Summer Internship Report

At

Max Smart Super Specialty Hospital

Saket, New Delhi

(May 5th to July 5th 2025)

A Report on

“"A Study on patient satisfaction in In-patient department’’



By

EKTA SURYWANSHI

(PG/24/031)

Mentor – DR. Rupsa Banerjee

PGDM (Hospital and Health Management)

2024-2026



International Institute of Health Management Research, New Delhi

The certificate is awarded to

Ekta Suryawanshi

In recognition of having successfully completed
Her internship in

Operations Department

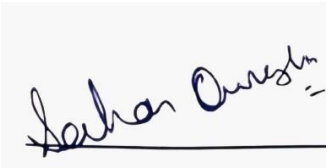
and has successfully complete his Project on

Date: 5th July 2025

Organisation: Max Smart Superspeciality Hospital, Saket

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

We wish her all the best for future endeavors



Organization Supervisor

FEEDBACK FORM

(Organization Supervisor)

Name of the Student: EKTA Suryawanshi

Summer Internship Institution: Max Smart Super speciality hospital (saket)

Area of Summer Internship: Delhi

Attendance: full

Objectives met: Yes

Deliverables: Completed her two projects succesfully

Strengths: Hard working, dedicated student

Suggestions for Improvement: To keep her good work and not to loose focus.

Signature of the Officer-in-Charge (Internship)

Date: 4/7/25
Place: Delhi



Certificate No – 2025/20554

CERTIFICATE
OF ACHIEVEMENT

MAX Healthcare

Max Institute of Medical Education

Certifies that

Ekta Suryawanshi

has completed Internship in the department of

Hospital Operations

at Max Smart Super Specialty Hospital, Saket, New Delhi

from 05th May 2025 to 05th July 2025

Head of the Department

Dr Vinitaa Jha
Director - Research & Academics
Max Healthcare Institute Ltd

Certificate of Approval

The Summer Internship Project of titled A Study on patient satisfaction in In-patient department at Max Saket is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of Post Graduate Diploma in Health and Hospital Management for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed, or conclusion drawn therein but approve the report only for the purpose it is submitted.



Rupsa Banerjee

Associate Professor

IIHMR, Delhi

ACKNOWLEDGEMENT

I am really appreciative that I had the chance to finish my summer internship at Max Smart Super Specialty Hospital, Saket, New Delhi. This experience has greatly aided in my professional and personal development in the domain of Hospital & Healthcare Management. I am grateful to all of the people who have helped and advised me along the way.

First and foremost, I would like to sincerely thank my **Project Guide Dr Nutan panda (AGM-Hospital Operation).** whose valuable inputs made this project possible. I really extend my gratitude to **Dr Sahar Qureshi (General Manager- Hospital Operations)** at Max Smart Super Speciality Hospital, Saket, New Delhi. Their support, guidance and faith in my skills have served as a continual source of inspiration.

I am especially appreciative of my mentor at IIHMR Delhi, **Dr. Rupsa Banerjee Associate Professor.** His wealth of experience and unwavering support has been invaluable during this internship.

Additionally, I want to sincerely thank every member of the Max Smart Hospital. The cooperative attitude and assistance from my teammates and coworkers have been priceless. Finally, and above all, I want to express my sincere gratitude for my parents, friends, and elders for their continuous moral support. Their support, tolerance, and presence during the good and bad times have been invaluable in helping me to get through this journey. It would not have been feasible to finish this summer internship without their help. I appreciate all of your tremendous help, advice, and encouragement.

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LIST OF ABBREVIATIONS:-

MRI	Magnetic Resonance Imaging
ER	Emergency Department
IPD	In Patient Department
Pt	Patient
LAMA	Leave Against Medical Advice
HIS	Hospital Information System
CPRS	Computerized Patient Record System
ALOS	Average Length Of Stay
PSAT	Patient Satisfaction

PART A : OBSERVATIONAL LEARNINGS

INTRODUCTION TO MY SUMMER INTERNSHIP AT MAX SMART SUPER SPECIALITY HOSPITAL, SAKET , NEW DELHI :

I am thrilled to introduce my summer internship experience as a management trainee at Max Smart Hospital in Saket, New Delhi. This prestigious hospital is well-known for its cutting-edge amenities and dedication to providing top-notch medical care. I gained essential knowledge about the workings of a top hospital facility from my internship. I was able to contribute to a variety of managerial and administrative responsibilities during this experience, learning useful information and developing my healthcare management abilities. Along with deepening my grasp of hospital operations, this adventure has motivated me to pursue a career in healthcare administration.

BRIEF OVERVIEW OF HOSPITAL:



[1] Max Smart Super Speciality Hospital, Saket (a unit of Gujarmal Modi Hospital & Research Centre for Medical Sciences) is a 250-bed hospital featuring 12 opulent modular operation rooms, an observation and resuscitation unit, 50 critical care beds, a specialized endoscopy unit, and an advanced dialysis unit. This tertiary care facility is furnished with a flat panel C-Arm detector, 3.0 Tesla digital broad bands MRI, Cath Labs with electrophysiology navigation.

MRIs can be performed while a surgery is being performed, and the Max Smart Hospital in Saket, New Delhi, has Asia's first neurosurgical operation theatre in addition to a Brain Suite.

The benefit of integrated medical care in a multidisciplinary setting is offered by a faculty of highly qualified physicians, nurses, and healthcare staff at Max Smart Super Speciality Hospital in Saket.

MY ROLE AND RESPONSIBILITIES:

As an intern, I was entrusted with diverse responsibilities that allowed me to gain practical insights into the hospital industry. These included:

Operational Support: Evaluating OPD and ER operations status and provide recommendations for enhancements.

- **Reporting and Data Analysis:** Compiling and evaluating information about hospital performance measures.
- **Organizing and Communicating**: Addressing operational concerns by collaborating with the medical staff, the administrative team, and the support services.
- **Experience of the Patient**: Tracking and improving the patient experience by ensuring that patients' queries and complaints are handled efficiently.

OUR VISION:-[1]

To the most well regarded healthcare provider in India committed to the highest standards of clinical excellence and patient care, supported by latest technology and cutting edge research.

OUR PURPOSE:-

To serve. To excel.

OUR VALUES:-

COMPASSION - We have a deeper level of patient understanding and are always empathetic to their needs. This encourages a culture of providing a higher standard of patient-centered care. We respect each other and our patients, and ensure that their needs are met with dignity. We rise to the occasion each time for we recognize the positive social impact we can create.

EXCELLENCE - We ask more of ourselves and are always passionate about achieving the highest standards of medical expertise and patient care. We understand that being the best is a continuous journey of becoming better versions of ourselves every day.

EFFICIENCY - We create a responsive healing environment, by being nimble to the needs of our patients and delivering what they really need with precision and timing. We are focused yet fast, personal yet practical, advanced yet seamless in delivering the exact care our patients need.

