

**Internship Training at**  
**Synergy Institute of Medical Sciences**

**By**

**Dr. Devyani Sharma**

**PGDHM**

**2012-2014**



**International Institute of Health Management Research**

**New Delhi**

**Internship Training**

**At**

**Synergy Institute of Medical Sciences**

**“Study on Inpatient Satisfaction In A Tertiary Care Hospital”**

**by**

**Dr. Devyani Sharma**

**Under the Guidance of**

**Mrs. Kirti Udayai**

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

**2012-2014**



**International Institute of Health Management Research**

**New Delhi**



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1. A) Certificate Of Approval

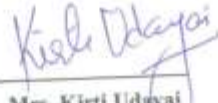
WHOMSOEVER MAY CONCERN

This is to certify that **Dr. Devyani Sharma** student of Post Graduate Diploma in Hospital and Health Management (PGDHHM) from International Institute of Health Management Research, New Delhi has undergone internship training at **Synergy Institute of Medical Sciences, Dehradun** from **1.2.2014 to 30.4.2014**.

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. A.K. Agarwal  
Dean Academics & Student Affairs  
IIHMR, New Delhi




Mrs. Kirti Udayai  
Assistant Dean  
IIHMR, New Delhi

B). Certificate <sup>From Dissertation Advisory Committee</sup> of Approval

This is to certify that **Dr. Devyani Sharma**, a participant of the **Post Graduate Diploma In Health & Hospital Management**, has worked under the guidance and supervision. She is submitting this dissertation titled, "**A Study On In- Patient Satisfaction In A Tertiary Care Hospital**" in partial fulfillment of the requirements for the award of the **Post Graduate Diploma In Health & Hospital Management**. This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report, or book.

  
Mrs. Kirti Udayar  
Assistant Dean  
IIHMR, New Delhi

  
Kamal Kant Garg  
Chief Operating Officer  
Synergy,  
Institute of Medical Sciences,  
Dehradun

## Certificate of Approval

The following dissertation titled "**Study on In Patient Satisfaction In A Tertiary Care Hospital**" at Synergy Institute Of Medical Sciences, Dehradun is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post- Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

Name

Dr. Ravindra Aggarwal

Dr. A.K. KHOKHAR

Kuldeep Singh

Signature

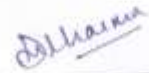
Dr. Ravindra Aggarwal 5/5/2014

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## 2. CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "**Study on Inpatient Satisfaction In A Tertiary Care Hospital**" and submitted by Dr. Devyani Sharma Enrollment No. PG/12/025 under the supervision of Mrs. Kirti Udayai for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from 2012 to 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.

## FEEDBACK FORM

Name of the Student: DR. DEVIYANI SHARMA

Dissertation Organisation: SYNERGY INSTITUTE OF MEDICAL SCIENCES, D. DUN.

Area of Dissertation: QUALITY .

Attendance: 100%

Objectives achieved: Learnt about NABH Accreditation, Satisfaction of In-patient, discharge process and SOP's for various departments clinical and non-clinical.

Deliverables: Patient satisfaction rate for ward admission, SOP's for various medical and non-medical departments of the hospital.

Strengths: Power to take decision, desire to learn, confidence during work, leadership quality, quick grasping and ability to work in a team.

Suggestions for Improvement: Can give more effort after a thorough reading of the subject.

Signature of the Officer in Charge, Organisation Mentor (Dissertation)

Date: 30 April 2014

Place: Dehra Dun

  
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#### 4. Dissertation Completion Certificate



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**From 1.2.2014 to 30.4.2014**  
**In Synergy Institute of Medical Sciences**

She comes across as a committed, sincere & diligent person who has a  
strong drive & zeal for learning.  
We wish her all the best for future endeavors.



**For Synergy Institute Of Medical Sciences**  
**Tripti Sharma**  
Manager Human Resources



**Dr. Ajeet Kumar Singh**  
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## 5. Acknowledgement

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## 6. Abstract

**Background:** The primary goal of the tertiary care hospital as a highest level of health care provision is to provide best possible health care to the patients. Patient satisfaction survey is deemed to be one of the important factors which determine the success of health care facility. The real challenge is not getting ready with mere requirements, but also to deliver services ensuring good quality. Thus, there is a need to assess the health care systems regarding patient satisfaction as often as possible. These surveys have become routine as part of total quality management.

**Aims and Objective:** To measure the in- patient satisfaction towards healthcare services delivered by the hospital staff (nursing, housekeeping, Dietary, TPA) and physicians, in a tertiary care hospital, Synergy Institute of Medical Sciences, Dehradun.

**Method and Material:** A hospital based cross- sectional study was carried out using a structured questionnaire in SIMS, Dehradun in February – March among indoor patients going to be discharged.

**Results:** The study gives us some insight into the services available and suggestions for further improvement in the healthcare services provided by the organization. 80% of the patients were happy with the behavior of doctors. 76% of the patients were satisfied with the nursing services. More than 15% of patients are not satisfied with the admission desk as they were not able to counsel about packages and expenses. Major issue was delay in discharge process with unsatisfied percentage of 30%.

**Discussion:** The data gathered through measuring patient satisfaction reflects care delivered by staff (nursing, housekeeping, Dietary, TPA) and physicians and can serve as a tool in decision-making, for learning, to give proportion to problem areas, and a reference point for making management decisions. Patient satisfaction data can also be used to document health care quality to accrediting organizations.

**Conclusion:** this study shows assessing satisfaction of patients is simple and cost effective way for evaluation of hospital services and has helped finding that patients were most satisfied with behavior of doctors and nurses and dissatisfaction was found to be more regarding discharge process.

**Recommendations:** Continuous supervision of patient satisfaction levels should be done to detect methods to improve hospital services.

## 7. Acronyms/Abbreviations

|          |   |   |
|----------|---|---|
| AERB     | - | Atomic Energy Regulatory Board  |
| BARC     | - | Bhabha Atomic Research Centre   |
| CME      | - | Continuous Medical Education  |
| DQM      | - | Department Of Quality Management                                      |
| EMR      | - | Electronic Medical Record   |
| F.O      | - | Front Office  |
| FNAC     | - | Fine Needle Aspiration Cytology                                       |
| F & B    | - | Food And Beverages  |
| HIS/HIMS | - | Hospital Information System   |
| HK       | - | Housekeeping  |
| ICU      | - | Intensive Care Unit   |
| IPD      | - | In Patient Department   |
| NABH     | - | National Accreditation Board for Hospitals and Healthcare Providers   |
| NABL     | - | National Accreditation Board for Testing and Calibration Laboratories |
| NC       | - | No Comments   |
| OT       | - | Operation Theater   |
| PCC      | - | Patient Care Coordinator  |
| SIMS     | - | Synergy Institute of Medical Sciences                                 |
| TQM      | - | Total Quality Management  |
| TPA      | - | Third Party Administrator   |
| &        | - | And   |

## **8. Introduction**

### **8.1 Project Profile**

One of the significant trends in the development of modern healthcare is the involvement of patient/clients in the management of their care and treatment.

To support this development it is important to acknowledge that the experiences of patients/clients of health care vary considerably. Some may have an occasional intervention while others have a more permanent and long term relationship with a service provider depending on the nature and extent of their need.

The most important asset of an organization is its customer. An organization success depends on how many customers it has, how much they buy and how often they buy. Customers that are satisfied will increase in number, buy more, and buy frequently. Satisfied customers also pay their bills promptly, which greatly improves cash flow in the organization. . The importance of customer is not only due to national competition but also due to worldwide competition.

Feedback analysis is a tool for the Total Quality Management (TQM), Gap analysis etc. To manage the total quality we need to measure three things:

- a. Customer satisfaction
- b. Customer dissatisfaction
- c. Customer delightedness.

Understanding the customer's needs and expectations is essential to winning new business and keeping existing business. An organization must give its customers a quality product or service that meets their needs at a reasonable price, which includes on-time delivery and outstanding services. To attain this level, the organization needs to continually examine their quality system to see if it is responsive to ever changing customer requirements and expectations.

In context of hospital, patient is its customer. Patient satisfaction is a measure of Quality of any organization. Quality is exceeding the expectation of your patient every time and all the time ensuring "FIRST DO NO HARM" to your patient, attendant and your healthcare colleague.

Patient satisfaction is one of the important goals of any health system, but it is difficult to measure the satisfaction and gauge responsiveness of health systems as not only the clinical but also the non-clinical outcomes of care do influence the customer satisfaction. Patient's perceptions about health care systems seem to have been largely ignored by health care managers in the developing countries.

Patient satisfaction depends upon many factors such as: Quality of clinical services provided, availability of medicine, behavior of doctors and other health staff, cost of services, hospital infrastructure, physical comfort, emotional support, and respect for patient preferences. Mismatch between patient expectation and the service received is related to decreased satisfaction. Therefore, assessing patient perspectives give them a voice, which can make health services more responsive to people's needs and expectations.

This report is based on a cross-sectional study conducted at Synergy Institute of Medical Sciences, Dehradun to measure patient satisfaction who availed services at in-patient department (IPD) during the month of February, March and April. The main objective of this report is to share the findings on patients' satisfaction about various components of IPD services. The IPD is defined as the hospital's department where patients receive diagnoses and/or treatment and stay in hospital for at least a day.

