

# CAPECOAST TEACHING HOSPITAL QUALITY ASSURANCE



**2019 OPD CLIENT** 

**SATISFACTION SURVEY** 





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## **LIST OF ACRONYMS**

Ag CEO
 Acting Chief Executive Officer

• QSIPT Quality, Safety, Infection Prevention Team

QA Quality Assurance

• QI Quality Improvement

• RA Research Assistant

RT
 Research Team

• ICT Information Communication Technology

OPD Out Patient Department

IPD Patient admitted to the ward

OBGY Obstetrician and Gynecology

MS Male Surgical

MM Male Medical

FM
 Female Medical

• FS Female Surgical

A & E
 Accident and Emergency

MO Medical Officer



# INTRODUCTION

### **Objective of Survey**

The Management of the Cape Coast Teaching Hospital organizes staff and Clients satisfaction survey annually through the Quality Assurance Unit as part of it mandate contained in the Teaching Hospital Act 525 of 1996 for quality health delivery.

The 2019 Clients, Community and Staff satisfaction surveys provided an objective feedback from the service recipients and enable management to plan for an improved and excellent health care.

The survey was approved by the Chief Executive Officer and implemented by the Quality Assurance (QA) Team.

### <u>Methodology</u>

### **Determination of Respondent**

### **Targeted Population**

The Clients targeted population (in-patients-IP, out-patient-OP and Emergency) was obtained from the CCTH 2019 client's attendants records from Medical Information unit.

### Sample Size

The sample size determination was worked out from <a href="https://www.surveymonkey.com/">www.surveymonkey.com/</a>. The statistical analysis were calculated using qualtrics by Scott M Smith (2018) from a website <a href="https://www.qualtrics.com">www.qualtrics.com</a> and <a href="https://www.surveysystem.com">www.surveysystem.com</a> and SPSS data analysis.

### Selection of Respondent

The OP respondents were obtained from randomizing from the list of patients obtained from the Light wave Health Information Management System – LHIMS.

### Strategy for Interview

All the OP Clients were interviewed via telephone.



TABLE 1:

### **SPECIFIC TARGET COVERAGE 2019**

YEAR	SAMPLE SIZE	RESPONDENT	% COVERAGE
OPD CLIENT	384	196	51.0
IN-PATIENT and EMERGENCY CLIENT	385	234	60.7
COMMUNITY	169	67	39.6
STAFF	302	104	34.4
TOTAL	1,240	601	48.5

TABLE 2
GENERAL COVERAGE FROM 2017-19

YEAR	POPULATION	SAMPLE SIZE	RESPONDENT	CLIENT	STAFF	% COVERAGE
2017	21,068	1,300	1,110	987	123	85.4
2018	170,325	1,051	718	506	212	68.3
2	182350	1240	6	4	1	4
0			0	9	0	8
1			1	7	4	
9						5

# **Measure of Success**

The Research Team agreed to set a standard of 80% as a pass mark for any indicator selected and 90% as excellent in 2019 as against 75% pass mark in 2018.



# **Shortfalls Identified**

There were some issues of concern which may have had some level of minor significant impact of the result either positively or negatively. These were:

	The absence of	f absolute targeted	Clients population size.
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Some challenges associated with reaching the selected client respondents
on telephone resulted in lower sample size coverage.

# <u>Table 3</u> <u>The Research Team</u>

No.	NAME	DESIGNATION
1.	Mr. Albert K Acquah	Quality Assurance Manager /Team Leader
2.	Mr. Emmanuel Hanson Owoo	Occupational and Safety Focal Person / Supervisor
3.	Mrs. Annabel Merson	Supervisor
4.	Mr. Robert Jirapah	Head Health Information Unit
5.	Mr. Stephen Onyam	Research Assistant
6.	Mr. Issah Osuman	Research Assistant
7.	Jeffery Appiah	Research Assistant
8.	Mr. Stanley Manford	

### **MEASURES TO ADDRESS WEAKNESS IDENTIFIED**

The QA Team (QSIPT) in collaboration with all the stakeholders held meeting to deliberate on the findings and came out with measures to enhance high quality service delivery to all our clients.

