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**PATIENT SATISFACTION IN
JAMAICAN HOSPITALS**

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February 28, 1995

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SUMMARY

Health policy makers frequently attempt to measure how projects affect the welfare of the clients they seek to serve. The Health Sector Initiative Project (HSIP), funded by the U.S. Agency for International Development is one of several projects designed to strengthen the functioning of hospitals in Jamaica. To measure the impact of the types of inputs provided by this project on public hospital clients, we interviewed 1213 systematically selected patients in six Jamaican hospitals in 1994 about their satisfaction and payments. To facilitate interpretation of the findings, we interviewed administrative staff and reviewed utilization and staffing data for each hospital.

The survey showed that satisfaction was uniformly higher for most variables in one hospital which had a professionally trained administrator in the years prior to the survey (Savanna-la-Mar). Though the HSIP project had not contributed to the placement of this administrator in that hospital, she did practice the types of cooperative management skills which the project is trying to replicate. Administrative hospital staff also acknowledged, and appeared to value, many other types of training provided by the project. While the survey found no difference in satisfaction between the three hospitals which already had Chief Executive Officers (CEOs) at the time of the survey (Spanish Town, May Pen, and Mandeville) compared to two control hospitals which did not (Princess Margaret and Port Antonio), the CEO program may have still been too new at the time of the survey to show any differences.

Data on charges to patients suggest that official charges average about 14 percent of the costs (assuming unspecified charges were forgiven or waived). On average, charges by the hospital are equivalent to 4 days of per capita GNP. When private payments to doctors, pharmacies, labs, and others are included, the total averages seven days of per capita GNP. While these averages seem affordable, the few patients incurring private charges pay substantially more.

Most of the services provided by the HSIP, such as training to improve revenue collection, serve all hospitals, rather than just those with CEOs. Thus, the most important use of this survey is likely to be as a baseline for future surveys to measure whether satisfaction increases in public hospitals as a whole.

The cost of the survey (about US \$10 per patient) was affordable and could be reduced substantially by sampling prevalent patients, rather than discharged patients. Satisfaction surveys are a valuable tool for monitoring and improving the quality of services.

INTRODUCTION

The Health Sector Initiatives Project (HSIP) comes against the background of a number of years of economic crisis associated with a crippling debt burden and the implementation of a structural adjustment program. The resultant cuts in the government's social sector expenditures have had some negative consequences for the nation's health. Indications are that the incidence of a number of illnesses increased in the 1980s with declining expenditures by government in the public health care system.¹ More pointedly, there is evidence of an exodus of medical and para-medical personnel from the public hospitals, which is related to poor salaries, a lack of equipment, and a failure to properly maintain the physical environment of the hospitals. Associations have been established between this situation and a deterioration in the quality of health care delivered by the public hospitals.²

The Health Sector Initiatives Project (HSIP), supported by the United States Agency for International Development (USAID), is aimed at improving the delivery of health services to the Jamaican people through the rationalization of public health sector resources. Under this project, divestment of a number of previously government funded hospital services has taken place. Cost recovery has been introduced and a series of managerial improvements, under the auspices of a new management stratum in the hospitals, the Chief Executive Officer (CEOs), has also been attempted. The HSIP is a relatively new program. It began in 1989, although the first CEOs were not recruited until 1992. CEOs have been one of the routes to managerial improvements, including treating patients more consciously as paying clients.

A critical part of development assistance provided by the Agency for International Development (A.I.D.) and other donors is assessing the impact of its projects. As part of that process, USAID/Jamaica asked the authors to measure the impact of the HSIP and related activities on its beneficiaries -- the public hospital clients.

Many HSIP activities (quality improvement and techniques for cost recovery) have served all hospitals in Jamaica. A few have been selective. Privatization has been implemented initially in only a few hospitals -- particularly Spanish Town and Mandeville. The recruitment and installation of Chief Executive Officers has been realized only in tertiary and some secondary hospitals. In this survey, it is impossible to assess the country-wide activities of HSIP. To assess them, national improvement would have to be assessed and a large-scale baseline survey would have been required at the start of HSIP. Unfortunately, to the author's knowledge, no such baseline exists.

¹ K.Levitt The Origins and Consequences of Debt in Jamaica: 1990: Consortium Graduate School of Social Sciences.

² D.A.Brown Manpower Losses and Return Migration to the Caribbean: A Case Study of Jamaican Nurses: 1991: CIPRA, Georgetown University.

The Patient Satisfaction Survey measures the impact of the changes introduced by the HSIP on patients satisfaction levels. Because of the recency of the program, it might very well be too early to properly assess the impact. Furthermore, intervening variables such as other Ministry of Health policies which govern the adequacy of resources available to the hospitals, or factors specific to the socio-economic environment in which a hospital operates, may override the influence of the CEOs.

This survey thus serves three important purposes: First, it evaluates the impact to date of one selective HSIP input, stronger administrative officers for hospitals, in the context of other factors that affect patient satisfaction. Second, it assesses qualitatively the effect of training and other inputs provided by the HSIP project. Third, it serves as a benchmark for the evaluation of the effect of the program on future conditions in the hospitals in general, and for determining whether CEO hospitals improve differentially compared to controls.

METHODOLOGY

Design

The surveys uses a comparative design in which three groups of hospitals were compared. The first is a "strong administrator" -- a hospital administered by a person professionally trained in a year-long course in hospital administration. Savanna-la-Mar, the only Jamaican hospital with this characteristic (administered until recently by Stephanie Reid), was included in the survey. (She would have been eligible to be a CEO in 1992 if she were not about to begin further professional training.) CEO hospitals are ones with Chief Executive Officers (CEOs), whose recruitment and hiring was supported by the HSIP. Control hospitals are ones without CEOs or their equivalents.

The 1994 survey was conducted in six hospitals across the country over the period May 29 to September 14. As mentioned, Savanna-la-Mar was the one strong administrator hospital. Three hospitals (Spanish Town, May Pen, and Mandeville) were CEO hospitals, while the other two (Port Antonio and Princess Margaret) were controls. To achieve balance among the hospitals, only secondary hospitals were included. Insofar as possible, the control hospitals were matched for size and sophistication with the CEO hospitals.

Originally, a survey of patients on private wards had been planned to be able to compare their satisfaction with those of patients on public wards, but this proved infeasible. Of the selected hospitals, only Savanna-la-Mar had a private ward. During most of the time of the field work, however, there were no patients on this ward so a sample could not be obtained.

Sampling procedure

A total of 1213 patients were interviewed. Respondents were chosen by means of systematic sampling. Inpatients (511) constituted 42 percent of the sample, and were

systematically selected from all such patients until quotas of 60 for small hospitals and 100 for large hospitals were filled. Ambulatory patients (702) constituted the remaining 72 percent. They were chosen from the casualty (334 patients) and outpatient clinic (368 patients) areas. For these ambulatory patients, quotas of 50 per hospital were set. Appendix Table A5 gives details of the sample sizes.

Interviews were conducted in: a) Spanish Town Hospital, St. Catherine from May 29 through June 16; b) Port Antonio Hospital, Portland from June 10 to 18, and July 19 to 27; c) May Pen and Mandeville Hospitals, Clarendon and Manchester respectively, from June 28 to July 15; d) Princess Margaret Hospital, St. Thomas, from August 5 to August 19, 1994; and, e) Savanna-la-mar Hospital, Westmoreland, from August 31 to September 14, 1994.

The general sampling procedure of the survey, derived from the modus operandi of the participating hospitals, involved the following: on average, two interviewers were assigned per hospital beginning from 8:30 a.m. to approximately 9:00 p.m. The wards of the chosen hospitals were selected as the first working area. Inpatients, identified by the Sister of the respective ward as being on the daily discharge list, were first interviewed. After completing these interviews, interviewers proceeded to the casualty and clinic department(s). A sampling interval of one in two patients was used for the ambulatory patients, and a random start from one was chosen by a coin toss. Patients were interviewed either as they left the doctor's quarter or while they were awaiting the service of the hospital pharmacist.

In general, the staff of the survey hospitals, the ambulatory patients and inpatients were cooperative during the process of the survey. The refusal rate was marginal and due mainly to the patients' impatience to depart from the hospital upon completion of her/his treatment. This resulted in the premature termination of several interviews.

The survey questions were based in part on patient satisfaction surveys in the United States and the U.K., with additional questions added for Jamaica.

Descriptive data

To better understand the other factors affecting patient satisfaction a series of descriptive items were obtained for each hospital through interviews with administrative staff and reviewing records at the hospital and central ministry levels. Two ratios were calculated to summarize these data. The doctor/patient ratio was defined as the total number of doctors in post to the average number of patients admitted to the hospital during a particular period. The nurse/patient ratio was defined as the total number of nurses in post to the average number of patients admitted to the hospital during a particular period.

HOSPITAL CHARACTERISTICS

The hospitals varied in size from the approximately three hundred bed Spanish Town to the seventy-six bed May Pen Hospital.

Spanish Town Hospital was the only one of the hospitals surveyed which had an occupancy level above its stated capacity. Of all the hospitals surveyed, this one suffered most acutely from the nursing shortage. The nurse/patient ratio was 1:14. It did, however, have the best doctor/patient ratio of 1:37. The hospital is faced with a perpetual shortage of supplies. It is the most urban of the institutions in the survey. Much of its work-load is related to the treatment of the victims of violence. Spanish Town Hospital is also distinguished by the fact that its Laundry, Cleaning and Portering services have been privatized. The physical condition of the hospital can be regarded as fair to good.

May Pen Hospital is situated in an area which is characterized by rapid increases in population, due largely to internal migration. At the time of the survey it was fully occupied. It is less affected by shortages of nursing staff than most of the other hospitals in the survey. At the time of the survey it had 85 percent of the nurses it was budgeted to employ. This translated into a nurse/patient ratio of 1:8. At the same time the doctor/patient ratio was 1:88. However, the institution is plagued by shortages of machinery and facilities to satisfy the demands of some of its cases. Like Spanish Town Hospital, the buildings and surroundings in this hospital were rated between fair and good. Members of staff have benefitted from training under the HSIP in the areas of accounts, time management, patient satisfaction, and interpersonal relationships.

Mandeville Hospital, at the time of the survey, was filled to 94 percent of its capacity. It had been able to meet 72 percent of its nursing needs giving it a nurse/patient ratio of 1:8. The doctor/patient ratio of the institution was 1:56. Its clinic and outpatient sections tend to be overcrowded. Other sections of the hospital also tend to be unable to provide for all of the demands which are placed on them. The bathroom facilities are inadequate, as is the laundry service. Under the HSIP the hospital has benefitted from the purchase of equipment and a wide range of training for all categories of its staff.

Savanna-la-Mar Hospital is distinguished by the high levels of organization which characterize the activities of its administrative and medical staff. Most of the hospital buildings are in good condition. The general impression conveyed is one of an efficient and well-run institution, with very high levels of staff morale. Like the other experimental hospitals in the survey, Savanna-la-Mar Hospital has enjoyed a number of benefits under the HSIP program. These include the privatization of some services, management and technical training for its administrative and medical staff, and private sector support for the provision and financing of some health services. It is worthy of note that the Hospital Administrator, during the years immediately prior to the survey, had been trained in hospital administration. Even though the hospital's capacity is under utilized, there are complaints of staff shortage. The hospital has a

nurse/patient ratio of 1:9 and a doctor/patient ratio of 1:110. There are also complaints about a lack of hospital supplies and an inadequate casualty area.

