Office of the Cabinet

Public Sector Customer Service Satisfaction Assessment Report for Ministry of Health

January 2019
1 INTRODUCTION

1.1 BACKGROUND

To achieve Vision 2030 “to make Jamaica the place of choice to live, work, raise families and do business”, the Public Sector must improve the efficiency and the effectiveness of government services that will support the private sector to be an engine of growth, and ensure citizens are able to access services that enhance their quality of life.

Ministry Paper No. 56/02 dated September 2002 and titled, “Government at your Service: Public Sector Modernisation Vision and Strategy 2002-2012,” articulated the vision of “…A Public Sector with a performance culture, client-focused and results-oriented, constantly seeking ways to improve the delivery of public services.” In this regard, several initiatives have been undertaken towards creating ‘a Public Sector organised around the needs of its customers, directly accountable to them through guarantees of service that is of the highest quality, accessible, [...] integrated, responsive and cost-effective, and which assures redress when things go wrong.’

In 2015, the Cabinet Office undertook a quantitative and qualitative assessment of customer service and service delivery for approximately fourteen (14) services across seven government sectors. These sectors were Health, Social Welfare, National Securities and Immigration, Justice, Revenues, Investment & Industry and Agriculture. The purpose of the assessment was to accurately identify the issues to be addressed as part of developing a comprehensive and robust framework for customer service improvement, and to establish an empirical baseline against which improvements could be assessed.

The results of the Assessment are expected to:

1. provide an understanding of the current level of customer service delivery by public sector entities and their clients’ level of satisfaction with the services delivered;
2. identify gaps in service delivery in order to employ intervention strategies; and
3. develop a new measurement baseline for on-going assessment of public sector improvements.

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1 In 2016 after the General Elections, most Ministries were reclassified, and agencies were shifted to different Ministries. These include Ministry of Investment, Commerce, Agriculture and Fisheries (MICAF) which consists of Trade Board and Companies Office of Jamaica that previously were in the Ministry of Industry, Investment and Commerce (MIIC) during the 2015 assessment.
1.2 **SCOPE OF THE 2018 CUSTOMER SERVICE ASSESSMENT**

In response to findings and recommendations provided by the 2015 assessment, the Cabinet Secretary mandated all Permanent Secretaries to ensure the development of Service Improvement Plans across their portfolios, with annually published reports on customer satisfaction and service quality.

In fulfilment of the commitment to publish customer satisfaction reports, two Ministries - Ministry of Health (MoH) and Ministry of Industry, Commerce, Agriculture and Fisheries (MICAF) have been selected as the first to publish customer satisfaction reports, having been the first to complete their Customer Service Improvement Plans in 2017.

This Assessment provided a thorough analysis of the status of customer service satisfaction across specific service areas of the Ministry of Health (MoH) and the Ministry of Industry, Commerce, Agriculture and Fisheries (MICAF). The findings have provided insight into the impact of the customer service improvement initiatives undertaken by both Ministries since 2015, facilitating the identification of additional issues to be addressed and to determine the effectiveness of improvement actions taken since the last Assessment conducted in 2015. The services included in this Assessment were:

<table>
<thead>
<tr>
<th>Ministries</th>
<th>Type of Services Assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>• Hospital and Health Centre services in each Parish</td>
</tr>
</tbody>
</table>
| Industry Commerce Agriculture and Fisheries | • Agricultural extension services  
• Business registration services  
• Trade licencing services. |

The specific entities included in the assessment exercise are provided in Appendix 1.

The 2018 Assessment focuses on only three sectors, as against the seven sectors that were included in the 2015 Assessment. The 2018 Assessment however targets a larger sample to reflect a better representation of the general population.

For the MoH, a total of fourteen (14) hospitals and (14) health centres of all types and across the regions were randomly selected to participate in the 2018 Assessment. Only five hospitals and five health centres were included in the 2015 Assessment. All those entities were included among the facilities selected for the 2018 Assessment.
For the Agriculture Sector, the Rural Agricultural Development Authority (RADA) was selected. For the 2015 Assessment only three RADA offices were included. The 2018 Assessment covers all RADA Offices across the island.

The scope of assessment for Trade and Commerce have remained the same between the 2015 and 2018 Assessments, targeting customers conducting transactions at the Head Offices of the Trade Board Ltd. and the Companies Office of Jamaica (COJ).

1.3 PURPOSE OF THIS REPORT
This report provides the results of the assessment of customer satisfaction provided by the Ministry of Health (MoH) facilities.

The health system was de-centralized in 1997 with the promulgation of the Health Services Act and establishment of four Regional Health Authorities, to deliver health care to the population:

- The South East Regional Health Authority (SERHA)
- The North East Regional Health Authority (NERHA)
- The Southern Regional Health Authority (SRHA)
- The Western Regional Health Authority (WRHA)

The Ministry of Health (MoH) is mandated “To ensure the provision of quality health services and to promote healthy lifestyles and environmental practices”. The Ministry, together with its Regional Health Authorities (RHAs), Agencies and related organizations make up the public health system and are responsible for health care delivery across the island.

This report is outlined as indicated below:

- Section 1 defines the background, scope and rationale for the Assessment
- Section 2 elaborates on the Objectives of the Assessment.
- Section 3 details the methodology used to collect data for customer satisfaction is provided.
- Section 4 provides a summary of findings and giving an overall assessment of customer satisfaction with MoH’s services.
- Section 5 provides the detailed findings from the customer service survey indicating the level of response to all questions from the clients interviewed.
• Section 6 provides the findings of the organisational assessment instrument administered to determine the efforts taken to provide the minimum standard of service delivery recommended by the Cabinet Office.
• Section 7 provides a summary analysis of the findings with recommendations for areas of focus for improvement.

2 OBJECTIVES OF THE ASSESSMENT

The Customer Service Assessment conducted in 2015, indicated that customer satisfaction was rated 60%. The goal of the Government of Jamaica (GoJ) is to have a Public Sector that provides no less than 80% customer satisfaction.

