

THE PATIENT'S CHARTER – VALIDATING ACTUAL SERVICES PROVIDED TO THE OUTPATIENT

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ABSTRACT : The Patient's Charter tells about the rights and standard of service a patient can expect. However, little information is available to gauge the reality of the charter in real practice. This survey was performed to determine the validity of the charter to the services provided and to identify areas of improvement if the charter is to be revised. A questionnaire-based survey was used to seek information from 196 patients who attended the Outpatient Department in Banting District Hospital over a period of four days. The overall waiting time for registration, to be seen by a doctor and for medication were 17.4 ± 2.0 minutes, 25.3 ± 2.6 minutes and 15.8 ± 1.3 minutes respectively. The overall waiting time for the whole consultation was 61.4 ± 4.9 minutes. Only 30.8% respondents knew about the Patient's Charter. The Patient's Charter appears to be valid for the actual services provided. There have to be measures to increase the awareness of the charter to the public perhaps via pamphlets and to provide a multi-linguistic charter. (*JUMMEC 1997 2(2): 107-110*)

KEY WORDS: Patient's Charter, Outpatient Department, waiting time

Introduction

There have been many studies done on the relationship between consultation time, list size and workload to gauge the different aspects of quality care to the patient (1,2). Heaney (3) reported that reducing waiting times is a key issue in the provision of quality services for patients. Much has been said about a standard charter for the patient and how the charter may bring new and positive changes in the care provided (4). However, little work has been carried out pertaining to various aspects of the patient's charter for example to gauge the effectiveness of the patient's charter or its' reliability in providing the medical care to the patients.

Therefore, this survey aims to examine the Patient's Charter, to test its reliability and to identify changes if required. The Health Division of the Ministry of Health has taken over the Outpatient Department administration of the Banting District Hospital since 1 June 1997. To monitor and to further improve the health service at the local level, the opinions and perceptions of the patient, the consumer, are necessary to marry the charter with the actual care provided (5). The health administration needs to know what the consumer thinks of the current care delivered, and whether it is satisfactory or not satisfactory. The consumer is encouraged to complain if things have gone wrong and to suggest how things could be done better. Thus, the present study aims to examine the Patient's Charter, to test its reliability and to identify changes if required.

Materials and Methods

This survey was carried out at the Banting District Hospital, Selangor from 23rd to 26th September 1997. It was done as part of our district health posting in the final year programme. Located about 70 km from the University Hospital, Petaling Jaya, the hospital began its operation 22 years ago, catering for the increasing population in the Kuala Langat District. The hospital consists of eight buildings with 151 beds. The bed turnover was 31 patients per day up for the first six months in 1997. The hospital served about 53 289 outpatients for the first six months in 1997. There are 165 staffs with nine doctors.

Each department of this hospital has its own Patient's Charter, displayed via a large wooden banner in Bahasa Malaysia. The charter (Table 1) explains what a patient should expect from the health service and the standards the service intends to deliver. The charter speaks of the Government's interest to improve quality of health care at all levels, to make changes when these standards are below par and by improving quality, to improve value for money.

The instrument for this study was a self-developed questionnaire based on the Patient's Charter in the

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Outpatient Department. This was to assess several aspects of satisfaction with services cited in the charter. The departments that were assessed in this survey are the outpatient, radiography, laboratory, and pharmacy. The questionnaire was pilot-tested prior to the actual survey. 196 patients were interviewed (with a failure rate of 2%), both in the morning and the afternoon sessions over a period of four days survey. All patients who were waiting at the pharmacy department were approached for the interview. The first 50 patients from an estimated 200 patients per day were interviewed. Patients were excluded if they came exclusively for the medication without any consultation or if they came directly from the emergency unit. Statistical analyses performed in this survey include mean, a student t-test, interval confidence and paired t-test.

Table 1. The Patient's Charter (English Translation)

Banting District Hospital

The Outpatient Department

You will be registered in not more than 30 minutes.
 You will be seen by a doctor in not more than an hour.
 All emergency cases will be tended to immediately.

The X-ray Department

Every X-ray will be taken in not more than 30 minutes during the office hour.

Every X-ray film processed is of quality.

The Laboratory Department

Every patient will be notified about the time taken to process a certain test.

Every patient will be given an appointment to collect the test result if the test result is unattainable on the same day.

Every laboratory test is of quality.

The Pharmacy Department

Every drug given is of quality and safe, with labels.

There will be a clear and concise explanation on the drug given.

The drug will be given in not more than 20 minutes, and counseling will be offered if necessary.

Results

Demography

A total of 196 patients were included into the analysis. The overall male to female ratio was 1:0.9. 102 (52.0%) were male and 94 (48.0%) were female. In terms of ethnicity, there were 133 (67.9%) Malay, 13 (6.6%) Chinese, 49 (25.0%) Indian, and one other. The mean age was 38.4 years with a standard deviation of 15.75 years.

