

PHC PATIENT EXPERIENCE OF CARE SURVEY 2023/24

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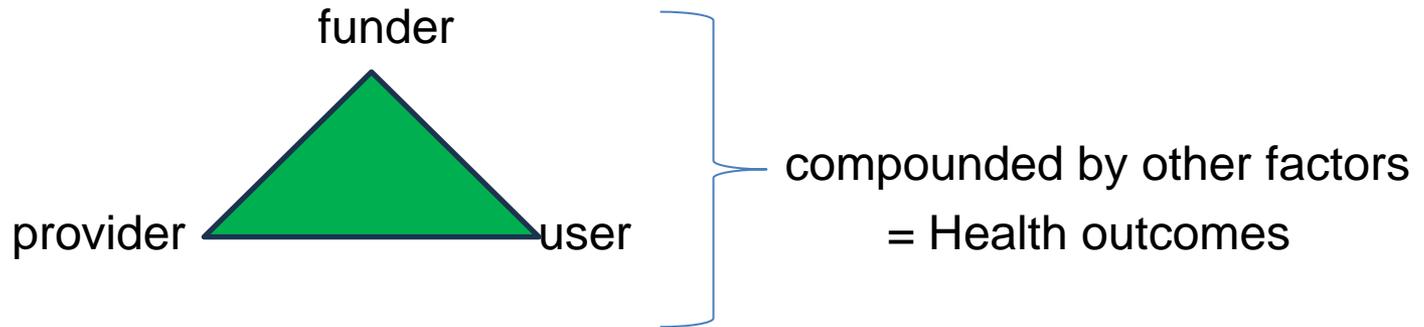
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1. Introduction

- The DoH is governed by various pieces of legislation, most of which promote commitment towards upholding patients' rights and BP.
- As the DoH moves towards full implementation of the UHC in SA, delivering high quality services becomes even more important in meeting expectations of all patients.
- Believing that satisfied patients tend to be more compliant with health care, obtaining feedback from patients becomes an additional incentive in the drive to deliver quality health services.
- We define quality according to three aspects



