

LEVEL 7 ASSESSMENT SPECIFICATION

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Executive Summary

This consultancy project provides recommendations on the service delivery of the Matilda Medical Centre, a subsidiary service location of the Matilda International Hospital in Hong Kong. The Matilda International Hospital is located on the Peak in Hong Kong Island. In order to attract more patients to use the facility, the hospital outreached to the local communities by opening the Matilda Medical Centre in 2007. The Matilda Medical Centre was originally set up as a GP and health check clinic. In recent years, the clinic has expanded its service scope for specialist referrals, which has led to a few operational challenges, resulting in patient dissatisfaction and at risk of patient loss. In June this year, the clinic will be expanded to a larger capacity. This project aimed to enhance patient satisfaction to sustain business in the new clinic. Through analysis of the patient satisfaction survey, observation of the operation, and the interview with the Practice Manager, the area of ‘Rooms for Improvement’ were identified. Together with a service delivery design, the service blueprint, the operational workflow were analyzed, and the potential failure points were identified for further recommendations. To effectively measures the outcome, the clinic has to review the current satisfaction survey and increase the return rate for more justified results.

1.Company Background

Matilda International Hospital (MIH) is a private hospital located on the Peak of Hong Kong Island. Founded by Granville Sharp in 1907, the hospital was built in the memory of his wife, Matilda, for the benefit, care, and happiness of the patient. MIH has been serving patients on the Peak for 114 years, it has 99 hospital beds and has modern, well-equipped, and state-of-art facilities that can cater for complicated surgeries and medical emergencies. Matilda has been focusing its developments on five areas of expertise, including

orthopedic and spine, women's health and maternity care, general surgery, health checks, and ear nose and throat, performing around 7,000 operations and welcoming 1,000 new life per year (Matilda International Hospital, 2021).

Since 2007, the hospital opened its first downtown clinic, the Matilda Medical Centre (MMC), in Central, extending its services to reach local citizens in town. In 2015, the clinic expanded to a larger area (3,000 sq ft), having more consultation rooms and designated areas for health checkups. In 2018, the hospital further extended its service to the residential area and opened its first GP clinic in Caine Road, Midlevel, with the size of 900 sq ft. All these developments have enabled Matilda to be more accessible and diversified the patient groups, both acting as excellent channels to direct patients to the main hospital for inpatient care.

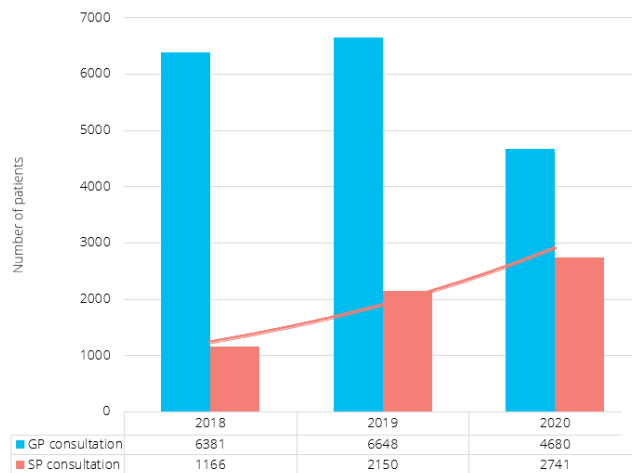
Matilda has always been perceived as a high-end private healthcare provider which serves high-class, well-educated patients in the community. Despite this, the hospital actively involves in many corporate social responsibilities, providing free services for underprivileged groups, donating equipment to other health care charities, and has a Matilda Children's Foundation to support children having life-changing surgeries.

2. Company's challenges

MMC was originally set up as a general clinic which is mainly for basic General Practitioner (GP) consultation and simple health checkups. In 2018, the hospital set out a 5-year strategic plan to increase the number of inpatients through a referral management system. Since then, a robust system was formed to secure specialist referrals within the hospital's service scope. Due to the convenience of location, many specialists and patients prefer to have appointments in Central. This has increased the number of patients, and the service diversity in MMC.

Figure 1 shows the number of specialist appointments since 2018, when the referral system was first set up (Matilda International Hospital, 2021).

Figure 1. Number of General Practitioner (GP) and Specialist (SP) Consultations in MMC (2018-2020)



Source: Matilda International Hospital, 2021

As the clinic was originally set up as a general clinic where it was suitable for basic GP appointments and health checks, the setting, capacity, and skillset of staff were only developed for that purpose. Since 2018, the nature of the clinic shifted towards a polyclinic, which, by definition, can be described as a facility that will provide a broader range of services other than GP services (The Free Dictionary, 2021). With the mismatch of the service delivered and the setup, it has resulted in poor service delivery and in the long run, business loss.

