Quality Management: Patients Reflections on Health Care at Outpatient Clinic of Internal Medicine Department

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ABSTRACT

Middle and older age group relative share in the community permanently grows. Those are commonly burdened with several chronic health conditions or elevated incidence of acute ones and in more frequent need for consulting health services. In the era of modern technical medicine, it is important to increase quality of services particularly patients orientated. Department of Internal medicine developed questionnaire to assess reflections on medical care from the receiver of medical services point of view. Sample was formed from individuals that visited outpatient triage Unit (OTU) and voluntary enrolled, during period April 1 – August 31 2008 for any medical reason. Study population structure had similarly equally of both genders, socio-economical background, and was in age range 18–87. Questionnaire was developed by team of experienced personnel covering satisfaction on received medical care. There were 279 returned formulary in a sample of 6700 patients (4.18%). Patients visited OTU chiefly on behalf medical condition secondary to address of residency, followed by personal choice, on advice given by general practitioner; by emergency transportation services, or just due to earlier experiences. Regarding provided medical care extent, 4/5 of patients were examined in lesser than 2 hours, while total workup lasted mostly for 2–4, followed by over four. Over half of patients were moderate toward highly satisfied with provided medical information, personnel communication style and general reflection on all services while being in the Department premises. Astonishing proportion of patients (93%) was satisfied with positive personnel communication. Integration of patients’ self-perceived reports about medical services in organizing process is inevitable for augmenting content and at the same time valuable for developing overall quality of treatment. Communication excellence is of premier importance and unavoidable for giving additional positive effect to remain health status or to ease the healing process of individual and their families.

Key words: quality of care, satisfaction with medical services, patient orientated care

Introduction

Current and prospective demographic trends show that relative share of middle and older age in the community permanently grows (1). Population, particularly mentioned is encumbered with commoner chronic medical conditions and more frequent exacerbations of acute ones (2). One must not disregard process of change in health care system organization chiefly remunerations common to all transitional countries from the region.

Patient satisfaction in health care is influenced by various subjective and objective factors. Quality of care in terms of patients’ satisfaction is significant for a chain of health and organizational outcomes beyond direct core value (3). It is a might cumbersome management task for University Hospital to supply clinical services that are patients’ satisfying along with being technically perfect, sustaining outputs and quality (4).

The aim of our study was to assess patients’ reflections on medical care from the receiver of medical services point of view. The Department of Internal medicine developed unstandardized questionnaire covering main recognized categories in order to gain valuable feedback information (3–6). Identifying elements of subjective fulfillment was done at localization of greatest throughput i.e. inpatient – outpatient triage unit.
Methods

Design and Setting
This cross-sectional study was performed in the University Hospital -Sestre Milosrdnice Outpatient clinic of Internal medicine Department, during period May–July 2008. Hospital offers medical care for more than 300 000 catchments population of urban Zagreb and suburban background. Study was approved by Hospital’s Ethic committee.

Participants
Study population was formed of individuals that visited Outpatient clinic for any medical reason. They were of both genders, in age range 18–89. Patients’ participation was based on free will, not including direct or indirect forms of gratifications. Each patient could freely take questionnaire and participate offered at waiting room.

Survey instruments (questionnaire)
Questionnaire was developed by team of experienced physicians and nurses working at the Department with collaboration of psychologists. The questionnaire consisted of five parts (Appendix). Unstandardized questionnaire covered topics on medical care perceived by patients paying attention to arrival modalities, time scale and structure of workup, satisfaction with received medical information, personnel communication style, and general satisfaction mark on overall medical care (questions 1–6. through picking up from listed answers. Final question–7 asked addressee to write down opinions, suggestions or comments in their own words).

It was created as to be anonymous; still some patients have signed it, but personal data were not used in any manner besides for this study. It was in A4 format printed form and later had to be put by addressee in closed marked postbox upon filling it out.

Statistical analysis
The distributions of frequencies were noted for the five questions. Results are presented in percentages and \( \chi^2 \) tests were used to compare differences among groups in relation to arrival at outpatient clinic.

Results
Out of 6700 patients that visited Outpatient clinic- triage unit in Department of Internal medicine, 279 (4.18%) returned formulary.

Patients visited ED due to acute or chronic medical condition chiefly secondarily to address of residency, followed by subjective choice related to health status, on advice given by general practitioner, by emergency transportation services, medical checkup due to earlier workup (Table 1.). There were not observed significant correlations or systematic relations within arrival modes to any category of questionnaire.

Regarding provided medical care extent, 4/5 of patients were examined in period lesser than 2 hours, while total workup lasted mostly for 2–4 hours, followed by over 4 hours (Table 2).

