

Internship Training

At

“CK Birla Hospital, Jaipur”

(January 17 to April 18, 2023)

A report on

**“A Study on Causes of Delays in Dietary Services at CK Birla Hospital,
Jaipur”**

By

SHREEYA WADHWA

Enrol No.- PG/21/103

Under the guidance of

Dr. Pankaj Talreja

PGDM (Hospital and Health Management)

2021-2023



**INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT
RESEARCH, NEW DELHI**

Internship Training

At

“CK Birla Hospital, Jaipur”

(January 17- April 18, 2023)

A report on

**“A Study on Management of Delays in Dietary Services at CK Birla
Hospital, Jaipur”**

By

SHREEYA WADHWA

Enrol No. - PG/21/103

Under the guidance of

Dr. Pankaj Talreja

**PGDM (Hospital & Health
Management) 2021-23**



TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Shreeya Wadhwa** student of PGDM (Hospital & Health Management) from the International Institute of Health Management Research, New Delhi has undergone internship training at "CK Birla Hospital, Jaipur" from 17/01/23 to 18/04/23.

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

The internship is in fulfilment of the course requirement.

I wish her all the success in all her future endeavors.



Dr. Sumesh Kumar
Associate Dean, Academic and Student Affairs
IIHMR, New Delhi

P.T

Mentor

IIHMR, New Delhi

RBH/2023/April/HRD/5241

Date: 18 Apr 2023

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Shreeya Wadhwa has successfully completed her internship training in Operations Excellence Department from 17 January 2023 to 18 April 2023 during this period she also explored some areas of Quality.

We found her sincere, punctual & hardworking. We wish her every success in her future and career.

For CK Birla Hospital - RBH


Raju Kumar
Unit Head - HR

Certificate of Approval

The following dissertation titled "**Causes of delays in dietary services**" at "**CK Birla Hospital, Jaipur**" 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 the dissertation.

Name

Signature

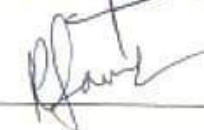
Dr. Kalpana Goyal.

Dr. Anil Kumar

DR. RATNA







CERTIFICATE FROM DISSERTATION ADVISORY COMMITTEE

This is to certify that **Shreeya Wadhwa**, a participant in the Post-Graduate **Diploma in Health and Hospital Management**, has worked under our guidance and supervision. She is submitting this dissertation titled “**A Study on Causes of Delays in Dietary Services at CK Birla Hospital, Jaipur**” in partial fulfilment of the requirements for the award of the Post-Graduate **Diploma in Health and Hospital 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.

Faculty Advisor

Designation IIHMR

New Delhi

Date

Organizational Advisor

Designation

Organization Address

Date

**INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT
RESEARCH, NEW DELHI**

**CERTIFICATE BY
SCHOLAR**

This is to certify that the dissertation titled **“A Study on Management of Dietary Services at CK Birla Hospital, Jaipur”** and submitted by **Shreeya Wadhwa** Enrollment No. PG/21/103 under the supervision of **Dr. Pankaj Talreja** for the award of PGDM (Hospital & Health Management) of the Institute carried out during the period from 17th January to 18th April, embodies my original work and has not formed the basis for the award of any degree, diploma associateship, fellowship, titles in this or any other Institute or other similar institution of higher learning.



Signature

FEEDBACK FORM

Name of the Student: SHREEYA WADHWA

Name of the Organisation in Which Dissertation Has Been Completed: CK BIRLA HOSPITAL, JAIPUR

Area of Dissertation: OPERATIONS AND QUALITY


Objectives achieved: Completed Assigned tasks of Operations & Quality Department

Deliverables: Gap Analysis of F&B Dept., Time & Motion Study On GDA's,
Open File Audit For IPD, NABH Training PPT for Support Services

Strengths: Problem Solving, Flexible, Analytical

Suggestions for Improvement: Consistency -

Suggestions for Institute (course curriculum, industry interaction, placement, alumni):


Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)

Date: 18th APRIL 2023

Place: JAIPUR

ACKNOWLEDGEMENTS

I consider myself very lucky and honoured for having wonderful people helping me through the completion of this project.

I would like to express my immense gratitude to **Mrs. Nihar Bhatia** (General Manager -Operations) at CK Birla Hospital, Jaipur for her guidance and constant encouragement and giving me the opportunity to complete my internship from CK Birla Hospital, Jaipur.

I am extremely grateful to **Mr. Gaurav Modi** (F&B Manager) for his regular support and encouragement. This study was impossible without his support.

My sincere gratitude to my Mentor **Dr. Pankaj Talreja** for his continuous support and guidance and for his very helpful attitude and valuable suggestions.

I also want to thank my parents for their moral support which always motivates me to perform best.

And the final credit goes to all my friends and colleagues who helped me in this study.

Sincerely

Ms. Shreeya Wadhwa

PGDM,

IIHMR Delhi

TABLE OF CONTENTS

S. No	Content	Page No
1.	Acknowledgements	i
2.	Certificates	ii
3.	List of Contents	iii
5.	Section A: Organizational Profile Chapter1: Introduction	11-18
6.	Section B: Project Chapter 2: Overview	19-22
7.	Chapter 3: Review of Literature	23-24
8.	Chapter 4: Methodology	25
9.	Chapter 5: Results & Discussion	26-31
10.	Chapter 6: Patient Satisfaction Survey	31-38
11.	Chapter 7: Recommendations	39
12.	Chapter 8: Conclusion	40
13.	Chapter 9: References	41
14.	Annexure	42-45
15.	Plagiarism Report	46-47

SECTION A: ORGANIZATIONAL PROFILE

Chapter 1: INTRODUCTION



CK Birla Hospitals, has its three landmark identities The Calcutta Medical Research Institute (CMRI), BM Birla Heart Research Centre (BMB) and its recent venture Rukmani Birla Hospital (RBH). These have set milestones in the healthcare Industry. The hospitals are intrinsically bound by three integrated philosophies —Clinical Excellence, Ethics and Patient Centricity. These operational philosophies have been pivotal in making the hospitals grow and serve people who are in need of healthcare. The three units of CK Birla Hospitals having footprints in Kolkata and Jaipur offer 800 plus beds with comprehensive outpatient and inpatient services. Working with a mission in providing quality healthcare for all, supported by latest technologies and modern infrastructures, the hospitals continue to set new standards of Cure and Care.

RBH (Rukmani Birla Hospital) is part of CK Birla hospitals group. It is a 230 bed multi-specialty hospital in Jaipur which offers in-patient and out-patient services. Built on three key principles — Clinical Excellence, Ethical Conduct and Patient Centric approach, with it's team of efficient doctors, caring nurses, and organized support services, caters to the patients' needs and also makes sure that they and their families are well looked after. It is NABH accredited hospital

Location-

Rukmani Birla Hospital (RBH), Gopalpura Bypass Road, near Triveni Bridge, Jaipur-302018

Vision- “To provide best of Patient Service & Clinical Excellence”

Mission- “To create Clinical Centres of Excellence on a strong backbone of research, academics and evidence-based medicine for best clinical and patient outcome”

Core Values-

- Quality
- Innovation
- Teamwork
- Compassion

Services provided by the hospital:

- In-Patient Services
- Out-Patient Services
- Day care services
- Dialysis
- Endoscopy
- Diagnostic Services
- Laboratory Services
- Emergency Services
- Radiology

Overview:

- 18 Bedded Dialysis Department
- 6 State of Art Modular OT's
- 3 Tesla Silent MRI
- Digital Mammography
- 128 CT Scan

- Endoscopic Ultrasound
- EBUS/EUS
- Blood Bank
- Total beds: 230
- Total ICU Beds: 75

Departments in hospital:

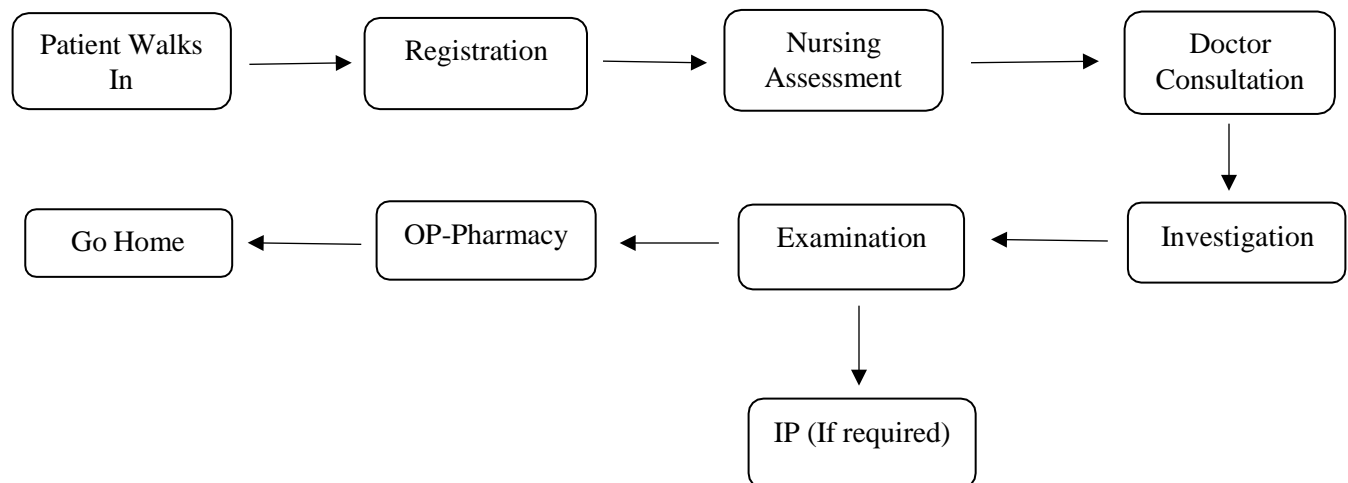
- Anesthesiology
- Cardiac Sciences
- Critical Care Medicine
- Dental Sciences
- Dermatology
- Diabetes and Endocrine Sciences
- Dietetics
- ENT-Otolaryngology
- Gastro Science
- General Surgery
- Internal Medicine
- Interventional Radiology
- Laboratory Medicine
- Neurosciences
- Obstetrics and Gynecology
- Oncology
- Orthopedics & Joint Replacement
- Osteopathy
- Pediatrics
- Pharmacology
- Physiotherapy
- Plastic, Cosmetic and Reconstructive Surgery
- Renal Sciences

