

Internship Training

At

Amrapali Hospital, Greater Noida

**A STUDY ON PATIENT SATISFACTION AT THE INPATIENT AND  
OUTPATIENT FACILITIES AT THE AMRAPALI HOSPITAL  
AT GREATER NOIDA, GAUTAM BUDH NAGAR (UP)**

By

**Vinod Gupta**

Under the guidance of

**Prof (Dr) AK Khokhar (IIHMR, New Delhi) and Dr Yatinder (Medical Superintendent,  
Amrapali Hospital, Greater Noida)**

Post Graduate Diploma in Hospital and Health Management

2014



**Annex D** (Certificate from guide and Dean Academic and Student Affairs)


**TO WHOMSOEVER MAY CONCERN**


This is to certify that Vinod Gupta 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 Amrapali Hospital, Greater Noida from 01 Feb 2014 to 30 Apr 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.

  
**Dr Ashok K Agrawal**  
 Dean, Academics and Student Affairs  
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**Dr A K Khokhar**  
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### Certificate Of Approval

The following dissertation titled **"A Study on Patient Satisfaction at the Inpatient and Outpatient Facilities"** at **Amrapali ,Greater Noida** 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.

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### TO WHOM IT MAY CONCERN

This is to certify that Colonel Vinod Gupta, a student of Post Graduate Diploma in Health and Hospital Management, IIHMR, New Delhi, has successfully completed his dissertation project in the period of 01 Feb 2014 – 30 Apr 2014 in our organisation titled "**A STUDY ON PATIENT SATISFACTION AT THE INPATIENT AND OUTPATIENT FACILITIES AT THE AMRAPALI HOSPITAL, GREATER NOIDA, GAUTAM BUDH NAGAR (UP)**" under my guidance.

Our best wishes to the student in his future endeavours.

Amrapali Hospital

Greater Noida

Date- 06-05-2014

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### FEEDBACK

This is to certify that Colonel Vinod Gupta completed his dissertation at the Amrapali Hospital, Greater Noida with effect from 01 Feb 2014 to 30 Apr 2014.

During the subject summer internship, the student displayed exemplary conduct. The following is the feedback on the activities:-

Faculty attached – OPD and IPD Amrapali Hospital, Greater Noida.

Attendance – 85%.

Objectives and Deliverables – The student displayed keen interest in learning the various aspects of functioning in the hospital, and developed a healthy relationship with the hospital staff. During the course of the subject summer training he generated a project on **"A STUDY ON PATIENT SATISFACTION AT THE INPATIENT AND OUTPATIENT FACILITIES"**, which will certainly be of immense assistance to the hospital in the management of its activities.

Suggestions for improvement – nil.

The student will be an asset to any hospital staff and we convey the student our best wishes for his future endeavours.

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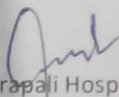
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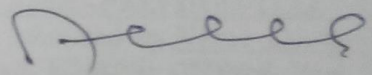
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The dissertation has the requisite standard and in the best of our knowledge no part has been reproduced from any other dissertation, monograph, report or book.

  
Amrapali Hospital  
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Dr AK Khokhar  
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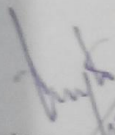
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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "A STUDY ON PATIENT SATISFACTION AT THE INPATIENT AND OUTPATIENT FACILITIES AT THE AMRAPALI HOSPITAL AT GREATER NOIDA,GAUTAM BUDH NAGAR(UP)" and submitted by Vinod Gupta Enrollment No. PG / 12 / 105 under the supervision of Prof (Dr) AK Khokhar (IIHMR, New Delhi) and Dr Yatendra Kumar( Medical Superintendent, Amrapali Hospital, Greater Noida) for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from 01 Feb 2014 to 30 Apr 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

  
02.05.2014

### **ACKNOWLEDGEMENT**

I wish to express my sincere thankfulness to **Dr Rakesh Malhotra (Chief Operating Officer) , Amrapali Hospital, Greater Noida**, for allowing me to complete my Dissertation at their esteemed hospital. May the hospital continue to prosper in its endeavour to live up to its mission of to provide competitive, accessible and affordable healthcare service with international standards to all.

Further, I am grateful for the guidance provided to me by the ever cheerful **Dr Yatinder, Medical Superintendent, Amrapali Hospital, Greater Noida**; who was instrumental in facilitating me with practical and real time experience in the various nuances of handling various facets of hospital functioning.

Finally, I wish to express my gratitude to my mentor, **Prof (Dr) AK Khokhar, of the International Institute of Health Management & Research, New Delhi**, for his continued guidance throughout the conduct of the subject summer internship and during the process of writing this report.



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**ACRONYMS USED**

CCU	Child Care Unit
CGHS	Central Government Health Scheme
CT Scan	Cardio Thoracic Scan
ECG	Electro Cardio Gram
ECHS	Ex Servicemen Health Scheme
EEG	Electro Encephalogram
ESI	Employee State Insurance
GNIDA	Greater Noida Industrial Development Authority
HCAHPS	Hospital Consumer Assistance and Health Care Provider Systems
HDU	High Dependence Unit
ICU	Intensive Care Unit
IPD	In Patient Department
Lab	Laboratory
MO I/C	Medical Officer In Charge
MOS	Medical Outcomes Study
OPD	Out Patient Department
NABH	National Accreditation Board of Hospitals
NBQP	National Board of Quality Promotion
NCR	National Capital Region
NST	No Stress Test
PSQ III	Patient Satisfaction Questionnaire -III
PSQ-18	Patient Satisfaction Questionnaire Short Form -18
QCI	Quality Council of India
TPA	Third Party Assurance
USG	Ultra Sono Graphy

### Introduction

Greater Noida falls within the National Capital Region of India's capital - New Delhi and is adjacent to Noida, one of the largest industrial townships in Asia. It conceptualizes the needs of a fast developing city of the future. The Action Plan of the Greater Noida Industrial Development Authority (GNIDA) and its execution is at par with global standards and is aimed at accelerating the growth of industrial, IT and institutional sectors in the country<sup>1</sup>. The GNIDA estimates an urban population of 12 Lakh residents by the year 2021<sup>2</sup>. As per provisional data of 2011 census, Greater Noida had a population of 107,676, with 58,662 males and 49,014 females. The literacy rate was 86.5%<sup>3</sup>.

However, there is a perceived difference in the existence of the good healthcare facilities to satisfy the healthcare demands. The industrial township has thus brought along an educated clientele who look forward to having quick and quality solutions to their medical problems/needs without the hassle of going to a healthcare facility in Delhi or Noida. With a still under construction and relatively distant government managed hospital (Kanshi Ram Hospital located 6 Km from the expressway road head) in location<sup>4</sup>, a situation has been created where there is a dearth of any healthcare facility en-route between Noida and Greater Noida, which is approximately 25 Km from Sector 18, Noida. Amrapali Hospital is a state-of-art Multi-Specialty hospital providing a depth of expertise in complete spectrum of advance medical & surgical interventions with a comprehensive mix of in-patient and out-patient services. The hospital is a 100 bedded and is a Centrally Air-conditioned 150 bed (Privately Owned Healthcare facility) facility was established next to the Pari Chowk on the Noida-Greater Noida Expressway. The facility is just one year old. With popular Inpatient Department (IPD) and Out Patient Department (OPD), it was considered apt to carry out an analysis of the patient satisfaction to bring out salient aspects and suggest measures to further optimise the hospital's potential. This centrally located hospital also has an well equipped emergency care unit which takes care of the emergency cases.

The Amrapali hospital is also located next to the following central government retired employees cooperative housing societies such as the Senior Citizens Home, AWHO, Jal Vayu Vihar, NTPC,etc; which contribute substantially to its clientele of patients .

Objectives. To study patient satisfaction with the following sub-objectives.

- (a) Sub Objective 1. To assess the patient satisfaction at the IPD and OPD facilities of the Amrapali Hospital.
- (b) Sub Objective 2. To suggest measures for improved utilisation of the subject facilities therein.

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<sup>1</sup> [www.greaternoidaauthority.in](http://www.greaternoidaauthority.in) retrieved 12 May 2013.

<sup>2</sup> <http://www.greaternoidaauthority.in/poplanduse> retrieved 12 May 2013.

<sup>3</sup> "Urban Agglomerations-Cities having population of 1 lakh and above- Provisional Population Totals, Census of India 2011. Retrieved 2012-07-07.

<sup>4</sup> GNIDA site parichowk.com accessed 02 May 2014.

### **ABSTRACT (METHOD AND DATA)**

**Background.** Greater Noida is one of the most upcoming suburbs located 48 Km away from New Delhi in the National Capital Region (NCR). It is a bristling hub of newly settled educated populace, which is as per GNIIDA estimates shall rise up to 21 Lakh by the year 2021. With a constant process of urbanisation of this erstwhile rural belt, a demand has been created for quality health care for a young and informed clientele of the private sector who demand better and cost effective treatment. The Yatharth Wellness Hospital and Trauma Care Centre is one such prime facility which has been created in Greater Noida. However, studies with respect to the patient satisfaction aspect in most of these newly created hospitals are limited. This study analyses the patient satisfaction aspect with respect to the existing IPD and OPD clientele in the subject facility.

**Objectives.** To study patient satisfaction with the following sub objectives -

- (a) To assess the patient satisfaction at the IPD and OPD facilities of the Amrapali Hospital.
- (b) To suggest measures for improved utilisation of the subject facilities therein.

**Methodology.** A cross sectional study and patients were interviewed using a pretested semi-structured schedule adopted from the Patient Satisfaction Questionnaire Short-form (PSQ-18)<sup>5</sup> format. MS Excel software was used to analyze the data.

**Results.** A total of 182 patients were interviewed which revealed a very highly satisfied clientele with respect to parameters of General Satisfaction, Technical Quality, Interpersonal Manners, Communication and Time Spent with the Doctor. A satisfied clientele albeit with a scope of further improving level of satisfaction was found in issues related to Financial Aspects and Accessibility and Convenience Issues. The dissatisfaction expressed by the patients were related to the other issues concerned with medical care (eg. Lack of tie up with CGHS and ECHS, lack of exclusivity in dealing with senior citizens (60+ age group), late arrival of doctors, parking space, etc).

**Summary of Response.** The hospital has a footfall of 40 patients every day with Monday-Wednesday being relatively busier days at the OPD. The patient traffic remains uttermost during 10:00 AM-1:30 PM. The Hospital Clientele is attended by 54% females and 46% males who have an average age of about 38 years. Approximately 50% of the female patient clientele of the OPD were aged 22-39 years with the next highest being from the 40-59 years group(approximately 29%); correspondingly in the male clientele was approximately 35 % was from the 22-39 age group with the next highest being from the 40-59 years group(approximately 24%). A very high percentage of the patients were well educated (30% were graduate, while 16 % were Post graduate). This suggests a very educated and informed patient clientele availing services of the hospital. Very few of the patients (27%) were enjoying any form of reimbursement /compensation/discounts for their medical expenses incurred. The remaining 73% were cash patients. Amongst the reimbursed, 63% were IPD clients. However, patients who were enjoying compensation of any form reported a slightly better level of satisfaction (4.36 rather than the overall 4.33 score). Similarly, the IPD patients reflected a more satisfied response (4.36) when compared to the OPD (4.32). The responses were classified into the following

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<sup>5</sup> P 7865-Patient Satisfaction Questionnaire Short-form(PSQ-18)by Grant N Marshall and Ron D Hays,1994,RAND,Santa Monica,CA



categories denoting the various satisfaction levels divided in a five point scale from strongly agree to strongly disagree:-

- (a) General Satisfaction. The patients average score was 4.07 out of a possible 5 (highly satisfied patient).
- (b) Technical Quality. The patients average score was 4.36 out of a possible 5 (highly satisfied patient).
- (c) Inter-personal Manners. The patients average score was 4.91 out of a possible 5 (highly satisfied patient).
- (d) Communication. The patients average score was 4.51 out of a possible 5 (highly satisfied patient).
- (e) Financial Aspects. The patients average score was 4.40 out of a possible 5 (highly satisfied patient). Many senior citizens reflected on the lack of tie up with CGHS and ECHS, or fewer TPA empanelled .
- (f) Time with Doctors. The patients average score was 4.00 out of a possible 5 (satisfied patient). Lower scores were probably on poor schedule following/reporting late by the physicians concerned.
- (g) Accessibility and Convenience. The patients' average score was 4.06 out of a possible 5 (satisfied patient). This comparatively lower rating was with reflection to dissatisfaction with respect to issues like lack of exclusivity in dealing with senior citizens(60+ age group), lack of washroom in OPD, parking space , etc

The overall average of all the seven aforementioned categories was 4.33(IPD-4.36,OPD-4.32).

Conclusion. The Amrapali Hospital and Trauma Centre, Greater Noida is still in the process of establishing a very satisfied clientele in the health sector in the NCR. This is however in a scenario with two well established super speciality hospitals existing in close vicinity of the subject hospital itself. Further, in view of untapped market of retired government societies and increasing upmarket clientele it is felt that there is still much scope for improvement by increasing the scope of medical services in offering, besides, improving on issues which are not directly related to medical care which have been elaborated earlier.

