

SUMMER PLACEMENT

AT

CARE HOSPITALS

A Report on

**“ROLE OF FEEDBACK MANAGEMENT
SYSTEM IN IMPROVING PATIENT
EXPERIENCE”**

Submitted by Dr. Amanpreet Kaur Ahuja

Of

Post-Graduate Diploma in Hospital & Health Management

PGDHM 2020-22 Batch

PG/20/112



International Institute of Health Management Research

New Delhi

Internship Training

AT

CARE HOSPITALS

on

“Role of feedback management system in improving patient experience”

by

Name: Dr. Amanpreet Kaur Ahuja

Enrolment No.: PG/20/112

Under the guidance of

Dr. Preetha G.S.

Post-Graduate Diploma in Hospital & Health Management

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International Institute of Health Management Research
New Delhi

ACKNOWLEDGEMENT

Above all and everyone, I thank the almighty and my parents for their love, support and everything.

Any attempt at any level, cannot be satisfactorily completed without the support and the guidance of learned people. I owe a great debt to all the professionals at Care Hospitals, Hyderabad for sharing generously their knowledge and time that inspired me to do my best during the summer internship.

I would like to express my sincere gratitude to **Mr. Vijay Sethi (Vice President, Patient Experience and Hospitality)** and **Ms. Mahua Dey (Senior Manager)**; and my mentors at Care, for their continuous guidance who in spite of being busy with their duties, took time to hear me and guide me and gave helpful advice and constructive comments throughout the project. Their valuable inputs made this project possible.

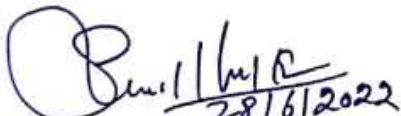
I am glad to acknowledge **Dr Preetha G.S.**, Associate Professor, IIHMR Delhi who is my mentor for incorporating right attitude into me towards learning and for helping and supporting whenever required.

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Amanpreet Kaur Ahuja** student of PGDM (Hospital & Health Management) from International Institute of Health Management Research, New Delhi has undergone internship training at **Care Hospitals, Hyderabad** from **08th February to 07th August 2022.**

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

The Internship is in fulfillment of the course requirements. I wish her all success in all her future endeavors.


Dr. Sumesh Kumar

Associate Dean, Academic and Student Affairs

IIHMR Delhi



Dr. Preetha G.S.(mentor)

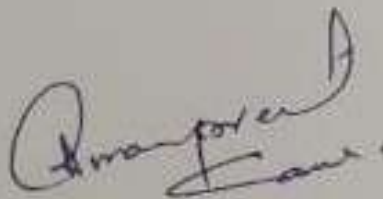
Associate Professor

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled ROLE OF FEEDBACK
MANAGEMENT SYSTEM IN IMPROVING PATIENT
EXPERIENCE and submitted by (Name) DR. AMANPREET KAUR
AHUJA Enrollment No. PG/20/112
under the supervision of Dr. PREETHA G.S. for
award of PGDM (Hospital & Health Management) of the Institute carried out during the
period from 28-02-2022 to 20-15-4-2022 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.



SIGNATURE

(Amanpreet Kaur Ahuja)

Certificate from Dissertation Advisory Committee

This is to certify that **Dr. Amanpreet Kaur Ahuja** a graduate student of the **PGDM (Hospital & Health Management)** has worked under our guidance and supervision. She is submitting this dissertation titled **"Role of Feedback Management System in improving Patient Experience"** at **"Care Hospitals"** in partial fulfillment of the requirements for the award of the **PGDM (Hospital & Health Management)**.

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

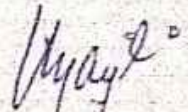


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Course Specialization (Choose one)	Hospital Management ✓	Health Management	Healthcare IT
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Title of the Dissertation/Summer Assignment	Role of feedback management system in improving patient experience.		
Plagiarism detect software used	"TURNITIN"		
Similar contents acceptable (%)	Up to 15 Percent as per policy		
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Student

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Certificate of Approval

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

Dissertation Examination Committee for evaluation of dissertation

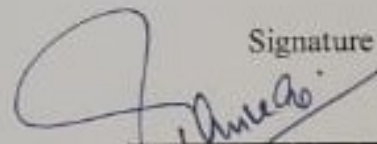
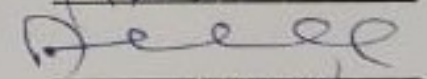
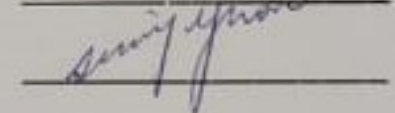
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DR. PANKAJ TAJREJA

Dr A.K. KHOKHAR

DR. SNEHA GOSH

Signature

CERTIFICATE

The certificate is awarded to

Dr. AMANPREET KAUR AHUJA

In recognition of having successfully completed her project on

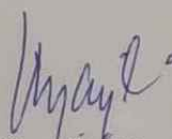
ROLE OF FEEDBACK MANAGEMENT SYSTEM IN IMPROVING PATIENT EXPERIENCE

Date: **28/02/2022 - 15/4/2022**

Organization: **CARE Hospitals**

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

We wish her all the best for future endeavors.



Vijay Sethi

Vice President

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CARE Hospitals, Hyderabad.

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evercare group

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FEEDBACK FORM
(ORGANISATION MENTOR)

Name of the Student: Dr. Amanpreet Kaur Ahuja

Summer Internship Institution: Care Hospitals

Area of Summer Internship: Patient Experience and Hospitality Department

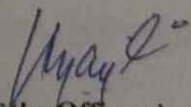
Attendance: PUNCTUAL & REGULAR.

Objectives met: YES.

Deliverables: SATISFACTORY.

Strengths: SATISFACTORY.

Suggestions for Improvement:


Signature of the Officer-in-Charge
(Internship) / Organization Mentor

Date: 18.6.2022.

FEEDBACK FORM
(IIHMR MENTOR)

Name of the Student: Dr. Amanpreet Kaur Ahuja

Summer Internship Institution: Care Hospitals

Area of Summer Internship: Patient Experience and Hospitality Department

Attendance: Satisfactory

Objectives met: Satisfactory.

Deliverables: Submitted the dissertation in a timely manner.

Strengths: Hardworking, Keenness to learn.

Suggestions for Improvement:



Signature of the Officer-in-
Charge (Internship)

Date: 28/6/22

SECTION 1

Introduction

As an integral part of the PGDHM course, the summer training helps us to understand the overall functioning of the hospitals from a managerial point of view. Keeping this factor in view, I tried to visit different hospital departments in various units of Care Hospitals located in Hyderabad, with a special focus on understanding the various procedures. I worked as a Management Trainee over there.

