

Internship Training
at
Venkateshwar Hospital, Sector 18A, Dwarka

LEVEL OF PATIENT SATISFACTION WITH REGARD TO OUT PATIENT DEPARTMENT SERVICES

(18 Feb to 17 May 2019)

by
Col. Ravi Kishor Chauhan
Enroll No. PG /17 /046

Under the guidance of
Dr. Sumesh Kumar
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Post Graduate Diploma in Hospital and Health Management

2017-19



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LEVEL OF PATIENT SATISFACTION WITH REGARD TO OUT PATIENT DEPARTMENT SERVICES

18 Feb to 17 May 2019


at

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Sector 18A, Dwarka, New Delhi

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

We wish him all the best for future endeavors.



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The Candidate has successfully carried out the study designated to him during Internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements. We wish him all success in all his future endeavors.



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Enrollment No. **PG /17 / 046**

under the supervision of **Dr. Sumesh Kumar Asst Professor IIHMR, New Delhi** for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from **18 Feb to 17 May 19** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

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Deliverables:

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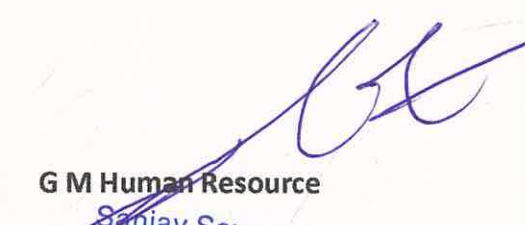
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Place: Dwarka, New Delhi


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EXECUTIVE SUMMARY

Patients' satisfaction constitutes a significant indicator of the health care quality as the final quality confirmation is not only defined by the effectiveness of medical care, that is the optimum health level, but from the patient's satisfaction perception as well, which consists an integral part and recognizable indicator of the quality of health care provided.

Patient satisfaction is as important as other clinical health measures. It is an important means of measuring the effectiveness of health care delivery system. Patient-centric results have taken central stage as the means of measuring the efficacy of health care delivery. This study aims to evaluate the level of patient satisfaction with OPD services in terms of describing the experience of patients about OPD services who attended the OPD of Venkateshwar Hospital. As a cross-sectional descriptive study, we have taken patients who were registered in outpatient department of Venkateshwar Hospital, Delhi over a period of one month. The research instrument for a data collection was a structured questionnaire for assessing the patient satisfaction. The experience and accessibility were categorized into very good, good, average and poor while measuring the response of the patients. Convenience sampling was done for selection of patients registered in OPD.

The patients had the highest level of experience and satisfaction from department of OPD, above 85 percent, about helpfulness of nurses, cleanliness and upkeep of hospital, Timely delivery of test reports, Radiology and blood sample collection unit. Ease of getting appointments also received a 75 percent positive response. Waiting time to see the doctor received only 51 percent positive response followed by waiting time for registration at 55 percent. Waiting time for tests and procedures received 63 percent positive response. 85 percent patients liked the cafeteria while few said that it was too expensive. The pharmacy received about 68 percent positive feedback. Most

importantly 87 percent patients said that they will continue to make Venkaeshwar Hospital as regular source of health care in future too. Maximum number of respondents had very good experience while just small number of respondents had poor experience and majority of the patients had good accessibility regarding waiting time, service process and working hours.

This study presents the description on Venkateshwar hospital which is required to focus on patient satisfaction and is expected to render an acceptable, quality health services to patients within reasonable price and within in a reasonable time frame which is acceptable to patients. Also applying zero errors to all patients' services, maintaining a continuous error prevention program, training employees in medical care on such aspects as error prevention, reducing delay time and providing prompt attention to patients needs. Hospital management system are always in of improvement in such systems to realize the true nature of the quality of healthcare and to be motivated enough towards improving the quality of all services.

The Data was primarily collected from primary sources through hospital feedback forms already in use. Primary data was collected through questionnaire surveys from patients of Venkateshwar hospital. The last part of this study is to report the findings and analyze the results. The basic objective in this project is to come up with different recommendations for Venkateshwar hospital for improvement in their patient service and satisfaction.

CHAPTER 1: INTRODUCTION

Satisfaction, like quality, is a multifaceted concept. The satisfaction with a health care facility is based on satisfaction with many aspects of organization. Satisfaction with quality of health care facilities can be taken as degree of agreement between patient expectation of services and care and his experience of services and care received.

In the current times, the quality of services provided by the health sector is increasingly being measured by patient's perceptions at the health care facility. Several aspects including behavior of staff, patient physician conversations coupled with issues of management of the health facility and physical infrastructure are critical to the issue of patient satisfaction. Patient satisfaction and positive experience is also a barometer of patient outcome and other health indicators of a facility. A happy patient had better follow up to medical protocols and goes for regular follow up of his illness. Thus, knowing the patient expectation and their level of satisfaction is very important for providing the good quality of health care.

Scientific evidences suggest to the fact that most public health facilities in India are very little concerned about the facilities provided to the patients and their families. All these reports make the assessment of patient's satisfaction even more important.

In recent times, all patients are becoming more aware of their rights and conscious about their health. They both deserve, and demand best health care in every aspect. Patient's satisfaction with health care patients receive is an important health outcome parameter to gauge and further improve quality of care and health systems. A reduction in patient satisfaction is seen wherever there is gap between the patient's expectations and the service received as per patient's perception.

While extensive studies have been done on patient satisfaction with medical services in advanced countries, there are, to our knowledge, very few studies in the developing

countries especially in India. The reasons for this could be that most people in this part of world are bothered more about basic needs and day-to-day requirements rather than about health facilities. This as a background, the present study was carried out to measure the satisfaction level with health care facilities in OPD (Outpatient Department) of Venkateshwar hospital.

Means developed to measure patient satisfaction have differed over time, but they generally take one of two forms: episode-specific or general. Episode-specific questions solicit information about a patient's experience during a specific event such as hospital stay, while general questions do not. In 2002, CMS and the Agency for Healthcare Research and Quality (AHRQ) initiated development of the Patient Satisfaction survey. based on specific criteria within the nine domains: Communication with nurses, Communication with doctors, Responsiveness of hospital staff, Hospital environment, cleanliness, and noise, Pain, Communication regarding medications, Discharge, Overall rating and Willingness to recommend. The patient response rate and correctness of the response are dependent on several factors, such as design (length, standardization, validation, reliability, responsiveness, discriminatory power, and structure of questions) and the characteristics of the desired patients' population. Pre customized, standardized, and pre validated surveys can be used in the health-care settings successfully across many areas as quality-improvement tools. But it is not a "one size fits all" type of instrument.

Outpatient Department in any hospital is always considered to be a show window of the hospital. Patient satisfaction is as pertinent as any other clinical health measures and is a primary means of measuring the effectiveness of health care delivery. Patient satisfaction shows the extent to which health care needs of the patients are met to their requirements. Patients carry certain expectations before their visit and the consequent satisfaction or dissatisfaction is the outcome of their actual experience.

There is now a general agreement that health services should be comprehensive, accessible and acceptable, provide community participation and available at a cost the society and nation can bear. Hospitals have expanded in terms of availability of specialties, improved technologies, facilities and increased competition. This has given rise to expectations of patients and their expectations have increased manifold. Patients expectation in a medical experience influences whether how soon and how often they seek care from the same medical facility. High expectation from a medical organization is a positive indicator of its reputation in the community and is very important for getting more patients, whereas low expectation deters patients from taking timely medical help, thus negatively affecting also the medical care provider. Nonetheless, a very high and unrealistic expectation may lead to dissatisfaction despite reasonably good standards of medical care provided. Private hospital care cost is generally high. With the application of Consumer Protection Act (1986), the patient's expectation has also become very high. Now hospitals have to be very aware regarding patient dissatisfaction to avoid any unnecessary litigation.

Hospitals have evolved from being an isolated sanatorium to like the five-star facilities. The patients and their relatives coming to the hospital not only expect world-class treatment, but also other facilities to make their stay and visits comfortable in the hospital including the Out Patient Department.

Marketing experts are aware that consumers make their decision about utilization of services on the basis of their perception of the service rather than the reality and hence marketing and patient satisfaction have become of paramount importance as mouth-to-mouth publicity and personal referral is the most common and influential cause of using a particular health facility. Healthcare facility is very difficult to measure; hence, it is a challenge to a healthcare provider to influence a patient's perception of quality of care.

Measuring the Quality of Healthcare

It has been defined the key to healthcare that include quality as: Effectiveness, efficiency, optimality, acceptability, legitimacy and equity. Effectiveness- is the degree to which the care proposed or received has achieved or can be expected to achieve the desired result, given the patient's condition and the current state of science and technology of healthcare. Efficiency- is expressed as a ratio of actual or expected improvement in health to the cost of care responsible. Thus, efficiency can be enhanced by either improving care, reducing cost or both. Optimality- is a ratio of the effects of care on health or the financial benefits of these, or of the financial benefits of these effects to the cost of care. Acceptability- depends on accessibility the patient-doctor relationship and amenities. Patient preference as to the effect of care and patient preference as to the cost of care.

Legitimacy- means conformity to social preference as expressed in ethical principles like values, norms, rules and regulations.

Equity- is the principle of fairness or justice in the distribution of care and of its benefit among the patients or care receivers.

