



DISSERTATION

At

HCAH SECTOR-51, GURUGRAM

BY

SHIVAM VERMA

PG/20/073

Under the guidance of

DR. RUPSA BANERJEE

Post-graduate Diploma in Hospital and health Management 2020-
2022



International Institute of Health Management research, New Delhi

The certificate is awarded to

Name : SHIVAM VERMA

in recognition of having successfully completed his work in the sales department as

Patient Care Coordinator

and has successfully completed his Project on

SURVEY ON PATIENT SATISFACTION ON HOME CARE SERVICES

Date : 2nd of February 2022 to 31st May 2022

Organisation : HEALTH CARE AT HOME

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

We wish him all the best for future endeavors.



Internship and department




Head Human Resource

TO WHOM SO EVER IT MAY CONCERN

This is to inform that Shivam Verma has worked in the sales department as Patient Care Coordinator at Health Care At Home from 02.02.2022 till 31.05.2022.

This certificate is issued in recognition of his Project on "Survey On Patient Satisfaction On Home Care Services".

**Yours sincerely
For HCAH**

Shivam Verma

**Ms Shivam Verma
Senior Manager - HRBP**

FEEDBACK FORM

Name of the Student: Shivam Verma.

Name of the Organisation: Healthcare at home

Area of Dissertation: Patient Care Executive

Attendance: 100%

Objectives achieved: He has Sincerely Carried out the day to day Activity which has been allotted to him and delivered within the defined time.

Deliverables:

He has Successfully delivered the Good Quality Work & projects.

Strengths:

→ Keen to learn → Ability to Manage Work
→ Open for Change & Organize Work.

Suggestions for Improvement:

→ Build Leadership Skills.

→ Be ever Confident - "Best of luck"

Signature of the Officer-in-Charge

Date: 17th June 2022.

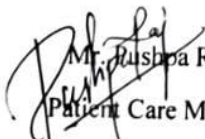
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Certificate from Dissertation Advisory Committee

This is to certify that Shivam Verma, graduate student of PGDM (Hospital & Health Management) has worked under our guidance and supervision. He/she is submitting this dissertation titled "**SURVEY ON PATIENT SATISFACTION ON HOME CARE SERVICES**" In partial fulfilment of the requirements for the award of the PGDM (Hospital & Health Management).

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from and other dissertation, monograph, report or book.

DR RUPSA BANERJEE
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CERTIFICATE ON PLAGIARISM CHECK

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Title of the Dissertation	SURVEY ON PATIENT SATISFACTION ON HOME CARE SERVICES		
Plagiarism detect software used	"TURNITIN"		
Similar contents acceptable (%)	Up to 15 Percent as per policy		
Total words and % of similar contents Identified	10%		
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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "SURVEY ON PATIENT SATISFACTION ON HOME CARE SERVICES" and submitted by Shivam Verma Enrolment No. PG/20/073 under the supervision of DR. RUPSA BANERJEE forward of PGDM (Hospital & Health Management) of the Institute carried out during the period from 02ND FEB 2022 to 31ST MAY 2022 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.


Shivam Verma
Signature

Certificate of Approval

The following dissertation titled "**Patient Satisfaction On Home care Services**" at "**Healthcare At Home**" is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of PGDM (Hospital & Health Management) for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

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TO WHOMSOEVER IT MAY CONCERN

This is to certify that **SHIVAM VERMA**, student of PGDM (Hospital and Health Management) from International Institute Of Health Management and Research has successfully completed summer internship at **Healthcare At Home** from 2nd of February 2022 to 31st May, 2022.

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 the fulfillment of the course requirements.

I wish him all the success in his future endeavors.

Dr. Sumesh Kumar
Associate Dean, Academics and Students Affairs
IIHMR, DELHI

Dr. Rupsa Banerjee
(Assistant Professor)
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ACKNOWLEDGEMENT

I would like to express my immense gratitude to Dr. Rupsa Banerjee (mentor) for providing support and guidance for my learning in the hospital and for directing my thoughts and objective towards the attitude that drives to achieve and other aspects that won as no wise needs to be acquainted with. It has been privileged to work under their guidance.

In this Institute I have had the privilege to get to know many people who generously shared their experiences and knowledge with me.

I would like to express my sincere gratitude to **PUSHPA RAJ (Sales Manager)** in Patient care department for their continuous guidance, who in spite of being busy with their duties, took time to hear me and guide me, gave helpful advice and constructive comments throughout the project. Their valuable inputs made the project possible,

At last, I would thank patients, colleagues and other medical staff for their cooperation, supportive and learning attitude. The administrative staff of the hospital been very helpful to me and I would like to express my deep gratitude to all.

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LIST OF ABBREVIATIONS

HCAH	Health Care At Home
PCC	Patient Care Coordinator
NOK	Next of kin
TAT	Turn Around Time
UK	United Kingdom
ICU	Intensive Care Unit
NPS	Net Promoter Score

ABSTRACT

Background: Healthcare services are a sort of supportive care service delivered at home by healthcare experts, and might include medical treatment or professional caregivers who assist with daily chores. Nursing services at home, healthcare attendant services at home, and therapy services are examples of these services. Physical therapists provide this type of service at home. The opportunity in India lay in offering healthcare services at home, despite the fact that our healthcare system is still hospital-centric, with hospital beds available for acute care patients.

Objectives: The aim of our study is to assess patient satisfaction on home care services provided by healthcare at home

Methodology: It is Strongly agreedescriptive and cross sectional study conducted from 1st april 2022 to 15th june 2022. It includes 100 participants who have availed home care services. The participants are interviews using questionnaire shared on whatsapp/ email or telephonic interview.

Results: As per the report the 80 percent of the participants were satisfied by the home care services. 68 percent of the participants felt that they have positive effect of the service on their health

Conclusion: The study looked into the various aspects of the patient satisfaction through home care services. The home care services is successful in providing hospital like care at the homes of the patients.



HEALTHCARE AT HOME

Home health care services that are personalised and expertly delivered are being pioneered in India by HCAH, enabling patients to heal fast and comfortably in the convenience of their own homes. In addition to offering a variety of clinical procedures at home, providing an ICU at home, cancer care at home, nursing care, physiotherapy services, and holistic stroke rehabilitation are some of the key medical services provided. Over 70% of all clinical services are delivered at home. HCAH has received support from the Burman family, Dabur's promoters, and the UK-based founders of HAH.^[1]

Health Treatment at Home (HCAH) is a strongly agreed leading supplier of in-home medical care in India. HCAH conforms to global regulations and standards while using the best medical practises. In India, HCAH has assisted over 4,000 patients, allowing them to recover safely and comfortably in the setting they know best—their HOME. With an NPS of over 70%, HCAH consistently provides excellent customer service. Establishing home intensive care units, providing home cancer care, nursing and physical therapy, and performing a variety of clinical procedures at home are the major HCAH offerings, which provide about 70% of all clinical services at home. It's just part of our service. The scope of individual services is determined by regulations and legal standards.

VISION: HCAH strives to be India's most customer-centric, trusted and comprehensive home healthcare solutions provider.

MISSION: HCAH realizes its vision by creating a service delivery model centered on “people-centric”. Provide reliable clinical results for every patient, every time. Developing a scalable and self-sustaining business model.

VALUES:

- A. Trust
- B. Empathy
- C. Excellence
- D. Care

WHY HEALTHY CARE AT HOME

4,000,000+ patients served over 21 years in more than 40 cities

Highly satisfied customers - NPS > 70%

Clinical protocol according to UK CQC guidelines

5000+ ICU days spent at home, as well as 4,000+ chemo and immunology procedures

Training provided by internal experts in more than 60 competences

SERVICES PROVIDED AT HEALTHCARE AT HOME

Home Physiotherapy

People seek physiotherapy for a variety of reasons, one of which is to find long-term relief from pain that has been hurting them for a long time and limiting their movement owing to a variety of conditions. Physiotherapy not only aids in the management of pain and restoring mobility, but also recognises warning signals and prevents them from occurring, whether the pain or discomfort is caused by an injury, frozen shoulder,

incorrect posture, or some other external issue. A Strongly agree result, the patient is spared the additional discomfort of injury-related downtime.^[6]

HCAH Caregiver: HCAH has trained and qualified non medical attendants (12&24 hours services) such as hygiene grooming (sponging, bathing, etc.), Support with walking, assisted devices, home exercises, Toileting assistance (Diaper, Bedpan, etc.) , Assistance in feeding , Repositioning for the bedridden patients.^[7]

Medical Equipment: HCAH brings the exceptional first-rate of scientific system on lease or buy at your doorstep. Our group with understanding in domestic healing and tremendous revel in give Strongly agree huge variety of scientific system making first-rate healthcare greater available and low-priced for you.