- Our focus for this presentation is on **“user”** aspect

2. Background of PEC survey

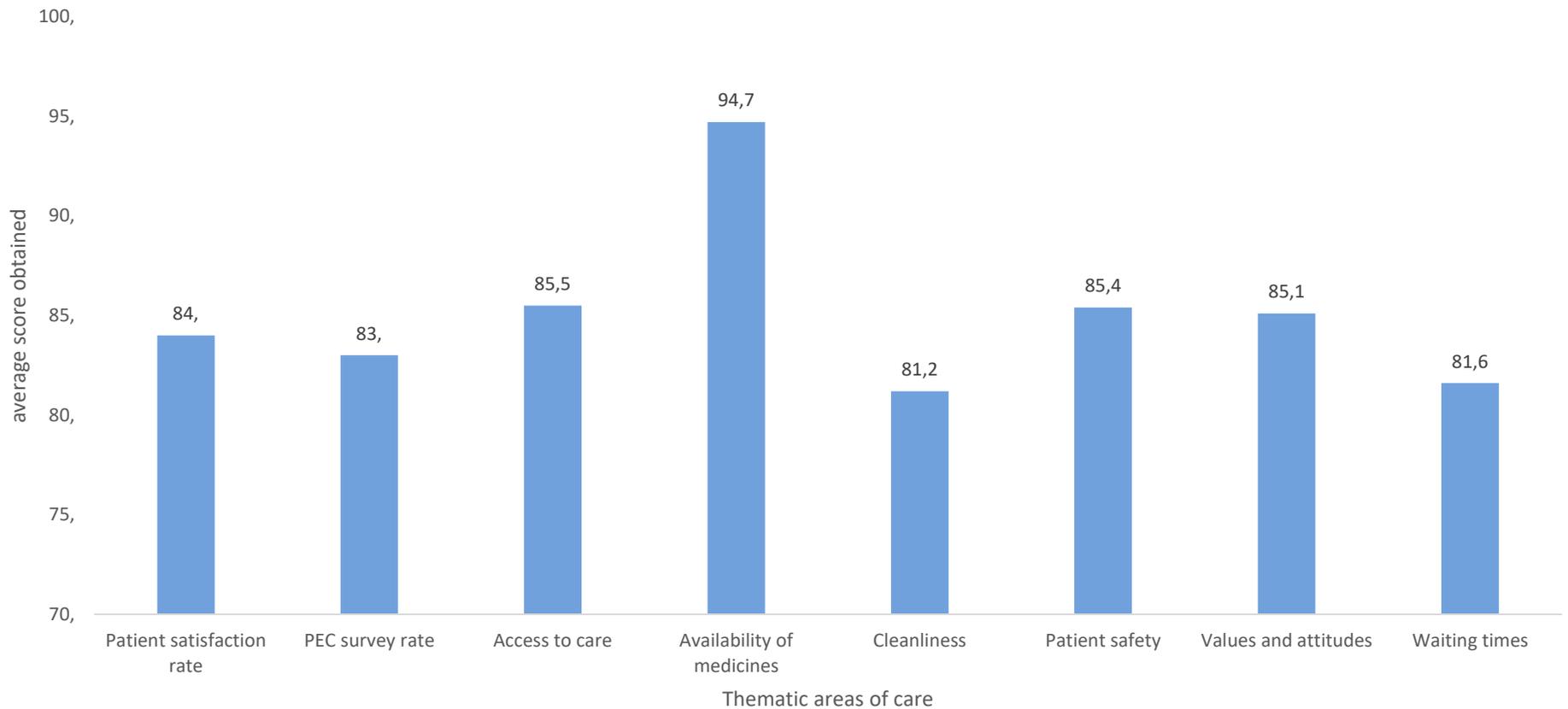
- Mechanism for effecting “user” aspect is through obtaining feedback from representative number of patients focusing on six special thematic areas.
- This is supported by SA’s legal obligation to determine the experiences that patients have with the healthcare they receive.
- By conducting PEC surveys, any mismatch between the patient’s expectation and the healthcare service they are receiving, is brought to the fore.
- these mismatches assist in
 - identifying problem areas that require focused interventions,
 - resolving potential problems timeously
 - identifying matters that require a better explanation to patient
 - reducing variation in health services by creating a standard platform that could also ensure the efficient use of resources
 - guiding continuous education for all staff members, i.e. learning about what is important to patients, and
 - strengthening consultative processes with patients and their involvement in health care

3. Methodology

- Obtains its terms of reference from the approved National guideline on conducting PEC survey: October 2017.
- The annual PEC survey is conducted during July to September.
- It is facilitated by local Quality Assurance and Improvement officials.
- Data collectors are volunteering clinic and hospital board members, CHW, students from institutions of higher learning and information officers.
- Volunteering, able adult patients in all public facilities participate.
- A descriptive, cross-sectional survey if being followed and derives information from 10-15% of weekly head count.
- Data is collected using semi-structured interviews and self-completion of predetermined binary questionnaires at exit point of the facilities.
- Data is captured in the PEC survey module of the DHIS – runs its quality controls and analytics are PEC survey, general satisfaction rate and according to thematic areas of care.
- Results are automated and viewed at all levels of care by assigned officials.

4. RESULTS

PHC PEC SURVEY RESULTS 2023/24



5. Improvement plan

NB! Intent to

- identify problem areas that require focused interventions,
- resolve potential problems timeously
- identify matters that require a better explanation to patient
- reduce variation in health services by creating a standard platform that could also ensure the efficient use of resources
- guide continuous education for all staff members, i.e. learning about what is important to patients, and
- strengthen consultative processes with patients and their involvement in health care

5. Improvement plan

PRIORITY AREA	ROOT CAUSE	SUGGESTED IMPROVEMENT	RESPONSIBILITY (DISCIPLINE)	IMPLICATIONS ON FINANCE AND HRH
Access	<ul style="list-style-type: none"> Lack of public transport and ambulances to facilities Transfer out not arranged/organised with receiving facility. Patient information of services available and method of accessing them not known by patients. Need for signages and functional nurse call system 	<ul style="list-style-type: none"> Collaborate with relevant department to improve access of roads and transport to health facilities. Comply with the National Referral policy. Develop provincial/district referral pathways. Collaborate with infrastructure and SCM to install nurse call systems 		
Waiting times	<ul style="list-style-type: none"> Improper storage and management of patient records Insufficient preparation of booked patient files. Batch provision of services in registry and pharmacy Improper organization of work processes such as giving one appointment time for all patients No matching of staff to patient numbers No standardised PWT in service areas and update to patients on delays and respective solutions Monitoring of PWT is scanty 	<ul style="list-style-type: none"> Introduce efficient record management systems and storage. Prepare records of booked patients in advance. Provide complete service per patient presentation. Stagger patients' appointment in batches throughout the day Introduce flexi-times withing the relevant legislations. Visibly signpost PWT in all service areas and update pts on delays and adopted solutions. Promote CCMDD for patients whose health conditions are stable. Monitor PWT using a reliable system. 		