CONSISTENCY - We always deliver on our commitment and ensure the highest level of patient care is met at every stage, every time. We believe that only through consistency can we achieve our patients' trust and fulfil our goals.

ACCREDIATIONS:-

Our **NABH** accredited hospitals offer **best in class services to our patient**

EMERGENCY CODES:-

CODES	SITUATION
RED	**Fire**
VIOLET	**Violent patient/ attendant**
PINK	**Child abduction**
GREY	**Crisis management team & bereavement team**
BLACK	**Bomb threat**
YELLOW	**External disaster**
BLUE	**Cardiac arrest**

NOTE – Dial "55" from any internal hospital phone line or dial 011- 71212121 in case of medical emergency.

MODE OF DATA COLLECTION:

The data collection process involved:

a. PRIMARY DATA – Direct observation
b. SECONDARY DATA - HIS, CPRS

DEPARTMENTS OBSERVED:

- Engineering department
- Fire safety department
- Emergency department
- Central sterile supply department (CSSD)
- Marketing department
- Housekeeping department
- Medical record department (MRD)
- Biomedical engineering department
- IT department
- Food & Beverage department
- Compliances department
- HR department
- Security department
- Call center department
- Sales department
- International patient services
- Billing process
- IP pharmacy department
- Nursing department
- Radiology department
- OPD department

Department-wise Observations & Learning :

- **Department : Engineering department**
  Observations:

- Responsible for the continuous supply of water and electricity throughout the facility.
- Equipped with one transformer of 2500 kVA capacity.
- Two backup generators (each rated at 1110 kVA) ensure power continuity
- during outages.
- Main LT panel functions as the central junction for power distribution.
- LT panels are used to operate power systems within the building.
- Air circuit breakers (ACBs) are installed for electrical safety.
- UPS systems (10 units) provide backup power, especially for critical areas like
- HVAC System
- The facility uses a centralized HVAC system.
- There are three chillers, each with a capacity of 315 TR (Tons of
- Refrigeration), for maintaining indoor climate control.
- Water Management :-
- Fire water tank: 2.10 lakh liter
- Raw water tank: 2.25 lakh liter
- Soft water tank: 1.30 lakh liter
- Domestic water tank: 1 lakh liter (Corrected from "1 liter")

- **Department : Fire safety department**

Observations:

The Fire Safety Department ensures legal compliance, equipment maintenance, and emergency readiness. Hospitals are Class C under NBC norms. Key systems include hydrants, sprinklers, alarms, and fire doors. A trained team of firemen and QRT members manage emergencies using CO_2 and clean agent extinguishers. LMO supports oxygen needs, and a 5-pump system maintains water supply. Monthly drills follow the R.A.C.E.

- **Department : Emergency department**

  Observations: An emergency department (ED), also known as an accident and emergency department (A&E), emergency room (ER), or casualty department, is a medical treatment facility that specializes in emergency medicine, or the acute care of patients who arrive without an appointment, either on their own or via ambulance. Observing how patients are treated under observation according to their level of urgency, following triage protocols.

- **Department :** Central sterile supply department (CSSD)

Observations: The facility uses steam (134°C for 1 hour), ETO (55°C for 8–10 hours), and plasma sterilization (55°C for 30–40 minutes) based on material type. Sterilization occurs in three zones: the decontamination zone (manual cleaning), clean zone (drying and packing), and sterile zone (storage and issue). Quality control is maintained using chemical and biological indicators, lot labelling, PCDs, Class 5 indicators, the Bowie-Dick test, and continuous bench monitoring.







- **Department :** **Marketing**

Max focuses on real-life, fact-based videos covering general health, specific diseases, international care, and maternal-child health, producing around 15 videos monthly for platforms like YouTube, Facebook, Instagram, and LinkedIn. The hospital leverages third-party platforms such as Just Dial and Practo, with recent monthly digital revenue reaching ₹70 lakh–₹1 crore. Competitors include Manipal and Apollo, with Max aiming for market leadership by 2028. Key specialties promoted are Orthopedics, Mother & Child, Cardiology, and Neurology. Marketing includes both digital and on-ground efforts like health check camps,

guided by brand standards and departmental knowledge. The USP lies in dominance across Delhi NCR and Punjab, affordable care, tech upgrades, and rapid growth. Performance is tracked via video cost, views, engagement, and ROI**.**

- **Department : Housekeeping department**

The Housekeeping Department oversees pest control, gardening, glass and facade cleaning, laundry, and uniform management. It operates with minimal manpower: 2 each for pest control and gardening, 2 spider workers with 1 helper for facade cleaning, and 1 staff member for uniform handling. Uniforms are sent to Meerut for laundry. While GDAs focus on patient services, housekeeping staff handle facility cleanliness and support services.

- **Department : Medical record department (MRD)**

MRD handles only IPD records, stored externally for 2 months before shredding. Retention varies by case type (e.g., 3 years for normal, lifelong for legal). Records are ICD-10 coded and not used statistically. Mandatory data like births, deaths, and disease notifications are reported to authorities. TAT is 24–48 hours based on request type. All work follows standard protocols.

- **Department : Biomedical Engineering**

Biomedical Engineering bridges clinical and technical needs, ensuring medical equipment is safe and functional. Key areas include human anatomy and medical technology. Core processes cover installation, preventive maintenance (in-house or via AMC/CMC), calibration for accuracy, and timely breakdown handling with set TATs (24 hrs. for critical, 96 hrs. for urgent). Inventory is categorized and tracked by make, model, and department. Budgeting includes Cap Ex for equipment and Op Ex for maintenance and consumables.

- **Department: IT**

The IT department manages various applications supporting hospital operations. Key systems include the Max Portal App for daily operations, Disha for HR and admin functions, Sampark for housekeeping and nursing coordination, Web CPRS for patient records, and Web HIS for billing. Patient services are handled through the Max My Health Care App, while doctors use BOSS for appointments and e-prescriptions. Support is provided via the IT Help Desk (4040), aiming for 30-minute issue resolution. Backend operations are based in Gurgaon and cover HIS, data analytics, and more. Additional tools include NDRS for nursing handovers, PACS for imaging, and daily data backups through data center operations.

- **Department: Food & Beverages**

The Food & Beverage Department at Max Hospital is managed by 89 outsourced staff, supervised by 4 in-house coordinators. Meals for IPD patients are personalized by dieticians and processed via the HIS and ALACART app, ensuring delivery within 30 minutes. Room service billing is handled through the ADORA system, monitored by TPA. Food is prepared in bulk, customized per diet plans, and available 24/7. A separate outlet serves public dining needs.

- **Department: Compliances**

Hospitals can be set up as limited companies or government/trust-based entities, requiring approvals like SDM clearance, occupancy certificates, and fire safety approval. Licensing varies by capacity: under 50 beds need only clinical registration, while 50+ beds require ETP, STP, and ICU staffing compliance. Biomedical waste handling, air and water consents, and PNDT/radiology certifications are mandatory. Labs often tie up with larger centers, and all nurses must be DMC-registered. Oxygen supply tie-ups are essential for operational readiness.