Port Antonio Hospital is the first of the two control hospitals in the survey. The condition of its buildings is rated as excellent. The hospital is, however, dogged by lack of security for its staff and patients, shortage of medical personnel, inadequate supplies and equipment, and overcrowding on the maternity ward. This hospital is distinguished by the fact that it has the worst doctor/patient ratio of all the hospitals surveyed, 1:129. Its nurse/patient ratio of 1:9 approximated most of the other institutions in the survey. This hospital, and the other control hospital Princess Margaret, is perhaps the most rural of the hospitals in the survey.

Princess Margaret Hospital is affected by shortages of staff and equipment. Its doctor/patient ratio of 1:118 was only exceeded by one other hospital in the survey. Its nurse/patient ratio was 1:8.

See Appendix C for additional information on the hospitals.

RESULTS

Inpatients

For purposes of the analysis, the data were ordered monotonically so that in all cases a higher score meant a better result. In this section of the document the findings in regard to a number of variables are reported, first for inpatients and secondly for ambulatory patients. In the discussion section an attempt is made to interpret these findings.

Virtually all of the inpatients at the hospitals stayed in non-private rooms with other patients. As much as 94 percent of them intended to pay their hospital charges themselves rather than through any health insurance scheme. The control hospitals charged, on average, the lowest fee (J \$89) for services to ambulatory patients, but the highest (J \$859) for inpatients.

Table 1 shows the means for the three hospital groupings in response to the question "How well did the hospital staff do in getting you to your hospital bed quickly?"³ The strong administrator hospital received the best rating. The control hospitals were not outdone by the hospitals with CEOs.

³ For purposes of the analysis the experimental hospitals were grouped into two categories. The first consisted of Savanna-La-Mar, and the second was made up of Spanish Town, May Pen and Mandeville. The first was distinguished by the fact of having an administrator appointed under the HSIP, but not a CEO. The second was distinguished by the fact of having a CEO.

Table 1. Patient rating of how quickly hospital staff got them to bed once they had been admitted to hospital.

Variable	Description	Signif. ⁴	All	Stg Adm	CEO	Ctrl
TOBED	How well did the hospital staff do in getting you to your bed quickly?	.001**	1.76	1.87	1.73	1.74
	N		454	112	237	105

The same pattern holds for another non-technical hospital function, that of informing the prospective patients about preparation for their stay in the hospital. In this instance, however, the differences among hospital groups were not statistically significant. Table 2 shows the mean ratings given to the hospitals by the patients in response to the query "Once you got into the hospital, how well did the staff meet your needs?" Again, the hospital with the strong administrator registers the highest level of patient satisfaction. There were no statistically significant differences between the CEO and control hospitals.

Table 2. Patient rating of how well their needs were met by staff on admission to hospital.

Variable	Description	Signif.	All	Stg Adm	CEO	Cntrl
NEEDMET	Once you got into the hospital, how well did the staff meet your needs	.000**	3.31	3.69	3.23	3.13
	N		504	118	267	119

The responses to the question as to how caring specific categories of medical staff were indicates that, notwithstanding the differential doctor/nurse/patient ratio, the rankings of the hospitals remained unchanged. Table 3 shows the responses in regards to nurses. The strong administrator hospital again receives the best rating. The control hospitals, with their better nurse patient ratio, receive ratings which are not statistically different from the CEO hospitals.

⁴ Significance : + denotes $p < .01$ (borderline), * denotes $p < .05$ (significant), and ** denotes $p < .01$ (highly significant).

Table 3. Patient rating of how courteous and caring nurses were in their treatment of them.

Variable	Description	Signif.	All	Stg Adm	CEO	Cntrl
NURCARE	Rate how courteous and caring the nurses were	.000**	3.54	3.76	3.46	3.48
	N		505	119	267	119

The results of the same question asked in regard to doctors are shown in Table 4. The relatively poor doctor patient ratio at the strong administrator hospital does not affect its top ranking status. The other two groups of hospital also received the similar rating even though there are marked differences between their doctor/patient ratios.

Table 4. Patient rating of how courteous and caring doctors were in their treatment of them.

Variable	Description	Signif.	All	Stg Adm	CEO	Cntrl
DOC SOFF	How courteous and caring were the doctors	.006*	3.58	3.73	3.57	3.46
	N		483	116	255	112

One measure of the levels of satisfaction of the patients with the overall performance of the hospital is provided by the extent to which they would recommend the hospital to family and friends. Table 5 shows the rating received by the hospitals in regard to this issue. This measure of the overall assessment of the quality of the service offered by the hospitals, among inpatients, favors the strong administrator hospital over the other groups. The difference between the strong administrator hospital and the rest is highly significant while the difference between the CEO hospitals and the controls is of borderline significance.

Table 5. Inpatient recommendation of hospital.

Variable	Description	Signif.	All	Stg Adm	CEO	Cntrl
RECHOSP	Would you recommend this hospital to your family and friends if they needed hospital care	.000**	3.69	3.91	3.58	3.72
	N		504	119	266	119

Ambulatory Patients

Ambulatory patients were casualty patients or outpatients attending one of a wide range of clinics. Registration was the beginning of the process which they had to enter in order to receive medical attention. Table 6 shows patient ratings of the length of time which they had to spend at this procedure. The strong administrator hospital received the most favorable rating. The control hospital outperforms the CEO hospitals. The results are, statistically, highly significant.

Table 6. Patient rating of length of time they spent on registration.

Variable	Description	Signif.	All	Stg Adm	CEO	Cntrl
LONGREG	Rate the length of time you had to wait for registration	.000**	2.80	3.73	2.54	2.73
	N		610	100	314	196

The results for another non-medical service provided by the hospitals are shown in Table 7. The CEO hospitals received the most favorable results. They are followed by the strong administrator hospital.

Table 7. Patient rating of the length of time they spent waiting on pharmaceutical services.

Variable	Description	Signif.	All	Stg Adm	CEO	Cntrl
LONGPHAR	Rate the length of time you had to wait for services at the pharmacy	.000**	2.39	2.48	2.67	2.09
	N		329	87	113	129

Table 8 shows ratings of care from nurses. The strong administrator hospital receives the highest rating. They are followed by the CEO hospitals. The differences between all three groups of hospitals are statistically significant.

Table 8. Patient rating of care and courtesy they received from the nurses.

Variable	Description	Signif.	All	Stg Adm	CEO	Cntrl
NURSCA	Rate how courteous and caring the nurses were	.000**	3.31	3.59	3.37	3.10
	N		588	96	287	205

In the case of services provided by the doctors, the strong administrator hospital, in spite of its relative unfavorable doctor/patient ratio, again emerges with the most favorable results. This time, however, the difference between the CEO and control hospitals is not statistically significant. These results are shown in Table 9.

Table 9. Patient rating of care and courtesy they received from the doctors.

Variable	Description	Signif.	All	Stg Adm	CEO	Cntrl
DOC SOFF	Were the doctors courteous and kind	.083+	1.92	1.98	1.90	1.92
	N		645	103	330	212

The overall assessment of the hospital which is reflected in the response to the question "would you recommend this hospital to family and friends if they needed care", reflects somewhat that given by inpatients. As is the case with inpatients, the strong administrator hospital receives the most favorable response. This time, however, there is no difference between the CEO and the control hospitals (see Table 10).

Table 10. Outpatient recommendation of hospital.

Variable	Description	Signif.	All	Stg Adm	CEO	Cntrl
RECHOSP	Would you recommend this hospital to your family and friends if they needed hospital care	.001**	3.52	3.80	3.47	3.46
	N		504	119	266	119

Expenditures for Care

Table 11 shows expenditures for hospital services by inpatients. Average expenditures overall include patients without a category of expenditures. With a mean of J \$476 (or about US \$16 at the prevailing rate of about J \$30 per US \$1 at the time of the survey), average charges for hospitalization are reasonable compared to per capita GNP of US \$1,340. Official charges are about four days of per capita GNP.⁵ Given the rarity of inpatient care, the charge for care is less than the average economic output lost during the average stay of 5.5 days. Also, the official charge is only about 14 percent of the estimated cost of J \$3366 for a stay (based on the 1993 average cost for comparable hospitals of J \$510, inflated by 20 percent). Including private payments, the average overall expenditure of J \$740 (US \$25) is seven days per capita GNP.

While no more than 4.5 percent of inpatients reported any private charges, the mean for patients with such charges was high (J \$5,889) for all private expenditures combined. Physicians have mentioned the custom of charging private fees for caring for private patients in public beds. Another question (variable PDOCPRIV in Appendix A) showed that 23.6 percent of patients expected to have their fees paid privately to doctors by themselves or insurers. This survey suggests that the practice of direct payments by patients is not very widespread in these secondary hospitals, though payments by insurers are more common. With an average payment of J \$4,590 for the patients who did make private payments however, the amounts are relatively high.

Charges for ambulatory patients (shown under QUES19 in Appendix B) average J \$117 (US \$4) per visit, an amount consistent with the established charges of J \$50 for registration and J \$50 for prescriptions, plus incidental charges.

Table 11. Expenditures by inpatients

Service	% of patients with expenditure	Mean (J\$)		
		Patients with Expenditure	Overall	%
Hospital services	63.8%	746	476	64%
Private services				
Doctor	4.3%	4,590	191	
Pharmacy	4.5%	691	31	
Laboratory	1.0%	1,424	14	
Other	2.4%	1,313	29	
Subtotal		5,889	265	36%
TOTAL			741	100%

⁵ World Development Report 1994. Washington, DC: Oxford University Press, 1994.

DISCUSSION
Overall Comparisons

Three variables emerged as particularly salient for comparing the three groups of hospitals: the degree of caring of nurses and doctors and the overall recommendation of the hospital. To clarify those variables results are presented graphically. In addition to the separate analyses for inpatients and ambulatory patients, analyses were also presented for all patients. These were calculated as a simple average of the two separate analyses.

Figure 1, Rating of Care from Nurses, shows the rating of nurses for inpatient, ambulatory, and all patients. All of the means fell between 4 (very caring) and 3 (caring). For inpatients, where the nurses had more occasions to develop rapport with patients, ratings were higher than for ambulatory patients. The superiority of the strong administrator hospital applied to both groups of patients, however.

