Experience of Patients Utilizing the COVID-19 Services of the Employees' Clinic of a Tertiary Hospital during the COVID-19 Pandemic: A Cross-sectional Study

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ABSTRACT

Background. Patient experience is the interaction with the healthcare system and is one of the three pillars of quality in healthcare. Its assessment provides an opportunity to assure quality of care, meet patients' expectations, direct strategic decision making, and document benchmarks for healthcare organizations.

The onset of the pandemic pushed the employees' clinic to institute new processes and focus on COVID-19 screening and monitoring of affected employees. The clinic used patient feedback to improve its services.

A survey tool was developed and released by the clinic in June 2020 to elicit feedback and improve its services. Most items were yes/no questions and patients were asked to rate based on a Likert scale of 0-5 for the other items. They were also given space for their additional comments/feedback.

Objective. The study described the experience of patients utilizing the COVID-19 services of the employees' clinic of a tertiary hospital.

Methods. This was a cross-sectional study that involved a retrospective review of all data retrieved from the feedback forms from those who availed the COVID-19 services of the employees' clinic, namely consultation, swabbing, and/or telemonitoring, from June 2020 to December 2021.

Results. A total of 4,136 feedback forms were retrieved from the employees' clinic. There were 1,598 forms from consultation, 1,268 forms from swabbing and 1,270 forms from telemonitoring. A total of 456 comments were positive and 275 were negative. Most forms listed receiving an introduction from their physician/nurse (92.74%) and received instructions for swabbing (90.43%) during consultation. For swabbing, most received information regarding their schedule (95.43%). Almost all forms listed receiving SMS or calls (98.74%) and information regarding return-to-work or admission (96.14%) from the telemonitoring service. Only about half were able to discuss fears and anxieties (48.76%) during consultation and about two-thirds (68.93%) received information regarding their RT-PCR results. Feedback stated that the clinic staff were respectful and courteous, and the service hours were convenient. However, concerns with data privacy were apparent.

Conclusion. Overall patient experience was generally positive despite the rapidly changing processes of the clinic.

Keywords: patient experience, employee's clinic, COVID-19 services

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INTRODUCTION

Patient experience is the interaction with the healthcare system and is one of the three pillars of quality in healthcare, alongside clinical effectiveness, and patient safety.[1] The assessment of patient experience provides an opportunity to assure quality of care, meet patients' expectations, direct strategic decision making, and document benchmarks for healthcare organizations.

In addition to documenting processes, the experience can be viewed in the following dimensions: physical, psychological, social, and spiritual.[2] This can be further stratified into positive and negative experiences. During the COVID-19 pandemic, where healthcare providers rapidly adopted telemedicine, encounters have been positive: shorter waiting times, less travel costs, and increased patient convenience. Negative experiences were associated with delayed appointments, the method of consultation, and quality of the call.

Health providers can gain insight into the crucial factors that shape good quality healthcare with evaluation of patient experience and is associated with clinical outcomes. Lower ratings may be indicative of a higher risk of non-adherence to medication intake and an increased likelihood of emergency room visits, while higher ratings reflect better quality clinical care across different conditions and specialties.[1,3,4] Furthermore, a positive experience is likely to lead to better patient adherence to treatment, preventive services, and utilization of resources at the primary and secondary levels of care.[1,4]

The long-established employees' clinic of a tertiary institution regularly used patient feedback to improve its services. The onset of the pandemic pushed the clinic to institute new processes and focus on COVID-19 screening and monitoring of affected employees. The clinic continuously evolved as new knowledge about COVID-19 emerged, policies changed, and patient feedback was reviewed. It was common for patients to undergo a different process for their succeeding consults for COVID-19 concerns.

This study described the experience of employees/students with COVID-19 services delivered by the employees' clinic of a tertiary hospital during the COVID-19 pandemic from June 2020 to December 2021.

METHODS

Study Design and Population

This was a cross-sectional study that involved a retrospective review of all data retrieved from the feedback forms of those who availed of the COVID-19 services of the employees' clinic received from June 2020 to December 2021. This time frame included the receipt of forms and provision of services. The forms were collected for analysis in September 2022. The services received were COVID-19 consultation, swabbing, or telemonitoring. Feedback forms with less than 50% answered items for closed-ended questions were excluded from analysis to allow better comparison across each question within each service.

Sampling and Sample Size

Total enumeration of all paper-based and online feedback forms was done.

Data Collection and Variables

The data was requested from the employees' clinic and extracted. Variables measured were categorized under COVID-19 consultation, swabbing, and telemonitoring processes. Common among the three were inquiries on the process, such as introduction of staff, explanation of procedures, and giving of necessary information, convenience of hours, data privacy, respectfulness of staff, and open-ended feedback.