The primary objective of this Assessment was to identify the level of customer service improvements made by MoH in relation to the 2015 established baseline.
3 ASSESSMENT METHODOLOGY

3.1 THE INSTRUMENTS

The assessment of Customer Service in the Public Sector was undertaken using two instruments, a customer service survey administered to customers of a specific service, and an organisational readiness checklist which assesses an entity against the minimum standards for internal service delivery operations.

3.1.1 The Customer Service Survey – The Common Measurement Tool

The customer service survey is based on the Common Measurement Tool (CMT) developed by the Canadian Centre for Management Development in 1998 as part of the Canadian Government’s Citizen-Centred Service effort. The CMT is used at all levels of the Canadian Government and has been adopted internationally most notably by the Governments of Australia, Kenya, Namibia, New Zealand, Singapore, and the United Arab Emirates.

The CMT was introduced to Jamaica’s Public-Sector Customer Service Programme as the National Assessment Tool in the mid-2000s and was used to inform the results of the Government’s Customer Service Competition. Since 2010 the CMT has been updated and is made available from the Institute for Citizen-Centred Service (ICCS) under a subscription license which allows full access to the instrument and associated services. However, the version of the CMT used by the GoJ for both the 2015 and 2018 Customer Service Assessment was a customised version of the original 1998 instrument.

To obtain quantitative and qualitative data on customer service and service delivery from the MoH, self-administered questionnaires and face-to-face interviews were done using the Customised CMT. A total of seven hundred and seventy (770) interviews/questionnaires were conducted with customers.

3.1.2 Organisational Customer Service Readiness Checklist

For those elements of service provision that can be observed or must be responded to by the organisation, a readiness checklist was designed. This instrument is based on the Basic Minimum Standards for Customer Service published by the Cabinet Office as part of the Citizens’ Charter development initiative. The Checklist allows an organisation to review its internal operations and assess the extent to which minimum standards of service delivery are being met, such as the accessibility to services for persons with disabilities or the clear communication of the entity’s standards of service. These checklists were completed by staff members at each participating hospitals and health centres.
3.2 TARGET POPULATION

The target population for this survey were residents of Jamaica aged 18 years and older who are customers of the identified entities.

3.3 DESIGN ASSUMPTIONS AND SAMPLE SIZE CALCULATION

The Statistical Institute of Jamaica (STATIN), the national statistical body of Jamaica was contracted by the Cabinet Office to design the survey based on a margin of error of +/-10% for each domain. A domain is a defined reporting group for which estimates with pre-determined accuracy are sought.

The Cabinet Office shared with STATIN a list of hospitals and health centres provided by the MoH. This frame was stratified by Health Regions, with the sample allocated equally across the 14 parishes. In several parishes, only one public hospital exists to serve the entire parish. Where this was observed, that hospital was selected with certainty. Where there was more than one hospital per parish, one was randomly selected. Facilities assessed in 2015 were selected with certainty.

Sample of MoH Hospitals

<table>
<thead>
<tr>
<th>Region</th>
<th>Parish</th>
<th>Hospital</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>North East</td>
<td>Portland</td>
<td>Port Antonio</td>
<td>C</td>
</tr>
<tr>
<td>North East</td>
<td>St. Mary</td>
<td>Annotto Bay</td>
<td>C</td>
</tr>
<tr>
<td>North East</td>
<td>St. Ann</td>
<td>St. Ann’s Bay*</td>
<td>B</td>
</tr>
<tr>
<td>South East</td>
<td>Kingston &amp; St. Andrew</td>
<td>Kingston Public*</td>
<td>A</td>
</tr>
<tr>
<td>South East</td>
<td>Kingston &amp; St. Andrew</td>
<td>Bustamante Hospital for Children</td>
<td>S</td>
</tr>
<tr>
<td>South East</td>
<td>St. Catherine</td>
<td>Spanish Town*</td>
<td>B</td>
</tr>
<tr>
<td>South East</td>
<td>St. Thomas</td>
<td>Princess Margaret</td>
<td>C</td>
</tr>
<tr>
<td>Southern</td>
<td>Clarendon</td>
<td>May Pen</td>
<td>C</td>
</tr>
<tr>
<td>Southern</td>
<td>Manchester</td>
<td>Mandeville Regional*</td>
<td>B</td>
</tr>
<tr>
<td>Southern</td>
<td>St. Elizabeth</td>
<td>Black River</td>
<td>C</td>
</tr>
<tr>
<td>Western</td>
<td>Hanover</td>
<td>Noel Holmes</td>
<td>C</td>
</tr>
<tr>
<td>Western</td>
<td>St. James</td>
<td>Cornwall Regional*</td>
<td>A</td>
</tr>
<tr>
<td>Western</td>
<td>Trelawny</td>
<td>Falmouth</td>
<td>C</td>
</tr>
<tr>
<td>Western</td>
<td>Westmoreland</td>
<td>Savanna-La-Mar</td>
<td>B</td>
</tr>
</tbody>
</table>

* Selected in 2016
### Sample of Health Centres

<table>
<thead>
<tr>
<th>Region</th>
<th>Parish</th>
<th>Health Centre</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Portland</td>
<td>Swift River</td>
<td>1</td>
</tr>
<tr>
<td>North East</td>
<td>St. Mary</td>
<td>Flint River*</td>
<td>3</td>
</tr>
<tr>
<td>North East</td>
<td>St. Ann</td>
<td>Claremont</td>
<td>1</td>
</tr>
<tr>
<td>South East</td>
<td>Kingston &amp; St. Andrew</td>
<td>Duhaney Park*</td>
<td>3</td>
</tr>
<tr>
<td>South East</td>
<td>Kingston &amp; St. Andrew</td>
<td>Comprehensive*</td>
<td>5</td>
</tr>
<tr>
<td>South East</td>
<td>St. Catherine</td>
<td>Bog Walk</td>
<td>2</td>
</tr>
<tr>
<td>South East</td>
<td>St. Thomas</td>
<td>Isaac Barrant*</td>
<td>6</td>
</tr>
<tr>
<td>Southern</td>
<td>Clarendon</td>
<td>York Town</td>
<td>2</td>
</tr>
<tr>
<td>Southern</td>
<td>Manchester</td>
<td>Porus*</td>
<td>3</td>
</tr>
<tr>
<td>Southern</td>
<td>St. Elizabeth</td>
<td>New Market</td>
<td>2</td>
</tr>
<tr>
<td>Western</td>
<td>Hanover</td>
<td>Maryland</td>
<td>1</td>
</tr>
<tr>
<td>Western</td>
<td>St. James</td>
<td>Green Pond</td>
<td>1</td>
</tr>
<tr>
<td>Western</td>
<td>Trelawny</td>
<td>Dewars/Duncans</td>
<td>3</td>
</tr>
<tr>
<td>Western</td>
<td>Westmorland</td>
<td>Darliston</td>
<td>3</td>
</tr>
</tbody>
</table>