The increase in competition with other private hospitals and clinics is also one major challenge to the hospital. Three major competitors, Gleneagles Hospital, Adventist Hospital, and Sanatorium Hospital, are all located in Hong Kong Island and have satellite clinics in

town. Their clinics are set up with newer facilities and have the same business model as Matilda. It is, therefore, essential for the hospital to improve its services provided at the clinic and be competitive in the market.

3.Aim and objectives

In 2021, the clinic will expand to a 5,000 sq ft space, transforming from a general clinic to a polyclinic. The overall aim of this project is to provide recommendations to enhance patient satisfaction in the new clinic, intending to increase hospital business through service excellence.

To achieve this,

- A review of three years patient satisfaction survey will be carried out to identify the current weaknesses for patient experience.
- An interview with the Practice Manager will be done to identify the key operational challenges impacting patient satisfaction.
- To provide recommendations to enhance patient satisfaction

4.Research method

To commence on this project, a clinic observation and an interview with the Practice Manager were held on 18 March 2021. The direction of the new clinic was analyzed by using strategic models. During the observation, the patient journey was observed, and some key points were taken for future improvements. Interview with the Practice Manager involved a thorough understanding of the backstage interactions, which would be useful to develop the service design. The information collected through observation and interview was consolidated to produce a service blueprint where potential failure points were identified.

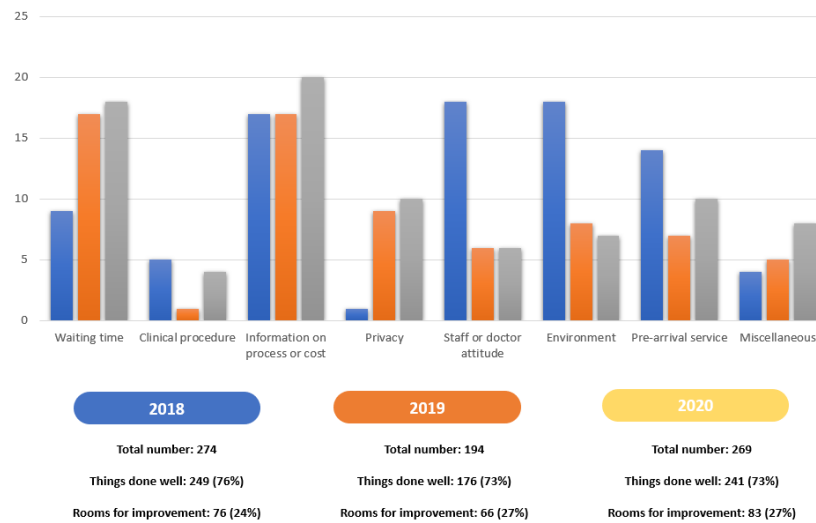
Three years of data from the patient satisfaction survey were collected to analyze on the weaknesses and the return rate for recommendations of improvements.

5. Analysis and discussion

5.1 Patient satisfaction survey

The hospital's patient satisfaction survey is a simple survey involving five main questions (Appendix 1): 'Did you feel well cared for?'; 'Did we listen and involve you in your care?'; 'Did we treat you respectfully as an individual?'; 'Did you feel you had adequate information to make decisions about your treatment and care?'; and 'Did we ensure you had privacy?' (Matilda International Hospital, 2021). The survey also includes two open questions: 'Things done well' and 'Rooms for improvement', in which patients could freely express their feedback. As the clinic performance was changed since 2018, data from 2018 to 2020 were collected for analysis. Figure 2 shows the analysis of the 'Rooms for improvement' received from 2018 to 2020. It shows that the percentage of 'Rooms for improvement', which is usually taken as a negative comment, maintained at 27% in both 2019 and 2020. The 'Rooms for improvement' commented by the patients were further categorized into eight common areas. The number of 'Rooms for improvement' for 'Waiting time', 'Clinical Procedure', Information on process or cost', 'Privacy' and 'Prearrival service' were all increased in 2020, reflecting more negative comments were received from patients on this area.

Figure 2. ‘Rooms for improvement’ from the patient satisfaction survey (2018-2020)



Source: Matilda International Hospital, 2021

The management needs to understand that some recurrent issues must be solved. To elaborate further on each category and identify the recurrent issues to improve, the recurrent comments for ‘Rooms for Improvements’ were collected. Table 1 shows some recurrent ‘Rooms for improvement’ that are substantiated to address. These recurrent issues appeared more than two times in each year’s survey and were mentioned repeatedly in three consecutive years. Based on this table, these recurrent issues will be taken into consideration when planning for the recommendations for the new clinic.

