PROJECT PROCESSES TO BE APPLIED TO IMPROVE CUSTOMER SATISFACTION IN THE SECTOR OF PRIVATE HEALTH SERVICES

By

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PETROS T. LOUKAS

Petros T. Loukas has been involved with new product development, in the sector of private health for over 3 years. His experience includes 3 projects like product developments and implements in the sector of health. Petros works in a company that owns hospitals and he is in charge of the marketing department of the company’s headquarters. His responsibilities are to design and implement new products that will be used by hospitals so that we attract new customers. To a large degree he is involved with customer satisfaction.

His educational background includes a BS Health Management Degree from Technological Education Institute (TEI) of Athens and an MS in Project Management Degree (thesis pending) from City University of Seattle.

Petros has focused much of his professional career on new product development projects utilizing cross functional teams and concurrent health management methodologies.

One area of particular interest has been the utilization of lessons learned from previous projects.
ABSTRACT

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Student Number 20063504

“Project Processes to be applied to Improve Customer Satisfaction in the Sector of Private Health Services”

The focus of this study was to research and analyze why organizations fail to satisfy his customer, especially in the sector of health. Companies often are cumbersome creating a lot of problems that result in the dissatisfaction of customers. Complaints are rarely corrected because they don’t reach always in the company’s administration. The employees many times make errors, particularly when they must integrate new methods and manage new programs. Sometimes the personnel aren’t paying attention to customers’ complaints.

The key to avoid problems being perceptible from the users, mainly at the new products or methods application, it is to be observed from all the employees. The implementation of such procedures, mainly in health services, it is not a simple situation.

There are a lot of details and aspects which will have to be taken into consideration. The development of a product is studied as a project which includes the planning, market research and competition, cost of services which will include its implementation, its development in the market and the development of internal procedures in order for each employee to learn about the new product.

The last phase, especially, has a potential for many dangers if it is not realized correctly. When the employees do not know the correct facts about the product, then
they can misinform the client, do not service them correctly or be unable to service him at all. All of the above have as a result the dissatisfaction of the client towards the product and the false advertisement of the organization which has the product.

In this thesis, I will try to explain the specific details of a health care product. I will describe as simple as possible the procedures which are implemented in a hospital as far as patient/client management is concerned, health care costs, based on which parameters a potential client chooses the healthcare services, how healthcare clients are classified, the methods used for compensation of services; next, the classification of health care products and how such a product is designed. Finally, all the procedures relative to the contact will be developed in detail, hospitalization/discharge of a patient, and the factors which have an affect on client opinion.

I believe that all of the above will be presented in a comprehensive way so this thesis will be a small stepping stone contributing to the improvement of what we call health care product or a product of health care.
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CHAPTER 1 – INTRODUCTION

Nature of the Study

Big companies often are cumbersome creating a lot of problems that result in the dissatisfaction of customers. Complaints are rarely corrected because they don’t reach in the company’s administration. The employees many times make errors, particularly when they must integrate new methods and manage new programs. Sometimes the personnel aren’t paying attention to customers’ complaints.

Needs Assessment

In the setting that I have chosen the stakeholders are the employees, the managers, the companies that buy our services for their personnel, and the customers. There is a project manager who designs the product and the project team is made up of employees.

The employees want to satisfy customers as best as they can. This doesn’t always happen. Many times poor organization and a failure to share the right information leave personnel ignorant of significant facts and this leads to errors.

The most important step is communication with and within the project team. Project team members have four major communication needs.

1. Responsibility. Each team member needs to know exactly what part of the project he or she is responsible for.

2. Coordination. As team members carry out their work, they rely on each other. Coordination of information enables them to work together efficiently.
3. Status. Meeting the goal requires tracking progress along the way to identify problems and take corrective action. The team members must be kept up to speed on the status of the project.

4. Authorization. Team members need to know about all the decisions made by customers, sponsors, and management that relate to the project and its business environment. Team members need to know these decisions to keep all project decisions synchronized.

**Purpose of the Study**

I intend to develop a more effective system or communication method for the project team, especially by designing, supporting new products and implementing new processes.

**Significance to your Workplace**

I work in the private health sector in the marketing department. I create and support new products. All these efforts have one objective which is to satisfy the customer. I focus on developing and establishing one process that has as primary objective to satisfy the end user.

**Relation to the Program of Study**

During PM 512 (The customer in the project process) customer satisfaction was identified as the most important value-added differentiator. Surveys show that customers believe that the provided service is much as 50 percent of the value that they deserve.
Customer satisfaction requires building and maintaining a strong relationship with the customer.

In the scope of this study, the knowledge and ideas gained from the following City University Project Management curriculum:

PM 502 Leadership Principles for Project Managers: Leading, managing, and coaching, team development and organizational/cultural influence.
PM 512 The Customer in the Project Process: Create and sustain a client focus, presentation skills, and identifying their needs and wants.

**Definition of Terms**

Outpatient Clinics: Referred in physicians visits and diagnostic examinations without be required hospitalization.

ODC: One Day Clinic
CHAPTER 2 – PROBLEM STATEMENT

Problem Statement

In the private Health sector, the support of new products (for example discount health cards) meets problems and other obstacles towards successful implementation.

Rationale for the problem Statement

Health products are. For example, a product can be a discount package or a card (credit, health). In the health sector the product is a little more complex. Many stakeholders are involved, from the initial design of the product until the final users.

Such products may include agreements with insurance companies, health cards for retail sale, and medical check-ups for private individuals or for the company employees.

These products are designed and managed by a project team which includes employees from the marketing, quality and development department.

The management and support of this product are very complex. These processes are very important because product success depends on the satisfaction of the end users (customers). I am working as a team member of a new product design team within my company (in the sector of private health), and I see in every new product the problems which are created during their implementation process within the hospital’s other departments.

