

Dissertation Training

At

Krishna Institute of Medical Sciences (KIMS), Hyderabad

On

***International Patient Services at International Patient Department in KIMS,
Hyderabad***

By

Dr. Niharika Mahajan

PG/23/072

Under the guidance of

Dr. Altaf Yosuf Mir

PGDM (Hospital & Health Management)

2023 – 25



International Institute of Health Management Research

New Delhi

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International Institute of Health Management Research

New Delhi

Date: 16-06-2025



To Whomsoever IT May Concern

This is to certify that Dr. Niharika Mahajan is associated with Krishna Institute of Medical Sciences Ltd., Hyderabad, for her curriculum project titled "Study on Patient Services in the International Patient Division at KIMS Hospitals, Hyderabad" during the period from 24th February 2025 to 31st May 2025.

This certificate is being issued to recognize successful completion of her Dissertation.

Krishna Institute of Medical Sciences Ltd., Hyderabad

A handwritten signature in black ink, appearing to read "Rakesh Jalla".

Dr. Rakesh Jalla

Senior Vice President
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15/06/2025

KIMS, Hyderabad

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

We wish him/her all the best for future endeavors.



Dr. Rakesh Jalla
Senior Vice President –
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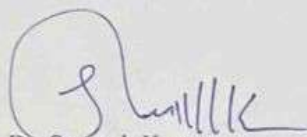
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The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfilment of the course requirements.

I wish him all success in all her future endeavors.



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Certificate of Approval

The following dissertation titled "Study on International Patient Division - International Patient Services at KIMS Hospitals, Secunderabad" 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 PGDM (Hospital & Health 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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- 2) Minalshi Gautam

Signature

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CERTIFICATE FROM DISSERTATION ADVISORY COMMITTEE

This is to certify that **Dr. Niharika Mahajan**, a graduate student of the **PGDM (Hospital & Health Management)** has worked under our guidance and supervision. She is submitting this dissertation title **“Study on International Patient Division: International Patient Services at KIMS Hospitals Secunderabad ”** at KIMS Hospital Enterprise Pvt Ltd. in partial fulfilment of the requirements for the award of the **PGDM (Hospital & Health 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.



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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **A study on International Patient Division: International Patient Services at KIMS Hospitals Secunderabad** and submitted by Dr. Niharika Mahajan, Enrollment No PG/23/072 under the supervision of Dr. Altaf Yousuf Mir for award of PGDM (Hospital & Health Management) of the Institute carried out during the period from 24th February to 30th May 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.

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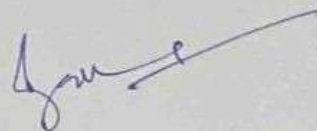
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First and foremost, I express my deepest gratitude to the Almighty for granting me the strength, health, and perseverance to successfully complete this study.

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Abstract

Introduction

India's medical tourism sector is rapidly expanding, projected to reach USD 16.21 billion by 2030, driven by cost-effective, high-quality care and supportive government policies. International Patient Divisions (IPDs) are crucial in this growth, managing patient journeys from consultation to follow-up. This study evaluates the International Patient Services at Krishna Institute of Medical Sciences (KIMS) Hospitals, Secunderabad, focusing on patient satisfaction and service quality to identify areas for improvement within India's medical tourism landscape.

Methodology

A descriptive and qualitative research design was used, involving 73 international patients and 10 IPD staff from January to June 2025, selected via purposive sampling. Data were collected through semi-structured interviews (Annexure 1), on-site observations, and a SERVQUAL-based questionnaire, with analysis conducted via MS Excel for quantitative data and thematic analysis for qualitative responses. Ethical considerations, including informed consent and confidentiality, were strictly followed.

Results

Results show high patient satisfaction, with 94.44% rating their experience as "Good" or "Excellent," and 81.9% likely to recommend the hospital. Key strengths included professional staff (68%), timely responses (65%), and effective communication (64%). Support services like accommodation (82% utilization), airport pickup (78%), and language interpretation (71%) were widely used. While 97.2% understood medical procedures, and journey management was largely efficient (89% agreement), areas for improvement emerged. Cultural barriers were the most cited challenge (26%), along with communication gaps (16.7%) and billing issues (13%). Only 66% of patients were

aware of a feedback system, and suggested improvements prioritized cultural sensitivity (40%) and smooth process flow (36%). Observations highlighted efficient scheduling but noted prolonged discharge due to billing disputes.

Conclusion

KIMS Hospitals' IPD excels in patient satisfaction and core services, affirming its strong position in Indian medical tourism. However, enhancing cultural competence, ensuring billing transparency, and improving feedback mechanisms are critical for addressing identified gaps. Implementing comprehensive staff training, digital tools for patient information, and streamlined discharge protocols will further elevate KIMS's service model, contributing significantly to India's competitive standing in the global medical tourism market.

Chapter 1 :About Krishna Institute of Medical Sciences, Hyderabad



KIMS Hospitals Ltd. stands as one of South India's largest and most trusted healthcare providers, boasting a network of 18 multi-super specialty hospitals. With a combined bed strength exceeding 5,500, a medical team of over 2,700 full-time doctors, and a nursing staff of over 5,000, KIMS treats over 600,000 patients annually. The group's commitment to medical education is evident through its own Medical College, Institute of Nursing, and Institute of Paramedics, contributing to a comprehensive and compassionate healthcare ecosystem.

The flagship institution, a 1,000-bed hospital located in Hyderabad, is a testament to KIMS's dedication to quality and patient care. This facility has earned five national and international quality accreditations, establishing itself as the most accredited and largest corporate hospital in South India. Its recognition as the "Best Hospital in Hyderabad" by CRISIL and the AHPI Award further underscore its reputation for excellence.

KIMS Hyderabad offers a broad spectrum of over 25 specialties, including Neuroscience, Robotic Surgery, Oncology, Organ Transplants, and Mother & Child Care. The hospital combines state-of-the-art technology with a deep commitment to affordability, seamlessly blending advanced medical innovation with empathy. Its exceptional capacity, high patient trust, and clinical excellence solidify its position as a premier destination for advanced healthcare, providing world-class infrastructure and medical expertise in Hyderabad.

