

To Study the Patient's IPD Feedback as an Important Tool to Increase the Patient Satisfaction in a Tertiary Care Hospital

Dr. Yogesh Chandra

ILS Hospitals Agartala, India

Abstract— Patients' feedback plays a vital role in enhancing their satisfaction regarding the quality health care services. This study was carried out in a NABH accredited Tertiary care hospital to find out the most important factors contributing to patient's dissatisfaction. Collected primary data was analyzed through Microsoft Excel statistical tools (Bar Charts & Pareto's analysis) and found that Discharge process, Food & Beverages services, Nursing services, Admission process are responsible for 80% of dissatisfaction. Scope of this research paper was to find out the reasons for Delay in discharge and Food & Beverage services. Root cause analysis was done and recommendations has been suggested as to enforce the Financial Counseling evaluation, SOP for TPA process and classes to be conduct for healthy cooking practices by the industry experts to improve the services of the hospital as defined in the scope of research paper.

Index Terms: Turn Around Time (TAT), Personalized Healthcare Services (PHCs), Patient's Related Outcome Measures (PROMs), Third Party Administrator (TPA), Indoor Patient Department (IPD).

INTRODUCTION

Patients' feedback provides valuable information about what patients and service users think about the healthcare services offered. Examining patients' feedback will help to have direct insight into what is working well and what needs further improvement in the way care is delivered. As most of the time service provider feels good about their services but patient's perspective about the services is most important to real assessment of the services provided. Furthermore, patient feedback to healthcare professionals is also important as it highlights examples of good practice where lessons can be learnt and areas of concern where improvements can be made. Measuring patients' feedback and

experiences of care/treatment highlights areas that need to improve to provide a patient-centered healthcare service and further assist to provide Personalized Healthcare Services (PHCs). Presently patient is the part of various decisions making in the healthcare process. Patient feedback is the quality indicator of the output generated by the various input factors and the process and it is observed because of the deviation from the standard process desired output not achieved. A study was carried out of a tertiary care NABH accredited healthcare provider to understand the various factors responsible for patient's dissatisfaction.

OBJECTIVES OF THE STUDY

- 1 To study the various factors taken as feedback components
- 2 To find out the most significant factors responsible for patient's dissatisfaction
- 3 To recommend the various improvement measures for the factors included in the scope of the study for further betterment of Health Care Services for the IPD patients and their visitors & family

REVIEW OF LITERATURE

According to Jha (2001) the innovations in the field of medical science have considerably transformed the perception of quality expected by a large number of patients and attendants. The development of InfoTech and its transformation into knowledge technology has played a positive role in increasing and aggravating the levels of expectations.

According to Kotler (2003) satisfaction is a person's feelings of pleasure or disappointment resulting from

comparing a product’s perceived performance or (outcome) in relation to his or her expectations. BantiKumar & SudhinderSingh (2019) in their study stated that hospitals have evolved from being an isolated sanatorium to a place with five star facilities. The patients and their relatives coming to the hospital not only expect world class treatment, but also other facilities to make their stay comfortable in as a commercialization and improvement the facilities.

RESEARCH METHODOLOGY

Research study is primary data based analytical study.

Tools of Data Collection: Data source is IPD patients’ feedbacks taken from a tertiary healthcare provider.

Period of Study: Data collected and analyzed for the duration of 5 months.(From Jan 22 to May 22)

Statistical Tool: Microsoft Excel -Bar chart and Pareto analysis research tools are used to analyse the data.

RESULT & DISCUSSION

Feedback was taken from the patient/attendant on a structured feedback from incorporating the various important aspects of the IPD patient’s care.

Table No. 1

FEEDBACK PARAMITERS	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	TOTAL
Admission Process- Treatment estimation	0	0	0	3	0	2	5
Admission Process - long wait	0	0	3	2	0	0	5
In-Room Experience - cleanliness	0	0	1	0	0	0	1
In-Room Experience - Lilen	0	0	0	0	0	0	0
In-Room Experience - AC issues/ Maintenance Issue	0	1	0	0	0	0	1
In-Room Experience - Services	0	0	0	1	0	0	1
Nursing care- Nursing Behaviour	0	0	1	3	0	0	4
Nursing Care - Nursing Response	0	0	1	6	0	0	7
Nursing Care - Nursing Quality	0	0	1	4	0	0	5
Doctor's Treatment - Inadequate treatment explanation	0	0	1	2	0	0	3
Doctor's Treatment - Doctor Behaviour	0	0	1	1	0	0	2
Food & Beverages - Diet explained properly	0	0	0	1	0	0	1
Food & Beverages - food quality	0	0	2	9	0	0	11
Food & Beverages - food not served on time	0	1	0	5	0	0	6
Discharge Process -Discharge Summary Explanation	0	0	0	2	0	0	2
Discharge Process - long wait	0	1	2	9	1	1	14
Total	0	3	13	48	1	3	68