However, it is important to note '*Patients<sup>6</sup> may think of the world as having "good" hospitals and "bad" hospitals, and then use whatever information they can observe to categorize their hospital. Unpleasant nurses and busy, noisy rooms, then, become evidence that one is in a "bad" hospital. Lynn (2006) emphasizes how, under conditions of uncertainty, "Auxiliary characteristics become proxies for quality". Room and board / hospitality care becomes a proxy for the (unobservable) medical quality that will most impact a patient's life. This is a process of inferring from the known to the unknown, or from the observed to the unobserved.*

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<sup>6</sup> 'ASYMMETRIC INFORMATION IN THE MARKET FOR MEDICINE :The Relationship Between Patient Satisfaction and Hospital Quality', by Cristobal Young, Department of Sociology, Stanford University and Xinxiang Chen, National Strategic Planning & Analysis Research Center, Mississippi State University of September 17, 2011

### HOSPITAL PROFILE



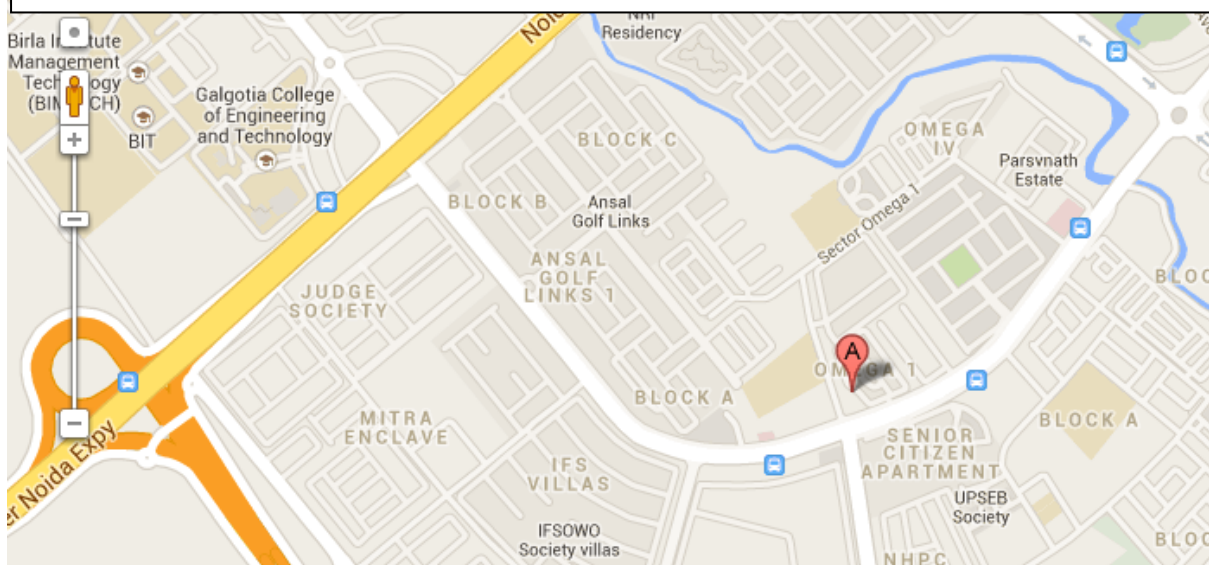
The Amrapali Hospital is a prime privately owned healthcare facility which was established on 2012. The hospital functions under the Amrapali Healthcare of the prestigious Amrapali Real Estate group under the able guidance of Dr Rakesh Malhotra MBBS, DHA (Chief Operating Officer). The hospital is housed in a 'semi glass structure' design in a 'Tower with technical block' type of building. The following services and facilities are offered

- 100 bedded Multi Specialty Hospital.
- Equipped with Digital X-Ray, Ultrasound, CT scan, Color Doppler, Echo Test, C-ARM Imaging, ECG, TMT, Foetal Monitoring.
- State-of-art diagnostic & Surgical Equipments, Modern O.T, ICU's, PICU's, Nursery managed by professional doctors.
- Well Equipped Labour room.
- Pathology Lab 24 Hrs.
- 24 Hrs. Chemist Shop.
- 24 Hrs. Emergency Services fleet of Ambulance.
- Indoor rooms Category (General Ward, Semi-Private, Private, Deluxe)
- Advance Dental Care unit, Physiotherapy Unit.
- One of the highest nurses to patient ratio which allows us to handle patient in a better manner.
- Indoor rooms category (general ward, semi-private, private, deluxe).

- International standard two major operation theaters for cater joint replacement, spine surgery, micro, neuro, paediatric, and laparoscopic surgeries.
- Medical ICU.
- Baby nursery
- Well-equipped labour room
- Digital x-ray ,Ultrasound,Phototherapy(Wipro Ge)
- C-arm imaging (allenger)
- Color Doppler, echo (Wipro Ge), ECG (bpl)
- Hemodialysis machine. (B-braun)
- Treadmill test (tmt) (bpl)
- Foetal monitoring (nst), Pft (pulmonary function test) (rms Helios)
- Adult and paediatric ventilators (maquet)
- Hi-speed whole body dual-slice spiral CT scanner. (Wipro Ge)
- Advance dental care unit, physiotherapy unit.

**Location.** The Amrapali Hospital is located close to Pari Chowk (which is more or less the centre of the Greater Noida suburbia) and is less than a kilometre away from the Noida-Greater Noida expressway ;located adjacent to a GNIDA shopping complex which has all major amenities. The hospital is collocated with the newly constructed Amrapali Hospital as well as Sahdeo Hospital which are both a

**TABLE 1 - ROAD MAP DEPICTING THE AMRAPALI HOSPITAL AND NEIGHBOURING LOCALITIES**



This area is in close vicinity of several central government retired employees cooperative housing societies such as the Senior Citizens Home, AWHO, Jal Vayu Vihar, NTPC, etc.

**Departments.** The following departments and physicians are available on all week days upto 8 PM.

- Physicians dealing with Internal Medicine, Cardiology, and Medical Specialist.
- Orthopaedics and Joint Replacement.
- Gaenecology & Obstetrician.
- Child Specialist.
- Ophthalmology.
- ENT.
- General Surgeon.
- Physiotherapy.
- Radiologist and Ultrasonologist.
- Clinical Psychology.
- Dental.

Besides, the above, the following super specialist services are also offered on particular fixed days or by prior appointment as well-

- Dermatologist .
- Neurosurgery.
- Neurology.
- Gastroenterology.
- Nephrology.
- Urosurgeon.
- Cardiology.
- Plastic Surgeon.
- Cancer Surgeon.
- Cancer physician.
- Joint Replacement Surgeon.

The, OPDs are located just below the main reception in a well designed complex which has all the requisite facilities of Lab / X-ray /USG Machines. The complex is well designed to accommodate the visiting clientele as well as offering all the basic amenities of drinking water and washroom. However, the dialysis facilities with two stations are located on the third floor, which also houses the few IPD deluxe suites as well.

### **GENERAL FINDINGS**

The Amrapali hospital is a popular private healthcare facility which has established a well informed clientele since its inception in. As has been assessed in detailed later in the report, nearly 46% clientele are graduate or above. The hospital, by the virtue of its location (being close to the Noida-Greater Noida expressway) has an active trauma care unit which takes care of numerous road accident cases. The hospital exhibits a very neat tower with technical block design, which is mostly glass empanelled and centrally air conditioned. The tinted glass empanelment keeps the building sufficiently warm in winters. The architecture which draws a lot of similarities from the neighbouring Yatharth super speciality hospital houses compact facilities to accommodate patients as well as the visitors, and has just about adequate space to accommodate all the OPD doctors along with the allied recourses of the lab, X-ray and physiotherapy units.

However, despite its apparent location advantage, there are no signposting visible along the expressway as well as on the service lanes along. However, the signpostings near the hospital premises are prominent and infact overshadow the larger superspeciality hospital especially during evening. Further, the signage in the Amrapali hospital while adequate, exhibit a lot of scope for improvement, in view of its clientele being a mix of the rural gentry (who can only read Hindi) from the adjoining rural belt, as well as the well heeled workforce in the area (who may expect a schematic layout of the hospital facilities in the main lobby). This is important, especially when it comes to the ones for fire emergencies which are not very visible on the floor above the reception.

Besides the above, the hospital has a good representation of well qualified doctors in its OPD, as illustrated before. Most of these OPDs are functional upto 8-9PM, which makes them popular amongst working professionals from the various industries established locally. A number of foreign nationals who are students or were employed with the local industries were found giving patronage to the facilities of the OPD as well as the IPD. This also brings in the issue of increased expectations of hygiene and sanitation at the washroom facilities especially at the OPD.

The Operating rooms frequently take care of Orthopaedic surgeries, Gynaecology procedures (including Caesarean-Section deliveries), Eye and ENT surgeries, whose patient contribute accordingly to the hospital IPD. Though the hospital has a high clientele of diabetes as well as cardiology cases amongst the elderly (above 60 years) in the OPD, however, most of these were patients who preferred to undertake their cases of surgeries in the hospitals of Delhi. Of lately, the Amrapali hospital has tried to tie up with Fortis hospitals for cardiac and nephrology referral cases. The subject attempt is still in infancy in the suburbia.

The gaenaecology faculty of the hospital was found to be quite popular and draws female patients from as far as the neighbouring Bulandshahr district. The hospital has also started to frequently organise fertility camps on monthly basis which also offers some tests at subsidised rates. The hospital also has a dialysis unit, which remains a sought after facility amongst several senior citizens and is competitively priced.



The hospital has a number of TPA tie ups with insurance companies. However, it needs to add more TPAs as well as have more tie ups with local Universities/Colleges and Corporate bodies. Of lately, the process of ESI empanelment is being taken up. However, perhaps due to a large clientele of cash patients (73% in the data analysed), there is no tie up with the CGHS or the ECHS. Only 17 % of the cases examined were 60+ which is strange keeping in view that the hospital shares its boundaries with three massive senior citizen societies (AWHO, Senior Citizen Society and Jal Vayu Vihar to name a few). It is apparent that the CGHS/ECHS empanelled Kailash Hospital draws these patients. Further, the senior citizens repeatedly also expressed the desire to have a separate desk for registration at the OPD.

The Amrapali hospital has two competitive health facilities in the close neighbourhood; namely the Yatharth Hospital and the Sahdeo Hospital, which are older and offer similar facilities and have a dedicated clientele. In order to draw some of these clientele the Amrapali Hospital has aggressively launched marketing campaigns such as distribution of leaflets, organising health runs as well as a tie up with the Fortis group of hospitals with respect to having visiting OPD faculties<sup>7</sup> in the nephrology, neurology and cardiac department. This will draw some of the senior citizen clientele to the Amrapali hospital, especially if the CGHS/ECHS tie up with the Fortis group is extended. The hospital IPD enjoys an internally managed catering service. This was a source of some dissatisfaction amongst a few patients using the facility during the start of the study.

The hospital has a serious parking problem, which was a frequent dissatisfy with a number of clients (4% of patient interviewed). With the advent of another new healthcare facility in close neighbourhood; in times to come a serious parking issue is in the offing which may need resolving by the GNIDA authorities.

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<sup>7</sup> Hoarding advertisement displayed at the Amrapali Hospital Greater Noida.

## REVIEW OF LITERATURE

Young (2011)<sup>8</sup> has brought forward a good insight of the dilemma of hospitals of the technical/clinical medical quality vis a vis hospitality which observes – *Hospital care is a ripe area where one aspect of service (hospitality) can serve as a signal for another (medical quality). There is a potentially serious problem of encouraging marketization when only some aspects of quality are observable – particularly when the most important aspect of quality is hardest to observe. If hospitals compete on the basis of patient satisfaction, they may face an incentive to cut back on (hard to observe) medical quality and invest more in superficial (ie, observable but less important) aspects of care. This is particularly so in an environment where there is much concern about cost inflation and the need to limit health care expenditures. The combination of marketization of health care, partial information problems, and cost control may mean that technical medical quality may be crowded out by market forces that reward hospitality more than medical quality.*

The current paper also used the above paper<sup>9</sup> to additionally supplement the analysis of patient satisfaction – *‘Patient satisfaction. The outcome variable in this study is patient satisfaction. Data are from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. Patients are asked whether they would recommend their hospital to friends and family, and to give an overall rating of their hospital. This provides two complimentary measures of patients’ own assessments of the hospital care they experienced. The data are aggregated at the hospital level, reported as the percentage of patients at each hospital giving a “high” rating (9 or 10 out of 10), moderate rating (7-8 out of 10), or low rating (0 to 6)’*

Various indices have been used to measure Patient satisfaction. For instance, **Rajasthan Health Systems Development Project (2011)**<sup>10</sup> states the following with respect to patient satisfaction – *‘The patients’ perception of the services received: medication, testing facilities, accommodation, behaviour of the staff; all add up to satisfaction level. The intensity of such perception is highly defined, though ranges from subtle to high contrast definitions. Only when these personal demands are met, the satisfaction quotient is hit. Patient satisfaction is a multi-dimensional healthcare construct affected by many variables. HealthCare quality affects patient satisfaction, which in turn influences positive patient behaviours such as loyalty. Patient*

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<sup>8</sup> Page 6 ‘ASYMMETRIC INFORMATION IN THE MARKET FOR MEDICINE :The Relationship Between Patient Satisfaction and Hospital Quality’, by Cristobal Young, Department of Sociology, Stanford University and Xinxiang Chen, National Strategic Planning & Analysis Research Center, Mississippi State University of September 17, 2011

<sup>9</sup> Page 18 ‘ASYMMETRIC INFORMATION IN THE MARKET FOR MEDICINE :The Relationship Between Patient Satisfaction and Hospital Quality’, by Cristobal Young, Department of Sociology, Stanford University and Xinxiang Chen, National Strategic Planning & Analysis Research Center, Mississippi State University of September 17, 2011

<sup>10</sup> Executive summary of study by the Rajasthan State Institute of Health and Family Welfare on - End Term Evaluation of Patient Satisfaction across Secondary level Health Facilities in Rajasthan for Rajasthan Health Systems Development Project (data collected 06 – 18 Jul 2011-accessed 09 Apr 2013)

*satisfaction and healthcare service quality, though difficult to measure, can be operationalized using a multi-disciplinary approach that combines patient inputs as well as expert judgement’.* An assessment like the H-Caps or the Hospital Consumer Assistance and Healthcare Provider Systems (HCAHPS)<sup>11</sup>, practiced in the US with 10 core parameters, there are no comparative systems to compare the hospitals in Greater Noida, or for that matter in the NCR. A sample of taken from a e-paper on Urology Update of a US facility concerned with an IPD dealing with Prostrate , Kidney and Urology surgeries is shown as follows.

**TABLE 2**

<b>Hospital Consumer Assessment of Healthcare Provider Systems (HCAHPS)</b> Hospital Discharge October 2009-September 2010 Prostate, Kidney and Ureter (both cancer and non-cancer) Surgeries					
HCAHPS (pronounced "H-caps") is a 27 question standardized telephone survey measuring patients' ratings of their hospital experience. The results are compiled into 10 separate core measures listed below. All results of this test are publicly reported at <a href="http://www.hospitalcompare.hhs.gov">http://www.hospitalcompare.hhs.gov</a> .					
	UNC	Duke	WakeMed	NC Avg.	Nat. Avg.
% Patients who overall rate the hospital highly	81	76	74	70	67
% Patients who would recommend hospital to friends & family	84	81	77	71	69
% Patients given information about what to do during recovery at home	87	87	85	83	82
% Doctors who communicated well with patients	83	80	81	82	80
% Nurses who communicated well with patients	82	77	78	79	76
% Patients who received help quickly from hospital staff	61	56	64	66	64
% Staff who explained medicines before giving them to patients	67	64	63	63	61
% Patients whose pain was well controlled	73	64	71	71	69
% Patients whose rooms were kept quiet at night	64	54	60	62	58
% Patients rooms and bathrooms kept clean	71	56	65	70	71
<div> <div></div> Highest Scoring Hospital <div></div> National Average <div></div> NC Average </div>					

An Institute of Management, Ghaziabad study on private healthcare in India suggests<sup>12</sup>- *“Very few studies have been devoted for satisfaction of Indian patients in private hospitals. The effect of satisfaction is important to private hospital marketing manager so that the opportunity to take certain actions is well utilized for improving customers' satisfaction”.*

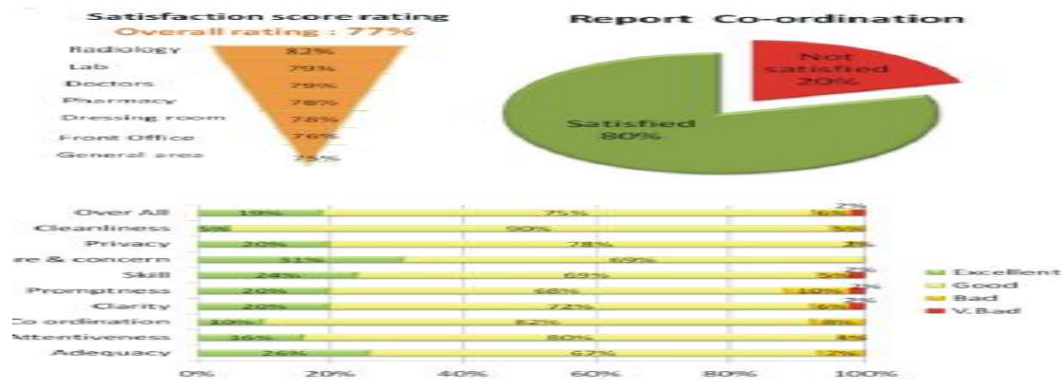
The National Board of Quality Promotion (NBQP) which is a part of QCI has started accrediting private agencies like acme which conduct a program of Patient Understanding & Listening for Satisfaction Evaluation (PULSE)<sup>13</sup>. Their parameters were graphically represented in a similar way as this study:-

<sup>11</sup> Urology Update-University of North Carolina Newsletter of Fall (Jan –Mar) 2011.

