

# National Guideline on conducting Patient Experience of Care Survey in Public Health Establishments

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OCTOBER 2017



**health**

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REPUBLIC OF SOUTH AFRICA







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## FOREWORD



Information about the patient's experience of care is one of the integral parts of sound leadership strategies and quality worldwide. Therefore, obtaining the views of patients and determining their levels of satisfaction have in many countries across the globe, including South Africa, become an additional incentive in the drive to deliver health services that attest to quality. It is believed that satisfied patients turn to be more compliant to healthcare, thus it reduces healthcare costs and ultimately improves health outcomes.

While we remain committed towards upholding patients' rights and to steadfast adherence to the *Batho Pele* principles and Patient Rights Charter, we also acknowledge that, as we move towards the full implementation of a national health insurance system in South Africa, delivering equitable care of high quality will even become more important in ensuring the expectations of all citizens of our country are being met. Conducting regular patient experience of care surveys is an important measuring mechanism to determine to what extent such expectations are being met.

To be able to regularly conduct the afore-mentioned surveys, this Guideline on Conducting Patient Experience of Care Surveys with accompanying tools, has been developed along with supporting web-based database within the web-based District Health Information System (DHIS2). All public health establishments are urged to contract independent service providers to conduct annual surveys in line with the Guideline and to use the accompanying tools and web-based database to ensure national uniformity and compliance with the national core standard which requires that patient experience of care survey is conducted at least once a year in every public health establishment.

Your support in affording the patient the opportunity to share with us how they experience the care they receive in terms of the six priority areas of service delivery, will be greatly appreciated. It will also contribute towards improving health services and us making the patient the focus of our healthcare system again.



**Ms M P Matsoso**  
**Director-General of Health**  
**Date: 17 October 2017**

## ACKNOWLEDGEMENT

The National Guideline on Conducting Patient Experience of Care Survey and its accompanying web-based database within the District Health Information System is aimed at accessing information about experiences of care patients receive at our public health establishments. Such experiences will determine their levels of satisfaction with healthcare. This survey guideline also ensures a uniform approach and use of instruments across the country so as to allow areas of benchmark. While it is intended to provide guidance to conducting survey, it may serve as a guiding instrument for specifications and terms of reference when outsourcing the service to an independent service provider.

Extensive consultations and testing were needed in developing this national guideline, because a survey methodology and survey tools were sought that would be easy to follow and simple to apply and also provide results/reports that reflect on the quality of care that is being provided.

We believe that the outcome of our comprehensive consultations and many field-testing exercises of the tools have resulted in a guideline that firstly spells out a survey methodology which is supported by public health officials and secondly survey tools (measuring instruments) that seek relevant information about patient experience of care that both healthcare service providers and patients believe represents quality. An annual report on the surveys that are to be conducted in all public health establishments will therefore provide results that suggest specific areas for quality improvement efforts.

The national Department of Health (NDOH) would like to acknowledge all the organisations and the many individuals who through their contributions have highly enriched the process from start to finish. Special mention should be made of the Health Information System Program (HISP) and the provincial health departments of Limpopo, Free State, Gauteng, KwaZulu-Natal, Eastern Cape, Northern Cape and Mpumalanga for allowing piloting of the guideline in their selected health establishments. A word of appreciation is also extended to those officials in the National Department of Health, provincial Quality Assurance, Customer care, public hospital Chief Executive Officers, Officials from different Branches in the in the National Department of Health, sub-committees of Technical Committee of the National Health Council such as the National Policy Coordination and Integrated planning (NPCI), National Health Information System of South Africa (NHISSA), National District Health Services (NDHS), National Hospital Coordinating Committee (NHCC) and National Department of Health Senior Management Committee (SMC), Operation Phakisa Health Laboratory Waiting time stream, The technical Working Group (TWG) comprising of experts in Quality Assurance, research and biostatistics who made contributions to this guideline and to Ms I A Jautse in the Directorate: Quality Assurance for spearheading the project. A word of appreciation goes to the Technical Committee of the National Health Council and the National Health Council for their guidance that led to the finalization of this Guideline.

## TABLE OF CONTENTS

ACRONYMS AND ABBREVIATIONS	7
1. INTRODUCTION	8
2. PURPOSE OF THE GUIDELINE	8
3. THE NEED TO CONSULTS WITH PATIENTS AND CLIENTS – A LEGISLATIVE AND POLICY FRAMEWORK	9
4. SCOPE OF GUIDELINE	9
5. PATIENT SATISFACTION VERSUS PATIENT EXPERIENCE OF CARE	9
6. FREQUENCY OF CONDUCTING A PATIENTS' EXPERIENCE OF CARE SURVEY	10
7. CONDUCTING A SURVEY	10
7.1 Planning for the survey	10
7.2 Conducting the survey	11
8. MONITORING AND EVALUATION	18
8.1 Provincial Annual Performance Plan Indicators	18

### List of tables

Table 1: Generic resource requirements for conducting a Patient Experience of Care survey	11
Table 2: Key attributes of patient interviews and self-completed questionnaires	15
Table 3: Target values for priority areas	16
Table 4: Health establishment Service Delivery Improvement	17
Table 5: Operational Plan	17
Table 6: Provincial Annual Performance Plan	18
Table 7: National Indicator Data Set	18

### List of Annexure

Annexure A: Questionnaire on Patient Experience of Care for Out Patients	19
Annexure B: Questionnaire on Patient Experience of Care for In-Patients	21
Annexure C: Questionnaire on Patient Experience of Care for In-Patients in Mental health care Hospitals	24
Annexure D: Survey Information on Patient Experience of Care	27
Annexure E: Consent form for participating in Patient Experience of Care Survey	28
Annexure F: Roles and responsibilities of persons involved in Patient Experience of Care survey	29

<b>Sources</b>	<b>31</b>
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## ACRONYMS AND ABBREVIATIONS

ACSI	American Customer Satisfaction index: Cross Industry measure of Customer satisfaction
CHC	Community Health Centre
DHIS	District Health Information System
HISP	Health Information Systems Programme
NDoH	National Department of Health
OHSC	Office of Health Standards Compliance
OPD	Out Patient Department
PEC	Patients' Experience of Care
PS	Patient Satisfaction
PSS	Patient Satisfaction Survey
SLA	Service Level Agreement
SDI	Service Delivery Improvement
URL	Uniform Resource Locator
Web DHIS	Web-based District Health Information System
www	World Wide Web

## 1. INTRODUCTION

In healthcare systems across the globe there are often many prevailing negative factors that result in the delivery of substandard quality services. To remedy the latter, various mechanisms exist that could be followed to improve on the quality of healthcare services. One such mechanism is obtaining feedback from patients regarding their experience with care and to then intervene accordingly. Like in many other countries, South Africa has a legal obligation to, on a regular basis, determine the experiences patients have with the healthcare they receive<sup>1-6</sup>. By conducting rigorous patient experience of care surveys, any mismatch between the patient's expectation and the healthcare service they are receiving, is brought to the fore<sup>7</sup>.

Knowing what these mismatches are, could assist in (i) identifying problem areas that require focused interventions, (ii) resolving potential problems timely, (iii) identifying matters that require a better explanation to patients, (iv) reducing variation in health services by creating a standard platform that could also ensure the efficient use of resources, (v) guiding continuous education for all staff members, i.e. learning about what is important to patients, and (vi) strengthening consultative processes with patients and their involvement in health care<sup>8,9,10,11</sup>.

While this guideline obtains its terms of reference from the Guide to Assessing Client Satisfaction at District hospital: 2001<sup>9</sup>, literature and other relevant sources<sup>12, 13,14,15,16</sup> it is recommended that the revised guideline conforms to the following attributes:

- i. The guideline should be applicable to Clinics, Community Health Centres and hospitals.
- ii. There be one common period dedicated for the survey per annum
- iii. Survey be conducted using the services of an independent service provider.
- iv. The out-patient survey tool be separated from the in-patient survey tools<sup>17</sup>
- v. The survey tools to own the following attributes:
  - be simple yet useful to measure patient experience of care.
  - focus on patient's experience rather than perception of care.
  - be interpretable in all official languages of South Africa.
  - be user friendly to people with disabilities
  - have easy, accessible and cost effective software that is able to project results within 24 hours after capturing.

