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Abstract

Objective: To assess the satisfaction of patients and their relatives with services and care provided and to identify variables associated with any dissatisfaction. ***Methods:*** The study was performed in the defined inpatient areas in Jaipur Golden Hospital, New Delhi. All eligible patients and relatives who had contacts with services during their stay were asked to participate. Satisfaction with care and services was measured with a questionnaire. ***Results:*** A total of 120 patients were participated in the study. The satisfaction of inpatients and their relatives was significantly lower, with the issue of discharge process time appearing particularly critical. Nursing services were at the highest level of providing satisfaction among inpatients. ***Conclusions:*** The results suggest that inpatient care, especially for discharge process time, needs to be improved and that special attention should be devoted to counseling by dietician and cleanliness of toilets. Nursing services are found to be the most satisfactory.

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List of Abbreviations

Abbreviation Used	Full form
JGH	Jaipur Golden Hospital
DDA	Delhi Development Authority
NABH	National Accreditation Board for Hospitals and Healthcare Providers
KTU	Kidney Transplant Unit
ICU	Intensive Care Unit
CCU	Cardiac Care Unit
MRD	Medical Records Department
MICU	Medical Intensive Care Unit
SICU	Surgical Intensive Care Unit
PICU	Pediatric Intensive Care Unit
NICU	Neonatal Intensive Care Unit
RICU	Respiratory Intensive Care Unit
HAI	Hospital Acquired Infections
OPD	Out Patient Department
IVF	In Vitro Fertilization

1.1 THE JAIPUR GOLDEN HOSPITAL

Jaipur Golden Charitable Clinical Laboratory trust formed in 1976 started Jaipur Golden Hospital. Jaipur Golden family has had an abiding commitment to the cause of the sick and underprivileged. It is out of this care and concern for the community that a small dispensary and clinical laboratory was started at Roshnara Road in the heart of Delhi.

With the population explosion, burgeoning cost of living and absence of adequate infrastructure, the growing demand for affordable medical care had been acutely felt in northwest Delhi and neighboring areas like Bahadurgarh, Rohtak, Sonepat, and Panipat etc. Jaipur Golden Hospital was conceived to fill this void. Immediately after land allocation by DDA, the hospital was set up in acres of prime land connected by major highway networks to Rohtak on one side and Panipat on other side. Jaipur Golden Hospital was inaugurated in 1991.

Jaipur Golden Hospital is a 256 bedded, ISO 9001-2000 certified, multispecialty hospital dedicated for Care of patients with tower specialties and related illnesses for the past two decades.

The Hospital provides high end tertiary care in Medicine, Plastic Surgery, Dermatology, General Surgery, Dentistry, Cardiology, CTVS, Orthopedics, Pediatrics, Neonatology, Obstetrics and Gynecology, Neurosciences including Neurology and neurosurgery. Also covered under the scope are the departments of Gastroenterology and Pulmonology. The laboratory is NABL accredited. The Hospital provides complete services for treatment of emergency, acute and follow up care for patients of all age groups.

The services have state of the art technology and equipment, highest level of environmental controls and fully trained and experienced staff who are dedicated to the care of patients.

Jaipur Golden Hospital is in the process of NABH accreditation. Pre-assessment for NABH has been done.

1.1.1 VISION

To deliver world-class healthcare with a service focus, by creating an institution committed to the highest standards of medical and service excellence, patient care, scientific knowledge and medical education

1.1.2 MISSION

- To develop a Quality Management program that is systematic, organization-wide and consistent with our Mission, vision, values and strategic plan.
- To provide a system to monitor, evaluate and improve care for the Hospital Customers so as to ensure high standards of quality and safety for patients.
- To further ensure protection of patient rights and ethical practices across.
- To define the accreditation roadmap of the organization.
- Review quality measurement reports from departments and services as well as benchmark data from external sources.
- Ensure that staff education training plans are in accordance with quality improvement priorities.
- To evaluate patient satisfaction and the quality of patient care through objective and systematic monitoring of services and to recommend and oversee corrective action when problems are identified.

1.1.3 QUALITY POLICY

We at Jaipur Golden Hospital, New Delhi abide by our mission statement to bring healthcare of international standards within the reach of every individual.

We are committed to the achievement and maintenance of excellence in education and healthcare for the benefit of humanity.

We would also strive to be a patient focused organization exhibiting good leadership and teamwork.

In order to achieve this we shall:

- Work together to ensure strict compliance to our policies and ethics.
- Respect quality, integrity, confidentiality and patient satisfaction

- Deliver prompt and courteous service emphasizing on systems and processes for continual improvement in services provided through motivation and training.

We are committed to benchmark with the national and other recognized quality management systems by adopting good professional practices.

Health care services also ensure that it is the individual responsibility of the entire staff to ensure compliance in all their activities.

1.1.4 SCOPE AND FACILITIES

Specialties	
Medicine	Pediatrics & Neonatology
Ophthalmology	Pediatric Surgery
Gynae &Obs.	Medical Oncology
Gen.Surgery & Minimal Access surgery	Gastro-Enterology & Hepatology
Dermatology	Gastro surgery
Plastic Surgery	Nephrology
Hematology	Urology
Orthopedics	Respiratory Medicine
Cardiology	ENT
Neurosurgery	Anesthesia
Neurology	Critical care
Psychiatry	K.T.U.

Diagnostics	
Laboratory	Imaging Services
• Clinical Pathology	• X-Ray
• Microbiology	• CT Scan
• Histopathology	• MRI
• Biochemistry	• Ultrasound
• Cytology	

Critical care units	**Wards**
Surgical ICU	Deluxe suite
Medical ICU	Deluxe room
Pediatrics ICU	Single room
Nursery I	2 bedded
Nursery II	Semi-private (AC)
CCU	Economy (AC)
Respiratory ICU	Economy (Non AC)
Casualty beds	Free ward (P)
	Free ward (F)
	Free ward (M)

- Total number of complement beds (beds on which patients are kept overnight): **256**

. Total number of non-complement beds: **11**

SURGERY

The Hospital's main thrust areas in surgery are minimal access surgery, Neurosurgery, Cardiothoracic surgery and Orthopedic surgery. Operation theatres (O.T) are dedicated for these surgeries. Operation theatre is ultramodern and complete with modular units and attached recovery room, seminar air flow, total environment control and an alert team of trained medical and nursing staff. An Acute Post Operative Pain Service managed by the Anesthetists is also available.

OPERATING SUITES

S. No.	Designation of Operation theatre and Endoscopic suites	Number
1.	Major OT Complex	6
2.	Minor OT	1
3.	Endoscopic Suite	2

Critical Care Unit

The Critical Care unit is managed by highly qualified intensivists. Critical care beds are distributed over the Intensive Coronary Care Unit (ICCU), Intensive Surgical Care Unit (ISCU), Pediatric Intensive Care Unit (PICU) and Emergency Intensive Care unit (EICU). Each critical care bed is equipped with a highly sophisticated cardiac monitoring system, infusion and syringe pumps, oxygen supply and pressure for suction. The critical care unit is equipped with ventilators, defibrillators & life support systems.

Handling Emergencies

The department has dedicated beds for trauma care and special operation theatres for minor surgeries. A fully equipped Cardiac Ambulance Service is available round the clock and is manned by a team comprising of a doctor, nurse and paramedics.

Support Services

The support services are the backbone for the efficient functioning of the Hospital. The hospital food service department serves nutritive vegetarian food under the guidance of trained dieticians. In the quest for total hygiene, the laundry, housekeeping & CSSD play vital roles so as to minimize risk of infection. An in- house pharmacy supplies all medicines; medical & allied appliances to the patients thus ensuring total control over the quality of drugs administered to them. A dedicated team of biomedical engineers provide regular maintenance, rehabilitation & technical support to equipment installed in the hospital.

The Knowledge Core

The hospital provides excellent academic environment to the professional by way be ongoing centennial medical education programmes & workshops for doctors, paramedics & other staff.
The hospital is approved by the National Board for Specialization in the DNB recognized specialties.

Cutting edge technology in diagnostics

The diagnostic facilities offered by the hospital are most comprehensive which include Laboratory services, Imaging, Cardiology, Neurology and Pulmonology.

Jaipur Golden Hospital has fully automated Laboratory Medicine Department. The Laboratory services are available round the clock. The services include biochemistry, hematology, microbiology, serology, histopathology, transfusion medicine and RIA. The Laboratory offers over 500 different types of tests some of which are exclusive. The Laboratory also offers an emergency / Stat menu of tests with a very short turnaround time.

Stringent quality assurance exercises in the department ensure reliable and high quality test results.

Imaging is a key function of the diagnostic facility at the hospital. The department offers a gamut of services ranging from General Radiography, Ultra Sonography, and Bone Densitometry to high end services like Spiral CT Scanning, and Digital Subtraction Angiography (DSA) along with interventional procedures.

Technology Upgrade

The hospital keeps upgrading its technology by acquiring new state-of-the-art diagnostic & therapeutic equipment. To enhance the specialized services in invasive cardiology, the hospital has equipped itself with GE – Innova 2000 cath lab machine for better visibility of blood vessels, in the procedures carried out the Radial lounge, the first of its kind in India, is a unique concept for carrying out canonry Angiography and Angioplasty procedure. In support of the services at the hospital a new state-of-the-art AKD (Advanced kidney dialyses) department has been set up to provide best of care for dialyses patients.

1.1.5 SPECIAL INITIATIVES

- At Jaipur Golden Hospital, 10% of the total beds have been reserved for poor patients.
- The hospital has instituted a special programme, ***SMILE TRAIN,*** in collaboration with an international NGO, for the children suffering from cleft palate, hare lips etc
- **Senior Citizen Initiative Programme** (SCIP) has been started for the elderly patients. Special discounts can be availed under this scheme.

1.1.6 WORK LOAD DETAILS (of the current quarter)

S. No.	PARTICULARS	January	February	March
	IPD indices			
1.	Bed occupancy rate	73.17%	73.21%	73.12%
2.	Average length of stay	4.41	4.26	4.27
3.	Average daily surgeries (major)	11.29	13.6	13.7
4.	Average daily surgeries (minor)	5.06	6.17	5.83
5.	Average daily deliveries	2.93	2.32	2.16
6.	Average daily admissions	42.4	43.6	43.48
7.	Average daily discharges	42.8	44.1	42.9
	OPD indices			
8.	Average daily OPD attendance	260.16	332.83	369.84
9.	Average daily new patients registration	200.4	265.16	305.7
10.	Average daily follow up patients	59.76	67.67	64.14
11.	Average daily day care patients	1.32	1.7	1.53
	Emergency indices			
12.	Average daily emergency attendance	41.8	39.96	13.96
13.	Average monthly emergency surgeries	4.8	5.0	3.93
	Diagnostics			
14.	Average daily Laboratory tests	1249.8	1323.32	1455.8
15.	Average daily Radiological tests	77.29	84.0	82.0

1.2 REPORT

I joined the Jaipur Golden Hospital for my internship and I was posted in the Department of Quality Assurance. Dr Kiran Chawla who is Accreditation Coordinator and HOD, Quality Assurance was assigned my mentor. I worked under the guidance of Dr Kiran Chawla, Dr Khushali Ratra and Dr Anju Wali.

I followed DMS, Accreditation Coordinator and Housekeeping Manager for the facility round of the hospital. The facility round is ideally taken twice a year. During facility round, I learnt that there should be netting or grilling all over the boundary at the roof. There should be no space or gap from where a person can fall from roof. All the window glasses in corridors and staircases must be intact and safe.

The MRD rooms must be properly locked and signage for “Restricted Entry”.

The flooring should be intact and no breakage of floor tiles etc. should be there. The AHU units and all electrical panels should be properly bolted.

The fire exits must be clear, there should be no garbage or scrap lying in the way of fire exits.

Proper signage should be displayed throughout the facility. I was assigned a job by DMS & Quality Manager to ensure the proper display of many signages, to get new signage fitted at their proper location in all over the hospital. The signage or display boards should be readable to maximum people, at ideal locations and mostly at eye level. Most preferably, the display boards’ background should be blue in colour and letters written in white or yellow ink.

The beds in general ward should be properly separated through curtains. The drinking water should be kept at proper places and should have signage with arrows for easy accessibility and there should be no accumulation of water near the water dispenser or water cooler and for this proper drainage for waste water should be available.

The pipelines for gases used in the hospital should be intact and properly painted.

The garbage should be properly stored in garbage store and this should be properly bolted. No garbage should be lying outside the garbage store.

There should be nothing lying useless in the premises and all the areas and corners should be properly cleaned and used.

Proper ventilation must be ensured at any point in the facility, especially in patient care areas.

As per the requirements of the Department of Quality Assurance, I used to collect the data for time taken in Admission and Discharge from each and every nursing station in the hospital including the Emergency Department and then to enter & analyze it, so that a report can be prepared by the Dept. of Quality and can be handed over to the higher level management. The admission timings including the timings of registration, arrival of patient at allotted bed, assessment by nurse, assessment by RMO and finally by the consultant.

I also used to collect the OPD feedback forms from the Guest Relations Officer and then to enter this data and analyze it for preparation of reports by the Quality department.

As a future manager, in any organization, I will try to ensure that to attain higher level of satisfaction in OPD; the staff must be polite, courteous and should be able to provide information very clearly. The system should be planned in such a way that the waiting time is reduced to minimum. The doctors should be asked to adhere to their OPD timings.

