I. Internship Report

History of the Organization –



Pushpanjali Crosslay Hospital (**PCH**) strives to bridge this gap by providing a healthcare system that gives high priority to patient care by providing latest technology and compassionate services at affordable prices.

PCH provide:

- Preventive healthcare
- Diagnostics
- Treatment

PCH are into:

- Primary care: Pushpanjali Family Clinic
- Secondary Care: Pushpanjali Medical Centre
- Tertiary Care: Pushpanjali Crosslay Hospital

Modern medicine has not made us forget our roots: PCH preach the Holistic Approach to Medicine as well: Homeopathy, Yoga, and Acupressure.

Vision

Developing an affordable and efficient health care system by balancing preventive and curative measures; and establishing an enduring doctor-patient relationship

Mission

Provide patient care that is innovative and with compassionate services.

Efficient, quality and cost effective health care services.

Respecting patients and encouraging our health care team to respect each other.

Functioning with health care stakeholders as partners.

Educational opportunities that assists our staff in there professional development.

Committing very high priority to patient safety.

Total integrity and honesty in all that we do.

"Pushpanjali Crosslay Hospital" the latest addition to the Pushpanjali Healthcare facilities at Vaishali, Ghaziabad is designed to meet the quality health care needs of Uttar Pradesh, Uttarakhand and NCR. Pushpanjali Crosslay is planned to be a state-of-the-art, world-class 400-bed multi-specialty and tertiary care hospital. Hospital is built in 2.5 acres with campus of 4.29 lac sq. ft.

Highlights and Redeeming Features about PCH

- Advanced HMS system: Paperless Hospital
- Chute system (Pneumatic tubes)
- IPD &OPD services on same floor
- Emergency, Blood Bank and MICU: All interconnected
- Modular OTs
- Highly Advanced CSSD system
- 30 Channel Bracytherapy machine
- Holistic Medicine: Yoga, Homeopathy, Foot Reflexology
- Eco friendly building with CNG fired generators as electricity back up.
- Dedicated space allocated for patients, visitors and attendants (Counseling rooms)
- Cafeteria, coffee shop and book store for attendants and visitors
- Conference room
- 4 types of rooms to suit the patient’s requirements.
- Advanced Nurse call system
- Attendant's room facility on top most floor

Architectural Placement of the hospital –

1. **Lower Basement** of the hospital is having Bracytherapy, Linear Accelerator (LINAC), Kitchen, CSSD, Laundry, Galaxy (Oncology).
2. **Upper Basement** has the car parking, Mortuary and Gas Manifold.
3. **Ground Floor** – Lobby is having all the facilities to welcome the patients, relatives or any visitor like café, food court, Help desk, and ATM. Executive Health Checkup complex of the hospital with state of art Diagnostic Department. Emergency Department with EOT and exclusive emergency entry. The Medical ICU, Blood Bank and the Pharmacy are also present.
4. **Service floor** has administrative offices, Chairman and Executive Director's offices, physiotherapy and rehab department, Laboratory, doctors lounge, auditorium, Nurses lounge, library.
5. **First Floor** has OPDs in one side and IPD in the other. Each IPD floor will have single, twin sharing, economy and deluxe rooms. Critical care areas in first floor will be HDU and Minor OR's.
6. **Second floor** has CTVS ICU, OT Complex with 7 OR's, Postoperative Recovery, Cath-Labs, and CCU. Dedicated waiting areas for patient's relatives.
7. **Third floor** is for woman and child health care, Facilitated with OPD, Ultrasonography, Vaccination & separate Breast feeding room. NICU, Labour room and Gyne ward.
8. **Fourth**, **Fifth** and the **Sixth Floor** are still under construction.

Facilities available in the Hospital –

1. Advanced Imaging Centre
2. Department of Aesthetic and Plastic Surgery
3. Department of Anesthesia
4. Department of Cardiology
5. Department of Cardiothoracic and Vascular Surgery
6. Department of Complementary and Alternative Medicine
7. Crosslay Wellness Program
8. Department of Dermatology
9. Department of Dental Surgery
10. Emergency and Trauma Centre
11. Department of Endocrinology
12. Department of ENT
13. Galaxy Cancer Institute
14. Department of Gastroenterology
15. Department of General Laparoscopic Surgery
16. Department of Internal Medicine
17. Department of Laboratory Medicine
18. Department of Nephrology
19. Department of Neurology
20. Department of Neurosurgery
21. Department of Obstetrics and Gynecology
22. Department of Ophthalmology
23. Department of Orthopedics
24. Department of Pediatrics
25. Department of Physiotherapy
26. Department of Psychiatry & Psychology
27. Department of Transfusion Medicine / Blood Bank
28. Department of Urology

Role in the Organization –

I'm involved in the organization as the Program Manager in the operations department taking care of the entire cardiac division. It was a budding department at the time of my joining and huge attempts were being made by the top management to have its grand inception. On 14 February 2010, the department was inaugurated. Till then I was involved in the construction and assembling of the OT Complex, Cath-lab, Cath Recovery, CCU and the CTVS ICU.

Now the department is fully functional and we have so far performed 40 Angiographies including 10 Angioplasties. Also around 18 – 20valve replacements and CABG have been carried out till date.

As a program manager I am one point of contact between the patients, the concerned consultants and the management. I co-ordinate the working of department and am a part of all activities starting from appointments to admissions, ensuring comfortable stay of patients, billing package related issues and finally discharge and post surgery follow up visits of patients. I'm also accountable to all rules/regulations and statutory requirements of the hospital with respect to specialty.

My aim is not only to deliver standard care and treatment to my customers but also towards creating a "wow factor" to all those involved in my working.

II. Dissertation on “Patient Satisfaction in IP Department ”

Chapter 1 – Introduction

The quality of service in health means an inexpensive type of service with minimum side effects that can cure or relieve the health problems of the patients. [1] It is easier to evaluate the patient's satisfaction towards the service than evaluate the quality of medical services that they receive. [2] Therefore, a research on patient satisfaction can be an important tool to improve the quality of services. [3],[4]

Other industries have been paying attention to customer satisfaction for years. "Health care is the only industry - service or manufacturing - that for years has left the customer out of it. This is an absolutely prehistoric thinking. To ignore the input from the patient, to ignore the customer, to say the customer's desires are irrelevant is not living with reality". [3]

Review of Literature –

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

Patient satisfaction with the healthcare services largely determines their compliance with the treatment and thus contributes to the positive influence on health. This study was therefore undertaken with the aim to find out the level of patient satisfaction related to different parameters of quality health care

Chapter 2 – Research Methodology

Research Problem:

To determine the areas and causes of low satisfaction among the patients and suggest methods for improvement.

Research Design:

This is a Comparative Study check the trends in patient responses.

1. POPULATION - All the patients' feedback forms received from the IPD for the month of January, February & March.

2. SOURCE - Feedback forms collected from the In-Patients Department of Pushpanjali Crosslay Hospital.

3. SAMPLING - In this study convenient sampling has been performed on feedback obtained in the period of 3 months (January, February & March).

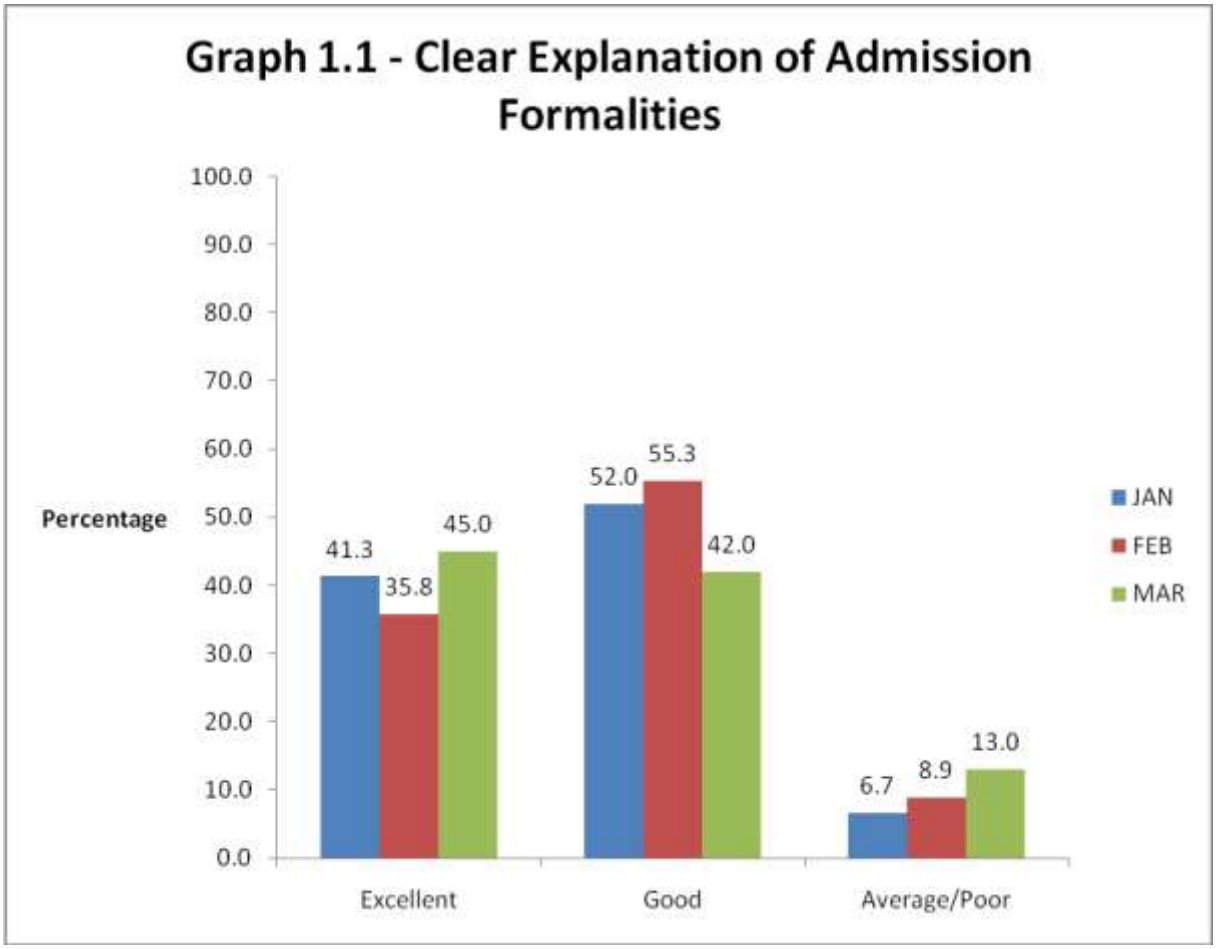
4. SAMPLE SIZE
   - Total Feedback forms received - 307
   - Feedback Forms received in January – 78
   - Feedback Forms received in February – 128
   - Feedback Forms received in January – 101

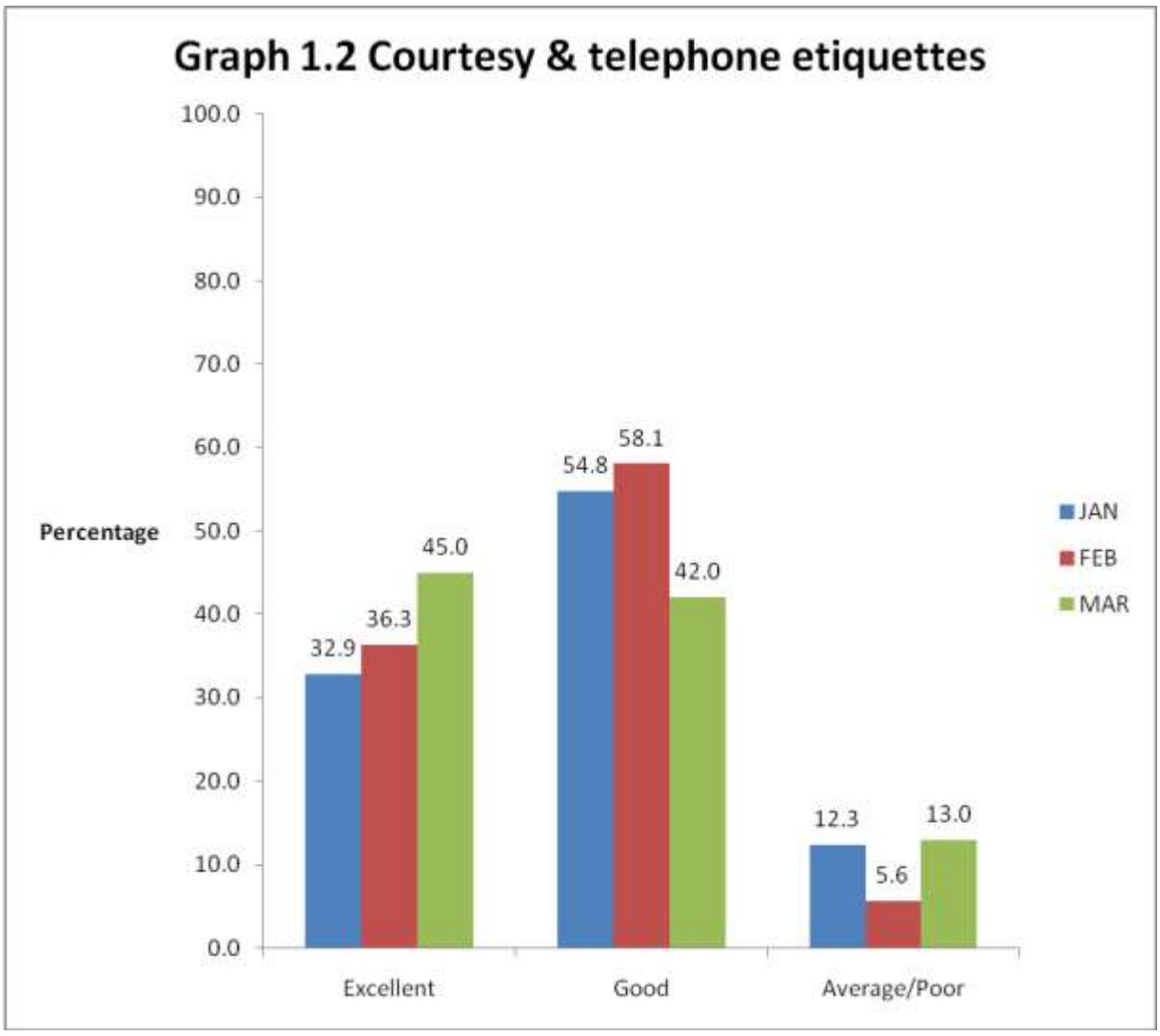
5. PLACE - This study has been performed in the In-Patient Department, Pushpanjali Crosslay Hospital, Vaishali.