1.1 OBSERVATIONAL LEARNINGS: -

Outpatient Department (OPD)-

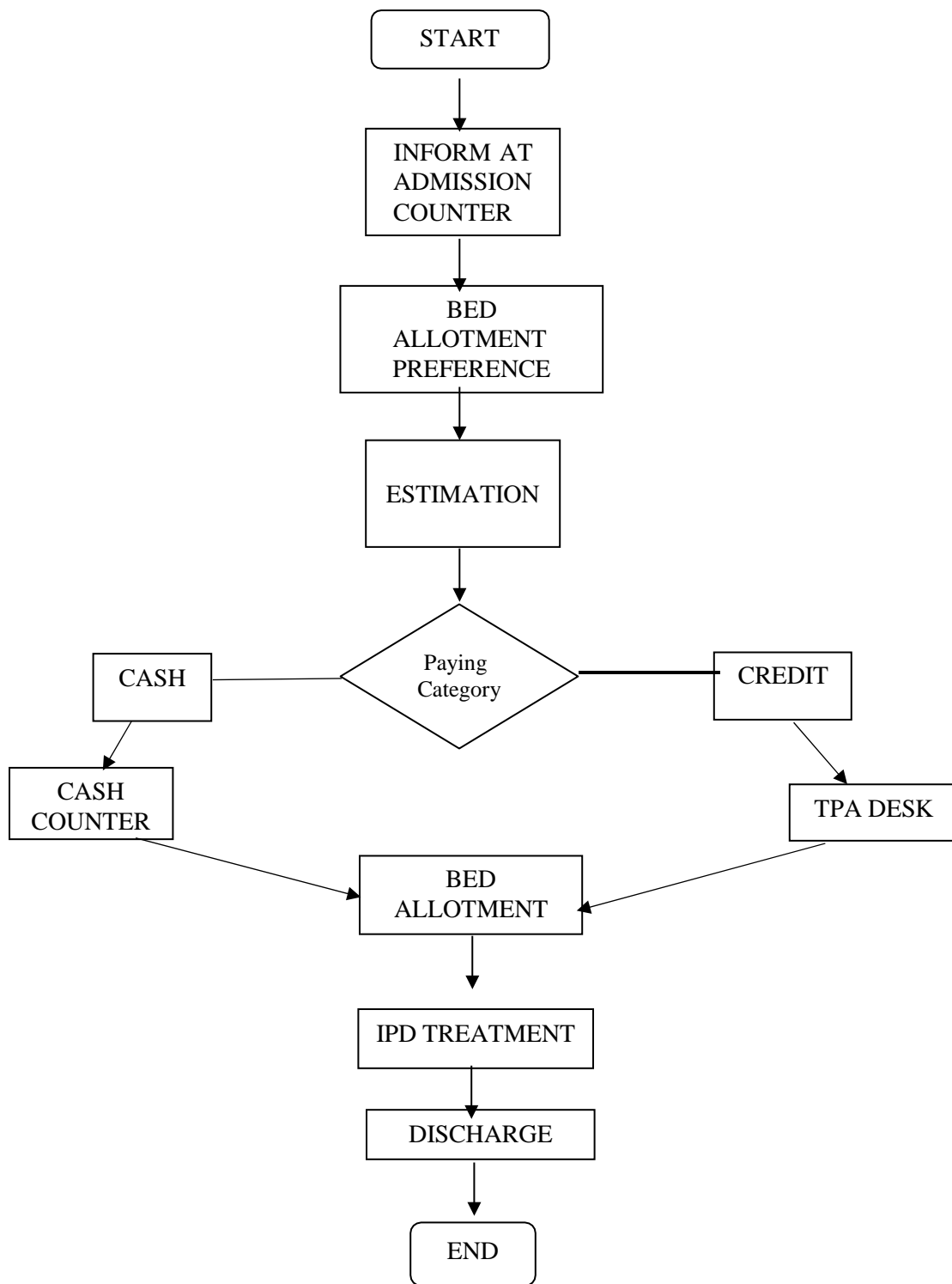
Basically, OPD of the hospital is divided into two parts. Half of the OPD is in ground floor and half is in basement. There are 14 consult chambers in OPD. OPD timings are 10am to 4pm. The sitting capacity is approximately 150. Total number of front desks are 5. The system they follow for appointment is first come first serve. Per day OPD is about 250.

Process Mapping



Inpatient Department (IPD)

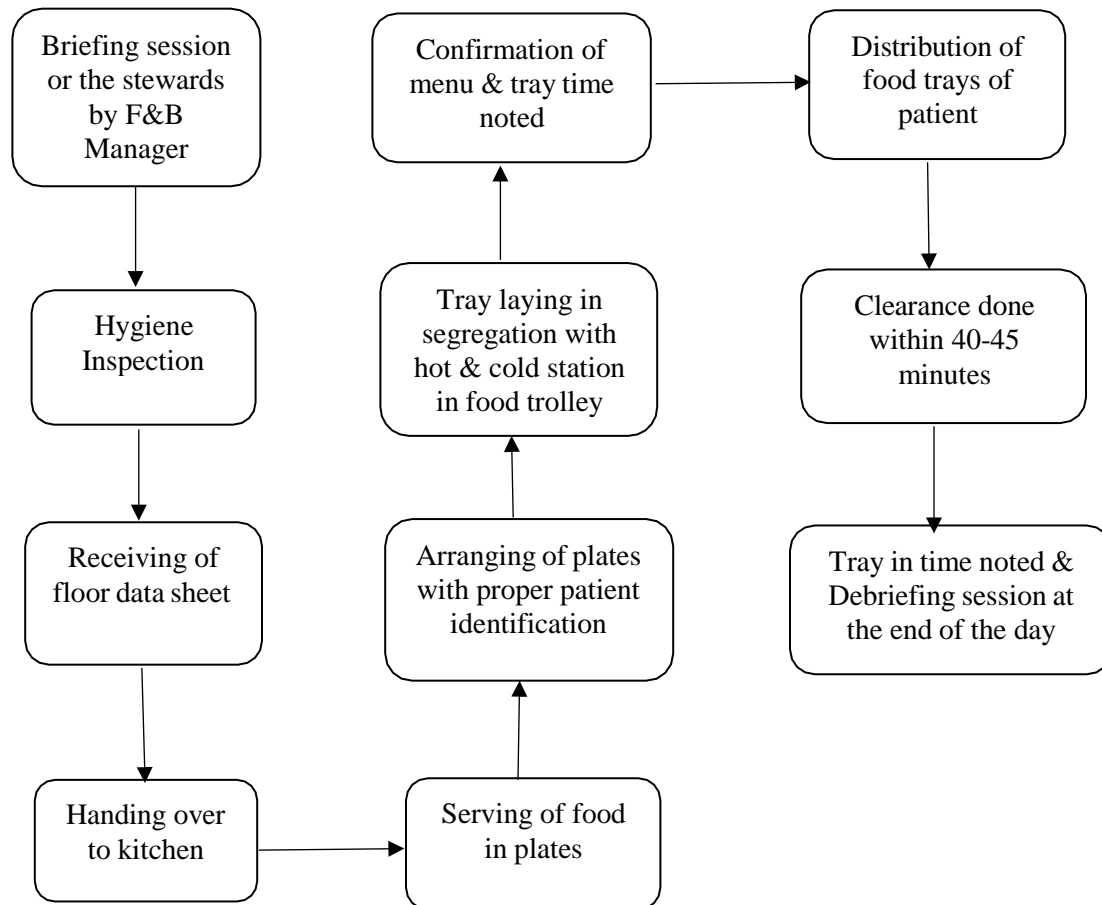
Process Mapping



Dietary (F&B Department)-

It is ground floor and outsourced company. It is owned by Life Pillars.

Work Flow Process

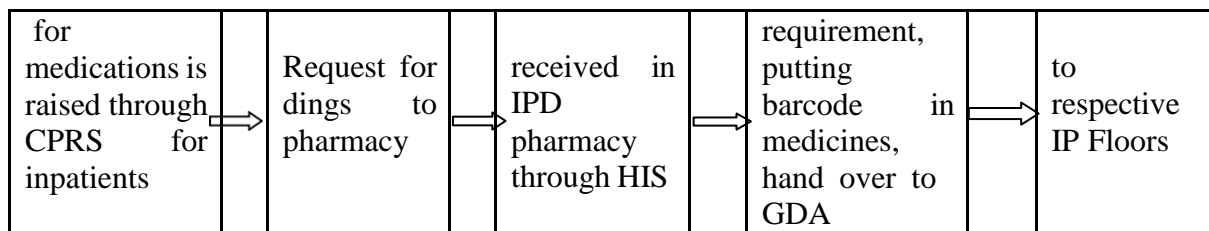


Process Flow of Pharmacy-

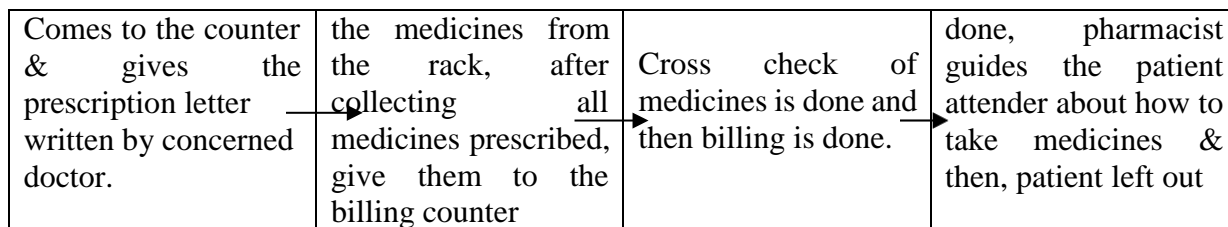
For IP Pharmacy-

Every requirement comes in form of E-Prescription generated by concern doctors and nursing staff as per patient's need.

