



Original Research Article

## Satisfaction Survey of Accident and Emergency Department in a Tertiary Care Hospital of SKIMS

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### ABSTRACT

**Background and objectives:** An Accident is as an unexpected unplanned occurrence which may involve injury or an unpremeditated event resulting in recognizable damage as recommended by American Hospital Association while as emergency means that the patient requires immediate medical attention. The disorder is acute and potentially threatens the life or function.

The main objective of the study was: to develop a profile of patients admitted through Accident and Emergency Department, and explore their satisfaction in the backdrop of the existing nursing protocol of accident and emergency patients.

**Methods:** The researcher presented the Questionnaire in the form of interview schedule. The data was retrieved from patients, patient's attendants and case sheets. Area of study were various levels of Accident and Emergency department, i.e., level II (emergency reception), level III (observation ward), and level IV (ward 2A). Total number of patients studied were 600 i.e., 200 hundred in each level.

**Results:** We found that 5% of patients admitted in A/E were from the age group 0-14 years and 62% from the age group 15-39 years. 55% of the patients were male while as 45% belong to the female group. Geographical distribution reveals that maximum percentage (70%) of A/E patients were from rural area. Admission timings of the patients reveal that 43% were admitted between 6-12 pm, 71% of the total patients belong to medical while 29% surgical emergencies. Satisfaction survey patients admitted in A/E reads 58% of respondents were satisfied with availability of trolleys, wheel chairs etc while 62% were satisfied with availability of physical facilities. 96% of the patients considered space area of A/E as unsatisfactory. Parking facilities were considered to be inadequate by 60% of the study subjects.

**Interpretation and conclusion:** Out of 600 patients, 96% were not satisfied with the space area of emergency reception as 30% of patients have to be kept on floor. The study highlights the provision of patient care at A/E department of SKIMS. The study recommends requirement of more space area for emergency reception.

**Key words;** survey satisfaction, Accident & emergency

### INTRODUCTION

Medical emergency <sup>(1)</sup> is defined as a situation when the patient requires urgent

and high quality medical care to prevent loss of life and limb and initiate action for the restorations of normal healthy life while as

emergency may also be defined as a condition determined clinically or considered (perceived) by the patient or his/her relatives as requiring urgent medical services failing which it could result in loss of life or limb. An Accident on the other hand is an unexpected unplanned occurrence which may involve "injury" or "an unpremeditated event results in recognizable damage" as recommended by American Hospital Association "Emergency" on the other hand requires immediate medical attention. The disorder is acute and potentially threatens the life or function. Thus Accident and emergency (A/E) Department" <sup>(2)</sup> is one of the most sensitive areas of any hospital. This is one such place in the community where attention to the patient needs is available round the clock and all the 365 days of the year.

The services that are provided in an emergency department can range from simple x-rays and the setting of broken bones to those of a full-scale trauma centre. A patient's chance of survival is greatly improved if the patient receives definitive treatment (i.e. surgery or reperfusion) within one hour of an accident (such as a car accident) or onset of acute illness (such as a heart attack). This critical time frame is commonly known as the "golden hour".

Adequate planning, Design, management and maintenance of the facility and equipment of the emergency department are essential to ensure the high quality of services at a reasonable cost.

In India the Emergency Medical services" <sup>(3)</sup> have always been a part of the hospital services.

Sher-I-Kashmir Institute of Medical Sciences (SKIMS), a tertiary care hospital of Srinagar Kashmir is located at a beautiful site of Soura over looking Anchar Lake. The Accident and emergency service was established in the hospital in June, 1987 with the aim of providing medical care to the

patients referred by other hospitals and also to the patients directly coming to the department. It is pertinent to point out here that in order to avoid duplication of services certain departments which are non-existent in the associated hospitals of medical collage were developed in the institute. The A/E services of this hospital is catering to the medical needs of state as a whole especially Kashmir valley & Ladakh.

In order to assess the satisfaction of patients and their relatives in Accident and Emergency Department of SKIMS, we conducted a satisfaction survey in the same field to look for the scope and avenues for up gradation of emergency services here in this hospital

## **MATERIALS AND METHODS**

This descriptive, prospective study was conducted at, Sher-i-Kashmir Institute of Medical Sciences Srinagar, Kashmir at A/E department between December 2009 to February 2010. Proper permission was taken from Head of Department of A/E and all the patients signed the informed written consent

The Accident and emergency Department is located on the ground floor except emergency ward which is located in the 2nd floor. The department has a well identified separate entrance. The department has central air conditioning and central heating facility.

Deputy Nursing superintendent looks after nursing administration of the area particularly the deployment and functioning of nursing staff and Assistant Nursing Superintendent assists in managing the nursing activities of ED. Emergency Department has been upgraded and has been evolved in following functional units.

Level I	Screening	clinics	for
	Ambulatory	patients	
Level II	For	non-ambulatory	and
		critical	patients

Level III For patients who need observation in the hospital

Level IV Emergency ward for patients who require further management including super specialty care

A simple random sampling technique was used and that of 600 patients were studied.

For the study a Proforma was designed which covers the various aspects like patient demographic profile e.g., age, sex, geographic distribution of the patient.

A pilot study was done on 30 patients to see the reliability of the tool.

The researcher presented the Questionnaire in the form of interview schedule. The data was retrieved from patients, patient's attendants and case sheets.

Area of study were various levels of Accident and Emergency department, i.e., level II (emergency reception) level III (observation ward and level IV (ward 2A)

Total no of patients studied were 600 i.e., 200 hundred in each level.

A questionnaire was designed by researcher which was presented in the form of interview schedule. 19 questions were developed for assessment of satisfaction of the patient/attendants.

The questionnaire was designed in the form of yes, No, and not applied as some questions were not pertinent to all patients.