*Selected in 2015

### Number of Hospitals Selected per Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of Hospitals Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>North East</td>
<td>3</td>
</tr>
<tr>
<td>South East</td>
<td>4</td>
</tr>
<tr>
<td>Southern</td>
<td>3</td>
</tr>
<tr>
<td>Western</td>
<td>4</td>
</tr>
<tr>
<td>Grand Total</td>
<td>14</td>
</tr>
</tbody>
</table>

### Number of Health Centres Selected per Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of Hospitals Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>North East</td>
<td>3</td>
</tr>
<tr>
<td>South East</td>
<td>4</td>
</tr>
<tr>
<td>Southern</td>
<td>3</td>
</tr>
<tr>
<td>Western</td>
<td>4</td>
</tr>
<tr>
<td>Grand Total</td>
<td>14</td>
</tr>
</tbody>
</table>

### GOJ Entity

<table>
<thead>
<tr>
<th>GOJ Entity</th>
<th>Domain (Region)</th>
<th>Calculated Sample Size</th>
<th>Allocated Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Health (MoH)</td>
<td>South East</td>
<td>200</td>
<td>180</td>
</tr>
<tr>
<td></td>
<td>North East</td>
<td>200</td>
<td>240</td>
</tr>
<tr>
<td></td>
<td>Western</td>
<td>200</td>
<td>180</td>
</tr>
<tr>
<td></td>
<td>Southern</td>
<td>200</td>
<td>240</td>
</tr>
</tbody>
</table>
During the first stage of selection, one hospital and one health centre was selected, except for the Kingston and St. Andrew Area where two of each type were selected. Facilities surveyed in 2015 were deliberately selected. For the second stage of selection, 30 customers per location were selected by the interviewers consistent with the specified quota. The distribution of the population by health regions informed the quota by sex and age group. Each health facility had an interviewer who conducted data collection. Assignments were considered completed upon meeting the stipulated quota.

**Minimum Number of Respondents per Region and Per Facility**

<table>
<thead>
<tr>
<th></th>
<th>North East</th>
<th>South East</th>
<th>Southern</th>
<th>Western</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Per Region</td>
<td>Per Facility</td>
<td>Per Region</td>
<td>Per Facility</td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-34</td>
<td>17</td>
<td>6</td>
<td>25</td>
<td>6</td>
</tr>
<tr>
<td>35-49</td>
<td>14</td>
<td>5</td>
<td>13</td>
<td>8</td>
</tr>
<tr>
<td>50-64</td>
<td>11</td>
<td>4</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td>65+</td>
<td>6</td>
<td>2</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>48</td>
<td>16</td>
<td>55</td>
<td>14</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-34</td>
<td>16</td>
<td>5</td>
<td>24</td>
<td>6</td>
</tr>
<tr>
<td>35-49</td>
<td>11</td>
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<td>21</td>
<td>5</td>
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<tr>
<td>50-64</td>
<td>9</td>
<td>3</td>
<td>13</td>
<td>3</td>
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<tr>
<td>65+</td>
<td>7</td>
<td>2</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>16</td>
<td>65</td>
<td>16</td>
</tr>
<tr>
<td>Both Sexes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-34</td>
<td>33</td>
<td>11</td>
<td>49</td>
<td>12</td>
</tr>
<tr>
<td>35-49</td>
<td>25</td>
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<td>34</td>
<td>8</td>
</tr>
<tr>
<td>50-64</td>
<td>19</td>
<td>6</td>
<td>24</td>
<td>6</td>
</tr>
<tr>
<td>65+</td>
<td>13</td>
<td>4</td>
<td>14</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>90</td>
<td>30</td>
<td>120</td>
<td>30</td>
</tr>
</tbody>
</table>
Three (3) persons were contracted to do data entry over a two-week period. These persons underwent training which led to them familiarizing themselves with the questionnaire. Data processing included double entry of a sample of questionnaires as part of the verification exercise. Additional error checks were done as part of the data cleaning exercise.

### 3.4 FIELD INTERVIEWS

Two methods were used to complete the questionnaires. Field staff conducted interviews with persons who required assistance to complete the instrument due to disability, limited literacy or at request, while the remaining questionnaires were self-administered. The data collection was done over a five-day period. The interviewer assignment included the quota by age and sex. Assignments were completed when the specified quota within each category was met. Interviewers were directly supervised by the field service director. Any challenges identified were immediately reported and resolved by the STATIN/Cabinet Office project team.

A one-day training of interviewers was conducted by STATIN personnel. This training included a summary of the project objectives, instructions on how to administer the questionnaire and a thorough review of the PSCSS instruments.

### 3.5 LIMITATIONS OF THE ASSESSMENT

All research methodologies consist of limitations. These are conditions, shortcomings or influences that are external and cannot be controlled by the researcher. This assessment utilized administration of questionnaires and the use of face-to-face interviews with customers. It is noted that a survey or questionnaire cannot fully capture emotional responses or the feelings of the respondents and without administering the questionnaire face-to-face, there is no way to observe facial expression, reactions or body language. However, due to time, cost and other factors, face-to-face interviews were limited to persons with special needs such as disabled persons and those with writing or reading challenges.