Keeping above points in mind, this study was planned in a private tertiary care providing hospital to know the various factors which affect patient satisfaction and to improve quality of care and patient satisfaction. The present study made an attempt to focus on various aspects of health care provided by Out Patient Department in relation with patient's satisfaction in Venkateshwar Hospital

CHAPTER 2: HOSPITAL PROFILE

At Venkateshwar Hospital, state of the art technology and dedicated medical practitioners have been brought together under one roof for giving ethical medical care. Equipped with the most modern equipment and Information Technology, practitioners work together as a team to provide the best possible treatment to patients.

VISION: To position ourselves in the lead role on the global healthcare map.

MISSION: To achieve global excellence in healthcare with evidence based ethical clinical practices by the team of highly skilled professionals by using cutting edge technology

COMMITMENT: To constantly upgrade our human & technological resources in order to keep pace with best global development in medical science.

OBJECTIVES OF VENKATESHWAR HOSPITAL:

Top management has established the following objectives, which are measureable and consistent with the quality policy. The objectives are as follows:

- ☐ To provide efficient, effective, timely care with a human touch to our patients.
- ☐ To provide effective quality systems through feedback mechanism for continual improvement.
- ☐ To create a congenial work environment, provide on the job training and quality concepts or systems to all concerned.
- ☐ To provide facilities for proper disposal of waste as per the prevailing statutory and regulatory requirements.

SOME OF THE SERVICES AVAILABLE: -

- 6 days a week OPD clinic open from 8:00 a.m to 4:00p.m.
- Regular Specialty clinic for medicine & surgery.
- Gastroenterology, Ophthalmology, ENT, Dental and Maxillofacial Surgery, Plastic Surgery, Orthopedics, and Joint replacement Surgery, Neuron Sciences, Gynecology, Laparoscopic, & Endoscopic Surgery and many other departments.
- Day care procedures carried out regularly.
- Critical care at Venkateshwar Hospital has been scientifically designed and equipped with state-of-the-art facilities.
- 24-hour emergency services.
- Round the clock NABL accredited highly modernized Pathological Laboratory with latest equipment.
- Health check up facilities.
- Eye care at its best in association with LV Prasad Eye institute, Hyderabad.
- Liver clinic, Diabetes clinic, Arthritis clinic, Pediatric immunization clinic.
- Plastic, Cosmetic and Hand reconstructive surgery.
- One of the most advanced Joint replacement centre in Eastern India, offering the latest method of Computer Assisted Surgery (CAS) for painful joints.

Other specialties of Venkateshwar Hospital: -

- ☐ Cardiology.
- ☐ Cardio Thoracic Surgery.
- ☐ Plastic Surgery.
- ☐ General medicine.
- ☐ Ophthalmic.
- ☐ Emergency and Trauma care.
- ☐ Gastroenterology.
- ☐ Nephrology.
- ☐ Neurosciences.
- ☐ Oncology.
- ☐ Orthopedics.
- ☐ Orth dentistry.
- ☐ Pediatrics & Surgery.
- ☐ Dermatology.
- ☐ Clinical pathology.
- ☐ Endocrinology.
- ☐ Family Medicine.

OUTPATIENT DEPARTMENT (OPD)

OPD is the First point of contact between patient and hospital staff. It is a part of the hospital with allotted physical facilities and medical and other staff in sufficient numbers, with regularly scheduled hours to provide care for patients who are not admitted as inpatients. The human relation skill and Public relation functions are very in the OPD of a hospital. It is necessary the OPD staff should always be polite, cheerful, cooperative and efficient. OPD is a very important wing of hospital serving as a mirror.

FUNCTIONS OF OPD

Outpatient Department is one of the departments of the hospital which cares for the ambulatory patient who come for diagnosis, treatment and follow up.

The role and functions of outpatient services include:

1. To provide for the community a major source of specialist diagnostic medical opinion by mixing the knowledge, skills and ability of the specialist and supported by the resources of the hospital.
2. These include not only the physical resources but also the materials and machines, which facilitates early diagnosis with support of paramedical staff and other allied health profession
3. To treat on ambulatory and domiciliary basis all cases which can be treated in the Outpatient Department.
4. To refer patients for admission to the hospital of those who need it. About 80% of total admissions are through OPD.

5. To carry out after care and medical rehabilitation, when necessary, after discharge from hospital.
6. To promote health of the individuals under care in the Outpatient Department by means of health education.
7. To train medical students, house physicians and other professional staff such as nurses and technicians with valuable and diversified clinical experiences.
8. To carry out preventive and promotive services through provision of immunization, screening, antenatal, counselling, and family welfare clinics etc.
9. To compile, collate and analyze records of patients using outpatient services for epidemiological, social clinical research and for periodic assessment of clinical outcomes etc.

CHAPTER 3: LITERATURE REVIEW

Aurora and Malhotra (2009) had done a comparative analysis of the satisfaction level of customer of public and private sector banks, in order to help the management to make marketing strategies to get customers and hence increase overall consumer base.

Grewal (2007) et al had expanded and integrated prior price perceived value models within the context of price comparison advertising. More specifically, the conceptual model explicates the effects of advertised selling and reference prices on buyers' internet reference prices, perceptions of quality, acquisition value, transaction value, and purchase and search intentions. Two experimental studies test the conceptual model. The results across these two studies, both individually and combined, support the hypothesis that buyers' internal reference prices are influenced by both advertised selling and reference price as well as buyers' perception of product quality. The authors also find that effect of advertised selling price on buyers' acquisition value was mediated by their perceptions of transaction value. In addition, effects of perceived transaction value on buyers, behavioral intentions were mediated by their acquisition value perceptions.

Sharma and Chahal (1999) had done a study of patient satisfaction in outdoor services of private health care facilities. They had done a survey to understand the extent of patient satisfaction with diagnostic services. They have constructed a special instrument for measuring patient satisfaction. The instrument captures the behaviour of doctors and medical assistants, quality of administration, and atmospherics. The

role of graphic characters like gender, occupation, education, and income is also considered. Based on their findings, they also suggested strategic actions for meeting the needs of the patients of private health care sector more effectively. In their study provided suggestions like becoming more friendly and understanding to the problems of patients, maintaining cleanliness in the units, both internally and externally, providing regular report regarding the patients' progress without waiting for them to demand, conducting surveys to know about the attitude of the patients with regard to the employees and adopting patient-oriented policies and procedures.

Sharma and Chahal (2003) stated that due to increased awareness among the people patient satisfaction had become very important for the hospitals. The authors examined the factors related to patient satisfaction in government outpatient services in India. They said that there are four basic components which had impact on the patient satisfaction namely, behaviour of doctors, behaviour of medical assistants, quality of atmosphere, and quality of administration. They also provided strategic actions necessary for meeting the needs of the patients of the government health care sector in developing countries.

Gruca and Rego (2015) strengthen the chain of effects that link customer satisfaction to shareholder value by establishing the link between satisfaction and two characteristics of future cash flows that determine the value of the firm to shareholders: growth and stability. By using the longitudinal American Customer Satisfaction index and COMPUSTAT data and hierarchical Bayesian estimation they found that satisfaction creates shareholder value by increasing future cash flow growth and reducing its variability. They also test the stability of findings across

several firm and industry characteristics and assess the robustness of the results using multi-measure and multi-method estimation

Thompson (2005) in his study had shown that consumers often misjudge their health risks owing to a number of well-documented cognitive biases. These studies assume that consumers have trust in the expert systems that culturally define safe and risky behaviors. Consequently, this research stream does not address choice situations where consumers have reflexive doubts toward prevailing expert risk assessments and gravitate toward alternative model of risk reductions. This study explores how dissident health risk perceptions are culturally constructed in the natural childbirth community, internalized by consumers as a compelling structure of feeling, and enacted through choices that intentionally run counter to orthodox medical risk management norms.

Folkes and Patrick (2003) in their study showed converging evidence of a positivity effect in customers' perceptions about service providers. When the customer has little experience with the service, positive information about a single employee leads to perception that the firm's other service providers are positive to a greater extent than negative information leads to perception that the firm's other service providers are similarly negative. Four studies were conducted that varied in the amount of information about the service provider, the firm, and the service. The positivity effect was supported despite differences across studies in methods as well as measures.

Vernoer (2013) had investigated the different effects of customer relationship perceptions and relationship marketing instruments on customer retention and customer share development over time. Customer relationship perceptions are

considered evaluations of relationship strength and a supplier's offerings, and customer share development is the change in customer share between two periods. The results show that affective commitment and loyalty programs that provide economic incentives positively affect both customer retention and customer share development, whereas direct mailings influence customer share development. However, the effect of these variables is rather small. The results also indicate that firms can use the same strategies to affect customer satisfaction that can have impact on both customer retention and customer share development.

Reinartz et al (2004) in their study of Customer Relationship Management Process had stated that it is very important for maintaining healthy relations with the customers in order to provide them satisfaction. In their study, they (1) conceptualize a construct of the CRM process and its dimensions, (2) operationalize and validate the construct, and (3) empirically investigate the organizational performance consequences of implementing the CRM processes. Their research questions are addressed in two cross-sectional studies across four different industries and three countries. The key outcome is a theoretically sound CRM process measure that outlines three key stages: initiation, maintenance, and termination.

