

The Impact of Hospital Accreditation on the Ambulance Services Satisfaction

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Abstract:

Patient satisfaction is as important as other clinical health measures and is a means of assessing the strength of health care delivery. The current competitive environment has driven health care organisations to concentrate on patient satisfaction as a means to acquire and keep market share. If you don't recognise what your strengths and weaknesses are, you can't compete effectively. **Objectives:** To study the impact of National Accreditation Board for Hospitals & Healthcare Providers (NABH) Accreditation, India on the patient satisfaction of patients and those families who have used the hospital ambulance services. **Methods:** It is a quantitative, descriptive and inferential research based case study in which sample of a population was studied by structured satisfaction 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 satisfaction rate among the patients and families who have used the hospital ambulance services which was affecting the business of study hospital. **Hypothesis:** Null Hypothesis (H₀) and Alternative Hypothesis (H₁) were used and tested to compare the before and after impact of accreditation by applying to each question of the questionnaire. **Study Design:** The closed ended questionnaire was developed considering the ambulance services process by incorporating the six dimensions of quality Safe, Timely, Effective, Efficient, Equitable, and Patient-centred (STEEP) and were tested prior to implement. Questionnaires were given to the patients' families for completion upon using the ambulance services two months before and two months after the accreditation. The data were collected in order to cover all three shifts of the Hospital and Emergency Department. **Study Population:** Simple random sampling method was selected, and the researcher had involved all patients (clinical conditions) and families of unconscious including all age groups of patients. **Data Collections:** Primary data were collected from the survey questionnaires. Secondary data were collected from relevant published journals, articles, research papers, academic literature and web portals. **Conclusion:** It is very evident from this research that at the 5 % level of significance, the t-test results indicate that there is a significant difference in the responses between before (M=43.93, SD=18.99) and after accreditation (M=55.44, SD=11.99) with p-value <0.001. The mean satisfaction score has improved from before accreditation compared to after accreditation which indicated that the accreditation has a positive impact on the patients and families who have used the ambulance services.

Keywords: Patient Satisfaction, National Accreditation Board for Hospitals & Healthcare Providers (NABH) Accreditation, Ambulance Services

I. INTRODUCTION

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. 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-centred, 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

II. REVIEW OF LITERATURE

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.³

Ambulance services throughout the world measure their performance through the utilization of performance indicators such as satisfaction. This performance indicator is important as positive satisfaction levels have been linked with the likelihood of patients seeking help from the health practitioner or service. At some other level, satisfaction surveys are a means of giving consumer demands and preferences a role in influencing health care delivery. Despite concerns about subjectivity and utility, the use of satisfaction as a key performance indicator for ambulance services is well accepted throughout the Earth. It has been limited as being when the prospects of patients and families are satisfied

by the services offered. It can likewise be used interchangeably with the dimension of acceptability. This is met when the care or service provided meets the expectations of clients, community, providers and paying organizations.⁴ These expectations include the extent to which ambulance services are: accessible, in the face of financial, geographic, organizational and cultural barriers; clinically effective; appropriate to need; timely; in line with agreed standards; and delivered by appropriately trained and educated staff.⁵ The influence of expectations needs to be considered when undertaking studies of satisfaction with service delivery.⁶

III. DATA ANALYSIS

Association analysis of Demographic variables:

Table 1. Patient participation before and after accreditation

Group	Frequency	Percentage
Before Accreditation	300	47.6
After Accreditation	330	52.4
Total	630	100.0

Table 1 depicts that there were 300 patients participated before accreditation and 330 patients participated after accreditation. The participation of patients had increased only after accreditation.