My motivation to deal with the above-mentioned problematic areas arose from various incidents. Sometimes the employees of our hospital patient accounting
departments did not know about some agreements and the customer overpaid. This always has as a result dissatisfied customers.

**Hypothesis**

A standard process which must be followed by project stakeholders from the stage of product designing until the final implementation will generate the correct and qualitative information from internal departments.
CHAPTER 3 – REVIEW OF LITERATURE

Introduction

The Project Management Institute according to Project Management Body of Knowledge (PMBOK 2004) define project management as ‘the application of knowledge, skills, tools and techniques to project activities to meet project requirements’ and project management is accomplished through the ‘application and integration of the project management processes of initiating, planning, executing, monitoring and controlling, and closing’.

In my thesis I will try to improve customer satisfaction following specific processes that lead customer to adopt the new idea or product. During the Project Management course we conceived the meaning and the importance of the processes in a project. The project management processes are presented as discrete elements with well-defined interfaces. However, in practice they overlap and interact in ways that are not completely detailed. Most experienced project management practitioners recognize there is more than one way be accomplished based on complexity, risk, size, time frame, project team’s experience, access to resources, amount of historical information, the organization’s project management maturity, and industry an application area.

An underlying concept for the interaction among the project management processes is the plan-do-check-act cycle (for more information, see Appendix A) as defined by Shewhart and modified by Deming, in the ASQ Handbook, page 13 – 14, American Society for Quality, 1999.
Customer Relationships

In CH2M HILL’s four-stage procurement and performance process, the project manager begins developing customer relationships in the first stage, planning.

Development of the relationship continues through the positioning and persuasion phases and then through the fourth and final stage, performance, when the customer relationship becomes one of six major responsibilities of the project manager.

When combined with the quality of the service provided and the project delivered during the performance phase, the customer relationship becomes the basis for positioning efforts for the next project. That project may be with the same customer, with a customer who has been referred by a satisfied customer, or with a customer who recognizes the enterprise as having an excellent reputation.

The success of the customer relationship during the project depends on numerous factors. This monograph describes five factors that are highly significant to successful customer relationship:

- Structures and types of relationships
- Customer understanding
- Customer service
- Communications
- Conflict resolution and change management

Summary & Recent Development

During the course PM 512 in the chapter 6 of book “Customer–Driven Project Management, Building Quality into Project Processes” we learnt the eight phases of the
customer-driven project management improvement methodology. The eight phases are the following:

- Phase 1: Define the quality issue
- Phase 2: Understand and define the process
- Phase 3: Select improvement opportunities
- Phase 4: Analyze the improvement opportunities
- Phase 5: Take action
- Phase 6: Check results
- Phase 7: Implement the improvement
- Phase 8: Monitor results

My research draws on all types of interviews, books, and mainly information from electronic libraries and magazines. My interest is focused mainly on the electronic sources and specifically in the electronic library of National Polytechnic University in Athens which has a contract for free access to the worldwide editions of magazines, articles, newspapers, and books.

Some practical research tools that are so far very important and helpful for my thesis are:


The development processes of new products require the right communication within the project team, and the planning and controls which described in the following books:


The following book analyzes the tools and techniques for managing stakeholders. Also, as the bible of project management that it is, it helps to establish and define standard project management terms:


These two books analytically describe the management functions that are very important for a project team:


This web page includes lots information. It is a global library source that has many articles from scientific magazines and books. I believe that will help me.

National Polytechnic University in Athens. Online resource, for global magazines and books. (http://www.lib.ntua.gr/el/gejournals.htm)
CHAPTER 4 – METHODOLOGIES AND PROCEDURES USED IN THE STUDY

Description of Methodology

This thesis research will not be conducted exclusively by a certain hospital or clinical department. I will be focused mainly on the process development and application of specific kinds of projects (like in the health sector). The data collection will be from the private health companies, electronic resources of the web such as libraries, newspapers, books, journals, and finally from interviews.

Expectations

It is expected that this research study will become a useful document for stakeholders to understand the importance of customer satisfaction so as to implement specific processes in health-related projects. I want to emphasize the customer satisfaction during the project. In order to do this I want to develop a specific process or method that all the stakeholders must follow from the beginning till the end of the project in order to achieve customer satisfaction.

Health and Social Change in International Perspective – Introduction

No one knows why mortality continues to decline in the developed world, doctors, health promotion agencies, experts on economic growth, and governments can all claim the credit. But their claims do not stand up to scrutiny.

As an international non-government agency, the World Health Organization has the advantage of being able to take a more dispassionate view of the policy options. Its
38 health targets for Europe cover all the recognized health hazards and forms of prevention: behavioral factors, immunization, screening, safety, environmental health hazards, work, housing, and so on. In this second report on progress towards its "targets," advances are reported on 31 of the 38. The short summaries from 22 European governments collude in describing the efforts that have helped bring about this remarkable success. Several governments have since discovered that health targets are good business regardless of their ability to influence events.

Yet something important is missing from the European regional strategy for Health for All by the Year 2000, and that something is likely to dominate national health trends however laudable the efforts on individual risk factors. After all, even in countries where governments have done most, such as Finland and the Netherlands, health does not seem to have performed better than elsewhere.

