



Service Evaluation Study



**ACUTE PSYCHIATRIC INPATIENT CARE:
patient experience and satisfaction
during their admission in an acute ward
at Mount Carmel Hospital**

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Introduction



- In October 2017, two newly-appointed consultants focusing on inpatient care were introduced as part of the Acute Service Team at MCH.
- They were to be stationed at the Acute Wards on a daily basis, thus allowing more flexibility in the provision of acute inpatient care.
- After the initial three months of operation, we wanted to quantitatively and qualitatively assess the patients' satisfaction while in an Acute Ward.
- We identified MAW-M and F due to the high turnover of patients.

Aims & Objectives

- Obtain quantifiable **general satisfaction ratings** from patients in an acute ward using a **validated, standardized questionnaire**.
- Compare general satisfaction ratings between patients admitted under **Acute vs. Non-Acute services**.
- Identify the domains that have **low mean scores** (i.e. lower levels of satisfaction) for future quality improvement initiatives.
- Identify the domains that have **high mean scores** (i.e. higher levels of satisfaction) to further enhance the service.
- Identify any correlation between **patient demographic factors** and satisfaction ratings.
- Collect summary of **comments** given by patients on likes and dislikes of their stay from qualitative questions.

Study Design



- **Prospective** study
- January – June 2018 (**6 months**)
- Total **40 patients**
- Brief, self-reported questionnaire soon after being discharged
- **“Inpatient Evaluation of Services Questionnaire”** – IESQ by Dr. Thomas Meehan from Australia.
- Validated specifically for inpatient in an acute ward, who were due to be discharged and with enough items to have a comprehensive overview of their experience.
- **20 questions, 3 main domains, 5-point Likert Scale** (1-5 from Very Poor to Very Good).
- **2 open-ended questions** at the end
- **Demographics sheet** (*age, gender, education, employment, marital status, MHA status, TLO stay, consultant, assistance during questionnaire*)

Tackling Trauma



- In the mental health services, what is considered as a traumatic experience for the patient?
- Is an admission considered as traumatic?
- How can we make the inpatient stay less traumatic and make it more conducive to their recovery?

Inpatient Evaluation of Services Questionnaire (IESQ)

Please complete this questionnaire and help us to improve the services we provide. All information provided by you will be kept strictly confidential.

How would you rate the following statements? (Please tick one answer)

	Very poor	Poor	Fair	Good	Very Good
1. The information you received about practical hospital matters (<i>Meal times, money, leave...</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The explanations given to you about your treatment (<i>your illness, treatment, the need to stay in hospital...</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The information given to you about your medication (<i>benefits, side-effects...</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The availability of your doctor(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The quality of service provided by your doctor(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The availability of the nursing staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The quality of service provided by the nursing staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Quantitative Data Results