The **Aim** of the summer training is:

“To study the administrative and managerial functioning of Care Hospitals, Banjara Hills, Hyderabad.”

The **Objectives** of summer training are:

- To learn the daily operational management of the Organization and its various departments/areas.
- To identify issues/problems associated with some specific departments/areas.
- To undertake the special tasks assigned to me.

Organization Profile

CARE Hospitals began in 1997 by a group of 20 renowned Heart specialists known as Cardiologists. The hospital began their journey as a Cardiac Institute with 100-bedded facility with one OT and cardiac catheterization laboratory. With time, the Care group grew steadily expanding across 5 states covering 6 major cities in India providing multi-speciality care via 11 hospitals with over 2000 beds. The Evercare Group, the premier impact-driven healthcare organisation in South Asia and Africa, includes CARE Hospitals.

CARE Hospitals Group is currently one of the top four hospital chains in all of India and the regional leader in South and Central India. It delivers comprehensive care in over 30 clinical specialties such as Cardiac Sciences, Neurosciences, Orthopaedics & Joint Replacement, Oncology, Vascular Surgery, Renal Sciences, Gastroenterology & Hepatology, ENT, Emergency & Trauma, and Integrated Organ Transplants to name a few. With its state-of-the-art infrastructure, the internationally certified team of eminent doctors, and a caring environment, For both Indian and international patients,

CARE Hospitals Group is the go-to healthcare provider. CARE Hospitals is a full healthcare ecosystem that pursues innovations to lower the cost of healthcare. It includes associated elements of education/training and research. Thousands of individuals in rural Andhra Pradesh and Maharashtra receive care at their doorstep thanks to a network of telemedicine facilities. The CARE Foundation, a partner organisation, oversees these operations.

By bringing advances from the bench to the bedside, CARE Hospitals continuously updates medical knowledge. The Group has a strong clinical research plan (approved by India's Drugs Controller General), cutting-edge facilities, and qualified personnel to carry out clinical trials for the development of pharmaceuticals and medical devices. At any given time, more than 40 projects are active across many hospitals, conducting both ground-breaking original research and funded clinical trials.

CARE Hospitals is owned and managed by Quality CARE India Ltd.

Contact Info:

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MANAGEMENT

JASDEEP SINGH

Mr. Jasdeep Singh is Group Chief Executive Officer of Quality CARE India Limited. He brings more than 20 years of healthcare experience to CARE Hospitals and has been responsible for hospital operations in some of the leading hospital chains in the country.

DR. NIKHIL MATHUR

group chief of medical services

MR. VIJAY SETHI

VP patient experience and hospitality

COL. SANJULA

VP nursing

MAYANK RAUTELA

Chief Human Resource Officer

RAVI CHAUREY

VP quality and accreditation

VIKAS RASTOGI

chief finance officer

PURPOSE, VISION and VALUES

Purpose: To provide care that people trust

Vision: To be trusted, people-centric, integrated healthcare system as a model for global health.

Values:

1. Honesty and Integrity- The practice of honesty fortifies character. Integrity means doing right at all times and willingness to live by the standards and beliefs of the organization.
2. Teamwork- A collaborative work ecosystem, where the collective efficiencies are harnessed for delivering the best possible care.
3. Empathy and Compassion- The ability to understand the feelings of patients as well as employees, so that the services delivered are humane and in a supportive work environment.
4. Education- Continuous learning for the creation of a sustainable healthcare system, where employees and the organization can grow together.
5. Citizenship- Good governance and appropriate working relationship with all stake-holders, based on compliance to laws and ethical practices.
6. Equity- Mutual trust based on fair and impartial consideration of all professional matters so that it fosters positive contribution towards the institutional purpose.
7. Dignity and Respect- Treat all with utmost regard and esteem so that it enhances respect and, in turn, a sense of belonging.

ACCREDITATION AND QUALITY

Units of Care are NABH (National Accreditation Board for Hospitals & Healthcare Providers) and NABL (National Accreditation Board for Testing and Calibration Laboratories) accredited

UNITS OF CARE

In Hyderabad

1. Care Super Specialty Hospital and Transplant Centre
2. Care Super Specialty OPD Centre
3. Care Super Specialty- Hitech City
4. Care Super Specialty OPD centre Hitech City
5. Care Super Specialty Hospital Nampally/Malakpet
6. Care Super Specialty Hospital Musheerabad

In Bhubhneshwar

- Care Super Specialty Hospital Chandrashekharpur

In Nagpur

- Care Super Specialty Hospital, Wardha Road

In Raipur

- Ramakrishna Care Super Specialty Hospital, Pachpedi Naka

In Pune

- Galaxy Care Hospital, Karve Road

In Vishakhapatnam

- Care Super Specialty Hospital Ramnagar
- Care Multi Specialty Hospital and Trauma Centre Maharanipet

DEPARTMENTS VISITED/OBSERVED AT DIFFERENT UNITS

1. Logistics Department at Care hospitals, Banjara Hills, IP Unit

- Two types of orders: Paid and on consignment basis. Paid orders are done monthly and consignments after every use.
- Register is maintained including the data of invoice and goods receiving note (GRN)
- Sub-stores are there for inpatient's medicine need.
- Sounds-like and look-a-like medicines kept in different shelves
- High risk medicines are red color coded
- Learnt about stocked out and bounced prescriptions
- Ward wise indents of patients with invoice attached.
- 3 months pre-expiry medicines need to be removed.
- Manpower of 3 is mandatory
- 3 stores:
 - a. central drug store
 - b. central surgical store
 - c. general store(stationary)

2. Billing Department at Care Hospitals Banjara IP Unit.

- Learnt about Revenue Cycle Management.
Initial point: Appointment
Final point: Discharge
- Every service is full of worth
- Two types of admission:
 - a. Elective admission (from OPD)
 - b. Emergency admission
- CGHS affiliation for every hospital is mandatory. If not, may cause reimbursement issue
- 4 types of patients:
 - c. CGHS
 - d. State

e. Trust

f. Private

- Cashless patients take time due to insurance/TPA.
- Pre-authorization approval is necessary at least before 9AM.
- Referral letter is also used
- Medical officer is appointed as SPOC for hospital for particular organizations
- Arogya Mitra by state government
- Hospital should be intimated before 9 AM about patient's portal. Expected time is 12 hours

3. Marketing Department at Care Hitech Unit.

- Different verticals in sales.
 - Referral doctors
 - Engagement program
 - Corporate companies
- Public sector units (Navrattan, CGHS, ECHS)
- Engagement with people in a limited area. Engagement can be done through wellness talks, healthcare camps
- Engagement with people using mass media
- Marketing using mediums of collaterals (pamphlets, posters, flexes, gantry, pillars, median pole kiosks, hoarding boards) to increase branding.
- Doctor referrals are some of our best organic marketing strategies for bringing in new patients.
- Call to Action (CTA) has to be appropriate
- Before going for marketing, one should know what we want to sell.
- Marketing also focuses on increasing the brand value.
- Care hospital, Hitech City has uni-poles hosting flags of Care hospital on the outskirts of the hospital boundary facing the main road which are flashing the services provided.
- This unit is providing treatments for all respective fields of oncology.
- When visiting a referral doctor, few etiquettes have to be followed.