### These included:

The use of staff morning meetings to address poor attitude of
some staff which includes poor communication, disrespect to
patients, lateness among others

Using the concept of the sub BMC to identify immediate relevant
challenges and finding measures in improving on the weakness
affecting their area of service delivery.



 Regular in-service training on customer care, attitudinal change and capacity building training for effective monitoring and supervision will provide the necessary remedy to improve on the identified challenges

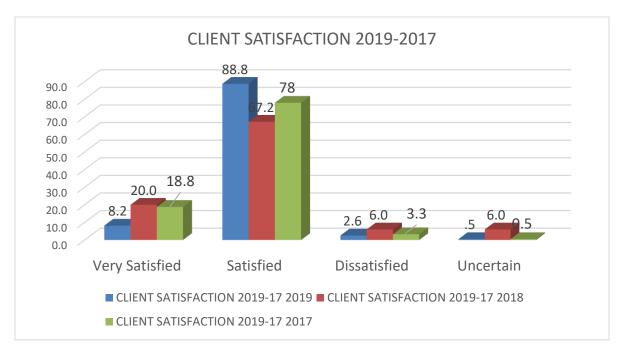


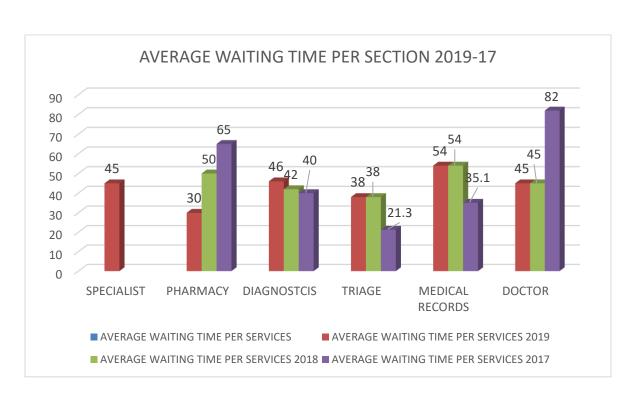
# **CLIENT WAITING TO BE SERVED AT CCTH**