<sup>12</sup> Ali, Sadia Samar of Institute of Management Studies(IMS), Ghaziabad, et al presented at the POMS 21st Annual Conference Vancouver, Canada May 7 to May 10, 2010

<sup>13</sup> [www.acmeconsulting.in](http://www.acmeconsulting.in) webpage ref dt 01 May 2014

### ACME EVALUATION SAMPLE



**TABLE 3**

The patients especially of the OPD were those who were working professional who were generally short of time and most interviewees were reluctant to spend 10-15 minutes that would have been desired if the more detailed PSQ-III was administered. The abstract of PSQ-18 ( Marshall et al) states *“PSQ-18 subscale scores are substantially related to their full scale counterparts and possess generally adequate internal consistency reliability. The magnitude of correlations coefficients and overall pattern of correlation of the PSQ-18 subscales are similar to the subscales in PSQ-III. These preliminary analyses support the use of PSQ-18 in situations where need for brevity precludes the use of PSQ-III”*. It will be pertinent to quote that many patient satisfaction surveys in India have used the PSQ-III/Ware, Snyder and and Wright 1976/PSQ-18 who use a similar parameters for testing General satisfaction, Accessibility and approachability, Skills and interpersonal qualities of doctors and supporting staff, Equipment and Services (technology), Cost and Effectiveness of services were factors. For instance in :-

- (a) SIVALENKA<sup>14</sup>(2000) conducted a cross-sectional study of 1179 respondents using the Modified PSQ-III in a study in Public Hospitals in Andhra Pradesh.
- (b) Anand et al <sup>15</sup> used the design by Ware, Snyder and Wright 1976 for their study on status of client satisfaction amongst Patients attending government health facilities in Agra District .
- (c) Similarly PSQ-18 was used in an HIV study in Hamirpur<sup>16</sup>.

With a short attention span as well as negligible exposure of this type of study by those interviewed a money scale of 20 paisa(strong disagreement),40 paisa(disagreement),60 paisa(undecided),80 paisa(agree) and 100 paisa(strongly agree) was used to draw responses with patients were of the rural background (amongst the poorly educated elderly women). This technique was drawn from a

<sup>14</sup> Page 1 of Patient Satisfaction Surveys in Public Hospitals in India by SRILATHA SIVALENKA<sup>14</sup> done in Andhra Pradesh in June 1999(PSS-1),June 2000(PSS-2),Dec 2000(PSS-3)

<sup>15</sup> Page 2 of Anand et al – a study on status of client satisfaction amongst Patients attending government health facilities in Agra District ,Indian Journal of Community Medicine, Vol 24,No-3,Jul-Sep 2012 conducted by SN Medical College Agra (Jul-Sep 2012).

<sup>16</sup> Scoring the medical outcomes among HIV / AIDS patients attending antiretroviral therapy center at Zonal Hospital, Hamirpur, using Patient Satisfaction Questionnaire (PSQ-18) by Vishav Chander, A. K. Bhardwaj, [...], and R. K. Agnihotri of Department of Community Medicine, Dr. R. P. Government Medical College, Tanda, Himachal Pradesh, India published in Indian Journal of sexually transmitted diseases and AIDS ,published in Jan-jun 2011.

study on status of client satisfaction amongst Patients attending government health facilities in Agra District (Anand et al 2012) – *“Low level of literacy and negligible exposure to this kind of study made it difficult for the respondents to comprehend the scale. Hence a money scale of 20 paisa (poor), 40 paisa(unsatisfactory),60 paisa(satisfactory),80 paisa(good) and 100 paisa(very good) was adopted for the sake of filling up the questionnaire”.*



## **METHODOLOGY**

**Study Area** .There have been numerous studies with hospital patient satisfaction in the NCR however, the same is seemingly lacking in the new emerging suburb of Greater Noida. This budding township in the periphery of NCR is now a focus of attention for development planners and the government. Located next to the Yamuna Expressway to Agra, with a mix of an industrial as well as rural backdrop, few doubt the potential of this suburb to be one of the most happening in NCR. The town has thus brought along an educated gentry, who are demanding and short of time. In such a scenario there are a few hospitals, which stand-up to fulfilling this ever increasing demand in offering. The Amrapali hospital is one such facility with a with 100 bed capacity. The hospital has a vibrant OPD which addresses the following faculties on fulltime/time sharing basis:-

(a)	General Physician/Medical Specialist
(b)	ENT
(c)	Heart Physician
(d)	Orthopaedics
(e)	Ophthalmology
(f)	Dermatology
(g)	Laproscope
(h)	Urology
(i)	Gynaecology
(j)	Paediatrics
(k)	Dental
(l)	Dialysis
(m)	Physiotherapy
(n)	Gastroenterology
(o)	USG
(p)	Pathology

**Study Design**. A cross sectional descriptive study using interview technique was carried out amongst the OPD patients in the various areas of NCR using a pretested semi-structured schedule based on the Patient Satisfaction Questionnaire Short-form (PSQ-18) format during the months of Feb -Apr, 2014. A total of 182 patients were interviewed using a pre-tested oral questionnaire method. The study used is similar to the global standardized methodology.

**Study population**. Data was collected from the regular OPD Patients who used the Amrapali facilities in the study duration. The patients frequenting the hospital come from a mixed background of those from the educated settlers from the industry (many MNC industries such as Honda Sail, Maruti Udyog,etc) as well as those from the rural backdrop (with several smaller Townships of Jewar, Kasna, Surajpur, and Dankaur around it). Besides; there was considerable clientele from students of colleges affiliated to the three major universities (Gautam Budh University, Sharda University and Galgotia University) , many of whom stay in hostels/paid rental accommodation. The hospital also had a few

clientele from the various central government retired employees (representing the retired civil servants, armed forces personnel, and PSU employees such as NTPC, etc.). There was also a large representation amongst the Amrapali employees, these were generally those who had earlier used the services of the IPD or had come to the OPD for referrals/ further medication.

**Sampling.** A convenience sample with a CI=85% was taken with the formulae ( $n=z^2pq/d^2$ ) used to obtain 171 samples. However, a total of 182 samples were taken<sup>17</sup>. The following table will give the details of the calculation

**TABLE 4**

- **Sample size (n) =  $z^2pq/d^2$**
  - **Prevalence of Patient Satisfaction(p) = 50% (SN Medical College, Agra study).**
  - **q= 1-p = 50%**
  - **Standard error = 15 % of P=7.5 (CI 85%)**
  - **Sample size =  $(1.96)^2 \times 50 \times 50 / (7.5)^2 = 3.84 \times 2500 / 56.25 = 170.6$**
- Sample Method – Non probability, convenience sampling**

**Variables.** The questionnaire for the PSQ-18 were as per table 1. The PSQ-18 yielded separate scores for each of seven different subscales (variables): General Satisfaction (Items 3 and 17); Technical Quality (Items 2, 4, 6, and 14); Interpersonal Manner (Items 10 and 11); Communication (Items 1 and 13); Financial Aspects (Items 5 and 7); Time Spent with Doctor (Items 12 and 15); Accessibility and Convenience (Items 8, 9, 16, and 18). Some PSQ-18 items are worded so that agreement reflects satisfaction with medical care, whereas other items are worded so that agreement reflects dissatisfaction with medical care. All items should be scored so that high scores reflect satisfaction with medical care. After item scoring, items within the same subscale should be averaged together to create the 7 subscale scores.

**TABLE 5 – SCORING OF ITEMS**

Item Number	Original Response Value	Scored Value
1, 2, 3, 5, 6, 8, 11, 18	1 ----->	5
	2 ----->	4
	3 ----->	3
	4 ----->	2
	5 ----->	1
4, 7, 9, 10, 12, 13, 14, 15, 16, 17	1 ----->	1
	2 ----->	2
	3 ----->	3
	4 ----->	4
	5 ----->	5

<sup>17</sup> The Client Satisfaction Study conducted at Government Health Facilities by doctors of SN Medical College, Agra, at the Indian Journal of Community Health ( Vol 24, No3, Jul-Sep 2012) was taken as the primary reference data for drawing out the base for computation of the sample size. (Note. The subject study at SN medical College was conducted at patients attending OPD at the Primary, Secondary and Tertiary Government Health Facility)

**Customer Satisfaction Questionnaire****TABLE -6****Name****Age(M/F)****Consultant  
Occupation****Education-Non  
Matric/Matric/Graduate/PG**

How strongly do you AGREE/DISAGREE with the following statements.

<b><u>Please circle one number in each line</u></b>		<b><u>Strongly Agree</u></b>	<b><u>Agree</u></b>	<b><u>Uncertain</u></b>	<b><u>Disagree</u></b>	<b><u>Strongly Disagree</u></b>
1	Doctors are good about explaining the reason for medical tests	1	2	3	4	5
2	The doctors office has all needed to provide complete medical care	1	2	3	4	5
3	The medical care I am recieving is just about perfect	1	2	3	4	5
4	Sometimes the doctors make me wonder if their diagnosis is correct	1	2	3	4	5
5	I feel confident getting the medical care without setting back financially	1	2	3	4	5
6	When I go for medical care, they are careful to check everything when treating and examining me	1	2	3	4	5
7	I have to pay for more of my medical care than I can afford	1	2	3	4	5
8	I have easy access to the medical specialists I need	1	2	3	4	5
9	When I get medical care,people have to wait long for emergency treatment	1	2	3	4	5
10	Doctors act too businesslike and impersonal towards me	1	2	3	4	5
11	My Doctors treat me in a very friendly and courteous manner	1	2	3	4	5
12	Those who provide my medical care sometimes hurry too much	1	2	3	4	5
13	Doctors sometimes ignore what I tell them	1	2	3	4	5
14	I have some doubts about the ability of the Doctors who treat me	1	2	3	4	5
15	Doctors usually do not spend enough time with me	1	2	3	4	5
16	I find it hard to get an appointment for medical care right away.	1	2	3	4	5
17	I am disssatisfied with some things about the medical care I recieve	1	2	3	4	5
18	I am able to get medical care whenever I need it.	1	2	3	4	5

Any Additional Aspect You May Like Highlighting -

**THANK YOU**

**Data Collection Tools and Techniques.** The following was the modus operandi

- (a) The investigator introduced him to the patients and the objectives of the study will be explained and confidentiality of the participants will be assured.
- (c) Questionnaire was assessed by pre-test, on the 08 Apr 2013 .
- (f) Interview schedule was administered with a few modifications of assessing age, education, sex and occupation along with an option to highlight any issue for attention.

**Data Analysis.**

- (a) Collected data was analyzed using descriptive (frequency, percentage, mean, median and standard deviation) and inferential statistics.
- (b) Data was intended to be presented descriptively along with tables and graphs and the magnitude of patient satisfaction will be determined based on the response to the questionnaire.

**Limitations/Assumptions.** The study was conducted under the following limitations/ assumptions for the sake of simplicity and corrects imbibing of the concepts

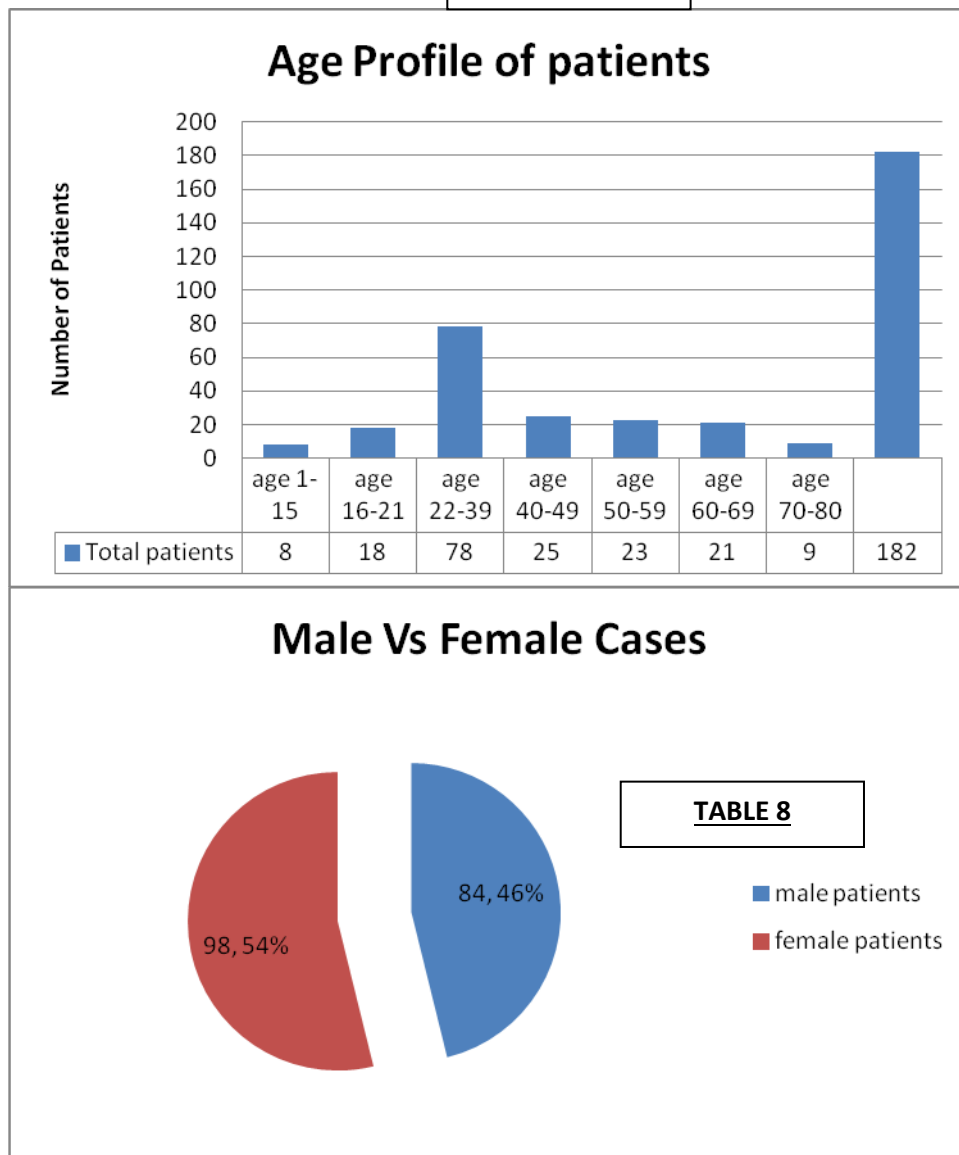
- (a) PSQ -18 for questionnaire due to limited time that an OPD patient was willing to spend on interview.
- (b) Resources – singularly conducted no monetary support.
- (c) Sample Size – 182 samples against the desired sample size of 171 for margin of error (85% CI) due to lack of time and resources.
- (d) Education qualification of Minor patients below 16 years of age was assumed as those of their parents.
- (e) All OPD patients who enjoyed the benefits of any discount/rebate of any kind were assumed in the same category as reimbursed.
- (f) OPD patients over 60 years age were assumed as senior citizens, by the virtue of most being retired.