- Before entering the doctor's cabin, first ask the compounder/receptionist if the doctor is free/currently available/not occupied with the patient and provide your visiting card to the same. Then the respective person will take your visiting card to the doctor and wait for the doctor's call.
- When we enter the doctor's cabin, we have to greet the doctor.
- Secondly, let them know our purpose of visit
- Provide them with the details of services that we are providing.
- Request them to refer their patients to visit Care hospital
- Pass on our regards to the doctor.
- Learnt about digital marketing and its parameters.
- Got some briefing on Search engine marketing (SEM) and search engine optimization (SEO). Regular follow-up needs to be done. This can be aided by Google Analytics.
- Few parameters need to be understood before planning the verticals.
- Drainage geography: This research indicates the areas from where our patients getting drained. This will elaborate where we need to focus more.
- Market penetration matrix
- Competitors and their strategies need to be analyzed.
- Market Segmentation: needs to be done to know what type of customers have to be targeted.
- Business Mix- Discussion on in-patient's type of payment (either in cash/cashless form/PSU) from various demographic areas.

4. **HR Department** at Care Hospitals banjara IP Unit

- HR Department has been divided into 4 compartments namely- Talent Acquisition, Learning and Training, Pay Rolls and Outsources.
- Talent acquisition.
- Maximum employee attrition is observed in Nursing department.
- Employee wages are set according to the Telangana's Minimum wages. Though the minimum wages list is updated every 6 months, it is not implemented in Care. Instead, they provide increments annually.
- Process of recruitment:
- Candidate pool:

- Naukri.com
- LinkedIn
- People strong: Care connect platform
- If any employee wants to leave, he/she has to serve a notice period. For executives 30 days' notice period is mandatory. For Assistant Managers and above, 45 days of notice period is mandatory.
- For Absconded employees Full and final settlement (FNF) has to be done.
- Learning and Training compartment is also there and is managed by professional trainer.
- Every month sessions are conducted and weekly sessions are also taken for nurses by staff nurse
- Payroll compartment is also there.
- Joining advantages:
 - Medical check-up
 - Increments annually based on eligibility
 - Covid allowance was also given
 - Free health check-up for employee and 50% concession on bills for both employee and their immediate family members.
 - Medical insurance
 - Employee State Insurance for employees having wage less than 21,000/-
- Group medical insurance for employees having wages more than 21,000/-
- Outsources, Contractual services and ID registration is also taken care of.
- payment of services is based agreement policy and on invoices of the services which has to be sent before the end of the month.
- Licenses for Vendors, Companies, Labour need to be maintained.

5. **Quality department** at Care Hospitals Banjara IP

- Weekly rounds are conducted.
- If any deviation is observed in a process, it is denoted as an Incident.
- Quality management system is there for Incident enquiry which is reported on Medblaze.

- For every incident, root cause analysis (RCA) has to be done and Corrective Action preventive Action (CAPA) will follow.
- Two types of Audits are conducted
 - Active Audit: During patient's stay
 - Passive Audit: After patient's discharge
- In the first week, patient Quality Assurance meeting is done. They are responsible for Incident Closure.
- In the second week, Diagnostic Quality Assurance meeting is done. Patient's waiting time and turn-around-time is analysed.
- In the third week, Infection control meeting is done.
- In the fourth week, Safety Committee meeting is done. They carry walk arounds to check all the safety measures are followed.
- Apart from these monthly meetings, there are few committees which operates quarterly. These are:
 - Blood transfusion committee
 - Pharmaco-therapeutic committee
 - Clinic-radiological committee
 - Clinic-pathologic committee
- Audits are followed department wise
- For patient identification, hospital provide unique hospital identification number (UHID).
- IP NO. is given to in-patients and OP NO. is given to out-patients.

6. **Procurement Department** at Care hospitals Banjara IP & Corporate office

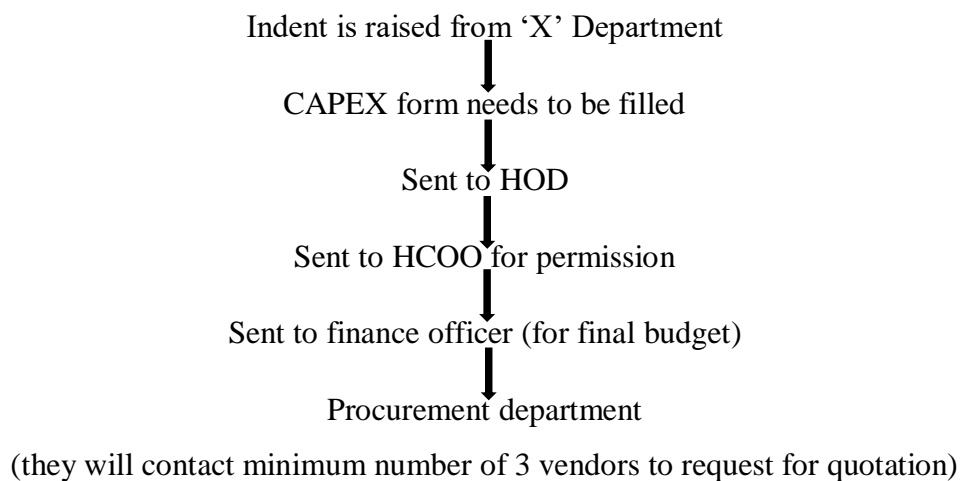
- Procurement is a process of purchasing services or goods at a large scale that are cost-effective and give quality results for hospital.
- Procurement includes purchasing but is different from Buying.