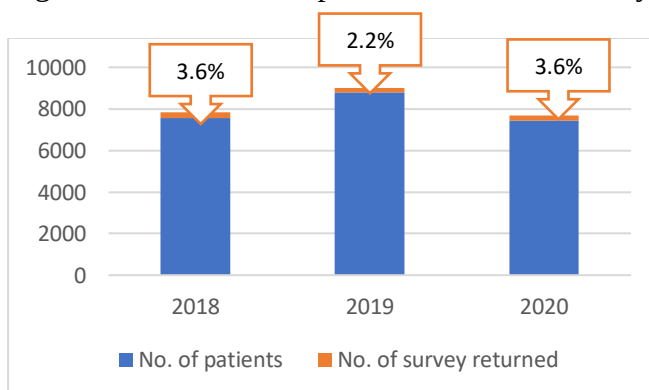
Table 1. Recurrent ‘Rooms for Improvement’ from patient satisfaction survey 2008-2020.

Rooms for Improvement	Recurrent issues
Waiting time	• Waiting for the ultrasound machine • Waiting for doctor consultation
Information on process or cost	• Not aware of the health check items involved
Privacy	• Talking too loud behind the counter • Ladies wearing gown in a public area
Environment	• Too cold • Refreshment choices
Pre-arrival services	• Stools bottle not received. • No reminder calls

Source: Matilda International Hospital, 2021

The limitations of the hospital’s survey were that the questions were not specific enough to tackle the specific areas (Appendix 1). The five main questions were too generic to represent the overall patient experience. Besides, the return rate too low to be representable. From the data collected, the return rates for the clinic in the year 2018 to 2020 remained under 4% (Figure 3). The management must set a higher return rate as a key performance indicator (KPI) and incorporate new frontline practices to encourage feedback from clients.

Figure 3. Return rate of patient satisfaction survey



Source: Matilda International Hospital, 2021

5.2 Operational challenges

Through the clinic observation and interview with the Practice Manager (Appendix 3), the challenges of the current clinic are mainly related to capacity, setting, and staff engagement. The daily appointment list included a variety of patients for health checks, GP appointments, and specialist appointments. Maximization of consultation rooms was restricted as not all the rooms were properly set up for specialists used. For example, the clinic had one ultrasound machine which was used for a health check and specialist appointments. The health check appointments occupied the machine every morning, leaving the machine only available for specialist appointments in the afternoon. With all specialist appointments, the machine was required for various specialties such as obstetrics and gynaecology, cardiology, and general surgery. The appointment booking would, therefore, be very reliant on the availability of an ultrasound machine. ‘We have lost many patients because we cannot provide a timeslot due to the room shortage. These patients rather call the specialists directly and have a faster timeslot’, said the Practice Manager. This had not been an issue until the number of specialist appointments significantly increased.

The clinic was designed with an open reception where all the staff, including the receptionist and nurses, worked behind the counter. The reception was facing a large seating area where patients could observe and listened to all activities behind the counter. ‘It is exceedingly difficult for us to streamline the patient experience at the moment. As you can see the clinic space is incredibly open and all our receptionists and nursing staff work in the same station. There is no clear responsibility of each staff at each station making the patient feels like we are a mess.’ said the Practice Manager. During the observation, it was noted that upon arrival of the patient, there was a lack of warm greeting or direction to registration; at checkout, there was also no specific counter to handle the payment or dispensed medication. The

waiting area for patients was spacious and some entertainment such as newspapers and magazines were provided. In the corner, refreshments with a coffee maker, water, and biscuits were made available to patients. These are required for those who finished fasting after the health check. However, as the area was too open, it was obvious to listen to all patients' interactions, which, on several occasions, breached patient confidentiality.

There is evidence that although an integrated clinic brings benefits to patients and physicians by breaking the walls, there are times when patients rate a higher score for a smaller practice than a bigger one (Finch, 2008). El-Haddad et al (2020) found that patient's expectations from a health care institute consistently fall into three different categories: Health outcomes; individual clinicians; and the health care system. Health outcome generally describes whether a patient feels better after they visit the institute; individual clinician is about the communications and interactions with the doctor during the consultation; health care system is made up of individual health care workers and the operational efficiency. This concludes that patient satisfaction is a combination of the whole patient journey and it is important for the clinic to be systematic and efficient to support the physician's role.