Figure 1 Rating of care from nurses

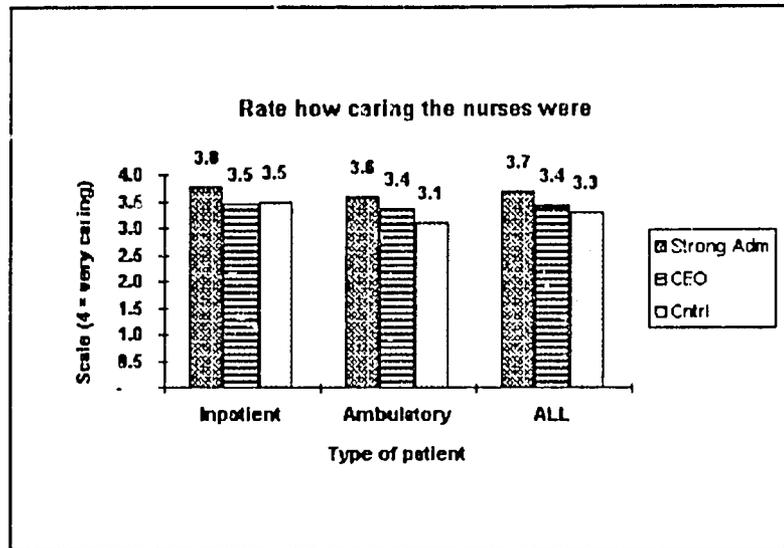


Figure 2, Rating of Care from Doctors, shows the rating of the doctors for inpatient, ambulatory and all patients. As the question on doctors for ambulatory patients had been posed on a scale of 1 to 2, it has been transformed here to a scale of 1 to 4 to be commensurate with results for inpatients. Again, the strong administrator is better for each type of patient, and overall.

Figure 2 Rating of care from doctors

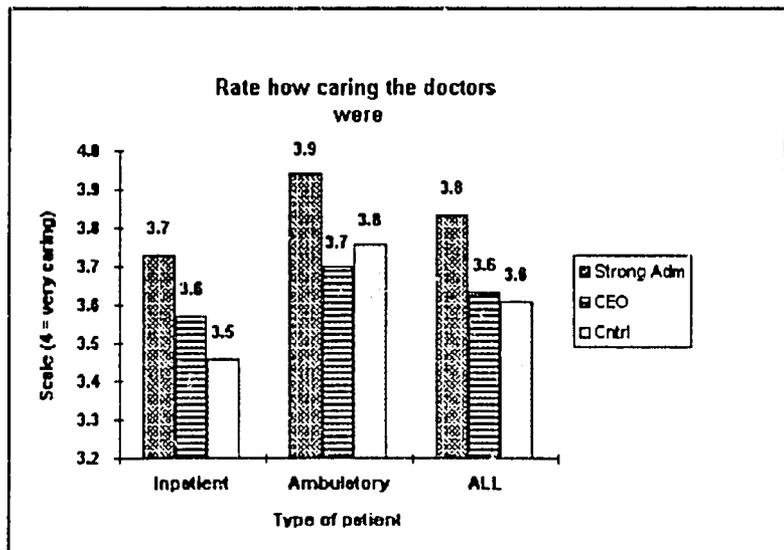
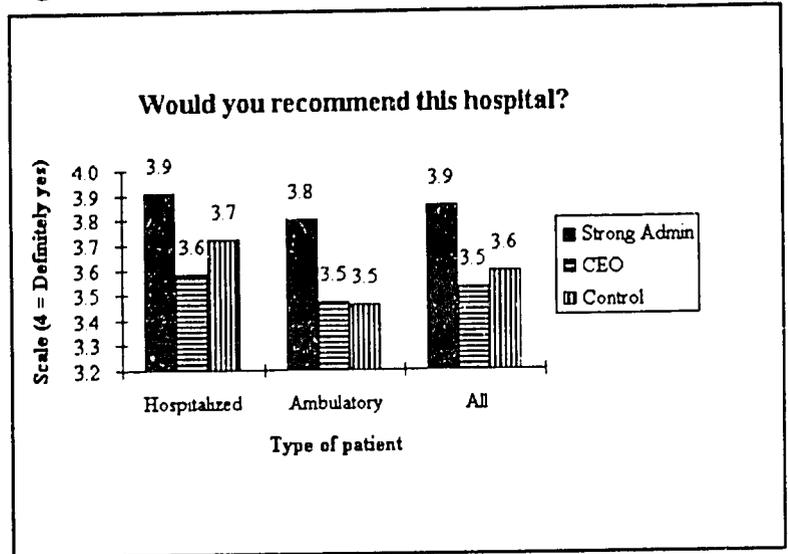


Figure 3 Overall rating of the hospital

Figure 3, Overall Rating of the Hospital, summarizes the rating for all of the hospitals. The pattern again favors the strong administrator hospital, with no consistent difference between the CEO and control hospitals.



Applications to Jamaica

The nature of the HSIP as a service project, rather than an experiment, limits the ability to do a comprehensive evaluation. While serving as a baseline for further evaluations, this evaluation has also served to measure the impact of the one type of innovation supported by the HSIP: changes to hospital administration. Several conclusions emerge from this work:

First, the strong administrator led to substantially higher patient satisfaction. That hospital was rated significantly better than control hospitals. The Administrator at the hospital through 1993, prior to the survey in 1994, was Stephanie Reid. Ms. Reid felt that she was able to practice a combination of a cooperative style and discipline that contributed to success at Savanna-la-Mar. Staff felt that they were part of a joint endeavor; she reported that she elicited the ideas of staff and secured their participation in a joint vision. The interviews showed that several alternative factors did not explain the difference. Salaries at Savanna-la-Mar followed the same government schedule and were not higher. The facilities themselves did not differ substantially. Staff shortages were present there, as in other hospitals. The administrator's professional training was better than that of some other administrators, but not of other CEOs. When Ms. Reid was the Savanna-la-Mar administrator, Ms. Reid had a bachelor's level training in hospital administration. (In April, 1994, she returned to Jamaica with a Master's degree and became CEO of Cornwall Hospital.)

Second, there were no significant differences in satisfaction between the hospitals with the CEOs and the control hospitals without them. While CEOs had been installed in 1992, the extensive program of training and protocols for quality assurance really began in 1994. Furthermore, CEOs reportedly displaced the administrators, so their net contribution to improving hospitals was not clear.

Third, other elements of the HSIP program seemed to be appreciated by staff and the Ministry. The HSIP contributed to training opportunities in many areas -- a subject mentioned by staff at every hospital. It also contributed to greater cost recovery, thereby the availability of cash at the hospital for supplies and other items. While this survey showed that these effects were valued, it could not quantify the effect. Since all hospitals benefitted from these activities -- both those with CEOs and those without -- there is no "control" group for these innovations.

Fourth, while serving average Jamaicans, the hospitals achieve a reasonably high degree of satisfaction among users. Among all hospitals, 35% of inpatients were currently employed. For example, when rating how courteous and caring the nurses were, both in-patients and ambulatory patients gave average score between the top two levels on a 4-point scale. On a scale where 3 indicates "caring" and 4 indicates "very caring," inpatients averaged 3.54 and ambulatory patients averaged 3.31. Doctors got similar ratings. Both inpatients and ambulatory patients would be inclined to recommend the hospital to their friends and family, with the average between "definitely" and "probably" would recommend (RHOSPPEC, in Appendix A; HPSPREC, in Appendix B).

Fifth, the satisfaction of users is markedly higher than the reactions of a quota-based general household survey conducted in 1992. In the report of that survey, submitted on May 7, 1993 by J.A. Young Research Ltd.⁶, most respondents rated public hospitals as "fair" to "poor." For example, only 22.9 percent of respondents to that survey were "very satisfied" or "satisfied" with the waiting period at a public hospital. When various attributes were rated, waiting period ranked lowest whereas "surroundings" was highest (neither satisfied nor dissatisfied). Several factors may explain the differences in findings. First, the hospitals may have improved in the year between the surveys. Second, the present survey concentrates on moderate sized hospitals, and deliberately excluded the most complex referral hospitals (Kingston Public Hospital and Cornwall Regional Hospital), where dissatisfaction may have been greater. (There were no comparable hospitals without CEOs.) Third, the adverse opinion of some members of the public may have been based on scanty information. Fourth, when people are ill and are interviewed in the hospital, they may be more accepting of any limitations of their hospital than when they are well and interviewed elsewhere.

Sixth, there is strong consistency between ratings of inpatients and of ambulatory patients on comparable items. This consistency adds validity to the results. Although outpatients are healthier and less dependent on the hospital, they give the same generally positive ratings, and identify similar needs for further improvement.

Seventh, against the background of reasonably satisfied patients, the survey helps identify areas most in need of improvement. They are: improve condition of furniture and

⁶ J.A. Young Research, Ltd. A research study on Health care cost recovery. Prepared for HSIP, Ministry of Health. Kingston, May 7, 1993.

other equipment (current rating just above "fair") (RFURCOND in Appendix A); doctors and nurses should explain treatment more thoroughly (current rating of explanation between "little" and "most things", RXPLASTA, RXPLADOC, and DNURTEL, in Appendix A; NDUTEL1, in Appendix B); expedite the process of discharge (87 percent rated too long, RCHARDIS, in Appendix A); expedite time for registration and seeing a doctor (current ratings near too long, LONGREG, LONGDOC in Appendix B). On some items there was universal failure. For example, 98 percent of all inpatients reported that the hospital did not provide adequate supplies of toilet tissue (variable RSUSTIHOS) and 99 percent said that they lacked adequate soap (variable RHOSPSOA). Hospitals could have used the additional cash flow from user fees to purchase these supplies; in the face of other needs, however, administrators decided to invest their funds elsewhere.

Eighth, the items that generally showed the most variation among groups of hospitals were ones that entailed differences in attitudes rather than monetary costs. These were ways that the staff (particularly nurses) showed patients that they were kind and caring. The cooperative attitude of the administrator seemed to foster this nurturing style in the strong administrator hospital. Attention from supervisors and eliciting feedback from patients should be particularly important in promoting this difference in attitude. An inadequate display of caring probably explains why a majority of Jamaicans avoid the public sector altogether. Another major survey, the Survey of Living Conditions, shows that about twice as many Jamaicans obtain health care (primarily ambulatory care) from the private sector as the public sector. For example in 1992, 63 percent of Jamaicans treated received care in the private sector, compared to 29 percent in the public sector, even though the private sector expenditure was 12 times as high (J \$167 voice J \$14).⁷ (The remainder received it in both sectors). As most physicians have had similar training, and most public doctors also have private practices, the underlying skills of public and private physicians must be similar; rather, a perception of different attitudes is probably important.

Ninth, these results reinforce findings from other studies of cost recovery: that hospitals seek to collect a "private" or "semi-private" fee from patients being treated by a private physician. While less than one percent of patients had private accommodations, almost a quarter were paying doctors privately. Given the relatively favorable levels of satisfaction, hospitals could charge more from patients with ability to pay.

Future Applications

This survey also illustrates a methodology that could be used in hospital systems in other countries to assess satisfaction. In competitive health systems, as in the United States, patient surveys are routinely conducted to ensure that the system can attract patients. Counting labor, transportation, data entry, and survey management, the direct cost per patient was about \$10.

7 Jamaica Survey of Living Conditions, 1992. Kingston: Statistical Institute of Jamaica, 1994

If the survey were repeated elsewhere, several modifications could streamline the process. The survey showed good consistency among approximately 100 different questions. A shorter survey that focused on the most salient items would probably suffice. In this survey, the items presented graphically seemed to be the most important. These were:

- How caring were your nurses?
- How caring were your doctors?
- Would you recommend this hospitals to friends and relatives if they needed to be hospitalized?