Helping us to peer into the darkness ahead, research has illuminated only the vague outlines of what might be missing. The bits we can see look as if they might add up to something we could call "social integration." The importance of social support to health (which is not a matter of support for adopting healthy lifestyles, as target 14 suggests) is one indication. Another is the research which increasingly suggests that health hazards at work are now less a matter of exposure to physical hazards as of the social organization of work. Others are the psychosocial effects of job insecurity, unemployment, and the divisiveness of material inequality. It looks as if a crucial direct influence on health, as well as an indirect influence through its effect on exposure to other risk factors, is the extent to which a society provides adequate opportunities for its members to be integrated into socially and economically rewarding roles.
Even though the papers published in Health and Social Change are concerned more with the health problems of the developing than the affluent world, the decisive shifts there too seem often to spring from the macrostructure of social development. Particularly interesting are a group of issues concerning the education and emancipation of women, the decline of patriarchal family structures, and more child centered values, which all seem to have such a beneficial effect on infant mortality. The debate on the pathways through which these factors have their impact makes interesting reading, ranging as it does from the reasons for low infant mortality in Jewish families in the United States 100 years ago to discussions of women's education and changing family structures in the developing world today.

The big issue facing preventive policy now is to know when to try to pick off the immediate individual risk factors one by one and when--and how--to tackle the bigger structural issues. This is not just a matter of the increasing evidence of the intractability of individual risk factors tackled in isolation or of the understandable desire to shake the tree when you cannot reach the fruit. Even more important is that health provides one of the few hard measures of the human impact of social and economic structures. Although we do not need measures of its effect on death rates to tell us that unemployment is bad, or studies of infant weight gain to know that parental love and attention are good, in the absence of better measures we should not ignore what health has to tell us about the impact of a society's social and economic structures on human functioning, happiness, and the quality of life more widely.
The Healthcare cost

The issue/problem of the healthcare services high cost and its continuous tendency to increase is considered to be one of the most important reasons of crisis in the healthcare sector. The failing in increase of provided resources is rendered henceforth obvious in all levels of administration making the resolution of financial problems that arise almost impossible for the direct future. Therefore, cost reduction has become the strategic objective.

Since the customer - consumer accepts the quality of healthcare provided mainly as resulting from his relation with the doctor of his choice and for this, with whatever elements he allocates, searches for each health problem a good doctor. Thus while he believes that the system obviously obliged to provide each essential element for healthcare services (beds, ambulances, nurses etc), in relation with the doctor, he is many times over allocated to offer additional resources in order to achieve the best possible quality.

Parameters of choice health services in the USA

We observe (for more information, see Appendix B, C, D) that the customer’s choice is a complicated process. We conceive that the psychology and the way that the potential customers choose the doctor or the clinic it does not have no relation with the way that will choose his loan or other daily needs. All mainly we attend for our good health; so it is comprehensible that each one of us is allocated to go anywhere geographically and to spend the money that is needed in order to achieve good quality of care.
As we observe in the first diagram the potential customers characterize the reputation of a clinic as very important by 71%, and afterwards by 65% the reputation of clinical quality.

**Customer Classification / Tabulation**

The successful growth of quality policy planning after assessing the customers is reflected with the function of classification.

The easiest customer’s classification a hospital uses is: the differentiation of the external customers to *external* and *internal* patients and internal customers that is the personnel of the hospital.

The internal patients have increased needs that the almost the entire hospital’s organizational structure is needed in order to meet (e.g. surgical intervention etc). On the contrary, the external patients have fewer needs that even a small part of the organizational structure can meet (e.g. laboratorial examinations etc). In every case the patient receives some result that could be final (e.g. healing) or intermediary, requiring continuous intervention either as an internal patient – readmition or as an external patient – re-examination.

The internal customers - personnel is a dilated / extended concept of the term “customer”, because the documentation of attendance in the offered service of health has repercussions in the satisfaction of personnel, while gives the possibility of recognition of needs and accordingly better planning of policy.
Customer – Patient and Healthcare product

The patient could have different views/opinions on the provision of healthcare services he received from the hospital as follows:

- Basic healthcare service: When healthcare services provided to the patient satisfy some of his basic needs (e.g. existence of doctors, medicines, nursing bed etc.)
- Expected healthcare service: When additional elements of those of basic healthcare service (e.g. prompt service, low cost, suitable environment etc)
- Extended healthcare service: When the patient receives higher healthcare services than he expected (e.g. a luxurious room, television, gym, etc)
- Potential healthcare service: Where services the hospital would like to offer but isn’t yet able (e.g. patients transfer using specialized vehicles after their exit)

Peculiarities of the Healthcare wealth

Those who wish the acquisition of goods reveal both their preferences and the sums they intend on spending because knowing they face competition from other likely consumers, they believe that if they do not give out these information, they may get excluded from the transaction.

If the above are true, then it is considered as a private good, though such cases are rare in the healthcare sector.

On the contrary, what is often accustomed is the absence of competition among the consumers and the lack of exclusion possibility, which certify that we are dealing with goods and services that are designated for collective consumption. These specific particularities the healthcare sector are imposing both in theoretical researchers of this
sector of the economy as to people responsible of sanitary planning to consider healthcare as a public good.

This means that usually the healthcare commodity is classified in that category of goods for which the state is obliged to look after in order that both the production and the disposal to the citizens respond to social criteria usually applies for these public goods.

We characterize as public goods, commodities intended for collective consumption which, generally, are nor possible or desirable an exclusion of individuals or groups with purely financial criteria. We notice, however, that in all countries a social intervention either in a big or a small scale, differentiates considerably the benefit of healthcare from the benefit of other purely private goods. Usual is to coexist public and private healthcare sectors of production of sanitary services, a system of obligatory for all health insurance against illness and special provision for the more financially weak groups.