6. Strategic framework

While planning for the new direction of the clinic, a strategic framework must be used. A few frameworks have been considered in this project. The Prestel framework is widely used to analyze and monitor the macro-environmental factors that may affect the organizational performance. It highlights six environmental factors including political, economic, social, technological, ecological, and legal. This is comprehensive to identify the key drivers for change for an organization (Johnson, 2014). This would be useful if the hospital requires to open an additional clinic on a new site. The Five Force Framework looks helps to identify the

attractiveness of an industry in terms of the five forces such as the threat of entry, threat of substitutes, power of buyers, power of suppliers, and extent of rivalry between competitors. By using this framework, it is easier to decide on which industries or new services to enter (Porter, 2008). This would be useful if the clinic invests in any new services in the future. Both frameworks are not suitable for this project as the decision on clinic expansion has already been confirmed. Therefore, the focus of this project is to identify challenges and improve on the service delivery within the organization, hence, a framework focusing on the internal environment would be more appropriate.

SWOT analysis is a simple but powerful strategic tool that provides a general summary of the strengths and weaknesses in the analysis of strategic capabilities. It is useful as a basis for generating strategic options and assess future courses of actions (Johnson, 2014). Table 2 highlights the SWOT analysis for the Matilda Medical Centre.

Table 2. SWOT analysis for patient experience in Matilda Medical Centre

	Internal factors	External factors
Positive	Strengths • Pool of loyal customers • Robust customer service feedback system • Personalized services • Easy to reach to provide feedback • Robust referral system to provide one stop services to patients	Opportunities • New location with 5,000 sq ft • New set up for improved operational workflow • More rooms for specialist appointments
Negative	Weaknesses • Lack of systematic operation workflow • Lack of communications with patients • Not equipped for specialist clinic • Long waiting time • Limited spaces and lack of privacy	Threat • More systemic flow in another polyclinic • Loss of patients to another new clinic • Fees not competitive to the market

Based on the SWOT analysis, a TOWS matrix was further analyzed (Table 3). TOWS was developed by Weihrich in 1982 as the next step of SWOT, it is an effective way to combine internal strengths with opportunities and threats; and internal weaknesses with external

opportunities and threats, to develop a strategy. It can help to prioritize the strategy and identify the options which are useful to ascertain the directions moving forward (Ravanavar and Charantimath, 2012). When combining the SWOT and TOWS analyses, it helps an organisation to evaluate their strength and weakness and take actions to overcome the issues (Rahmat et al., 2020). Table 3 highlights the TOWS analysis; it identifies that the way to manage risk and vulnerability of the new clinic is to have a systematic service model to ensure operational efficiency, and to enhance patient satisfaction to prevent patient loss. These will become the focus of the recommendations in the next session.

Table 3. TOWS matrix for Matilda Medical Centre

	Strengths (S)	Weaknesses (W)
Opportunities (O)	How can we use our strengths to achieve our opportunities? • Bring all loyal customers to new location and attract new customers. • Engage loyal customers to provide feedback	How can our opportunities be used to reverse our weaknesses? • New location, new start, new flow • More organized setting, less waiting time • Larger space and organized set up to ensure privacy
Threat (T)	How do we use our strengths to overcome our threats? • Reinforcing relationship with loyal customers • Sustain new customers and increase the pool of loyal customers.	How do we manage risk and vulnerability? • Systematic service model to ensure operational efficiency, • Enhance patient satisfaction to prevent patient loss.

7.Recommendations

Hill and Alexander (2000) stated in their publication that ‘Investment in customer satisfaction does bring improvements in profitability. A study with 176 hospitals from California State showed that there is a positive effect in patient satisfaction on financial performance (Lim et al, 2018). Apart from financial benefits, customer satisfaction is also shown to bring loyalty which is important to any business as means of customer retention (Khajeh Nobar and

Rostamzadeh, 2018). These are the evident that the new clinic should maintain an exceptional patient service level as a long-term strategy for return on investment.

7.1 Service blueprint

The service delivery must be well designed in the first place to enhance service quality, retain existing customers, attract new customers, and help to link the customer needs and the organization's strategic intent (Hossain et al, 2017). In this project, Service Blueprint was chosen to be the choice of service delivery design. Service Blueprint was first described by Shostack in 1984, it is a visual representation of the customer journey consists of all interactions that make the journey possible. The tool is used to examine the customer journey and specific touchpoints, identify the roles and responsibilities of staff, and all the interactions involved. Through this, possible risks or points of failure can be highlighted for improved service delivery (Shostack, 1984). It also helps the management to understand customers' desires meeting expectations, in both time and service quality matters, as well as to identify errors to reduce the risks and service failure (Sutanto and Andajani, 2020).