## FINDINGS

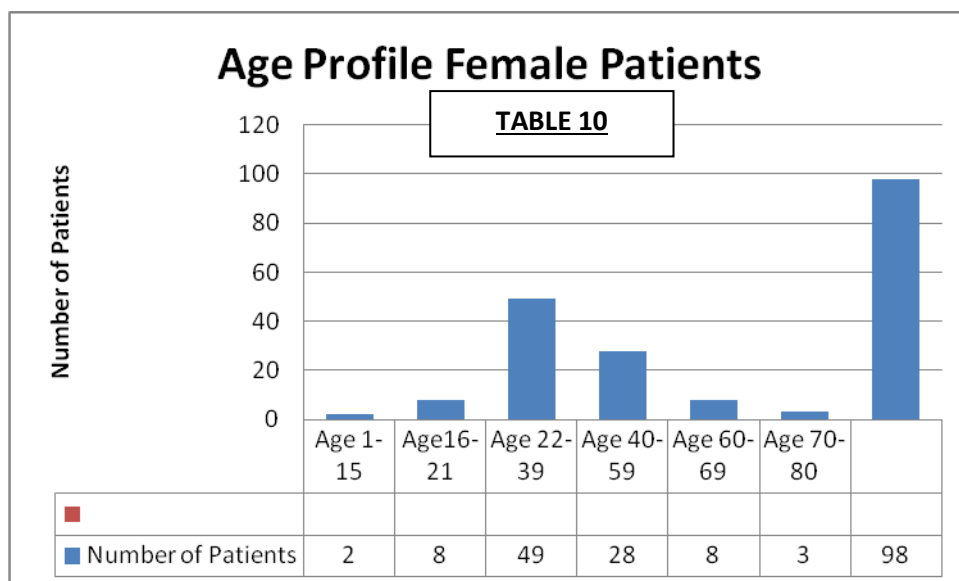
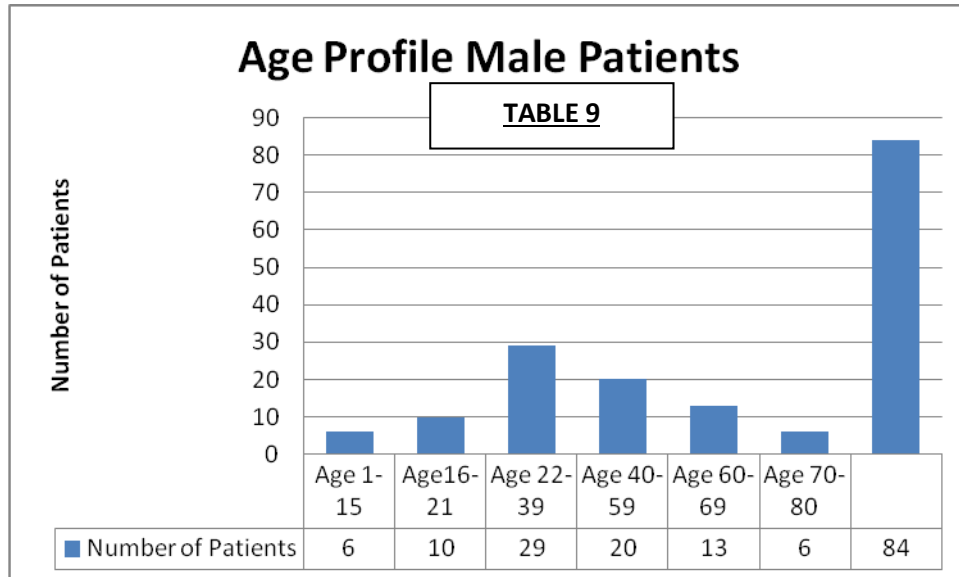
A total of 182 OPD patients were interviewed who showed a high degree of satisfaction with respect to issues pertaining to the parameters of General Satisfaction, Technical Quality, Interpersonal Manners, Communication and Time Spent with the Doctor. A satisfied clientele albeit with a scope of further improving level of satisfaction was found in issues related to Financial Aspects and Accessibility and Convenience Issues. The dissatisfaction expressed by the patients was related to the other issues concerned with medical care (eg. Lack of tie up with CGHS and ECHS, Dr coming late on appointment, behaviour of the non medical staff, parking space , etc).

**Age and Sex.** The 181 patients' sample (Refer appendix A) was found to be of the following composition:-

**TABLE 7**



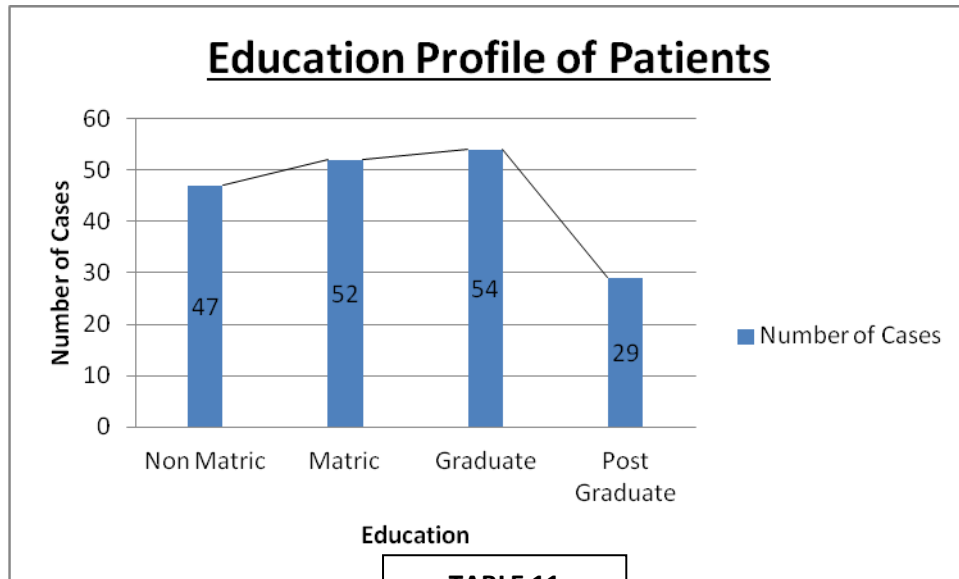
This suggests a high composition of female patients of whom 79% were of the age group 22-60 (working age group). The same suggests a healthy composition of female patients seeking treatment in the facility, keeping in mind the spate of gender crimes in this part of the NCR. Further amongst the males there was a similar majority of patients(58%) from the age group 22-60. Amongst the male patients 50% patronised Medical Specialist.



This brings out the importance of establishing a female centric approach in the hospital facilities. Washrooms of unisex nature were unpopular, even as the OPD located at the basement lacked washroom. Further, there is an acute requirement of a female USG staff. Also lack of senior citizen gentry suggests lack of tie ups with CGHS/ECHS as well as fewer TPAs empanelled, given the parameter that it is difficult for senior citizens to attract the health insurance market.

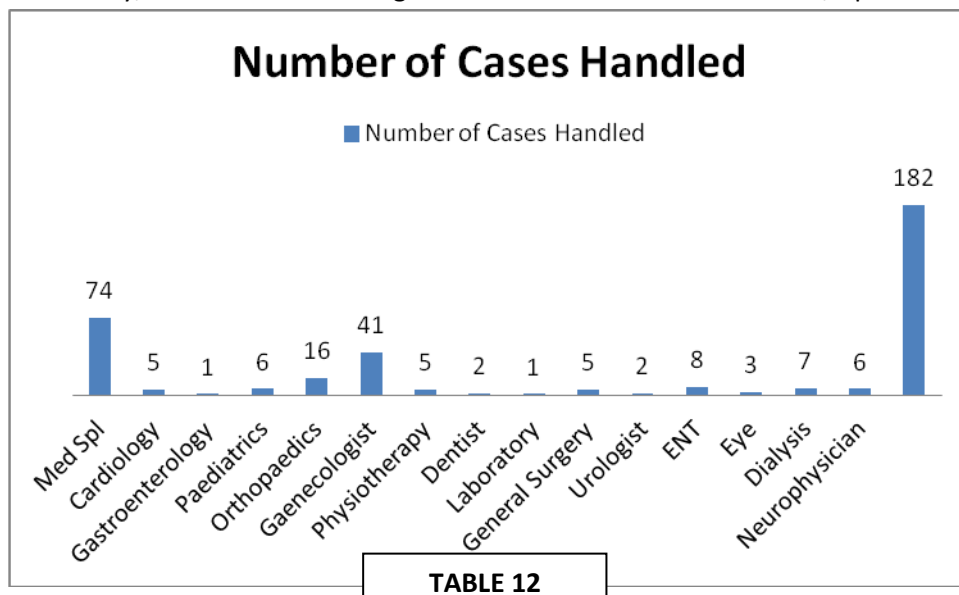
**Education.** A surprisingly high level of graduates and post graduates were found utilising the facility. However, this number could also have been due to the highly educated as well as the tech savvy work force personnel. While there were 26% non matriculates, most of these were women, most of

whom were with rural background. The breakdown of the same is as per the next table -



The subject breakdown thus suggests that there will thus be a higher expectation from health professionals, being an informed clientele having higher qualitative demands. On the con side, this also makes the hospital vulnerable to increased litigation in face off any case of medical negligence. Also as emerges on analysis of the 83 graduate/post graduate(PG) patients, that a majority of these are from the age bracket 22-60 (working professionals)

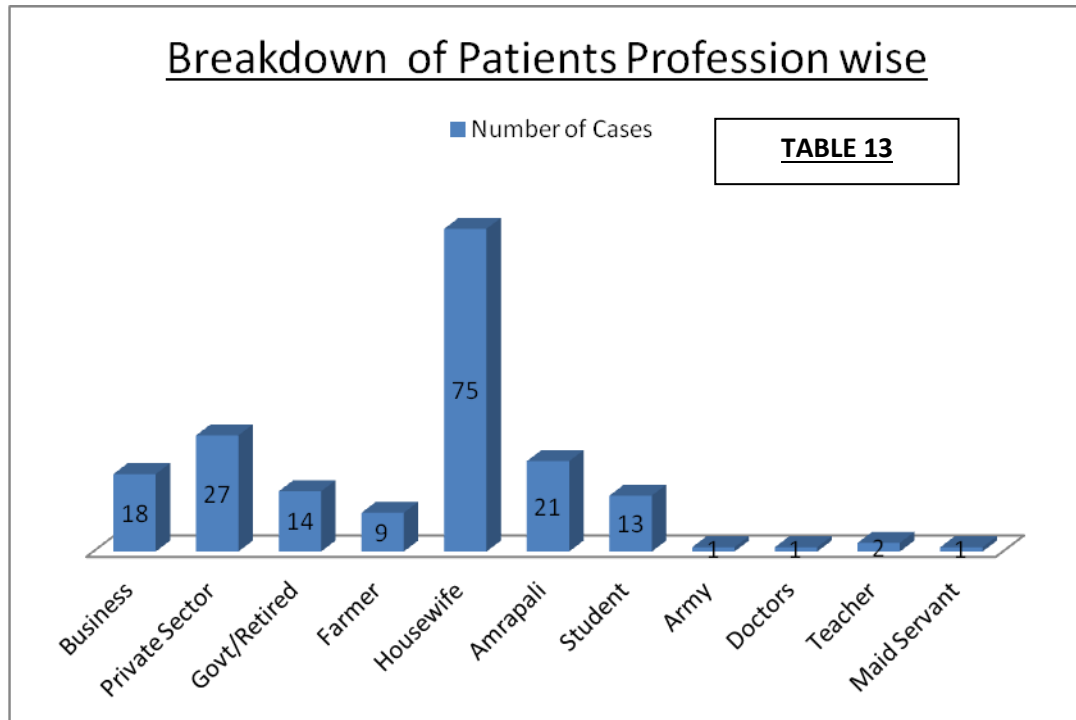
**Consultants.** The breakdown of the faculties utilised during the conduct of the interviews is as follows vide the table. It must however be understood that this does not signify the importance of the faculty, such as that of a surgeon who will more time to the IPD/Operation Room than the OPD.



