

"A STUDY ON FRONT OFFICE OPERATIONS OF OUTPATIENT DEPARTMENT AND ITS IMPACT ON PATIENTS' SATISFACTION"

A dissertation submitted in partial fulfillment of the requirements for the award of
Post- Graduate Diploma in Health and Hospital Management

By
Shalini Dhody
PG/11/090



International Institute of Health Management Research
New Delhi- 110075
April, 2013

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Shalimar Bagh

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To Whom It May Concern

30th April 2013

This is to confirm that **Ms. Shalini Dhody** a student of International Institute of Health Management Research, New Delhi, was permitted to undergo training in the Department of Patient Care Services at Fortis Hospital Management Limited, SHALIMAR BAGH

The duration of her training was from **26th Nov 2012 to 30nd Apr 2013**. She has successfully completed her internship period which is a part of her course curriculum of PGDHHM program.

It is a bonafide work carried out by her under my supervision and guidance.

We wish her all the best in her future endeavors.

For **FORTIS HOSPITAL MANAGEMENT LTD**

A handwritten signature in blue ink, appearing to read "Gaurav Grover".

Gaurav Grover
Team Leader- PCS

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Rajneesh Tomar
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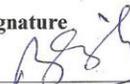
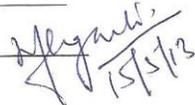
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CERTIFICATE OF APPROVAL

The following dissertation titled "**A study on Front Office Operation of Out Patient Department and its impact on Patient Satisfaction**" is hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of **Post- Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation

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To Whom It May Concern

CERTIFICATE

This is to certify that Shalini Dhody, student of International Institute Of Health Management Research, New Delhi has successfully completed her dissertation project titled "**A study on Front Office Operation of Out Patient Department and its impact on Patient Satisfaction**" at Fortis Hospital Shalimar Bagh which is a part of her course curriculum for PGDHHM program under my guidance. I wish her all the best for her future endeavors.

A handwritten signature in black ink, appearing to read "G. Grover", with a horizontal line underneath.

Gaurav Grover
Team Leader
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CERTIFICATE FROM DISSERTATION ADVISORY COMMITTEE

This is to certify that **Ms. Shalini Dhody**, a graduate student of the **Post-Graduate Diploma in Health and Hospital Management**, has worked under our guidance and supervision. She is submitting this dissertation titled "**A study on Front Office Operation of Out Patient Department and its impact on Patient Satisfaction**" in partial fulfillment of the requirements for the award of the **Post-Graduate Diploma in Health and Hospital Management**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book


Faculty Mentor
Ms. ANUPAMA SHARMA
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NEW DELHI

DATE-3/5/2013

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DATE – 30th April 2013
Shalini Dhody

ABSTRACT

STATEMENT OF THE PROBLEM:

“A STUDY ON FRONT OFFICE OPERATIONS OF OUTPATIENT DEPARTMENT AND ITS IMPACT ON PATIENTS' SATISFACTION”

Specific Objectives:

1. To assess patients' satisfaction regarding the existing front office operations.
2. To provide recommendations to improve the front office operations.

METHODS

A cross-sectional descriptive study was conducted in Fortis Hospital, Shalimar Bagh, New Dehi to assess the level of patient satisfaction on various levels. The target population for the study were the patients visiting the OPD of the hospital. A questionnaire was designed and personal interviews were conducted on a total of 500 patients both new as well as revisited ones, the patients were selected on the basis of random sampling.

RESULT:

The patients visiting Fortis hospital, shalimar bagh give an overall rating of 2 on a scale of 4 which is average

CONCLUSION

The areas of concern for the OPD administration is the saturation of OPD on the ground floor of the hospital, patients have complained about getting confused and the excessive queues for billing. The patients also feel that the infrastructure for entertainment options to make the waiting time tolerable is also quite not satisfactory. Quality of medical facility is the magnet of patient retention. The front office staff has fared quite good with respect to winning the customer hearts

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ABBREVIATION

Dept. - Department.

ENT - Ear Nose Throat.

Fig. - Figure.

HR - Human Resource.

ICU - Intensive Care Unit.

IT - Information Technology.

M.S. - Medical Superintendent.

OPD - Outpatient department.

OT - Operation Theatre.

P.R.O - Public Relation Officer.

FORTIS HOSPITAL

Fortis Healthcare Limited is a leading, pan Asia-Pacific, integrated healthcare delivery provider. The healthcare verticals of the company span diagnostics, primary care, day care specialty and hospitals, with an asset base in 11 countries, many of which represent the fastest-growing healthcare delivery markets in the world.

Currently, the company operates its healthcare delivery network in Australia, Canada, Dubai, Hong Kong, India, Mauritius, New Zealand, Singapore, Sri Lanka, Nepal and Vietnam with 76 hospitals, over 12,000 beds, over 600 primary care centres, 191 day care specialty centres, over 230 diagnostic centres and a talent pool of over 23,000 people.

Fortis Healthcare is driven by the vision of becoming a global leader in the integrated healthcare delivery space and the larger purpose of saving and enriching lives through clinical excellence.

VISION

To be a globally respected healthcare organisation known for Clinical Excellence and Distinctive Patient care

Patient Centricity	Commit to 'best outcomes and experience' for our patients. Treat patients and their caregivers with compassion, care and understanding. Our patients' needs will come first
Integrity	Be principled, open and honest.. Model and live our 'Values'. Demonstrate moral courage to speak up and do the right things.
Teamwork	Proactively support each other and operate as one team. Respect and value people at all levels with different opinions, experiences and backgrounds. Put organization needs' before department / self interest.
Ownership	Be responsible and take pride in our actions. Take initiative and go beyond the call of duty. Deliver commitment and agreement made.
Innovation	Continuously improve and innovate to exceed expectations. Adopt a 'can-do' attitude. Challenge ourselves to do things differently.

The "Healing Hands" logo—two hands fusing seamlessly with a human form, expresses our reassuring approach to healthcare and serves as a constant reminder of the patient-centricity that is fundamental to our ethos.

The logo reflects our commitment to achieving excellence in healthcare delivery by bringing together the best of technology, medical expertise, and patient care. It emphasizes the human values that govern every facet of our organization.

Green, the dominant color, is representative of the health and well-being we seek to bring to those we minister to, while red indicates the dynamism with which we strive to make it a reality.

Distinctive, vibrant, memorable and contemporary, The Fortis Healthcare logo is a fitting visual signature of an organization that seeks to excel, lead and serve.



Fortis Hospital, Shalimar Bagh, New Delhi, is a 262 bed, NABH accredited multi speciality tertiary care hospital. We commenced operations in 2010 and since then have established an international reputation for offering the very best healthcare at affordable prices not only in North & West Delhi but also the neighbouring states.

Our approach, based on patient centricity, state-of-the-art emergency response, integrity, teamwork, ownership and innovation, combines compassionate patient care with clinical excellence, to achieve a single-minded objective... Saving and Enriching lives.

Fortis Hospital, Shalimar Bagh, is the first hospital building in India to have acquired green building certification. It has been designed as an energy efficient building that complies with the ECBC (Energy Conservation Building Code) and is undergoing TERI GRIHA (Green Rating for Integrated Habitat Assessment) green rating certification.

CENTRES OF EXCELLENCE

- CARDIAC SCIENCES
- NEURO SCIENCES
- GASTRO SCIENCES
- NEONATOLOGY

INTRODUCTION

As we enter 21st century changes are apparent and indeed desirable in own attitude and mindset. Other than clinical excellence, health care providers now recognize the presence of other factors like physical facilities, front office administration, hospital architecture etc. playing a role in the share capturing game.

In the modern medical era of corporate hospitals, it is very important to understand and satisfy the needs of the patient. The good old traditions are changing very fast. Customer is the boss, as long as he remains in the hospital.

The patients are deciding everything about themselves so all the hospital services should be patient centered so that patient should be intoxicated with satisfaction, which impressed clientele of the hospital and to make the hospital big success.

The patient satisfaction is the real testimony to the efficiency of hospital's administration. Until recently there were not standardized and scientific tools for the measurement of consumer satisfaction. Many approaches have been

tried to measure the quality of patient care, but not perfect yardstick has been

evolved. Similarly there is no perfect formula to assess the satisfaction of the

patients in a hospital. However opinion survey through structured (mostly) and unstructured interviews or questionnaire with the patient is tried successfully by many studies on hospital administration. Patient satisfaction survey has several advantages. First of all if a hospital wants to improve the quality of its services

and thereby ensure patient satisfaction, it must ensure quality level because as

quality professional say "What cannot be measured cannot be improved". It

helps in assessing promptness, attitude and behaviour of various services areas of

the hospital i.e., it acts as a service improvement efforts by the hospital. It is true

that patients are not technically qualified to assess the service of the hospital, but they can express their satisfaction about the service and the staff of the hospital.

Each and every patient who comes to the hospital with an expectation of getting adequate attention and a speedy recovery. It is duty of the healthcare executives to identify their needs, wants, perceptions, preferences and expectations and then act upon it to provide effective delivery of services.

Providing quality service is the responsibility of not merely the medical or nursing staff alone, it is the responsibility of every individual from the administrator to the security at the gate. A small discomfort, lack of care/negligence may cause dissatisfaction which in turn can become a cause for avoiding the hospital. So, the organization must constantly act on this information to improve its service to better meet its patient's needs. They should provide prompt, adequate, continuous and courteous service to the patient and handle their problem carefully.

The organization that originally take the feedback and implement changes are capable of fulfilling certain demands to make customer feel good, may succeed in retaining them even without creating any formal retention strategy.