Table 2. Group and Age distribution

Hypothesis:

H₀: There is no significant difference in the Age categories between before the accreditation group and after accreditation group

H₁: There is a significant difference in the Age categories between before the accreditation group and after accreditation group

Group	Age Categories					Chi square Test statistic, p-value
	<17yrs	17-25yrs	25-55yrs	55-65yrs	>65yrs	
Before Accreditation	38	86	64	68	44	0.070, 0.999
After Accreditation	40	96	72	74	48	
Total	78	182	136	142	92	

Table 2 depicts that the Chi-Square test performed at the 5 % level of significance indicates, there is no significant difference in the age distribution between before and after accreditation groups. Hence H₀ is accepted and H₁ is rejected.

Table 3. Group and Gender Distribution

Hypothesis:

H₀: There is no significant difference in the gender distribution between before the accreditation group and after accreditation group

H₁: There is a significant difference in the gender distribution between before the accreditation group and after accreditation group

Group	Gender		Chi-square test statistic, p-value
	Male	Female	
Before Accreditation	138	162	0.008, 0.927
After Accreditation	153	177	
Total	291	339	

Table 3 depicts that the Chi-Square test performed at the 5 % level of significance indicates that there is no significant difference between the gender distribution between before and after accreditation groups. Hence H₀ is accepted and H₁ is rejected.

Table4. Group and geographical states of India Distribution

Hypothesis:

H₀: There is no significant difference in the geographical states of patients between before the accreditation group and after accreditation group

H₁: There is a significant difference in the geographical states of patients between before the accreditation group and after accreditation group

Group	Geographical states		Chi Square test statistic, p-value
	Same State	Other States	
Before Accreditation	188	112	0.206, 0.650
After Accreditation	201	129	
Total	389	241	

Table 4 depicts that the Chi-Square test performed at the 5 % level of significance indicates that there is no significant difference between the Geographical states between before and after accreditation groups. Hence H_0 is accepted and H_1 is rejected.

Table 5. Distribution of patients who speak Telugu and Non-Telugu and Group

Hypothesis:

H_0 : There is no significant difference in the language patients speak between before the accreditation group and after accreditation group

H_1 : There is a significant difference in the language patients speak between before the accreditation group and after accreditation group

Group	Language		Chi-Square test statistic, p-value
	Telugu	Non-Telugu	
Before Accreditation	212	88	0.010, 0.920
After Accreditation	232	98	
Total	444	186	

Table 5 depicts that the Chi-Square test performed at the 5 % level of significance indicates there is no significant difference between those who speak Telugu and those don't speak people who have visited the hospital and before and after accreditation groups. Hence H_0 is accepted and H_1 is rejected.

Table 6. Distribution of number of hospital visits and Group

Hypothesis:

H_0 : There is no significant difference in the number of hospital visits between before the accreditation group and after accreditation group

H_1 : There is a significant difference in the number of hospital visits between before the accreditation group and after accreditation group

Group	Visits		Chi-square test statistic, p-value
	1st	2nd	
Before Accreditation	218	82	0.023, 0.878
After Accreditation	238	92	
Total	456	174	

Table 6 depicts that the Chi-Square test performed at the 5 % level of significance indicates, there is no significant difference in the number of hospital visits between before and after accreditation groups. Hence H_0 is accepted and H_1 is rejected.

Table 7. Type of visits and Group

Hypothesis:

H_0 : There is no significant difference in the type of hospital visits between before the accreditation group and after accreditation group

H_1 : There is a significant difference in the type of hospital visits between before the accreditation group and after accreditation group

Group	Type of visit			Chi square test statistic, p-value
	In-Patient	Out-Patient	Emergency Department	
Before Accreditation	139	17	144	0.171, 0.918
After Accreditation	158	19	153	
Total	297	36	297	

Table 7 depicts that the Chi-Square test performed at the 5 % level of significance indicates, there is no significant difference between the type of hospital visits between before and after accreditation groups. Hence H_0 is accepted and H_1 is rejected.