The revised national guideline and its accompanying survey tools are therefore informed by the recommendations as outlined under i. to v. and patients' preference to access care and medications within reasonable time of waiting in a clean environment which is safe from harm<sup>18</sup>. Furthermore, patients frequently express the wish to be treated by staff members who show respect and positive attitudes towards them<sup>18</sup>.

## 2. PURPOSE OF THE GUIDELINE

The aim of the guideline is to provide the legal and policy framework that governs the need to consult with patients and clients.

The objectives of the Patient Experience of Care Survey Guideline are to:

- describe the difference between Patient Satisfaction and Patient Experience of Care
- describe the frequency of obtaining feedback from patients
- describe the process of obtaining feedback from patients (conducting a PEC survey))
- determine the level of patient satisfaction
- improve or sustain service delivery



### 3. THE NEED TO CONSULT WITH PATIENTS – A LEGISLATIVE AND POLICY FRAMEWORK

The need to consult with patients is stated in various pieces of legislation and national policies. The content of this guideline derives its terms of reference from such pieces of legislation and national policies, some of which are:

- The Constitution of the Republic of South Africa, Act 108 of 1996
- The National Health Act 61 of 2003
- The Patient Rights Charter for South Africa (1999)
- Eight Principles of Batho Pele (1997)
- Mental Health Care Act 17 of 2002
- General Regulations relating to the Mental Health Care Act, 2002
- Ideal Clinic Components and Definition (November 2015)
- Operation Phakisa 2: Health Outcomes (November 2014)
- National Core Standards for Health Establishments in South Africa (2013)
- The Ministerial Six Priority Areas for South Africa (2012)
- Our future – make it work: National Development Plan South Africa (2030)
- A Policy on Quality in Healthcare for South Africa (April 2007)
- Handbook for Clinic / CHC Managers: Pretoria: South Africa (2009)
- Primary Healthcare Supervision Manual: A Guide to Primary Healthcare Supervision (October 2009)
- The National Infection Prevention and Control Policy and Strategy (April 2007)
- Guide to Assessing Client Satisfaction (January 2001)

### 4. SCOPE OF GUIDELINE

This guideline is applicable to all public healthcare establishments in South Africa.

### 5. PATIENT SATISFACTION VERSUS PATIENT EXPERIENCE OF CARE

Patient Satisfaction (PS) is a subjective, non-quantitative state of mind patients have about health services when their expectations have been met or exceeded. It may be seen as a patient-reported outcome measure while the input and processes of care can be measured by patient-reported experiences<sup>19</sup>.

Simply put, patient satisfaction occurs once there is congruency between patient expectations and perceptions of care received<sup>20</sup>. Patient satisfaction with healthcare services therefore, is based on a person's expectations, opinions or state of mind at a time when they receive service. Once the encounter is viewed as positive or negative, the patient will be satisfied or dissatisfied.

In this guideline the following priority areas<sup>19-24</sup> of care are used as predictors and dimensions that inform level of Patient Satisfaction:-

- access to health services
- medicines
- patients safety
- cleanliness and infection prevention and control
- values and attitudes of staff
- patient waiting time for care

During the Health Laboratory conducted from 12 October to 21 November 2014 (which was later termed Operation Phakisa Initiative), where various sources of information such as literature and international benchmark, current socio demographics, changes in legislation and South Africa's health reforms were explored through rigorous debates and testing, participants concluded that a positive patient experience (which equates satisfaction with care) is an average score (using the PEC questionnaire) which equals to and or is more than 80%<sup>25</sup>. Taking into consideration that 80% is by far, more than available international benchmark such as the American Customer Satisfaction index: Cross Industry measure of Customer satisfaction (ACSI)<sup>26</sup> which recognizes an average score of 73.7% as an indicator for satisfaction, the average results of survey will rather be presented according to the following range:

- >80% (green)
- 60-79% (amber)
- <50- 59% (red)

## 6. FREQUENCY OF CONDUCTING A PATIENTS' EXPERIENCE OF CARE SURVEY

Conducting a PEC survey is a time consuming and a costly exercise. Furthermore, learning meaningful lessons from a PEC survey and implementing subsequent service delivery improvements may also be hampered by conducting surveys too frequently.

- 1.1 This Guideline therefore recommends that only one annual official PEC survey be conducted by an independent service provider per health establishments; however, where preferred, establishments are allowed to conduct their own internal small scale survey to inform intermittent service delivery improvement. It should be noted that the latter should not be equated to annual survey.
- 1.2 Exploring seasonal variation in health care seeking behaviour of patients as depicted by the District Health Information System (DHIS) <sup>27</sup> and the most stable period in terms of execution of health plans, the second quarter of the financial year should be set aside for the annual PEC surveys in all health establishments. It is further hoped that this annual period for conducting and reporting on the survey will enable uniformity and allow proper comparisons countrywide.

The second quarter of the financial year commences from July to September of each year. The month of July should be dedicated for logistics, August for data collection and September for capturing and reporting. Of importance is that, data should be collected over five working days per health establishment to cater for variations of services and variations in patients' visit to establishments. It is also permissible to stop data collection before the set five days if the sample size is achieved earlier.

- 1.3 On completion of the survey, establishments are to visibly display the results concurrently with service delivery improvement strategies at patients' waiting areas. The display of results is indicative of giving feedback of survey to patients and to show commitment to responding to the results of the survey.
- 1.4 Implementation of service delivery improvement strategies commences from October and ends in June the following year. Patients are allowed to monitor commitment of the health establishment to service delivery improvement and intermittently provide feedback through Complaints and Compliments protocols while waiting for next formal PEC survey.

## 7. PROCESS OF CONDUCTING A SURVEY (OBTAINING FEEDBACK FROM PATIENTS)

Conducting PEC surveys is widely accepted as being a Quality Assurance (QA) function and thus the responsibility of the QA branch and/or assigned QA manager of a health establishment<sup>22</sup>. When planning for a survey the aforementioned unit and/or official should consider various procedural aspects of conducting the actual survey. The following section describes these aspects.

### 7.1 Planning for the survey

#### 7.1.1 "In-house" versus "outsourced"

A survey should be outsourced to an external service provider. The decision to outsource the survey to an external service provider is informed by impediments such as the limited in-house human resource capacity to conduct the survey and the credibility of the survey results as is always due to bias in self conducted surveys.

#### 7.1.2 Budget

The cost implications for conducting the survey should be determined, assessed and allocated accordingly before commencing the survey to prevent interruptions and or delays once the survey has commenced.

#### 7.1.3 Human resources

- The Customer Care, Quality Assurance manager or Public Relations Officer should take leadership in preparing for the annual PEC survey<sup>22</sup>.

The health establishment manager and staff members should cooperate by availing all required assistance during the survey; however, they must not be involved in data collection.

- According to the findings of pilot test, the average time spent completing the questionnaire seldom exceeds 10 minutes. Based on this finding, one data collector is able to collect data from forty two (42) patients in seven hours.

The required number of data collectors may be affected by the number of patient exit points in a health establishment. The number and location of exit points will therefore inform the required number of required data collectors. To improve efficiency, patients who are able to read and write and are willing should be allowed to complete the PEC questionnaire on their own and deposit them into the identified, sealed, one way containers.

### 7.1.4 Generic resource requirements

The generic resource requirements for conducting a survey are set out in Table 1 below.

**Table 1: Generic resource requirements for conducting a PEC survey**

REQUIRED RESOURCES	PURPOSE
Survey facilitator - may be any of the Customer Care, Quality Assurance manager or Public Relations Officers	Facilitate for logistics required to conduct the PEC survey
Data collectors	To collect and document data from participants
Copies of questionnaires, pens or pencils	To use in collecting and documenting data from participants
one-way entry boxes	Storage of completed questionnaires
Information on patient experience of care survey (see Annexure D)	To inform patients of the planned survey
Consent form (see Annexure E)	To demonstrate voluntary participation and for use in relevant audits.
Computers with internet connectivity	For data capturing and analysis in the PEC survey module of the web-based DHIS
Opting for utilization of electronic gadget such as iPads and tablets requires pre-approval to access the DHIS	Data collection and direct capturing in the PEC survey module of the web-based DHIS
Budget	Budget should be informed by local requirements for conducting the survey
Communication systems other than computers with internet	Media may be utilised to notify patients of the intended survey however, notification of the survey should start at least one month before collecting data i.e. June of each year.