- **Department: HR**

Max Healthcare conducts a mandatory employee induction program called "Parichay," aligned with JCI and NABH guidelines, to be completed within 30 days of joining. The program, held over 1–2 days, covers organizational overview, policies, safety, infection control, BLS training, and medical quality standards. Outsourced staff receive a 4-hour orientation with role-specific policies. Additional HR initiatives include the Saksham Sathi engagement program, monthly birthday celebrations, and a rewards system (1 per 40 employees) to promote a positive work culture across 22 branches.

- **Department: Security**

The Security Department at Max Hospitals operates 24×7 in four rotational shifts, handling all safety, patient-related issues, and incident management. Security includes both technical systems (CCTV, metal detectors, walkie-talkies) and manual personnel (68 guards, mostly outsourced). Core functions cover surveillance, disaster and key management, and parking control. In emergencies like violence, the 10-member SRT responds within 5 minutes, with QRT and police called if needed.

- **Department: Call center**

The Call Centre handles 800–900 daily calls, with 65% open-ended and 35% closed-ended queries related to non-medical support services. Calls must be answered within 10 rings. CRM software manages appointments, bed tracking, time slots, and patient communication, keeping

the front office and call center connected. Daily, around 500 patients arrive, with about 60 no-shows. Cancellation reasons are tracked, and no-show slots are updated accordingly.

Department: Sales department

The Sales Department operates across four segments: Domestic (local doctor referrals and outreach centers), International (overseas clinics and medical team visits), PSU (government tie-ups with bodies like ONGC, SAIL), and Corporate (Mo Us with companies for employee healthcare). Reimbursements take 15–45 days. The MECP program supports outreach through medical training and CMEs.

Department: International patient services

Max Healthcare has International Patient Services offices in 12 countries, offering visa assistance, embassy pickup, and support for OPD/admission. Services follow FRRO compliance, with medical visas mandatory (tourist visa allowed only in emergencies). Special pricing is provided for international patients, with TPA tie-ups and direct agreements with local partners.

Department: Billing process

Billing uses a color-coded system: White (under process), Pink (processed), and Green (discharged/final bill ready). Final bills include all major charges like room rent, pharmacy, surgery, investigations, and consultant fees. International patients incur additional charges. Bills are given in hard copy, with digital records stored in the HIS system**.**

Department: IP Pharmacy department

The IP Pharmacy uses multiple inventory techniques like ABC, VED, HML, FSN, and XYZ analysis for efficient stock management. Medications are delivered within 30 minutes (standard) or 1 hour (urgent), with a 2-hour overall TAT. Medication errors are reduced by early segregation and review of non-moving items after 180 days. NABH compliance is maintained, and all requests are processed through CPRS and HIS. EOQ is not used.

Department: Nursing department

The Nursing Department ensures quality patient care through structured roles, with Team Leaders managing clinical areas and Supervisors overseeing multiple units. Recruitment involves skill assessments, and all new nurses undergo the mandatory 4-day Eklavya training and induction. Competency is evaluated per Benner's framework at 3, 6, and 12 months. Weekly operations run on designated days, with Tuesdays and Fridays for training. Ongoing

education includes CNA sessions and certifications. Technology tools like NDRS and BCMA support operations. Specialized nurses handle wound care, pain, infection control, and mobility, with active involvement in quality projects and audits.

Department: Radiology department

The Radiology Department provides comprehensive imaging services for both OPD and IPD patients, supported by skilled staff and efficient systems. Facilities include fluoroscopy, 4 ultrasound machines, 2 X-ray units, CT scan, MRI, and a Neuro Equilibrium Lab. Administrative functions like billing are handled at two dedicated counters. Radiologists report from a centralized reporting room, ensuring timely and accurate diagnostics.

Department: OPD

A Block: Covers Orthopedic, Cardiology, CTVS, ENT, Gastroenterology, Rheumatology, and Pulmonology. Includes 18 active chambers and facilities like audiometry, endoscopy, and sample collection. Billing desks handle cash, CGHS/PSU, and procedures.

B Block: Includes General & Surgical Oncology, Neurology, Dermatology, and Vascular Surgery. Rooms B1–B8, with two billing desks. Peak hours: 10 AM–2 PM.

C Block: Specialties include Internal Medicine, Neurosurgery, Psychiatry, Ophthalmology, Dental, and more. C1–C9 rooms, two billing desks.

CONCLUSIVE LEARNINGS:

- Operational insights
- Data driven decision- making
- Interdepartmental communication
- Professional presentation
- Communication skills
- Time management
- Making new connections with our colleagues

LIMITATIONS:

Exposure to significant projects and decision-making procedures was frequently restricted due to the internship's brief duration, it was difficult to fully evaluate the impact of long-term projects and see them through to completion.

SUGGESTIONS FOR IMPROVEMENT:

- **Extending the duration of internship program** thus allowing for a more holistic view of hospital operations thus improving for a more comprehensive understanding of interdepartmental dependencies.

- **Establishing structured training programs** that address a greater variety of operational skills and aspects can aid in the development of trainees' comprehensive grasp of hospital administration.