Homburg et al (2005) conducted two experimental studies (a lab experiment and a study involving a real usage experience over time) which reveal the existence of a strong, positive impact of customer satisfaction on willingness to pay and they provide support for a nonlinear, functional structure based on disappointment theory. In addition, the second examines dynamic aspects of the relationship and provides

evidence for the stronger impact of cumulative satisfaction rather than of transaction-specific satisfaction on willingness to pay.

Mithas et al (2005) evaluates the effect of customer relationship management (CRM) on customer knowledge and customer satisfaction. They analyze archival data of a cross-section of U.S firms which shows that the use of CRM applications is positively associated with improved customer knowledge and improved customer satisfaction. They also found that gains in customer knowledge are enhanced when firms share their customer related information with their supply chain partners.

Gustafsson et al (2005) in their study of telecommunications services examine the effect of customer satisfaction, affective commitment, and calculative commitment on retention and the potential for situational conditions to moderate the satisfaction-retention relationship. Their results support consistent effects of customer satisfaction, calculative commitment and prior-churn on retention.

HEALTHCARE AND HOSPITAL INDUSTRY

The major sectors of health care industry are as listed below:

- I. Hospitals
- II Medical insurance
- III. Medical software
- IV. Health equipment

Health care service is the combination of both tangible and intangible aspect with the intangible aspect dominating the intangible aspect. In fact, it can be said to be completely intangible, in that, the services (consultancy) offered by the doctor are completely intangible. The tangible things could include the bed, the décor, etc.

Factors Attracting Corporates in the Healthcare Sector

Recognition as an industry: In the mid 80's, the healthcare sector was recognized as an industry. Hence it became possible to get long term funding from the Financial Institutions. The government also reduced the import duty on medical equipment's and technology, thus opening up the sector to private investment.

Socio-Economic Changes: The rise of literacy rate, higher levels of income and increasing awareness through deep penetration of media channels, contributed to overall greater attention being paid to health. With the rise in the system of nuclear families and urbanisation it became necessary for regular health check-ups and increase in health expenses for the bread-earner of the family.

Brand Development: Many family run business houses, have set-up charity hospitals. By lending their name to the hospital, they develop a good image in the markets which further improves the brand image of products from their other businesses.

Extension to Related Business: Some pharmaceutical companies like Wockhardt and Max India, have ventured into this sector as it is a direct extension to their line of business.

Opening of The Insurance Sector: In India, approx. 60% of the total health expenditure comes from self paid category as against government's contribution of 25-30 %. A majority of private hospitals are expensive for a normal middle-class family. The opening up of the insurance sector to private players is expected to give a shot in the arms of the healthcare industry. Health Insurance will make healthcare affordable to a large number of people. Currently, in India only 2 million people (0.2

% of total population of 1 billion), are covered under Medclaim, whereas in developed nations like USA about 75 % of the total population are covered under some insurance scheme. General Insurance Company, has never aggressively marketed health insurance. Moreover, GIC takes up to 6 months to process a claim and reimburses customers after they have paid for treatment out of their own pockets. This will give a great advantage to private players like Cigna which is planning to launch Smart Cards that can be used in hospitals, patient guidance facilities, travel insurance, etc.

The Consultants, Financiers and Insurance Agencies are to benefit from this boom. The insurers will use PPOs that will grow into HMOs, to assume insurance risks on client's behalf. Medical Equipments, Medical Software and Hospitals will see the biggest boom.

CHAPTER 4: RESEARCH METHODOLOGY

RESEARCH OBJECTIVES

- To find out the level of satisfaction among patients regarding Out Patient Department Services in Venkateshwar Hospital, Dwarka, New Delhi.
- To find out patient satisfaction in OPD services on each parameter as contained in the questionnaire already being used in Venkateshwar Hospital, Dwarka, New Delhi
- To make suitable recommendations to Hospital Management.

METHODOLOGY

The present chapter describes the research methodology of the study. It includes the Research Framework, Sample design and selection, Collection of Data, Research vehicle and Methods for analysis of data. It also points out the limitations of present study.

RESEARCH DESIGN

The present study is based on descriptive research design and cross-sectional study with the objective of measuring the satisfaction level of patients' of Venkateshwar hospitals. The study uses both primary and secondary information.

DATA SOURCES

Before an attempt was made to collect the information from the sample, the desk research was conducted to see the literature and other library material available on the

subject. Various studies were reviewed to have a thorough knowledge before considering how to collect the information from the respondents. After having the background knowledge, a structured questionnaire was used to obtain answer pertinent to the objectives of the study. For the purpose of the study, 400 outdoor patients were randomly selected as a convenient sample and interviewed with respect to available services in OPD. .An analysis of six months OPD numbers was carried out to work out the monthly average of the new OPD cases and a percentage was calculated of the total OPD for each department. An effort was made to interview patients proportionately as per load in each OPD to keep the sample representative of each OPD.S

Secondary data was also collected from Hospital Records and information system to carry out OPD numbers analysis.

QUESTIONNAIRE DESIGN

The information was collected through a pre-designed, structured questionnaire which is already being used by Venkateshwar Hospital as a feedback form for OPD. The existing questionnaire was used so that the deficiency can be measured in existing system if any and corrective actions can be taken to improve the system towards stated objectives of effectiveness and efficiency.

- **To study patient's satisfaction level it was required to examine the following aspects**
- Ease of getting an appointing
- Cleanliness and ambience of the hospital
- Waiting time for Registration & Billing process

- Waiting time to see the Doctor
- Waiting time for investigation and procedures
- Were the reports ready at committed time
- Nursing Staff
- Phlebotomist (Blood sample collection)
- Radiology Technician
- Pharmacy
- Cafeteria
- Overall rating of the hospital on the scale of 1 to 10
- Will you consider this hospitals as your regular source of healthcare?

SAMPLE DESIGN

Sample Unit

In view of the fact that this was a one person survey to be completed within limited resources the present study was restricted to only OPD services. The population of this study comprised of the OPD patients in Venkateshwar Hospital.

Sampling Frame: The primary data was collected from the respondents and patients of venkateshwar Hospital of OPD. The respondents were either the patients themselves or their relatives who were accompanying the Patient in few cases .

Sampling Technique:

For sample selection, all relevant factors were analyzed to make the sample more representative of each specific OPD to capture a secular and broader patient feedback on OPD services being offered at Venkateshwar Hospital.

An analysis of Venketeshwar hospital OPD was carried out for six months. The average OPD load in each OPD was calculated. The due weightage was given to each specialization of the OPD to keep the sample well representative.

Sample Size: A sample of 400 respondents selected from the hospital OPD on the basis of their convenience. Secondary sources of data were utilized for analyzing the OPD load of the hospital. Convenient sampling was done keeping in mind the duration and nature of study.

ANALYSIS OF DATA

The data / information contained in the questionnaire were first transferred to master table which facilitated tabulation of data in desired form. The collected data was then grouped into tables and analyzed using various statistical tools like mean scores and other statistical tools. Reaction of the respondents towards the different factors given was studied using a structured, non-disguised and well-defined questionnaire designed for the patients or their attendants. The questionnaire contained ratings from Very Good, Good, Average and Poor. Questions containing each factor was rated over a scale of these four parameters. The respondents were asked to rate the factors according to what they had perceived or the quality of service received from the hospital.

LIMITATIONS OF THE STUDY

1. As the study was to be completed in a limited fixed time frame, the time factor acted as a considerable limit on the scope and the extensiveness of the study.
2. The information provided by respondents may not be fully accurate due to unavoidable biases. The responses received from respondents were limited to their own experience which at times may not be correct irrespective of biases or no biases on the part of patients.
3. Results of these surveys are subjective in nature, although are very helpful in showing the state of quality of OPD services in Venkateshwar Hospital.

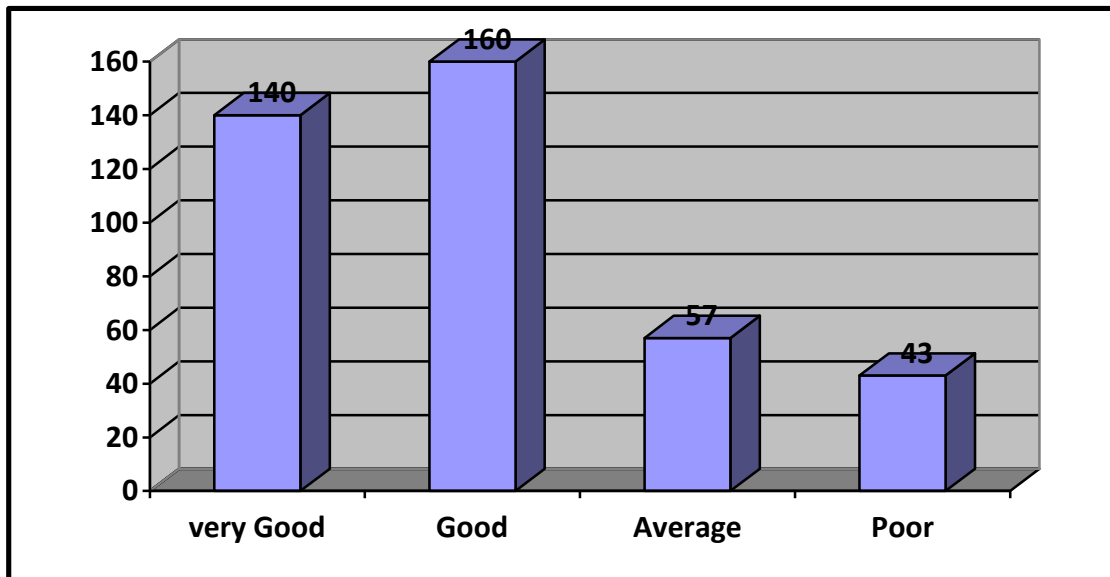
CHAPTER 5: DATA ANALYSIS AND INTERPRETATIONS

The results have been tabulated out of the total figure of 400 which was the sample size and reflected in Bar Chart. All figures are out of 400 as the response given by the patients against very good, good, average and poor.

