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Monitoring of the Patients' Satisfaction as Tools to Improve In-Patient Care Quality

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It was performed sociological survey by special questionnaire of 530 patients at the end of treatment in surgical departments of the in-patients facilities of the Ivano-Frankisk region. It was found out that the main impact on patient's dissasatisfaction by in-patient healthcare service have information and deontological deficiencies (improper attitude by personnel, preclude patient from make decision, lack of patient's rights information) and healthcare management shortcomings (lack of precision and regularity in the activity of personnel, between hospital and pre-hospital departments, standards of hospital treatment neglect) as well. It has been proposed improved way of in-patient quality management, including new elements like monitoring of patient's healthcare service satisfaction and training programs for personnel in communication skills, legal relationships of patient and medical personnel, conflict management.

Keyword: Healthcare Service Satisfaction, In-Patient Care Quality Management

1. Background

Healthcare service quality is the crucial tasks of healthcare systems[4,6,8]. The modern public health system is considered by WHO experts to provide access of healthcare for everybody who needs them, got high medical care quality and safety, and guarantee maximal improve of population health (2008) [2,6].

There has been an evolution in minds by international experts on concept content of medical care quality within the last two decades.

According to WHO (1998) healthcare quality – is the accurate (according to standard) provide the variety of medical services, which are safe, financially available for this society and has to improve mortality, morbidity, disability and improper feeding[2, 6].

The state of art is health care «where resources are managed in order to satisfy healthcare demands of everybody needs by maximum effectiveness end safety, provide prophylaxis and treatment without waste and under highest level requirements(2008)[2,3,6].

Hereby, there was soul-searching – the priority had been defined as improve public health rates; satisfy of patients' expectations, perceptions, and engagement of people as well[1,5,8].

Involvement of entire patient in healthcare quality evaluation system is the call of the time. European experience proves, that healthcare customers' opinion has to be an obligate part of the integral performance measurement of healthcare system or medical facility[6,8,9].

It allows paying attention on evaluation of the most valuable aspects of healthcare for patients and population at all, thus corresponds to the entire philosophy of the quality definition [5,6,8,9].

2. Aim of Study

define priority factors that impact on patients' satisfaction of healthcare quality, and substantiate the optimal strategy of its improvement.

3. Materials and Methods

It is used the results of public health survey performed in 2011-2012 years in the surgical departments for adults of 6 city and 15 central district hospitals including Regional Clinical Hospital all in the Ivano-Frankivsk region. It was interviewed 530 patients finishing treatment at the moment of study. All respondents were divided on two groups according to satisfaction of received healthcare service. Dissatisfied patients (158 people) have been formed the main group, control group – satisfied ones (372 people). The effect of particular factors on healthcare satisfaction was processed by exposure-odds ration technique (Odds Ratio, OR) and confidential interval 95% (95% Confidential Interval, 95% CI) [7]. Our data have been grouped into categories. Thus Chi-square (χ^2) test was used for comparing difference between ones [7].

4. Results and Discussion

Comparative analysis of received data allows us to define more than 50 different risk factors for healthcare service dissatisfaction. The cluster analysis helps us to distinguish the four main groups of risk factors: information and deontological, healthcare management, healthcare access, and social and psychological adaptation.

In spite of conventional public attitude, that the main reasons of healthcare dissatisfaction are considered with lack of access because of financial, territorial, cultural and lots of other aspects, our survey showed that impact of these factors is quite dramatized.

The most significant factor of healthcare service dissatisfaction has been proved information and deontological one (total OR=4,42; 95%CI: 3,05–11,29; p<0,05), cased generally improper attitude and lack of emotional support by personnel, distrust attending doctor, preclude patient from make decision about prescribed medical manipulations, lack of conversation with patients about their disease and complications of it, insufficient patients' awareness about their rights and obligations, facility where they are receiving care.

It is obvious that all these factors are easy to correct without significant additional expenditures, just permanent following the ethical and deontological rules by personnel, proper organization by patients' informational supply and monitoring of patients' satisfaction level.

The healthcare management factor of patients' healthcare service dissatisfaction was no less important (total OR=3,72; 95%CI: 1,86–9,69; p<0,05). Patients are outraged by lack of precision and regularity in the activity of personnel, not so fast reaction on their requests, disrupted and uncoordinated activity of the pre-hospital and hospital department, break of patients' right on free choice of attending doctor, improper compliance with the standards of hospital healthcare service and poor results of treatment as far.

Reduction of these defects require strict adherence the standards, harmonized (standardized) protocols of medical care by personnel. Therefore, correction of these factors, as in previous group (information and deontological) actually, would be done according to conditions and level of each medical facility.

Access to quality healthcare service in every aspect (financial, territorial, cultural and functional), as a reason of healthcare service dissatisfaction, was on the third place (total OR=2,53; 95%CI: 1,57–4,12; p<0,05). There are main factors of this group: the improper conditions of stay and meal in hospital, the necessarily to pay different medical services and care, the lack of financial supply of the medical facilities because of bed patients' well-being, the backwardness of medical technologies, far distance of the medical facilities.

It is clear, that elimination of these factors still requires system state programs and strategies. It is possible solution on the local level to use

additional extra-budgetary funding sources in order to optimize resource supply.