Process Flow of Pharmacy For Inpatients



Patient journey mapping in Pharmacy



1.2 GOALS OF INTERNSHIP: -

- Learning about the daily operations in various departments, with activities and roles of people in these departments
- Understanding the documentation and licensing that the hospital maintains
- Understanding Organizational hierarchy
- Interpersonal communications within the organizations
- Understanding the organization culture
- Working upon a pain point for the organization

1.3 TASKS DONE OTHER THAN PROJECT: -

- File Documentation audit for IPD and its's monthly analysis
- Nursing Initial Assessment Audit
- Nursing Quality Indicators Audit
- Family Counselling Audit
- Streamlined Operational Procedures for F&B Department
- Daily Facility Rounds
- Time & Motion Study on GDA's
- Planned & Conducted Employee Engagement activities for F&B Department
- Gap analysis for F&B and Dietetics Department with reference to SOP's
- NABH training PPT for PCS, HK and F&B Department
- BLS Training
- Prepared Snag List for Daily Facility Rounds
- Updated SOP's & Manual's for Quality Department
- Discharge Process Audit in reference to Housekeeping Department

SECTION B: STUDY ON CAUSES OF DELAYS IN DIETARY SERVICES

Chapter 2: OVERVIEW

The overall health and recovery of patients depend on the efficient management of nutritional services in hospitals. Dietary services are essential for ensuring that patients receive sufficient nourishment that is catered to their unique medical needs. However, delays in the provision of nutritional services can significantly affect the well-being of patients, the outcome of treatment, and the operational effectiveness of healthcare facilities. To ensure that patients receive the best care and assistance possible, hospital managers and other healthcare professionals must proactively address and control these delays.

2.1 Importance of Dietary Services in Hospitals

Hospital dietary services go beyond simply giving patients food to eat. These services are essential to the holistic healthcare approach and help people heal and feel better. Maintaining patients' strength, boosting their immune systems, and encouraging healing all require a proper diet. Healthy, balanced meals give patients the vitamins, minerals, and other nutrients they need to get well and stay healthy.

To guarantee that patients receive acceptable and appetising meals, dietary services must also take into account unique dietary restrictions, allergies, and cultural preferences. Dietary changes are frequently required for people with chronic illnesses, such as diabetes or cardiovascular disorders, to adequately manage their conditions. The provision of personalised meals is essential for patients' physical and mental health throughout their hospital stay.

2.2 Causes of Delays in Dietary Services

Ineffective Communication: The inability of the dietary department, kitchen staff, and nursing units to effectively communicate is one of the main reasons why nutritional services are delayed. Misunderstandings about patient dietary needs, menu modifications, and mealtime plans can result in mistakes and extend wait times. The timely dissemination of information can be hampered by inadequate communication channels, such as dependency on traditional methods or outdated technology, which can cause confusion and delays.

Inadequate Staffing: The dietary department's staff members can have a big impact on how efficiently services are provided. Lack of staff can result in increased workloads, a delay in food preparation, and a lack of availability for specific requirements or unique dietary plans. Lack of staff might make it difficult to meet patients' individual requirements, such as observing their religious or cultural food restrictions.

Challenges with Coordination: It might be challenging to coordinate dietary services within the larger healthcare system. Delays may be caused by a number of variables, including interdepartmental coordination, food delivery time, and integration with patient care routines. For instance, in order to guarantee that meals are served at the proper times, taking into account medications, diagnostic tests, and other treatments that patients may be receiving, the dietary department must cooperate with the nursing staff. The provision of dietary services may be delayed or interfered with if these actions are not coordinated.

Supply Chain Management and Menu Planning: To guarantee a seamless flow of dietary services, effective menu planning is crucial. Inadequate preparation time, last-minute adjustments, and unavailable ingredients can all be caused by slow or ineffective menu planning methods. Additionally, difficulties in the supply chain, such as slow delivery or incorrect inventory management, may extend the time it takes to obtain essential ingredients, extending the wait for dietary services.

Documentation and Information Management: Timely and accurate dietary services depend on accurate documentation and information management. Errors and delays can occur when patient information, such as dietary restrictions or preferences, is improperly recorded or difficult to obtain. Ineffective information management systems can compromise the timely delivery of dietary services and the effectiveness of data retrieval and distribution.

2.3 Impact of Delayed Dietary Services

Patient Satisfaction: Patient satisfaction may be directly impacted by dietary service delays. Patient satisfaction levels can be lowered by long wait times for meals, missing or inaccurate meals, and limited access to appropriate dietary options. During their stay in the hospital, patients depend on regular meals for their physical and emotional wellbeing. Delays can cause dissatisfaction, discomfort, and a poor impression of the level of care provided.

Nutritional Adequacy: It's important to provide meals on schedule so that patients' nutritional demands are met. Dietary service delays can cause mealtime routines to be disturbed, affecting patients' intake of vital nutrients and slowing down their recovery. Weakened immune systems, delayed wound healing, increased susceptibility to infections, and extended hospital stays can all be results of inadequate nutrition.

Treatment Outcomes: Positive treatment effects are directly correlated with adequate diet. Delayed nutritional services, particularly for vulnerable patient populations, may extend hospital stays, hinder the healing process, and raise the risk of complications. Delays in acquiring the proper nourishment can impair the healing process for patients with chronic diseases, as well as those who are recovering from operations or injuries, and result in less than ideal treatment outcomes.

Operational Effectiveness: Hospital's overall operational effectiveness may be impacted by delays in dietary services. Long wait times, ineffective procedures, and an increase in workload as a result of delays can put a strain on staff members and resources. These delays may have a knock-on effect on other departments, resulting in a chain reaction of inefficiency throughout the healthcare facility.

2.4 Strategies for Managing Delays in Dietary Services

Streamline Communication: It's critical to establish effective channels of communication between the nursing units, the kitchen staff, and the dietary department. Technology can improve communication and reduce mistakes, such as electronic meal ordering systems. Every relevant party can be informed of any modifications or revisions to dietary needs by standardising communication practices, such as scheduling frequent meetings or sending out electronic alerts.

Staffing Optimisation: Analysing the demand for additional staff and ensuring that there is a sufficient pool of qualified workers on hand can reduce delays. Effective cross-training and staff training programs can increase flexibility and guarantee efficient operations even during times of high demand. Additionally, giving staff members the ability to make decisions within the scope of their responsibilities can help them resolve minor problems or concerns quickly, avoiding the need for escalation and subsequent delays.

Process Evaluation and Improvement: By regularly examining and analysing the workflow for dietary services, bottlenecks and potential areas for improvement can be found. Processes can be streamlined, waste can be eliminated, and efficiency can be increased by applying Lean management techniques like value stream mapping or process flow analysis. Engaging staff members who are specifically responsible for dietary services can yield insightful information and suggestions for process improvement.

Technology Integration: The management of nutritional services can be greatly enhanced by utilising technology solutions. Meal preparation and delivery times can be speed up with the help of automated meal ordering systems, electronic patient records, and real-time inventory management systems. By integrating these technologies, dietary services can operate more efficiently overall and communicate better.

Patient-centered Approaches: Involving patients in the meal planning process and asking them about their dietary preferences might increase satisfaction. Patients can be made to feel appreciated and cherished by providing a diverse menu with alternatives that meet their cultural and religious needs. Hospitals can continuously modify their nutritional offerings to fit patient demands by implementing patient feedback channels and performing satisfaction surveys.

In order to deliver the best care possible, increase patient happiness, and optimise treatment outcomes, hospitals must effectively manage delays in dietary services. Healthcare facilities can optimise personnel numbers, streamline processes, and improve communication by addressing the underlying causes of delays and putting into place efficient measures. Dietary services can be rendered more effectively and efficiently by adopting patient-centered strategies and making use of technology. In the end, prioritising timely and nourishing meals fosters a healing atmosphere, improves patient wellbeing, and ensures pleasant patient experiences. Hospitals can meet the changing demands of their patients and offer top- notch nutritional services that improve health outcomes by regularly assessing and altering their practises.

2.5 Rationale

The purpose of the study is to look into how to better manage dietary service delays in hospitals in order to improve patient satisfaction, therapeutic results, operational effectiveness and the standard of care patients get as a whole.

2.6 Problem Statement

RBH has been using Treatwell Software for order taking of the patient's diet. However, the hospital has been facing several issues with communication of the diet orders, there are many incomplete orders, delay in orders because of which patient is not much satisfied with the dietary services being provided. Lot of complaints are being placed by the patients regarding dietary department on daily basis. The purpose of this research is study the order taking process, analyse where it lacking and resolve and improve the process. By doing so, the dietary services can potentially improve & will result in greater patient satisfaction.

2.7 Objectives

- To identify the root cause and factors contributing to delays of dietary services
- Examine the communication channels and processes between the dietician, nurses and kitchen team to identify areas of improvement
- Explore strategies and intervention that can be implemented to optimize the management of delays in dietary services
- Provide recommendations and best practices for hospitals to enhance the management of delays and improve overall quality of care.
- To assess patient satisfaction with F&B Department

2.8 Expected Outcomes

- Determining the main causes and elements that affect why dietary services in hospitals are delayed
- Improved understanding of how delays affect patient satisfaction, treatment results and operational effectiveness
- Effective strategies and interventions such as improved communication and streamlined procedures are being developed to address the delays in dietary services
- Improved coordination and collaboration between the dietician, kitchen staff and nursing units to minimize delays and ensure timely delivery of meals.
- Greater understanding and respect to patient's dietary needs, preferences and cultural and religious requirements to provide personalized and satisfactory meals
- Improved patient satisfaction
- Reduction in meal waiting time

Chapter 3: REVIEW OF LITERATURE

1. “Gap analysis of patient meal service perceptions” by Hwang LJ, Eves A, Desombre T.