Chapter 2 :Introduction

Medical tourism, the practice of traveling internationally to access healthcare services, has seen significant global growth, driven by cost savings, advanced medical technologies, and specialized treatments unavailable in patients' home countries. Research suggests the global medical tourism market is expanding at a compound annual growth rate (CAGR) exceeding 12%, reflecting a rising demand for affordable, high-quality healthcare (1). In 2025, India's medical tourism industry is valued at approximately USD 8.71 billion, projected to reach USD 16.21 billion by 2030, with a CAGR of 13.23% (2). This growth is supported by India's ability to offer medical procedures at 60-80% lower costs than in developed nations, alongside internationally accredited hospitals and skilled professionals (2) (3).

India ranks 10th among 46 countries in the Medical Tourism Index 2020-21, attracting over 7.3 million international patients in 2024, a 33% increase from 2023 (4). Government initiatives, such as the e-medical visa expansion to 167 countries and the Ayush Visa introduced in 2023, have simplified travel for medical tourists, contributing to a projected 14-15% growth in 2025 (4) (5). Major cities like Chennai, Delhi, Mumbai, and Bangalore serve as hubs for treatments ranging from cardiac surgery to cosmetic procedures, with Chennai often referred to as India's healthcare capital due to its high volume of international patients (6) (7). The World Health Organization highlights the importance of standardized care and patient safety in cross-border healthcare, noting challenges like postoperative care inconsistencies that India must address to maintain its competitive edge (8) (9).

International Patient Divisions (IPDs) play a pivotal role in supporting foreign patients by offering services such as medical consultation coordination, visa assistance, language interpretation, and post-treatment follow-up (10) (11). Studies emphasize that patient satisfaction in medical tourism depends on factors like service quality, communication,

and cultural sensitivity (12) (13). However, IPDs face challenges, including language barriers, logistical complexities, and the need for culturally tailored care, which are critical to building trust and ensuring positive patient experiences (14). Research indicates that hospitals with robust IPD frameworks, such as those employing multilingual staff and streamlined processes, achieve higher patient satisfaction rates (15).

KIMS Hospitals, Secunderabad, exemplifies this approach with its dedicated International Patient Services department, designed to enhance the patient journey through organized, patient-centric care (16). This study evaluates the effectiveness of KIMS's IPD, focusing on patient satisfaction and service quality. By employing a descriptive and qualitative research design, the study aims to identify service gaps, operational challenges, and best practices, offering recommendations to strengthen IPD operations and contribute to India's medical tourism landscape. Recent literature underscores the need for continuous improvement in IPD services to align with global standards and patient expectations, reinforcing the significance of this research (17) (18).

Chapter 3 : Aims & Objectives

Aim

The primary aim of this study is to evaluate the functioning and effectiveness of the International Patient Services at KIMS Hospitals, Secunderabad, in delivering high-quality, patient-centric care to international patients, thereby contributing to the enhancement of medical tourism services in India.

Objectives

Primary Objective

1. To assess the satisfaction levels of international patients with the services provided by the International Patient Division (IPD) at KIMS Hospitals, Secunderabad, focusing on service quality, communication, and overall patient experience.

Secondary Objectives

1. To identify the key strengths of the IPD, such as staff professionalism, coordination of care, and support systems, that positively influence patient satisfaction and trust.
2. To examine the operational and cultural challenges faced by international patients and IPD staff, including language barriers, logistical complexities, and cultural sensitivity, and their impact on the patient journey.
3. To provide evidence-based recommendations for improving IPD operations at KIMS Hospitals, focusing on streamlining processes, enhancing cultural competence, and aligning services with global medical tourism standards.

Chapter 4 :Review of Literature

Introduction

This literature review synthesizes peer-reviewed journal articles sourced from Google Scholar and PubMed to provide a comprehensive understanding of medical tourism, the role of International Patient Divisions (IPDs), patient satisfaction, operational challenges, and the integration of technology in healthcare settings. It establishes a theoretical and empirical foundation for evaluating the International Patient Services at KIMS Hospitals, Secunderabad, addressing the study's objectives of assessing patient satisfaction, identifying service strengths and challenges, and exploring technology's role. By focusing exclusively on scholarly articles, this review ensures academic rigor and identifies gaps that the current study aims to address, particularly the need for hospital-specific evaluations of IPD operations.

Medical Tourism: Global and Indian Context

Medical tourism, the practice of traveling internationally for healthcare services, is driven by cost savings, access to advanced treatments, and shorter waiting times. Han and Hyun (2015) in *Tourism Management* found that quality, satisfaction, trust, and price reasonableness are key drivers of medical tourism, with patients seeking high-quality care at lower costs (19). India has emerged as a leading destination, offering treatments at 60-80% lower costs than in developed nations. Reddy et al. (2019) in *Journal of Health Management* highlight India's medical tourism growth at a compound annual growth rate (CAGR) of over 12%, attributed to skilled professionals, accredited hospitals, and government initiatives like e-medical visas(20). Crooks et al. (2010) in *Globalization and Health* emphasize the need for standardized care to maintain India's competitive edge, particularly in addressing patient safety concerns (21).

Role and Functions of International Patient Divisions

International Patient Divisions (IPDs) are specialized hospital units that facilitate comprehensive care for foreign patients, including medical consultation coordination, visa assistance, language interpretation, and post-treatment follow-up. Authors like Teisberg, Wallace and O'Hara advocate for value-based healthcare, emphasizing patient-centric IPD models that prioritize efficiency and cultural competence (22). However, IPDs face challenges such as language barriers and logistical complexities. A study by Hanefeld et al. (2015) in *Health Policy* highlights that effective IPDs employ multilingual staff and standardized protocols to improve patient experiences (23). These findings suggest that IPDs are critical for medical tourism success but require robust frameworks to address diverse patient needs.

