

King Edward's Hospital Fund for London

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GENERAL HOSPITALS
INSTRUCTIONS FOR PATIENTS' SATISFACTORY STUDIES

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AIMS AND METHOD OF STUDY

1. The aims of the study are :
 - (a) to assist the hospital to gain information on the views of its patients, both favourable and of priorities for change, so that it can take action when desirable and practicable.
 - (b) to enable each hospital to compare its results with those of a large number of other general hospitals.
2. Support for the general idea of the study should first be obtained from the senior medical, nursing and administrative officers. It is important that all three groups should be interested and prepared to consider the results seriously. A Survey Organiser should then be chosen who will be responsible for conducting the survey, summarising its results, reporting back and following up subsequent action. This is an interesting but time consuming job. The success of the survey largely depends on the tact persistence and persuasive powers of the person appointed. He, or she, may be a fairly senior nursing or administrative officer, a management trainee, a 'friend' of the hospital, an officer recently retired or a post-graduate student from a local university.
3. Up to ten wards should be chosen for inclusion in the survey: not more as otherwise the report is likely to be delayed till interest has waned. There should be at least three wards or the results will not be reliable. All types of ward should be included except obstetric, paediatric, geriatric and psychiatric. (A special satisfaction study for psychiatric wards is available from the King's Fund Centre). Which wards to include from any one speciality and sex should be selected by chance, such as by the throw of a dice or by sister's name coming first in the alphabet, but, if the hospital has old and new wards or wards of markedly different layout both should be included so that a fully representative group of wards is obtained.
4. Each sister will be asked to give a questionnaire (see appendix 1) and a letter (See appendix 2) to the first 30 patients leaving her ward, or if the ward has less than 20 beds, to the first 20 leaving. These should not be chosen but all those leaving should be included provided they are aged 15 or over, have been in the ward at least four nights and can read and write in English. The questionnaire should be given during the patient's last two days in the ward.
5. Experience has shown that it's better for the patients to answer the questionnaire while still in hospital rather than after discharge, posting it back from home. The latter method generally results in a lower response rate and more favourable replies. The results posted from home cannot therefore, be compared with those obtained from other hospitals and are less likely to give constructive criticism. Each sister will be given a copy of the letter shown in Appendix 3.

6. PREPARATIONS

The following preparations should be made :

- (a) Order a copy of the report 'Patients and their Hospitals' from Research Publications Services Ltd, Victoria Hall, East Greenwich, London SE10 0RF or buy a copy over the counter at the King's Fund Centre, 24 Nutford Place, London W1H 6AN.
- (b) Buy from the King's Fund Centre enough copies of the questionnaire to give one to each patient leaving and some over to show the staff and include in the report.
- (c) Ask the King's Fund Centre for four copies each of Appendices 4, 5, 6, 7, 8 (no charge for these).
- (d) List the wards to be included on the form shown in Appendix 4. If the wards are known by name allot a code letter preferably the initial letter(s) of the name.
- (e) Duplicate a letter somewhat similar to that shown in Appendix 3 for the sister of each ward included.
- (F) Duplicate a letter somewhat similar to that shown in Appendix 2 for each patient included.
- (g) Prepare a sealed carton with a posting slit for each ward included. These should be placed in one open part of the ward, not in the office, so that patients can post their questionnaires in them assured of anonymity.
- (h) Write the ward code against Question 38 on the questionnaires if several hospitals are included in one survey then write the name of the hospital against Question 37.

7. PROMOTING INTEREST IN THE STUDY

The aims and general methods of the study should be discussed with the senior officers, the medical staff committee and any other relevant committees. It should also be considered in detail at a meeting of the sisters of the wards concerned. The following points should be covered :

(a) Aim of Study

To find the views - satisfactions as well as suggestions for improvement - of a typical group of patients. Many of the views may be known already but the results will help to decide priorities for action and can be compared with the views of patients from a large number of other hospitals. Sometimes it is useful to compare the views of patients before and after a change has been made.

(b) Method Used

See paragraphs 3 and 4.

(c) Reporting Back

The results of the study will be reported back to the staff and to relevant committees and individuals so that action can be taken on the points raised when desirable and practicable.

8. If the hospital has a method of distributing news to staff and patients such as internal broadcasting or a newsletter, a description of the survey should be given explaining its purpose, anonymity and why, it is confined to certain wards. Patients should be asked to co-operate.

9. ISSUE OF QUESTIONNAIRE

The study should start on the same day in all ward participations. The sister will give a questionnaire and letter to the first 36 patients leaving her ward (or if the ward has less than 20 beds to the first 20 leaving) during the patients' last two days on the ward. All patients should be included providing they fulfil the conditions listed in paragraph 4. The patients should be urged to respond and to add comments but the Sister should tell her staff not to help them fill in the questionnaire even if asked to do so. If the patients are seen comparing answers or answering jointly they should be asked each to give his or her own views.

10. After about one month the number of questionnaires returned from each ward should be counted and if there very few from any ward the reason should be discussed by the Survey Organiser with the Sister concerned. At the end of the second month all the remaining questionnaires from the patients should be collected unless there is good reason for extending the time limit, and each Sister should be asked to return any surplus questionnaires and letters to patients. 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 will already be summarised by the end of the two months.

