



# ENHANCING PATIENT SATISFACTION BY TARGETING THE PRIME DETERMINANTS CRITICAL TO PATIENT EXPERIENCE

**Ms. Sunanda Bhattacharya**

Assistant Manager – Operations & QA

**Co Authors:**

**Mr. Debrishi Chatterjee (Deputy Manager – Quality, Operations & Branding)**

**Dr. Abhijit Amiya Kumar (PT) (Sr. Executive - Quality)**



# INTRODUCTION

- Patient satisfaction - The **most vital metric** for hospitals worldwide
- **Complex interplay of Several Factors, Processes & Care Providers**
- Influences **Future choices** of visiting the **same hospital** as well as **Referrals**



# OBJECTIVES

- To delve into the interacting determinants that have the maximum impact on patient satisfaction
- To be aware of how the patients and patient attendants/parties evaluate the quality of healthcare services.
- **To address the pertinent issues related to these determinants**



# Materials & Methods:

## ➤ Study Period:

### Discharge :

- 1<sup>st</sup> Phase : December 2014 – February 2015,
- 2<sup>nd</sup> Phase : March 2015 – October 2016,
- 3<sup>rd</sup> Phase : November 2016 – January 2017

### Billing: June 2016 – December 2016

### Nursing: March 2016 – September 2016

## ➤ Study Design: A prospective intervention study has been performed where feedbacks & questionnaire driven patient interviews were conducted to identify the prime determinants that contribute to patient satisfaction

## ➤ Tools & Techniques:

### Pie Chart

### KAP Analysis

### Lean Six Sigma Tools & Techniques:

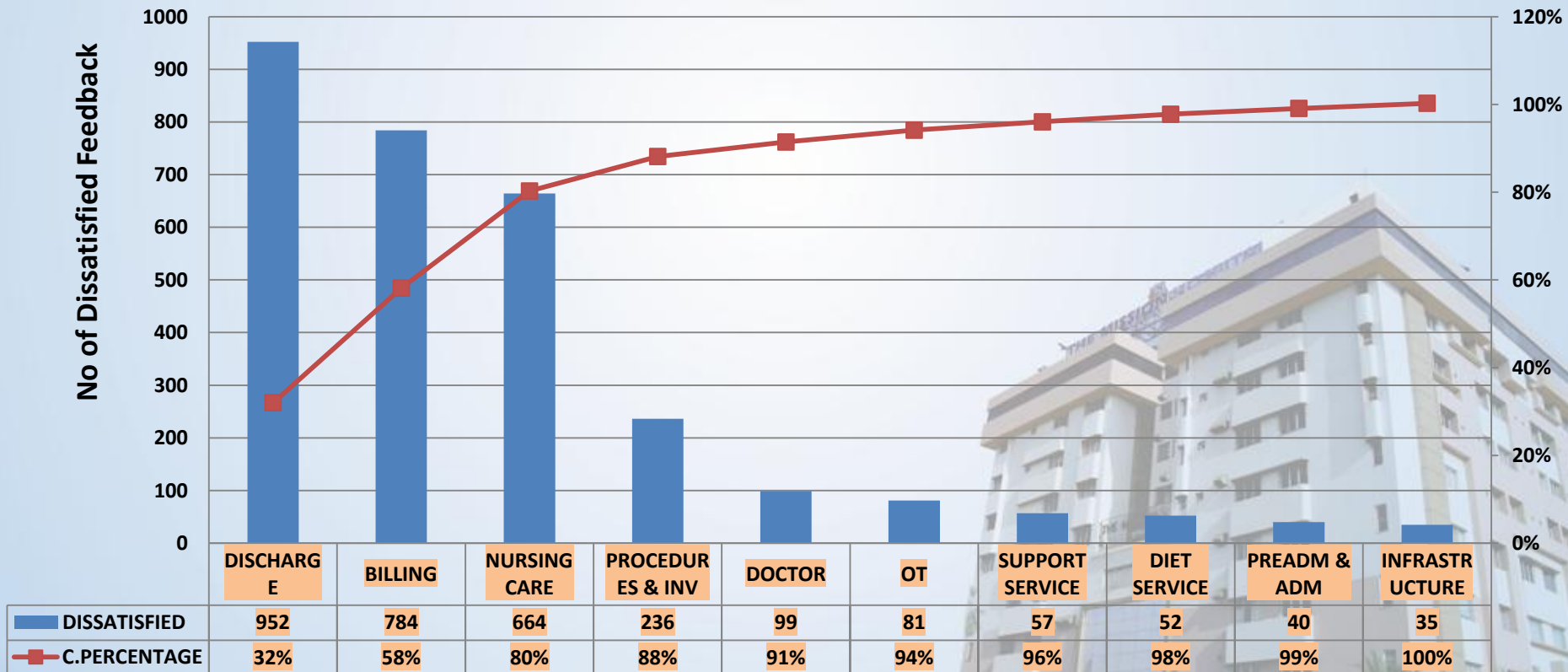
- Pareto Chart
- Fish Bone
- Regression Analysis
- A3 problem solving measures

## ➤ Sample Size: 6000 Patient Feedback



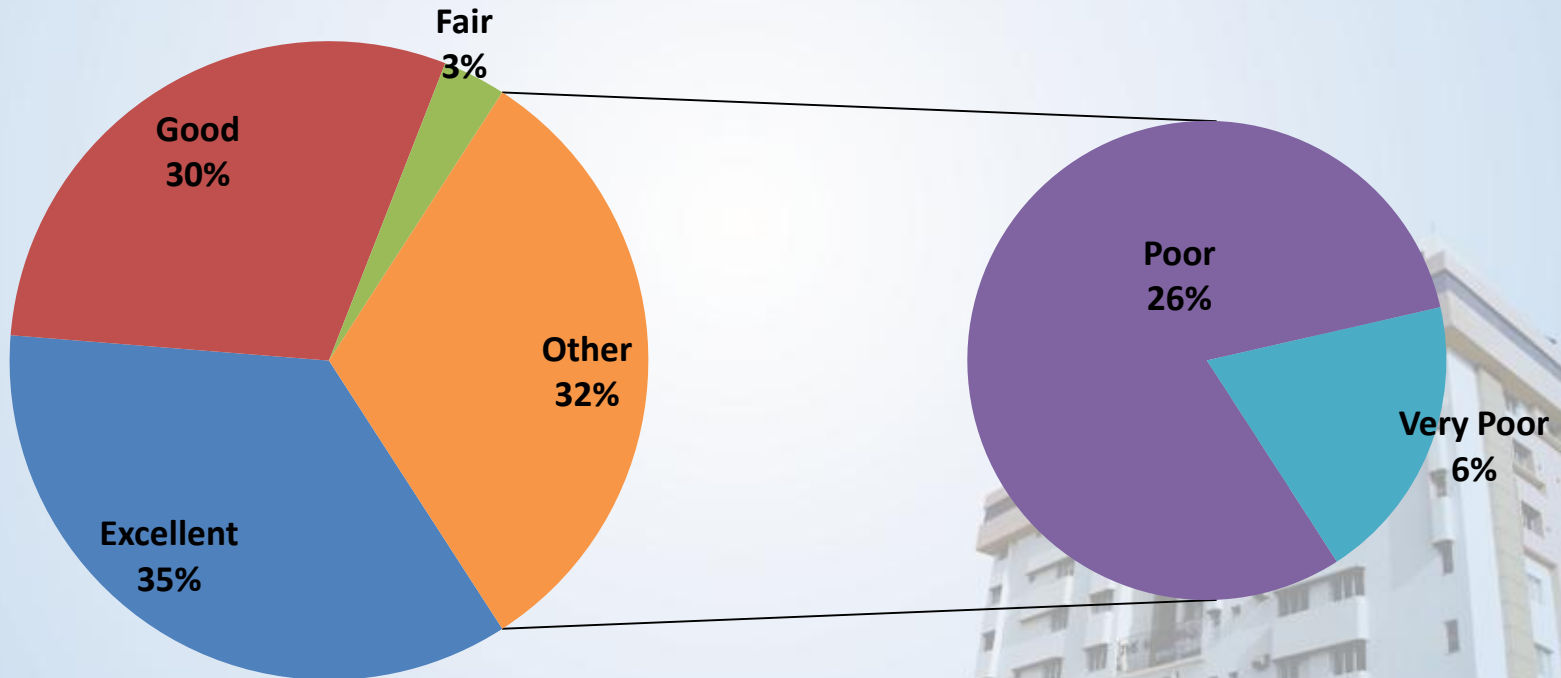
# Identifying the Prime Determinants – The 80:20 contributors