The healthcare commodities characteristics of public and private sectors are portrayed concisely in the tables following:

<table>
<thead>
<tr>
<th>As a Private commodity</th>
<th>As a Public commodity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The state does not intervene in the operation of the healthcare system. Each individual is allowed to become a producer of healthcare goods and services and at the same time it allows each citizen to choose the manner of consuming healthcare goods and services.</td>
<td>1. The state checks and intervenes in the operation of healthcare, so that all healthcare services are distributed according to the sanitary needs and not to the wealth status of the individual</td>
</tr>
<tr>
<td>2. Employees wages in the healthcare sector are determined by the forces of the market.</td>
<td>2. The State finances the healthcare system.</td>
</tr>
<tr>
<td></td>
<td>3. A central mechanism exists in order to plan the healthcare services.</td>
</tr>
</tbody>
</table>
3. Healthcare as a commodity is considered equivalent to all kinds of goods.
4. The consumer should be aware of the quality, the quantity and what type of services he consumes.

<table>
<thead>
<tr>
<th>ADVANTAGES</th>
<th>DISADVANTAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Minimisation of bureaucratic processes in the healthcare sector.</td>
<td>1. Patients exclusion from purchasing healthcare services.</td>
</tr>
<tr>
<td>2. Develop of better relation between doctors and patients.</td>
<td>2. Absence of fair distribution of resources of healthcare.</td>
</tr>
<tr>
<td>3. Increased flexibility and faster adaptation of consumers of services of health claims.</td>
<td>3. The private initiative, with the operation of mechanism of market, cannot cover social needs such as the needs of healthcare.</td>
</tr>
<tr>
<td></td>
<td>4. Doctors and personnel seek the maximization of their profits and not the improvement of social prosperity and services towards the individuals.</td>
</tr>
<tr>
<td></td>
<td>5. Generally, increase of cost healthcare services.</td>
</tr>
</tbody>
</table>

As a public commodity – social

<table>
<thead>
<tr>
<th>ADVANTAGES</th>
<th>DISADVANTAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Absence of exclusion from the healthcare services in case of financial weakness.</td>
<td>1. Many times an increase of bureaucracy is observed in the healthcare services when there is absence of appropriate organizing, when no motives for creative initiatives or when the administrative mechanisms guarantee the consolidation of employees of the Health sector without having the possibility of essential</td>
</tr>
<tr>
<td>2. No negotiation of price of offered service from the consumer is needed since he does not know neither the possibilities of doctor or the type of treatment he has to be submitted to or the quantity of pharmaceuticals he has to</td>
<td></td>
</tr>
</tbody>
</table>
Healthcare Products

Consumers need for insuring quality healthcare services has driven the market in creating healthcare products, offering fast access and prompt to the beneficiaries (holders of products).

Products created mainly by private insurance companies’ and private hospitals, offer coverage in private hospitals and they are separated in three large categories:

a) Products for covers in outpatient clinic,

b) Products for secondary care (hospitalization – hospital treatment)

c) Mixed products that include covers from both the above categories.

Most products are mixed, they cover secondary and additionally primary care giving a discount on the secondary. Recently cheaper healthcare products are being offered that are targeted to financially weak groups who usually are unable to be treated in private hospitals or unable to pay long-lasting insurance policies for secondary treatment, such products are those of primary treatment.

Primary treatment products usually are health care cards. Until today healthcare products were insurance created and provided only by the insurance companies.

Further down we will distinguish the following categories:

1. Insurance Cards for Treatment and

2. Health Cards for First Degree Care provided by private hospitals
Insurance Cards for Treatment

Basic “insurance cards” characteristics:

Insurance cards are a new “package” for treatment services, that is, a variant a private insurance policy. Initially, insurance companies offered healthcare treatment in combination with the life insurance contracts. The development of this product came through these treatment cards that could be characterized as constitute a form of nursing actuarial program. This parcel provides secured with a card which is used for the payment of their expenses of hospitalization.

The insurance card replaces the traditional way of payment from securing, after the payment of their expenses of hospitalization and the all realized medical action becomes automatically with transfer of these in the actuarial company, at the exit of patient from the hospital.

Insurance cards offer:

1. Care and hospitalization depending on the needs of the beneficiary who also has the possibility of selecting which benefits he needs.
2. Hospitalization for the beneficiary and his family when needed in contracted hospitals in every country.
3. Premiums adapted to the possibilities and needs of the beneficiary.
4. Coverage of any hospitalization expense in the event of an accident.
5. Possibility of childbirth expenses coverage.
6. Possibility of chirurgical interventions coverage that do not need hospitalization.
7. Compensation when hospitalized in any public hospital of country.

Coverage extends:
The extent of coverage and expenses that the insurance card offers depends. The beneficiary, according to the type of contract he has, is eligible to the respective benefit that can even be unlimited coverage. If however, the daily cost of room that the beneficiary selects exceeds the limit that his contract forecasts, the difference is debited to the consumer. The restriction of insurance card is that it cannot be used in any hospital or infirmary.

The beneficiary can only use the card in private clinics, either in his country or abroad, and only in contracted hospitals. For pre-existing illnesses hospitals issuing such cards place a time limit that usually varies from one to two years, where the beneficiary has no right to compensation.

Age limit:

These particular insurance programs do not usually make reference to age and offer lifelong coverage. However, many times an age-related limit that oscillates between 65 and 70 years is laid, above which the insurance is not renewed.

Insurance cards problems:

The first problem presented relating the cards is the fact that card holders, with a rough estimation of 300 thousands in total insured by many different companies, crowed private hospitals finding opportunity for pointless medical examinations resulting in overcharging the insurance companies accounts. Also, according to estimates of people connoisseurs of this market, the cost of the card oscillates between 120% of - 140% of the premium paid by the customer. So the expenses of medical examinations that the clinics charge make the product prohibitory for the companies of life sector.
Health Cards for First Degree Care

Basic characteristics of Health cards for outpatient clinics:

Health cards provide coverage in outpatient departments of private hospitals.