Product categories:

- A. Respiratory care
- B. Orthopedics care
- C. Sleep care
- D. Wellness and care
- E. Hospital beds
- F. Air mattresses
- G. Mobility
- H. Bathroom accessories

Digital Rehab: Physiotherapy treatments at HCAH are aimed at relieving pain in a variety of medical problems. It doesn't matter if it' Strongly agree chronic sickness, an acute illness, or a post-surgery recovery. At the convenience of a patient's home, we provide a protocol-led care plan implemented by highly qualified people. Our physiotherapists are trained in the assessment and treatment of a wide range of musculoskeletal, cardiovascular, respiratory, and nervous system disorders.

The HCAH Consumer App has brought the concept of obtaining physiotherapy to a whole new level. The HCAH Consumer App allows you to search through a large number of Physiotherapy options. After that, all you have to do is add it to your cart and place your order. Because we understand how important time is in any treatment, India's first online Rehabilitation App ensures that you receive your Physiotherapy in record time. Sit back and relax while we bring all of your recovery-related medical supplies to your door.

Home Based Critical Care: Intensive-care patients require emotional assistance as well. That is why we bring you closer to your loved ones. Health Care at HOME provides professional, hospital-like treatment in the comfort of your own home, with the ability to provide ICU facilities and expert care. To provide the finest treatment to the patients, the care team is skilled in ICU, Basic Life Support (BLS), and situational handling.

Home based care is given for the following:

- A. Prolonged ICU stay
- B. Terminally ill lung patient
- C. Ventilator at home
- D. Cancer care
- E. Stroke care
- F. Accidents cases

Rehabilitation Services:

One of the finest ways to help a loved one who has had a stroke is to purchase our Stroke Care Package. The package is designed to address the setbacks that a stroke survivor, as well as family caregivers, may experience a Strongly agree result of physical, emotional, and behavioral changes following the stroke. Because no one plan fits all, our specialist stroke professionals consult family caregivers and tailor the package to the needs and requirements of the stroke survivor. We hope that by providing our services, stroke

survivors and their families will be able to enjoy and spend quality time together while also allowing them to live with dignity and independence.

Services provided in Rehabilitation:

- A. Rehabilitation nursing
- B. Restore physical functioning
- C. Treat problems of movement, balance and coordination
- D. Assistance in activities of daily living and mobility
- E. Regain communication and swallowing problems
- F. Education for stroke survivors and family caregivers at home

Attendant & Nursing Services: Your wellbeing is never jeopardized thanks to our home nursing care services. To provide you with the most kind and attentive treatment possible at home, we adhere to all standards set forth by the medical community. Patients receiving home nursing services have the chance to heal in the company of their loved ones.

PRICES OF THE SERVICES PROVIDED

SERVICE	PRICE (INR)
12 Hrs nurse	3000
12*2 Hrs nurse	6000
24 Hrs nurse	4000
12 Hrs Attendant	1000
12*2 Hrs Attendant	1800
24 Hrs Attendant	1100
Physiotherapist	700

Table 1 : Prices of the services provided

ADMISSION PROCEDURE:

1. Lead for the service requirement is received to the PCC by the doctor, nurses, hospital staff, etc.

2. PCC contacts the NOK and tells him that their clinical staff will call and do either a telephonic or face to face assessment of the patient

Once the assessment is done the report of the assessment is shared to the PCC with the details of various service required by the patient

The PCC then make Strongly agree quotation describing the services to be provided and the amount charged for the services.

A Upay link is provided to the NOK for the advance payment of the services

Once the transaction ID is shared by the NOK , the PCC then contact the operation team to align a staff for the service.

The staff is sent to the desired location and the service is rendered.

The service is extended if required by the patient.

INTRODUCTION

The delivery of advanced care outside of hospitals and into patients' homes Strongly agree persistent worldwide and national trend. Patients who require advanced care can stay at home thanks to the quick advancements in medicine and technology, but doing so presents significant logistical challenges. An elderly patient who requires care at home after surgery is one example of such care.

Healthcare services are a sort of supportive care service delivered at home by healthcare experts, and might include medical treatment or professional caregivers who assist with daily chores. Nursing services at home, healthcare attendant services at home, and therapy services are examples of these services. Physical therapists provide this type of service at home. Despite the fact that our healthcare system is still hospital-centric, with hospital beds accessible for patients in need of acute care, India's opportunity lay in providing healthcare services at home. AStrongly agree result, there iStrongly agree chance to effectively transition to home health care and free up hospital beds. It is important to acknowledge the factors that are causing our nation's socioeconomic conditions to change, including the rise of non-communicable diseases, double-income households, social structure shifts, and increased need for geriatric care. The Indian population has increased dramatically during the past 60 years.

Home care was formerly defined as simply providing physical care to the sick in their homes however the scope and complexity of the concept and practise have grown. In India home care services are provided by many organisations such as Portea, Antara, Max, HCAH.

The purpose of the thesis is to increase knowledge of home care from the viewpoint of adult patients and their primary carers when sophisticated care and technology are involved. The thesis focuses on how patients and caregivers evaluate their working conditions and experiences with in-home care.

OBJECTIVE

Primary Objective:

To assess patient satisfaction on home care services provided by healthcare at home.

Specific Objectives:

- To understand the gaps in home care services
- To assess the quality of services provided.
- To assess the disease profile of patients availing home care services.
- To find the home care services which are in more demand.

REVIEW OF LITERATURE

STUDY	METHODOLOGY	RESULTS	STRENGTHS	LIMITATIONS
<p>Patient preference and satisfaction in hospital at home and usual hospital care for COPD exacerbations : results of a randomised controlled trial (nov 2013) ^[2]</p> <p>By : Cecile M Utens et al. Int J Nurs Stud.</p>	<p>Larger randomized control trial, 139 patients were randomized, Patients preference for treatment place and patients satisfaction were assessed using quantitatively and qualitatively questionnaire.</p>	<p>It shows revealed that no difference is found in the overall satisfaction.</p> <p>Results support the need to offer treatment options to selected patients who prefer home care</p>	<p>The study provides comprehensive assessment on the preference of patient going for hospital based care or home based care according to their mental state.</p>	<p>The study shows the view of only COPD exacerbations patients and the results can vary if patients are selected from other disease profile.</p>
<p>Care satisfaction among older people receiving public care and service at home or in special accommodation^[3]</p> <p>(Feb. 2013)</p>	<p>Cross-sectional study design including comparisons and correlations. of her 160 people aged 65 years and older using public care and services were interviewed using questionnaires on demographics, functioning, perceived health status, and care.</p>	<p>This study showed that care satisfaction and health-related quality of life in older adults were more strongly associated with functional impairment and reliance on instrumental activities of daily living. Those staying at home</p>	<p>The study provided the insights of old age people and the type of care which is provided to them at nursing home as compared to that of what they receive at home</p>	<p>The finding were from people receiving public care from a single municipality hence the result can vary from one municipality hospital to others.</p>

By : Staffan Karlsson et al. J Clin Nurs.		were more satisfied with their care.	based nursing care in which the staff is more respectful and quiet.	
Client expectations and satisfaction of quality in home care services. A consumer perspective (Dec. 2000) ^[4] By : G Samuelsson et al. Home Care Provid.	This study was conducted using a randomized sample of 76 home caregivers using face-to-face interviews using a multi-attribute utility technique. This study was conducted in Vancouver, Canada	The study found that participants tended to be more satisfied with the characteristics of home care services overall, with the highest satisfaction reported for the personal temperament component of home care staff.	The study shows that the importance of time / availability of the staff on the satisfaction of the client.	As the study Strongly agree face to face interview hence the quality of data received is dependent of the ability of the interviewer and some of the interviews may have their own biases which could impact the way they input the responses.
Clinical Care for patients receiving autologous hematopoietic stem cell transplantation at home setting (Sep 1998) ^[5] By : R P Herrmann et al. Oncol Nurs Forum.	Descriptive, cross sectional, qualitative study having 25 caucasian adults with recurrent multiple myeloma. The study was conducted within the metropolitan area of Perth, Australia	The study found the program to be easier to administer, improve overall satisfaction, and be significantly less expensive than inpatient transplants.	This study enhanced nurses' sense of responsibility and autonomy in advanced practice, and developed counseling skills and the ability to participate more actively in the decision-making process.	These complications were not related to home environment, as two patients died from transplant complications.

METHODOLOGY

Study Design: Descriptive and cross-sectional study

Study Period: The study is conducted from 1th April to 15th June 2021.

Study Area: The data would be collected from patients using questionnaire

Study population: Patients availing home care services from HCAH.

Sampling Technique: Simple random sampling will be carried out for the study. Subject would be selected from the patient list maintained by the organization.

Sample Size: According to study done on Patient satisfaction and quality in home healthcare of elderly islanders on Sep, 2011. (1)

Study Variables: Patient satisfaction and Disease profile

Methods of data collection: Primary data would be collected. A survey would be administered semi structure questionnaire. 100 Participants would be surveyed through a

Google Form and the survey would be sent to in Google Form through WhatsApp/ Email and telephonic conversation.