Figure 4 shows the service blueprint of the patient journey in the MMC. It was consolidated based on the observation and interview with the Practice Manager. It describes a journey of a patient, involving four stages, from the initial health check to receiving the report. The dotted lines separate the interactions between the patient and staff, as well as between staff internally. With the current flow, the potential failure points are identified and targeted for recommendations.

	Stage 1: Pre-arrival		Stage 2: Arrival		Stage 3: Care		Stage 4: Discharge		
Physical Evidences	Website, Online booking, corporate contracts	Phone calls, email or WhatsApp reminders	Visibility of service counter,	Ipad questionnaire	Health check info, waiting area, seating, magazine, TV, newspaper, refreshment	Consultation room, medical equipment	Ipad, health check info, waiting area, health education info	Bill, medication	Report soft copy, referral letter
Patient Experience	Appointment booking	Pre-arrival	Arrival	Registration	Waiting for check up	Check up touch points	Completion	Discharge & Billing	Reporting
Line of Interactions									
Front of stage Interactions				Give iPad for registration if not done prior	- HCA greets patient - HCA takes patient to check up - TV/magazine for entertainment	- HCA informs item being done - GP greeting - Deliver care	- HCA goes through check list with patient - Inform all tests completed	- CS presents bill to patient - Book follow up appointment	
Line of visibility									
Back of stage Interactions	- Call/email received; - Answer enquires; - Other timeslot; - confirmation; - Check insurance coverage; - Insurance Pre authorisation	- Check system; - courtesy call to patient; - check GOP		Nurse/HCA acknowledge arrival of patient		- RN or other HCA handles other cases - Monitor flow and progress - Answer calls & emails	- HCA informs cashier to prepare bill - Pharmacy to prepare medication if required	Send samples to lab	- Lab results received - Doctor compiles report - sends encrypted file to patient; - Call patients for follow up if needed
Line of Internal Physical Interaction									
Support Processes	Send stool bottle if required			- HCA finds case folder - HCA prepare briefing patient			HCA informs cashier to prepare bill		HCA gathers all results and compile report
Line of Implementation									
Potential Failure points	- Missed email or call - No available timeslot	Cannot reach patients	Missed welcoming	Missing acknowledge nt of arrival. Document not prepared	- Privacy while waiting in gown - Long waiting time	- Staff attitude - Clinical concerns	Miscommunications. Not informing patient upon completion	- Delayed in billing - Dispense medication before billing	- Delayed reporting - Wrong report sent

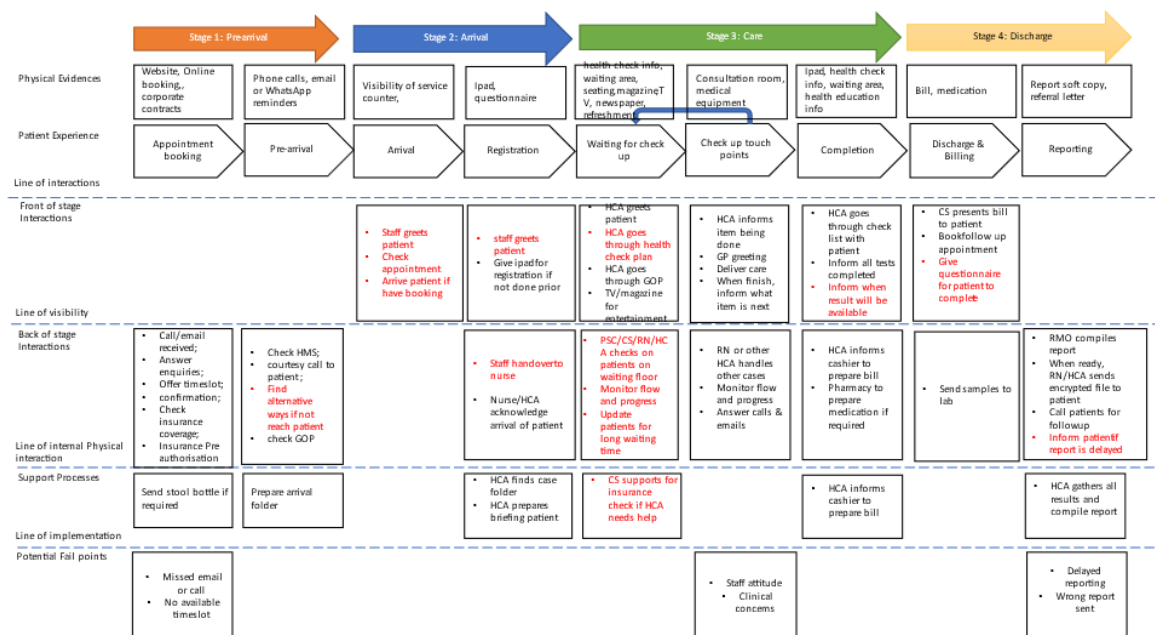
(1) Pre-arrival communications - All patients should receive a reminder call or email regarding their appointment time. If patients are attending for health check appointment, this should include confirmation the programme, preparation of the health check, payment method, etc. If a patient is not reachable over the phone, an alternative way of communication should be tried. The clinic can also consider doing these reminder calls more than one day in advance; this allows sufficient time for