I also used to collect the data for Hospital Acquired Infections in ICUs. This data, I entered and analyzed under the guidance of Dr Kiran. The cultures positive after 48-72 hours of hospitalization were taken as HAIs. If patient is culture positive on the sample sent on first day of admission and again, if his specimen was positive which was sent after 72 hours but it was positive for a different organism, then it I treated as HAI. HAIs were measured as per

(1) Ventilator associated pneumonias & for these, specimens of Endotrachial tube secretions, tracheal sullage, bronchial aspirates & sputum etc. were used to be sent.
(2) I/V device induced infections
(3) Catheter associated UTIs
(4) Others like pus culture etc.

The hospital is going for NABH accreditation, so the Department of Quality was absolutely busy in preparing documentation, policies etc. and implementing them in hospital departments as per the requirements of NABH.

The pre-assessment of NABH was done on Mar 22-23, 2010.One principal Assessor, one fellow Assessor and one Observer from Quality Council of India came for pre assessment. I worked with Dr.Kiran Chawla in preparing the documentation i.e. making and distributing policies, SOPs etc. to various departments.

There are 10 indicators which have to be displayed in each ICU which depicts Bed occupancy Rates, Average length of stay, Hospital Acquired infections, Medication Errors, Incidences of falls etc.

I did audit of MRD Files and prepared the data showing initial assessment done by RMOs, Nurses, Documentation by Care plan, Counter signed by consultants ,Nutritional needs of patients, Legibility in history and prescription, Discharge summary and Consent availability and Completeness.

For NABH Pre-assessment the report showing the clinical indicators was prepared. There were approximately 65 clinical indicators for which report should be ready as per NABH Standards. These indicators covered all the 10 chapters of NABH i.e. Patient centric approach as well as Management centric approach. The continuous training programme for different level of staff was continuously going on by the department of Quality assurance.

The laboratory in the hospital is NABL accredited. I worked with laboratory in charge Dr.Ritu in preparing some documentation for NABL as Re-assessment for NABL was due in the month of April.

This hospital is also an ISO 9001 certified hospital. The ISO certification was also renewed in April 2010 after looking into the proper SOPs and Policies etc. of the hospital by ISO Certification Assessors.

I took several round of the hospital along with Ms.Seema (Housekeeping Manager) .The staff in housekeeping is dealt with somewhat strictness but not very strictly. There should be dust free environment, no dust accumulation over any equipment, window pane etc. There should be no case of fall due to wet floor etc. The seat belts should be properly tied while transferring the patients through wheelchairs and trolleys.

I took several rounds with floor managers. The floor managers visit to each and every patient on daily basis and asked them about services being provided and sought out the problem if any. Floor manager tells the patient's attendant about the estimation bill, exhaust deposits etc.

Floor manager ensures the proper and quick readiness of the patient beds for new patients and transfer cases. The usual transfer among patients is from ICUs to wards, casualty to wards and from one category of beds to another etc.

So, while doing my internship in Jaipur Golden Hospital, it was a good experience and exposure of working in department of Quality Assurance facing various accreditation assessments, working in various administrative aspects etc.

2.1 Introduction

To carry out my Project Work for Hospital Management Course at IIHMR New Delhi, I decided to make a survey of patients' satisfaction at a private hospital in Delhi. I thought this is an area where much useful study can be done, as satisfaction of the patient is a top priority and it is important to find out the sources of dissatisfaction. The well-being of the inpatients in the hospital and their satisfaction will bring the organization fame and prosperity.

In the perspective of health care, patient satisfaction has been defined as a combination of experiences, expectations and needs perceived[1]. It has also been defined as the patients' subjective evaluation of their cognitive and emotional reactions as a result of the interaction between their expectations regarding ideal nursing care and their perceptions of the actual nursing care[2]. The patients who have to get admitted to a hospital have a severe health disorder or a compelling reason for admission. Hospital admission of a family member is a burden to the family not only from monitory point of view but also in terms of the difficulty of interaction with the hospital staff and for the reasons of temporary disruption of the normal daily routines of the family. Particularly important in this respect is the hospital admission of a mother in the family as she is the pivot person of a home in our society. In this way the hospital admission is an inherently dissatisfying experience for the patient as well as his or her family.

For many reasons the hospital has to interact with the relatives of the patients in many different ways. The relatives of the patients have to play a very important part in arranging for the supplies of drugs, utilities and support to the patients. For this reason the presence and continuous interaction of relatives with the attending hospital staff is a must.

Increasing awareness of the general public regarding healthcare issues, public

expectations from healthcare providers, availability of multiple healthcare resources to some people and increasing costs of treatment all have a definite bearing on the level of patient satisfaction from hospital facilities. The aim of this study was to assess the complex issue of patient satisfaction about different aspects of hospital level of general care.

Key elements of customers' satisfaction/dissatisfaction:

1. Expectations: The customers come to private hospitals with high expectation of satisfaction because they pay more than the meager fees of govt. hospitals which are notorious for apathy. They naturally develop expectations about high quality service in the private sector. These expectations are carried forward and again reinforced at the time of visit by the patients.

2. **Performance:** During the usage of services, the customer experiences the actual quality and perceives its performance and therefore their feedback is very important to us.

3. Comparison: Customers compare their experience after usage with pre-usage expectations.

4. Confirmation/Disconfirmation: Comparison of expectations with actual performance results in satisfaction or dissatisfaction.

5. Discrepancy: If the performance levels are not equal, it will end up in discrepancy.

Factors influencing patients' satisfaction:

A patient coming to hospital has his own requirements and pre-conceived ideas about services. They want their health service needs to be fulfilled by the hospital they choose. The main factors which influence the patients' satisfaction are:

1. Reliability: It is the ability of the hospital/clinic to perform up to the promised service dependably and accurately.

2. Responsiveness: It is the willingness of the staff to help the patients and provide prompt and caring service.

3. Assurance: It is the knowledge and courtesy of all staff including medical, paramedical, administrative, technical, and their ability to instill a sense of trust and confidence in the patients.

4. Empathy: It is the caring attitude of staff and the individualized attention to patients who feel that everybody shares his suffering.

5. Tangibles: It is the appearance of physical facilities, cleanliness, state-of the art equipments, and personal communication between patients and doctors/nurses.

1.1.1 Requirements of patients' satisfaction survey

Worldwide studies have shown that the Patients' Satisfaction survey is required for the all-round improvement of the hospital. Nowadays patients prefer to go to high technological gadget-based health care units that offer value added services.
In the midst of the mushroom growth of the hospitals as business centers, the most essential factor is to satisfy the medical and emotional need of the patient. Human satisfaction is a complex concept that is related to a number of factors including lifestyle, past experience and future expectations and the values of both individual and society. In the literature of hospital administration, very few studies have been done on patients' satisfaction survey about the services provided by the health care organizations. Much more researches need to be done everywhere, particularly where patients' outburst come in the news. When a patient comes to the hospital, he/she is in a phase of physical mental and emotional disturbance with lots of worries and anxieties. The patient expects to be healed quickly, courteously and carefully. Like all other customers the patients also want three 'C's from the hospital/clinic which they

have trusted for receiving medical care.

1. Convenience
2. Care
3. Reasonable Cost

1.1.2 Role of patient satisfaction survey

Measurement of patient satisfaction plays an increasingly important role in the growing movement towards accountability among health care providers. In today's competitive world, patient satisfaction is a bench mark of the success for any health care provider. It is an important input from the patients to help management to improve the organization.
The best way in which patients' views on healthcare performance have traditionally been sought is through the measurement of patients' satisfaction. Patients' satisfaction is increasingly viewed as a key indicator of performance. Satisfaction is not usually recorded routinely in health care so specially designed surveys have to be organized to seek the views of representative samples of patients or members of the public.

1.1.3 Literature Review

Patient satisfaction is defined as a patient's personal evaluation of health care services and providers and thus a vital component of health care outcome and remains an area of interest and need in health care. Hence to assess in-patient satisfaction a study was conducted in a private tertiary care hospital on a stratified random sample of 120 in-patients drawn from different wards using a structured questionnaire[3].

Exit interviews were the main research method used to determine patient satisfaction. Patients were interviewed as they were leaving the inpatient wards[4].

The patients had a relatively high level of satisfaction with nursing care. Patients' age, educational background, occupation, methods of payment, and hospital wards were main factors influencing their satisfaction with services [6].

The patients are very satisfied with their treatment and care. They also tell about factors that they do not consider as optimal, but which they explain as compromises, which must be accepted as a necessary part of their stay in the ward. The satisfaction studies demonstrate a close connection between patient satisfaction and vulnerability [7].

There is a need to achieve a balance between delivering a clinical role while maintaining the centrality of the nurse-patient relationship. This can be likened to achieving a balance between 'nursing the clinic' alongside 'nursing the patient'. These findings have implications for the discourse on caring within other outpatient type clinics and discourse on caring within inpatient department[8].

Although only a small proportion of patients usually express dissatisfaction with the aspects of the services provided, they are significant in that they constitute a call for action by the hospital management to encourage the health personnel to embrace a new staff-patient relationship ethos, in which the patient is a viewed as a customer [4].

The healthcare team needs to get more involved with the patients, providing them greater support and keeping them informed and involved with their medical treatment. Efforts should be made to get regular feedback from the patients [5].

Every hospital and every bed ward has its strengths and weaknesses. All organizational levels have a significant potential for improvements of services & care of medical inpatients [9].

Reference Table

Ref no.	Article	Type of study	Place where study conducted	Methods	Findings
3	Mammen SA, Varghese SR, Isaac R. Satisfaction of in-patients concerning patient care in a tertiary care hospital in Punjab. Indian J Public Health.	Cross-sectional study	CMC, Ludhiana, Punjab	Stratified random sampling	87.12% respondents satisfied
4	Muhondwa EP, Leshabari MT, Mwangu M, Mbembati N, Ezekiel MJ. Patient satisfaction at the Muhimbili National Hospital in Dar es Salaam	Quantitative study	MNH, Dar es salaam, Tanzania	Exit interviews	Particularly dissatisfied with long waiting times before receiving services
5	Imam SZ, Syed KS, Ali SA, Ali SU, Fatima K, Gill M, Hassan MO, Hashmi SH, Siddiqi MT, Khan HM, Jameel OF Patients' satisfaction and opinions of their experiences during admission in a tertiary care hospital in Pakistan	Cross-sectional study	Pakistan	Using satisfaction scale developed by Picker Institute in Europe	(48%) patients felt they had to wait too long to get a bed in the hospital, 68.6% of the patients said that they were never

					asked for views on the quality of care provided
6	Liu Y, Wang G. Inpatient satisfaction with nursing care and factors influencing satisfaction in a teaching hospital in China. J Nurs Care Qual.	Qualitative study	China	convenience sampling method	The patients had a relatively high level of satisfaction with nursing care
7	Sørlie V, Torjuul K, Ross A, Kihlgren M. Satisfied patients are also vulnerable patients--narratives from an acute care ward J Clin Nurs.	hermeneutical method (inspired by the French philosopher Paul Ricoeur)	Sweden	Face-to-face interviews	This study demonstrates a close connection between patient satisfaction and vulnerability.
8	Mcilfatrick S, Sullivan K, McKenna H Nursing the clinic vs. nursing the patient: nurses' experience of a day hospital chemotherapy service J Clin Nurs.	Heideggerian hermeneutic phenomenological study	Northern Ireland	Face-to-face focused in-depth interviews	The individual characteristics of the nurse were seen to have a key influence on caring experience

2.2 Research and Methodology

2.2.1 Aim:

The basic aim of this study is to find out the satisfaction level of the patients with the existing medical, nursing, administrative and ancillary services available at the Jaipur Golden Hospital at Rohini in Delhi

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2.2.2 Objectives:

1. To monitor quality of health care provided.
2. To identify areas for improvement.
3. To find out deficiencies of the system and administration.

2.2.3 Scope of study

The Jaipur Golden Hospital, Delhi. It is a 256 bedded tertiary care hospital.

The entire study was conducted in the following steps:

1. Questionnaire: The questionnaire is the most important method to learn as to how much

   a patient is satisfied with the services offered. The questions were designed in such a way

   to get a clear picture of the patient's level of satisfaction on the most important aspects.

2. Informal discussion: Informal discussion was done with the patients and the family

members who accompanied the patients.

3. Sample selection: In my patients' satisfaction survey, I chose patients from different wards and different room categories. I excluded patients with mental disability and also those who did not wish to be part of the study. All patients were informed about the confidentiality and the voluntary nature of the study. I took samples as per Stratified Random Sampling. First I made strata as per patient bed categories and number of beds available in that category. Of the 120 participants, 53 were from Executive category of beds, i.e. deluxe suit (1), Deluxe Rooms (2), Single Rooms (21), and Twin Sharing rooms (29), 49 were from Economy category of beds i.e Semi-private, Economy Air-conditioned and Economy Non air-conditioned and 18 were from Free category of beds which are reserved for the EWS section. Out of 176 beds available in wards, I had to draw a sample of 120 patients on random basis. So I first made strata as per room categories dividing as

per ratio and then for that required number of samples, I chose the respondents randomly

out of the discharged patients from that specific category of beds.

Randomly selected indoor patients were given patient feedback form at the time of

discharge. It consists of 30 questions related to different aspects of hospital facilities,

quality of healthcare at the hospital and attitude of staff and doctors.

The patients have the opportunity to respond to all questions and give different rating to

different facilities of hospital. Illiterate patients are provided guidance and assistance in

recording of responses on the given form. The feedback forms are kept as hospital

record while the responses are recorded in the form of data.

4. Sample size: Inputs from 120 patients. Total patient admissions in wards were

approximately 1100-1200 in a month. Data of 120 randomly selected respondents (10% of

the population) who attended the hospital in the month of April 2010 is presented here.