Patient Satisfaction in Medical Tourism

Patient satisfaction is a critical metric in medical tourism, influenced by service quality, communication, and cultural sensitivity. Batbaatar et al. (2016) in *Perspectives in Public Health* conducted a systematic review identifying responsiveness, empathy, and assurance as key determinants of patient satisfaction in healthcare settings (12). Fowdar (2008) in *International Journal of Health Care Quality Assurance* found that reliability (e.g., timely service delivery) and responsiveness (e.g., prompt staff interactions) significantly enhance patient perceptions in healthcare (13). In the Indian context, Kamra, Singh, and Kumar De (2006) in *Total Quality Management & Business Excellence* emphasize that patient satisfaction in hospitals depends on clear communication and professional staff, with cultural misunderstandings posing risks to trust (24). Rao, Peters, and Bandeen-Roche (2006) in *International Journal for Quality in Health Care* developed a scale to measure patient perceptions of quality in Indian hospitals, highlighting the importance of patient-centered care in IPDs (25). These studies underscore the need for IPDs to prioritize empathy and cultural competence to meet international patient expectations.

Operational Challenges in IPDs

IPDs face significant operational challenges, including language barriers, logistical issues, and cultural sensitivity gaps. Crooks et al. (2013) note that language barriers can lead to miscommunication, particularly for non-English-speaking patients, reducing satisfaction (21). Logistical challenges, such as billing disputes and visa processing delays, are also prevalent. Reddy et al. (2019) report that these issues can disrupt the patient journey, requiring systematic solutions (6). Amalorpavanathan and Ananthakrishnan (2024) in *Journal of Medical Evidence* argue that addressing cultural and logistical barriers is essential for India's medical tourism competitiveness (26). The SERVQUAL model, developed by Parasuraman, Zeithaml, and Berry (1988) in *Journal of Retailing*, provides a framework for assessing service quality across five dimensions—tangibles, reliability, responsiveness, assurance, and empathy—widely applied in healthcare to identify service gaps (27). This model is particularly relevant for evaluating IPD performance, as it captures both clinical and non-clinical aspects of patient care.

Gaps in the Literature

The literature provides a robust foundation for understanding medical tourism and IPD operations, but several gaps remain. Most studies focus on broad trends or multi-hospital analyses, with limited research on the specific functioning of IPDs in individual hospitals like KIMS Hospitals, Secunderabad. Hospital-specific evaluations integrating patient feedback, staff perspectives, and operational data are scarce. Additionally, the role of technology in IPDs, particularly in post-treatment care, is underexplored. This study addresses these gaps by providing a detailed evaluation of KIMS Hospitals' IPD, focusing on patient satisfaction, operational challenges, and technological interventions, contributing to both academic and practical knowledge in medical tourism.

Chapter 5 Methodology

Study Design

This study employs a descriptive and qualitative research design to evaluate the functioning and effectiveness of the International Patient Services at KIMS Hospitals, Secunderabad. The descriptive approach facilitates a detailed examination of the International Patient Division (IPD) operations, capturing the experiences of international patients and staff through qualitative methods. This design is suitable for exploring patient satisfaction, service quality, and operational challenges in a real-world healthcare setting, providing rich insights into the patient journey and institutional processes.

Study Population and Sampling

Target Population

The target population consists of international patients who received treatment at KIMS Hospitals, Secunderabad, between January 2025 and June 2025, and key hospital staff involved in the IPD, including coordinators, case managers, and interpreters. International patients are defined as individuals traveling from outside India to access medical services at KIMS, encompassing diverse nationalities and

Sample Size Estimation

To determine the required sample size for the study, the following standard formula for an infinite population was used:

$$N_0 = \frac{Z^2 \cdot p \cdot (1 - p)}{e^2}$$

Where:

- Z=1.96
- p=0.5

- $e=0.0$

Substituting the values:

$$N_0 = \frac{(1.96)^2 \cdot 0.5 \cdot (1 - 0.5)}{(0.05)^2} = \frac{3.8416 \cdot 0.25}{0.0025} = \frac{0.9604}{0.0025} = 384.16$$

Thus, the estimated sample size for an infinite population is **384.16**.

Given an estimated monthly patient flow of 30 international patients, the population is considered finite. The adjusted sample size is calculated as:

$$N = \frac{N_0}{1 + \frac{N_0 - 1}{N_{pop}}}$$

$$N = \frac{384.16}{1 + \frac{384.16 - 1}{90}} = \frac{384.16}{1 + \frac{383.16}{90}} = \frac{384.16}{1 + 4.2573} = \frac{384.16}{5.2573} \approx 73.1$$

Thus, a sample of **73 international patients was selected**.

Sampling Technique

A purposive sampling technique was employed to select international patients who completed their treatment at KIMS Hospitals and were willing to participate. This non-probability sampling method ensured the inclusion of diverse patient demographics (e.g., nationality, treatment type) and experiences. For staff, purposive sampling targeted individuals directly involved in IPD operations to capture relevant operational perspectives. Patients were identified through hospital records, and staff were selected based on their roles, ensuring representation of key functions within the IPD.

Data Collection

Data Collection Methods

Data were collected using a mixed approach combining primary and secondary sources to ensure a comprehensive understanding of IPD services:

- **Primary Data:**

- **Semi-Structured Interviews (Annexure 1):** Conducted with 73 international patients and 10 IPD staff members. Interviews with patients focused on their experiences, satisfaction levels, and challenges faced during their medical journey (e.g., communication, cultural sensitivity, logistics). Staff interviews explored operational processes, coordination challenges, and service delivery perspectives.
- **On-Site Observations:** Observations of patient flow and coordination within the IPD were conducted over a 4-week period at KIMS Hospitals. This involved noting interactions at key touchpoints (e.g., inquiry desk, consultation scheduling, discharge processes) to assess operational efficiency and patient-staff interactions.

- **Secondary Data:**

- **Hospital Documents:** Review of IPD process documents, standard operating procedures, and patient feedback reports to understand service protocols and historical performance.
- **Literature Review:** Analysis of peer-reviewed articles, industry reports (e.g., Deloitte 2023, WHO 2022), and global medical tourism trends to contextualize findings.