Of importance: -

- ✓ One-way entry boxes should be visibly displayed in strategic areas for example, patient exit points, before the survey commences.
- ✓ Computers should be placed in secluded and well secured areas where the minimal disruption of data capturers could occur.

## 7.2 Conducting the survey

### 7.2.1 Sampling and sampling criteria (inclusion and exclusion)

A sample of patients who have been seen at the health establishment during the week of data collection and have experienced care through the healthcare processes performed by the health establishment, will be utilized to draw conclusions about the population i.e. all patients who are receiving care in public health establishments.

#### 7.2.1.1 Patients who are allowed to participate in the survey include: -

- all patients who are able to represent themselves i.e. can legally give informed consent
- patients whose severity of their health condition(s) has not, in any way, affected their ability to think clearly or be in control of and responsible for their action(s) – compos mentis
- people who accompany patients who are unable to participate due to any of the reasons outlined should be allowed to participate on behalf of their respective patients.

#### 7.2.1.2 Patients who are to be excluded from participating in the survey include: -

- patients who are regarded by law, as not having capacity to represent themselves in decision making
- patients whose severity of their health condition(s) has, in any way, affected their ability to think clearly or be in control of and responsible for their action(s) unless they insist to participate
- patients who are not mentally fit to properly understand and respond to questions.
- Patients who are too ill to can participate and are not accompanied by respective family members.

### 7.2.2 Sample size

This PEC survey intends to achieve a 95% level of precision and 0.5 degree of variability in the attributes that are being measured, as is common in cases where the population is either heterogenous or homogenous<sup>14</sup>.

The purpose of sampling is therefore, to ensure that maximum information about the experience of patients, with the available resources at our disposal, is obtained. In an attempt to determine the acceptable sample size, various strategies, most of which assume that (i) participants have been randomly selected (ii) the population is normally distributed (iii) and or have been accordingly adjusted, are employed.

Furthermore, it acknowledged that the more heterogeneous the population, as is the case in this survey, the more the sample size is required; the more homogenous the population (unlike this survey) the less the sample size is required<sup>14</sup>.

Acknowledging that there are various methods employed to determine an appropriate sample size, and that determining the exact sample size requires extensive statistical calculations e.g., published tables, statistics calculators and formulae, it is recommended that at least ten per cent (10%)<sup>28-38</sup> and additional five per cent (5%)<sup>39</sup> of all eligible patients (as outlined under 7.2.1), complete the questionnaires. The additional five per cent is intended to cater for an envisaged loss of questionnaires (loss to follow-up) due to various reasons, for example, patients terminate their interview or leave the questionnaires incomplete because they had to catch a bus, taxi or train back home.

NB! Since the PEC software has an embedded functionality to calculate sample size, as guided by the annual head count that is available in the DHIS, the calculation of the sample size should be enabled by entering only the number of days that the health establishment operates in the space provided and the estimated sample size will be determined.

According to the experience from the pilot study, one data collector is able to comfortably collect data from about 42 patients in seven hours. Thus, determining the required number of data collectors is informed by dividing the sample by forty two (42); e.g.

- 200 patients ÷ 42 = 4 data collectors.
- 400 ÷ 42 = 9 data collectors
- 600 patients ÷ 42 = 14 data collectors.

However, the required number of data collector as outlined could be vastly reduced if patients that are able to read and write, are allowed to complete questionnaires on their own.

### 7.2.3 Data collection tool

The tools that are used for this survey are informed by various standards, legislations and patient expectations as outlined in item 3 above. The tools were rigorously tried and tested in various settings to determine their alignment with such legislative documents including patient expectations. The extend to the conclusion these legislative documents make is therefore well founded and corresponds with patient expectations.

- The data collection tool is made up of three questionnaires, two to be used for general and mental health In-Patients (hospitals), and one to be used for Out Patients Departments (hospitals) and Primary Healthcare establishments.
- The questionnaires consist of binary questions which are arranged according to specific sections which are related to factors associated with patient satisfaction. Each one of the sections has a different intention and is made up of a range of questions.
- Therefore the response to each question requires only a “Yes” or a “No”, i.e. only one option is allowed per question.
- Because the survey is about the patient’s (real) experience with care rather than their perception of the care, some questions may not apply to some patients and are not weighted and are thus omitted (skipped). These questions are always preceded by a “No” response to some leading question. A specific prompt (skip logic) informs the patient which questions should be omitted when answering “No” to these leading questions. It should be noted that if patients are to fault in terms of actually answering questions that should have been skipped, these mistakes will automatically be identified through the data quality control mechanism that is built-in to the supporting software.
- The questionnaires are available in both paper and electronic format (See Annexure A, B and C).
- NB! The questionnaire will also be available in all official languages.

The sections of the questionnaires referred to above and their respective intentions are as follows:

#### Section 1: Biographical data

This section has no statistical weighting; however, it could be used to further conduct correlation studies between biographical variables (e.g. age and gender) and other variables in the questionnaire. The result of correlation analysis would therefore, further inform detailed service delivery improvement mechanisms in the respective health establishments.

Section two to seven may also be useful to conduct further correlation studies between these sections and health outcomes; however, this is not for the purpose of this descriptive survey.

#### Section 2: Access to care

The aim of this section is to find out if patients access the services they require when visiting the health establishment. Since access to health is a right to every person, the minimum score for this section is 100 per cent.

#### Section 3: Availability and use of medicines

This section intends to determine availability of prescribed medicines and patients' knowledge of their treatment plan since medicines play a pivotal part in the preventive, promotive, curative and rehabilitative health services. It is recommended that the required minimum score for this section should be 95 per cent taking into consideration that some medicines may not always be available because they may not be included in the normal pharmaceutical medicine list for every health establishment thus requiring special processing to access them.

#### Section 4: Patient safety

The intention of this section is to get to know whether there are risks for which patients might have to overcome and whether they did receive the relevant assistance when they actually needed it. It should be noted that some of the eligible risks may be influenced by the patient's new encounter with the health care environment and may elicit uncertainty. It is in this regard that the average score for patient safety is at least 65 per cent.

#### Section 5: Cleanliness

This section is aimed at determining the status of cleanliness and infection prevention and control practices in the health establishment as well as the resources that are required to maintain a clean health establishment. It puts emphasis on ablution establishments within the health establishment as well as on, amongst others, the consistent availability of clean bed linen, sanitary needs and waste management. The average score should be at least 74 per cent taking into consideration the status of cleanliness and health conditions of every patient on entering the health establishment which may contribute to overall cleanliness of the environment.

#### Section 6: Values and attitudes

This section intends to determine the degree to which patients are valued as human beings. Taking into consideration various factors that influence people interactions, including their mental state and health conditions at the time they seek health care, the average score should be at least 74 per cent as informed by standards set by Operation Phakisa: Health of 2014.

#### Section 7: Waiting time

This section attempts to find out if relevant mechanisms are followed to improve patient waiting time for health services. Compliance to minimal patient waiting time as informed by standards set by Operation Phakisa: Health of 2014 should be at least 74 per cent. Every service area must have a standard patient waiting time so to proactively inform patients of the waiting time they must expect to wait.

### 7.2.4 Data collection

#### 7.2.4.1 Data collection areas

Collecting data while the patient is still receiving treatment from any service area is not permissible as this disrupts the services. Apart from disrupting the services, the patient may be forced to make assumptions about other areas that they might have not yet been exposed to and this may not be a true reflection of their experience with care. This carries a risk of unreliable results.

- Patient exit areas may be at any other service point where the patient's journey in the health establishment comes to an end i.e. from the consulting rooms, pharmacy, before admission to a ward, before a transfer to other establishments. It is thus important to determine patient exit points and place data collectors at such points before data collection commences.

- Patients who were seen in the Out-Patients Department (OPD) and Primary Health Care establishments or their accompaniments should be interviewed by using out-patient questionnaire on their exit from the respective health establishment.
- Patients who have been discharged from the wards or have been transferred to other establishments should be interviewed by using the in-patients questionnaires before leaving the hospital premises.

