Measurement of Patient Satisfaction to Improve Quality of Care in Patan Hospital outpatients department

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ABSTRACT

BACKGROUND
This study was undertaken in the Outpatient department of Patan hospital, to assess whether interventions after a previous audit had improved quality of care.

METHODOLOGY
Cross-sectional survey of patient satisfaction by exit interview.

RESULTS
There was improvement in patient satisfaction with privacy, and reduced waiting times. More intensive intervention also resulted in improvement in staff attitudes, whereby 88% doctors, 85% of ticketing staff and 68% lab staff were found to have very good or good attitudes. Continuity of care showed no change.

CONCLUSION
Collection of data without implementation and ongoing review is pointless. Where we implemented no change, no change was found. Where we successfully implemented change, then change was achieved.
Just raising awareness about attitudes was not sufficient. Formal training in “customer relations” was effective, but this was not maintained.
This study demonstrates how difficult it is to actually implement change in a large organization. Passive provision of information has not proved to be sufficient. Changes in systems were what proved effective.

Key words: Attitudes, Audit, Patient satisfaction, Quality improvement

INTRODUCTION

Regular audit, including review of the data and implementation of change, is a valuable tool in improving the quality of patient care. In Patan hospital we initiated a system of Patient satisfaction exit interview surveys, looking at the quality of care given in the outpatient department. The first audit helped us to set targets for improvement. This study reports the next part of the audit cycle, undertaken 5 months and 2 years later, where we assess whether we have succeeded in bringing about positive change.

Major Targets set to achieve

1. Staff attitudes: 75% patients should find staff attitudes “good” or “very good”, 20% “OK”.
2. Tasks in the consultation: 90% should be told the diagnosis, 90% should have their medicine regime explained, 50% should have side effects of meds explained.

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3. Continuity of care: 60% of patients should be able to see the same doctor
4. Privacy: 90% patients should feel they had adequate privacy

**Minor targets**

1. Waiting time to see doctor: 80% should be seen within 4 hours
2. Waiting time for reports: 80% routine reports should be available within 4 hours
3. 85% medicines should be available in the pharmacy
4. 90% patients should find facilities clean
5. 80% patients should find waiting area satisfactory.

**Changes implemented after first audit**

1. Staff attitudes
   All General OPD doctors and the record room staff were informed of the results of the audit, and the importance of attitudes was emphasized. New staff were also given this information during their orientation.

2. Tasks in the consultation
   During the regular teaching time for general OPD doctors, the tasks of the consultation were explained and discussed.

3. Continuity of care
   We planned to write the duty rosta one month ahead, and preferably keep doctors working in a particular clinic on the same week day so that doctors knew when to recall patients. This proved unfeasible due to regular crises of staff shortages.

4. Privacy
   Our theory was that overcrowding was a major factor leading to lack of privacy. We therefore worked with the caller staff to reduce the number of patients called at one time and kept stricter control of patients sneaking in the back door. One bench was removed so that there was more leg space for patients, and also fewer patients sitting in the examining room.

**METHODOLOGY**

This was a cross-sectional survey performed on a single day. We interviewed a total of 79 patients, just under 10% of a normal daily quota at this time of year. Interviews were spread throughout the day, by surveying roughly every tenth patient as they collected their final medications and were about to leave the hospital. A standard questionnaire was used. The same questionnaire was used as in the survey done 5 months previously.

Further cross-sectional surveys were done over the next two years looking more specifically at staff attitudes. In each survey approximately 10% of the patients seen during that day were interviewed.

**RESULTS**

**Attitudes of staff**

In the second audit, we found no real change in patient’s perceptions of staff attitudes for doctors and some deterioration for ticket office staff. There was however, a significant deterioration in the attitudes of lab staff. In the period between the two audits the responsibility for handing out lab reports was moved from OPD to the Lab. Two new staff were recruited by the lab, and there have been ongoing problems with the smooth running of the system since that time. They had only been doing the job for one month at the time of the second audit.

Less than 70% of doctors, 58% of ticket office staff and 39% of lab staff were thought to have a “good” attitude towards patients. Hence no-one met the target of 75%.

In Patan hospital we pride ourselves on providing compassionate as well as competent clinical care, so we were very concerned with these results. Just raising staff awareness of the importance of attitudes was not sufficient. We therefore arranged for all our OPD record room staff to undertake customer relation training. Lab staff were also invited to attend.

A further audit of staff behaviour (audit 3) showed that there was a marked improvement in patient satisfaction with both ticket and lab staff attitudes, with 85% and 68% respectively being found to have very good or good attitudes.