For the analysis purposes, the responses of very good and good have been considered satisfactory whereas the patient responses of average and poor have been considered unsatisfactory. The percentage of each parameter has been calculated and mentioned under each parameter accordingly.

Ease of getting an appointment

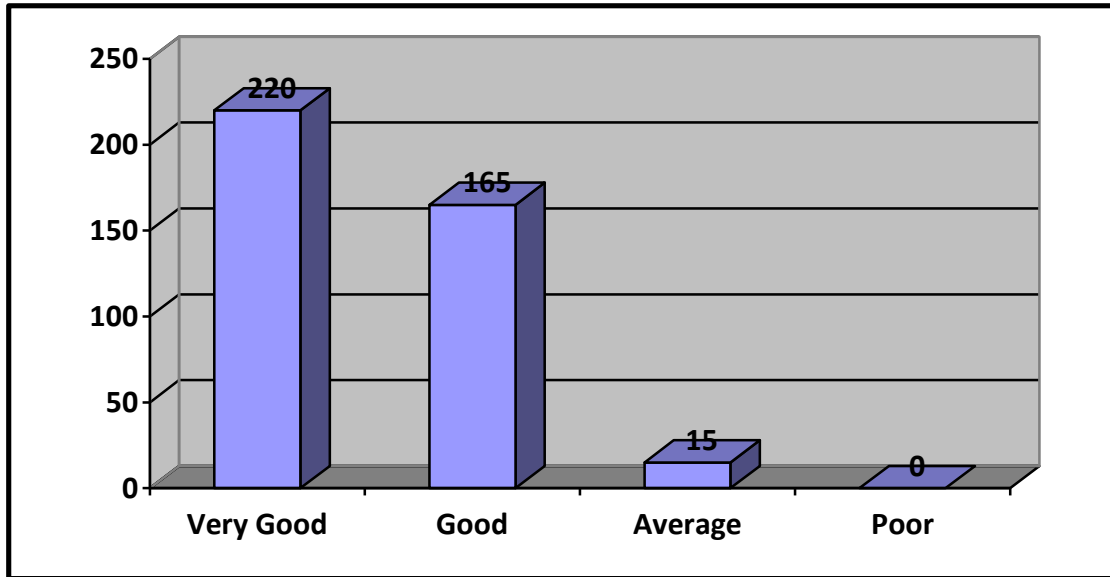
Very Good	Good	Average	Poor
140	160	57	43



A very large number of patients are satisfied with this aspect. The satisfaction level is 75 %.

Cleanliness and ambience of the hospital

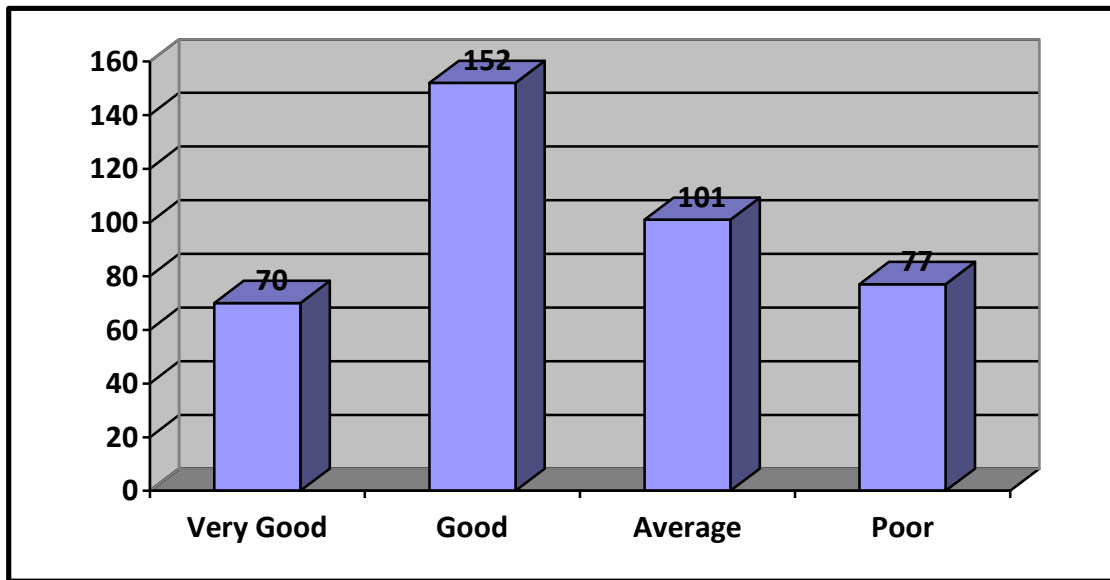
Very Good	Good	Average	Poor
220	165	15	00



Overall 96.25 % patients are satisfied with cleanliness and ambience of the Hospital.

Waiting time for Registration & Billing process

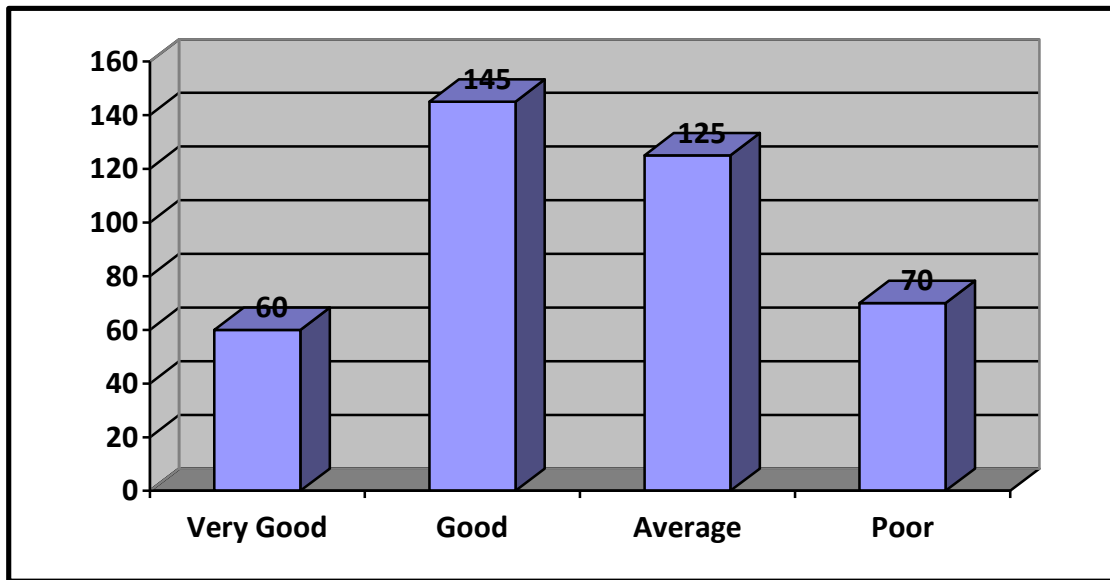
Very Good	Good	Average	Poor
70	152	101	77



Relatively 55.5 % patients are satisfied with this parameter. This aspect needs priority attention and has been recommended to management accordingly.

Waiting time to see the Doctor

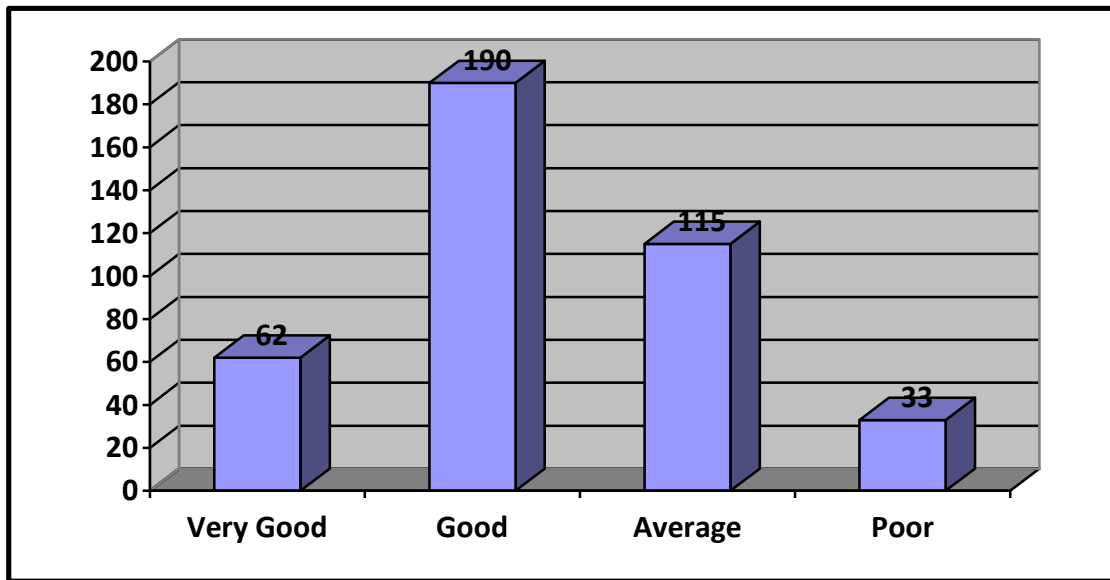
Very Good	Good	Average	Poor
60	145	125	70



This is the least satisfied segment among all the parameters as only 51.25 % patients are satisfied and has been recommended in report for priority attention by the management.