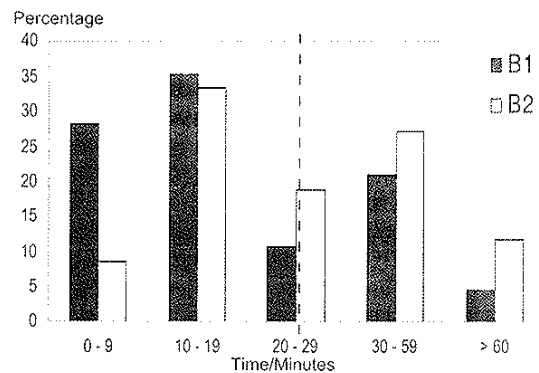


Figure 1. Waiting time before registration and before seen by the doctor (after the registration)

B1 = Time taken for the patient to be registered
 B2 = Time taken for the patient to be seen by the doctor
 - - - Waiting time as chartered (30 minutes)

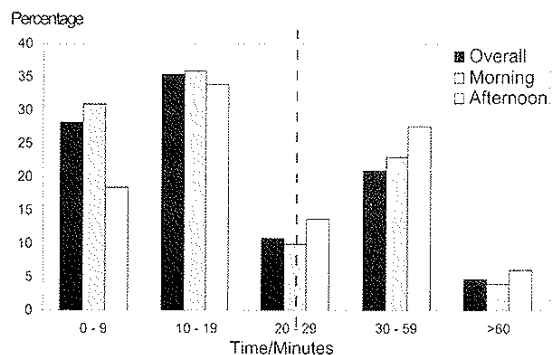


Figure 2. Waiting time – overall, morning session and afternoon session before registration

- - - Waiting time as chartered (30 minutes)

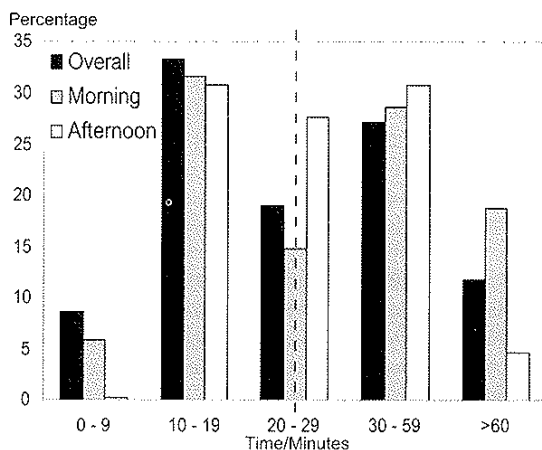


Figure 3. Waiting time – overall, morning session and afternoon session before seen by the doctor

- - - Waiting time as chartered (30 minutes)

More than 80% of the patients had some formal education. 110 (56.0%) had experienced secondary school and 55 (28.2%) had completed primary school only. 10 (5.1%) had tertiary education. There were 21 (10.7%) patients who did not receive any formal education.

The Outpatient Department

The overall mean waiting time before registration was 17.4 ± 2.0 minutes compared to the time chartered at 30 minutes, ranging from three minutes to 90 minutes. In the morning session, the mean waiting time before registration was 17.6 ± 2.7 minutes compared to 19.7 ± 4.2 minutes in the afternoon session. However, there was no significant difference between the two sessions ($t = -0.899$, d.f. = 166, ns).

The overall waiting time before a patient was seen by the doctor (after the registration process) was 25.3 ± 2.6 minutes, ranging from five minutes to 90 minutes. The morning session had a longer mean waiting time of 29.7 ± 4.0 minutes compared to the afternoon session 21.8 ± 3.9 minutes. However, there was a statistical significant difference between the two sessions ($t = -2.5887$, d.f. = 166, $p < 0.01$)

The Radiography Department

The overall mean time taken before an X-ray is taken was 21.8 ± 11.3 minutes, ranging from five minutes to 60 minutes. The overall mean time taken to process the X-ray was similar at 21.7 ± 9.2 minutes, ranging from five minutes to 60 minutes (Figure 4).

The Laboratory Department

43% of 35 patients were not told about the time taken to process a certain test. Similarly, only 54% of patients were given an appointment if the test result was unobtainable on the same day.

The Pharmacy Department

The overall mean waiting time at the pharmacy department before receiving the medication was 15.8 ± 1.3 minutes ranging from five minutes to 30 minutes (Figure 5). There was a slight difference between the mean waiting time in the morning session 17.2 ± 1.8 minutes and in the afternoon session 15.0 ± 2.1 minutes respectively. However, there was no significant difference between both sessions ($t = -1.496$; d.f. = 166; ns).

196 (100%) patients were given medication with clear labels and were explained by the pharmacist on how to take the medication except for one patient who mentioned that no instruction was given to him.

Overall Time taken for the whole consultation

The overall time taken for the whole consultation was 61.4 ± 4.9 minutes ranging from 15 minutes to 230 minutes. There was a statistically significant difference between the overall time taken in the morning session and the afternoon session ($t = -2.196$; d.f. = 166; $p < 0.05$). The overall time taken in the morning session was 69.3 ± 7.2 minutes and in the afternoon was 57.0 ± 7.7 minutes.