5. Data Analysis: The collected data was analyzed on SPSS and is presented with statistical

charts and diagrams**.**

Patients rated their satisfaction in various categories. The three possible ratings were 2,

excellent; 1,satisfactory ; and 0, unsatisfactory. Scores for the three categories were totaled

to render an overall satisfaction score.

6. Discussion: The data collected through survey is discussed in detail

7. Conclusion: The conclusion (from the survey) is based on the analysis of the data.

8. Recommendations: On the basis of discussion and comments of the patients and the visiting family members**.**

2.3 Results and Findings

Statistics					
		Availability of the staff	Behavior of reception staff	Information and its clarity	Time taken in registration and admission
N	Valid	120	120	120	120
	Missing	0	0	0	0
Mean		1.925	1.425	1.283333333	1.308333333
Median		2	1	1	1
Mode		2	1	1	1
Std. Deviation		0.321825152	0.496415724	0.537396984	0.618969506
Variance		0.103571429	0.246428571	0.288795518	0.383123249
Sum		231	171	154	157

Table 1 Reception related analysis



Figure 1.1 Responses for availability of reception staff

Out of 120 respondents, 113 patients i.e. approximately 95% ensured the availability of front office staff in their responses. A small number of responses (n=5) revealed that the staff was sometimes available. 2 patients are unsatisfied with availability of staff; this may be due to the least availability of staff in late evening hours.

This issue does not fall among the major issues in Jaipur Golden Hospital, but still organization should ensure the availability of staff at any moment of time.

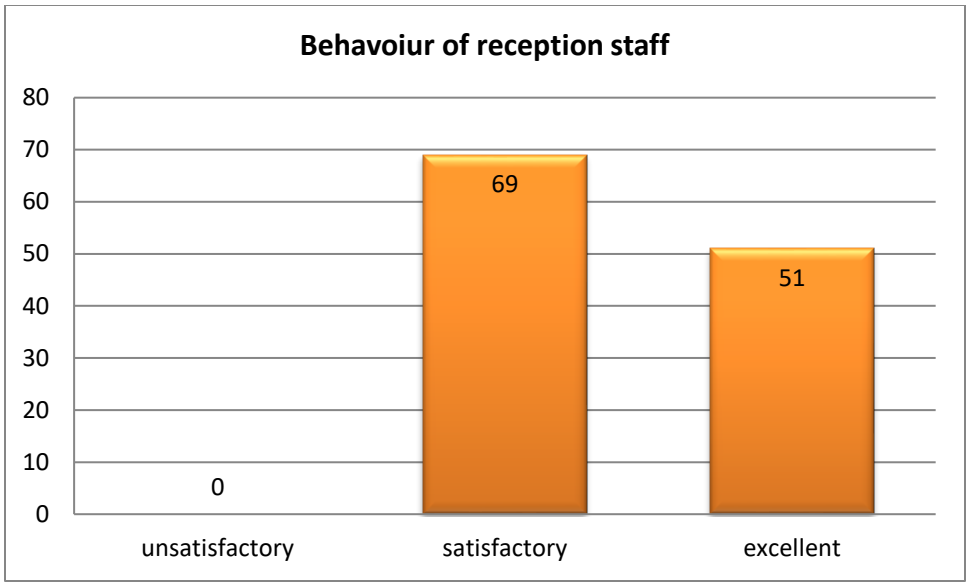


Figure 1.2 Responses for behavior of reception staff

The responses for 120 patients show that there is no unsatisfaction regarding behavior of reception staff. Most of the patients had rated it satisfactory (n=69) or excellent (n=51).

This is not an area of problem in Jaipur Golden Hospital.

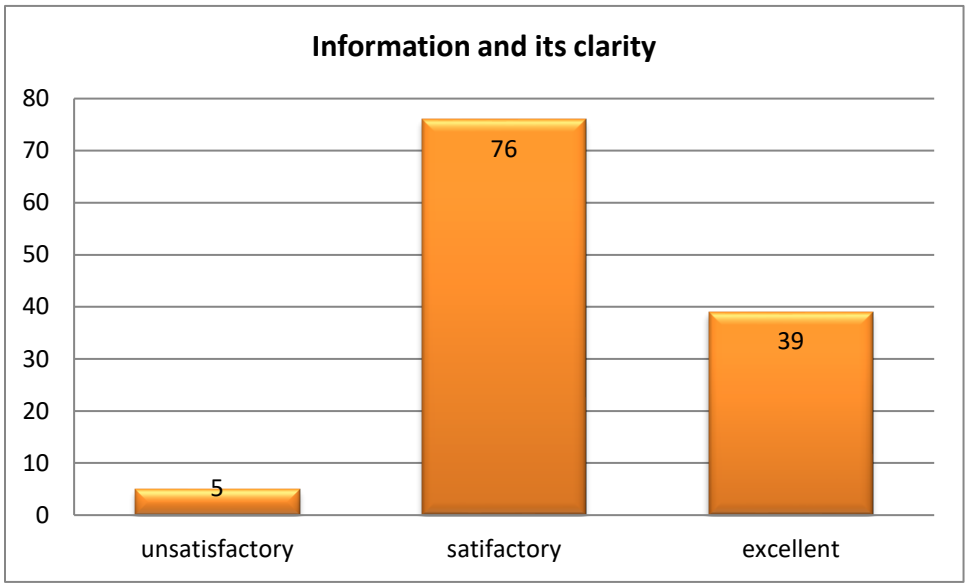


Figure 1.3 Responses for clear information given by reception staff

Out of 120 respondents, 5 patients are unsatisfied with information given and its clarity. A majority of patients (n=76) found it satisfactory while (n=39) found it excellent.

Anecdotal evidence suggests that the probable reason behind not getting clear information is not paying attention to the phrases completely, from either side.

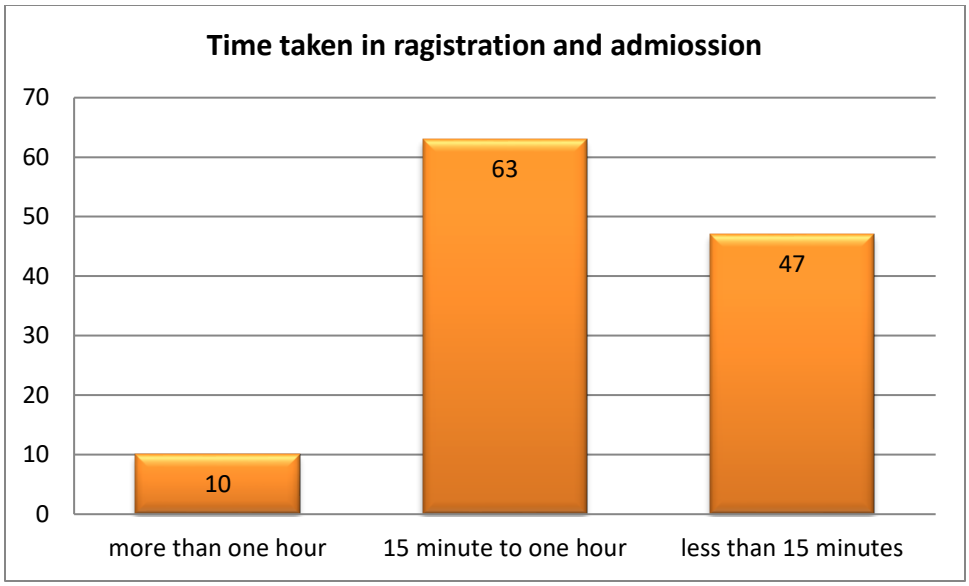


Figure 1.4 Responses for time-taken in registration

Out of 120 responses,10 patients say that the time taken in registration and admission is more than one hour which is unsatisfactory; this may be due to the unavailability of beds at some times. A majority of responses (n=63) indicated that time taken was 15 minutes to one hour while (n=47) indicated for less than 15 minutes.

Statistics						
		Handling of case and problem by doctor	Doctor responded to your query	Time taken for first visit by consultant	Time taken for first visit by RMO	Regularity of visits by doctor
N	Valid	120	120	120	120	120
	Missing	0	0	0	0	0
Mean		1.64167	1.833333	1.475	1.4417	1.8417
Median		2	2	1	2	2
Mode		2	2	1	2	2
Std. Deviation		0.51524	0.490812	0.50147	0.6324	0.4099
Variance		0.26548	0.240896	0.25147	0.3999	0.168
Sum		197	220	177	173	221

Table 2 Doctors related analysis

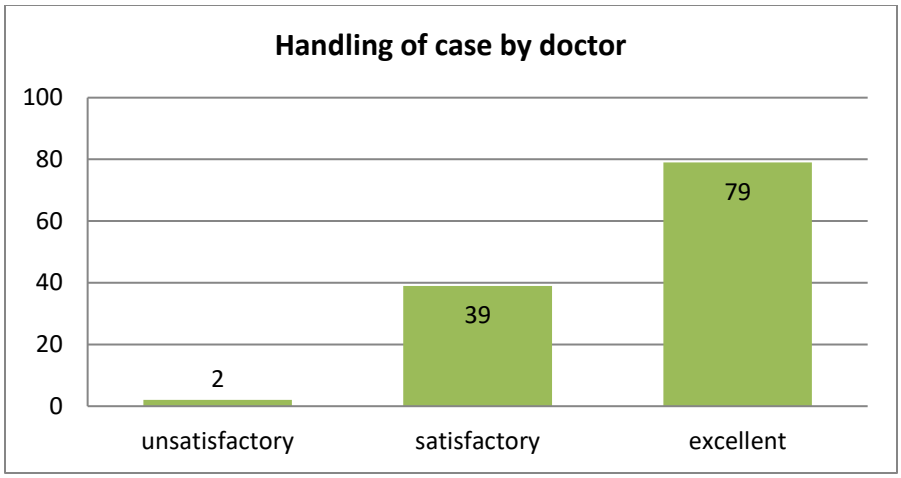


Figure 2.1 Responses for handling of case by doctor in charge

Out of 120 patients, 79 patients (approximately 66%) rated their case handling by the doctor as excellent while 39 patients (approximately 33 %) rated it satisfactory. Only 2 patients are unsatisfied regarding handling of case by the doctors.

Anecdotal evidence suggests that the probable reason behind it might be delay in making final diagnosis and suggesting a number of references from various departments. Sometimes, in such cases a fair amount of time is consumed.

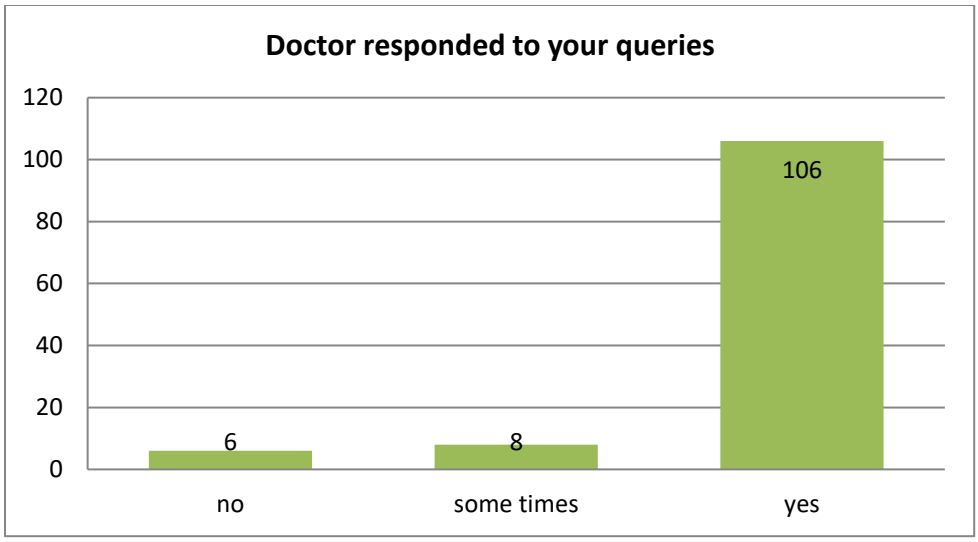


Figure 2.2 Responses for doctor's response to queries

Out of 120 patients, 6 patients told that the doctors did not respond to their quires. 8 patients told that doctor sometimes responded to their queries and sometimes not. A majority of respondents (n=106) told that doctor nicely responded to all their queries. About response to quires, sometimes the next of Kin is not available at the time of visit by the doctor and sometimes the queries are not relevant.

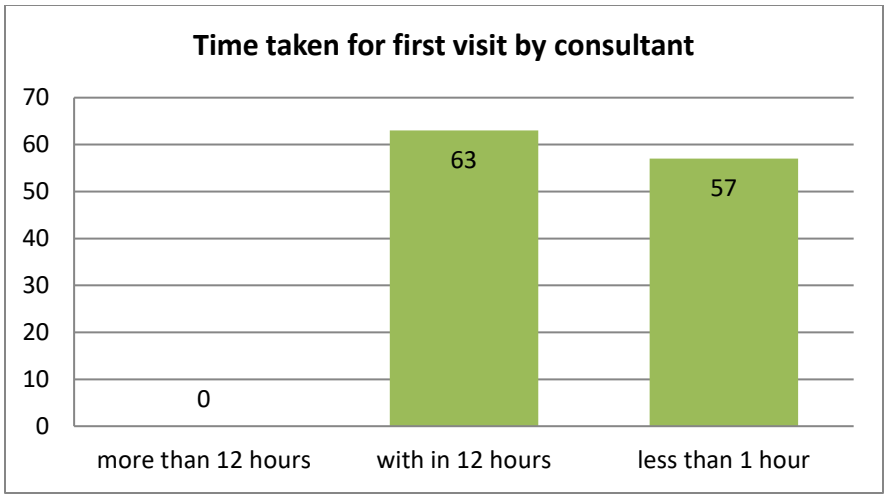


Figure 2.3 Responses for time-taken for first visit by consultant

Out of 120 patients, 57 patients said, the consultant visited them first time in less than one hour of the admission while 63 patients said; it was within 12 hours of the admission. Not in any case, it was more than 12 hours. At most of the times consultants are sincere towards their visits but sometimes their visits are late or irregular due to their occupancy in OTs or other emergencies areas.