Waiting time for investigation and procedures

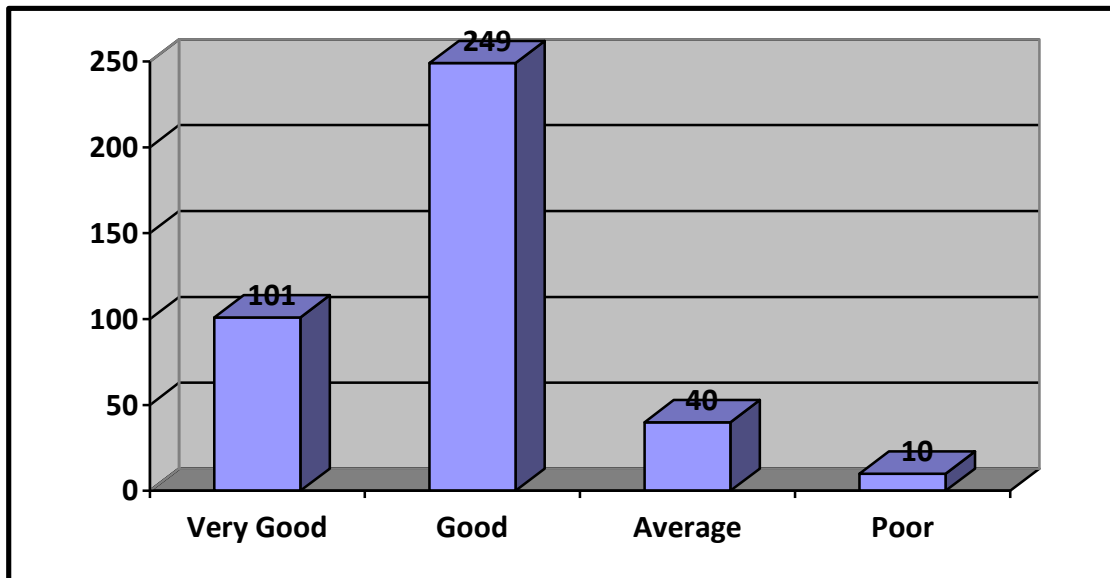
Very Good	Good	Average	Poor
62	190	115	33



Regarding waiting time for investigations and procedures 63 % people are satisfied which is on the lower side and hence needs to be improved upon.

Were the reports ready at committed time

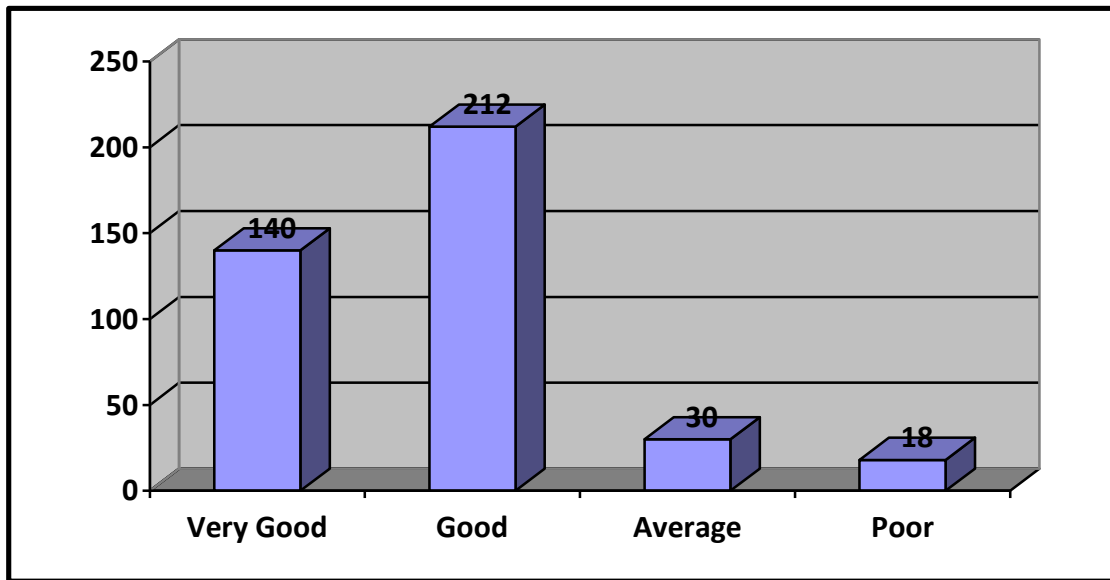
Very Good	Good	Average	Poor
101	249	40	10



Its one of the well performing department of OPD with 87.5 % satisfaction level. However, the remaining bottlenecks should be removed.

Nursing Staff

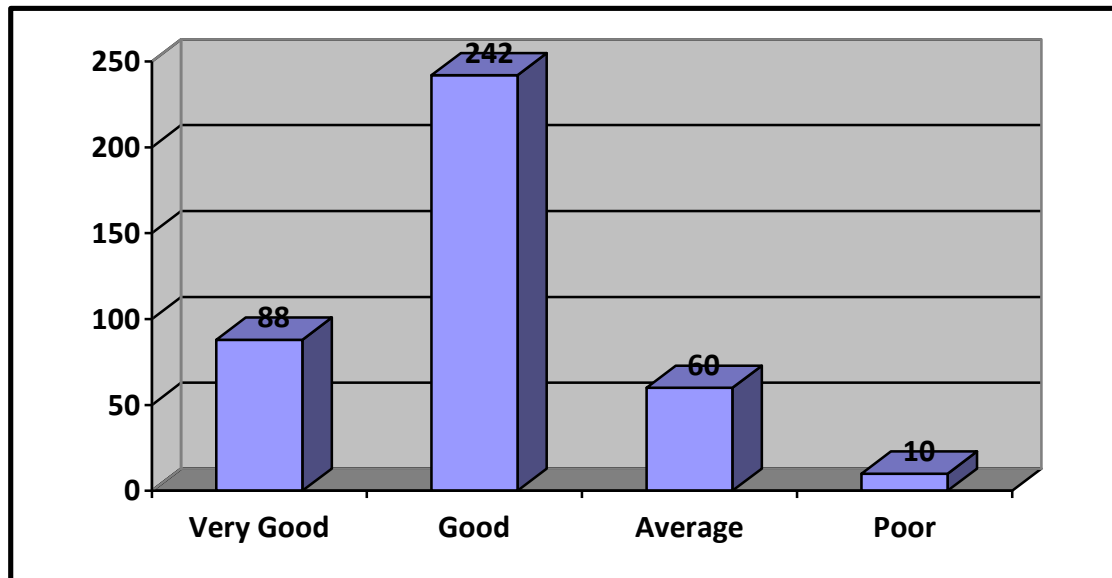
Very Good	Good	Average	Poor
140	212	30	18



Hospital has very good nursing staff in OPD with a satisfaction level of 88%.

Phlebotomist (Blood sample collection)

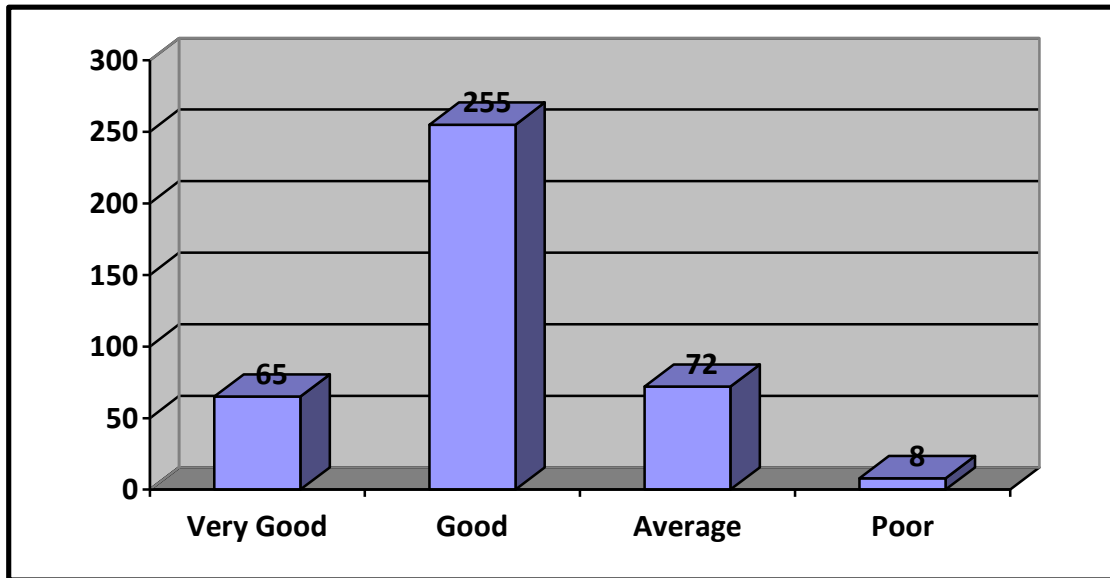
Very Good	Good	Average	Poor
88	242	60	10



This aspect has a overall satisfaction level of 82.5% which is quite good.