OPD is the most important area and it is the first point of contact between a patient and hospital. The first impression is the best impression. Patients get their first impression of the hospital from OPD since the first impression are likely to be vivid and not easily erased, it is important that the patient and those who are with him receive the most courteous attention and care in the outpatient department. Now-a-days outpatients are considered as the most precious customer of the hospital through whose management can cultivate good image of

the hospital. Attainment of a state of complete satisfaction is usually a short lived situation, as man remains "wanting biological entity" forever. As the particular desire is satisfied another comes in mind and this goes on. Patient is the focus of all activities of the hospital and for efficient effectivity their needs coupled with Those of visitors and staff should dictate the strategies including those of physical facilities, front office administration and hospital architecture etc. Research has proved that well designed hospital environment can have a substantial impact on patient recovery and welfare. Apart from the hospital architecture there should be adequate physical facilities like comfortable seating arrangements, proper lighting, TV, fan, ventilation, drinking water, toilet facilities etc, and well trained front office administration such as courteous behaviour, polite and efficient staff, less waiting time to provide the service etc, are required in the OPD to keep the patients to be satisfied from all the aspects of the hospital services.

Even though satisfaction from the clinical activities is the foremost target of patients, then also there should pay sufficient attention to all the non-clinical activities to make the patients happy from overall services of the hospital and to fulfill their (patients) all the secondary needs besides the primary needs. If the patient get satisfied from both clinical and non-clinical services that attitude remains in the mind of the patients and their relatives for a long period of time. It creates the good will of the hospital because a satisfied customer is the best marketing propaganda agent especially for the hospital and the reverse is also true of it.

A satisfied customer is the key for success of any hospital. Therefore, besides clinical it is

also desirable to study the extent of influences of physical facilities, front office administration and hospital architecture on outpatient satisfaction.

The study throws light into expectations and needs of patients who walk into the OPD and helps the hospital management to gain insight into how the services should be designed and delivered to satisfy

**CHAPTER
RATIONALE AND OBJECTIVES**

RATIONALE

With the increasing competition it is very important that organization retains the customer along with making new customers.

As the organization was undergoing a change in management and staff, it became necessary to analyze the situation in hand, hospital is in the middle of implementation of Fortis Operating System and the OPD needs strong regulation.

It is well known that majority of dissatisfied customers who have had a bad experience will not tell us and the group of dissatisfied customers is a vicious circle which can cause many losses in terms of business as well as goodwill.

Therefore the study was conducted to survey the first hand experience of the patients coming to Fortis ,Shalimar Bagh for OPD consults.

OBJECTIVES

General Objective:

“A STUDY ON FRONT OFFICE OPERATIONS OF OUTPATIENT DEPARTMENT AND ITS IMPACT ON PATIENTS' SATISFACTION”

Specific Objectives:

1. To assess patients' satisfaction regarding the existing front office operations.
2. To provide recommendations to improve the front office operations.

CHAPTER
REVIEW OF LITERATURE

REVIEW OF LITERATURE

The purpose of doing Patient Satisfaction is eventually delivering Quality Health Care. Before starting work on the study, I researched and reviewed material published on healthcare, quality, customer satisfaction etc. I have summarized below some key concepts and approaches to satisfaction assessment and measures that I came across and found relevant. I have used this research of literature as a guide to plan and design my study. Quality is defined in terms of both technical standards and patient's expectations.

1. Pascoe, Gregory C

Evaluation and program planning. Vol6 (3-4), 1983, 185-210

Core principles:

- **Focus on the client:** services should be designed so as to meet the needs and expectations of clients and communities.
- **Focus on systems and process:** Providers must understand the service delivery system and its key service processes in order to improve them.
- **Focus on measurement:** Data are needed to analyze processes, identify problems, and measure performance and quality improvement
- **Focus on teamwork:** Quality is best achieved through a team approach to problem solving and quality improvement

Dimensions of quality and care:

The following nine dimensions of quality have been developed from the technical literature on quality and by synthesizing ideas from various QA experts. Each should be defined according to the local context and specific programs.

- 1. Technical performance:** The degree to which tasks carried out by health workers and facilities meet expectations of technical quality (i.e., adhere to standards)
- 2. Access to services:** The degree to which healthcare services are unrestricted by geographic, economic, social, organizational, or linguistic barriers.
- 3. Effectiveness of care:** The degree to which desired results outcomes of care are achieved
- 4. Efficiency of service delivery:** the ratio of the outputs of services to the associated costs of producing those services
- 5. Interpersonal relations:** Trust, respect, confidentiality, courtesy, responsiveness, empathy, effective listening and communication between providers and clients
- 6. Continuity of services:** Delivery of care by the same healthcare provider throughout the course of care (when appropriate) and appropriate and timely referral and communication between providers
- 7. Safety:** The degree to which the risks of injury, infection, or other harmful side effects are minimized.

8. **For Physical infrastructure:** The physical appearance of the facility, cleanliness , comfort, privacy and other aspects that are important to clients
9. **Comfort:** As appropriate and feasible client choice of provider, insurance plan or treatment

Picker’s 8 Dimensions of Quality and care:

The institute is dedicated to helping organizations improve the quality of care provided to all patients and consumers in health care system. Picker’s research defines the following dimensions through the patient’s eyes.

1. **Respect for patient’s values, preferences and expressed needs:** Patient indicates a need to be recognized and treated as individuals by hospital staff.
2. **Coordination and integration of care:** Patient report feeling vulnerable and powerless in the face of illness. Proper coordination of care can ease those feelings. Patients identified three areas in which care reduce feelings of vulnerability They are: coordination of clinical care, coordination of ancillary and support services, and coordination of “front line” patient care
3. **Information and education:** Patients express a fear that information is being withheld from them and staff are not being completely honest about their condition and prognosis. Based on patient interviews, hospitals can focus on three communication items to reduce these fears.
4. They are: information on clinical status, progress and prognosis; information on processes of care; and information to facilitate autonomy, self care and health promotion
5. **Physical comfort:** The level of physical comfort patients report has a tremendous impact on their experiences. Three areas were reported as particularly important to patients. They are: pain management, assistance with activities and daily living needs and hospital surroundings and environment
6. **Emotional support and alleviation of fear and anxiety:** Fear and anxiety over the impact of the illness on themselves and family; and anxiety over the financial impact of illness
7. **Involvement of family and friends:** Patients continually addressed the role of family and friends in the patient experience and often they expressed concern about the impact illness has on family and friends. Family dimensions of patient centered care were identified as follows; accommodation provided family members as care givers and recognizing the needs of family and friends.
8. **Transition and continuity:** Patients often express considerable anxiety about their ability to care for themselves after discharge. Meeting patient needs in this area requires staff to provide understandable, detailed needs etc. coordination and planning ongoing treatment and services after discharge and providing information regarding access to clinical, social, physical, and financial support on a continuing basis.
9. **Access to care:** Patients want access to care and are frustrated by the barriers they often encounter. Patients need access to different depending on the setting of the

care. In the hospital they want access and need to know when they can expect to have access.

www.pickerinstitute.org/pickerurvey

Concept satisfaction:

Satisfaction is an important element in the evaluation stage. It refers to the consumer's state of being adequately rewarded. Adequacy of satisfaction is a result of matching the actual past experience in the expected reward. Once patients come to the hospital and experience the facilities, they may then become either satisfied or dissatisfied. Satisfaction or dissatisfaction refers to emotional response to the evaluation of service, consumption and experience

Any dissatisfaction demands careful analysis of the root cause of the problem. Most of the cases may demand improvement in the system. Continuous quality improvement techniques such as cause and effect are effective tools for separating the issues and identifying opportunities for improvement that focus on systems rather the individual.

When system problems have been ruled out or addressed but dissatisfaction persists it is then appropriate to focus on an individual whose performance is below standard. An individual healthcare provider's personality aberrations or skill deficits may also lead to a dis-satisfied patient. Use of survey data in one to one counseling can be powerful and is often a strong motivator for behavior change.

The nurse, front office staff and all others who come in contact with patients and their attendants need to be sensitized to behavioral issues. The management should make it clear that the clients are very important to the hospital and misbehavior or maltreatment would not be acceptable. However due care should taken to maintain and promote self-respect and dignity of the staff.

A review of the medical literature relating to the term "patient satisfaction" shows little research on the topic in the 1960s and 1970s. However thing began to pick up dramatically in the early 1980s. Between 1980 and 1996, there was a five-fold increase in the number of articles devoted to this topic. Perhaps this burgeoning interest was a natural outgrowth of the consumer movement begun in the 1960s and 1970s or may be it reflected the maturation of the family medicine research agenda. Equally plausible might be emerging competitiveness of managed care, which led HMOs to begin using patient satisfaction surveys to distinguish between providers.

It is worth noting that most patient-satisfaction studies are based on patient's experiences at one-time encounters rather than their experiencing over time. In addition, discussions in the literature make it clear that quality of care is not what is being measured in patient's surveys. In many surveys patients are not in a position to judge their physicians technical skill. It appears that what being measured is typically a combination of the patient's expectations before the visit, the patient's experience at the visit and the extent to which the patient experienced a resolution of the symptoms that lead him or her to make the visit.

Five Key Elements of Satisfaction

- 1. Expectations:** The seeds of patient satisfaction are sowed during the pre-purchase phase when consumers develop expectations of beliefs about what

they expect to receive from the product. These expectations are carried forward and again activated at the time of reusing.

