

The Ethiopian Hospital Alliance for Quality (EHAQ)

Patient Satisfaction Change Package



Purpose of the Change Package

The purpose of the Change Package is to equip hospitals with a set of evidence-based tools and strategies to increase patient satisfaction levels.

Additional materials will be released at a later date, and will include locally developed and/or adapted tools and methods that have been successfully utilized by LEAD hospitals throughout the alliance.

What is an Alliance?

A hospital alliance for quality is a learning collaborative, based on a model that involves hospitals exchanging knowledge with each other and empowering the hospital industry to teach itself how to improve.

The Ethiopian Hospital Alliance for Quality (EHAQ) is designed to act as a catalyst to allow this new model of learning to take root and flourish, connecting hospitals across the country in an effort to accelerate quality improvement.

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1. Introduction

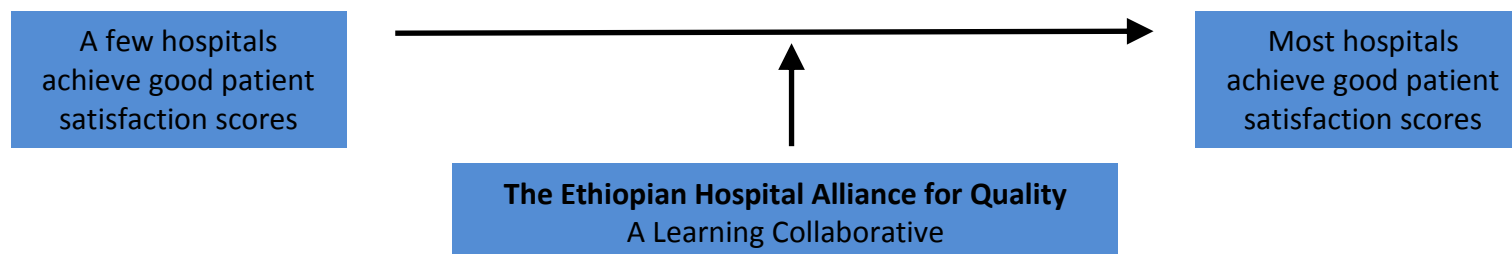
The Ethiopian Hospital Alliance for Quality (EHAQ)

The Ethiopian Hospital Alliance for Quality (EHAQ) is a network that includes selected high performing LEAD hospitals that support general member hospitals in order to improve patient satisfaction.

L for **Leadership** (showing leadership, commitment and accomplishment)
E for **Excellence** (demonstrating excellence)
A for **Action** (taking action to improve performance)
D for **Dissemination** (willingness to disseminate good practices)

When LEAD Hospitals accept their appointment, they are connected with a cluster of general member hospitals to whom they are responsible for providing direct assistance in implementing quality improvement projects. In addition, each LEAD Hospital will share innovative best practices from their own hospital with all members of the EHAQ. As a reward for their high performance and mentoring efforts, the LEAD hospitals will receive support from the Medical Services Directorate (MSD) and development partners to fulfill their mentoring duties and further improve their patient satisfaction.

The first focus area of the Ethiopian Hospital Alliance for Quality is 'Patient Satisfaction' (KPI 36).



Leadership

“Real progress requires a strategic approach, one that applies leadership, country-ownership, and strong management to healthcare.”

- Dr. Tewodros Adhanom, Minister of Health

Good leaders coach their employees, facilitate personal and professional growth, listen well, and build a sense of community in their organizations. Supportive leadership is key!

Kotter’s Model of Change: Methods to encourage change in your organization.