SUMMARISING NUMERICAL RESULTS

11. Entering Results.

As each batch of questionnaires becomes available, sort it by ward and enter results on Work Sheets 1 and 2 (See Appendices 5 & 6). 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.

12. With questions 1 to 31 for 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.

13. 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'.

14. 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'.

15. When the survey is complete enter for each ward the number of questionnaires actually issued to patients and the numbers 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.

CALCULATING RESULTS

16. Use Summary Sheet A and B (See Appendices 7 and 8) 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)

No = the number answered no

%No = percentage no, $\frac{\text{number answered no} \times 100}{\text{number answered}}$

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.

17. 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.

18. With additional questions 10, 11 and 19 enter totals for each ward and the hospital but do not calculate percentages.

19. It is interesting to compare these numerical results with the standard results of 68 other general hospitals which have used the same questionnaire. 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 and make no mark if they come within the middle half. The method and figures are given in Appendix C of the suggested report attached. (Appendix 10). The figures given her for the 68 hospitals are the general ones.

SUMMARISING COMMENTS

Rough Summary

20. 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 as completed by entering a tick above 'Thank you for your help' of page 4.

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

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

22. 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.

23. 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.
24. 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.
25. 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.
26. 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

27. For the final summary seven similar sheets are needed. Generally the headings from the rough summary have to be re-grouped 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.

28. 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 code followed by the number who have made it. Also give the total number. For example one comment might have after it :

A A A (C x 4) D D D (Ext) G H = 19

Part of a specimen page is shown in Appendix 9

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

N Nightingale F. Med. 24 28 21 75%

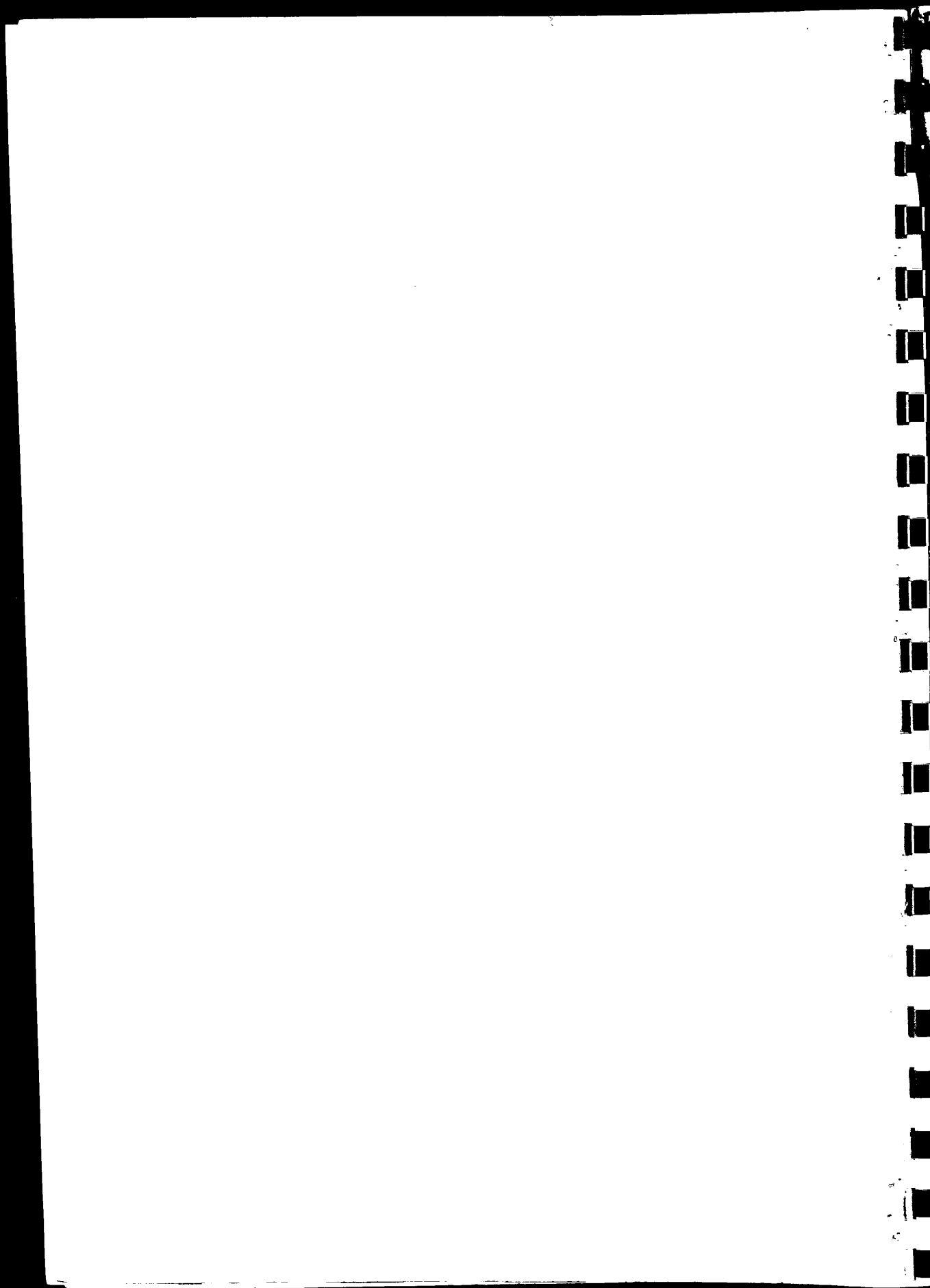
This enables an estimate to be made of the weight of opinion on each comment.