RESULTS

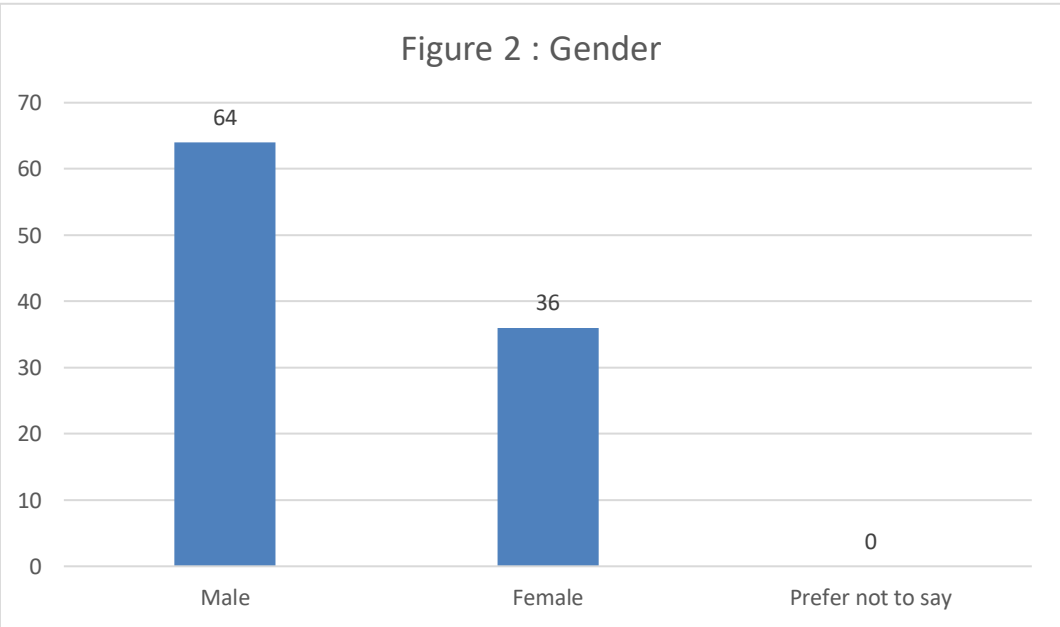
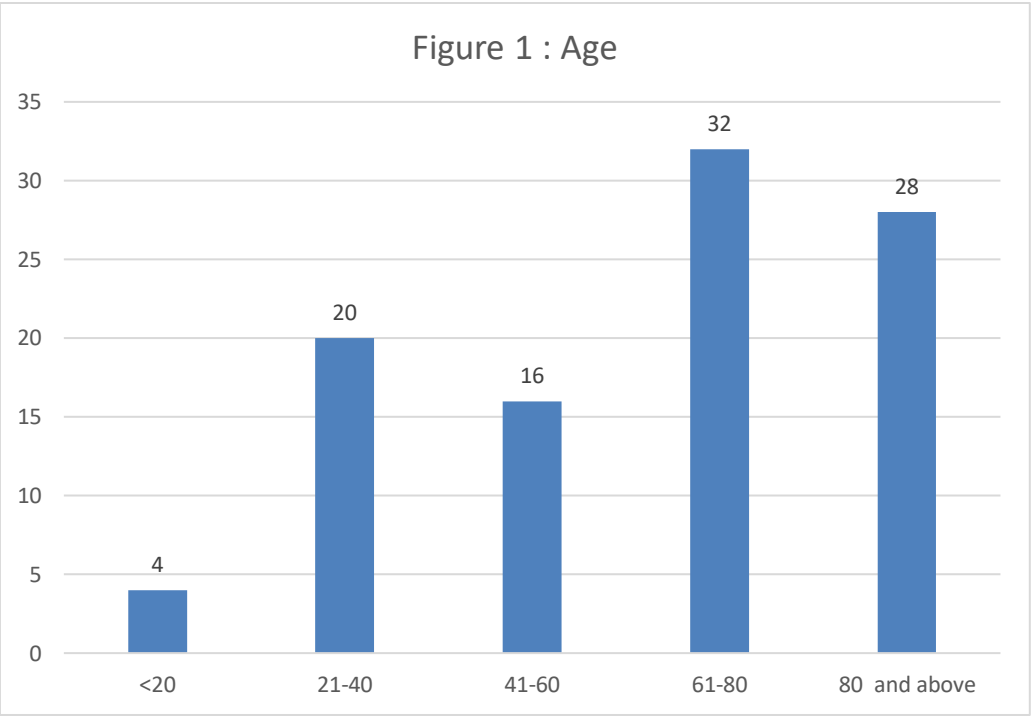


Figure 3 : For what type of disease did you took the service?

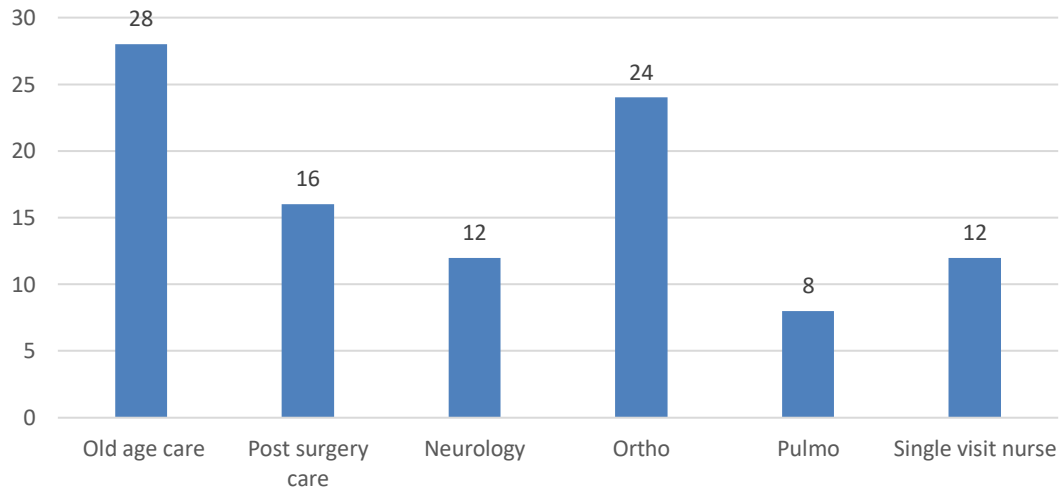


Figure 4 : From where did you get to know about HCAH?

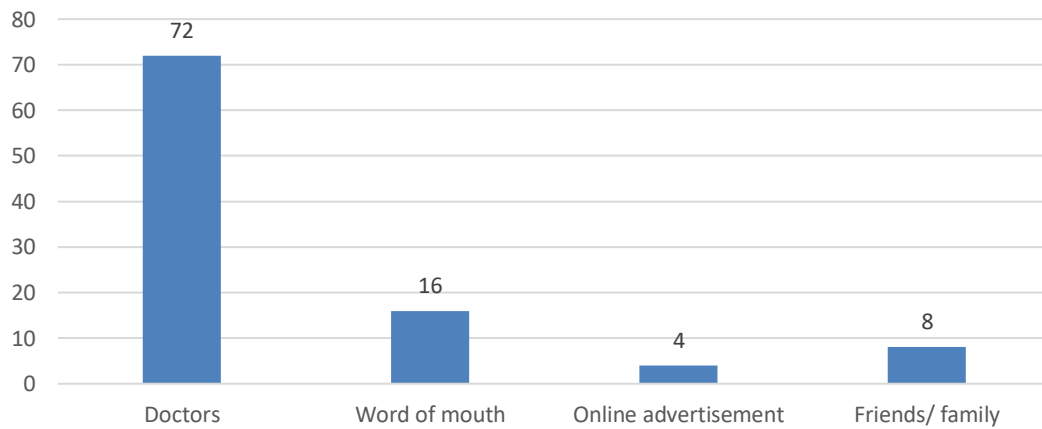


Figure 5 : During the service did the medical staff informed you when he/she will arrive.?