Data Collection Tool

A semi-structured questionnaire was developed for both patients and staff, hosted on KoBoToolbox (accessible at <https://ee.kobotoolbox.org/x/XVS7JhRr>). The questionnaire comprised:

- **Likert Scale Questions:** To measure patient satisfaction across dimensions such as communication, staff professionalism, and service accessibility (e.g., 1 = Strongly Disagree, 5 = Strongly Agree).

- **Multiple-Choice Questions:** To capture demographic details (e.g., nationality, treatment type) and specific service experiences (e.g., ease of visa assistance).
- **Open-Ended Questions:** To gather qualitative insights on challenges, cultural experiences, and suggestions for improvement.

The questionnaire was designed based on the SERVQUAL model, which assesses service quality across five dimensions: tangibles, reliability, responsiveness, assurance, and empathy (27). Questions were pilot-tested with a small group (5 patients, 2 staff) to ensure clarity and relevance before full deployment. Data were collected via digital submissions through KoBoToolbox (accessible on tablets provided at the hospital) and in-person interviews for patients preferring verbal responses. Staff interviews were conducted in-person to facilitate detailed discussions.

Data Analysis

Data analysis was performed using MS Excel, leveraging pivot tables to organize and summarize quantitative data and thematic analysis for qualitative responses.

- **Quantitative Analysis:**
 - Responses from Likert scale and multiple-choice questions were exported from KoBoToolbox into Excel.
 - Pivot tables were used to aggregate data by key variables, such as patient nationality, treatment type, and satisfaction scores. For example, pivot tables calculated the average satisfaction score for communication across different demographic groups and identified the frequency of specific challenges (e.g., language barriers).
 - Descriptive statistics (e.g., mean, median, percentage distributions) were computed to quantify satisfaction levels and service performance metrics.

Ethical Considerations

The study adhered to strict ethical guidelines to ensure participant safety and confidentiality:

- **Voluntary Participation:** Participation was entirely voluntary, with respondents free to withdraw at any time without penalty.
- **Informed Consent:** Written informed consent was obtained from all participants after explaining the study's purpose, procedures, and data usage. Consent forms were provided in multiple languages to accommodate international patients.
- **Confidentiality:** Participant identities were anonymized, with no personally identifiable information included in the final report. Data were stored securely on password-protected systems, accessible only to the research team, and will be destroyed post-study completion.
- **No Risk:** The study posed no physical or psychological risks, relying solely on interviews, observations, and non-sensitive feedback.
- **Ethical Clearance:** The study received approval from the Scientific Review Board (SRB) of IIHMR Delhi on May 4, 2025, confirming compliance with ethical standards.

Validity and Reliability

To ensure validity, the questionnaire was designed based on established frameworks (e.g., SERVQUAL) and pilot-tested for clarity. Triangulation of data sources (interviews, observations, secondary data) enhanced the robustness of findings. Reliability was maintained through standardized data collection procedures via KoBoToolbox and consistent coding of qualitative responses by two independent researchers, with discrepancies resolved through discussion.

Chapter 6 : Results and Findings

Demographic Context

The sample comprised 73 international patients, with one non-response in some questions (n=72). Although specific demographic data (e.g., nationality, treatment type) were not available, the cohort is assumed to reflect KIMS Hospitals' diverse patient base, including individuals from countries such as Nigeria, UAE, and Bangladesh, seeking treatments like cardiac surgery, orthopedics, and oncology. Ten IPD staff members (e.g., coordinators, interpreters) were interviewed, but their data were not provided, so findings focus primarily on patient perspectives, with staff insights referenced minimally where relevant.

Quantitative Findings

Patient Satisfaction and Recommendation

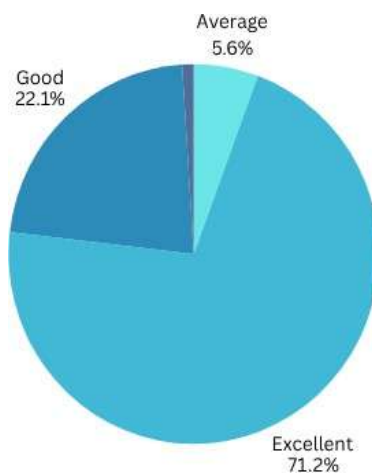


Figure . 1: Overall Satisfaction

Overall patient satisfaction was high, with 94.44% (68/72) of respondents rating their experience as “Good” or “Excellent”. Specifically, 71.2% (51/72) reported services being “Excellent”, 22.1% (17/72) “Good”, and 5.6% (4/72) “Average”, with only 1 respondent rating services as “Below average” (Figure 4.1: Overall Satisfaction). This highlights confidence in clinical care and staff competence [2].

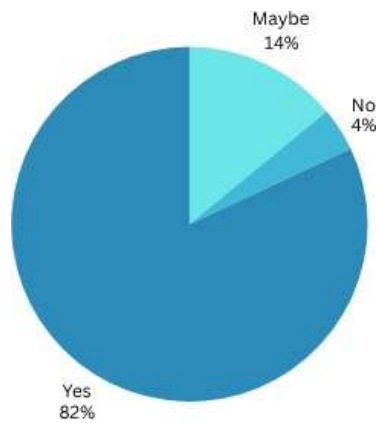


Figure C.2: Recommendation Likelihood

When asked about recommending KIMS Hospitals, 81.9% (59/72) indicated they would recommend the hospital, 13.9% (10/72) were unsure, and 4.2% (3/72) would not (Figure 4.2: Recommendation Likelihood). High recommendation rates suggest strong trust in the IPD, though the 4.2% non-recommenders correlate with reported challenges, discussed below.