Some items were affected by "ceiling effects" that could not distinguish among levels of good performance. This applied particularly to items that offered only responses of agree versus disagree. Examples are:

- The housekeeping staff did their job well.
- The laboratory staff were friendly and courteous.
- The X-ray staff were friendly and courteous.

On these items, virtually all patients, even in the lowest ranked hospital, agreed with the favorable statement. With little variation, there was little scope for differences between groups of hospitals, and there is little opportunity for improvement on a follow-up survey. Other items, that allowed for more gradations, did not have this problem.

Surveying inpatient *discharges* proved to be a particularly arduous and costly design feature. In the smaller hospitals, achieving the desired quota of at least 50 discharges required that an interviewer be present at the hospital for two weeks, as there were only a few discharges each day. A much easier and quicker design would survey a systematic sample of patients who were hospitalized in the hospital on the date of the survey (e.g. every other bed). In a survey of social and economic characteristics of hospital patients, this process allowed 50 patients to be surveyed in just 3 days.⁸ If needed, the process could be repeated on different days of the week and at different times of the month with intervals of about 3 weeks or more.

This alternative design, based on prevalent patients, would produce different selection probabilities than the incidence-based design implemented here. It would give longer-stay patients a higher probability of selection than shorter stay patients, as longer stay hospitals would be more likely to be in the hospital on the day chosen for the survey. In the statistics literature, this phenomenon is termed "length biased sampling."⁹ Nevertheless, the consistency among responses to different types of survey items and the absence of a reason to expect that longer and

8 Shepard, D.S., Vian, T., Kleinau, E.F. Health insurance in Zaire. Policy Research and External Affairs Working Paper WPS 489. Washington, DC: The World Bank, Africa Technical Department, August 1990.

9 Shepard, D.S. and Neutra, R. A pitfall in sampling medical visits. American Journal of Public Health 67(8):743-750, 1977.

shorter stay patients to have different experiences suggests that this compromise would not be serious.

Finally, several elements of the design worked well. The sample size of 1213 patients was sufficiently precise that even moderate sized differences attained statistical significance. By using similar questions for inpatients and ambulatory patients, the two groups could be combined when necessary, as on the questions depicted graphically. The planned analyses comparing groups of hospitals rather than individual hospitals, also served several purposes. It added to the statistical power of the study by having larger sample sizes per group, it provided a means to address important policy issues common to several hospitals, and it depersonalized the survey so they would not become a personality rating of individual administrators.

APPENDIX A. PATIENT SATISFACTION AND RELATED VARIABLES FOR INPATIENTS

Variable	Description	Private	Semi-private	Ward
ACCOMTYP	Type of accommodation	.2% N=1	1.2% 6	98.8% 503

Variable	Description	N	No. of Yes	% Yes
PDOCPRIV	Will you or an insurance company pay this doctor or surgeon privately (that is not through the hospital)?	505	119	23.6
PAYRMPRI	Did or will you or an insurance company pay the hospital a private room fee?	510	4	.8
PAYLABPR	Did or will you or an insurance company pay any private fees for laboratory services?	510	15	2.9
DRUGPRIV	Apart from drugs supplied by the hospital did you have to purchase any drugs privately from a doctor or pharmacy?	510	83	16.3

Variable	Description	Sig	All	Stg Adm	CEO	Ctrl
RINFORMS	Were you clearly and properly informed about how to prepare for your stay in the hospital? 2=Yes, 1=No	.131	1.62 N=419	1.69 108	1.58 212	1.64 99
RTOBED	How well did the hospital staff do in getting you to your hospital bed quickly? 2=very quickly, 1.5=fairly well, 1=not well at all	.001	1.76 N=454	1.87 112	1.73 237	1.74 105
RNEEDMET	Once you got into the hospital, how well did the staff meet your needs? 4=very good, 3=good, 2=fair, 1=poor	.000	3.31 N=504	3.69 118	3.23 267	3.13 119
RDRNLIS	Did the doctors and nurses listen to your problems and concerns? 2=yes, 1=no, 1.5=sometimes	.042	1.95 N=480	1.98 119	1.94 249	1.92 112
RQUESSTA	Did the hospital staff allow you to ask questions 2=yes, 1=no, 1.5=sometimes	.035	1.93 N=422	1.98 108	1.91 227	1.91 87
RANSSTA	Were they willing to answer your questions? 2=yes, 1=no, 1.5=sometimes	.197	1.95 N=411	1.98 108	1.94 219	1.95 84
RXPLASTA	To what extent did the medical staff, (nurses, doctors and other staff), explain the different tests and treatments which you would undergo? 4=explained everything, 3=explained most things, 2=explained a little, 1=did not explain anything	.945	2.78 N=501	2.78 118	2.80 264	2.76 119

Variable	Description	Sig	All	Stg Adm	CEO	Ctrl
RSKILNUR	How skilled do you think the nurses are in providing treatment? 4=very skilled, 3=fairly skilled, 2=unskilled, 1=don't know	.002	3.65 N=505	3.85 119	3.57 267	3.61 119
RCHKNURS	How often did the nurses check on you to keep track of how you were doing? 4=more often than necessary, 3=often enough, 2=not often enough, 1=never	.000	2.98 N=505	3.12 119	2.96 267	2.91 119
RCARNUR	Rate how courteous and caring the nurses were. 4=very caring, 3=caring, 2=not so caring, 1=uncaring	.000	3.54 N=505	3.76 119	3.46 267	3.48 119
RCOMNUR	How well did the nurses communicate with you and your family? 3=well, 2=fairly, 1=poorly	.001	2.78 N=478	2.89 116	2.70 247	2.83 115
RCHEKDOC	How often did the doctors check on you to keep track of how you were doing? 1=never, 2=every other day, 3=once per day, 4=twice per day, 5=three or more times per day	.000	2.81 N=503	2.93 119	2.60 266	3.16 118
RDOCGET	How easy was it to get your doctor when you needed? 4=very easy, 3=fairly easy, 2=fairly difficult, 1=very difficult	.011	3.27 N=278	3.43 79	3.28 158	2.93 41

Variable	Description	Sig	All	Stg Adm	CEO	Ctrl
RCARDOC	How courteous and caring were the doctors? 4=very caring, 3=caring, 2=not so caring, 1=uncaring	.006	3.58 N=483	3.73 116	3.57 255	3.46 112
RXPLADOC	To what extent did your doctor explain you illness to you? 4=explained everything, 3=explained most things, 2=explained a little, 1=explained nothing	.108	2.76 N=470	2.83 116	2.83 240	2.56 114
RJOBHOUS	The housekeeping staff did their job well. 2=agree, 1.5=feel unsure, 2=disagree	.000	1.95 N=502	1.99 119	1.91 265	1.98 118
RSTFLAB	The laboratory staff were friendly and courteous. 2=agree, 1.5=feel unsure, 2=disagree	.364	1.97 N=131	2.00 35	1.96 67	1.98 29
RSTFXRAY	The X-Ray staff were friendly and courteous. 2=agree, 1.5=feel unsure, 2=disagree	.270	1.98 N=100	2.00 23	1.98 61	1.94 16
RSUPLIN	When you were admitted did the hospital provide you with bed linen and pillow case? 2=yes-all, 1.5=some-but not all, 1=no-none	.000	1.27 N=499	1.80 119	1.26 261	1.47 119
RCHGLIN	How often was your bed linen changed during most of your stay? 4=everyday, 3=every other day, 2=two times per week, 1=less than two times per week	.455	3.60 N=404	3.61 106	3.56 210	3.68 88

Variable	Description	Sig	All	Stg Adm	CEO	Ctrl
RCLEWARD	To what extent was your ward or room clean and comfortable? 4=very clean, 3=fairly clean, 2=not so clean, 1=not clean at all	.000	3.55 N=503	3.88 119	3.39 265	3.57 119
RSUTIHOS	Does this hospital provide adequate supplies of toilet tissue? 2=adequate, 1.5=some, 1=none	.509	1.02 N=504	1.02 119	1.03 266	1.02 119
RHOSPSOA	Soap. 2=adequate, 1.5=some, 1=none	.636	1.01 N=504	1.02 119	1.01 266	1.02 119
RNAPHOSP	Sanitary napkins. (Pads) 2=adequate, 1.5=some, 1=none	.142	4.30 N=505	4.63 119	4.25 267	4.08 119
RSUPOTHE	Other supplies. 2=adequate, 1.5=some, 1=none	.000	1.25 N=2	.00 0	1.25 2	.00 0
RQUIHOSP	Was the hospital environment peaceful and quiet? 2=yes, 1=no, 1.5=sometimes	.009	1.85 N=503	1.92 119	1.82 266	1.86 118
RFURCOND	What was the condition of the furniture and other equipment? 4=very good, 3=good, 2=fair, 1=poor	.171	2.31 N=498	2.20 118	2.38 263	2.26 117
RADEFOOD	Were the types of food which you were given in the hospital adequate? 2=yes, 1=no, 1.5=sometimes	.028	1.76 N=377	1.85 104	1.73 169	1.72 104
RTASFOOD	Did the food taste good? 2=yes, 1=no, 1.5=sometimes	.000	1.77 N=347	1.92 98	1.68 159	1.77 90

Variable	Description	Sig	All	Stg Adm	CEO	Ctrl
RSURSTAY	Is this hospital stay or visit covered by health insurance? 2=yes, fully, 1.5=yes, partly, 1=no	.715	1.02 N=504	1.01 119	1.02 266	1.02 119
RBILPAY	Are you going to pay your <u>entire</u> bill now? 2=yes, 1=no	.001	1.68 N=397	1.80 112	1.66 199	1.57 86

Variable	Description	Sig	All	Primary All Age No sch.	Sec. level	Tertiary	Vocational
AMTCHARG BY SCHFAR	Amount charged by educational level	.328	746.16 N= 322	792.64 104	709.00 203	1683.33 6	422.22 9

Variable	Description	Signif.	All	Stg Adm	CEO	Cntrl
DNURTEL	How well did the doctors and nurses explain your treatment? 4=explain everything, 3=most things, 2=a little, 1=nothing	.254	2.78 N=489	2.93 117	2.72 253	2.76 119
RCARHOME	Were you told how to take care of yourself after leaving the hospital? 2=yes, 1=no	.138 N	1.70 503	1.76 119	1.70 265	1.65 119
RFINDEAS	Was it easy to find your way around the hospital? 2=yes, 1=no	.036*	1.95 N=463	1.98 115	1.93 248	1.98 100

Variable	Description	Signif.	All	Stg Adm	CEO	Cntrl
RHOSPBLD	How do you rate the hospital building overall? 4=very good, 3=good, 2=fair, 1=poor	.000**	2.89 N=452	3.61 115	2.65 238	2.62 99
RHRVIST	Does the hospital have adequate visiting hours and facilities for the visitor? 2=yes, 1=no	.000**	1.74 N=459	1.64 91	1.72 261	1.88 107
REASSCOS	Did you feel that your cost for services you received at the hospital was reasonable? 2=yes, 1=no	.590+	1.81 N=284	1.85 73	1.81 142	1.78 69
RDRUGHOS	Of the drugs you needed to treat you in the hospital, indicate the nearest percentage which you received from the hospital? 5=all, 4=most, 3=half, 2=a little, 1=none	.010**	4.52 N=445	4.32 114	4.66 239	4.42 92
RCHARDIS	When you were leaving the hospital did you find the process for discharge too long? 1=yes, 2=no	.079+	1.13 N=462	1.13 112	1.15 234	1.07 116
RHOSPREC	Would you recommend this hospital to you family and friends if they needed care? 1=yes, 2=no	.000**	3.69 N=504	3.91 119	3.58 266	3.72 119
REMPLOY	Are you presently employed? 2=yes, 1=no	.272	1.35 N=504	1.37 119	1.36 266	1.29 119