follow-up calls should the patient did not answer the phone or should there be any insurance paper to follow up.

- (2) Greetings at arrival –several recurrent feedbacks from patients are related to the informed process. The clinic must present a programme content and checklist and go over with the patient upon arrival. Staff should not assume the patient to read the programme details from the booking confirmation. A checklist of the patient journey is recommended for staff internally to ensure all steps are followed through.
- (3) Managing expectations – Patients should be provided with clearer, more transparent information and be kept informed about the health care services that they may receive (Xie and Or, 2017). Patients’ expectations must be managed well by providing updates at all times. While it is unavoidable at a medical center that some appointments or screenings take longer than expected, staff should explain to patients the reason for the long waiting time and provide a time estimation should this occurs.

The above improvements could be provided through a series of customer service training and Standard Operation Procedures (SOP) development. The recommendations are added in red color in Figure 5, and this has immediately eliminated some potential failure points which will greatly reduce the potential negative outcomes and improve the communications with patients.

Figure 5. Modified service blueprint after recommendations have been made.



7.2 Enhancing patient satisfaction questionnaire.

In addition to managing patient satisfaction at each touchpoint, it is important to measure the effectiveness of the recommendations made. Therefore, the patient satisfaction survey has been reviewed. It is recommended that the survey can be more targeted to collect pertinent feedbacks. However, the survey should not be too long to avoid a response called ‘survey fatigue’. This is when customers are tired of survey tasks and the quality of data they provide begins to deteriorate (Robinson and Kimberly Firth Leonard, 2019).

Having a newly designed survey with focused questions will help the management to have an all-rounded evaluation of the new clinic. It can also include questions that collect data for future development should there be any new project planning. A customer perception survey is suitable to be used for the clinic as it measures the satisfaction of its customer base and the questions should be based on service quality instead of satisfaction level. This is because service quality is controllable whereas patient satisfaction can be dependent on multiple

factors (Hill and Alexander, 2000). Also, the length should be considered carefully and avoid the customers to provide the same rating for all questions – the ‘survey fatigue’.

A suggestion of the new survey is presented in Appendix 2. The new survey keeps the five main questions derived from the current survey and has additional questions targeting the weaknesses identified from the analysis. The additional questions include five areas: booking and pre-arrival arrangement; patient journey; informed process and cost; and environment. These areas are focused because they were the weaknesses identified in the previous analysis and are targeted to improve in the new clinics. The questions remain short and there are ‘Rooms for improvement’ in each section so patients can freely express additionally for each category. With this survey, the analysis in the future will be more focused and useful to evaluate the success of recommendations made. Besides, increasing the questionnaire return rate should also be targeted as a KPI for staff to achieve. Unfortunately, this is no universal recommendations on the best survey rate. One article suggested that 33% is an average (Lindemann, 2019) but others are not able to define an acceptable measurement (Morton et al., 2012). However, suggestions have been given to ways of increasing the response rate. For instance, setting up an SOP; involving a face-to-face survey; send an email as a post-service outreach; giving an incentive, etc. In the Service Blueprint shown in Figure 5, a new step has been added under stage 4, that the staff will hand out the questionnaire at the time of billing. This should be reinforced to every staff and a monthly review of the return rate should be added as a departmental KPI to achieve. The KPI can be set together with the team as this will be more realistic. If this is followed strictly, it will be a great improvement on the return rate, and the data received would be more representable.

8. Implementation

To implement the above recommendations, it is important to obtain the floor plan and renovation plan of the new clinic. With this, the service blueprint will be reviewed once again with the clinic manager to identify any changes according to the layout. Assuming the layout will not affect the service blueprint, detailed SOPs can be developed to ensure strict compliance. For instance, a script of the reminder call or email should be prepared so staff can make standardized calls to patients before the appointment. The Practice Manager should guide staff on what to do if the calls are not successfully made. In addition, customer service training should be provided to all staff in terms of better communications and expectation management. All staff should understand the importance of effective communications with patients and make this a culture to perform. The new patient satisfaction survey should be ready before the clinic is launched. Strict compliance for the staff to proactively ask for feedback is required, and the return rate should be reviewed by the Practice Manager with the staff monthly. As the questions are now more targeted, the data will be collected and analyzed quarterly to review the performance and immediate actions would be taken to prevent recurrent problems.