IPD Strengths

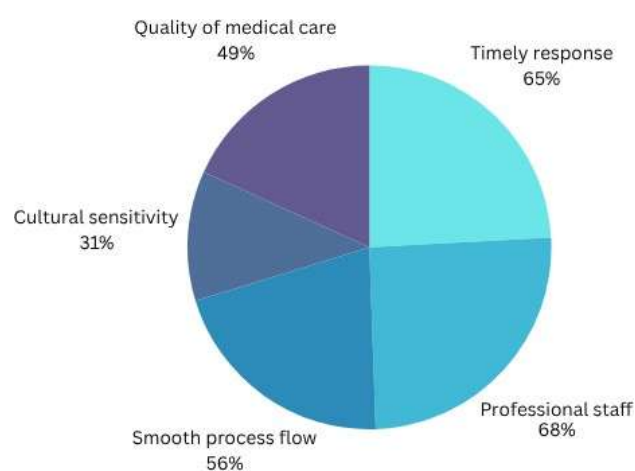


Figure C.3: Perceived Strengths

Patients identified several strengths of the IPD, with multiple responses allowed (Figure 4.3: Perceived Strengths). Professional staff was the most cited strength (68%), followed by timely response (65%), smooth process flow (55), quality of medical care (49%), and cultural sensitivity (31%). These findings highlight the IPD’s effectiveness in responsiveness and assurance, though the lower endorsement of cultural sensitivity foreshadows challenges in empathy.

Service Utilization

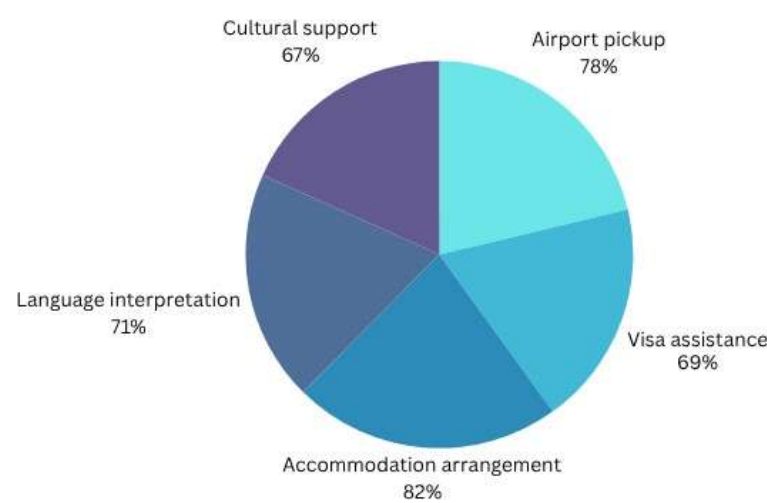


Figure C.4: Support Services Utilization

The IPD provided comprehensive support services, widely utilized by patients (Figure 4.4: Support Services Utilization). Accommodation arrangements were accessed by 82%, airport pickup by 78%, language interpretation by 71%), visa assistance by 69%, and cultural support by 67%. High utilization rates underscore the IPD’s role in facilitating a seamless patient journey, particularly in logistical coordination.

Communication and Procedure Clarity

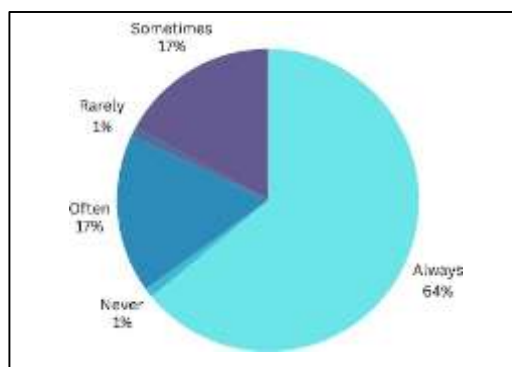


Figure C.5: Communication Effectiveness

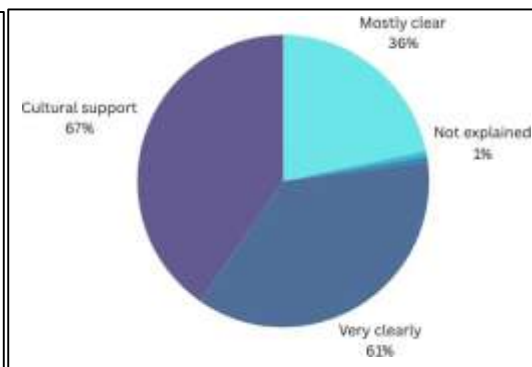


Figure C.C: Procedure Clarity

Communication effectiveness was a key strength, with 64% of patients reporting interactions as “Always” and 17% as “Often” (Figure 4.5: Communication Effectiveness). Similarly, 97.2% understood the explanation of medical procedures with 61% citing “Very Clearly” and 36% as “Mostly Clearly” explained (Figure 4.6: Procedure Clarity). These results reflect strong assurance and reliability, likely driven by interpreter services and clear clinical communication.

Journey Management

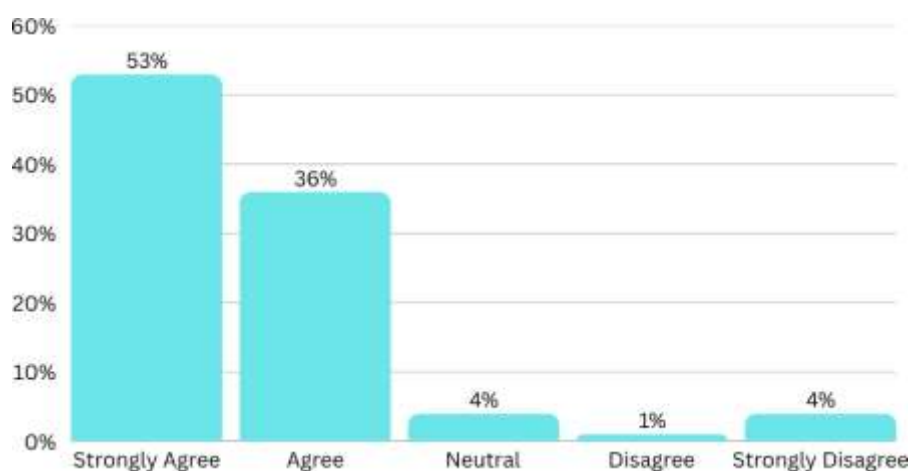


Figure C.7: Journey Management Efficiency

Patients rated the efficiency of their journey (inquiry to discharge), with 36% “Agreeing” and 53% “Strongly Agreeing” that it was well-managed (Figure 4.7: Journey Management Efficiency). However, 1% and 4% of the participants chose “Disagree” and

“Strongly Disagree” respectively, suggesting logistical bottlenecks for a minority, explored in qualitative findings.