30. Often contradictory statements are made - patients are not all of a pattern and some will praise what others criticise. 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

31. When both analyses have been completed, the numerical summary and the summary of comments, the report should be written by the survey organiser and duplicated for wide distribution. 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 10 which may give some help. The results from 68 hospitals given in Appendix C 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.

32. The report should be sent to all the senior officers, the sisters of the wards concerned, heads of departments frequently mentioned and members of relevant committees such as the joint consultative committee, the patients' committee and possibly the Community Health Council. Some hospitals deposit copies in the medical and nursing libraries and in the Nurse Training Department. A summary is sometimes sent to the local newspaper but it is advisable not to send the whole report as often, only the more sensational critical points are extracted for publication. A fair summary or an interview with a reporter giving both suggestions for alteration and appreciations promotes good relations and is an excellent way of expressing thanks to the patients who have participated and of reporting back to them. The form of report needed by each hospital will vary but generally the contents should cover an extended version of the matters included in the suggested report shown in Appendix 10.
33. In addition to the report it is useful to make a full summary of the comments from each ward and about each department and to have a few copies available for its staff and senior officers. This summary will include matters too detailed for wide circulation but provides information for action specific to the ward or department.
34. The success of a survey can be assessed by the amount of action it provokes, realising that action may be physical, organisational or in changes in staff attitude. Soon after the report is issued a preliminary meeting of the senior officers should be held to have a general discussion on the findings and determine ways of stimulating action. Often the best method is to appoint a small working party with the Survey Organiser as secretary. An early meeting should be held either with all the sisters or the sisters of the wards concerned together with other interested officers such as the principal tutor, the catering officer, head of the maintenance department etc., After thanking the sisters for their co-operation and stressing the many topics praised by the patients, including their appreciation of the staff, consideration should be given in constructive detail to 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., The Survey Organiser should be present at all meetings (including those of specific wards and departments described in paragraph 33) and should record all decisions made.
35. After about three months and again after six months a short report should be written on the effects of the survey, the changes actually made and changes recommended but not yet made. Sometimes it is useful to repeat part of the survey to see whether there has been a change in patients' opinions. For example if changes have been made in the catering arrangements a short duplicated questionnaire can be issued on questions 12 to 19 for comparing with the original copies.





HOW TO FILL IN THIS FORM

Most of the questions have YES and NO printed after each.

Draw a circle round **YES** if your answer is YES.

Draw a circle round **NO** if your answer is NO.

There are a few other questions where you put a tick in the brackets after the right answer.

By each group of questions there is a space in which we hope you will write explanations and suggestions.

There is more space for these on the back of the form. The form has three pages.

QUESTIONS	ANSWERS	EXPLANATIONS
1 Were your bed and bedding comfortable?	1 YES NO	about the ward:
2 Was the ward reasonably quiet by day?	2 YES NO	
3 Was the ward reasonably quiet by night?	3 YES NO	
4 Was the ward temperature kept at a reasonable level?	4 YES NO	
5 Was the lighting satisfactory?	5 YES NO	
6 Did you have enough privacy in the ward?	6 YES NO	
7 Were there enough bathrooms?	7 YES NO	about sanitary arrangements:
8 Were there enough washbasins?	8 YES NO	
9 Were there enough WCs?	9 YES NO	
10 Were they all kept clean? If your answer is NO, which were at fault? i) bathrooms () ii) washbasins () iii) WCs ()	10 YES NO	
11 Were they all private enough? If your answer is NO, which were at fault? i) bathrooms () ii) washbasins () iii) WCs ()	11 YES NO	
12 Were the meals satisfactory? breakfast?	12 YES NO	about meals:
13 lunch?	13 YES NO	
14 tea?	14 YES NO	
15 supper?	15 YES NO	
16 Did you have enough choice of dishes?	16 YES NO	
17 Was your food generally hot enough?	17 YES NO	
18 Was your food nicely served?	18 YES NO	
19 Was the right amount of food served? If your answer is NO was there i) too much () ii) too little ()	19 YES NO	
20 Did the visiting arrangements suit you?	20 YES NO	about visiting, ward facilities:
21 Did the time at which you were woken suit you?	21 YES NO	
22 Was 'lights out' at a reasonable hour?	22 YES NO	
23 Had you enough chance to rest undisturbed during the day?	23 YES NO	
24 Were you provided with enough books, games, handwork, etc?	24 YES NO	
25 Did you find the radio satisfactory? (only answer if it was provided by the hospital)	25 YES NO	
26 Did you have long enough notice of your admission to hospital? (Do not answer if you came as an emergency patient)	26 YES NO	about reception, information:
27 Was your reception satisfactory when you first reached the hospital?	27 YES NO	
28 In the ward, did the nurses come quickly when you needed them by day?	28 YES NO	
29 Did the nurses come quickly when you needed them by night?	29 YES NO	
30 Were you told enough about your illness and your treatment?	30 YES NO	
31 If you have to go to hospital again would you choose to come here?	31 YES NO	

W D SUGGESTIONS

and activities:

on and care:

PLEASE TURN TO BACK PAGE

In questions 32, 33 and 34 put a tick in the brackets after the right answer

32 What is your sex? i) man () ii) woman ()

33 What is your age? i) under 40 () ii) 40 to 64 () iii) 65 or more ()

34 Did you like your stay here, apart from the discomfort of your illness and being away from home?
i) very much () ii) in most ways () iii) only fairly well () iv) no ()

35 What did you like best about your stay in hospital?

36 What did you like least about your stay in hospital?

37 Hospital

38 Ward

Thank you for your help

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APPENDIX 2 LETTER FOR PATIENTS

Dear Patient,

We are trying to find out what our patients think about their stay in hospital. We want to know both what you liked about it what you think could be improved. Would you 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 to improve and so bring benefit to future patients. You will find plenty of space for additional comments or suggestions which are particularly useful in explaining just what you mean.