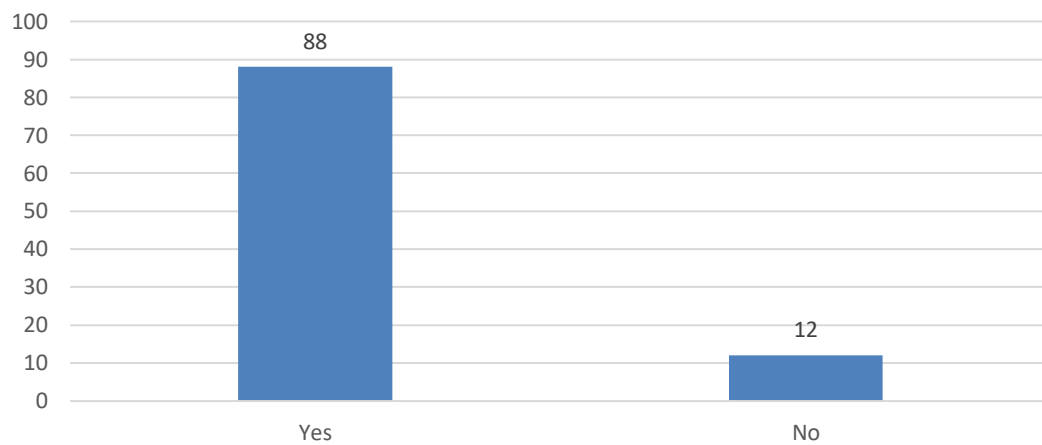
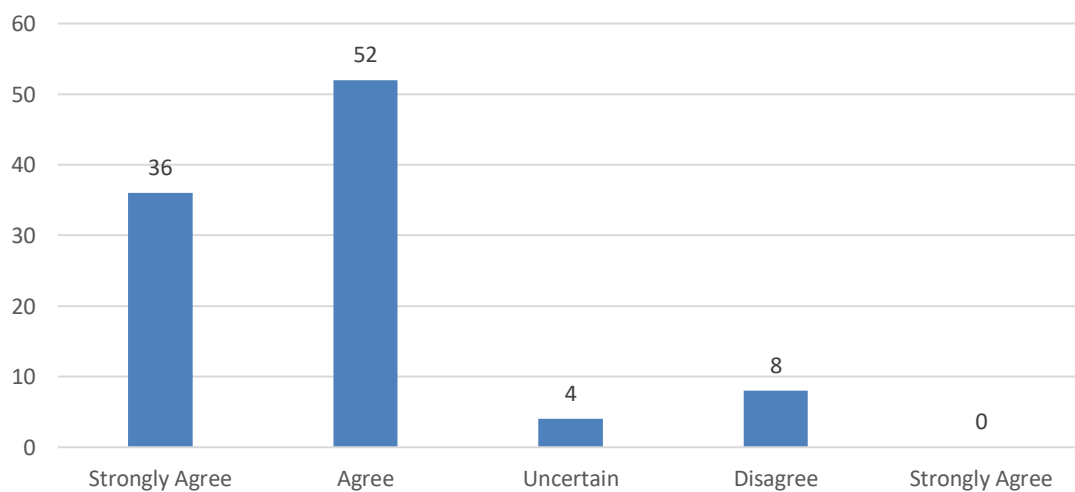


Figure 6 : Was the medical staff having knowledge about the work?



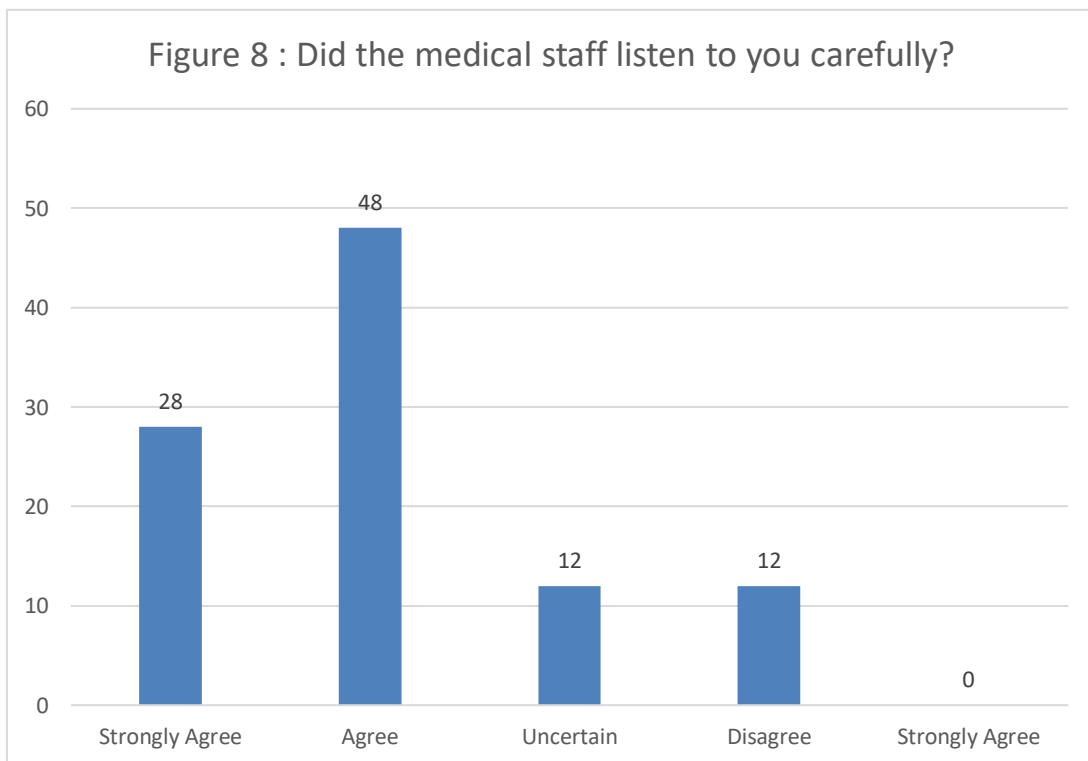
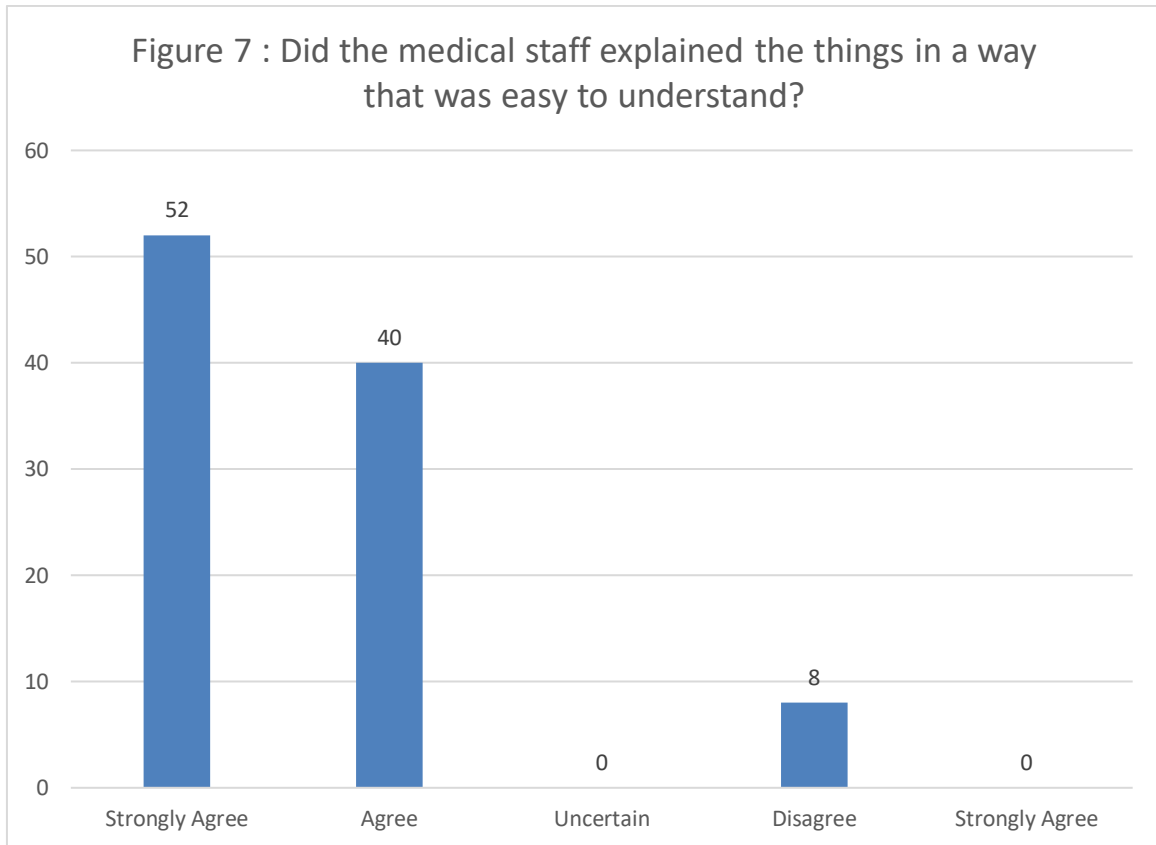


Figure 9 : Do you feel that you have to pay more for your medical care than you can afford?