PROCUREMENT	BUYING
Includes strategic purchasing	Includes casual purchasing
Includes negotiation	Includes bargaining

- Software which is used for procurement Registration is Oracle

- Currently 5 manpower in the IP unit of Banjara Hills handling requirements from OPD, Surgical, Pharma, GENERAL, Consignments and Labs
- CapEx: Includes goods such as furniture, machinery for self-operation which in turns out to be an asset.
- OpEx: Includes maintenance and services of Technical Machines
- Stores like Pharma, General Store, Surgical (Labs, Consumables, Non-medical supplies) will share their requirement in the form of Excel sheet.
- Purchase order created will be shared to corporate office for approval.
- TAT: 2 days delivery
- For emergency use, on-call suppliers/vendors are there
- For CapEx purchase, 3 categories are there:
 - Replacement
 - Additional
 - New asset

For capex purchase,



- Request for Quotation (RFQ) is sent to potential vendors
- Minutes of Meeting are documented if communication is through digital platforms
- Renegotiation is done if,
 - Expected Budget < Cost
 - Value estimation > Cost
- Few parameters for negotiation,
 - Commercials

- L1 - L2 - L3 - L4 - L5 vendors are there, comparison is done based on price and technicalities
- Saving Vs Budget
- Savings Vs Last Purchased Price

7. **IT Department** at Care Hitech City

- There is 3 manpower in Hitech city unit.
- IT department is responsible for
 - a. Managing clinical software
 - b. Keeping patient records
 - c. Desktop support and running help desk including functioning of billing, health information ordering and receiving lab results
- Every nursing station has 2 systems, one is for backup.
- Just like MedBlaze, ticketing system is there. If in case one system does not operate properly or is there a technical issue, another system is there for backup. Till then, an incident is reported on Medblaze and ticket is raised.
- TAT: 1hr usually
- For data backup there is cloud storage from Office 365.
- Every employee gets its USER ID with which they get access to data.

8. **Biomedical Department** at Care Hitech City

- Biomedical department is a part of Hospital Engineering Department which is responsible for maintaining all the critical and non-critical equipments.
- Annual Maintenance Contract (AMC) includes services
- Comprehension Maintenance Contract (CMC) includes Warranty and spare parts
- This department currently has 3 manpower.
- Critical machines like IABP, Anaesthesia Ventilator, Defibrillator, etc. don't have backups or stand-by.
- If any critical machine is not working, hospital has tie-ups.
- On Daily basis, monitoring of machines is done. On yearly basis, calibration is done once and preventive maintenance is done twice.

- Usually, each machine has a lifespan of 10 years.
- There is a condemnation Committee maintained by Quality Department
- On new installation of any equipment, ID is generated for department as follows:
HYD-CHC-BME-EM-MON-0516-0001
HYD: Hyderabad
CHC: Care hi-tech city
BME: Biomedical Engineering
EM: Emergency department
MON: monitor
0516: 5th month of 2016
0001: serial number
- Maximum products are from Philips and GE.
- For all the radiation equipment (such as XRAY, CT SCAN, MRI SCAN, CATH, Mammography) need radiation calibration from Atomic Energy Regulatory Board (AERB).
- Biomedical department is important because of the following reasons;
 - a. Tracking
 - b. Maintaining
 - c. Calibration
 - d. Condemnation
 - e. Equipment handling
- All these points are necessary as per protocols set up by NABH and NABL.
- Service reports and Abuse (Physical Damage Reports) are also maintained regularly.

A PROJECT

ON

**“ROLE OF FEEDBACK MANAGEMENT SYSTEM IN IMPROVING
PATIENT EXPERIENCE”**



(CARE OUTPATIENT CENTRE, BANJARA HILLS, ROAD NO. 10)

SECTION 2

INTRODUCTION

Feedback

A majority of nations have integrated feedback into their academic, training, and everyday professional activities systems. It is a helpful instrument which helps us to check whether all the processes are heading in the right way or if a change of course is necessary. Even in hospitals/healthcare organizations, it is intended to provide management with information through the eyes of their patients and staff. Analysis of information received from feedback highlights the areas which requires improvement, awareness of strengths and seeks to encourage positive behaviour.

Giving and receiving feedback are difficult tasks that present substantial difficulties for both parties. **Patient's feedback** provides the patient's perspective on the effectiveness of treatment/consultation.

Feedback, according to me is nothing but a gift-hearing what our patients think about our hospital and services that we provide and what they need is absolutely critical to ensure that our team is building the right thing.

Feedback can be Active or Passive.

Active feedback is when an organization directly asks for feedback from its customers.

Passive feedback refers to feedback that is instigated by the customers themselves.

Patient Experience

It covers the full spectrum of interactions a patient has with the healthcare system, including the care they receive from health plans as well as from the employees in

clinics, hospitals, and other healthcare facilities.



The total of all the interactions shaped by the hospital's culture, that influences patient perceptions across the continuity of care can be concluded as patient experience.

Patient experience starts from the first point of contact which is, at the time of appointment/admission and ends at the time of discharge.

During their tenure of stay, whatever they encounter, comes under patient experience. Issues with housekeeping or doctor's consultation, delay in admission/billing or even food and beverages, all concludes the patient's experience.

Because patients are the cornerstone of our medical practise, it goes without saying that they must be happy both inside and outside of the hospital.

Patient's feedback

Patient's feedback provides very useful insights about what they think about the services offered in the hospital. Examining each one of them gives their angle of perception of our working and the areas where we have to work to improve further. Patient's feedback is also important as it let the organizations know about their best practices from which lessons can be learnt and areas of concern where improvements can be made.

Currently, CARE hospitals is one of the very few hospitals who collects passive feedback from their patients. TAT is monitored through feedback system.

PATIENT EXPERIENCE RESPONSIVENESS MATRIX

Patient's feedback provides the patient's perspective on the effectiveness of treatment/consultation.

Patient Experience Responsiveness Matrix is a broad study to understand the response generated during multiple events/experiences. This can be understood by following:

1. OutPatient

Outpatient is a patient who visits and attends the hospital for treatment but does not stay there overnight.

For such patient, matrix begins from the first starting point i.e., when the patient calls the call centre for appointment booking. How the patient is addressed and what patient experiences itself is a field of study. The next point begins when the patient reaches the hospital and next point of contact is the front office. From then, patient visit's the doctor's room and get his/her treatment done. If required for diagnostic treatments, may visits the required department which again becomes a point of contact. After all this patient visits the billing department and proceeds to pharmacy and ultimately checks out from the hospital.

2. Inpatient

Inpatient is the patient who stays in the hospital for his/her treatment. This period itself provides a broad field of study to learn more about patient experience.

3. Post Discharge

A hospital gives the patient discharge, when he/she requires no more inpatient care and is ready to go home.