There is a separate questionnaire for mental health patients since the approach to their health care intervention slightly differ from those of general patients.

#### 7.2.4.2 Notification about the survey

PEC survey activities should commence from the time services in the health establishment start and it should continue throughout the day as the patients exit establishments until such time the last patient leaves the health establishment. The latter is applicable where the targeted sample of patients is not yet achieved. This requires that proper sampling criterion is followed to cover patients throughout the day.

Daily survey activities commences with the health establishment manager or the Public Relations Officer making general announcements to patients about the survey, purpose and required participation of patients or their accompaniments through the public announcement system. While this method aims at reaching the majority of patients, it improves co-operation of patients. The announcement should include the following (Annexure D):

- an explanation of the procedure that will be followed to collect data at various exit points.
- a reminder that survey information for further reading is displayed on posters (notices) throughout the health establishment
- a call for patients to willingly participate in the survey
- a request that patients should also complete both the consent form (see Annexure E) and appropriate questionnaire and deposit them into the identified one-way entry container. However, the consent form should not be attached to the questionnaire so that the two cannot be matched.
- an assurance to patients that their participation is solely voluntary and no special treatment or exchange of any form of rewards for participating or declining to participate will happen and that their participation in the survey will not be divulged to any third party or even be matched to their consent forms.

#### 7.2.4.3 Data collection

The PEC survey should be conducted consistently during the months of July, August and September each year as outlined in 6 above. The decision to conduct the survey during these months is informed by an observed increased care seeking behavior of patients<sup>33</sup> and stability in financial processes.

- Data collection must take place at designated exit points so to avoid interruption of patient care processes. It should be noted that only announcement to patients about the survey is made inside the health establishment as part of general announcements to patients.
- data should be collected everyday from Monday to Friday from the official opening to the time the last patient leaves the health establishment. The collection of data may be terminated at any day once the target for the predetermined sample size has been achieved.
- The service provider conducting the survey should collect, capture and analyze data. No staff member of the respective health establishment should be involved in these functions.
- Patients who are able to read and write are allowed to complete the questionnaires on their own while those that are unable to do so are interviewed by a properly skilled data collector using the prescribed tool.



In Table 2 below, the respective key attributes of interviews and self-completed questionnaires are listed. This is intended to assist the data collectors to make an informed decision regarding the choice of any one of the listed options of data collection.

**Table 2: Key attributes of patient interviews and self-completed questionnaires<sup>40, 41</sup>.**

INTERVIEWS	SELF-COMPLETED QUESTIONNAIRES
Usually easy and quicker to complete	Could be difficult and may take longer for the patient to complete.
There is an assumption that anonymity may be compromised	There is assurance of anonymity
Some patients may be afraid to share experiences openly and honestly	Patient's openness and honesty may not be restrained (see footnote)
Requires expertise in interviewing skills	Patients have to be able to read and write i.e. requires certain level of literacy
Labour intensive – requires data collectors to interview	Few designated data collectors are required - available data collectors are required to only answer questions from individual participants and direct them to deposit completed tools to designated containers

NB! Self-completed questionnaires should not be handed over to any official other than those who will be assisting the participating patient with depositing the completed questionnaire and consent form into the deposit box.

### 7.2.5 Data capturing and analysis

Data capturing should be conducted concurrently but separate from data collection so as to speed up the process of survey. Access to PEC survey results is obtained by way of setting up user accounts for those who will be capturing data, viewing data and those who will be managing the software at the various levels of health care. These are in line with the DHIS prescripts which determine access to such information.

A step-by-step guide regarding the capturing, analysis, presentation of results and viewing is available in PEC module of the web based DHIS.

- Dedicated data capturers and computers with internet connectivity should be available to daily capture data directly into the PEC module of the web based DHIS from the official opening time of a health establishment to the time the last patient leaves the health establishment.
- In instances where data collectors are issued with portable electronic data capturing devices e.g. iPads/tablets, answers to questions may be captured directly into the software during interviews. By so doing, time dedicated for data capturing and the number of data capturers will be significantly reduced. Where there is no electronic data collection equipment, hard copies should be used to collect data and later be captured into the system.
- Provision should be made for every patient who participates in the PEC survey to sign a consent form and deposit it into a one way deposit box, irrespective of whether the answers to survey questions are captured directly onto a portable data capturing device (electronic software) or written down onto a paper based questionnaire (hard copy).
- As mentioned before (see 7.2.3), the web based DHIS Module has an inbuilt data quality control features that will automatically identify inconsistencies which might have been made while answering survey questions. Thus, conducting separate data quality controls become unnecessary.
- Once data has been captured, results will be available overnight. These results will include aggregated data according to the priority areas, service area(s), as well as per health establishment, sub / district, provincial and national. Thus, having to submit aggregated reports from one level to another becomes unnecessary.

Once the capturing of data is completed, questionnaires and consent forms should be handed to a respective health establishment and be safely archived as per respective Archive Act.

### 7.2.6 Reporting

Patients, especially those who participated in the survey, deserve a feedback on the survey results and the actions the health establishment would have taken to improve those elements that might have been experienced negatively<sup>2-4</sup>.

The preferred way of giving such feedback is through a graphical and tabular display of results as well as service delivery improvement plans at patients' waiting areas - see Table 4: Service Delivery Improvement (SDI).

When displaying the results of the PEC survey, the health establishment's overall score as well as the individual scores for each of the seven sections (see Table 3: Target values for priority areas) should be depicted.

Should the questionnaire be applied in various specific services areas (of the hospital), the aggregated results of these various service areas should be displayed in every service area/ward.

The DHIS software will automatically project the following:

- date when the survey was conducted
- Sample size. This is colour coded to indicate the extent to which the sample is representative of the patients.
- average score obtained
- Aggregated results according to the priority areas of care
- Aggregated results according to a section/ward in a health establishment, a health establishment, a district, province and national level.

Copies of results (tabular and graphical) as well as a narrative report of the survey should be filed in a health establishment for regular and future reference.

Feedback may also be communicated through various local public communication systems such as, but not limited to radio stations and televisions and must be facilitated by respective Head of Department with collaboration with clinic committees and hospital boards.

### 7.2.7 Service delivery improvement

Service delivery improvement is informed by the results of the survey and envisaged compliance to prescribed targets for every priority area as depicted in Table 3 below. These targets were set and agreed to at Operation Phakisa: Health 2014 i.e. A score less than this target value (%), is to be viewed as negative, i.e. patients viewed their experiences with the specific service delivery area as negative (not satisfied).

Table 3: Target values for priority areas<sup>25</sup>

SERVICE AREA	DESCRIPTION	TARGET (%)	SCORE OBTAINED
Access to services	Level of patient experience with accessibility of healthcare services.	100	
Availability and use of medicines	Level of patient experience with Availability and use of medicines.	95	
Patient safety	Level of patient experience with physical safety while in the health establishment.	65	
Cleanliness and infection prevention and control	Level of patient experience with cleanliness of a health establishment and Infection Prevention and Control practices in the health establishment.	74	
Values and attitudes	Level of patient experience of staff values and attitudes.	74	
Patient waiting time	Level of patient experience with waiting time for services in the health establishment.	74	
Overall Patient Experience of Care survey results	Positive Patient Experience of Care in the health establishment. Any score that is equal to or more than 80% indicates satisfaction while any score below indicates dissatisfaction.	80%	

Service delivery improvement should be undertaken keeping in mind the actual performance of the health establishment against the prescribed targets.

Once the survey is completed, every health establishment should populate their improvement plans in the service delivery improvement Tables 4 and 5 obtainable from the PEC survey software as follows:

- scores obtained per priority areas should be entered into the column titled “score obtained (%)”
- in cases where the health establishment might have scored less than the set target, root cause analysis must be conducted by the team and objective reasons be recorded into the column titled “Reasons for lower score”
- all ideal solutions to improve the score should be listed in the column titled “ideal solutions”
- the next step is to determine and evaluate the realities in response to these ideal solutions, because it may not always be possible to implement all the “ideal solutions” due to various reasons. These realities that impede ideal SDI are recorded in the column titled “implications of implementing ideal solutions”
- The next column titled “adopted solutions” is completed. These are solutions that are within the capacity of the health establishment, sub-district and district and can be implemented to resolve the challenges and therefore improve the relevant priority area(s)
- the column titled “time frame” is used to classify improvements into immediate (less than six months), medium (more than six months to three years) and long term (more than three years) plans.