Assessment limitations included:

- Completing surveys was onerous and time consuming for some respondents as such this may have impacted the credibility of some of the responses given respondent fatigue.

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• Participants responses may also have been affected by fear of lack of privacy and anonymity being breached.
• Quota were not met due to external factors such as the slow business period during the Christmas holidays.

4 SUMMARY OF THE PUBLIC SECTOR CUSTOMER SERVICE ASSESSMENT FOR MINISTRY OF HEALTH (MoH)

This report reflects a general assessment of the levels of satisfaction, customer service quality and service delivery provided by Ministry of Health (MoH). It details findings and recommendations based on information provided by their customers during self-administered questionnaires and face-to-face interviews.

4.1 SUMMARY OF 2015 FINDINGS

The findings of the 2015 Assessment of MoH is provided in Appendix 4. Below is a summary of those findings under each of the service dimensions assessed.

4.1.1 Service Delivery
• 50% of customers using the internet found it easy to obtain the agency’s website. The other 50% of internet customers however, struggled to find the documents to print on the website homepage
• 18-24 and 35-49 appear less satisfied than other groups with the amount of time it took to obtain service (respectively 39% and 42%), whereas other age groups reached > 50% satisfaction
• The use of Health Services is mostly a personal choice, except for Spanish Town Hospital and the Comprehensive Health Center in Saint Andrew where 58% and 59% of customers, respectively suggested it was a government requirement
• Health has the highest rate of referral for usage of services among the seven sectors reviewed
  - E.g. 37% of customers from the Isaac Barrant Health Centre were referred. Customers from Cornwall Regional Hospital, Mandeville Hospital and Saint Ann’s Bay hospital also were referred (30%, 25%, 20%, respectively)
  - Keeping-in-mind that customers often were directed to health centers, therefore we could expect a higher rate of referral, based on explanations from the sector managers
• Among all health facilities, customers typically initiated the contact
  - On some limited occasions, Mandeville and Spanish Town Hospitals were contacted by the facilities (for respectively 20% and 26% of the Customers)
• Amongst the population of respondents, people claimed they got what they needed.
  - Saint Ann’s Bay Hospital is the exception, where 35% of customers didn’t receive what they needed.

4.1.2 Service Standards
• Expected wait time before first contact experience the same trends
• Overall Customers would like to wait less than what they have experienced
However, there is a lot of contrast between Duhaney Park Health Centre where 48% of persons would expect no wait time at first contact and Mandeville Hospital where Customers could accept waiting up to half an hour at first contact.

Wait time was an issue for those valuing strongly this attribute
- 45% of Customers were unhappy vs. 38% satisfied.

38% of Customers experienced no wait time at Duhaney Park Health Centre
...whereas 48% of Porus Health Centre customers had to wait more than an hour before first contact.

Interviews revealed delivery time can be affected by back office work resulting in delays in the delivery of a service
- Mandeville Hospital is delivering between 1-2 hours for 75% of their Customer
- Claremont Center of Excellence provided their services in 3+ hours for 55% of Customer, as per Saint Ann's Bay hospital
- Overall, there is no observable trend which could categorize delivery time either by parish or by facility type.
- Let’s remember situations and Customers’ needs are individual and changing from one day to another and one patient to another.
- Practices are heterogeneous with regards to wait time

47% of Customers in Isaac Barrant Health Centre found it acceptable to be serviced in less than half an hour
A fair third portion were spread between 31 min and 2 hours

4.1.3 Access and Facilities
- Apart from Isaac Barrant Health Centre, respondents accessed the service as being convenient during regular hours
- All age groups were mostly satisfied with the facilities and the access around and into the building. Note that elderly persons are not critical of that aspect
  - Despite Customer feedback, interviewed staff brought issues with access to the building
- However, Customers who value comfortable waiting areas were only 39% satisfied with the attribute
- Signage is satisfactory to those who value the attribute (>70% of satisfaction)

4.1.4 Procedure and Communications
- Overall respondents were satisfied with the agency’s communication (>50% when grouping answered 4 and 5 suggesting Agree or Strongly Agree)
  - 30% of Saint Ann’s Bay customers were however not satisfied and 32% in Saint Thomas.
  - Note that agency’s communication is provided nationwide by Ministry of Health and is not dependent on specific parishes.
- 50% of Customers using internet were not satisfied with the agency’s communication approach
- 80% of Customers who value complete information about procedure are satisfied with this attribute

4.1.5 Payment Process
- Even if services are free, Isaac Barrant Health Centre Customers wouldn’t mind paying a premium for express service.
- Everything is free unless the patient has insurance.
- Could reintroduce some special access fees, depending upon need and ability to pay
4.1.6 General Questions and Overall Evaluation

- Saint Ann's Bay hospital 45% were not satisfied
- At the Duhaney Park Health Center the customers were balanced (28% not satisfied, 33% neutral and 38% satisfied). The situation is similar for KPH
- Note that Claremont Center of Excellence highlighted 85% of satisfied Customer, Cornwall Regional Hospital 70%, Porus Health Center 72%
- When comparing the service to what Customer expected, 43% of the Duhaney Park Health Center Customers felt unsatisfied, 55% of Saint Ann's Bay Hospitals as well.
- Apart from 35-49 (49%), all age groups are mostly satisfied with the overall quality of service
- Note that 18-24, which were the most critical of service delivery, are mostly satisfied (66%)

5 FINDINGS FOR THE DELIVERY OF SERVICES – MINISTRY OF HEALTH (MoH)

The following reflects the data captured from customers of MoH. The section provides a profile of the MoH customers based on the responses to the General Questions and then outlines their level of satisfaction with the organisation’s services as categorised under the five service dimensions, indicating the importance they accord to the variables under each dimension.
5.1 RESPONSES TO GENERAL QUESTIONS

5.1.1 Geographic Location

- 99.4% of respondents were Jamaicans, 0.3% did not respond and 0.4% indicated that they were Africans, Canadians and Chinese.

- Overall, Portland (Port Antonio Hospital and Swift River Health Centre) and Clarendon (May Pen Hospital and York Town Health Centre) had the two (2) highest percentages of respondents, 9.6% and 9.3% respectively.