APPENDIX B. PATIENT SATISFACTION AND RELATED VARIABLES FOR AMBULATORY PATIENTS

Variable	Description	Sig	All	Stg Adm	CEO	Cntrl
LONGREG	Please rate the length of time you had to wait for registration. 1=much too long, 2=too long, 3= OK, 4=Quick, 5=Very Quick	.000** N =	2.80 610	3.73 100	2.54 314	2.73 196
LONGDOC	Please rate the length of time you had to wait for registration. 1=much too long, 2=too long, 3= OK, 4=Quick, 5=Very Quick	.000 N=	2.66 610	1.96 100	2.48 314	3.31 196
NURSCA	Rate how courteous and caring the nurses were. 1=Uncaring, 2=Not so caring, 3=Caring, 4=Very Caring	.000** N=	3.31 588	3.59 96	3.37 287	3.10 205
NURCOM	Did the nurses communicate well with you. 1=No, 2=Yes, 1.5=Sometimes	.000** N=	1.92 580	1.99 96	1.95 282	1.85 202
DOCSOFF	Were the doctors courteous and kind. 1=No, 2=Yes, 1.5=Sometimes	.083+ N=	1.92 645	1.98 103	1.90 330	1.92 212
DOCKNO1	Did the doctors seem to know what was wrong with you. 1=No, 2=Yes, 1.5=Sometimes	.100+ N =	1.94 651	1.97 104	1.92 334	1.94 213
DOCTEL	Did your doctor explain your illness to you. 1=No, 2=Yes	.072+ N=	1.75 642	1.83 103	1.72 328	1.76 211

** Quality of data on this variable is uncertain

Variable	Description	Sig	All	Stg Adm	CEO	Cntri
DNUTEL1	How well did your doctors and nurses explain your treatment. 4=explained everything, 3=Explained most things, 2=Explained a little, 1=Explained nothing	N=	2.91 654	2.95 105	2.85 334	2.99 215
TEKCARE	Were you told how to take care of yourself when you got home. 1=No, 2=Yes	.012* N=	1.66 664	1.76 104	1.61 344	1.69 216
LABSTAF	The laboratory staff were friendly and courteous. 2=Agree, 1.5=Feel unsure, 1=Disagree	N=	1.92 65	1.67 3	1.91 40	1.95 22
XRAYSTAF	The X-Ray staff were friendly and courteous. 1=Agree, 2=Feel unsure, 3=Disagree	.199 N=	1.87 98	2.00 2	1.84 77	1.97 19
WARD	Was the ward or room in which you stayed clean and comfortable? 4=Very clean, 3=Fairly clean, 2=Not so clean, 1=Not clean at all	.000** N=	3.35 675	3.70 105	3.24 351	3.35 219
HOSPECE	Was the hospital environment peaceful and quiet? 2=Yes, 1=No, 1.5=Sometimes	.19 N=	1.61 690	1.70 105	1.59 368	1.59 217
FURNSTAT	What was the condition of the furniture and other equipment? 4=Very good, 3=Good, 2=Fair, 1=Poor	.000** N=	2.31 676	2.70 105	2.25 355	2.20 216
HOSPCOND	What was the condition of the hospital building overall? 4=Very good, 3=Good, 2=Fair, 1=Poor	.000** N=	2.49 653	3.24 100	2.30 348	2.44 205

Variable	Description	Sig	All	Stg Adm	CEO	Cntrl
QUES19	How much were you charged for your stay here? J\$.027 N =	\$117 663	\$116 97	\$135 352	\$89 214
STAINSUR	Is this hospital stay or visit covered by health insurance? 2=Yes, fully, 1.5=Yes, Partly, 1=No	.073+ N=	1.02 688	1.00 104	1.02 368	1.04 216
BILLPAY	Are you going to pay your entire bill before you leave? 2=Yes, 1=No	.000** N=	1.13 628	1.31 98	1.10 341	1.09 198
HOSPREC	Would you recommend this hospital to your family and friends if they needed hospital care? 4=Definitely would, 3=Probably would, 2=Probably would not, 1=Definitely would not	.001 N=	3.52 689	3.80 105	3.47 365	3.46 219

APPENDIX C. DESCRIPTIONS OF HOSPITALS IN THE STUDY

Spanish Town Hospital

The Spanish Town Hospital is located in the parish of St. Catherine, Jamaica. It began operations on June 18, 1952 with 200 beds. Its present occupancy stands at an average of 320 beds although the official capacity is 295 beds. This type B hospital, equipped with two air conditioned operating theaters, not distinguished as major nor minor, handles patients island-wide. The present catchment area includes the parishes of Clarendon, Kingston and St. Andrew, St. Mary, Manchester and St. Catherine. Ninety percent of all hospital patients are from the official catchment area. Private security personnel are posted at the hospital (the main entrance, maternity and casualty departments, patrolling the grounds and monitoring visitors on the wards).

The Spanish Town Hospital, with buildings and surroundings generally rated from fair to good, has a doctor/patient ratio of 1:37 (1:10 for inpatients only) while the nurse/patient ratio is 1:14 (1:47 for inpatients on average - 1:36 for the wards, 1:59 maternity and 1:48 paediatrics).

Hospital Administration

Casualty

Patients are first assessed by the doctor on duty and referred to the appropriate section(s) of the hospital. Patients identified for casualty are sent to be registered. Upon registration, background information on the patient is attained and a fee of \$20.00 is charged. An I.D. card is then issued to the patient for future visits. There is an additional fee of \$5.00 for non-presentation of the I.D. card. The patient is required to pay for additional services received, for example, lab tests, X-ray, and prescription. The rates for these services are established by the Ministry of Health. Patients who are unable to pay are expected to settle payments with the hospital within a specified time. Weekly checks and follow up bills are made on outstanding payments. Bills for patients subsequently referred to other hospitals are forwarded to the patients' homes.

Clinic

Patients with appointments at the clinics also pay a fee of \$20.00. They then collect their dockets and await their appointment time with the doctor. New patients are first sent to the Records' Office where a docket is prepared. Patients who are unable to pay for the services at the clinics are still allowed to see the doctor on duty.

Ward

Public patients admitted to the wards usually originate from the Casualty Department or the hospital clinics. Their dockets are assessed and a deposit is usually required before admission.

If a patient is unable to make the initial payment (deposit), they are still admitted to the ward while a final assessment is made of the patient. All patients must settle all bills before being discharged.

Private patients are required to make a deposit prior to admission to the hospital ward. A final bill is prepared for the patient for settlement before being discharged from the ward. Patients who depart from the hospital without making payments are required to do so upon return for subsequent clinic appointments or, if necessary a payment scheme is organized. The hospital acknowledges that to date there is no effective collection mechanism in place and the delinquency rate is approximately 30 percent. In general, approximately, 30 percent of individuals utilizing the services of the hospital are expected to use their health insurance.

Problems

The most important problems facing the hospital include:

1. Shortage of staff:
Due to severe staff shortages, especially with respect to nurses, wards have to be closed.
2. Increased patient population:
As the population of the catchment area grows, so does the patient load of the hospital. This compounds the problem of inadequate staff.
3. Teenage pregnancy/trauma/accident cases:
Associated with these cases are concomitant complications which also pressure the existing stressful system.
4. Inadequate hospital supplies:
The hospital suffers from a consistent lack of supplies for basic clinical procedures, for example, gloves and needles are constantly in short supply.
5. Violence-related cases:
The continuous stream of violence related cases (emergencies) result in the perpetual delay in the treatment of elective (planned) cases.

Solutions Recommended by Hospital

Internal

1. Training for other staff to work alongside nurses (teamwork).
2. Improved staff benefits. For example, provision of living accommodation, establishment of staff transportation, staff day-care facilities, canteen services.
3. Increased hospital capacity.
4. Establishment of a procurement committee to access hospital supplies.

External

5. Political intervention to stem violent crimes and traffic accidents through, for example, public education programs.

H.S.I.P. Health Sector Initiative Project Support

The Spanish Town Hospital has identified the following areas which the Health Sector Initiative Project has helped:

1. Laundry
2. Grounds
3. Security
4. Dietetics
5. Manpower - ancillary

Management Training assistance provided by the H.S.I.P was rated as excellent, however other forms of training are available to the hospital staff. The following table below shows the different types of training offered to the hospital staff.

Types of Training Available to Hospital Staff

Target Group	Training	Sponsorship
Administration	Health Promotion	Ministry of Health (MOH)
Maternity Staff	Breastfeeding Fertility Management	UNICEF MOH/USAID
Ward Assistants/ Midwives	Family Planning and Counselling In-service Orientation On the Job Training	Family Planning Dept. Hospital Hospital

Source: Spanish Town Hospital Administration, 1994.

Port Antonio Hospital

Port Antonio Hospital opened on May 3, 1943 with 120 beds. It has a maximum capacity of 125 beds. At the time of the survey only 71 beds were occupied. The hospital is classified as a type B hospital whose official catchment area includes the surrounding communities of Hectors River, Mill Bank, Hope Bay, Fruitful Vale and Swift River, all within the parish of Portland. Patients residing in other parishes, including St. Elizabeth, Kingston and St. Andrew, also frequent the hospital. Ninety eight percent of the patients are from the official catchment area.

The hospital is equipped with two operating theaters (major and minor) with air conditioning facility in the major operating theater only. Sanitary conveniences exist for patients and staff on the wards, clinics and casualty sections of the hospital. Visitors, however, are allowed to use the bathrooms located in the clinic/casualty area of the hospital only. The hospital does not employ security personnel and buildings and surroundings of the Port Antonio hospital are rated as excellent.

The general doctor/patient ratio is calculated to be 1:129 (1:36 for wards) while the nurse/patient ratio is 1:9 (1:2 for wards).

Administration: Ambulatory and Inpatients

Ambulatory users of the Port Antonio Hospital are charged a registration fee of \$20, while there is a minimum admission fee of \$100 for inpatients. Patients are required to pay for the necessary services upon admission or after surgery. The cost of the services depends on the level of treatment received. For example, maternity patients are charged a minimum fee of J \$400 (J \$300 for delivery and an injection fee of J \$100). It is estimated that approximately 7 percent of the hospital patients utilize their health insurance to cover their hospital bills.

Limitations of the Hospital

Staff have noted several problems which the hospital presently experiences:

- (i) absence of security;
- (ii) shortage of staff, namely nurses, medical and para-medical;
- (iii) inadequate supplies (equipment, for example generator);
- (iv) inadequate facilities (elevator); and,
- (v) overcrowding (notably the maternity ward).

Possible solutions recommended by the hospital include complete fencing of the compound and purchase of equipment and supplies.