This study sheds light on the complex nature of providing food and drinks to patients in healthcare settings. By utilizing a modified SERVQUAL instrument and conducting a survey at four NHS acute trusts, the researchers have gained valuable insights into the perceptions and expectations of meal attributes and their impact on patient satisfaction. The results revealed three dimensions: food properties, interpersonal service, and environmental presentation, with high reliability. Path analysis demonstrated sophisticated causal relationships with patient satisfaction, with the food dimension emerging as the strongest predictor. The findings emphasize the need to bridge the gaps between patients' perceptions and expectations to enhance meal services, maximize patient satisfaction, and ultimately contribute to patient recovery. This study provides valuable guidance for healthcare facilities in improving the quality of meal services to meet patient expectations and enhance overall patient experiences.

2. “Quality of patient meal services in hospitals: Delivery of meals by dietary employees vs delivery of meals by nursing employees” by Mary B Gregoire.

This study aimed to compare patient assessment of meal-service quality and employee-service orientation in hospitals where dietary employees deliver meal trays versus hospitals where nursing employees deliver meal trays. The findings revealed that patient assessment of meal service was multidimensional, with patients giving more positive ratings to the characteristics of the personnel delivering the trays rather than the quality of the food itself. Patients in hospitals with dietary employees delivering meal trays rated the quality of food significantly higher compared to patients in hospitals with nursing employees delivering trays. The service orientation of the personnel also showed multidimensionality, with dietary employees rating organizational support for providing service higher than nursing employees. Nursing employees, however, displayed more positive interactions with patients compared to dietary employees. These results highlight the impact of different delivery approaches and employee-service orientation on patient perceptions of service quality in hospital meal services.

3. “Evaluation of Customer Complaints to Catering Services in Terms of Food Safety” by Dogan M. and Ay M.

This study aimed to evaluate customer complaints reported to catering services companies (CSC) and identify the food safety subjects that these companies should prioritize based on the evaluation. Data from 1221 customer complaints received by ISO 10002:2018 were analysed, classifying them into four main categories: Food Safety, Quality, Delivery, and Menu, along with 13 sub-headings. The findings revealed that the highest percentage of complaints was related to food delivery, followed by quality, food safety, and menu. Within food safety complaints, physical risk factors were the primary concern, followed by biological risk factors. These food safety issues not only undermine the credibility of the companies but also pose a potential risk to public health. Therefore, it is crucial for catering services companies to address and resolve the identified food safety complaint subjects, effectively manage customer relations through ISO

10002:2018, and implement robust food safety management strategies to ensure customer satisfaction and public health.

4. “Management of Dietary Services in Secondary Level Hospitals” by Ahmed Imtiaz, Muiz Uddin Ahmed Choudhury, Zannatul Ferdous, Hafiza Sultana, Md. Motiur Rahman and Md. Haroon Or Rashid

This cross-sectional study aimed to assess the quality and satisfaction levels regarding hospital diet and nutrition services. The data collected from 150 hospital patients and 14 dietary staff showed that a majority of the patients (92%) consumed hospital diet and perceived it as healthy (93.3%) and hygienic (93.3%). However, there were some concerns raised by a small percentage of patients regarding unhygienic food supply and the use of utensils. Additionally, the study highlighted areas for improvement, such as implementing training on food hygiene for patients and maintaining cleanliness in the dietary department. Overall, the study suggests that the dietary department has successfully improved the quality and quantity of food supplied to patients, but further measures are necessary to enhance satisfaction levels, including adequate lighting facilities and regular cleaning protocols.

5. “Quality Improvement in Primary Care and the Importance of Patient Perception” by Drain, Maxwell MA

This study emphasizes the importance of addressing the challenges posed by increasing consumerism in healthcare, particularly in primary care settings. The development and evaluation of a new instrument to measure patient experiences in primary care highlight the significance of effective and continuous measurement of patient perceptions in achieving service excellence. By utilizing such instruments to assess patient satisfaction and perceptions of quality, medical practices can enhance the delivery of primary care, leading to improved patient outcomes, increased patient retention, and cost control. This study underscores the value of incorporating patient-centred approaches to quality improvement in primary care settings to meet the demands of an increasingly consumer-driven healthcare environment.

6. “Patient Satisfaction Survey as a Tool Towards Quality Improvement” by Rashid Al-Abri and Amina Al –Balushi

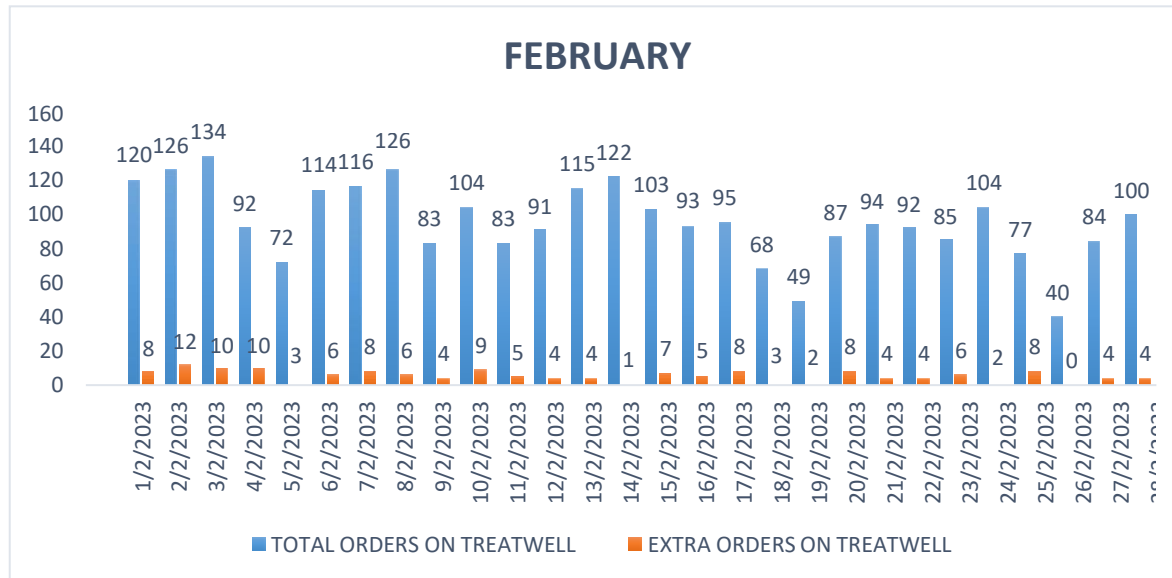
Patient satisfaction surveys have become valuable tools for healthcare organizations in identifying areas for quality improvement. While these surveys have gained attention over the past two decades, the evidence regarding the effectiveness of using feedback information from patient satisfaction surveys to drive improvements remains limited and inconsistent. This article delves into a comprehensive analysis of research studies that explore the relationship between various attributes and overall patient satisfaction, as well as the impact of patient satisfaction on the quality improvement process in healthcare organizations. Further research and studies are needed to provide more definitive conclusions and guidelines for effectively utilizing patient satisfaction surveys to drive meaningful improvements in healthcare quality.

Chapter 4: METHODOLOGY

- **Study Area:** CK Birla Hospital, Jaipur
- **Study Design:** Cross-sectional
- **Study Period:** 2 months
- **Study Population:** In-patients
- **Sampling Method:** Non-probability Convincing
- **Data Collection Mode:** Secondary
- **Data Analysis:** Microsoft Excel
- **Type of Data:** Quantitative

Chapter 5: RESULTS & DISCUSSION

5.1 Extra orders on Treatwell for February Month



The above data represents the total orders on Treatwell for the month of February, along with the number of extra orders and the corresponding percentages.

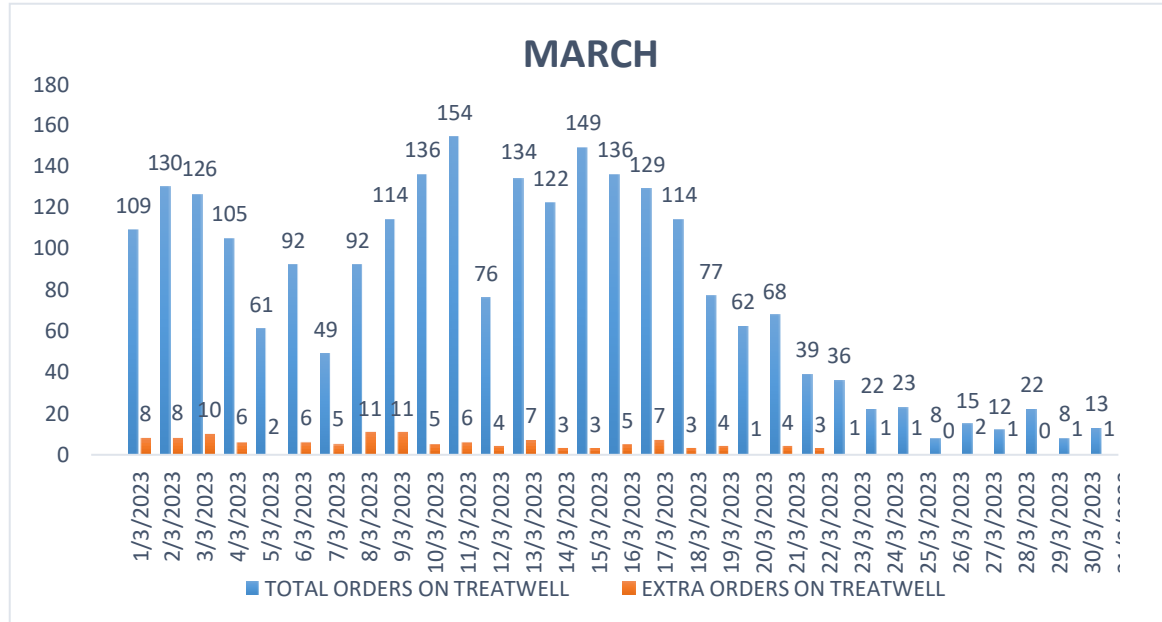
Throughout February, there were a total of 2,669 orders placed on Treatwell. Out of which, there were a total of 155 extra orders placed on Treatwell.

The percentage of extra orders varied between 1% and 11% on different days.