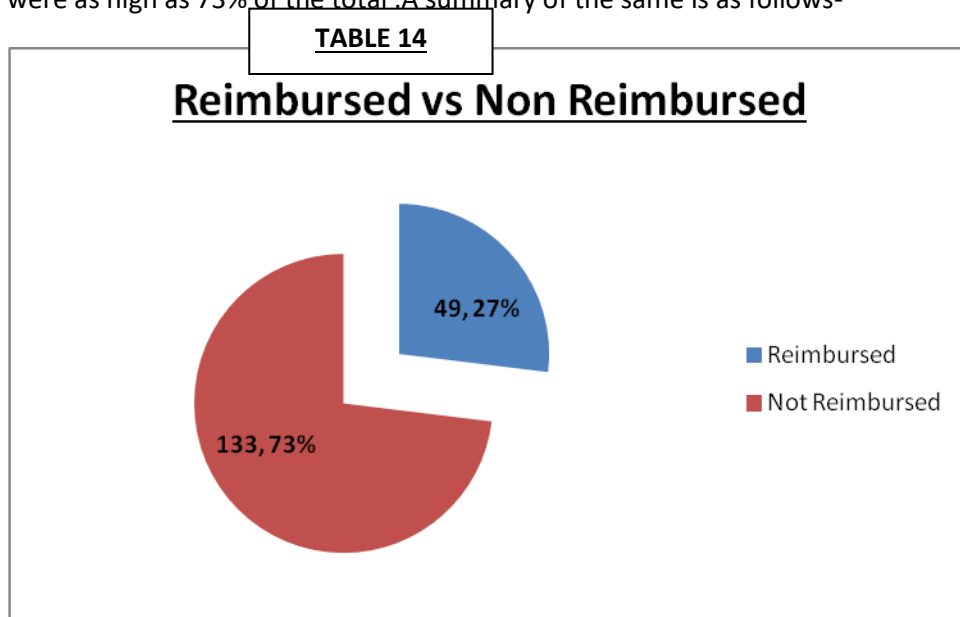
Of these 41 out of 98 Female patients had to consult gaenacology, while 33 consulted Medical Specialist,a majority amongst whom were



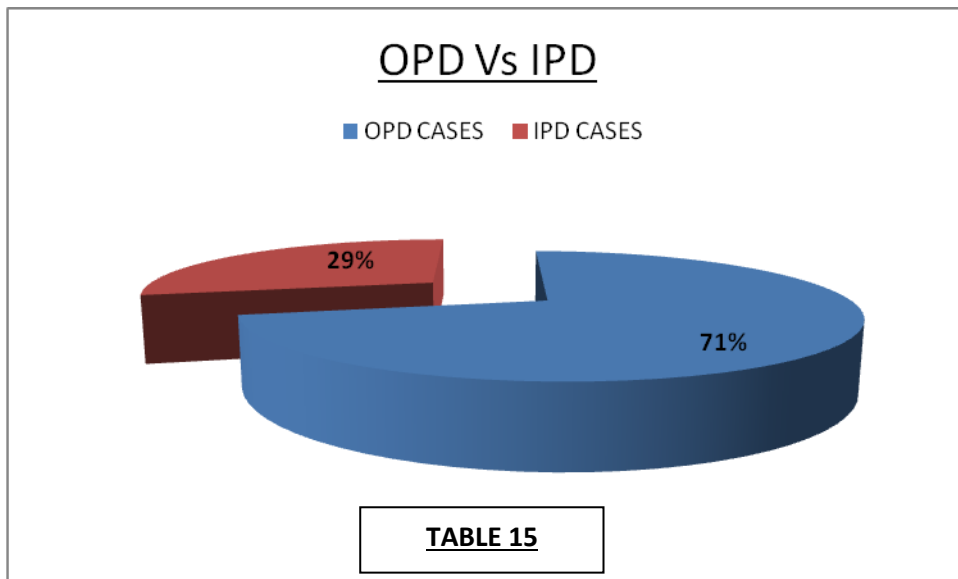
housewives.



**Reimbursed Patients.** This were fewer in number and is an area where there is a relative scope of improvement, given the analysis that those patients who were enjoying reimbursement/discount of any type were comparatively less complaining, and reported a higher level of satisfaction of 4.36 compared to an overall average of 4.33 as reported by the patients. The cash patients as can be seen were as high as 73% of the total. A summary of the same is as follows-



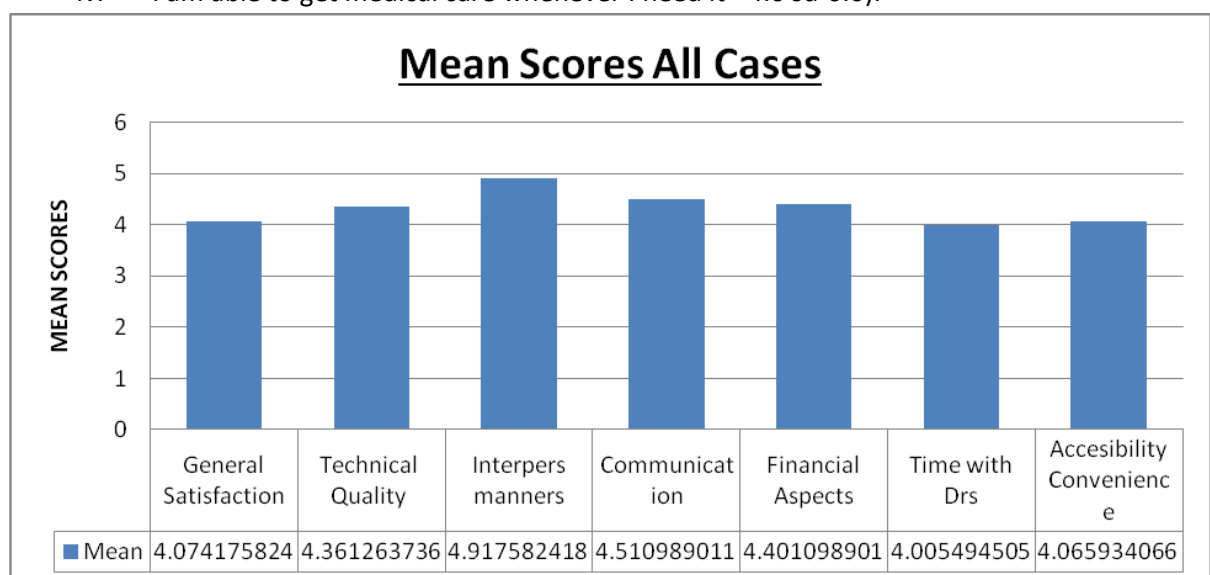
OPD vs IPD. The following breakdown was observed



Overall Response to Questionnaire. The Questionnaire (both IPD and OPD) was divided into seven subheads-

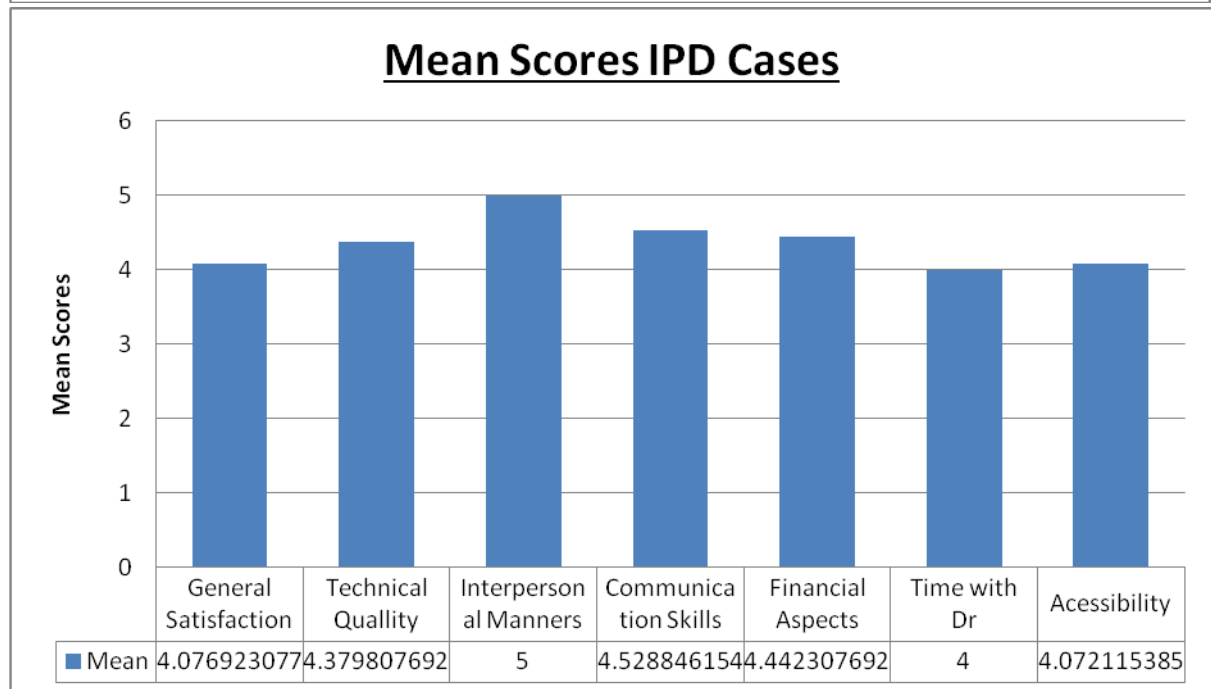
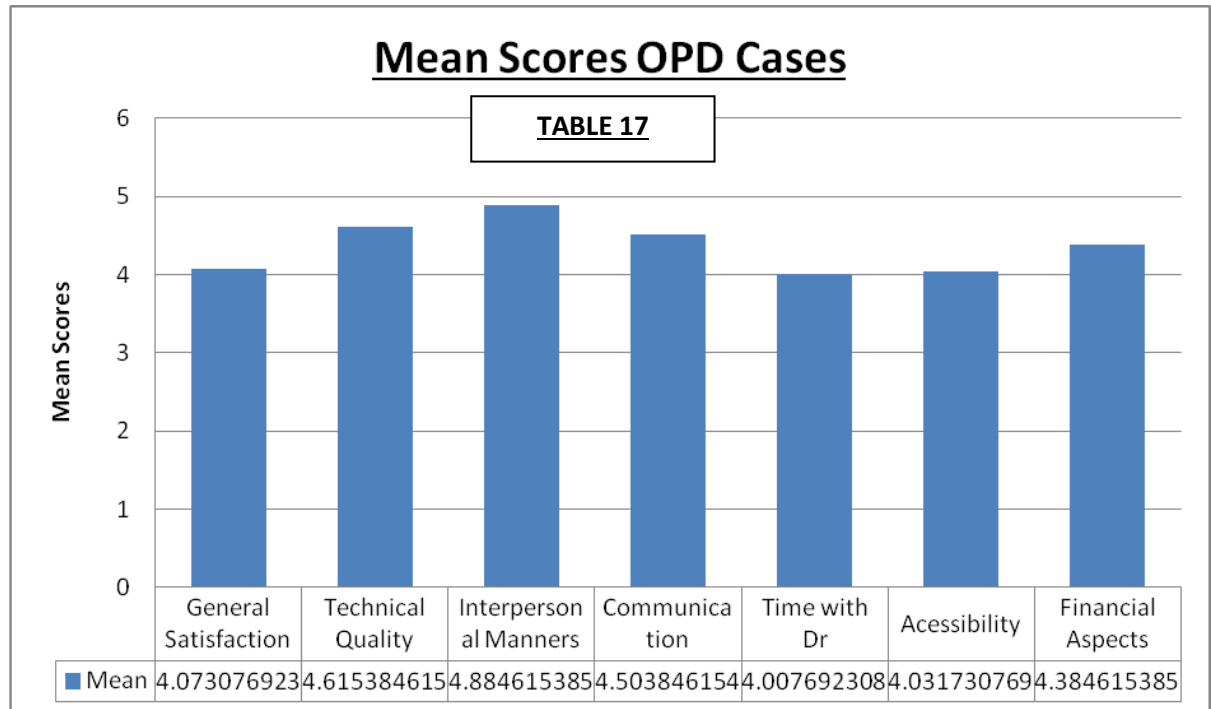
- (a) General Satisfaction. The patients had an average score of 4.07 out of a possible 5 (highly satisfied patient). The questions (item 3 and 17), and their satisfaction rating were as follows:-
  - i. The medical care I am receiving is just about perfect – 4.21(sd-0.48).
  - ii. I am dissatisfied with some things about the medical care I receive-3.92. (sd-0.46)  
(Note- The dissatisfaction was the lowest of all responses expressed by the patients were related to the other issues concerned with medical care (eg. Lack of tie up with TPA, CGHS and ECHS, lack of exclusivity in dealing with senior citizens (60 plus age group), behaviour of the non medical staff, parking space, etc). 13 patients out of 181 complained of delay in reporting of doctors (approximately 7%). Similarly 15 patients complained of poor hygiene in the washroom (approximately 8% of clientele examined).
- (b) Technical Quality. The patients returned an average score of 4.36 (highly satisfied patient). The questions (item 2, 4, 6 and 14), and their satisfaction rating were as follows-
  - i. The doctor's office has all needed to provide complete medical care-4.23(sd-0.50).
  - ii. Sometimes the doctors make me wonder if their diagnosis is correct –4.24(sd-0.57).
  - iii. When I go for medical care, they are careful to check everything when treating and examining me- 4.04(sd-0.28).
  - iv. I have some doubts about the ability of the Doctors who treat me- 4.91(sd-0.42).
- (c) Inter-personal Manners. The patients returned the highest score here with an average score of 4.91 (highly satisfied patient). The questions (item 10 and 11), and their satisfaction rating were as follows-
  - i. Doctors act too businesslike and impersonal towards me – 4.84(sd-0.44).
  - ii. My Doctors treat me in a very friendly and courteous manner-4.98 (sd-0.14). (Note – this was amongst the highest rated response, and exhibited the social acceptability of the doctors).

- (d) Communication. The patients returned an average score of 4.51 (highly satisfied patient). The questions(item 1 and 13),and their satisfaction rating were as follows-
- Doctors are good about explaining the reason for medical tests –4.96 (sd-0.25).
  - Doctors sometimes ignore what I tell them - 4.05(sd-0.25).
- (e) Financial Aspects. The patients returned an average score of 4.40(satisfied patient).The score reflected some dissatisfaction expressed by a few patients who felt that the treatment though affordable was slightly costly (however, they also confided to the interviewer, that a similar rate was being charged by comparable private sector hospitals), besides very few patients of the reimbursed category reflected this sentiment. Also many senior citizens (9%) reflected on the lack of tie up with ECHS and CGHS. Questions(item 5 and 7),and their satisfaction rating were as follows-
- I feel confident getting the medical care without setting back financially –3.97(sd-0.16).
  - I have to pay for more of my medical care than I can afford -4.82(sd-0.45).
- (f) Time with Doctors. The patients returned an average score of 4.11 (highly satisfied patient). Questions(item 12 and15),and their satisfaction rating were as follows-
- Those who provide my medical care sometimes hurry too much – 4.0 (sd-0.0).
  - Doctors usually spend plenty of time with me – 4.01(sd-0.14).
- (g) Accessibility and Convenience. The patients returned an average score of 4.06 (satisfied patient). This comparatively lower rating was with reflection to dissatisfaction with respect to issues like lack of clean toilets, lack of railings in staircase ,no separate counter giving exclusivity in dealing with senior citizens(60+ age group), behaviour of the non medical staff, parking space , etc. Questions(item 8,9,16 and 18),and their satisfaction rating were as follows-
- I have easy access to the medical specialists I need –4.21(sd-0.43).
  - When I get medical care, people have to wait long for emergency treatment – 4.03(sd-0.20).
  - I find it hard to get an appointment for medical care right away-4.01(sd-0.14).
  - I am able to get medical care whenever I need it - 4.0 sd-0.0).



**TABLE 16**

A separate breakdown of OPD and IPD is as follows



**TABLE 18**

## DISCUSSION

The study was aimed to measure the patient satisfaction/dissatisfaction in terms of the seven different aspects of hospital care at the Amrapali hospital, namely General Satisfaction (Items 3 and 17); Technical Quality (Items 2, 4, 6, and 14); Interpersonal Manner (Items 10 and 11); Communication (Items 1 and 13); Financial Aspects (Items 5 and 7); Time Spent with Doctor (Items 12 and 15); Accessibility and Convenience (Items 8, 9, 16, and 18). Miscellaneous environmental factors for the patient, i.e. sex, occupation, education, reimbursement if any were analysed.