2. **Performance:** During the usage of services the patients experience the actual product in use and perceive its performance on the dimensions that are important to us.
3. **Comparison:** It will be done after usage with pre-usage expectations.
4. **Confirmations//Disconfirmations:** Comparison of expectations with actual performance results in satisfaction or dissatisfaction.
5. **Discrepancy:** if the performance levels are not equal discrepancy results.

www.doctorsintouch.com

Determinants of patient satisfaction:

Every human being carries a particular set of thoughts, feelings and needs. The wishing list might be of value for those who want to know the real person within the patient. One must admit that there are a lot of things which could be altered. By getting to know the patient a little more to get their views on the care one ought to come closer to what the patients consider as a good care.

It can be said that there are five determinants of patients satisfaction, they are:

1. **Reliability:** The ability to perform promised service dependably and accurately.
2. **Responsiveness:** The willingness to help the patients and provide prompt service.
3. **Assurance:** The knowledge and courtesy of employees and their ability to convey trust and confidence.

4. **Empathy:** The provision of caring and individual attention to patients
5. **Tangibles:** The appearance of physical facilities, equipment, personal and communication materials.

Factors influencing patient satisfaction:

Overall, following parameters have been identified by various studies, as influencing satisfaction

1. Past experiences on health services
2. Lifestyle /lack of knowledge of alternatives
3. Level of expectation
4. Socio-demographic variables: (Elderly people tend to record greater satisfaction; women tend to be more satisfied than men etc.)
5. Quality of questionnaire and way of administering it. The most important factor, (but often neglected)

Dealing with Patient dissatisfaction: A patient is the min user of a hospital. He is a person in distress. He expects from the hospital

- Comfort
- Care
- Cure

His distress is more if

- He is not attend to, but left alone.
- The attending personnel do not ask him what his trouble is
- The attending personnel do not listen to him when he is explain his problem
- His trouble (complaints) are not taken seriously (patients are sometimes told that they are exaggerating their problems)
- He does not get quick relief
- He is not told what is being about him
- He is not told what he can expect in terms of attention and cure
- There is an atmosphere of pain and distress around him, particularly in general wards
- There is an atmosphere of filth and neglect (unkempt surroundings, dirty linen, pest on the food and walls)
- The discomfort through illness is accentuated by mosquitoes, loud noises like Diwali crackers, marriages and music etc.

Consider this:

- It costs five times as much to attract a new customer as it does to keep one you already have.
- 96% of your dissatisfied customers who have had a bad experience will not tell you
- 91% of those non-complaining, unhappy customers will never come back
- Dissatisfied customers will tell ten more people (prospective customers) of their bad experience.

Factors influencing Patient Satisfaction:

Patient-related factors: The literature appears mixed on the importance of patient's demographic and social factors in determine satisfaction. Some studies stated that patient demographics are a minor factor in patient satisfaction while others concluded that demographics represent 90-95% of the variance in rates of satisfaction, factors like. :

- **Age:** the most consistent finding has been related to age. Older patient tend to satisfied more with health care
- **Gender:** study on the effect of gender are contradictory, with some studies showing that women tend to less satisfied other then study showing the opposite
- **Socioeconomic status:** most studies have found that individuals of lower socioeconomic status and less education tend to be less satisfied with their healthcare. However, one study found that frequent visitors to a family practice had lower educational status, lower perceived quality of life, and higher anxiety and depression scores and where more satisfy with their family physicians. Five other studies have shown the poorer satisfaction with

care is associated with experiencing worry, depression, fear, or hopelessness, as is having a psychiatric diagnosis such as schizophrenia, post-traumatic stress disorder, or drug abuse.

- **Health status:** Looking at patients with chronic disease has shown some consistent patterns. Patients with two or more chronic
- Illnesses reported more have less. With the health care system then those with a single chronic illness.

www.physiciannews.com

Physician-related factor: Physicians can promote higher rates of satisfaction by improving the way they interact with their patients, according to the literature.

1. **Expectations:** Perhaps the most important lesson for a physician is to take the time and effort to elicit patient expectations, satisfaction. When physicians recognize and address patient expectations, satisfaction is higher not only for the patient but also for the physician; it may help to remember that patients often show up at a visit desiring information more than they desire a specific action. In addition, approximately 10% of patients in one study had one or more unvoiced desires in a visit with their physician.
2. **Communications Doctor:** Patient communications can also affect rates of satisfaction. When patients who presented to their family physician for work-related, low-back pain felt that communication with the physician was positive (i.e. the physician took the problem seriously, explained the condition clearly, tried to understand the patient's job and gave advice to prevent reinjury), their rates of satisfaction were higher than could be explained by symptom relief.
3. **Control:** Physicians can also improve patient satisfaction by relinquishing some control over the encounter. Studies have found that

when physicians exhibited less dominance by encouraging patients to express their ideas, concerns, and expectations, patients were more satisfied with their visits and more likely to adhere to the physician's advice.

4. **Decision-making:** Patient satisfaction can also be influenced by the physician's medical decision making. Patients expressed a preference for physicians who recognized the importance of their social and mental functioning.
5. **Time spent:** Time spent during a visit plays a role in patient satisfaction, with satisfaction rates improving as visit length increases. Time spent chatting during the visit was also related to higher rates of satisfaction. Physicians with high volume practices were efficient with their time but had lower rates of patient satisfaction, offered fewer preventive services, and were viewed as less sensitive in the doctor-patient relationship.
6. **Technical skills:** Several studies have looked at patient assessment of their physician's technical skills and the effect on satisfaction, but the findings are contradictory. In a survey of 236 "vulnerable" older patients, better communication skills were linked to higher patient satisfaction but technical expertise was not. However, another study found that when forced to make a trade-off, participants

expressed a strong preference for physicians who have high technical skills. Patients also indicated that a physician's ability to make the correct diagnosis and craft an effective treatment plan were more important than his or her "besides manner"

System-related Factor: Patient satisfaction is not simply a product of the patients' demographics and the physician's skills. It is also affected by the system in which care is provided.

1. **The Clinical Team:** Although it is clear that patient first concern is their doctor, they also value the team with which the doctor works. One study found that while physician care was most influential to patient's satisfaction, the compassion, willingness to help and promptness of the physician's staff were next in importance. In another large database of surveys, nurses were the next most important source of satisfaction, ahead of access-to-care issues. Patient who had remained in a practice for more than 15 years attributed their loyalty to their physicians first and to the "team concept" second.
2. **Referrals:** Effective referrals play a role in patient satisfaction. One study looks at referrals from the stand point of the family physician, the referring physician and the patient and found that satisfaction with referral outcome was higher when the family physician initiated into referrals

Continuity of care: continuity of care one of the pillars of family medicine, is felt to have suffered under managed care. While it is unclear that patients in general value continuity of care. While it is clear the patients who have been followed by their physician for more than two years are more satisfied with their care particularly when they are to see their own physician

CHAPTER
RESEARCH METHODOLOGY

RESEARCH METHODOLOGY

Study Area: Fortis Hospital , Shalimar Bagh

Study Population: 500 OPD patients

Sampling Methodology: Random Sampling

Inclusions & Exclusions

Patients who had waited a minimum of 15mins for their consults were included or at the time of exit from the hospital.

RESEARCH DESIGN

Cross Sectional and Descriptive Study

Data Collection Tools & Techniques:

- Questionnaire
- Personal Interview
- Observation
- Desk Review

Time of Study: 1st January to 29th February 2013

Data Collection- 1st January to 30th January 2013

Analysis of Data:

Microsoft Office was used for analysis and the information is depicted in tabular and graphical format.

Usefulness of study

- It is helpful in understanding the patient needs and expectations with which they are coming to the hospital.
- It is helpful in determining the gap in service delivery
- It is helpful in determining the attitude of the front office staff and providing necessary training.

Limitation of Study

- Participant Bias
- Time duration of 1 month
- 262 bedded hospital with 155 operational beds

CHAPTER

FINDINGS

DATA ANALYSIS OF PATIENTS

Table-5.1: - Distribution of sample according to new and revisited patients

RESPONDENTS	NUMBER	%
NEW PATIENTS	245	49
REVISITED PATIENTS	255	51
TOTAL	500	100

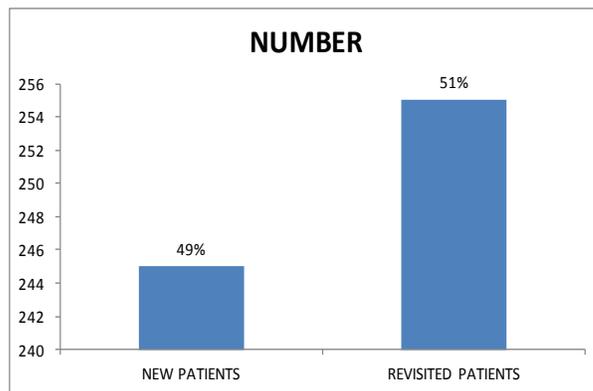


Fig.5.1:- Distribution of sample according to new and revisited patients

Table 5.1 and fig. 5.1 shows that out of 500 (100%) patients, 245 (49%) patients have visited the

hospital first time and 255 (51%) patients are revisiting the hospital.