A survey tool was developed and released by the clinic in June 2020 to elicit feedback and improve its services, incorporating questions from the Picker Patient Experience Questionnaire and from the validated questionnaires of Ziabakhsh et al. and De Mesa et al.[5-7] Additional questions specific to the processes of the clinic were included as well. No personal or employment status information was collected.

The feedback forms differed for consultation, swabbing, and telemonitoring services. Most items were yes/no questions, while patients were asked to rate based on a Likert scale of 0-5 for the other items, and lastly, given space for their additional comments/feedback. The survey design tool used for the feedback forms is shown in Table 1.

The feedback form was initially distributed in paper form to the employees after consult, swabbing, and upon claiming their medical certificate for return to work. It was eventually shifted to an online feedback form. The web address (URL) to the online version of the feedback form was included in the SMS sent to the employees from the clinic. QR codes linking to the feedback form were also physically posted.

Specific variables were discussions of fears and anxieties for consultations, instructions for return-to-work, swabbing and release of results, and receipt of SMS or calls for telemonitoring.

Data Analysis

Data was checked for errors, duplication, and completeness upon extraction using Microsoft Excel. Descriptive statistics were used for all questions. Content analysis was done for open-ended questions.

The responses to the closed-ended questions were expressed as proportion and mean, while open-ended responses were coded and expressed as frequency. Content analysis was done by categorizing the responses into concepts, which were organized into themes and presented as positive and negative patient experience.

Ethical Considerations

This study was approved by the Ethics Review Board of the University of the Philippines Manila with code 2022-0082-01.

RESULTS

A total of 4,136 feedback forms were retrieved from the employees' clinic. There were 1,598 forms from consultation, 1,268 forms from swabbing and 1,270 forms from telemonitoring. Excluded from analysis were 23 forms due to incomplete responses.

Almost all forms listed receiving SMS or calls (98.74%) and information regarding return-to-work or admission (96.14%) from the telemonitoring service. This is followed by receiving information regarding swabbing schedule (95.43%), the introduction of the physician or nurse (92.74%), instructions regarding swabbing (90.43%), and receiving an explanation for the procedure (88.01%). The lowest percentage was found in the consultation service, regarding the discussion of fears and anxieties (48.75%), followed by receiving information regarding swab results (68.93%) under the swabbing service. (Table 2)

Most of the forms stated that the employees' clinic staff were respectful and courteous [mean 4.79 (SD ± 0.52) and mean 4.7 (SD ± 0.63) from consultation and swabbing, respectively] and found the service hours to be convenient [mean 4.7 (SD ± 0.74), mean 4.57 (SD ± 0.80), and mean 4.52 (SD ± 0.91) from swabbing, telemonitoring, and consultation, respectively]. However, confidence with patient and data privacy was low for all services [mean 3.17 (SD ± 1.92), mean 3.21 (SD ± 1.86), and mean 3.28 (SD ± 1.86) for swabbing, telemonitoring and consultation, respectively]. (Table 3)

A total of 456 comments were positive and 275 were negative. Positive themes focused on showing appreciation and commendation of the responsiveness and accessibility of the clinic's services. Specific comments included the accommodation of retired employees, the consistency and efficiency of the service, and good attitudes of staff.

Negative themes included confusion with processes, lack of responsiveness regarding patient inquiries, technical difficulties, and issues with data privacy. Most comments stated the differing protocols between the employees' clinic and the hospital infection control unit, poor quality of calls, lack of response after consult, lack of prescriptions, as well as unclear instructions.

Other comments focused on better instructions to avail of services, regular monthly swabbing, priority lanes for hospital employees, pregnant patients, senior citizens, extension of consultation hours, and various issues regarding the release of RT-PCR results.

Table 1. Survey Tool Design Used in the Feedback Forms from June 2020 to December 2021

Domain	Question	Responses
Consult		
Access	How did you consult?	Face-to-face/Teleconsultation
	Were the consult hours convenient for you (7 am to 3 pm)?	Likert scale 1 – Not convenient at all 2 – Slightly convenient 3 – Moderately convenient 4 – Very convenient 5 – Extremely convenient
Communication	Did the physician/nurse introduce himself/herself during the consult?	Yes/No
	Were you able to ask questions during your consultations?	Yes/somewhat/no/I didn't have any questions
	Did the physician/staff discuss the instructions regarding treatment, if applicable?	Yes/No/N/A
	Did the physician/staff discuss the instructions regarding swabbing, if applicable?	Yes/No/N/A
	Did the physician/staff discuss the instructions regarding telemonitoring, if applicable?	Yes/No/N/A
	Did the physician/staff discuss the instructions regarding fit-to-work criteria, if applicable?	Yes/No/N/A
	How well did you understand the physician/staff's instructions after your consult?	Likert scale 0 – Did not understand at all 5 – Understood extremely well
Emotional support	Were you able to discuss your fears and/or anxieties with the physician/nurse?	Yes/Somewhat/No/I didn't have any anxieties or fears
Communication	Were the staff courteous and respectful?	Likert scale 0 – Not courteous and respectful at all 5 – Very courteous and respectful
Privacy	How concerned were you about patient and data privacy during your consult?	Likert scale 0 – Extremely concerned 5 – Not concerned at all
Other comments:		