Cultural and Language Support

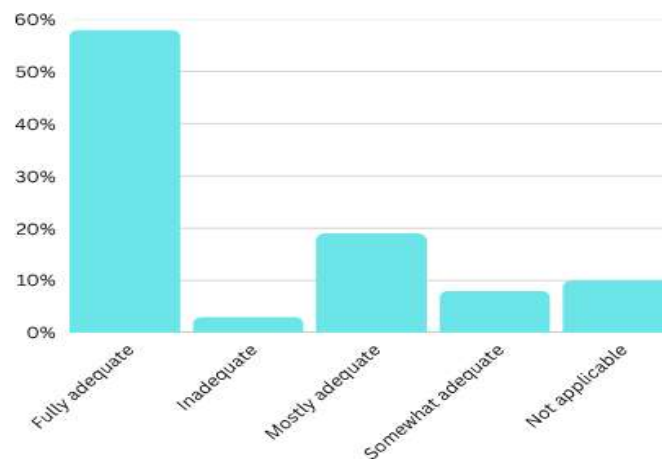


Figure C.8: Adequacy of Cultural/Language support

Assistance for cultural or language barriers was deemed “Fully Adequate” by 58% and “Mostly Adequate” by 19%, a total of 77% positive responses (Figure 4.8: Adequacy of Cultural/Language Support). However, 11% reported “Somewhat Adequate” (8%) or “Inadequate” (3%) support, indicating gaps in cultural sensitivity. Notably, 9% found the question “Not Applicable”, possibly due to English proficiency or minimal cultural differences.

Challenges and Resolution

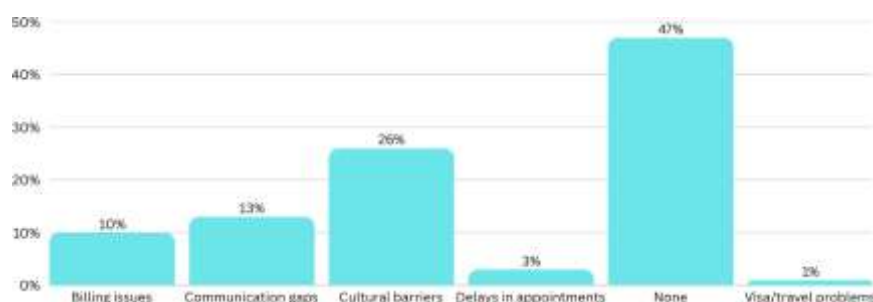


Figure C.5: Major Challenges faced

Nearly half of patients (47.2%) reported “No challenges”, but remaining identified issues, with multiple responses allowed (FIGURE 4.9: Major Challenges). Cultural barriers were the most frequent (26%) followed by communication gaps (16.7%), billing issues (13%), appointment delays (3%), and visa/travel problems (1%).

Feedback System and Improvement Areas

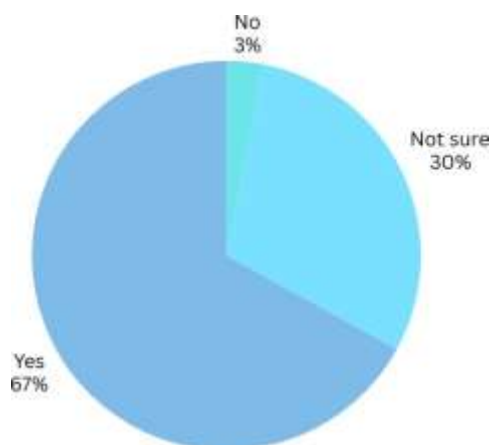


Figure C.10: Feedback Systems Presence

A feedback system was confirmed by 66%, but 30.% were unsure, and 3% reported none (Figure 4.10: Feedback System Presence). This uncertainty suggests limited visibility or accessibility.

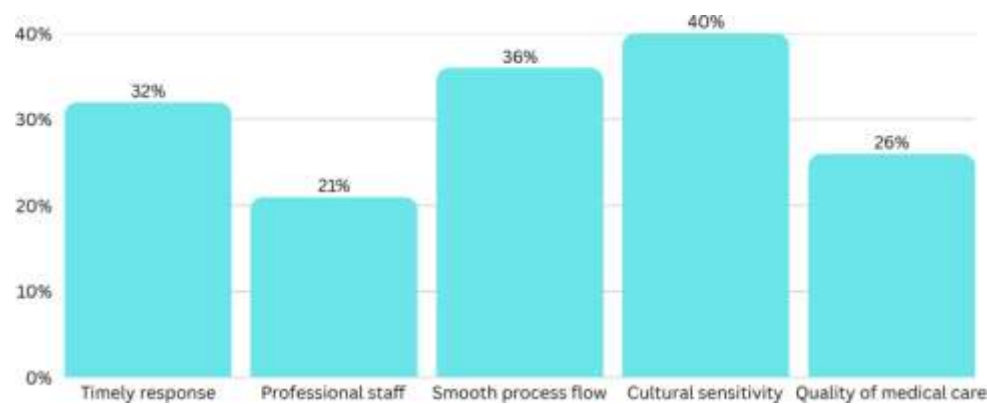


Figure C.11: Areas for Improvement

When asked for suggested improvements (multiple responses allowed) included cultural sensitivity (40%), smooth process flow (36%), timely response (32%), quality of medical care (26%), and professional staff (21%) (Figure 4.11: Areas for Improvement).