Table - 5.2: Response of the patients regarding the source of information about the Hospital

Parameters	Responses	%	
Friends	79	15.8	
Brochure	124	24.8	
Brand Name	245	49	
Company	32	6.4	
Another Doctor	10	2	
Others	10	2	
Total	500	100	

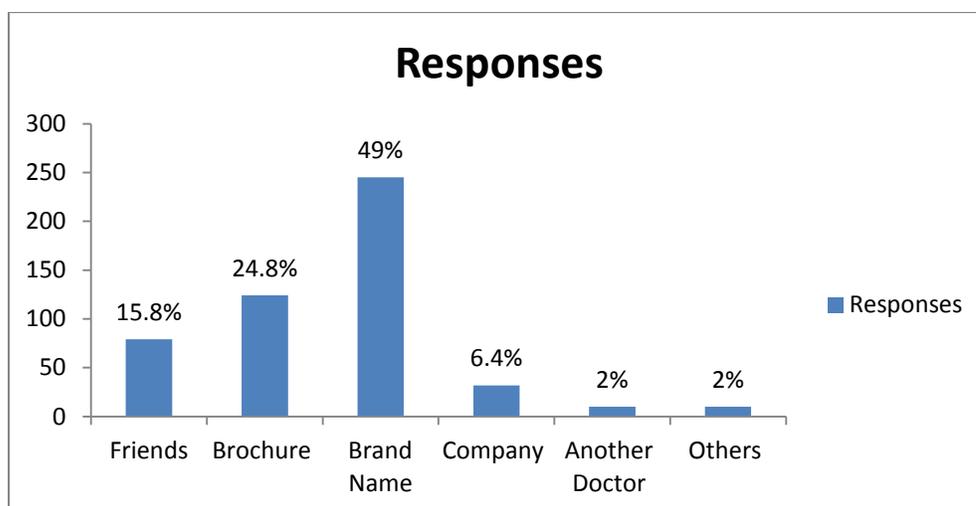


Fig- 5.2 : Response of the patients regarding the source of information about the hospital

Table 5.2 and fig.5.2 depict majority of the patients have gained knowledge about the hospital through its Brand Name i.e 49%. 24.8% received through brochures whereas 15.8% through word of mouth.

Table - 5.3: Response of the patients regarding factors responsible in choosing the Hospital

Parameters	new patients	revisited patients	total	%
Hospital reputation	95	72	167	33.4
Hospital facilities	63	38	101	20.2
Being referred to this hospital	6	4	10	2
Locality	23	57	80	16
Quality Medical services	58	84	142	28.4
total			500	100



Fig - 5.3 : Response of the patients regarding factors responsible in choosing the hospital

The table 5.3 and fig. 5.3 shows the response of patients based on the reasons for choosing this hospital. In case of new patients, 95 chose due to hospital reputation, 63 due to facilities, 6 were referred and 23 being near to the house, 58 due to quality services. In case of revisited patients, 72 due to hospital reputation, 38 due to facilities, 4 were referred, 57 due to near to the house and 84 were coming due to quality services.

Table 5.4 Overall Rating Provided by The Patients on A Scale of 1 to 4

Rating	New Patient	Revisit Patient	Total	Percent
1(poor)	32	13	45	9
2(average)	125	91	216	43.2
3(good)	45	63	108	21.6
4(excellent)	43	88	131	26.2

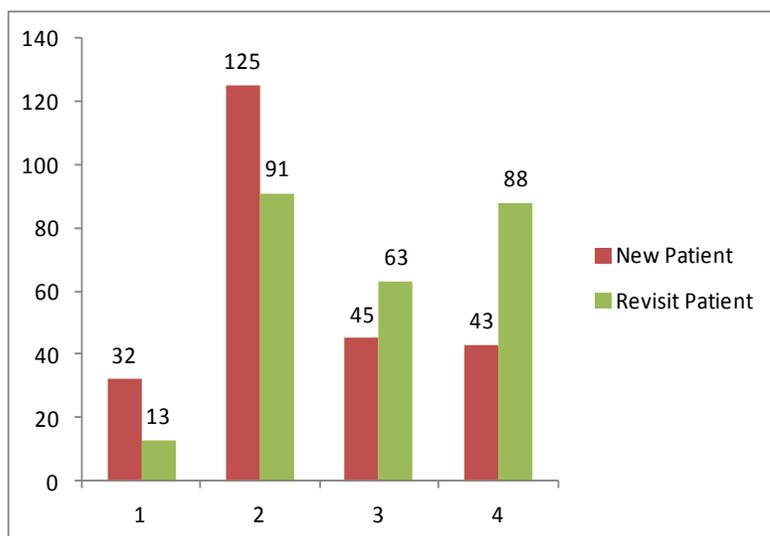


Fig 5.4 Overall Rating Provided by The Patients on A Scale of 1 to 4

The above data depicts the overall rating provided to the hospital by the patients. In case of new patients 32 give it a rating of 1 ,125 give it a rating of 2 , 45 give it a rating of 3 whereas 43 give it 4
In case of revisit patients , 13 give it a score of 13, 91 give it a rating of 2 ,63 felt the hospital deserves a of 3 whereas 88 gave it a rating of 4.

Table - 5.5: Response of the patients regarding greeting received by the front office staff

Parameters	New patients	Revisited Patients	Total	%
Yes	102	138	240	48
No	129	79	208	41.6
Cant Say	14	38	52	10.4

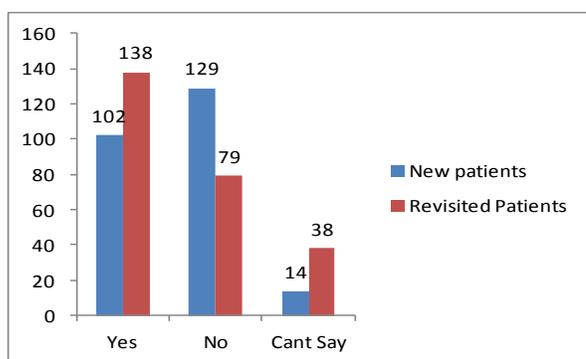


Fig - 5.5 : Response of the patients regarding greeting received from by the front office staff

The table 5.5 and fig. 5.5 shows the responses of the patients about the greeting received by the front office staff. In case of new patients, 102 were greeted by the staff, and 129 were not greeted by the staff. In case of revisited patients, 138 were greeted by the staff, and 79 were not greeted by the staff.

Table - 5.6: Response of the patients regarding the front office staff (personal attributes)

Parameters	New Patients	Revisited Patients	Total	%
Was polite and friendly (Yes)	134	183	317	63.4
Professionally Dressed(Yes)	245	255	500	100
Knowledge (Yes)	139	163	302	60.4
Listen attentively (Yes)	207	231	438	87.6
Communication skills (Yes)	189	173	362	72.4
Problem handling skills (Yes)	73	59	132	26.4

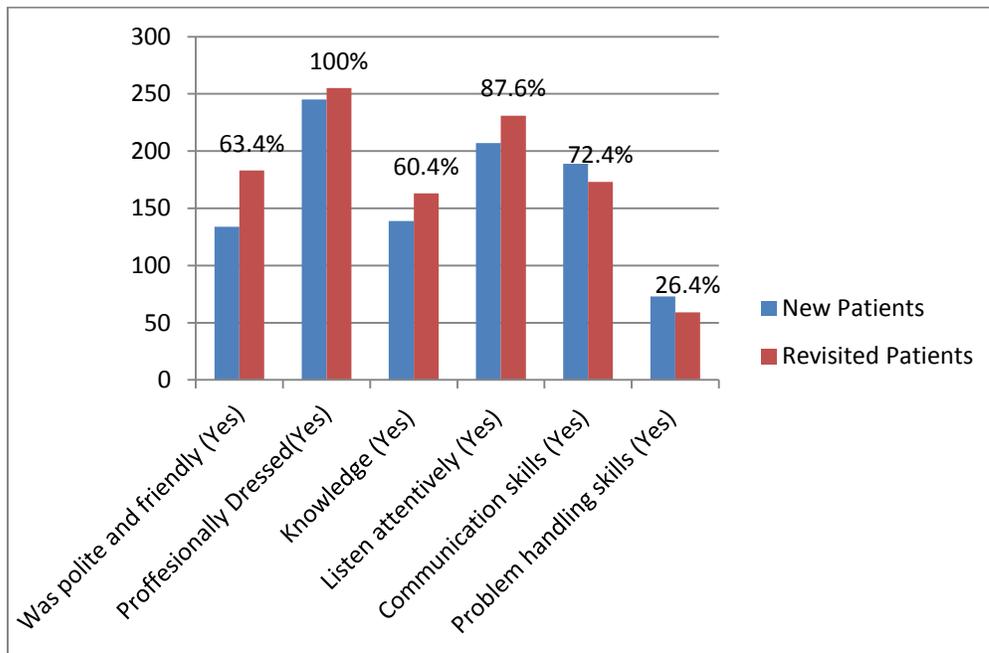


Fig - 5.6: Response of the patients regarding the front office staff (personal attributes)

The table 5.6 and fig. 5.6 shows that 317 patients (63.4%) feel the front office staff were polite and friendly whereas 183 patients (36.6%) feel the opposite. All patients agree with the staff being professionally dressed. 302 patients (60.4%) feel that the staff is knowledgeable whereas 198 (39.6%) feel different. 438 patients expressed that the staff listened attentively whereas 52 (10.4%) felt the opposite. 362 patients (72.4%) feel that the communication skills were good. 132 patients i.e. 26.4% felt that the staff possessed problem handling skills whereas 368 patients (73.6%) were dissatisfied.