Ensure a Sense of Urgency - *Developing a sense of urgency around the need for change will help spark motivation. However, urgency is not the same as rushing or taking action without a plan.*

Develop a Vision and a Strategy to Attain that Vision – *Be specific when creating a plan.*

Communicate your Vision at Every Opportunity – *Using reason and evidence to support your case is an effective method for managing resistance and communicating your vision. Data is your best form of evidence!*

Consolidate Wins – *Every time you have a good outcome, tie it back to your original strategy to ensure staff recognize progress.*

Anchor New Approaches – *Make sure all new approaches become routine and part of the organization’s norm. Introducing new methods to improve patient satisfaction is not enough – you must monitor these changes to ensure that they stick! Reinforce desired behaviors through recognition in order to set an example.*



Forming an Action Plan

Scientific Problem Solving – A process by which you identify a challenge or barrier to high quality care and implement and evaluate measurable solutions to the identified problem.¹

Step 1 Define the problem

Focus on a single problem that can feasibly be solved and shared widely by key constituents in order to easily gain support. Keep your problem statement short. Do not include the solution in your problem statement!

Step 2 Set the overall objective

An objective is an aim that your team will focus all of its efforts towards achieving, so it is important that it is clearly defined and addresses the problem that you have identified. A good objective has measurable targets.

Step 3 Conduct a root cause analysis

Utilize one or more of the tools (Fishbone Diagram, Flow Charting, or Histograms) in order to identify the factors that caused the problem. Use evidence to rank these factors in order to determine which causes are the most important to address, given limited resources.

Step 4 Generate alternative interventions

Good alternatives are clearly described, comprehensive, feasible to implement, and mutually exclusive so you can compare easily. Generating multiple alternatives for solving the problem increases the chances of reaching a solution. Be creative!

Step 5 Perform comparative analyses of alternatives

Use an options appraisal for a side-by-side comparison of each strategic alternative using evaluative criteria that are selected by the group, in order to select the best option.

Step 6 Select the best intervention and address its limitations

Step 7 Develop an implementation plan and implement

In your implementation plan, identify specific tasks to be completed and develop a timeline using a Gantt chart.

Step 8 Develop an evaluation plan and evaluate

Develop a monitoring plan that includes a set of indicators (both process and outcome) that will be monitored regularly to show the impact of the intervention.

¹ Additional information can be found in the *Ethiopian Hospital Reform Implementation Guidelines, Volume 1, Chapter 1, Section 3.1 – Practical tools of leadership and management.*

2. Patient Satisfaction Surveys

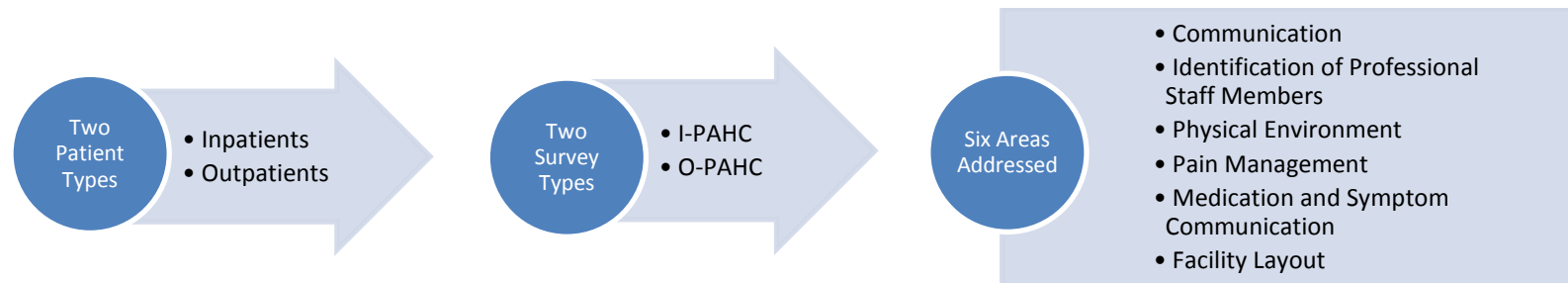
Background

Why is Patient Satisfaction Important? Patient satisfaction is a measure of the quality of care provided. By monitoring patient satisfaction, hospitals can identify areas for improvement and ensure that hospital care meets the expectations of the patients served.

The Outpatient Assessment of Healthcare Survey (O-PAHC) and Inpatient Assessment of Healthcare Survey (I-PAHC) have been developed and validated for use in Ethiopian health facilities. These survey tools measure the patient experience related to service availability, cleanliness, communication, respect, and medication (prescription, availability and patient information).