Health cards offer:

1. Unlimited free physician visits to on-call physicians (General Practitioner, Cardiologist, Orthopedic Surgeon, and General Surgeon).

2. Special discounts on diagnostic examinations and operations performed in the outpatient clinics

3. Free use of Ambulance Services (EMS) in case of emergency transport.

4. Preferential Check-Up prices.

5. Discount up to 20% on the ODC clinic.

6. Discount up to 15% on the hospitalization expenses.

Coverage extends:

These cards are usually issued by insurance companies either additionally to the insurance contracts or separately and by private hospitals. They are can be used in pre-determined private hospitals that substantially undertake the insurance risk while insurance companies function as issuers, venders and managers of insurance policies. Hospitals undertake the provision of deductions to the beneficiaries. In this manner, hospitals acquire a client list while the insurance companies provide program to their customers without they have the risk and with guaranteed profits.

Lately private hospitals have begun compete insurance companies while they issue the same subscribing health cards undertake themselves the potential insurance risks or the profits without interveners.

Age limit:
An important difference between subscribing products and insurance products is that there is no need for pre-insurance check-up in order to acquire the card and in consequence is no restriction of age limit.

Problems of Health cards:

The only but essential problem of these subscribing products starts from the beginning, the planning. A very good study of market is essential to make the product competitive as for the benefits and the price so that it functions autonomously for somebody that does not have the possibility of purchasing an insurance policy but simultaneously and additionally the insurance contracts.

**Wage Methods of Private Sector Services**

The methods used for the remuneration of services in the private sector depend on whether these institutions are contracted or not with the public social insurance organizations and on whether the demand of services come from individuals insured or not.

The financing of contracted institutions is being carried out by public institutions of social security. Services are estimated and usually predetermined prices exist. For the non contracted hospitals, the payment is being carried out by the patient/consumer himself or alternatively, is covered partly by the insurance companies.

Professionals of the healthcare sector owning their own infirmaries are remunerated upon service, while those that are occupied in big diagnostic centers receive wages and percentages. Usually, wages of contracted doctors with public social insurance organizations are particularly low and for example in the case of fund where becomes bad use of conventions that multiplies the volume of medical action, that is to
say becomes institutions of challenging demand. In reality, doctor fees are quite high and are covered through a lot of sources. For example a doctor or a hospital contracted with an insurance provider or an insurance company, collects the agreed fee as follows: A small percentage is covered by the insurance provider. The remaining fee is paid by the customer and in case he has a private insurance contract, the amount is covered by the insurance company (usually contracts cover 80% to 100% of the charged amount). In case the client has no contract with an insurance company, then he’s obliged to pay the whole fee himself because only a small percentage is being covered by the insurance provider. Hospitals are remunerated in the same way.

**Project Processes Leading to Customer’s Satisfaction**

Westbrook and Oliver (1991) define consumer’s satisfaction as the aggregated attitude the costumer shapes for a product he already used, after acquiring it.

It is an evaluating opinion after having chosen, arising from a specific purchase choice and from the experience of consuming it. In general, the satisfaction constitutes a reaction of varied intensity of emotion.

**Patient Admission, Staying and Discharge Process**

Organisms of the healthcare services sector are committed in providing quality qualitative sanitary care to consumers. Consequently, organisms of sanitary care should be economically viable, interested in terms of cost-effectiveness and sensitive toward the patient’s needs. Relations with patients are influenced by employees’ behavior, by the effective systems of information collection and treatment as well as by planning, communication and co-ordination between departments.
A system of import / registration, is a system used for the methodical information import so that overloading of constitution and its resources is averted. Patient reception plays an important role in growth and management of planned strategy concerning patients flow.

This patients flow, dominates on other activities of import /registration (for more information, see Appendix E) because, in a way, it regulates the frequency and the speed other services of sanitary care, can be carried out.

Responsibility provision:

The patient reception department is responsible initially of convenient, polite and precise registration of patients. In this framework, the department supports the quality guarantee of all documents registration in the patients file. Through this operation a file is created so that in the future there is a database (patient recognition), ensuring the organization's integrity. Thus the department creates the patients case-history for the patient’s accounts and the medical files departments. Patients’ information acquired during the registration process is imported in the hospitals data system either by creating a new file or by updating an existing file. The patient reception department issues an account number and a medical file number (protocol) that are going to be used by the hospital both for filing and billing. The department acts as responsible of updating medical files and debiting / charging. Inaccurate or incomplete information collection and patient accommodation will effect other departments and individuals. Patient billing is only a small example of how important the accuracy of information is from the patient reception department, so that charging is made with precision. The Medical Files Department also depends on the patient reception department in order to
correctly determine the numbers corresponding to each file so that double issuing will be avoided.

Additionally, the Medical Files Department uses demographic information obtained during the patients’ information recording in the medical files. Again, inaccurate or incomplete information would delay different procedures and would end up manually intervening from the patient’s accounts and medical files.

Basic information accumulated during hospital admission includes:

Demographic information:

1. Patient’s name.
2. Patient’s address and telephone number.
3. Date of birth.
4. Gender and race.
5. Social security number.

Financial / legal:

1. Name, address and employer’s telephone number.
2. Guarantor (person financially responsible for the bill) name, address and telephone number.
3. Name, address and telephone number of guarantor’s employer.
4. Insurance company name, address, telephone number, insurance policy number, original authorization number / certification, dates acceptance, information concerning the hurting in case of employees compensation, information concerning the subscriber, charging priority in case of more that one insurance companies coexistence.
5. Details on previous unpaid invoices.
Project Processes to be Applied to Improve Customer Satisfaction

6. A priori certification and information on the beneficiary.

7. Completion of all insurance papers and all remaining payment information.

8. Paper signing from the patient and the guarantor for information deliverance regarding treatment consent, economic agreement/payment of services, responsibility exemption, information reception on the Medicare/Medicaid/CHAMPUS and detailed information reception regarding last will and testament.