Friedman Test



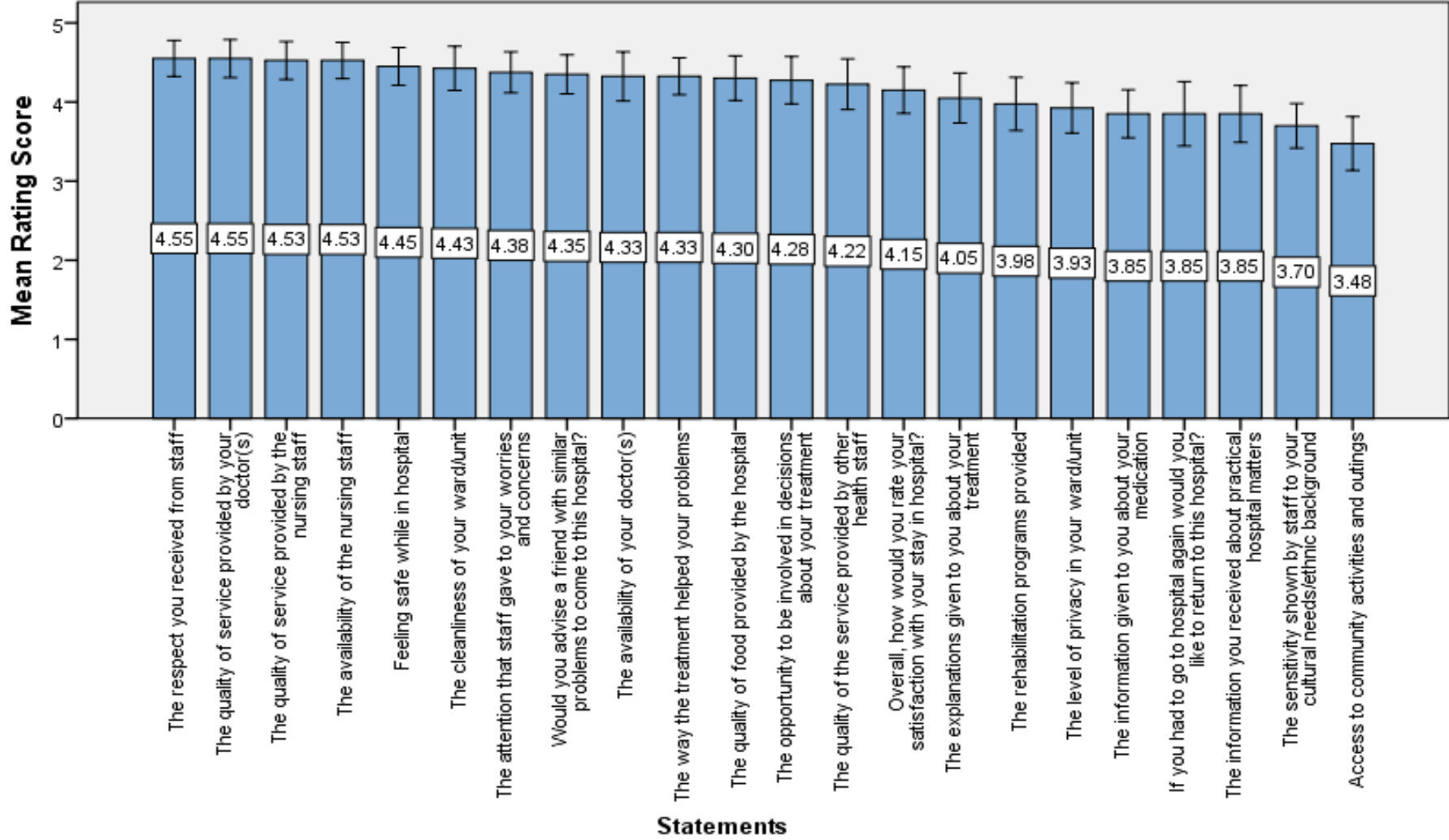
- Friedman Test is used to compare mean rating scores, provided to a number of statements related to acute inpatient stay at Mount Carmel Hospital. These mean rating scores range from 1-5, where:
- 1 = very poor
- 2 = poor
- 3 = fair
- 4 = good
- 5 = very good
- Therefore, the larger the mean rating score, the higher is the satisfaction.

Friedman Test

	Mean	Std. Dev.	Minimum	Maximum
The information you received about practical hospital matters	3.85	1.122	1	5
The explanations given to you about your treatment	4.05	0.986	1	5
The information given to you about your medication	3.85	0.949	1	5
The availability of your doctor(s)	4.33	0.971	2	5
The quality of service provided by your doctor(s)	4.55	0.749	3	5
The availability of the nursing staff	4.53	0.716	3	5
The quality of service provided by the nursing staff	4.53	0.751	3	5
The quality of the service provided by other health staff	4.23	1.000	2	5
The respect you received from staff	4.55	0.714	3	5
The attention that staff gave to your worries and concerns	4.38	0.807	3	5
The sensitivity shown by staff to your cultural needs/ethnic background	3.70	0.883	3	5
The rehabilitation programs provided	3.98	1.050	2	5
Access to community activities and outings	3.48	1.062	1	5
The opportunity to be involved in decisions about your treatment	4.28	0.933	2	5
The way the treatment helped your problems	4.33	0.730	3	5
The level of privacy in your ward/unit	3.93	0.997	2	5
Feeling safe while in hospital	4.45	0.749	3	5
The quality of food provided by the hospital	4.30	0.883	2	5
The cleanliness of your ward/unit	4.43	0.874	2	5
Overall, how would you rate your satisfaction with your stay in hospital?	4.15	0.921	2	5
Would you advise a friend with similar problems to come to this hospital?	4.35	0.770	2	5
If you had to go to hospital again would you like to return to this hospital?	3.85	1.272	1	5