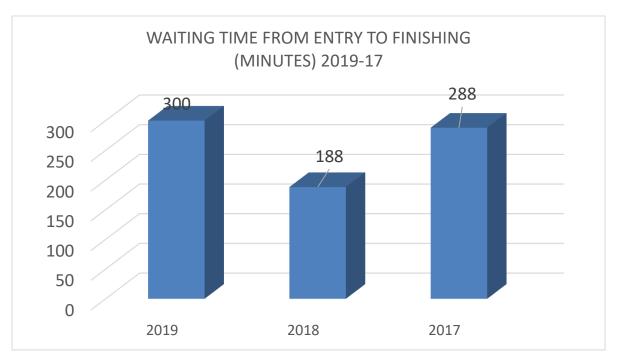


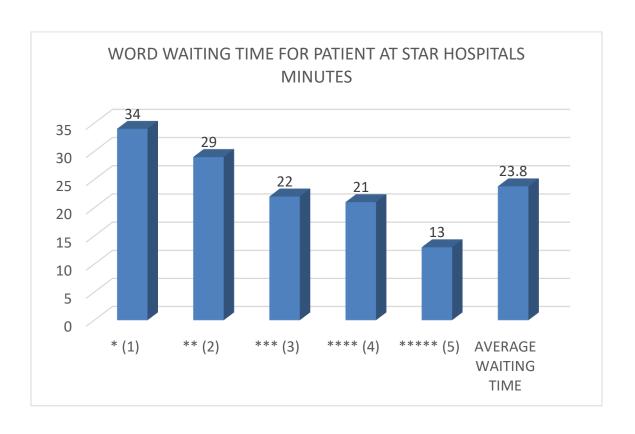




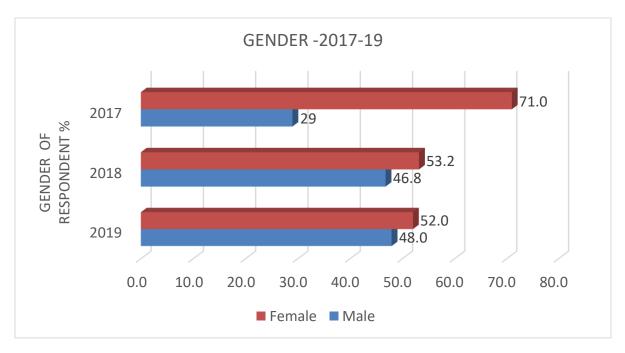


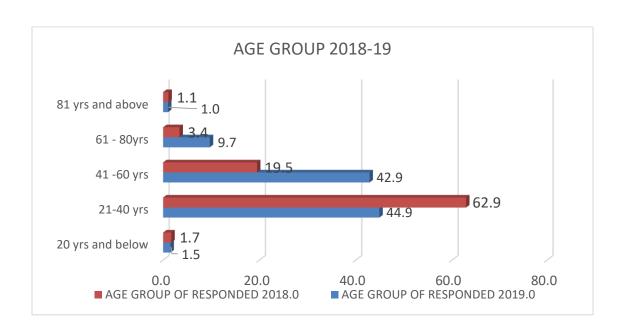




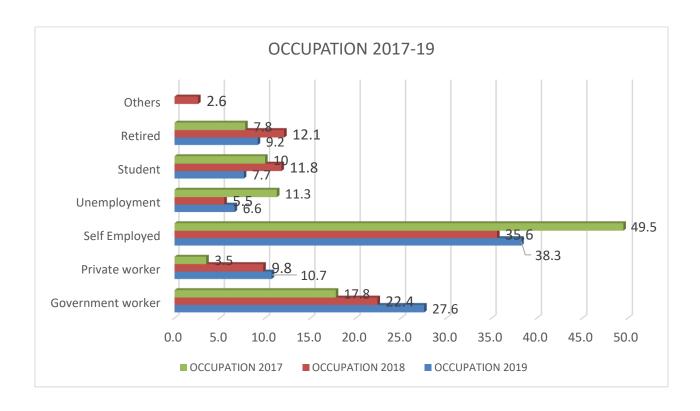


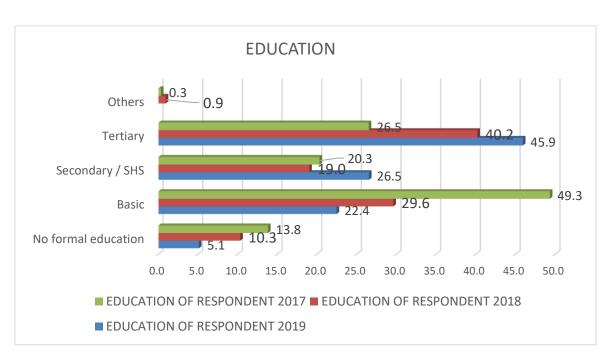






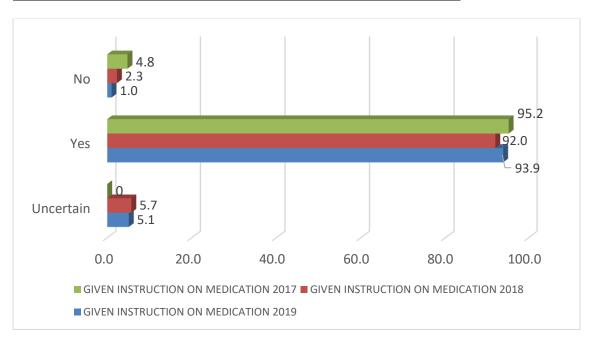








# **PATIENT GIVEN INSTRUCTION ON MEDICATION – 2017-19**



**TABLE 3:** AVERAGE WAITING TIME TO RECEIVE SERVICES

YEAR	MEDICAL RECORDS	TRIAGE	DOCTOR	DIAGNOSTICS	PHARMACY	SPECIALIST	ENTRY TO FINISH
2017	35.1	21.3	82	40	65		288
2018	30	23	60	42	50		188
2019	54	38	45	46	30	45	290