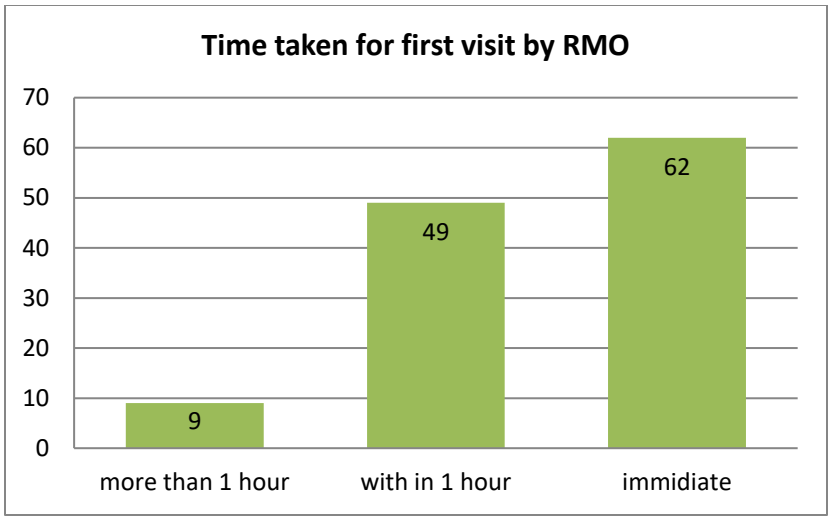


Figure 2.4 Responses for time-taken for first visit by RMO

Out of 120 patients 111 patients say that RMOs visited immediately (n=62) or within one hour (n=49) of admission while 9 patients say it took more than one hour. At most of the times RMOs are sincere towards their visits but sometimes their visits are late or irregular due to their occupancy in OTs or other emergencies areas.

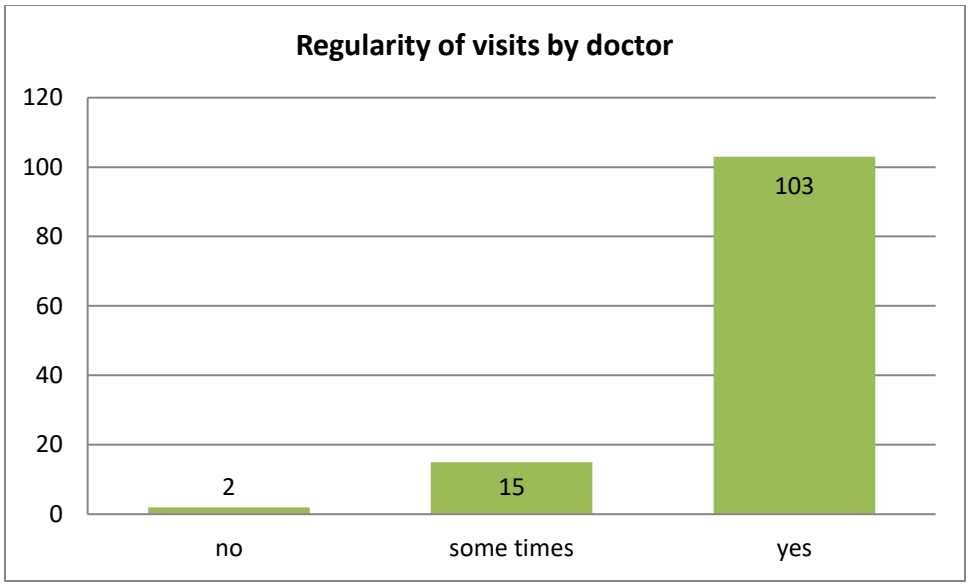


Figure 2.5 Responses for regularity of visits by doctor

Out of 120 respondents, the result regarding the regularity of visit by the doctors, 103 patients are satisfied while 17 patients say the visits are irregular.

The probable reason for irregular visit is the busy schedule of doctors. This is a considerable issue for the Jaipur Golden Hospital.

Statistics				
		Nursing care and skills	Nursing behavior was	Nurse response time when called
N	Valid	120	120	120
	Missing	0	0	0
Mean		1.583333	1.633333	1.483333
Median		2	2	2
Mode		2	2	2
Std. Deviation		0.511766	0.483915	0.549764
Variance		0.261905	0.234174	0.302241
Sum		190	196	178

Table 3 Nurses related analysis

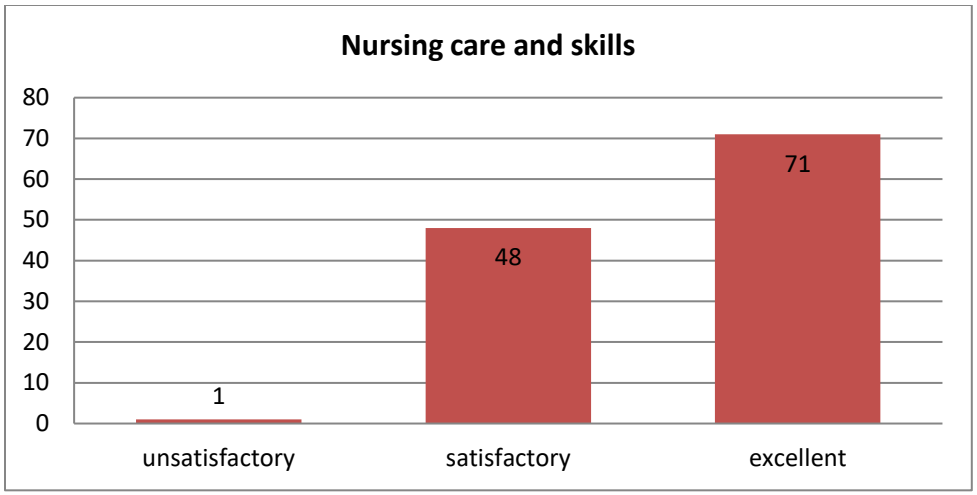


Figure 3.1 Responses related to nursing care and skills

The responses from 120 respondents about nursing care are very good. Only 1 patient is unsatisfied regarding nursing care. A majority of patients (n=71) rated it excellent while (n=48) rated it satisfactory. So, this is not an issue in Jaipur Golden Hospital.

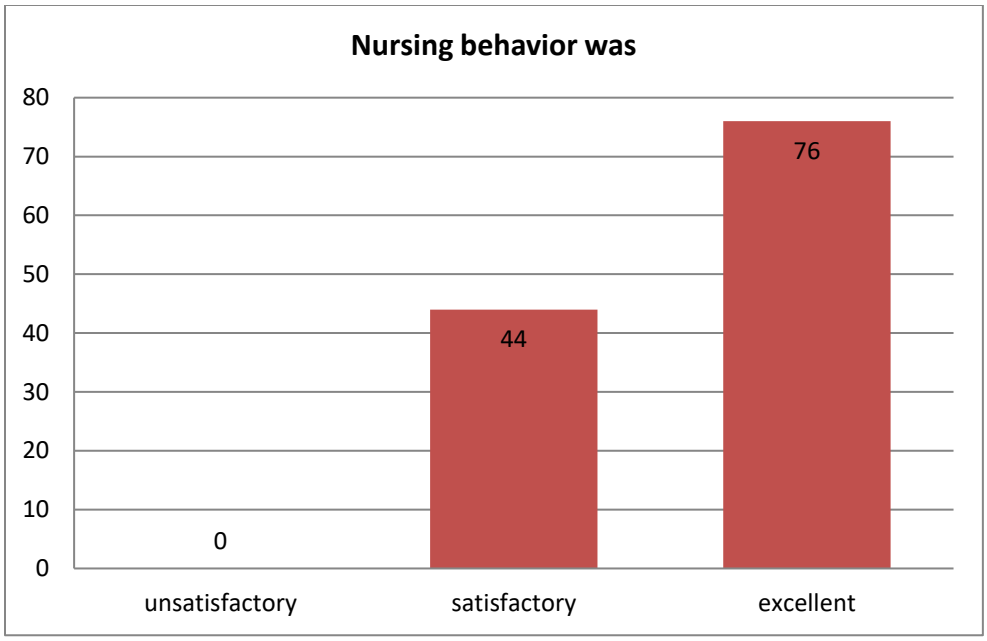


Figure 3.2 Responses for nursing behavior

The responses from 120 respondents about nursing behavior show that there is no unsatisfaction regarding behavior of nurses. 76 patients rated it excellent while 44 rated nurses' behavior satisfactory.

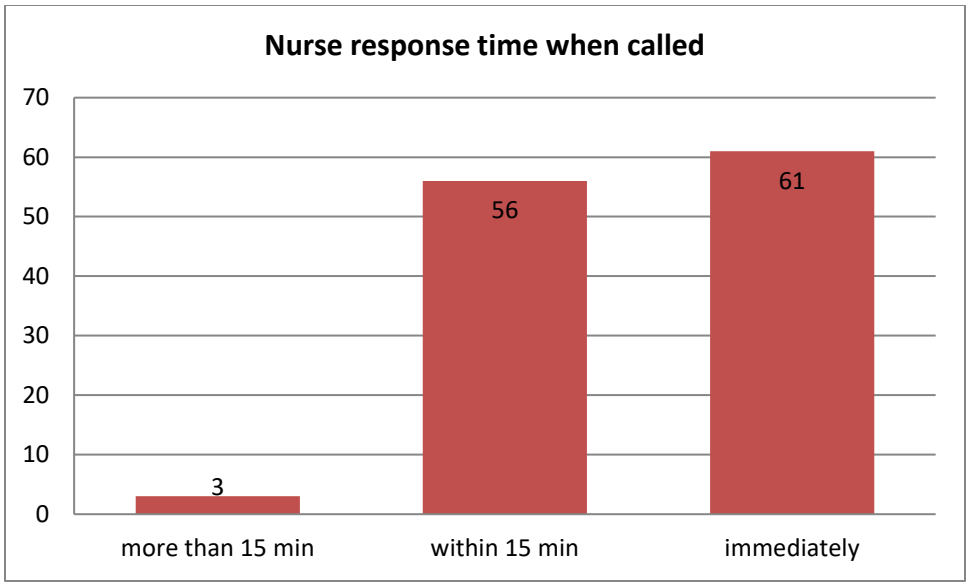


Figure 3.3 Responses for response time of nurses

The responses for 120 patients about nurses' response time show that only 3 patients say, the nurses took more than 15 minutes when they were called upon. In rest of the responses, the nurse reached immediately (n=61) or within 15 minutes (n=56).

The nurse: patient Ratio decreases from morning to evening to night and the nurse might be handling some other case and took more than 15 minutes to reach to help the patient.

Statistics					
		cleanliness of room	cleanliness of toilet	Hygiene of H K staff	Behavior of H K staff
N	Valid	120	120	120	120
	Missing	0	0	0	0
Mean		1.216667	1.05	1.158333	1.208333333
Median		1	1	1	1
Mode		1	1	1	1
Std. Deviation		0.470711	0.532159	0.366584	0.447135295
Variance		0.221569	0.283193	0.134384	0.199929972
Sum		146	126	139	145

Table 4 Housekeeping related analysis

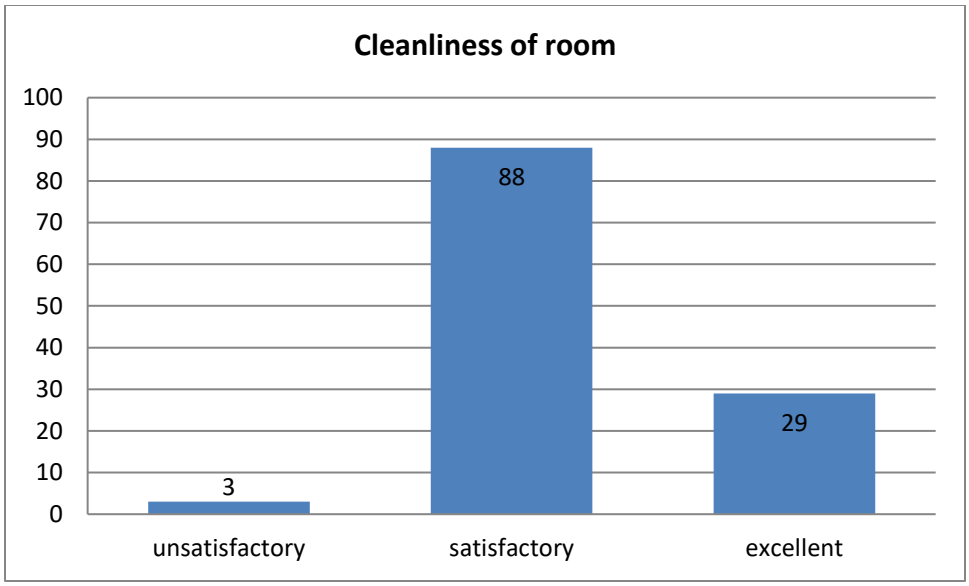


Figure 4.1 Responses related to cleanliness of patient room

Out of 120 patients, a majority of patients i.e. approximately 73% were satisfied with the cleanliness of rooms and approximately 25% rated it excellent. Only 3 patients found to be unsatisfied and demanding for more frequent cleansing of rooms.