Table 8. Type of Payment and Group

Hypothesis:

H₀: There is no significant difference in the type of payment made between before the accreditation group and after accreditation group

H₁: There is a significant difference in the type of payment made between before the accreditation group and after accreditation group

Group	Payment			Chi square test statistic, p-value
	Cash	Insurance	Government	
Before Accreditation	106	165	29	0.262, 0.877
After Accreditation	115	179	36	
Total	221	344	65	

Table 8 depicts that the Chi-Square test performed at the 5 % level of indicators, there is no significant difference between the type of payment between before and after accreditation groups. Hence H₀ is accepted and H₁ is rejected.

Association analysis of Questionnaire responses:

Table9. Responses for time taken to connect with the ambulance service and between Groups

Hypothesis:

H₀: There is no significant difference in the time taken to connect with the ambulance service before the accreditation group and after accreditation group

H₁: There is a significant difference in the time taken to connect with the ambulance service before the accreditation group and after accreditation group

Group	Time taken to connect with the Ambulance Service					Chi square test statistic, p-value
	Highly dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Highly satisfied	
Before Accreditation	47	55	21	86	91	85.55, <0.001
After Accreditation	7	12	17	134	160	
Total	54	67	38	220	251	

p-value in bold represents significant test with p-value<0.05

Table 9 depicts that the Chi-Square test performed at the 5 % level of significance indicate that there is a significant difference in the time taken to connect with the ambulance service between before and after accreditation with p-value <0.001. The responses of satisfaction have improved from N=294 (Satisfied=134, Highly satisfied= 160) from N=170 (Satisfied = 86, Highly satisfied= 91). Hence H₀ is rejected and H₁ is accepted.

Table 10. Responses for assistance received from ambulance service call centre staff and between the before and after accreditation groups

Hypothesis:

H₀: There is no significant difference in the responses for assistance received from ambulance service call centre staff before the accreditation group and after accreditation group

H₁: There is a significant difference in the responses for assistance received from ambulance service call centre staff between before the accreditation group and after accreditation group

Group	Assistance received from ambulance service call centre staff					Chi Square test statistics, p-value
	Highly dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Highly satisfied	
Before Accreditation	59	57	19	76	89	101.81, <0.001
After Accreditation	8	12	19	136	155	
Total	67	69	38	212	244	

p-value in bold represents significant test with p-value<0.05

Table 10 depicts that the Chi-Square test performed at the 5 % level of significance indicate that there is a significant difference in the responses for assistance received from ambulance service call centre staff between before and after accreditation with p-value <0.001. The responses of satisfaction have improved from N=291 (Satisfied=136, Highly satisfied= 155) from N=165 (Satisfied = 76, Highly satisfied= 89). Hence H₀ is rejected and H₁ is accepted.

Table11. Responses for the time taken in the ambulance to reach home and between the before and after accreditation groups

Hypothesis:

H₀: There is no significant difference in the responses for the ambulance to reach home between before the accreditation group and after accreditation group

H₁: There is a significant difference in the responses for the ambulance to reach home between before the accreditation group and after accreditation group

Group	Time taken in the ambulance to reach home					Chi Square test statistics, p-value
	Highly Dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Highly Satisfied	
Before Accreditation	55	54	15	89	87	87.04, <0.001
After Accreditation	7	16	14	132	161	
Total	62	70	29	221	248	

p-value in bold represents significant test with p-value<0.05

Table 11 depicts that the Chi-Square test performed at the 5 % level of significance indicate that there is a significant difference in the responses for the ambulance to reach home between before and after accreditation with p-value <0.001. The responses of satisfaction have improved from N=293 (Satisfied=132, Highly satisfied= 161) from N=176 (Satisfied = 89, Highly satisfied= 87). Hence H₀ is rejected and H₁ is accepted.