Table 4: Health establishment Service Delivery Improvement Plan<sup>42</sup>

SERVICE DELIVERY IMPROVEMENT PLAN (Template A)							
PRIORITY AREA	REQUIRED SCORE (%)	SCORE OBTAINED (%)	REASONS FOR LOWER SCORE	IDEAL SOLUTIONS	IMPLICATIONS OF IMPLEMENTING IDEAL SOLUTIONS	ADOPTED SOLUTIONS	TIME FRAME
Access	100						
Availability and use of medicine	95						
Safety	65						
Cleanliness and IPC	74						
Values and attitudes	74						
Patient waiting time	74						

The before-mentioned solutions decided upon are then further unpacked by completing the Operational Plan (Table 5). The operational plan is used to track progress in relation to activities that are assigned to staff members. It should be populated as follows:

- the column termed “Aim” is the product of the operational activities therefore specifies what is to be achieved at the end of the due date
- “possible solutions” are operational activities and should be written in the form of tasks / delegations to responsible staff members. Tasks / delegations should always commence with a verb thereby informing responsible staff member what to do. NB! It should be noted that a delegation must succinctly indicate what must be done and should always be measurable and have a product (output and or outcome) rather and avoid using commonly used unmeasurable delegations such as support, oversee, track, etc
- the next column requires that “a person responsible” for performing the task should be indicated by their full names as well as area of work e.g. Mr S Smith: Quality Assurance directorate – Hospital / Clinic / Sub-district / District / Province.
- the time frame set for delivering on the delegation should be indicated in the column that is titled “due date”. A staff member that is responsible for the task should therefore use this “due date” as the target for producing required results regarding their delegation.
- the last column is titled “manager’s comment”. The manager should write the result of the task at the end of the due date e.g. achieved / not achieved and includes further actions in case there has been no achievement of expected results. Managers must avoid proactive evaluation of delegated task but must instead facilitate successful performance of respective staff members before the “due date”.

Table 5: Operational Plan

OPERATIONAL PLAN (Template B)					
PRIORITY AREA	AIM	TASKS (OPERATIONAL ACTIVITIES).	PERSON RESPONSIBLE FOR SOLUTION (NAME AND AREA OF WORK).	DUE DATE FOR COMPLETION OF TASK	MANAGER’S COMMENT (RESULT)
Access					
Availability and use of medicine					
Safety					
Cleanliness and IPC					
Values and attitudes					
Patient waiting time					

## 8. MONITORING AND EVALUATION

### 8.1 Provincial Annual Performance Plan Indicators

As mentioned before, South Africa has a legal obligation to involve patients in issues related to their own health and must regularly monitor and determine their experiences patients with health care and their influence to the level of satisfaction.

The results of PEC survey are used to guide service delivery improvements i.e. assure Quality service delivery in public health organizations.

- It thus becomes important to regularly monitor “to what extent establishments actually conduct PEC surveys” and concurrently evaluate the results of these surveys. These are further aggregated per health establishment; sub-district; district and provincial level
- There is also a need to determine “the status of patient experience with care” i.e. are patients satisfied or dissatisfied and for which areas in the PEC survey tool.
- To be able to address the above, the following indicators have been formulated and are included in the provincial Annual Performance Plan Indicators (see Table 6).

**Table 6: Provincial Annual Performance Plan Indicators**

INDICATOR (PER FINANCIAL YEAR)	DESCRIPTION	INTENTION	NUMERATOR / DENOMINATOR (PER FINANCIAL YEAR)	HEALTH ESTABLISHMENT	SUB DISTRICT	DISTRICT	PROVINCE
PEC survey rate	Establishments that conducted Patient Experience of Care surveys (per financial year)	To determine the rate at which the PEC survey is conducted.	Total number of public health establishments that conducted the survey / Total number of public health establishments in a province (per financial year).				
Patient Satisfaction rate	Establishments whose patients reported negative experience with care, i.e. scored 50% or < in PEC survey (per financial year)	To determine the level of patient satisfaction with care that they experience.	Total number of public health establishments that obtained  50% or < on PEC survey / total number of public health establishments in a province (per financial year).				
	Establishments whose patients reported positive experience with care, i.e. scored 80% or > score in PEC survey (per financial year)		Total number of public health establishments that obtained  80% or > score on PEC survey / total number of public health establishments in a province (per financial year).				

**Table 7: National Indicator Data Set**

INDICATOR (PER FINANCIAL YEAR)	DESCRIPTION	INTENTION	NUMERATOR / DENOMINATOR (PER FINANCIAL YEAR)	NATIONAL
Patient Satisfaction rate	National sample of public health establishments whose patients reported negative experience with care, i.e. scored 50% or < in PEC survey (per financial year)	To determine the level of patient satisfaction with care that they experience.	Total number of a national sample of public health establishments that obtained a score of 50% or < on National PEC survey / total number of a sample of public health establishment surveyed (per financial year).	
Patient satisfaction rate	National sample of public health establishments whose patients reported positive experience with care, i.e. scored 80% or > in PEC survey (per financial year)		Total number of a national sample of public health establishment that obtained  80% or > score on National PEC survey / total number of public health establishments (per financial year).	

## Annexure A

Date: \_\_\_\_\_

Questionnaire record no. \_\_\_\_\_

### QUESTIONNAIRE ON PATIENTS' EXPERIENCE OF CARE FOR OUT-PATIENTS

(To be completed by patients at Primary Healthcare establishments and Out-Patient Departments only) NB! Patients who are exempted by any legislation or are having a health condition that impedes their ability to represent themselves may be represented by their parents/guardians/family members. Completion of questionnaire by participants should commence from SECTION 1 while A is completed by data collectors.

<b>A IDENTITY OF A HEALTH ESTABLISHMENT</b>			
Name of Health establishment:			
Type of Health establishment:			
Province:			
District Name:			
Sub-District Name:			
<b>GENERAL INSTRUCTION</b>	<b>PLEASE MARK THE APPROPRIATE ANSWER WITH X</b>		
<b>SECTION 1 BIOGRAPHICAL DATA</b>			
1.1	How old are you in years?		
1.2	Your Sex?	Male	Female
1.3	Have you visited this health establishment in the past 12 months?	Yes	No
1.4	It takes me more than two hours travelling in a car, taxi, bus, etc. to get to this health establishment.	Yes	No
<b>SECTION 2 ACCESS TO CARE</b>			
2.1	Were you ever turned away from this health establishment without receiving the service you came for?	Yes	No
2.2	Are service times of this health establishment acceptable to you?	Yes	No
2.3	Were you ever supposed to be transferred from this health establishment to another?	Yes	No
<b>If your answer is "No" to Question 2.3, please proceed (go) to Section 3, Question 3.1</b>			
2.3.1	Were you given an opportunity to recommend the health establishment you preferred to be transferred / referred to?	Yes	No
2.3.2	Were you happy with the transfer / referral arrangements made for you?	Yes	No
2.3.3	At the entrance of the health establishment, was there a staff member showing people where to access the health service they required?	Yes	No
2.3.4	Was there a chair/bench for you to sit on while waiting to be attended to?	Yes	No
2.3.5	Were there notices informing of the location of various health services which are provided by this health establishment?	Yes	No
<b>SECTION 3 AVAILABILITY AND USE OF MEDICINES</b>			
3.1	Was medicine / treatment prescribed for you today?	Yes	No
<b>If your answer is "No" to Question 3.1, please proceed (go) to Section 4, Question 4.1</b>			
3.1.1	Did you receive all your prescribed medicines today?	Yes	No
3.1.2	Were you informed of how to take medicines / treatment?	Yes	No
3.1.3	Were you informed of side effects of medicines / treatment you received?	Yes	No
<b>SECTION 4 PATIENT SAFETY</b>			
4.1	Do you have any form of a disability for which you required assistance?	Yes	No
<b>If your answer is "No" to Question 4.1, please proceed (go) to Question 4.2</b>			
4.1.1	Has the health establishment assisted you with your disability?	Yes	No
4.2	Were there notices / signage to warn you of obstructions or dangers in the walk-ways?	Yes	No
4.3	Did the staff members in all service areas you went through, confirm your identity with the file e.g. by asking you your name and surname to compare with what is written in the file?	Yes	No
4.4	Did the nurse / doctor inform you of possible health condition you might be suffering from?	Yes	No
4.5	Did the nurse / doctor inform you of the treatment plan they would follow?	Yes	No

