medical errors as well as contributes to faster and better patient management.

## **Duties and responsibilities**

- **Area of dissertation:** Operations
- **Duration:** 10<sup>th</sup> January to 10<sup>th</sup> April
- **Designation:** Medical Coordinator

## **Tasks performed:**

During the internship period, I was given the responsibility to coordinate and communicate various tasks like:

- Coordinate workforce management objectives with focus on individual, departmental and hospital wide initiatives and team concepts.
- Focus on patient satisfaction
- Facilitating admission and discharge process
- Supervision of housekeeping staff and looking after inventory management
- Coordinating with Front desk, MRD, Billing, Pharmacy, laundry and other departments.

## **Introduction:**

The original term (casualty) meant a seriously injured patient. It was predominantly a military word, a general term for the accident of service: after a battle the dead, the wounded and the sick lumped together as 'casualties'.

An emergency department (ED) also known as accident and emergency (A&E), emergency ward, or casualty department is a medical treatment facility specializing in acute care of patients who present without prior appointment, either by their own means or by ambulance.

The emergency department of most hospital operates 24 hours a day.

Due to the unplanned nature of patient attendance, the department must provide initial treatment for a broad spectrum of illness and injuries, some of which may be life-threatening and require immediate attention. In some countries, emergency department have become imported entry point for those without other means of access to medical care. As patient can present at any time and with any complaint, a key part of the operation of an emergency department is the prioritization of cases based on clinical need. This is usually achieved through the application of triage. Critical condition is handled in emergency department such as cardiac arrest, heart attack, and traumatic cases. Patient frequently arrive with unstable conditions, and so must be treated quickly. They may be unconscious, and information such as their medical history, allergies and blood type may be unavailable. Staff are trained to work quickly and effectively even with minimal information.

Metrics application to the ED can be grouped into three categories, volume, and cycle time and patient satisfaction. Volume metrics including arrival per hour, percentage of ED bed occupied and age of patient are understood at a basic level at all hospitals as an indication for staffing requirement. Cycle time metrics are the mainstay of the evaluation and tracking of process.

Efficiency are and less widespread since an active effort is needed to collect and analyze this data. Patient satisfaction metrics are useful in demonstrating the impact of changes in patient perception of care over time. The patient satisfaction metrics is derivative and subjective.

## **Objective:**

**General objective:** To measure the level of satisfaction in patients/attendants coming to emergency department of park hospital assigning score in clinical ,support and utility services and suggesting recommendation for the same.

## **Specific objective:**

- To measure the level of satisfaction in patients/attendants coming to emergency department of park hospital in clinical, support and utility services.
- To suggest recommendations in the above listed services in hospital for smooth functioning.

## **Review of Literature:**

### 1. Patient satisfaction in emergency medicine

C Taylor, JR Bengner

A systematic review was undertaken to identify published evidence relating to patient satisfaction in emergency medicine. Reviewed papers were divided into those that identified the factors influencing overall satisfaction in emergency department patients, and those in which a specific intervention was evaluated.

Patient's age and race influenced satisfaction in some, but not all studies. Triage

Category was strongly correlated with satisfaction, but this also relates to waiting time. The three most frequently identified service factors were; interpersonal skill/staff attitude /; provision of information/explanation; perceived waiting time. Seven controlled intervention studies were found. These suggested that increased

Information on ED arrival, and training course designed to improve staff attitude and communication, are capable of improving patient satisfaction. None of the intervention studies looked specifically at the effect of reducing the perceived waiting time. Key interventions to improve patient satisfaction will be those that develop the interpersonal and attitudinal skills of staff, increase the information provided and reduce the perceived waiting time. Future research should use a mixture of quantitative and qualitative methods to evaluate specific interventions.

### 2. Satisfied Patients Exiting the Emergency Department (SPEED) Study.

Hedges JR, Trout A, Magnusson AR.

Patient satisfaction has been associated with patient perceptions of emergency department (ED) wait intervals, but not necessarily actual wait intervals in ED patients and the association of overall satisfaction with perceived and actual wait intervals. The authors performed a prospective, cross-sectional study using a volume-stratified sample of adult ED patients presenting to a university

teaching hospital. Patient wait intervals were monitored using a computerized tracking system. Patients were confidentially surveyed regarding their overall satisfaction with care and

perception of wait intervals after a disposition decision was made by the treating physician. Finding was found for the total time in ED.

