

Patients Feedback Analysis to Improve Quality of Care - A Tertiary Care Centre Study

Dake Rajesh¹, I.V.Ramana², Ramesh.CH³

¹Emergency Physician, Apollo Hospitals, Kakinada

²General Manager, Unit Head, Apollo Hospitals, Kakinada

³Quality Manager, Apollo Hospitals, Kakinada

Corresponding Author: Dake Rajesh

ABSTRACT

Objective: The aim of this study was to explore the nature and potential usefulness of compliments, suggestions and complaints given by patients and their relatives with regard to our hospital. Complaints and suggestions by patients and their relatives are an important source of information when considering ways in which to improve patient care and we could take adequate remedial measures. Understanding patients' complaints could help healthcare organizations target the areas for improvements

Methods: It is a retrospective observational study of feedbacks collected from patients. The statistical analysis was performed by using chi square test and percentage analysis.

Results: Out of total feedbacks analysed (n=6829) there are only 4.6 % of Complaints (n=315) and 27.8% compliments (n=1894) and 1.3% Suggestions (n=88). There are 94.09 % of patients (n=6426) who are satisfied with the hospital as a whole irrespective of complaints and suggestions. The parameters as per patient's feedback viz., complaints and compliments were tested for significance at p value 0.05. The analysis shows that the chi square test statistic is 193.15 and obtained p value is 0.00001 for which the test is significant at 0.05

Conclusion: Healthcare providers should be not only scientifically knowledgeable, but also humanistic caring. Rigorous and regular analyses of patient feedbacks will help to identify problems in patient care. The patient feedbacks analysed in this study clearly indicate a number of specific areas that commonly give rise to dissatisfaction. These area specific negative feedbacks can be addressed by department wise customised regular trainings and evaluation

Keywords: Feedback, Complaints, Compliments, Suggestions, Quality care.

INTRODUCTION

Patient feedbacks provide a valuable source of insight into patient care problems within healthcare organisations. [1] Patients are sensitive to, and able to recognise, a range of problems in healthcare delivery, [2] some of which are not identified by traditional systems of healthcare monitoring (e.g., incident reporting systems, retrospective case reviews). [3] Thus, patients' feedback can provide important and additional information to healthcare organisations on how to improve patient care. [4] Furthermore, analysing data on negative patient experiences strengthens the ability of healthcare organisations to detect systematic problems in care. Healthcare organisations receive huge volumes of complaints and complaints can focus on diverse problems (from car parking to prescribing errors), describe different types of harm (eg, physical, emotional), have legal or malpractice implications, and have different underlying aims (eg, resolving dissatisfaction, creating change, preventing future issues). [5,6,3] The patient perspective is important because users of health services may have a different view of problems to those reported by health professionals in the adverse incident reporting systems that are now routine practice in many countries. [7, 8] Complaints from patients often relate to safety and service quality problems in their care, [9,1] as well as concerns about treatment

and poor communication with health professionals. [8]

MATERIALS AND METHODS

Research instrument: It is a retrospective observational study of feedbacks collected from patients.

Sample design: 6829 feedbacks were studied from December 2018 to November 2019

Data collection: Data was collected from feedback given by patients either in written feedback form or given orally during post discharge feedback collection. The profile of these feedbacks were studied by grouping the total number of feedbacks collected during period December 2018 to November 2019 under following categories: Admission process experience, Billing Experience, Nursing care experience, Doctor treatment experience, Housekeeping experience, Maintenance experience, Investigations experience, Food and beverages experience, Pharmacy experience, Security experience, Discharge process experience.

Inclusion Criteria: All inpatient discharged patients feedback were included in this study

Exclusion Criteria: All outpatient (OP) and preventive health check (PHC) client feedbacks were excluded in this study

Statistical analysis: The data was analysed by Percentage analysis and statistical test like Chi Square test. The chi square test was performed by comparing the compliments and complaints as per patient feedbacks. The hypothesis was tested significant at P value < 0.05

RESULTS

Out of total feedbacks analysed (n=6829), only written feedbacks (n=4532) and post discharge calls (n=1477) were considered for the study in which there are only 4.6 % of Complaints (n=315) 1.3% Suggestions (n=88) and 27.8% compliments (n=1894). There are 94.09 % of patients (n=6426) who are satisfied with the hospital as a whole irrespective of complaints and suggestions. The statistical analysis was

performed by using chi square test. The parameters as per patient's feedback viz., complaints and compliments were tested for significance at p value 0.05. The analysis shows that the chi square test statistic is 193.15 and obtained p value is 0.00001 for which the test is significant at 0.05. Hence we accept the alternative hypothesis and reject the null hypothesis.

DISCUSSION

Data collected from patient's written feedback and telephonically by post discharge calls during period December 2018 to November 2019 were analysed. Table 1, 2 shows different modes and different areas from where data was collected.

Table 1: Different modes and number of feedbacks

MODE OF FEEDBACKS	NUMBER
POST DISCHARGE	1477
INPATIENT	4532
OP	7
PHC	78

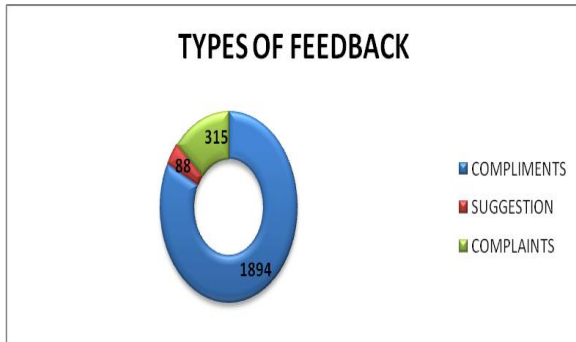
Table 2: Percentage Distribution of different modes of feedback collection

MODE OF FEEDBACKS	Percentage
POST DISCHARGE	21.4
INPATIENT	77.4
OP	0.1
PHC	1.3

Most of the times feedback will be collected from patient attendees during hospital stay unlike in post discharge calls where the feedback is collected directly from patient itself. While analysing the feedbacks, we excluded all the Preventive Health check (n = 78) and outpatient (n = 07) feedbacks. All the feedbacks during post discharge calls and written feedbacks during hospital stay were analysed and segregated into three different types of feedbacks like Compliments, suggestions and complaints (Table 3).

Table 3: Types of feedback

TYPE OF FEEDBACKS	NUMBER
COMPLIMENTS	1894
SUGGESTION	88
COMPLAINTS	315



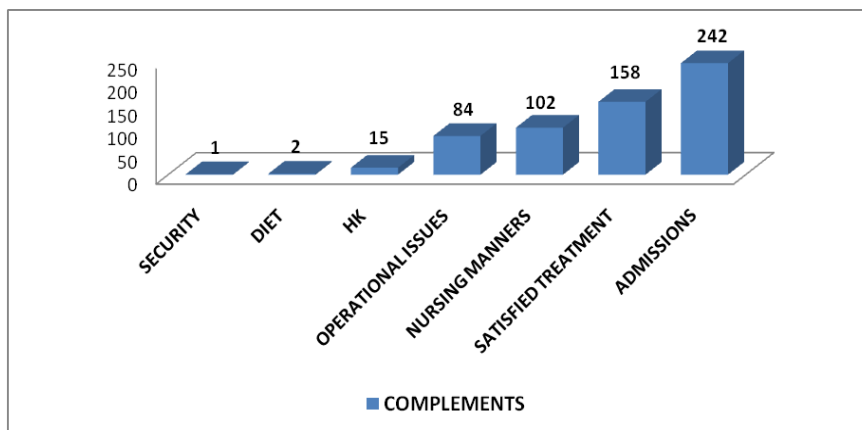
Graph 1: Types of feedback

beverages experience, Pharmacy experience, Security experience, Discharge process experience. Out of total feedbacks collected (n=6829) there are only 4.6 % of Complaints (n=315) and 1.3% Suggestions (n=88). There are 94.09 % of patients (n=6426) who are satisfied with the hospital as a whole irrespective of complaints and suggestions.

All the different types of feedback which were collected are again categorised to different areas (Table 4,5 and Graph 3,4) like Admission process experience, Billing Experience, Nursing care experience, Doctor treatment experience, Housekeeping experience, Maintenance experience, Investigations experience, Food and

Table 4: Area wise compliments

AREAS	COMPLIMENTS
SECURITY EXPERIENCE	1
DIET EXPERIENCE	2
HK EXPERIENCE	15
OPERATIONAL EXPERIENCE	84
NURSING EXPERIENCE	102
DOCTOR EXPERIENCE	158
ADMISSION EXPERIENCE	242



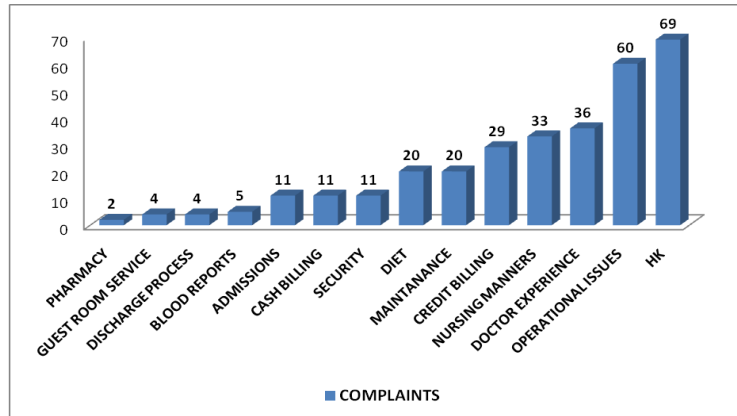
Graph 2: Department wise positive feedbacks

