

# PATIENT SATISFACTION AND MERGING OF SMALL HOSPITAL

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**ABSTRACT...Background:** The first merging of small hospitals into a large one came into existence in January 2005 in county Louth. As a result the surgical departments of Louth county hospital Dundalk and Our lady of Lourdes hospital Drogheda Ireland were combined. Two hospitals are at less than half an hour drive and situated North-eastern region of Ireland. **Objectives:** To assess the impact of joining two departments of surgery in two different hospitals along with the patient's reaction after such arrangements were made. **Design:** review of literature. **Setting:** Louth County Hospital Dundalk Ireland. **Period:** One year **Methods:** Following review of literature it was decided to explore the experience of patients who were treated in Louth County Hospital Dundalk one year after merging of two departments of surgery. Randomly 20% of patients treated in Louth County Hospital were included in a telephone survey. These patients were under care of all consultant surgeons. The patients were asked about their experience in Louth hospital. Also impact of joining surgical departments on waiting list was explored. **Results:** Out of 1310 patients, 20 % of patients treated in Louth Hospitals were included in the survey. The age of the patients varied from 15 to 67 years. 57 % of the patients were female and the remainders were males. It was found that 93.5% of patients were happy to travel to Dundalk and 96.5% were satisfied with the facilities there as well. Furthermore 96% said that they would be happy to have surgery in Dundalk if they ever needed it in the future. 6% of patients were dissatisfied with services in Louth County Hospital, Dundalk. **Conclusions:** The improvement of quality processes in healthcare is of constant concern to communities throughout the world. The results have clearly demonstrated that restructuring of services can work well and be acceptable to patients once hospitals are prepared with relevant resources in place.

**Key words:** Patient satisfaction, merging of hospitals

## INTRODUCTION

Dundalk and Drogheda are very close in distance and it takes less than half an hour to travel between two especially after the construction of a motorway. In January 2005, the decision was made to combine the surgical departments of Louth County Hospital Dundalk and Our Lady of Lourdes hospital Drogheda. By merging the two hospitals experts had the view that service would improve in the region. This type of arrangement had not contemplated in any other region in Ireland however merging of small hospitals in some industrialized countries like Canada, UK and States has taken place successfully<sup>1</sup>. The merging of small hospitals will result in cutting off staff so in other words saving money of exchequer. It also intends to improve quality of care. The merging of small hospitals into a large one is determined by ownership status, hospital size, geographical factors, and impact of caseload<sup>2</sup>. There are three main reasons for merging small hospitals into a larger one and these are to strengthen the financial position, achieve operating efficiency and consolidate services in the

region. Ireland is a relatively newly developed country and there is need for developing a proper health system which should be up to world standards. It needs a lot of changes, reorganization and restructuring.

One very important international issue is the organization and reconfiguration of hospital services and merging of small hospitals. Another major issue is achieving and measuring patient satisfaction<sup>3,4</sup>. Patient-centred outcomes are considered to be the primary means for assessing the effectiveness in health care delivery in this modern age. Patients view about their care and outcome in hospitals are as important as other clinical measures<sup>5</sup>. This study combines interest in both these issues: restructuring hospital services and measuring patient satisfaction after such re-structuring. This study also examined whether the merging of small hospitals was a useful idea or not and also looked at the impact of such re-shuffling.

## MATERIAL AND METHODS

After new arrangements of joining departments of surgery in LCH and OLOLH, a telephone survey (quantitative study) was carried out to find whether patients were happy and satisfied with this new philosophy of service in the region as they needed to travel from their own town (local hospital) to another to get treatment. A total number of 262 patients were included in this survey. The objectives of the telephone survey were multiple. To see whether patients had any issue for being treated away from their home town hospital. To examine whether patients had any bad experience of being treated in small hospital that did not have all facilities. To assess whether patients had any issue as these patients did not have any interaction with other healthcare providers except operating team before surgery, and finally to look at the effective use of hospital resources.

Data was collected by using random selection of patients who had surgery in LCH Dundalk. It was made sure at time of selection of patients that patients belong to all three surgical teams and also there was no gender, age or other demographic identification. Furthermore no differentiation was made between public and private patients. Patients confidentiality was not breached and also telephone calls were done after 6.00 pm so that less chances of disturbance or non availability of patients. Before asking questions brief description of study was given to patients and also it was made sure that there was no language barrier. 262 patients were surveyed which consisted of 20% of all surgical elective admissions in LCH.

The study did not include those patients who had more complex surgery in Drogheda. The reason for this was to see the experience of patients in Louth hospital as it was small hospital and had lesser facilities than Drogheda. Furthermore, the total number of emergency admissions in Louth Hospital was 1022 in 2005 and only 8% were transferred from there. This included transfer to specialist units in Dublin as well.

Questions asked for Survey were four in number i.e. did you mind traveling from Drogheda to Dundalk for

surgery? Were you satisfied with facilities in LCH? Were you happy with outcome in LCH? If you need surgery in future would you be happy to return to LCH? The response of all patients was recorded on a standard Performa.

## RESULTS

Out of 1310 patients which were admitted electively in LCH 20% of patients were selected for this quantitative survey. Their age varied between 15 to 67 years. Male to female ratio was 43:57. During survey 7 patients refused to participate due to variety of reasons. 15 patients did not respond to phone, either away, answering machine or did not lift phone at all. Six patients rang back for missed calls, 93.5% of patients were happy to travel to LCH. 94% were pleased with outcome in LCH as well. Regarding facilities in LCH, 96.5% were satisfied. 96% said that if they were having surgery again they would be happy to return to LCH. 6% of patients were dissatisfied with outcome in LCH due to the reasons that facilities like private rooms were not available in Dundalk. Two patients were unhappy with medical staff. However, they never made a formal complaint to the hospital administration although they were encouraged to do so at the time of survey.