TABLE 4: GRAPHICAL PRESENTATION OF AVERAGE WAITING TIME

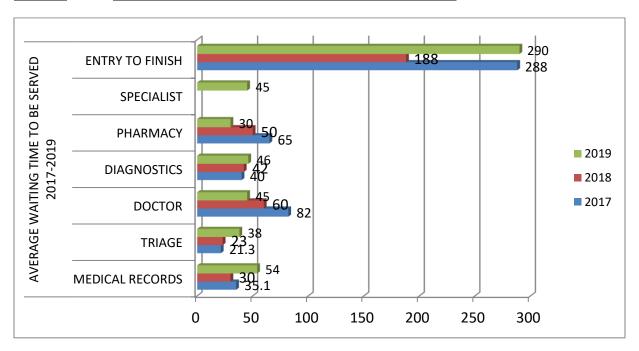


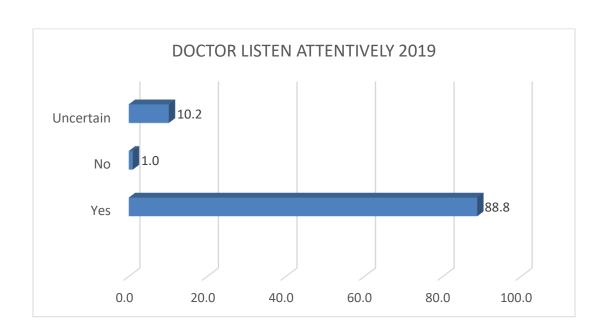
TABLE 5: WAITING TIME TO BE SERVED

No	WAITING TIME FOR SERVICE	Within 15 mins	15 - 30 mins	31- 45 mins	46- 60 mins	1-2 hrs	2- 3 hrs	3-4 hrs	5 hrsa nd more	No. of Respon se / 196	No. of No respon se
1.	MEDICAL										
	RECORDS	10.2	16.3	20.9	31.6	15.3	3.1	1.5	0.5	195	1
2.	TRIAGE	8.2	26.5	40.3	16.8	7.1	-	-	ı	194	2
3.	MEDICAL										
	DOCTOR	7.7	21.9	36.7	14.3	15.8	1.0	0.5	0.5	193	3
4.	LAB / IMAGING	5.6	20.4	20.4	8.2	6.6	2.0	1.0	-	126	70
5.	SEE DOCTOR AFTER LAB	5.1	17.3	7.7	4.1	2.6	0.5	1.0		75	121
6.	PHARMACY	3.1	62.2	12.8	5.6	3.1	0.5	-	1	172	24
7.	SPECIALIST						-	-	-	31	165
	CLINIC	0.5	4.6	4.6	3.6	2.6					
8.	FROM ENTRY TO FINISHING	-	-	-	2.0	10.7	6.6	24.5	41.8	168	28