Pareto Chart for In Patient Feedback used in Patient Satisfaction Study

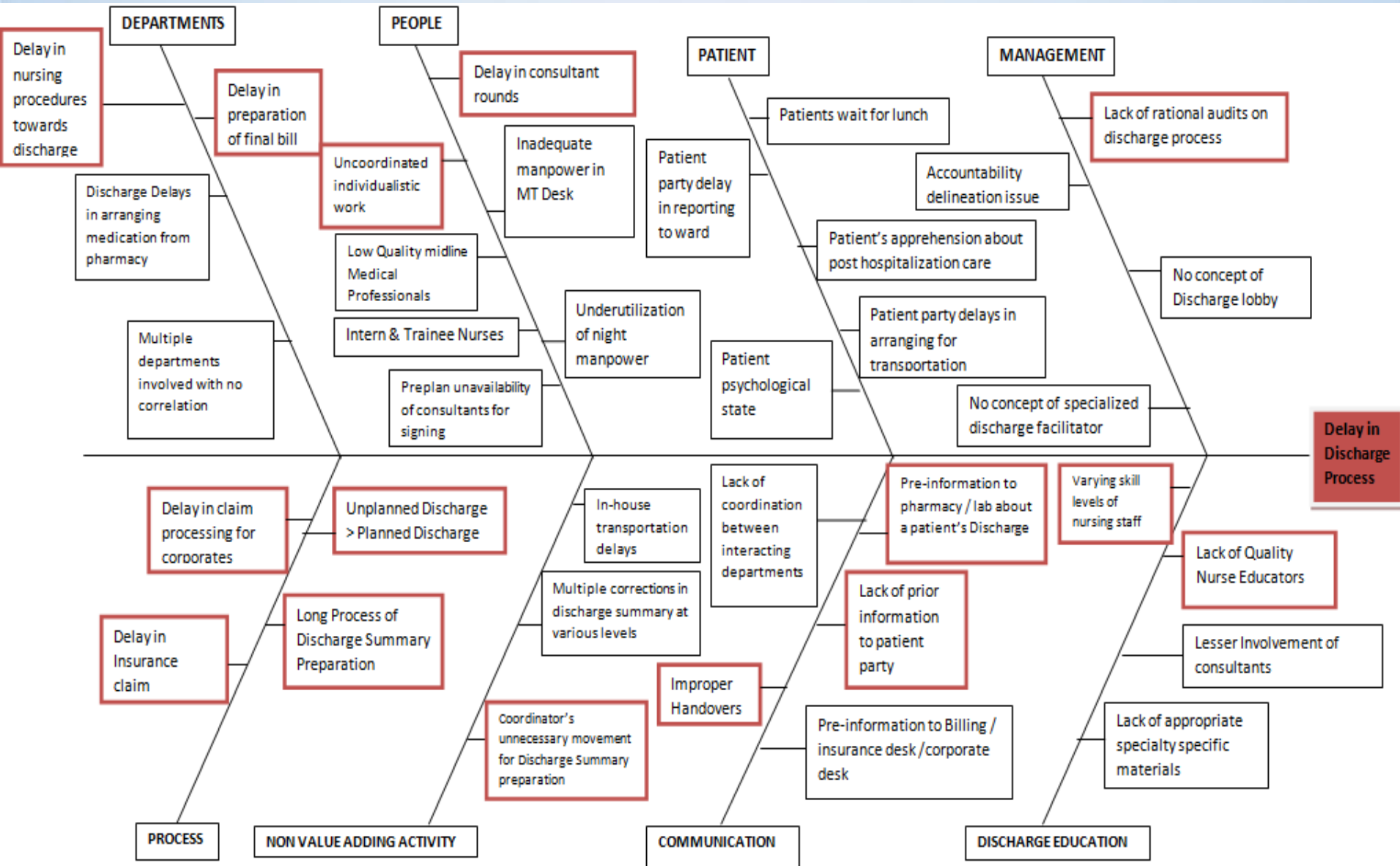


# Discharge Parameters that impact Satisfaction

## Percentage of Satisfaction & Dissatisfaction



# Fishbone Analysis for delay in Discharge



# Addressing the issues related to Discharge

1. **Reducing the unplanned** discharges – Trend Reversal from 63 percent to 36 percent at Present
2. **Discharge summary** prepared and signed by the consultant **one day prior** to the discharge
3. Increase staffing in Medical Transcription Desk **and Increase in the timings of operation of the department**
4. **Packed food** for long distance patients
5. **Proper updating** of the billing card by the coordinator and billing department
6. **Handling the Queries** of the TPA desk **prior** for faster discharge minimizing delays for insurance patient