## **8.2 ACCREDITATION**

Accreditation is a process by which professions establish criteria and supply them to the institutions under considerations so as to provide assurance that these institutions are meeting their goals and objectives in the interest of the society which they serve. In health services, accreditation is defined as “a system which encourages professional participation from within the institution but is subject to external and objective control.” It eventually means professional and national recognition reserved for facilities that provide high quality healthcare. Generally, accreditation is a form of review which meets two conditions: the measuring of performance against external standards; that this is undertaken on a voluntary basis.

### **8.3 HOSPITAL ACCREDITATION:**

Hospital Accreditation is a public recognition by a National Healthcare Accreditation Body, of the achievement of accreditation standards by a Healthcare Organization, demonstrated through an independent external peer assessment of that organization's level of performance in relation to the standards.

In India, Health System currently operates within an environment of rapid social, economical and technical changes. Such changes raise the concern for the quality of health care. Hospital is an integral part of health care system. Accreditation would be the single most important approach for improving the quality of hospitals. Accreditation is an incentive to improve capacity of national hospitals to provide quality of care. National accreditation system for hospitals ensure that hospitals, whether public or private, national or expatriate, play their expected roles in national health system. Confidence in accreditation is obtained by a transparent system of control over the accredited hospital and an assurance given by the accreditation body that the accredited hospital constantly fulfills the accreditation criteria.

### **8.4 NATIONAL ACCREDITATION BOARD OF HOSPITALS (NABH)**

National Accreditation Board for Hospitals and Healthcare Providers (NABH) is a constituent board of Quality Council of India (QCI), set up to establish and operate accreditation programme for healthcare organizations. NABH has been established with the objective of enhancing health system and promoting continuous quality improvement and patient safety. The board while being supported by all stakeholders, including industry, consumers, government, has fully functional autonomy in its operation.

NABH provides accreditation to hospitals in a non-discriminatory manner regardless of their ownership, legal status, size and degree of independence.

## **9. Organization's Profile**

### **9.1 History**

**Synergy Institute of Medical Sciences, Dehradun**, the most comprehensive super specialty hospital focusing on Neuro, Cardio, Gastro, Renal Sciences, Trauma and Critical Care is driven by the vision to establish one stop solution that provides medical services with focus on the patient needs, expectations, safety and state of the art technology for the people of the region and to address long awaited dire need for a world class quality healthcare institution for everyone.

The institution not only provides world class healthcare technologies under one roof, but also pledges to develop a healthier society. We stand committed to provide value added innovative, consistent and continuously improving health and medical care to sustain and further improve clinical outcomes, patient safety and patient satisfaction.

### **9.2 Infrastructure and Facilities**

- 140 bedded multi super specialty hospital in Dehradun, focusing on medical and surgical super specialties of neuro sciences , cardiac sciences, gastro sciences, renal sciences, critical care, ortho-trauma , mother and child, ENT and ophthalmic and many more.

We are a patient centric organization, providing international quality healthcare at affordable price.

28 Full time senior consultants, 36 visiting consultants,

- 18 Full Time OPDs with seating capacity of 400 persons,
- 6 class 100- Modular OTs with laminar air flow-Hepa Filters,
- 55 fully equipped ICU beds-ICU, SICU, CCU, HDU, NICU, PICU,
- NABL-Accredited Advanced Pathology and Microbiology Labs,
- 1.5 Tesla Whole Body MRI With TIM and MVS, Multi Slice CT Scan, 4-D USG, DEXA, Mammography, 600 mA Digital X-Ray, World's best 3D –Echo and Colour Doppler, TMT, Holter, AVP,
- Full Flat Panel CATH LAB, Angioplasty, CABG, Valve Surgery,
- High End Endoscopic and Microscopic Neurosurgery, Stoke Unit, Comprehensive Epilepsy Unit, Advanced Neuro Lab,

- Dialysis, Lithotripsy, TURP, TRUSS, Uroflometry, Endourology,
- Advanced Gastro surgery, Laparoscopic and Cancer Surgeries, Upper GI Endoscopy, Colonoscopy, ERCP Procedures,
- Arthroplasty, Arthroscopy and Joint Replacement Surgeries, Most Comprehensive Trauma Team, Level 3 Trauma Services. Tertiary Care Obstetrics, Gynecology and Infertility Services,
- Advanced Pediatrics and Neonatology, Level III NICU and PICU
- Bronchoscopy, Sleep Lab, Pulmonary Lab, Thoracoscopy,
- One Stop Solution For Complete Diabetes Management,
- Dermatology, Cosmetology and Reconstructive Plastic Surgery,
- Advanced Micro ENT Surgeries, Complete Ophthalmic Services, Physiotherapy, Wellness Centre, Various Counselling Services.

### **9.3 Logo History**



The **term Synergy** comes from the Greek word '**syn-ergos**', which means '**working together**'. Synergy means balanced, co-ordinated, synchronized joint work and cooperative action. When one plus one is more than two, synergy exists. Behind every phenomenon of universe there lies 'synergy'; life itself is synergy between matter and energy. Where 'I' is replaced by 'WE', Synergy exists. A hospital is 'synergy' between doctors, patients and technology for healthy life.

The Penta colour '**Synergy logo**' consisting of five pyramids with undulating boundaries, each with a distinct round head, symmetrically settled in a circular plane signify co-existence of five happy people dancing together in perfect harmony to celebrate life.

The SYNERGY logo not only illustrates five dimensions of core specialties; Cardio, Neuro, Gastro, Renal, Trauma and Critical care but also depicts synergetic co-existence of Doctors, Support Staff, Attendants and Visitors cooperating for a synergistic effect on Patient's health as a unified force.

#### **9.4 Vision**

We are committed to be a leading health care organization which bring patient centric, comprehensive healthcare of international standards by compassionate professionals, within reach of everyone and improving the health and well-being of the people and communities we serve through:

- Quality infrastructure.
- Clinical competency.
- Innovative affordability.
- Continuous education.
- Excellence in patient care.

#### **9.5 Mission**

- Outstanding patient advocacy and loyalty.
- Highest clinical quality, competency and patient safety.
- Contribution to continuous medical education and research.
- Exceptional employee satisfaction and workforce development.
- Excellent financial and operational management.

**Table 9.6 Floor-wise Department Planning**

| <b><u>FLOORS</u></b> | <b><u>DEPARTMENTS</u></b>   |
|----------------------|---|
| Third Floor          | Intensive care unit<br>Coronary care unit<br>Intensive Surgical Unit<br>CATH. Lab |

|                    |   |
|--------------------|---|
|                    | OT block  |
| Second Floor       | Private and semi-private rooms.<br>NICU<br>PICU<br>Medical and surgical HDU<br>Private Studies  |
| First Floor        | Private and semi-private rooms.<br>Dialysis<br>Obs. and Gynae OT<br>Labor room                  |
| Upper Ground Floor | Reception<br>OPD-A<br>Pharmacy<br>Emergency<br>Cafeteria<br>Administrative Block                |
| Lower Ground Floor | Radiology<br>Pathology<br>All other diagnostic services<br>OPD-B<br>Physical Therapy<br>Billing |

## **9.7 Departmental Overview**

**9.7.1. CSSD:** The department is under construction.

**9.7.2. Emergency:** There are six beds and four trolleys in the Emergency, along with two Crash Carts (one for emergency and one in the procedure room).

**9.7.3. ICU:** Surgical and Medical ICUs are equipped with state-of-the-art monitoring and life support systems for patients in critical condition, and are supported by specially trained, attentive and efficient staff. There is provision for Isolation room as well.

**9.7.4. IT:** This department handles the Information Technology flow throughout the hospital. It is headed by the IT Manager. The functions of this department are to understand the flow of patients, staff, and supplies/equipments and then apply this knowledge to modify the HMS accordingly so that documentation and record-keeping can be done at every level and tracking of supplies and patients can be done effectively. The software used in this hospital is “Macshell”.

**9.7.5 Oncology:** It includes Surgical, Medical and Radiation Oncology Departments. Billing is done at the Multispecialty OPD for Radiology patients. Radiology and Radiotherapy are housed in separate sections. Radiation Safety Officers are stationed in both Radiology and Radiotherapy. A patient information desk is also available in the Oncology OPD.

**9.7.6. Laundry:** Comes under the housekeeping department. Laundry is outsourced.

**9.7.7. Medical Records Department:** MRD contains all the records of OPDs and IPDs, maintaining patient files for 5yrs and files for medico-legal cases are maintained for a lifetime. The department also has a critical record area which contains death files, files related to indigent patients and the medico-legal cases.

**9.7.8. Maintenance/ Bio-Medical Engineering Department:** This department is responsible for the maintenance and upkeep of the following:

**Table: 9.7.8.1 Equipment list**

|   | Equipment   | Capacity    | Quantity |
|---|-------------|-------------|----------|
| 1 | Transformer | 1250 KV     | 1        |
| 2 | D G sets    | 500 KVA and | 2        |

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
|   |                              | 320 KVA                           |   |
| 3 | UPS                          | 2each of<br>60 KVA and<br>120 KVA | 4 |
| 4 | Chiller Plant                |                                   | 1 |
| 5 | Fire Engine                  |                                   | 1 |
| 6 | R.O Plant                    |                                   | 3 |
| 7 | Solar Panels (Water Heating) |                                   |   |
| 8 | Smoke Detectors              |                                   |   |

**9.7.9. Marketing Department:** This department looks after the Hospital Promotion domain. Headed by the Manager (Marketing), it is focussed towards increasing patient footfall through referrals, TPAs, Corporate empanelment, empanelment with PSUs, empanelment with government institutes etc. This department is also responsible for organizing events such as CMEs, free health check-up camps.