We do not want 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. Please fill in your form straight away and place it in the sealed box in the ward. It is important that we should have answers from everyone so please complete the form including the back as well as the inside pages even if you have few comments to make.

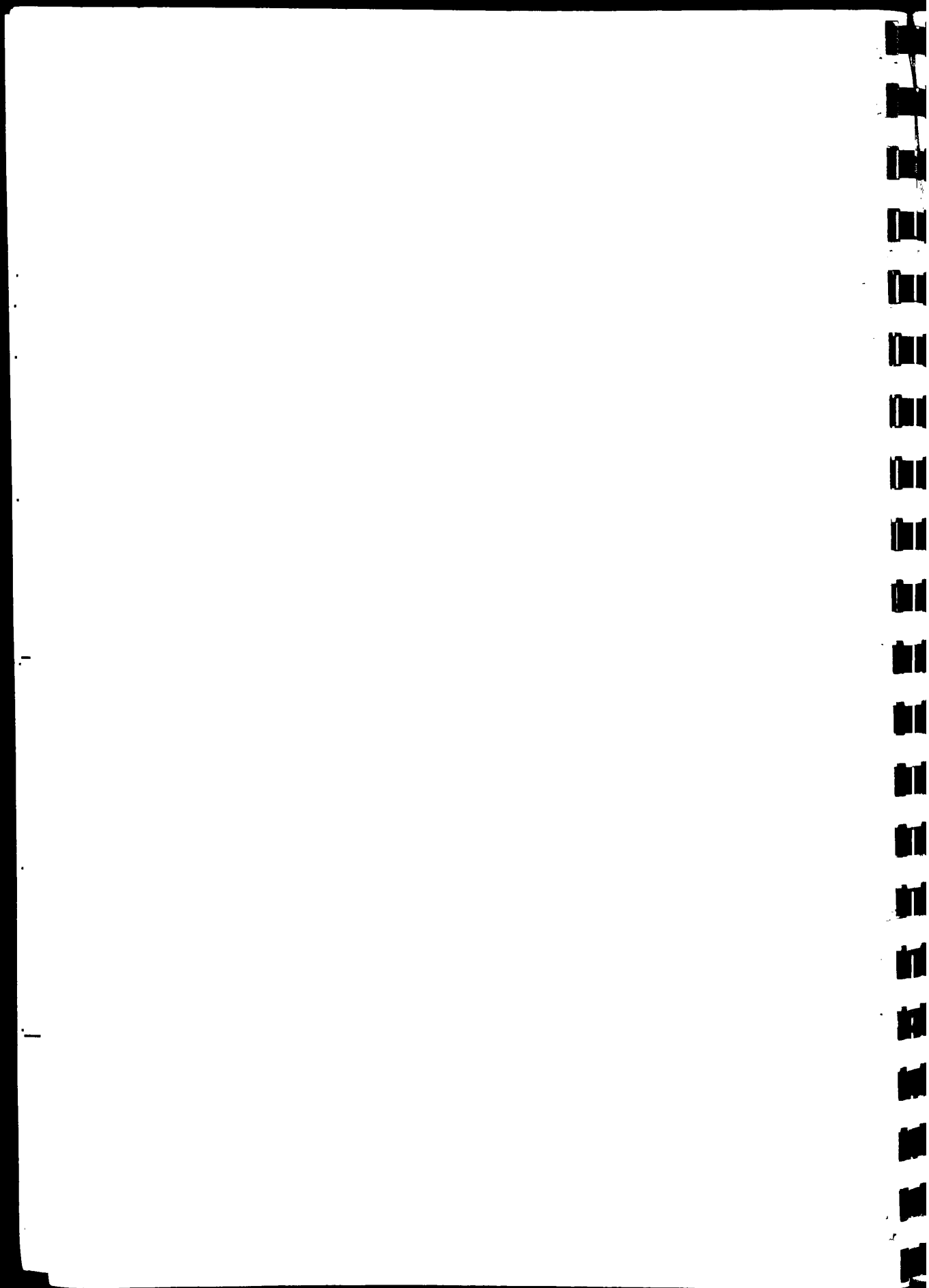
We shall be very grateful for your help.

Yours sincerely,

Hospital Administrator

or

Hospital Nursing Officer



APPENDIX 3 LETTER FOR WARD SISTERS

To the Sister

Ward

We shall be grateful if you will help us with this study, which is important to the hospital, by giving a copy of this questionnaire together with a letter to the next 30 patients leaving your ward? Do not choose the patients but give them to each one aged 15 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 day or two in the ward and place it in the box provided.

We are anxious to get as near 100 per cent return as possible, so will you and your staff encourage 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 like and what could be improved.