Table - 5.7: Response of the patients regarding the registration process

Parameters	New Patients	Revisited Patients	Total	%
Poor	0	0	0	0
Average	79	95	174	34.8
Good	135	131	266	53.2
Excellent	31	29	60	12
Total	245	255	500	100

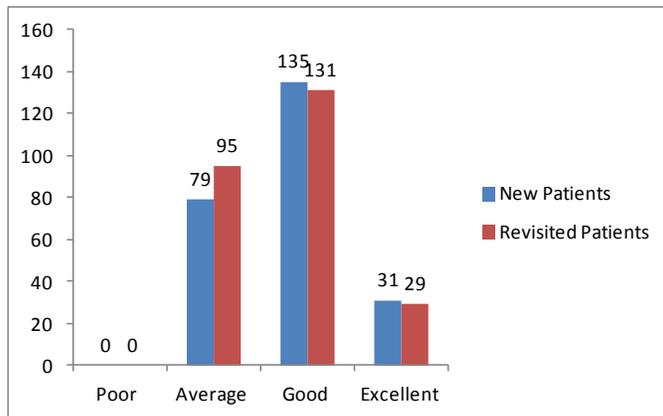


Fig - 5.7 : Response of the patients regarding about the information provided by the front office staff .

The table 5.13 and fig. 5.13 shows that the responses of patients about the information provided by the front office staff. In case of new patients, 79 expressed average amount of satisfaction, 135 said good and remaining 31 said excellent. In case of revisited patients, 95 expressed average amount of satisfaction, 131 said good and remaining 29 said excellent.

Table - 5.8: Response of the patients regarding the direction to the right department

Parameters	New Patients	Revisited Patients	Total	%
Yes	212	188	400	80
No	33	67	100	20

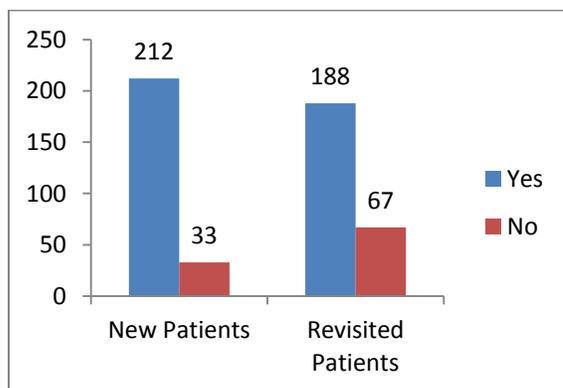


Fig - 5.8: Response of the patients regarding the direction to the right department

The above figures depict that in the case of new patients 212 observed they were directed to the right department whereas 33 were not. In the case of revisited patients , 188 were directed to the right department and 67 were not.

Table- 5.9: Response of the patients regarding the facilities available in the hospital

Table 5.9.1 Billing counters

Parameter	New Patients	Revisited Patients	Total	%
Poor	18	14	32	6.4
Average	201	212	413	82.6
Good	26	29	55	11

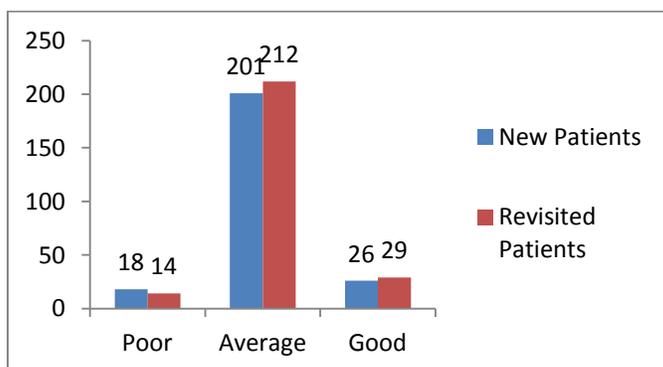


Fig 5.9.1 Billing counters

This response data depicts that 82.6% of the patients felt that the billing counters were not up to the mark. 6.4% felt they were poor whereas 11% felt that it was good.

Table 5.9.2 Location Of OPD chambers

Parameters	New Patients	Revisited Patients	Total	%
Well Distributed	78	61	139	27.8
Not Well Distributed	167	194	361	72.2

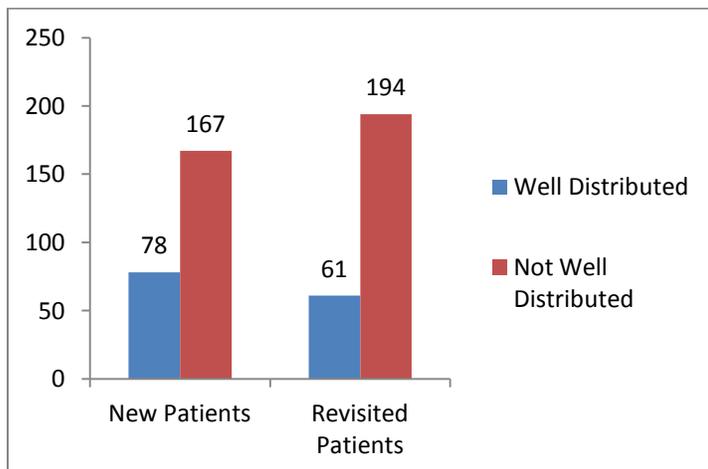


Fig 5.9.2 Location of OPD Chambers

These figures depict that only 27.8% feel that the OPD chambers are well distributed whereas a majority of 72.2% feels that the distribution needs improvement.

Table 5.9.3 Entertainment Options during Waiting Time

Parameters	New Patients	Revisited Patients	Total	%
Poor	123	158	281	56.2
Satisfactory	68	62	130	26
Good	54	35	89	17.8

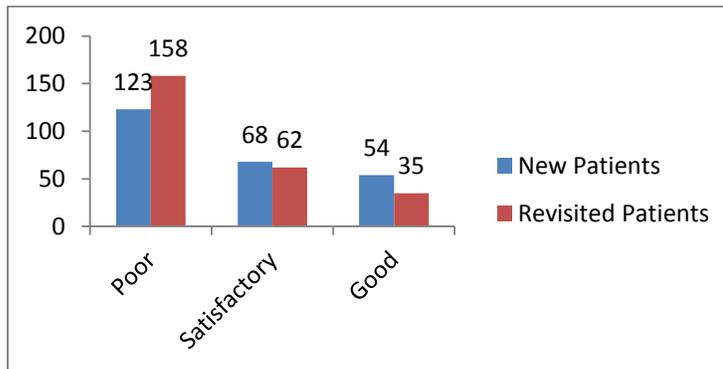


Fig 5.9.3 Entertainment Options During Waiting Time

This data depicts that majority of patients 56.2% feel that the options available are very poor to pass time, 26% feel they are satisfactory whereas 17.8% feel the options are good.

Table 5.10: Response of the patients regarding adequacy of the sign boards

Parameters	New Patients	Revisited Patients	Total	%
poor	194	173	367	73.4
average	34	56	90	18
good	17	26	43	8.6

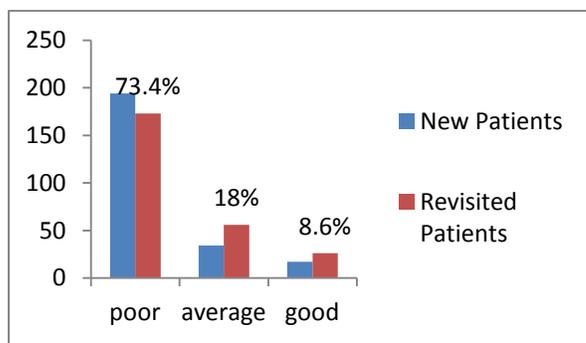


Fig 5.10 Response of the patients regarding adequacy of the sign boards

These figures depict that 73.4% of the total patients are dissatisfied with the adequacy of sign boards, only 8.6% of the patients found the sign boards to be adequate.

Table- 5.11: Response of the patients regarding overall satisfaction level besides the treatment part

Parameters	New Patient	Revisited Patients	Total	%
Physical facilities (Yes)	73	87	160	32
Front office administration (Yes)	189	213	402	80.4
Hospital architecture (Yes)	218	221	439	87.8

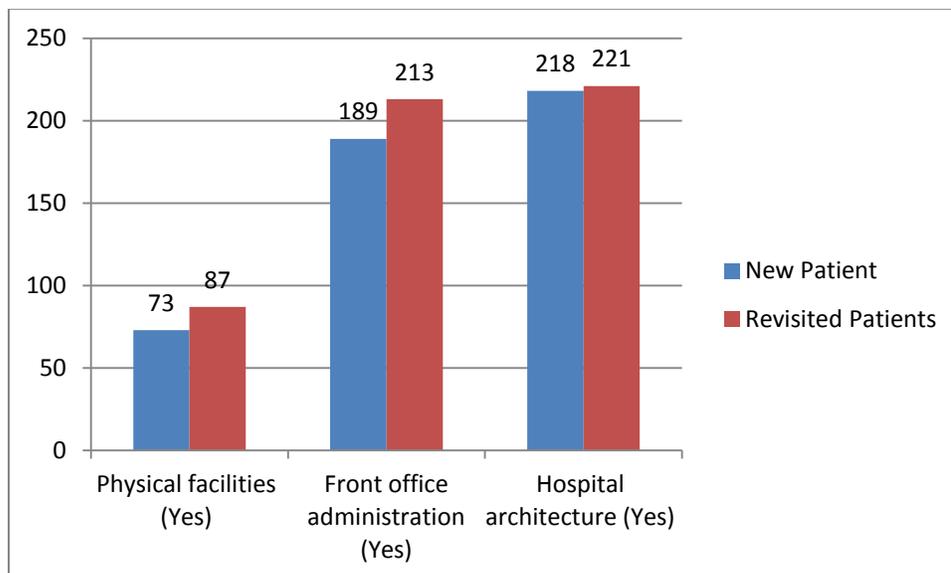


Fig - 5.11: Response of the patients regarding overall satisfaction level besides the treatment part The above figure depicts that 32% of the total patients were satisfied with the physical facilities whereas 68% were not satisfied, for Front office staff,80.4% were satisfied whereas only 19.6% were not satisfied . With respect to Hospital architecture 87.8% were impressed whereas only 12.2% were not.