H.S.I.P. The Health Sector Initiative Project

The Port Antonio hospital is informed of the H.S.I.P. and its services, namely training. However, the hospital to date, has not benefitted from this project as yet. It is believed however, that the HSIP's training program is good. The Port Antonio Hospital staff on the other hand, presently receive training locally according to the hospital informant.

Savanna-la-Mar Hospital

The Savanna-la-mar Hospital located in the capital of Westmoreland, Savanna-la-mar, which began in the year 1968 with 98 beds, presently houses 200 beds with an occupancy level of 121 beds (day of Survey). This type B (secondary) hospital's official catchment area covers the parishes of Westmoreland, St. James, Hanover and St. Elizabeth. The doctor/patient ratio is on average 1:110 (1:27.5 for inpatients) while the nurse/patient ratio is 1:9 (1:13.75 for inpatients).

The Savanna-la-Mar Hospital has buildings and surroundings generally in a good condition - (excluding the area of casualty which is rated poorly in the Satisfaction Survey). The hospital houses two air conditioned operating theaters (major and minor) and employs private security along with its porters to man and safeguard the users of the hospital. Sanitary conveniences are present for patients on the wards, and in the casualty and clinic sections of the hospital.

Administration

Patients of the Savanna-la-Mar Hospital requiring services from the Casualty and/or Clinic departments are first charged a registration fee of \$150, while inpatients' admission fee is \$600. The patient is required to pay for additional services demanded. The fees for these services are established by the Ministry Of Health.

Ward - Private

A private ward exists for patients demanding this kind of service. There is marginal usage of the private ward of the hospital as patients utilize the public wings and/or travel to Kingston or the United States of America for private hospital services.

Limitations of the Hospital

The Savanna-la-Mar Hospital expresses concern with respect to its satisfaction of health care for the region in the following areas:

- (i) staff shortage (registered nurses, trained midwives, maintenance personnel, and trained security personnel);

- (ii) lack of hospital supplies (hospital gauges and cylinder holders);
- (iii) small size (inadequate casualty area); and,
- (iv) undisciplined ancillary staff.

Solutions suggested to these problems include increased employment of the required personnel, namely registered nurses, and qualified maintenance personnel, training of security personnel and expansion of the casualty area.

H.S.I.P. Health Sector Initiative Project

The Savanna-la-Mar Hospital, in recognition of the H.S.I.P., indicates that the H.S.I.P. has helped the hospital in the following areas:

- (i) decentralization of the national health service;
- (ii) administration of cost recovery through user fees for health services; and,
- (iii) cost containment through improved efficiency, privatization of services, and private sector initiatives in the financing and provision of health services.

The hospital acknowledges receiving excellent management training sponsored by the H.S.I.P. Specifically the hospital notes the areas of "Building Vibrant Organizations" and "Research and Training Incentives". Other kinds of training are available to the hospital staff. These include the following:

- (i) Administration (sponsored by the Ministry Of Health);
- (ii) Midwifery (Ministry Of Health);
- (iii) Management (USAID);
- (iv) Paediatrics, Nursing and Anaesthetic, all sponsored by the Ministry of Health; and,
- (v) Theater techniques (Ministry Of Health/PAHO).

Princess Margaret Hospital

The Princess Margaret Hospital began its operation in the February 1955. A type B (secondary) hospital, Princess Margaret started with approximately 150 beds. Since then, the bed capacity of the hospital increased to 183 although it presently caters for only 100 beds. This dramatic reduction is caused by the destruction and subsequent closure of one wing of the hospital as a result of the Gilbert Hurricane in September 1987.

The official catchment area of the hospital is St. Thomas, adjacent areas of Portland, Kingston and St. Andrew, in particular (Bull Bay). Ninety-seven percent of the users of the hospital originate from the official catchment area.

The Princess Margaret Hospital houses only one air conditioned, major, operating theater - divided into two sections for multipurpose uses. Sanitary conveniences located on the wards and in the casualty areas of the hospital are available for patients and staff only. Visitors however have access to bathrooms found in the outpatient section of the hospital. The buildings and surroundings of the hospital are rated from fair to good. There is no security personnel employed by the hospital .

The Princess Margaret records a doctor/patient ratio of 1:118 (1:25 for wards) while the nurse/patient ratio is 1:8 (1:3 for wards).

Patient Administration

Ambulatory patients are charged a registration fee of \$50. Patients referred from the nearby health center to the hospital clinic are charged a registration fee upon arrival for the use of the required service only. No fees are charged when patients arrive on the appointment date. Ten percent of the users of the hospital use health insurance.

Hospital Limitations

The main problems the hospital presently experiences are as follows:

- (i) shortage of staff;
- (ii) inadequate equipment (fragile blood pressure instruments, suction instruments, oxygen tent for children, obsolete machine); and,
- (iii) inadequate communication system.

The hospital suggests possible solutions to the problems including increasing its supplies and equipment, maintenance of equipment, human resource development and staff augmentation.

H.S.I.P. The Health Sector Initiative Project

The hospital has been informed of the availability of the H.S.I.P. management seminars training programs for its administrative staff and admits the assistance to the hospital of the "Building Vibrant Organizations" training seminar in particular. The respective training is rated as very good by the hospital. Other kinds of training are available to the hospital namely "Nurses Counselling" sponsored by the Family Planning Unit of the Ministry Of Health and "Tubilization" for Doctors sponsored by the Epidemiology Unit of the Ministry Of Health.

Mandeville Hospital

Mandeville Hospital dates back to 1887 with 26 beds. A type B hospital, with the present capacity of 160, Mandeville Hospital caters for residents of Clarendon, Manchester, St.

Elizabeth, St. Ann, Trelawny and Westmoreland. The catchment population is calculated to be 400,000 (December, 1993).

The facilities of the Mandeville Hospital include a major air-conditioned operating theater, sanitary conveniences available to patients (and accessible to staff), and buildings and surroundings generally rated as fair to good. Hospital security is achieved with the employment of porters (nightly), and a district constable (daily for outpatients). The doctor/patient ratio stands at 1:56 while the nurse/patient ratio is 1:11.

Administration

Ambulatory users of the Mandeville Hospital have to pay a registration fee of \$50 while the inpatient admission fee is \$100. An additional \$80 is charged for prescription drugs when necessary. Hospital fees range from a low of \$50 to a high of \$1000 depending on the nature of the services demanded for treatment. For patients who are unable to pay, an assessment is made and upon discharge all stipulated fees must be paid. The hospital however does not employ an assessment officer and emergency cases are approved by the cashier on duty. It is estimated that approximately 25 percent of the users of the Mandeville hospital utilize their health insurance to pay their bills.

Limitations and Solutions

The Mandeville Hospital is presently confronted with several problems which help to limit the effectiveness of their health care. Some of these identified by the hospital include:

- (i) overcrowding of service areas namely, casualty and clinic departments, operating, fertility and maternity units;
- (ii) poor and inadequate bathroom facilities;
- (iii) lack of satisfactory sanitary plants to service the hospital;
- (iv) inadequate laundry service; and,
- (v) inadequate supplies, for example sheets, nursing uniforms.

Possible solutions recommended by the hospital include:

- (i) hospital expansion (building);
- (ii) refurbishing of hospital; and,
- (iii) training of staff, in the areas of accounting and computing.

H.S.I.P. Health Sector Initiative Project

The Mandeville Hospital is aware of the H.S.I.P. and identifies the following project areas:

- (i) human resource development - training;

- (ii) staff morale upliftment (young nurses badges);
- (iii) increased number of equipment; and,
- (iv) seminars.

In general, the Project has also helped the hospital in the form of enhanced team management and linkages, role model, consultation guidance, and assessment and accounts. The training received through HSIP is highly regarded by the recipients, and hence rated as excellent. Other kinds of training are available to the hospital staff in the areas of 'Accounts', 'Motivation' (Personnel), 'Public Speaking', 'Research', 'Typing', 'Effective Meeting Arrangement', 'Retirement' and 'Family Planning'.

May Pen Hospital

The May Pen Hospital, Clarendon, started on December 9, 1974 with 50 beds. Along with the increase in the population of the area came an increased demand for services and hence the consequent expansion in the hospital's official capacity to 76 beds. The hospital recorded full occupancy at the time of the H.S.I.P. survey. The actual catchment area of the May Pen Hospital includes the communities of Porus, Mocho, Chapelton, Kellits, Bala's River, Frankfield, Hayes, York Town, Bell Plain, Comfort Moores, Rock River and Mount Pleasant, found mainly in the parishes of Clarendon and Manchester. The hospital's official catchment area, however is: May Pen, Milk River, Buck's Haven, Clarendon Gardens, Palmers's Cross and York Town. Ninety-five percent of the hospital's users come from the official catchment area.

The May Pen Hospital's infrastructure include an air-conditioned operating theater utilized for both major and minor cases. Sanitary conveniences are at the disposal of patients in the principal areas of the wards, casualty and clinic. There is one for hospital staff nonetheless, but none is available for visitors. The hospital buildings and surroundings are ranked between fair to good and there is security provided for by the hospital. The doctor/patient ratio stands at 1:88 (1:25 for inpatients) while the nurse/patient ratio is 1:8 (1:2 for inpatients).

Administration

Users of the May Pen Hospital are required to pay a registration fee of \$50 and an additional \$50 for medication. If the individual is unable to pay for these services, after careful assessment, an exemption is made. With respect to inpatients, an initial admission fee is required and, depending on the patients' hospitalization demands, a bill is prepared after which the client is charged. The hospital has acknowledged that in terms of payment, some of the users pay immediately upon being discharged while others pay at a later date. Approximately 30 to 35 percent of the users of the hospital utilize health insurance to pay their bills. There is however a noticeable marginal percentage of delinquency.

Private Ward

A private ward exists at the May Pen Hospital, utilized only by the hospital staff and their families and was renovated recently by "friends" of the hospital.

Limitations of the Hospital

The principal problems identified by the hospital which limit their effectiveness in health care include:

- (i) inadequate machinery, namely an old ambulance;
- (ii) inadequate facilities to satisfy the demands of the hospital cases (significant number of accidents and trauma cases have to be transferred to Kingston as a result); and,
- (iii) lack of facilities to deal with serious health cases.

Solutions

The hospital indicates the need for transportation (utility vehicle and new ambulances) and the expansion of the hospital as two possible solutions to the existing problems. A new building is presently under construction and it is expected that this will assist immensely in the improvement of hospital care of the region.

H.S.I.P. The Health Sector Initiative Project

The May Pen Hospital has indicated the assistance of the H.S.I.P. in the following areas:

- (i) the development of staff awareness in matters of patient satisfaction, employee seniority (long service recognition and award), and
- (ii) staff upgrading - especially in the area of accounts.

The quality of the training is rated as 'very good' by the hospital. Additional training is available through the Administration Staff College/Ministry Of Health. Seminars are also held at a Mandeville Center for the ancillary staff in the area of time management and interpersonal relationships. Other training is received in accounting and typing.