Table 1. Survey Tool Design Used in the Feedback Forms from June 2020 to December 2021 *(continued)*

Domain	Question	Responses
Swabbing		
Access	Were you informed of your schedule during or within the day of consult?	Yes/No
	Were the swabbing hours (9 am to 12 nn) convenient for you?	Likert scale 0 – Very inconvenient 5 – Very convenient
Communication	Was the procedure explained prior to being done?	Yes/No
	Did the staff inform you about when to expect your results?	Yes/No
Environment	Was the swabbing area disinfected prior to and after your procedure?	Yes/No
Communication	Were the staff courteous and respectful during your visit?	Likert scale 0 – Not courteous and respectful at all 5 – Very courteous and respectful
Privacy	How concerned were you about patient and data privacy during swabbing?	Likert scale 0 – Extremely concerned 5 – Not concerned at all
Other comments:		
Telemonitoring		
Communication	Did you receive text messages or calls from the telemonitoring team?	Yes/No
	Were you informed by the telemonitoring team about assessment for fit-to-work or need for admission (if applicable/as necessary)?	Yes/No/N/A
Emotional support	Was the telemonitoring team responsive to your concerns?	Likert scale 0 – Not responsive at all 5 – Very responsive
Access	Were the consult hours convenient for you (8 am to 4 pm)?	Likert scale 0 – Very inconvenient 5 – Very convenient
Privacy	Did you have any concerns about patient and data privacy with the telemonitoring done?	Likert scale 0 – Extremely concerned 5 – Not concerned at all
Other comments:		

Table 2. Processes Performed per Domain and Service Documented in the Feedback Forms from June 2020 to December 2021

Domains	% Consultation (n = 1598)	% Swabbing (n = 1268)	% Telemonitoring (n = 1270)
Communication			
Introduction of physician/nurse	92.74	-	-
Able to ask questions	85.86	-	-
Received instructions regarding treatment	81.98	-	-
Received instructions regarding swabbing	90.43	-	-
Received instructions regarding telemonitoring	83.92	-	-
Received instructions regarding return-to-work	71.88	-	-
Explanation of procedure	-	88.01	-
Information regarding swab results	-	68.93	-
Receipt of SMS or calls	-	-	98.74
Information regarding return-to-work or admission	-	-	96.14
Emotional support			
Discussion of fears and anxieties	48.75	-	-
Access			
Information regarding swabbing schedule	-	95.43	-
Environment			
Disinfection of area prior to procedure	-	85.45	-

Those that are blank were not applicable to the service.

Table 3. Ratings per Domain and Service Documented in the Feedback Forms from June 2020 to December 2021

Domain	Consultation (n = 1614)	Swabbing (n = 1277)	Telemonitoring (n = 1299)
Communication			
Perception of respectfulness and courtesy from staff	4.79 ± 0.52	4.7 ± 0.63	-
Understanding of instructions	4.6 ± 0.75	-	-
Access			
Convenience of hours	4.52 ± 0.91	4.7 ± 0.74	4.57 ± 0.80
Emotional support			
Responsiveness to concerns	-	-	4.43 ± 0.98
Privacy			
Confidence with patient and data privacy	3.28 ± 1.86	3.17 ± 1.92	3.21 ± 1.86

The Likert scale ranged from 0-5, with 0 = strongly disagree, 5 = strongly agree. Those that were blank were not applicable to the service.

DISCUSSION

The 23 excluded forms are not considered significant to skew analysis as it comprises only 0.0055% of the total forms. Of the remaining 4,113 forms, the results revealed favorable marks for most processes in all service areas. Open-ended feedback showed gratitude for the clinic's services. However, there were observations that some processes were not consistently performed.

Items listed in the questionnaire were processes designed to capture actual occurrences in the clinic. The missed opportunity to discuss fears and anxieties, problems with receiving RT-PCR results, and concern for data privacy were pertinent themes.

A COVID area was set up in the hospital during the first weeks of the COVID-19 pandemic to cater to the needs of its staff and in-charge of the service was the employees' clinic. There were areas for consult, testing, and for administrative tasks that included telemonitoring. Patients consulted by lining up at the designated area for assessment. Contact information, instructions regarding isolation and symptom management, and RT-PCR testing schedules were obtained, given, and made.

Employees proceeded to the RT-PCR testing area on their scheduled date and results were forwarded by the telemonitoring team. Employees with negative results were informed via SMS and those with positive results received a voice call for contact tracing and assessment for possible hospital admission. Employees in isolation were monitored through daily SMS messages from the telemonitoring team. This setup lasted for a couple of months and proved useful.

