

## **Patient Satisfaction Survey on the Female and Male Medical Wards at West Demerara Regional Hospital January- June 2023**

**Research Site:** West Demerara Regional Hospital. Vreed En Hoop

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### ***Abstract***

*West Demerara Regional Hospital has its fair share of mixed reactions to the public. This reaction ranges from complimentary feedback to complaints about the quality of care received at the institution, some of which have even reached the media. Patient experience is considered as one of the pillars of quality healthcare, along with patient safety and clinical outcomes. Providing feedback on the experience of patients and encouraging the healthcare team to address the identified problems, thus improving quality, is the best way to ensure that services meet objectives.*

**Keywords:** *West Demerara Regional Hospital, Healthcare Providers, Safety Considerations*

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### **Introduction**

West Demerara Regional Hospital has its fair share of mixed reactions to the public. This reaction ranges from complimentary feedback to complaints about the quality of care received at the institution, some of which have even reached the media. Patient experience is considered as one of the pillars of quality healthcare, along with patient safety and clinical outcomes. Providing feedback on the experience of patients and encouraging the healthcare team to address the identified problems, thus improving quality, is the best way to ensure that services meet objectives. The use of quality tools in health services can provide substantial improvements, and the science of improvement should integrate a training curriculum for healthcare staff and managers. At the organizational level, a common feature regarding the purpose of patient-reported experiences is quality improvement. Earlier studies have demonstrated that systemic gathering of patient feedback by hospitals may result in small to moderate improvements.

### **Study Goal and Objectives**

This will be a perspective cross sectional study design to assess the quality of care perceived by the inpatients at West Demerara Regional Hospital to help determine whether we are providing quality services to our inpatients and if amendments need to be implemented.

### **Rationale and Background**

The term 'patient feedback' can be used to describe several types of formal feedback, including levels of patient satisfaction, experience, views and assessments of care in terms of accessibility, continuity and quality. Donabedian described the three roles that the patient could play in healthcare quality in terms of: contributors, targets and reformers. In the 'contributors' role, patients define quality, evaluate quality and provide information that permits others to assess it. Consumers as the 'targets' of quality are defined by their engagement in the production and control of care, and the 'reformer' role is related to direct participation through administrative support and political action.

West Demerara Regional Hospital, while being one of the hospitals in region three providing great level care to patients (inpatient and outpatient) has its fair share of mixed reactions in the public. This reaction ranges from complimentary feedback to complaints about the quality of care received at the institution, some of which have even reached the media. Barriers to the impact of patient feedback include poor understanding of survey methods and statistics; skepticism of clinical staff about the relevance of survey data to their practice; and delays between data collection and feedback, so staff may argue that circumstances have changed, and care has now improved.

One of the assumptions underlying England's National Health Service (NHS) policy is that giving feedback about patients' experiences to healthcare organizations will drive improvements. Specifically, in 2000, the NHS Plan pledged that a patient survey would "secure year-on-year improvements in patient satisfaction" [6].

Patient experience is considered as one of the pillars of quality in healthcare, along with patient safety and clinical outcomes [7]. Providing feedback on the experience of patients and encouraging the healthcare team to address the identified problems, thus improving quality, is the best way to ensure that services meet objectives. [8]. However, despite the availability of different forms of patient feedback, their use in hospitals in Guyana have been limited.

The use of quality tools in health services can provide substantial improvements, and the science of improvement should integrate a training curriculum for healthcare staff and managers. At the organizational level, a common feature regarding the purpose of patient-reported experiences is quality improvement. Earlier studies have demonstrated that systematic gathering of patient feedback by hospitals may result in small to moderate improvements. [9].

However, despite data on patient experience being increasingly collected worldwide, there are still questions regarding how it is used to improve health care quality. Little effort has gone into how to understand and use patient experience data to increase the responsiveness of a health care organization to the needs of its clients. [10].

Synthesizing information from the existing literature, an empirically based framework has been developed to help organizations and managers understand what to do with patient experience feedback to improve health care quality at the organizational level. We identified six post-data/collection/analysis activities, which were categorized into three main themes:

1. Make sense of the data
2. Communicate and explain the data
3. Plan for improvement

Our framework suggests that simply executing a survey will not improve performance. It is necessary that leaders understand the data, disseminate findings to all stakeholders, help staff understand the data, and then create a platform where all key stakeholders can be involved in discussing the results to generate improvement plans. [11].

The HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey is the first national, standardized, publicly reported survey of patients' perspectives of hospital care. It is a survey instrument and data collection methodology for measuring patients' perceptions of their hospital experience. [12]. While many hospitals have collected information on patient satisfaction for their own internal use, until HCAHPS there was no national standard for collecting and publicly reporting information about patient experience of care that allowed valid comparisons to be made across hospitals locally, regionally and nationally. The survey contains core questions about critical aspects of patients' hospital experiences (communication with nurses and

doctors, the responsiveness of hospital staff, the cleanliness and quietness of the hospital environment, communication about medicines, discharge information, overall rating of hospital, and would they recommend the hospital). For the purpose of this research, a modified

HCAHPS survey will be used for internal records only.