The total number of orders on Treatwell throughout the month indicates the demand for services offered through the platform. The data reveals a varying volume of orders on different days, ranging from 40 orders to 134 orders.

The presence of extra orders suggests that additional service requests were made beyond the initial orders. These extra orders can be attributed to factors such as rescheduling, last-minute orders, or changes in customer preferences.

5.2 Extra orders on Treatwell for March Month



The above data represents the total orders on Treatwell for the month of March, along with the number of extra orders and the corresponding percentages.

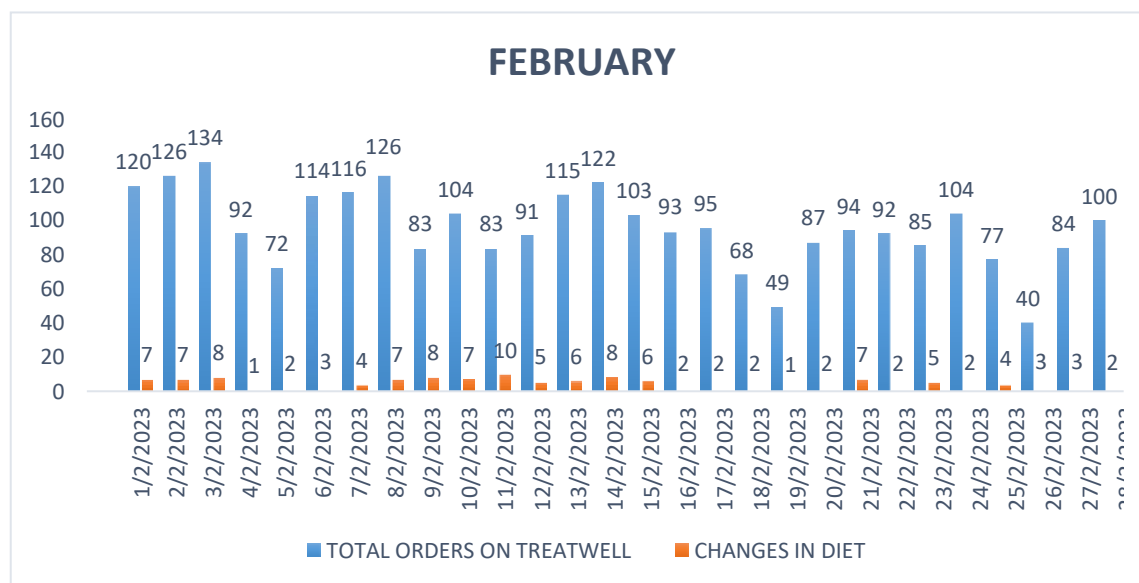
In March, there were a total of 2,433 orders placed on Treatwell. Out of which, there were a total of 130 extra orders placed on Treatwell.

The percentage of extra orders varied between 2% and 13% on different days.

The total number of orders on Treatwell throughout the month indicates the demand for services offered through the platform. The data reveals a varying volume of orders on different days, ranging from 8 orders to 154 orders.

The presence of extra orders suggests additional service requests made beyond the initial orders. These extra orders can be attributed to factors such as rescheduling, last-minute orders, or changes in customer preferences.

5.3 Changes in Diet on Treatwell for February Month



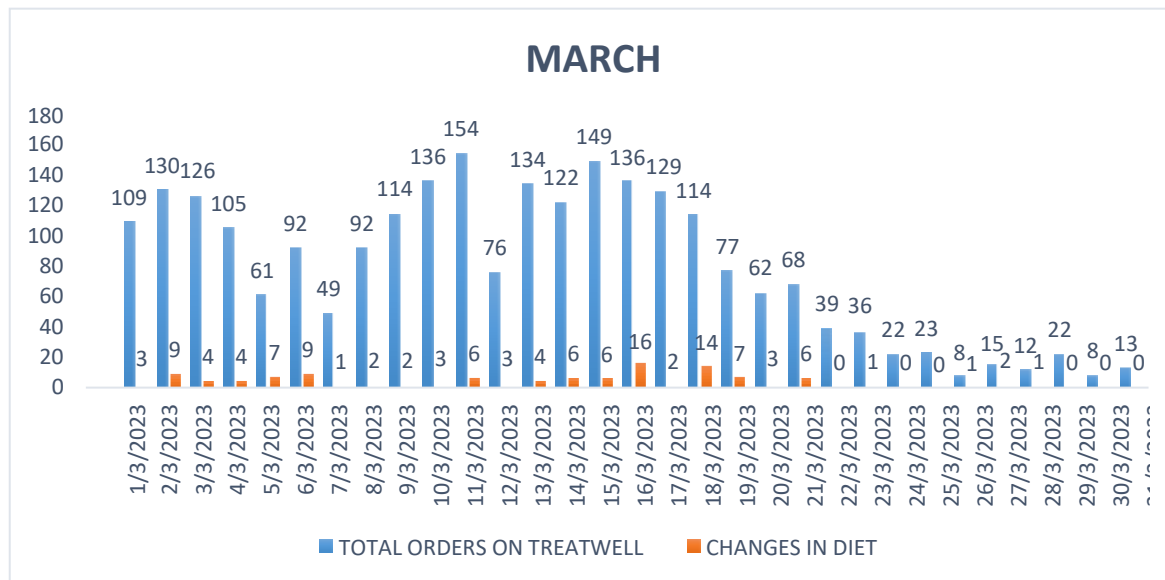
The above data represents the total orders on Treatwell for the month of February, along with the changes in diet and the corresponding percentages.

In February, there were a total of 2,669 orders placed on Treatwell. Out of which, there were a total of 126 orders that indicated changes in diet.

The percentage of changes in diet varied between 1% and 12% on different days.

The total number of orders on Treatwell throughout the month indicates the demand for services offered through the platform. The data reveals a varying volume of orders on different days, ranging from 40 orders to 134 orders.

5.4 Changes in Diet on Treatwell for March Month



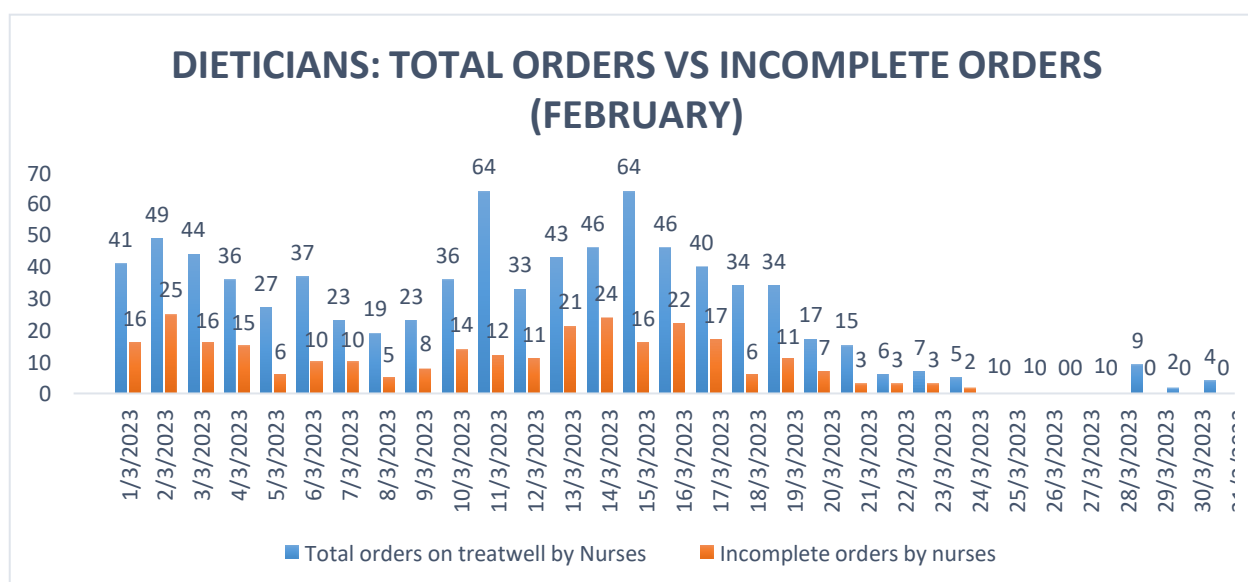
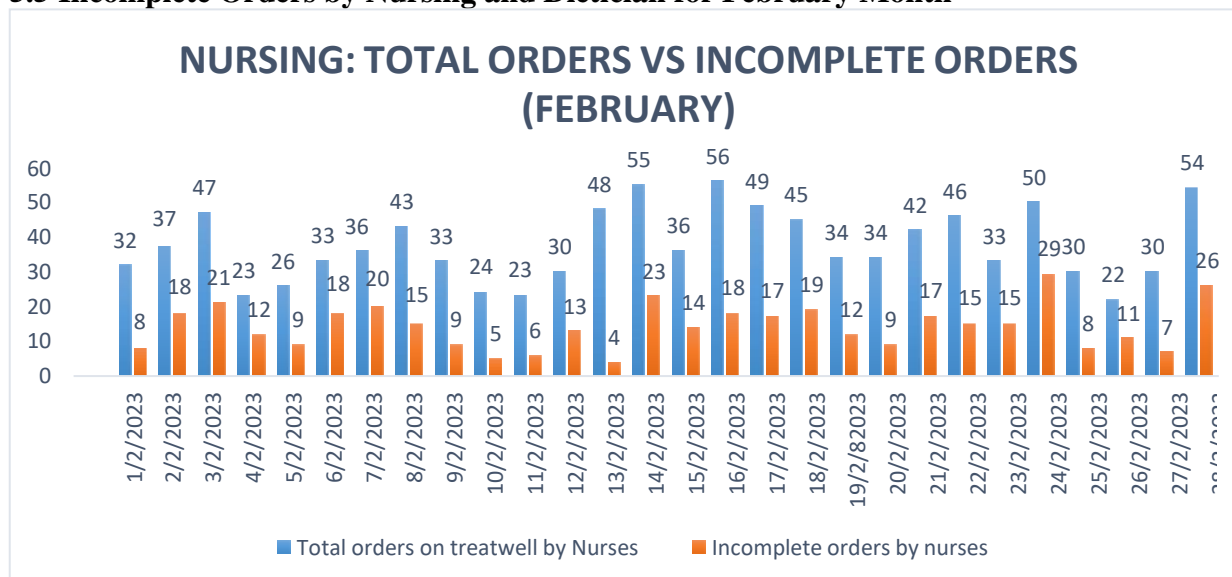
The provided data represents the total orders on Treatwell for the month of March, along with the changes in diet and the corresponding percentages.