It emerged that the number of respondents in the age group of 40-60 were only about 26%(48), while a study on *'Innovative Approach to Patients Satisfaction: A Case of Indian Private Hospitals'* by Ali, Sadia Samar of Institute of Management Studies (IMS), Ghaziabad, et al presented at the POMS 21st Annual Conference Vancouver, Canada May 7 to May 10, 2010, had 36% respondents who were aged 45-60. However, the current paper is in agreement with the IMS study that *"Presently the health care system has become expensive in comparison to earlier expenses of treatment. In the current scenario, diagnostic facilities like ultrasound, CT scan, MRI and angiography, have made diagnosis easy but costly. People are not prepared to pay so much for medical care and very often develop the feeling that they are being over charged"*. Further, the IMS study was conducted using the American Customer Service Index (ACSI) as against PSQ-18 in the current paper. Further, the IMS study had 45.5% undergraduates, which is in strong contrast with the current study where only 25% were non graduates. The percentage of females in the IMS study was only a low 21.1%, as against 42% in the current study. The IMS study (OPD and IPD) of Patient Satisfaction Index of 66.22 on a 0-100 scale, is comparable to nearly 80 (average-4) to the current study (where only OPD was considered). As per IMS study the major satisfier is the service, while process is major dissatisfies vis a vis in the current study where the primary satisfiers emerged as Interpersonal Manners and Communication, while costs and issues of convenience and accessibility emerged as major dissatisfies. The current paper is in unison with the IMS paper on the importance of tie up with CGHS, as well as issue of having courteous and well mannered staff who use soothing language.

A similar study on OPD by students of BJ Medical College, Pune – *"A CROSS-SECTIONAL STUDY OF PATIENT'S SATISFACTION TOWARDS SERVICES RECEIVED AT TERTIARY CARE HOSPITAL ON OPD BASIS"* published in National Journal of Community Medicine Vol 3 Issue 2 April-June 2012, reflects a higher age pattern of nearly 44% patients above 49 years as against 29% analysed at Amrapali Hospital. However, the Pune study was conducted over 6 months and 450 patients considered. Further as per the Pune study according to the patient's opinion, the study showed good satisfaction with respect to registration services, doctor services, nurse services, lab services and pharmacy staff services, these are comparable to the current study. However, the Pune study used a separate pretested parameter for testing the satisfaction. In the Pune study the Waiting before consulting doctor was considerably more as at the Amrapali most patients were disposed off in 30 mins if the doctors were in attendance.

Less than 30 min	- 176(39.12)	} Pune Study
30min-1 hr	- 160(35.56)	
>1hr	- 114(25.32)	

A comparison with the Agra study- *“Anand et al – a study on status of client satisfaction amongst Patients attending government health facilities in Agra District ,Indian Journal of Community Medicine, Vol 24,No-3,Jul-Sep 2012”*, it emerges that issues of behaviour of non medical staff , behaviour of paramedic staff and cleanliness were major dissatisfies. However, at the Amrapali the problem though reflected by few patients was not as acute comparatively. Further, the Courtesy, time and skill of the doctors these emerged as major satisfiers both in case of the Agra study as well as in case of the Amrapali. Further, in current study there were no representations of comfort in patient waiting area, which existed in the Agra study. However, the Agra study was not conducted at a private facility and was done at Primary, Secondary and Tertiary government health facility.

A paper ‘ASYMMETRIC INFORMATION IN THE MARKET FOR MEDICINE<sup>18</sup> :The Relationship Between Patient Satisfaction and Hospital Quality’, by Cristobal Young, Department of Sociology, Stanford University and Xinxiang Chen, National Strategic Planning & Analysis Research Center, Mississippi State University of September 17, 2011 views – *‘We emphasize that patients (consumers) face a problem of partial information. They have limited ability to observe the technical quality of their medical care, but they can observe the hospitality / room and board aspects of their care quite well. If hospitals are to compete for patients and “customer loyalty”, there are likely to be different returns to investing in medical quality versus investing in patient hospitality. Hospitals that learn how to provide a warm emotional experience for patients may financially out-perform those that primarily excel at medical quality. Marketization, in this context, may introduce perverse incentives for hospitals that distract from their core mission of medical excellence’*. The paper further goes on to view *‘Patients generally lack expertise in medicine. When they become ill or injured, they rely on expert medical judgment to know what is wrong with them, what treatment they need, and what doctor would best provide that treatment (Arrow 1963; Parsons 1951; Akerlof 1970). This diverges from the prototypical market transaction where customers are “king,” where consumers decide what they want and then buy from the seller that offers the best product at the lowest price. In the market for medicine, patients are unsure what they need; unsure which product is best, and thus uneasy about buying the cheapest medical service. In practice, patients rely on “sellers” of medical services to tell them what they need and what they should buy. In contrast, the quality of “room and board” care in hospitals is exceedingly (and sometimes painfully) visible to patients. They know when the food is cold and tasteless, when their room is loud and overcrowded, when the nurses and staff are indifferent or too busy to care about their pains and problems. For these hospitality aspects of hospital care, there is no objective metric beyond the patient’s own assessment of their experience. When hospitals fail on these fronts, there is no expert who can explain to patients that they did, in fact, receive excellent “room and board” care.’*

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<sup>18</sup> Page 4 - ‘ASYMMETRIC INFORMATION IN THE MARKET FOR MEDICINE :The Relationship Between Patient Satisfaction and Hospital Quality’, by Cristobal Young, Department of Sociology, Stanford University and Xinxiang Chen, National Strategic Planning & Analysis Research Center, Mississippi State University of September 17, 2011

## **RECOMMENDATIONS**

Hospitality. The importance of the hospitality factor has been well highlighted throughout the current study. This is one area which a patient observes, while most are ignorant of the technical factor which remains the other benchmark. *Hospitals are rewarded by patients primarily for providing hospitality, and only secondarily for providing excellent medical care. This does not necessarily reflect patient priorities, but rather simply what patients can observe about their hospital stay*<sup>19</sup>. It is felt that the Amrapali Hospital will contribute a long way if they considered some of the aspects of hospitality which were highlighted by the patients during the course of this study-

- (a) There is a requirement of extreme politeness to be exercised by the non medical service staff as well as the medical and paramedic professionals. This is most particularly important by the front office managers, especially those who attend telephones during emergencies, these must be prompt in fixing appointments and aware of contact details of physicians. The hospital must consider this aspect in view of a majority of its clients being from an educated fraternity.
- (b) Approximately 7% patients complained of excessive late coming by doctors. This is a major dissatisfies.
- (c) The hospital caters for a number of well to do female patients. Lack of washroom cleanliness is a major dissatisfy. Approximately 8% of clientele examined complained of poor hygiene in the washroom.
- (d) A majority of the administrative offices and physiotherapy department occupy area adjacent to the reception/ground floor. Some re-appropriation is suggested with the popular OPD departments.
- (e) In continuance with the aforementioned, it may be prudent to operate separate counter to register these senior citizens, who will feel alleviated. Further, a system of discounted OPD billing for associated medical diagnosis (Eye check up and ENT check up) is suggested.
- (f) A hospitable environment must come along with good and sumptuous food which goes along with the prescribed diet plan. Supervisor for catering needs to focus with a renewed zeal to focus on this important issue in the food served at the wards.

Infrastructure. The hospital is housed in excellent infrastructure. However, a few infrastructure related issues are highlighted

- (a) The OPD location in basement creates hygiene issues as washbasins are difficult to operate in basement. Besides there is no toilet in OPD. It is suggested that the physiotherapy unit and one back office could be shifted in basement from the main lobby and the Gynaecology and Medical Specialist be shifted on main entrance till additional space for expansion of hospital materialises.
- (b) There is an acute problem of Ladies Toilet amongst the patients who are a major chunk of clientele. An additional toilet for males may be constructed

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<sup>19</sup> Page 28, Findings of the paper 'ASYMMETRIC INFORMATION IN THE MARKET FOR MEDICINE :The Relationship Between Patient Satisfaction and Hospital Quality', by Cristobal Young, Department of Sociology, Stanford University and Xinxiang Chen, National Strategic Planning & Analysis Research Center, Mississippi State University of September 17, 2011



and the existing toilets in main lobby be converted into ladies toilets. These must be well marked as there is no washroom in OPD.

- (c) Digital Token Display System. As the hospital gains more clients, this will be a dire necessity in all OPD departments.
- (d) OR rooms lack HEPA filters as well as proper zoning. These will need to be ensured for lower HAI rates.
- (e) The Dialysis unit needs more space. As clients increase, it may be prudent to have a ward adjacent converted for dialysis unit and plumbing for RO water may need adjustments .
- (f) The staircase to the OPD may be provided with a support railing on both sides (currently only one side has support) and must be well lit with brighter lights (LED). This is in view of some patients who may prefer to take stairs in case of a delay/malfunctioning of the lift.
- (g) The fire fighting equipment needs to be made familiar with the complete hospital staff. A quarterly mock drill when there is low patient occupation, maybe in order. Further, the fire fighting signages need maintenance.
- (c) The signage at numerous places could be improved upon
  - i. The reception has incorrect marking of the dialysis room.
  - ii. Keeping in view the hindi speaking clients- there are no Hindi signboards.
  - iii. Toilet signage at OPD maybe improved upon.
  - iv. Being a prominent hospital located next to the expressway it may be prudent to add some markers with the hospital telephone numbers.
- (g) There is an excellent ambulance held with the hospital, which gives ample space for paramedics to stand. Adding another such an ambulance, will go a big way in establishing the hospital's presence in the region.

Motivated Staff. A yearly best faculty award based on patient feedback forms as well as best non medic employee award may be a good incentive for the staff to serve with a smile.

CGHS and ECHS Tie Up. Being located next to major retired central government housing societies such as the Senior Citizens home, Jal Vayu Vihar(Navy and Airforce), AWHO, NTPC colony, IFS Colony, Black Cats Colony (of NSG personnel),etc; it may be prudent for the the hospital to go into an tie up with the CGHS and the ECHS soon. This was a popular representation by most retired clients. The Kailash Hospital, Greater Noida, which is about 5 Km away has already done so. Further, the tie up with Fortis group of hospitals for visiting faculties of Heart, Neurology and Urology, must be used to attract CGHS and ECHS clients (CGHS and ECHS have tie ups with Fortis Noida and Delhi).

Accreditation. An NABH accreditation is in vogue as a benchmark of quality healthcare. With quality conscious and an educated (45% graduates in the patient's respondents) clientele this will go a long way in establishing the hospitals rapport not only amongst patients, but also establish increased corporate tie ups with the multinational companies in the region. As an inception the facility may look for an accreditation from NABH i-Safe, to familiarise with procedures of having a hospital infection free environment.

Tele-booking of Appointments. In many instances, the working professional patients felt a requirement of the facility of fixing their appointment with the doctors on the telephone. A similar practice (as was brought out by a patient) is in practice in the nearby Kailash Hospital, Greater Noida (A suggested measure is to give a prior appointment number of say 10 along with an estimated time of two hours post the time the first patient who has physically come to the facility is seen).

Loyalty/Privilege Cards. The front office staff do not give adequate publicity to the concept of discount scheme (silver card(nil fees-10% discount, Gold card (Rs 500/-15% discount),Platinum card(Rs 1000/--20% discount).An incentive to the front office employee for bagging Loyalty card customers may encourage better participation. Special tie up with Bank of Baroda, which is just opening up in neighbourhood is suggested.

Lab and Tests. The following are recommended –

- (a) It was felt that enough/correct publicity has not been given to the facility of combined packages of tests. A board displaying the same will augment this requirement since there were instances, where a few patients may have taken/wanted more tests than what they already went through, because they were not aware of the rates being offered (even though the rate list was available at the reception).
- (b) An MRI machine established will be a diagnostic path breaker.

Web Page. The webpage is not updated and has no flexibility of fixing appointments. It may be prudent for the hospital staff to not only update it, but use it progressively to encourage more corporate clients. Further, free wifi for customers will be an added attraction to tech savvy customers.

### SUMMARY

The hospital has a footfall of 30-40 patients every day with Monday-Wednesday being relatively busier days at the OPD. The patient traffic remains maximum during 10AM-2PM. The Hospital Clientele is attended by 46% males and 54% females who have an average age of about 38 years. Approximately 50% of the female patient clientele of the OPD were aged 22-39 years with the next highest being from the 40-59 years group (approximately 29%); correspondingly in the male clientele was approximately 35 % was from the 22-39 age group with the next highest being from the 40-59 years group (approximately 24%). A very high percentage (30%) of the patients were graduate, while 16 % were Post graduate. This suggests a very educated and informed patient clientele availing services of the hospital. Very few of the patients (27%) were enjoying any form of reimbursement /compensation/discounts for their medical expenses incurred. The remaining 73%, were cash patients. Amongst the reimbursed, 63% were IPD clients. However, patients who were enjoying compensation of any form reported a slightly better level of satisfaction (4.36 rather than the overall 4.33 score). Similarly; the IPD patients reflected a more satisfied response (4.36) when compared to the OPD (4.32). The responses were classified into the following categories denoting the various satisfaction levels divided in a five point scale from strongly agree to strongly disagree:-

- (a) General Satisfaction. The patients average score was 4.07 out of a possible 5 (highly satisfied patient).
- (b) Technical Quality. The patients average score was 4.36 out of a possible 5 (highly satisfied patient).
- (c) Inter-personal Manners. The patients average score was 4.91 out of a possible 5 (highly satisfied patient).
- (d) Communication. The patients average score was 4.51 out of a possible 5 (highly satisfied patient).
- (e) Financial Aspects. The patients average score was 4.40 out of a possible 5 (highly satisfied patient). Many senior citizens reflected on the lack of tie up with CGHS and ECHS ,or fewer TPA empanelled .
- (f) Time with Doctors. The patients average score was 4.00 out of a possible 5 (satisfied patient). Lower scores were probably on poor schedule following/reporting late by the physicians concerned .
- (g) Accessibility and Convenience. The patients' average score was 4.06 out of a possible 5 (satisfied patient). This comparatively lower rating was with reflection to dissatisfaction with respect to issues like lack of exclusivity in dealing with senior citizens(60+ age group), lack of washroom in OPD, parking space , etc
- (h) The overall average of all the seven aforementioned categories was 4.33(IPD-4.36,OPD-4.32).