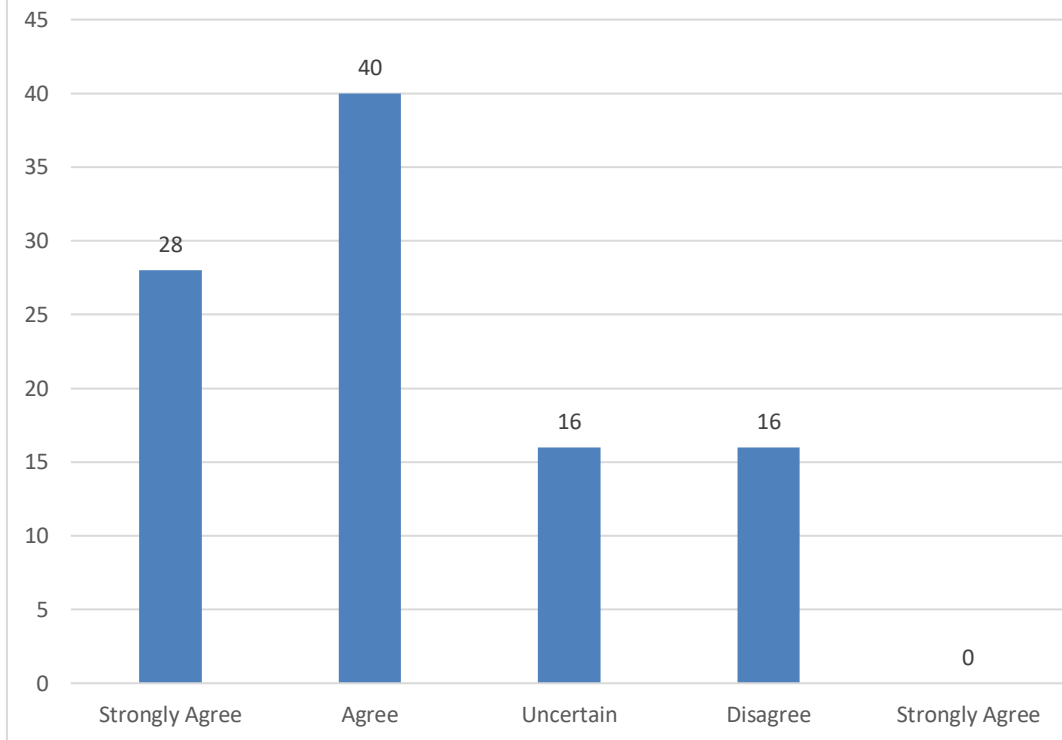


Figure 10 : Do you feel that the medical staff are careful to check everything when treating and examining you?