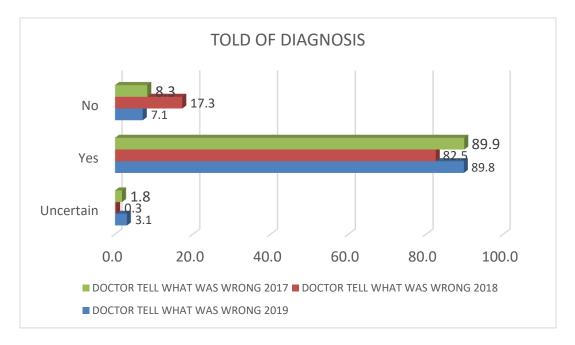


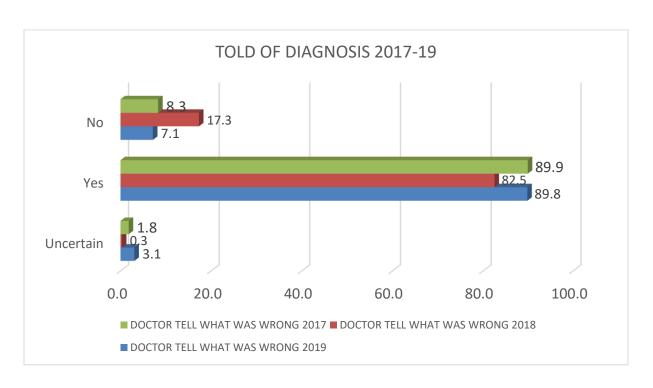
TABLE 6: STAFF ATTITUDE

No	ATTITUDE	Excellent	Satisfied	Not	Poor	% of Non-
	OF STAFF			Satisfied		Respondent
1.	Medical					
	Record	10.7	87.2	1.5	-	0.6
2.	Nurse /					
	Midwife	11.7	81.1	5.6	0.5	1.1
3.	Medical					
	Doctor	33.2	66.3	ı	-	0.5
4.	Pharmacy	12.2	80.6	2.6	-	4.6
5.	Paramedical	6.6	57.7	-	-	35.7
6.	Administration	2.6	10.7	0.5	-	86.2
7.	Catering	2.6	17.3	0.5	-	79.6
8.	Banking	3.1	12.8	1.5	-	82.6
9.	Security	2.6	9.7	1.5	_	86.2

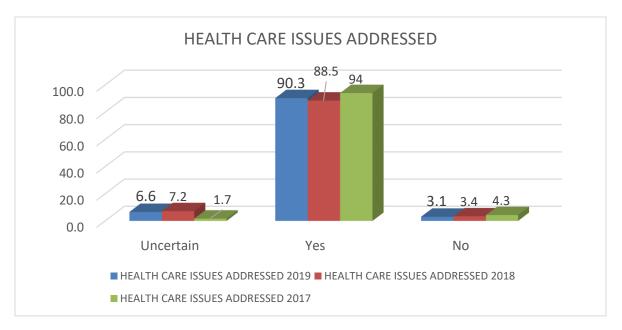


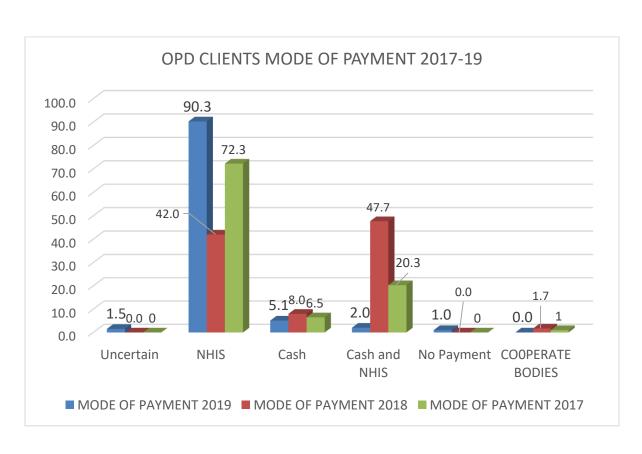














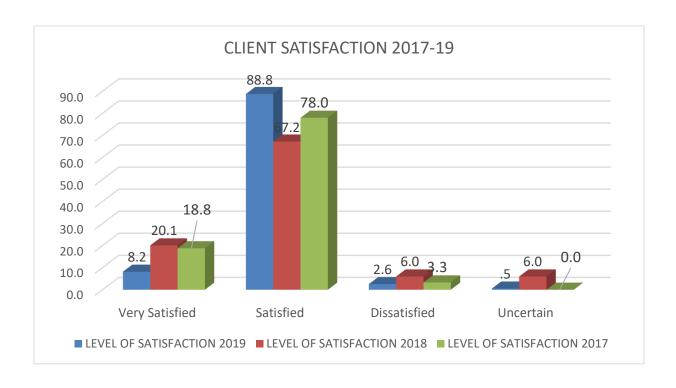
# **MODE OF PAYMENT AT VARIOUS UNIT**

No	MODE OF PAYMENT	NHIS	CASH	CASH and NHIS	CO- OPERA TE	NO PAYMEN T	% Not Covered
1.	MEDICAL RECORDS	90.3	5.1	2		1.0	1.5
2.	TRIAGE	89.8	5.1	0.5	0.5	-	3.6
3.	MEDICAL DOCTOR AND SPECIALIST	20.9	9.7	63.8	0.5	-	5.1
4.	LABORATORY	4.6	55.1	16.3	0.5	0.5	23
5.	PHARMACY	20.9	9.7	63.8	-	0.5	41.8
6.	IMAGING	1.0	52	5.1	-	-	82
7.	PHYSIOTHERAPY	5.6	2.0	3.1	_	0.5	88
8.	DIABETIC	7.1	1.0	2.0	-	0.5	89.3
9.	PUBLIC HEALTH	3.6	0.5	1.5	-	0.5	93.9
10.	DEENT	7.1	1.0	2.0	-	0.5	93
11.	OTHER SPECIALIST CLINIC	1	2	-	0.5	-	96.5

