

King Edward's Hospital Fund for London
The Hospital Centre

PATIENTS' SATISFACTION STUDY (GENERAL HOSPITALS)

INSTRUCTIONS

Revised
Edition

January, 1971

HOOC kin

126 ALBERT STREET
LONDON NW1 7NF

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AIM AND SCOPE OF STUDY

1. The aim of the study is:
 - (a) to assist hospitals to gain information on the views of their patients, enabling them to take remedial action when desirable and practicable.
 - (b) to compile results centrally so that inter-hospital comparisons can be made.
2. After obtaining general support for the idea of the study, the wards to be included should be selected. These should not be more than ten, since 30 questionnaires are issued from each ward, and assuming at least a two-thirds return it is difficult to deal with many more than about 200 questionnaires. The wards should be medical, surgical, orthopaedic and gynaecological, and possibly ENT, skin, plastic surgery, etc. but not obstetrics, paediatrics, psychiatric or geriatric as the questionnaires are not suitable for these. No wards with fewer than ten beds should be included. Prepare the form 'Particulars of Hospital' (see Appendix I), listing the wards at the back. If the wards are known by name rather than number, allot a code letter or number.

PREPARE FORMS ETC.

3. The following preparations should be made:
 - (a) Duplicate the letter for sisters (Appendix II), one for each of the sisters of the wards concerned, and 300 copies of the letter to patients (Appendix III), both signed by an appropriate person such as the Group Secretary or Matron.
 - (b) On the back page of the questionnaire against question 37 enter the name of the hospital (in full or abbreviated) on all copies. Against question 38 enter the ward code on 30 copies for each ward.
 - (c) Obtain 300 envelopes of a suitable size.
4. Prepare a series of sealed boxes or cartons, one for each ward, suitable for patients to post their questionnaires. Make it clear that these cannot be easily opened so that patients will be assured that their answers will remain confidential and place them in the open part of the ward and not in Sister's office.

PROMOTE INTEREST IN THE STUDY

5. The aims and the general method of the study should be discussed with the senior officers, the Medical Staff Committee (to whom it is stressed that the study is not concerned with medical care) and the Management or House Committee. It should also be discussed in considerable detail at a meeting of the sisters of the wards concerned. The meetings should cover the following points:

- (a) Aim of Study. To find the views - satisfactions as well as suggestions for improvement - of a typical group of patients, not just those who volunteer gratitude or criticisms. Many of the views may already be known but the results will help to decide priorities for action and can be compared with the views of patients from a number of similar hospitals.
- (b) Method Used. Each sister will be asked to give a questionnaire, envelope and letter to the first 30 patients leaving her ward. These should not be chosen but all should be included providing they are aged 16 or over, have been in the ward at least four nights and can read and write in English. The questionnaires should be given during the patient's last two days in the ward. The sister should describe the study to her ward staff and all should encourage the patients to answer frankly and without help and should reassure that the answers will be anonymous. The success of the study in each ward largely depends on the sister. The study will continue for two (or three) months, after which the surplus questionnaires will be collected. (At the beginning of the sisters' meeting each sister should be given a copy of the letter to sisters, together with 30 questionnaires, envelopes and letters for the patients in her own ward.)
- (c) Reporting Back. The results of the study will be reported back to medical, nursing and administrative staff and to the committees so that action can be taken on the points raised when desirable and practicable. In some case it may be useful to announce the fact that the survey is being held in the local press and also, if there is one, in the Hospital Newsletter.

ISSUE OF QUESTIONNAIRE

- 6. All wards should start the study on the same day. After about one month the number of questionnaires returned from each ward should be counted and if there are very few from one or more wards, the Matron should be asked to discuss the reason with the sister concerned. At the end of the second month, all the remaining questionnaires from patients should be collected (unless there is good reason for extending the time limit) and each sister asked to return her surplus questionnaires and envelopes.
- 7. The summarising of the questionnaires can start as soon as enough are available for anonymity to be assured, and can continue as they come in so that most are already summarised by the end of the two months.

SUMMARISING NUMERICAL RESULTS

A) Entering Results

- 8. As each batch of questionnaires becomes available, sort it by ward and enter results on Work Sheets 1 and 2 (See Appendix IV (a) and (b)). Show each questionnaire has been entered by ticking it at the bottom of the Answers column. Each Work Sheet has space for five wards so usually two of each will be required. In that case only fill in the space for Grand Total on the second sheet and not on the first.

9. With questions 1 to 31 far more patients answer YES than NO so it is less effort to record only the comparatively few who answer NO or who do not answer. Reading down each questionnaire enter a stroke opposite N for each question where the answer is NO and a stroke opposite N.A. for each question which has not been answered. The strokes should be small and entered in groups of five, four strokes and a cross-stroke, thus 1111.
10. With questions 32 to 34 enter all answers under the appropriate heading, again in groups of five. (If a patient has not answered 32 (sex) it is often possible to answer it from knowledge of his or her ward). A space is left for each question to enter 'not answered'.
11. With additional questions 10 i) ii) iii), 11 i) ii) iii) and 19 i) ii) enter results in groups of five, but do not enter 'not answered'.
12. When the survey is complete enter for each ward the number of questionnaires actually issued to patients and the number returned. For various reasons, such as having very long stay patients or closing a ward, some sisters may not be able to issue all 30 questionnaires. Also enter totals for the hospital for each question and for numbers issued and returned.

B) Calculating Results

13. Use Summary Sheets A and B (See Appendix V (a) and (b)) and enter for each question 1 to 31 for each ward and for the hospital as a whole under

Ans = the number answered (total returned minus NA not answered)
Yes = the number answered yes (number answered minus number answered N No)
%Y = percentage yes. $\frac{\text{number answered yes} \times 100}{\text{number answered}}$

If there are more than five wards a second sheet will be required and the total for the Hospital need not be entered on the first page. The calculation of the percentage is very quick if a slide rule is used.