## Clinical Discharge

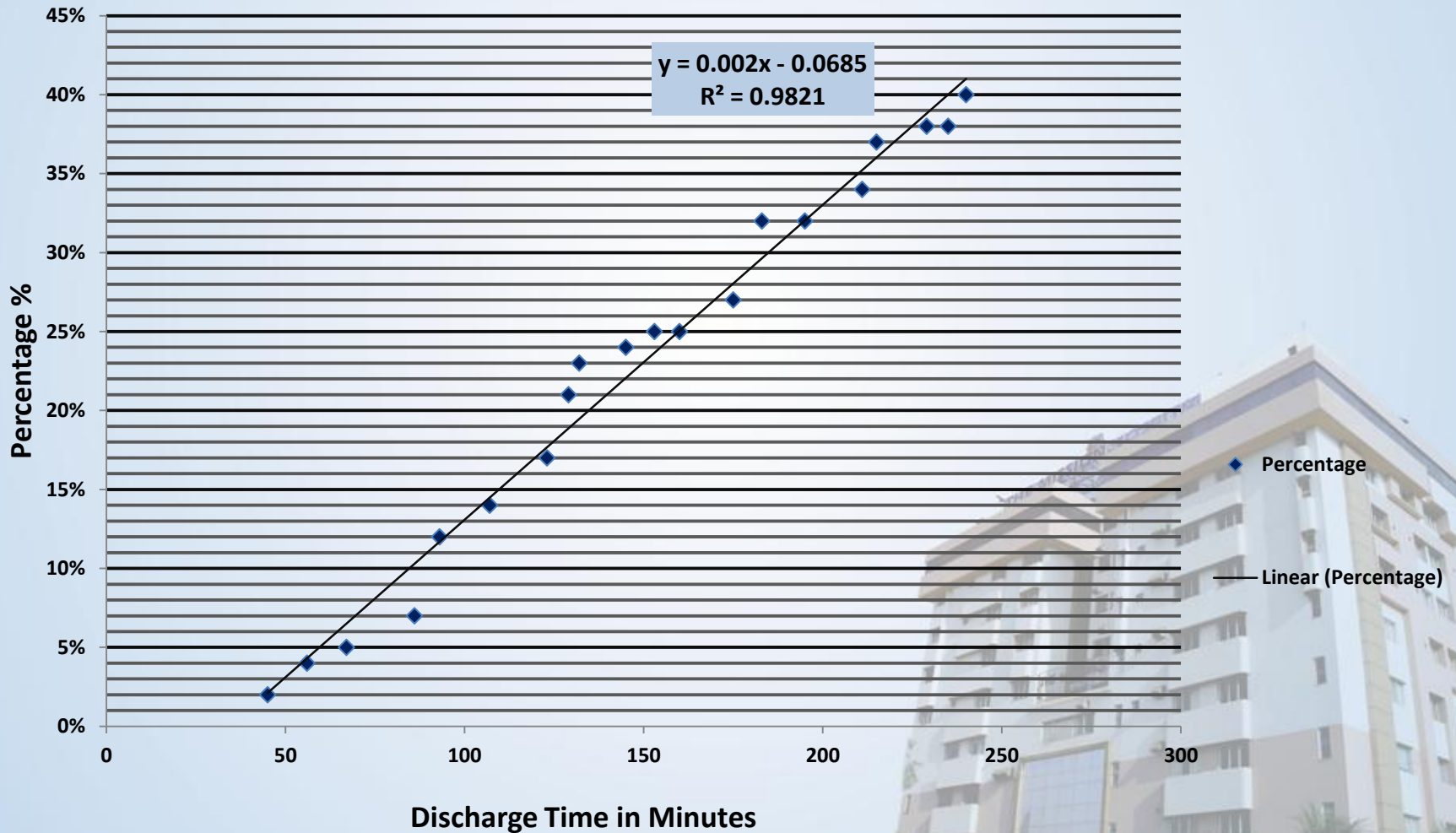
- Completion of **discharge summary one day prior to discharge**
- **Completion of laboratory investigations** or studies before discharge
- Discharge Education & Counselling
- **Education about when & how to obtain urgent care**

## Administrative Discharge

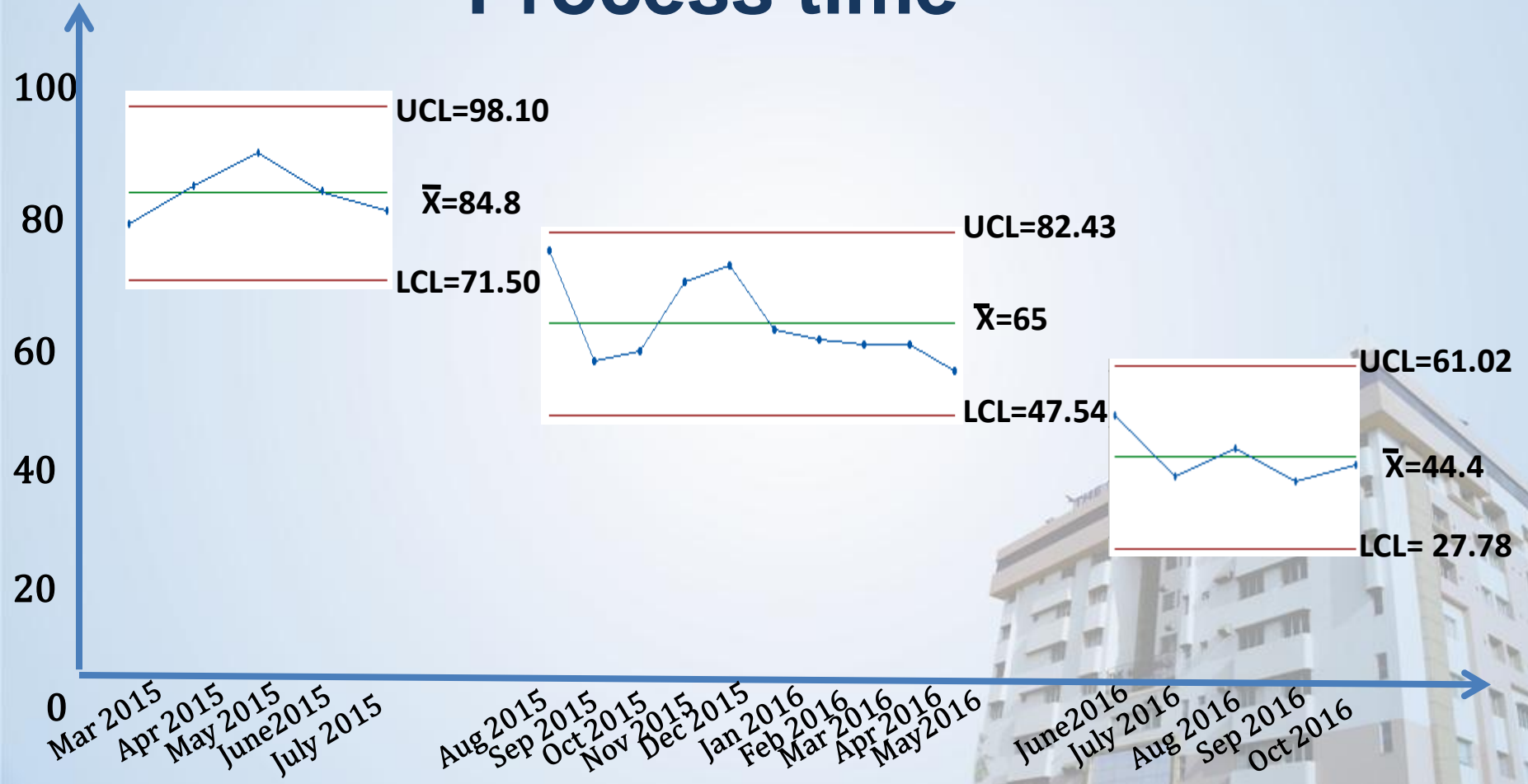
- Arrangement of discharge medications **before 9 am the same day**
- Arrange for **follow – up appointments**
- Preparation of **final bill**
- **Cancellation** of pending /wrongly entered tests