Table12. Responses for the time taken in the ambulance to reach hospitals and between the before and after accreditation groups

Hypothesis:

H₀: There is no significant difference in the responses for the ambulance to reach hospital between before the accreditation group and after accreditation group

H₁: There is a significant difference in the responses for the ambulance to reach hospital between before the accreditation group and after accreditation group

Group	Time taken in the ambulance to reach hospital					Chi Square test statistics, p-value
	Highly Dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Highly Satisfied	
Before Accreditation	45	68	25s	86	76	101.37, <0.001
After Accreditation	18	7	14	136	155	
Total	63	75	39	222	231	

p-value in bold represents significant test with p-value<0.05

Table 12 depicts that the Chi-Square test performed at the 5 % level of significance indicate that there is a significant difference in the responses for the ambulance to reach hospital between before and after accreditation with p-value <0.001. The responses of satisfaction have improved from N=291 (Satisfied=136, Highly satisfied= 155) from N=162 (Satisfied = 86, Highly satisfied= 76). Hence H₀ is rejected and H₁ is accepted.

Table13. Responses for the service provided by the ambulance medical team and between the before and after accreditation groups

Hypothesis:

H₀: There is no significant difference in the responses to the service rendered by the ambulance medical team between before the accreditation group and after accreditation group

H₁: There is a significant difference in the responses to the service rendered by the ambulance medical team between before the accreditation group and after accreditation group

Group	A service provided by the ambulance medical team					Chi Square test statistics, p-value
	Highly Dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Highly Satisfied	
Before Accreditation	53	54	22	79	92	75.82, <0.001
After Accreditation	13	13	21	135	148	
Total	66	67	43	214	240	

p-value in bold represents significant test with p-value<0.05

Table 13 depicts that the Chi-Square test performed at the 5 % level of significance indicate that there is a significant difference in the responses to the service rendered by the ambulance medical team between before and after accreditation

with p-value <0.001. The responses of satisfaction have improved from N=283 (Satisfied=135, Highly satisfied= 148) from N=171 (Satisfied =79, Highly satisfied= 92). Hence H_0 is rejected and H_1 is accepted.

Table14. Responses for the service provided by the ambulance medical team in pain management and between the before and after accreditation groups

Hypothesis:

H_0 : There is no significant difference in the responses to the service rendered by the ambulance medical team in pain management between before the accreditation group and after accreditation group

H_1 : There is a significant difference in the responses to the service rendered by the ambulance medical team in pain management between before the accreditation group and after accreditation group

Group	A service provided by an ambulance medical team with regard to the pain management					Chi Square test statistics, p-value
	Highly Dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Highly Satisfied	
Before Accreditation	56	51	17	87	89	87.60, <0.001
After Accreditation	9	11	18	137	155	
Total	65	62	35	224	244	

p-value in bold represents significant test with p-value<0.05

Table 14 depicts that the Chi-Square test performed at the 5 % level of significance indicate that there is a significant difference in the responses to the service rendered by the ambulance medical team in pain management between before and after accreditation with p-value <0.001. The responses of satisfaction have improved from N=292 (Satisfied=137, Highly satisfied= 155) from N=176 (Satisfied =87, Highly satisfied= 89). Hence H_0 is rejected and H_1 is accepted.

Table15. Responses on the ambulance medical teams' explanation on what is happening and between the before and after accreditation groups

Hypothesis:

H_0 : There is no significant difference in the responses on the ambulance medical teams' explanation on what is happening between before the accreditation group and after accreditation group

H_1 : There is a significant difference in the responses on the ambulance medical teams' explanation on what is happening between before the accreditation group and after accreditation group

Group	Ambulance medical teams' explanation on what is happening					Chi Square test statistics, p-value
	Highly Dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Highly satisfied	
Before Accreditation	49	46	20	92	93	72.88, <0.001
After Accreditation	11	12	10	135	162	
Total	60	58	30	227	255	

p-value in bold represents significant test with p-value<0.05

Table 15 depicts that the Chi-Square test performed at the 5 % level of significance indicate that there is a significant difference in the responses on the ambulance medical teams' explanation on what is happening between before and after accreditation with p-value <0.001. The responses of satisfaction have improved from N=292 (Satisfied=137, Highly satisfied= 155) from N=176 (Satisfied =87, Highly satisfied= 89). Hence H_0 is rejected and H_1 is accepted.