All these parameters are analyzed broadly into below mentioned category:

- 1.F & B
- 2. Nursing
- 3. Discharge Process

- 4. Admission Process
- 5. Doctors Treatment
- 6. In Room Experience

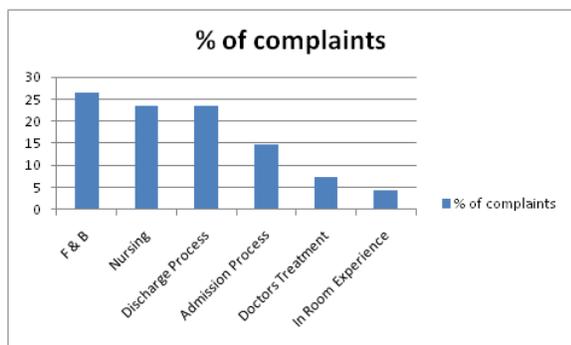


Figure.1-Percentage of various Complaints category
As figure shows most problem area is Food & Beverage department followed by Discharge process & Nursing services. Under F &B there are three components:

1. Food & Beverages - Diet explained properly
2. Food & Beverages - food quality
3. Food & Beverages - food not served on time

Food is a basic human need and fundamental to health and should be considered a fundamental human right and hospital food services play a vital role in patient's satisfaction and it should be considered as an important component in healthcare management of the patients while their stay in the hospital. Convenience of the patient in the hospital can immediately cure them. Patient satisfaction is defined as an evaluation of distinct healthcare dimensions. Inpatient satisfaction is not only about core services in health care, but including communications, sociability and food services in that hospital.

Most important components of food services in the hospital is quality of food as general myth says hospital food does not cater much for the taste, while as this aspect of food plays a very psychological impact on the patient's care and recovery. However all necessary advices given by the doctors to be incorporated while preparation of the food and even customization of the food is important based on the culture and belief systems of the patient.

Food service in time and proper explanation about the food to the patient is also a problem area. So this problem also analyzed through appropriate Root Cause Analysis tool and it was found that delay in time was most of the time because of shortage of staff and sometimes delay due to delayed dietary instructions given by the dietician. Individual need about particular type of food was not properly

explained by the nursing staff as well as dietician also.

Further in detail various components of dissatisfaction was also analyzed to find out the major factors responsible for maximum dissatisfaction through the Pareto's analysis and it was revealed that 6 components were majorly responsible for more than 80% of the patient's dissatisfaction and delay in discharge was contributing the most after that food services, nursing services and further.

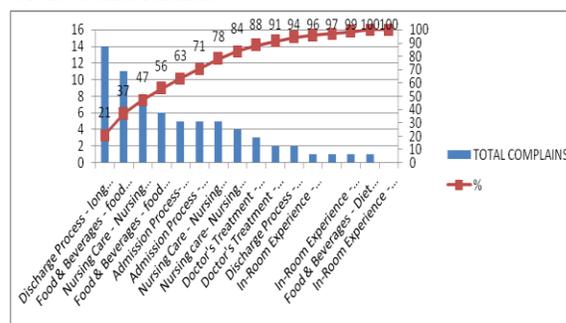


Figure.2-Pareto's Analysis for various Components of feedback category

As fundamental principle of patient's care service is Easy entry and happy exit, patient's discharge process is the part of happy exit and any delay in the discharge process leads to significant dissatisfaction amongst the patients. Patient's Related Outcome Measures (PROMs) also can help to know the cause for hindrance in happy exit.

Hospital discharge process is defined as, "the process of activities that involves the patient and the team of individuals from various discipline working together to facilitate the transfer of patient from one environment to another"

As per NABH, "Discharge is a process by which a patient is shifted out from the hospital with all concerned medical summaries ensuring stability. The discharge process is deemed to have started when the consultant formally approves discharge and ends with the patient leaving the clinical unit."

Since being a tertiary care hospital patients are admitted in the hospital under the following category:

- a. Cash
- b. TPA
- c. Corporate

Discharge TAT benchmarking is done based on the previous year data as mentioned below:

- a. 90 mints for Cash patients
 - b. 210 mints for TPA & Corporate patients
- Discharge process is multi personnel involvement. It starts with the discharge advised by the consultants

and ends with the final payment of bill amount in the cash payment and completion of the paperwork for the TPA & Corporate patients.