**9.7.10. OPD:** It comprises of the May I Help You Desk, Registration, Admissions, Billing, and Pharmacy store. The department consists of PROs and Front Desk executives.

Multi-specialty: OPDs for Cardiology, Dermatology, ENT, Endocrinology, Diabetology, Gynecology and Obstetrics, Gastroenterology, Gastrointestinal Surgery, Nephrology and Urology, Neurology and Neurosurgery, Ophthalmology, Orthopedics, Pediatrics and Pediatric Surgery, Plastic Surgery, Psychiatry and Pulmonology.

**9.7.11. Pathology Laboratory:** The CHARAK PATHOLOGY has the following subsections: Hematology, Biochemistry, Microbiology, Histopathology and

Cytology labs, Frozen Section cutting room, FNAC room and the Grossing Room. The labs are NABL accredited.

**9.7.12. Radio Imaging and Nuclear Medicine:** The department consists of the HOD, doctors and technicians. Procedures carried out are mammography, ultrasound, X-ray and CT-scan. PET and bone scan are also carried out which are a part of Nuclear Medicine. The department is equipped with a Gamma Camera and Dexa. There is a Hot Lab for medical preparation of patients before investigation begins. Radiation safety guidelines of AERB and BARC are applicable here.

**9.7.13. Radiotherapy:** AERB guidelines for radiation safety are applicable in this department. It consists of the HOD, Radiation Safety Officers and technicians.

**9.7.14. Store:** The supply is maintained to the IPD pharmacy and the OPD pharmacy. The materials that are directly sold to the patients are supplied from this store. The store manager keeps record of the items that are not to be sold to the patients but are in use in the patient ward, OTs and for hospital use. Stock Valuation Report is sent monthly to the HOD and monthly audit is done.

## 10. Rationale Of The Study

### 10.1 Need Of Study

A hospital is an institution that provides a broad range of medical services to sick, injured, or pregnant patients. It employs medical, nursing, and support staff to provide inpatient care to people who require close medical monitoring and an outpatient care to people who need ambulatory care. Hospitals provide diagnosis and medical treatment of physical and mental health problems, surgery, rehabilitation, health education programs, and nursing and physician training. Many hospitals also serve as centers for innovative research and medical training. However there is a current trend in hospital management to decrease in patient service and to increase out patient ambulatory care.

Measure of patient satisfaction is very important because-

*“What we don’t measure, we don’t know.....  
.....And we can only improve what we know.”*

The primary goal of the tertiary care hospital as a highest level of health care provision is to provide best possible health care to the patients. The modern era where it is the right of every patient to demand best possible care, it is the duty of every staff member of the hospital to deliver his optimum efforts to the entire satisfaction of the patient. Its assessment will give us an opportunity to find loopholes in our services and future ratification. It is the nature of a human being that by fulfilling one motive, another one takes the place which is to be fulfilled and the process goes on. It helps in continuous evolution process.

There are multiple reasons to study the concept of patient satisfaction. It is considered as an important outcome of the quality of healthcare. Getting views of the patients on the care services is a much realistic tool to evaluate and improve the health care services since it is based on direct experiences of the users. The rising strength of consumerism and quality consciousness in the society with a shift from doctor-to-patient relationship to modern provider-client attitude has highlighted the importance of recording patient views on healthcare delivery.

Health care organizations are operating in an extremely competitive environment, and patient satisfaction has become key to gaining and maintaining market share. All major players in the health care arena use satisfaction information while making decisions

IPD is the highest revenue generation department of any hospital. The bed occupancy of a multi specialty hospital is generally high so patient need to wait long for each and every process, which might be dissatisfying and frustrating to them. Patients are to be provided good health care services. There should be smooth process flow for all the departments of the hospital. All this should help in enhancing the satisfaction level of the patients.

Studies on patient satisfaction are very useful as it provides the chance to health care providers and managers to improve the services in an organization. Patients' feedback is necessary to identify problems that need to be resolved for improving the health services.

Patient-centered outcomes have taken center stage as the primary means of measuring the effectiveness of health care delivery. It is commonly acknowledged that patients' reports of their health and quality of life, and their satisfaction with the quality of care and services, are as important as many clinical health measures, because today's health care consumers are more sophisticated than in the past and now demand increasingly more accurate and valid evidence of health plan quality.

When it comes to choosing a hospital, most of the patients seem more interested in what their friends, relatives and neighbors think. Without acceptable level of patient satisfaction, health care institutions may not get full accreditation and will lack the competitive edge enjoyed by fully accredited health care institution.

Synergy Institute of Medical Sciences is preparing for NABH accreditation, so it is very important to analyze patient-satisfaction level.

## **10.2 Problem Statement**

The purpose of this study was to explore and determine the degree of patient satisfaction with utilization of healthcare services delivered by staff (nursing, housekeeping, and TPA) and physicians in Synergy Institute of Medical Sciences, Dehradun.

## **10.3 Objectives**

### **10.3.1 General Objective**

To study satisfaction of indoor patients regarding patient care, behavior of hospital's personnel and provision of basic services and amenities in the hospital.

### **10.3.2 Specific Objectives**

- 1) To analyze patient's satisfaction across all the department (Admission/F.O, Nurses, Doctors, Housekeeping, Food and beverages, Discharge, etc.) of the hospital
- 2) To identify the reasons for refusal for referral to Synergy Institute of Medical Sciences in future.
- 3) To identify bottle necks in a particular department who is getting continuously poor rating.
- 4) To suggest possible measures to increase the patient satisfaction if required.

## **10.4 Methodology**

**10.4.1 Area of Study:** Synergy Institute of Medical Sciences, Dehradun.

**10.4.2 Period of Study:** February 2014 to April 2014.

**10.4.3 Type of Study:** Cross-sectional Study.

**10.4.4 Sample Population:**  $145 + 152 = \text{Total } 297$

**10.4.5 Sample Size:**  $128 + 142 = \text{Total } 270$

**10.4.6 Study Design:** Qualitative and Quantitative.

**10.4.7 Data collection tool:**

10.4.7.1 Secondary Data and Observation.

10.4.7.2 Feedback forms (Questionnaires) were collected from 15th February to 15th April 2014 from the Medical Administration Department.

**10.4.8 Inclusion Criteria:** Patients discharged from the medical ward of the hospital.

**10.4.9 Exclusion Criteria:**

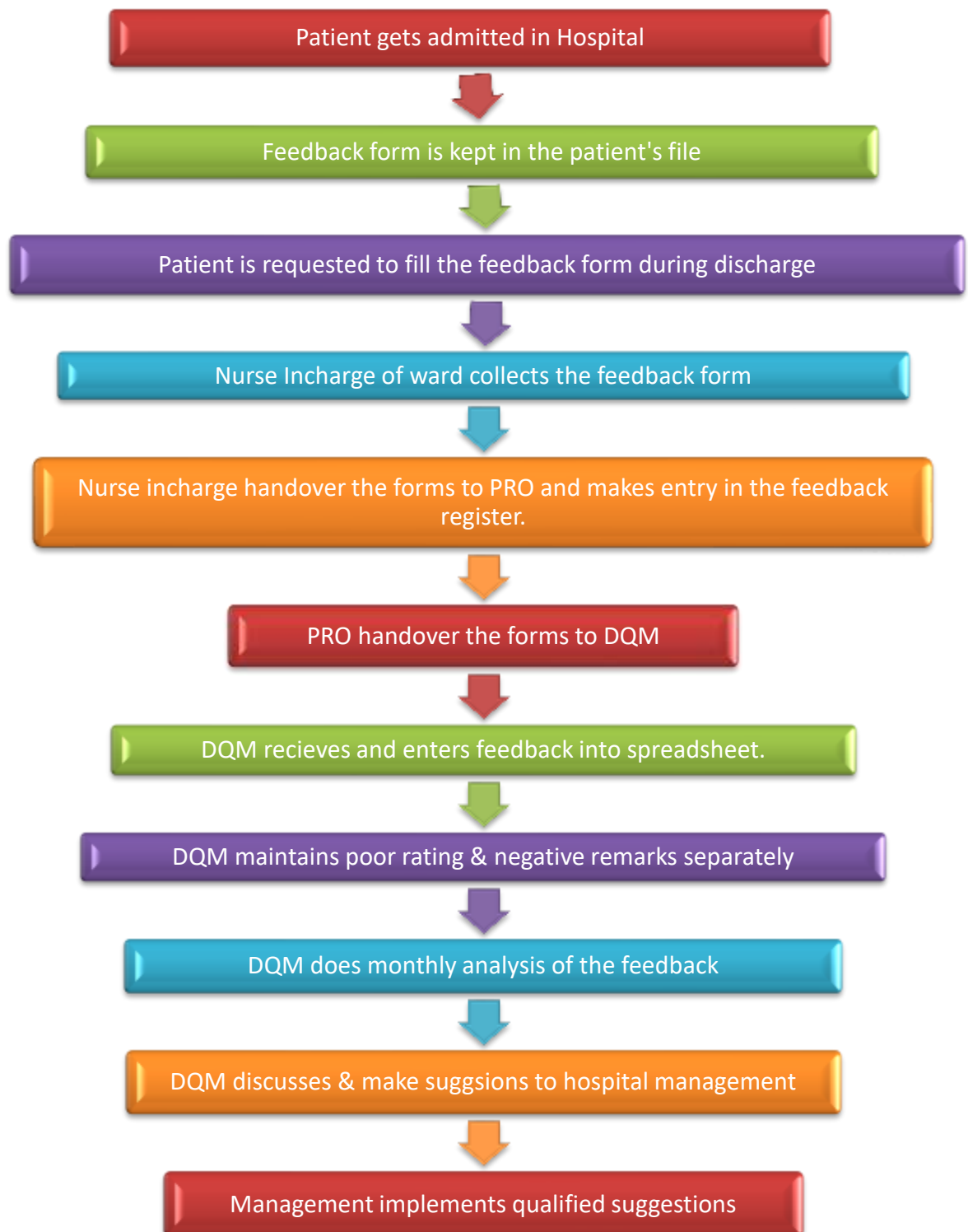
10.4.9.1 Patient not willing to fill the feedback form.