These good attitudes were not maintained however as a fourth audit more than 12 months later showed. (Table 1). Doctors received no specific customer relation training, but there is an ongoing emphasis in the department on the importance of communicating well.
Table 1: Staff attitudes (% found very good or good)

<table>
<thead>
<tr>
<th></th>
<th>Audit 1</th>
<th>Audit 3 (after intervention)</th>
<th>Audit 4</th>
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<tbody>
<tr>
<td>Doctor</td>
<td>67</td>
<td>88</td>
<td>88</td>
</tr>
<tr>
<td>Ticket</td>
<td>58</td>
<td>85</td>
<td>70</td>
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<tr>
<td>Lab</td>
<td>38</td>
<td>68</td>
<td>52</td>
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<tr>
<td>Cashier</td>
<td>93</td>
<td>78</td>
<td>60</td>
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<tr>
<td>Caller</td>
<td>72</td>
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<td>56</td>
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Tasks of the consultation

There was absolutely no change in the percentage of doctors adequately completing the tasks of the consultation. 69% of patients were told the diagnosis, 80% were told how to take their medicines and 39% had the side effects of the medicines explained (compared with 69%, 79% and 36% in Audit 1). Hence none of the targets were met.

Graph 1 – Staff attitudes in Audit 1

Graph 2 – Staff attitudes in Audit 2

Continuity of care

We found that only 46% of patients who were not new attenders, saw the same doctor as on their previous visit, although 91% of them would have wanted to. (Graph 4). This is exactly the same percentage as in the previous audit, and well short of our target of 60%.

Graph 4 – Continuity of Care

Privacy

In this area we did see a significant difference from the previous audit. In Audit 1, 72% patients felt they had adequate privacy (Graph 5), while in Audit 2, 88% felt it was adequate (Graph 6). This marks a considerable improvement, and we also nearly met our target of 90% patient satisfaction in this area.

Graph 3 Dr’s tasks in the consultation
Also in these graphs we can see a significant improvement in the satisfaction with the waiting area space (83% compared with 74%), which meets our target of 80% satisfaction.

There was a fall in level of satisfaction with cleanliness, but this is probably due to the extensive building work going on all around the hospital.

Waiting times

In this second audit, only 18% of patients waited more than 4 hours to see a doctor (compared with 30% in the first audit). This also meets our target of 80% patients being seen within four hours.

The waiting time for routine lab tests remained constant at 23% waiting more than 4 hours (25% in the last audit), and just outside of our target.

Pharmacy

87% of the medicines prescribed were available in the pharmacy. This suggests that our doctors are adhering to the hospital formulary.

Overall we were pleased to find that patients were satisfied with the service we provide in Patan hospital, such that 100% of those surveyed would come back for future health problems.

Limitations

The second audit was done in December, when patient load is considerably less than in August, when the first audit was done. This could explain some of our better results, particularly in the area of privacy. However we feel patient flow through the department has improved, and the difference shown is true.

**DISCUSSION**

Although it was disappointing that many of the parameters we had chosen as targets for change were exactly the same, this did lend some support for the accuracy of the measuring tool. Where we implemented no change (even when we had intended to – such as in continuity of care), no change was found. Where we successfully implemented change such as in the area of reducing overcrowding, thus addressing issues of privacy and adequacy of waiting areas, then change was achieved. This suggests our sampling technique was satisfactory and that our questionnaire was reliable.

This second exit interview demonstrates how difficult it is to actually implement change in a large organization. Passive provision of information has not proved to be sufficient. Changes in systems were what proved
effective. A Cochrane review [1] looking at clinical audit and feedback also found that the complex interactions within a health care system (such as staffing levels, morale, knowledge base and available facilities) limit the overall effect of audit. A key factor in increasing the impact is increasing the intensity of feedback and institutionalizing audit meetings as a forum to analyze problems and develop solutions.[3]

The area of staff attitudes is perhaps the most interesting. Just raising awareness was not sufficient. The staff with the greatest needs were those in the record room and the lab reporting area. Formal training in “customer relations” was effective, but this effect was not maintained. In response we are planning to implement yearly refresher courses in customer relation skills. Kafle et al also found that for successful interventions to be sustainable they need to be tested in the health care system and implemented through the system. [2]

Summary of proposals for action

Staff attitudes

Record room and lab reporting staff to receive regular training in “customer relations”.

Continuity of care

Implementation of forward planning of our staff rosta system so that doctors know which clinics they will be working in for a month in advance. This will allow them to call patients back for follow-up on the days they are in clinic.

Overcrowding

Maintain current practice.

Doctor’s explanations

Daily random case analysis (together with senior staff) at the end of OPD clinics that will include discussion of these three areas.

CONCLUSION

The most important part of doing a survey like this is the ongoing implementation of positive change, and then reassessment to see if our changes have brought about improved quality of care. We plan to repeat this exit interview every four months as a regular audit of our care in the outpatients department. It is only then that we will know how effective we have been. Regular audit and review is one method of bringing about a change of culture in an organization.

REFERENCES:

