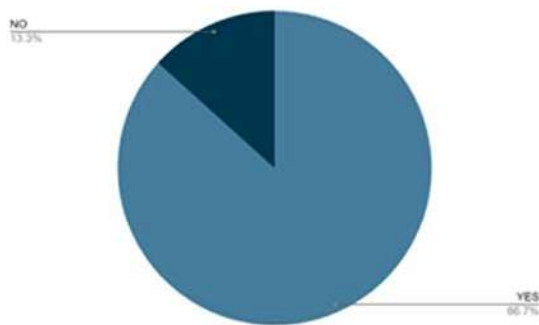
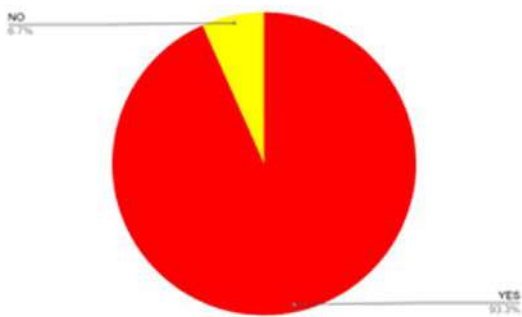


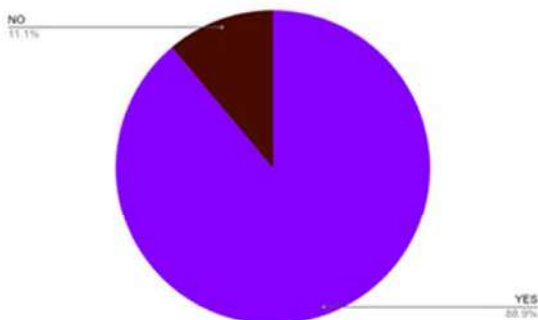
G. Patient payment mode for admission and due course during the hospitalization



H. Proper food, hygiene and safety (security) was provided during the wait time in ED



I. Proper care by treating ED doctors and ED nursing staff i.e.. Proper vitals monitoring, medication administration, "healing touch", empathy towards the patient



J. Will revisit the hospital in future (in case) for treatment again / suggest the hospitals to friends and family

study period. All the patients agreed to be active participants in the study conducted.

DISCUSSION

Our study conducted in a super speciality hospital of North India showed that the majority of the patients visiting the ED and waiting in the ED are males when compared to females. Majority of the patients were aged between 30 - 40 years of age. There was no delay in assessing the patients within the first 20 minutes of arrival in the ED by the triage nurse and doctor in the ED, the treatment began within the first 30 minutes after the assessment of the triage team. The wait time in the ED ranged from 2-8 hours in our study. The majority of the patients were destined to ICU and ward from ED who were getting delayed for shifting. The patients destined to the operating room and discharged from ED were not delayed in this study population. As thought by majority people that private hospitals are money minded and admit people with cash or insurance (payment mode), our study has shown that there was equal time of delay in cash patients, insurance patients and government panel patients. Unlike other hospitals, people below the poverty line (economically weaker section - EWS), our hospital treats patients as patients and does not discriminate among the sections of the society. Majority of the patients were happy by the behavior of the nursing staff and doctors in ED during the wait time in ED, and many agreed to return to the hospital in future (incase) and get treatment. The major source for delay was found to be slow discharge process within the hospital setup.

ED's are the first point of contact of patients to the hospital and thus, the perception (good or bad) about the hospital is formed in the ED itself.¹⁰ Wait time in the emergency is the major source of patient dissatisfaction worldwide, patients need quick resolution of the patient problem with shorter stay in the hospital.¹¹ The triage code for the ED is designed for the purpose of patient categorization based on the prioritization depending on patient symptoms based on the assessment by triage nurse and triage doctor. Care by ED nurses play the most important role in patient satisfaction during the stay in ED. They must possess specific knowledge regarding healthcare to provide quality care to patients of all ages with empathy.¹² This period can be improved (for patient quality care) by hiring senior and experienced staff having both sound clinical knowledge and empathy response towards the patient, which many growing and established

healthcare establishments lack by hiring new trainees in the ED.¹² Similarly, the doctor patient relationship also plays a vital role in patient satisfaction/ dissatisfaction while visiting the ED and during the stay in the ED.¹³ Treating patients with empathy, giving the desired knowledge and treatment outcome plays the crucial role in building a healthy doctor patient relationship.¹⁴ The assessment of ED patient satisfaction score is a complex and tiresome task but the need of the