10.4.9.2 Day care patients.

**10.4.10 Statistical Analysis:** Percentage of collected responses was calculated in the Microsoft Excel and presented with the help of bar graph and pie-charts.

**10.4.11 Study Areas:** There are 9 attributes in the hospital physician, nursing, housekeeping, front office and admission food and beverage services, Discharge process, Billing, TPA services, & patient delight.

#### **10.4.12 Process For Collection Of Feedback Forms:**



#### **10.4.13. Scope and Limitation**

This study focuses on the patients' satisfaction on the health care services provided by SIMS at the In Patient Department in terms of its availability, accessibility and convenience. The respondents of the study are limited to patients/clients seeking admission at the SIMS IPD. A questionnaire was used to rate their satisfaction for the services provided.

## **11. Review of Literature**

The literature review includes the following topics:

### **11.1. Definition of Terms**

11.1.1. **Health care services** are the health services performed in the In Patient Department such as registration, consultant visit, follow-up, diagnostic services, insurance facility, etc.

11.1.2. **Health care service provider** refers to personnel staffs (doctor, nurses, GDA, housekeeping) of the In Patient Department.

11.1.3. **Accessibility of health care** means that the patient has the opportunity or right to make use of the available health care. It becomes inaccessible if the health care service may be available but difficult to access due to exorbitant cost, limited supply or the distance of the facility.

11.1.4. **Availability of health care** refers to the absence or presence of the needed health care in a health service provider including laboratory and drug supply.

11.1.5. **Convenience of health care** refers to making a health service, easy and comfortable for a person to get/acquire/avail.

11.1.6. **Patient Satisfaction** initially perceived as being related to issues around access to medical infrastructure and nursing care. Patient satisfaction is generally defined as the consumer's view of services received and the results of the treatment. History of patient satisfaction has had a long history of debate, beginning over two millennia ago in ancient Rome. Plato suggested that since "the doctor cuts us up, and orders us to bring him money.... as if he were exacting tribute....." he should be put under rigid control by evaluating and improving the quality of care provided it is vitally important to investigate the quality of care in the context of healthcare. Fitzpatrick (1991) states that since 1984 patient satisfaction has been used as an indicator for accountability, effectiveness and efficiency. Satisfaction was seen therefore, as a surrogate indicator for justifying and validating healthcare initiatives. Healthcare organizations are operating in an extremely competitive environment, and patient satisfaction has become a key indicator for gaining and maintaining market share. Without acceptable level of patient satisfaction, health plans may not get full accreditation and will lack the competitive edge enjoyed by fully accredited plans. According to Jones (1978) satisfaction surveys are the main sources of feedback from patients about the healthcare services and they stimulate proposals to restructure service delivery and can be used to evaluate the effects of policy change.

### **11.2 International Studies:**

**11.2.1** A study by Liyang Tang In September 2012 on "**The influences of patient's satisfaction with medical service delivery, assessment of medical service, and trust in health delivery system on patient's life satisfaction in China**" with the

aim to test whether and to what extent patient's satisfaction with medical service delivery/patient's assessments of various major aspects of medical service/various major aspects of patient's trust in health delivery system influenced patient's life satisfaction in China's health delivery system/in various kinds of hospitals. Result finding showed that patient's life satisfaction involved patient's overall satisfaction with medical service delivery, assessment of doctor-patient communication, assessment of medical cost, assessment of medical treatment process, assessment of medical facility and hospital environment, assessment of waiting time for medical service, trust in prescription, trust in doctor, and trust in recommended medical examination. But the major considerations in generating patient's life satisfaction were different among low level public hospital, high level public hospital, and private hospital.

**11.2.2** Another study by Young GJ, Meterko M, Desai KR in March 2000 on **“Patient satisfaction with hospital care: effects of demographic and institutional characteristics”** in USA with the goal to examine the extent to which a patient's satisfaction scores are related to both his/her demographic characteristics and the institutional characteristics of the health care organization where care was received. Result finding showed that among demographic characteristics, age, health status, and race consistently had a statistically significant effect on satisfaction scores. Among the institutional characteristics, hospital size consistently had a significant effect on patient satisfaction scores.

### **11.3 National Studies:**

**11.3.1** A study by Sumeet Singh, Paramjeet Kaur, Ritu Rochwani, on **Patient satisfaction levels in a tertiary care medical college hospital in Punjab, North India**, with an objective to study satisfaction of indoor patients regarding patient care, behavior of hospital's personnel and provision of basic services and amenities in the hospital. A hospital based cross sectional study was carried out in Rajindra hospital, Patiala in July – August 2013 among indoor patients going to be discharged. Most of the patients were from underserved sections of the community. Time lapse between admission and initiation of treatment was more than 30 mins in 13% cases. 18 % of respondents described the behavior of nurses as harsh/ rude/ avoiding. 21 % patients reported unavailability of drinking water, 43% reported unavailability of toilets / hand washing facility in the wards. 62 % and 40 % were dissatisfied by the cleanliness in the toilets and wards respectively.

**11.3.2** Another study by Dr. D.B. Ray **“A STUDY OF THE OPINION OF INPATIENT OF THE ALL INDIA INSTITUTE OF MEDICAL SCIENCES HOSPITAL TO MEASURE PATIENT SATISFACTION”** at AIIMS, New Delhi. Opinions of inpatients of the MIH, a 750 bedded teaching hospital in South Delhi, were studied adopting interview technique. The objectives of the study were to measure level of satisfaction of the inpatients, identify the factors affecting satisfaction, and find out interrelationship between patient characteristics and the

factors affecting patient satisfaction and between the factors. An Interview Schedule with structured questionnaire on 18 items, including incidents or interactions liable to evoke satisfaction/dissatisfaction of patients, were developed ;and pretested through a pilot study in the Surgical and Medical wards for a period of one month. Average total satisfaction score was 84.79% of the maximum possible. 14 patients had 100% total satisfaction score and 2 had little over 47%. 2 patients formed 'poor' general opinions about the hospital.

## **12. Data Analysis and Interpretation**

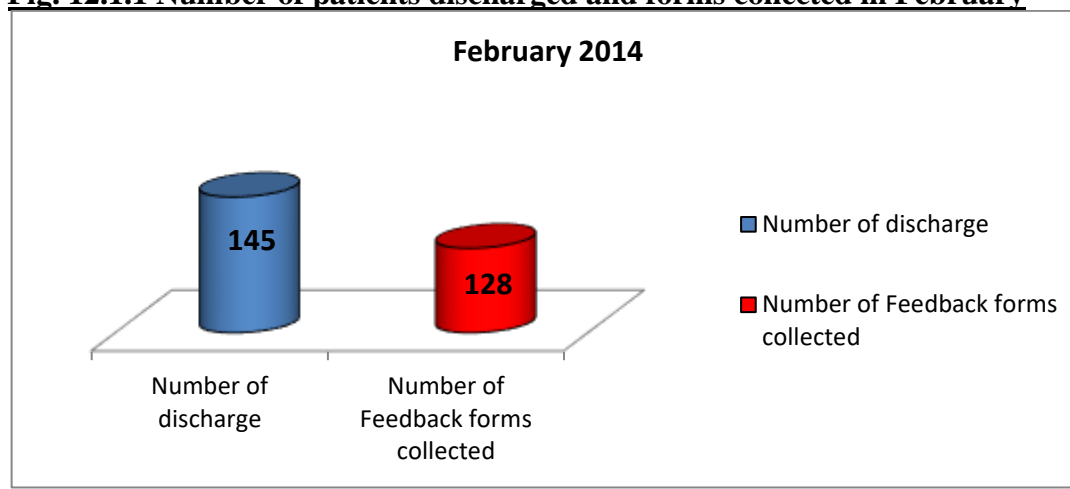
All the IPD patients of the Hospital were requested to give feedback regarding different aspects of services at the hospital and suggestions at the time of discharge for improvements of services. This information becomes part of the hospital management information systems. The data for this study was obtained from these feedback responses. Responses of patients regarding different aspects of services of the hospital were graded as Excellent, Good, Fair, Poor, and No comments.