NET PROMOTER SCORE(NPS)

- • Net Promoter Score, also referred as NPS, is a measure used in customer experience programmes. NPS gauges how loyal customers are to a business. A one question survey is used to calculate NPS scores.
- In order to calculate the NPS score, respondents rate their likelihood of a response on a scale from 0 (not at all likely) to 10 (very likely).
 - **Promoters** are often devoted and enthusiastic consumers who answer with a score of 9 or 10.

- **Passives** give a response of 7 or 8. They are content with your service, but not overjoyed enough to serve as advocates.
- Criticism is rated from 0 to 6 by **detractors**. These are dissatisfied consumers who are unlikely to make another purchase from you and might even persuade others not to do so.
- Net Promoter Score is calculated as the difference of Promoters and Detractors.
- Renowned source claims the Healthcare NPS industry average is 38. Bain and Company (Inventors of NPS) measure any NPS score above 0 as “good”, on the basis that the customer base is more dependable than not. Anything that is over 20 is deemed "favourable," over 50 is deemed "outstanding," and over 80 is deemed "world-class."
- Analysis here allows to analyze trends of NPS over a period of time and also gives a comparative look at all units of Care

PATIENT SATISFACTION INDEX

Patient Satisfaction is a measurement of a patient's level of satisfaction with the medical care they get. Patient satisfaction is an important and commonly used indicator for measuring the quality in healthcare.

Clinical results and patient retention are both impacted by patient satisfaction. It influences how well-rounded, patient-centered healthcare is delivered.

Thus, PSI is a very useful metric for gauging the effectiveness of both hospital departments and individual physicians.

Unique calculation of PSI based on weighted average based on EGAP (Excellent, Good, Average, Poor) Index helps to Analyse trends and comparisons of Post-discharge and Out-patient PSI across the units

Drill down deeper into the details of areas impacting PSI.

LITERATURE REVIEW

- A study was conducted by Naveen R Gowda, Sanjay Kumar Arya, Vikas H, Narayana Kollalackal Narayana and C.P. Linto, team of hospital management in AIIMS, New Delhi, India about the process mapping of the current feedback gathering system.

Systematic approach was done via Plan-Do-Study-Act (PDSA) to develop a fresh feedback mechanism and continuously enhance it. This study produced a compact, compelling form with interactive emoticons that were assessed on a Likert scale.

- Tim Benson and Henry WW Potts, BMC Health Services Research identified the need for a short generic questionnaire to track down the experience of patients. In their study, they described the development of *howrvquestionnaire* which consisted of few items and each item had only four responses (excellent, good, fair and poor) and trialed in 828 patients in orthopedic pre-assessment clinic. Their development of short questionnaire was successful and their study resulted in improvement in promptness and organization.
- In a study by Faraz Ahmed, Jenni Burt, and Martin Roland, they discussed patient experience measurement techniques and issues with validity, reliability, and response bias. Some of the most important topics relating to patient experience are outlined in this essay. In the year 2014, their research report was posted online.

RATIONALE

The Pharmacy department is a 24-hour department ease care transitions by addressing medication adherence, reducing the occurrence of adverse drug events and lowering readmission of patients through optimal services such as bedside prescription or even prompt counseling to the patient/attendant. In the face of changing healthcare system, pharmacy department has to be more efficient. This project will let us understand the current process that are limiting the ability of the pharmacy department.

RESEARCH QUESTION

What are the existing bottlenecks in the existing process flow of Pharmacy Department that are hindering the quality of services and overall patient experience?

Objectives:

- To study the existing process of pharmacy

- To find the deficiencies or gaps hindering the quality of services
- To provide roadmap for improving the quality services.

RESEARCH METHODOLOGY:

Study approach: secondary data collected by HIS

Study Period: 1 month (1st March – 31st March)

Study Population: Patients

Sample size: 3249 patients

Methods of Data Collection: HIS (Hospital Information System)

Study Tools: Care Assist App and DMAIC.

Study location: This study moves abreast with time, and data was collected from the sample's responses received during the study period i.e., 1st March to 31st March in Care Outpatient Centre, Banjara Hills.

The Observed Pharmacy Departments was on Ground Floor.

Study Area: Care Outpatient Centre is located in Banjara Hills on Road No. 10. They began their services in the year 2012. Further, it is the largest outpatient centre in the nation having more than 60 beds including a Dialysis Unit, Emergency and Pre/Postoperative beds. The hospital is spread across six floors, and provides the best medical care in a setting specially designed to provide the highest level of service. Each floor has multiple registration counters to reduce process time. Additionally, the hospital has a lot of room with large walkways and circulation spaces allowing for unrestricted movement for both patients and caregivers. Three entrances are there for people each serviced by independent lifts and staircases. The hospital also has the facility of waiting areas and cafeterias designed for the attendants, visitors, etc. It provides quality services and meets the nutritional needs of the patient as per doctors' suggestions.

Moreover, the hospital has a state-of-the-art medical infrastructure for disease diagnosis and treatment that includes highly equipped ICUs, Dialysis Units, Operation Theatres, etc. Each of them is designed by professionals to carry out the treatment process easily.

The hospital's operation theatres are the hub of performing different surgeries, such as

laparoscopy, vascular surgery, ENT surgery, etc. The hospital staff maintains hygiene in OTs and keeps them sterile to halt infections. Further, the hospital has ultra-equipped ICUs, where each patient is taken care of by a nurse. It is managed by highly-trained internal medicine specialists and anaesthesiologists. Also, the dialysis units of the hospitals are run by experienced technicians and computerized systems.

The outpatient centre provides services in different medical disciplines such as Cardiac services, ENT, Gastroenterology, general surgery, oncology, women and child care, and much more. All our doctors follow the international treatment protocols to provide the best healthcare facilities and effective results. The hospital nurses and caretakers are also well-qualified and help patients during their recovery process.

To maintain the vital hospitalisation link necessary for providing patients with complete and comprehensive treatment, the CARE Hospitals Outpatient Centre is tightly connected with the CARE Hospitals In-Patient Super Specialty Hospital (with regular shuttle services available).

POTENTIAL OUTCOMES:

- The gaps found within the process will be further monitored and recommendations will be given
- Interventions will be placed in order to fulfil the final results of decreasing Turnaround time and further increase the patient's overall satisfaction.

FINDINGS

1. Define phase

The project began to identify why the project needed to be done, why the project needed to be done now, and what were the costs of doing nothing. A patient satisfaction index was studied and analysis was done by examining the feedbacks (Voice of Patients) received. Results of this phase are summarized below.