<b>SECTION 5 CLEANLINESS</b>			
5.1	Was drinking water with clean disposable cups available in the waiting area?	Yes	No
5.2	In your opinion, was the health establishment generally clean?	Yes	No
5.3	Were there waste disposal bins in which you could toss waste while at any of the service areas you went / passed through?	Yes	No
5.4	Did you <b>use</b> the toilet while in this health establishment?	Yes	No
<b>If your answer is "No" to Question 5.4, please proceed (go) to Question 5.7</b>			
5.5	Did the toilet establishments have the following?		
5.5.1	Toilet paper	Yes	No
5.5.2	Running tap water	Yes	No
5.5.3	Hand wash basin	Yes	No
5.5.4	Liquid soap dispenser containing liquid soap	Yes	No
5.5.5	Disposable paper towel	Yes	No
5.5.6	Waste disposal bin with lid	Yes	No
5.6	Were toilets in good working order (flushing well)?	Yes	No
5.7	Did you see any of the following pests anywhere while at this health establishment: cockroaches, rodents, flies, mosquitoes, lice?	Yes	No
<b>SECTION 6 VALUES AND ATTITUDES</b>			
6.1	Did staff members introduce themselves to you before attending you?	Yes	No
6.2	Was your permission asked before you were treated?	Yes	No
6.3	Were you given an opportunity to ask questions about your health condition / illness?	Yes	No
6.4	Were health care services provided in private where other people could not see or overhear?	Yes	No
6.5	Were staff members generally respectful to patients?	Yes	No
6.6	Do you know how to lodge a complaint?	Yes	No
<b>SECTION 7 WAITING TIMES</b>			
7.1	Was there a staff member monitoring the queues?	Yes	No
7.2	Were you informed verbally or through pasted notices of how long you would have to wait for services at every service area you passed through?	Yes	No
7.3	Is the general patient waiting time for services acceptable to you?	Yes	No

\*Thank you for agreeing to participate in this important survey project

\*The following table is to be completed by the survey leader

<b>Questions are fully completed</b>	<b>YES</b>	<b>NO</b>	
<b>If some are incomplete, please provide reasons</b>			
<b>Conclusion about this questionnaire</b>	<b>Accept right away</b>	<b>Verify some information</b>	<b>Reject the questionnaire</b>
<b>Surname and Name</b>			

## Annexure B

Date: \_\_\_\_\_

Questionnaire record no. \_\_\_\_\_

### QUESTIONNAIRE ON PATIENTS' EXPERIENCE OF CARE FOR IN-PATIENTS (GENERAL)

(To be completed by patients who spent at least one night admitted in the health establishment) NB! Patients who are exempted by any legislation or are having a health condition that impedes their ability to represent themselves may be represented by their parents/guardians/family members. Completion of questionnaire by participants should commence from SECTION 1, while A is completed by data collectors.

SECTION A		GEOGRAPHIC PARTICULARS OF A HEALTH ESTABLISHMENT	
Name of Hospital:			
Level of Hospital:			
Ward Name and Description (Ward 1: Male Medical)			
Province:			
District Name:			
Sub-District:			
<b>PLEASE MARK THE APPROPRIATE ANSWER WITH X</b>			
<b>GENERAL INSTRUCTIONS</b>			
SECTION 1		BIOGRAPHICAL DATA	
1.1	How old are you?		
1.2	Your sex?	Male	Female
1.3	Have you been admitted in this hospital in the past 12 months?	Yes	No
SECTION 2		ACCESS TO CARE	
2.1	Were you shown where the bathrooms and toilets are?	Yes	No
2.2	Did staff inform you of the following:		
2.2.1	Your treatment?	Yes	No
2.2.2	The visiting times?	Yes	No
2.2.3	Who the manager in charge of the ward was?	Yes	No
2.2.4	Who the doctor in charge of the ward was?	Yes	No
2.2.5	How you could get hold of any of them in case you needed them?	Yes	No
2.3	Do you know how to lodge a complaint?	Yes	No
2.4	Were you ever transferred out to another health establishment by this health establishment before?	Yes	No
<b>If your answer is "No" to Question 2.3, please proceed (go) to Section 3, Question 3.1</b>			
2.4.1	Were you given an opportunity to recommend the health establishment you preferred to be transferred to?	Yes	No
2.4.2	Were transfer arrangements made for you?	Yes	No
<b>If your answer is "No" to Question 2.3.2, please proceed (go) to Section 3, Question 3.1</b>			
2.4.3	Were you happy with the transfer arrangements made for you?	Yes	No
SECTION 3		AVAILABILITY AND USE OF MEDICINES	
3.1	Were you informed of medicine / treatment times?	Yes	No
3.2	Did you receive medicine / treatment while admitted in the ward?	Yes	No
<b>If your answer is "No" to Question 3.2, please proceed (go) to Section 4, Question 4.1</b>			
3.2.1	Were you informed of how to take medicines / treatment?	Yes	No
3.2.2	Were you informed of side effects of medicines you were taking while in hospital?	Yes	No

<b>SECTION 4 PATIENT SAFETY</b>			
4.1	Did you feel safe while sleeping in the ward?	Yes	No
4.2	Were you made to wear an identity band?	Yes	No
4.3	Did you have a disability which required assistance while admitted in this health establishment?	Yes	No
<b>If your answer is "No" to Question 4.3, please proceed (go) to Question 4.4</b>			
4.3.1	Did you obtain assistance regarding your disability?	Yes	No
4.4	Was the height of your bed good for you to climb up and down with ease?	Yes	No
4.5	Were there notices warning you of obstructions or dangers in the walk-ways?	Yes	No
4.6	Was there lighting throughout the ward that you were able to see where you were going?	Yes	No
<b>SECTION 5 CLEANLINESS</b>			
5.1	Did you need hospital pyjamas to wear?	Yes	No
<b>If your answer is "No" to Question 5.1, please proceed (go) to Question 5.2</b>			
5.1.1	Were you provided with the pyjamas?	Yes	No
5.2	<i>(ask women only)</i> Did you require sanitary pads?	Yes	No
<b>If your answer is "No" to Question 5.2, please proceed (go) to Question 5.3</b>			
5.2.1	Were you given sanitary pads when you needed them?	Yes	No
5.3	Are you a mother/father/guardian of a baby admitted to the ward?	Yes	No
<b>If your answer is "No" to Question 5.3, please proceed (go) to Question 5.4</b>			
5.3.1	Were you given nappies when you needed them?	Yes	No
5.4	In your opinion was the ward clean?	Yes	No
5.5	Did you use the bathroom establishments?	Yes	No
<b>If your answer is "No" to Question 5.5, please proceed (go) to Question 5.7</b>			
5.6	Bathing amenities:		
5.6.1	Did the bath tub have functional stopper?	Yes	No
5.6.2	Was the shower in good working order?	Yes	No
5.6.3	Did the wash basin have functional stopper?	Yes	No
5.7	Was the water warm enough for you to bathe / shower with?	Yes	No
5.8	Was the bed linen (sheets, blankets, pillows, etc.) dirty?	Yes	No
5.9	Was there clean drinking water with a drinking cup within your reach while in bed?	Yes	No
5.10	Did you use the toilet?	Yes	No
<b>If your answer is "No" to Question 5.10, please proceed (go) to Question 5.12</b>			
5.11	Were the following always available in the toilets when you needed them?		
5.11.1	Toilet paper	Yes	No
5.11.2	Running tap water	Yes	No
5.11.3	Hand wash basin	Yes	No
5.11.4	Liquid soap dispenser containing liquid soap	Yes	No
5.11.5	Disposable paper towel	Yes	No
5.11.6	Waste disposal bin with functional lid	Yes	No
5.12	Did you see any of the following pests in the ward: cockroach, rodent, flies, mosquito, lice?	Yes	No