Conclusion. A new hospital like the Amrapali has now an established clientele of customers satisfied with the medical care. However, it has apparently some hospitality issues which need attention. It will only be apt to quote another American study<sup>20</sup> *drawing on a sample of over 2,000 American*

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<sup>20</sup> Page 32 of discussion on 'Asymmetric information in the market for medicine :The Relationship Between Patient Satisfaction and Hospital Quality', by Cristobal Young, Department of Sociology, Stanford University

*hospitals, which found that patients have very limited ability to observe the technical quality of their medical care, but are much more sensitive to the quality of room and board care. Raising medical quality by 10 percent leads to only a 1.1 percent increase in positive reports of satisfaction or in willingness to recommend the hospital. When patients are explicitly unhappy with their hospital, the quality of medical care is completely unrelated. In contrast, the hospitality/ "room and board" care is a key driver of patient satisfaction. The quality of interaction with nurses has an effect size (elasticity) some six times larger than medical quality. Even relatively minor customer service aspects, such as the quietness of rooms, have more impact on patient satisfaction than does medical quality.*

Greater Noida, being a newly established suburb of the NCR, still retains a rural backdrop. It is this rustic influence, which may not have contributed to a completely metropolitan and market savvy outlook, which includes the healthcare market as one may appreciate in the nearby multispecialty healthcare units (like the Apollo/Fortis hospitals) in Noida/Delhi. However, in view of the competition in offering, especially with the hospitals in the neighbourhood, and the ever increasing influx of educated gentry likely to rise further, in the near future, it is expected that the hospital having incorporated the issues illustrated, will rise to the challenge especially with more expansion being visualised in the near future.

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TABLE 19: MISCELLEANOUS DATA

<u>Case No</u>	<u>Consultant</u>	<u>TPA</u>		<u>Age</u>	<u>Sex</u>		<u>Occupation</u>	<u>Education</u>				<u>OPD</u>	<u>IPD</u>
		<u>Y</u>	<u>N</u>		<u>M</u>	<u>F</u>		<u>Non Matric</u>	<u>Matric</u>	<u>Grad</u>	<u>PG</u>		
1	Med spl		1	66	1		Business			1		1	
2	ENT		1	46	1		Business		1			1	
3	Paed		1	7		1	Army				1	1	
4	Paed	1		24		1	Pvt Sect				1	1	
5	Med spl	1		55		1	Govt				1	1	
6	Urologist		1	62		1	Business			1		1	
7	Med spl		1	53	1		Farmer		1			1	
8	Med spl		1	63	1		Farmer		1			1	
9	Med spl		1	24	1		Business				1	1	
10	Med spl		1	52	1		Business				1	1	
11	Med spl		1	30		1	Business			1		1	
12	Ortho		1	21	1		Student			1		1	
13	Paed		1	34	1		Business			1		1	
14	Ortho	1		26	1		Amrapali			1		1	
15	Dental	1		54		1	Dr				1	1	
16	Med spl		1	36		1	Housewife			1		1	
17	Med spl	1		38	1		pvt Sect				1	1	
18	Med spl		1	40	1		Farmer		1			1	
19	med spl		1	49	1		Pvt Sect			1		1	
20	gaenae		1	46		1	Housewife			1		1	
21	physiotherapy		1	45	1		Pvt Sect				1	1	
22	med spl	1		46		1	Housewife		1				1
23	Med spl	1		8	1		Amrapali	1					1
24	Dialysis		1	55		1	Housewife	1				1	
25	Med spl		1	48		1	Housewife	1				1	
26	gaenae		1	26		1	Housewife		1			1	
27	cardio		1	75	1		Farmer	1				1	
28	gaenae	1		25		1	Housewife			1		1	
29	Med spl		1	67		1	Housewife	1				1	
30	Med spl		1	45		1	Housewife	1				1	
31	Med spl		1	45		1	Housewife	1				1	
32	Med spl		1	45		1	Housewife		1			1	
33	Med spl		1	28		1	Housewife		1			1	
34	Med spl	1		16		1	Student		1				1
35	Med spl		1	24		1	Housewife			1		1	
36	gaenae		1	40		1	Housewife		1			1	
37	Med spl		1	73		1	Housewife		1			1	
38	Med spl		1	52		1	Housewife		1			1	
39	Med spl		1	42		1	Housewife	1				1	
40	Paed		1	6	1		Pvt Sect	1				1	
41	Med spl		1	60	1		reted govt			1		1	
42	Med spl		1	43	1		Business			1			1

<u>Case No</u>	<u>Consultant</u>	<u>Y</u>	<u>N</u>	<u>Age</u>	<u>M</u>	<u>F</u>	<u>Occupation</u>	<u>Non Matric</u>	<u>Matric</u>	<u>Grad</u>	<u>PG</u>	<u>OPD</u>	<u>IPD</u>
43	gaenae		1	26		1	Housewife		1			1	
44	ENT	1		53		1	Housewife		1			1	
45	gaenae	1		33		1	Pvt Sect				1	1	
46	gaenae		1	20		1	Housewife		1			1	
47	Ortho		1	30		1	Housewife			1		1	
48	ENT		1	6	1		Pvt Sect			1		1	
49	gaenae	1		29		1	Pvt Sect			1		1	
50	gaenae	1		45		1	Pvt Sect			1		1	
51	Med spl		1	52		1	Housewife			1		1	
52	Med spl		1	54	1		pvt Sect				1		
53	Med spl	1		30	1		Amrapali		1				1
54	Med spl	1		34		1	Housewife		1				1
55	Med spl	1		65	1		Farmer	1					1
56	Med spl		1	58		1	Housewife			1		1	
57	Med spl		1	17		1	Student		1			1	
58	Med spl		1	33	1		Business		1				1
59	gaenae		1	32		1	Housewife			1			1
60	Ortho	1		29	1		Amrapali	1					1
61	Ortho		1	29	1		Student		1				1
62	Ortho	1		20	1		Amrapali		1				1
63	neuro	1		20	1		Amrapali	1					1
64	Med spl	1		24	1		Amrapali		1				1
65	dialysis		1	58		1	Housewife			1		1	
66	Med spl	1		60	1		Business			1			1
67	gaenae		1	35		1	Housewife			1		1	
68	gaenae		1	30		1	Housewife	1				1	
69	gaenae		1	28		1	teacher				1	1	
70	Dialysis		1	63		1	Housewife		1			1	
71	gaenae	1		30		1	pvt Sect			1			1
72	ENT		1	16	1		Student		1			1	
73	gaenae		1	22		1	Housewife		1			1	
74	gaenae		1	38		1	Housewife		1			1	
75	Med spl		1	30		1	Housewife		1			1	
76	dialysis		1	60	1		retd govt			1		1	
77	Med spl		1	8		1	Pvt Sect			1		1	
78	Med spl		1	55	1		retd govt	1				1	
79	dialysis		1	20	1		Student		1			1	
80	Med spl		1	72	1		retd govt			1		1	
81	physiotherapy		1	55		1	retd govt		1			1	
82	Ortho	1		16	1		Amrapali	1					1
83	Med spl		1	72	1		retd govt		1			1	
84	Med spl		1	62	1		retd govt				1	1	
85	physiotherapy		1	72		1	Housewife		1			1	



<u>Case No</u>	<u>Consultant</u>	<u>Y</u>	<u>N</u>	<u>Age</u>	<u>M</u>	<u>F</u>	<u>Occupation</u>	<u>Non Matric</u>	<u>Matric</u>	<u>Grad</u>	<u>PG</u>	<u>OPD</u>	<u>IPD</u>
86	Med spl		1	52	1		business			1		1	
87	Med spl	1		45	1		Amrapali	1					1
88	Med spl		1	76	1		reted govt				1		1
89	eye		1	26	1		Student				1	1	
90	Med spl		1	32	1		business				1	1	
91	gaenae		1	35		1	Student			1		1	
92	ENT		1	55		1	maidservant	1				1	
93	gaenae		1	20		1	Housewife		1			1	
94	urology		1	75		1	Housewife	1				1	
95	Ortho	1		25	1		Amrapali	1					1
96	gaenae		1	37		1	Housewife	1					1
97	med spl		1	70	1		reted govt			1		1	
98	cardio		1	59	1		reted govt			1			1
99	Med spl		1	21		1	Housewife		1				1
100	ENT		1	65		1	Housewife		1			1	
101	gaenae		1	20		1	Housewife		1			1	
102	Med spl		1	40	1		pvt Sect	1				1	
103	surgeon		1	26	1		pvt Sect		1				1
104	gaenae		1	30		1	Housewife		1				1
105	gaenae		1	34		1	Housewife		1				1
106	Ortho		1	45	1		business			1			1
107	Med spl		1	60		1	Housewife			1		1	
108	gaenae		1	37		1	Housewife			1		1	
109	Med spl		1	65	1		reted govt				1	1	
110	med spl		1	56		1	Housewife	1					1
111	surgeon		1	45		1	Housewife	1				1	
112	cardio		1	48		1	Housewife			1		1	
113	cardio		1	50		1	Housewife	1				1	
114	Ortho	1		22	1		Amrapali	1					1
115	gastroenterologist		1	49	1		Farmer	1				1	
116	physiotherapy		1	30		1	pvt Sect				1	1	
117	Ortho	1		24	1		Amrapali	1					1
118	Med spl		1	27	1		doctor				1		1
119	surgeon		1	30	1		Student	1					1
120	Med spl	1		27	1		business		1				1
121	neurophysician		1	21		1	Housewife	1					1
122	cardio		1	78	1		Farmer	1					1
123	dentist		1	30	1		Pvt Sect			1		1	
124	Med spl		1	45		1	Housewife			1		1	
125	Med spl	1		9	1		Amrapali	1				1	
126	Med spl		1	36		1	Housewife		1			1	
127	Med spl		1	45		1	Housewife		1			1	
128	gaenae		1	33		1	Housewife		1			1	

<u>Case No</u>	<u>Consultant</u>	<u>Y</u>	<u>N</u>	<u>Age</u>	<u>M</u>	<u>F</u>	<u>Occupation</u>	<u>Non Matric</u>	<u>Matric</u>	<u>Grad</u>	<u>PG</u>	<u>OPD</u>	<u>IPD</u>
129	gaenae	1		29		1	Housewife				1	1	
130	Med spl		1	63		1	Housewife	1					1
131	surgeon	1		36	1		business			1			1
132	eye		1	60		1	Housewife	1				1	
133	Med spl		1	58		1	Housewife	1				1	
134	Med spl		1	36		1	Housewife	1				1	
135	Med spl		1	36	1		Farmer	1				1	
136	Med spl	1		22	1		Pvt Sect			1			1
137	Med spl	1		22	1		business			1			1
138	dialysis		1	60	1		reted govt			1		1	
139	Med spl		1	52		1	Housewife			1		1	
140	ortho	1		22	1		Amrapali	1					1
141	paed	1		1	1		Pvt Sect				1	1	
142	gaenae		1	23		1	Housewife	1				1	
143	path lab		1	54	1		Pvt Sect				1	1	
144	ortho	1		23	1		Amrapali	1					1
145	Med spl		1	28		1	Housewife	1				1	
146	gaenae		1	29		1	Housewife				1	1	
147	gaenae		1	24		1	Housewife			1			1
148	gaenae		1	28		1	Housewife				1	1	
149	paed		1	4	1		Pvt Sect				1	1	
150	Med spl	1		50	1		pvt Sect				1	1	
151	neurophysician	1		19	1		Student		1				1
152	gaenae	1		28		1	Housewife			1			1
153	Med spl		1	48		1	Housewife	1					1
154	neurophysician	1		19	1		Amrapali	1					1
155	Med spl		1	19	1		Student		1			1	
156	ENT		1	68	1		business				1	1	
157	neurophysician	1		50	1		Amrapali		1				1
158	gaenae		1	24		1	Student			1		1	
159	gaenae		1	25		1	Housewife		1			1	
160	gaenae		1	29		1	Housewife			1		1	
161	physiotherapy		1	64		1	Housewife		1			1	
162	gaenae		1	24		1	Housewife		1			1	
163	gaenae		1	28		1	Housewife			1		1	
164	surgeon	1		61	1		pvt Sect				1	1	
165	gaenae		1	30		1	pvt Sect				1	1	
166	Med spl		1	22	1		Farmer	1				1	
167	Med spl		1	46	1		pvt Sect			1		1	
168	dialysis	1		60	1		reted govt			1		1	
169	Med spl		1	61	1		pvt Sect			1		1	
170	gaenae		1	30		1	Student			1		1	
171	Ortho	1		25	1		Amrapali	1					1

<u>Case No</u>	<u>Consultant</u>	<u>Y</u>	<u>N</u>	<u>Age</u>	<u>M</u>	<u>F</u>	<u>Occupation</u>	<u>Non Matric</u>	<u>Matric</u>	<u>Grad</u>	<u>PG</u>	<u>OPD</u>	<u>IPD</u>
172	neurophysician	1		18	1		Amrapali	1					1
173	gaenae		1	33		1	Housewife		1			1	
174	eye	1		43	1		pvt Sect				1	1	
175	Med spl		1	22	1		pvt Sect			1		1	
176	Med spl	1		29	1		Amrapali		1				1
177	gaenae		1	29		1	Housewife	1					1
178	Ortho	1		29		1	Amrapali	1					1
179	ENT	1		29		1	business		1				1
180	gaenae		1	26		1	Housewife			1			1
181	gaenae		1	20		1	Housewife		1			1	
182	Ortho		1	22		1	Housewife			1		1	