In March, there were a total of 2,433 orders placed on Treatwell. Out of which, there were a total of 122 orders that indicated changes in diet.

The percentage of changes in diet varied between 0% and 13% on different days.

The total number of orders on Treatwell throughout the month indicates the demand for services offered through the platform. The data reveals a varying volume of orders on different days, ranging from 8 orders to 154 orders.

5.5 Incomplete Orders by Nursing and Dietician for February Month



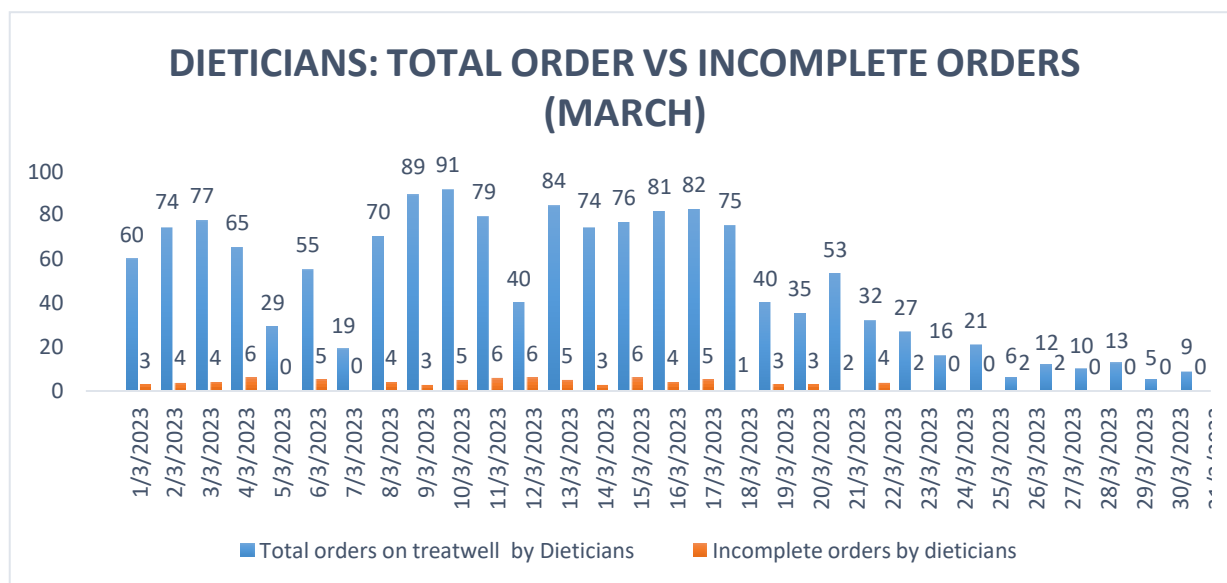
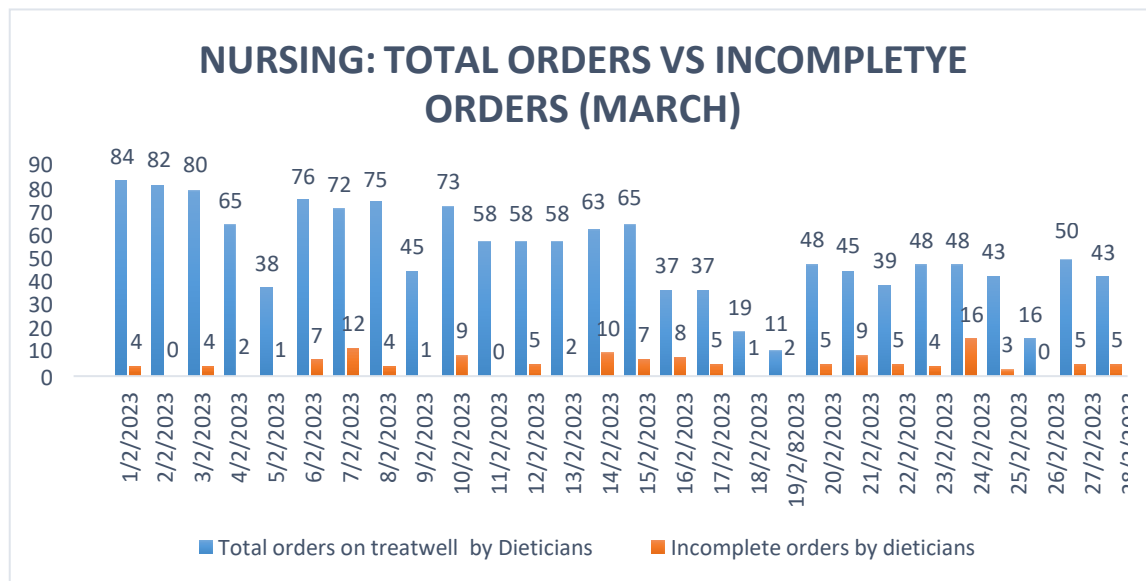
The above data presents the total orders on Treatwell by nurses and dieticians for the month of February, along with the number of incomplete orders and the corresponding percentages.

The nurses placed a total of 1,051 orders on Treatwell throughout February. Out of which, 398 were classified as incomplete, accounting for approximately 38%. The percentage of incomplete nursing orders varied between 21% and 58% on different days.

The dieticians placed a total of 1,476 orders on Treatwell during the month. Out of which, 136 were marked as incomplete, making up about 9%. The percentage of incomplete dietician orders ranged between 0% and 33% across different days.

The percentage of incomplete orders fluctuates for both nurses and dieticians. There are days when the percentage is relatively low, indicating better order completion, while on other days, the percentage is significantly higher, indicating a higher rate of incomplete orders. This suggests that there may be factors affecting the ability of nurses and dieticians to complete their orders consistently.

5.6 Incomplete Orders by Nursing and Dietician for March Month



The above data represents the total orders on Treatwell by nurses and dieticians for the month of March, along with the number of incomplete orders and the corresponding percentages.

Nurses placed a total of 807 orders on Treatwell throughout March. Out of which, 283 were classified as incomplete, accounting for approximately 35%.

Dieticians placed a total of 1,499 orders on Treatwell during the month. Out of which, 88 were marked as incomplete, making up about 6%.

Similar to the previous data, the number of incomplete orders is higher among nurses compared to dieticians. The percentage of incomplete nursing orders ranged from 19% to 52%, while the percentage of incomplete dietician orders varied between 0% and 9%.

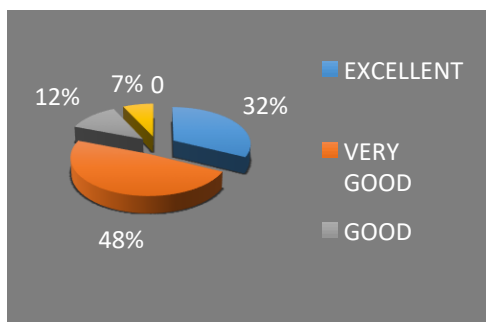
Chapter 6: PATIENT SATISFACTION SURVEY

This survey was conducted on 150 persons to know the patients over of satisfaction with food and beverages services. This survey was conducted over a period of week. The Google form was designed primarily to collect the qualitative data and quantitative data. Later this questionnaire which was form in Google forms was later analysed using the Microsoft Excel.

- For patient satisfaction survey Likert's Scale was used.

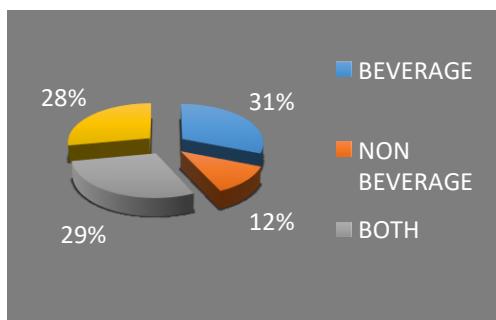
Numbers in the Likert Scale Indicates- 1. strongly agree, 2. Agree, 3. Neutral, 4. Disagree, 5. strongly disagree

6.1 Prescribed Diet by Dietician



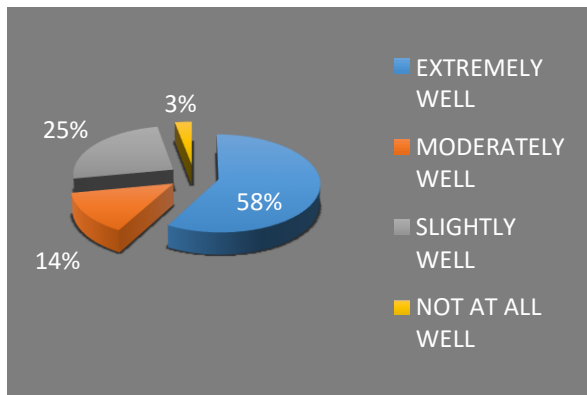
- 32% Patient rated diet prescribed by dietician as excellent.
- Only 7% patient rated diet prescribed by dietician as fair, which is a good sign because on this font we don't see much of concern.

6.2 Delayed Serving in Type of Order-



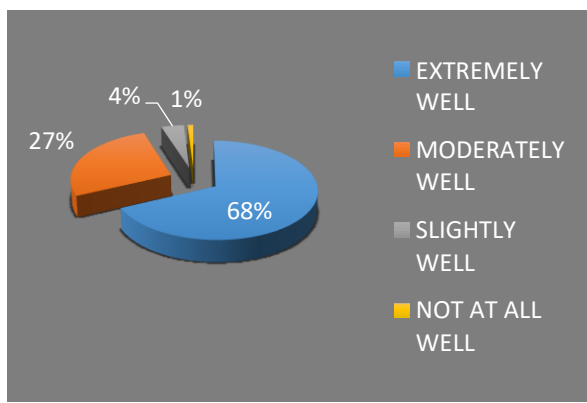
- 31% of the respondents said that order of beverage generally reaches late to them. Another 28% said both the type of order reaches late.
- Only 12% patient's complaint exclusively about non beverage delay. Seeing the response, it is quite easy to state that beverage delivery need more attention.