The graph 2 shows individual department wise positive feedbacks

Table 5: Area wise complaints

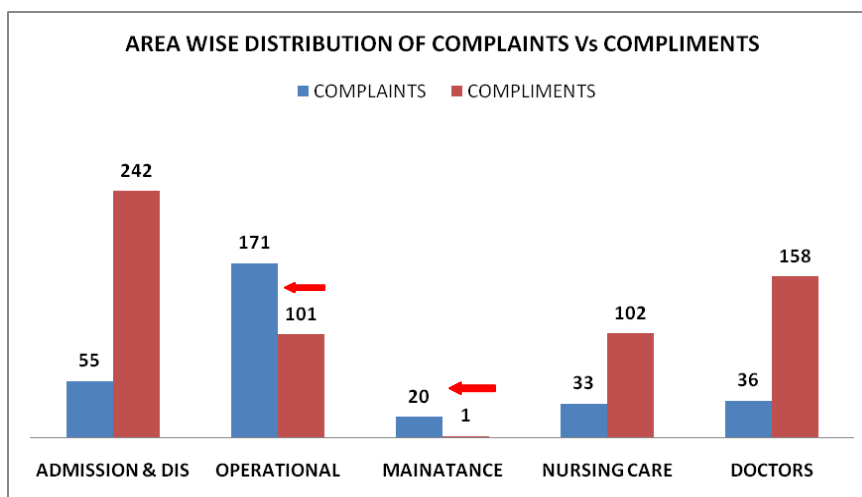
AREAS	COMPLAINTS
PHARMACY	2
GUEST ROOM SERVICE	4
DISCHARGE PROCESS	4
BLOOD REPORTS	5
ADMISSIONS	11
CASH BILLING	11
SECURITY	11
DIET	20
MAINTANANCE	20
CREDIT BILLING	29
NURSING MANNERS	33
DOCTOR EXPERIENCE	36
OPERATIONAL ISSUES	60
HK	69

The table 5 shows that there are more complaints related to Housekeeping and operational experience which can be addressed by department wise customised regular trainings and evaluation.



Graph 3: Department wise negative feedbacks

The graph 3 shows individual department wise negative feedbacks which can be addressed by department wise customised regular trainings and evaluation.



Graph 4: Category wise Compliments vs. Complaints feedbacks distribution.

Graph 4 depicts that there are more complaints (n=171) when compared to compliments (n=101) in operational experience for the patients and complaints (n=20) when compared to compliments (n=1) in housekeeping experience for the patients.

CONCLUSION

Patients' complaints can be viewed negatively as a source of problems or positively as underpinnings for performance improvement. Healthcare providers should be not only scientifically knowledgeable, but also humanistic caring. Rigorous and regular analyses of patient feedbacks will help to identify problems in patient care. The patient feedbacks analysed in this study

clearly indicate a number of specific areas that commonly give rise to dissatisfaction. These area specific negative feedbacks can be addressed by department wise customised regular trainings and evaluation

Conflict of Interest: None declared

Source of Support: Nil

REFERENCES

1. Donaldson, L. (2002). An organisation with a memory. *Clinical Medicine*, 2(5), 452-457.
2. Weingart, S. N., Pagovich, O., Sands, D. Z., Li, J. M., Aronson, M. D., Davis, R. B., & Bates, D. W. (2005). Patient-reported service quality on a medicine unit. *International Journal for Quality in Health Care*, 18(2), 95-101.

3. Levtzion-Korach, O., Frankel, A., Alcalai, H., Keohane, C., Oray, J., Graydon-Baker, E., & Sato, L. (2010). Integrating incident data from five reporting systems to assess patient safety: making sense of the elephant. *The Joint Commission Journal on Quality and Patient Safety*, 36(9), 402-AP18.
4. Weingart, S. N., Pagovich, O., Sands, D. Z., Li, J. M., Aronson, M. D., Davis, R. B. & Phillips, R. S. (2005). What can hospitalized patients tell us about adverse events? Learning from patient-reported incidents. *Journal of general internal medicine*, 20(9), 830-836
5. Hsieh, S. Y. (2012). An exploratory study of complaints handling and nature. *International journal of nursing practice*, 18(5), 471-480
6. Bismark, M., Dauer, E., Paterson, R., & Studdert, D. (2006). Accountability sought by patients following adverse events from medical care: the New Zealand experience. *CMAJ*, 175(8), 889-894.
7. Ward, J. K., & Armitage, G. (2012). Can patients report patient safety incidents in a hospital setting? A systematic review. *BMJ Qual Saf*, 21(8), 685-699.
8. Mann, C. D., Howes, J. A., Buchanan, A., & Bowrey, D. J. (2012). One-year audit of complaints made against a University Hospital Surgical Department. *ANZ journal of surgery*, 82(10), 671-674.
9. Reader, T. W., Gillespie, A., & Roberts, J. (2014). Patient complaints in healthcare systems: a systematic review and coding taxonomy. *BMJ Qual Saf*, 23(8), 678-689.

How to cite this article: Rajesh D, Ramana IV, Ramesh CH. Patients feedback analysis to improve quality of care - a tertiary care centre study. *International Journal of Research and Review*. 2020; 7(1): 1-5.