14. With questions 32 to 34 enter:
Number = the number answering under each heading.
Total = total answering whole question.
% = percentage $\frac{\text{number under heading} \times 100}{\text{total answering question}}$. The total percentage for each question should add up to 100.
15. With additional questions 10, 11 and 19 enter totals for each ward and the hospital but do not calculate percentages.
16. It is interesting to compare these numerical results with the standards based on other general hospitals which have participated in the enquiry. The form suggested for the report is to mark questions that come into the top quarter with a plus sign and those that come into the bottom quarter with a minus sign. The method and figures are given in Appendix B of the specimen report attached. (Appendix VII).

SUMMARISING COMMENTS

Rough Summary

17. The most interesting but the most difficult part of studying results is summarising the comments made. This can be started as soon as the questionnaires become available. When all the comments in each questionnaire have been entered, show it is completed by entering a tick above 'Thank you for your help' of page 4.

18. Prepare seven large sheets of lined paper foolscap or A4 :-

| | | | | | |
|---------|------------------------------|---|---|----------|----------------|
| Sheet 1 | Comments on questions 1 to 6 | | | | headed 'Ward' |
| " 2 | " | " | " | 7 to 11 | " 'Sanitary' |
| " 3 | " | " | " | 12 to 19 | " 'Meals' |
| " 4 | " | " | " | 20 to 25 | " 'Activities' |
| " 5 | " | " | " | 26 to 31 | " 'Care' |
| " 6 | " | " | " | 35 | " 'Best' |
| " 7 | " | " | " | 36 | " 'Least' |

Rule a vertical line about two thirds of the distance from the left hand margin. Write the comments to the left of the line and the code number of the ward of each person making the comment (or one differently worded but with the same sense) on the right of it. With sheets 1 to 5 also rule a horizontal line about a quarter of the way down the sheet. Write favourable comments above the line and suggestions or criticisms below it.

19. Sort the available questionnaires in ward order. Start with Sheet 1 and record on it comments on questions 1 to 6 from all questionnaires collected to date, before starting on Sheet 2. Read through a number of the questionnaires to find the main comments on questions 1 to 6 and then write in appropriate headings. For example with question 3 these might be:

Noise at Night
Other patients
Emergency admission
Nurses
Door banging

After each sub-heading leave sufficient space to write in a number of typical comments and telling phrases - comments should be mainly quotations. For example as well as quoting 'nurses should wear rubber soled shoes' have 'the nurses sounded like a herd of energetic elephants!'. Then proceed with the other six sheets.

20. Note that questions 35 and 36 need no horizontal line - 35 is all favourable and 36 nominally all suggestions and criticisms. However under 36, patients often write some such complimentary comment as 'the hospital is so good there is nothing to criticise' or 'strangely enough, leaving the hospital' and it is well to record these at the bottom of sheet 35. In answer to question 35 there is usually much warm praise of the staff. A convenient way to record this is under 'Staff' if several grades of staff, say doctors and nurses, or 'all the staff' are praised simultaneously, but under 'nurses', 'doctors', 'physiotherapists', 'cleaners' if they are praised in separate sentences.
21. Some patients write a general comment such as 'good' or 'satisfied' against a whole section (say questions 1 to 6) or even against every question. In the first case it is impossible to know which question this refers to and in the second it adds nothing to the answer 'Yes' so such indiscriminate praise is not entered in the Summary.
22. Repetitions of previous comments are often given to questions 35 and 36. These are, however, entered on sheets 6 or 7 to show where the greatest weight of approval or criticism lies.
23. Sometimes patients make obvious mistakes in marking the questionnaire such as crossing out the 'No's or in giving praise under question 36. Make adjustments to fit in with the patient's intentions.

Final Summary

24. For the final summary seven similar sheets are needed. Generally the headings from the rough summary have to be regrouped and compressed and the most appropriate quotations selected. This usually involves considerable change and the final summary is much shorter than the rough summary and has not nearly as many headings.
25. After each comment show how many people have made it by entering their ward code in ward order. If four or more people from one ward have made the comment, show in brackets the ward number followed by the number who have made it. Also give the total number. For example if the ward code is numerical one comment might have after it:

01 01 02 (03 x 4) 04 04 04 (05 x 7) 08 10 = 19

Part of a specimen page is shown in Appendix VI

26. Prepare an outer page for the summary of comments listing: Ward code, Ward name, Sex, Condition treated, Number of beds, Number of questionnaires issued and returned, Percentage returned. For example:

05 Nightingale F.Med. 24 28 21 75%

This enables an estimate to be made of the weight of opinion on each comment.

27. Often contradictory statements are made - some patients praise a situation which others criticise, or even the same may say for example "there is good choice of food but it is often tepid". Divergent views are to be expected, they may come from different wards or from patients with different standards, tastes and situations. There is seldom unanimity of opinion on any topic. Of course both views must be reported with an indication of their relative strength.