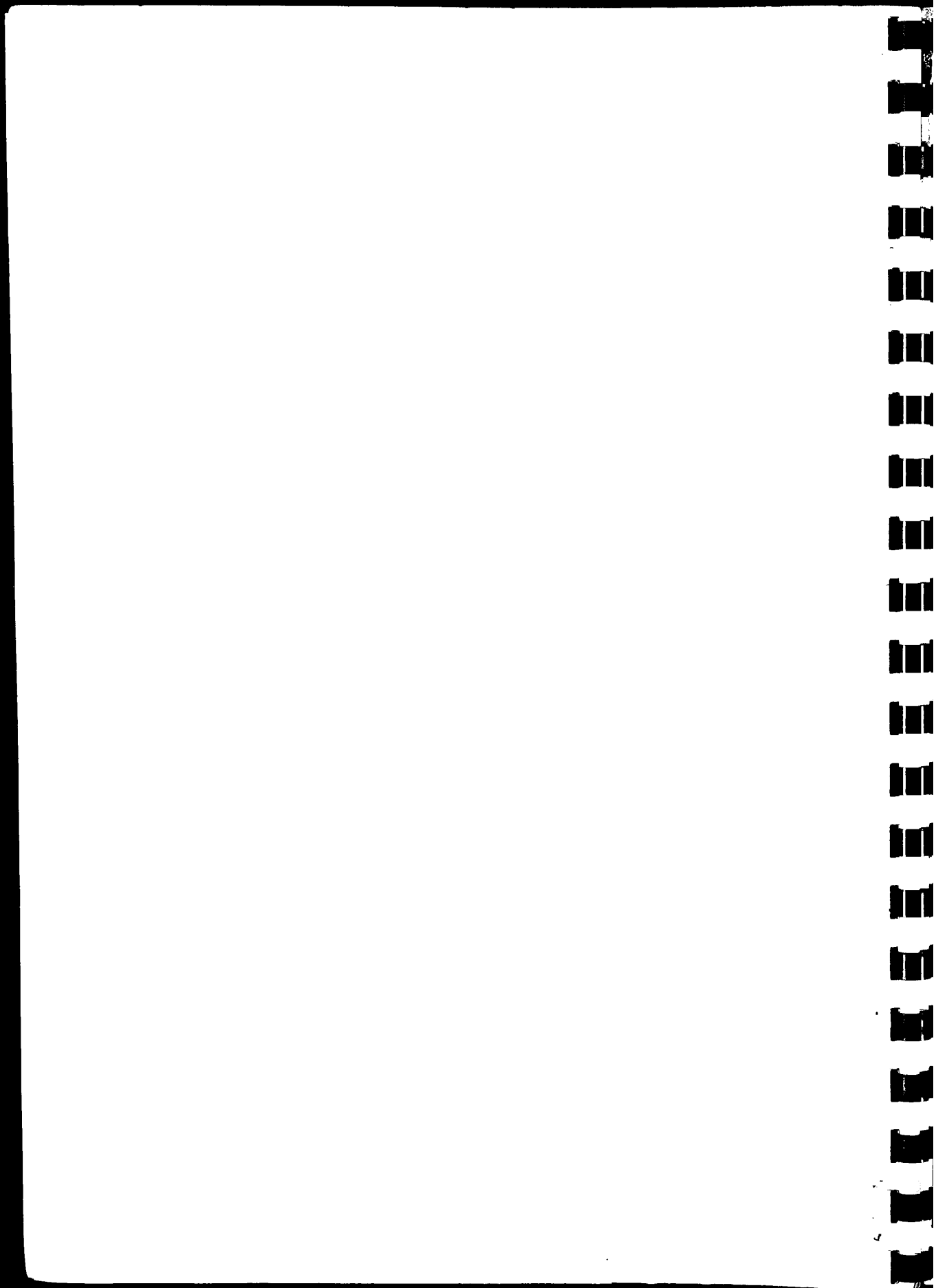
The study will go on for about two months. If thirty patients have not left your ward during this time, please return all the forms left over to the Survey Organiser. The results of the study will be reported back to the staff but, of course, without mentioning any names.

Yours sincerely,

Hospital Administrator

or

Hospital Nursing Officer



APPENDIX 4: List of Wards in Satisfaction Study

[illegible]

APPENDIX 5 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	
Bed	N NA		N NA		N NA		N NA		N NA					1
Quiet day	N NA		N NA		N NA		N NA		N NA					2
Quiet night	N NA		N NA		N NA		N NA		N NA					3
4 Temperature	N NA		N NA		N NA		N NA		N NA					4
Lighting	N NA		N NA		N NA		N NA		N NA					5
Privacy Ward	N NA		N NA		N NA		N NA		N NA					6
7 Enough Baths	N NA		N NA		N NA		N NA		N NA					7
8 Enough Basins	N NA		N NA		N NA		N NA		N NA					8
Enough W.C.'s	N NA		N NA		N NA		N NA		N NA					9
Clean	N NA		N NA		N NA		N NA		N NA					10
11 Private (sanitary)	N NA		N NA		N NA		N NA		N NA					11
12 Breakfast	N NA		N NA		N NA		N NA		N NA					12
13 Lunch	N NA		N NA		N NA		N NA		N NA					13
Tea	N NA		N NA		N NA		N NA		N NA					14
15 Supper	N NA		N NA		N NA		N NA		N NA					15
Choice	N NA		N NA		N NA		N NA		N NA					16
Hot	N NA		N NA		N NA		N NA		N NA					17
18 Scarce	N NA		N NA		N NA		N NA		N NA					18
19 Amount	N NA		N NA		N NA		N NA		N NA					19