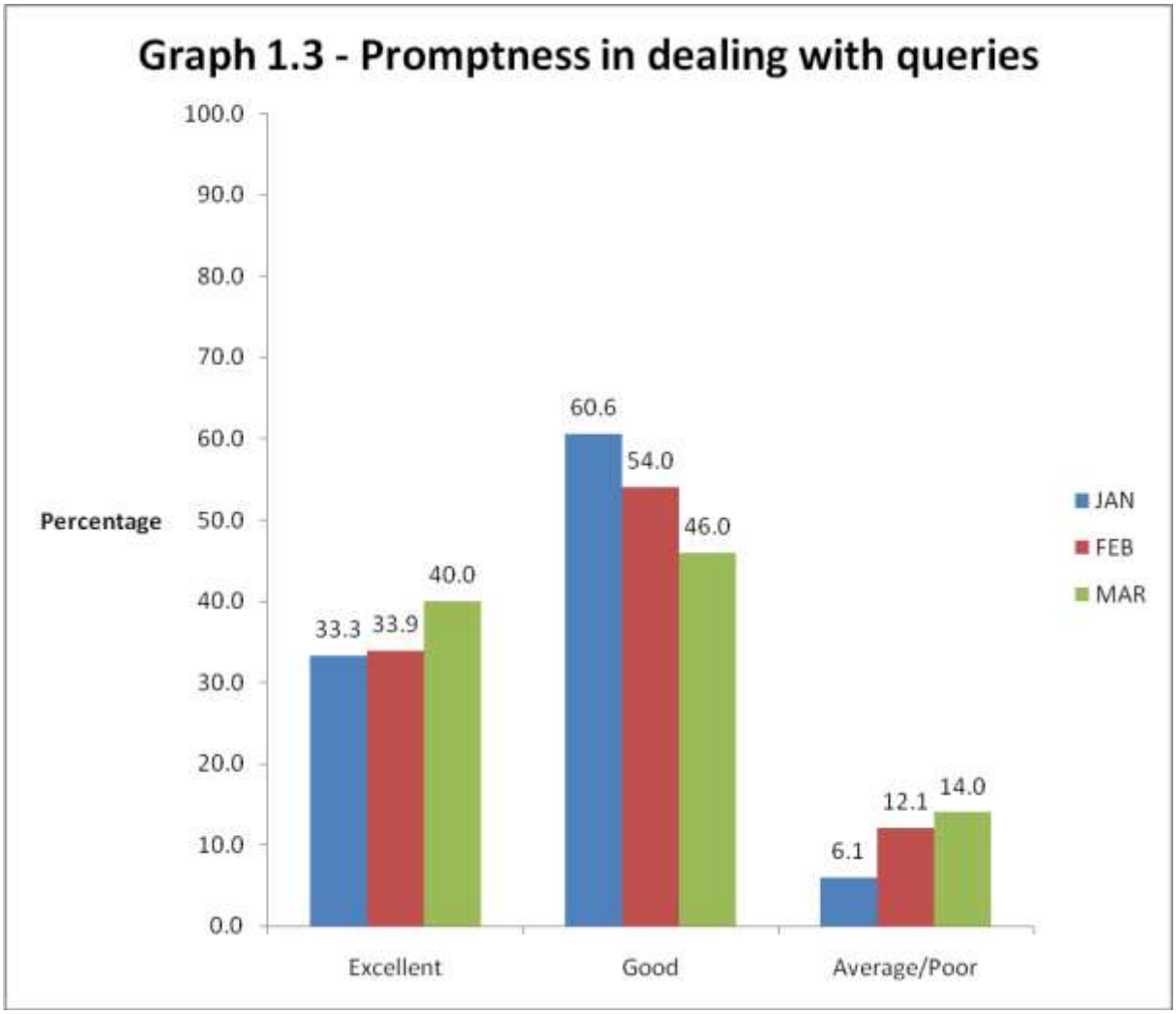
6. INSTRUMENTATION – Feedback Form (Appendix A)