Purpose of the Survey:

- To monitor inpatient and outpatient satisfaction with delivery of care over time
- To provide a measurement tool and evidence to guide future improvement efforts



I-PAHC and O-PAHC Survey Design Methods:

- Used a rigorous scientific process
- Reviewed published literature to establish current practices in patient satisfaction measurement
- Conducted 14 focus groups interviews to identify areas of key interest to patients
- Interviewed key stakeholders and health care providers to identify areas of interest to Ethiopian health facility managers
- Conducted 10 in-depth cognitive interviews to measure the accuracy of survey responses
- Tested the survey in 5 hospitals and 3 health centers
- Final questions were selected based on statistical measures of internal consistency

Question should not be changed, deleted or added to the survey!

Administration

Who conducts the surveys?

- Surveyors should:
 - Be trained by supervisors
 - Not be anyone who provides direct patient care
 - Have a good understanding of the survey design (especially the answer choices)
 - Have good communication skills

When are the surveys conducted?

- Surveys should be administered
 - Once a quarter
 - Measuring patient satisfaction every quarter allows the hospital to see trends and measure the impact of new interventions, hospital improvements, staff policies, etc.
 - On different days and different times of the day (morning and afternoon) over the survey period.
 - No more than 10 of each survey should be administered each day
 - At the time of discharge

How do you select patients to survey?

- 50 Outpatient (O-PAHC) and 50 Inpatient (I-PAHC) should be surveyed each quarter
 - Patients must be over 18 years of age
 - Patients who, for medical reasons, cannot understand the questions should not be included
Example: Patients who are confused, disoriented, mentally disabled, or not coherent.
 - Inpatients must have at least a 2-night length of stay
 - Include patients from different wards and departments - variety is good!
- If a patient cannot read, surveyors may read the survey to patients and record their answers
 - Surveyors should not change or further explain the questions
 - If a patient does not understand a question, leave the answer blank

What happens after the survey?

- All surveys are entered into The KPI Survey Database v1.1
- All surveys should be saved for future reference for at least one year

Month One

- Select 2 weeks to administer the surveys
- Train surveyors
- Copy surveys



Month Two

- Administer surveys over two week period
- Survey discharged patients



Month Three

- Enter surveys into database
- Analyze results
- Reports results to CEO, MD, and quality team
- Create action plan based on survey results
- Implement action plan

Quarterly Administration of Surveys Schedule

The KPI Survey Database v1.1 and Analysis

The KPI Survey Database v1.1 was created as an easy method to manage and analyze satisfaction data.

The database can assist with:

- Data Management (storage and maintenance of data over time)
- Report Generation (once data is entered, the database generates different types of reports)
- Data Analysis (inspection and transformation of data into useful information that can inform change)

Please refer to the KPI Survey Database Manual v1.1 (found within the database) for a step-by-step explanation of how to use the database.

Data Entry

I-PAHC Survey: * required

SurveyNumber: * Department: Ward:

Sex: * Male Female Missing Survey: day: * Month: * Year: * Age: *

(Any questions with more than one option chosen will be entered as "No response")

	Never	Sometimes	Usually	Always	No Response	You have entered:
Q1: During this health facility stay, how often did nurses treat you with courtesy and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Q2: During this health facility stay, how often did nurses listen carefully to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Q3: During this health facility stay, how often did nurses explain things in a way you could understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Q4: During this health facility stay, how often did doctors/health officers treat you with courtesy and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Q5: During this health facility stay, how often did doctors/health officers listen carefully to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Q6: During this health facility stay, how often did doctors/health officers explain things in a way you could understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Q7: I could distinguish between doctors/health officers and nurses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Q8: During this health facility stay, how often was the room you were sleeping in kept clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Reports

Overall Satisfaction (KPI 36) Adolla district hospital Print

2004 quarter 2

	Sum total of rating score	# of survey completed	Avg sat score
KPI 36	13	3	4.33
IPAHC (Q58)= 13		(Q59)= 2	6.50

Tuesday, March 20, 2012

OPAHC Score by Category Adolla district hospital Print

2004 quarter 2 Number of OPAHC survey completed: 1

	Nurse communication	physician communication	Physical environment	Meds communication	OP satisfaction Score
Category Sum	10	3	5	1	0
Category Average	3.33 (out of 4)	1.00 (out of 4)	2.50 (out of 4)	0.25 (out of 2)	0.00 (out of 10)

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Data analysis allows you to understand what survey results mean, compare data across time, and create an evidence-based action plan that targets areas with low patient satisfaction.