PROBLEM STATEMENT: Lack of standardized process flow and longer queues negatively impacting the hospital referral base, resulting in decreased patient satisfaction, limiting revenue opportunities, and generating patient loss.

GOAL STATEMENT: The goal of the project is: -

- To develop a Standardization of Procedure to decrease the turnaround time.
- To improve patient experience.

PROJECT OBJECTIVES:

- To study the existing process flow
- To analyze the data and comparing it with the standard process
- To provide SOP for Pharmacy Department to improve the process flow and develop appropriate solutions.
- Proper monitoring

Voice of Patient

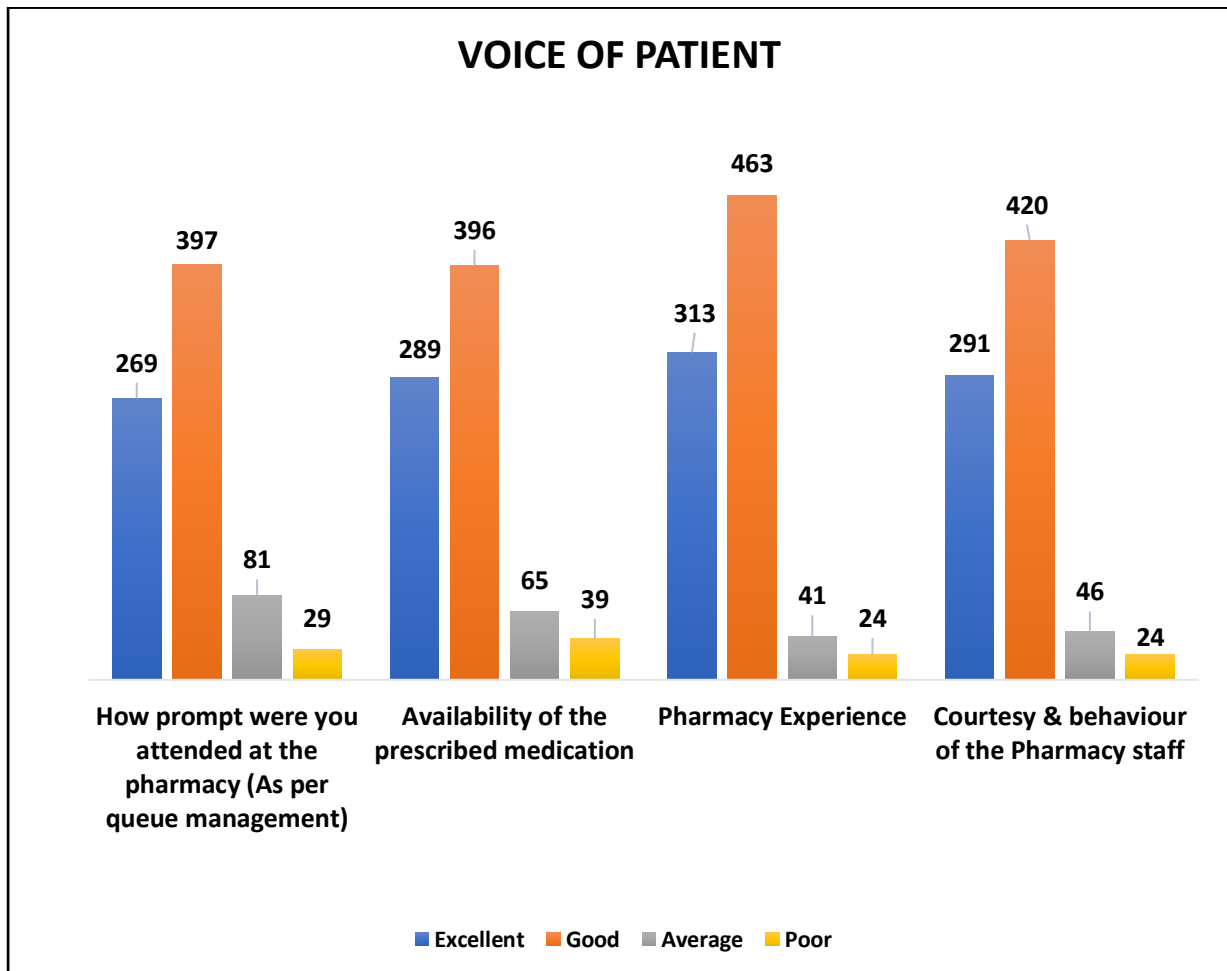
Voice of Patient was examined in order to identify the major areas of concerns in the Pharmacy department. For this, questionnaire was used to measure the voice of patients which can be seen in annexure.

Sample Size: 3249

S. NO.	Parameter	Excellent	Good	Average	Poor	Total	PSI
1	How prompt were you attended at the pharmacy (As per queue management)	269	397	81	29	776	72.25
2	Availability of the prescribed medication	289	396	65	39	789	72.83
3	Pharmacy Experience	313	463	86	41	903	72.02
4	Courtesy & behaviour of the Pharmacy staff	291	420	46	24	781	75.07
	Total	1162 (35.76%)	1676 (51.59%)	278 (8.56%)	133 (4.09%)	3249	73.01

*Most dissatisfying feedback is for non-availability of the prescribed medicine and pharmacy experience.

Graph No.1 For Voice of Patient.



2. Measure Phase:

As the data was secondary, data was measured by inbuilt system in terms of Net promoter Score and Patient Satisfaction Index. NPS is an overall score. PSI was calculated as follows:

Satisfaction Index= $\frac{\text{Sum of ratings} \times 100}{\text{Count of Rating} \times \text{Maximum Achievable Score}}$

S.No.	Parameter	PSI
1	How prompt were you attended at the pharmacy (As per queue management)	72.25
2	Availability of the prescribed medication	72.83
3	Pharmacy Experience	72.02
4	Courtesy & behaviour of the Pharmacy staff	75.07
OVERALL PSI		73.01