Ratings given to different grades are:-

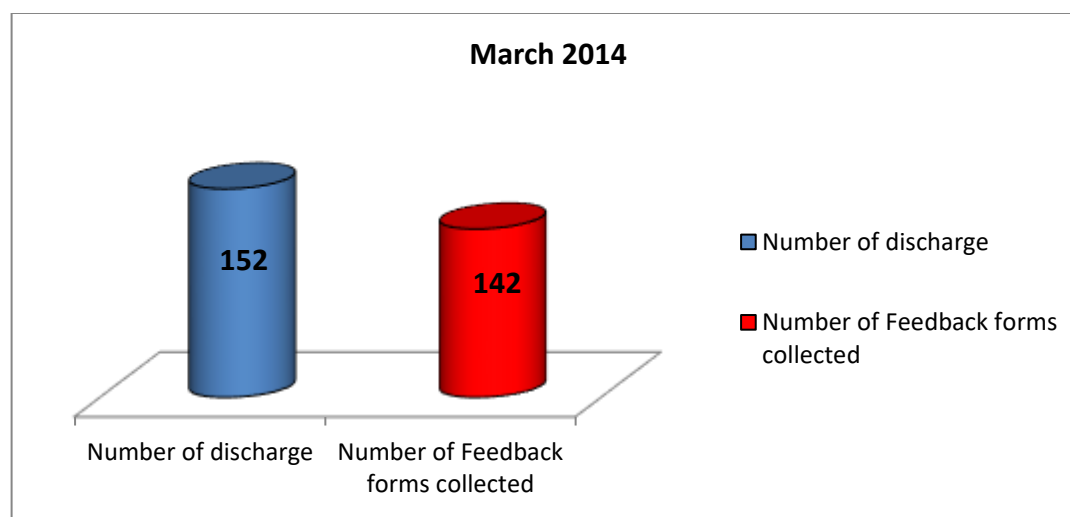
Poor- 1      Fair- 2      Good- 3      Excellent- 4      NC- no comments

### **12.1. Collected feedback forms and its improved rate:**

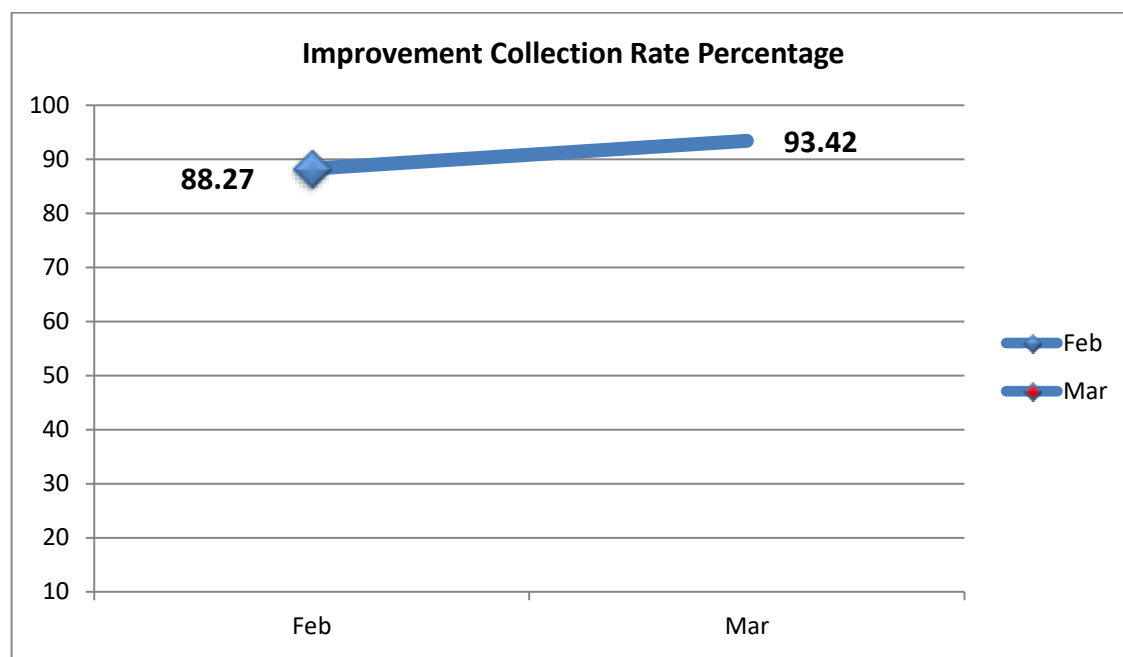
**Fig. 12.1.1 Number of patients discharged and forms collected in February**



**Fig. 12.1.2 Number of patients discharged and forms collected in March**



**Fig. 12.1.3 Improvement in feedback form collection from February to March**



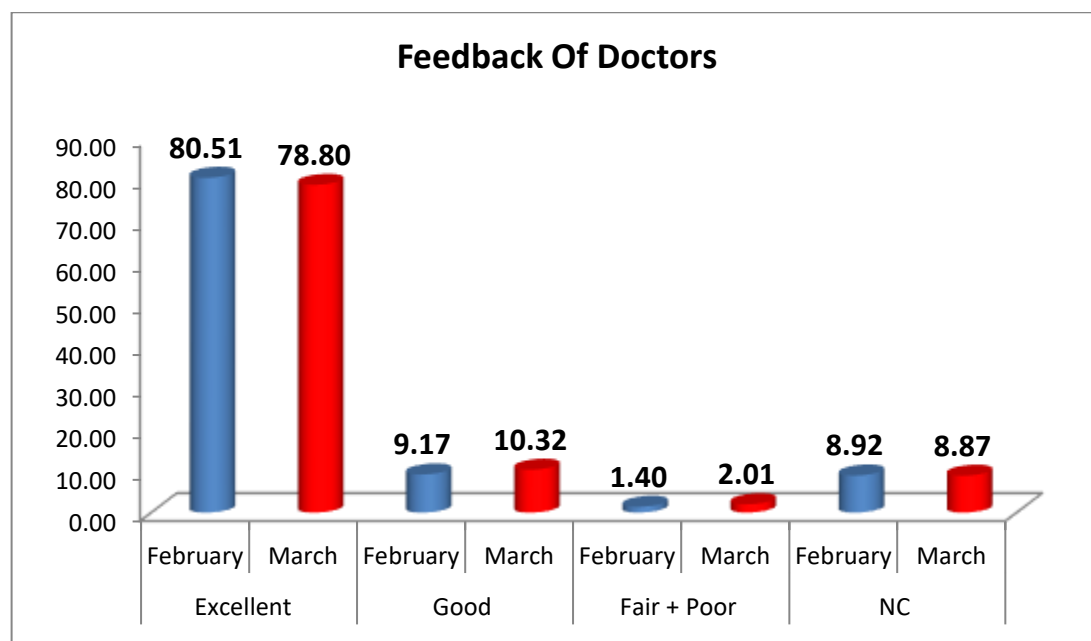
***Interpretation:*** There is improvement in feedback forms collection in March 2014 as compared to February 2014 by 5.15%. There is a still significant scope to improve the

## **12.2. Feedback of Doctors:**

**Table 12.2.1 Attributes for assessing doctor's feedback:**

|  | Excellent    |              | Good        |              | Fair + Poor |             | NC          |             |
|--|--------------|--------------|-------------|--------------|-------------|-------------|-------------|-------------|
| Attributes   | February     | March        | February    | March        | February    | March       | February    | March       |
| Attentive , Prompt polite and Caring               | 85.07        | 83.56        | 9.33        | 9.34         | 1.12        | 1.64        | 4.48        | 5.45        |
| Timely Response and communication                  | 77.76        | 77.65        | 9.72        | 10.7         | 1.68        | 2.33        | 10.84       | 9.32        |
| Explanation and Diagnosis                          | 78.15        | 76.58        | 8.96        | 11.24        | 1.49        | 1.99        | 11.39       | 10.2        |
| Explanation of treatment, medication and follow up | 81.05        | 77.41        | 8.68        | 10           | 1.31        | 2.07        | 8.96        | 10.52       |
| <b>Average</b>                                     | <b>80.51</b> | <b>78.80</b> | <b>9.17</b> | <b>10.32</b> | <b>1.40</b> | <b>2.01</b> | <b>8.92</b> | <b>8.87</b> |

**Fig.12.2.1 Bar graph showing ratings of Doctors from feedback form**



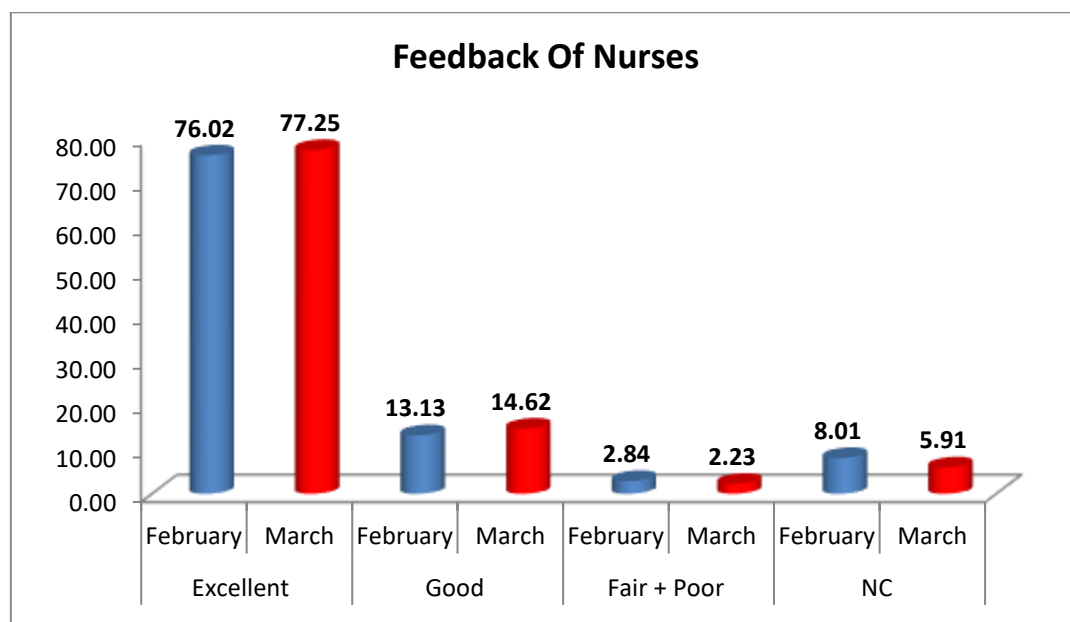
***Interpretation:*** Doctors are Attentive, Prompt and caring and give timely response to patients and have good communication with the patients. Thus have consistently good feedback from patients. Feedback on physician services is maintained at high level of 78.80% to 80.51%.