Share the Results with Others

The findings of every quarter's patient survey should be shared with the governing board, quality team, CEO, medical director, and other relevant bodies to guide decision making.

3. The Toolkit

Instructions

Now that you have systematically measured and analyzed patient satisfaction in your hospital, you are ready to address key challenges. This toolkit contains tools and strategies used around the world to improve specific themes of patient satisfaction.

The chart below matches each question from the I-PAHC or O-PAHC to a theme. Specific tools to improve patient satisfaction levels in each theme are included in the subsequent pages.

Communication (pg. 11)	<ul style="list-style-type: none">• IPAHC - Questions 1, 2, 3, 4, 5, and 6• OPAHC - Questions 1, 2, 3, 4, 5, and 6
Identification of Professional Staff Members (pg. 12)	<ul style="list-style-type: none">• IPAHC - Question 7• OPAHC - Question 7
Physical Environment (pg. 13)	<ul style="list-style-type: none">• IPAHC - Questions 8, 9, and 10• OPAHC - Questions 8 and 9
Pain Management (pg. 14)	<ul style="list-style-type: none">• IPAHC - Questions 12 and 13
Medication and Symptom Communication (pg. 15)	<ul style="list-style-type: none">• IPAHC - Questions 15, 16, and 17• OPAHC - Questions 11, 12, and 14
Facility Layout (pg. 16)	<ul style="list-style-type: none">• IPAHC - Question 18• OPAHC - Question 15

Communication

Scripting

Scripting is a proven technique that improves communication. It requires writing out conversation guides for medical professionals to use when interacting with patients. Scripts are only meant to be **guides** and may be modified based on the situation.

Example:

The AIDET Model*	A cknowledge the patient	Smile and make eye contact. Show respect! Call the patient by his/her last name.
	I ntroduce self	Tell the patient your name, role, and what you're going to do. Explain why you're qualified to do it!
	D uration of the task or test	Explain the length of time that the process, procedure, waiting, etc. will take, so the patient knows what to expect.
	E xplanation	Give the patient a thorough explanation of everything you are doing, such as what tools you're using, who's coming, what you're doing, what's next, and why.
	T hank the patient	Thank the patient for their cooperation and communication. Thank family members for their assistance and for being there to support the patient.

* The AIDET Model is a script developed to aid clinicians in communicating with patients while including key pieces of information designed to gain trust, increase compliance, and improve the clinical experience.

Department heads should develop scripts for all of their department workers, while keeping in mind that:

- Almost every patient interaction can be scripted – the more information you can provide, the better!
- Scripts should serve as guides – let staff develop the scripts themselves, while including essential language.
- Hold a training session to introduce your scripts to the department. Role playing is a good way to practice scripts.

Hourly Rounding *(For Nurses Only)*




Hourly rounding is the process of nurses making rounds to talk to each patient in their ward once an hour. As patients learn to trust the process of hourly rounding, they become less worried about getting their needs met and their satisfaction levels increase. During these rounds, nurses generally check on the “**4 P's**” of the patient: whether the patient is experiencing any **pain** (See ‘Pain Management’, pg. 14), is in a comfortable **position**, has to go ‘**potty**’ (to the toilet), and whether all personal items are in a reachable **proximity** of the patient.

Identification of Professional Staff Members

FACE Cards

FACE Cards are posters that provide information about all professional staff members working in a particular ward; they have been shown to improve patients' abilities in identifying their doctors, nurses, or health officers. FACE Cards include a photograph of the staff member, their name, and their role in the department.

FACE Cards should be posted throughout the ward.