Processes in the clinic were modified as a response to increasing infections and rapidly changing protocols. It opted to pursue a purely telemedicine service to allow for complete service delivery with minimal risk to staff. The change led to confusion for those who previously availed of the service, as reflected in feedback. However, those who availed of the service for the first time found it convenient.

The findings were consistent with previous studies regarding convenience and voice call quality. Telemedicine allowed consultation regardless of location without exposure to potential COVID cases. This proved advantageous because of less exposure for all patients. Call quality, reported to be poor by some, depended entirely on the patient's cellular reception.

The high affirmative ratings were due to the clinic's real-time assessment of feedback given, also observed in a previous study by De Mesa et al. that measured patient satisfaction in an employee's clinic.[6] Common between the studies were regularly reviewing comments and implementing improvements as needed. This approach led to an increase in patient satisfaction scores from baseline in the study by De Mesa.[6] While this study was unable to demonstrate an increase in patient satisfaction, it was able to document affirmative feedback in the open-ended sections of the questionnaires. The review of feedback, however, possibly confounded the results but due to the iterative process of the clinic, it cannot be completely avoided.

The clinic's responsiveness to inquiries and its speed in relaying RT-PCR results can be explained by the number of COVID-19 cases in a given period. Quick response was observed during periods of low incidence, while a slow response was apparent during periods of high incidence. Patients being monitored by the telemedicine service increased during surges and impacted response time of the clinic based on feedback scores and comments received during these periods.

The discussion of fears and anxieties were included to provide an avenue for employees some mental and emotional relief. The risk of severe infection and death from COVID was significant at the beginning, and employees isolated themselves after work to protect their families as vaccines were not yet available. The mental and emotional toll of being a healthcare worker was substantial. However, as the service continued, the increasing number of COVID cases and requests for consult and testing made it difficult to provide ample time for discussion. Employees had less fear with the disease after the availability of vaccines because the risk of severe infection and death decreased.

Data privacy concerns differed from previous studies with telemedicine. The clinic took all necessary steps to assure confidentiality, but employees who consulted and were tested on hospital grounds felt seen by co-workers and thought that they had minimal privacy. Many employees also had access to the electronic medical record which the clinic used for its documentation. This was mitigated by the requirement of passcodes to access the records but the confidence with data privacy did not improve.

Other possible explanations for data privacy concerns were the need for reporting for contact tracing and quarantine. Understandably, employees were concerned about this information because of its consequences such as the duration of quarantine as set by their local government unit and stigma in the community. The use of personal mobile numbers and the use of email for communication may also have been a factor. Cases detected outside the hospital required forwarding of documents to the employees' clinic for verification and record keeping through the clinic email.

There were problems with rapidly changing protocols, balancing manpower needs, along with hospital infection control demands and were reflected in some of the comments. Surges in COVID cases forced employees to quarantine in large numbers, significantly impacting hospital services and temporarily closing some. The hospital infection control unit opted to shorten quarantine duration based on best available evidence and allowed those with significant exposure to go back to work in order not to compromise service delivery.

Online feedback forms were better for the service provider as compared to paper-based forms for capturing patient experience. The online forms required complete answers for all closed-ended questions, did not need encoding, and allowed for real-time assessment. Paper-based forms allowed submission despite incomplete answers and encoding was necessary. The distribution of online forms significantly reduced the risk of infection as paper forms required handing out to and collection from patients in an already high-risk area.

Reviewing patient experience and feedback allowed good service delivery despite rapidly changing protocols. However, the study was limited to feedback on patient experience. It did not objectively assess trends over time, the effects of case load or volume, or clinical outcomes. Subgroup analysis comparing patient demographics and feedback was not possible because demographic information was not collected. A comparison of the retrieved forms to the total number of service users would have provided further insight but was not done due to the lack of stratified data. Feedback was only descriptive and did not measure any change of satisfaction throughout the study duration, but it still proved significant for the operations of the hospital.

The results in this study, may not be generalized as each institution's processes and protocols are unique. For other institutions, however, aiming to establish a similar setup or improve their current clinics, patient experience may be used to maintain standards of care and allow for good service delivery.

CONCLUSION

Overall patient experience was generally positive despite the rapidly changing processes of the clinic, with the major positive themes focusing on the responsiveness and accessibility of the clinic's services. Negative themes concentrated on rapidly changing protocols, lack of responsiveness, and data privacy. Most underwent the standard processes of the services offered by the clinic, facilitated by timely review of feedback. However, the discussion of fears and anxieties, and the relaying of information regarding RT-PCR results were not often done.

Statement of Authorship

Both authors certified fulfillment of ICMJE authorship criteria.

Author Disclosure

Both authors declared no conflicts of interest.

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