# Discharge Time and Satisfaction Impact

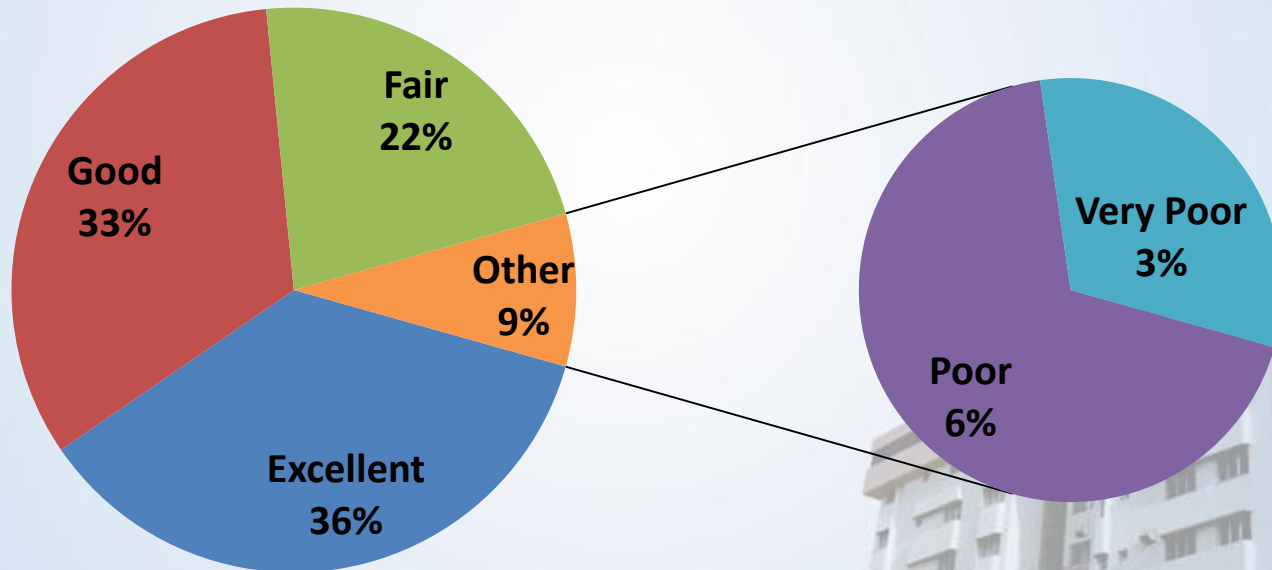


# Phase Wise Depiction of Discharge Process time



# Post Intervention Charting

## Percentage of Satisfaction & Dissatisfaction



# A3 Problem analysis in Billing

Title: Dissatisfaction in Billing

Owner: Ms. Sunanda Bhattacharya  
 Manager Approval: Mr. Debrishi Chatterjee

## BACKGROUND

- Patient Dissatisfaction due to several recurrent billing issues



## CURRENT CONDITIONS

- Lack of transparency in the billing process
- Package rates exceeded than estimates in 29% cases



## GOAL

- To introduce better transparency in billing & provide estimates that conform to packages



## ROOT-CAUSE ANALYSIS

- Interim bills not provided
- Behavioral issues of billing staff
- Improper counseling
- Knowledge ambiguity in treatment consequences which impact billing

## COUNTERMEASURES

- Training of billing staff for soft skills & counseling
- Interim bills provided at definite intervals.
- Estimates provided in conformance with packages

## EFFECT CONFIRMATION

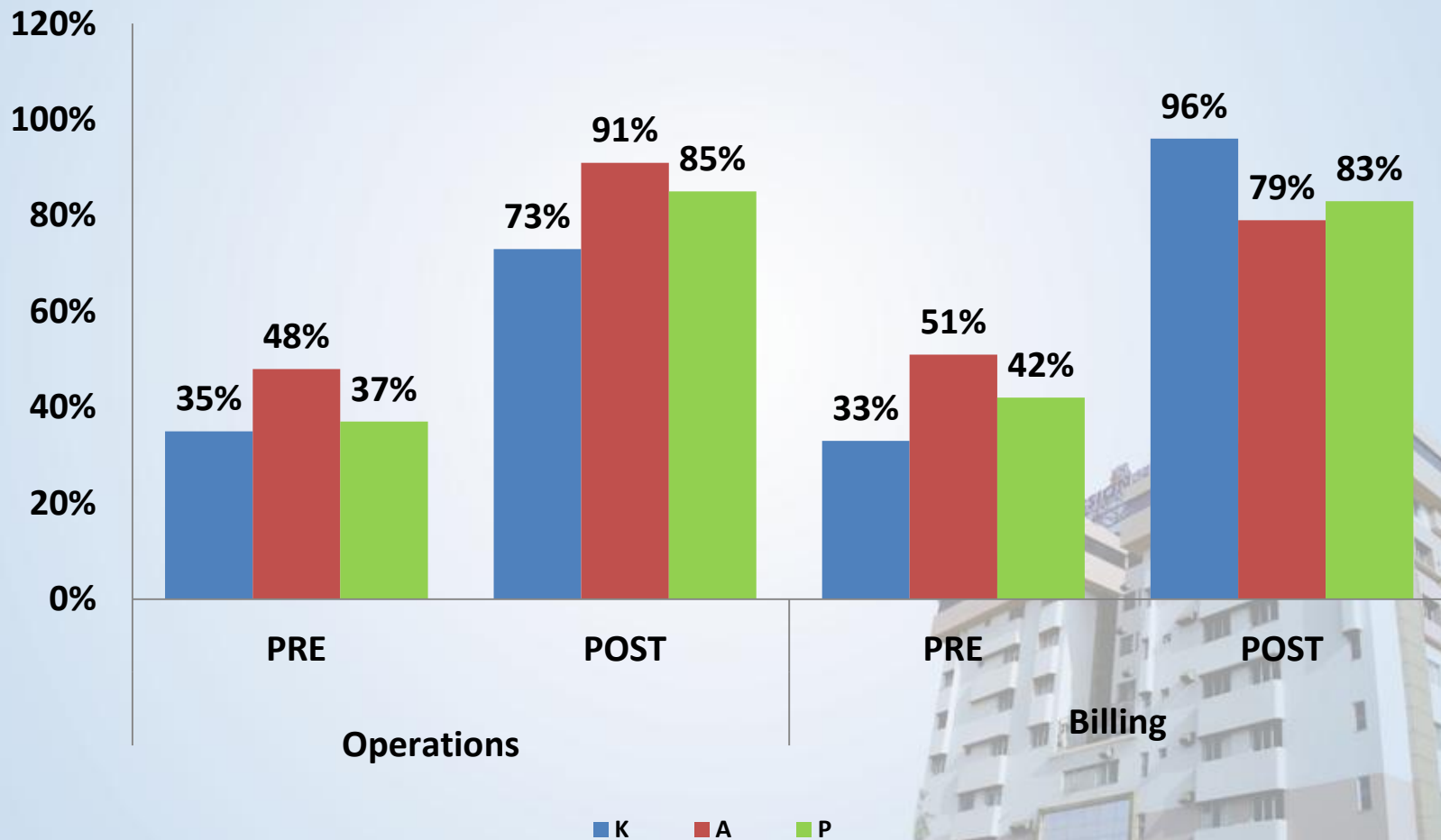
- Satisfaction level increased to 90%
- Counseling effectiveness ratified by patient