Chapter 3 – Result and Findings

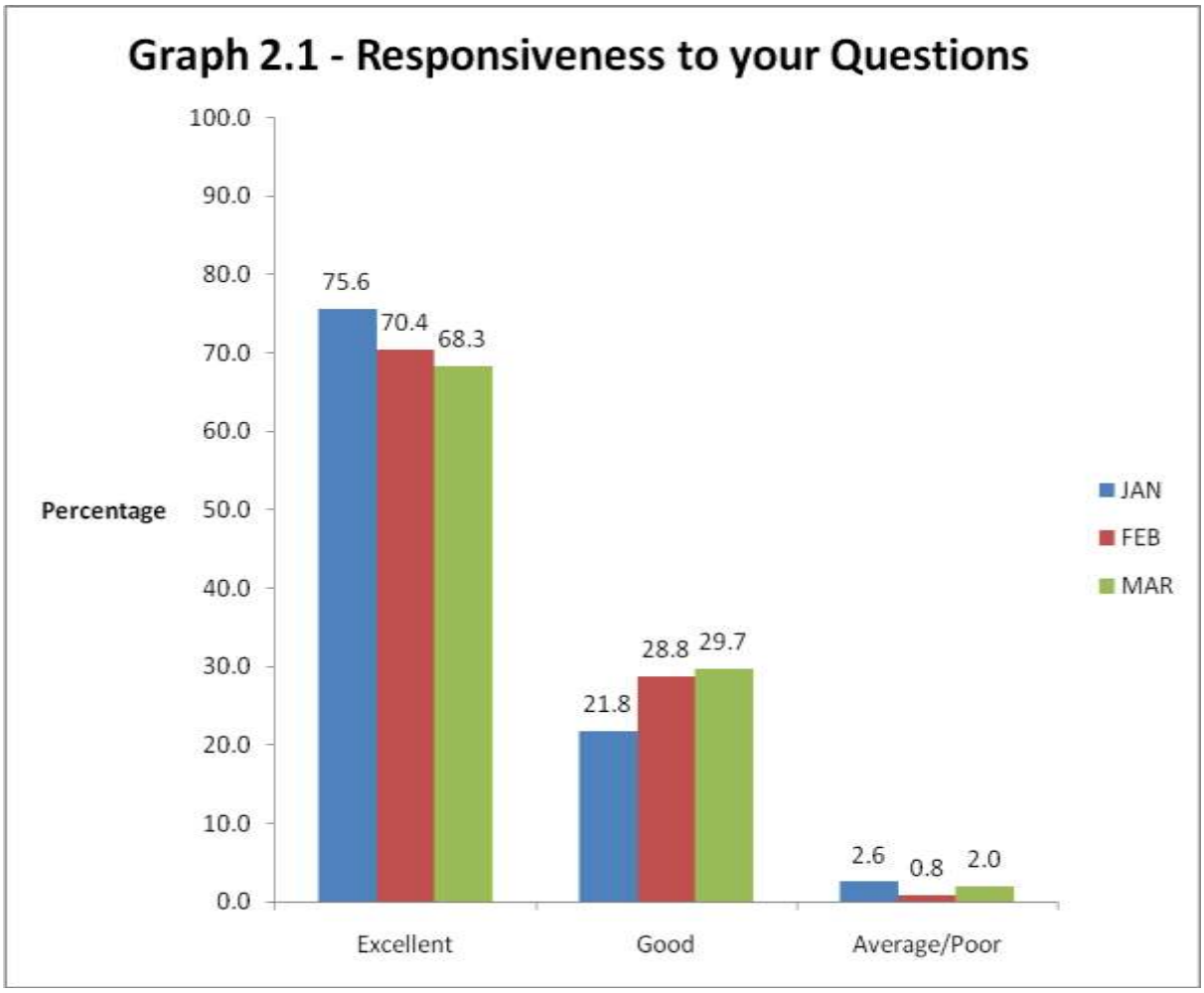
1. Reception

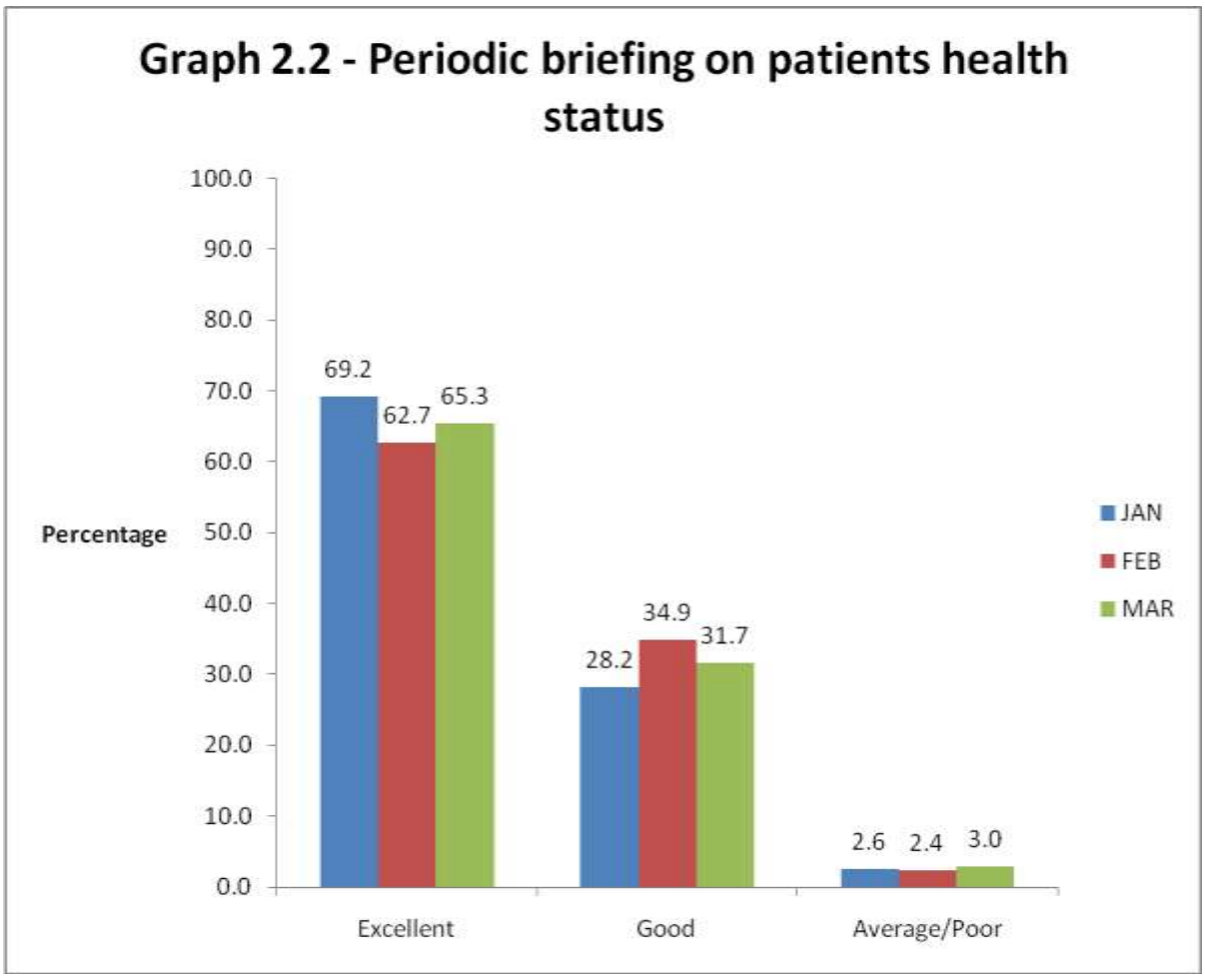


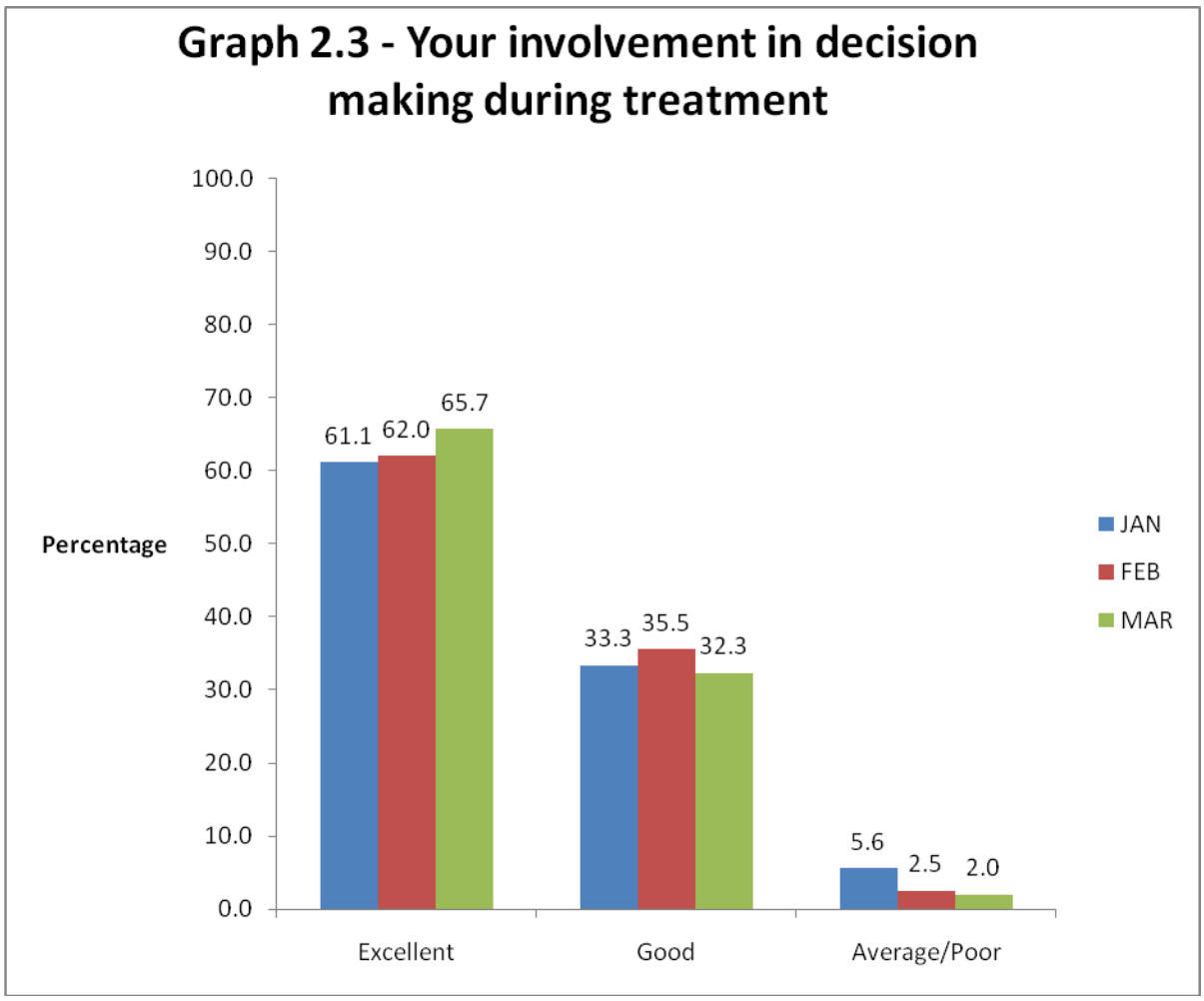

Graph 1.2 Courtesy & telephone etiquettes
Percentage
100.0
90.0
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
32.9
36.3
45.0
54.8
58.1
42.0
12.3
5.6
13.0
Excellent
Good
Average/Poor
JAN
FEB
MAR


Graph 1.3 - Promptness in dealing with queries
Percentage
100.0
90.0
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
33.3
33.9
40.0
60.6
54.0
46.0
6.1
12.1
14.0
Excellent
Good
Average/Poor
JAN
FEB
MAR

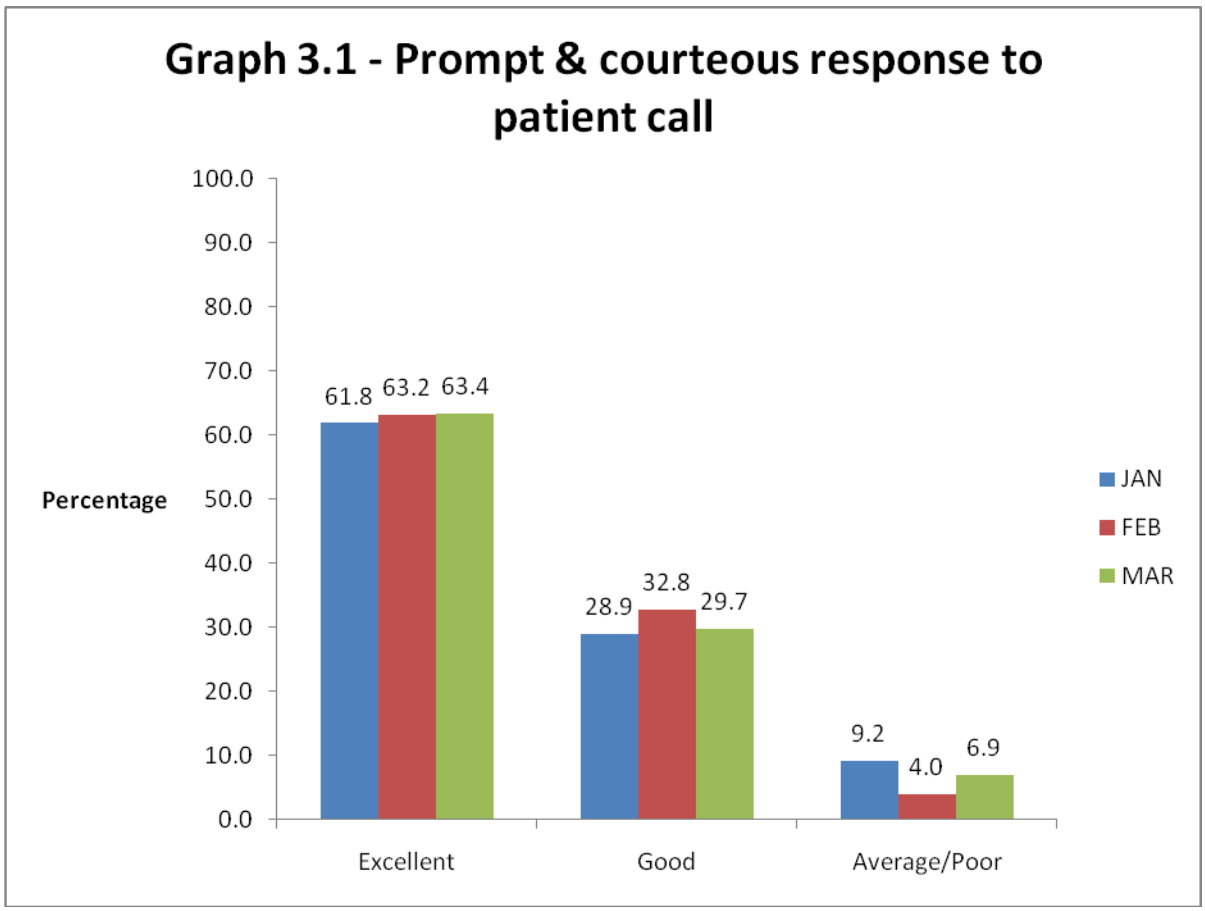
2. Doctor's Experience

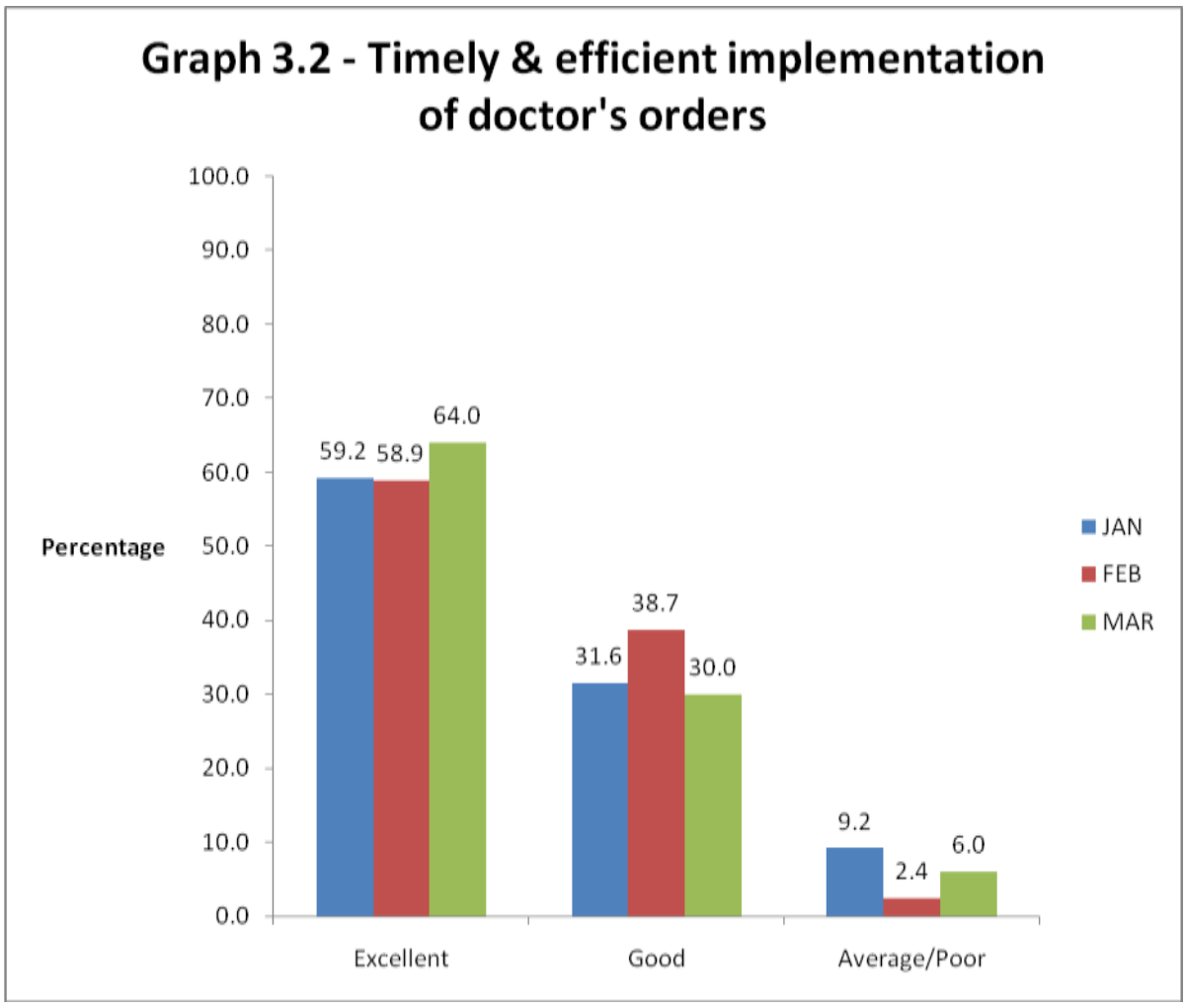


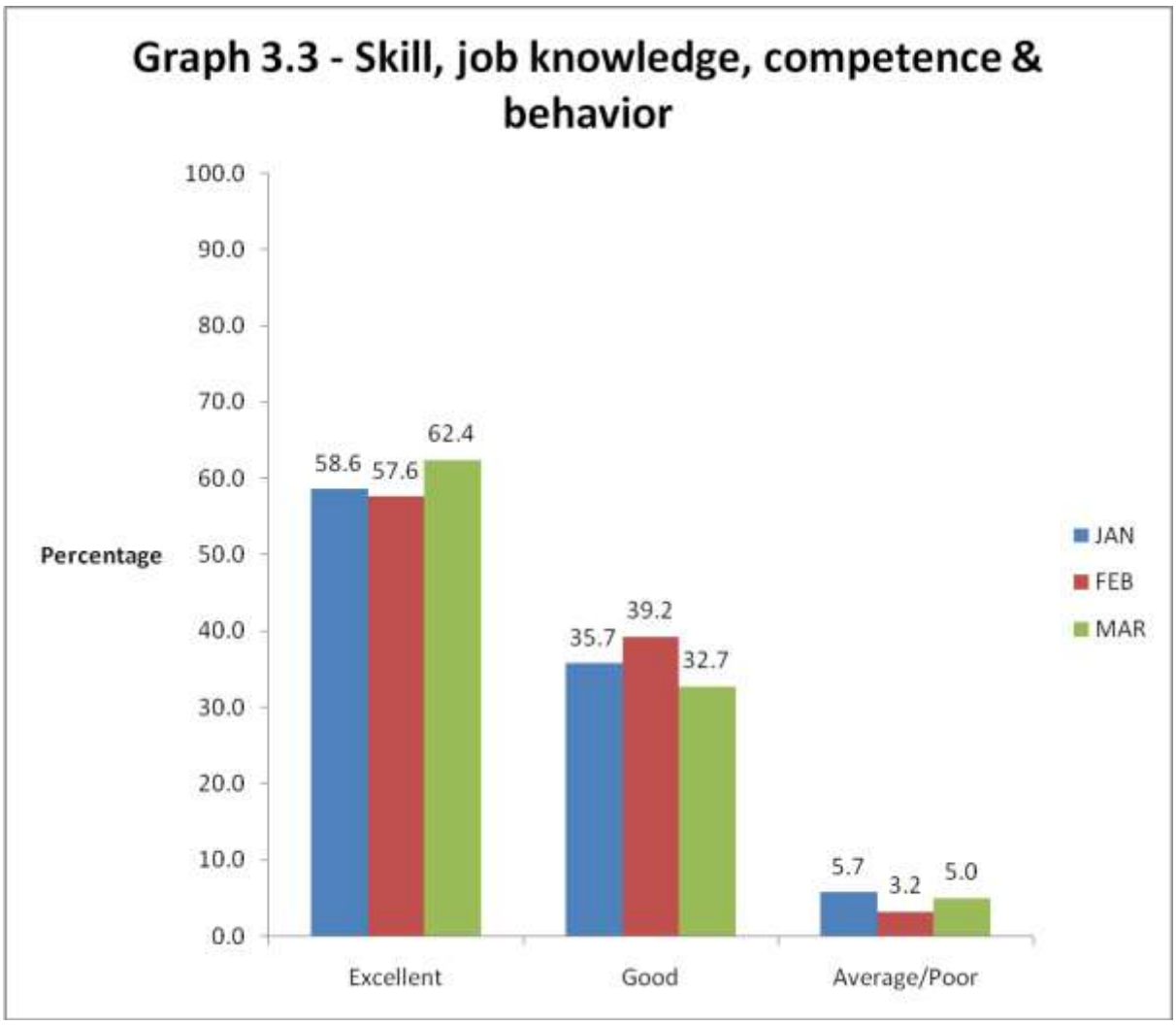

Graph 2.2 - Periodic briefing on patients health status
Percentage
100.0
90.0
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
69.2
62.7
65.3
28.2
34.9
31.7
2.6
2.4
3.0
Excellent
Good
Average/Poor
JAN
FEB
MAR