For both wait for room interval and wait for physician interval, the measure wait

Interval were more strongly associated with the estimated wait intervals than measured wait intervals were shorter than expected. Effort to improve ED patient satisfaction should focus on improving patients perception that wait intervals are appropriate rather than simply shortening wait interval per se.

### 3. A study of patient satisfaction with Emergency Department of Hospital University Kebangsaan Malaysia (HUKM)

Patient satisfaction is of a critical interest to all healthcare providers. Satisfied patients are more likely to seek healthcare and to comply with prescribed treatment regimes. The objective of the study was to identify factors that influence patient satisfaction with emergency department. The study was conducted at Hospital University Kebangsaan Malaysia (HUKM)

A convenience sample of 100 participants was recruited from triage. It consisted of 19 questions; used a 5 point, Likert type scale 1 to 5 (1=completely disagree & 5=completely agree) to measure satisfaction with triage, healthcare provider caring behaviors & health teaching. Overall patients were satisfied with services at the ED HUKM. Patient's satisfaction remains as an important quality outcome measure of emergency care in any hospital.

### 4. Patient satisfaction of an Inner city level one trauma center (St. Barnabas Hospital) Emergency Department waiting room & its proposed impact on Patient care, Hospital Economics & community sentiment.

Patient satisfaction is an important aspect of much today's modern medicine. This study investigated patient satisfaction within an inner city hospital's emergency department. It utilized a cross sectional study to determine the patient's current satisfaction with emergency department waiting room. It also inspected the willingness of the patient to recommend the emergency department to others within the community. This data was analyzed against the patients suggested improvement to the waiting room. The outcome of the project yielded a suggested improvement that would theoretically increase patient satisfaction & increase the efficiency of the overall emergency department. The data shows that twenty nine percent of subjects would not recommend the hospital to others. The statistical analysis also showed that the majority of this subject of subjects suggested that there should be more reading material available and more televisions in the waiting area.

5. Analysis of factors affecting satisfaction in the emergency department: a survey of 1019 Patients

Topakoglu H, Korcioglu o, ozucelik N, Ozsarac M, Degerli V, Sarikaya S, Cimrin AH, Soysal S.

The objective of this study was to identify factors that affect overall satisfaction of patients admitted to the emergency department(ED). All consecutive adult patients in the ED during a 14-day period who could communicate well were enrolled into this cross-sectional analytic study. Patient's demographic data, information on care and level of satisfaction were recorded.

Patients were asked to rate specific issue concerning their satisfaction (good excellent) on a 5-point likert scale. Satisfaction with physician experience, physician attitude, triage, explanation of health status and treatment and discharge instruction were found to have significant impact on satisfaction behavioral characteristics of the healthcare providers and the hospital itself were the factors that had the greatest impact on overall satisfaction of the ED population evaluated.

6. The association between demographic factors, user reported experiences and user satisfaction: results from three casualty clinics in Norway

Patient satisfaction and experiences are an important part in the evaluation of healthcare quality.

The purpose of patient satisfaction survey is frequently related to quality improvement, but reports of general satisfaction have limited value in quality improvement process.

## **Methodology:**

### **Study area:**

Emergency department park hospital.

### **Study population:**

All patient who are coming to emergency department irrespective of gender ,age and health status.

### **Sample size:**

75 patients

### **Sampling method:**

Convenient sampling.

### **Study design:**

Descriptive & cross-sectional

### **Data collection tool:**

questionnaire.

### **Type of data & source of data:**

Quantitative & qualitative data from primary source.

### **Study period:**

10<sup>th</sup> Jan.2014 to 10<sup>th</sup> April 2014

### **Statistical software used for data analysis:**

MS Excel 2007

## **Findings:**

Park hospital emergency department is located at ground floor. There is a directional signage in white text on a red background which indicate the location of the emergency department .

The emergency department works 24\*7.

It is 5+2 bedded unit indicating space constraints .It has a workforce of 2 CMO and 2 nurses.