REPORT AND ACTION

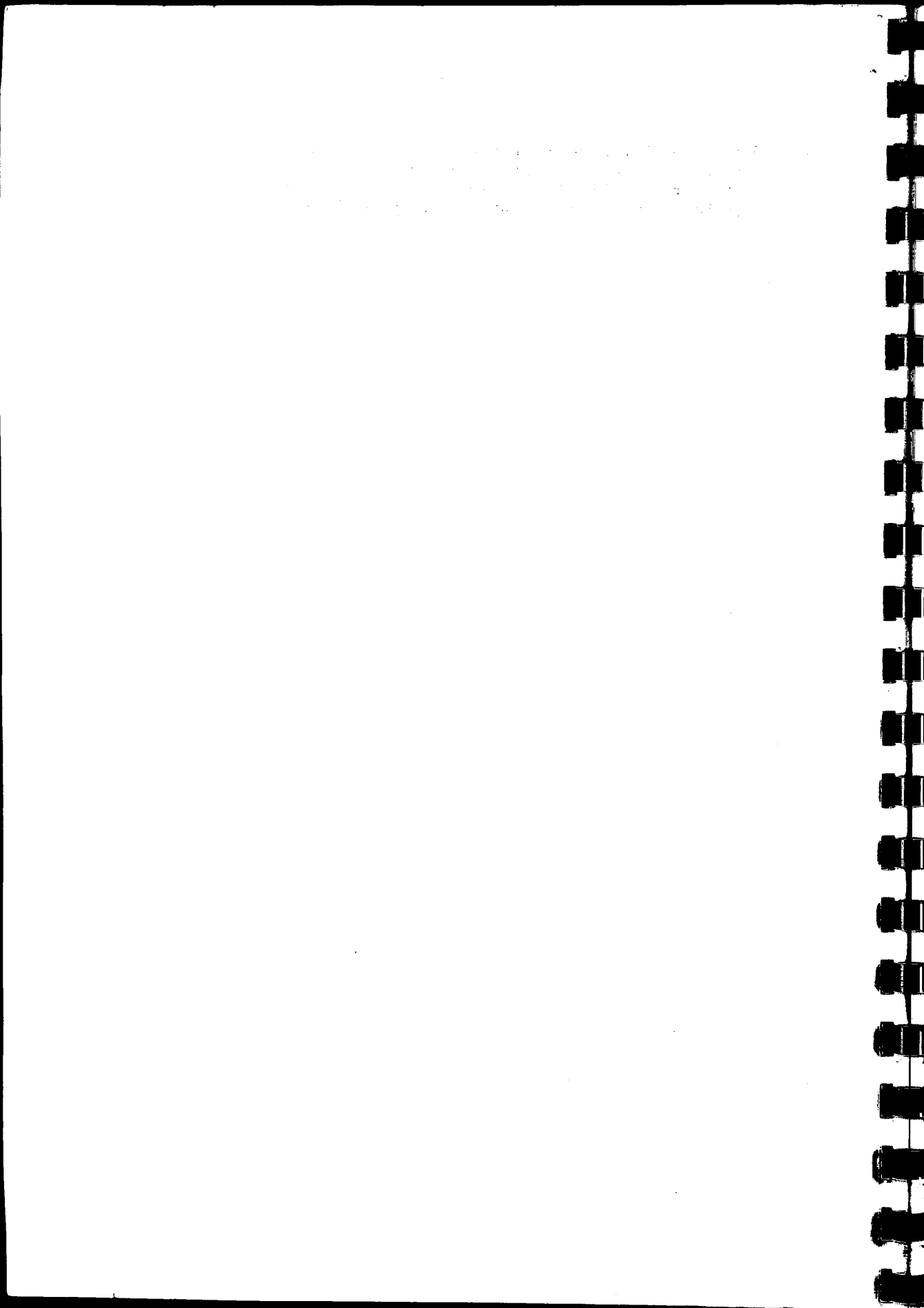
REPORTS

28. When both analyses have been completed, the numerical summary and the summary of comments, the report should be written. This should be kept short and duplicated for wide distribution to all the senior officers, the sisters of the wards concerned and members of the Management or House Committee. The type of report required will, of course, vary with the circumstances of the hospital but a sample report on an imaginary hospital is shown in Appendix VII which may give some help. The figures for a number of hospitals given in Appendix B of this report are the genuine ones and should be used for comparison. The report should be issued as soon as possible while interest is still keen.
29. It is usually unnecessary to give wide circulation to the full summary of comments but it is useful to have it typed (or photographed) for circulation to the principal officers. This, giving full details of the wards from which each comment came, forms a useful basis for action.
30. Some hospitals like sending a summary of the report to their local newspaper. This often helps to promote good public relations and is an excellent way of expressing thanks to the patients who have participated and of reporting back to them.

ACTION

31. Soon after the report is issued a meeting of the sisters should be held, either of all the sisters or of the sisters of the wards concerned, together with the catering officer and other interested officers. After thanking the sisters for their co-operation and stressing the many topics praised by the patients (especially their gratitude to the staff) consider in constructive detail the suggestions made for improvement. Further meetings may be needed with other staff e.g. the medical staff committee, the catering staff, domestic staff, etc. Some information on the results is also valuable for the HMC or House Committee. Decisions on action should be recorded.
32. After about three months an attempt should be made to assess what changes have actually been made as a result of the survey. Sometimes it may be useful to repeat part of the survey to see whether there has been a change in patients' opinion. For example, if changes have been made in the catering arrangements, issue a short duplicated questionnaire on questions 12 to 19 for comparison with the original replies.

33. The King's Fund Hospital Centre hopes from time to time to revise the numerical standards given for comparison. It is therefore very useful for them to have copies of the report (or at least of Appendices B and C) together with particulars about the hospital (Appendix 1).