Radiology Technician

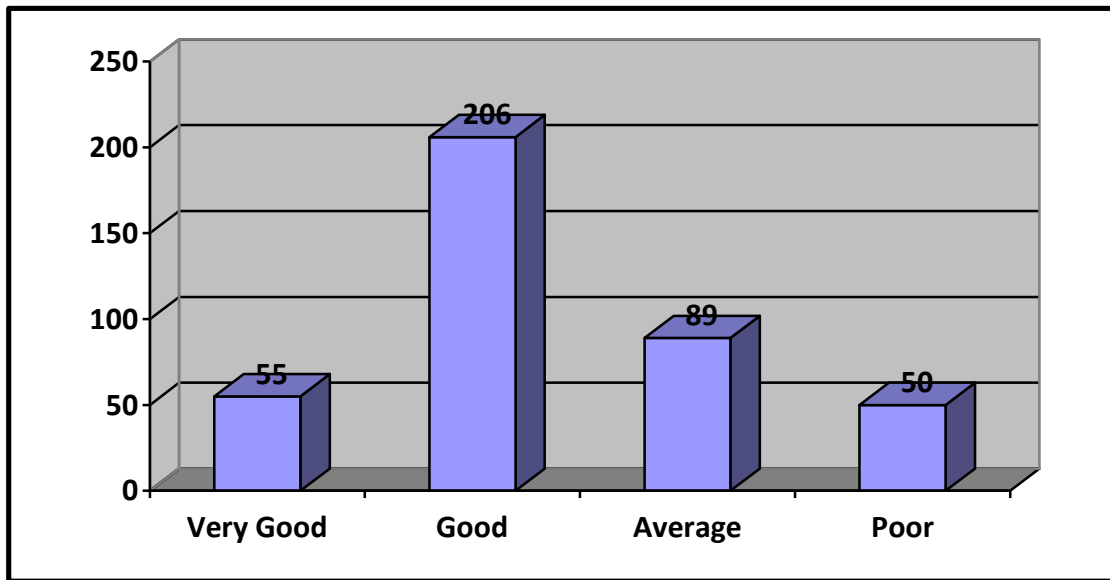
Very Good	Good	Average	Poor
65	255	72	8



Radiology department which caters for OPD patients has a satisfaction level of 80 %. There is some scope for improvement here.

Pharmacy

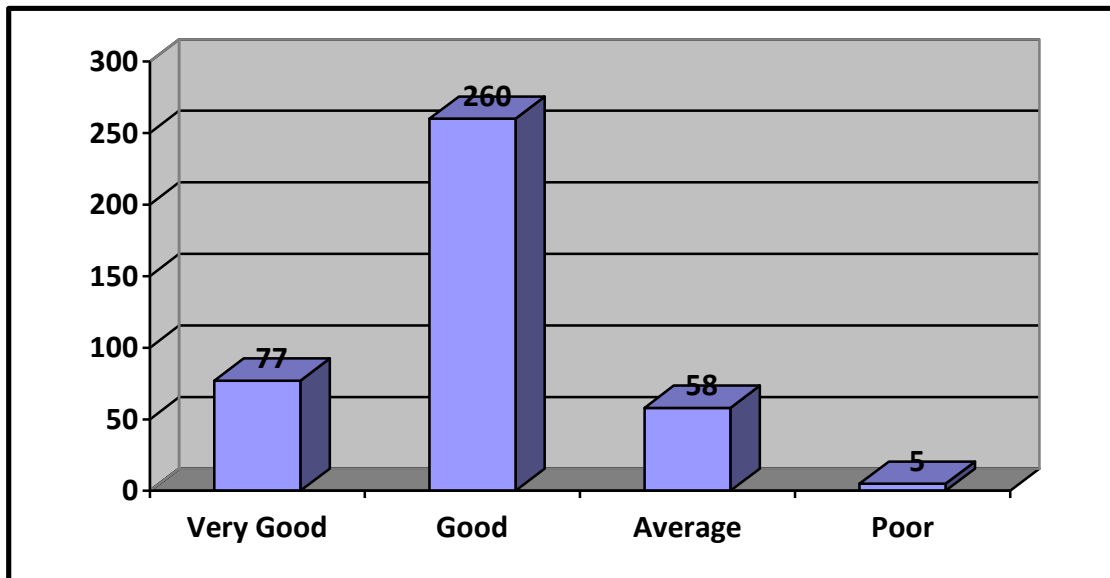
Very Good	Good	Average	Poor
55	206	89	50



The services of OPD pharmacy appear to be weak as only 65.25 % patients are satisfied with its services.it has been recommended for addressal by the management.

Cafeteria

Very Good	Good	Average	Poor
77	260	58	5

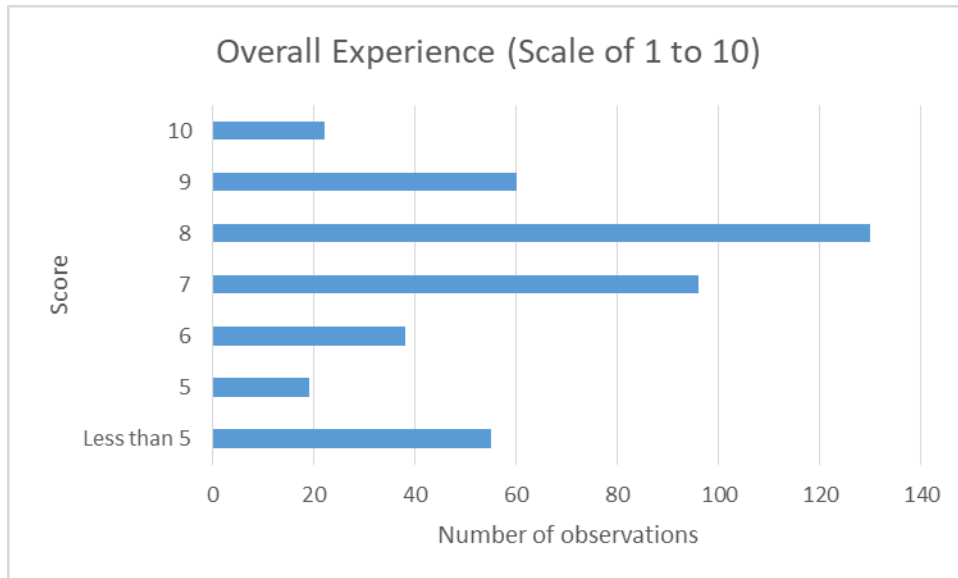


overall satisfaction level is 84.25 %.

Please rate the overall likelihood on a scale of 1 to 10 (10 being excellent and 1 being poor)

1	2	3	4 (55)	5 (19)	6 (38)	7 (96)	8(130)	9 (60)	10(22)
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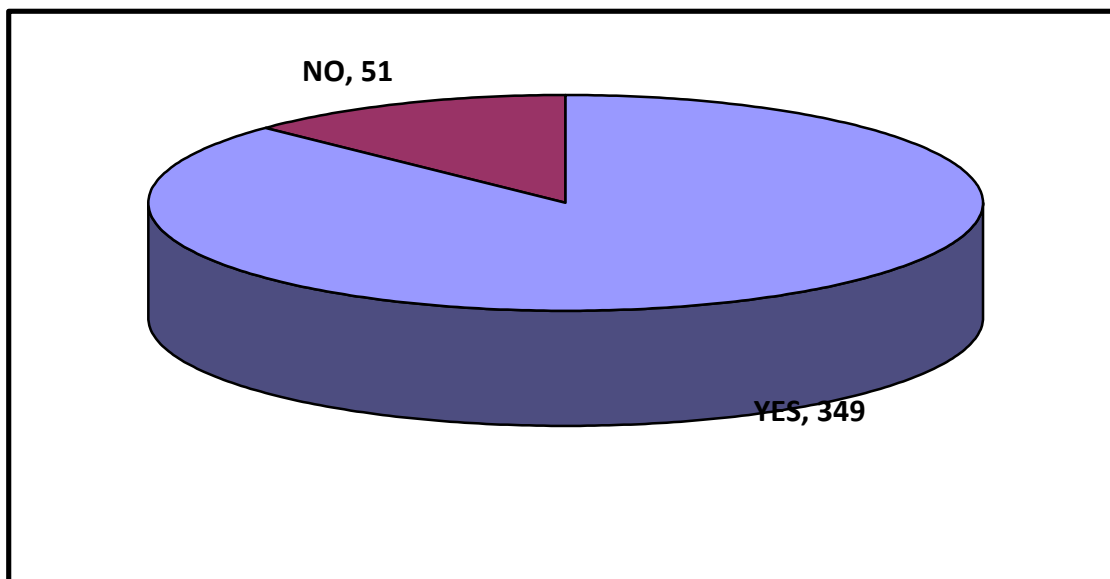
Score	Tally (Number of Observations)
Less than 5	55.(13.75 %)
5	19.(4.75%)
6	38.(9.5%)
7	96.(24%)
8	130.(32.5%)
9	60.(15%)
10	22.(5.5%)



Will you consider this hospital as your regular source of healthcare?