- The lowest percentages resided in St. Elizabeth with 4.3%.

- The highest percentage of male respondents resided in Portland, 12.2% and the highest percentage of females (0.1%) lived in Manchester.
5.1.2 Age and Sex

- The highest number of respondents fell within the 35-49 years age group (25.3%) and the lowest number were between the ages of 18-24 years (13.5%).
- 45% of respondents were males, 54% females and 1% did not state their sex.
- The lowest percentage of respondents fell within the 18-24 years age group (13.5%).
5.1.3 Computer Use

A total of 41.3% respondents have never used a computer and the remaining 57.1% fell within the beginner (20%), intermediate (22.1%), advanced (13.1%) or expert (1.9%) categories. The additional 1.6% did not respond.

These computer users acknowledged that they mainly use their cell phones or personal computers (tablet, laptop or desktop) to access the internet. Cell phone users accounted for 57.3% of internet users, personal computer users 19.7%, computer at work 7.8%, internet café 5.5%, library 6% and school computer 1.6%.

58.6% of respondents indicated that they had access to the internet. Of the internet users 62.3% fall within the 25-34 and 35-49 years age groups.

Of the total internet users, 33.6% were males and 58.3% females.

5.1.4 Education Level

38.2% of respondents have completed high school. Most respondents fell within the 25-49 years age group. Of the respondents, 36.4% of males have completed high school as the highest level of education with a comparative 39.6% females.

18.7% of respondents completed up to grade 9. Most respondents were within the 50-64 years age group.

16.5% have only attained primary level education. These respondents were mainly within the 65 and over age group.

13.4% obtained vocational skills training.

7.7% of respondents have completed college or university.
• 2.9% of respondents do not have any formal education.
• 1.8% completed graduate or professional degrees.

5.1.5 Employment Status

- 39.4% of respondents had a full-time job.
- 12.5% of respondents work part-time.
- 47.7% indicated that they were unemployed.
- 2.5% of respondents are self-employed with paid employees.
- 24.8% are self-employed without paid employees.
- 13.9% are paid government employees
- 4% are paid employees in private home and unpaid employees in agriculture.
- 3.2% did not state their employment status.
- 47.4% are paid employees in private enterprises. Of this 45.5% were females and 52.9% males.
5.1.6 Disability/Impairment

A total of 5.2% of respondents indicated they have a form of physical disability/impairment. These included, renal kidney failure, knee injury, diabetes, hypertension, fractured right hand, loss of eye, legs and toes.

5.2 Service/Product Delivery

5.2.1 Frequency of Service Use

- 31.7% of respondents indicated that they use the services/products on an “as-needed” basis.
- 17.8% used the services/product once per month.
- 11.9% used the services/product twice per year.
- 11.7% used the services/product for the first time.
- 5.3% used the services/product once per month.
- 4.7% used the services/product annually.
5.2.2 Level of Satisfaction with Service/Product

Respondents were asked to indicate their levels of satisfaction with the type of service and product received. This was assessed by asking their level of agreement with several statements.

- 77.9% of respondents either agreed (58.3%) or strongly agreed (19.6%) that they received service after a reasonable number of contacts.
- 60.3% of respondents either agreed (48.1%) or strongly agreed (12.2%) that they knew who to contact for assistance.
- 86.4% of respondents agreed (58.2%) or strongly agreed (28.2%) that staff were knowledgeable and competent.
- 86.5% of respondents agreed (58.4%) or strongly agreed (28.1%) that staff were courteous.
- 12.1% of respondents agreed (10%) or strongly agreed (2.1%) that MoH’s website was easy to find and 11.4% agreed (9.5%) or strongly agreed (1.9%) that they were able to navigate the website.
- The respondents who disagreed with the statements were all below 30% of the total participants. Most respondents disagreed or strongly disagreed with "I knew what to do if I had a problem with the service or product”.
- Less than 10% of the total respondents neither agree nor disagree with the service delivery statements.

5.2.3 Level of Importance of Service Delivery Variables

- 93.5% of respondents indicated that it was either important (30%) or very important (63.5%) to get services/products after a reasonable number of contacts.
- 95.8% of respondents indicated that it was important (34.5%) or very important (61.3%) to know what to do to resolve a problem.
- The courtesy of staff was rated important (30%) or very important (67.9%) by 97.9% respondents.
- 98.6% of respondents rated knowledge and competency of staff as important (28.1%) or very important (70.5%)
- 35.1% of respondents indicated that finding the organization's website was important (19.5%) or very important (15.6%). Navigating it easily was rated important (17.8%) or very important (14.7%) by 32.5% of respondents.
- Less than 20% considered the statements unimportant.

5.3 Service Standards

- Findings from this assessment show that 11% of respondents waited an average of one week before receiving the service/product while 13.2% waited less than an hour and 76.8% waited between an hour to a day.
- This assessment shows 3.8% of respondents indicated that a day to a week is acceptable to receive a service/product, 66% would be prepared to wait between an hour and a day and another 30.8% expected to wait within the range of minutes to less than an hour.
• 87.8% of respondents interfaced with MoH three (3) or less times while 9.7% made four (4) or more contacts.

• 90.2% of respondents indicated that one (1) (72.7%) or two (2) (17.5%) visits for contact is acceptable while 4.8% indicated that three (3) contacts were acceptable.
5.4 Access and Facilities

This section requested that respondents outline whether the business hours of the MoH were convenient and if there were to be changes, what would be their preference.

A total of 85.8% of respondents stated that MoH business hours are convenient, 13.4% indicated that the hours are not convenient and 0.8% did not respond. However, if these hours were to be changed, opening early one morning per week and opening on Saturdays would be the preferred extended time accounting for 57.1% of respondents.

5.4.1 Customers’ Level of Satisfaction based on Access to Service/Product and Facility

The assessment sought to ascertain the level of customer satisfaction with the Ministry’s’ performance, based on access and facilities.