DISCHARGE WORKFLOW DIAGRAM

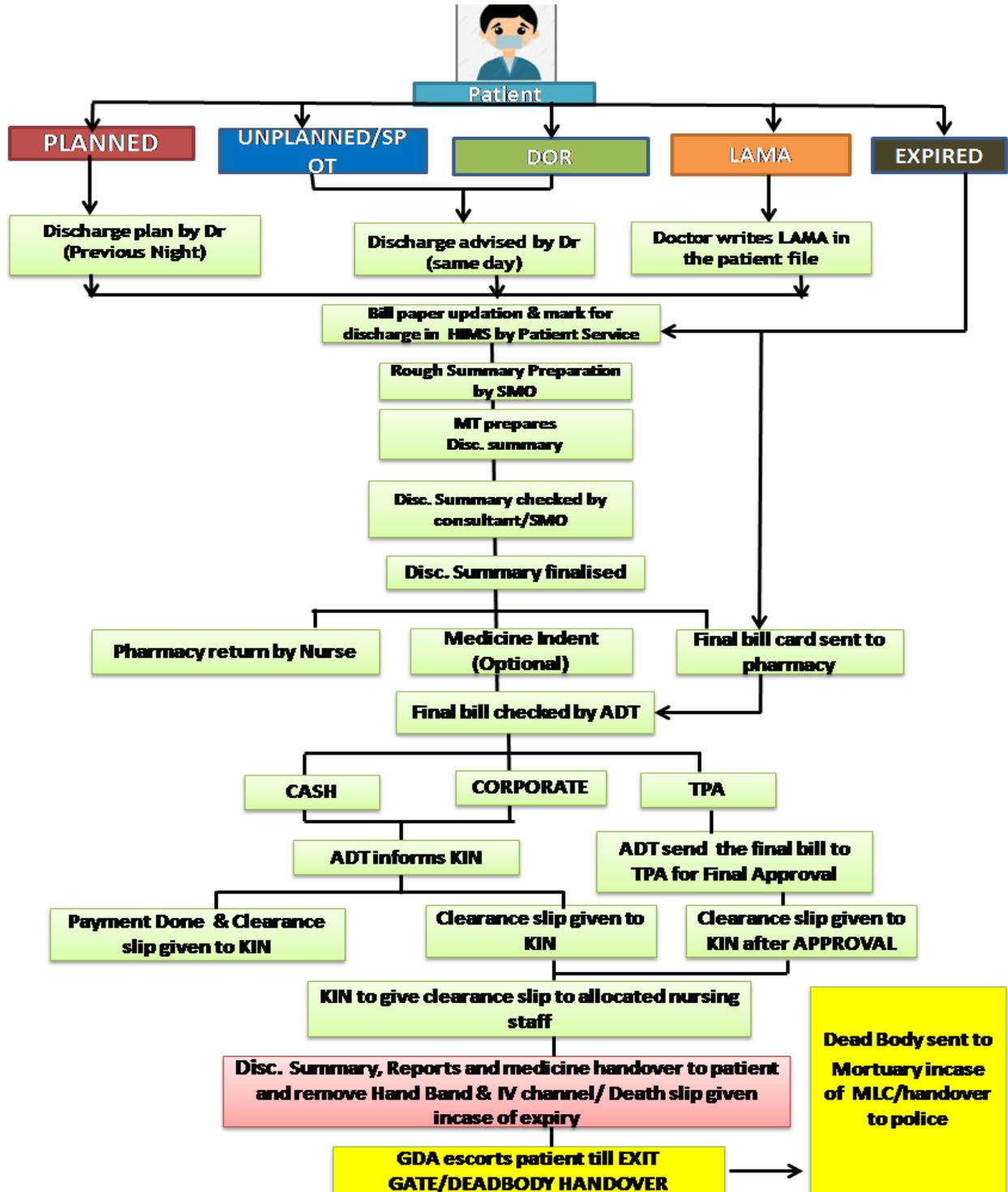


Figure.3-Discharge Process Flow

As figure.3 shows the type of discharges following category:

- a. Planned discharge
- b. Unplanned spot discharge- i. Spot discharge ii. Discharge on request (DOR) iii. Leave Against Medical Advice (LAMA)
- c. In death cases