### **Study Goal**

To assess the quality of care received by inpatients on the female and male medical wards at West Demerara Regional hospital within the period of January - June 2023.

### **Objectives**

1. To determine whether we are providing quality services to our inpatients.
2. To establish whether we are meeting the needs of our patients.
3. To determine whether we need to amend the way we are providing services to inpatients

### **Study Design**

This will be a perspective quantitative cross sectional study design to assess the quality of care perceived by the inpatients as mentioned above in the study goal.

### **Methodology**

1. Permission will be requested in writing after the proposal is accepted to the ward sister/brother from the male and female medical wards to undertake this research. The clerks on the respective wards will also be consulted to assist in data collection when inpatients are being discharged.
2. Study Population will be selected from all inpatients admitted to the male and female medical wards within the study period of January- June 2023. Patients who will be excluded from the participation if they refuse to participate in the survey, if they have any medical condition that precludes

their participation namely delirium, aphasia or hemodynamically unstable. Patients who meet the participating criteria will be invited to participate in the survey, preferably at the time of discharge. Perspective sample size is approximately five hundred (500) patients.

3. Personal interview via questionnaire will be the primary method used in this research. Inpatients will be assisted to fill out the questionnaire if required by the clerks who are blinded to the objectives of the research project. The same will be returned to the clerks and filed until the total number of required surveys are met for this research.
4. The instrument used for the questionnaire will be a modified version of the HCAHPS (Hospital Consumer Assessment of Health Providers and Systems) survey, which is the first national, standardized, publicly reported survey of patients' perspective of hospital care. A sample of an instrument is attached to the appendix of this document.
5. The primary researcher will conduct routine follow up of the returned questionnaires at least weekly to ensure compliance with the research objectives.
6. Data will be aggregated in Excel sheets with restricted access to the researchers on a password protected device.

### **Statistical Analysis**

Data will be collected and stored on Excel sheets and will be analyzed using Epi info 7.0 software and SPSS on a password protected device by the primary researcher.

The qualitative aspect of the data will be analyzed by read and re-reading the response and then categorizing them into themes. This may involve assigning abbreviated codes to the points as they emerge from the data. Then the connection between the categories will be traced.

The quantitative data will be analyzed using a combination of descriptive and statistical inference techniques. While the results will be presented in the form of graphs and chart as appropriate. I will calculate P-values for each of the satisfaction indicators using appropriate non-parametric test (Chi Square).

All effort to eliminate bias will be made by making sure every stage of the analysis is objective as much as possible in interpretation.

### **Safety Considerations**

Patients who are aggressive or delirious will not be enrolled to participate in the survey. No other major safety considerations as responders will be assured anonymity.

### **Follow-Up**

Preliminary data collection will be collected weekly by the primary researcher and placed on the excel database.

Verbal feedback on the program with the team will also be pursued through one-to-one interviews with the primary researcher and clerks weekly.

Training with the staff will be done continuously to ensure adequate compliance with the objectives of the program.

The completed project will be shared with the hospital administration and healthcare workers to determine future interventions to improve, if required, or implement the tool to other words within the hospital.

### **Quality Assurance**

Clerks will be blinded to the objectives of the study to ensure a reduction in bias.

Weekly review of program to ensure effective delivery.

Verbal discussions with the primary researcher, supervisor and clerks to determine areas of improvement during the study period.

### **Dissemination of Results**

The information obtained through the project will be prepared as a manuscript and it will be shared in paper and electronic formats

as part of the Master of Medicine thesis presentation to the academic community of the University of Guyana through the Institute of Health Science Education. The data will also be made available to the administrative staff, medical and nursing staff of the West Demerara Regional Hospital through paper and electronic formats to form the basis for the implementation of the program on a larger scale.

It is anticipated that any significant findings will be shared with the international community through international peer reviewed journals for promotion of the program in other resource- limited centers.

### **Duration of the Project**

The duration of the project is expected to be between January to June 2023.

Implementation of the tool and training with the clerks of the respective wards will be done one week prior to the start of the project.

The project implementation will begin in January 2023. Data will be collected at weekly intervals.

Final data collection, tabulation and analysis will be done in July 2023.

### **Problems Anticipated**

1. Non-respondents participated in the survey.
2. Participants may misinterpret questions on the survey.
3. Relatives may subjectively affect selection of options on the survey.
4. Small population size.

### **Ethics**

This study involving human participants will be reviewed by the Institutional Review Board

To ensure that participant autonomy was respected, all questionnaires were accompanied by letter informing them that we do not need to know their name and that all the information provided by them will be treated anonymously; they were also informed in the

letter that taking part in the survey is on voluntary basis and will not affect the services provided to them in anyway.

All demographic information will be stored on a password protected device and access will be limited to the primary researcher. No information that could be used to identify any patient or healthcare worker will be included

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in the aggregated data, analysis nor manuscript.

## Informed Consent Form

Patients will be given full disclosure of the research and the benefits associated with it. Written authorization will be given by patients to participate in the research.

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