Graph 2.3 - Your involvement in decision making during treatment
Percentage
100.0
90.0
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
61.1
62.0
65.7
33.3
35.5
32.3
5.6
2.5
2.0
Excellent
Good
Average/Poor
JAN
FEB
MAR

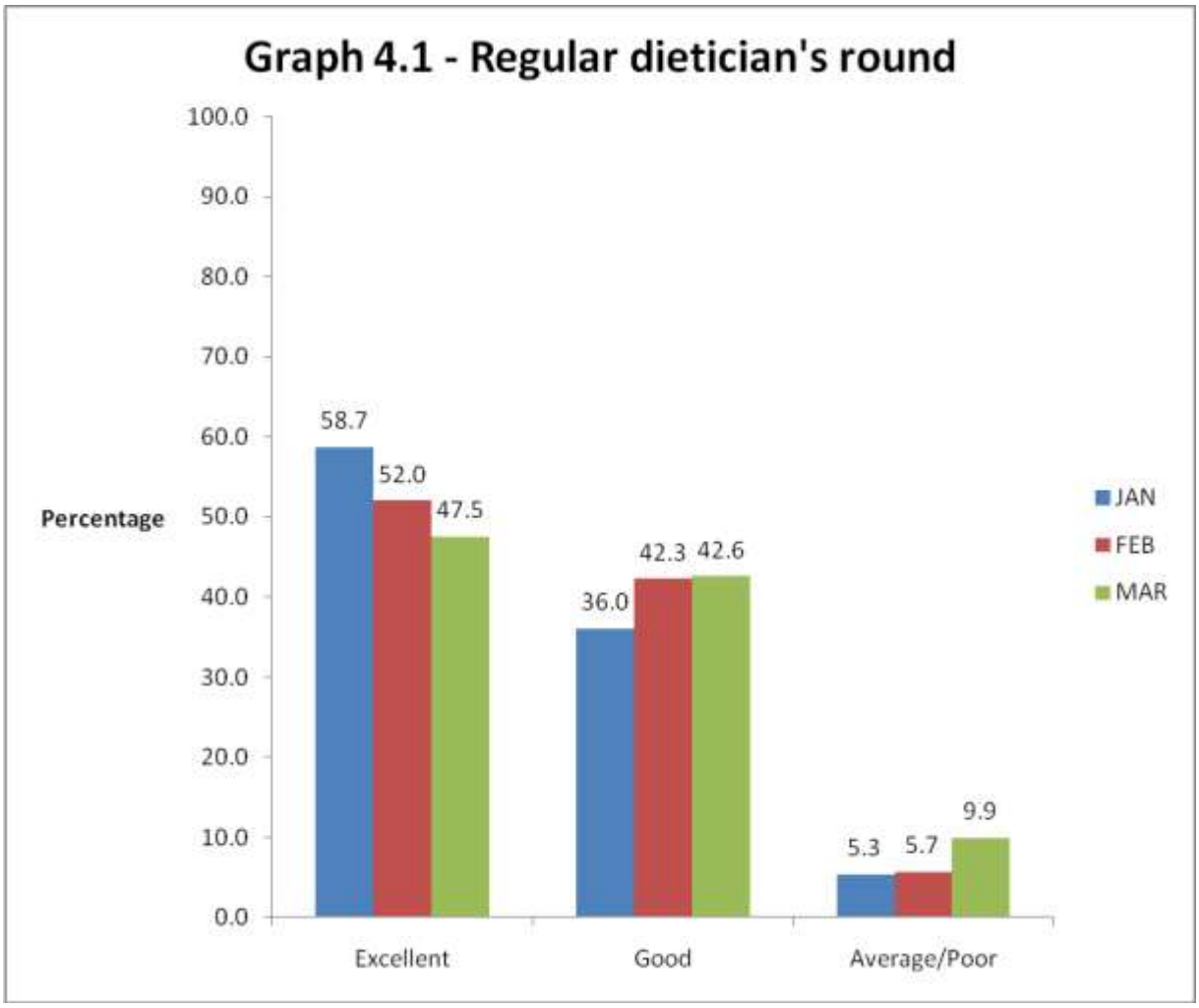
3. Nursing

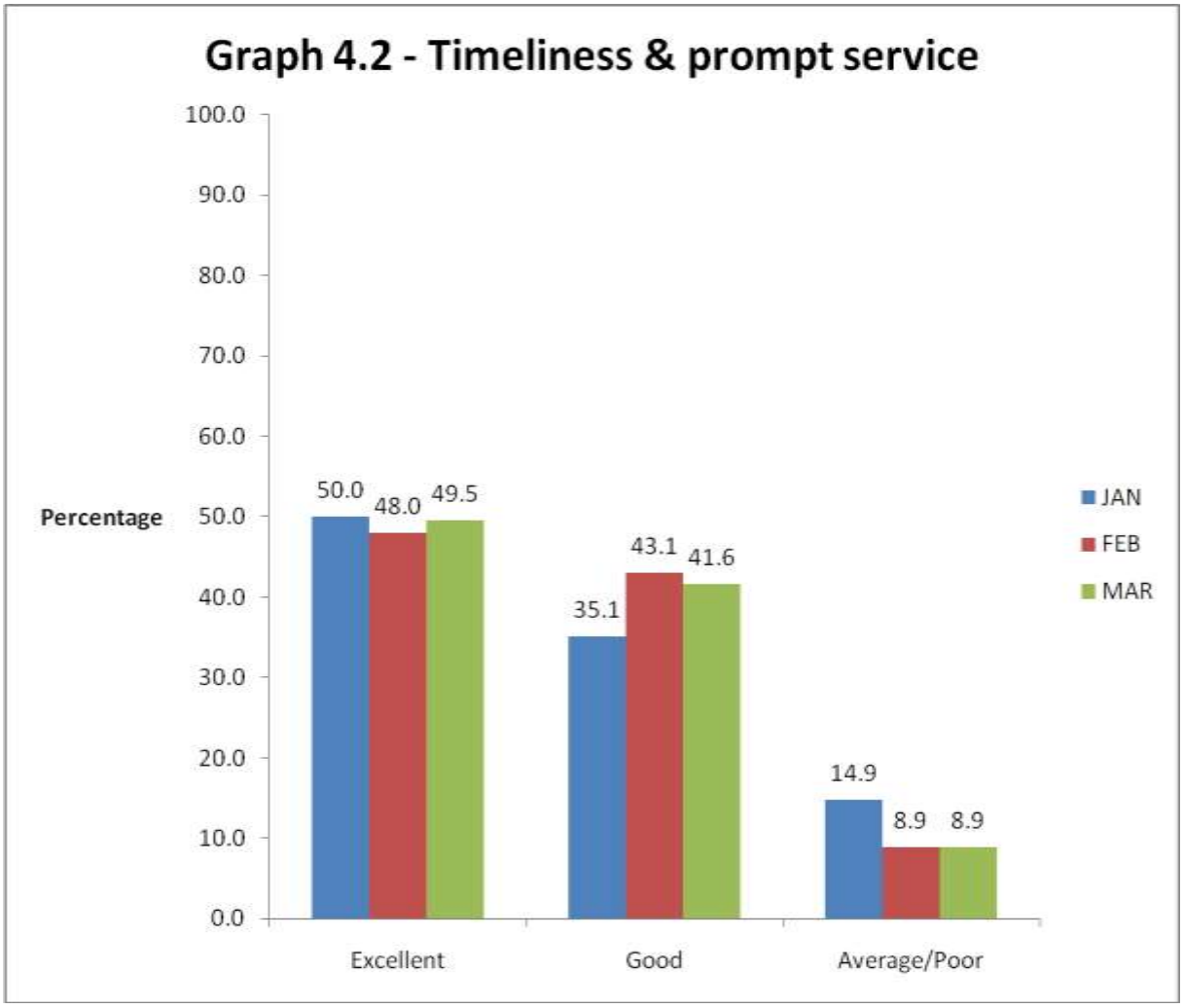

Graph 3.1 - Prompt & courteous response to patient call
Percentage
100.0
90.0
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
61.8
63.2
63.4
28.9
32.8
29.7
9.2
4.0
6.9
Excellent
Good
Average/Poor
JAN
FEB
MAR

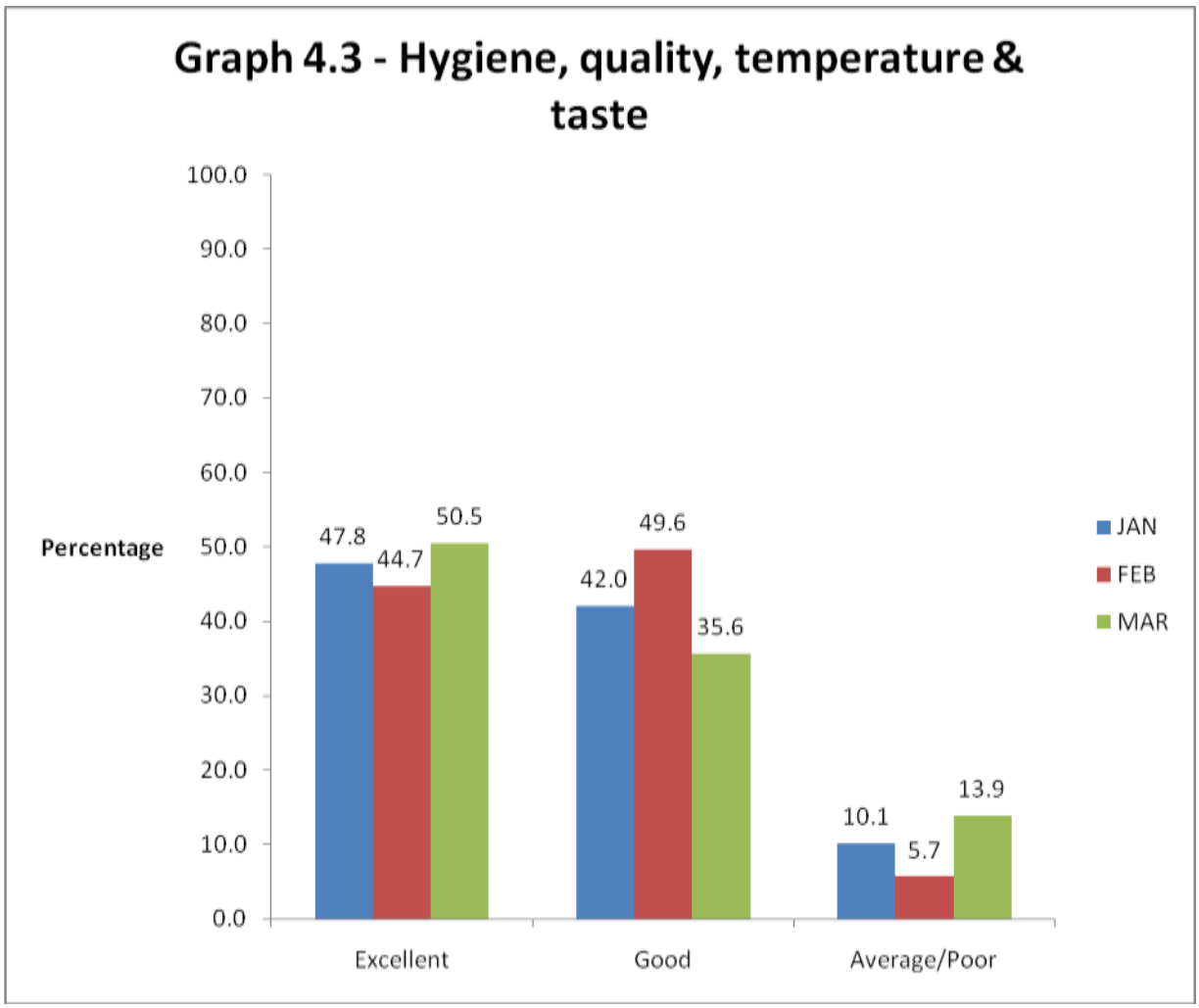

Graph 3.2 - Timely & efficient implementation of doctor's orders
Percentage
100.0
90.0
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
59.2
58.9
64.0
31.6
38.7
30.0
9.2
2.4
6.0
Excellent
Good
Average/Poor
JAN
FEB
MAR


Graph 3.3 - Skill, job knowledge, competence & behavior
Percentage
100.0
90.0
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
58.6
57.6
62.4
35.7
39.2
32.7
5.7
3.2
5.0
Excellent
Good
Average/Poor
JAN
FEB
MAR