### **12.3 Feedback of Nurses:**

**Table 12.3.1 Attributes for assessing nursing staff feedback:**

|                                   | Excellent    |              | Good         |              | Fair + Poor |             | NC          |             |
|-----------------------------------|--------------|--------------|--------------|--------------|-------------|-------------|-------------|-------------|
| Attributes                        | February     | March        | February     | March        | February    | March       | February    | March       |
| Attentive , Prompt and Caring     | 84.61        | 83.69        | 10.82        | 12.86        | 2.05        | 1.73        | 2.52        | 1.73        |
| Timely Response and communication | 74.53        | 77.67        | 14.27        | 13.97        | 3.08        | 2.24        | 8.12        | 6.12        |
| Explanation of procedure          | 73.46        | 75.04        | 14.77        | 16.23        | 3.18        | 1.99        | 8.6         | 6.74        |
| Explanation of medication         | 75.16        | 75.3         | 12.98        | 15.89        | 2.89        | 2.33        | 8.96        | 6.48        |
| Explanation of Care at home       | 72.34        | 74.53        | 12.8         | 14.16        | 2.99        | 2.85        | 11.87       | 8.46        |
| <b>Average</b>                    | <b>76.02</b> | <b>77.25</b> | <b>13.13</b> | <b>14.62</b> | <b>2.84</b> | <b>2.23</b> | <b>8.01</b> | <b>5.91</b> |

**Fig 12.3.1 Graph showing ratings of Nursing services from feedback form**



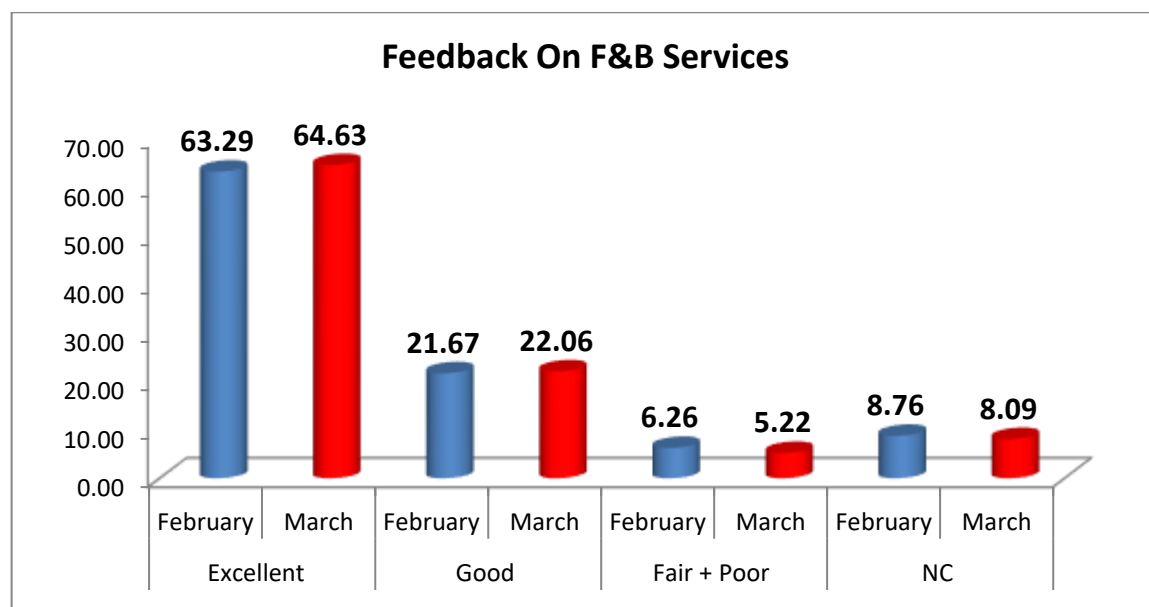
***Interpretation:*** Nursing Staff is Attentive, Prompt and caring and give timely response to patients and have good communication with the patients. Feedback on nursing care is maintained at a level of 76.02% to 77.25%.

#### **12.4 Feedback Of F and B and Dietetics:**

**Table 12.4.1 Attributes for assessing F and B and Dietetics feedback:**

|  | Excellent    |              | Good         |              | Fair + Poor |             | NC          |             |
|--|--------------|--------------|--------------|--------------|-------------|-------------|-------------|-------------|
| Attributes                             | February     | March        | February     | March        | February    | March       | February    | March       |
| Quality of food                        | 67.54        | 69.34        | 22.24        | 22.63        | 5.98        | 4.75        | 4.21        | 3.28        |
| Timeliness of service                  | 61.69        | 62.99        | 21.94        | 22.95        | 6.44        | 6.3         | 9.9         | 7.77        |
| Behavior and response time             | 61.38        | 62.32        | 21.92        | 22.82        | 6.72        | 5.53        | 9.98        | 9.33        |
| Assessment and Counseling by Dietician | 62.56        | 63.85        | 20.56        | 19.84        | 5.89        | 4.31        | 10.93       | 11.99       |
| <b>Average</b>                         | <b>63.29</b> | <b>64.63</b> | <b>21.67</b> | <b>22.06</b> | <b>6.26</b> | <b>5.22</b> | <b>8.76</b> | <b>8.09</b> |

**Fig.12.4.1 Graph showing ratings on F&B services from feedback form**



***Interpretation:*** F & B services have shown improvement in their quality of food according to the patient and attendants feedback, from February to March. In February large percentage (8.76%) of people do not respond to the questions related to F & B services, which reduced to (8.09%) after improvement in quality and timeliness of food and regular visit by the dietetics.

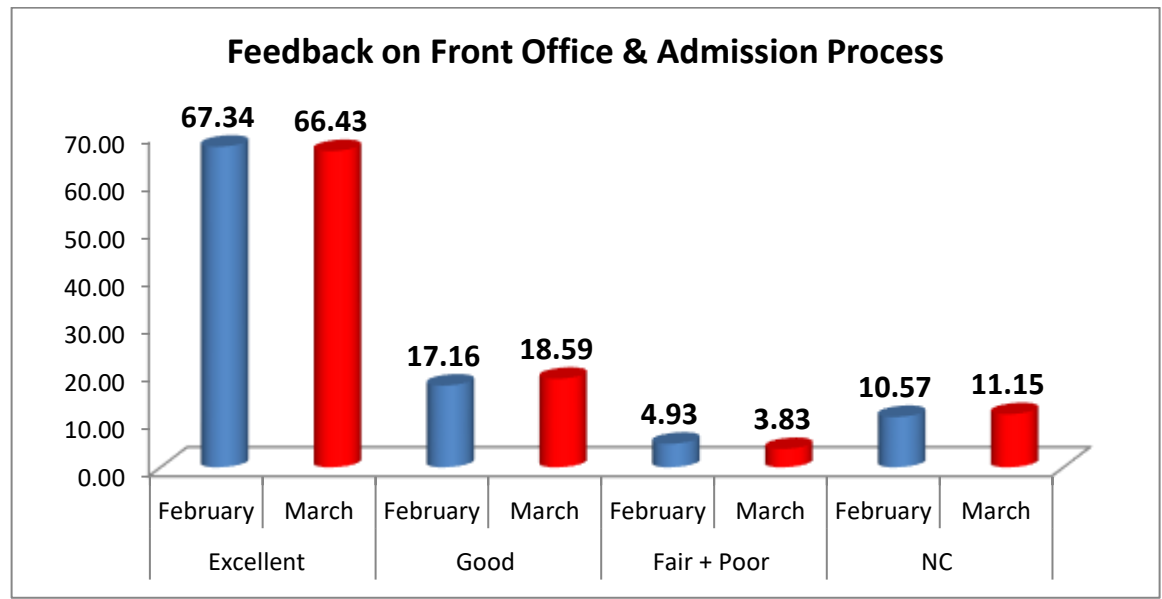
## **12.5 Feedback Of Front (Registration) Desk and Admission:**

**Table 12.5.1 Attributes for assessing Front office and Admission Feedback:**

|                                     | Excellent |       | Good     |       | Fair + Poor |       | NC       |       |
|-------------------------------------|-----------|-------|----------|-------|-------------|-------|----------|-------|
| Attributes                          | February  | March | February | March | February    | March | February | March |
| Ease of contacting the hospital     | 71.92     | 74.31 | 16.23    | 17.07 | 3.08        | 2.07  | 8.77     | 6.55  |
| Response to Queries                 | 69.09     | 66.7  | 17.37    | 18.98 | 4.11        | 2.85  | 9.43     | 11.48 |
| Counseling of expenses and packages | 60.69     | 59.33 | 17.83    | 22.45 | 6.35        | 5.18  | 15.13    | 13.04 |
| Time taken for your admission       | 64.61     | 62.44 | 18.77    | 19.52 | 7.38        | 6.04  | 9.24     | 12    |

|                       |              |              |              |              |             |             |              |              |
|-----------------------|--------------|--------------|--------------|--------------|-------------|-------------|--------------|--------------|
| Courtesy and Behavior | 70.37        | 69.37        | 15.61        | 14.92        | 3.74        | 3.02        | 10.28        | 12.68        |
| <b>Average</b>        | <b>67.34</b> | <b>66.43</b> | <b>17.16</b> | <b>18.59</b> | <b>4.93</b> | <b>3.83</b> | <b>10.57</b> | <b>11.15</b> |

**Fig 12.5.1 Graph showing ratings on Front office & Admission Process from feedback form**



***Interpretation:*** Front desk was unable to answer all the queries of patient and attendants. Time taken for admission process was more than the standard time in SOPs.