PARTICULARS OF HOSPITAL

Hospital Code Number Regional Board or Teaching

Address Group

Telephone

Group Secretary Hospital Secretary Matron

Interview date With whom By whom

Date of starting to
issue questionnaires

Total Number of Beds in Hospital

| | | | | | |
|--------------|----------|-----------|-------|----------------------|--------|
| <u>Meals</u> | Choice ? | Breakfast | Lunch | Tea | Supper |
| | Served ? | From ward | | From central kitchen | |

Visiting Hours:

| | | | |
|-----------|------|------|------|
| Transport | Good | Fair | Poor |
|-----------|------|------|------|

| | | | |
|------------------|-------------|-----------------|--------------------|
| <u>Timetable</u> | Waking time | Lights out time | Official rest time |
|------------------|-------------|-----------------|--------------------|

| | | |
|--------------------|---------------------|----------------|
| <u>Occupations</u> | O.T. Diversional | Radio all beds |
| | Book Trolley | Television |
| | Garden for patients | |

Reception By whom

| | | |
|----------------|-----------------|-----------------|
| <u>Nursing</u> | S.R.N. Training | S.E.N. Training |
|----------------|-----------------|-----------------|

Special Advantages or Problems of Hospital

LETTER FOR WARD SISTERS

PATIENTS' SATISFACTION STUDY

To the Sister

Ward

Will you please help with this study, which is important to the hospital, by giving a copy of this questionnaire together with a letter and envelope to the next 30 patients leaving your ward? Do not choose the patients but give them to each one aged 16 or over leaving your ward who can read and write in English and has been in the ward at least four nights.

The patients should fill in the questionnaire during their last two or three days in the ward and post it in the box provided.

We are anxious to get 100 per cent answering so please help by encouraging the patients to answer frankly without discussing their replies with the staff or other patients. Reassure them that their answers will be confidential and that no replies can be traced to any individual, but that it will help the hospital to know the patients' honest views about what they liked and what could be improved.

Will you also kindly make the study known to all the staff in your ward and ask them to co-operate in encouraging the patients to complete the questionnaires promptly? The study will go on for about two months. If thirty patients have not left your ward during this time, please return all the forms left over to me.

Yours sincerely,

LETTER FOR PATIENTS

PATIENTS' SATISFACTION STUDY

Dear Patient,

The hospital is trying to find out what you and other patients think about the general care given to them during their stay. We want to know what you liked about the hospital and what you think could be improved. Would you, therefore, be kind enough to answer the questions, inside and on the back of the form? If you answer them as frankly and fully as you can, you will be helping your hospital improve its service and so bring benefit to future patients. You will find plenty of space for additional comments or suggestions which are particularly helpful in explaining just what you mean.

We think you will find the form easy to fill in and, indeed, hope that you will enjoy doing it. We all look forward to hearing your comments but we do not need to know your name. Your answers to the questions will go forward anonymously and be summarised with the answers of many other patients so that we can act upon the suggestions made. May we ask you to fill in your form straight away, put it in an envelope and place it in the sealed box in the ward. It is important that we should have answers from everyone so please send us the form even if you have few or no additional comments to make. Remember to fill in the back as well as the inside pages.

We shall be very grateful for your help.

Yours sincerely,

P.S.S. WORK SHEET 1 (QUESTIONS 1 to 31)

N = No
NA = No Answer

| WARD | | TOT | | TOT | | TOT | | TOT | | TOT | HOSPITAL | | |
|------|--------------------|-----|----|-----|----|-----|----|-----|----|-----|----------|---------|----|
| | | | | | | | | | | | TOT | GRAND T | |
| 1 | Bed | N | N | N | N | N | N | N | N | | | | 1 |
| | | NA | NA | NA | NA | NA | NA | NA | NA | | | | |
| 2 | Quiet day | N | N | N | N | N | N | N | N | | | | 2 |
| | | NA | NA | NA | NA | NA | NA | NA | NA | | | | |
| 3 | Quiet night | N | N | N | N | N | N | N | N | | | | 3 |
| | | NA | NA | NA | NA | NA | NA | NA | NA | | | | |
| 4 | Temperature | N | N | N | N | N | N | N | N | | | | 4 |
| | | NA | NA | NA | NA | NA | NA | NA | NA | | | | |
| 5 | Lighting | N | N | N | N | N | N | N | N | | | | 5 |
| | | NA | NA | NA | NA | NA | NA | NA | NA | | | | |
| 6 | Privacy Ward | N | N | N | N | N | N | N | N | | | | 6 |
| | | NA | NA | NA | NA | NA | NA | NA | NA | | | | |
| 7 | Enough Baths | N | N | N | N | N | N | N | N | | | | 7 |
| | | NA | NA | NA | NA | NA | NA | NA | NA | | | | |
| 8 | " Basins | N | N | N | N | N | N | N | N | | | | 8 |
| | | NA | NA | NA | NA | NA | NA | NA | NA | | | | |
| 9 | " W.C.s | N | N | N | N | N | N | N | N | | | | 9 |
| | | NA | NA | NA | NA | NA | NA | NA | NA | | | | |
| 10 | Clean | N | N | N | N | N | N | N | N | | | | 10 |
| | | NA | NA | NA | NA | NA | NA | NA | NA | | | | |
| 11 | Private (sanitary) | N | N | N | N | N | N | N | N | | | | 11 |
| | | NA | NA | NA | NA | NA | NA | NA | NA | | | | |
| 12 | Breakfast | N | N | N | N | N | N | N | N | | | | 12 |
| | | NA | NA | NA | NA | NA | NA | NA | NA | | | | |
| 13 | Lunch | N | N | N | N | N | N | N | N | | | | 13 |
| | | NA | NA | NA | NA | NA | NA | NA | NA | | | | |
| 14 | Tea | N | N | N | N | N | N | N | N | | | | 14 |
| | | NA | NA | NA | NA | NA | NA | NA | NA | | | | |
| 15 | Supper | N | N | N | N | N | N | N | N | | | | 15 |
| | | NA | NA | NA | NA | NA | NA | NA | NA | | | | |
| 16 | Choice | N | N | N | N | N | N | N | N | | | | 16 |
| | | NA | NA | NA | NA | NA | NA | NA | NA | | | | |
| 17 | Hot | N | N | N | N | N | N | N | N | | | | 17 |
| | | NA | NA | NA | NA | NA | NA | NA | NA | | | | |
| 18 | Scarce | N | N | N | N | N | N | N | N | | | | 18 |
| | | NA | NA | NA | NA | NA | NA | NA | NA | | | | |
| 19 | Amount | N | N | N | N | N | N | N | N | | | | 19 |
| | | NA | NA | NA | NA | NA | NA | NA | NA | | | | |
| 20 | Visiting | N | N | N | N | N | N | N | N | | | | 20 |
| | | NA | NA | NA | NA | NA | NA | NA | NA | | | | |
| 21 | Waking | N | N | N | N | N | N | N | N | | | | 21 |
| | | NA | NA | NA | NA | NA | NA | NA | NA | | | | |
| 22 | Lights out | N | N | N | N | N | N | N | N | | | | 22 |
| | | NA | NA | NA | NA | NA | NA | NA | NA | | | | |
| 23 | Rest | N | N | N | N | N | N | N | N | | | | 23 |
| | | NA | NA | NA | NA | NA | NA | NA | NA | | | | |
| 24 | Activities | N | N | N | N | N | N | N | N | | | | 24 |
| | | NA | NA | NA | NA | NA | NA | NA | NA | | | | |
| 25 | Radio | N | N | N | N | N | N | N | N | | | | 25 |
| | | NA | NA | NA | NA | NA | NA | NA | NA | | | | |