APPENDIX D. TABLES

**TABLE A1. Survey Hospitals' Staffing
Actual and Budgeted
October 1994**

HOSPITAL	STAFF	ACTUAL	BUDGETED
SPANISH TOWN	DOCTORS	31	31
	NURSES	84	91
PORT ANTONIO	DOCTORS	2	5
	NURSES	28	120
MANDEVILLE	DOCTORS	15	15
	NURSES	80	112
MAY PEN	DOCTORS	3	2
	NURSES	35	44
PRINCESS MARGARET	DOCTORS	3	3
	NURSES	43	127
SAVANNA- LA-MAR	DOCTORS	6	8
	NURSES	75	129

Source: Ministry Of Health, Personnel Department, Medical and Para Medical Section, Nursing Personnel, October 1994.

**TABLE A2. Average Admission and Occupancy Level in Study Hospitals During
Survey Period**

HOSPITAL	MONTH	AVG ADMISSION	AVG % OCCUPANCY
SPANISH TOWN	JUNE	1142	106
PORT ANTONIO	JUNE	258	51.1
MANDEVILLE	JULY	847	84.7
MAY PEN	JULY	265	147.6
PRINCESS MARGARET	AUGUST	355	56
SAVANNA- LA-MAR	SEPT.	663	69.5

Source: Ministry Of Health, Health Information Unit, 1994.

TABLE A3. Staff/Patient Ratios in Study Hospitals, Actual and Budgeted During Survey Period

HOSPITAL RATIO	MONTH RATIO	STAFF	ACTUAL	BUDGETED
SPANISH TOWN	JUNE	DOCTORS	1:37	1:37
		NURSES	1:14	1:6
PORT ANTONIO	JUNE	DOCTORS	1:129	1:52
		NURSES	1:9	1:2
MANDEVILLE	JULY	DOCTORS	1:56	1:56
		NURSES	1:11	1:8
MAY PEN	JULY	DOCTORS	1:88	1:132
		NURSES	1:8	1:6
PRINCESS MARGARET	AUGUST	DOCTORS	1:118	1:118
		NURSES	1:8	1:3
SAVANNA- LA-MAR	SEPT.	DOCTORS	1:110	1:83
		NURSES	1:9	1:5

Source: Ministry Of Health, Personnel Department (Medical and Para Medical Section, Nursing Personnel) and Health Information Unit, 1994.

TABLE A4. Schedule of Interviews, Client Satisfaction Survey, June - Sept. 1994

MONTH	HOSPITAL	INPATIENTS	CASUALTY	CLINIC	TOTAL
JUNE	SPANISH TOWN	100	54	69	223
JUNE	PORT ANTONIO	60	55	52	167
JULY	MANDEVILLE	103	53	51	207
JULY	MAY PEN	64	57	87	208
AUGUST	PRINCESS MARGARET	61	57	57	175
SEPT.	SAVANNA-LA-MAR	123	58	52	233
TOTAL		511	334	368	1213

TABLE A5. Sample Size Summary for Satisfaction Surveys

Group	In-patient	Casualty	Clinic	All Amb.	ALL
	Hospital with a professionally trained administrator				
N	123	58	52	110	233
%	53%	25%	22%	47%	100%
	Hospitals with CEOs through the HSIP project				
N	267	164	207	371	638
%	42%	26%	32%	58%	100%
	Control hospitals (no CEO or professional administrator)				
N	121	112	109	221	342
%	35%	33%	32%	65%	100%
	All hospitals				
N	511	334	368	702	1213
%	42%	28%	30%	58%	100%
Mean/hosp.	85	56	61	117	202

TABLE A6. Occupancy Levels of Study Hospitals, 1994

HOSPITAL	BEDS	OCCUPIED	OCCUPANCY	DIFFERENCE	COMMENT
SPANISH TOWN	295	320	108%	25	Mainly OBS/GYN
PORT ANTONIO	125	71	57%	-54	
MANDEVILLE	160	150	94%	-10	Crowded
MAY PEN	76	76	100%	0	Overcrowded
PRINCESS MARGARET	100	75	75%	-25	
SAVANNA-LA-MAR	200	121	61%	-79	Under-used private ward included

TABLE A7. Staff Shortages in Study Hospitals, 1994

HOSPITAL	STAFF	ACTUAL	BUDGETED	%	DIFF.
Spanish Town	Doctors	58	52	112%	6
	Nurses	84	194	43%	
	Assistants	50	42	119%	
	Total	192	288	67%	
Port Antonio	Doctors	2	5	40%	-3
	Nurses	19	76	25%	-57
	Assistants	11	43	26%	-32
	Total	32	124	26%	-92
Mandeville	Doctors	18			
	Nurses	39	54	72%	-15
	Assistants	30			
	Total	87			
May Pen	Doctors	3			
	Nurses	34	40	85%	-6
	Assistants				
	Total				
Princess Margaret	Doctors	3			
	Nurses	34	121	28%	-87
	Assistants	18	18	100%	0
	Total	55			
Savanna-la-Mar	Doctors	12	N.A		
	Nurses	72	N.A.		
	Assistants				
	Total				

APPENDIX E. QUESTIONNAIRE FOR INPATIENTS

Ques. ID No.

H.S.I.P/USAID

CLIENT SATISFACTION SURVEY

QUESTIONNAIRE: In-patient

1. Name of Hospital: _____ ID No

2. Location (of Hospital): _____ ID No
Parish

3. Date of Interview: _____
Day Month Year

4. Length of Interview:-----
Hours Minutes

May 1994
Jamaica W. I.

1. In which section or sections of the hospital did you stay?

a. Number or Name of Ward:

b. Ward type : 1. Male 2. Female

c. Type of accommodation

1. Private 2. Semi-private 3. Ward (3 or more)

2. About your recent hospitalization, (this last one), who chose this hospital?

- 1. Doctor chose
- 2. You chose
- 3. Family member chose
- 4. Someone else chose
- 5. Insurance/Health Plan requires it.

3. During most of your recent stay in this hospital, in what kind of room did you stay?

- 1. Private room
- 2. Semi-Private room
- 3. A room with other patients/ward

4. Will you or an insurance company pay this doctor or surgeon privately (that is not through the hospital)?

1. Yes 2. No

5. Did or will you or an insurance company pay the hospital a private room fee?

1. Yes 2. No

6. Did or will you or an insurance company pay any private fees for laboratory services?

1. Yes 2. No

7. Will an insurance company pay this doctor or surgeon for some or all of your care?
1. Yes 2. No
8. Apart from drugs supplied by the hospital did you have to purchase any drugs privately from a doctor or pharmacy?
1. Yes 2. No
9. If yes, what portion of your prescriptions?
1. Some (1/3) 2. Most (2/3) 3. All

ADMISSION: ENTERING THE HOSPITAL

10. Were you admitted to the hospital
1. Through the emergency room
2. Through the admitting office
3. Other (Specify)

NOTE: IF PATIENT WAS UNCONSCIOUS OR SEMI-CONSCIOUS SKIP QUESTIONS 11 and 12.

11. Were you clearly and properly informed about how to prepare for your stay in the hospital. (For example what to take to the hospital).
1. Yes 2. No
12. How well did the hospital staff do in getting you to your hospital bed quickly.
1. Very well
2. Fairly well
3. Not well at all

DAILY CARE IN THE HOSPITAL

13. Once you got into the hospital, how well did the staff meet your needs?
1. Very Good
2. Good
3. Fair
4. Poor

14. Did the doctors and nurses listen to your problems and concerns?
1. Yes 2. No 3. Sometimes
15. Did the hospital staff allow you to ask questions?
1. Yes 2. No 3. Sometimes
16. Were they willing to answer your questions?
1. Yes 2. No 3. Sometimes
17. To what extent did the medical staff, (nurses, doctors and other staff), explain the different tests and treatments which you would undergo? In other words to what extent did the medical staff explain what they were going to do to you while you were under their care?
1. Explained everything
2. Explained most things
3. Explained a little
4. Did not explain anything

NURSING STAFF

18. How skilled do you think the nurses are in providing treatment?
1. Very Skilled
2. Fairly skilled
3. Unskilled
4. Don't know
19. How often did the nurses check on you to keep track of how you were doing?
1. More often than necessary
2. Often enough
3. Not often enough
4. Never

20. Rate how courteous and caring the nurses were.

1. Very Caring
2. Caring
3. Not so caring
4. Uncaring

21. How well did the nurses communicate with you and your family?

1. Well
2. Fairly
3. Poorly
4. Don't know

DOCTORS

22. How often did the doctors check on you to keep track of how you were doing?

1. Never
2. Every other day
3. Once per day
4. Twice per day
5. Three or more times per day
6. Other

23. How easy was it to get your doctor when you needed?

1. Very easy
2. Fairly easy
3. Fairly difficult
4. Very Difficult
5. Never needed to call doctor

24. How courteous and caring were the doctors.

1. Very Caring
2. Caring
3. Not so caring
4. Uncaring

25. To what extent did your doctor explain your illness to you?

- 1. Explained everything
- 2. Explained most things
- 3. Explained a little
- 4. Explained nothing

26. How well did your doctors and nurses explain your treatment? (i.e. what they were going to do to make you well and what part you were to play in the process?)

- 1. Explained everything
- 2. Explained most things
- 3. Explained a little
- 4. Explained nothing

27. Were you told how to take care of yourself after leaving the hospital?

- 1. Yes
- 2. No

OTHER HOSPITAL STAFF

How would you respond to the following statements about the hospital staff?

28. The housekeeping staff did their job well. Do you

- 1. Agree
- 2. Feel Unsure
- 3. Disagree

29. The laboratory staff were friendly and courteous. Do you

- 1. Agree
- 2. Feel Unsure
- 3. Disagree
- 4. Not applicable

30. The X-Ray staff were friendly and courteous. Do you

- 1. Agree
- 2. Feel Unsure
- 3. Disagree
- 4. Not applicable

31. When you were admitted did the hospital provide you with bed linen and pillow case?

1. Yes, all

2. Some, but not all

3. No, none

32. How often was your bed linen changed during most of your stay?

1. Everyday

2. Every other day

3. Two times per week

4. Less than two times per week

LIVING ARRANGEMENTS

33. For most of your stay in the hospital did you share bed with anyone?

1. Yes

2. No

34. If yes, how many persons did you share with?

1. One

2. Two

3. Three

4. More than three

35. To what extent was your ward or room clean and comfortable?

1. Very clean

2. Fairly clean

3. Not so clean

4. Not clean at all

36. Does this hospital provide adequate supplies of the following for your use?

	Adequate	Some	None	
1. Toilet tissue	<input type="checkbox"/>
2. Soap	<input type="checkbox"/>
3. Sanitary Napkins (Pads)	<input type="checkbox"/>
4. Other (Specify)	<input type="checkbox"/>
5.	<input type="checkbox"/>
6.	<input type="checkbox"/>
7.	<input type="checkbox"/>

37. Was the hospital environment peaceful and quiet?

- 1. Yes
- 2. No
- 3. Sometimes

38. What was the condition of the furniture and other equipment?

- 1. Very Good
- 2. Good
- 3. Fair
- 4. Poor

39. Were the types of food which you were given in the hospital adequate?

- 1. Yes
- 2. No
- 3. Sometimes
- 4. Did not eat hospital food

40. Did the food taste good?

- 1. Yes
- 2. No
- 3. Sometimes
- 4. Don't know

41. Was it easy to find your way around the hospital?

- 1. Yes
- 2. No

42. How do you rate the hospital building overall?

- 1. Very Good
- 2. Good
- 3. Fair
- 4. Poor

43. Does the hospital have adequate visiting hours and facilities for the visitor.

- 1. Yes
- 2. No
- 3. Don't Know

DISCHARGE: LEAVING THE HOSPITAL

44. How long did you stay in the hospital

Note Well: Number of **nights**

45. How much were you charged by the hospital for your stay here?

NOTE TO INTERVIEWER: PLEASE STATE IN ROUND FIGURES. IF INTERVIEWEE CANNOT REMEMBER EXACTLY PLEASE LET HIM OR HER APPROXIMATE TO THE NEAREST HUNDRED. Example "About 300 dollars \$J".