Table 1: Friedman Test

$\chi^2(21) = 116.25, p < 0.001$



Kruskal-Wallis test



- The KRUSKAL-WALLIS Test is used to compare mean rating scores provided to a statement between several independent groups clustered by Age, Gender, Education level, Marital Status, Mode of stay, Type of Admission, Total Length of Stay, Consultant (Acute vs. Non-Acute) and Assistance in completing questionnaire.
- The **Null hypothesis** specifies that the mean rating scores provided to a statement vary marginally between the groups and is accepted if the p-value >0.05 level of significance.
- The **Alternative Hypothesis** specifies that the mean rating scores provided to a statement vary significantly between the groups and is accepted if the p-value is <0.05 criterion.

The sensitivity shown by staff to your cultural needs/ethnic background	30 years or less	10	3.20	0.422	0.142
	31-49 years	15	3.87	0.990	
	50 years or more	15	3.87	0.915	
The rehabilitation programs provided	30 years or less	10	3.10	0.994	0.010
	31-49 years	15	4.13	0.990	
	50 years or more	15	4.40	0.828	
Access to community activities and outings	30 years or less	10	2.80	0.789	0.026
	31-49 years	15	3.47	1.187	
	50 years or more	15	3.93	0.884	
The opportunity to be involved in decisions about your treatment	30 years or less	10	4.30	0.823	0.914
	31-49 years	15	4.20	1.014	
	50 years or more	15	4.33	0.976	
The way the treatment helped your problems	30 years or less	10	4.40	0.516	0.095
	31-49 years	15	4.00	0.845	
	50 years or more	15	4.60	0.632	
The level of privacy in your ward/unit	30 years or less	10	3.50	1.080	0.132
	31-49 years	15	3.87	0.915	
	50 years or more	15	4.27	0.961	
Feeling safe while in hospital	30 years or less	10	4.30	0.949	0.073
	31-49 years	15	4.20	0.775	
	50 years or more	15	4.80	0.414	
The quality of food provided by the hospital	30 years or less	10	4.60	0.699	0.216
	31-49 years	15	4.07	0.799	
	50 years or more	15	4.33	1.047	
The cleanliness of your ward/unit	30 years or less	10	4.20	1.033	0.418
	31-49 years	15	4.40	0.828	

Main findings - Age



- Patients **above the age of 50**, were generally more satisfied with regards to the *rehabilitation programme offered* from the ward (**0.010**) and their *access to community services and outings* (**0.026**). Their *overall satisfaction rating* (**0.028**) is also generally higher.
- For the remaining statements, there was no age discrepancy since the p-values exceeded the 0.05 criterion.

Gender



- **Males** showed greater appreciation when they are given information about their medicine and are counselled about what to expect from their choice of treatment.
(Information given about medication – 0.044).
- On the other hand, results showed that **females** showed greater appreciation when they had *access to community services and outings (0.020).*

Total length of stay



- A shorter length of stay in ward (**between 1-5 days**) showed higher satisfaction with the *availability of doctors* (**0.017**) to review them.
- Similarly, there was a positive correlation between their willingness to “[*Advise*] a friend with a similar problem to come to this hospital” and the brevity of their inpatient stay (**0.042**).
- Therefore, the shorter their length of stay, the more satisfied they were with the availability of their doctor and overall advising a friend.

Caring Consultant Team



- Nevertheless, there was **no statistical difference** when comparing patients who were assessed by the Acute Team versus the non-Acute Team.
- This might possibly reflect the recent changes implemented in the provision of ward-based care, whereby patients who were placed under a nursing supervision needed to be reviewed every 24 hours by a specialist (either a consultant psychiatrist or a resident specialist) of the treating firm.