6.3 Meal Meeting Dietary Needs



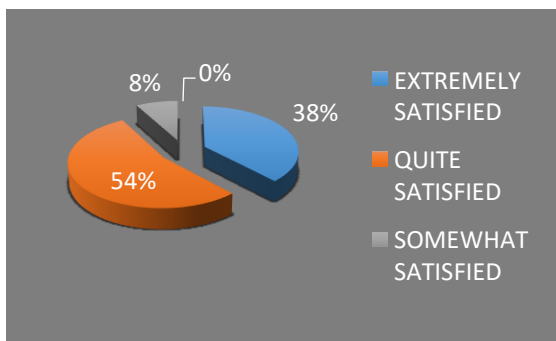
- 83% of the respondent's rate admin meeting dietary requirement either extremely well or moderately well.
- 25% said it is slightly well and another 3% it is not well at all total of these two categories makes 17%. Referring to this number it wouldn't be wrong to say that the dietary needs should be given little more attention.

6.4 Nurses Response Regarding F&B



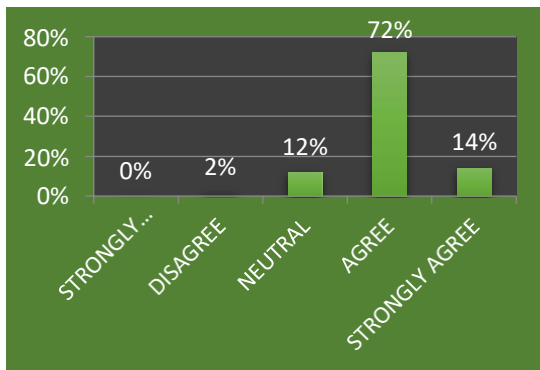
- 68% of the respondents rated nurse's response as extremely well about F&B. 27% given moderately well rating.
- Only 1% patient complaint about the response of the nurse

6.5 Service Staff Care- Satisfaction



- 38% of respondents rated services staff care as extremely satisfied and 54% rate it as quite well.
- Only 8% patient said that the service staff care is somewhat satisfied while none of the respondents said it is bad.
- From this survey we can conclude that the service staff is doing a great job.

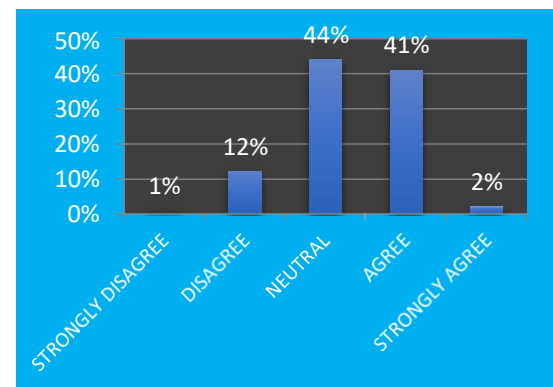
6.6 Food served (Hot & Fresh)



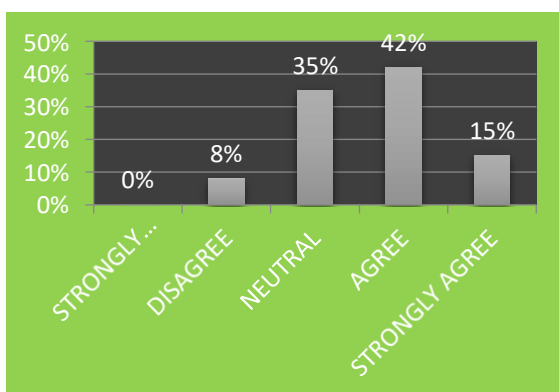
- 86% of the respondents said that the food is served hot and fresh.
- Only 2% of the respondents said that food is not served hot and fresh.
- Looking at all the data we don't see much of the problem on this.

6.7 Food Variety

- 44% of the patients prefer to stay neutral about the food variety question so this seems to be an issue.
- Another 12% said that they are not happy with the variety of food served.
- So it is evident from the numbers that food variety needs more attention

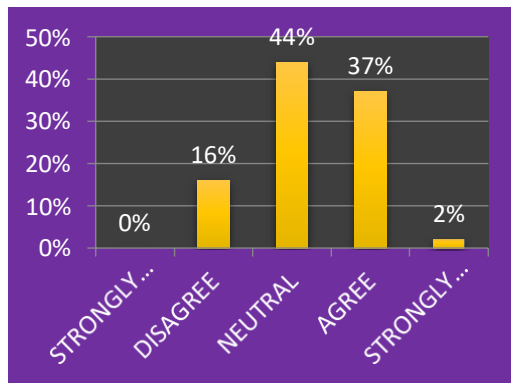


6.8 Food Quality-



- 42% of the respondents were agree with the idea that food quality is good and another 15% were strongly agree with this. While 35% of the patients were neutral during the survey about the food quality.
- 35% of neutral rating and 8% of disagreed rating makes a total of 43% which is a cause of concern and which cannot be ignored.

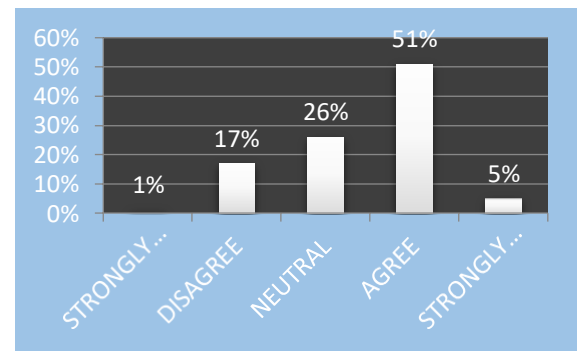
6.9 Food Taste and Flavour



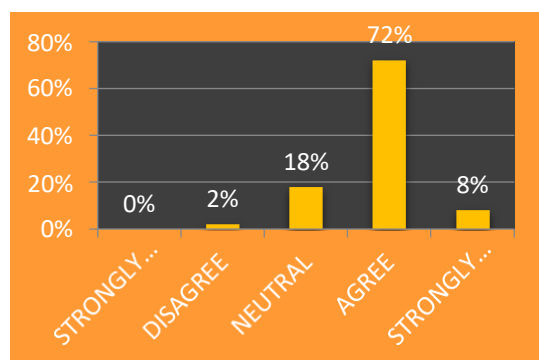
- 37% patient's said that they agree with the statement that food is tasty. While 44% were neutral, they were neither negative nor positive about this question.
- A sum of neutral and disagree makes 60% which means that food taste and flavour should be focused in F&B department.

6.10 Beverage Quality-

56% of the patient said that the beverage quality is either good or very good. 26% responses were neutral and 17% responses disagreed which draw attention towards the fact that a lot can be done to improve the quality of beverage served.

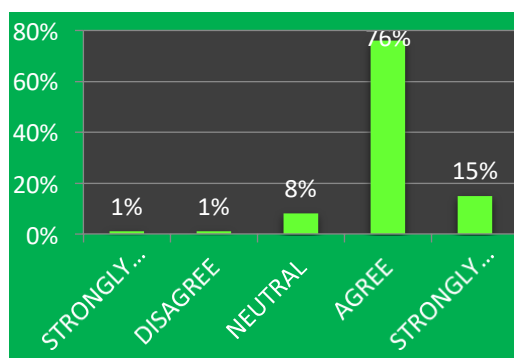


6.11 Utensil- clean and hygiene



- Hygiene of utensils doesn't seem to be an issue as 80% of respondents rated it either as agree or strongly agree on Likert scale.

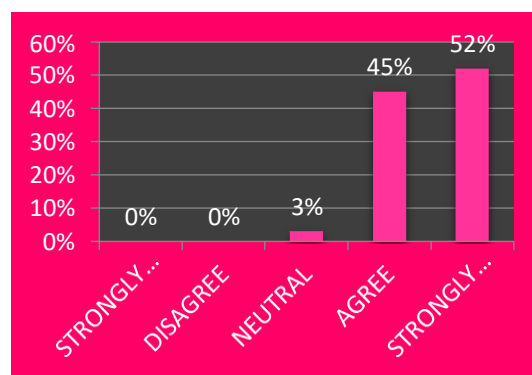
6.12 Service- order correct and Complete



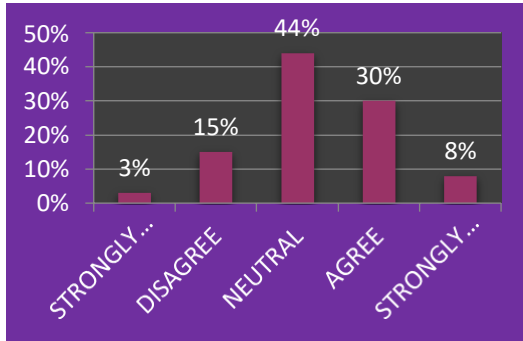
- As 1% of patients were dissatisfied with the fact that order reach to them correct and complete so, this doesn't seem to be an area of concern.

6.13 Order Taker's Attitude

- 97% of the patient's said that they agree and strongly agree with the statement that order taker listen and takes down the order patiently and has polite attitude.

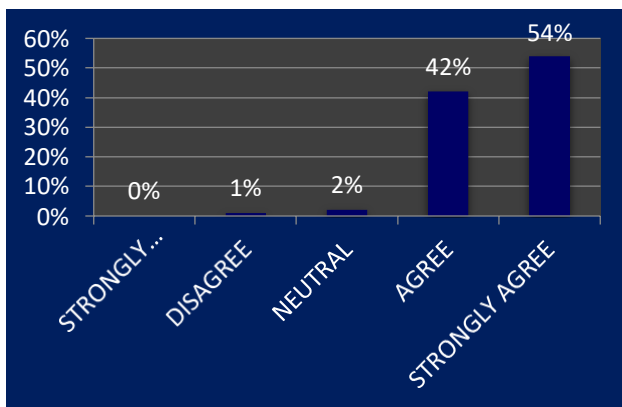


6.14 Availability of Useful Accessories



- 44% PATIENT'S have neutral response about useful accessories provided with food. While 18% patient's disagreed or strongly disagreed about the useful accessories provided, so it is an area of improvement.