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5. Improvement plan

PRIORITY AREA	ROOT CAUSE	SUGGESTED IMPROVEMENT	RESPONSIBILITY (DISCIPLINE)	IMPLICATIONS ON FINANCE AND HRH
Cleanliness	<ul style="list-style-type: none"> Lack of toilet papers in toilets. No handwashing facilities. Improper cleaning procedures Wastebins not visible/accessible followed. Rodents and scavengers inside and around health establishments. 	<ul style="list-style-type: none"> Collaborate with provincial support team to determine the funding and utilization of non-negotiable list of cleaning materials. NDoH to develop guidance on cleaning systems and procedures. Environmental health policies to be enforced. Province to further determine root-causes and correct the root causes. 		
Patient Safety	<ul style="list-style-type: none"> No danger notifications on walkways No proper lighting in wards No nurse call systems near beds Hights of beds challenging for some patients No orientation of patients about the ward and procedure times 	<ul style="list-style-type: none"> Enforce signage and or notifications of evitable dangers on walk-ways. Install latest infrastructural needs for communication and lighting Procure / assign beds in line with health conditions. Develop checklist for items to be done as part of admission procedure – patient orientation. 		



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5. Improvement plan

PRIORITY AREA	ROOT CAUSE	SUGGESTED IMPROVEMENT	RESPONSIBILITY (DISCIPLINE)	IMPLICATIONS ON FINANCE AND HRH
Values and attitudes	<ul style="list-style-type: none"> No visible name plates. Staff members not self-introducing themselves. Staff not explaining treatment procedures and seeking permission from patients. Not involving patients in decision making including appointments. 	<ul style="list-style-type: none"> Enforce compliance with individual dress code and identification. Communicate and enforce compliance with Patient Rights Charter and BP principles. 		
Medicine use and availability	<ul style="list-style-type: none"> Not informing patients on purpose of the medications and required behaviour change when taking some medications. Not informing patients on the intended purpose of prescribed medications and precautions they must follow while on treatment. 	<ul style="list-style-type: none"> Standardise patient information on prescribed medicines. 		



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6. Limitations

- Not all facilities conducted the survey
- Not all facilities compiled SDI
- Despite positive deviations across the six thematic areas of care we believe in CQI
- Complaints about experienced and perceived care are prevalent. This is probably due to:
 - incorrect approach to conducting the survey,
 - questions that are not robust to ask about pertinent patient experience issues.
 - Questions that are not in par with the latest developments.
 - Target scores per thematic area pitched too low.
 - The software that has capability to run various statistical analytics.

7. Outstanding work

We have to

- update the guideline including the questions to be in par with latest health issues and
- Increase the average score per thematic area to be at 95% or more as per our believe in CQI.
- update the PEC survey software
 - to be aligned with the revised guideline and questions and
 - have capabilities to run various statistical analytics including comparisons and relationships with other data elements.
 - to project areas that require improvements and have reminders
 - inbuilt features for quality control and security
- Seek seasonal independent surveyors that are managed from outside to conduct the annual survey.

8. Conclusion

- Involvement of patients in decisions about health care is informed by various legislations and prescripts.
- PEC survey is one of the mechanisms to seek structured feedback from patients to inform uniform universal improvements.
- Acknowledgement of feedback from patients and commitment to improve services is paramount.
- Relevant disciplines to commit to improving and measure progress.
- Monitoring of implementation of commitments for improvement should be continuous and be overseen by senior management.
- PEC survey is one of the trusted methods of measuring performance and guides CQI through relevant collaborations.