3. Analysis Phase:

1. Process Analysis
2. Fish-bone Analysis
3. Problems

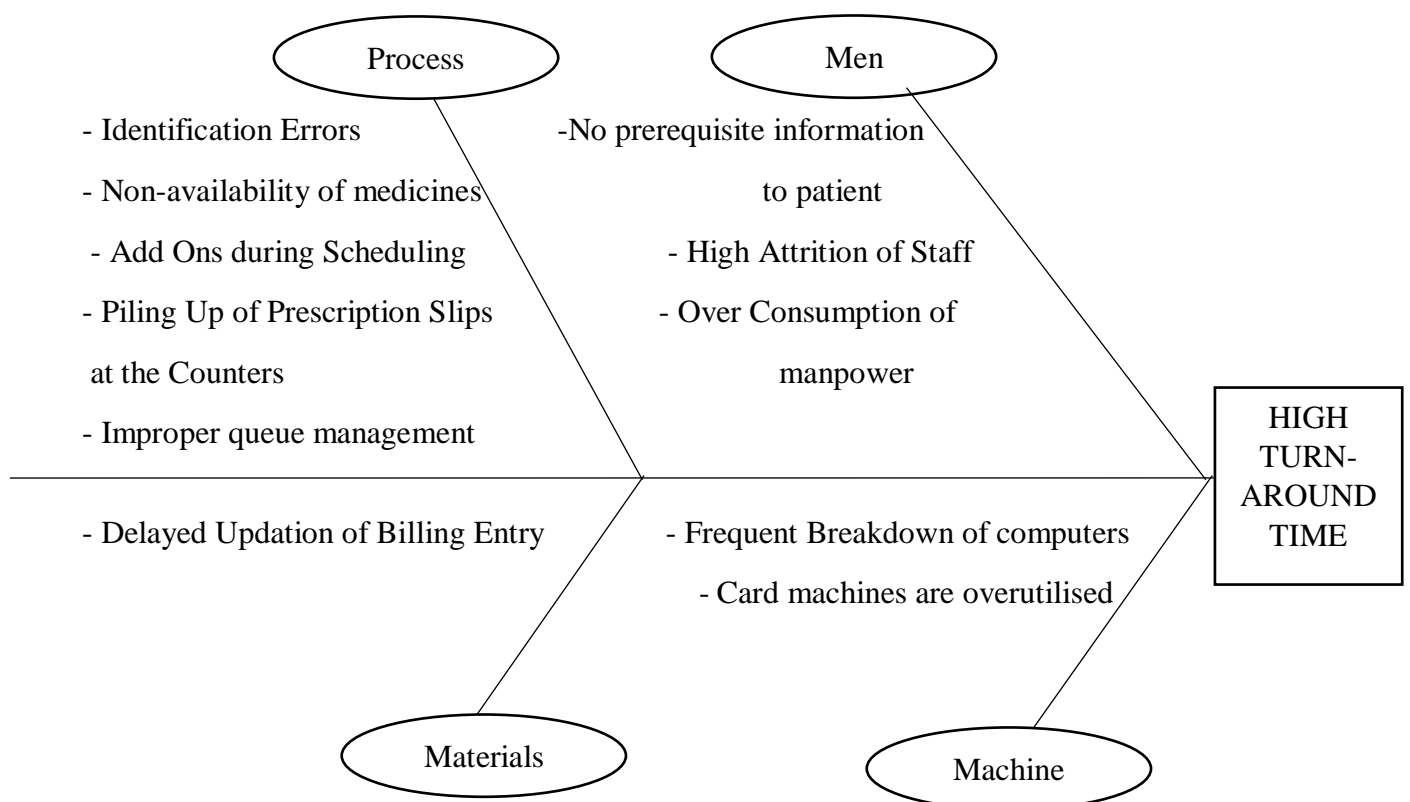
1. Process Analysis

STEPS	PROCESS FLOW	ANALYSIS
1	Patient enters Pharmacy department	Out Patient gets the prescription with them and walks to the counter. At present there are 5 counters. When patient comes at counter staff has to greet the patient. However, this was not happening.
2	Prescription given to staff	Patient shares the prescription with the staff to get the medicines. Staff has to request the patient to kindly wait while the staff could get the required items. However, Patient is not addressed

		to wait and at a time two members of the staff are occupied with one prescription.
3	In case of non-availability of prescribed medicines	<p>If few items of the prescribed medicines are not available, staff has to contact the Doctor in front of the patient and let them know that if substitutes could be given to assure the patient. However, staff is not contacting the doctor and directly providing substitutes by asking the patient. If the patient is not convinced, they are not pitching for the same.</p> <p>Staff may let the patient know when the prescribed medicines would be available.</p>
4	Mode of Payment (Cash/Credit)	Patient has to be asked for their mode of Payment in which they will be comfortable.
5	Billing	Billing has to be done on the basis of the patient's suitable mode of payment. Post billing, bill generated must be given to the patient.
6	Handover of items	Patient will be given the medicines.
7	Hybrid Mode of Payment (OPTIONAL)	In case patient is out of cash or have less money with them, he shall be asked for hybrid mode of payment. Some amount of bill can be done via Cash and remaining via Card or vice versa.

		<p>Patient can be requested for home delivery of items and remaining payment can be done at home.</p> <p>However, it was not asked.</p>
8	Return of Items (OPTIONAL)	<p>If patient wishes to return the items purchased from the Pharmacy, shall come to the Counter and return the medicines and Show the bill to the Staff. Staff should ask the reason of return, if the query can be solved hence decreasing the chances of return. However, if the patient is insisting, unused medicines must be taken back checking the date of purchase.</p>