9. Conclusion

The Matilda Medical Centre has been providing great services to the community. As part of the hospital's strategic plan, the use of the clinic has been saturated and performed way beyond what was originally set up. The expansion of the clinic was an excellent opportunity for the hospital to improve its service delivery. By analyzing the patient satisfaction survey and observation of the patient journey, a service blueprint for the current patient journey was designed. Recommendations were given to target the potential failure points in the service blueprint and through enhanced communications and skills to manage patients' expectations,

the potential failure points were eliminated. The patient satisfaction survey can also be improved by being more specific to areas concerned and the clinic needs to review the feedback regularly as well as setting a goal for the return rate. Finally, improving patient satisfaction is only a part of the service delivery improvement plan, more comprehensive planning is required to investigate the operational efficiency as a whole but this is subject to the final renovation plan.

Appendix 1

Patient Satisfaction Survey (Matilda International Hospital)

How well were you cared for? 你對我們醫護服務的意見?

We aim to provide the highest standard of care. To help us make continuous improvements, please complete this survey and return it to our staff at your convenience.
There is space at the end for any further comments.

我們致力提供優質的醫護服務。為讓我們持續改善，給予我們寶貴的意見，讓我們持續提升服務質素。
填妥後，請把問卷交予工作人員。
問卷內有空白可供填寫其他意見。

■ Admission Date 入院日期 - - ■ Room Number 房間號碼

Day 日 Month 月 Year 年

Type of Service 使用的服務類型

☐ 1/F Day Case Unit
一樓 日間手術部

☐ 2/F Medical Surgical Department
二樓 內外科部

☐ 3/F Maternity Department
三樓 產科部

☐ Central Medical Centre - Doctor Consultation
中環醫療中心 - 醫生會診

☐ Central Medical Centre - Health Assessment
中環醫療中心 - 身體檢查

☐ Hospital - Out Patient Department
醫院 - 門診部

☐ Hospital - Health Assessment Department
醫院 - 身體檢查部

☐ Hospital - Physiotherapy
醫院 - 物理治療部

☐ Matilda Clinic - Caine Road
明德診所 - 堅道

Please choose one of the above 請選上列其中一項

It is important to us that you received the best possible care, please help us improve by completing this survey.
我們非常重視您是否得到最好的護理，請填妥以下問卷幫助我們改善。

	Excellent 優良	Above Expectation 優於預期	Fair 一般	Below Expectation 遜於預期	Poor 差劣
Did you feel well cared for? 您有否覺得獲得良好的照顧?	☐	☐	☐	☐	☐
Did we listen and involve you in your care? 我們有否聆聽並回應您的需要?	☐	☐	☐	☐	☐
Did we treat you respectfully as an individual? 您有否覺得被尊重?	☐	☐	☐	☐	☐
Did you feel you had adequate information to make decisions about your treatment and care? 在治療及護理過程中，您有否獲得足夠的資訊去作出決定?	☐	☐	☐	☐	☐
Did we ensure you had privacy? 我們對您的私隱有否提供充足的保障?	☐	☐	☐	☐	☐

I chose your services because:
我因為以下原因選擇您的服務：

☐ Personal decision 個人選擇

☐ Doctor's recommendation 醫生建議

☐ Company coverage 公司保障

☐ Insurance coverage 保險保障

☐ Recommendation of others 朋友介紹

☐ News feature or advertising 專題報導或廣告

Please choose all that apply 可選多項

We invite you to share further comments on how we could do even better (It is optional, please leave your room number):
(請選填，請填明房間號碼，以便我們與您聯繫)

It would like us to contact you about your experience please leave your contact details:
請填明您的聯絡資料，以便我們與您聯繫。

姓名: 電話: 傳真: 電郵:

地址:

日期:

請將此問卷交予下列任何一位工作人員，或投入下列任何一個收集箱：

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3. 內外科部: 內外科部 (225) 3535 3333
4. 產科部: 產科部 (225) 3535 3333
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6. 身體檢查部: 身體檢查部 (225) 3535 3333
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8. 明德診所: 明德診所 (225) 3535 3333

Matilda International Hospital
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Appendix 2

Recommended Patient Satisfaction Survey (Matilda Medical Centre)

We aim to provide the highest standard of care. To help us make continuous improvements, please complete this survey and return it to our staff at your convenience.