Figure 4.2 Responses related to cleanliness of toilet

Out of 120 patients, 14 patients are unsatisfied regarding cleanliness of Toilets. There are common toilets in sharing rooms and General wards. Sometimes, some of the patients do not pour plenty of water after use of toilet, it adds to unsatisfaction. Rest of the responses regarding cleanliness of toilets are satisfactory (n=86) and excellent (n=20).

This is an issue of concern for hospital. The hospital needs cleanliness of toilets more frequently.

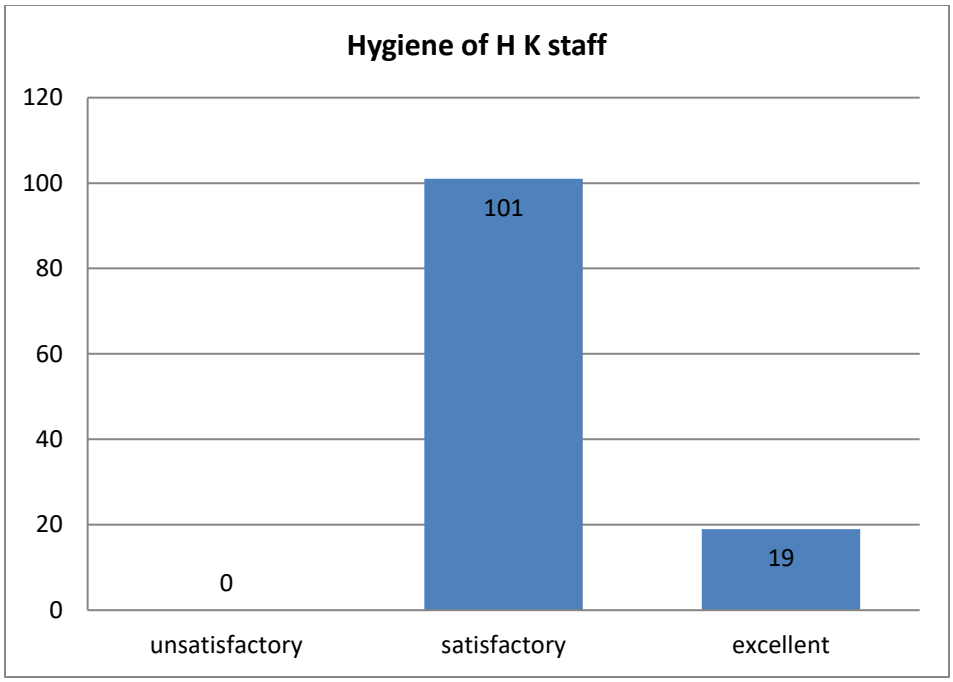


Figure 4.3 Responses for hygiene of housekeeping staff

In the responses for 120 patients about hygiene of housekeeping staff, there is no unsatisfaction regarding hygiene of Housekeeping staff.

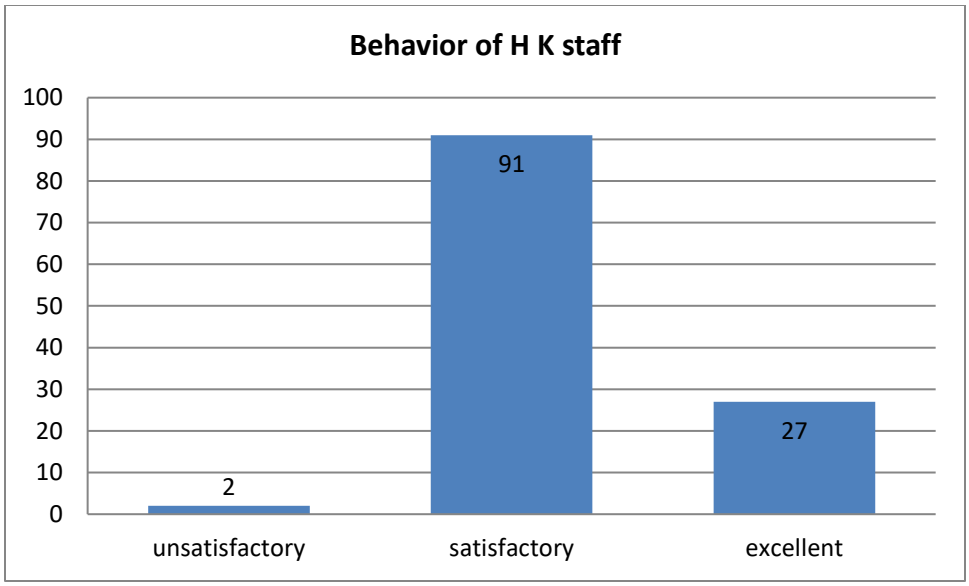


Figure 4.4 Responses for behavior of housekeeping staff

The responses from 120 patients about housekeeping services and staff show that 2 patients are unsatisfied with the behavior of housekeeping staff while a majority is not having any complaint.

The probable reason in 2 cases might be some personal interaction between respondents and staff.

Statistics					
		Quality of linen	Cleanliness of linen	Change of linen	Clearance of linen was
N	Valid	120	120	120	120
	Missing	0	0	0	0
Mean		1.291667	1.308333	1.058333	1.591667
Median		1	1	1	2
Mode		1	1	1	2
Std. Deviation		0.524938	0.481521	0.325288	0.510328
Variance		0.27556	0.231863	0.105812	0.260434
Sum		155	157	127	191

Table 5 Laundry related analysis



Figure 5.1 Responses for quality of linen

Out of 120 respondents 4 respondents i.e. 3% are unsatisfied with the quality of linen. A majority of respondents (n=77) said the quality of linen is satisfactory and (n=39) said it is excellent.

This is not a major issue in Jaipur Golden Hospital.

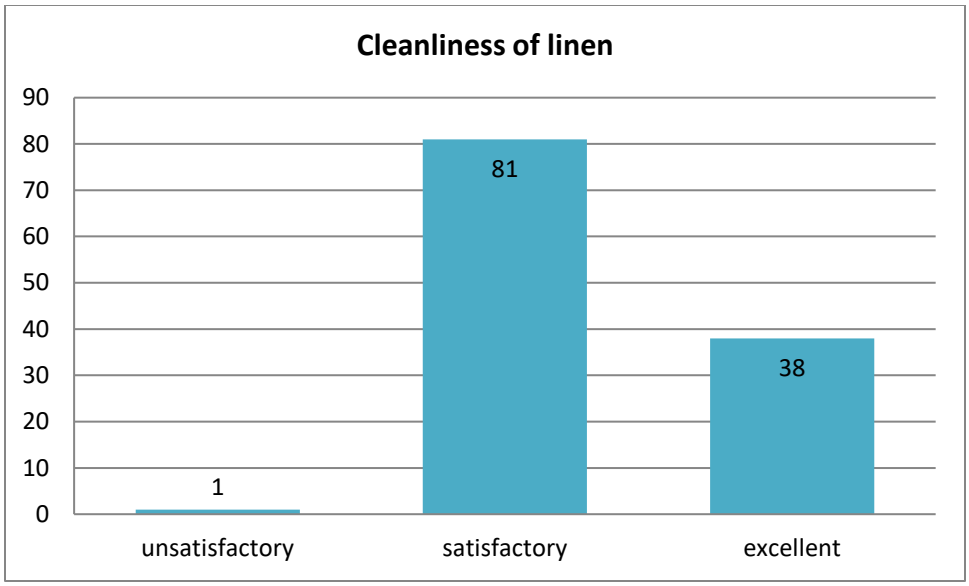


Figure 5.2 Responses for cleanliness of linen

Out of 120 patients 119 patients (approximately 100%) are satisfied with the cleanliness of linen. Only one patient was unsatisfied as she found a stain over the cover sheet of trolley while she was being shifted to OT. The change of linen for every patient over the OT trolleys should be ensured by the concerned department.

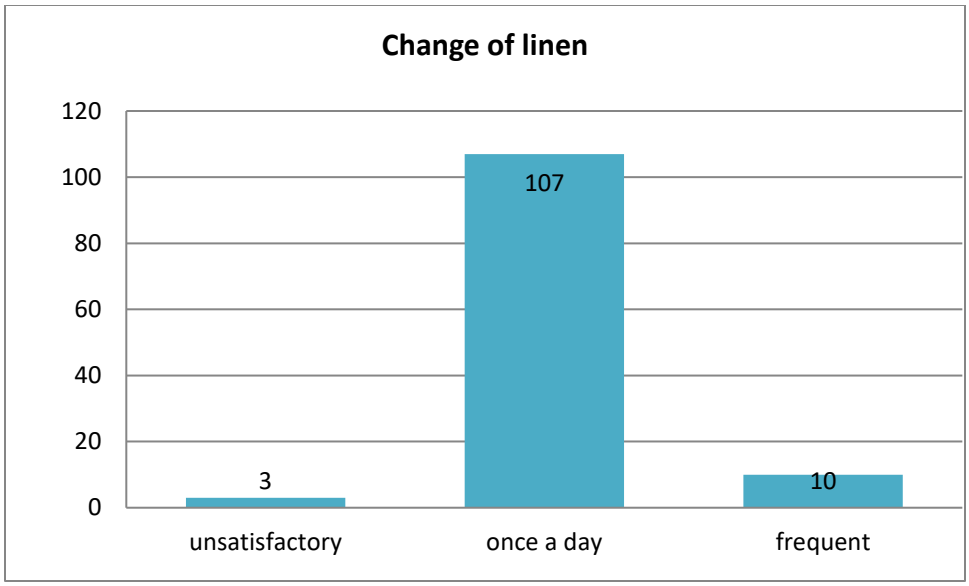


Figure 5.3 Responses for change of linen

Out of 120 patients, 3 patients (2.5%) complained of unsatisfaction regarding change of linen. A majority of respondents (n=107) which is approximately 90% said that the linen was changed every morning. 10 respondents got their linen changed for more than once in a day, as per their need. The probable reason for not changing the linen in 3 cases might be due to transfer of patient from one category of beds to another. This expected transfer might not happened and linen remained unchanged. So, this is not a major issue in the hospital.

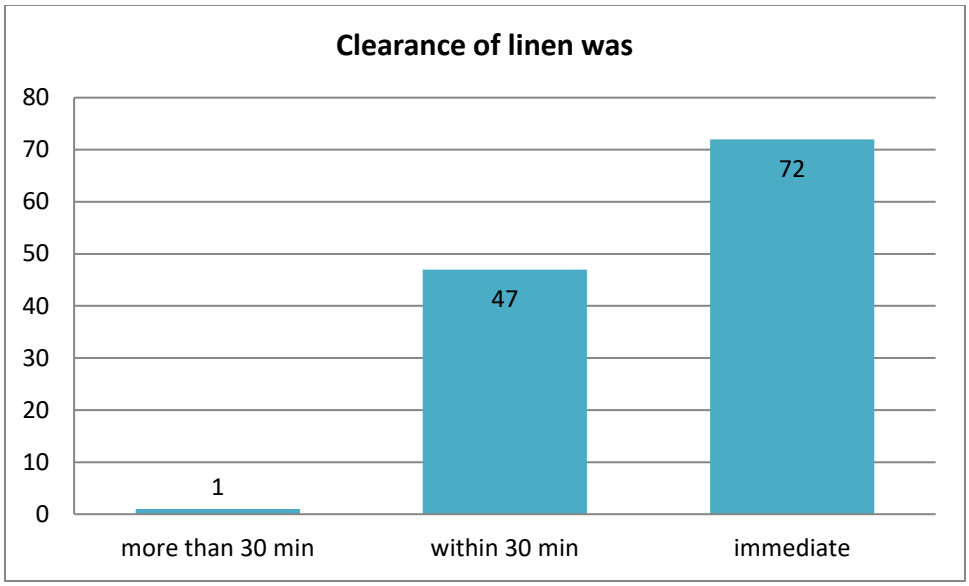


Figure 5.4 Responses for clearance of linen

The responses for 120 patients regarding Laundry services and staff show that 119 patients are satisfied with the clearance of linen. Only one patient fount to be unsatisfied. It might be due to sudden indulgence of service delivery person with some work and by mistake he forgot to pick up the used linen instantly. This is not a major issue for the organization.

Statistics								
		Quality of food	Behavior of food serving staff	Hygiene of food serving staff	Counseling by dietician	Were you given choice of food	Timeliness of getting food	Correctness of diet
N	Valid	120	120	120	120	120	120	120
	Missing	0	0	0	0	0	0	0
Mean		1.183333	1.275	1.266667	0.975	1.1	1.216667	1.191667
Median		1	1	1	1	1	1	1
Mode		1	1	1	1	2	1	1
Std. Deviation		0.518293	0.448386	0.444071	0.666894	0.863839	0.433538	0.472715
Variance		0.268627	0.20105	0.197199	0.444748	0.746218	0.187955	0.223459
Sum		142	153	152	117	132	146	143

Table 6 Dietary related analysis



Figure 6.1 Responses for quality of food

The responses for 120 patients about dietary show 7 patients are unsatisfied with quality of food. A majority of patients (n=84) were satisfied with the quality of food. Approximately 25% of patients rated the food quality as excellent.

Anecdotal evidence suggests that the probable reasons regarding unsatisfaction for food quality was quality of milk. This issue is a minor one but should be rectified by the hospital authorities.



Figure 6.2 Responses for behavior of food serving staff

The responses for 120 patients about dietary show that there is no unsatisfaction regarding behavior of food serving staff. This is currently not at all a problem for the organization.