<table>
<thead>
<tr>
<th>TABLE 1.</th>
<th>STRATIFICATION OF VISITING ARRANGEMENT TO OUTPATIENT CLINIC-TRIAGE UNIT IN DEPARTMENT OF INTERNAL MEDICINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motive for visiting ED</td>
<td>patients</td>
</tr>
<tr>
<td>Secondary to address of residency</td>
<td>93</td>
</tr>
<tr>
<td>Medical transportation services</td>
<td>45</td>
</tr>
<tr>
<td>Advised by general practitioner</td>
<td>47</td>
</tr>
<tr>
<td>Earlier checkups experiences</td>
<td>42</td>
</tr>
<tr>
<td>Subjective health related cause</td>
<td>52</td>
</tr>
<tr>
<td>Total</td>
<td>279</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TABLE 2.</th>
<th>Time duration of medical workup on patients at Outpatient clinic-triage unit of Department of Internal medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrival to examination time</td>
<td>Total workup time – arrival to release</td>
</tr>
<tr>
<td>patients</td>
<td>%</td>
</tr>
<tr>
<td>30–60 min</td>
<td>176</td>
</tr>
<tr>
<td>30–120 min</td>
<td>46</td>
</tr>
<tr>
<td>over 120 min</td>
<td>57</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TABLE 3.</th>
<th>Patient’s satisfaction and selfperceived quality of provided medical services in Outpatient clinic-triage unit in Department of Internal medicine</th>
</tr>
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<tbody>
<tr>
<td>Satisfaction with received medical information</td>
<td>Satisfaction with personnel communication style</td>
</tr>
<tr>
<td>patients</td>
<td>%</td>
</tr>
<tr>
<td>Disappointing</td>
<td>30</td>
</tr>
<tr>
<td>Insufficient</td>
<td>30</td>
</tr>
<tr>
<td>Partial</td>
<td>45</td>
</tr>
<tr>
<td>Well</td>
<td>72</td>
</tr>
<tr>
<td>Extraordinary</td>
<td>102</td>
</tr>
</tbody>
</table>
Discussion

Overall satisfaction of patients was assessed through three sub-categories; given medical information, personnel communication style and general reflection on all services while being in the Department premises (Table 3).

Section remarks and suggestions was filled in with various comments that could be summarized to perceived as: services that are inappropriately organized, lack of assets (environment and personnel wages), technical under-equipment, surroundings, or just unfairness regarding waiting or other perceived inequalities (10). Respondents commonly shared opinion that medical work-up might be better and perceived that is burdened with general lack of organization due to shortages in Health sector budget. However, they on the same time reported far above the average satisfaction (including personnel, medical information and overall given care) and workup time duration content, which was in line or somewhat better with national survey on patients satisfaction conducted in 2006 (11). Interior case management organization, chiefly triage and its external influences should under constantly re-assessments to make proper service adjustments toward need and demands (9).

In urban University Hospital settings Outpatient clinic represents a triage unit of Internal medicine department that has one of the highest throughput figures regarding basic diagnostic clinical workup. In studied period the most frequent causes (2/3) of visits were for cardiovascular or gastroenterological casuistic and around 25% due to symptoms linked to chronic illness. Nearly 5–10% of processed patients were admitted to hospitalizations every day due to severe acute or exacerbated chronic medical condition from internal medicine background. Population attending Internal medicine Department in generally prone to be of middle age to older age groups.

Patients that visited Emergency Department generally responded in positive manner about taking questionnaire on the spot. Their motivational forces regarding visit were based on medical condition secondary to address of residency, personal choice, previous checkups experiences and equally regarding general practitioners recommendations or emergency transportation medical services with additional triage system.

Applied questionnaire and those of similar background are probably impulsively colored, with expected greater inter-test variability of addressee and among peers, depending a lot on externalities. However, systematic patient follow up must be included in routine clinical practice in order to raise the quality and/or efficiency of treatment. Disease course, influences and symptoms must also be considered regarding conclusions within particularities of different care settings (12). Quite a responsibility in healing process lies on the medical personnel, particularly physicians and their communication style (5,13). Patient responded better in healing process depending on certain skills particularly: doing the little things; taking time; being open and listen; finding something to like, to love; removing barriers; letting the patient explain; sharing of authority; and be committed (14).

Patients’ reported satisfaction on medical services is important factor for remaining or developing overall quality and efficiency of treatment. It includes rather than confronts immeasurable subjective needs in addition to evidence-based professional merits.