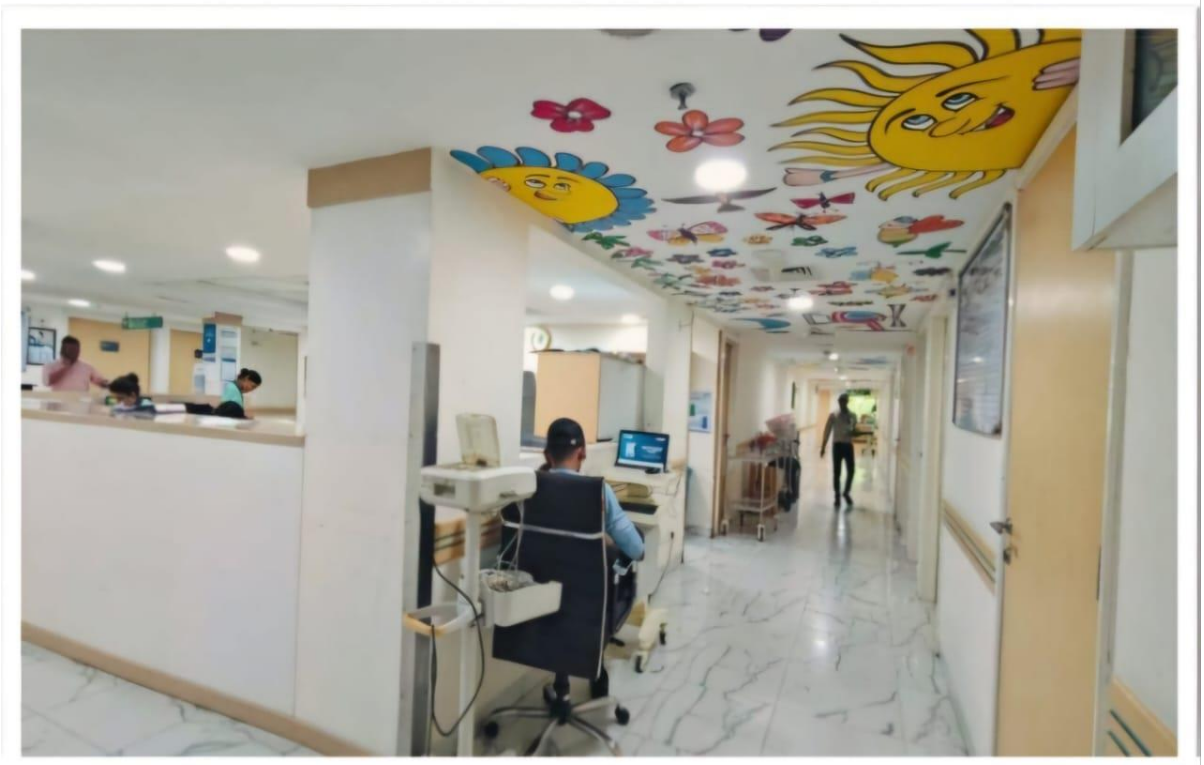
- **Feedback Mechanisms:** Regular feedback sessions with peers and mentors can offer insightful information about performance and areas for development, promoting ongoing learning and growth

- **Motivate interns** by asking what they are interested in learning and give them meaningful work that will help them understand their impact on the organization

CHAPTER 2 : PROJECT REPORT

BACKGROUND:

The In-Patient Department (IPD) is a critical component of hospital infrastructure where patients are admitted for treatment requiring continuous medical supervision. The quality of services provided in the IPD directly affects patient recovery, overall experience, and hospital performance.
patient-centered healthcare system, patient satisfaction has emerged as a key measure of service quality. It reflects the patient's perception of the care and services they receive during their hospital stay. Factors such as staff behavior, nursing care, communication with doctors, cleanliness, food and beverage services, noise levels, and responsiveness to patient needs all contribute to the overall satisfaction of in-patients.



Picture 2. MAX SMART 3RD FLOOR IPD BLOCK

IN-PATIENT DEPARTMENT FLOORS

The IPD floors of the hospital accommodates multispecialty patients with a total of 30 beds and 22 rooms, including single and double occupancy rooms and one general ward with 4 beds. Currently, patients from Category B (PSU) and Category C (TPA/Cash Patients) are admitted here. Daily operations are managed by the Floor Manager along with support from the Nursing Supervisor, Housekeeping Head, F&B Head. who all participate in morning rounds to monitor patient care and services.

A structured feedback system is in place, where patient concerns regarding nursing care, doctor interaction, and housekeeping are recorded by the floor incharge and resolved promptly. Portable digital feedback is also collected via SMS links, and necessary action is taken—such as involving the dietician for dietary issues.

- Advanced digital tools are used, including:
- COW Machine for patient record entry
- CPRS Portal for clinical documentation, discharge planning, and national ID tracking

- Sampark Max App for shift-wise updates and care status by doctors and nurses Upon admission, within 30 minutes to 1 hour, patient medical history, infection risk (CLABSI, CAUTI, SSI), and current status are documented. Doctors update prescriptions and plan discharges in advance, while nurses ensure proper drug administration records are maintained.

REVIEW OF LITERATURE

Patient satisfaction in the In-Patient Department (IPD) is a critical indicator of healthcare quality. It reflects the extent to which hospital services meet or exceed the expectations of patients during their stay.

1. Importance of Patient Satisfaction in IPD

Patient satisfaction is not only a measure of healthcare quality but also influences clinical outcomes, patient retention, and hospital reputation. According to Bleich et al. (2009), higher satisfaction is associated with better treatment adherence and lower readmission rates.

2. Dimensions of Patient Satisfaction

Various studies have identified multiple determinants of patient satisfaction, including nursing care, doctor-patient communication, physical environment, responsiveness, and food services. A study by Andaleeb (2001) emphasized the role of service quality, particularly the behavior of nurses and doctors, in shaping patient perceptions.

3. Role of Nursing Services

Nurses spend the most time with inpatients and thus significantly impact their experience. According to Al-Abri and Al-Balushi (2014), effective nursing communication, timely response, and empathy are strongly correlated with higher patient satisfaction.

4. Hospital Environment and Noise Level

Environmental factors such as cleanliness, lighting, and noise levels also play a vital role. A study by Drahota et al. (2012) found that excessive noise in hospital wards leads to discomfort and reduced patient satisfaction. Daily briefing of nursing staff regarding noise reduction has shown measurable improvements.

5. Communication and Coordination Clear communication from staff about procedures, treatment delays, or food service is essential. As per O'Malley et al. (2005), well-coordinated care and proactive communication significantly improve patient trust and overall satisfaction.

6. Food and Dietary Services

The quality and timely delivery of food can influence patient satisfaction, especially during prolonged stays. Douglas & Douglas (2004) found that dissatisfaction with hospital food services often negatively affected patients' perception of overall care.

RATIONALE –

The In-Patient Department (IPD) is crucial as it directly impacts patient care, satisfaction, and recovery. Studying IPD helps identify service gaps, improve coordination, and enhance the overall quality of healthcare delivery.

RESEARCH QUESTION-

How satisfied are patients with the care and services they receive in the In-patient department of Max hospital?

OBJECTIVES-

1. To assess patient satisfaction with the services provided in the In-Patient Department.

2. To identify key factors influencing the overall patient experience during hospitalization.

3. To find out the common issues faced by patients in terms of care, hygiene, food, and noise levels.

METHODOLOGY:-

A. **RESEARCH STUDY DESIGN-** A descriptive cross-sectional study

B. **STUDY POPULATION** – Admitted, stable, and consenting adult IPD patients

C. **SAMPLE SIZE** – 100 patients (based on feasibility)

D. **SAMPLING METHOD** – Random sampling across various rooms/floors

E. **PERIOD OF STUDY** - Mid-May 2025 to Mid-June 2025 (1 month)

F. **STUDY SETTING** – The study was conducted in Max Hospital, covering patients admitted in (Floors 2,3,4) of the IPD.

G. **MODE OF DATA COLLECTION-**

SOURCE OF DATA COLLECTION-

PRIMARY DATA COLLECTION-

a. Tool questionnaire covering
b. Admission Process, Doctor, Nursing, GDA Services , F&B, Housekeeping & Overall satisfaction
c. Rating Scale: 4-point Likert (1–Poor to 4–Excellent)
d. Process Face-to-face interviews post consent; responses manually recorded ensuring confidentiality.