continued overleaf

N = No
NA = No Answer

[illegible]

P.S.S. WORK SHEET 2 (QUESTIONS 32 to 34 AND DETAILS OF 10, 11 AND 19)

| | WARD | TOT | TOT | TOT | TOT | TOT | TOT | HOSPITAL TOT GRAND T |
|----|----------------|-----|-----|-----|-----|-----|-----|-------------------------|
| 32 | Sex - Male | | | | | | | M |
| | Female | | | | | | | F |
| | Not answered | | | | | | | NA |
| 33 | Age under 40 | | | | | | | 33 |
| | 40-64 | | | | | | | -40 |
| | 65 or more | | | | | | | 40-64 |
| | Not answered | | | | | | | 65+ |
| 34 | Like v. much | | | | | | | NA |
| | Most ways | | | | | | | 34 |
| | Fair | | | | | | | VM |
| | No | | | | | | | MW |
| | Not answered | | | | | | | F |
| | | | | | | | | NO |
| | | | | | | | | NA |
| 10 | Not clean | | | | | | | 10 |
| | i) Bath | | | | | | | i |
| | ii) Basin | | | | | | | ii |
| | iii) W.C. | | | | | | | iii |
| 11 | Not Private | | | | | | | 11 |
| | i) Bath | | | | | | | i |
| | ii) Basin | | | | | | | ii |
| | iii) W.C. | | | | | | | iii |
| 9 | Food | | | | | | | 19 |
| | i) Too much | | | | | | | i |
| | ii) Too little | | | | | | | ii |

P.S.S. SUMMARY SHEET B (QUESTIONS 32 TO 34)

| WARD | | | | | | | HOSPITAL |
|------|------|--|----------|----------|----------|----------|----------|
| | | | Number % | Number % | Number % | Number % | Number % |
| 32 | Sex | Male Female Total | | | | | |
| 33 | Age | Under 40 40-64 65 or more Total | | | | | |
| 34 | Like | V.much Most ways Fair No Total | | | | | |

SPECIMEN SUMMARY SHEET (Part Only)

ST. X's HOSPITAL

OCCUPATIONS

(Questions 20-25)

Visiting

Hours satisfactory. Feel better at seeing family daily.

01050507 = 4

Out of Visiting Hours. Sister very generous in allowing husband to come. Friends came in morning but sister allowed them in.

020204 = 3

Children. Marvellous children now allowed to come. Means I don't worry and they don't fret.

01090910 = 4

Waking Time. I don't mind 5.30 as I sleep badly.

08 = 1

Library. Good choice of books. Lot of trouble taken to get my request.

(03x5)06 = 6

Visiting

Hours. Half an hour far too short. Should be $\frac{3}{4}$ or 1 hour

01(03x5)04(05x6)0710 = 15

Would like Sunday evening as well as afternoon. It seems an eternity.

020405(06x4)09 = 8

Canteen. Visitors would appreciate a canteen.

0407 = 2

Waking Time

Too early. 5.30, 5.45, 6. Feels like the middle of the night. Sleep is the only release from pain. Let patients who can wash themselves sleep till 7. Too long a gap to breakfast 5.30 to 8.

010101030404(07x6) = 11

Boredom

Get terribly bored. Day seems endless. Should provide games, (dominoes, draughts etc.) or occupations. Would like to buy toys to make from trolley shop.

01(04x4)06(07x5)090910 = 14

Radio

Needs servicing. Get overlapping stations. My headphone doesn't work.

020305(06x5)070708 = 11

One station only. Need choice. Radio 1 is a must for the young. Would like to get Radio 4.

0105090909 = 5

Transistors. Blare out directly sister is out of ward. Awful.

1010 = 2

STUDY OF PATIENTS' SATISFACTIONS

REPORT TO ST. X'S HOSPITAL

Dates of Survey: January to March 19 -

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Inter-Ward Comparisons

STUDY OF PATIENTS' SATISFACTIONS

ST. X's HOSPITAL

AIM OF STUDY

1. The aim of the study was:
 - a) to gain information on the views of a typical sample of patients enabling action to be taken when desirable and practical.
 - b) to enable comparisons to be made with the views of patients in a group of other hospitals.

A questionnaire devised by the King's Fund was used. This is shown in Appendix A together with the letter of instructions to patients.