INTERPRETATION OF DATA

The front office and OPD are the windows to the outside world. It is the main link of the hospital with the community and the neighborhood. Efficient outpatient services produce a favorable public image. In the present study, attempt has been made to determine the functions of front office operations, to assess the patient's satisfaction regarding the functions of front office operations, to determine the patient's needs and their expectations about the hospital and the facilities provided by the hospital in order to satisfy them.

GENERAL INFORMATION ABOUT THE HOSPITAL

This study depicts that there is quite a balanced share of new and revisited patients -51% of revisited patients whereas 49% of New Patient flow.

- The source of hospital knowledge is majorly the brand name getting 49% of the population, the brochures and advertisement bring about 24.8% of the sample whereas 15.8% of the patients came through friend references and 6.4% came through their company.
- 33.4% were attracted by Hospital reputation (92-New /72-revisited), 20.2% (63-new/38-revisit) hold importance to the facilities offered. 28.4% (58-new/84-revisit) came for the quality of medical services.
- Regarding overall rating of the hospital, a total of 216 patients (125-new and 91-revisits) which is 43.2% of the population gave the hospital a rating of 2 on a scale of 4.

FRONT OFFICE STAFF ANALYSIS

- 48% of the sample population said they were greeted by the staff, 41.6% were not greeted whereas 10.4% could not recollect.
- In the case of New Patients, 134 patients felt the staff was polite and friendly whereas 111 felt the opposite. All of them agreed the staff to be professionally dressed. 139 of them felt the staff to be knowledgeable but 106 disagreed. 207 patients felt the staff had proper listening skills and 38 did not. 189 patients gave the impression the staff had proper communication skills whereas 56 did not. 172 felt the staff lacked in problem handling techniques whereas 73 felt it was apt.
- In the case of Revisited Patients, 183 patients felt the staff was polite and friendly whereas 72 felt the opposite. All of them agreed the staff to be professionally dressed. 163 of them felt the staff to be knowledgeable but 92 disagreed. 231 patients felt the staff had proper listening skills and 14 did not. 173 patients gave the impression the staff had proper communication skills whereas 82 did not. 196 felt the staff lacked in problem handling techniques whereas 59 felt it was apt.

FRONT OFFICE OPERATIONS

- In case of new patients, 79 thought the registration process to be average, 135 as Good and 31 as Excellent. Whereas for Old patients, 95 thought it to be average, 131 as average whereas 60 as excellent.
- 80% of the patients feel they were directed to the right department whereas 20% were dissatisfied.
- Billing Counters – New patients: 18 rated them as poor, 201 as average and 26 as good whereas for Revisited patients: 14 rated them as poor, 212 as average and 55 as good.
- Location of OPD Chambers: in case of New Patients 78 were of the opinion that the chambers are well distributed whereas 167 felt it was unsatisfactory. In case of Revisited Patients 61 patients felt it was satisfactory, 194 found it was not satisfactory.
- Entertainment Options During Waiting time – major chunk of the sample 56.2% of the people felt the hospital lacked in this area of concern. In case of new Patients the number was 123 which thought it to be poor and in the case of Revisited Patients it was 158.
- Sign Boards: this is a major serious concern as 73.4% of the sample population which incorporates 194 new patients and 173 revisited patients felt the sign boards needed replacement.

OVERALL SATISFACTION FROM THE HOSPITAL

Out of 500 patients 32% (73-new and 87 old) were satisfied with the physical facilities whereas 68% were not (172-new and 168-old)

For front office administration the major chunk of the sample seems satisfied with the percentage being 80.4% (189-new and 213-old) only 56 out of the new patients and 42 out of the old patients regarded the staff as not satisfactory.

With respect to hospital Architecture – 218 new patients 221 revisited patients giving a total of 87.8% gave it a green light, only 12.2% were not happy.

RESULT:

THE PATIENTS VISITING FORTIS HOSPITAL, SHALIMAR BAGH GIVE AN OVERALL RATING OF 2 ON A SCALE OF 4 WHICH IS AVERAGE.

CHAPTER
DISCUSSION & CONCLUSION

DISCUSSION AND CONCLUSION FOR STUDY

1. With respect to patient flow, the hospital receives quite a balanced flow in terms of new and revisit customers which are a good sign of patient retention.
2. The strong point in favor of the hospital is the brand name which is the biggest attraction for patients. The area of concern is that the hospital is lacking in word of mouth appreciation.
3. Quality of medical facility is the magnet of patient retention.
4. The front office staff has fared quite good with respect to winning the customer hearts
5. The areas of concern for the OPD administration is the saturation of OPD on the ground floor of the hospital , patients have complained about getting confused and the excessive queues for billing
6. The patients also feel that the infrastructure for entertainment options to make the waiting time tolerable is also quite not satisfactory.

Comparison between reactions of Revisited and New Patients

1. Choosing the Hospital: New patients are attracted by Brand name whereas revisited ones come for Quality of Medical facility.
2. Front Office Staff Both the segments of patient population share similar views about performance of front office staff.
3. Front Office Operations: There can be seen a slight difference in opinion w.r.t to being directed towards the right direction – the old patients are more dissatisfied than the new ones.

Both the new and revisit population share the same view about being dissatisfied by billing process / location of OPD chambers as well as entertainment options and adequacy of sign boards.

Lastly as the conclusion of the study it is obtained that the majority of the population 43.2% has given the hospital An average rating of 2 on a scale of 4.

CHAPTER
RECOMMENDATIONS

RECOMMENDATIONS

- Distribution of OPD chambers over different floors to prevent overcrowding in a single area.
- Segregation of OPD Billing counters as per location of OPD.
- Training Programme for staff to become efficient in software skills and resolving disputes & queries.
- Enforcing the housekeeping staff to ensure availability of quality reading material & proper functioning of television sets.
- Ordering of new detailed strategically placed sign boards near OPD billing reception.

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BIBLIOGRAPHY

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- **<http://www.indmedica.com/>**
- **<http://www.aafp.org/>**
- **<http://www.doctosintouch.com>**

APPENDIX

QUESTIONNAIRE

I, (SHALINI DHODY) would like to conduct "**A study on front office operations and its impact on patients' satisfaction**" on Behalf of Fortis Hospital Shalimar Bagh

Please help me to serve you better by completing this questionnaire; we need your frank opinion. The information will be kept confidential and if you wish to remain anonymous then don't fill your name.

Tick () only one answer for each question which you think is most appropriate :-

General Information

1. Name:
2. Date of Visit :_

GENERAL

1) How did you first learn about this hospital?

- a. Friend or Business Associate
 - b. Brochure
 - c. Brand Name.
 - d. Company
 - e. Another Doctor
-

2) Reason for choosing this hospital?

- a) Hospital reputation
- b) Hospital facilities
- c) Being referred to this hospital
- d) Convenient Locality

e) Quality Medical services

Any others, specify _____

3) Are you visiting the hospital for the first time?

Yes () No ()

FRONT OFFICE STAFF

1) Were you greeted first while entering the hospital by the front office?

Yes () No ()

2) Front office staff (Personal attributes) -

Answer with Yes Or No

- a) Polite and Friendly
- b) Professionally Dressed
- c) Knowledgeable
- d) Listen Attentively
- e) Communication Skills
- f) Problem Handling Skills

3) How do you think the registration process is?

Poor () Average () Good () Excellent ()

4) Have they directed you to the right department?

yes () No ()

FACILITIES

1) How do think about the facilities available in this hospital?

a) Billing Counters -

Poor () Average () Good ()

b) Location of OPD chambers

Well Distributed () Not Well Distributed ()

c) Entertainment Option

Poor () Satisfactory () Good ()

2) Adequacy of sign boards

Poor () Average () Good ()

3) Overall Satisfaction from the Hospital

A) Physical Facilities Yes () No ()

B) Front Office Administration Yes () No ()

C) Hospital Architecture Yes () No ()

5) Rate The Hospital on the Basis Of Your Overall Experience

On a scale of 1 to 4 (1 being lowest with 4 being highest)

Your Rating : _____

Any comments or suggestions would be highly appreciated :

Thank You

Fortis Hospital Shalimar Bagh

Fig.5.1:- Distribution of sample according to new and revisited patients

RESPONDENTS	NUMBER	%
NEW PATIENTS	245	49
REVISITED PATIENTS	255	51
TOTAL	500	100

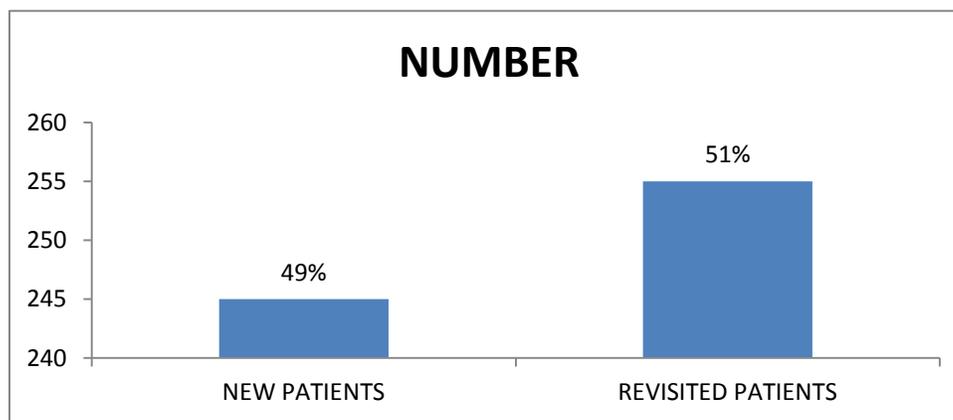


Table - 5.2 : Response of the patients regarding the source of information about the hospital