.....

46. Is this hospital stay or visit covered by health insurance?

- 1. Yes, fully
- 2. Yes, partly
- 3. No

47. Do you have health insurance which pays for:

- (a) daily room and board in the hospital
- (b) out-patient care
- (c) treatment while in hospital

48. Are you going to pay your entire bill now?

- 1. Yes 2. No

49. If no, how will you pay?

-
-

50. When you were leaving the hospital, did you find the process for discharge too long.

- 1. Yes 2. No

51. Did you feel that your cost for services you received at the hospital was reasonable?

- 1. Yes
- 2. No
- 3. Don't know

52. During your hospital stay, in addition to your payments to the hospital, how much did or will you pay privately, (different from hospital charges), to each of the following for drugs or services (if none, say zero).

- 1. Doctors
- 2. Laboratories
- 3. Pharmacies
- 4. Zero
- 5. Other

53. Of the drugs needed to treat you in the hospital, indicate the nearest percentage which you received from the hospital

- 1. 100% All from hospital
- 2. 75% Most from hospital
- 3. 50% Half from hospital
- 4. 25% A little from hospital
- 5. 0% None from hospital

RECOMMENDATIONS AND SUGGESTION

54. Would you recommend this hospital to your family and friends if they needed hospital care?

- 1. Definitely would
- 2. Probably would
- 3. Probably would not
- 4. Definitely would not

55. Please state reasons for your answer to question 54 giving your honest opinion.

.....

.....

.....

.....

56. If you would not recommend this hospital, which hospital would you prefer and why?

Name of hospital.....

Reasons.....

.....

.....

.....

SOCIO-ECONOMIC AND DEMOGRAPHIC PROFILE

57. How old are you?
(age last birthday)

58. Are you male or female?
1. Male 2. Female

59. Are you presently employed?
1. Yes 2. No

60. If no, did you have a job before your illness?
1. Yes 2. No

Filter: If yes, go to question 62

61. What is the main thing you do/did for a living? (be as specific as possible) for example " I sew brassieres at Lee's Garment Factory or operate the bottling machine at J. Wray and Nephew).
.....
.....

62. Do you have any other job?
1. Yes 2. No

63. If yes, what is your second occupation? (Please be as specific as possible. For example " I sew brassieres at Lee's Garment Factory or I operate the bottling machine at J. Wray and Nephew).
.....
.....

64. Are/Were you working with....

- 1. The Government
- 2. Private person/company
- 3. A statutory organisation
- 4. Yourself/self-employed
- 5. Other (Please specify)
-

65. What is the main thing which the head of your household does for a living? (Again be as specific as possible)

.....
.....
.....

66. How far did you reach in school?

- 1. Primary
- 2. Secondary
 - 1. High
 - 2. Technical
 - 3. Comprehensive
 - 4. New Secondary
 - 5. Vocational
- 3. Tertiary
 - 1. UWI
 - 2. CAST
 - 3. Teachers College
 - 4. Other (Please Specify)

APPENDIX F. QUESTIONNAIRE FOR AMBULATORY PATIENTS

Ques. ID No.

H.S.I.P. / USAID

CLIENT SATISFACTION SURVEY

QUESTIONNAIRE: Ambulatory patient

1. Casualty

2. Clinic -----
(State Name)

1. Name of Hospital: _____ ID No

2. Location (of Hospital): _____ ID No
(Parish)

3. Date of Interview: _____
Day Month Year

4. Length of Interview: _____
Hours Minutes

May 1994
Jamaica W.I.

1. Have you ever been registered at this hospital before?
 1. Yes 2. No

2. Why are you here now? (What services are you seeking?)

.....

3. Please give the times when the following activities began and ended.

Hospital Services	Time Arrived at Service	Time Service Began	Time Service Ended
1. Registration			
2. Doctor			
3. X-Ray			
4. Laboratory			
5. Nurse			
6. Physiotherapist			
7. Pharmacy			
<i>Other (Please Specify)</i>			
8.			
9.			
10.			
11.			
12.			

4. Please rate the length of time you had to wait for the following services. (Tick the appropriate box)

Hospital Services	Much Too Long 1	Too Long 2	O.K. 3	Quick 4	Very Quick 5
1. Registration					
2. Doctor					
3. X-Ray					
4. Laboratory					
5. Nurse					
6. Physiotherapist					
7. Pharmacy					
<i>Other (Please Specify)</i>					
8.					
9.					
10.					
11.					
12.					

NURSING STAFF

5. Rate how courteous and caring the nurses were.

1. Very Caring
2. Caring
3. Not so caring
4. Uncaring

6. Did the nurses communicate well with you?

1. Yes
2. No
3. Sometimes
4. Don't know

DOCTORS

7. Were the doctors courteous and kind?
1. Yes
 2. No
 3. Sometimes
8. Did the doctors seem to know what was wrong with you?
1. Yes
 2. No
 3. Not sure
9. Did your doctor explain your illness to you?
1. Yes
 2. No
10. How well did your doctors and nurses explain your treatment? (i.e what they were going to do to make you well and what part you were to play in the process?)
1. Explained everything
 2. Explained most things
 3. Explained a little
 4. Explained nothing
11. Were you told how to take care of yourself when you got home?
1. Yes
 2. No

OTHER HOSPITAL STAFF

How would you respond to the following statements about the hospital staff?

12. The laboratory staff were friendly and courteous. Do you
1. Agree
 2. Feel Unsure
 3. Disagree
 4. Not applicable

13. The X-Ray staff were friendly and courteous. Do you

1. Agree
2. Feel Unsure
3. Disagree
4. Not applicable

14. Was the ward or room in which you stayed clean and comfortable?

1. Very clean
2. Fairly clean
3. Not so clean
4. Not clean at all

15. Was the hospital environment peaceful and quiet?

1. Yes
2. No
3. Sometimes

16. What was the condition of the furniture and other equipment?

1. Very Good
2. Good
3. Fair
4. Poor

17. Was it easy to find your way around the hospital?

1. Yes
2. No

18. What was the condition of the hospital building overall?

1. Very Good
2. Good
3. Fair
4. Poor

19. How much were you charged for your stay here? (NOTE TO INTERVIEWER: PLEASE STATE IN ROUND FIGURES. IF INTERVIEWEE CANNOT REMEMBER EXACTLY PLEASE LET HIM OR HER APPROXIMATE TO THE NEAREST HUNDRED. Example "About 300 dollars, J\$ etc.")

.....

20. Is this hospital stay or visit covered by health insurance?

- 1. Yes, fully
- 2. Yes, partly
- 3. No

21. Do you have health insurance which pays for:

- 1. daily room and board in the hospital
- 2. out-patient care
- 3. treatment while in hospital

22. Are you going to pay your entire bill before you leave?

- 1. Yes
- 2. No

23. If no, how will you pay?

.....
.....

24. Did you feel that the price you paid for services you received at the hospital was reasonable?

- 1. Yes
- 2. No
- 3. Don't know

RECOMMENDATION AND SUGGESTIONS

25. Would you recommend this hospital to your family and friends if they needed hospital care?

- 1. Definitely would
- 2. Probably would
- 3. Probably would not
- 4. Definitely would not

26. Please state reasons for your answer to question 25 giving your honest opinion.

.....

.....

.....

.....

27. If you would not recommend this hospital, which hospital would you prefer and why?

Name of hospital.....

Reasons

.....

.....

.....

.....

.....

.....

SOCIO-ECONOMIC AND DEMOGRAPHIC PROFILE

28. Are you male or female?

1. Male

2. Female

29. How old are you?

(age last birthday)

30. Are you presently employed?

1. Yes

2. No

31. What is your main occupation? (be as specific as possible) for example
" I sew brassieres at Lee's Garment Factory or I operate the bottling
machine at J. Wray and Nephew).

.....

.....

32. Do you have any other job

1. Yes

2. No

33. If yes, what is your second occupation? (Please be as specific as
possible, for example " I sew brassieres at Lee's Garment Factory or I
operate the bottling machine at J. Wray and Nephew).

.....

.....

34. Are/Were you working with....

- 1. The Government
- 2. Private person/company
- 3. A statutory organisation
- 4. Yourself/ self-employed
- 5. Other (Please specify)

.....

35. What is the main thing which the head of your household does for a living? (Again be as specific as possible)

.....

.....

36. How far did you reach in school?

- 1. Primary
- 2. Secondary
 - 1. High
 - 2. Technical
 - 3. Comprehensive
 - 4. New Secondary
 - 5. Vocational
- 3. Tertiary
 - 1. UWI
 - 2. CAST
 - 3. Teachers College
 - 4. Other (Please Specify)

APPENDIX G. HOSPITAL BACKGROUND INTERVIEW GUIDE

QUES.ID NO. __ __

H.S.I.P. / USAID

CLIENT SATISFACTION SURVEY: HOSPITAL BACKGROUND

1. Name of Hopital:..... ID No. _____
2. Location of Hospital..... ID No. _____
(parish)
3. Date _____
 day month year

June 1994
Kingston, Jamaica
TRK

8. LIST OF FACILITIES OFFERED BY HOSPITAL

1. Operating Theatre Major 1 witha/c 2 without a/c
Minor

2. Security
1. hospital 2. private — —

3. Sanitary Conveniences

	Wards	Clinics	Casualty
1 Patients	_____	_____	_____
2 Visitors	_____	_____	_____

4. Other (specify)

8. STRUCTURE OF ORGANISATION

- 1. Organisation Chart
- 2. Hospital Staff: Actual / Budgeted
Doctors/Nurses/ Assistants

9. List six most important problems facing the hospital:

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....
- 6.....

10. List recommendations for the problems cited above:

.....
.....
.....
.....
.....
.....
.....

11. Do you know about the H.S.I.P (Health Sector Initiative Project)?

1. Yes 2. No

12. If yes, can you tell me about the services that this project has helped?

Services.....
.....
.....
.....
.....
.....
.....

13. Has the H.S.I.P. project given any assistance in training?

1. Yes 2. No

14. If yes, can you tell me about the specific form of assistance?

.....
.....
.....
.....

15. How would you rate the quality of this training?

1. Excellent 2. Very Good 3. Good 4. Fair 5. Poor

16. Is there any other kind of training available to the hospital staff:

- 1. Yes.
- 2. No

17. If yes, please specify

Training	Source of Sponsorship
<hr/>	<hr/>

18. Insured/Uninsured ratio:

- a. Inpatients
- b. Casualty
- c. Clinic