## FOLLOW UP ACTIONS

- Billing Department effectiveness monitoring by random surveys

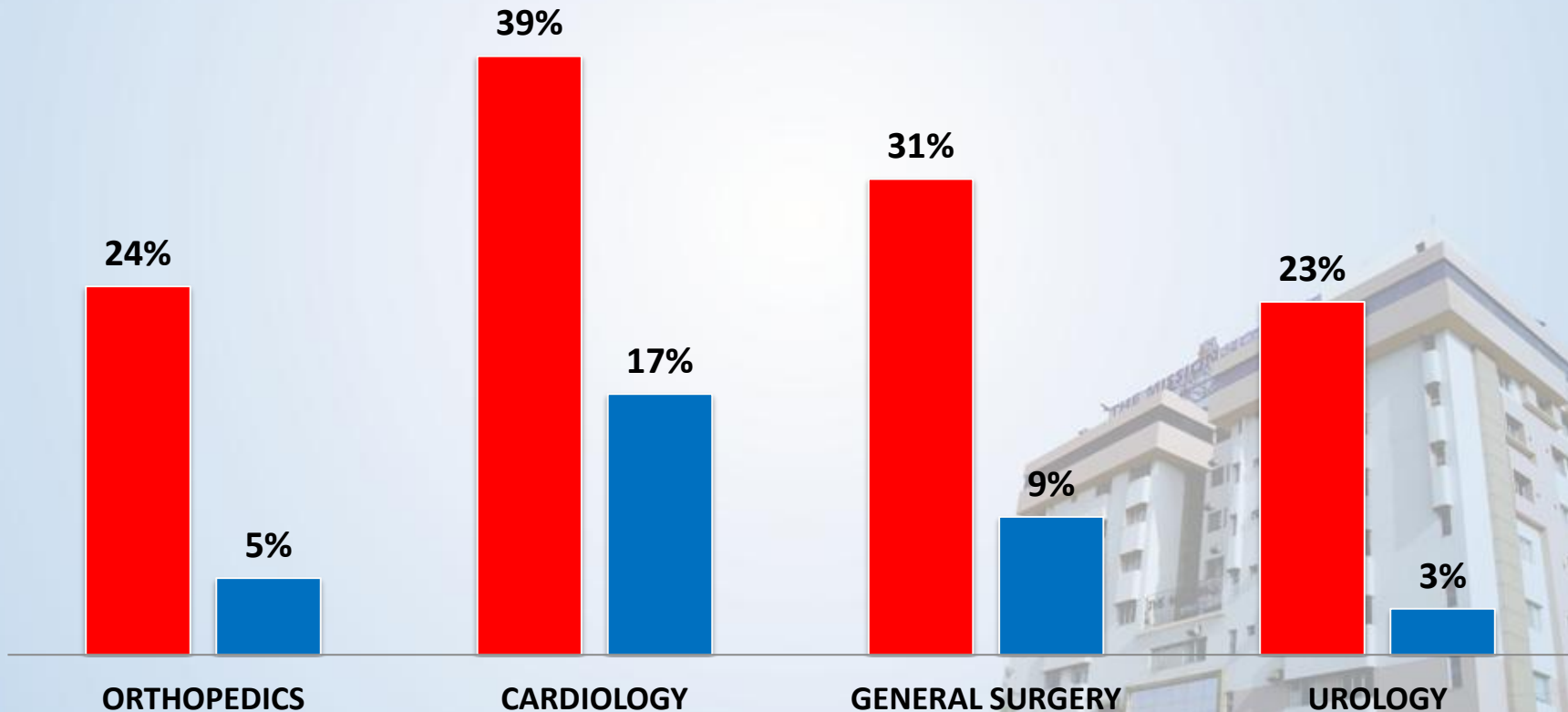
# KAP Study – Operations & Billing



# Estimates : Final Bill

Percentage of cases where actual bill exceeded estimates

■ PRE ■ POST



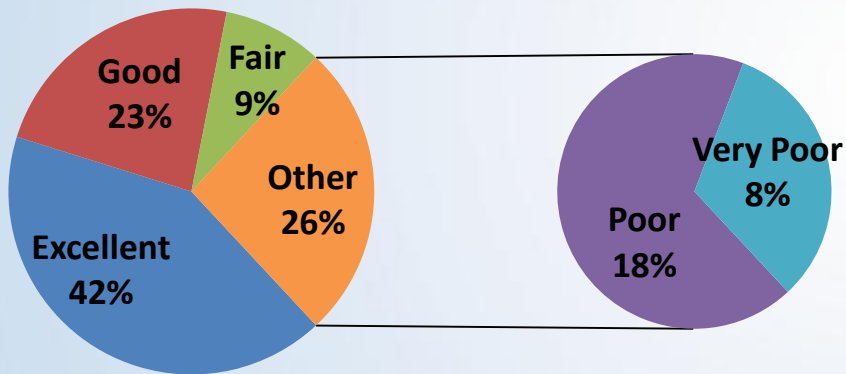
# Interventions Made for Billing Issues

1. **Daily updating** of total **Hospital bill**
2. **Interim bill** is provided to the patient representative.
3. Decreased waiting time of billing department by **queuing theory and schedule billing clearance time.**
4. Bill as per the estimated cost given to the patient during the admission.
5. **Proper communication** and explanation **if the bill exceeds the estimated cost.**
6. **Rechecking the bill** twice before giving the final bill to the patient to avoid dissatisfaction due to double entry or wrong entry.
7. **Increased mode of payment** (Card, Online, Draft, Cash)