SECONDARY DATA COLLECTION- HIS, CPRS

H. INCLUSION CRITERIA – Hospital stay ≥ 24 hours Mentally sound consenting and willing to participate.

I. EXCLUSION CRITERIA – Critically ill patients, Unconscious patient, mentally unfit and Those unwilling to participate

J. ETHICAL CONSIDERATION –

Confidentiality & privacy: All data collected will be kept confidential, used only for research, kept safe, and accessible to authorized personnel only.
Beneficence and non-maleficence: the aim of the study is to promote health without putting participants in danger**.**

DIRECT OBSERVATIONS:

1. Staff Interaction with Patients:

Nurses and doctors were generally polite and responsive to patient queries. However, during peak hours, explanations were often brief and lacked clarity. It was observed that when the number of discharges increases, the quality of discharge summary explanation to patients gets affected, as staff members rush through the process.

2. Staff Workload:

Nursing staff appeared overburdened, especially during morning hours due to a high volume of discharges and admissions. One nurse was seen managing multiple patients simultaneously.

In the afternoon, there was a noticeable delay in responding to patient call bells.Also, the GDA (General Duty Assistant) response was delayed at times, affecting timely support services like shifting or cleaning.

3. Teamwork:

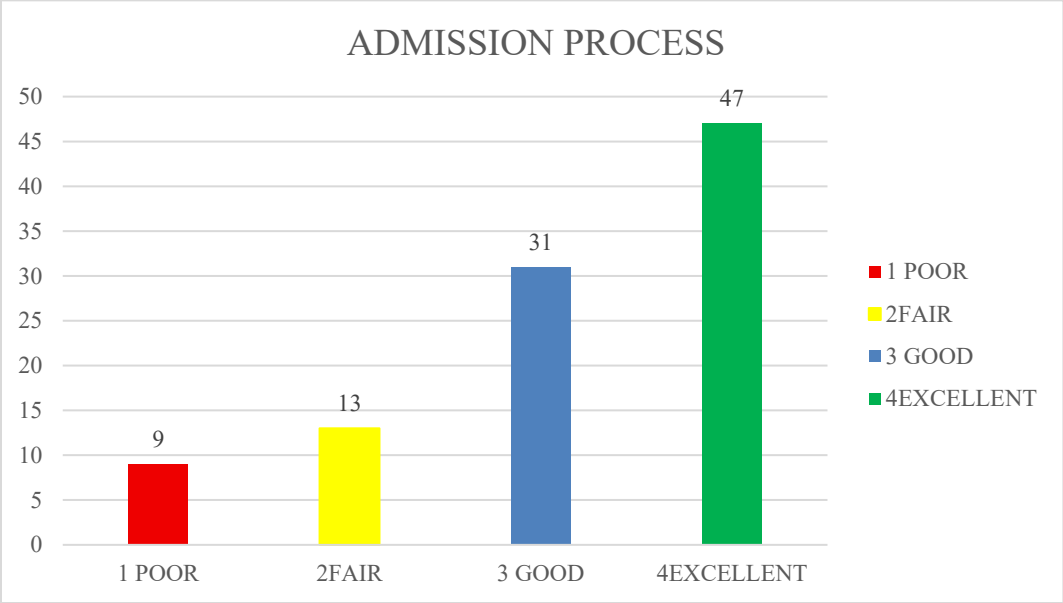
Coordination among staff was inconsistent.

Sometimes teamwork was smooth, especially during routine hours, but at other times coordination was lacking, particularly during shift handovers or busy periods, which impacted care delivery and communication.

DATA ANALYSIS & RESULTS INTERPRETATION

- **Admission process**
- **Doctor experience**
- **Nursing experience**
- **Food & Beverages services**
- **GDA services**
- **Housekeeping experiences**
- **Noise level**
- **Overall Experiences**

1. Patients Perspective on Admission Process

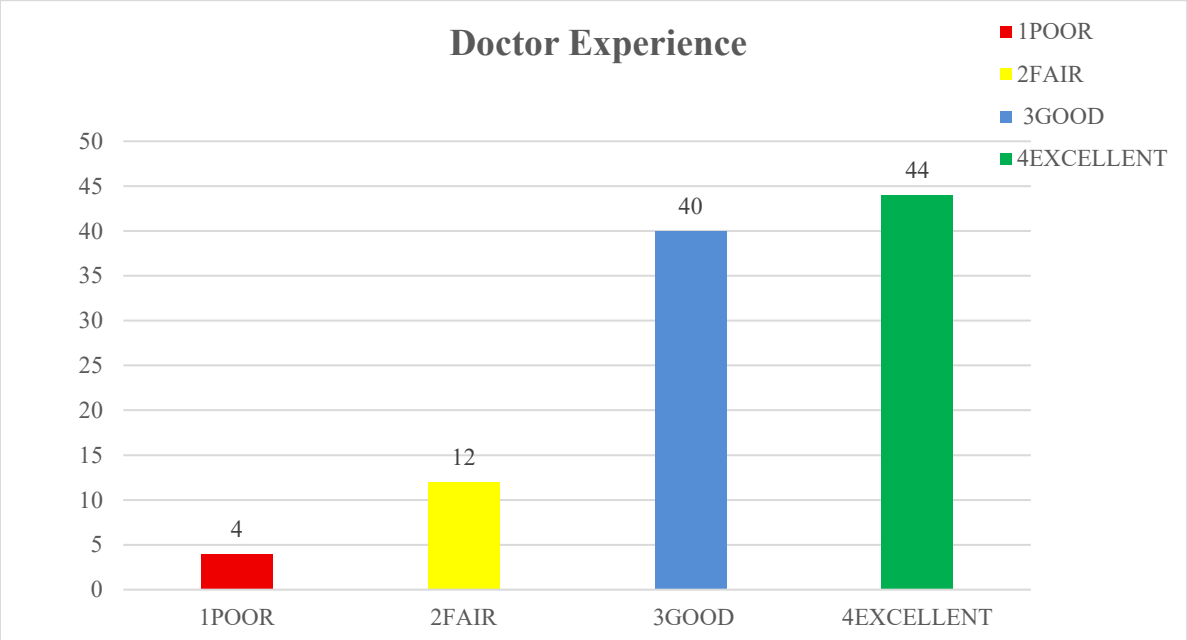


DATA INTERPRETATIONS:-

The graph illustrates the satisfaction level of 100 patients regarding the admission process in the In-Patient Department (IPD).

- 9% of respondents rated the admission process as Poor, indicating some dissatisfaction and areas for improvement.
- 13% of patients rated it as Fair, suggesting that while the process was manageable, it did not fully meet expectations.
- A significant 31% of participants marked the process as Good, reflecting a generally positive experience.
- The highest portion, 47%, rated the admission process as Excellent, indicating that nearly half of the patients were highly satisfied with the overall procedure.