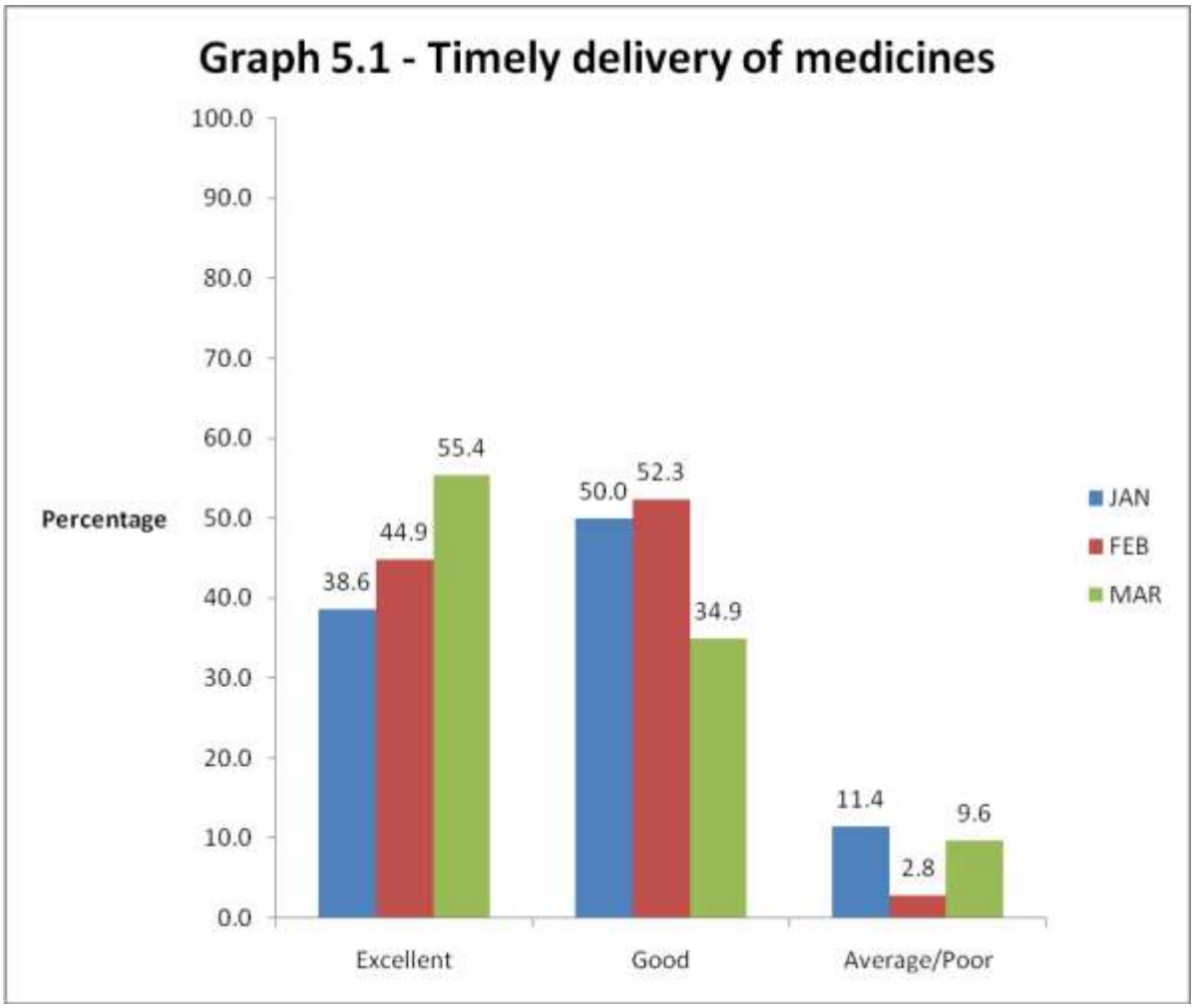
4. Food & Beverage

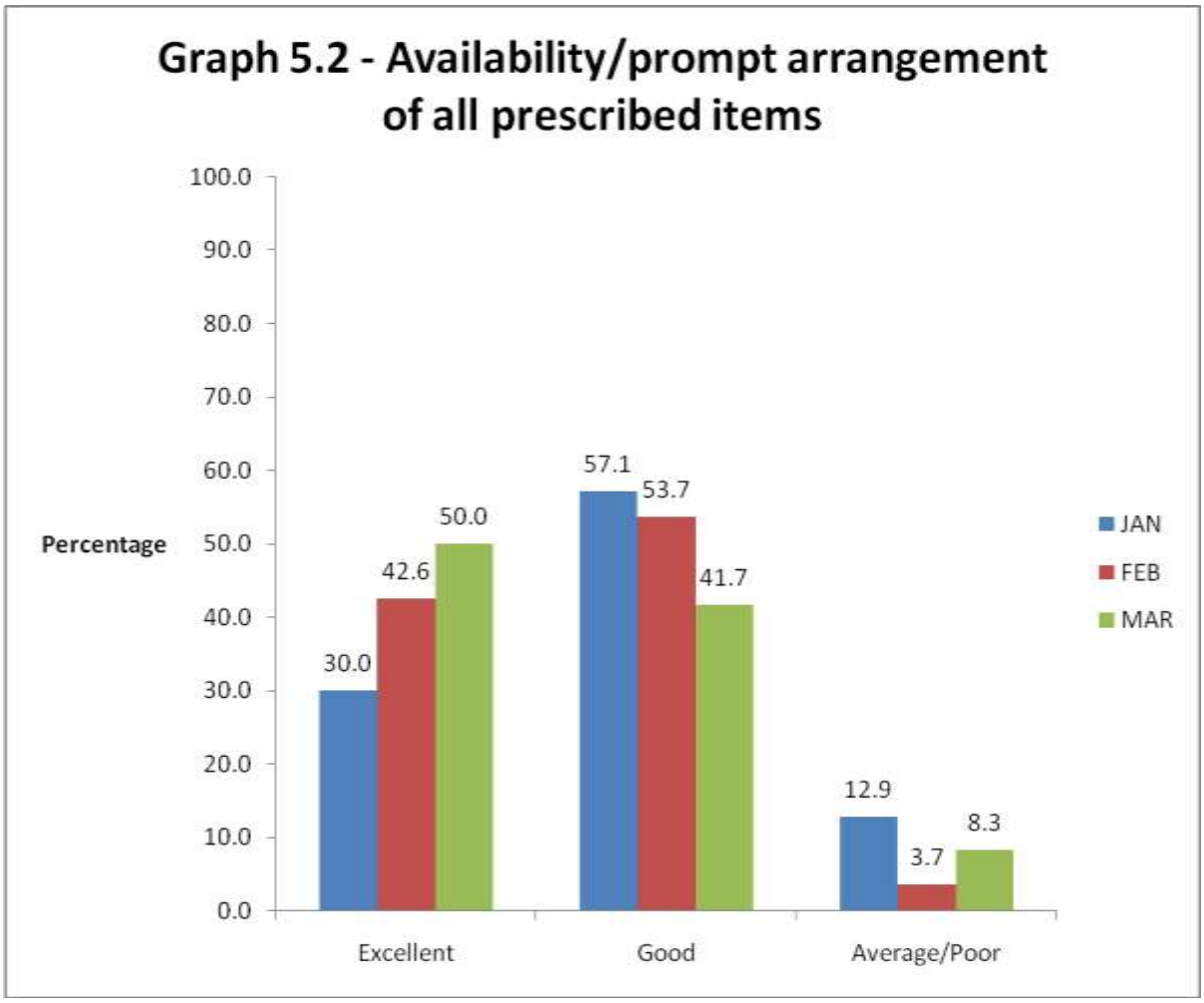


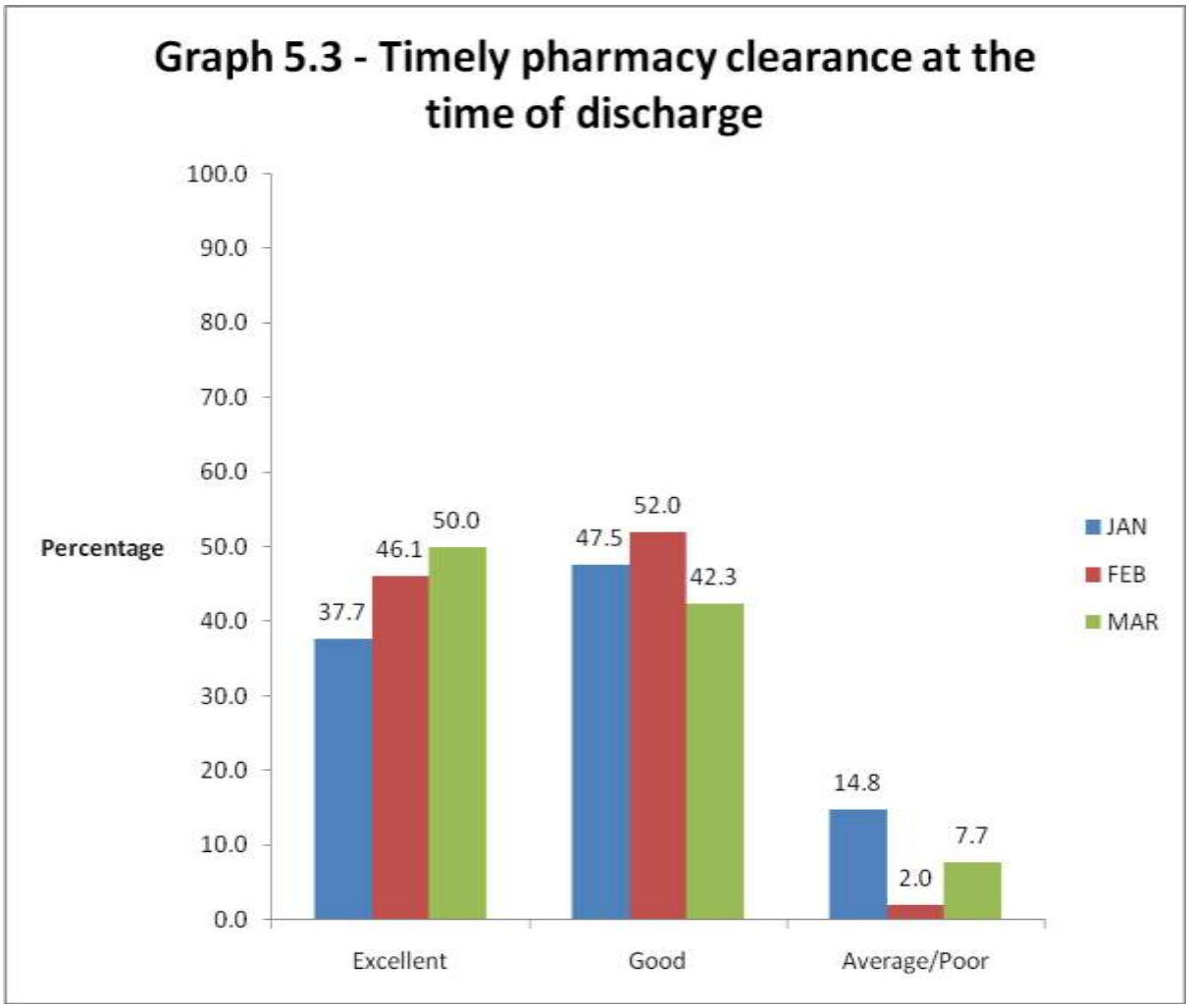

Graph 4.2 - Timeliness & prompt service
Percentage
100.0
90.0
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
50.0
48.0
49.5
35.1
43.1
41.6
14.9
8.9
8.9
Excellent
Good
Average/Poor
JAN
FEB
MAR


Graph 4.3 - Hygiene, quality, temperature & taste
Percentage
100.0
90.0
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
47.8
44.7
50.5
42.0
49.6
35.6
10.1
5.7
13.9
Excellent
Good
Average/Poor
JAN
FEB
MAR