TABLE 20: Response to PSQ-18

Case	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Misc Issue Raised
1	1	2	2	5	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat.Btech student
2	1	1	1	4	2	2	4	2	4	4	1	4	4	5	4	4	4	2	Nil
3	1	1	1	4	2	2	4	2	4	4	1	4	4	5	4	4	4	2	Nil
4	1	1	1	5	2	1	4	2	4	4	1	4	5	5	5	5	5	2	Nil
5	1	1	1	5	2	1	4	2	4	4	1	4	5	5	5	5	5	2	Front office not to insist prepayment before disch
6	1	1	1	4	2	2	4	2	4	4	1	4	4	5	4	4	4	2	New clean setup
7	1	1	1	4	2	2	4	2	4	4	1	4	4	5	4	4	4	2	Sat
8	1	1	1	4	2	2	4	2	4	4	1	4	4	5	5	5	5	2	Sat
9	1	1	1	4	2	2	4	2	4	4	1	4	4	5	4	4	4	2	Staircase cleanliness,Vehicle Parking
10	1	1	1	4	2	2	4	2	4	4	1	4	4	5	4	4	4	2	good and clean.More cost effective than Delhi.
11	1	1	1	4	2	2	4	2	4	4	1	4	4	5	4	4	4	2	good and clean.More cost effective than Delhi.
12	1	1	1	4	2	2	4	2	4	4	1	4	4	5	4	4	4	2	Nil
13	1	1	1	4	2	2	4	2	4	4	1	4	4	5	4	4	4	2	Facilities of geysers in bathroom,infra(now addsd)
14	1	1	1	4	2	2	4	2	4	4	1	4	4	5	4	4	4	2	Nil
15	1	1	1	4	2	2	4	2	4	4	1	4	4	5	4	4	4	2	Dental hygiene with glass kept in clinic for rinsing
16	1	1	1	4	2	2	4	2	4	4	1	4	4	5	4	4	4	2	Good neat and clean
17	1	1	2	3	2	2	4	2	4	4	1	4	4	3	4	4	4	2	Sceptical of Drs quality.Punctuality. good for primary care only
18	1	1	2	5	2	2	4	2	4	4	1	4	4	5	4	4	4	2	Sat
19	1	1	2	4	2	2	4	2	4	4	1	4	4	4	4	4	4	2	Sceptical of No of additional tests and overmedication
20	1	1	2	5	2	2	4	2	4	3	1	4	4	5	4	4	4	2	diverted YWTC.Dr should cnslt backgrnd. Left at 11 AM-apoorva
21	1	1	2	5	2	2	5	1	4	3	1	4	4	5	4	4	4	2	Very sat.Diverted from YWTC
22	1	1	2	5	2	2	5	1	4	3	1	4	4	5	4	4	4	2	Sat
23	1	1	2	5	2	2	5	1	4	4	1	4	4	5	4	4	4	2	Sat
24	1	1	2	5	2	2	5	1	4	5	1	4	4	5	4	4	4	2	Very sat especially maint by dialysis staff . sat with Dr came from Kulu.
25	1	1	2	3	2	2	5	1	4	5	1	4	4	5	4	4	4	2	Sceptical lab results-UTI,USG
26	1	1	2	4	2	2	5	1	4	5	1	4	4	5	4	4	4	2	Sat
27	1	1	2	4	2	2	5	1	4	5	1	4	4	5	4	4	4	2	Very sat ith Dr.Comes from Pali. Now more convenient
28	1	1	2	4	2	2	5	1	4	5	1	4	4	5	4	4	4	2	sat ith Dr. Convenient as close to AWHO
29	1	1	2	4	2	2	5	1	4	5	1	4	4	5	4	4	4	2	sat ith Dr. Convenient as close to AWHO
30	1	1	2	4	2	2	5	1	4	5	1	4	4	5	4	4	4	2	Nil
31	1	1	2	4	2	2	5	1	4	5	1	4	4	5	4	4	4	2	Receptionist to be mellow, speak less. Prescription o give diets.
32	1	1	2	4	2	2	5	1	4	5	1	4	4	5	4	4	4	2	Sat
33	1	3	2	4	2	2	5	1	4	5	1	4	4	5	4	4	4	2	IPD Cancer Patient.Long treatment for 10 yrs.Sat w/
34	1	1	2	4	2	2	5	1	4	5	1	4	4	5	4	4	4	2	insured-IPD
35	1	1	2	4	2	2	5	1	4	5	1	4	4	5	4	4	4	2	Better than Kailash.Ph(133,134 ,444,333)not rxd at 1
36	1	1	2	4	2	2	5	1	4	5	1	4	4	5	4	4	4	2	good approach.Nigerian
37	1	1	2	4	2	2	5	1	4	5	1	4	4	5	4	4	4	2	Nil.Easy convenience from AWHO
38	1	1	2	4	2	2	5	1	4	5	1	4	4	5	4	4	4	2	very sat wih Dr.Comes from sect 71 Noida.
39	1	1	2	3	2	2	5	1	4	5	1	4	4	5	4	4	4	2	Nil
40	1	1	2	5	2	2	5	1	4	5	1	4	4	5	4	4	4	2	Nil

41	1	1	2	3	2	2	5	1	4	5	1	4	4	3	4	4	4	2	Desired ECHS.
42	1	1	2	5	2	2	5	1	4	5	1	4	4	5	4	4	4	2	IPD.Nil
43	1	1	2	5	2	2	5	1	4	5	1	4	4	5	4	4	4	2	Nil
44	1	3	2	5	2	2	5	1	4	5	1	4	4	5	4	4	4	2	Avlb of ent spl on ph in emergency. Separate Tele No for OPD was NA
45	1	3	2	5	2	2	5	1	4	5	1	4	4	5	4	4	4	2	Follicle study scan female technician N/A.
46	1	2	2	5	2	2	5	1	4	5	1	4	4	5	4	4	4	2	Nil
47	1	2	3	3	2	2	5	1	4	5	1	4	4	3	4	4	4	2	Changed to Dr sahay from Dr upadhyay post 6 mnth
48	1	2	2	5	2	2	5	1	4	5	1	4	4	5	4	4	4	2	Nil
49	1	2	2	5	2	2	5	1	4	5	1	4	4	5	4	4	3	2	Impolite staff front desk.
50	3	2	2	5	2	2	5	1	4	5	1	4	4	5	4	4	3	2	Delay in insp as dr is late.Impolite staff.
51	1	2	2	5	2	2	5	3	4	5	1	4	4	5	4	4	3	2	A sr citizen pack for those 50+ (ortho,med spl,cardio,eye,ent)
52	1	2	2	5	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Nil
53	1	2	2	5	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Nil-IPD.MRI?
54	1	2	2	5	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Nil-IPD.Dr sarvesh.1st time users.impressed
55	1	2	2	5	3	2	3	2	4	5	1	4	4	5	4	4	4	2	IPD AND OPD,Dengue
56	1	2	2	5	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Nil
57	1	2	2	5	3	2	3	2	4	5	1	4	4	5	4	4	4	2	Dr fees sat, but USG costly,Appx case
58	1	2	2	5	3	2	3	2	4	5	1	4	4	5	4	4	4	2	Costly IPD room expenses.
59	1	2	2	5	2	2	5	2	4	5	1	4	4	5	4	4	4	2	IPD-Sat
60	1	2	2	5	2	2	5	2	4	5	1	4	4	5	4	4	4	2	IPD-Sat
61	1	2	2	5	2	2	5	2	4	5	1	4	4	5	4	4	4	2	IPD-Sat,Motorcycle accident(Dr Saxena)
62	1	2	2	5	2	2	5	2	4	5	1	4	4	5	4	4	4	2	IPD
63	1	2	2	5	2	2	5	2	4	5	1	4	4	5	4	4	4	2	IPD.Bangladeshi
64	1	2	2	5	2	2	5	2	4	5	1	4	4	5	4	4	4	2	IPD
65	1	2	2	5	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Dialysis.AWHO
66	1	2	2	5	3	2	3	2	4	5	1	4	4	5	4	4	4	2	IPD-United India Medinsurance not covered. More TPA reqd
67	1	2	2	5	3	2	3	2	4	5	1	4	4	5	4	4	4	2	exorbitant rates 50% more than Lko for tests.one pr
68	1	2	2	5	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat
69	1	2	4	4	2	4	5	2	4	2	3	4	3	3	4	4	2	2	DNC procedure redone.No financial discount. Yatharth converttee
70	1	2	2	5	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Space less in dialysis room
71	1	2	2	5	2	2	5	2	4	5	1	4	4	5	4	4	3	2	IPD.Item inventory towels frugal in room.
72	1	2	2	5	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat
73	1	2	2	5	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat
74	1	2	2	5	2	2	3	2	4	5	1	4	4	5	4	4	4	2	Sat.USG delayed Dr Mohit
75	1	2	2	5	2	2	5	2	4	5	1	4	4	5	4	4	3	2	Cost of children medicine defrauded. 24Feb 9pm Dr ravish.Pt Tanmay.Rude Rxn.
76	1	2	2	5	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat
77	1	2	2	5	2	2	5	2	4	5	1	4	4	5	4	4	3	2	Too much waiting.jump cues.token system. Wash room NA
78	1	2	2	5	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat.From Bihar
79	1	2	2	5	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat.Btech student
80	1	2	2	5	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat
81	1	2	2	5	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat
82	1	2	2	5	2	2	5	2	4	5	1	4	4	5	4	4	4	2	IPD-Sat
83	1	2	2	5	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat
84	1	2	2	5	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat

85	1	2	2	5	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat
86	1	2	2	5	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat
87	1	2	2	5	2	2	5	2	4	5	1	4	4	5	4	4	4	2	IPD-Sat
88	1	2	2	5	2	2	5	2	4	5	1	4	4	5	4	4	4	2	IPD-Sat
89	1	2	2	5	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat
90	1	2	2	3	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Imdt relief NA to gastro problem
91	1	2	2	3	2	2	5	2	4	5	1	4	4	5	4	4	3	2	Sat.Nigerian. Comn problem
92	1	2	2	3	2	2	5	2	4	5	1	4	4	5	4	4	3	2	Hygiene could be better.A&E in the Night were not hygienic not prep.Expenses not explained, which all were cashless. Docu not assisted
93	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	3	2	Doctor could be more timely.Delay and waiting
94	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat
95	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	IPD-Sat
96	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	IPD-Sat
97	1	3	2	4	2	2	5	2	4	5	1	4	4	5	4	4	3	2	Ran out of dialysis chem. Feels nephrologist to come during daytime. Less space dialysis and O2 line NA
98	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	IPD sat
99	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	IPD sat-Diabetes
100	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat
101	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	3	2	Not Sat with hygiene(bedsheet). Less no of TPA-IHO,less sp staff
102	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat
103	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	IPD-Sat
104	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	IPD-Sat
105	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	IPD-Sat
106	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	IPD-Sat
107	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Nil
108	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Nil
109	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	3	2	Improper Phlebotomy
110	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	IPD-sat
111	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat
112	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat-W/o army offr
113	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat-moved from Kailash hosp
114	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	IPD-Sat
115	1	2	2	3	2	2	5	2	4	5	1	4	4	5	4	4	3	2	Doctor gaurav Mittal delayed
116	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat
117	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	IPD-Sat
118	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	IPD-Sat
119	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	IPD-Sat
120	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	3	2	IPD-Dissat with food(raw chapatis)
121	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	IPD-Sat
122	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	3	2	IPD-Issue with lack of bedsheets being replaced. Since soiled.
123	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat
124	1	2	2	3	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Nil
125	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Nil
126	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Nil
127	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Nil
128	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Nil

129	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Nil
130	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	IPD-sat
131	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	3	2	IPD-smell in ward.Very sat with nursing staff
132	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Nil
133	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Nil
134	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Nil Labour
135	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Nil
136	1	2	2	3	2	2	5	2	4	5	1	4	4	5	4	4	3	2	IPD-Nil.Desired a gastroenterologist
137	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	IPD-Nil.
138	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Nil
139	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Nil.Very impressed with comn skills Dr amit. shifted from wellness
140	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	IPD-nil
141	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat
142	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat
143	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat
144	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	3	2	IPD-Sat.Wanted better nurse monitoring
145	1	2	3	3	2	2	5	2	4	5	1	4	4	3	4	4	4	2	throat No relief one month.now wanted to see ENT
146	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	3	3	2	Availability of Dr.Not in time-ENT,Paediatrics. TPA claim not processed in time.
147	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	IPD-Sat
148	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat
149	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat
150	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat
151	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	IPD-Sat
152	1	2	1	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	IPD-Sat
153	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	IPD-Sat
154	1	2	2	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	IPD-Sat
155	1	2	1	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat
156	1	2	1	4	2	2	5	2	4	5	1	4	4	5	4	4	3	2	Dr was late.Feels Dr Should not recommend agency buy device for ear.
157	1	2	1	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	IPD-Sat
158	1	2	1	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat
159	1	2	1	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat
160	1	2	1	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat
161	1	2	1	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat
162	1	2	1	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat
163	1	2	1	4	2	2	5	2	4	5	1	4	4	5	4	4	3	2	Washroom is dirty
164	1	2	1	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat
165	1	2	1	4	2	2	5	2	4	5	1	4	4	5	4	4	3	2	Two Wash rooms desirable. Emergency sevices used 8 months back not sat.
166	1	2	1	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat
167	1	2	1	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat
168	1	3	1	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat- dr office facility i.e nephrologist lacking.
169	1	2	1	4	2	2	5	2	4	5	1	4	4	5	4	4	4	2	Sat
170	1	3	1	4	2	2	5	3	4	5	1	4	4	3	4	4	4	2	feels hosp lacks facilities such as skin ,and not confident of other services
171	1	2	1	4	2	2	5	1	4	5	1	4	4	5	4	4	4	2	IPD-sat
172	1	2	1	4	2	2	5	1	4	5	1	4	4	5	4	4	4	2	IPD-sat

173	1	3	1	4	2	2	5	1	4	5	1	4	4	5	4	4	3	2	Sat.Feels lacks dermat and female usg technician. not aware of Paed avlb
174	1	1	1	4	2	1	5	1	4	5	1	4	5	5	4	4	5	2	Sat.more clinics on Sunday desired.
175	3	1	1	3	2	1	5	1	3	5	1	4	5	2	4	4	5	2	Not sat with alleviation.Dr was late.
176	1	1	1	5	2	1	5	1	5	5	1	4	5	5	4	4	5	2	IPD-sat
177	1	1	1	5	2	1	5	1	5	5	1	4	5	5	4	4	5	2	IPD-sat
178	3	1	1	4	2	1	5	1	5	5	1	4	5	5	4	4	5	2	IPD-sat
179	1	1	1	4	2	1	5	1	5	5	1	4	5	5	4	4	5	2	IPD-sat
180	1	1	1	4	2	1	5	1	5	5	1	4	5	5	4	4	5	2	IPD-sat
181	1	1	1	4	2	1	5	1	5	5	1	4	5	5	4	4	5	2	Sat
182	1	1	1	4	2	1	5	1	5	5	1	4	5	5	3	4	5	2	Sat-misdiagnosed in Yatharth
Mean	1	1.8	1.8	4.2	2	2	4.8	2	4.03	4.85	1.01	4	4.05	4.91	4.01	4.01	3.9	2	
SD	0.3	0.5	0.5	0.6	0.2	0.3	0.5	0	0.21	0.44	0.15	0	0.25	0.42	0.15	0.15	0.5	0	
	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Misc



**TABLE 21: OVERALL MEAN SCORES PSQ-18**

						Mean
General Satisfaction	4.21978	3.928571				4.074176
Technical Quality	4.236264	4.247253	4.049451	4.912088		4.361264
Interpers manners	4.846154	4.989011				4.917582
Communication	4.967033	4.054945				4.510989
Financial Aspects	3.972527	4.82967				4.401099
Time with Drs	4	4.010989				4.005495
Accessability Convenience	4.21978	4.032967	4.010989	4		4.065934
				overall		4.333791

**Table 22: Overall mean scores PSQ-18 OPD and IPD**

	<u>OPD</u>				average
Gen Sat	4.2384615	3.907692			4.073077
Tech Quality	4.2846154	4.223077	4.030769	4.876923	4.353846
Interpers manners	4.7846154	4.984615			4.884615
communication	4.9692308	4.038462			4.503846
Time with Dr	4	4.015385			4.007692
accessibility	4.2307692	4.007692	4.015385	4	4.063462
finance	3.9769231	4.792308			4.384615
				mean	4.324451

	<u>IPD</u>				average
Gen Sat	4.173077	3.980769			4.076923
tech Quality	4.115385	4.307692	4.096154	5	4.379808
Interpers manners	5	5			5
communication	4.961538	4.096154			4.528846
finance	3.961538	4.923077			4.442308
time with Dr	4	4			4
accessibility	4.192308	4.096154	4	4	4.072115
				mean	4.357143