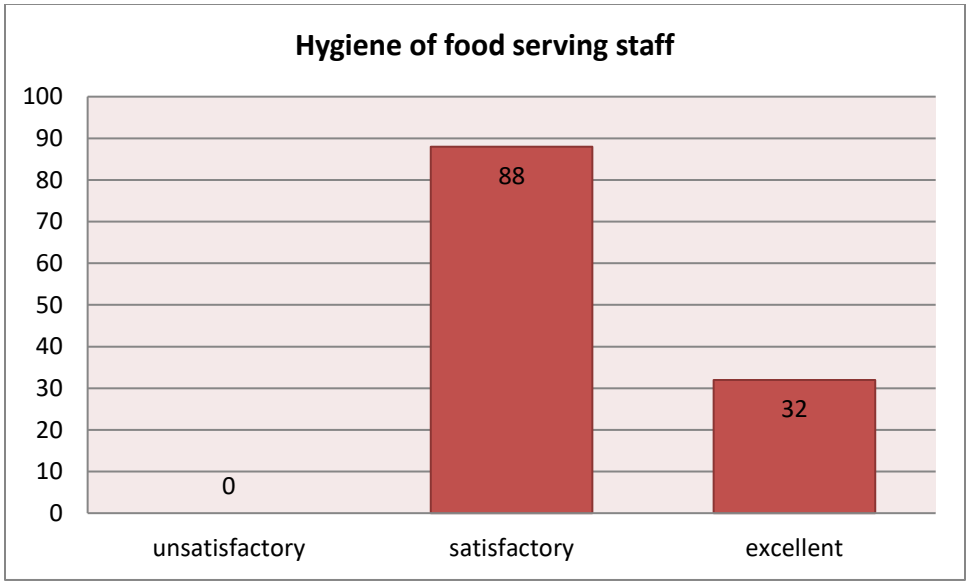


Figure 6.3 Responses for hygiene of food serving staff

The responses for 120 patients about reception show that there is 0% unsatisfaction regarding hygiene of food serving staff. This is not an issue for the Jaipur Golden Hospital.

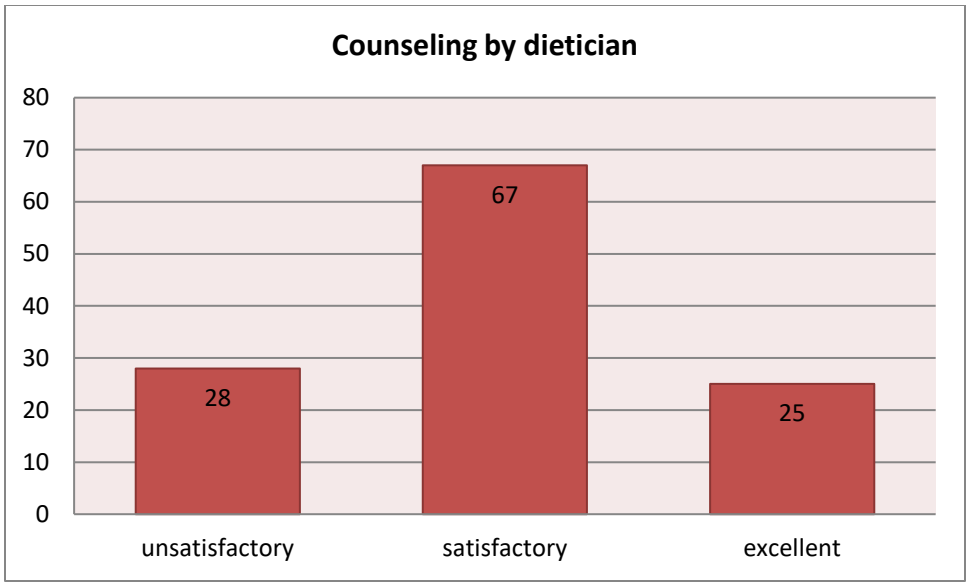


Figure 6.4 Responses for counseling by dietician

The responses for 120 patients about dietary shows 28 patients (approximately 30%) are not satisfied with the counseling by the dietician. A majority of patients, other than above mentioned were found to be satisfied.

These responses (n=28) show significant dissatisfaction. As per the responses there is no counseling by dietician is going on in EWS category of beds and sometimes it is also missed in other categories, this may be due to late admission etc and on next day patient is shifted in OT or so. This issue needs prompt attention of the hospital administration.

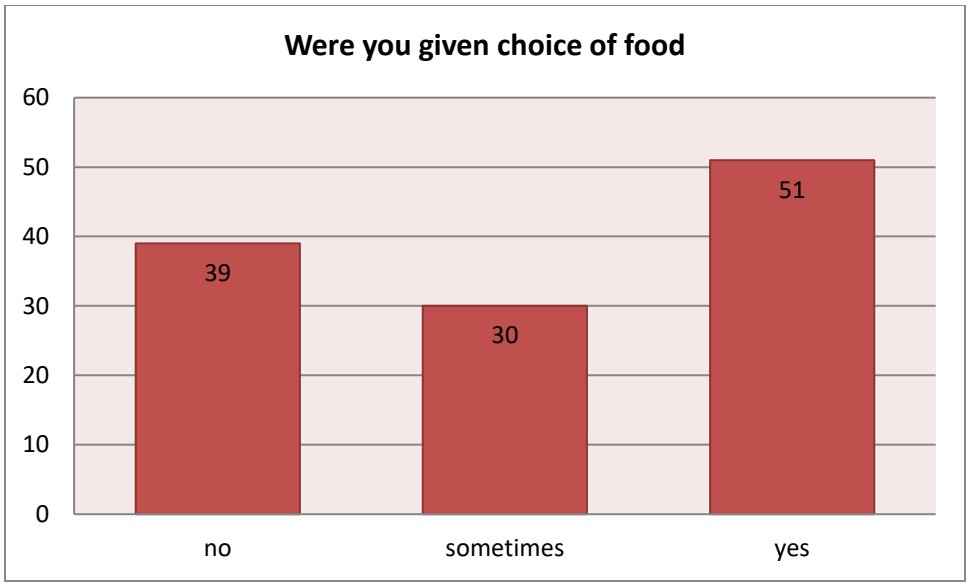


Figure 6.5 Responses for getting choice of food

Out of 120 patients about dietary show that 39 patients (approximately 40 %) said that they were not provided with the choice of food. This figure shows significant unsatisfaction. The non counseling is also a leading cause for not providing choice of food. Choice of food is not fulfilled up to the mark, also as per the disease they are suffering from. A fair number of patients (n=30) which is approximately 25% said that sometimes they got choice of food and sometimes not. Probably it was the result of non visit of dietician on daily basis. 43% of patients had no problem with choice of food.

This issue needs attention of the organization as it is a major problem as per the findings of the study.

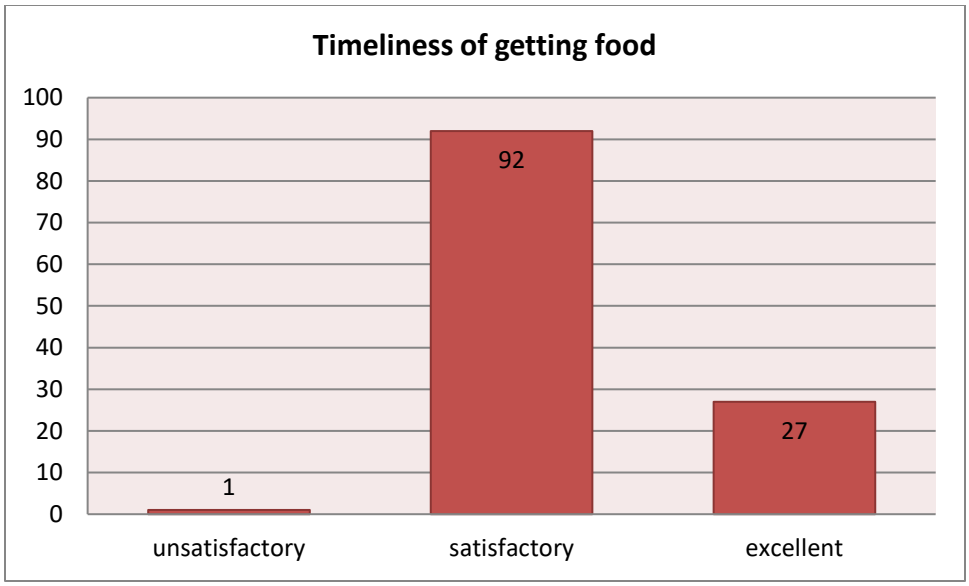


Figure 6.6 Responses for Timeliness of getting food

The responses for 120 patients about dietary shows that only 1 patient is unsatisfied with timeliness of food. This may be due to his feeding habits. All other had no problem with the timeliness of meals. This is not at all an issue for the organization.



Figure 6.7 Responses for correctness of diet

The responses for 120 patients regarding dietary services and staff shows that only

4 patients (approximately 3%) are unsatisfied with correctness of diet. Anecdotal evidence suggest that the probable reason was that some of the diabetic patients got the sugar products in their diet. This may be due to the mistake of food serving staff. Other than these 3%, rest of the respondents gave positive rating, so; it is not a major issue for the organization.

Statistics				
		Have you got all your documents before discharge	Is there any overcharge/error in billing	Time taken for discharge process
N	Valid	120	120	120
	Missing	0	0	0
Mean		1.958333	1.4	0.65
Median		2	1	1
Mode		2	1	1
Std. Deviation		0.238899	0.571008	0.64365
Variance		0.057073	0.32605	0.414286
Sum		235	168	78

Table 7 Discharge process related analysis

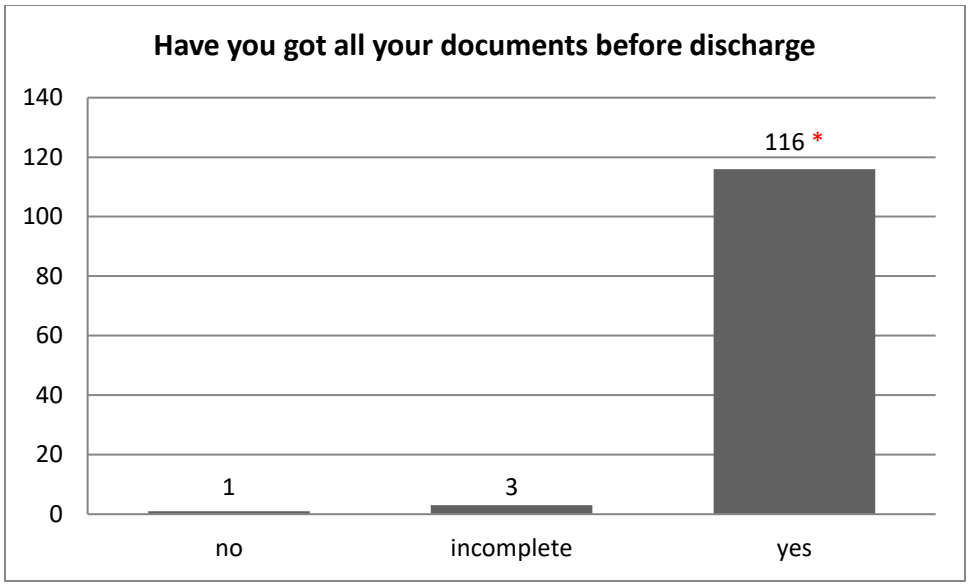


Figure 7.1 Responses for receiving discharge documents

The responses for 120 patients about discharge shows that a majority of patients interviewed (n=116) got all their documents before discharge. Only 4 patients did not get their documents completely. Probable reason for remaining documents is that the histopathology reports etc are given 3-7 days after collection of specimen. This implies that this is not problem in the hospital.

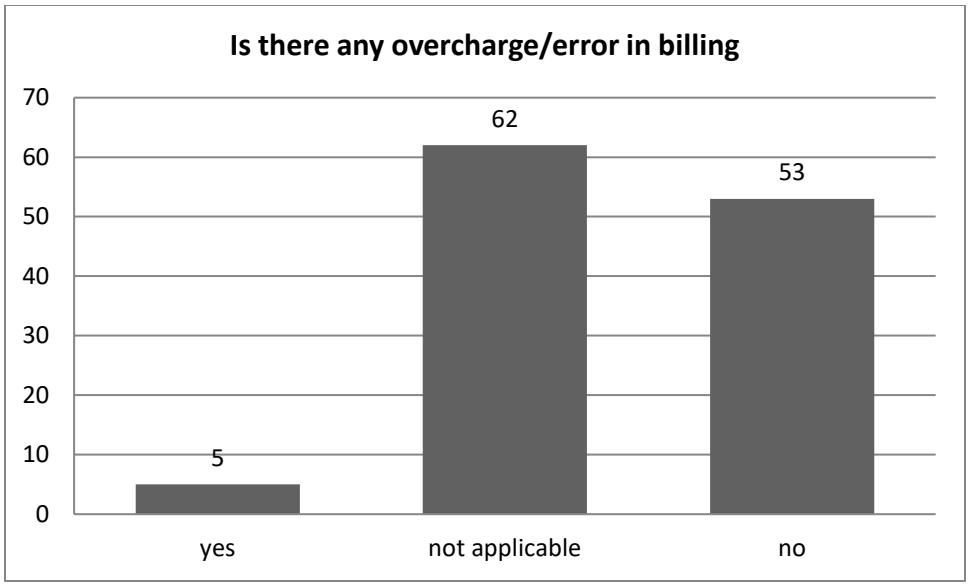


Figure 7.2 Responses for any error in billing

Out of 120 responses only 5 patients mentioned that, there was an error in billing. Anecdotal evidence suggests that the probable reasons are related to pharmacy and diagnostic billing duplication. A majority of the patients interviewed (n=62) mentioned that billing was not applicable since their bills had to be paid by their respective organizations or insurance companies. It is to be noted that as many as 53 patients or approximately 44 % did not complain of an error in billing. Thus in the Jaipur Golden hospital this issue is not a major problem.