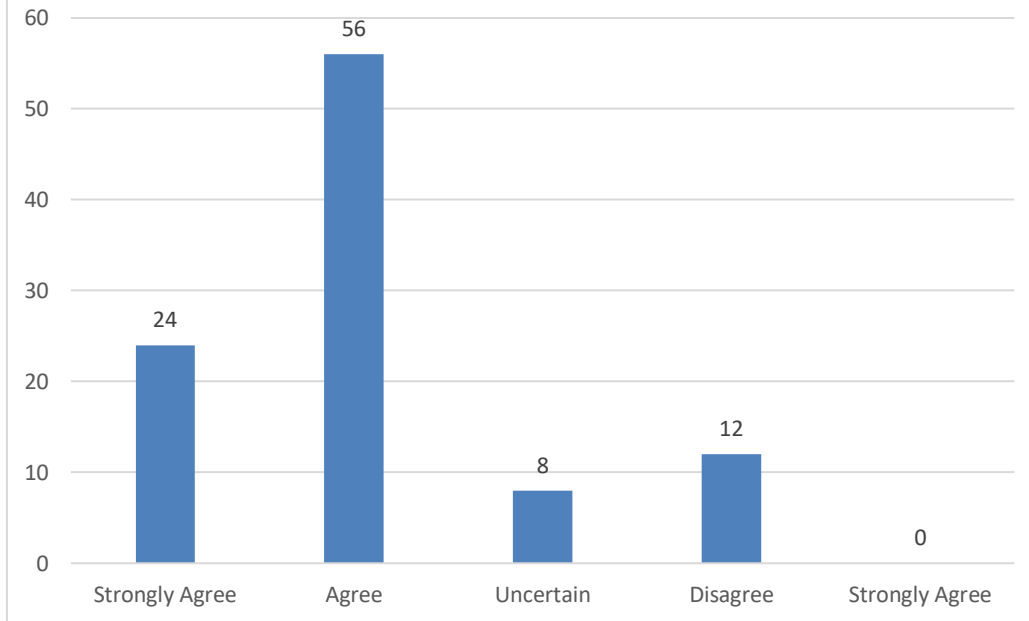
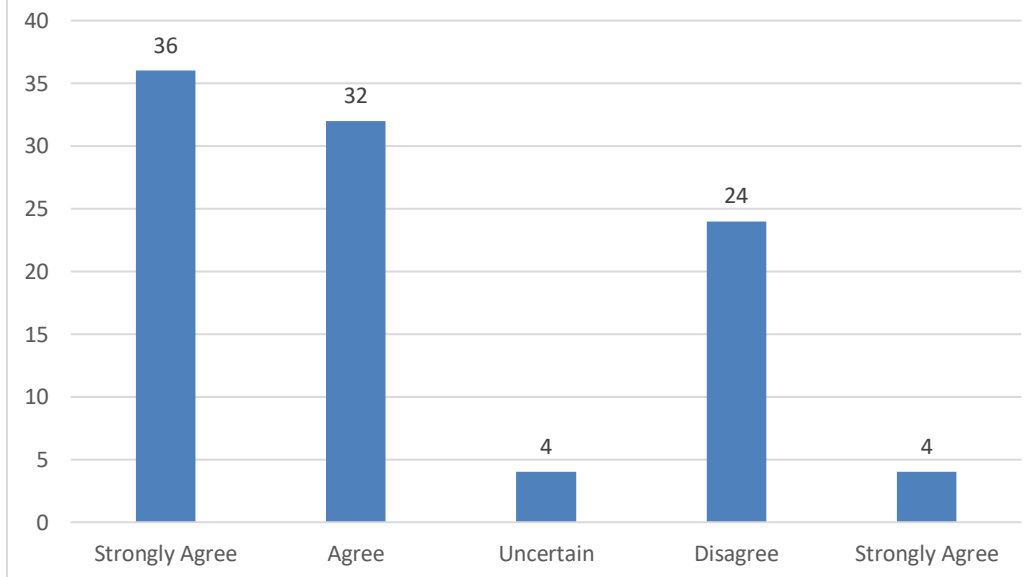
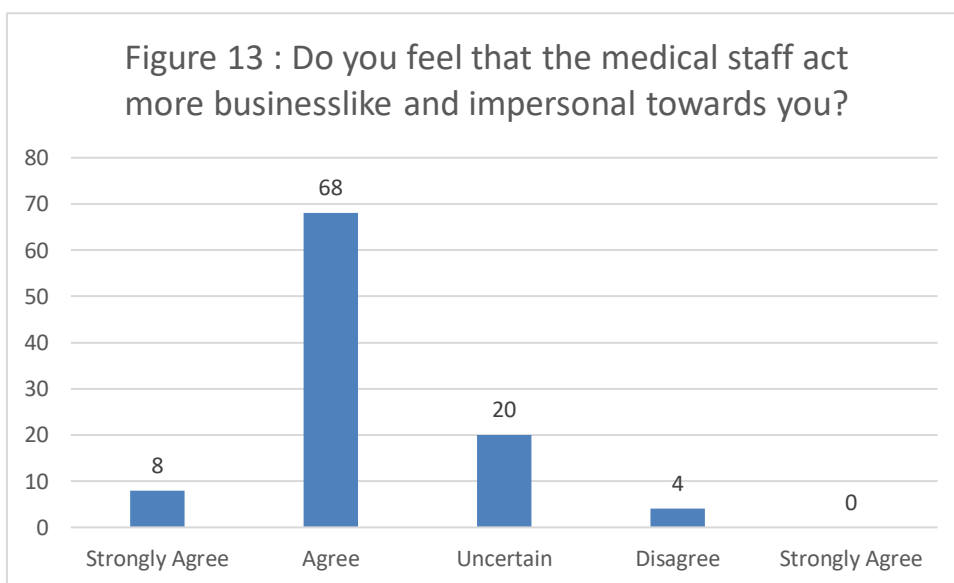
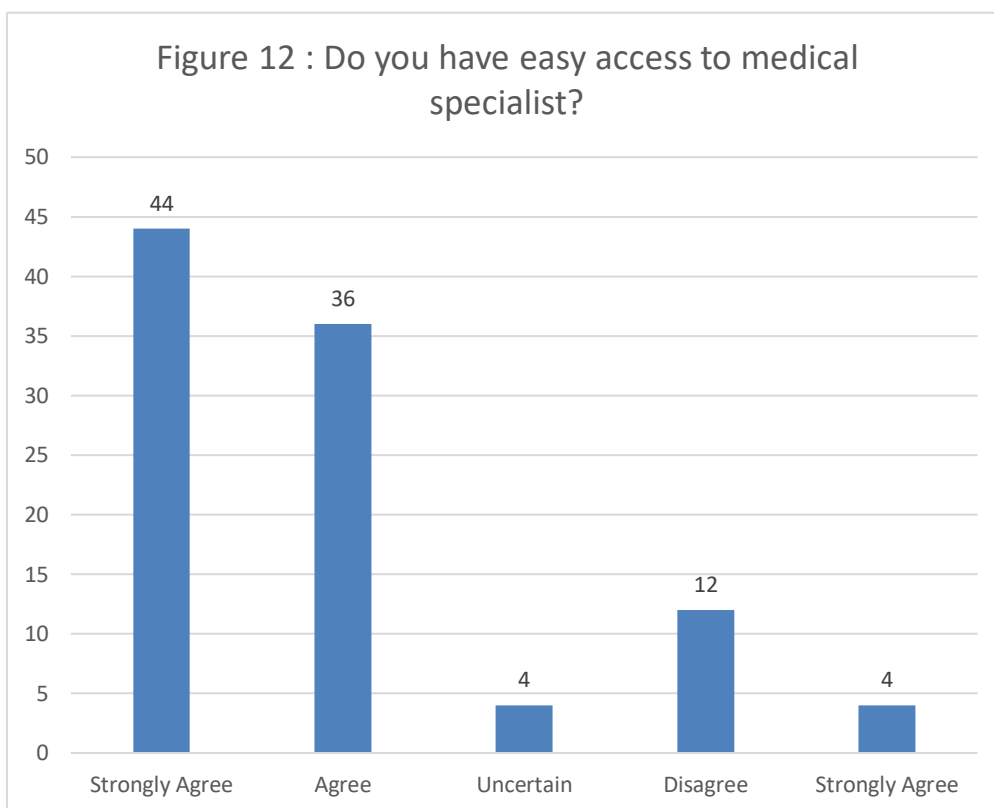
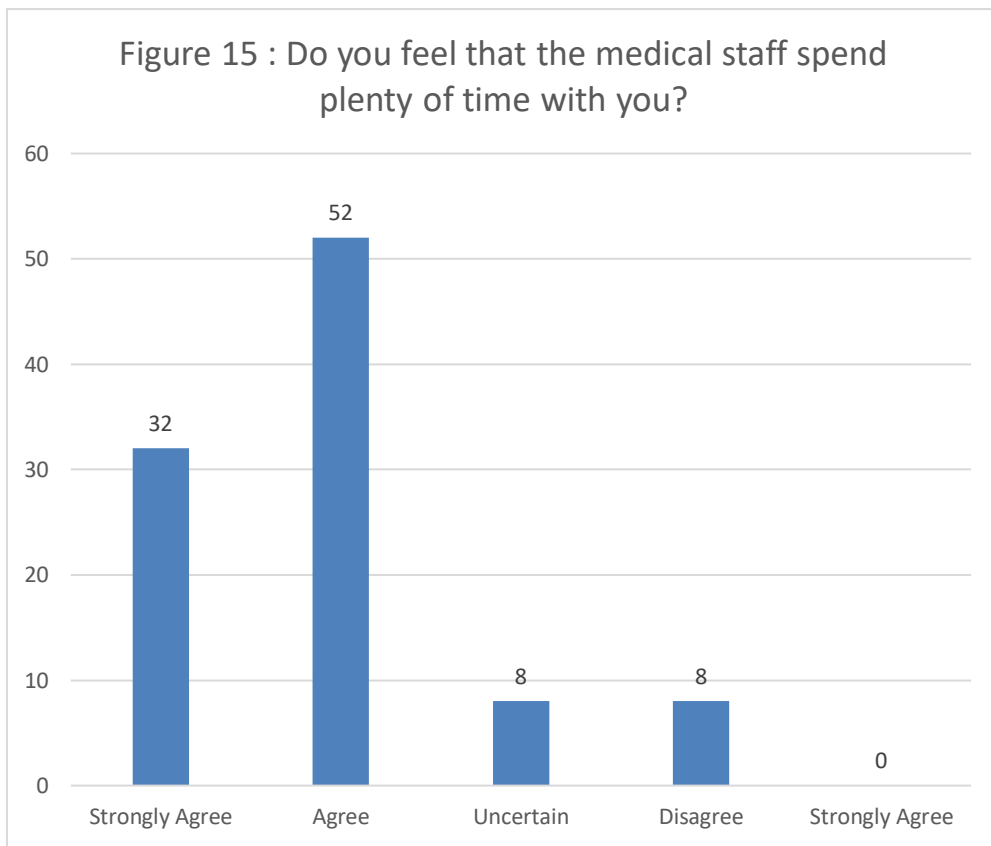
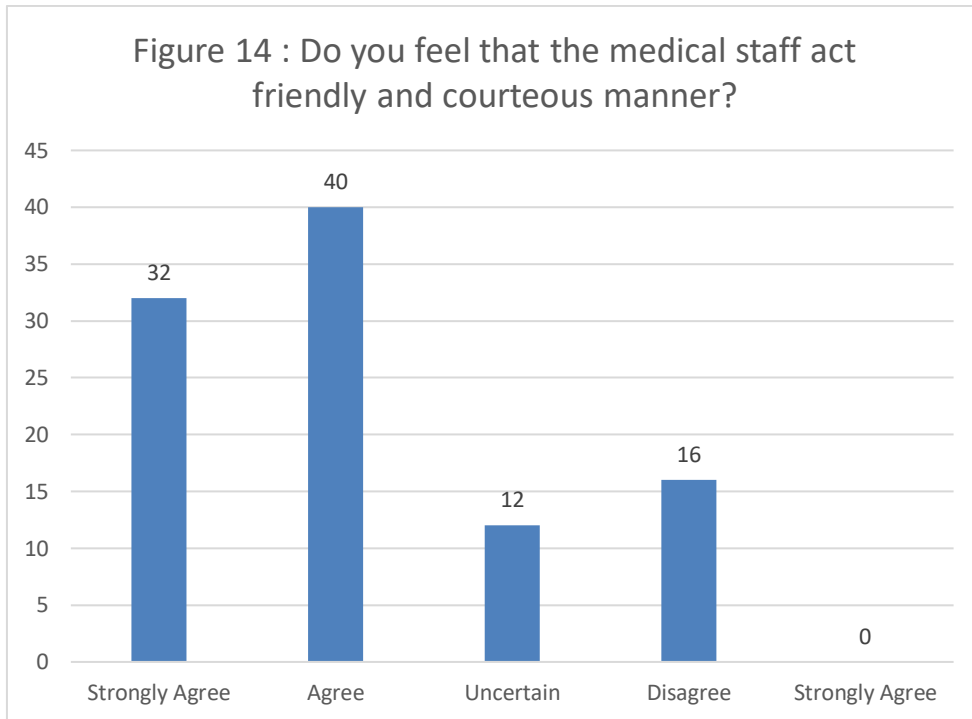
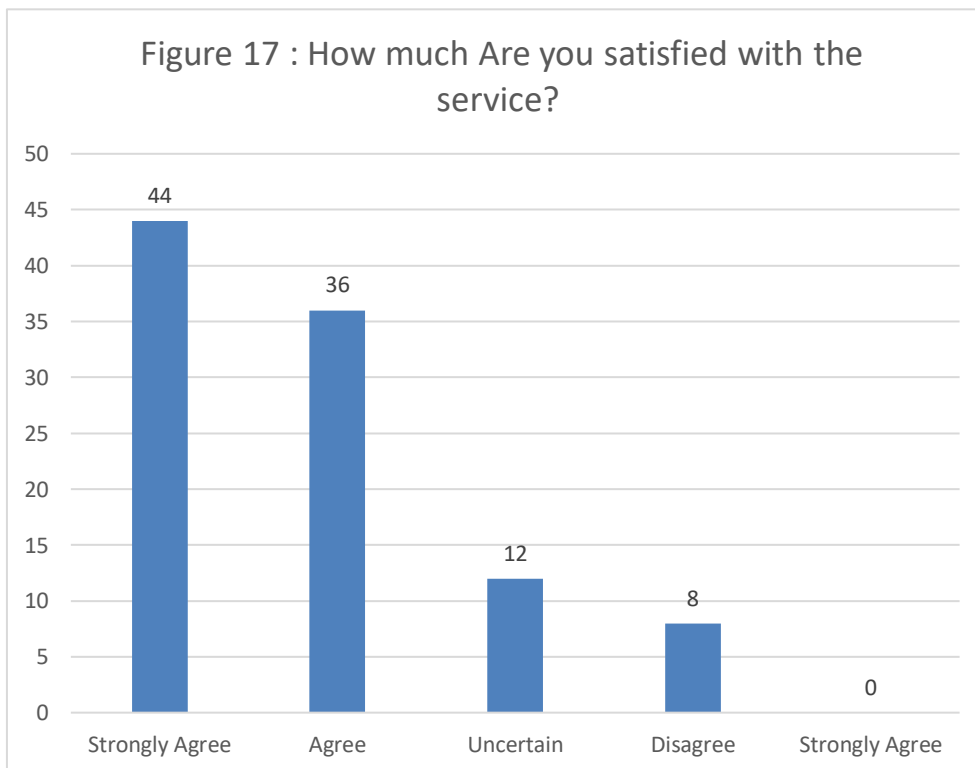
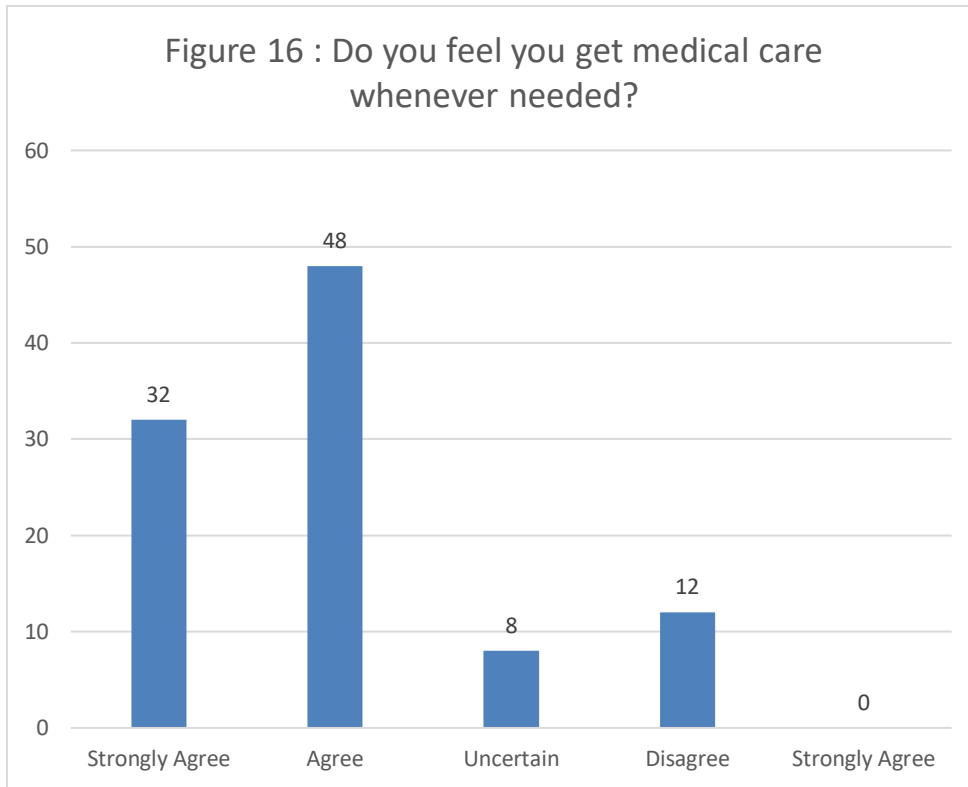