# STAFF ATTITUDE

No	ATTITUDE	Excellent	Satisfied	Not	Poor	% of Non-
	OF STAFF			Satisfied		Respondent
1.	Medical					
	Record	10.7	87.2	1.5	-	0.6
2.	Nurse /					
	Midwife	11.7	81.1	5.6	0.5	1.1
3.	Medical					
	Doctor	33.2	66.3	-	-	0.5
4.	Pharmacy	12.2	80.6	2.6	-	4.6
5.	Paramedical	6.6	57.7	-	-	35.7
6.	Administration	2.6	10.7	0.5	-	86.2
7.	Catering	2.6	17.3	0.5	-	79.6
8.	Banking	3.1	12.8	1.5	-	82.6
9.	Security	2.6	9.7	1.5	-	86.2





### **REASONS FOR NOT BEING SATISFIED WITH SERVICE**

PRESSURE ON THE NURSE MAKING
THEM TREAT PATIENT HARSHLY
LACK OF PROFESSIONALISM
STAFF DO NOT HAVE PATIENT AT
HEART
WAS NOT ADDRESSED AND GIVEN
ATTENTION
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# **COMMENT FOR QUALITY HEALTH IMPROVEMENT**

Hospital need to recruit more staff Can ward rounds be scheduled differently from OPD clinics The a health contribute to delays semetimes
Can ward rounds be scheduled differently from OPD clinics
I ha a habith contribute to dalave comatimas
The e-health contribute to delays sometimes
Hospital should try and provide accommodation for patient's relatives
Nurses cause some patient to jump queues
Nurses spend time on their phone rather than caring for the patient
Pharmacy fail to supply all the medicines covered by NHIS
Nurses do not take good care of weak or those who need help the most OPD
Pharmacy closes earlier than should instead of waiting for the Doctors
to finish their consultation before closing
Patient need to be told their disease diagnosed after assessment
The Management should push to let the NHIS cover more drugs
Pharmacy need to educate well on how the drugs are to be taken.
Management need to discuss with Government to increase drugs to
be covered under NHIS
Pharmacy staff need to be sure if patient is already having remainder
of drugs at home taken
Provision of hand washing points around various areas of the facility
Provide adequate chairs for the patient
Put measures to minimize queue in the hospital
Some Nurses do not treat patient with respect
Too much delay at Pharmacy
Wheel Chairs are not enough
Review NHIS it is almost becoming useless.
Almost all the lab services are not under NHIS
Can ward rounds be scheduled differently from OPD clinics
The e-health contribute to delays sometimes
OPD Pharmacy closes earlier than should wait for the Doctors to finish
their consultation before closing
Nurses do not take good care of weak or those who need help the
most
Patient need to be told their disease diagnosed after assessment
The Management should push to let the NHIS cover more drugs
Provision of hand washing points around various areas of the facility
Some of the Nurses do not respect the patient.
Nurse at the Female Medical ward made me pay more than what I was
supposed to pay after discharge
Pressure on the nurse making them treat patient harshly



ST	Δ	ΓΕΙ	M	F	NΤ	Г
JI.	$\boldsymbol{-}$		IVI	_	v	

Lack of professionalism

Staff do not have patient at heart

Was not addressed and given attention

Some of the dept. need more staff such as dressing room, doctors

Some staff allow those who came last to pass

Review NHIS it is almost becoming useless. Almost all the lab services are not covered

Some of the dept. need more staff such as dressing room, doctors

Some of the department take money without given receipt 2. Some of the Nurses do not respect patient 3. The NHIS do not most of the drugs