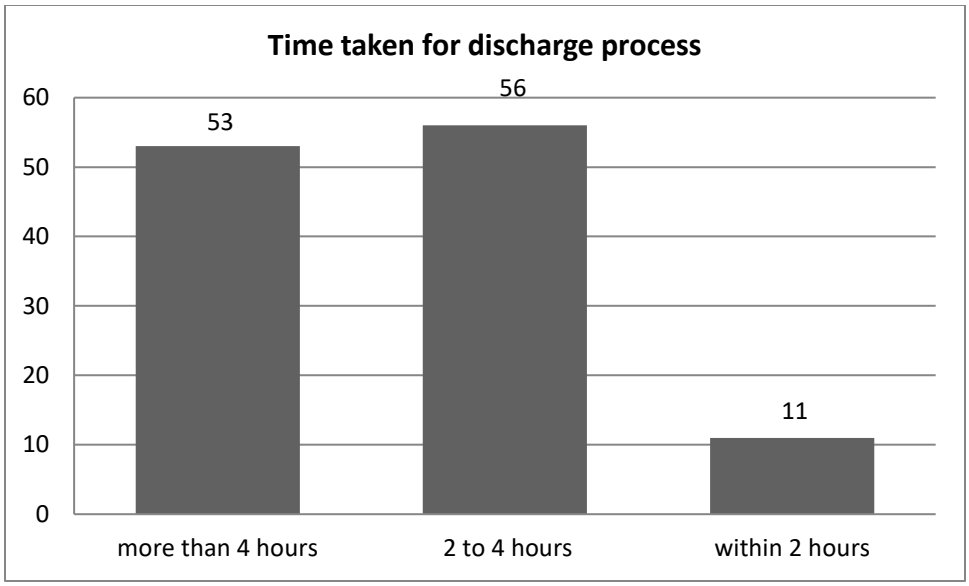


Figure 7.3 Responses for time-taken for discharge process

Out of 120 responses regarding discharge, 53 patients are unsatisfied as they had to wait for more than 4 hours to get discharge. Only a small number of the patients interviewed (n=11) mentioned that time taken in discharge is within 2 hours. It is to be noted that as many as 53 patients or approximately 44 % complaint of delay in discharge process time. Thus in the Jaipur Golden hospital this issue is a major problem.

The Anecdotal evidence suggests that, the time taken in discharge is more in panel and mediclaim cases where the organization has to wait for approval of final bills, before discharging the patients. Some delay is also due to the unavailability of doctors to sign the printed discharge summary as some of them might be in OT or handling some emergency when the printed discharge summary is ready to handover.

Interpretation between Executive, economy and free bed categories

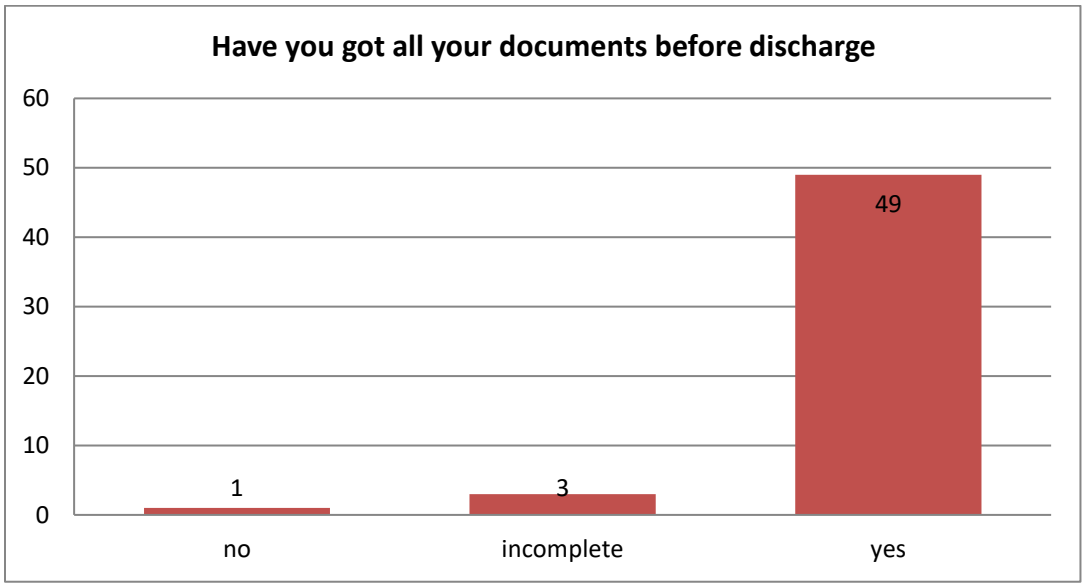


Figure 8.1 Responses for receiving discharge documents in Executive bed category

In executives beds i.e. deluxe suit, deluxe rooms, single rooms and twin sharing rooms-satisfaction is highest in getting all the documents before discharge.

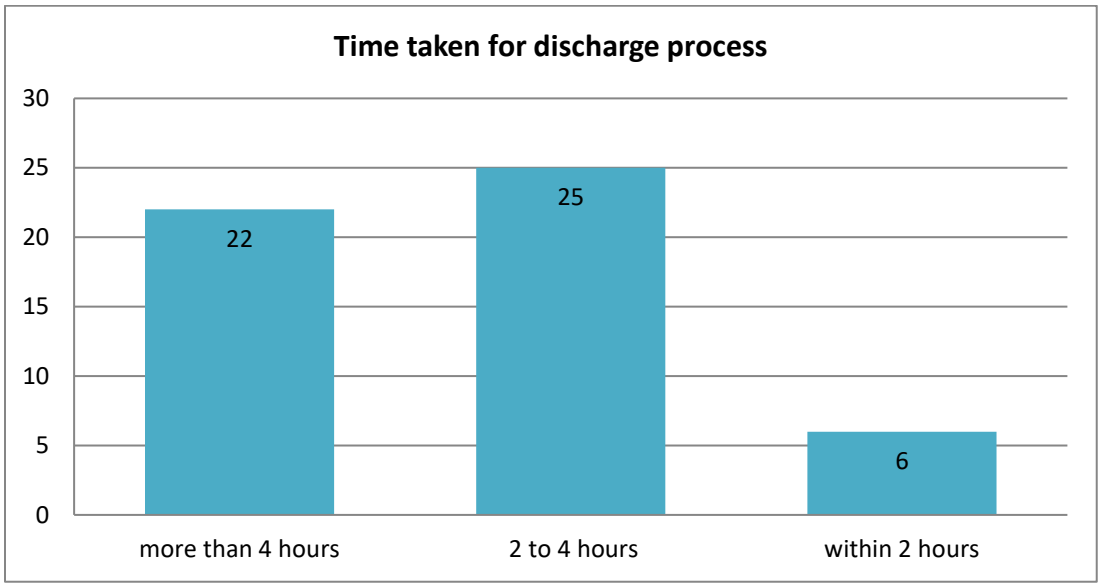


Figure 8.2 Responses for time-taken for discharge process in Executive bed category

In executives beds i.e. deluxe suit, deluxe rooms, single rooms and twin sharing rooms-satisfaction is lowest in discharge process time where 22 patients out of 53 patients waited for more than 4 hours. The patients are highly aware of getting their documents.

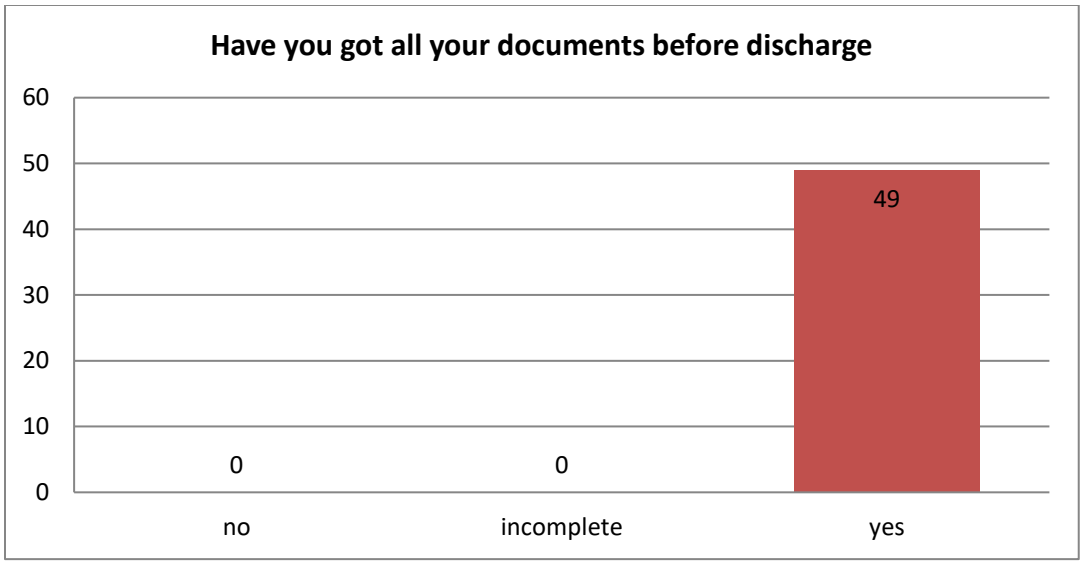


Figure 9.1 Responses for receiving discharge documents in Economy bed category

Satisfaction is 100 percent in getting all the documents before discharge

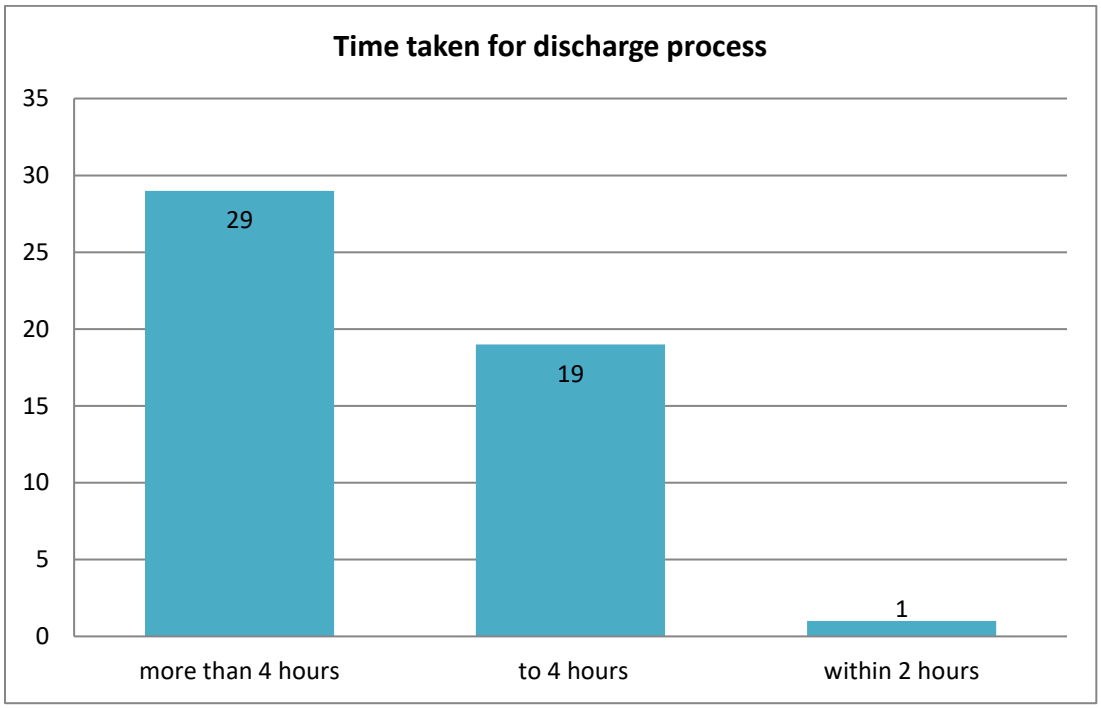


Figure 9.2 Responses for time-taken for discharge process in Economy bed category

It is lowest regarding discharge process. Out of 49 patients 29 had to wait for more than 4 hours to get discharge.

In this category, the panel or mediclaim patients are maximum , so the discharge process is delayed.

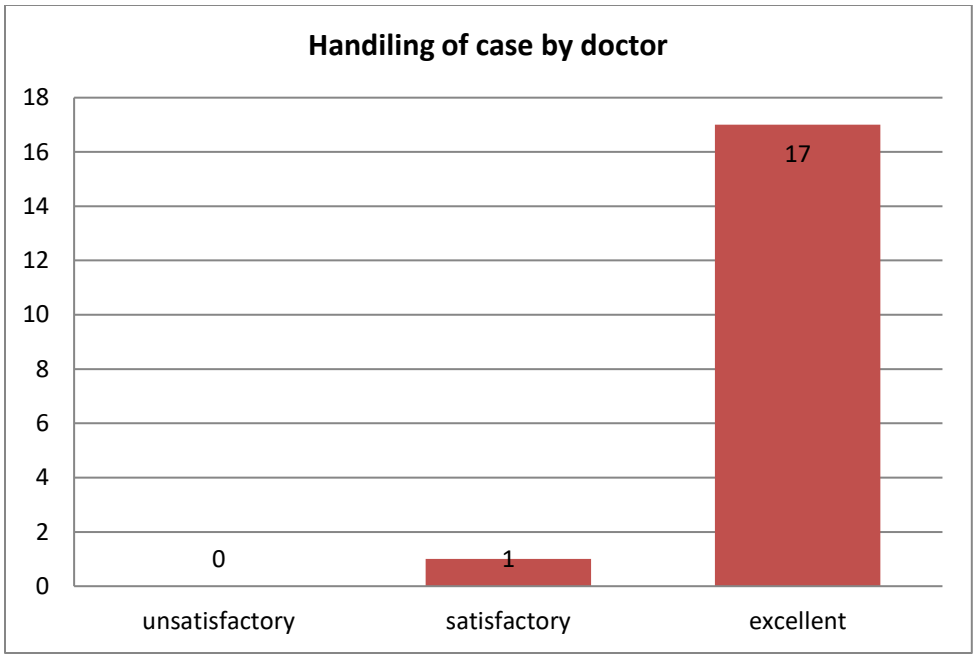


Figure 10.1 Responses for handling of case by doctor in Free bed category

In free bed category the condition is absolutely different they are most satisfied with the handling of case and problems by the doctors as out of 18 EWS respondents there is 0% unsatisfaction regarding this parameter.

