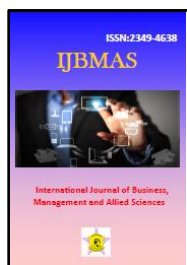


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**IMPACT OF NATIONAL ACCREDITATION ON THE PATIENT'S
EXPERIENCE OF DIETARY DEPARTMENT SERVICES: A CASE STUDY**

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ABSTRACT

Quality has become a fundamental requirement for all healthcare organizations in order to survive and succeed in this competitive, demanding and challenging healthcare service industry. **Objectives:** To study the impact of National Accreditation Board for Hospitals & Healthcare Providers (NABH) Accreditation, India on dietary services patient experience. **Research Methods:** It is a case study method in which comparative, survey research methodology is used. A sample of a population was studied by structured experience survey questionnaires (before and after the accreditation) in a private tertiary care hospital at Secunderabad, Telangana State, India to determine its characteristics, and it is then inferred that the population has the same or different characteristics. **Significance of Research:** It was observed initially before the accreditation that there was a lower patient experience rate of the hospital dietary services, which was affecting the study hospitals' business. **Research Design:** The closed ended questionnaire was developed considering the dietary services process by incorporating the six dimensions of quality Safe, Timely, Effective, Efficient, Equitable, and Patient-centered (STEEP) and were tested prior to implement. Questionnaires were given to the patient's and or their families for completion two months before and two months after the accreditation. **Study Population:** Simple random sampling method was selected, and the researcher had involved all patients and families of unconscious and pediatric patients including all age groups. **Data Collections:** Primary data were collected from the survey questionnaires and secondary data were collected from relevant published journals, articles, research papers, academic literature and web portals. **Conclusion:** The patients' experience of dietary department services has been improved after the national healthcare accreditation. The increase of age has resulted in lower patients' experience about the dietary services, the non-Telugu ($M = 73.33$) and those who used the payment method cash ($M = 82.65$) had a better patients' experience, the vast majority of the respondents were agreed (40%) or strongly agreed (32.75%) with the fact that the functioning of dietary services was satisfactory. However, 1 out of every 5 respondents (22.5% = strongly disagree 12.5% + disagree 10%) was not satisfied with the functioning of the dietary services. Hence, more attention towards improving the functioning of dietary services is recommended.

Key words: Patient Experience, National Accreditation Board for Hospitals & Healthcare Providers (NABH) Accreditation, Dietary Services

INTRODUCTION

Today, developed and developing nations are working towards continuous quality improvement and patient safety by achieving the national and or international healthcare accreditation and providing safe, effective, patient-centered, timely, efficient and equitable health care services to all their patients, families and caretakers.¹ Accreditation of a health care organization is an external evaluation of the level of compliance against a set of organizational standards. Healthcare accreditation standards are advocated as an important means of improving structure, process and outcome.²

REVIEW OF LITERATURE:

Patient experience encompasses the range of interactions that patients have with the health care system, including their care from health plans, and from doctors, nurses, and staff in hospitals, physician practices, and other health care facilities. As an integral component of health care quality, patient experience includes several aspects of health care delivery that patients value highly when they seek and receive care, such as getting timely appointments, easy access to information, and good communication with health care providers.

Understanding patient experience is a key step in moving toward patient-centered care. By looking at various aspects of patient experience, one can assess the extent to which patients are receiving care that is respectful of and responsive to individual patient preferences, needs and values. Evaluating patient experience along with other components such as effectiveness and safety of care is essential to providing a complete picture of health care quality.

The terms patient satisfaction and patient experience are often used interchangeably, but they are not the same thing. To assess patient experience, one must find out from patients whether something that should happen in a health care setting (such as clear communication with a provider) actually happened or how often it happened.

Satisfaction, on the other hand, is about whether a patient's *expectations* about a health encounter were met. Two people who receive the exact same care, but who have different expectations for how that care is supposed to be delivered, can give different satisfaction ratings because of their different *expectations*.

While there are various ways to gather information on patient experience, Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys have become critical tools for organizations interested in assessing the patient-centeredness of the care they deliver and identifying areas for improvement. CAHPS surveys do not ask patients how satisfied they were with their care; rather, they ask patients to report on the aspects of their experiences that are important to them and for which they are the best, and sometimes the only source of information. Because the surveys ask well-tested questions using a consistent methodology across a large sample of respondents, they generate standardized and validated measures of patient experience that providers, consumers, and others can rely on.