Table16. Responses on the Keeness of the ambulance medical team to listen to the concerns and between the before and after accreditation groups

Hypothesis:

H_0 : There is no significant difference in the responses on the keeness of the ambulance medical team to listen to the concerns between before the accreditation group and after accreditation group

H_1 : There is a significant difference in the responses on the keeness of the ambulance medical team to listen to the concerns between before the accreditation group and after accreditation group

Group	The keeness of the ambulance medical team to listen to the concerns					Chi square test statistic, p-value
	Highly Dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Highly Satisfied	
Before Accreditation	38	52	26	99	85	64.14, <0.001
After Accreditation	14	12	14	136	154	
Total	52	64	40	235	239	

p-value in bold represents significant test with p-value<0.05

Table 16 depicts that the Chi-Square test performed at the 5 % level of significance indicate that there is a significant difference in the responses on the keenness of the ambulance medical team to listen to the concerns between before and after accreditation with p-value <0.001. The responses of satisfaction have improved from N=290 (Satisfied=136, Highly satisfied= 154) from N=184 (Satisfied =99, Highly satisfied= 85). Hence H_0 is rejected and H_1 is accepted.

Table17. Responses on the cleanliness of the vehicle and between the before and after accreditation groups
Hypothesis:

H_0 : There is no significant difference in the responses on the cleanliness of the vehicle between before the accreditation group and after accreditation group

H_1 : There is a significant difference in the responses on the cleanliness of the vehicle between before the accreditation group and after accreditation group

Group	Cleanliness of the vehicle					Chi square test statistic, p-value
	Highly Dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Highly Satisfied	
Before Accreditation	46	54	24	83	93	77.61, <0.001
After Accreditation	9	13	18	142	148	
Total	55	67	42	225	241	

p-value in bold represents significant test with p-value<0.05

Table 17 depicts that the Chi-Square test performed at the 5 % level of significance indicate that there is a significant difference in the responses on the cleanliness of the vehicle between before and after accreditation with p-value <0.001. The responses of satisfaction have improved from N=290 (Satisfied=142, Highly satisfied= 148) from N=176 (Satisfied =83, Highly satisfied= 93). Hence H_0 is rejected and H_1 is accepted.

Table18. Responses on the quality of the ride and between before and after accreditation groups
Hypothesis:

H_0 : There is no significant difference in the responses on the quality of the ride between before the accreditation group and after accreditation group

H_1 : There is a significant difference in the responses on the quality of the ride between before the accreditation group and after accreditation group

Group	Quality of the ride					Chi square test statistic, p-value
	Highly Dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Highly Satisfied	
Before Accreditation	55	47	18	86	94	88.50, <0.001
After Accreditation	11	8	10	142	159	
Total	66	55	28	228	253	

p-value in bold represents significant test with p-value<0.05

Table 18 depicts that the Chi-Square test performed at the 5 % level of significance indicate that there is a significant difference in the responses on the quality of the ride between before and after accreditation with p-value <0.001. The responses of satisfaction have improved from N=301 (Satisfied=142, Highly satisfied= 159) from N=180 (Satisfied =86, Highly satisfied= 94). Hence H_0 is rejected and H_1 is accepted.