In context of changes introduced in Louth in 2005, the numbers of elective admissions were roughly doubled in 2005 as compared to 2004 in LCH Dundalk. No surgical procedure was cancelled due to non-availability of bed. However the department was well supported by dedicated admission office with experienced bed manager. Although most of the complex surgery was done in Drogheda Hospital but still a number of complex major cases in LCH increased. This is probably due to the reason that more consultants were available and they worked as a team as well.

## DISCUSSION

The total population of the North Eastern Region of Ireland is 371,980. It takes only 25 minutes to travel between the two hospitals. Because the two hospitals are very close to each other there is a need for reconfiguration of services in the two hospitals and in addition to others in this region. Our lady of Lourdes

**Table-I. Detail of beds in Louth County Hospital**

Department	No. of Beds
General Medicine	71
General Surgery	32
ICU	02
CCU	04
Day Surgery	14
Five day ward	14

**Table-II. Detail of beds in Our Lady of Lourdes Hospital**

Department	No. of Beds
General Medicine	99
General Surgery	45
Orthopaedic	27
Obstetrics & Gynaecology	72
ICU/CCU	07
Day Surgery	23
Five day ward	16

**Table-III. Data on statistics in Louth County Hospital, Dundalk**

Procedures	2004	2005
Intermediate	354	680
Major	134	220
Complex Major	15	26
Total	504	926

**Table-IV. Elective admissions at Louth County Hospital, Dundalk**

Admission	2004	2005
Day cases	1483	2631
In-patients	411	723
Total	1894	3354

**Table-V. Outpatient Waiting Times**

Pathology	Waiting time	
	Dundalk	Drogheda
Urgent	1-2 weeks	1-2 weeks
Soon	2-3 weeks	2-4 weeks
Routine	2-3 weeks	2-4 weeks

**Table-VI. Elective Surgery Waiting Times**

Surgery	Waiting time	
	Dundalk	Drogheda
Urgent	1 week	1 week
Soon	2-4 weeks	2-4 weeks
Routine	4 weeks	4 weeks

Hospital, Drogheda has a total of 339 beds while in Louth County Hospital Dundalk there are 137 beds.

Due to increased shortage of beds and cancellation of elective cases along with health and safety issues, the decision was made to combine the surgical departments of Our Lady of Drogheda and Louth County Hospital Dundalk in January 2005. The overall aim was to make maximum use of available resources in two hospitals and also to address safety issues and to provide high class, safe, and efficient services to patients. By merging hospitals there are better opportunities to provide services to people and also it will strengthen small hospitals<sup>6</sup>. This type of merging has taken place in other countries<sup>7,8</sup>. Before the start of the joint department across two hospitals, LCH had two general surgeons and OLOLH had four general surgeons. The Team Work Report discussed in Literature Review has shown that there is a need for reorganization of services in County Louth due to safety issues, financial issues and misuse of resources. There is insufficient generation of work for surgeons and unavailability of sufficient experience in order to keep their skill. So it was not possible to provide 24/7 emergency and clinical support at local level. Some of these issues need to be addressed urgently and others can be delayed for some time. There is need for huge

amount of changes and action plan for safe, secure and efficient services in the region. The vision is to provide service in a most efficient way at the right time and to provide healthcare services in line with world class standards. Furthermore health care should be available in a fair way according to the needs of people and also up to the level of evidence based practice.

The clear protocols were established for surgical triage of all surgical admissions to Dundalk and also for referrals to Drogheda for further management in well equipped unit with well trained staff.

Data collected from research found that the efficiency of two hospitals OLOLH Drogheda and LCH Dundalk improved a lot. There is a significant reduction waiting list in OPD and also for elective surgical procedures in first year. People often think that “exit” and “voice” are the main ways patients can influence health care quality. Our study showed a very high degree of positive response. It might be due to reasons that there was something wrong in research. Patient’s satisfaction survey is increasingly promoted in developed countries as means of understanding healthcare service quality<sup>9,10,11</sup>. But they have concerns about reliability and there could be “courtesy bias” in these surveys as well in addition to others and same might be in our research. The usefulness of data collected depends crucially on validity and reliability of the measurement instrument. It is important to do a pilot study for reliability and validity<sup>12,13</sup>. We would have done both pre and post joining departmental survey. It was better to compare findings by doing survey before and after joining department of surgery on both sides. It is possible people might be more satisfied with already existed service rather than this new arrangement. We have not done such a survey in OLOLH Drogheda. We do not have data collection from people who were transferred from Dundalk to Drogheda or any other centre. This is also a drawback in our study. The higher degree of positive results in our study may be related the way we phrased our question. It is mentioned in literature that choice of wording is key to answer (BMJ 1996;313:841-844). These are weak points in our study. While there were some limitations in the study, the large number of patients covered in our research and their very positive responses to the

changes introduced in Louth suggest that patients response to the changes was positive. As previously noted, the statistical evidence about reduced waiting lists and good service access also suggest that patient satisfaction was indeed high in Louth.

## CONCLUSIONS

In order to have a world standard health service, we need to merge small hospitals into a large one as my study in Dundalk proved. The efficiency of two hospitals proved that patients were happier with the outcome of service in Louth Hospital.

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**The secret of success is to  
know something nobody  
else knows.**

(Aristotle Onassis 1906-1975)