There is space at the end for any further comments.

Name (Optional): _____ Date of visit: _____

Purpose of visit: Health Check / GP appointment / Specialist appointment

I choose your services because:

- ☐ Personal decision
- ☐ Doctor's recommendation
- ☐ Company coverage
- ☐ Insurance coverage
- ☐ Recommendation of others
- ☐ News feature or advertising

How likely will you return to use our services?

- ☐ Definitely
- ☐ Most likely
- ☐ Maybe
- ☐ Not sure
- ☐ Never

Section 1.	5	4	3	2	1	Not
Overall experience	Excellent	Good	Fair	Below	Poor	Applicable
Expectation						
Did you feel well cared for?						
Did we listen and involve you in your care?						
Did we treat you respectfully as an individual?						
Did you feel you had adequate information to make decisions about your treatment and care?						
Did we ensure you had privacy?						
Section 2. Booking and pre-appointment arrangement						
How did you find the booking process?						
Did we provide enough preparation for your health check or appointment						

<i>Rooms for improvement:</i>						
Section 3. Your patient journey						
How did you find your waiting time during your visit?						
Did our staff manage your expectation well during the wait?						
<i>Rooms for improvement:</i>						
Section 4. Informed process and price transparency						
Were you provided enough information and about your health check or appointment?						
Were you informed about the procedure or process during your health check or appointment?						

How do you rate our price transparency?						
<i>Rooms for improvement:</i>						
Section 4. Environment						
How did you find the refreshments provided at the clinic?						
Was the overall environment at the clinic comfortable to you?						
Rooms for improvement:						

Appendix 3

Interview questions with Clinic Manager

Date: 18 March 2021

Location: Matilda Medical Centre

Questions:

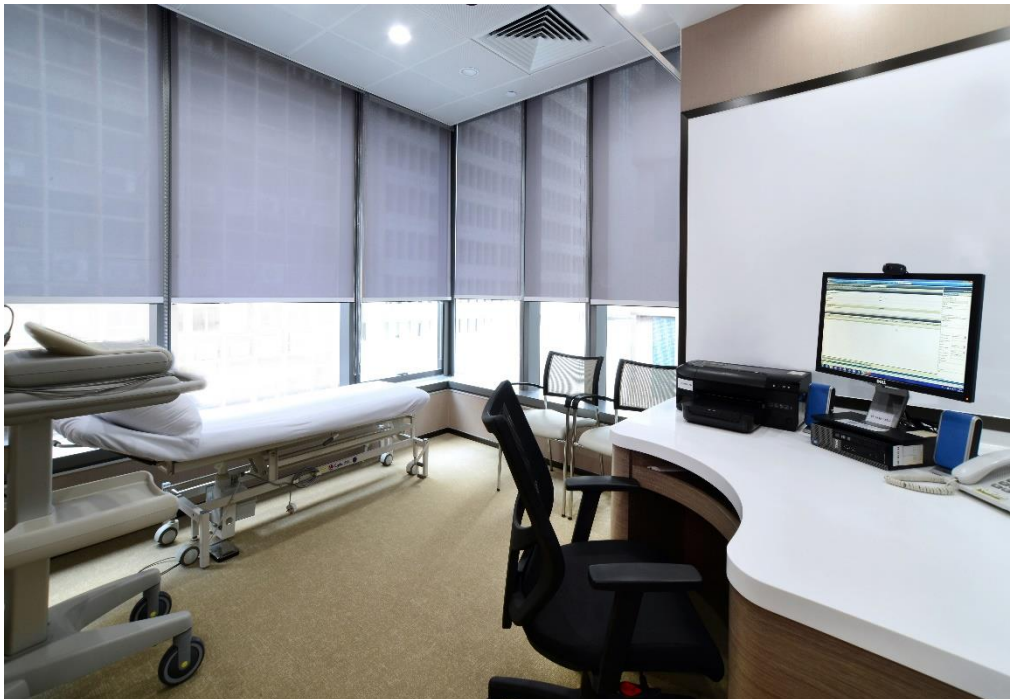
1. How has the clinic changed since the launch of the referral system in 2018?
2. How did the introduction of specialist services affect the clinic?
3. With the increased number of patients, what are the major challenges?
4. What are the common complaints from the customers that the frontline is facing?
5. With the new clinic and expanded in size, how will it benefit the clinic?
6. How could the clinic be improved to increase patient satisfaction?

Appendix 4

Pictures of Matilda Medical Centre (MMC)



Reception Area



Consultation Room

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