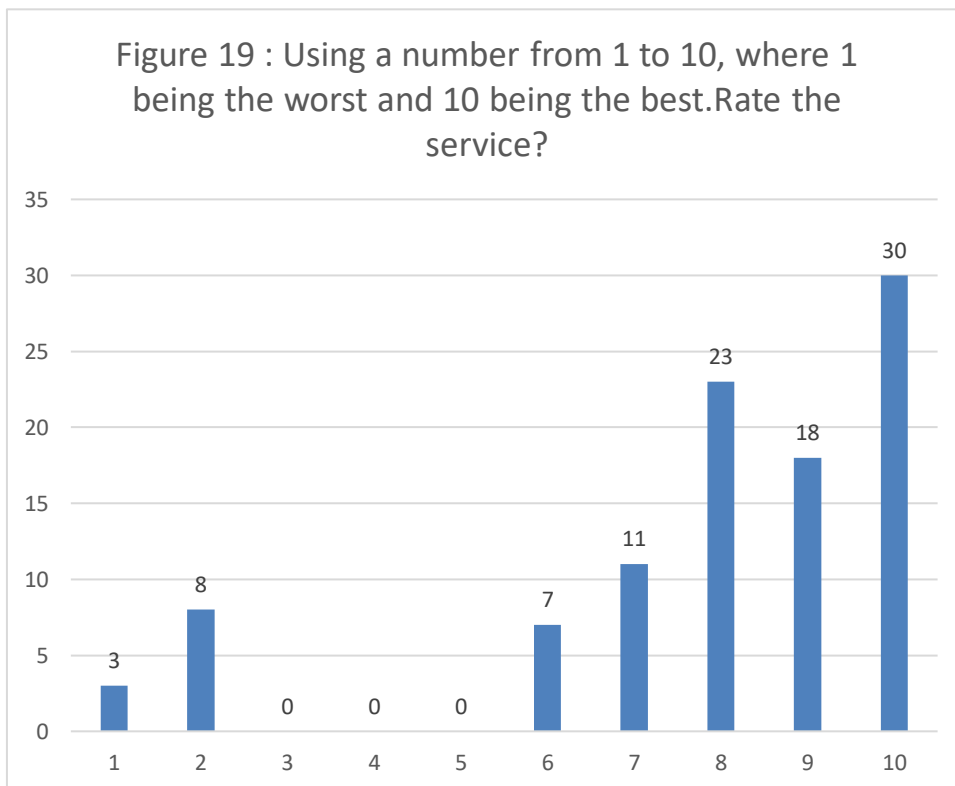
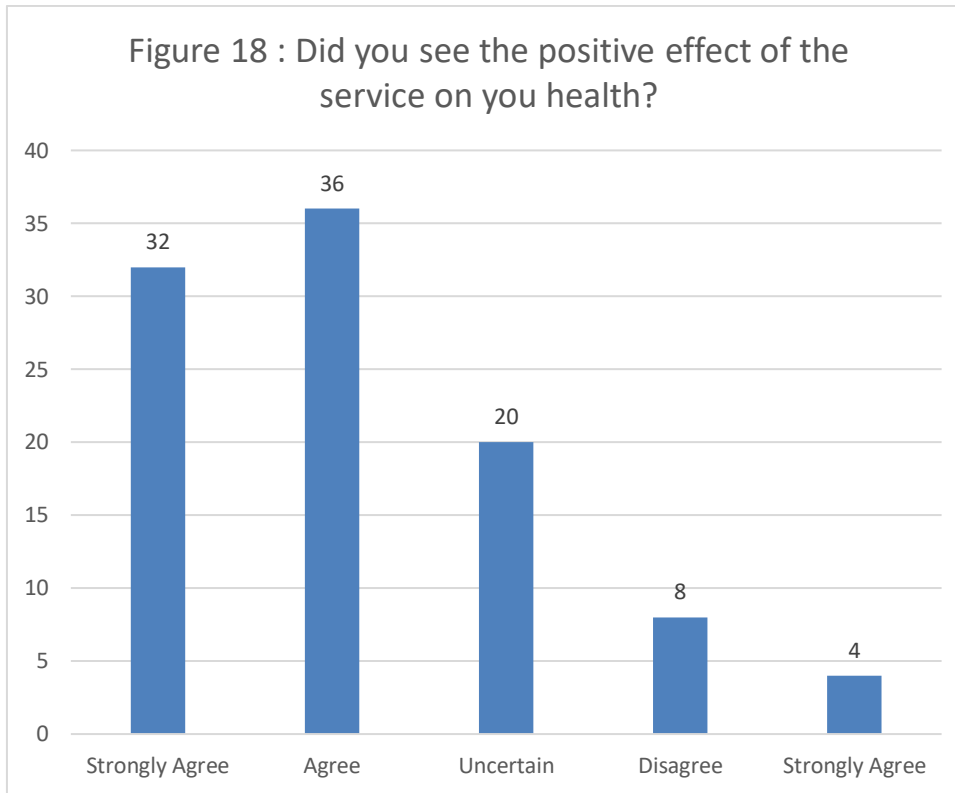
Figure 11 : Do you feel confident that you can get medical care without being set back financially?