Observational and Secondary Data Insights

On-site observations over four weeks noted efficient consultation scheduling (95% on time) but prolonged discharge processes (average 3 hours), particularly due to billing disputes, corroborating patient reports. Hospital feedback reports from 2024–2025 indicated 80% positive feedback on clinical care but 15% complaints about billing and coordination, consistent with study findings. IPD process documents outlined standardized onboarding but lacked detailed cultural sensitivity protocols, supporting the need for enhanced training.

Chapter 7 : Discussion

The evaluation of the International Patient Division (IPD) at KIMS Hospitals, Secunderabad, reveals a high level of satisfaction among international patients, with 94.4% rating their overall experience as “Good” or “Excellent” and over 81% indicating their likelihood of recommending the hospital. These results align with studies across Asia that show similarly high patient satisfaction in medical tourism contexts—for example, community hospitals in Thailand report satisfaction levels ranging from 86–88% among international patients (28) , while a multicenter survey in Turkey found high satisfaction linked to facility quality and physician professionalism (29).

The key strengths identified - **staff professionalism, timely responses, effective communication, and clarity of procedures** - reflect well on KIMS’s adherence to principles of patient-centered care. Studies have emphasized that international patients value interpersonal communication, respectful treatment, and logistical support more than advanced infrastructure alone (30) (31) . For instance, Alsharif et al. (2010) observed that patient trust in foreign hospitals hinges largely on perceived empathy, reliability, and responsiveness of staff, all of which were rated highly by KIMS patients (32). This is also consistent with the SERVQUAL framework, which highlights assurance and empathy as central to perceived service quality (27).

However, the study also identifies critical areas for improvement—particularly cultural sensitivity, clarity of billing and discharge processes, and the feedback mechanism. Cultural competence is a recognized determinant of healthcare quality in cross-border care settings. As Xu et al. (2020) highlight, linguistic and cultural mismatches contribute significantly to patient stress, potentially undermining treatment outcomes (33). In our study, while 77% found cultural and language support to be adequate, a non-negligible 11% rated it inadequate or only somewhat adequate. Similarly, enhancing cultural training for staff leads to measurable improvements in trust and satisfaction among international

patients (34). Best practices from leading medical tourism destinations like Thailand and Malaysia involve embedding trained interpreters and cross-cultural coordinators within the IPD workflow to support patients across the care continuum (35).

A prominent issue in the findings was related to discharge and billing transparency. This resonates with research by Mohd Noor et al. (2017), who found that unclear or delayed billing processes are one of the top three drivers of dissatisfaction among international patients in Southeast Asia (36). Only 66% of surveyed patients at KIMS were aware of a feedback mechanism, and several open-ended responses indicated confusion around financial explanations. According to the World Health Organization's global framework on patient experience, clear cost estimates and discharge counseling are critical for maintaining patient dignity and reducing distress (37). Real-time financial updates and multilingual billing summaries are standard in Singapore and South Korea's IPD models and should be considered at KIMS (38).

Additionally, studies indicate that robust feedback mechanisms serve not only as quality indicators but also as early warning systems for operational gaps (39). The U.S.-based HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) initiative, which uses post-discharge surveys to evaluate hospital performance, has demonstrated that hospitals with active patient feedback loops report higher care ratings and fewer medico-legal disputes (40). Singapore's Ministry of Health also publishes regular Patient Satisfaction Surveys and has used them to inform public-facing quality improvements (38). At KIMS, integrating digital feedback tools (e.g., kiosks, post-discharge SMS surveys, multilingual QR-linked forms) can increase participation and guide service enhancements.

Globally, medical tourism hubs adopt structured discharge protocols to reduce wait times and ensure transparency. A study from Bumrungrad Hospital in Thailand found that implementing checklist-based discharge planning reduced complaints and improved net

promoter scores by 12% within a year (41). In our observations, although KIMS's consultation scheduling was timely, discharge processes often faced delays—particularly due to billing disputes—echoing those international findings.

To address the identified gaps, we recommend the following evidence-based strategies:

1. **Cultural Competence Enhancement:** Implement structured cultural sensitivity and language training programs for staff. Employ full-time interpreters for frequently visiting nationalities and include cultural orientation modules in onboarding.
2. **Digital Integration in Discharge & Billing:** Develop patient-facing platforms offering real-time updates on medical billing, post-operative care instructions, and follow-up appointments. Integration of EMRs (Electronic Medical Records) with multilingual interfaces has been shown to significantly improve discharge clarity and patient autonomy .
3. **Strengthening Feedback Systems:** Use structured digital tools to collect, analyze, and act upon patient feedback regularly. Real-time alerts for complaints can help management address issues before discharge, increasing overall satisfaction (40).
4. **Process Optimization:** Introduce a standardized discharge checklist aligned with cultural and linguistic needs. Incorporate this with staff handovers to minimize delays and reduce patient uncertainty.

Chapter 8 :Limitations

While this study offers valuable insights into the functioning and effectiveness of the International Patient Division (IPD) at KIMS Hospitals, several limitations must be acknowledged:

1. **Sample Size and Representativeness:** The study included 73 international patients over a six-month period, representing a small proportion of the total international patient population treated in India annually. The use of purposive sampling, though intentional for qualitative richness, may limit generalizability to other hospitals or regions.
2. **Limited Demographic Data:** While the study assumed diversity in nationalities and treatment types, granular demographic data (e.g., country of origin, age, education) were not captured in detail. This restricts deeper subgroup analysis (e.g., how satisfaction varies by country or procedure).
3. **Recall and Response Bias:** Patient interviews were conducted post-treatment, which may have introduced recall bias. Additionally, social desirability bias may have led participants to provide overly positive responses, particularly in a face-to-face setting.
4. **Institution-Specific Findings:** The study focuses exclusively on KIMS Hospitals, Secunderabad. Although findings may inform broader discussions on international patient services, institutional culture, infrastructure, and staff practices vary widely across hospitals, limiting the external validity of results.
5. **Limited Staff Perspectives:** While IPD staff were interviewed, the analysis primarily reflects patient perspectives due to the study's objectives. Operational insights from administrative and clinical staff may have enriched the findings further.
6. **Short-Term Observation:** Observational data were collected over a four-week period, which may not reflect seasonal fluctuations in patient flow or changes in staffing, service load, or performance over time.