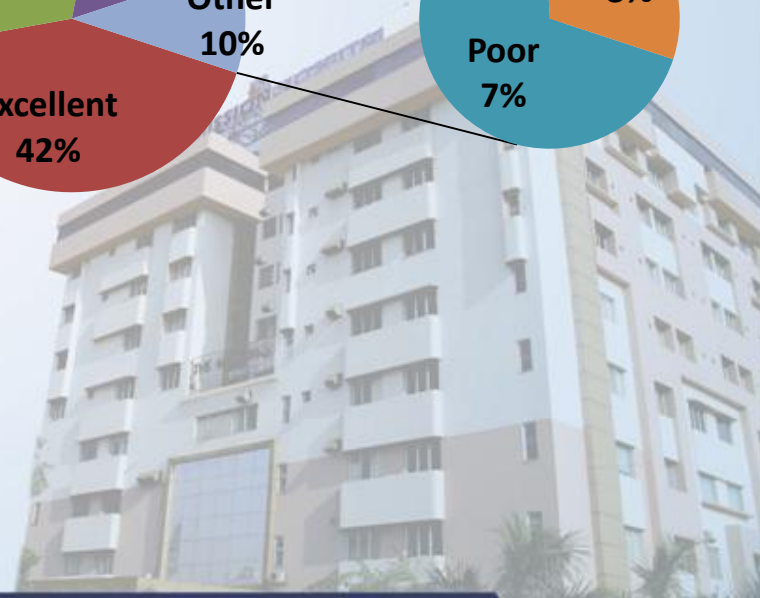
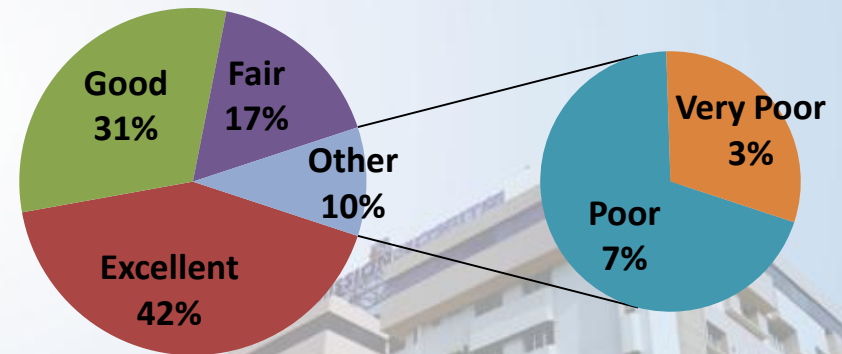


# Improvement of Satisfaction in Billing

Pre Study

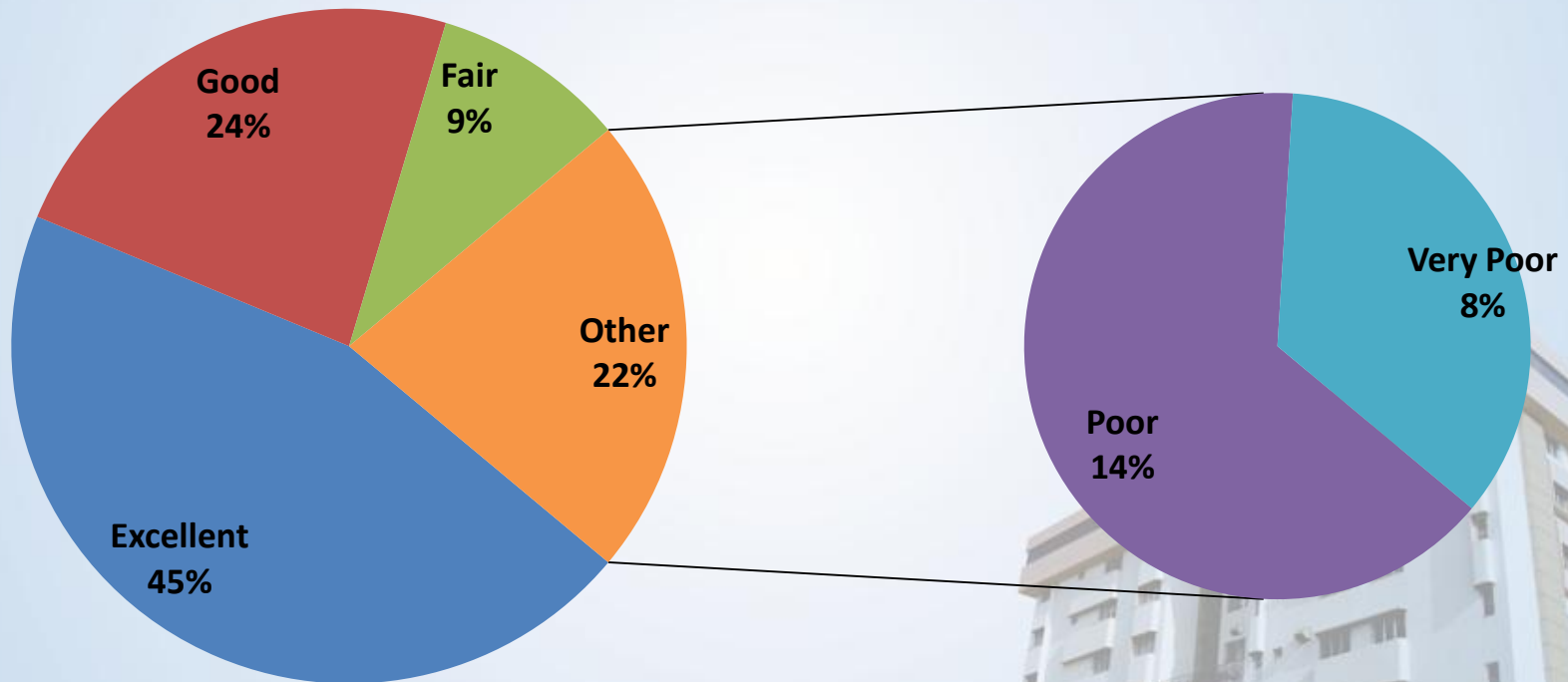


Post Study



# Nursing Pre Intervention

## Nursing Satisfaction & Dissatisfaction



# A3 Problem analysis in Nursing

Title: Dissatisfaction in Nursing Care

Owner: Sunanda Bhattacharya

Manager Approval: Debrishi Chatterjee

## BACKGROUND

- Dissatisfied patients due to issues related to nursing care.

## CURRENT CONDITIONS

- Nursing competence was on the lower side to more intern nurses joining
- High call bell response times
- Empathy for patients-missing

## GOAL

- Strategic measures to improve Nursing Care for better Patient Satisfaction.

## ROOT-CAUSE ANALYSIS

- More number of fresher nurses due to high attrition rates
- Lack of skill based trainings
- Impaired N:P ratio in some areas due to heavy patient load.

## COUNTERMEASURES

- Recruitment of experienced Nursing staff in all levels
- Skill development training- clinical, non-clinical, patient oriented
- Hands-on workshops in associated with globally renowned nurse educators

## PLAN

- Post-study demonstrated significant improvements in satisfaction to 93% due to nursing care
- Response time to Call bells improved to 15 Seconds

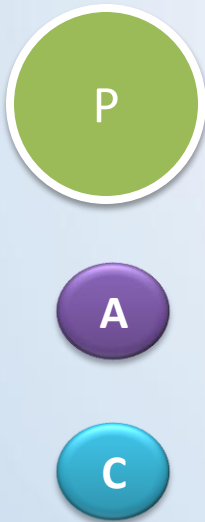
## FOLLOW UP

- Repeated use of the **MMI cycle** to sustain changes

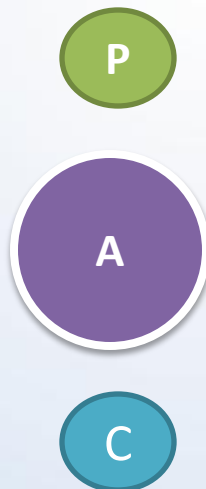
# Ego Portraits

People have favorite, preferred ego state, depicted by larger circle in a diagram.