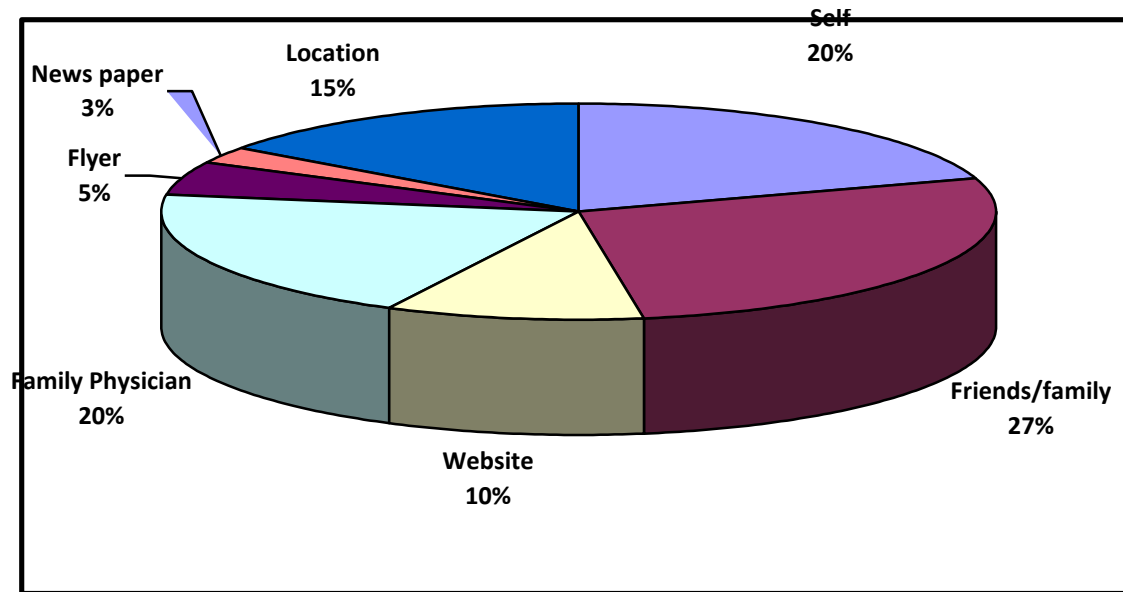
Yes 349

No 51



How did you first hear about the hospital?

Self	80
Friends/family	110
Website	40
Family Physician	80
Flyer	20
News paper	10
Location	60



It indicates that hospital enjoys relatively good word of mouth publicity.

Comments and suggestions:

Following were the comments and suggestion given by the patients while filling the feedback form. Main comments and suggestions are mentioned as below:

- Cash patients should be treated separately and not clubbed with the emplaned or corporate patients.
- There should be a display giving out the appointment number and seniority in each OPD.
- Appointment system need improvement. Lot of waiting despite taking appointment in advance.
- Billing and registration system needs lot of improvement to handle the heavy load. Considerable waiting time in billing and registration in lot of OPDs.
- Staff at various counters need to be polite.
- Doctors need to be punctual for OPD timings. Most of the time doctors are late at least by 30 minutes.
- More doctors should be available in ultrasound and radiology OPD.
- Lab report should be available in mail or on the website of the Hospital. So the patients can access it by login on to the hospital website.
- Doctors should not use mobile while attending patients. It's a distraction and unprofessional attitude.
- OPD patient should be able to pay the registration fees online so that he doesn't have to wait in queue for the same in the hospital.
- At times long waiting time at pharmacy. Increase counters when high rush.

- At times, telephonic appointment system is not responsive.
- Diaper changing table should be available in ladies toilet and neo natal OPD.
- Hospital should pay attention to make billing, registration, waiting time to see the doctor, waiting time at pharmacy and obtaining appointment in advance to save patients time.
- Timely service is not provided to CGHS and empanelled patients.
- There should be more staff deployed at various counters during the weekend and when heavy rush of patients is expected.
- There should be a separate queue and counters for senior citizens.
- If required by the patient the report of ECO and ultrasound should be given same day.

CHAPTER 6: RECOMMENDATIONS

Taking into consideration the problem faced by the patients, some actions are suggested for enhancing the patient satisfaction and improving the service quality of the OPD. These recommendations have been summarized based on the point given by the patients in the feedback form and questionnaire. These are discussed below:

- 1. Long Waiting Time:** Most of the patients were suffering from the long queues in the registration counter as well as long waiting time to meet with the Doctors. In order to reduce this problem appointment system should be adopted instead of existing first come first serve method for all the consultants. Long waiting time starting with registration to seeing the doctor and taking medicines from the pharmacy was the most common point brought out by patients. This must be studied in detail and corrective measures taken so that it doesn't result in patient dissatisfaction. There could be multiple solutions from differential deployment of staff as per rush expected to advance appointment online to put a digital token display system etc.
- 2. Differential and discriminatory treatment to different categories of Patients.** Although this must not be the intended policy of the hospital but few of the patients brought it out. The patients belonged to different categories and felt discriminated. It should be looked into and perceptions should be corrected.
- 3. Staff Behavior.** Wherever possible unprofessional staff behavior should be corrected through education and training. It's pointed out only by few patients but it's an important issue for the spoken reputation of the hospital.
- 4. Technical Recommendations.** Technical recommendations like accessing reports on line, able to make payments on line while taking on line appointments, call center being more responsive, digital display systems in OPD areas giving seniority and approximate waiting time etc. should be looked into and implemented to enhance overall patient satisfaction.
- 5. OPD Staffs:** Comparing with the visitors and OPD staff's ratio, there is lack of manpower. In order have a smooth workflow in the OPD more staffs should be posted to the OPD of the hospital.

CHAPTER 7: CONCLUSION:

Hospitals form part of service industry. In service industry the customer, here patient satisfaction is not only a good quality indicator but will also decide the overall reputation of the hospital and have a major bearing on its revenues. However, the word satisfaction in itself is very complex and a multi-dimensional construct. It will not solely depend upon the quality of service but also the perception which a patient carries home after the service has been rendered. In addition to ensuring quality care against the world class benchmarks, the hospital should also investigate what will constitute the patient's perception and how to form a correct one. This investigation should include the behavioral aspects of the staff associated with OPD services in the Hospital and addressing any patients' grievances promptly thus to leave an overall positive impression saying that Hospital really cares.

Patient Satisfaction with OPD services as measured by this study indicates that Patients are largely satisfied with OPD services except for waiting time for registration and billing, waiting time to see the doctor, waiting time for investigations and procedures and pharmacy services in OPD. These aspects have been recommended for priority attention and necessary action by the management. Nursing and cleanliness and upkeep among others are the aspects with which patients are most satisfied. A large number of patients i.e. 87.25 % have stated to consider Venkateshwar Hospital as regular source of their healthcare.

The hospital should not only improve the services where its relatively lacking but should take a holistic approach to all aspects of patient's satisfaction and ensure continuous and comprehensive quality improvement. It shouldn't rest on its laurels as it's a new hospital and has to go a long way to establish itself as a quality and reliable source of health care and reputed brand in Hospital Industry.

CHAPTER 8: ANNEXURE

Venkateshwar Hospital

Sector 18A, Dwarka, New Delhi

Telephone: 011 48555555, Fax: 011 48555566

OP Visit Summary

From 01/10/2018 To 18/04/2019

Specialisation	Total First Visit	Total Followup Visit	Total Free Visit	Total	Refund /Cancel
ANESTHESIST					
Dr. Ishwar Singh	690	0	1	691	11
CARDIOLOGIST					
Dr.(Col.) Anil Dhall Sena Medal	2834	9	69	2912	83
Dr.(Col.) Salil Garg	1093	2	52	1147	37
Dr. KARAN CHOPRA	925	4	27	956	34
Dr. RITESH SANGURI	800	11	26	837	35
Dr. CARDIOLOGY UNIT 1	632	0	5	637	2
Dr. NITIN KUMAR	529	2	16	547	15
Dr. CARDIOLOGY UNIT 2/ DR SALIL GARG	96	0	1	97	1
Dr. ALOK KUMAR	3	0	0	3	0
Dr. Gulshan Battan	0	0	0	0	0
CRITICAL CARE AND RESPIRATORY MEDICINE					
Dr. Brig Ashok RAJPUT	3965	11	86	4062	70
Dr. ARUN CHOWDARY KOTARU	449	19	10	478	8
Dr. Akshay Budhraj	53	0	0	53	0
CTVS					
Dr. AKHIL RUSTAGI	474	19	7	500	24
Dr. Mohammad Mubeen	224	1	19	244	11
Dr. PRADEEP NAMBIAR	6	0	0	6	0
Dr. Ashish Sharma	1	0	0	1	0
DENTAL					
Dr. DENTAL UNIT	1386	0	160	1546	11
DERMATOLOGIST					
Dr. RACHNA JAGIA	3608	33	60	3701	44
Dr. SUMIT SETHI	2677	25	28	2730	30