Socially:

1. Communicating in case of need – contact names, addresses and telephone numbers.

2. Permission on accepting visitors or newspaper announcement.

3. Religion and church preference.

Official:

1. Valuable items given for safekeeping.

2. Date and time of admission / registration.

3. Name of person who filled in patients’ information.

4. Reference source, e.g another hospital.

5. Arrival way e.g. ambulance, on foot etc.

6. Room preference and admission, if it’s about an internal patient

7. Patient’s account number and medical file number.

Clinically:

1. Diagnosis or main medical problem.

2. Healing manner, e.g. surgery.

3. Doctors’ names, telephone numbers and address.

4. Doctor’s directions.
All of the above information are the ones that will acquired from all patients visiting a hospital for primary or secondary care. In appendix F, the distribution / handling flow of the patient is shown.

Depending on the work responsibilities, a classic reception department can be referred to as Patient Registration Department or Patient reception department. It is well known that Patient Reception Services offer quality services on registration along with all tendering procedures towards the patients, the suppliers, the payers due to their experience on sanitary care.

**The customer satisfaction – elements influencing patients' opinion**

When a patients visit a sanitary care institution for treatment or examination, one of the staffs' main goals is to create a smooth, pleasant for the patient passage from the home to the hospital in order for a personal relationship to elaborate. Patients usually create their first impression regarding the hospital, on first contact with the personnel that greet them. These first impressions often remain with the patient and influence his behavior towards the institution, it's staff and the medical care. Staff greeting the patient can insure a positive, for the hospital, first impression with the provision of an efficient, personal and compassionate care.

Reception services of internal patients, they are impressed in appendix E.

**Admission:**

1. Reservations / appointment

2. Registration / interview process

**Financial management and resources allocation:**

1. Verification of the insurance policy and of the authorization
2. Process of pre-certification and authorization

3. On resources management and discharge planning (e.g. social work, home treatment, examination before admission

4. Patient briefing on insurance company’s demands, financial responsibilities and papers collection (e.g. deposit, remuneration contracts etc)

Bed utilization management.

Charging / compensation / declination analysis.

**Processes that Lead in the Measurement of Patient’s Satisfaction**

The hospital will be supposed to have standard levels of quality and a special program to guarantee the quality. The measurement of activities will be supposed to be checked according to the output compared to predetermined and standard levels. The frequency of the output control will be supposed to depend on the relative importance of activity in the total activities departments or the institution, from the prehistory of error rates and the possibilities of improvement that are determined.

The objective to guarantee the quality and consequently that of biggest patient satisfaction is the guarantee of a better care with the higher quality for the public that serves each hospital. The effectiveness of processes, the efficiency and the saving are counted via critical factors of success: customer’s satisfaction, precision, plenitude, the waiting of customers, the interaction with the customer and the cost of services. All the information is processed by the departments of hospitals, which are supposed to be of higher precision, with an objective of 100%. The information will be processed and the services will be offered in periodical base, with the disposal of essential time for the observation of priority and good practice. The director of region is a person in charge of
the continuing examination of the standard rules as well as for the total regard of the process so as that processes of evaluation and permanent follow-up are included.

According to all the above, the director is responsible for the ensuring of advices at the determination of this rules, as well as for the accomplishment of processes of control and education, when it is required. All the workers will be supposed to participate in this process at the biggest percentage, so that the accomplishment of their own control is included, as well as the processes of determination of their problems, where it is possible.

The process includes the measurement of precision, sufficiency, topicality and the proportion of cost–effectiveness through the control of output via determined standard models. In the beginnings of total management of quality (TQM) they will be included, whenever this is possible, so that the measurement, the analysis and the process undertaking of action are strengthened. The frequency of control will depend on the relative process of undertaking of action, the history of errors and the possibilities of improvement that exist.

The standard models have been established for various indicators of output, including:

- the precision of data
- the management of use/ productivity
- the efficiency of services
- the safety
- the satisfaction of customer
For example, the efficiency of services is one of the basic indicators for the gathering of planning fields of patients and it is calculated through the management activities of the region, including:

- the percentage of calls that is faced immediately, those that are faced with some line as well as those that are ignored
- the percentage of time at which the personnel is available / not available in order to answer to the calls
- the percentage of calls and the medium time at which the calls are placed in waiting line
- the medium time of service (the time that the member spends in order to speak with the customer)
- the medium number of calls per time per day and per week
- the medium number of calls per member of personnel
CHAPTER 5 – RESULTS

Introduction

An organization cannot survive and prosper in today’s world without customers. Customers allow an organization to exist. Many modern organizations have lost sight of this fundamental principle.

Many project management organizations have not developed an ability to respond rapidly to changing customer needs and expectations. Many excellent organizations have perfected the ability to lock in on specifications and produce a product within schedule and budget; yet they have not developed the ability to listen to their customers. They seek to define the customers’ project requirements rather than determining customers’ needs and expectations. This frequently results in an isolation from the customer, with the ultimate consequence of leaving the deliverable on the doorstep for the customer. Such organizations do not keep close to their customers. They avoid the possibility of customer changes. Besides putting up the obvious barriers to satisfying customers, they deny the dynamics of the learning process. If change is allowed, it is usually at a high cost in terms both dollars and relationships. All too often the project ends up as a disappointment, not adding any value for the customer. This alienates the customer for any future deliverables.