PROCEDURE FOLLOWED

2. At a meeting of the Group Secretary, the Hospital Secretary and the Matron a list of five wards was prepared (medical, surgical and gynaecological) and the sisters from these wards were invited to a meeting at which the project was discussed and their co-operation sought. They were asked to give out the questionnaires to the first 30 patients leaving their wards. The questionnaire answers were to be anonymous. Envelopes for their return were provided and a sealed box for their collection put in each ward.

RESULTS

Inter-Hospital and Inter-Ward Comparisons

3. Of 145 questionnaires issued 100 were returned, that is 69 per cent. In Appendix B results for St. X's Hospital are shown compared with the King's Fund standards (based on 28 hospitals). The figures for each of the questions 1-31 show the percentage of patients who answered it, who expressed satisfaction about it.
4. Examining only the figures in the first column (which refer to St. X's Hospital) it will be seen that, on the whole, considerable satisfaction is expressed. This is shown particularly by the answers to Question 31 - 'If you have to go to hospital again would you choose to come here?' where 93 per cent answered 'YES', and to Question 34 - 'Did you like your stay here apart from the discomfort of your illness and being away from home?' where 57 per cent answered 'very much' and 40 per cent answered 'in most ways', leaving only 3 per cent to answer 'fairly well' or 'no'. The main topics criticised were shortage of W.C.'s, poor choice of food, early waking time, few diversions and unsatisfactory radio service.
5. The other method of assessment is comparing the proportion of favourable answers from St. X's Hospital (shown in Column 1) with the average for the 28 hospitals (shown in Column 2) and the inter-quartile range, that is the range of results from the middle half of the hospitals (shown in Column 3). Results from St. X's that come in the top quarter of the hospitals are marked in Column 4 with a + sign, those that come in the lowest quarter are marked with a - sign. Obviously conclusions from these comparisons must be very tentative for conditions vary so much from hospital to hospital.

6. It can be seen that the patients at St. X's Hospital were more contented than most about the bedding and the temperature of the ward and also about the sanitary accommodation - even the shortage of W.C.'s was slightly less severe than in most hospitals. It was the meals that came in, comparatively, for heavy criticism. Except for their being warm they were in the bottom quarter on all other questions. The visiting arrangements and the times for calling and lights out were not liked and there was a tendency to boredom with few diversions. Notice of admission was short, and reception, availability of nurses by day, the amount of information given were all slightly less satisfactory than in most hospitals.
7. In Appendix C the results are given for the five wards separately. Since there were only twelve and thirteen from two wards, not too much reliability can be laid on inter-ward comparisons.
8. Bare statistics make for dull reading and much of interest can be learnt from the additional comments that patients were invited to make. A large number of these were given. Some of the outstanding topics are summarised below with the code:

xxx made by a large number of patients concerned
xx made by a fair number of patients concerned
x made by a few of the patients concerned.

Many of the comments are quoted verbatim.

MAIN APPRECIATIONS

9. Many comments were made about the hospital in general, 'St. X's does a damn good job', 'hospital atmosphere 100 per cent', and in answer to the question on willingness to return 'I wouldn't dream of going to any other hospital'. Some patients praised the idea of having a survey: 'very kind of the hospital to ask patients what they like or dislike' and one even enclosed a small contribution (4/-) towards the cost of the survey.
- xxx a) Staff 'They made you feel that you were the most important person in the ward', 'the feeling that the patient was treated as a human being rather than a statistical unit', 'I felt in capable hands', 'kind consideration by everyone'.
- xxx b) Nurses 'Great admiration for dedicated sister and staff', 'nothing too much trouble', 'best nurses I have ever met', 'jolly and smiling even when rushed off their feet'.
- x c) Doctors 'They are magnificent and never spare themselves', 'the doctors explained what was being done, why and how'.
- xx d) Other Patients 'The friendliness of the other patients', and 'willingness to help each other', 'a lot of fun', 'friendly atmosphere'.
- xxx e) Rest and Relaxation 'Peace and comfort', 'the calm routine provided an excellent opportunity to relax', 'regimentation practically non-existent without lessening discipline in any way'.

MAIN SUGGESTIONS

10. xx a) Ward noisy from other patients, private transistors, telephone at night, lifts.
- xx b) Washbasins More needed and have them separate from bathrooms that are also short.

- xxx c) Shortage of W.C.'s. Queues atrocious. 'Five of us had enemas at same time, appalling effect'.
- xx d) Choice of food needed and more variety. 'Fish and chips twice on the same day'. 'Boiled eggs almost every morning and need road drill to get top off egg'. 'More choice in jams or spreads'.
- xx e) Potatoes always mashed and very dry. Greens overdone and soggy.
- xx f) Food often tepid. 'Both plates and food cold', 'not hot enough', 'tea served long before rest of breakfast'.
- xx g) Evening visiting needed, also on days when have afternoon visiting.
- xxx h) Woken too early. '5.30 or 5.45 is too early and kept waiting for breakfast'. 'Should not wake patients who can wash themselves', 'the only relief from pain is sleep'.
- xx i) Radio 'needs servicing', 'would have liked to get other channels', 'no radio available'.
- xx j) Lack of Occupation 'get very bored', 'more games or occupations needed', 'book supply insufficient'.
- xx k) Information on condition 'Bare minimum', 'not enlightened on my condition', 'only told after constant enquiry'.

ACTION

- 11. Many other comments were made, some that seemed of interest even if only suggested by one or two people. These comments have been summarised in detail and will be discussed by the Senior Officers and then with the sisters of the wards concerned who have so kindly helped to run the survey and often are in the best position to take remedial action.
- 12. It will be noticed that though some of the suggestions cannot be put into effect immediately as they depend on alterations in the sanitary annexes and on an amelioration of staff shortages, many of the other suggestions are matters of organisation and would cost nothing to apply. After such a survey it is important to take early action to meet the points raised wherever it seems desirable and possible.