<b>SECTION 6 VALUES AND ATTITUDES</b>			
6.1	Were health establishment staff members wearing visible name badges?	Yes	No
6.2	Did they introduce themselves before attending to you?	Yes	No
6.3	Did staff inform you of your rights as a patient?	Yes	No
6.4	Was your permission asked before you were treated?	Yes	No
6.5	Was your health condition / illness explained to you?	Yes	No
6.6	Were you given an opportunity to ask questions about your health condition / illness?	Yes	No
6.7	Did you prefer an alternative treatment from what you were given?	Yes	No
<b>If your answer is "No" to Question 6.7, please proceed (go) to Question 6.8</b>			
6.7.1	Were you allowed to suggest alternative treatment you preferred?	Yes	No
6.8	Did you have valuables in your possession?	Yes	No
<b>If your answer is "No" to Question 6.8, please proceed (go) to Question 6.9</b>			
6.8.1	Were you assisted to have them safely kept?	Yes	No
6.9	Were the health care services / procedures performed on you provided in private where others could not overhear?	Yes	No
6.10	Were staff members generally respectful to patients?	Yes	No
6.11	Have you lodged a complaint before?	Yes	No
<b>If your answer is "No" to Question 6.11, please proceed (go) to Section 7, Question 7.1</b>			
6.11.1	Did you get feedback regarding your complaint?	Yes	No
6.11.2	Since you lodged a complaint, has there been improvement regarding the issue you complained about?	Yes	No
<b>SECTION 7 WAITING TIMES</b>			
7.1	Was there a functional nurse call system within your reach?	Yes	No
7.2	Did nurses respond to your calls quickly?	Yes	No
7.3	Have you been discharged?	Yes	No
<b>If your answer is "No" to Question 7.3, omit 7.3.1, 7.3.1.1 and 7.3.1.1.1</b>			
7.3.1	Did you need treatment, an appointment card and/or disability aids such as crutches, walking stick, spectacles, wheelchair, etc. to take home?	Yes	No
<b>If your answer is "No" to Question 7.3.1, omit 7.3.1.1 and 7.3.1.1.1</b>			
7.3.1.1	Was waiting time to receive any of the items mentioned under 7.3.1 acceptable to you?	Yes	No
<b>If your answer is "Yes" to Question 7.3.1.1, omit 7.3.1.1.1</b>			
7.3.1.1.1	Was it explained to you why you had to wait?	Yes	No

\*Thank you for agreeing to participate in this important survey project

\*The following table is to be completed by the survey leader

<b>Questions are fully completed</b>	<b>YES</b>		<b>NO</b>	
<b>If some are incomplete, please provide reasons</b>				
<b>Conclusion about this questionnaire</b>	<b>Accept right away</b>	<b>Verify some information</b>	<b>Reject the questionnaire</b>	
<b>Surname and Name</b>				

## Annexure C

Date: \_\_\_\_\_

Questionnaire record no. \_\_\_\_\_

### QUESTIONNAIRE ON PATIENTS' EXPERIENCE OF CARE FOR IN-PATIENTS (MENTAL HEALTH ESTABLISHMENTS)

(To be completed by patients who spent at least one night admitted in the health establishment) NB! Patients who are exempted by any legislation or are having a health condition that impedes their ability to represent themselves may be represented by their parents/guardians/family members. Completion of questionnaire by participants should commence from SECTION 1, while A is completed by data collectors.

<b>A</b>				<b>GEOGRAPHIC PARTICULARS OF A HEALTH ESTABLISHMENT</b>			
Name of Hospital:							
Level of Hospital:							
Ward Name and Description							
Province:							
District Name:							
Sub-District:							
<b>GENERAL INSTRUCTIONS</b>		<b>PLEASE MARK THE APPROPRIATE ANSWER WITH X</b>					
<b>SECTION 1</b>		<b>BIOGRAPHICAL DATA</b>					
1.1	How old are you?						
1.2	Your sex?			Male	Female		
1.3	Have you been admitted in this hospital in the past 12 months?			Yes	No		
<b>SECTION 2</b>		<b>ACCESS TO CARE</b>					
2.1	Were you shown where the bathrooms and toilets are?			Yes	No		
2.2	Did staff inform you of the following:						
2.2.2	The visiting times?			Yes	No		
2.2.3	Who the manager in charge of the ward was?			Yes	No		
2.2.4	Who the doctor in charge of the ward was?			Yes	No		
2.2.5	How you could get hold of them in case you needed them?			Yes	No		
2.3	Do you know how to lodge a complaint?			Yes	No		
2.4	Were you ever transferred out to another health establishment by this health establishment before?			Yes	No		
<b>If your answer is "No" to Question 2.4, please proceed (go) to Section 3, Question 3.1</b>							
2.4.1	Were you given an opportunity to recommend the health establishment you preferred to be transferred to?			Yes	No		
2.4.2	Were transfer arrangements made for you?			Yes	No		
<b>If your answer is "No" to Question 2.4.2, please proceed (go) to Section 3, Question 3.1</b>							
2.4.4	Were you happy with the transfer arrangements made for you?			Yes	No		
<b>SECTION 3</b>		<b>AVAILABILITY AND USE OF MEDICINES</b>					
3.1	Were you informed of medicine / treatment times?						
3.2	Did you receive medicine / treatment while admitted in the ward?			Yes	No		
<b>If your answer is "No" to Question 3.2, please proceed (go) to Section 4, Question 4.1</b>							
3.2.1	Were you informed of how to take medicines / treatment?			Yes	No		
3.2.2	Were you informed of side effects of medicines you were taking while in hospital				No		
<b>SECTION 4</b>		<b>PATIENT SAFETY</b>					
4.1	Did you feel safe while sleeping in the ward?			Yes	No		
4.3	Did you have a disability which required assistance while admitted in this health establishment?			Yes	No		
<b>If your answer is "No" to Question 4.3, please proceed (go) to Question 4.4</b>							
4.3.1	Did you obtain assistance regarding your disability?			Yes	No		
4.4	Was the height of your bed good for you to climb up and down with ease?			Yes	No		
4.5	Were there notices warning you of obstructions or dangers in the walk-ways?			Yes	No		
4.6	Was there lighting throughout the ward that you were able to see where you were going?			Yes	No		



<b>SECTION 5 CLEANLINESS</b>			
5.1	Did you need hospital pyjamas to wear?	Yes	No
<b>If your answer is "No" to Question 5.1, please proceed (go) to Question 5.2</b>			
5.1.1	Were you provided with the pyjamas?	Yes	No
5.2	<i>(Women only)</i> Did you require sanitary pads?	Yes	No
<b>If your answer is "No" to Question 5.2, please proceed (go) to Question 5.4</b>			
5.2.1	Were you given sanitary pads when you needed them?	Yes	No
5.4	In your opinion was the ward clean?	Yes	No
5.5	Did you use the bathroom establishments?	Yes	No
<b>If your answer is "No" to Question 5.5, please proceed (go) to Question 5.7</b>			
5.6	Bathing amenities:		
5.6.1	Did the bath tub have functional stopper?	Yes	No
5.6.2	Was the shower in good working order?	Yes	No
5.6.3	Did the wash basin have functional stopper?	Yes	No
5.7	Was the water warm enough for you to bathe / shower with?	Yes	No
5.8	Was the bed linen (sheets, blankets, pillows, etc.) dirty?	Yes	No
5.9	Was there clean drinking water with a drinking cup within your reach while in bed?	Yes	No
5.10	Did you use the toilet?	Yes	No
<b>If your answer is "No" to Question 5.10, please proceed (go) to Question 5.12</b>			
5.11	Were the following always available in the toilets when you needed them?		
5.11.1	Toilet paper	Yes	No
5.11.2	Running tap water	Yes	No
5.11.3	Hand wash basin	Yes	No
5.11.4	Liquid soap dispenser containing liquid soap	Yes	No
5.11.5	Disposable paper towel	Yes	No
5.11.6	Waste disposal bin with functional lid	Yes	No
5.12	Did you see any of the following pests in the ward: cockroach, rodent, flies, mosquito, lice?	Yes	No
<b>SECTION 6 VALUES AND ATTITUDES</b>			
6.1	Were health establishment staff members wearing visible name badges?	Yes	No
6.2	Did they introduce themselves before attending to you?	Yes	No
6.3	Did staff inform you of your rights as a patient?	Yes	No
6.5	Was your health condition / illness explained to you?	Yes	No
6.6	Were you given an opportunity to ask questions about your health condition / illness?	Yes	No
6.8	Did you have valuables in your possession?	Yes	No
<b>If your answer is "No" to Question 6.8, please proceed (go) to Question 6.9</b>			
6.8.1	Were you assisted to have them safely kept?	Yes	No
6.9	Were the health care services / procedures performed on you provided in private where others could not overhear?	Yes	No
6.10	Were staff members generally respectful?	Yes	No
6.11	Have you lodged a complaint before?	Yes	No
<b>If your answer is "No" to Question 6.11, please proceed (go) to Section 7, Question 7.3</b>			
6.11.1	Did you get feedback regarding your complaint?	Yes	No
6.11.2	Since you lodged a complaint, has there been improvement regarding the issue you complained about?	Yes	No
<b>SECTION 7 WAITING TIME</b>			
7.3	Have you been discharged?	Yes	No
<b>If your answer is "No" to Question 7.3, omit 7.3.1, 7.3.1.1 and 7.3.1.1.1</b>			
7.3.1	Did you need treatment, an appointment card and/or disability aids such as crutches, walking ring, spectacles, etc. to take home?	Yes	No
<b>If your answer is "No" to Question 7.3.1, omit 7.3.1.1 and 7.3.1.1.1</b>			
7.3.1.1	Was waiting time to receive any of the above mentioned items acceptable to you?	Yes	No
<b>If your answer is "No" to Question 7.3.1.1, omit 7.3.1.1.1</b>			
7.3.1.1.1	Was it explained to you why you had to wait?	Yes	No