A positive patient experience is an important goal in its own right. Moreover, substantial evidence points to a positive association between various aspects of patient experience, such as good communication between providers and patients, and several important health care processes and outcomes. These processes and outcomes include patient adherence to medical advice, better clinical outcomes, improved patient safety practices, and lower utilization of unnecessary health care services.

Some studies show no association between patient experience and clinical processes and outcomes, but this is not surprising. Many factors other than patient experience can influence processes and outcomes. This is part of the reason why combining patient experience measures with other measures of quality is critical to creating an overall picture of performance.³

The increased international focus on improving patient outcomes, safety and quality of care has led stakeholders, policy makers and health care provider organizations adopt standardized processes for measuring health care systems.⁴

When looking at overall hospital patient satisfaction, food service satisfaction may sometimes go un-noticed, as nursing and physician quality and the quality of technical medical care are more commonly identified in the research.⁵ Several researchers have identified food quality as the most important determinant of patient foodservice satisfaction.⁶ However, food service in a hospital is an important component of treatment process since it affects the length of recovery and life quality.⁷ Studies on satisfaction with food services discuss that the quality of hospital food services is a common problem in all over the world, and patients of many hospitals are undernourished, since the patients do not like the food or they say the food is unacceptable.⁸ The influence of expectations needs to be considered when undertaking studies of satisfaction with service delivery.⁹

The researcher had proved that the satisfaction score has improved from before accreditation compared to after accreditation which indicates that the accreditation has a positive impact on the satisfaction of dietary services of the study hospital (Shaikh, 2017, pp. 1-12)¹⁰. The researcher has used the below parameters to evaluate the impact after accreditation on patient's satisfaction of Dietary Services: Frequencies of participation of patients before and after accreditation (Shaikh, 2017, pp. 2)¹¹, Comparative evaluation of age and group of patients (Shaikh, 2017, pp. 3)¹², Comparative evaluation of gender and group of patients (Shaikh, 2017, pp. 3)¹³, Comparative evaluation of geographical states of India and a group of patients (Shaikh, 2017, pp. 3)¹⁴, Comparative evaluation of language and the group (Shaikh, 2017, pp. 4)¹⁵, payment type and group of patients (Shaikh, 2017, pp. 4)¹⁶, Relationship between group of patient and satisfaction level of the presentation of meal tray (Shaikh, 2017, pp. 4)¹⁷, Relationship between group of patient and their level of satisfaction with the taste of food (Shaikh, 2017, pp. 5)¹⁸, Relationship between the group of patients and their satisfaction level with the quality of food (Shaikh, 2017, pp. 5)¹⁹, Relationship between the group of patients and their satisfaction level for the quantity of food (Shaikh, 2017, pp. 6)²⁰, Relationship between the group of patients and their level of satisfaction with the temperature of food (Shaikh, 2017, pp. 6)²¹, Relationship between group of patients and their satisfaction level of choice of food in the menu (Shaikh, 2017, pp. 7)²², Relationship between group of patients and their satisfaction level with the accuracy of food choices (Shaikh, 2017, pp. 7)²³, Relationship between group of patients and their satisfaction level with the meal delivery time (Shaikh, 2017, pp. 8)²⁴, Relationship between group of patients and their satisfaction level on cleanliness of the food and tray (Shaikh, 2017, pp. 8)²⁵, Relationship between group of patients and their satisfaction level on staff professionalism (Shaikh, 2017, pp. 9)²⁶, Relationship between appearance and courtesy of staff with the satisfaction level of patients before and after accreditation (Shaikh, 2017, pp. 9)²⁷, Relationship between timely collection of meal tray and group of patients before and after accreditation (Shaikh, 2017, pp. 9)²⁸, Relationship between the levels of satisfaction of patients on diet counseling provided before and after accreditation (Shaikh, 2017, pp. 10)²⁹, Relationship between overall dietary service systems with the group of patients participating before and after accreditation (Shaikh, 2017, pp. 10)³⁰ and Relationship between overall food service with the group of patients participating before and after accreditation (Shaikh, 2017, pp. 11)³¹.