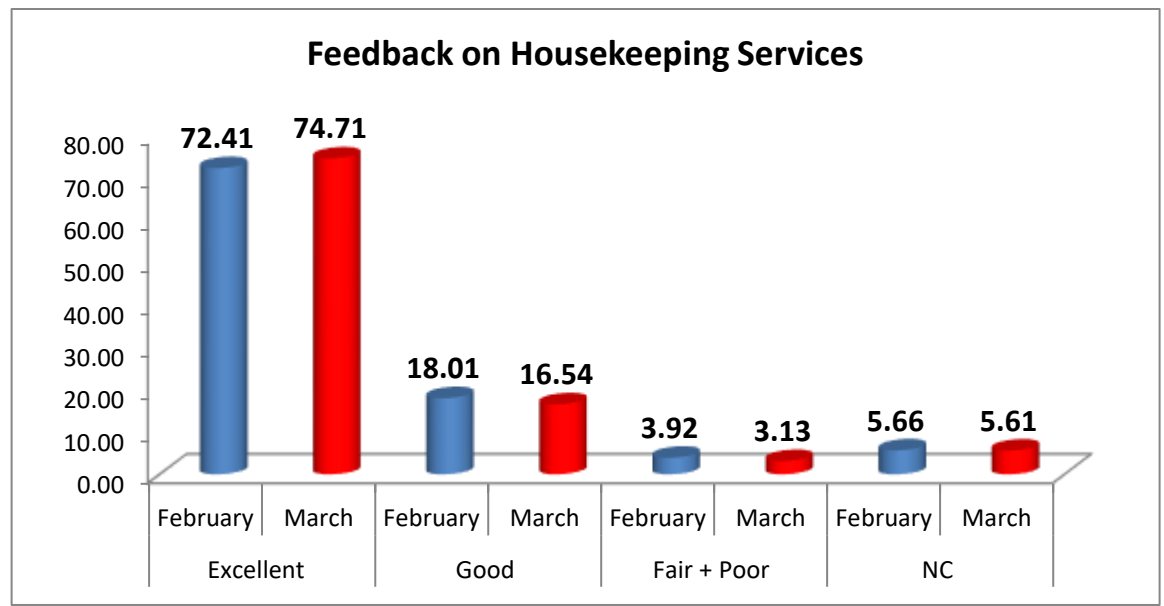
## **12.6 Feedback Of Housekeeping:**

**Table 12.6.1 Attributes for assessing Housekeeping feedback:**

|  | Excellent |       | Good     |       | Fair + Poor |       | NC       |       |
|--|-----------|-------|----------|-------|-------------|-------|----------|-------|
| Attributes   | February  | March | February | March | February    | March | February | March |
| Quality of cleanliness and upkeep                    | 77.71     | 79.55 | 16.79    | 14.67 | 3.08        | 2.93  | 2.43     | 2.85  |
| Behaviour and response time                          | 71.83     | 72.93 | 18.84    | 17.5  | 3.82        | 2.93  | 5.5      | 6.64  |
| Functioning and Maintenance of equipments/facilities | 67.69     | 71.65 | 18.39    | 17.46 | 4.86        | 3.54  | 9.06     | 7.35  |

|                |              |              |              |              |             |             |             |             |
|----------------|--------------|--------------|--------------|--------------|-------------|-------------|-------------|-------------|
| <b>Average</b> | <b>72.41</b> | <b>74.71</b> | <b>18.01</b> | <b>16.54</b> | <b>3.92</b> | <b>3.13</b> | <b>5.66</b> | <b>5.61</b> |
|----------------|--------------|--------------|--------------|--------------|-------------|-------------|-------------|-------------|

**Fig.12.6.1 Graph showing ratings on Housekeeping services from feedback form**



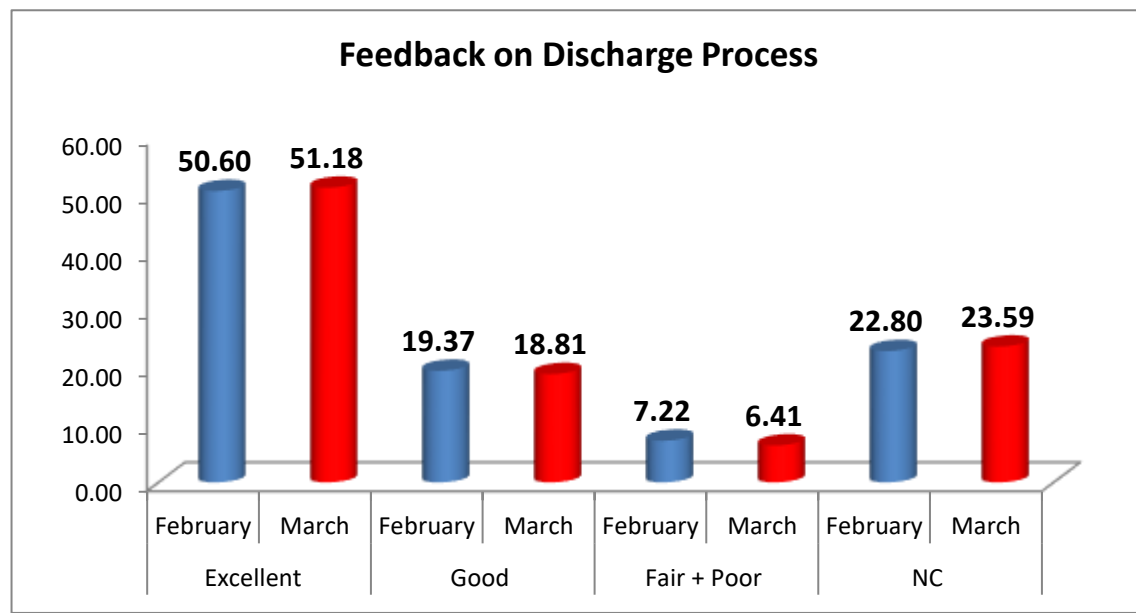
***Interpretation:*** Housekeeping services have improved by following regular cleaning of the rooms. Regular inspection and maintenance of equipment was done by the staff.

## **12.7 Feedback of Discharge Process:**

**Table 12.7.1 Attributes for assessing Discharge feedback:**

|   | <b>Excellent</b> |              | <b>Good</b>     |              | <b>Fair + Poor</b> |              | <b>NC</b>       |              |
|---|------------------|--------------|-----------------|--------------|--------------------|--------------|-----------------|--------------|
| <b>Attributes</b>                         | <b>February</b>  | <b>March</b> | <b>February</b> | <b>March</b> | <b>February</b>    | <b>March</b> | <b>February</b> | <b>March</b> |
| Response to queries by TPA / Billing Desk | 54.15            | 54.44        | 18.67           | 18.98        | 6.72               | 5.69         | 20.45           | 20.88        |
| Efficiency of TPA/Billing Desk            | 49.16            | 51.51        | 19.53           | 17.6         | 6.54               | 6.21         | 24.77           | 24.68        |
| Discharge time                            | 48.5             | 47.58        | 19.91           | 19.86        | 8.41               | 7.34         | 23.18           | 25.22        |
| <b>Average</b>                            | <b>50.60</b>     | <b>51.18</b> | <b>19.37</b>    | <b>18.81</b> | <b>7.22</b>        | <b>6.41</b>  | <b>22.80</b>    | <b>23.59</b> |