APPENDIX A to Specimen Report

- i) Questionnaire (copy attached)
- ii) Letter for Patient (see Appendix III of Instructions).

APPENDIX B to Specimen Report

PERCENTAGE OF PATIENTS ANSWERING EACH QUESTION
WHO EXPRESSED SATISFACTION

ST. X's HOSPITAL

INTER-HOSPITAL COMPARISONS

+ = St.X in
Top qtr.
- = St.X in
Bottom qtr.

| | <u>St.X</u> | <u>Average</u> <u>28 Hospitals</u> | <u>Range of</u> <u>Middle Half</u> <u>28 Hospitals</u> | |
|-----------------------|-------------|---------------------------------------|--|---|
| | % | % | % | |
| 1 BEDDING | 96 | 92 | 91-94 | + |
| 2 QUIET-DAY | 94 | 96 | 95-97 | - |
| 3 QUIET-NIGHT | 86 | 89 | 87-92 | - |
| 4 TEMPERATURE | 93 | 89 | 86-92 | + |
| 5 LIGHTING | 97 | 95 | 93-97 | |
| 6 PRIVACY - WARD | 94 | 95 | 94-96 | |
| 7 BATHROOMS | 70 | 55 | 51-59 | + |
| 8 WASHBASINS | 70 | 59 | 49-69 | + |
| 9 W.C.'s | 62 | 60 | 50-67 | |
| 10 CLEANLINESS | 93 | 84 | 79-89 | + |
| 11 PRIVACY - SANITARY | 90 | 77 | 73-81 | + |
| 12 BREAKFAST | 87 | 92 | 89-95 | - |
| 13 LUNCH | 84 | 90 | 86-95 | - |
| 14 TEA | 88 | 93 | 89-96 | - |
| 15 SUPPER | 81 | 88 | 86-94 | - |
| 16 CHOICE OF FOOD | 48 | 73 | 57-91 | - |
| 17 HOT FOOD | 80 | 83 | 77-89 | |
| 18 WELL SERVED | 91 | 95 | 94-98 | - |
| 19 QUANTITY | 79 | 86 | 83-88 | - |
| 20 VISITING | 86 | 91 | 87-96 | - |
| 21 WAKE-UP TIME | 67 | 75 | 69-81 | - |
| 22 LIGHTS OUT TIME | 90 | 95 | 93-96 | - |
| 23 REST-DAY | 90 | 92 | 89-94 | |
| 24 DIVERSIONS | 67 | 81 | 75-87 | - |
| 25 RADIO | 68 | 71 | 64-79 | |
| 26 ADMISSION NOTICE | 85 | 92 | 89-95 | - |
| 27 RECEPTION | 93 | 97 | 96-98 | - |
| 28 NURSING-DAY | 95 | 97 | 96-98 | - |
| 29 NURSING-NIGHT | 96 | 97 | 96-98 | |
| 30 INFORMATION | 81 | 86 | 82-89 | - |
| 31 RETURN | 93 | 95 | 94-96 | - |

P.T.O.

APPENDIX B (Cont.)

ST. X's HOSPITAL

PARTICULARS OF PATIENTS

| | <u>St.X</u> | <u>Average</u> <u>28 Hospitals</u> | <u>Range of</u> <u>Middle Half</u> <u>28 Hospitals</u> | + = St.X in Top qtr. - = St.X in Bottom qtr. |
|----------------------|-------------|---------------------------------------|--|---|
| | % | % | % | |
| 32 SEX - MALE | 44 | 44 | | |
| 33 AGE - UNDER 40 | 49 | 34 | | |
| 40-64 | 30 | 45 | | |
| 65 or MORE | 21 | 21 | | |
| 34 A) VERY MUCH | 57 | 55 | 51-60 | |
| B) MOST WAYS | 40 | 40 | | |
| C) FAIRLY WELL | 2 | 4 | | |
| D) NO | 1 | 1 | | |
| FORMS ISSUED - TOTAL | 145 | 6037 | | |
| FORMS RETURNED | 100 | 4245 | | |
| RESPONSE RATE | 69 | 70 | 60-85 | |