Despite these limitations, the study provides a solid foundation for evaluating service quality in medical tourism settings and identifying actionable improvements for international patient care.

Chapter 9 :Conclusion

The study provides a comprehensive evaluation of the International Patient Division at KIMS Hospitals, Secunderabad, highlighting a high level of patient satisfaction and identifying key operational strengths such as professional staff, timely coordination, effective communication, and service accessibility. These findings affirm KIMS's competitiveness in India's rapidly expanding medical tourism sector.

However, critical gaps in cultural sensitivity, billing transparency, and feedback mechanisms suggest that even high-performing institutions must evolve to meet the nuanced needs of international patients. As the landscape of medical tourism becomes increasingly competitive and patient expectations rise, a strong IPD must move beyond logistical coordination and adopt a more holistic, culturally competent, and digitally enabled service model.

This research contributes to the growing body of literature emphasizing that patient-centered, culturally aware, and digitally integrated care models are essential for sustained success in cross-border healthcare.

Chapter 10 :Way Forward

To strengthen the IPD's role in enhancing India's standing as a global medical tourism hub, the following strategies are proposed:

1. Expand Cultural Competence Infrastructure:

- Institutionalize cross-cultural training programs for all IPD and clinical staff.
- Recruit professional interpreters and cultural liaisons for major nationalities.
- Create culturally tailored educational materials and visual aids.

2. Digital Transformation of IPD Services:

- Develop multilingual patient portals with access to bills, medical records, and FAQs.
- Implement digital feedback tools, including SMS-based real-time surveys and QR-linked kiosks at discharge.
- Integrate AI-driven translation and chatbot services for 24/7 support.

3. Streamline Discharge and Billing Processes:

- Use checklists and bilingual financial counselors to explain charges clearly.
- Pilot pre-discharge review sessions to walk patients through bills and next steps.
- Digitize and standardize discharge documentation across departments.

4. Policy Advocacy and Benchmarking:

- Collaborate with governmental agencies (e.g., NABH, Ministry of Health) to develop national guidelines for international patient services.
- Participate in global benchmarking platforms and accreditations (e.g., Joint Commission International).

5. Longitudinal Tracking and Research:

- Establish a dedicated dashboard to track patient satisfaction trends, challenges, and complaint resolution rates.
- Conduct follow-up studies including post-return outcomes to assess long-term satisfaction and loyalty.

6. Replication and Scalability:

- Use insights from this study to replicate best practices across other KIMS branches or similar institutions.
- Explore partnerships with embassies and overseas health agencies to streamline referrals and trust-building.

By adopting a systems-thinking approach and investing in human-centered innovation, KIMS Hospitals can position itself as a global leader in medical tourism, not just in clinical excellence but in the entire patient journey—from visa to discharge and beyond.

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Annexure 1

Study on International Patient Division – International Patient Services at KIMS Hospitals, Secunderabad

* CONSENT

I am a Post Graduate student from IIMR Delhi pursuing PGDM in Hospital Management and Administration, conducting a primary research study as part of my dissertation titled "A Study on the International Patient Division at KIMS Hospitals: Evaluation of Services, Communication, Patient Journey, and Support Systems." The purpose of this study is to assess patient experience, communication effectiveness, support services, and challenges in the international patient journey to identify areas for improvement. Your participation is completely voluntary, and you may withdraw at any point without any penalty. All responses will be anonymized and kept confidential, used strictly for academic purposes. By participating in this study, you acknowledge that you have read and understood the purpose of the research, voluntarily agree to provide your feedback, and consent to the use of your responses for analysis related to this study.

☐ Yes, I do

☐ No, I don't

***How would you rate your overall experience with the International Patient Division?**

☐ Excellent

☐ Good

☐ Average

☐ Poor

☐ Very Poor

***What do you think are the key strengths of the services provided?**

☐ Timely response

☐ Professional staff

☐ Smooth process flow

☐ Cultural sensitivity

☐ Quality of medical care

***Was the communication throughout the process smooth and timely?**

☐ Always

☐ Often

☐ Sometimes

☐ Rarely

☐ Never

***Were there any delays or misunderstandings in coordination or information sharing?**

☐ Yes

☐ No

If yes, please specify.

***How clearly were the procedures explained to the international patient?**

☐ Very clearly

☐ Mostly clear

☐ Somewhat clear

☐ Unclear

☐ Not explained

***Was your journey managed efficiently (from inquiry to discharge)?**

☐ Strongly Disagree

☐ Disagree

☐ Neutral

☐ Agree

☐ Strongly Agree

***What support services did the hospital provide?**

☐ Airport pickup

☐ Visa assistance

☐ Accommodation arrangement

☐ Language interpretation

☐ Cultural support

***Was assistance for cultural or language barriers adequate?**

☐ Fully adequate

☐ Mostly adequate

☐ Somewhat adequate

☐ Inadequate

☐ Not applicable

***What were the major challenges you faced?**

☐ Communication gaps

☐ Delays in appointments

☐ Billing issues

☐ Cultural barriers

☐ Visa/travel problems

☐ None

***Were these challenges addressed effectively?**

☐ Yes

☐ Partially

☐ No

☐ Not applicable

***Was there a feedback system in place after service?**

☐ Yes

☐ No

☐ Not sure

***What are the areas of improvement of provided service?**

☐ Timely response

☐ Professional staff

☐ Smooth process flow

☐ Cultural sensitivity

☐ Quality of medical care

***How satisfied are you with the services?**

☐ Very Dissatisfied

☐ Dissatisfied

☐ Somewhat Dissatisfied

☐ Below Average

☐ Neutral

☐ Slightly Satisfied

☐ Fairly Satisfied

☐ Satisfied

☐ Very Satisfied

☐ Extremely Satisfied

***Would you recommend KIMS Hospitals to others?**

☐ Yes

☐ No

☐ Maybe

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