	Selam Habtamu, Head Nurse
	Fasika Fekedu, Nurse
	Abraham Mekonnen, Physician

Uniforms

Having distinct uniforms for each type of professional staff member allows patients to easily recognize the role of each person they encounter.



Different types of uniforms should be easily distinguishable! One easy way to make the difference in uniforms noticeable is to assign different colored uniforms to different staff members. A minor difference in uniforms, such as varying the length of lab coats, is not easily noticeable and therefore not effective.

Nametags

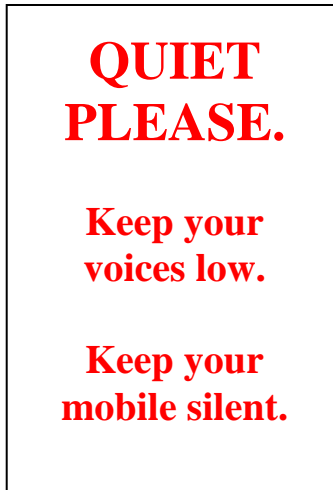
Nametags are an easy method of informing patients of each professional staff member's role. Nametags should include an individual's name, job title, and department. Nametags should be large enough so that they are easy to read.

Dr. Joe Smith
Physician
Outpatient

Physical Environment

Signs

Having a quiet and peaceful atmosphere is an important factor of the physical environment. Hanging signs throughout the wards that ask for voices to be low and mobiles to be silent is a good way to create such an environment.



Respect Patient Privacy

Patient privacy is an especially difficult concept to handle when multiple patients share the same room. If possible, hanging sheets between patient beds is a successful method of creating a private atmosphere.

Healthcare workers, however, should always respect patients' privacy. Patient information should never be shared publicly; even speaking loudly in a public hallway about sensitive patient information is a violation of the patient's privacy. In addition, professional staff and patients should not discuss the patient's sensitive medical information where others can hear them.

Cleaning Schedules

Hospitals are known for being filled with germs, which makes routine cleaning especially important for infection prevention purposes. Cleaning schedules are an effective method to ensure that all areas of the hospitals are cleaned regularly.

Hospital bathrooms should be cleaned at least three times per day. Below is a sample cleaning schedule for a hospital bathroom.¹

NOTE: Location and cleaning times are specified.

Bathroom		Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday		
		8 AM	12 PM	4 PM	8 AM	12 PM	4 PM	8 AM	12 PM	4 PM	8 AM	12 PM	4 PM	8 AM	12 PM	4 PM	8 AM	12 PM	4 PM	8 AM	12 PM	4 PM
	Wk 1	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Wk 2	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Wk 3	X	X	X	X	X	X	X	X	X	X	X										
	Wk 4																					
	Wk 5																					

¹ Please refer to Appendix for a blank template of a Cleaning Schedule.

Pain Management

Pain Scales

Pain scales are an effective way for patients to clearly and objectively express their pain levels. Patients select a number from 0 (no pain) to 10 (worst pain) that represents their current level of pain.

While the concept of a pain scale is often difficult to understand, using a pain scale with illustrations often makes it easier to comprehend. The illustrated pain scale could be printed on a card and handed to patients so they can make their selection. However, even with illustrations, do not assume that a patient understands how a pain scale works. You must explain the concept of a pain scale, and test whether the patient understands the concept. For example, ask the patient that if he/she was currently experiencing no pain, what rating would he/she select from the pain scale?



Nurses should be responsible for assessing patients' current levels of pain. Therefore, Pain Scales should be incorporated into both scripting and hourly rounding (See 'Communication', pg. 11). Once pain levels have been gathered, they should be communicated to the physician in both verbal and written form.¹

¹ Please refer to Appendix for additional translations of the pain scale.

Medicine and Symptom Communication

Teach -Back Scripts

Medication and anticipated symptoms are important topics that must be communicated clearly, ensuring complete patient understanding.¹ Additional topics include information about the illness, details about the treatment plan, and instructions for post-hospital care (diet, activity, etc.) – all of these topics can be taught using teach back scripts.