Continued overleaf

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

N = No
NA = No Answer

[illegible]

APPENDIX 6 P.S.S. WORK SHEET 2 (QUESTIONS 32 to 34 AND DETAILS OF 10, 11 AND 19)

[illegible]

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APPENDIX 7 P. S. S. SUMMARY SHEET A (QUESTIONS 1 to 31)

WARD						HOSPITAL		
	Ans No %N	Ans No %N	Ans No %N	Ans No %N	Ans No %N	Ans	No	%No
26 Noise								
27 Reception								
28 Nurses day								
29 Nurse night								
30 Told enough								
31 Return								
Forms issued								
Forms returned								
Percentage returned								

APPENDIX 8 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					

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APPENDIX 9 SPECIMEN SUMMARY SHEET (Small Part Only)

OCCUPATIONS

(Questions 20-25)

<u>Visiting</u>	<u>Wards</u>	<u>Number</u>
<u>Hours</u> satisfactory. Feel better at seeing family daily.	A E E G	= 4
<u>Out of Visiting Hours.</u> Sister very generous in allowing husband to come. Friends came in morning but sister allowed them in.	B B D	= 3
<u>Children.</u> Marvellous children now allowed to come. Means I don't worry and they don't fret.	A H H J	= 4
<u>Waking Time.</u> I don't mind 5.30 as I sleep badly.	I	= 1
<u>Library.</u> Good choice of books. Lot of trouble taken to get my request.	(C x 5) F	= 6

<u>Visiting</u>		
<u>Hours.</u> Half an hour far too short. Should be $\frac{3}{4}$ or 1 hour	A (B x 5) D (E x 6) F J	= 15
Would like <u>Sunday evening</u> as well as afternoon. It seems an eternity.	B D E (F x 4) H	= 8
<u>Canteen.</u> Visitors would appreciate a canteen.	F I	= 2
<u>Waking Time</u>		
<u>Too early.</u> 5.30, 5.45, 6.00. Feels like the middle of the night. Sleep is the only release from pain. Let patients who can wash themselves sleep till 7.00. Too long a gap to breakfast 5.30 to 8.00.	A A E F G (H x 5)	= 11
<u>Boredom</u>		
Get terribly bored. Day seems endless. Should provide games, (dominoes, draughts etc.,) or occupations. Would like to buy toys to make from trolley shop.	B (D x 4) E G (H x 5) I J	= 11

Continued overleaf

APPENDIX 9 SPECIMEN SUMMARY SHEET (Small Part Only)

	<u>Wards</u>	<u>Number</u>
<u>Radio</u>		
Needs <u>servicing</u> . Get overlapping stations. My headphone dosen't work.	B C E (F x 5) G H J	= 11
<u>One station only</u> . Need choice. Radio 1 is a must for the young. Would like to get Radio 4.	A E (1 x 3)	= 5
<u>Transistors</u> . Blare out directly sister is out of ward. Awful.	J J	= 2

APPENDIX 10 SUGGESTED FORM OF REPORTSURVEY OF PATIENTS' OPINIONS AT ST SESAME'S HOSPITAL

Survey Organiser
Dates of Survey

Henry Brown B.A. Administrative Trainer
July 1st to August 30th, 1974

CONTENTSParagraphs

AIMS OF SURVEY	1
PROCEDURE FOLLOWED	2-4
NUMERICAL RESULTS	5-11
COMMENTS RECEIVED	12-17
Direct Questions	12-14
Liked Best and Least	15-17
ACTION	18

APPENDICES

- | | | |
|---|--|----------------------------|
| A | Questionnaire (See Appendix 1 of Instructions) | |
| B | Letter to Patients (See Appendix 2 of Instructions) | |
| C | Percentage of Dissatisfied Patients for each Question. | Inter Hospital Comparisons |
| D | Percentage of Dissatisfied Patients for each Question. | Inter Ward Comparisons |

AIMS OF SURVEY

- 1 The aims of the survey were :
 - 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 the hospital to compare the views of its patients with those of 68 other hospitals.

PROCEDURE FOLLOWED

- 2 Support for the idea of a survey was given by the senior medical nursing and administrative staff and Mr Henry Brown (an administrative trainee) was appointed Survey Organiser. Five wards were selected for the survey, two medical, two surgical and a gynaecological ward. When there were several similar wards the choice was made by the throw of a dice. A meeting was held of the sisters from the selected wards to discuss the survey and ask for their co-operation.
- 3 The questionnaire devised by the King's Fund for general hospitals was used (see Appendix A). This asks specific questions to be answered 'yes' or 'no' but leaves plenty of space for comments and additional topics.
- 4 The sisters of the five wards were asked to give a questionnaire with an accompanying letter (see Appendix B) shortly before they were discharged to each of the first 30 patients leaving the ward providing they were aged 15 or over, had been in the ward at least four nights and could read and write in English. The questionnaire answers would be anonymous and a sealed box for their collection was put in each ward.