The less important, but essential factors that exacerbate patients, in-patient service dissatisfaction are social and psychological disadaptation of patients (total OR=1,91; 95%CI: 1,10–3,54; p<0,05). More frequently dissatisfaction showed patients with alcohol abuse, malevolent relations in the family, without sufficient support by family, friends, with low social activity rate, with low evaluation of own health, with complains of permanent stress. It is suggested that correction of these factors require including in treatment process such specialists as psychologists.

It was created improved scheme of healthcare quality management in medical facility, due to main purpose of modern conception Total quality management – satisfy expectations of customers[2, 5, 6], and because of results our original survey, based on monitoring patients' healthcare service satisfaction and introduction of training programs for personnel in communication skills, legal relationships of patient and medical personnel, conflict management (image. 1).

The trigger of the process (1st step) has to be patients' sample interview due to the program, which encloses all sites of facility activity (study patients' mind of compliance their rights, resource supply of the facility, service and care management, stuff attitude to patients etc). In order to make results valid, the survey has to be anonym and be performed at the moment of the end of healthcare service case. 30-50 patients are appropriate sample size. It allows providing survey within short time, and also credible results have been obtained [7].

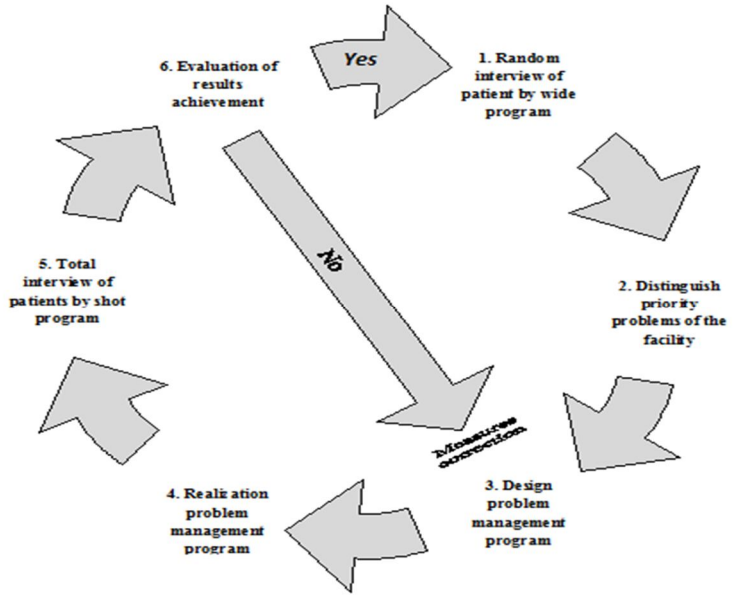

Fig:1 Scheme of Healthcare Quality Management based on Monitoring Healthcare Service Satisfaction of Patients' Needs

The evaluation of the results going to be ground as to distinguish priority problems of the medical facility (2nd step), design targeted actions to eliminate imperfections (3rd step).

Through the course of these actions implementation (4th step) in order to provide feedback, fast monitoring of changes it is required to perform total patients' survey at the moment of the end of healthcare service (5th step). On this stage of management questionnaire has to be short and include questions just about the sorest points of the facility at the moment,

found out after previous random survey. The questionnaire has to be given patient at the moment of hospitalization with further explanation when it is going to be discharge, where are the place to leave questionnaire (exit from hospital, consumer's area etc) and anonymity guarantee.

It is suggested that it would be good to print information consider patients' rights and obligations on the back of the questionnaire. It will made patient possession of personally important information, as well doctors' staff and other personnel more discipline, decrease events of formal sign of the informed consent without partnership conversation of prescribed procedures and their consequences with doctor so far [1].

Data of the monitoring of patients' satisfaction by healthcare service based on the questionnaire survey are an indicator of designed changes achievement (6th step). If results are still negative, it would be background to make adjustments of the ways of the healthcare service quality improvement (3rd step backshift). When positive results will have been achieved (completion of designed changes), it will be just trigger of the next process of management: find out new problems, look for ways of correction etc.

In Ukraine consider education program of medical establishment and postgraduate education include any theoretical and practical skills of conversation in order to provide systemic approach, it will be good to perform special education modules (training programs) for doctors, nurses and other medical stuff.

This training program has to conclude at least three modules: legal aspects of medical personnel and patient relationships, conversation skills, conflict management. The education modules would be amended by other units, according to urgent problems of medical facility.

The possible coachers would be either professionals of the medical university (medical law specialists, scientists), or psychologists from the medical facility staff, trained instructors from doctors staff.

5. Conclusions

1. It was found out that the main reasons of patient's dissasatisfaction by in-patient healthcare service consider with information and deontological deficiencies (improper attitude by personnel, preclude patient from make decision, lack of patient's rights information) and healthcare management mistakes (lack of precision and regularity in the activity of personnel, hospital and pre-hospital departments, standards of hospital treatment neglect) as well.
2. It is proposed improved way of in-patient quality management, including new elements like monitoring of patient's healthcare service satisfaction and training programs for personnel in communication skills, legal relationships of patient and medical personnel, conflict management.

The future studies going to be aimed at introduction and efficiency monitoring of the designed model, and correction of it if required.

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