Build Customer Relationships

In today’s market, customer satisfaction is based on more than just the technical quality of a project. To remain competitive, the enterprise must offer excellent, customer-
focused service. The foundation of this service is the strong relationship that develops between people and, ultimately organizations.

The monograph focuses on the knowledge and skills that project managers need to develop a strong customer relationship, including:

- The structures and types of customer relationships
- The need to understand a customer’s vision, needs, and expectations
- The role that customer service plays in the relationship, and guidelines for customer service
- The need for an explicit communication system
- Guidelines for conflict resolution

**Conclusion**

Relationship building is a fundamental part of leadership and essential to gaining the long-term trust and confidence of customers. The customer relationship is successful when the customer is satisfied with the final product and with the services provided. Ensuring a successful relationship means structuring the relationship between the project manager and the customer; understanding the customer’s needs, expectations, strengths, and weaknesses; reinforcing the relationship with customer service; communicating with the customer and maintaining a good relationship during difficult times. In today’s competitive environment, strong relationship between project manager and customer are often the competitive edge that captures opportunity.
CHAPTER 6 – DISCUSSION, CONCLUSIONS, RECOMMENDATION

Introduction

Customer satisfaction is the most important value-added differentiator. Surveys show that customers believe that the service provided is as much as 50 percent of the value they receive. Technical skills are available from a wide variety of sources, so customers are increasingly using service as the differentiator that determines which enterprise they hire.

Customer satisfaction requires building and maintaining a strong relationship with the customer. Almost always, the correlation between customer relationship and the customer satisfaction is perfect: the stronger the customer relationship, the more satisfied the customer. Also, strong relationships make the project manager’s job easier and more pleasant, make the customer much more comfortable with the enterprise, and make the enterprise more likely to receive repeat business.

Needs and Expectations

The differentiating between needs and expectations is important. Needs are the objective, concrete aspects of a project, including technical, financial, and schedule. However, the customer’s expectations will go beyond the needs of the project to encompass more subjective elements. Some of the customer’s expectations may not be in the bid request, but they are in the thoughts of the customer representative. Therefore, the project manager must continually monitor the customer’s needs and expectations to ensure they are met.
Evaluation of Process

The evaluation is mainly focused on the analysis of results from the consumption of medical cares. The evaluation of process has connection with the sort of diagnostic examinations and the chirurgical interventions, with the therapeutic processes, the rate of utilization of pharmaceutical products what is more, with the administrative methods that were used and also, the piece of information.

The evaluation of this process is compared, as it seems natural, with the results that are involved.

Suggestions

I am adopting a proposal of a liberal inspiration. This proposal comes from the HMO experience (Health Maintenance Organizations) in the United States.

It requires a health system which is based exclusively on consumer choices. The consumer plays the ultimate role in a new market, not more of the individual health care, but that of a complete network of health services. The introduction of these kind of antagonistic mechanisms would diminish the distinction between the decisions making for the use of medical services and its financial consequences, a distinction identical with the practice of payment for each act.

Every organization of this type, offers a complete line of medical care, with the requirement of an annual payment, which is determined independently from the costs of the consumed services.
It is about a complete network of health care services provider which causes an antagonism towards two directions: a) between the various networks (HMO's) and the consumers, and b) between the originator of medical services towards the networks.

A procedure such as this has all the possibilities to have as a conclusion the achievement of superior quality services provided in combination with the increased economic outcome, fading the inflation factors from the offering side.

Improving processes is a tremendous opportunity for an organization to improve overall organizational performance and the quality of patient services. An active and effective process improvement program can pull your organization ahead of the competition and increase market share and cash flow. If your competition has an active process improvement program, then it is critical that you improve your processes to insure your organization's competitive position. Otherwise, while your competition reduces costs, improves services and product features, and has extra cash on hand to fund new patient care and community services, you will be left behind.

Everything in an organization gets done with processes - sequences of operations that take inputs such as medical supplies, labor, and information, and then turn them into outputs or services - either for external customers or downstream processes. These processes may be fully recognized and managed - or not. Unmanaged processes produce random results and high numbers of defects, since measurements are not in place, starting and ending points are not clearly stated, and no single executive is responsible for managing each process except the CEO. Most processes cut across organizational lines, leaving the question of who is responsible for which process vague and left to chance or individual whim.
The first step to implement a process improvement program is to define your processes. Many people do this in an ad hoc manner, since they do not have a methodical approach.

**Recommendations**

The new technologies and planning of work functions will sustain the procedures and furthermore the level of services offered. The automation, palm-pilot PCs, code reading systems as well as voice recognition systems, flow diagrams and internal updates, are few of the technologies and techniques of today which if they are applied they could increase productivity while at the same time it promotes the client satisfaction.

The health care services system has to be altered. The intended care, improvement of overall quality, the development of a complete system providing healthcare services and the reduction or organizational sizes, are some of the outcome which change the health care services system into a macro and micro level.

**Conclusion**

The future of this profession will not depend on past history, but on the future commitment, in order for the professionals of this area to be appointed as leaders for the development of a procedures clear system.