2 . Patients Perspective On Doctor's Care

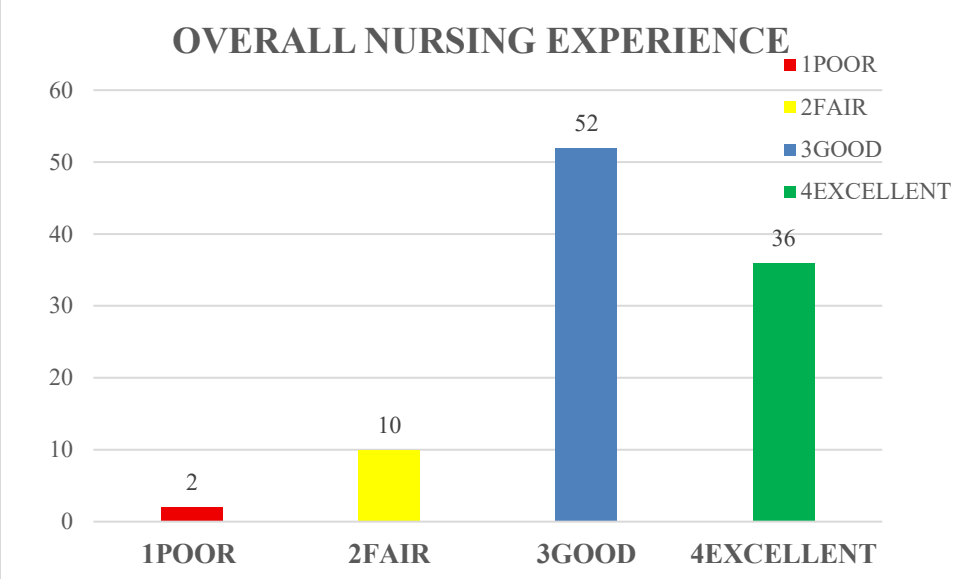


DATA INTERPRETATIONS:-

The graph displays patient feedback on their experience with doctors during their hospital stay in the IPD.

- Only 4% of patients rated their experience as Poor, indicating a very low level of dissatisfaction.
- 12% of respondents gave a Fair rating, suggesting room for improvement in doctor-patient interaction or communication.
- 40% of patients rated their experience as Good, showing that a large number were generally satisfied with the services provided by doctors.
- The highest proportion, 44%, marked their experience as Excellent, reflecting a strong level of confidence and satisfaction in the care received from the medical staff.

3. Overall Nursing Experiences

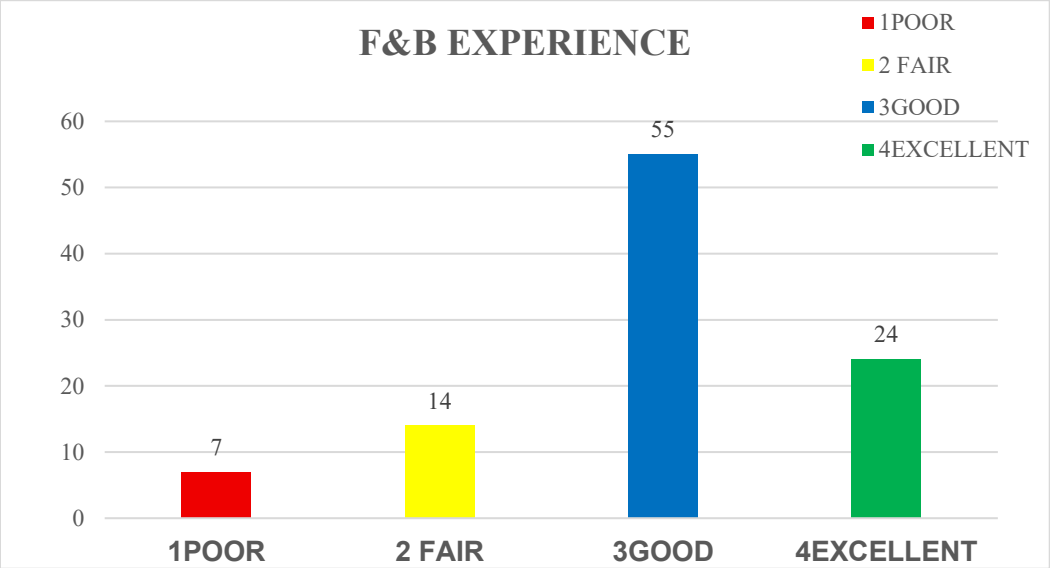


DATA INTERPRETATIONS:-

The graph represents the feedback of 100 patients regarding their overall experience with nursing services in the In-Patient Department (IPD).

- 2% of patients rated the nursing experience as Poor, indicating a very small portion were dissatisfied.
- 10% gave a Fair rating, suggesting minor concerns or moderate satisfaction with nursing care.
- 52% of patients rated the experience as Good, indicating a majority found the nursing services reliable and satisfactory.
- 36% of respondents rated the services as Excellent, showing that a significant number were highly satisfied with the care and support provided by the nursing staff.

4. Overall Food &Beverages Services

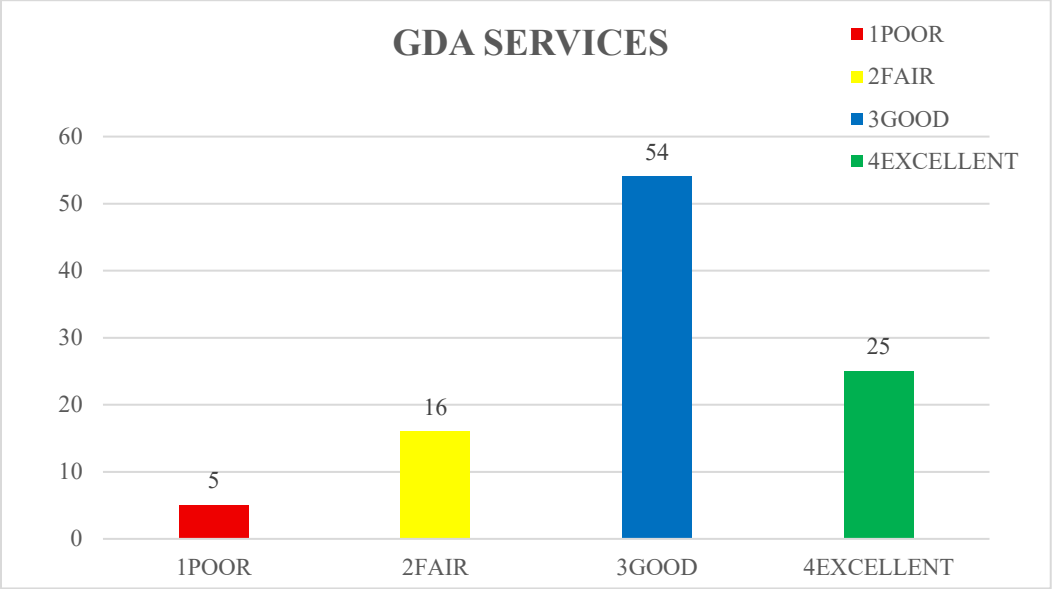


DATA INTERPRETATIONS:-

The graph presents feedback from patients regarding their experience with food and beverage (F&B) services during their hospital stay

- 7% of patients rated the F&B services as Poor, reflecting dissatisfaction with either the quality, timing, or hygiene of the food provided.
- 14% rated their experience as Fair, indicating that the services were acceptable but had room for improvement.
- The majority, 55%, gave a Good rating, suggesting that more than half the patients were satisfied with the F&B services.
- 24% of patients rated the services as Excellent, showing a high level of satisfaction with food quality, cleanliness, and timely delivery.