2. Fish-Bone Analysis

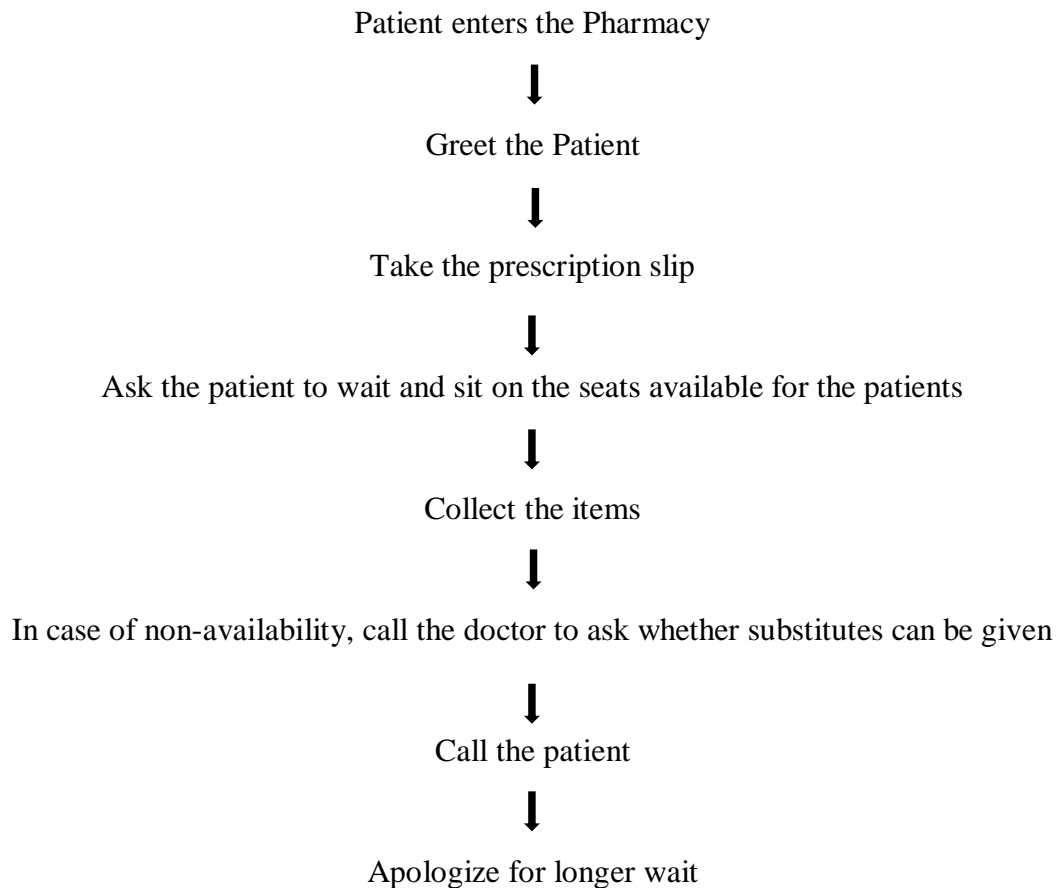


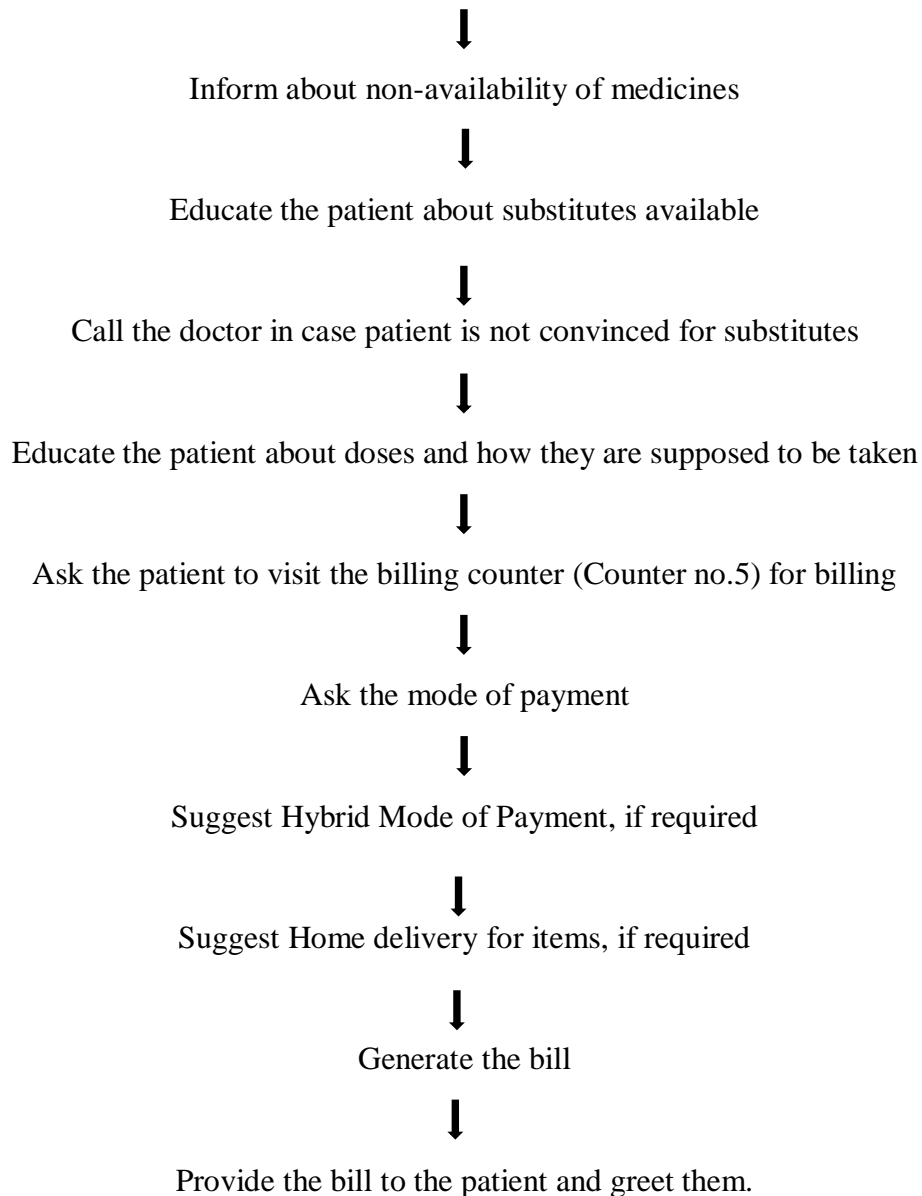
3. Summary of Problems

- Greeting by the Staff is missing.
- Improper queue management
- Over consumption of manpower for one prescription
- High Turnaround Time
- Non-availability of the medicines
- Sales promotion is missing
- Frequent breakdown of computers
- Attrition of Staff
- Piling of Prescription slips at Counters

4. Improvement Phase

Process at Pharmacy can be redesigned as follows:





Recommendations:

- Soft-skill training for the staff.
- Proper Queue Management System
- Learning and Development sessions for the staff

5. Control Phase

Continuous monitoring is required.

LIMITATIONS:

- Language Barrier
- Unconscientiously Reactions

CONCLUSION:

DMAIC approach was really useful in improving the quality of services provided in Pharmacy Department.

- In the Define Phase, the main problem statement was defined by Voice of Customers that we received in the forms of feedback via internal feedback system
- In the analysis phase where we did Process Analysis and Fish bone Analysis, we summarized the problems which impacted Patient Satisfaction Index. As a result, overall process was analysed and was modified as per the need in the improvement phase.
- In the Control phase, continuous monitoring would be there for the various improvements done in order to have sustainability in the results.

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ANNEXURES

ANNEXURE 1- For Voice of Customers, feedback received via internal feedback system were analysed only during the study period covering the parameters via following questionnaire.

Tick the answer you find the most appropriate

PARAMETER	EXCELLENT	GOOD	AVERAGE	POOR
How prompt were you attended at the pharmacy (As per queue management)				
Availability of the prescribed medication				
Pharmacy Experience				
Courtesy & behaviour of the Pharmacy staff				