The overall assessment of procedures will confine functional limits due to the organizational structure and will have to be directed to greater client satisfaction. It is of great importance the development of a procedure system which will include the assurance of quality services.
The greater difficulty of most organizations is from where to begin and where to implement the quality criteria. It is not important only to define the type of quality which is attempted to be achieved but to also account the specific goals. The quality of services, for example, can be applied in internal and external clients. The clinical quality can be separated into different points of the healthcare segment; the goals of outpatient long term care are totally different. However, the constant effort of improvement of the latest outcome is what defines quality.
Appendices

Appendices A – CDPM Improvement Methodology and the Deming Cycle
Appendices B – Consumer Selection Drivers for Hospitals
Appendices C – Consumers Rank Potentially Influential Hospital Actions
Appendices D – Consumers Rate Influence of Clinical Reports on Decision Making
Appendices E – Flow Chart of Patient Insertion
Appendices F – Flow-Chart for the Patient Distribution
References


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(http://www.ajtmh.org/cgi/content/abstract/51/5/707 )


Appendices A: CDPM Improvement Methodology and the Deming Cycle

- **PLAN**
  - Define Quality Issue
  - Understand and Define Process
  - Select Improvement Opportunities
  - Analyze Improvement Opportunities

- **DO**
  - Take Action

- **CHECK**
  - Monitor Results
  - Implement Improvement
  - Check Results

- **ACT**
  - Total Customer Satisfaction

---

Project Processes to be Applied to Improve Customer Satisfaction
Appendices B: Consumer Selection Drivers for Hospitals

Consumer Selection Drivers for Hospitals

<table>
<thead>
<tr>
<th>Driver</th>
<th>% Important</th>
<th>% Very Important</th>
<th>% Overall Positive</th>
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</thead>
<tbody>
<tr>
<td>Reputation for clinical quality</td>
<td>28%</td>
<td>65%</td>
<td>93%</td>
</tr>
<tr>
<td>Reputation – leader in treatment area important to me</td>
<td>21%</td>
<td>71%</td>
<td>92%</td>
</tr>
<tr>
<td>Previous experience with clinical quality</td>
<td>30%</td>
<td>60%</td>
<td>90%</td>
</tr>
<tr>
<td>Range of facilities and services</td>
<td>37%</td>
<td>49%</td>
<td>86%</td>
</tr>
<tr>
<td>Preferred physician affiliated with hospital</td>
<td>29%</td>
<td>56%</td>
<td>85%</td>
</tr>
<tr>
<td>Reputation for service quality</td>
<td>38%</td>
<td>47%</td>
<td>85%</td>
</tr>
<tr>
<td>Hospital is in health plan network</td>
<td>23%</td>
<td>61%</td>
<td>84%</td>
</tr>
<tr>
<td>Previous experience with service quality</td>
<td>35%</td>
<td>47%</td>
<td>82%</td>
</tr>
<tr>
<td>Location is close to work/home</td>
<td>35%</td>
<td>31%</td>
<td>66%</td>
</tr>
<tr>
<td>Recommendation of family/friends</td>
<td>38%</td>
<td>26%</td>
<td>64%</td>
</tr>
<tr>
<td>Is research center associated with a medical school</td>
<td>35%</td>
<td>20%</td>
<td>55%</td>
</tr>
<tr>
<td>Part of a larger network/system of hospitals</td>
<td>25%</td>
<td>18%</td>
<td>43%</td>
</tr>
<tr>
<td>Information found on Internet/other sources</td>
<td>22%</td>
<td>11%</td>
<td>33%</td>
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Appendices C: Consumers Rank Potentially Influential Hospital Actions

Consumers Rank Potentially Influential Hospital Actions

- Hospital publishes medical error rates: 80% (Female), 77% (Male)
- Hospital publicizes activities to reduce medical errors: 76% (Female), 77% (Male)
- Hospital advertising of specialty skills: 81% (Female), 68% (Male)
- Hospital provides results of compliance measures to consumers: 76% (Female), 70% (Male)
- Hospital publishes information about amount of training it provides on up-to-date treatments: 77% (Female), 68% (Male)
- Hospital gives patients/family evidence-based guidelines: 73% (Female), 70% (Male)

Appendices D: Consumers Rate Influence of Clinical Reports on Decision Making

Consumers Rate Influence of Clinical Reports on Decision Making

- Poor or below average clinical quality reports will persuade me to choose a different hospital: 24% Strongly agree, 63% Agree, 87% Overall positive
- Poor or below average clinical quality reports will persuade me to change physician: 27% Strongly agree, 55% Agree, 82% Overall positive
- If my local hospital receives poor or below average clinical quality marks and I had positive experiences there, I would not change: 28% Strongly agree, 11% Agree, 39% Overall positive
- The level of quality of my hospital doesn’t matter — my insurance picks where I have to go: 13% Strongly agree, 16% Agree, 29% Overall positive
- The level of quality of my physician doesn’t matter — my insurance picks the physician: 15% Strongly agree, 11% Agree, 26% Overall positive

Appendices E: Flow Chart of Patient Insertion

1. The Patient Insert in the Hospital
2. First time visit the Hospital?
   - Yes: The patient supplements the registration form
   - No: The patient registered and opened account
3. The patient registered and opened account
4. Briefing of actuarial information
   - Yes: The patient expects the nurse
     - No: The patient referred in the accounts department
5. The patient referred in the accounts department
6. The patient directs in the urgent incidents department
   - Yes: The patient asks urgent reference of doctor
     - No: The patient waits for the doctor
   - No: The patient expects the nurse
     - Yes: The specialized nurse records short background
     - No: The patient waits for the doctor
Project Processes to be Applied to Improve Customer Satisfaction

Appendices F: Flow-Chart for the Patient Distribution

1. Patient
2. Supplier of Directed Care
3. Supplier
4. Process of Reservations and Appointment
5. Subscription Registration On the same day
6. Ratification of Insurance
7. Certification of Level of Care
8. Control of Process Certification of Discharge
9. Benefit of Economic Advices
10. Exploitation of Beds Process of Import
11. Process Certification of Discharge
12. Management of Exploitation
13. Management Nursing Incidents
14. Home Nursing
15. Social Services
16. Medical Archive
17. Patients Account
18. Analysis of Process of Reject
19. Guarantee of Quality
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<td>f. Discussion, Conclusions, Recommendations</td>
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<td>13. Appendices (if applicable)</td>
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