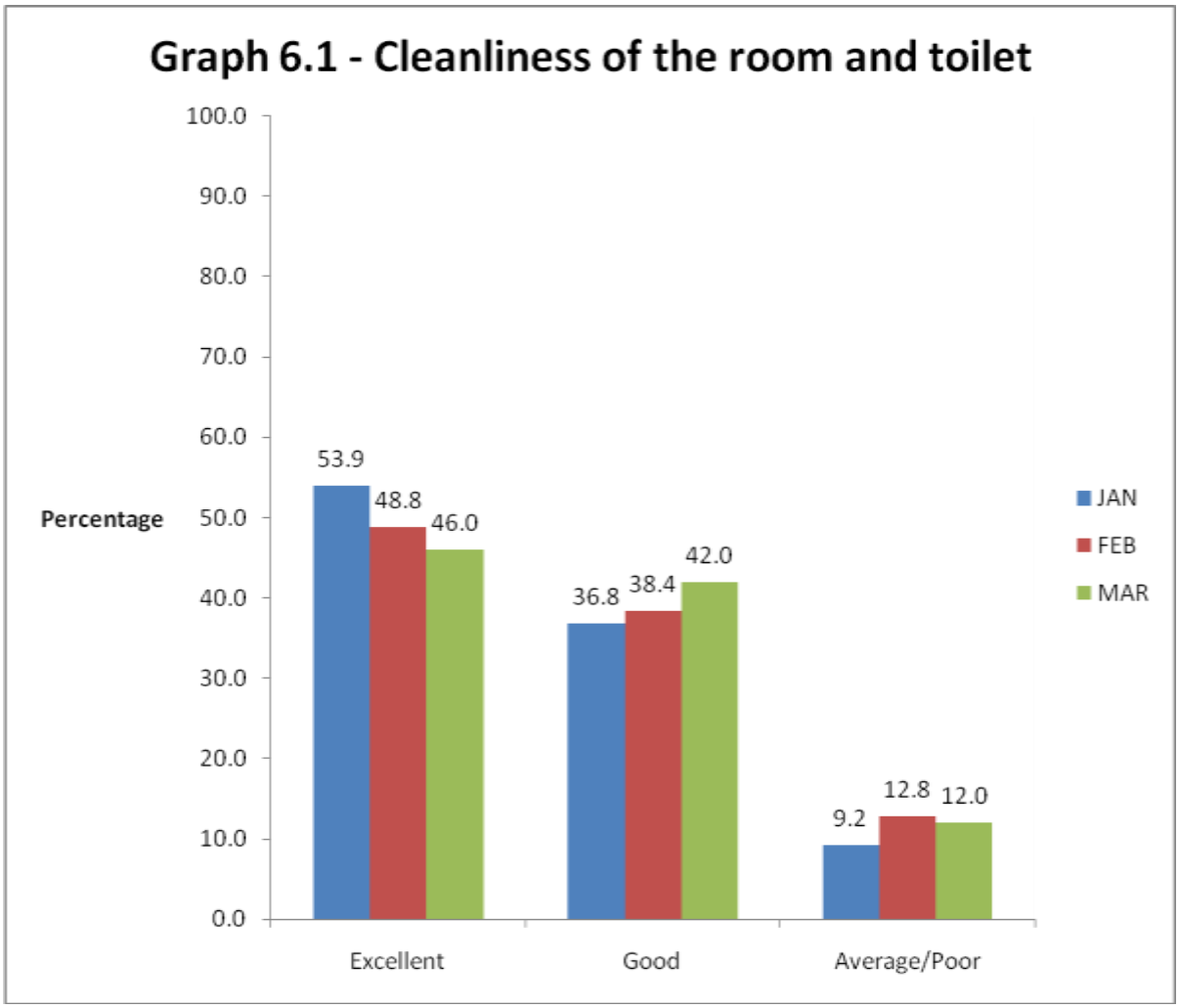
5. Pharmacy Services

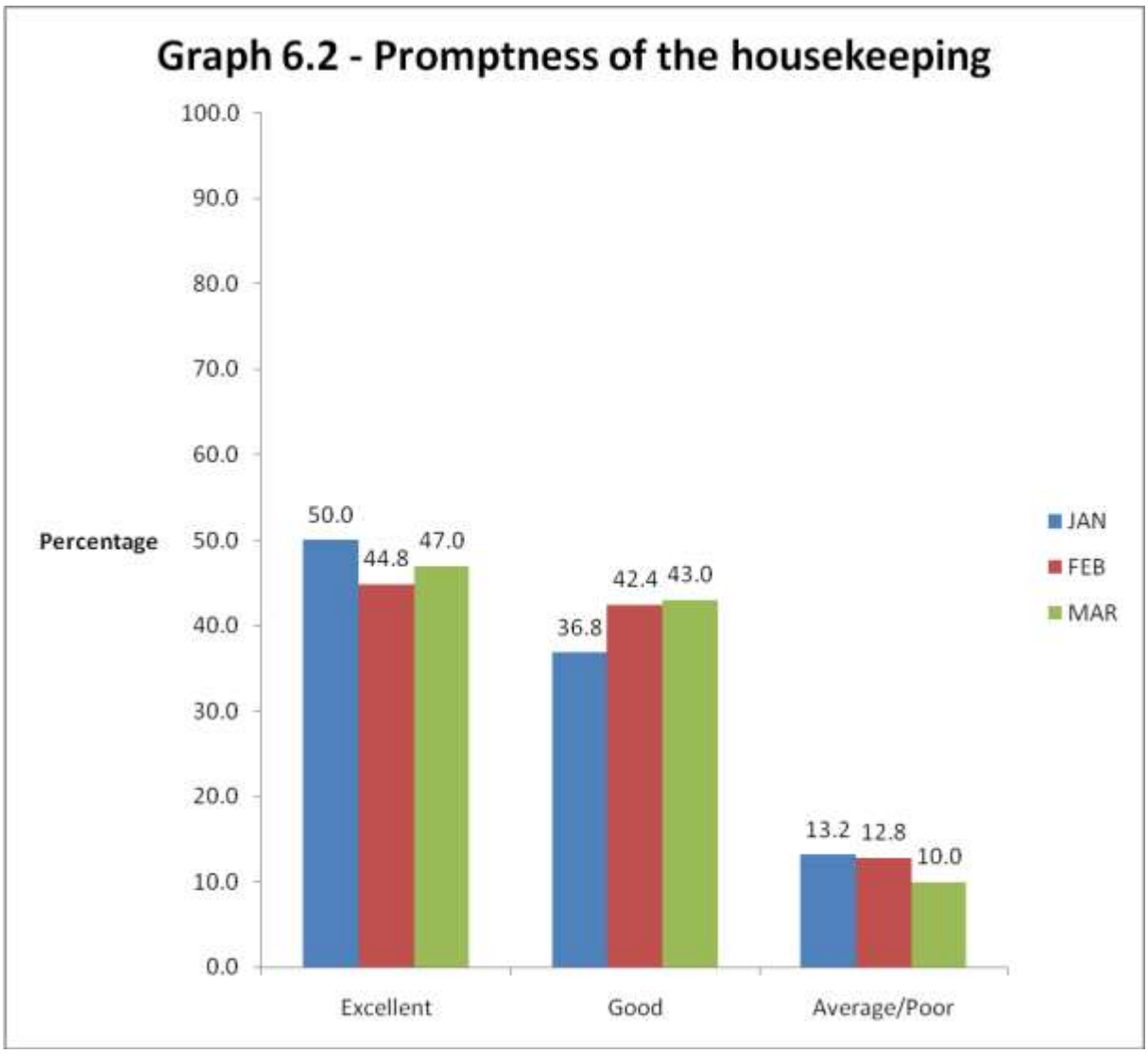


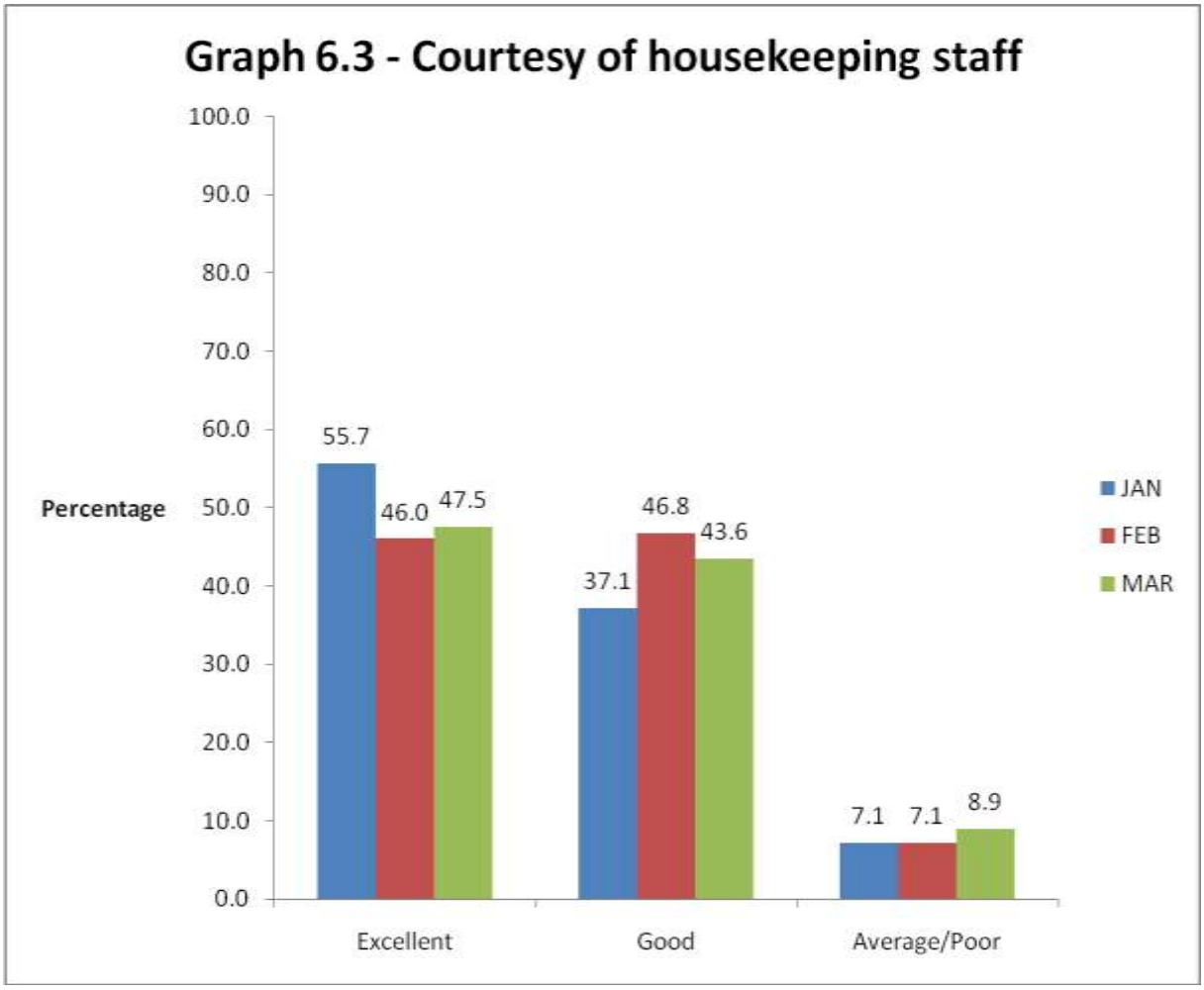

Graph 5.2 - Availability/prompt arrangement of all prescribed items
Percentage
100.0
90.0
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
30.0
42.6
50.0
57.1
53.7
41.7
12.9
3.7
8.3
Excellent
Good
Average/Poor
JAN
FEB
MAR


Graph 5.3 - Timely pharmacy clearance at the time of discharge
Percentage
100.0
90.0
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
37.7
46.1
50.0
47.5
52.0
42.3
14.8
2.0
7.7
Excellent
Good
Average/Poor
JAN
FEB
MAR