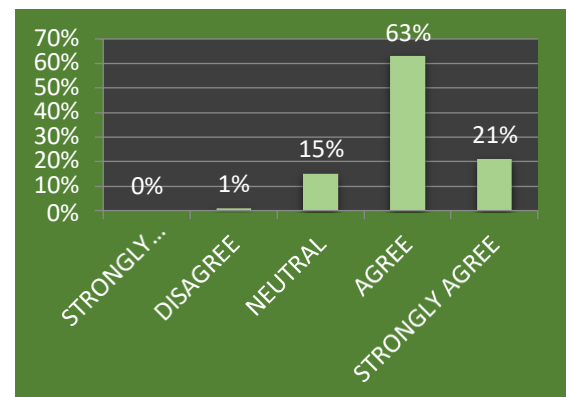
6.15 Order Taker's Communication skills



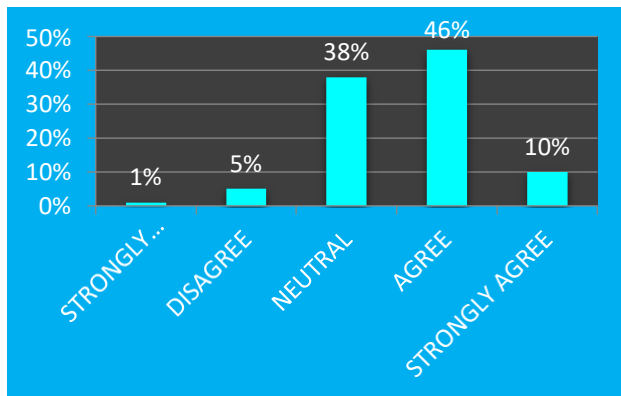
- Order taker has good communication skills at it is appreciated by 96% of respondents.

6.16 Overall Service

84% of the patients are in favour of the statement that overall service is good of F&B department. Since a total of 16% respondent fall under the category of neutral and disagree. 16% is significant number for overall service rating, so I strongly feel that the hospital administration needs to focus on this area religiously.



6.17 Value for Money



60% of the respondents rated strongly agree or agree on the question of value for money. Only 6% respondents said that they don't see value for money at this Hospital. Though this is not an area of concern but it would be a good idea for the hospital admin to investigate it further to under the issue which are driving this statement in the minds of patients.

Chapter 7: RECOMMENDATIONS

- Extra orders should be minimized so that F&B department can get enough time for preparing and dispatching regular orders.
- Nursing to not put orders on Treatwell during dietician's duty hours. They should communicate the orders to the dietician then the dietician will communicate further with F&B department.
- Proper complete orders with all the required details to be written on Treatwell.
- Staff to be trained properly to use the Treatwell app.
- Changes in diet will reflect from the next meal served.
- KOT should be arranged on the basis according to the time of order.
- Ready order should be arranged in sequence according to the time of order.
- Order should be delivered by delivery staff according to the sequence and it must be arranged by assembly staff to avoid delay.
- There should be one person to pick up the KOT or 1 bell should be kept there to signify steward for every new order.
- There must be digital system instead of KOT'S and every order must be noted digitally so that at the end of month when final billing is done there must not be any fuss.
- Also every order must be recorded like order time, out time, clearance time everything must be recorded so that delay complaints can be managed.
- Also there must be a person who only brings KOT from desk and pin them in proper sequence time wise and must be taking care of that orders are leaving on time from the kitchen.

Chapter 8: CONCLUSION

It can be concluded from the study that delay in orders is a major problem for F&B department. F&B department should take corrective measures to fix these issues related to delivery because high percentage of delay delivery is alarming. Major reason for delay is lack of communication which needs sudden improvement. 32% to 37 % of patient's complaints for delay of food services. With the above recommendations and continuous monitoring, we believe that the problem can be solved in a very short span of time.

Also the dieticians, kitchen team and nursing staff should have a proper communication and coordination between them so that it does not affect the overall workflow. Proper complete orders with all the details should be properly communicated which is somewhat lacking.

Chapter 9: REFERENCES

- Al-Abri, R., & Al-Balushi, A. (2014). Patient satisfaction survey as a tool towards quality improvement. *Oman Medical Journal*, 29(1), 3–7. <https://doi.org/10.5001/omj.2014.02>
- Doğan, M., & Ay, M. (2020). Evaluation of customer complaints to catering services in terms of food safety. *Journal of Tourism and Gastronomy Studies*, 8(4), 2387–2401. <https://doi.org/10.21325/jotags.2020.717>
- Drain, M. (2001). Quality improvement in primary care and the importance of patient perceptions. *The Journal of Ambulatory Care Management*, 24(2), 30–46. <https://doi.org/10.1097/00004479-200104000-00005>
- Gregoire, M. B. (1994). Quality of patient meal service in hospitals: delivery of meals by dietary employees vs delivery by nursing employees. *Journal of the American Dietetic Association*, 94(10), 1129–1134. [https://doi.org/10.1016/0002-8223\(94\)91132-0](https://doi.org/10.1016/0002-8223(94)91132-0)
- Hwang, L.-J. J., Eves, A., & Desombre, T. (2003). Gap analysis of patient meal service perceptions. *International Journal of Health Care Quality Assurance Incorporating Leadership in Health Services*, 16(2–3), 143–153. <https://doi.org/10.1108/09526860310470874>
- Imtiaz, A., Choudhury, M. U. A., Ferdous, Z., Sultana, H., Rahman, M. M., & Rashid, M. H. O. (2020). Management of dietary services in secondary level hospitals. *Asian Journal of Medicine and Health*, 48–57. <https://doi.org/10.9734/ajmah/2020/v18i130179>

Chapter 10: ANNEXURE

Patient Satisfaction Survey

Explanation about the prescribed diet

- ☐ excellent
- ☐ very good
- ☐ good
- ☐ fair
- ☐ poor

Delayed serving time in?

- ☐ beverages
- ☐ non beverages
- ☐ both
- ☐ no response

How well did the meals served at this hospital meet your delivery needs?

- ☐ extremely well
- ☐ moderately well
- ☐ slightly well
- ☐ not at all well

During the stay at this hospital how well did the nurses listen to you regarding food and beverages?

- ☐ extremely well
- ☐ moderately well
- ☐ slightly well
- ☐ not at all well

Over the course of your stay in this hospital were you satisfied with the staff service care you received

- ☐ extremely satisfied
- ☐ quite satisfied
- ☐ somewhat satisfied
- ☐ somewhat dissatisfied
- ☐ quite dissatisfied
- ☐ extremely dissatisfied

The food is served hot and fresh

0 1 2 3 4 5

strongly
disagree



strongly
agree

The menu has good variety of items

1 2 3 4 5

strongly
dissatisfied



strongly
satisfied

The quality of food is excellent

1 2 3 4 5

strongly
dissatisfied



strongly
satisfied

The food is tasty and flavourful

1 2 3 4 5

strongly
disagree



strongly
agree

The quality of beverages is excellent

1 2 3 4 5

strongly
disagree



strongly
agree

The utensils in which food is served is
clean and hygienic

1 2 3 4 5

strongly
disagree



strongly
agree

My food order is correct and
complete

1 2 3 4 5

strongly
disagree



strongly
agree

Availability of sauces, napkins ,
utensils etc was good

1 2 3 4 5

strongly
disagree



strongly
agree

Order takers speaks clearly

1 2 3 4 5

strongly
disagree



strongly
agree

The service is excellent

1 2 3 4 5

strongly
agree



strongly
disagree

The value for price paid is justified

1 2 3 4 5

strongly
disagree



strongly
agree

ANY RECOMMENDATIONS

Your answer

Submit

Shreeya Reprot

ORIGINALITY REPORT

11%

SIMILARITY INDEX

9%

INTERNET SOURCES

4%

PUBLICATIONS

6%

STUDENT PAPERS

PRIMARY SOURCES

1

ckbirlahospitals.com

Internet Source

3%

2

www.researchgate.net

Internet Source

2%

3

Submitted to Management Development Institute

Student Paper

1%

4

Maxwell Drain. "Quality Improvement in Primary Care and the Importance of Patient Perceptions", Journal of Ambulatory Care Management, 2001

Publication

1%

5

www.birlaheart.org

Internet Source

1%

6

Submitted to IIMR University

Student Paper

1%

7

Ahmed Imtiaz, Muiz Uddin Ahmed Choudhury, Zannatul Ferdous, Hafiza Sultana, Md. Motiur Rahman, Md. Haroon Or Rashid. "Management of Dietary Services in

1%



INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH (IIHMR)
Plot No. 3, Sector 18A, Phase- II, Dwarka, New Delhi- 110075
Ph. +91-11-30418900, www.iihmrdelhi.edu.in

CERTIFICATE ON PLAGIARISM CHECK

Enrolment/Roll No.	PG/20/	Batch Year	2020-2022
Course Specialization (Choose one)	Hospital Management	Health Management	Healthcare IT
Name of Guide/Supervisor	Dr/ Prof.:		
Title of the Dissertation/Summer Assignment	A study on causes of delay of Dieting services at CK Birla Hospital, Jaipur		
Plagiarism detects software used	"TURNITIN"		
Similar contents acceptable (%)	Up to 15 Percent as per policy		
Total words and % of similar contents Identified	11%		
Date of validation (DD/MM/YYYY)			

Guide/Supervisor P.T.

Name:

Signature:

Report checked by

Institute Librarian

Signature:

Date:

Library Seal



Student

Name: SHREEYA WADHWA

Signature:

Dean (Academics and Student Affairs)

Signature:

Date:

(Seal)