APPENDIX C to Specimen Report

PERCENTAGE OF PATIENTS ANSWERING EACH QUESTION
WHO EXPRESSED SATISFACTION

St. X's HOSPITAL

INTER-WARD COMPARISONS

| | Ward: | Oak | Cedar | Ash | Elm | Cherry | |
|----|--------------------|----------------|---------------|---------------|---------------|--------------|---------------|
| | Ward Code: | 01 | 02 | 03 | 04 | 05 | TOTAL |
| | Condition: | <u>M. Surg</u> | <u>F.Surg</u> | <u>M.Med.</u> | <u>F.Med.</u> | <u>Gynae</u> | <u>RESULT</u> |
| | | % | % | % | % | % | % |
| 1 | BEDDING | 91 | 100 | 100 | 92 | 100 | 96 |
| 2 | QUIET-DAY | 100 | 100 | 86 | 100 | 91 | 94 |
| 3 | QUIET-NIGHT | 91 | 89 | 79 | 92 | 91 | 86 |
| 4 | TEMPERATURE | 83 | 90 | 100 | 100 | 83 | 93 |
| 5 | LIGHTING | 100 | 90 | 100 | 100 | 100 | 97 |
| 6 | PRIVACY - WARD | 91 | 100 | 93 | 100 | 91 | 94 |
| 7 | BATHROOMS | 63 | 85 | 60 | 91 | 58 | 70 |
| 8 | WASHBASINS | 45 | 90 | 55 | 91 | 75 | 70 |
| 9 | W.C.'s | 66 | 76 | 53 | 91 | 33 | 62 |
| 10 | CLEANLINESS | 100 | 90 | 92 | 100 | 83 | 93 |
| 11 | PRIVACY - SANITARY | 63 | 95 | 96 | 90 | 91 | 90 |
| 12 | BREAKFAST | 75 | 90 | 89 | 91 | 90 | 87 |
| 13 | LUNCH | 75 | 90 | 96 | 83 | 63 | 84 |
| 14 | TEA | 75 | 90 | 100 | 91 | 63 | 88 |
| 15 | SUPPER | 75 | 80 | 96 | 83 | 63 | 81 |
| 16 | CHOICE OF FOOD | 44 | 50 | 59 | 50 | 25 | 48 |
| 17 | HOT FOOD | 83 | 95 | 92 | 50 | 58 | 80 |
| 18 | WELL SERVED | 83 | 90 | 96 | 100 | 83 | 91 |
| 19 | QUANTITY | 72 | 94 | 71 | 76 | 83 | 79 |
| 20 | VISITING | 83 | 100 | 85 | 92 | 72 | 86 |
| 21 | WAKE-UP TIME | 58 | 71 | 65 | 92 | 50 | 67 |
| 22 | LIGHTS OUT TIME | 100 | 80 | 96 | 91 | 83 | 90 |
| 23 | REST-DAY | 91 | 95 | 96 | 84 | 91 | 90 |
| 24 | DIVERSIONS | 72 | 89 | 60 | 63 | 58 | 67 |
| 25 | RADIO | 63 | 61 | 78 | 66 | 72 | 68 |
| 26 | ADMISSION NOTICE | 88 | 75 | 94 | 92 | 62 | 85 |
| 27 | RECEPTION | 91 | 95 | 92 | 92 | 90 | 93 |
| 28 | NURSING-DAY | 83 | 100 | 100 | 100 | 81 | 95 |
| 29 | NURSING-NIGHT | 83 | 100 | 100 | 100 | 91 | 96 |
| 30 | INFORMATION | 91 | 70 | 88 | 84 | 75 | 81 |
| 31 | RETURN | 83 | 90 | 96 | 100 | 90 | 93 |

P.T.O.

APPENDIX C (Cont.)

ST. X's HOSPITAL

PARTICULARS OF PATIENTS

| | | Ward: 01 | Oak | Cedar | Ash | Elm | Cherry | TOTAL |
|----------------------|----------------|-------------------|---------|---------|---------|------------------|---------|--------|
| | | Ward Code: 01 | Ward 01 | Ward 02 | Ward 03 | Ward 04 | Ward 05 | RESULT |
| | | Condition: M.Surg | F.Surg | M.Med. | F.Med. | Gynae | | |
| | | % | % | % | % | % | % | % |
| 32 | SEX-MALE | 100 | 0 | 100 | 0 | 0 | | 44 |
| 33 | AGE - UNDER 40 | 51 | 23 | 49 | 38 | 100 | | 49 |
| 40 | 40-64 | 33 | 43 | 31 | 38 | 0 | | 30 |
| 48 | 65 or MORE | 16 | 34 | 20 | 24 | 0 | | 21 |
| 34 | A) VERY MUCH | 51 | 55 | 65 | 70 | 58 | | 57 |
| 40 | B) MOST WAYS | 41 | 35 | 35 | 23 | 34 | | 40 |
| 40 | C) FAIRLY WELL | 8 | 5 | 0 | 7 | 0 | | 2 |
| 07 | D) NO | 0 | 5 | 0 | 0 | 8 | | 1 |
| 07 | 27 | 22 | 00 | 24 | | WASHBASINS | | 8 |
| 22 | 22 | 22 | 27 | 22 | | W.O.W. | | 2 |
| FORMS ISSUED - TOTAL | | 30 | 30 | 30 | 30 | 22 | | 145 |
| FORMS RETURNED | | 13 | 21 | 29 | 25 | 25 | | 100 |
| RESPONSE RATE | | 43 | 70 | 96 | 84 | 44 | | 69 |
| 48 | 20 | 22 | 20 | 22 | | LUNCH | | 12 |
| 38 | 22 | 100 | 20 | 22 | | TEA | | 14 |
| 18 | 22 | 22 | 20 | 22 | | SUPPER | | 12 |
| 44 | 22 | 22 | 20 | 44 | | CHOICE OF FOOD | | 16 |
| 80 | 22 | 22 | 22 | 22 | | HOT FOOD | | 17 |
| 12 | 22 | 100 | 20 | 22 | | WELL SERVED | | 18 |
| 22 | 22 | 22 | 24 | 22 | | QUANTITY | | 19 |
| 22 | 22 | 22 | 100 | 22 | | VISITING | | 20 |
| 22 | 22 | 22 | 22 | 22 | | WAKE-UP TIME | | 21 |
| 00 | 22 | 22 | 20 | 100 | | NIGHTS OUT TIME | | 22 |
| 00 | 22 | 48 | 22 | 22 | | REST-DAY | | 23 |
| 22 | 22 | 22 | 22 | 22 | | DIVERSIONS | | 24 |
| 22 | 22 | 22 | 22 | 22 | | RADIO | | 25 |
| WR/IR/MEG | | 22 | 22 | 22 | | ADMISSION NOTICE | | 26 |
| 24 Nutford Place | | 22 | 22 | 22 | | RECEPTION | | 27 |
| London, W1H 6AN. | | 100 | 100 | 100 | | NURSING-DAY | | 28 |
| Tel. 01-262 2641 | | 100 | 100 | 100 | | NURSING-NIGHT | | 29 |
| January, 1971. | | 48 | 20 | 22 | | INFORMATION | | 30 |
| 10 | | 100 | 22 | 22 | | RETURN | | 31 |

JP