5. Overall GDA Services

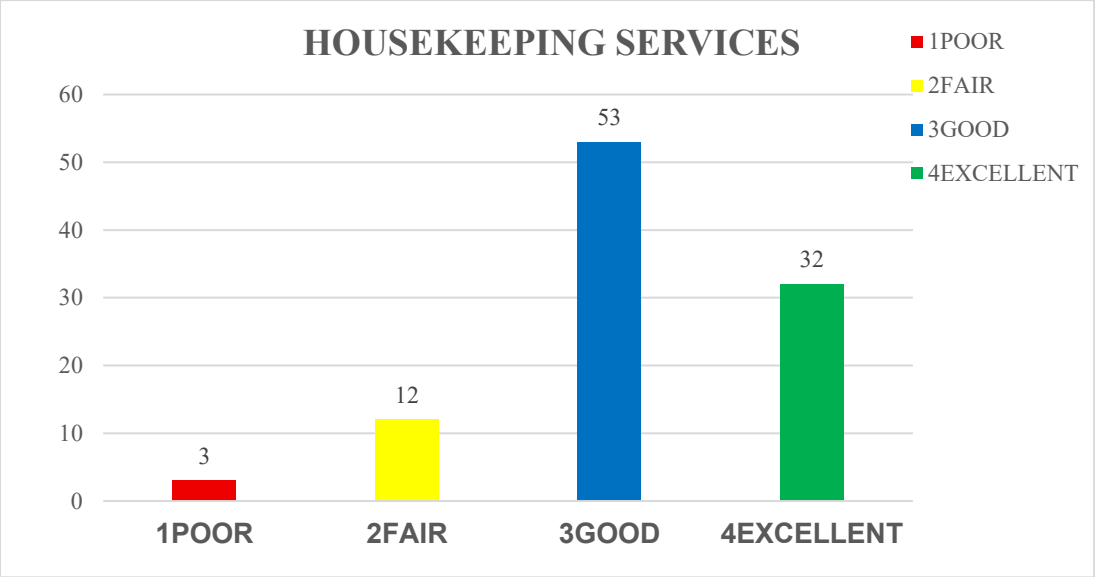


DATA INTERPRETATIONS:-

The graph reflects patient feedback on the quality of services provided by General Duty Assistants (GDAs) in the IPD.

- 5% of patients rated the GDA services as Poor, indicating dissatisfaction likely due to unresponsiveness or lack of support.
- 16% rated their experience as Fair, suggesting that services were average but could be improved.
- A majority of 54% gave a Good rating, showing that over half the respondents were generally satisfied with the assistance provided.
- 25% of patients rated the GDA services as Excellent, reflecting high satisfaction with timely help and supportive behavior.

6.Overall Housekeeping Services



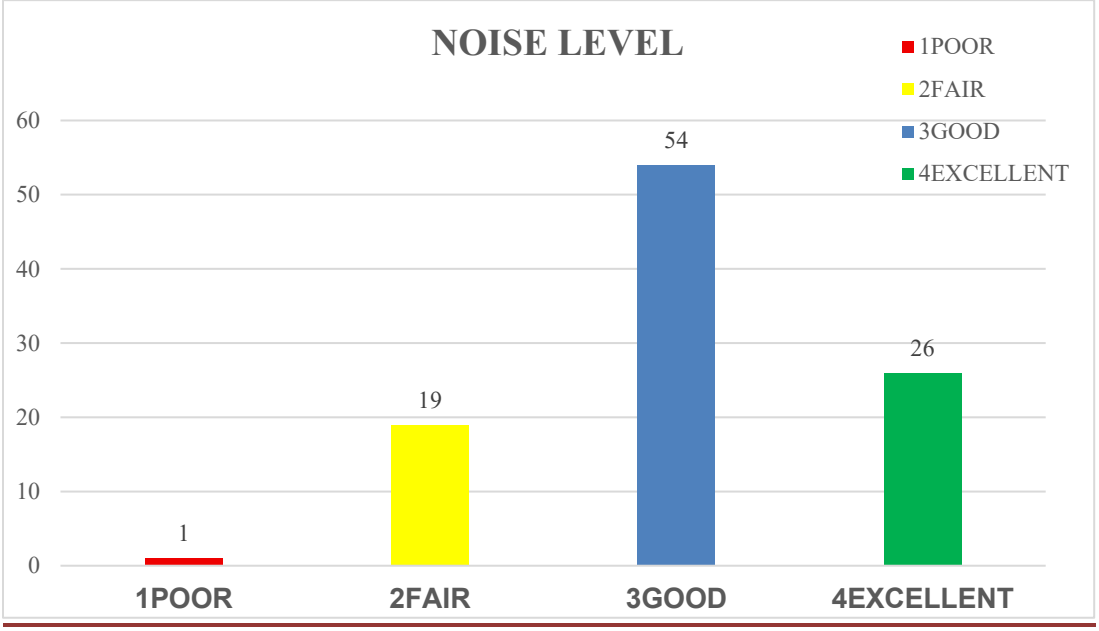
DATA

DATA INTERPRETATIONS:-

The graph represents patient feedback on the quality and effectiveness of housekeeping services in the In-Patient Department (IPD).

- 3% of respondents rated the housekeeping services as Poor, indicating dissatisfaction likely due to lack of cleanliness or delayed service.
- 12% gave a Fair rating, suggesting that cleanliness standards were acceptable but did not fully meet expectations.
- A majority of 53% rated the service as Good, showing that more than half of the patients were satisfied with the hygiene and upkeep of the hospital environment.
- 32% rated housekeeping as Excellent, reflecting a high level of satisfaction with cleanliness and timely maintenance.