EMERGENCY MEDICINE					
Dr. JAIWANT MAHURKAR	0	0	0	0	0
Dr. Brijendra Singh	0	0	0	0	0
Dr. Ravinder Deswal	0	0	0	0	0
ENDOCRINOLOGIST					
Dr.(Prof.) DEEP DUTTA	4163	35	65	4263	62
Dr. Manoj Kumar Dutta	520	8	8	536	9
ENT					
Dr. Vivek R Sinha	2593	8	129	2730	58
Dr. Yatin Sethi	2524	8	121	2653	63
Dr. PAYAL BHATTACHARJEE	495	0	20	515	5
Dr. ENT UNIT	461	24	4	489	0
Dr. Vikrant Sagar	330	0	40	370	8
Dr. Nikhil Jain	0	0	0	0	0
FETAL MEDICINE					
Dr. SAVITA DAGAR	1	0	0	1	0
GASTRO SURGERY, HEPATOBILIARY & LIVER TRANSPLANT					
Dr. ANUPAM SAHA	347	3	19	369	20
Dr. ASFAR ALI	193	0	7	200	8
Dr. Rajat Ahluwalia	7	0	0	7	0
GASTROENTEROLOGIST					
Dr. ROHIT GOYAL	3214	30	87	3331	73
Dr.(Prof.) NIRMAL KUMAR	1421	7	92	1520	59
GENERAL & LAPAROSCOPIC SURGERY					
Dr. Ashish Sadana	3124	49	169	3342	95
Dr. P K GUPTA	2907	32	156	3095	48
GYNAE ONCOLOGY					
Dr. Shveta Giri	384	3	8	395	14
INTERNAL MEDICINE					
Dr. Ashish Khattar	5225	40	508	5773	90
Dr. Nisha Bhardwaj	2824	646	169	3639	13
Dr. Manoj Kumar Dutta	2501	4	83	2588	64
Dr. AMAN VIJ	1869	3	80	1952	22
Dr. Khushboo Saxena	1833	4	5	1842	4
Dr. INTERNAL MEDICINE UNIT 1/ DR	1709	0	10	1719	81

ASHISH KHATTAR					
Dr. INTERNAL MEDICINE UNIT 2 / DR AMAN VIJ	1304	0	6	1310	49
Dr. SHALLU SAHRAWAT	709	3	101	813	23
Dr. ANKUR MITTAL	468	0	0	468	4
Dr. INTERNAL MEDICINE UNIT 3/ DR MANOJ KUMAR DUTTA	205	0	1	206	2
Dr. INTERNAL MEDICINE UNIT 3 Dr Mihir Niyogi	157	0	1	158	11
Col.(Dr.) Mihir Niyogi	115	1	13	129	12
Dr. SELF	18	0	0	18	1
MEDICAL ONCOLOGY					
Dr. Sunil Kumar Gupta	3051	27	540	3618	80
Dr. ONCOLOGY UNIT	30	1	6	37	1
NEPHROLOGIST					
Dr. (Lt Gen) Prem Prakash Varma	3216	53	309	3578	78
Dr. Deepak jain	69	0	1	70	0
Dr. GAURAV SAHAI	54	2	2	58	2
Dr. NEPHRO UNIT	1	1	0	2	1
Dr. Geet Bajpai	1	0	0	1	0
NEUROLOGIST					
Dr. DINESH SAREEN	3894	17	83	3994	132
Dr. NEURO UNIT 1	704	0	15	719	1
Dr. Sweta Singla	39	0	3	42	3
Dr. RAJEEV RANJAN	2	0	0	2	0
NEUROSURGEON					
Dr. PUSHPENDER SACHDEVA	1649	3	64	1716	53
Dr. NEURO SURGERY UNIT1	311	0	13	324	3
Dr. RAHUL SHARMA	226	2	13	241	10
Dr. PAWAN KUMAR POKHARIYAL	18	0	0	18	1
NUCLEAR MEDICINE					
Dr. Anupam Mondal	11	0	0	11	0
OBS AND GYNAECOLOGIST					
Dr. OBS GYNAE UNIT 1 /	2483	0	15	2498	72

DR SARITA SABHARWAL DR DIPTI K YADAV DR MONIKA BHATIA					
Dr. MONIKA BHATIA	2103	10	212	2325	32
Dr. OBS GYNAE UNIT 2 / DR SHILPA GHOSH DR ONAM KHATTAR DR PREETI TAHILIYANI	2314	0	10	2324	51
Dr. SHILPA GHOSH	2094	2	140	2236	33
Dr. DIPTI K YADAV	1518	4	117	1639	23
Dr. SARITA SABHARWAL	1153	5	110	1268	14
Dr. PREETI TAHILIYANI	843	1	67	911	13
Dr. ONAM KHATTAR	730	2	55	787	12
Dr. Pallavi Verma	61	0	0	61	2
Dr. RAKHI	4	0	0	4	1
Dr. GANGA ANAND	2	0	0	2	0
Dr. Snigdha	0	0	0	0	0
Dr. Megha Khanna	0	0	0	0	0
Dr. Gargi Agarwal	0	0	0	0	0
Dr. Richa Choudhary	0	0	0	0	0
Dr. Beena Chaudhary	0	0	0	0	0
OPHTHALMOLOGIST					
Dr. NEHA RATHI	2786	22	233	3041	21
Dr. SANJIV MOHAN	262	0	3	265	1
Dr. Sarika Gupta	158	1	0	159	0
ORTHOPEDICS					
Dr. ORTHOPEDICS UNIT 1 / DR RK PANDEY DR ANSHUL GOEL	2515	0	18	2533	50
Dr. R K PANDEY	1835	24	32	1891	44
Dr. ORTHOPEDICS UNIT 3 / DR VIBHORE SINGHAL DR ANUJ KUMAR KADIAN	1476	36	13	1525	37
Dr. ORTHOPEDICS UNIT 2 / DR ASHU CONSUL DR N V SINGH	1399	0	6	1405	39
Dr. VIBHORE SINGHAL	1312	10	41	1363	32
Dr. P S Gill	473	3	7	483	20
Dr. N V SINGH	424	2	7	433	13
Dr. Ashu Consul	317	3	4	324	9
Dr. ANSHUL GOEL	128	2	1	131	5
PAEDIATRICS SURGEON					

Dr. ANJANI KUMAR KUNDAL	119	0	5	124	1
PAIN MEDICINE AND PALLIATIVE CARE					
Dr. MEGHA PRUTHI	232	0	45	277	5
PEDIATRIC NEUROLOGY					
Dr. KS Rana	1035	1	67	1103	10
PEDIATRICS & NEONATOLOGY					
Dr. Sunil Kumar Mehendiratta	2810	6	180	2996	24
Dr. PEDIATRICS UNIT 1 / DR SUNIL MEHNDIRATTA DR ASHISH TAHILIYANI DR JATIN CHABRA	1502	0	11	1513	25
Dr. Ashish Tahilyani	1437	1	71	1509	27
Dr. Gaurav Kumar	1302	1	68	1371	19
Dr. Sunil Bhasin	895	4	45	944	15
Dr. Jatin Chhabra	858	1	31	890	16
Dr. PEDIATRICS UNIT 2 / DR SUNIL BHASIN DR GAURAV KUMAR	713	5	9	727	18
Dr. Neha Agarwal	0	0	0	0	0
Dr. Nikhil Verma	0	0	0	0	0
PHYSIOTHERAPIST					
Dr. Raju K Parasher	107	0	3883	3990	13
Dr. (Mrs.) BELA SETHI	32	0	1050	1082	4
PLASTIC SURGEON					
Dr. Bikram Jit Singh	358	4	15	377	5
Dr. TAPESHAWAR SEHGAL	153	1	5	159	2
Dr. TAPESHWAR SEHGAL/BIKRAM JIT SINGH	3	0	0	3	0
PSYCHIATRIST					
Dr. BHAGWAT RAJPUT	573	1	17	591	7
PSYCHOLOGIST					
Ms LOVLEEN MALHOTRA	159	0	8	167	2
RADIATION ONCOLOGY					
Dr. KULDEEP SHARMA	592	3	2256	2851	6
Dr. Anita Malik	12	0	36	48	0
RHEUMATOLOGIST					
Dr. MEHA SHARMA	1543	21	54	1618	27

SURGICAL ONCOLOGY					
Dr. Dinesh Chandra Katiyar	662	4	13	679	15
Dr. Arun Kumar Giri	444	2	19	465	17
Dr. MOHIT BHATNAGAR	153	3	5	161	4
Dr. Shirsak Ghosh	1	0	0	1	0
UROLOGY & RENAL TRANSPLANT					
Dr. M S Jha	2060	6	252	2318	40
Dr. Sanjay Kumar Gupta	1550	5	68	1623	45
Dr. UROLOGY AND RENAL TRANSPLANT UNIT / DR MS JHA DR ARUN ANTHONY DR ROHIT JUNEJA	1386	0	24	1410	55
UROLOGY AND RENAL TRANSPLANT UNIT 2 / DR SANJAY KUMAR GUPTA DR ROHIT JUNEJA	85	0	1	86	3
Dr. Arun Antony	4	0	0	4	0
Dr. Rohit Juneja	4	0	0	4	0
	122516	1346	12847	136709	2608

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