For Statistical analysis the data is presented in descriptive statistical for mean, standard deviation percentage.

## **RESULTS**

### **Patients' demographic profile**

Out of 600 patients admitted, 5% patients (n-30) were from the age group 0 - 14 years, 62% (n-372) from the age group of 15-59 years, 33% (n-198) from the age group 60 and above.

Maximum patients were from the age group of 15-59 years and minimum

from the age group of 0-14years. Out of 600 patients admitted, 55% patients (n-330) were males and 45% (n-270) were females and among them 75% were married. 70% (n-420) were rural and 30% (n-180) were urban and maximum % age i.e. 56% were illiterate. 19% (114 of 600) were government employee and 81% (n-486) were non government employee. It was revealed that economic status of the 54% patients (n-324) had an income of Rs <5000 while the rest had more than Rs 5000 income.

Admission timings of the patients revealed that 43% (n-258) were admitted between 6am – 12pm, while minimum admissions were noted during 1am -5am.

Categorization of patients in surgical and medical emergencies revealed that 71% (n-426) were medical while 29% (n-174) were surgical.

Surgical emergencies revealed that 30% were road traffic accidents, 27% were accidental fall, while 43% constituted other causes.

Out of 600 patients, 575 patients were from emergency reception & 25 were from observation ward .51% (n-306) admitted patients had a length of stay less than 24 hours, while 49% (n-294) had > than 24 hours stay.

### **Survey satisfaction**

Out of 600 patients/attendants studied in various levels of A/E for assessment of satisfaction with various services, 58% (n-348) responded positive for availability of trolley, wheel chair of patients to and fro from A/E department. Only small number of patients attendants i.e. 18% (n-108) were not satisfied with these facilities, 62% of patients/attendants had no trolley man accompanying to various areas of the hospital while 38% of patients did not require use of trolley etc. 65% patients in critical conditions were not accompanied by trolley men to various areas of the hospital like CT scan, OT etc.

Regarding satisfaction with physical facilities available like waiting room, toilet and seating arrangement etc, 60% were satisfied with them and only 40% patients had to wait for > 15mts at medical record registration

On questioning 96% were not satisfied with the space area of emergency reception as 30% of patients have to be kept on floor. Regarding behavior of medical staffs 92% patients were satisfied with their services. Out of 600 patients, 94% were satisfied with doctor's advice to the patient and his attendants about treatment. Regarding receiving of patients investigations reports, 66% respondents were satisfied as all investigation were complete by the time of discharge. Out of 600 patients 62% stayed in Emergency Reception for less than 24 hours, and 54% of patients were shifted to their respective departments/ wards in time. Regarding nursing care, 93% patients were satisfied with the services rendered by various

nursing cadres in various area of A/E. 58% of the patients/attendants were satisfied with dietary services as well 68% were satisfied with availability of essential medicine in A/E department. 60% patients / attendants were not satisfied with parking facilities available in A/E department.

Regarding availability of ambulances services in time only 21% patients were satisfied and 79% stated that they did not require ambulances services. Only 10% patients /attendants stated that adequate post discharge advice was given by medical team.

TABLE 1: Age distribution of patients

Age-group	Number of cases	Percentage(%)
0-14	30	5
15-59	372	62
60>	198	33

TABLE 2: Gender distribution:-

Gender	No. of Patients	%age
Males	330	55%
Females	270	45%

TABLE 3: Time of admission

Time	6am-12 pm	1 am-5 am	1pm-6 pm	7 pm-12 pm
Percentage of admission	43%	7%	20%	30%
Number of patients	258	42	120	180

## DISCUSSION

Study of profile of patients admitted in A/E reveal that 5% were from the age group 0-14 years and 62% from the age group 15-39 years .55% of the patients were male while 45% belong to the female gender. Geographical distribution reveals that maximum percentage (70%) of A/E patients were from rural area.

Admissions timings of the patients reveal that 43% were admitted between 6-12 pm, 71% of the total patients belong to medical while 29% surgical emergencies.

In line with the findings of the present study Shaheen et.al'' (4) while studying clinical profile of the patients

admitted through A/E revealed 20% patients were from the age group 0-14 year 28% from the age group 25-44 , 44% and 13% were from the age group > 60 years. We found 58% of respondents were satisfied with availability of trolleys wheel chairs etc while 62% were satisfied with availability of physical facilities. Study by Hakan et.al'' (5) identified factors that affect overall satisfaction of patients admitted to A/E revealed satisfaction with physician experience, triage, explanation of health status treatment and discharge instructions were from to have signification impact on satisfaction. Similarly Satisfaction survey conducted in 25 district hospital managed by

Andrapredesh, Vaiday, Vidhana, and Parishad revealed that over all levels of satisfaction was about 65%. This statistics coincides with our satisfaction report with Tabish S. A et.al” (6) while studying patients satisfaction in A/E department at a large teaching hospital in Kashmir revealed that the technical skills of the staff involved in providing the services were found to be satisfactory including those of supportive services.

Satesh V. L. et.al” (7) while assessing the facilities at A/E dept at several hospitals in Bangalore, reported that in nearly 70% of the hospitals, facilities like waiting rooms, treatment rooms and emergency laboratories, observations rooms etc were available which is slightly higher as compared to our satisfaction report of 58% from our tertiary care hospital.

#### **CONCLUSION AND RECOMMENDATIONS**

1. The study highlights the provision of patient care at A/E Dept of SKIMS
2. The study recommends requirement of more space area for emergency reception.
3. We recommend critical patients to be accompanied by trolley men to concerned areas of hospital like CT Scan, USG, Operation Theatre.

4. We demand more number of trolleys and wheel chairs for patient use and finally
5. The study requires provision of extra parking area especially for A/E patients/attendants.

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