The hospital welcomes all the acute and chronic cases and is prepared for disaster management

The patients are mainly cases of post surgical, chemotherapy, radiotherapy complication.

Other than chronic cases other procedure are also performed in such as vital sign examination of patients coming from OPD, Ryle's tube insertion, catheter insertion.

There is no separate injection in hospital, so all patients come to emergency is touched with 1 age patient ratio.

Triage is followed in the department and includes chief complaints of patients ,past medical history, current medication and vital sign of the patient.

Triage affects patients level of satisfaction and it`s an important measure for the same.

The color coding performed is as follows:

Red- Immediate Attention

Yellow-- observed and delayed

Green-Minimal

Black- Dead

Turnaround time for CMO is 15 min(max) acc.to SOP.

These are important parameter related to study of patient satisfaction in casualty.

The admission process starts when consultant writes admission on medical record of the patient indicating:

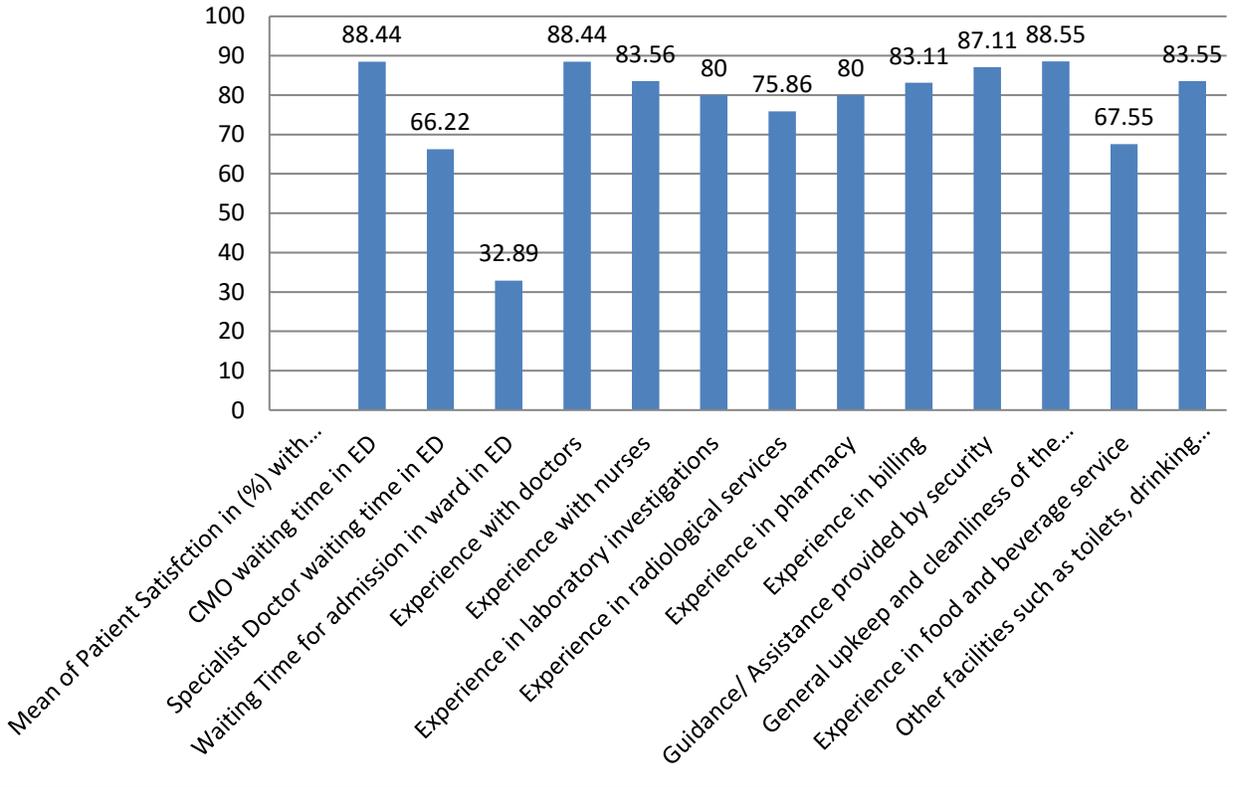
## **Results and analysis**

The study conducted evaluated that mean satisfaction level of patients (in %) in the emergency Department of Park Hospital is 77.055%.