7. Overall Noise Level

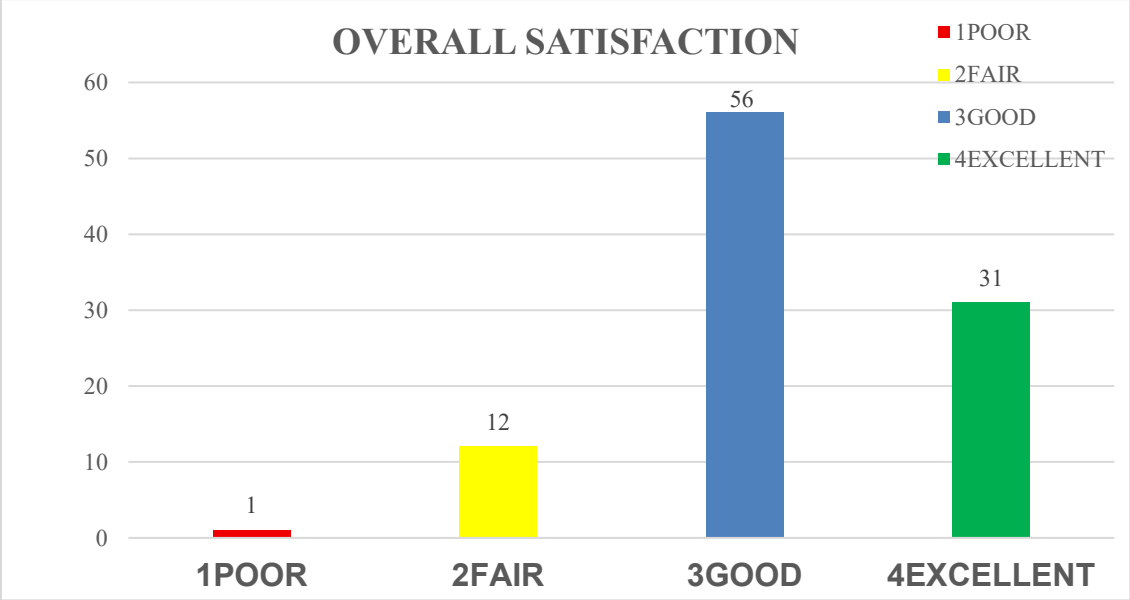


DATA INTERPRETATIONS:-

The graph presents patient feedback on the noise levels experienced during their stay in the In-Patient Department (IPD).

- Only 1% of patients rated the noise level as Poor, indicating very minimal dissatisfaction.
- 19% gave a Fair rating, suggesting some disturbances were noticed, possibly due to staff conversations, medical equipment, or external noise.
- A majority of 54% rated the noise level as Good, implying that the environment was generally quiet and did not disturb their rest or recovery.
- 26% rated it as Excellent, showing that over a quarter of patients were very satisfied with the peacefulness and noise control in the ward.

8. Overall Satisfaction Level



DATA INTERPRETATIONS:-

The graph illustrates patient feedback on their overall satisfaction with services received during their stay in the In-Patient Department (IPD).

- Only 1% of patients rated their overall experience as Poor, indicating minimal dissatisfaction.
- 12% gave a Fair rating, suggesting that although the experience was acceptable, some aspects did not meet patient expectations.
- A significant 56% of patients rated their overall experience as Good, reflecting a high level of satisfaction with the quality of care and services provided.
- 31% of patients marked their overall satisfaction as Excellent, showing that nearly one-third had an exceptional experience during their stay.

RECOMMENDATIONS:

- Informing patients in advance about delays in food services enhances patient experience and reduces anxiety."
- Implement color-coded indicators — use blue lights for nursing-specific tasks (e.g., medications, vital checks) and green lights for GDA-related duties (e.g., cleaning, water service, patient transport).
- Clear protocol when tasks are pending due to lack of response from another team (who to inform, when to escalate).
- Ensure daily briefing proper training for GDAs, as lack of role clarity often results in patient confusion and misguidance
- Nursing staff should be briefed daily to speak in low voice and maintain silence in patient areas.
- Close doors of patient rooms properly to minimize corridor noise.
- Inform patients and attendants about room availability, charges, and admission steps in advance.

CONCLUSION:

- This study provides valuable insights into patient perceptions of care and services within the In-Patient Department (IPD). The findings indicate that while the majority of patients expressed satisfaction—particularly in areas such as nursing care, physician interactions, and cleanliness—there remain notable areas requiring improvement.
- Service gaps identified in food delivery, admission procedures, and support staff responsiveness highlight the need for targeted interventions. Enhancing interdepartmental coordination, standardizing service protocols, and improving communication practices will be essential to ensure a consistently positive patient experience.
- Moreover, the study highlighted that patient satisfaction is not solely based on treatment outcomes but also shaped by their emotional and physical comfort, staff interactions, and system efficiency. Attendant’s experiences, availability of amenities like clean toilets, parking, and effective security also influenced the patient's perception of care. High-satisfaction ratings in clinical areas were occasionally undermined by issues in coordination signalling a need for hospital-wide integration of services.

- Overall, the hospital demonstrates a strong foundation of quality care, but sustaining and improving patient satisfaction will require continuous quality monitoring, timely feedback mechanisms, and a commitment to patient-centered service delivery.

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ANNEXURE I

S.NO	NAME OF THE DEPARTMENT	DATE(s) OF VISIT	INTERACTED WITH (NAME & DESIGNATION)
1	CLINICAL OUT - PATIENT DEPARTMENT	08May2025 – 10 May 2025	**MR SAURABH JAGOTA** (FRONT OFFICE MANAGER)
2	RADIOLOGY	12May2025–15 May 2025	**MRS VIDYA** (HOD RADIOLOGY)
3	PATIENT ACCESS CENTER	16 May – 17May 2024	**MR HAIDER** (HOD CALL CENTER)
4	EMERGENCY DEPARTMENT	19 May 2024 – 21 May 2024	**DR KAMAL PALTA** (PRINCIPAL CONSULTANT & HOD ER)
5	IP BILLING ADMISSION & DISCHARGE	26 May 2024 – 28 May 2024	**MR DEEPAK SACHDEVA** (MANAGER-IP BILLING & DISCHARGE)

ANNEXURE II

FORMAT OF DATA COLLECTION :

Patient Name	UHID	Room No.	Floor	Doctors name	Speciality	Company Type	Age

Gender	ADMISSION PROCESS	Doctor Experience	Nursing Experience	F&B Experience	GDA Services	Housekeeping Experience	NOISE level	Overall Satisfaction

INTERNSHIP EXPERIENCE

- Teamwork
- Time management
- Communication skills
- Practical knowledge
- Professionalism
- Self - management skills
- Problem solving skills
- CPRS/HIS learning

SUGGESTIONS GIVEN TO THE ORGANIZATION:

Strategies need to be implemented to ensure the continuity of quality of patient care (4 C'S)

- ✓ **Communication**
- ✓ **Coordination**
- ✓ **Collaboration**

- ✓ **Continual reassessment**

Data-driven decision making: using the data collected to track performance

Resource distribution: Examining staffing numbers, equipment accessibility, and space allotment

PICTORIAL JOURNEY





Ekta suryawanshi

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