Parameters	Responses	%	
Friends	79	15.8	
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Brand Name	245	49	
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Others	10	2	
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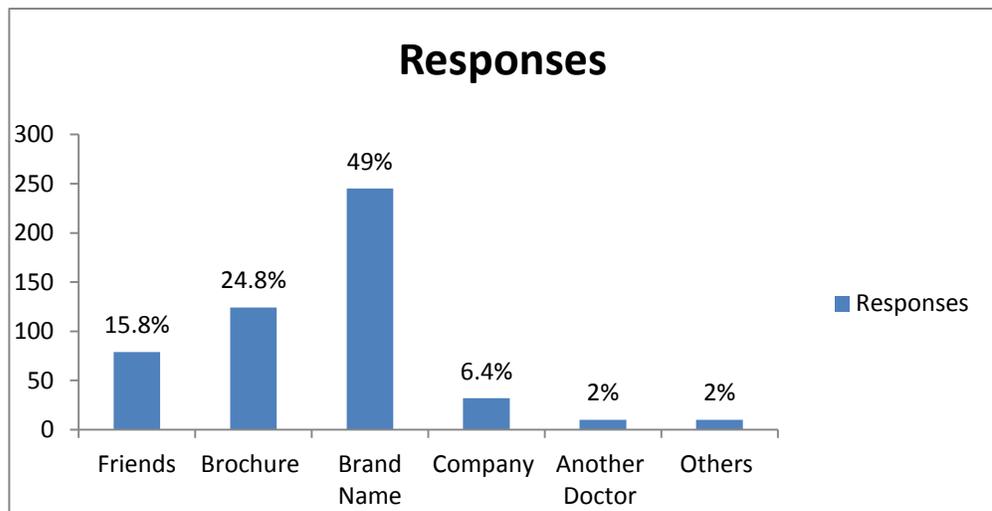


Fig - 5.3 : Response of the patients regarding factors responsible in choosing the hospital

Parameters	new patients	revisited patients	total	Percent
Hospital reputation	95	72	167	33.4
Hospital facilities	63	38	101	20.2
Being referred to this hospital	6	4	10	2
Locality	23	57	80	16
Quality Medical services	58	84	142	28.4
total			500	100

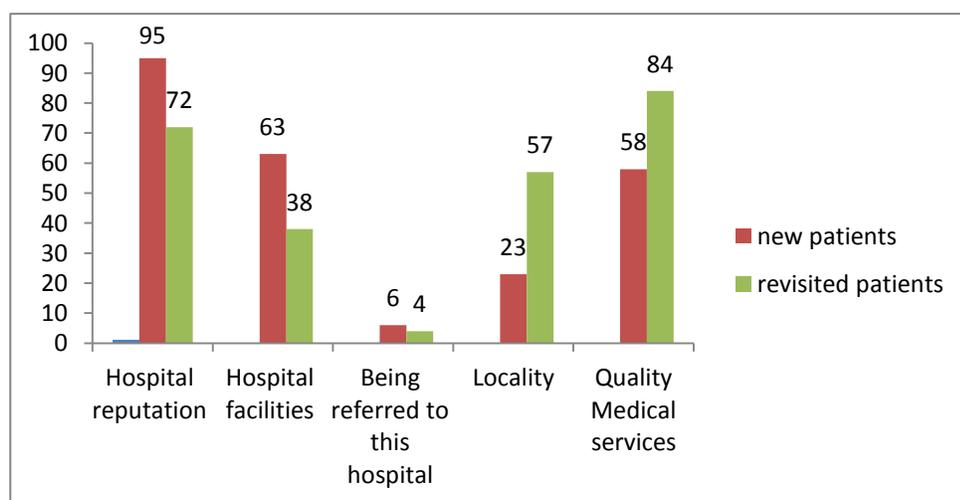


Table 5.4 Rating Provided by The Patients on A Scale of 1 to 4

Rating	New Patient	Revisit Patient	Total	Percent
1(poor)	32	13	45	9
2(average)	125	91	216	43.2
3(good)	45	63	108	21.6
4(excellent)	43	88	131	26.2

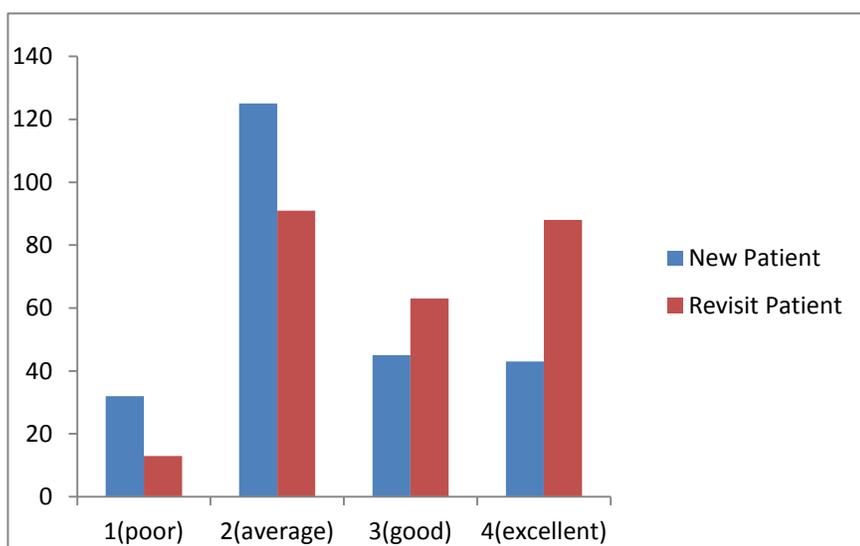


Table - 5.5 : Response of the patients regarding greeting received by the front office staff

Parameters	New patients	Revisited Patients	Total
Yes	102	138	240
No	129	79	208
Cant Say	14	38	52

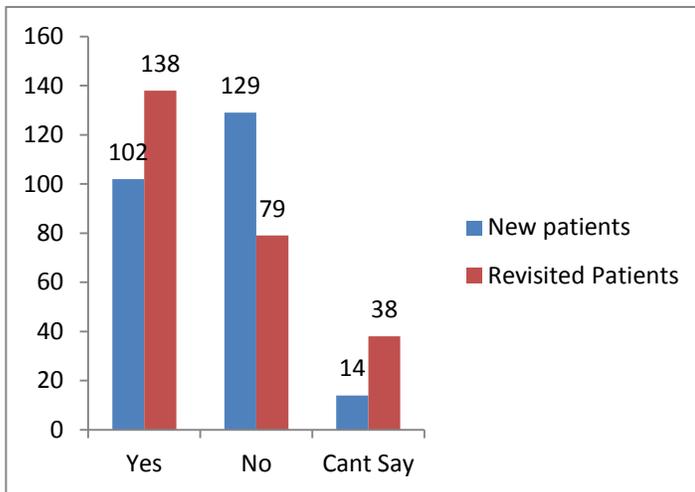


Fig - 5.6: Response of the patients regarding the front office staff (personal attributes)

Parameters	New Patients	Revisited Patients	Total	%
Was polite and friendly (Yes)	134	183	317	63.4
Was polite and friendly (No)	111	72	183	36.6
Proffessionally Dressed(Yes)	245	255	500	100
Proffessionally Dressed(No)	0	0	0	0
Knowledge (Yes)	139	163	302	60.4
Knowledge (No)	106	92	198	39.6
Listen attentively (Yes)	207	231	438	87.6
Listen attentively (NO)	38	14	52	10.4
Communication skills (Yes)	189	173	362	72.4
Communication skills (NO)	56	82	138	27.6
Problem handling skills (Yes)	73	59	132	26.4
Problem handling skills (No)	172	196	368	73.6

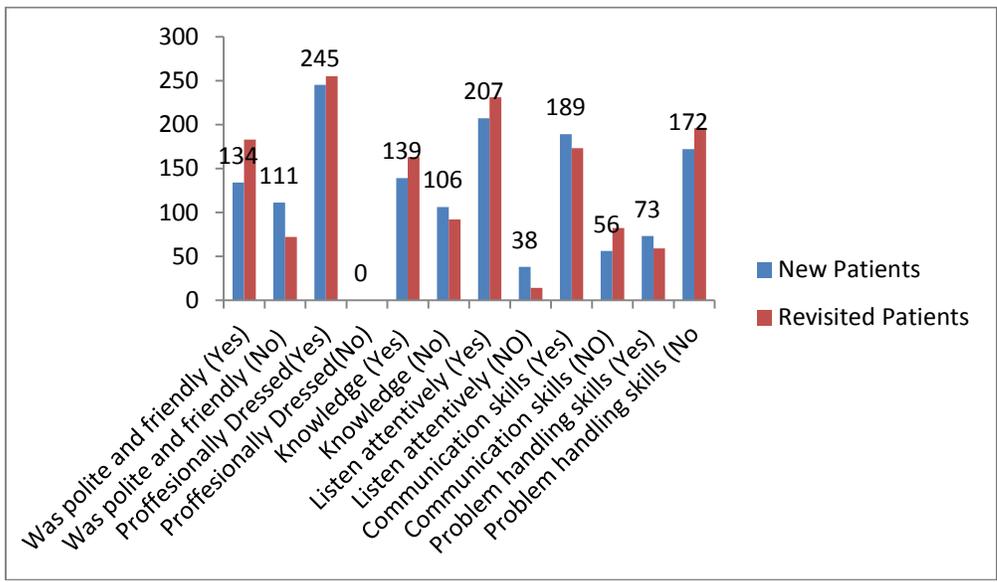


Table - 5.7: Response of the patients regarding the registration process

Parameters	New Patients	Revisited Patients	Total	%
Poor	0	0	0	0
Average	79	95	174	34.8
Good	135	131	266	53.2
Excellent	31	29	60	12
Total	245	255	500	100