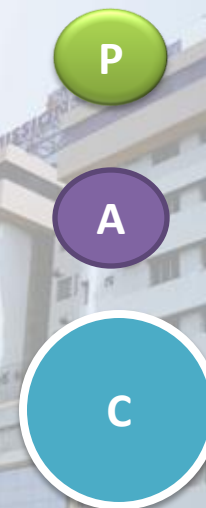
**Parent**



**Adult**



**Child**

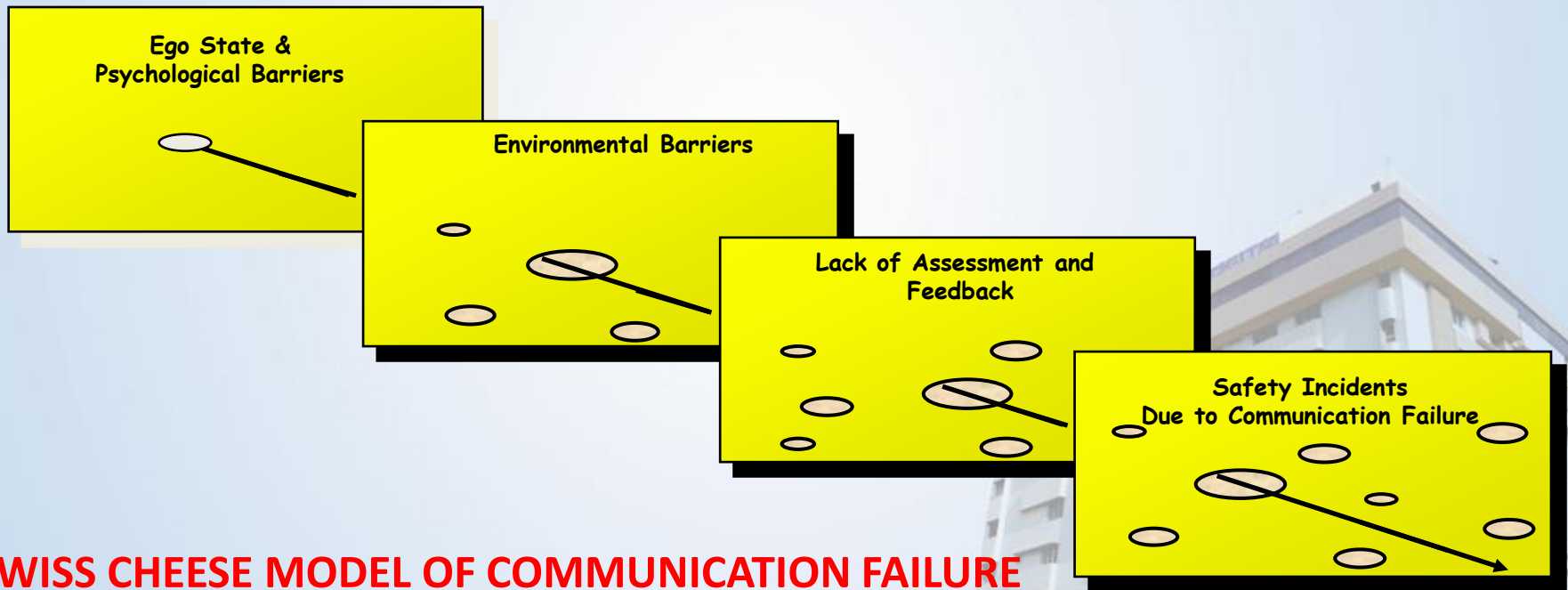


## Safe Communication Hindrances

Ego State & Psychological Barriers

Environmental Barriers

Lack of Feedback



**SWISS CHEESE MODEL OF COMMUNICATION FAILURE**

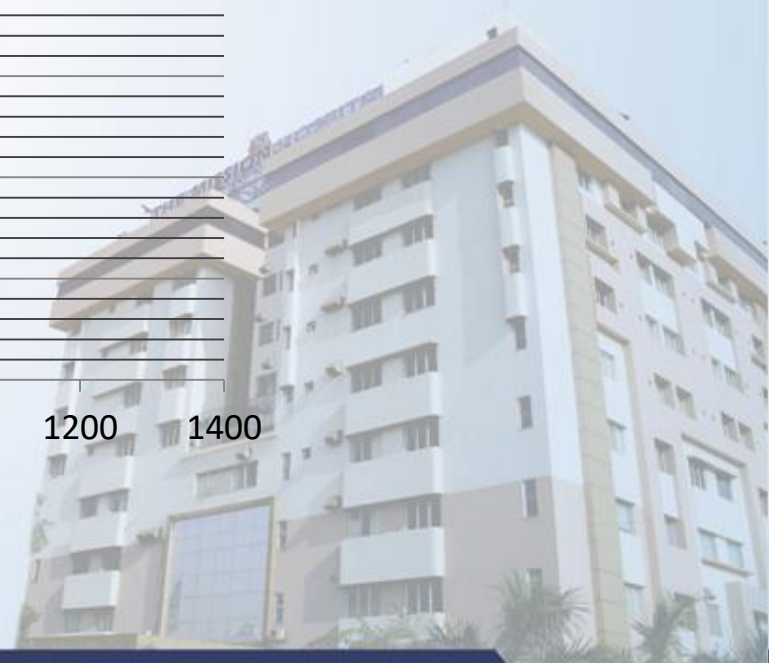
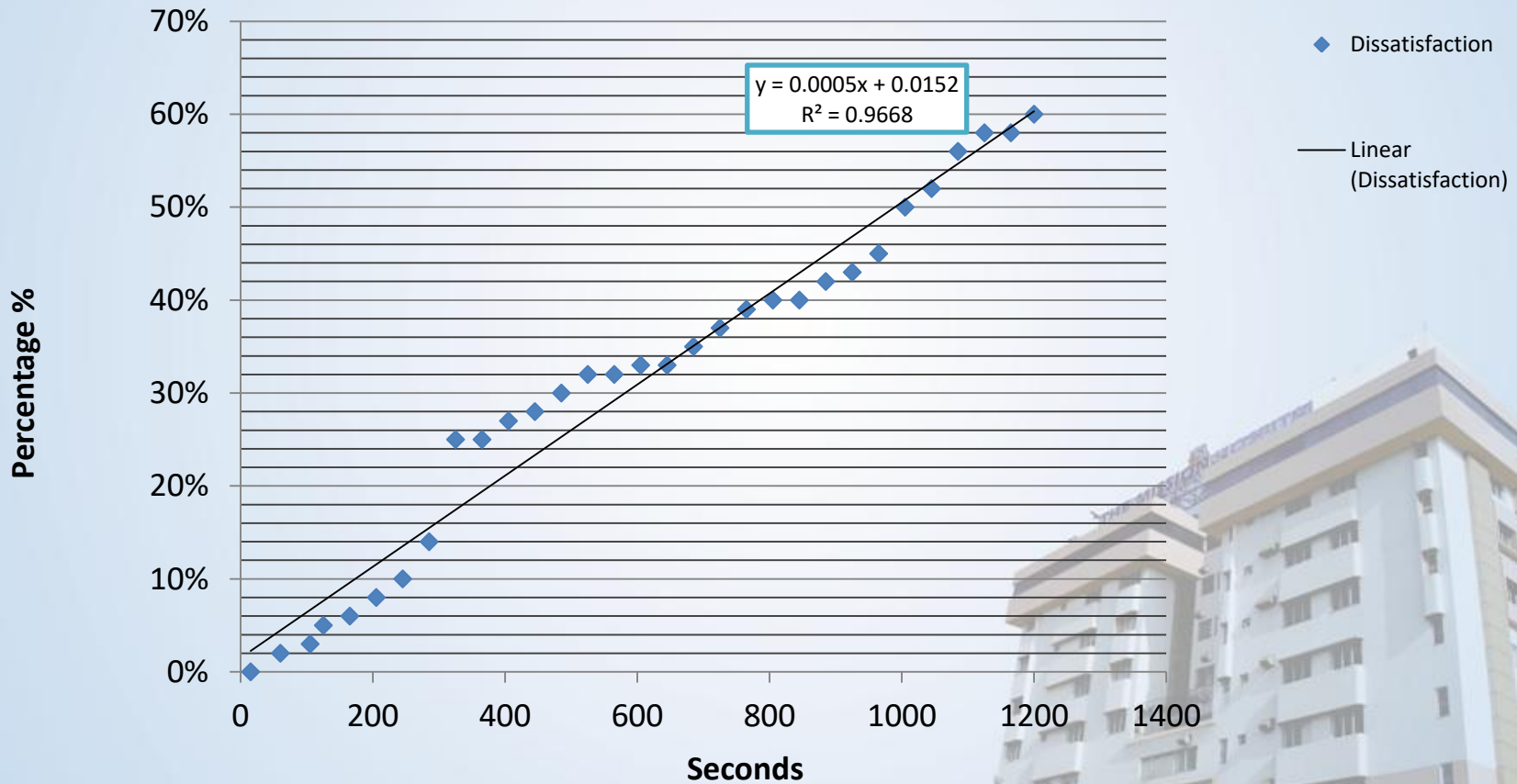
# Improvements in Nursing Care

- Development of the **empathy culture**
- Faster response time
- **Training** of the Nursing in clinical parameters and non-clinical parameters.
- **Special training** by Wadhvani foundation, Quality, Nursing, Medical team and soft skill training

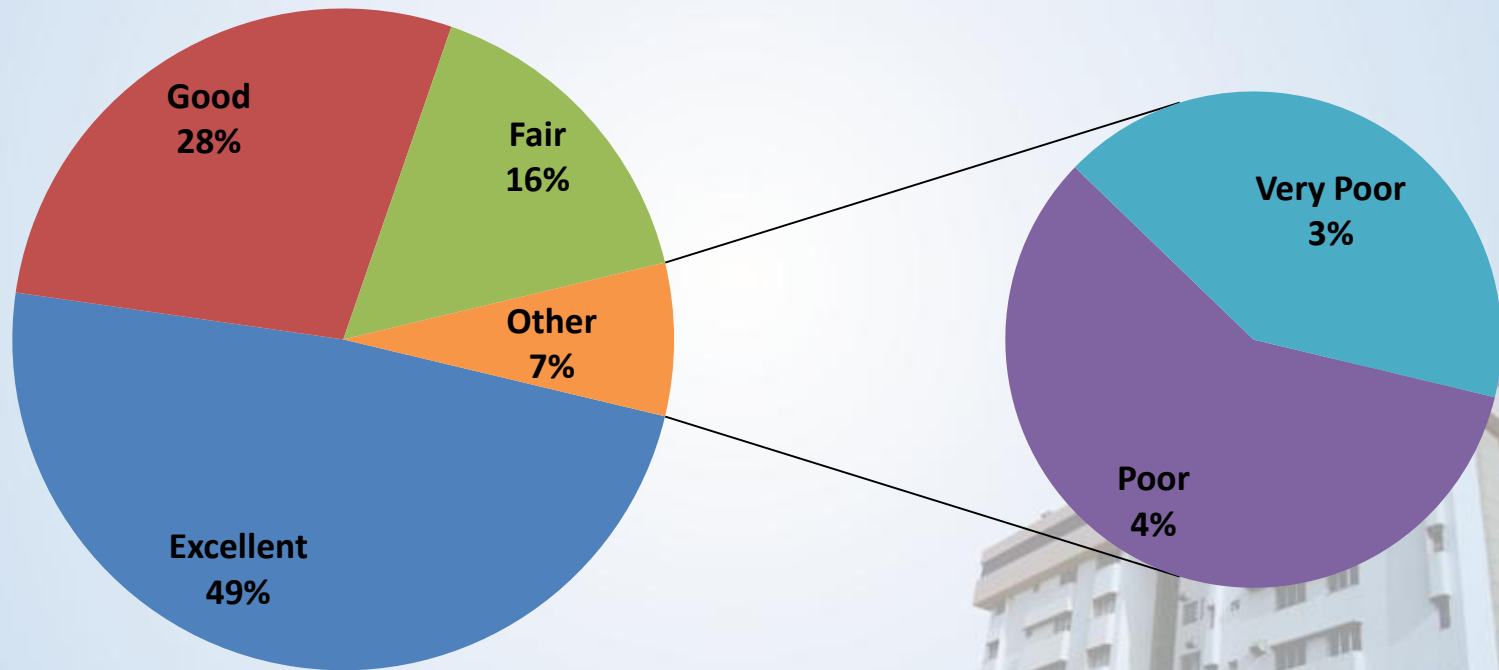


# Nursing Response & Satisfaction Impact

## Dissatisfaction



# Post Intervention metrics





# Conclusion

- Efficient measures have been introduced into streamlining processes & resolving issues and enhancing patient satisfaction & creating a worth loyalty experience
- **Lean Six Sigma Tools** used to gradually evolve and **sustain a process of gathering feedback and sustaining improvements throughout**
- Significant rise in Patient Satisfaction from 74% to 92% ( $p < 0.05$ )
- New Feedback form developed which now aims at **Patient Experience** rather than **Patient Satisfaction**  
[Patient Experience Surveillance.docx](#)





**THANK YOU**