NUMERICAL RESULTS

- 5 Of 145 questionnaires issued, 100 were returned, that is 69 per cent. In Appendix C results for St Sesame's Hospital are shown compared with the King's Fund figures (based on 68 hospitals). The figures for each of the questions 1-31 show the percentage of patients who answered it, who were dissatisfied with it.
- 6 Examining only the figures in the first column in Appendix C (which refer to St Sesame's Hospital) it will be seen that, on the whole, patients expressed considerable satisfaction. 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 only 5 per cent answered 'No', 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 38 per cent answered 'in most ways', leaving only 5 per cent to answer 'fairly well' or 'no'. It was satisfactory that less than 10 per cent of the patients were critical on the questions referring to the ward (except for question 14 on noise), to the cleanliness of the sanitary arrangements, the service of meals and to all the questions on patient care (26 to 31).

- 7 On the other hand a quarter or more of the patients were dissatisfied with the provision of sanitary accommodation, poor choice of food, time of being woken and the radio service.
- 8 In Appendix D the results are given for the five wards separately. Since there were only twelve and thirteen answers from two wards, not too much reliability can be laid on these inter-ward comparisons.
- 9 The other method of assessment is comparing the proportion of favourable answers from St Sesame's Hospital (shown in Column 1 of Appendix C) with the median (a middle figure) for the 68 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. Sesame'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.
- 10 It can be seen that the patients at St Sesame's Hospital came in the most contented quarter of the 68 hospitals about their beds, the ward temperature, the privacy of the sanitary arrangements the length of notice of admission and the information given about their illness. Even the shortage of baths was less severe than in most hospitals.
- 11 The meals came in for strong criticism compared with other hospitals. All the questions about meals came in the bottom quarter except for them being warm and well served. The noise at night, calling time, lights out time and the radio service also came in the bottom quarter.

COMMENTS RECEIVED

Direct Questions

- 12 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 under five headings :

Ward	Questions	1 to 6
Sanitary accommodation	" "	" 7 to 11
Meals	" "	" 12 to 19
Patients Day	" "	" 20 to 25
Care	" "	" 26 to 31

Most patients tend to make more critical than favourable comments in surveys. The favourable comments should be separated from the critical.

COMMENTS RECEIVED

Direct Questions (Continued)

- 13 As an example comments received for the first two questions are shown together with the results for the direct question. Examples should be quoted in a similar way for all the questions up to 31.

Q.1. Bed. Percentage dissatisfied 4%
Favourable comments : New adjustable beds convenient. Frequent clean sheets.

Critical comments : Protective undersheets hot and wrinkle. 'Bed not long enough : I am 6'3".

Q.2. Quiet by day Percentage dissatisfied 6%
Favourable comments : Plastic trays quieter than tin ones.

Critical comments : Trolley wheels need oiling. Ward '0' door bangs when pushed. Transistors should not be allowed without ear-phones.

- 14 Many other comments were made that seemed of interest to a specific ward or department. These have been summarised and will be discussed with the staff concerned.

Liked Best and Least

- 15 In answer to question 35 'What did you like best about your stay in hospital?' Many patients gave warm praise in general terms : 'This hospital is like a three star hotel', 'I will never be frightened again at having to go into hospital'. The specific matters praised in order of frequency of mention were :

	Number of times mentioned
Staff 'all good from doctors to cleaners'	75
Nurses 'a wonderful group of women' always helpful	69
Visiting times "Generous", 'allow children on Saturdays'	42

(Continue to cover all matters frequently given)

- 16 (Continue as in 15 for 'liked best', giving first general comments, then on specific topics).

- 17 It is to be expected that some of the same topics appear both under 'liked best' and 'liked least' as patients have different tastes and standards and conditions may vary in different wards.

ACTION

18

It is important to take early action to meet the points raised wherever possible. This report is being widely circulated to the staff and a small working party has been formed with the Survey Officer as secretary to discuss with the staff concerned changes that can be made. Many suggestions can be adopted immediately, others after a period and some cannot be put into effect without extra finance or amelioration of staff shortages.

Gratitude is due both to the staff and to the patients for their helpful co-operation with this survey which will have a very beneficial effect on the hospital.

APPENDIX C to Specimen ReportPERCENTAGE OF PATIENTS ANSWERING EACH QUESTIONWHO WERE DISSATISFIEDINTER HOSPITAL COMPARISONS

		<u>St Sesame</u>	<u>Median 68 Hospitals</u>	<u>Range of Middle half 68 Hospitals</u>	<u>+ St S in Top quarter - St S in Bottom quarter</u>
		%	%	%	%
1	BED	4	8	5-10	+
2	QUIET-DAY	6	4	2- 6	
3	QUIET-NIGHT	14	9	5-13	-
4	TEMPERATURE	6	10	7-14	+
5	LIGHTING	3	4	2- 5	
6	PRIVACY - WARD	6	5	3- 7	
7	BATHROOMS	25	40	26-48	+
8	WASHBASINS	30	34	21-44	
9	W.C.'s	38	33	20-44	
10	CLEANLINESS	7	11	7-17	
11	PRIVACY - SANITARY	10	17	12-25	+
12	BREAKFAST	13	7	4-11	-
13	LUNCH	16	6	4-12	-
14	TEA	12	6	4- 9	-
15	SUPPER	19	8	5-13	-
16	CHOICE OF FOOD	42	15	6-31	-
17	HOT FOOD	20	15	10-21	
18	WELL SERVED	5	4	2- 6	
19	QUANTITY	21	13	10-15	-