Table No. 2

TYPES OF DISCHARGE SUMMARY (Jan 22 to May 22)				
Month	Planned	Unplanned	Total	% Planned
Jan 22	226	478	704	32.10
Feb 22	187	400	587	31.86
Mar 22	250	362	612	40.85
Apr 22	252	362	586	41.04
May 22	300	380	680	44.12

Discharge TAT was also analyzed in both cases planned & unplanned and inference as mentioned below:

Method of Discharge	Jan-22			Feb-22			Mar-22			Apr-22			May-22		
	In TAT	Beyond TAT	Total												
Planned	129	97	226	104	83	187	139	111	250	120	132	252	175	125	300
Unplanned	379	99	478	304	96	400	255	107	362	220	142	362	281	99	380

Figure.4-Discharge TAT

It is very much evident that no significant difference in TAT Discharge in planned and unplanned cases.(Figure.4)

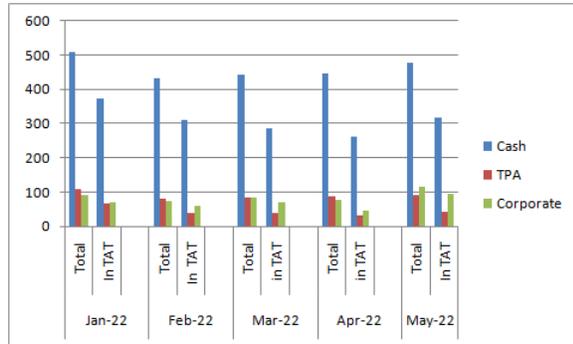


Figure.5-Discharge TAT in Different Category

Study suggests that there is major gap exists in c/o TPA discharge & Cash Discharge &. Personal informal interview was conducted with the concerned staff and following issues were observed:

- 1 Majority of the occasions patients are not able to manage the cash in time at the time of discharge.
- 2 Medicines advised at the time of discharge may change at the last moments, so again fresh indenting is done.
- 3 Generation of required documents from the system is delayed
- 4 TPA process flow is not in place
- 5 Presentation of food tray is not satisfying
- 6 Customization of healthy food is not done properly
- 7 Healthy version of favorite food for the younger patients of the hospital is missing

Root Cause Analysis done for all these issues and following points are observed as mentioned below:

- 1 Patients are not intimated in time about the discharge in c/o planned /unplanned discharge.
 - 2 Discharge medicines are indented even in previous night at the time of probable discharge time advised by the consultants
 - 3 Current system is slow in processing
 - 4 As there is no SOP existing for the TPA discharge cases.
 - 5 Financial counseling at the time of admission is not appropriate
 - 6 Classes for Health cooking practices are not evident
 - 7 Gap is observed in diet counseling to the patients
- In case of unplanned spot discharge, discharge summary is also delayed as only after the completion of consultant's round, discharge process starts. Discharge on request and LAMA is unpredicted leading to extra load on the concerned personnel to complete the discharge process in time.

RECOMMENDATIONS

1. Financial counseling is to be done appropriately during the time of admission and approximate expenditure should be explained to the patients and their family members.
2. Effectiveness of financial counseling should be evaluated by finding the difference between approximate cost explained at the time of

admission and exact bill amount at the time of discharge.

3. Consultant should write the discharged medicines diligently considering the patient's clinical condition at the time of discharge to minimize the last moment changes so that reindenting can be avoided leading to further delay in discharge process.
4. New HIS (Hospital Information System) should be implemented considering the data load and customized to the process requirements.
5. Standard Operating Procedure for the TPA cases to be formulated and implemented and over a period to be evaluated also for any further improvements in discussion with various involved stakeholders.
6. Patient Satisfaction Evaluation committee to be constituted at clinical unit level to address the issues in time for further quality improvements in patient care services.
7. Patient's category wise Feedback data to be collected and evaluated for appropriate Root Cause Analysis of the problems and implementation of the solutions.
8. Financial counseling should be added in the patient's feedback form.
9. Personalized food tray delivery in the hospital considering the dietary requirements advised by the doctor/dietician may be promoted.
10. Friends & family should also be considered in the food services to order customized meals from the visitor. This will ensure everyone in a patient's room happy.
11. Cost efficient food presentation strategy to be adopted to make a better impression on hospital patients and visitors.
12. Thrust to be given on healthy version of favorite food for the younger patients of the hospital.
13. Regular classes by the expert on the healthy cooking practices should be encouraged.

CONCLUSION

It's a time for Patient's Centered care, so all possible efforts to be made to increase the patient's satisfaction. All the patient care services to be quality driven, and more focus is desired from the supplier management to input, process, output & patients' and

their attendants' perception about the hospital services during the stay in the hospital.

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