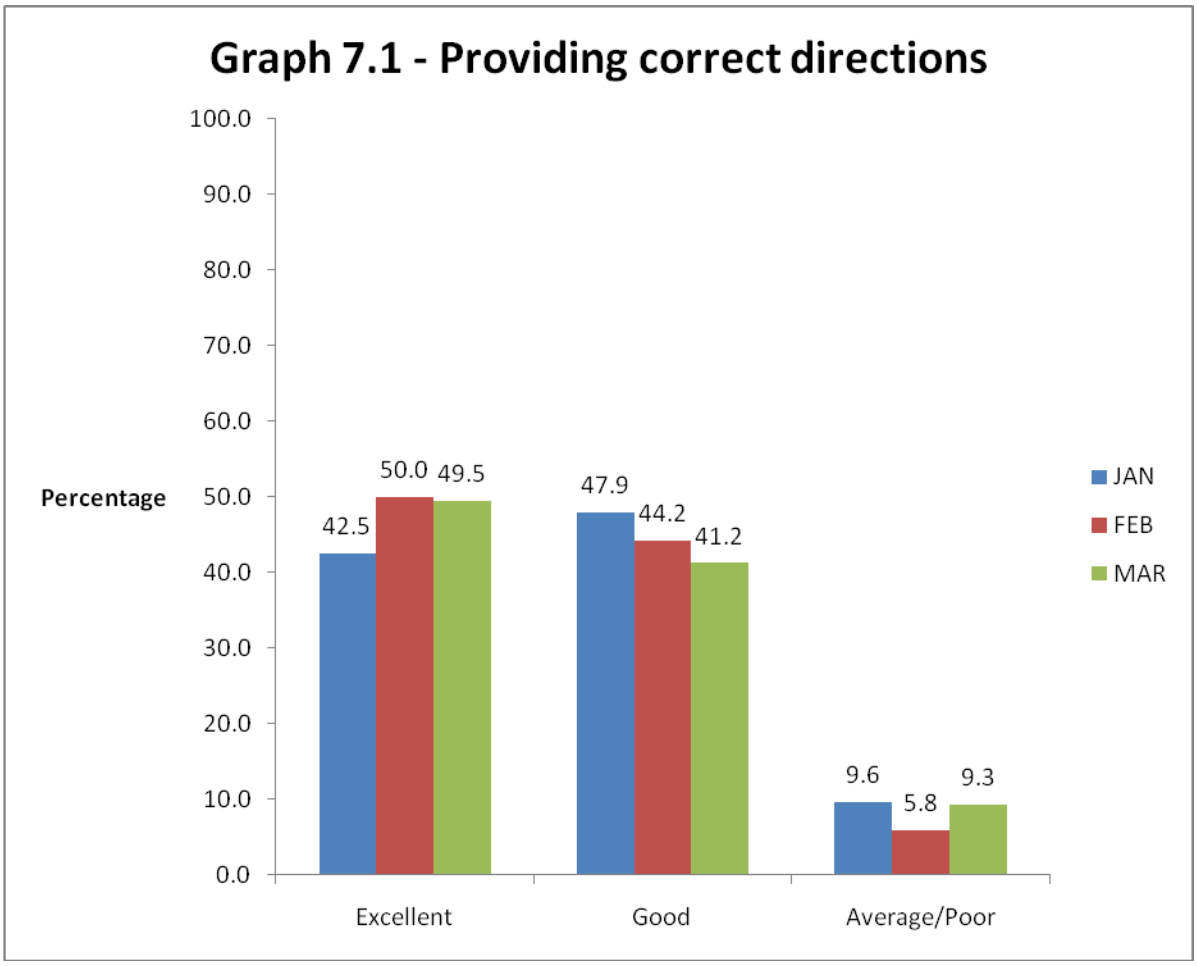
6. Room Experience

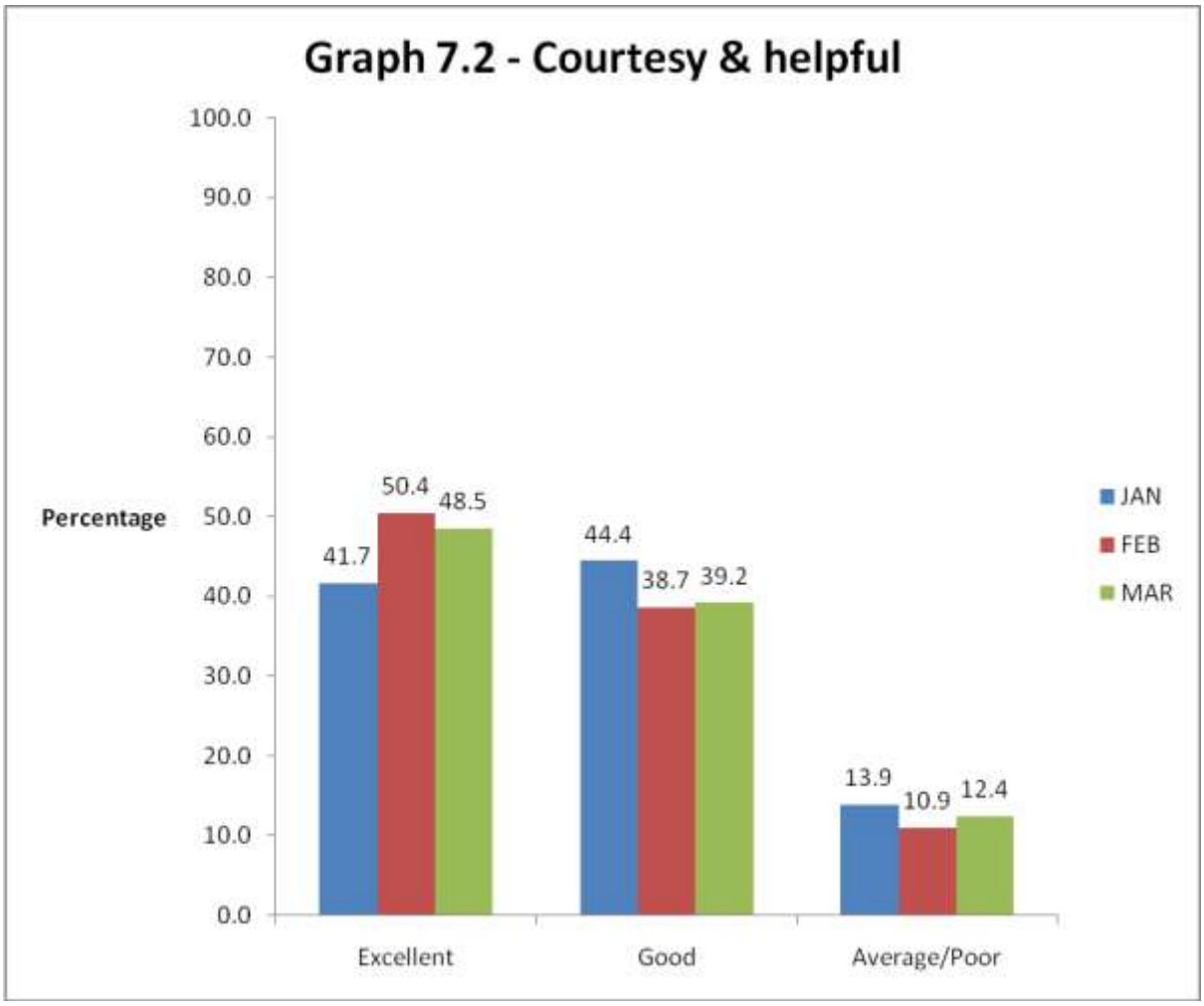


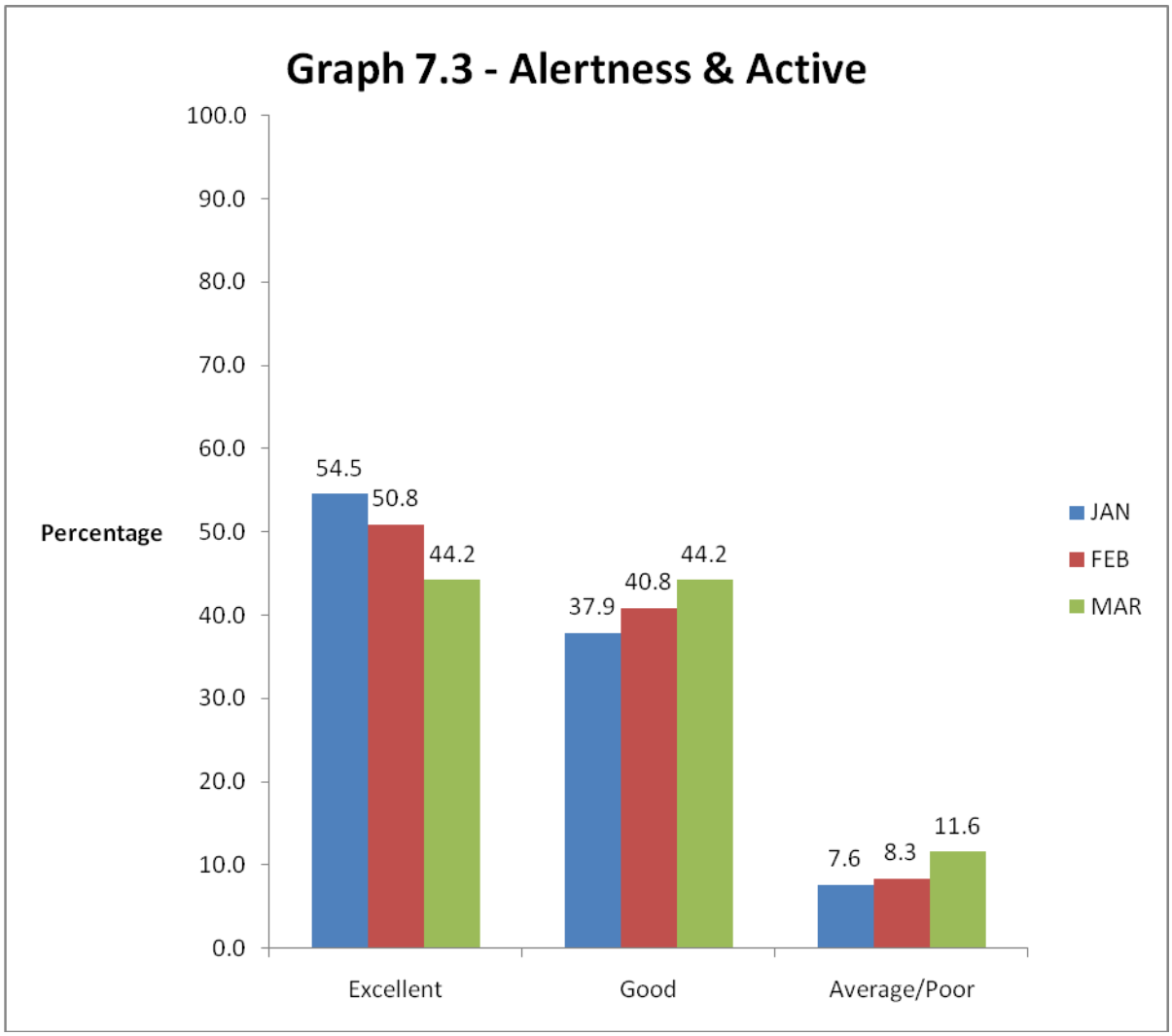

Graph 6.2 - Promptness of the housekeeping
Percentage
100.0
90.0
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
50.0
44.8
47.0
36.8
42.4
43.0
13.2
12.8
10.0
Excellent
Good
Average/Poor
JAN
FEB
MAR


Graph 6.3 - Courtesy of housekeeping staff
Percentage
100.0
90.0
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
55.7
46.0
47.5
37.1
46.8
43.6
7.1
7.1
8.9
Excellent
Good
Average/Poor
JAN
FEB
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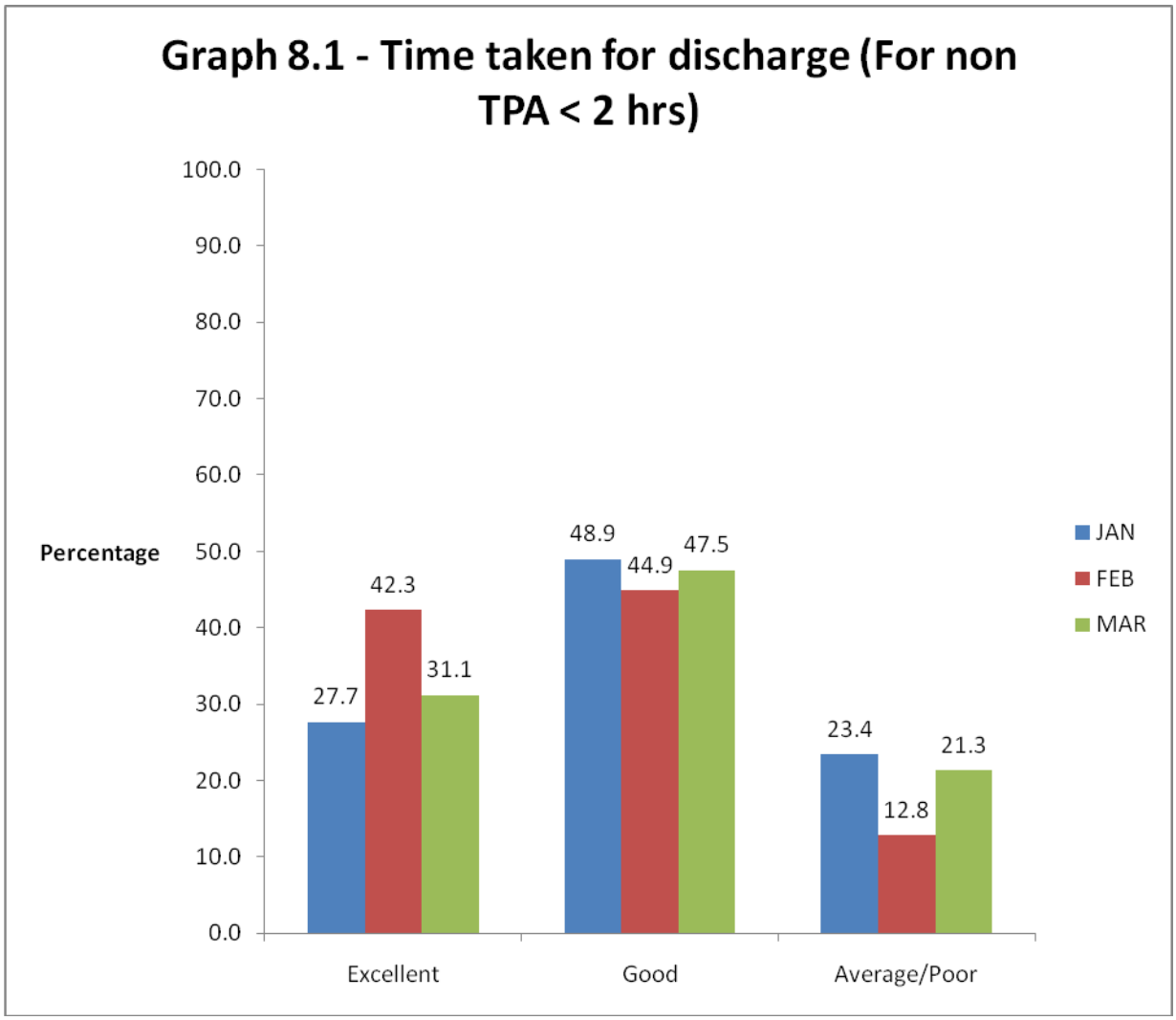
7. Security Services