Table: 1 mean satisfaction level of patients (in %) with all the parameters chosen.

CMO waiting time in ED	88.44
Specialist Doctor waiting time in ED	66.22
Waiting Time for admission in ward in ED	32.89
Experience with doctors	88.44
Experience with nurses	83.56
Experience in laboratory investigations	80
Experience in radiological services	75.86
Experience in pharmacy	80
Experience in billing	83.11
Guidance/ Assistance provided by security	87.11
General upkeep and cleanliness of the hospital	88.55
Experience in food and beverage service	67.55
Other facilities such as toilets, drinking water, parking etc	83.55

## Mean of Patient Satisfaction in (%) with Emergency Services



## Results and Analysis

Table: 2

Patients satisfaction (in %) with all individual parameters chosen in terms of poor, average and good

CMO waiting time in ED	88.44
Specialist Doctor waiting time in ED	66.22
Waiting Time for admission in ward in ED	32.89
Experience with doctors	88.44
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## Mean of Patient Satisfaction in (%) with Emergency Services

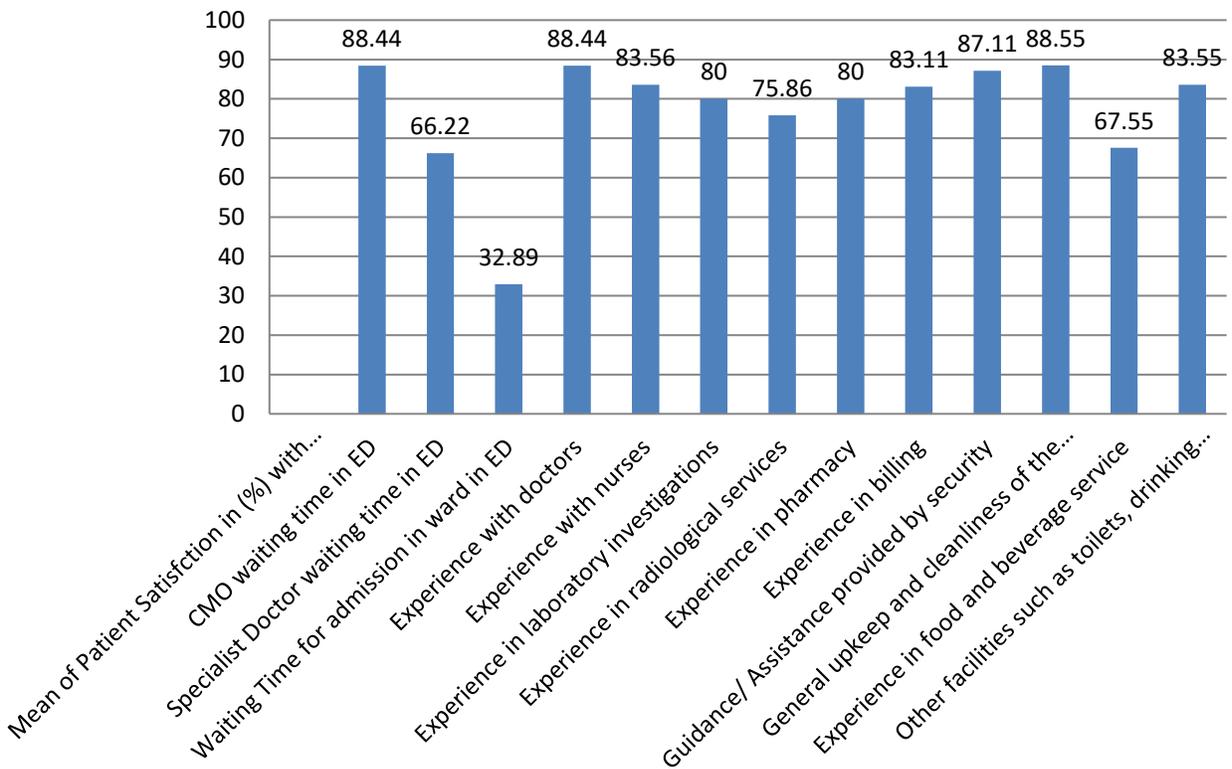
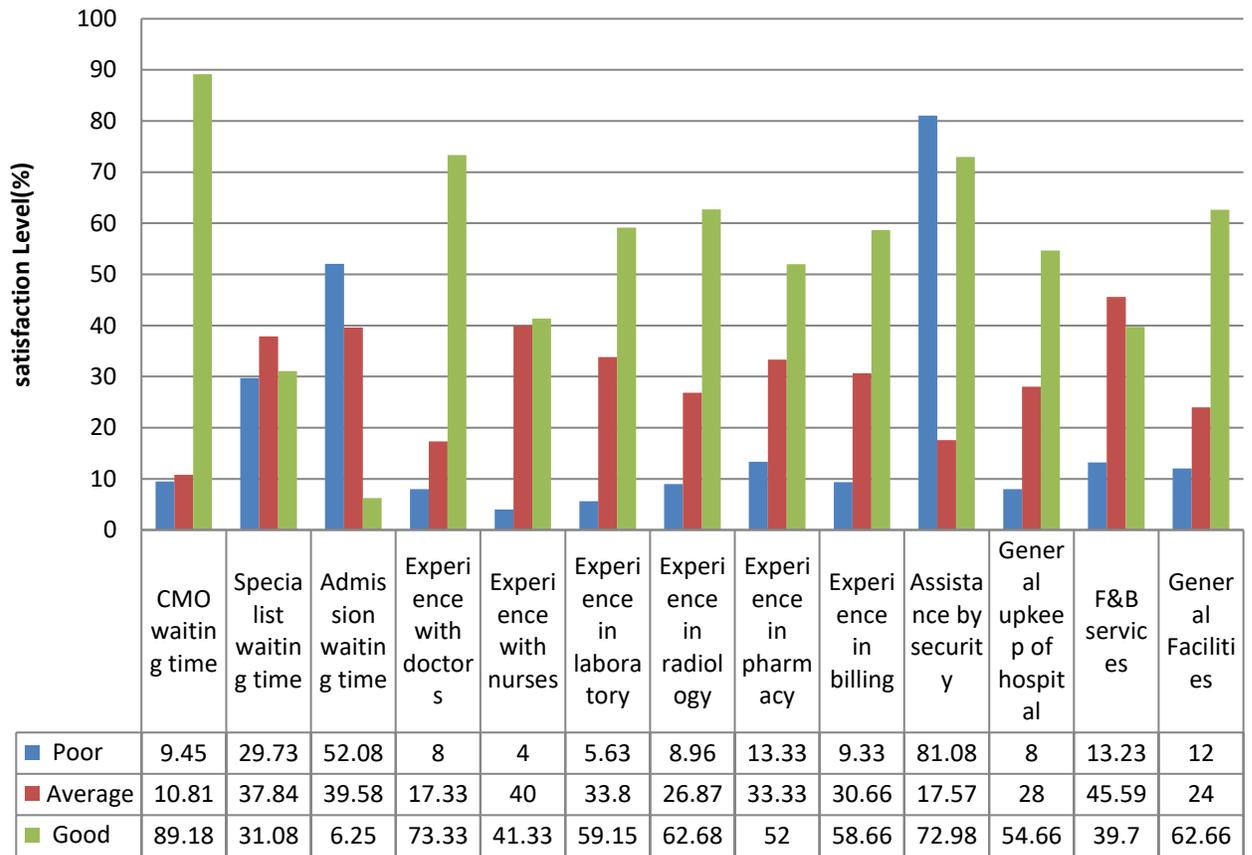


Table 2:

Patient satisfaction (in %) with all individual parameter chosen in terms of poor, average and good.