APPENDIX C (Continued)

		<u>St Sesame</u>	<u>Median 68 Hospitals</u>	<u>Range of Middle half 68 Hospitals</u>	<u>+ St S in Top quarter</u> <u>- St S in Bottom quarter</u>
		%	%	%	
20	VISITING	10	6	3-11	
21	WAKE-UP TIME	33	21	16-27	-
22	LIGHTS OUT TIME	10	5	3- 7	-
23	REST-DAY	10	8	6-10	
24	DIVERSIONS	16	19	12-25	
25	RADIO	34	23	17-32	-
26	ADMISSION NOTICE	4	7	5-12	+
27	RECEPTION	5	3	2- 5	
28	NURSING-DAY	3	2	1- 4	
29	NURSING-NIGHT	4	2	1- 5	
30	INFORMATION	9	14	11-19	+
31	RETURN	5	4	2- 6	
32	SEX-MALE	44	46		
33	AGE - UNDER 40	34	31		
	40-64	45	47		
	65 or MORE	21	22		
34	A) VERY MUCH	57	56	51-64	
	B) MOST WAYS	38	38		
	C) FAIRLY WELL	4	5		
	D) NO	1	1		
	FORMS ISSUED - TOTAL	145	--		
	FORMS RETURNED	100	10863		
	RESPONSE RATE	69	73	66-85	

APPENDIX D to Specimen ReportPERCENTAGE OF PATIENTS ANSWERING EACH QUESTIONWHO WERE DISSATISFIEDST SESAME'S HOSPITALINTER-WARD COMPARISONS

		Ward :	Oak Ward	Cedar Ward	Ash Ward	Elm Ward	Cherry Ward	TOTAL RESULT
		Ward code:	O	Ce	A	E	Ch	
		Condition:	M Surg	F Surg	M Med	F Med	Gynae	
			%	%	%	%	%	%
1	BED		9	0	2	8	1	4
2	QUIET-DAY		2	6	14	0	9	6
3	QUIET-NIGHT		9	11	21	8	20	14
4	TEMPERATURE							
5	LIGHTING							
6	PRIVACY - WARD							
(Continue in same way up to Question 31)								
7	BATHROOMS							
8	WASHBASINS							
9	W.C.'s							
10	CLEANLINESS							
11	PRIVACY - SANITARY							
12	BREAKFAST							
13	LUNCH							
14	TEA							
15	SUPPER							
16	CHOICE OF FOOD							
17	HOT FOOD							
18	WELL SERVED							
19	QUANTITY							

APPENDIX D (Continued)

ST SESAME'S HOSPITALPARTICULARS OF PATIENTS

	Ward :	Oak Ward	Cedar Ward	Ash Ward	Elm Ward	Cherry Ward	TOTAL RESULT
	Ward code:	O	Ce	A	E	Ch	
	Condition :	M Surg	F Surg	M Med	F Med	Gynae	
		%	%	%	%	%	%
20	VISITING						
21	WAKE-UP TIME						
22	LIGHTS OUT TIME						
23	REST-DAY						
24	DIVERSIONS						
25	RADIO						
26	ADMISSION NOTICE						
27	RECEPTION						
28	NURSING-DAY						
29	NURSING-NIGHT						
30	INFORMATION						
31	RETURN						
32	SEX-MALE	100	0	100	0	0	44
33	AGE - UNDER 40	51	23	49	38	100	49
	40-64	33	43	31	38	0	30
	65 or MORE	16	34	20	24	0	21
34	A) VERY MUCH	41	55	55	68	65	57
	B) MOST WAYS	51	37	45	23	34	38
	C) FAIRLY WELL	8	5	0	7	0	4
	D) NO	0	3	0	2	1	1
	FORMS ISSUED - TOTAL	30	30	30	30	25	145
	FORMS RETURNED	13	21	29	25	12	100
	RESPONSE RATE	43	70	96	84	47	69

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APPENDIX D (Continued)

ST SESAME'S HOSPITALPARTICULARS OF PATIENTS

Ward :	Oak Ward	Cedar Ward	Ash Ward	Elm Ward	Cherry Ward	TOTAL
Ward code: O	O	Ce	A	E	Ch	RESULT
Condition : M Surg	M Surg	F Surg	M Med	F Med	Gynae	
	%	%	%	%	%	%

20	VISITING					
21	WAKE-UP TIME					
22	LIGHTS OUT TIME					
23	REST-DAY					
24	DIVERSIONS					
25	RADIO					
26	ADMISSION NOTICE					
27	RECEPTION					
28	NURSING-DAY					
29	NURSING-NIGHT					
30	INFORMATION					
31	RETURN					
32	SEX-MALE	100	0	100	0	44
33	AGE - UNDER 40	51	23	49	38	49
	40-64	33	43	31	38	30
	65 or MORE	16	34	20	24	21
34	A) VERY MUCH	41	55	55	68	57
	B) MOST WAYS	51	37	45	23	38
	C) FAIRLY WELL	8	5	0	7	4
	D) NO	0	3	0	2	1
	FORMS ISSUED - TOTAL	30	30	30	30	145
	FORMS RETURNED	13	21	29	25	100
	RESPONSE RATE	43	70	96	84	69

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