The researchers have proved earlier that there is a positive impact of health care accreditation on the health care services. The accreditation has a positive impact on the satisfaction of Physiotherapy Department Services (Shaikh, 2017)³², Pharmacy Department Service (Shaikh, 2017)³³, Dietary Department Services (Shaikh, 2017)³⁴, Laboratory Department Services (Shaikh, 2017)³⁵, Emergency Department Services (Shaikh, 2017)³⁶, Out-Patient Department Services (Shaikh, 2018)³⁷, In-Patient Department Services (Shaikh, 2017)³⁸, Haemodialysis Department Services (Shaikh, 2017)³⁹, Radiology Department Services (Shaikh, 2017)⁴⁰, Ambulance Services (Shaikh, 2016)⁴¹, and also has positive impact on the Occurrence Variance Reports (Shaikh, 2018)⁴², completeness of personnel files in Human Resource Department (Shaikh, 2017)⁴³. A comparative study of laboratory and blood bank performance by using the quality indicators revealed that the mean rating of the second half (after the accreditation) is better than the mean rating of the first half (before accreditation) (Shaikh, 2018)⁴⁴.

DATA ANALYSIS AND DISCUSSION:

As indicated by the Multi-way ANOVA, accreditation (pre and post), $F(1, 390) = 159.11, p < .01$, Age group, $F(4, 390) = 49.23, p < .01$, language, $F(4, 390) = 12.35, p < .01$ and Payment type, $F(1, 561) = 35.46, p < .01$ variables had a significant impact on patient experience of dietary services.

Table 1. Multi-way ANOVA

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	176714.363 ^a	9	19634.929	344.818	.000
Intercept	449191.694	1	449191.694	7888.464	.000
Test	9060.178	1	9060.178	159.110	.000
Age Group	8410.343	3	2803.448	49.233	.000
Gender	77.473	1	77.473	1.361	.244
Province	.000	0	.	.	.
Language	703.448	1	703.448	12.354	.000
Payment Type	4038.217	2	2019.108	35.459	.000
Error	22207.714	390	56.943		
Total	1769307.000	400			
Corrected Total	198922.077	399			

The above table number 1 depicts that the pre-accreditation scores ($M = 57.38$) were improved significantly after the accreditation ($M = 66.98$). This means patients' experience of dietary services has been increased after the accreditation. The increase of age has resulted in lower patients' experience about the dietary services where each following age groups after the 'below 17' age group, reported a decreasing trend. The Non-Telugu ($M = 73.33$) had a better patients' experience with the dietary services compared to Telugu ($M = 36.19$). The patients' experience of dietary services was higher among patient who used the payment method cash ($M = 82.65$) compared to insurance ($M = 56.76$) and government ($M = 18.4$) payment methods. The vast majority of the respondents were agreed (40%) or strongly agreed (32.75%) with the fact that the functioning of dietary services was satisfactory. However, 1 out of every 5 respondents (22.5% = strongly disagree 12.5% + disagree 10%) was not satisfied with the functioning of the dietary services. Hence, more attention towards improving the functioning of dietary services is recommended.

CONCLUSION

The patients' experience of dietary department services has been improved after the national healthcare accreditation. The increase of age has resulted in lower patients' experience about the dietary services, the non-Telugu ($M = 73.33$) and those who used the payment method cash ($M = 82.65$) had a better patients' experience, the vast majority of the respondents were agreed (40%) or strongly agreed (32.75%) with the fact that the functioning of dietary services was satisfactory. However, 1 out of every 5 respondents (22.5% = strongly disagree 12.5% + disagree 10%) was not satisfied with the functioning of the dietary services. Hence, more attention towards improving the functioning of dietary services is recommended.

LIMITATIONS OF THE STUDY

This study is limited to the Patients Experience of Dietary Department Services of the study hospital and for a limited duration (before two months and after two months of accreditation) only.

DIRECTIONS FOR FUTURE RESEARCH

In future such research should be conducted to study the impact of national and international accreditations on the other services of the hospitals over a large period of time.

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NABH accreditations, strategically located on a sprawling 5-acre campus in the heart of the city, having accessibility from all major landmarks and as well from all major public transport junctions, serving all classes of the population and international patients.

DISCLAIMER

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