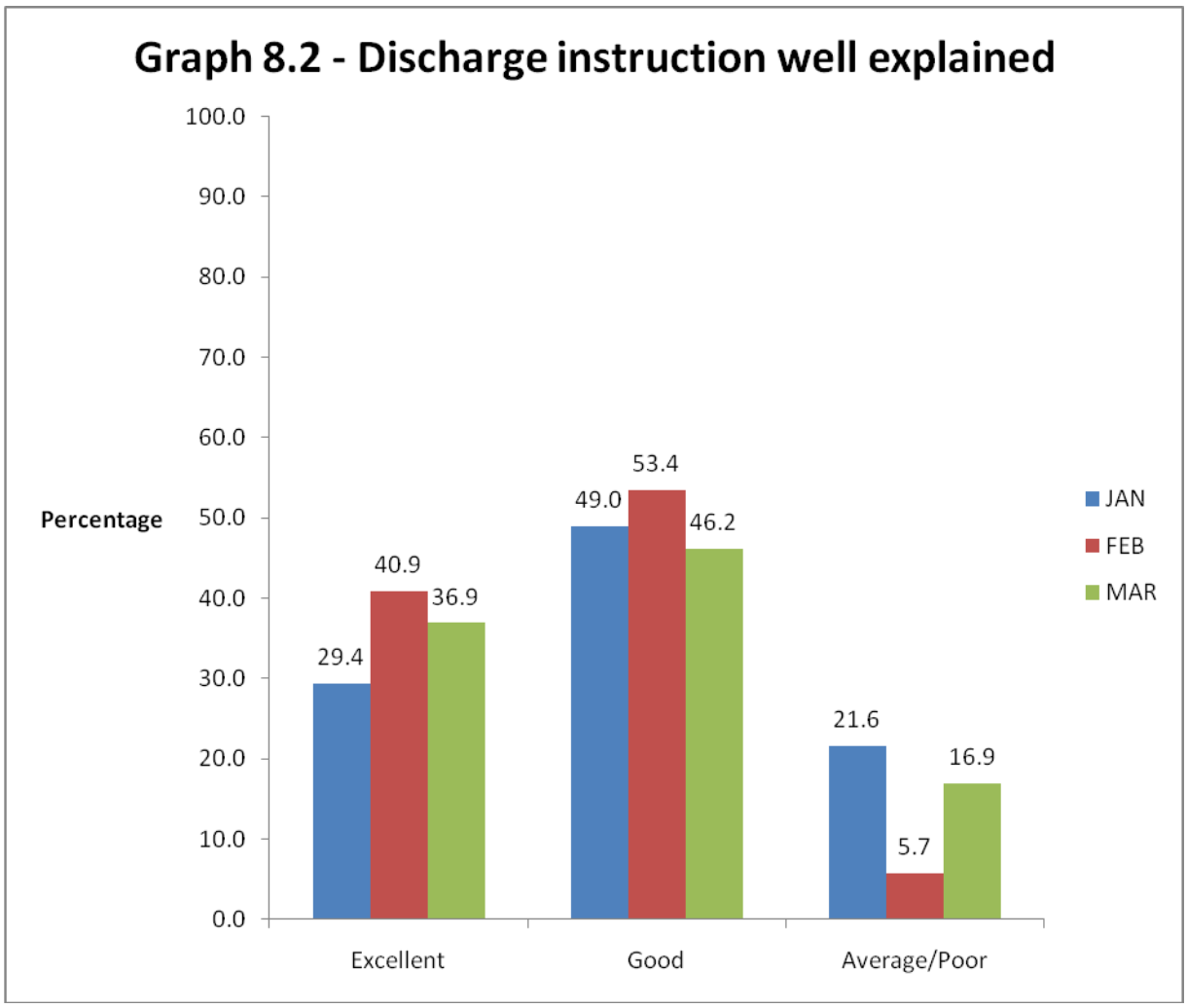


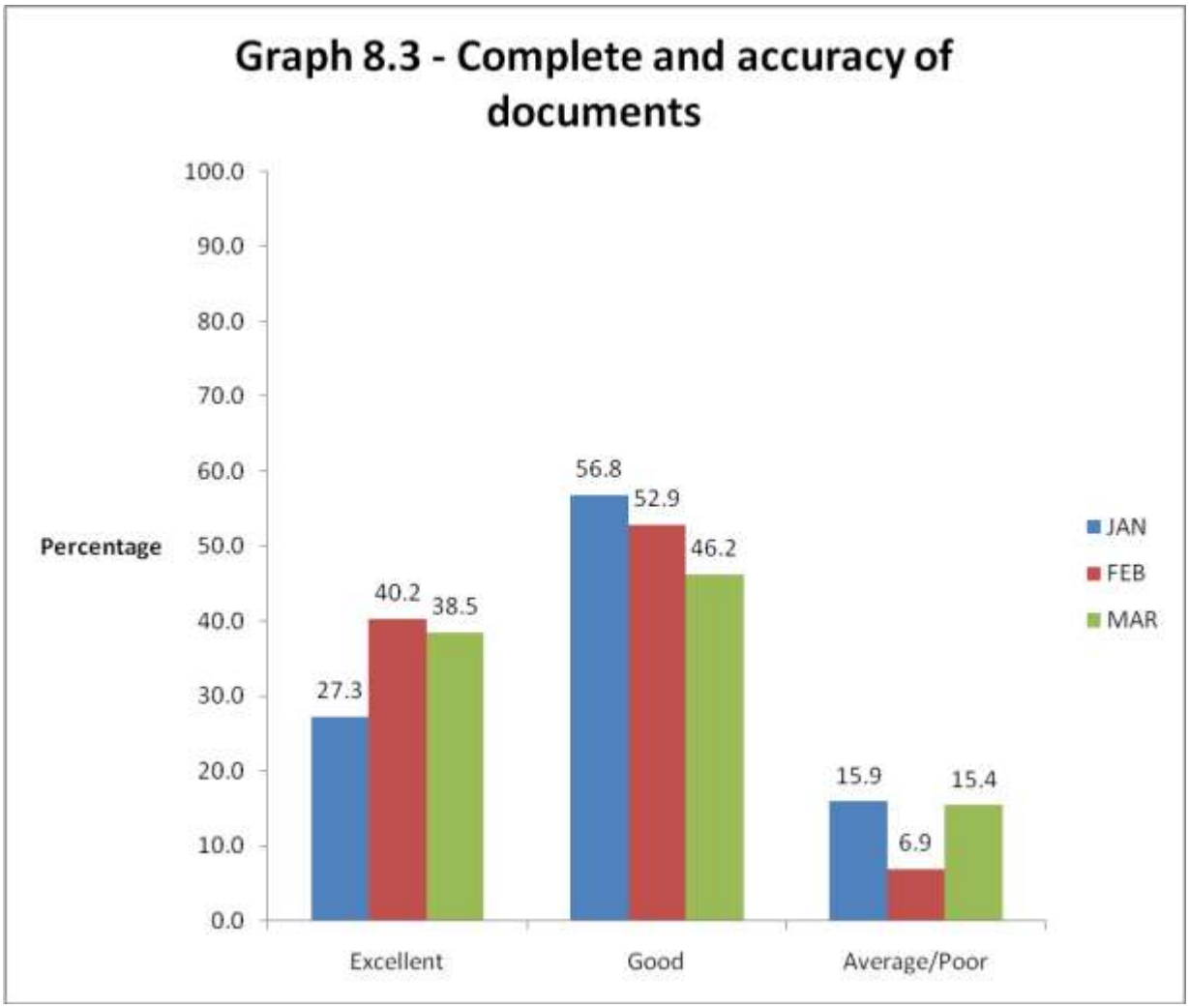

Graph 7.2 - Courtesy & helpful
Percentage
100.0
90.0
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
41.7
50.4
48.5
44.4
38.7
39.2
13.9
10.9
12.4
Excellent
Good
Average/Poor
JAN
FEB
MAR


Graph 7.3 - Alertness & Active
Percentage
100.0
90.0
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
54.5
50.8
44.2
37.9
40.8
44.2
7.6
8.3
11.6
Excellent
Good
Average/Poor
JAN
FEB
MAR

8. Discharge Process




Graph 8.2 - Discharge instruction well explained
Percentage
100.0
90.0
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
29.4
40.9
36.9
49.0
53.4
46.2
21.6
5.7
16.9
Excellent
Good
Average/Poor
JAN
FEB
MAR


Graph 8.3 - Complete and accuracy of documents
Percentage
100.0
90.0
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
27.3
40.2
38.5
56.8
52.9
46.2
15.9
6.9
15.4
Excellent
Good
Average/Poor
JAN
FEB
MAR

Findings –

1. There has been a constant rise in Average/poor feedbacks of customers clearly stating the fact that the process of admission is not being clearly explained by the Front Office staff. (Graph 1.1)
2. The figures show a substantial increase in the percentage of exellent response of customers with regard to the courtesy and telephone etiquettes of the operator. However, the overall chart does reflect a need of enhanced training. (Graph 1.2)
3. A remarkable decrease was seen in the levels of promptness of our staff as far as responding to the guests of customer is concerned. (Graph 1.3)
4. The negative feedback with regard to responsiveness to patient's questions has decreased remarkably over the months. (Graph 2.1)
5. The medical team involved in patient care have been trained/educated during frequent training sessions to enhance the level of their interaction with the patient's/attendants there by leading to very good feedback of the patient's with regard to this parameter.
6. Again a very good performance of the doctors with the involvement of the patient's attendant in decision making during the treatment. Also we can see that they have been working very successfully on reducing average/poor responses.
7. Not much improvement can be seen in the promptness to patient's calls by the nursing staff.
8. There has been only a marginal increase in the percentage of excellent responses marked by the patient's towards the timely and efficient implementation of doctor's orders by supporting medical team.
9. The nursing staff seems to require greater motivation and level of training so as to improve the positive feedback of patients in respect to their skill, job knowledge, competence and behavior.
10. The dieticians were somehow found not being able to comply to their regular rounds being taken in the patient care areas there by reflecting a significant increase in the average/poor responses marked by the customers.
11. Though the percentage of average/poor responses have decreased over the months studied not much improvement in the level of excellent responses indicate the need for enhanced training.

12. The graphs just indicate negative response of the customers towards the hygiene, quality, temperature & taste of the food being served to them.
13. The timely delivery of medicines by the pharmacy department to the nursing stations has gone up during the period studied due to revisions and up gradations of certain processes related to this system.
14. There is a significant increase in the excellent category, but the percentages still stand very low. There by showing a need of greater promptness in making arrangement of various prescribed items in the hospital.
15. The discharge process especially that related to clearance in the pharmacy department requires a much greater focus and improvement.
16. A sharp decline in the excellent responses of the customers indicate a need for enhanced training and motivation among the concerned staff as this is one of the very important parameters governing comfortable stay of the customers in the hospital.
17. A consistency in the level of negative responses during the 3 months show that the staff needs to be motivated and trained, very significantly in making prompt responses to customers concerned.
18. Training and general behavior of the housekeeping staff needs to be increased in order to increase the percentage of positive feedback of the patients in this direction.
19. Rigorous trainings in the period analyzed show an increased positive response of the patients towards the direction giving assistance by the security staff.
20. Courtesy and helpfulness of the security staff needs to be increased significantly as the patient's response have not been very positive during the period studied.
21. Feedback with regard to the alertness of the security staff has been found to be very low and is a very important area for improvement in the hospital.
22. The overall discharge process in the hospital needs to be improved considerably as the percentage of excellent responses have gone down during this period.
23. Customer feedback in regard to discharge instructions is again a very important area for improvement in the hospital, as both excellent and good responses have shown a considerable decline.
24. The figures need to be improved in regard to the completeness and accuracy of patient documentation being maintained in the hospital.

Chapter 4 – Conclusions & Recommendations

Conclusions

1. **Reception** – The Front Office department of the hospital has shown an average performance during the assessment period. The staff requires special induction with respect to the desired protocols before making them independently handle a customer.
2. **Doctor Experience** – The only area where it was seen that the doctors should improve is with regard to the briefing of the patients/attendants during their stay in the hospital.
3. **Nursing** – The most common reason for the average performance of the nursing staff is their poor communication skills and their response time to attending a patient call.
4. **Food & Beverage** – The feedbacks of Food & Beverage department has shown lack of involvement of dietician personally in the service of each patient.
5. **Pharmacy Services** – The customer feedback shows that the pharmacy protocols and training of staff need to be improved significantly in order to imcrease the percentage of customer satisfaction.
6. **Room Experience** – The feedbacks of the housekeeping department show a very subsiding performance. The cleanliness of the rooms and toilets show customer dissatisfaction. The promptness and courtesy of the house keeping staff is stagnated and getting poorer respectively.
7. **Security Services** – The vigilance/alertness of the security staff along with their courtesy in handling customer queries need tremendous improvement.
8. **Discharge Process** – The customers don't seem to be satisfied with the length of time involved in making him or her physically discharged from the hospital once clinical discharge has been advised by the treating consultant.

Recommendations

1. **Reception** – *Training, evaluation and periodic internal audits have been proposed in order to increase the level of satisfaction of the customer with respect to this "Front Face" of the organization.*
2. **Doctor Experience** – *Regular briefing of attendants with all consultants involved in the care of the patient (including the cross referrals) has been proposed especially for those patients in critical care areas.*
3. **Nursing** – *Basic communication classes (Hindi/English) for all nursing staff at the time of their joining and they should be discouraged from speaking their regional language while on duty.*
4. **Food & Beverage** – *The dietician needs to interact with the patient in greater detail about their tastes and preferences and also take a feedback from them personally on a daily basis rather than just depending on the feedbacks from the service boys. The dieticians need to take their rounds more effectively and efficiently and the department needs motivation and encouragement to improve their services and quality of food.*
5. **Pharmacy Services** – *Time monitoring systems should be introduced in order to track and improve the pharmacy response time.*
6. **Room Experience** – *Periodic trainings and the analysis of the training outcomes need to be done on a regular basis in order to increase the performance of this department.*
7. **Security Services** – *The staff needs to be trained and motivated about the importance of their duties and tasks and help them work towards patient delight.*
8. **Discharge Process** – *Also the discharge instructions given to the patient by the supporting medical team need greater clarity. Regular audit and time motion study needs to be done for the various channels involved in the discharge process of the patient.*

References –

1. Valyasavee A, Jongodomsuk P, Nidtayarumpong S, Porapungkam Y, Laruk N, editors. (Draft) Health services system model appropriate with Thai society in next two decade. Nonburi: Komonkimtong Foundation; 1999.
2. Baker SK. Improving service and increasing patient satisfaction. Family Practice Management [Serial online] July-August 1998; [6 screen]. Available from: http://www.aafp.org/fpm/980700fm/heane.html.
3. White B. Measuring patient satisfaction: how to do it and why to bother. Family Practice management [serial online] January 1999; [9 screens]. Available from: http://www.aafp.org/fpm/990100fm/40.html.
4. How satisfied are your patients?. Family Practice Management April 1998; [2 screen]. Available from: http://www.aafp.org/fpm/980400fm/fpstats.html.

APPENDIX A