Similar to the concept of scripting (See 'Communication', pg. 11), teach-back scripts are used to guide the professional staff member in a conversation with the patient. Teach-back scripts test whether the patient understands the information that is being communicated to him/her.

Examples of teach back scripts:

Medication Administration	<i>"If you were to explain to your husband how to take this medication, what would you say?" "Please show me how to use this inhaler."</i>
Anticipated Symptoms	<i>"Please tell me two of the potential symptoms that I explained you might experience."</i>
Post-Hospital Care	<i>"Please give me examples of what you might eat for breakfast, lunch, and dinner while on the diet plan that I explained to you." "Please explain what types of activity you are allowed to do after you leave the hospital?"</i>

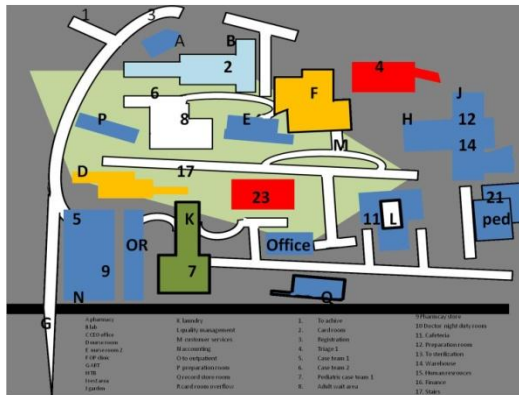
Each medical professional should carry a copy of their teach-back scripts with them at all times. Printing teach-back scripts on an index card, or other paper that can fit easily in a pocket, is a helpful way to ensure that teach-back scripts are carried and utilized.

¹ Additional information about the types of important medication information that should be communicated to the patient can be found in the *Ethiopian Hospital Reform Implementation Guidelines, Volume 1, Chapter 4, Section 3.2.3, Step 4 – The provision of information and instructions to the patient.*

Facility Layout

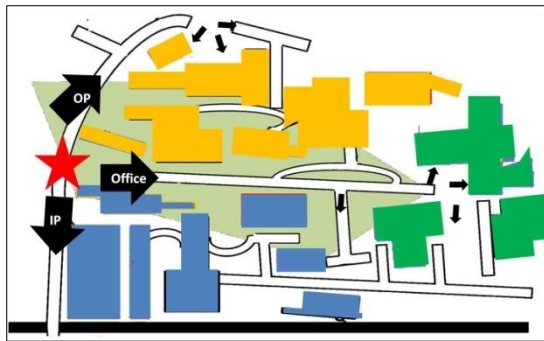
Hospital Site Map

A map of the hospital campus should be displayed at all entry points to the hospital.¹ Clear signs should be posted throughout the hospital that direct patients to different departments. Staff members should also be helpful in directing any patients that ask for assistance or appear lost.



← Example of a **BAD** Hospital Site Map:

- There is no way for the patient to know where he/she currently is within the hospital.
- There are no clear directions.
- The overall picture looks chaotic and confusing – There are too many colors and symbols that overcrowd the picture!



← Example of a **GOOD** Hospital Site Map:

- The patient's current location is clearly marked with a red star.
- There are clear directions to the major hospital sectors: Outpatient Department, Inpatient Department, and Hospital Offices. Once the patient reaches those areas, more detailed directions can be provided.
- The overall picture is easy to understand – different sections of the hospital are visibly marked by different colors.

¹ Additional information about facility layout can be found in the *Ethiopian Hospital Reform Implementation Guidelines, Volume 2, Chapter 8, Section 3 – Implementation Guidance.*

5. Bibliography

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6. Appendix

1. Blank Hospital Cleaning Schedule Template
2. Translated Versions of the Pain Scale

1. Blank Hospital Cleaning Schedule Template:

	Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday		
Wk 1																					
Wk 2																					
Wk 3																					
Wk 4																					
Wk 5																					
Wk 6																					
Wk 7																					
Wk 8																					
Wk 9																					
Wk 10																					
Wk 11																					
Wk 12																					
Wk 13																					
Wk 14																					

2. Translated Versions of the Pain Scale