Nurses need to be trained on how to talk to patient

Nurses on duty should improve on their interpersonal relationship with client

OPD sometimes become congested

Patient needs to be informed on their ailment

Patient should be attended to immediately they arrive to avoid wastage of time

Patient should be treated as fellow humans

Perhaps the activation of the cards could be done in consulting rooms

Please the lab staff should be courteous

Provision of amenities for relatives of patient

Show more seriousness

Tell Nurses to be active and attentive

The attitude of the Nurses need to be changed

The Authority have to talk to the Nurses on how to talk to the patient

The cost of care has increased

The cost of service is high

The Doctors and Nurses should report on time

The lab takes long time in serving the patient

The Medical Records staff need to come to work early

The NHIS do not cover most drugs which is very disturbing

The Nurses allow others to bypass us in the queue

The Nurses do not pay attention to the patient

The Nurses like charting and not having time for the patient



# **CAPE COAST TEACHING HOSPITAL**

### **CLIENT SATISFACTION SURVER-DECEMBER 2019**

# **OPD EXIT QUESTIONNARE**

Date	of Interview: Survey No.
1.	Gender (a) Male [ ] (b) Female [ ]
2.	Age group of respondent:  (a) 20 yrs and Below (b) 21- 40 yrs (c) 41- 60 yrs (d) 61 - 80 yrs  (e) 80 yrs and above
3.	Occupation of respondent  (a) Government worker. (b) private worker. (c) self employed  (d) Unemployed (e) Student. (f) Retired  (g) Others specify
4.	Educational level of respondent:
	(a) No formal education (b) Basic (c) Secondary / SHS (d) Tertiary (e)Others Specify
5.	How long did it take you to receive service from any of the following section

	during your recent visit as out-pa			y 0.			9 000	
No.	Section	Within	!5+	31-	46-	1-2	2-	3 -

No.	Section	Within 15 min	!5+ - 30 min	31- 45 min	46- 60 min	1-2 hrs	2- 3 hrs	3 - 4hrs	5hrs +
i.	From the time of your arrival								
	until you were served by								
	Medical Records staff								
ii.	From Medical Records till								
	Triaging								
iii.	After Triaging till Medical								
	Doctor called								



iv.	After Medical Doctor till				
	Laboratory / Imaging				
V.	From Laboratory / Imaging				
	until seing Medical Doctor				
	the second time				
vi.	After Medical Doctor to be				
	served at Pharmacy				
vii.	Time spent to be served at				
	the Specialist Clinics (such				
	as Diabetic, Eye, and Dental				
	etc.) Please Specify				
viii.	From entry till finishing	_			_

6. Did the Doctor listen attentively to your complaints during consultations?
(a) Yes
(b) No
(c) Uncertain

7. What was the Professional conduct (attitude) of the following staff towards you during your recent visit?

No.	Category of Staff	Excellent	Satisfactory	Unsatisfactory	Poor
I.	Medical Record				
II.	Nurse / Midwife				
III.	Medical Doctor				
	(Specialist, Consultant				
	etc.)				
IV.	Pharmacy				
V.	Paramedical				
VI.	Administration				
VII.	Canteen / Snack				
VIII.	Banking				



13.7	0 14		
IX.	Security		

.8. Did the Doctor tell you what was wrong with you?

(a) Yes (b) No

9. Was the instructions given on how the medicine is to be taken well understood?

(a) Yes (b) No

10. Do you think your health care issues that brought you to the hospital was addressed to your satisfaction?

(a) Yes (b) No (c) Uncertain

11. What was the mode of payment during each of the following services?

No.	Unit / Section	NHIS	Cash	Cash	Co-operate	No
				and		Payment
				NHIS		Made
I.	Medical Records					
II.	Triaging					
III.	Doctor (Including Specialist and					
	consultant)					
IV.	Pharmacy					
V.	Laboratory					
VI.	Imaging					
VII.	Physiotherapy					
VIII.	Diabetic					
IX.	Public Health					
X.	DEENT					
XI.	Other Specialized Clinic (Specify)					



12	Were you satisfied with the service you received from hospital during your last
	OPD visit?
	(a) Very Satisfied [ ] (b) Satisfied [ ] (c) Dissatisfied [ ] (d) Uncertain
13.	If dissatisfied give reason
14.	Do you have any suggestions in regard to improving the level of care provided
Γha	nk you for taken time to give your opinion.
_ea	ve this section out
Nam	ne and Signature of Interviewer