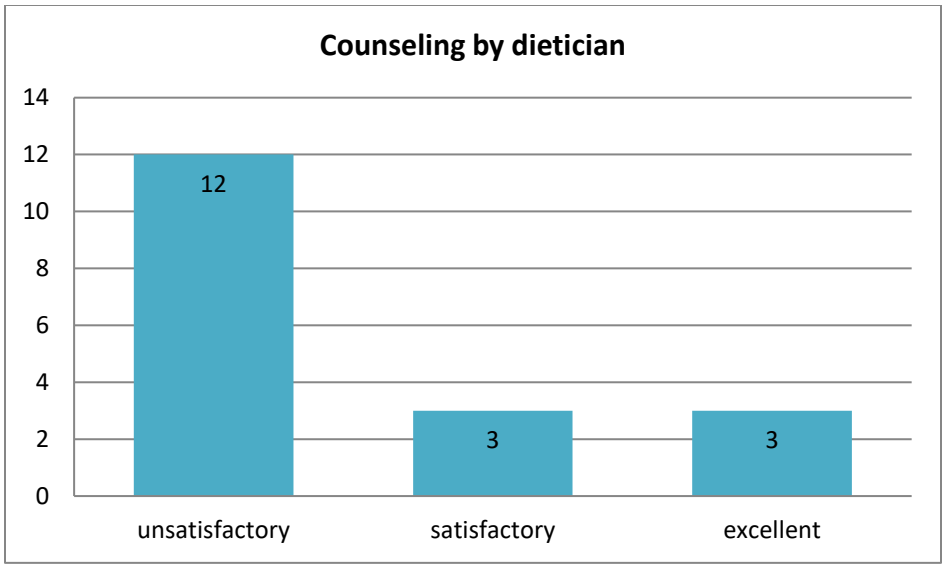


Figure 10.2 Responses for counseling by dietician in Free bed category

The free bed respondents are most unsatisfied of the counseling by dietician as out of 18 patients, 12 say the counseling was unsatisfactory.

The free category beds respondents are not unsatisfied with the discharge process time as they do not have to wait for the preparation of bills and /or its approval.

2.4.1 Conclusion

In the globalized world of competition, customers' care and satisfaction have become an important parameter of quality control and success of a healthcare organization depends considerably on it. In healthcare industry, the customer is in a physical and mental distress and therefore his care and high quality medical attention become priority for the hospital management. High quality medical treatment at a reasonable cost has given rise to the new phenomenon of medical tourism. Patients of developed countries visit the reputed hospitals of our country for treatment with tourism as a value added service. Therefore, measurement of patients' satisfaction now plays an increasingly important role in the growing push toward accountability among health care providers. Overshadowed by the preoccupation with the clinical processes and outcomes in the quality of care equation, patients' satisfaction measurement has traditionally been relegated to service improvement efforts by hospitals and larger physician practices, and to fulfilling accreditation requirements of health plans.

Developing a high level of satisfaction with the patient relationship is a big challenge. It is something that can be achieved. Human satisfaction is complex. Every human being has specific demands from the clinic. It is the duty of the healthcare provider to serve the patients with due care and attention.

In this study, Nursing staff is found to be at the top level of providing highest satisfaction among inpatients. Satisfaction level is very high regarding the reception staff. The patients are reasonably satisfied with the case handling by the doctors. There is no dissatisfaction regarding the behavior and hygiene of food serving staff but the counseling by dietician and providing choice of food is of high concern to elevate level of satisfaction among inpatients. The laundry services and staff are rated among high satisfaction level. The problem of highest concern is the discharge process time where there is highest dissatisfaction among indoor patients.

2.4.2 Limitation

3 point scale - The use of 4 point Likert scale would be better over the 3 point as to avoid the chances of selection of middle option by the respondent.

2.4.3 Recommendations

1. The Front office should have adequate, well trained and courteous staff round the clock for quick admission procedure and providing clear information.
2. The doctors should be requested to ensure regular and time framed visits, so that the attendants can meet the doctor and get their quires responded.
3. The nursing staff is already doing very well. They should not be over burdened with paper work so that they can add to even higher level of satisfaction by utilizing their more time in patient care.
4. The house keeping staff should clean the rooms and toilets twice in daily i.e. in morning as well as in the evening. The toilets of sharing rooms and wards should be cleaned frequently.
5. The counseling by the dietician should be improved in all categories, especially in free bed categories so that the choice of food can be asked and tried to fulfill.
6. More dieticians should be appointed, if the dietary counselor is over burdened.
7. The discharge summary of cases which are known for discharge in next morning should be kept ready.
8. The duty doctors, who have prepared the summary, should ensure final correction in printed summary and their signatures within one hour of handling over the hand written summary to the floor secretary.
9. The bills of different departments like Pharmacy, diagnostic etc should be ready on daily bases to overcome the last moment delays in making final bills.
10. The panel desk staff should be adequate and well trained to make quick and error free requests for approval of final bills.
11. The panel desk staff should be polite and should provide clear information regarding status of approval and its expected timings to the attendants.

2.5 Reference

1. Merkouris A, Yfantopolos J, Lanara V, Lemonido C. Patients satisfaction: a key concept for evaluating and improving nursing services. J Nurs Management. 1999;7:19-28.

2. Jonasson P, Oleni M, Fridlund B. Patient Satisfaction with nursing care in the context of health care: a literature study. Scand J Caring Sci 2002;16:337-44.

3. Mammen SA, Varghese SR, Isaac R. Satisfaction of in-patients concerning patient care in a tertiary care hospital
in Punjab. Indian J Public Health. 2009 Jan-Mar;53(1):49-51.

4. Muhondwa EP, Leshabari MT, Mwangu M, Mbembati N, Ezekiel MJ. Patient satisfaction at the Muhimbili National Hospital in Dar es Salaam, TanzaniaEast Afr J Public Health. 2008 Aug;5(2):67-73.

5. Imam SZ, Syed KS, Ali SA, Ali SU, Fatima K, Gill M, Hassan MO, Hashmi SH, Siddiqi MT, Khan HM, Jameel OF Patients' satisfaction and opinions of their experiences during admission in a tertiary care hospital in Pakistan - a cross sectional studyBMC Health Serv Res. 2007 Oct 3;7:161.

6. Liu Y, Wang G. Inpatient satisfaction with nursing care and factors influencing satisfaction in a teaching hospital in China. J Nurs Care Qual. 2007 Jul-Sep;22(3):266-71.

7. Sørlie V, Torjuul K, Ross A, Kihlgren M. Satisfied patients are also vulnerable patients--narratives from an acute care wardJ Clin Nurs. 2006 Oct;15(10):1240-6.

8. Mcilfatrick S, Sullivan K, McKenna H Nursing the clinic vs. nursing the patient: nurses' experience of a day hospital chemotherapy serviceJ Clin Nurs. 2006 Sep;15(9):1170-8.

9. Lassen KO, Olsen J, Grinderslev E, Kruse F, Bjerrum M Nutritional care of medical inpatients: a health technology assessmentBMC Health Serv Res. 2006 Feb 2;6:7.

10. Holcomb WR, Parker JC, Leong GB, et al: Customer satisfaction and self-reported treatment outcomes among inpatients. 49:929-934, 1998

11.Larsen DL, Attkisson CC, Hargreaves WA, et al: Assessment of client/patient satisfaction: development of a general scale. Evaluation and Program Planning 2:197-207, 1979

12.Williams B, Wilkinson G: Patient satisfaction in health care: evaluating an evaluative method. British Journal of Psychiatry 166:559-562, 1995

13.Druss BG, Rosenheck RA, and Stolar M: Patient satisfaction and administrative measure as indicators of the quality of mental health care. Psychiatric Services 50:1053-1058, 1999

14.Barker DA, Shergill SS, Higginson I, et al: Patients' views towards care received from hospital. British Journal of Physicians 168:641-646, 1996

15. Endicott J, Nee J, Harrison W, et al: Quality of Life Enjoyment and Satisfaction Questionnaire: a new measure. Psychopharmacology Bulletin 29:321-326, 1993

Annexure 1

Jaipur Golden Hospital

2, Institutional Area, Sector –3, Rohini, New Delhi – 110085

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IN PATIENT FEED BACK **FOR RESEARCH ONLY**

Patient's Name...	Address…
Room No…	
I.P.No…	
DOA…	
DOD…	Contact No…
Consultant…	Feedback shared by…

1. Were there enough staff members at the reception to take care of patients and his/her attendants? (Ease & courtesy)

   Yes

   Sometimes

   No

2. Behavior of the staff in handling the queries of patient and his/her attendants?

   Excellent

   Satisfactory

   Unsatisfactory

3. Information given to you and its clarity was (including cost estimation)

   Excellent

   Satisfactory

   Unsatisfactory

4. Time taken for registration and admission

   Less than 15 minutes

   15 min. to 1 hour

   More than 1 hour

5. Handling of case and problems of the patient by the doctor was

   Excellent

   Satisfactory

   Unsatisfactory

6. Doctor responded to your queries adequately (including information regarding treatment & progress)

   Yes

   Sometimes

   No

7. Time taken for first visit by Consultant after admission

   Less than 1 hour

   Within 12 hours

   More than 12 hours

8. Time taken for first visit by Duty Doctor, after admission

Immediate

Within 1 hour

More than 1 hour

9. Are there regular visits by Doctor?

Yes

Sometimes

No

10. Nursing care and skills

Excellent

Satisfactory

Unsatisfactory

11. Nursing behavior was

Excellent

Satisfactory

Unsatisfactory

12. Nurse's response time when called through bell

Immediately

Within 15 minutes

More than 15 minutes

13. Cleanliness of room

Excellent

Satisfactory

Unsatisfactory

14. Cleanliness of toilet

Excellent

Satisfactory

Unsatisfactory

15. Hygiene of House-keeping staff

Excellent

Satisfactory

Unsatisfactory

16. Behavior of House-keeping staff

Excellent

Satisfactory

17. Quality of linen was

Excellent

Satisfactory

Unsatisfactory

18. Cleanliness of linen was

Excellent

Satisfactory

Unsatisfactory

19. Change of linen was

Frequent

Once a day

Unsatisfactory

20. Clearance of linen was

Immediate

Within 30 minutes

More than 30 minutes

21. Quality of food was (Presentation & Taste)

Excellent

Satisfactory

Unsatisfactory

22. Behavior of food serving staff

Excellent

Satisfactory

Unsatisfactory

23. Hygiene of food serving staff

Excellent

Satisfactory

Unsatisfactory

24. Counseling by dietician

Excellent

Satisfactory

Unsatisfactory

25. Were you given choice of food?

Yes

Sometimes

No

26. Timeliness of getting food

Excellent

Satisfactory

Unsatisfactory

27. Correctness of diet

Excellent

Satisfactory

Unsatisfactory

28. Have you got all your documents before discharge?

Yes

Incomplete

No

29. Is there any overcharge/error in billing?

Yes

Not Applicable

No

30. Time taken for discharge process

Within 2 hours

2 to 4 hours

More than 4 hours

General comments/Suggestions:

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Annexure II

FACILITY LAYOUT

BASEMENT	Trustee's Office	M. D. Office
	Blood Bank	Administration Department
	Store	Laboratory
	EDP	Accounts Department
	Laundry	Purchase Department
	MRD	Maintenance Department
	CSSD	C. T. Scan & Ultrasound
	Echo	
GROUND FLOOR	Reception	Corporate Office
	Casualty	Pharmacy
	OPD	Radiology Department
	C Block (6 – 10)	Dietician Counseling Room
	ECG Room	Plaster Room
	Cosmetic Clinic	Physiotherapy
	Conference Hall	Medical Transcription Room
	Minor O T	Sample Collection Counter
	Canteen	Gas Plant Office

	Generator Room	Mortuary
FIRST FLOOR	OPD	Day Care
	C Block (102-112)	D –Block (114-125)
	SICU	Injection Room
SECOND FLOOR	Department of Obs. & Gynecology	
	IVF Room	NICU
	C-Block(207-213)	Marketing Department
	Library	Seminar Room
THIRD FLOOR	MICU	RICU
	C-Block (307-310)	Housekeeping Manager Office
	General Ward	Free Ward
FOURTH FLOOR		D-Block (401-412)
		Department of Nephrology

Department of Quality Assurance

FIFTH FLOOR

Institute of Heart & Vascular Diseases

Cardio-diagnostics	Heart & Vascular Surgery
Interventional Cardiology	Hypertension Clinic
Arrhythmia Clinic	Pediatric Heart Disease Clinic