“Secret Patient” – As a Mechanism to Increase Public Satisfaction with Medical Care

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Abstract

In recent years, a system for assessing the quality of work in various service sectors with the involvement of "secret visitors" has become not only the norm, but also a necessity so that the company can adequately evaluate its strengths and weaknesses and, while listening to the opinions of users of services, improve. An analogue of this technique has been actively applied in the field of medical services - it is a "secret patient". For budget organizations, for this purpose, it is optimal to involve social activists or public organizations. Inspections are carried out unexpectedly and, based on the results, a checklist is filled out, on the basis of which conclusions are made about the quality and organization of work of the medical institution, which makes it possible to identify problematic aspects and make appropriate organizational decisions.

Keywords: Secret Visitors; Reform; Healthcare

Introduction

The reform and modernization of healthcare, the optimization of the management and structure of the industry, the development of medical technologies, the improvement of the professional level of specialists working in healthcare are the main goal of improving the health status of the population and medical and demographic indicators in the country. An equally important and significant task of these measures is to improve the quality of life of people, many authors attribute the level of satisfaction of the population to medical care as integral components of it [1].

Questioning patients with subsequent analysis of the data obtained, as a rule, is the main method for assessing the level of satisfaction of the population with medical care and is included in the internal quality control program of many medical institutions. However, this method does not provide complete information on the feedback from the patient and does not allow to evaluate the work of a particular medical officer. For these purposes, many clinics and hospitals use the services of a «secret patient» or involve the public and public organizations in this project.

Monitoring results. In April - May 2016, in the framework of the Polite Reception project in the city of Ivanovo, with the involvement of public organizations as “secret patients”, a polyclinic raid was carried out to identify shortcomings in the care of patients in the registry and to develop organizational solutions to eliminate them. Also, during this campaign, the work of the electronic registry and
the possibility of making an appointment by phone were evaluated. For «secret patients» a checklist was developed, according to which they reported with the date and time of the visit (Table 1).

<table>
<thead>
<tr>
<th>Evaluation Criteria</th>
<th>Availability/lack of</th>
<th>Comments</th>
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<tbody>
<tr>
<td><strong>Organization of the registry:</strong></td>
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<td>1. Electronic queue/info</td>
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<td>2. Badges at registrars</td>
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<td>3. The operation of all registry windows</td>
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<td>4. The presence of a queue of more than 5 people</td>
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<td>5. Long service</td>
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<td><strong>Conditions of stay:</strong></td>
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<td>1. Sufficient places to wait</td>
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<td>2. Availability of cooler</td>
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<td><strong>Relationship between medical staff and patients:</strong></td>
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<tr>
<td>1. Neglect of registrars (appeal to “you”, negative comments regarding the reasons for the appeal, etc.)</td>
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<td>2. Creation by registrars of conflict situations</td>
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<td><strong>Legal Aspects:</strong></td>
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<td>1. The waiting time for admission of district doctors and specialists, according to the territorial program of the state. Warranty (24 hours - district, 10 days - specialists)</td>
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<td>2. Availability of a book of complaints and suggestions in the public domain</td>
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*Table 1: Checklist.*

Following the results of the project, 18 budget clinics were monitored, and the following results were obtained. In 62% of clinics, medical registrars did not have badges, queues for registration of more than 5 people were noted in 38% of polyclinics, registrars serve patients for more than 15 minutes in 12% of the total number, all registration windows in 88% of polyclinics work. There is an electronic queue or infomat only in 12% of cases. In the reception there are not enough places for waiting (banquets) in 37% of medical institutions, in children’s clinics there is an insufficient amount of space for strollers. The main complaint when communicating with registrars is the neglect, which was noted in 62% of cases. Registrars turn to «you», rush, express a negative attitude, however, rudeness and conflict situations during raids were not revealed either in relation to the initiative group or in relation to patients who were in the queue.

The dates for making appointments with local doctors and specialists in accordance with the territorial program of state guarantees [2] were observed in all medical organizations. But free access to the book of complaints and suggestions was not provided in 20% of cases.
Pre-registration by phone to district doctors is in 12% of polyclinics, in most institutions pre-registration to doctors is possible only through the electronic registry. In this connection, queues are formed directly for the reception and patients complain that some are sitting and waiting for the appointment in a “live queue”, while others arrive at the time with an electronic registration coupon.

When evaluating the electronic registry, the main observation is that the list of doctors in the clinic and in the electronic registry does not match, i.e. not all specialists can be registered using this resource. The lists of doctors coincide in 33% of medical institutions. In 44% of medical organizations, recording through this portal is possible only for the current week.

Organizational decisions. Based on the data provided, a set of the following measures is proposed, which is aimed at increasing:

1. The effectiveness of the medical organization;
2. Accessibility of medical care;
3. Patient satisfaction with the medical care in the clinic

Improving the patient routing system in a medical organization by distributing patient flows during treatment and transferring the main patient stream to pre-appointment will reduce queues in both the registry and the doctors. To do this, it is necessary to distinguish the information desk and the medical post (which will allow to relieve the work of not only the registry, but also the medical staff) (Figure 1).

**Figure 1: Patient flow distribution in the registry.**

Recommended information rack features:

- Informing citizens about the work of a medical organization;
- Appointment of patients, distribution of patient flows, taking into account the reasons for contacting a medical organization and ensuring a uniform load of specialist doctors;
- Receiving calls received by a medical organization.
The main functions of the medical post:

- Registration of directions for the examination prescribed by the attending physician in the medical record and for the examination necessary before surgery if there is a direction;
- Preparation of extracts from a medical record;
- Preparation of certificates of contact with a medical organization.

One of the important criteria for the quality of work of a modern registry is the possibility of making an appointment, both through an electronic registry and through a telephone call. For this, it is necessary to create multichannel telephone lines or a single city call center on the basis of outpatient clinics, within the framework of which, preliminary recording is possible not only to specialists, but also to local therapists/pediatricians.

Recommended call center features:

- Pre-appointment with district physicians/pediatricians.
- Preliminary appointment with specialist doctors.
- Providing information about the clinic’s operating hours.

Given the technical features and malfunctions of the electronic registry, it is necessary, on a weekly basis, to monitor this resource with a protocol signed by the head of the clinic.

The main criteria for evaluating the work of electronic registries:

- The presence of doctors on the electronic portal according to the list in the clinic.
- Availability of relevant information on vacation/study/sick leave.
- Technical recording ability.

Conclusion

The study outlined the position of each medical institution in the medical services market and made it possible to draw up a certain rating on the quality of service in the registry, identify leaders and introduce successful organizational work practices in other medical institutions. It is recommended to conduct such a “check” of the benevolence of polyclinic employees with a preventive goal once every six months in order to improve the quality of service in medical institutions. Similar monitoring doubles the essence of using the current year for quite a while in various service areas of the Secret Buying method tel - an active and modern technique for determining the quality of a service on any enterprise yatii. Its main advantage is the secrecy and unexpectedness of verification, the ability to evaluate the quality of work of a particular employee.

Bibliography


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