Table19. Responses on the performance of the driver and between before and after accreditation groups
Hypothesis:

H_0 : There is no significant difference in the responses to the performance of the driver between before the accreditation group and after accreditation group

H_1 : There is a significant difference in the responses to the performance of the driver between before the accreditation group and after accreditation group

Group	Performance of the driver					Chi square test statistic, p-value
	Highly Dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Highly Satisfied	
Before Accreditation	51	43	23	95	88	86.08, <0.001
After Accreditation	8	8	13	147	154	
Total	59	51	36	242	242	

p-value in bold represents significant test with p-value<0.05

Table 19 depicts that the Chi-Square test performed at the 5 % level of significance indicate that there is a significant difference in the responses to the performance of the driver between before and after accreditation with p-value <0.001. The responses of satisfaction have improved from N=301 (Satisfied=147, Highly satisfied= 154) from N=183 (Satisfied =95, Highly satisfied=88). Hence H_0 is rejected and H_1 is accepted.

Table 20. Responses on the smoothness of transfer process and between before and after accreditation groups

Hypothesis:

H_0 : There is no significant difference in the responses on the smoothness of the transfer process between before the accreditation group and after accreditation group

H_1 : There is a significant difference in the responses on the smoothness of the transfer process between before the accreditation group and after accreditation group

Group	Smoothness in the flow of transfer process					Chi square test statistic, p-value
	Highly Dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Highly Satisfied	
Before Accreditation	45	46	28	91	90	74.32, <0.001
After Accreditation	10	13	12	133	162	
Total	55	59	40	224	252	

p-value in bold represents significant test with p-value<0.05

Table 20 depicts that the Chi-Square test performed at the 5 % level of significance indicate that there is a significant difference in the responses on the smoothness of the transfer process between before and after accreditation with p-value <0.001. The responses of satisfaction have improved from N=295 (Satisfied=133, Highly satisfied= 162) from N=181 (Satisfied =91, Highly satisfied=90). Hence H_0 is rejected and H_1 is accepted.

Table21. Responses to the overall experience with the ambulance service and between before and after accreditation groups

Hypothesis:

H_0 : There is no significant difference in the responses to the overall experience with the ambulance services, between before the accreditation group and after accreditation group

H_1 : There is a significant difference in the responses to the overall experience with the ambulance services, between before the accreditation group and after accreditation group

Group	Overall experience with the ambulance services					Chi square test statistic, p-value
	Highly Dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Highly Satisfied	
Before Accreditation	47	54	20	88	91	79.93, <0.001
After Accreditation	12	11	11	135	161	
Total	59	65	31	223	252	

p-value in bold represents significant test with p-value<0.05

Table 21 depicts that the Chi-Square test performed at the 5 % level of significance indicate that there is a significant difference in the responses to the overall experience with the ambulance services between before and after accreditation with p-value <0.001. The responses of satisfaction have improved from N=296 (Satisfied=135, Highly satisfied= 161) from N=179 (Satisfied =88, Highly satisfied=91). Hence H_0 is rejected and H_1 is accepted.

Table22. Overall satisfaction score by combining the responses: (Higher the score the better the satisfaction lowers the score poorer the satisfaction level with the ambulance service)

Overall satisfaction score				
Group	N	Mean	Standard Deviation	T test statistic, p-value
Before Accreditation	300	43.93	18.99	-8.992, <0.001
After Accreditation	330	55.44	11.99	

p-value in bold represents significant test with p-value<0.05

Table 22 depicts that the Chi-Square test performed at the 5 % level of significance indicate that there is a significant difference in the responses to overall satisfaction between before (M=43.93, SD=18.99) and after accreditation (M=55.44, SD=11.99) with p-value <0.001. The mean satisfaction score has improved from before accreditation compared to after accreditation. Hence H_0 is rejected and H_1 is accepted.

IV. CONCLUSION

The mean satisfaction score has improved from before accreditation compared to after accreditation. This indicates that the accreditation has a positive impact on the satisfaction of Ambulance Services of the study hospital.

LIMITATIONS OF THE STUDY:

This study is limited to the Ambulance 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.

SOURCES OF FUNDING FOR THE STUDY:

This research was self financed by the author himself.

IMPLICATIONS OF THE FINDINGS:

The accreditation has a positive impact on the satisfaction of Ambulance Services of the study hospital.

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