Assistance by staff



- When patients were assisted by ward staff to complete their questionnaire, there was a statistically higher satisfaction rating in evaluating *the availability of nurses (0.042)*. – *Desirability bias*

Other demographics



- With regards to **education, marital status, mode of stay** (voluntary vs. involuntary) and **type of stay** (new case vs. re-admission), their *p-value* did not show any significant difference between results; therefore, they do not affect satisfaction ratings.

Qualitative Data



**POSITIVE & NEGATIVE
EXPERIENCES**



Main themes elicited:

- Nursing Staff
- Staff dedication and friendliness
- Good quality of care
- Opportunity to make new friends
- Availability of help in learning how to structure their day

Positive feedback



- *“Għamilt ħbieb godda li stajt nafdahom kif ukoll lin-nurses”*
- *“L-istaff kollu għeni, u nemmen li ħadu ħsiebi iktar minn bizzejjed”*
- *“L-appoġġ mingħand in-nurses; l-esperjenza u l-professjonalita’ tagħhom”*
- *“Li jkolli ħin għalija”*
- *“Li kelli dejjem in-nurses lesti li jitkellmu miegħi u t-tobba kienu mill-aħjar miegħi, dejjem jifhmuni”*
- *“Nursing staff were very caring”*
- *“Socializing, food and medicine”*
- *“Having enough time to think about what I had done wrong, meeting and talking with other patients. I had enough time to rest as well”*
- *“Being able to speak with empathic staff”*
- *“Rehabilitation and the value of time”*
- *“The doctors and the nursing staff were excellent. They were always there to help me and give me support. Their approach towards the patient is excellent.”*



Main themes elicited:

- Quality and cleanliness of bathroom facilities
- Disrespectful and unruly patient behavior
- Inactivity in ward

- Elderly patients in ward
- Poor help with self-hygiene
- Lack of individual rooms
- Lack of privacy
- No communication devices
- Smoking environment

Negative feedback

- *“Ma kellix x’nagħmel”*
 - *“It-tojlits mhux dejjem indaf”*
 - *“L-istorbju m’għand ċertu nies”*
 - *“Nuqqas ta’ rispett min-nies li jieħdu ħsieb il-pantry”*
 - *“Nuqqas ta’ ‘councillor’ fis-sala bix tiggwidak kif tgħin lilek innifsek f’dan kollu. Ċertu nies ikollhom bzonn iktar kura minn ħaddieħor, izda iz-zmien ta’ bejn appuntament u ieħor huwa twil wisq”*
 - *“Dejjem l-istess stazzjon ta’ televizjoni”*
 - *“Il-fatt li hawn anzjani fis-sala, għax ifisser li l-istaff għandom bzonn iktar għajnuna”*
-
- *“Too much time to smoke”*
 - *“No communication devices such as a mobile”*
 - *“Have to shower with other people”*
 - *“Snoring from other patients and not having your own room. There was zero to none activities to pass the time”*
 - *“Hygiene of toilets is very poor. Quality of mattress!”*
 - *“Lack of things to do”*
 - *“I wasn’t informed about what medication I was given and why”*

Limitations



- **Reliability on nursing staff** to present questionnaire to every patient discharged, which at times were easily missed due to time-pressures and other commitments in ward.
- Some areas of the questionnaire were **incompletely filled**.
- There might be a degree of **bias** with regards to filling-in answers out of free will, as assistance by other members may influence the patients' choice.
- Patients would answer in a **positive way upon their discharge** as they are only too happy to be reuniting with their family and returning back home.
- During the course of our study, there was a change in patient management, as those being put on **Level 1 supervision** need to re-assessed by a senior within 24 hours, regardless if he/she forms part of their caring consultant.
- Patients who **discharged against medical advice** were subsequently excluded from the study. However, their discharge might have been prompted by a dissatisfaction with inpatient care, and may prove an interesting area of study in the future.

Conclusions



- Patient satisfaction surveys are a useful tool to elicit vital information about patients' attitudes to care.
- Socio-demographic factors can impact a patient's perspective of the service they receive.
- Guide for future hospital quality improvements.
- Focus on establishing a safe and dignified environment, deliver patient-focused care and continue training our staff.
- Healthy staff-patient therapeutic alliance.



**Thank-
you!**

Any questions?