\*Thank you for agreeing to participate in this important survey project

\*The following table is to be completed by the survey leader

<b>Questions are fully completed</b>	<b>YES</b>	<b>NO</b>	
<b>If some are incomplete, please provide reasons</b>			
<b>Conclusion about this questionnaire</b>	<b>Accept right away</b>	<b>Verify some information</b>	<b>Reject the questionnaire</b>
<b>Surname and Name</b>			

# INFORMATION ON PATIENT EXPERIENCE OF CARE SURVEY

## 1) What is the survey about?

- This survey is about accessing information from patients about their experience of care in this health establishment.
- The results obtained will inform the health establishment about areas that require improvement.

## 2) How long will it take to participate?

- Completion of the questionnaire will not take more than ten minutes when participants are being interviewed.
- The time may be shorter if participants complete questionnaires by themselves.

## 3) Who should participate?

- All users of health services or their respective next of kin if they are unable to participate on their own.

## 4) Conditions of participation in the survey

- Participation is voluntary.
- No form of remuneration or preferential treatment will be provided to users who opt to or not to participate.
- No fee is required from participants to participate in the survey.

## 5) How to participate?

- A separate consent form should be signed and be immediately deposited in a separate one entry box. The consent form will be used for audit purposes only.
- Participants will be interviewed by data collectors using the prescribed questionnaires however, if able or preferred, participants may complete questionnaires by themselves while data collectors clarify issues where required. In instances where data collectors interview participants, the completed questionnaires should be deposited into the specified one entry box in full view of the participants.

## 6) Assurance /confidentiality

- Any reports or publications about the survey will not reveal participants' identities.

## 7) How will participants get the feedback?

- The results of the survey and the service delivery improvements will be communicated by the health establishment manager/Public Relations officer/hospital board or clinic committee through the Head of Department within one month following the survey.



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**Annexure E**

**CONSENT FORM FOR PARTICIPATING IN THE PEC SURVEY**

**CONSENT**

I hereby agree to participate in Patient Experience of Care Survey. I understand that I am participating voluntarily and without being forced in any way to do so. I also understand that I can stop this interview/completion of questionnaire at any point during the interview/ completion of questionnaire. My decision for deciding not to continue with my participation in this survey will not in any way, affect me negatively.

I understand that this is a feedback project, the purpose of which is not necessarily to provide preferential treatment or financial benefits.

I have received relevant information of persons to contact should I need to communicate issues related to this survey.

I understand that this consent form will not be linked to my completed questionnaire, and that my answers will remain anonymous.

Signature of participant: \_\_\_\_\_

Date: -----

Signature of witness: \_\_\_\_\_

Date: -----

## Annexure F

### ROLES AND RESPONSIBILITIES OF PERSONS INVOLVED IN PEC SURVEY

People who should participate in the survey comprise of the PEC survey facilitator, data collector / field worker, data capturer and data analyst, information officer, health establishment manager, Quality Assurance / Customer care manager or Public Relations Officer. Their specific roles and responsibilities are as follows:

#### i. PEC survey facilitator

- while complying with the financial and administrative policies that are associated with the project, the PEC survey facilitator i.e. a Quality Assurance / Customer care manager or Public Relations Officer, has the primary responsibility of ensuring success of the PEC survey project.
- the Quality Assurance / Customer care manager or Public Relations Officer is responsible for facilitating the survey project, report the survey results and accompanying service delivery improvements to the management team of the respective level of health.
- the Quality Assurance / Customer care manager or Public Relations Officer is responsible for monitoring compliance and facilitating commitment that is presented in the form of SDI.

PEC survey facilitator must:

- facilitate execution the project as outlined in the guideline, using sound management techniques
- ensure compliance with all policies and procedures that apply to the survey
- be consistently available during the whole period of the survey in a given health establishment
- identify and designate areas for data collection for the duration of data collection
- intermittently report progress of the survey to the respective top management of the health establishment
- compile a report of results to stakeholders
- be able to eloquently convey management's commitment to improving health services as informed by PEC results
- ensure safe archiving of PEC survey questionnaires and consent forms in line with the archive act and related policies

#### ii. Data collectors

Data collectors / field workers should:

- obtain written consent before conducting interviews
- conduct the interview out of earshot of others people to ensure confidentiality
- allow patients to complete questionnaires on their own if they so wish and are able to do so while providing assistance when needed
- show participants where to deposit completed questionnaires and ensure that such questionnaires and consent forms are indeed deposited even in cases where they might have not been fully completed

Required attributes of data collectors:

- not be an employee of the health establishment in which the survey is conducted
- be approachable and able to speak locally spoken languages
- have passed at least Grade 10
- be consistently available from opening to the time of closure of the health establishment for the entire duration of the survey
- must be clearly identifiable either by wearing a name badge or by wearing particular recognisable clothing as the need may be

#### iii. Data capturer

A data capturer's main job is to:

- capture data into the PEC software of the web-DHIS
- keep the questionnaires in a safe place in line with the archive legislations
- submit all questionnaires and consent forms to the Quality Assurance / Customer care manager or Public Relations Officer for archiving at the end of the survey for archiving

#### iv. Data analyst / information officer

A data analyst / information officer works closely with the Quality Assurance / Customer care manager or Public Relations Officer to ensure appropriate results and reporting mechanisms are complied to. They must:

- conduct required training for data capturers and managers regarding the use of the software particularly where the establishments have opted to conduct local survey intended to track their local performance
- ensure that there is credible data to inform the results
- use the PEC software program obtainable from the web DHIS to conduct descriptive analysis of PEC results
- maintain the web-based database of all establishments and their results

v. The health establishment manager / unit manager

The health establishment manager / unit manager develops service delivery improvements

- the health establishment / unit manager must account to the overall performance of the health establishment and design mechanisms to improve / sustain performance
- communicates the results of the survey and commitment to improvement (in the form of SDI) by visibly posting them in patient waiting areas
- must communicate the results to all staff members of the respective health establishment and delegate relevant staff members, responsibilities that are aimed at improving services
- Quality Assurance / Customer care manager or Public Relations Officer, hospital board / clinic committee, in collaboration with the HOD of the respective province, communicates results of the survey as well as service delivery improvement to the public
- encourage patients to intermittently give feedback as stipulated in the Complaint and Compliment protocol

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## National Department of Health

Switchboard: 012 395 8000  
Physical address: Civitas Building  
Cnr Thabo Sehume and Struben Streets  
Pretoria  
Postal Address: Private Bag X828  
Pretoria  
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