TRIAGE CLASSIFICATION				
COLOUR	PRIORITY	TRIAGE CATEGORY	CONDITIONS	TRANSFER TO
RED	1	TOP PRIORITY ATTENTION	TRAUMA & MEDICAL EMERGENCIES	ICU
YELLOW	2	URGENT ATTENTION	MODERATELY INJURED, GENERALLY NON-AMBULATORY	ICU / WARD
GREEN	3	SEMI-URGENT	MINOR INJURIES, WALKING WOUNDED CATEGORY	WARD / OPD
BLACK	4	NON-URGENT	DEAD BODY TO BE TAGGED	DEAD BODY AREA

hour. The assessment should be carried out by the administration team to build a healthy patient centric healthcare environment for the patient's comfort and trust regarding the treatment.

CONCLUSION

This study for the assessment of patient satisfaction score and reasons for delay in admission from the ED is one such sole study to be carried out in our healthcare setup. The study found out that there was major delay in shifting of patients to the ICU and ward from the ED but there was very less patient dissatisfaction noted, mostly due to the impressive handling of patients by the nursing team and doctors in the ED. The major reason for delay was found to be a slow discharge process within the hospital leading to waiting in the ED. The study will be used to guide the healthcare reforms expert and administration to improve the quality care and overall patient satisfaction by improving the major faults within the healthcare setup.

REFERENCES

1. Welch SJ. Twenty years of patient satisfaction research applied to the emergency department: A qualitative review. *Am J Med Qual.* 2010;25:64-72.
2. Andaleeb SS. Service quality perceptions and patient satisfaction: A study of hospitals in a developing country. *SocSci Med.* 2001;52:1359-70.
3. Rahmqvist M, Bara A-C. Patient characteristics and quality dimensions related to patient satisfaction. *Int J Qual Health Care.* 2010;22(6):86-9.
4. Kent S. Achieving patient compliance: The psychology of the medical practitioner's role. *JAMA.* 1983;250(17):2376-7.
5. West E. Management matters: The link between hospital organisation and quality of patient care. *Qual Health Care.* 2001;10:40-8.
6. Lau FL. Can communication skills workshops for emergency department doctors improve patient satisfaction? *Emerg Med J.* 2000;17:251-3.
7. Worku M, Loha E. Assessment of client satisfaction on emergency department services in Hawassa University Referral Hospital, Hawassa, Southern Ethiopia. *BMC Emerg Med.* 2017;17:21.
8. Damghi N, Belayachi J, Armel B, Zekraoui A, Madani N, Abidi K, *et al.* Patient satisfaction in a Moroccan emergency department. *Int Arch Med.* 2013;6:20.
9. McKinley RK, Roberts C. Patient satisfaction with out of hours primary medical care. *Qual Health Care.* 2001;10:23-8.
10. Davis K, Stremikis K, Squires D, Schoen C. *Mirror, Mirror on the Wall. How the Performance of the US Health Care System Compares Internationally.* New York: Common Wealth Fund; 2014.
11. Hoot NR, Aronsky D. Systematic review of emergency department crowding: Causes, effects, and solutions. *Ann Emerg Med.* 2008;52:126-36.
12. Calvillo E, Clark L, Ballantyne JE, Pacquiao D, Purnell LD, Villarruel AM. Cultural competency in baccalaureate nursing education. *J TranscultNurs.* 2009;20:137-45.
13. Stewart MA. Effective physician-patient communication and health outcomes: A review. *CMAJ.* 1995;152:1423-33.
14. Leonard M, Graham S, Bonacum D. The human factor: The critical importance of effective teamwork and communication in providing safe care. *QualSaf Health Care.* 2004;13 (Suppl 1):i85-i90.

REDKART.NET

(A product of Red Flower Publication (P) Limited)

(Publications available for purchase: Journals, Books, Articles and Single issues)

(Date range: 1967 to till date)

The Red Kart is an e-commerce and is a product of Red Flower Publication (P) Limited. It covers a broad range of journals, Books, Articles, Single issues (print & Online-PDF) in English and Hindi languages. All these publications are in stock for immediate shipping and online access in case of online.

Benefits of shopping online are better than conventional way of buying.

1. Convenience.
2. Better prices.
3. More variety.
4. Fewer expenses.
5. No crowds.
6. Less compulsive shopping.
7. Buying old or unused items at lower prices.
8. Discreet purchases are easier.

URL: www.redkart.net