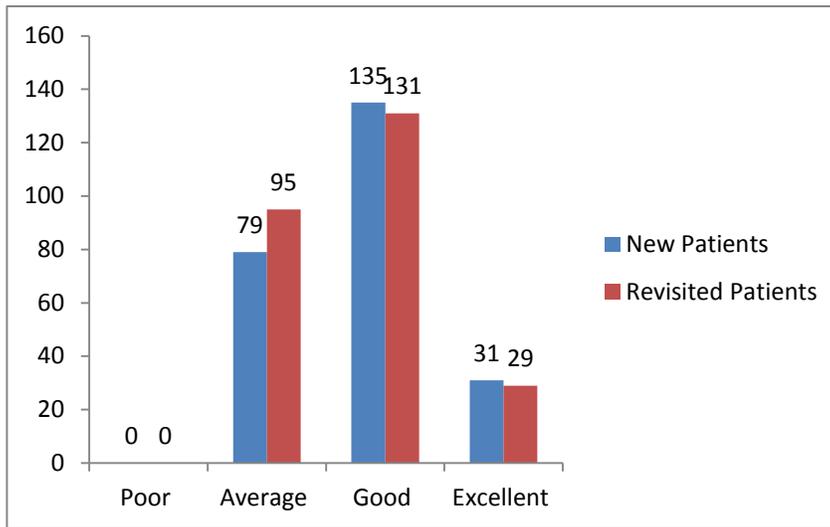


table 5.8 Direction to the Right Department

Parameters	New Patients	Revisited Patients	Total	%
Yes	212	188	400	80
No	33	67	100	20

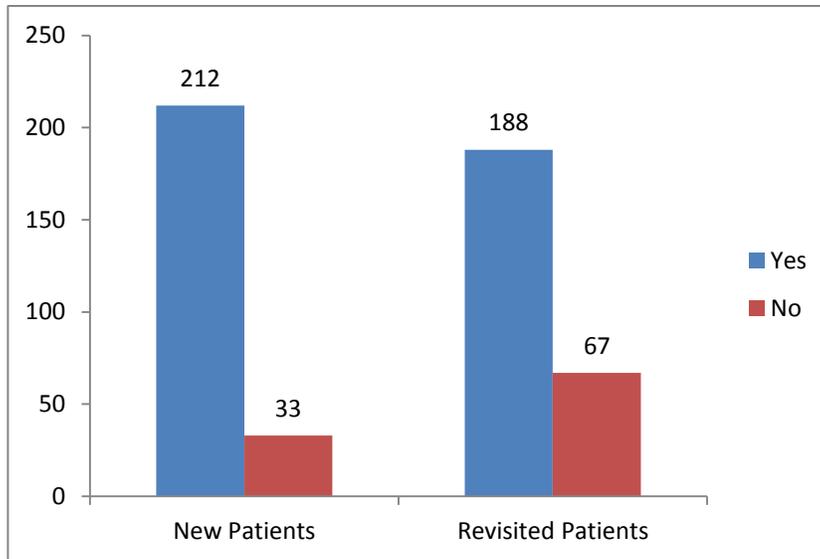


table 5.9.1 BILLING Counters

Parameter	New Patients	Revisited Patients	Total	%
Poor	18	14	32	6.4
Average	201	212	413	82.6
Good	26	29	55	11

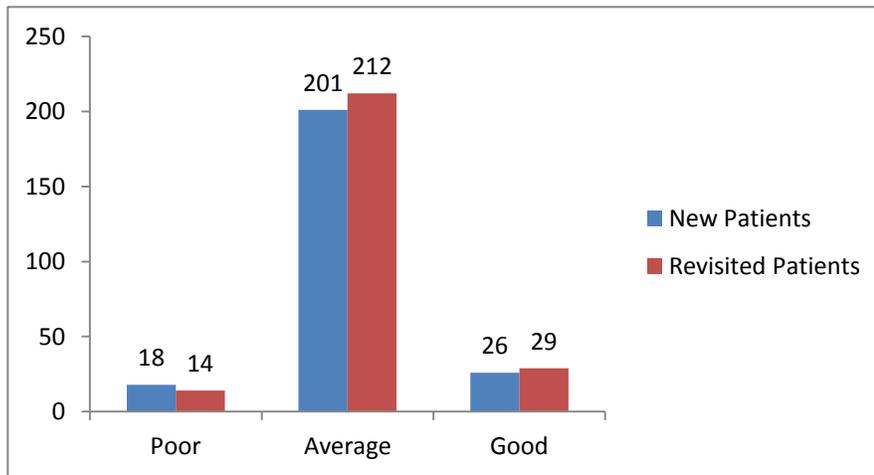


table 5.9.2 Location Of OPD chambers

Parameters	New Patients	Revisited Patients	Total	%
Well Distributed	78	61	139	27.8
Not Well Distributed	167	194	361	72.2

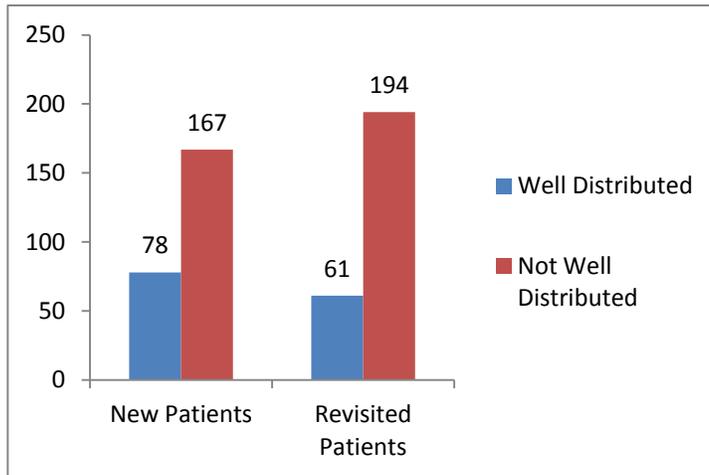


Table 5.9.3 Entertainment Options during Waiting Time

Parameters	New Patients	Revisited Patients	Total	%
Poor	123	158	281	56.2
Satisfactory	68	62	130	26
Good	54	35	89	17.8

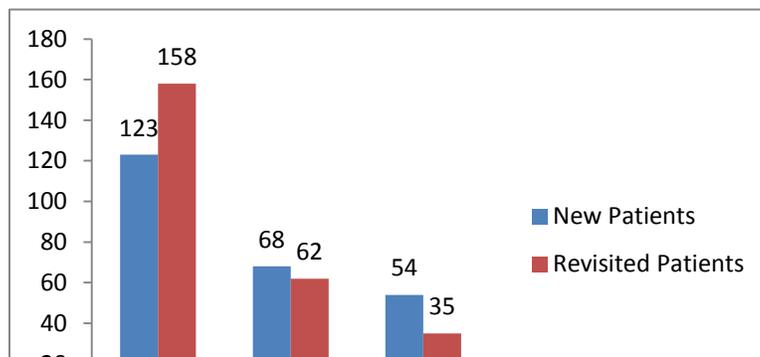


Table 5.10 : Response of the patients regarding adequacy of the sign boards

Parameters	New Patients	Revisited Patients	Total	Percent
poor	194	173	367	73.4
average	34	56	90	18
good	17	26	43	8.6

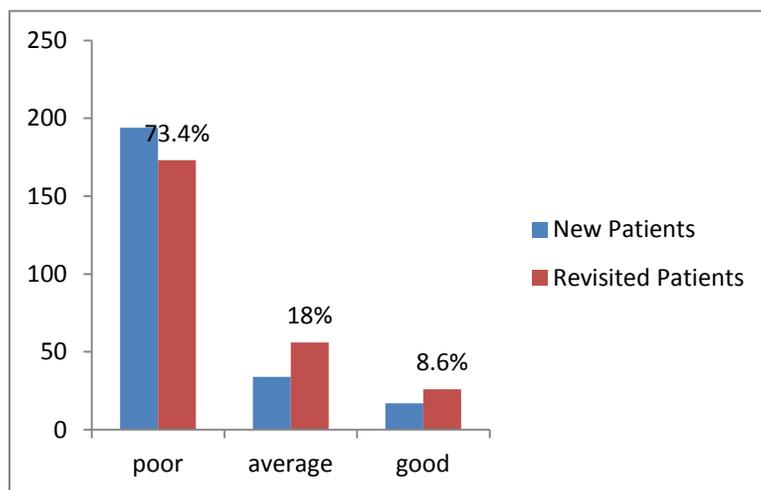


Table- 5.11 : Response of the patients regarding overall satisfaction level besides the treatment part

Parameters	New Patient	Revisited Patients	Total	%
Physical facilities (Yes)	73	87	160	32
Physical facilities (NO)	172	168	340	68
Front office administration (Yes)	189	213	402	80.4
Front office administration (No)	56	42	98	19.6
Hospital architecture (Yes)	218	221	439	87.8
Hospital architecture (No)	27	34	61	12.2