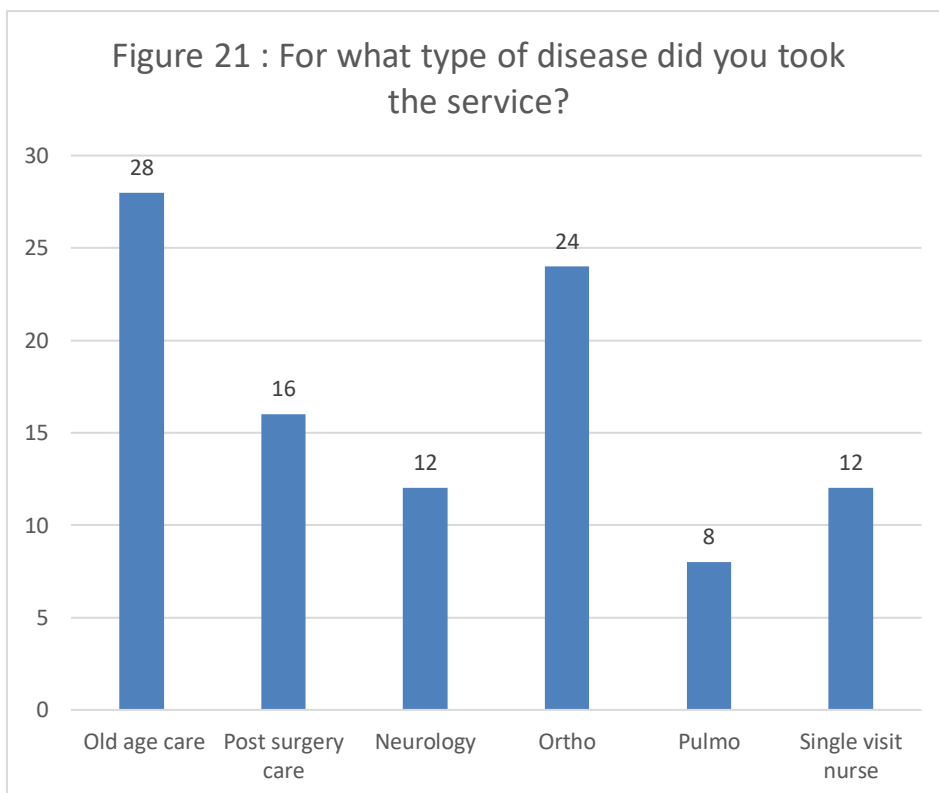
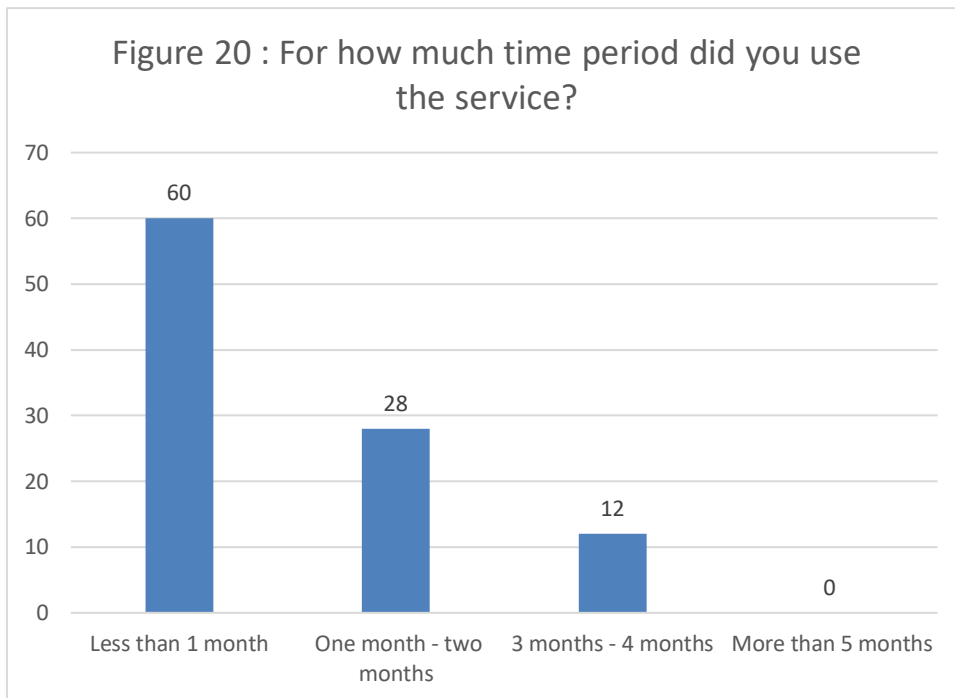
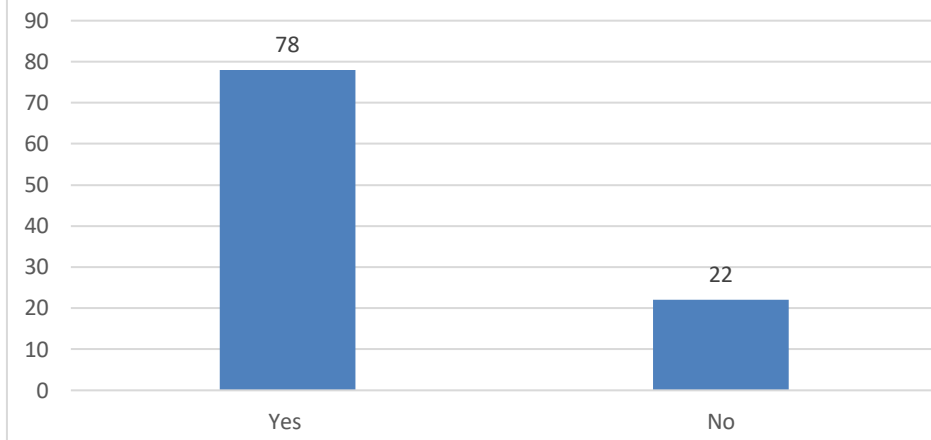


Figure 22 : Would you recommend this home care provider to others?



DISCUSSION

The scores based on the patient survey revealed that the majority of the participants were from the age group of 61-80 which had 32 percent of the participants followed by 80 and above which had 28 percent of the participants and the least number of participants were from the age group of <20 having on 4 percent of the participants.

The gender diversion of the participants revealed that 64 percent of the participants were men and 36 percent of the participants were women.

44 percent of the participants had taken nurse service followed by attendant which were taken by 28 percent, 16 percent of the participants opted for physio services and 12 percent took all three services combined.

72 percent of the participants got to know about the services by the advice of their doctor, 16 percent got to know about the home care services by word of mouth followed by 8 percent of the participants who got to know about the service through friends and family and 4 percent of the participants got to know about the service through online advertisement.

According to 88 percent of the participants the medical staff did inform them when they arrived where 12 percent said no.

52 percent of the participants Strongly agree that the medical staff had full knowledge about the work followed by 36 percent of the participants who STRONGLY AGREE to the same, 4 percent of the participants were uncertain and 8 percent of the participants disagree.

52 percent of the participants STRONGLY AGREE that the medical staff explained things in an easy way, 40 percent Agree and 8 percent disagree.

28 percent of the participants STRONGLY AGREE that the medical staff listened to them carefully, 48 percent Agreed, 12 percent were uncertain and 12 percent disagreed.

28 percent of the participants STRONGLY AGREE that they have to pay more for the services than they can afford, 40 percent of the participants Agreed, 16 percent were uncertain and 16 percent disagreed

24 percent of the participants STRONGLY AGREE that the medical staff is careful to check everything followed by 56 percent of the participant Strongly agreed, 6 percent were uncertain and 12 percent disagreed.

36 percent of the participants STRONGLY AGREE that they can get medical attention without being financially setback, 32 percent Agreed on the same, 4percent were uncertain followed by 24 percent who disagreed and 4 percent strongly disagreed.

80 percent of the participants had easy access to the medical specialist whereas 16 percent disagreed on the same and 4 percent of the participants were uncertain.

76 percent of the participants reportedly felt that the medical staff was more businesslike and impersonal towards them, 20 percent were uncertain and 12 percent disagreed on the same.

72 percent of the participants believed that the medical staff is being friendly followed by 12 percent who were uncertain and 16 percent who disagreed to the same. 84 percent of the participants reportedly felt that the medical staff spend plenty of time with them to which 8 percent disagreed

80 percent of the participants felt that they can get medical care whenever needed followed by 8 percent who were uncertain and 12 percent of the participants disagreed

80 percent of the participants believe that they are satisfied by the service and 8 percent were unsatisfied.

68 percent of the patients felt positive effect of the service on their health, 12 percent disagreed on the same.

30 percent of the patient rated 10 to the service followed by 18 percent rating 9 and 23 percent rating 8 and 11 participants gave 7 followed by 7 giving 6 as their rating. 8 percent of the participants gave 2 rating 3 percent gave 2 rating.

60 percent of the participants took service for less than a month followed by 28 percent who took for 1-2 months and 12 percent took the service for 3-4 months.

28 percent of the patient took the service for old age care being the maximum followed by 24 percent for ortho services. 16 percent took for post-surgery care and 12 were neuro patients , 8 percent of the participants were pomology patients and 12 percent took single visit nurse service.

78 percent of the participant Strongly agreed to recommend the service whereas 22 said no.

RECOMMENDATIONS

1. To satisfy a greater number of patients there should be proper training of the staff for both clinical aspects as well as behavioral training
2. There should be a slight reduction in the prices of the services rendered so that their is more section of the society which could avail the services.
3. Periodic assessment and audits must be done of the operational team.
4. Reduce the overall TAT

CONCLUSION

The study looked into the various aspects of the patient satisfaction through home care services. The home care services is successful in providing hospital like care at the homes of the patients. As per the report the 80 percent of the participants were satisfied by the home care services. 8 percent of the participants reportedly were not satisfied by the service. This could be because of the impersonal behaviour of the medical staff as 76 percent of the participants reportedly felt that the medical staff is being impersonal towards them. 68 percent of the participants felt that they have positive effect of the service on their health and 12 percent of the them disA d to the same. 68 percent of the participantStrongly agreed to recommending the service to others. There should be reduction in the prices of the services and by providing both clinical and behavioral training to the medical staff and there should be periodic assessment done should be done by the operational team. The turn around time should also be reduced to minimum so as when the staff is required to any critical patients it could be made available as soon as possible.

Once all these is done there could be improvement in the overall patient satisfaction through the home based care.

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