**Fig.12.7.1 Graph showing ratings on Discharge Process from feedback form**



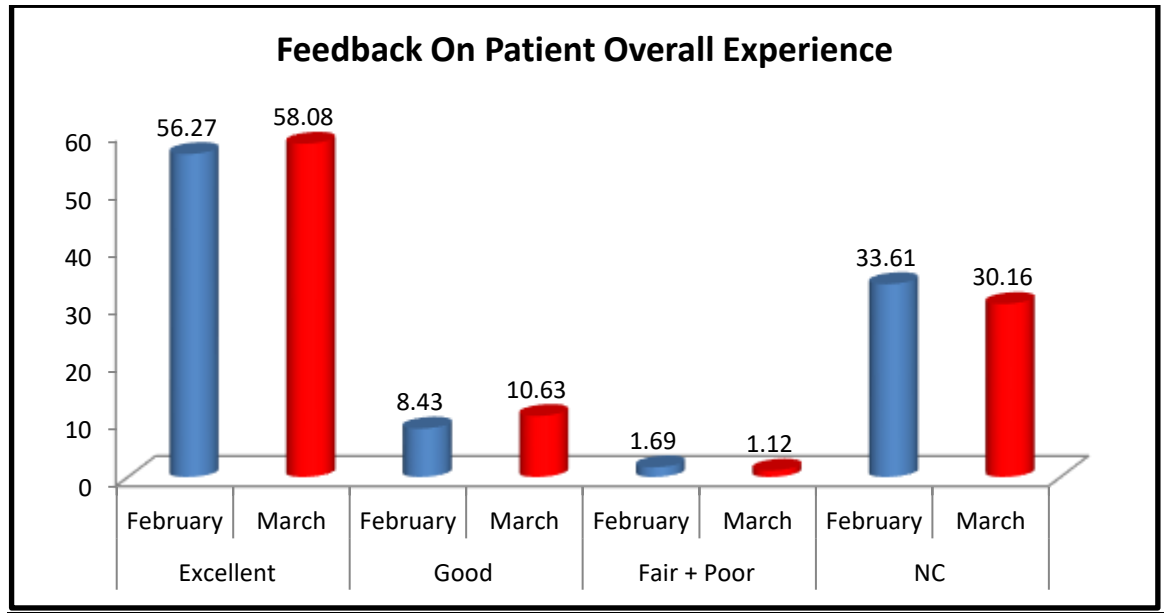
***Interpretation:*** Response percentage by patients and attendants is very low. Discharge process delays for TPA patients due to delay in completion of documents required by insurance companies.

## **12.8 Feedback on Overall Patient Experience (Patient Delight):**

**Table 12.8.1 Attribute for Assessing Overall Experience:**

|                              | Excellent |       | Good     |       | Fair + Poor |       | NC       |       |
|------------------------------|-----------|-------|----------|-------|-------------|-------|----------|-------|
| Attributes                   | February  | March | February | March | February    | March | February | March |
| Peaceful and satisfying stay | 56.27     | 58.08 | 8.43     | 10.63 | 1.69        | 1.12  | 33.61    | 30.16 |

**Fig.12.8.1 Graph showing ratings on Patient Delight from feedback form**

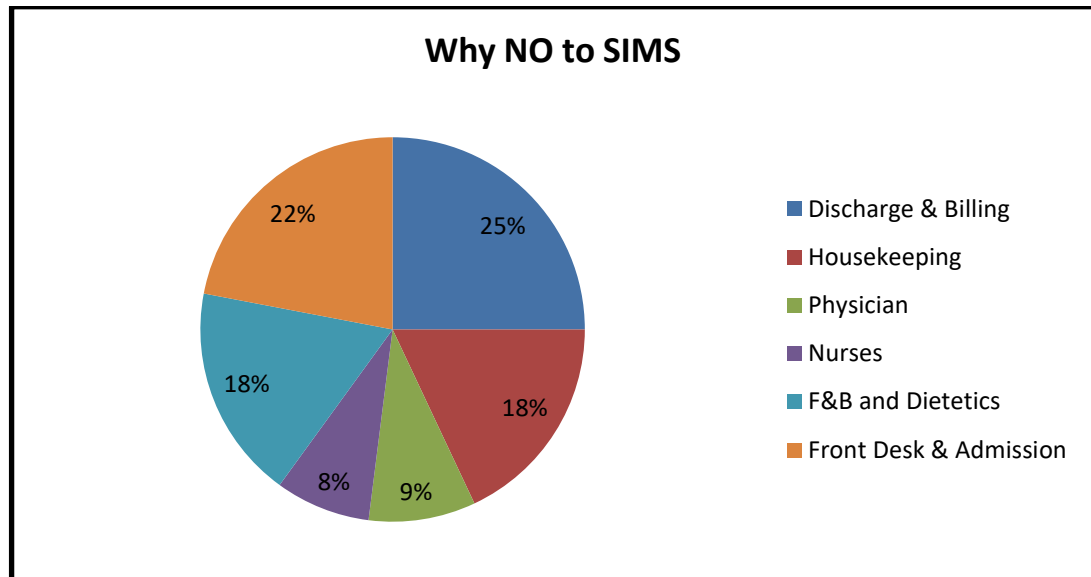


***Interpretation:*** Overall level of patient satisfaction is very less in the hospital, it is mainly because of high Percentage of **No comments** by patients or attendants in feedback forms.

**Patient refuse for further referral to SIMS mainly because of**

1. Discharge and Billing.
2. Front Desk and Admission.

**Fig.12.9.1 Pie chart showing Why NO further referral to SIMS**



### **13. Recommendations**

1. Need to increase the percentage of collection of feedback form.
  - a. Re-phrase the questions so that patient feels excited to fill all the fields
  - b. Patients with Internet access should be able to complete satisfaction surveys online after returning home.
  - c. The data collected with each of these technologies are automatically entered into a data file that is ready to be processed and analyzed.
  - d. This can cut down dramatically on the time and costs associated with transferring data from paper-and-pencil questionnaires. All of the technologies described above reduce the administrative burden faced by medical office, which is especially important when implementing a program.
2. Strengthen the functioning of TPA department.
3. The staff should be trained more frequently on soft skills so that they can have better interaction with visitors and attendant as well as the patients.
4. Reduction in the delay in discharge process.
5. Quality of food should be checked on regular basis. It would be better to have a food committee in the hospital that can keep continuous check on pantry services and food quality.
6. More of experienced nursing staff should be recruited as experienced staff will give better services to patients.
7. Co-ordination between the departments should be increased so that patient does not have to suffer during availing services in the hospital
8. Before allotting a room to any patient, it should be checked that the room has all the basic amenities for the patient right from electrical items to toiletries.
9. Feedback form should be bilingual.
10. Such type of studies should be done time to time.

## **14. Conclusion**

In this era of increasing competition and high patient demand for health care excellence, medical groups cannot afford to forego the insights they can derive from patient-satisfaction surveys.

This study shows assessing satisfaction of patients is simple, easy and cost effective way for evaluation of hospital services and has helped finding that indoor patients in Sims, Dehradun were more satisfied with behavior of doctors, but problem lies with discharge process where dissatisfaction was found to be more. Overall level of patient satisfaction is very less in the hospital. Excellent rating is very low and response percentage is also very low. Research based intervention is required in these areas. By improving these services and recruiting more nursing staff will enhance customer satisfaction. Improvement in F.O/admission, and F & B and dietetics is also required.

## 15. Discussion

The number of collection of feedback forms from discharged patient has increased from February to March as seen in Fig.12.1.1. which itself shows the importance of collection of feedback forms to maintain the quality of health services for the patients.

It was good to find the perception of the patients about the attentiveness , care & promptness of doctors from Table 12.2.1 in handling illness of patients which showed improvement to 80.51% in March.

From Fig. 12.3.1 Satisfaction levels regarding quality of service by nursing staff in the patient were also high as most of the patients were satisfied with the availability, communication and behavior of nurses in the wards during admission, but 8% of respondents described their behavior as harsh/rude/avoiding, which needs further look into the causes whether it is due to overburden of work or staff needs training towards this.

From fig. 12.4.1 There is gross negligence in aspects of provision of meals, which requires daily supervision of food by food committee.

Overall experience of patient and further referral to SIMS by patients is less due to front office negligence during admission and by the TPA services during discharge process.

**Table 15.1. Overall comparison of ratings in February and March**

| <b>Ratings (Excellent + Good) in all attributes</b> | <b>February</b> | <b>March</b> |
|---|-----------------|--------------|
| Feedback on Doctors                                 | 80.51           | 78.8         |
| Feedback on nursing services                        | 76.02           | 77.25        |
| Feedback on F&B services                            | 63.29           | 64.62        |
| Feedback on Housekeeping services                   | 72.41           | 74.71        |
| Feedback on Front office and admission              | 67.34           | 66.43        |
| Feedback on Discharge process                       | 50.61           | 51.18        |

Above table gives an interpretation that the problem areas which were present previously although improved but still needs some improvements.

## 16. Questionnaire

1. How helpful was the registration personnel?
2. How would you rate the waiting time at the registration /admission counter?
3. How would you rate our waiting area?
4. Was the nursing staff helpful?
5. Was the nursing staff caring?
6. Was the nursing staff polite?
7. How were the communication skills of the nursing staff?
8. How satisfied are you with the doctor's explanation of what was done for you(test, diagnosis,& treatment)?
9. Are you satisfied with the amount of time spent with the doctor?
10. How would you rate the doctor's instructions regarding medications & follow-up care?
11. Was the doctor polite?
12. Was the doctor caring?
13. How was the cleanliness of the ward/room?
14. How was the cleanliness of washrooms?
15. How was the cleanliness of bed sheets/pillow covers, etc.?
16. Adequate attention was paid to your privacy?
17. Are you satisfied with the quality of food provided to you?
18. Was the food/feed provided timely?
19. How was the availability of Ward boys/girls?
20. How was the attitude & promptness of ward boys/girls?
21. How was the experience of the discharge process?
22. How was the experience of the insurance reimbursement process OR how was the billing process?
23. How was the explanation of the charges?
24. Was your stay peaceful & satisfying?
25. Was there ease in finding where to go?

## 17. References

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