- 24.1% of respondents stated that it was easy to find the organization’s telephone number in the directory/online (7.1% strongly agreed and 17% agreed)
- 23.4% of respondents indicated that they agreed (18.6%) or strongly agreed (4.8%) that various methods of access were available.
• 81.7% of respondents specified that they agreed (61.7%) or strongly agreed (20%) that the service hours were convenient.

• 68.8% of respondents indicated agreed (51.3%) or strongly agreed (17.5%) that it was easy to make an appointment.

• 77.4% of respondents stated that they agreed (60.6%) or strongly agreed (16.8%) that offices and waiting areas were comfortable.

• 67.4% of respondents indicated that they agreed (49.6%) or strongly agreed (17.8%) that directional signs were visible.

• 59.9% of respondents specified that they agreed (49.1%) or strongly agreed (17.8%) that directional signs were easy to understand.

• Less than 20% disagreed or strongly disagreed with these statements.

5.4.2 Access to Service/Product and Facilities Level of Importance
Customers’ ability to access services/product and facilities are paramount in delivering excellent customer service. It is important to know the needs or preferences of customers so that service/product delivery is of good quality and customers’ demands are being supplied.

Customers’ response to the statement “The hours of service were convenient” received the highest percentage, 97.8% (33.4% important and 64.4% very important). “Office and waiting areas are comfortable” had the second highest percentage, 97% (64% very important and 33.2% important). “Various methods of access” had the indications of 55.7% (22.7% very important and 33% important). The percentages for all statements ranged from 31% to 37% important and 22% to 64% consider then to be very important.

5.5 Procedures and Communications

• The use of social media was preferred by 30% of respondents while traditional media such as booklets in mail (7.9%), posters (25.7%), website (12.6%), media advertisement (73.6%) and email (10.1%) were preferred choices for other respondents.

5.5.1 Customers’ Level of Satisfaction with Procedures and Communications
Respondents level of satisfaction were sought for statements relating to the MoH’s procedures and communications methods.

• 88.3% of respondents indicated that they agreed (60.4%) or strongly agreed (27.9%) with the statements “I was informed of everything I had to do in order to get the service/product”

• 88.2% of respondents agreed (61.6%) or strongly agreed (26.6%) that the information received was up-to-date

• 89.1% of respondents agreed (60.8%) or strongly agreed (28.3%) that written and verbal language was clear
• 53.2% of respondents agreed (37%) or strongly agreed (16.2%) that forms were easy to understand and fill out.
• Approximately 5% of respondents either disagreed or strongly disagreed and 6% neither disagreed nor agreed with the level of communication given by MoH.
• In 2015, the satisfaction level was greater than 50%. This remained the same in 2018.

5.5.2 Level of Importance of Procedures and Communications variables

• 98.8% of respondents indicated that it was important (26.2%) or very important (72.6%) to be “informed of everything I had to do in order to get the service/product”
• 98.5% of respondents indicated that it was important (25.8%) or very important (72.7%) to provide up-to-date information
• 98.8% of respondents stated that it was important (27.9%) or very important (70.9%) that written and verbal language were clear
• 77.6% of respondents specified that it was important (20.1%) or very important (57.5%) that forms were easy to understand and fill out
• Among the respondents, less than 6% of customers considered these statements unimportant

5.6 Payment Process
Respondents payments methods were queried, however less than 2% of respondents engaged in monetary transactions.
• 1.7% of respondents made payment for a service or product.
• 1.6% paid at the location and 0.1% paid over the telephone.
• These customers stated that they prefer the existing methods available for payment.
• 1.3% preferred paying at the location, 0.1% at the bank, 0.1% online, 0.1% over the phone and 0.3% did not respond.

5.7 Overall Evaluation
Overall, a total of 80.4% of respondents were either satisfied (47.9%) or very satisfied (32.5%) with the quality of service/product delivery. This level of satisfaction was in line with the GoJ’s target of 80% customer service satisfaction. Only 11% of customers expressed that they were either dissatisfied (7.5%) or very dissatisfied (3.5%) and 8.2% were neither satisfied nor dissatisfied.
• Of the female respondents, 79.1% indicated that they were satisfied or very satisfied while 81.5% of males indicated same.
• 25% of respondents fell within the 35 -49 years age group, 14% were between 18-24, 23% were between 25-34 and 50-64 while 15% were 65 and over.
• Duncans Health Centre, Falmouth Health Centre and Greenpond Health Centre, all had 100% satisfaction rate in this assessment.

• Some hospitals and health centres had very high satisfaction rates. These included: Isaac Barrant Hospital 96%, Noel Holmes Hospital 95%, Highgate Health Centre 94.4% and Hopewell Health Centre, 92%.

• Several others were rated below the GoJ’s desired standard, these include; Bustamante Hospital for Children had a 65.2% satisfaction level, May Pen Hospital, 41.2% and Savanna-La-Mar 40%.

• A total of 11% of customers expressed that they were either dissatisfied (7.5%) or very dissatisfied (3.5%) with the services/products of the MoH. 38.8% of these respondents were males and 61.2% were females.

• 8.2% of respondents indicated that they were neither satisfied nor dissatisfied.

• In 2015, St Ann’s Bay Hospital had a customer dissatisfaction level of 45%. In this assessment, only 10.8% of St Ann’s Bays customers were dissatisfied with the level of service/product delivery. This indicates that there is a 34.2% increase in satisfaction.

• Duhaney Park Health Centre had a customer satisfaction level of 38% in 2015 and now has a customer satisfaction level of 78.4%.
• Claremont Centre of Excellence had a satisfaction level of 85% in 2015, this has increased to 91.4% resulting in a 6.4% increase in customer satisfaction.

• In 2015, Cornwall Regional Hospital had 70% satisfaction level. This assessment shows a satisfaction level of 41.7% indicating a major decrease of 28.3% in customer satisfaction.

• Porus Health Centre had a satisfaction level of 72% in 2015 and now has a 94.1% satisfaction level.

• In 2015, the Kingston Public Hospital had a satisfaction level of 38% and now has an 80% satisfaction level.