	Poor	Average	Good
CMO waiting time	9.45	10.81	89.18
Specialist waiting time	29.73	37.84	31.08
Admission waiting time	52.08	39.58	6.25
Experience with doctors	8	17.33	73.33
Experience with nurses	4	40	41.33
Experience in laboratory	5.63	33.80	59.15
Experience in radiology	8.96	26.87	62.68
Experience in pharmacy	13.33	33.33	52
Experience in billing	9.33	30.66	58.66
Assistance by security	81.08	17.57	72.98
General upkeep of hospital	8	28	54.66
F&B services	13.23	45.59	39.70
General Facilities	12	24	62.66

## Satisfaction Level of Patient with Parameters



S

### **Open comments /suggestion from patients & attendant:**

The open comments, suggestions and recommendations given by the patients/attendants during the sample collection are as follows:

- Emergency staffs attitude (Emergency staff should be more cooperative, informative & more guidance should be provided for the patient)
- High waiting time for consultant
- High waiting time for admission
- Better signage system & guidance
- More manpower in ED
- Feedback system in all department

## **Recommendations:**

- **Consultant waiting time**  
It is one of the dissatisfying parameter. So to overcome this problem, effective & strong Communication should be enabled between the emergency staff and the treating/ recommended panel of consultants. Also the tracking of the files of the patients on his arrival in emergency is also a reason of delay for the consultant/specialist arrival time. So the time should be reduced for tracking file. It could be done either by increasing manpower for MRD or strengthening the use of IT department.
  
- **Admission waiting time for ward**  
It is the most dissatisfying parameter for the patient as revealed by the study conducted. Though patient waiting time for admission in emergency is taken on priority after the ICU patient, still the waiting time for admission is quite high. So the admission counter screen must display the status emergency patient waiting. Also the telephonic communication should be made more effective between the counter staff and the emergency staff to inform the current of admission at regular intervals for improvised results.
  
- **Food & Beverage services for patients in Emergency**  
It has also emerged as dissatisfying parameter by the patients in the emergency department. Until and unless patient gets admitted in the hospital, there is no provision of F&B service being catered to the patient. In the emergency department there are large numbers of patients who are kept under observation for long hour but are not provided With admission and hence not catered for F&B services. So there should be a person From F&B department, taking round at regular intervals for helping the patients who are in need to services
  
- **Nursing care and Behavior towards patients in emergency department**  
It is added as one of the concern raised by patients, the behavior/attitude of the Nurses towards the patient are good but they less informative for the attendants. It has also been observed that there is shortage of nursing staff in the emergency department during the rush hours. So to overcome this issue, nursing staff should be made available during the rush hours (i.e.11 to 5 pm.). It would also be beneficial for The patient/attendants that nurse do not interect in their regional languages during duty hours.
  
- **Ambience of emergency department**  
There is a space constraint in the department. Nevertheless, the ambience could be improvised in the department. The curtains should be washed and renewed at the regular intervals .also the training session should be held for housekeeping staff to enhance their efficiency.

## **Limitations**

- The sample size is not large enough to obtain sufficient data and results.
- The patients feedback is purely a subjective evaluation & judgement; it is based On perception of care being responsive to patients individual needs, Rather than to any universal code of standards hence the result may not be very reliable
- Sample was selected based on convenience sampling and thus the chances of bias are high.
- The self designed survey questionnaire may not have been constructed in away to Produce objective responses.

## **Conclusion**

Patient evaluation of the healthcare provided by the hospital is a multidimensional Concept. It can be concluded from the study that the mean satisfaction level of patient in The emergency department of park hospital is 77.05%.

The parameter decided for the study shows satisfactory result except the consultant/ specialist waiting time, waiting time for admission in ward and F&B service.

These area need to be worked for the better result and achieving patient centered services.

To make these improvements, institutionalizing quality management in the health services is a must and using its feedback in systematic way can enhance efficiency and patient satisfaction with the ED.

## Annexure

### Patient Feedback

Name-----

Age----- Gender  Male  female

CR Number-----

Date and Time of arrival-----

Phone Number-----

Thank you for giving us an opportunity to care for you. Please rate us on the following parameters			
	Good	Average	Poor
Wishing you a speedy recovery			
Waiting time for casualty medical officer			
Waiting time for specialist doctor			
Waiting time for admission after advise			
Experiences in Radiology services			
Experience with doctors			
Experience with nurses			
Experience in pharmacy			
Experiences in Laboratory services			
Experience in Billing			
Assistance /Guidance by security services			
Food & Beverage services			
Drinking water ,Toilet ,parking etc.			

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