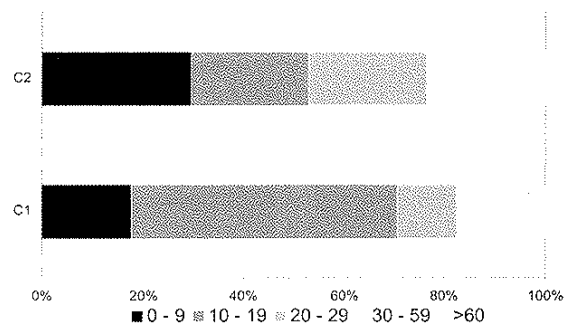


Figure 4. Waiting time to take X-ray and for the X-ray to be processed

C1 – Time (minutes) lapsed before X-ray is taken
 C2 – Time (minutes) taken for the X-ray to be processed
 (n = 17)

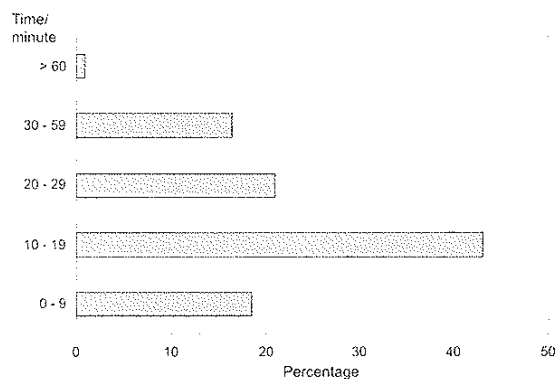


Figure 5. Waiting time before receiving the medication

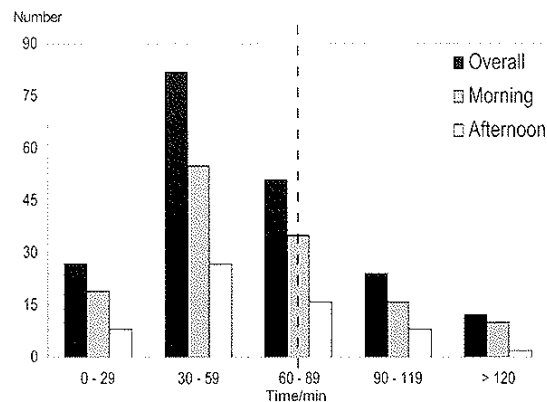


Figure 6. Overall time taken for the whole consultation
 - - - - - Waiting time as chartered (60 minutes)

The knowledge of the Patient's Charter

Patient's knowledge of the charter was assessed based on whether they have read and understood the contents of the charter. The results showed that 60 (30.8%) respondents read and knew the charter. The remainder did not read or did not bother about the charter after reading it.

Discussion

The Patient's Charter consists of 'rights', which all patients will receive all the time, and 'expectation', which are standards of service which can be delivered to them (6,7,8). In the same manner, patients need to be made aware about the charter. Only few patients (30.8%) knew about the charter. A survey done by Martin Lees reported 54.5% of patients were still ignorant of the charter's existence (9). Thus, there is a large number of patients who are still ignorant of the Patient's Charter whether at the local setting or oversea. Where patients failed to exercise their rights and to acknowledge the weaknesses in the health service, the health service will fail to progress to meet the ever-changing demands of the patient. Thus a vicious cycle will continue and both parties will not benefit from each other.

The charter appears to be valid from the study. The time chartered was statistically significantly lower than the actual time for each department. The waiting time at the registration department was 17.4 ± 2.0 minutes, compared to the time chartered at 30 minutes. Similarly, the actual time taken before being seen by the doctor was 25.3 ± 2.6 minutes compared to the time chartered at 30 minutes. The actual waiting time at the pharmacy department was 15.8 ± 1.3 minutes compared to the time chartered at 20 minutes. The result may suggest the studied departments were indeed efficient in delivering their services. However, one must remember that there is a group of patients who waited more than the time chartered at respective department. Perhaps this could be due to other confounding factors for example staff on leave, insufficient staff, malfunction of the machine, and staff experience which were not taken into account in this study.

The overall mean waiting time before a patient was seen by the doctor taken in the morning and afternoon session was found to be significantly different ($p < 0.01$). The overall mean consultation time, by omitting the radiography and laboratory department, was about one and a half-hour on the charter. The actual time taken was 61.4 ± 4.9 minutes. The overall time taken in the morning and afternoon session was found to be significantly different also ($p < 0.05$). This may be due to the different volume of patients seen, where more patients were seen in the morning. Studies have shown that a reduction in the waiting times paralleled with an increase in the quality of services and patient's satisfaction (3,13).

This study is not without any limitations. The study did not include the patients/staff ratio and also did not take into account the diseases presented, which both may affect the overall time taken for the whole consultation.

The Patient's Charter is valid within the actual services provided. However, there must be measures to promote the charter and to increase its awareness to the public. The following recommendations are suggested: 1) to revise the charter every year by gaining feedback from the patients for example via suggestion box (10,11); 2) patients should be made aware of the charter for example via pamphlets; 3) to incorporate annual patient satisfaction survey as a means of exploring patients' demand (12).

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