• A total of 92.8% of respondents expected either excellent (36.4%), very good (29.6%) or good (26.8%), 5.6% fair and 1.5% poor or very poor service.
After receiving the service/product, 72.2% of respondents indicated that the quality of service/product was either excellent (19.2%), very good (25.5%) or good (27.5%). While a further 15.5% indicated fair and 12% poor or very poor service was received.

Of the male respondents 75% indicated either excellent, very good or good service was received with 70% of females indicating same.

Most respondents fell within the 25 through to 64 years age range with the highest number of respondents falling within the 35-49 years age group specifically.

5.8 FINDINGS FROM ORGANISATIONAL CHECKLIST

The Cabinet Office required the Customer Service Organisational Readiness Checklist (See Appendix 4) to be completed for each Health Facility. The checklist sought to obtain feedback on yes/ no statements related to the service/product delivery, service standards, access and facilities as well as procedures and communications as administered at each location. The findings from the Checklists are as follows:

1. A computer is available to customer service representatives/receptionists at 20% of health centres and 76.9% of hospitals.

2. MoH still needs to improve in ensuring equitable delivery of quality services to persons with disabilities/persons with special needs. This was evidenced by participant responses as 40% of health centres and 23.1% of hospitals indicated that service processes are expedited for customers with special needs and/or disabilities.

3. The availability of service standards documents for clients was queried and 53.3% of health centres and 38.5% of hospitals stated that they document and publish service standards.
4. Feedback from customers is essential to improving customer service satisfaction. However, only 33.3% of health centres and 38.5% of hospitals have installed suggestion boxes or provide forms for customers to make complaints or suggestions.

5. 93.3% of health centres and 100% of hospitals have chairs available in waiting areas for customers’ comfort and 20% of health centres and 46.2% of hospitals specified that there was also an air conditioning unit at the organisation and in the customers’ waiting area.

6. 66.7% of health centres and 76.9% of hospitals indicated that their organisation provided clean bathroom facilities with adequate amenities for staff and 86.7% for customers in health centres and 84.6% in hospitals. However, a further 80% of health centres and 84.6% of hospitals indicated that these bathrooms are accessible to persons with special needs or disabilities.

7. 60% of health centres and 92.3% of hospitals specified that ramps are provided for wheelchair access to the building. Persons with special needs are allocated parking spots at 46.7% of health centres and 53.8% of hospitals.

8. The accessibility of emergency exists in public building infrastructures is critical to ensuring safety and security for all who use the facilities. All MoH facilities were asked to indicate the visibility and accessibility of emergency exists by stating yes or no. 40% health centres and 69.2% of hospitals specified that emergency exits were visible and accessible.

9. Security measures were present on the compound for 60% of health centres and 100% of hospitals.

10. Baby changing stations are available in 100% of health centres and 7.7% of hospitals while directional signs are installed to guide customers in accessing services at 53.3% of health centres and 92.3% of hospitals.

11. 53.8% of health centres and 38.5% of hospitals noted that there are up-to-date publications informing customers of the services offered in customer waiting areas.

12. 13.3% of health centres and 46.2% of hospitals have email addresses for customers to make queries.

13. While the MoH has a website available to all customers, only 13.3% of health centres and 30.8% of hospitals stated that they had a website that could provide customers with information on services offered.

6  SUMMARY OF FINDINGS OF THE 2018 ASSESSMENT

In 2015, the assessment indicated that MoH customers had a satisfaction rate of less than 50%. The result of the 2018 Assessment shows that MoH has a satisfaction rate of 80.4%. This level of satisfaction is in line with the GoJ’s target of 80% customer service satisfaction. Of the respondents, 47.9% were either satisfied or 32.5% very satisfied with quality of service/product delivery. 8.2% of respondents indicated that they were neither satisfied nor dissatisfied. A total of 11% of customers expressed that they were either dissatisfied (7.5%) or very dissatisfied (3.5%) with the services/products of the MoH.
A total of 72.2% of MoH customers highlighted that their expectations were met after receiving the desired service/product from MoH. It is also noted that 15.5% of customers specify that against their expectations the service/product received was fair, and 12% of respondents’ expectations were not met.

Regional respondents’ overall satisfaction rate was as follows:

- North East Regional Health Authority (NERHA)- 85% of NERHA health centre respondents were satisfied or very satisfied with the overall service/product delivery, 9% were dissatisfied or very dissatisfied, 5.6% neither satisfied or dissatisfied and 0.6% did not respond. Among those who required services/products from the hospitals, 78.6% were satisfied or very satisfied, 8.6% were dissatisfied or very dissatisfied, 12.9% were neither satisfied nor dissatisfied and 1.4% did not respond.

- Southern Regional Health Authority (SRHA)- 73.3% of SRHA health centre respondents were satisfied or very satisfied with the overall service/product delivery, 13.3% were dissatisfied or very dissatisfied and 13.3% neither satisfied or dissatisfied. Among those who required services/products from the hospitals, 94.1% were satisfied or very satisfied while 5.9% were dissatisfied or very dissatisfied with the service/product delivery.

- South East Regional Health Authority (SERHA)- 85% of SERHA health centre respondents were satisfied or very satisfied with the overall service/product delivery, 9% were dissatisfied or very dissatisfied, 1% did not respond and 5% neither satisfied or dissatisfied. Among those who required services/products from the hospitals, 63% were satisfied or very satisfied while 23% were dissatisfied or very dissatisfied with the service/product delivery and 14% were neither satisfied nor dissatisfied.

- Western Regional Health Authority (WRHA)- 87% of WRHA health centre respondents were satisfied or very satisfied with the overall service/product delivery, 8% were dissatisfied or very dissatisfied and 5% neither satisfied or dissatisfied. Among those who required services/products from the hospitals, 64.4% were satisfied or very satisfied, 13.3% were neither satisfied nor dissatisfied, 2.2% did not respond while 20% were dissatisfied or very dissatisfied with the service/product delivery.