REFERENCES

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UPRAVLJANJE KVALITETOM: MIŠLJENJA PACIJENATA O ZDRAVSTVENOJ SKRBI NA ODJELU PRIJEMNE AMBULANTE KLINIKE ZA UNUTARNE BOLESTI

S AŽETAK

Relativni udio populacije srednje i starije dobne grupe u populaciji je u stalnom porastu. Spomenuti su skloniji opterećenosti u vidu nekoliko kroničnih komorbiditeta ili učestalijoj pojavi akutnih stanja zbog čega su i češće u potrebi konzultirati zdravstvene usluge. U doba tehnološki razvijene medicine važno je održavati i podizati kvalitetu usluga i učiniti ih orijentiranim na pacijenta. Klinika za unutarnje bolesti razvila je anketni upitnik za praćenje povratnih informacija od strane primatelja zdravstvenih usluga. Uzorak ispitanika bio je sačinjen od pojedinaca koji su posjetili prijamnu ambulantu, te su iskazom osobne slobode volje participirali tijekom razdoblja od 01.travnja do 31.kolovoza 2008. godine. Struktura ispitane populacije imala je podjenu reprezentativnosti spolova, socioekonomskog statusa, starosti 18–87 godina. Upitnik je razvijen timski uz pomoć iskusnog osoblja klinike. Analizirano je sveukupno 279 anketnih obrazaca, od ukupno oko 6700 bolesnika koji su posjetili ambulantike (4,18%). Obzirom na opseg pružene obrade, 4/5 ispitanika je bilo pregledano u periodu kraćem od 2 sata, dok je najveći dio kompletne obrade trajao 2–4 sata, te preko 4 sata. Više od polovine pacijenata su bili umjereno do visoko zadovoljni kvalitetom primijenjene zdravstvene informacije, komunikacijom s osobljem i ukupnim općim dojmom za vrijeme boravka u prijamnoj ambulanti. Začuđujuće veliki udio (93%) ispitanika je bio zadovoljan u pogledu pozitivne komunikacije od strane zdravstvenog osoblja. Uključivanje perspektive pacijenta o pruženim zdravstvenim uslugama u proces organizacije je neizostavan korak za podizanje kvaliteta u to područje, a u isto vrijeme vrijedan za podizanje kvalitete liječenja. Izvrsnost komunikacije je od najveće važnosti te nezaobilazan čimbenik za postizanje dodatnog pozitivnog učinka na zdravstveno stanje ili olakšanje procesa liječenja za pojedine i njihove obitelji.
Appendix 1: Questionnaire

Opažanja i primjedbe bolesnika o pruženoj zdravstvenoj skrbi

Molimo Vas da ispunite ovaj upitnik s ciljem da ocijenite organizaciju i rad zdravstvenih djelatnika naše Klinike. Na taj način želimo dobiti povratnu informaciju o zadovoljstvu/nezadovoljstvu kvalitetom naših usluga i ponašanjem zdravstvenog osoblja.

Molimo Vas da zaokružite samo jedan ponuđeni odgovor na svako pitanje koje po Vašem mišljenju najbolje odgovara Vašem slučaju.

1. Što je utjecalo na Vaš dolazak na našu Kliniku?
   - Mjesto stanovanja
   - Dolazak službom saniteta
   - Na preporuku liječnika primarne zdravstvene zaštite
   - Prijašnja obrada
   - Vaša osobna želja

2. Na pregled ste čekali?
   - Do 1 h
   - 1–2 h
   - Više od 2 h

3. Na konačnu obradu ste čekali?
   - Do 2h
   - 2–4 h
   - Više od 4 h

4. Da li ste zadovoljni informacijom uz Vaše zdravstveno stanje od strane zdravstvenih radnika?
   - Uopće nisam
   - Nedovoljno
   - Djelomično
   - Dovoljno
   - Potpuno

5. Ponašanje osoblja prema Vama bilo je:
   - Neljubazno
   - Nezainteresirano
   - Korektno
   - Ljubazno
   - Izuzetno ljubazno

6. Ocijenite općenito zadovoljstvo pruženom uslugom tijekom boravka u klinici ocjenom 1–5, pri čemu je 1 potpuno nezadovoljstvo, a 5 potpuno zadovoljstvo pruženom zdravstvenom skrbi.

   1 2 3 4 5

7. Ako se Vaša pohvala ili pokuda odnosi na nešto drugo ili ako imate prijedlog za poboljšanje, navedite:

Zahvaljujemo na suradnji i molimo Vas da popunjeni listić ubacite u sandučić namijenjen za prikupljanje anketnih upitnika, koji se nalazi u hitnoj službi Interne klinike!