The customers who responded to the questionnaires indicated that they were accessing the following services:

- Dental Services
- Dressing of wounds
➢ Collection of medications
➢ Visiting Physician/Doctor
➢ Diabetic Clinic
➢ Immunization and other childcare services
➢ X-Ray, blood tests and other laboratory tests
APPENDIX 1: ENTITIES INCLUDED IN THE 2018 PUBLIC SECTOR CUSTOMER SATISFACTION ASSESSMENT

The following provides a list of all the entities included in the Sector Customer Satisfaction Assessment conducted in December 2018.

Ministry of Health

Hospitals

1. Port Antonio
2. St Ann's Bay
3. Kingston Public
4. Spanish Town
5. Bustamante Children’s

6. Princess Margaret
7. May Pen
8. Black River
9. Mandeville Regional
10. Black River
11. Falmouth
12. Savanna-La-Mar
13. Noel Holmes
14. Cornwall Regional

Health Centres

1. Swift River
2. Flint River
3. Duhaney Park
4. Comprehensive
5. Isaac Barrant
6. York Town
7. Porus
8. Maryland
9. New Market
10. Green Pond
11. Dewars/Duncans
12. Darliston
13. Bog Walk
14. Claremont

MICAF

- All Rural Agricultural Development Authority (RADA) Extension Offices

<table>
<thead>
<tr>
<th>East Zone</th>
<th>West Zone</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 St. Mary</td>
<td>1 Trelawny</td>
</tr>
<tr>
<td>2 Portland,</td>
<td>2 St. James</td>
</tr>
<tr>
<td>3 St. Thomas</td>
<td>3 Hanover</td>
</tr>
<tr>
<td>4 St. Ann</td>
<td>4 Westmoreland</td>
</tr>
<tr>
<td>5 St. Andrew</td>
<td>5 Manchester</td>
</tr>
<tr>
<td>6 Clarendon</td>
<td>6 St. Elizabeth.</td>
</tr>
<tr>
<td>7 St. Catherine</td>
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</tr>
</tbody>
</table>

- Trade Board Limited, Harbour Street, Kingston
- Companies Offices of Jamaica, Grenada Way, New Kingston
APPENDIX 2: PUBLIC SECTOR CUSTOMER SATISFACTION SURVEY INSTRUMENT

This questionnaire is a part of a survey being conducted to collect customer service satisfaction and efficiency data about the entity in which you desire service/product. The questions are therefore designed to solicit your perceptions on the level and type of service being offered by this entity as well as accounts of your personal experiences. Your feedback will assist in improving the overall delivery in the Public Sector. The findings from this study will contribute to the publication of an assessment report which will be shared with key stakeholders. Your cooperation and participation in answering the questions below, as accurately as possible, will be most helpful.

Please indicate your response by placing a check mark inside the box corresponding with your answer.

Entity: __________________________________________

General Questions about the Customer
1. What is your nationality?
   [ ] Jamaican (Move to Q.3) [ ] Other (please specify): ________________________________

2. For other nationalities, do you live in Jamaica?
   [ ] Yes [ ] No (Visiting- Move to Q. 4) [ ] Other (please specify): ________________________________

3. In which parish do you live?
   __________________________________________________________

4. What is your sex?
   [ ] Male [ ] Female

5. In which age category do you fall?
   [ ] 18-24 years [ ] 25-34 years [ ] 35-49 years [ ] 50-64 years [ ] 65+ years

6. What is your highest level of education completed?
   [ ] None [ ] Primary [ ] Up to Grade 9 [ ] Vocational Skills Training [ ] Graduate or Professional Degree
   [ ] Completed High School [ ] Completed College or University

7. Do you have a job?
   [ ] Yes - Full-Time (40 or more hours per week) [ ] Yes - Part-Time (less than 40 hours per week) [ ] No- (Move to Q. 9)
   Comments: __________________________________________________________
8. Which of the following categories best describes your employment?

- [ ] Paid Government Employee
- [ ] Paid Employee in Private Enterprise
- [ ] Paid Employee in Private Home
- [ ] Unpaid Employee in Agriculture or in any other type of business
- [ ] Self Employed with paid Employees
- [ ] Self Employed without paid Employees
- [ ] Other (please specify):

9. Do you have a physical disability?

- [ ] Yes
- [ ] No

If yes, please state

General Questions about the Customer

10. Do you have access to the internet?

- [ ] Yes
- [ ] No (Move to Q.12)

11. If yes, how do you access the internet? (Check all that apply)

- [ ] Personal Computer (Desktop, Laptop, Tablet etc.)
- [ ] Computer at school
- [ ] Computer at work
- [ ] Cell Phone
- [ ] Library
- [ ] Internet Cafe
- [ ] Other (please specify):

12. How would you describe your computer skills?

- [ ] I have never used a computer
- [ ] Beginner
- [ ] Intermediate
- [ ] Advanced
- [ ] Expert

Service/ Product Delivery

This section of the survey seeks to find out how was the service/product delivery and your level of satisfaction.

13. Which service/product(s) did you request from the organisation?

14. How often do you use this service/product?

- [ ] This is the first time I used it
- [ ] About once a week
- [ ] About once a month
- [ ] Twice a month
- [ ] Twice per year
- [ ] Annually
- [ ] Every two years
- [ ] Every four years
- [ ] Every five years
- [ ] As Needed
- [ ] Other (please specify):
### 15. How much do you agree/disagree with the following statements?

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>I got the service/product after a reasonable number of contacts</td>
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<td></td>
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<tr>
<td>I knew what to do if I had a problem with the service or product</td>
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<td></td>
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<tr>
<td>Staff were knowledgeable and competent</td>
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<tr>
<td>Staff were courteous</td>
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<tr>
<td>It was easy to find the organisation’s website</td>
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<tr>
<td>When I got to the website it was easy to find what I was looking for</td>
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<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

### 16. How important/unimportant are the following statements to you?

<table>
<thead>
<tr>
<th>Very Important</th>
<th>Important</th>
<th>Not Important</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>I got the service/product after a reasonable number of contacts</td>
<td></td>
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<tr>
<td>I knew what to do if I had a problem with the service or product</td>
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<td>Staff were knowledgeable and competent</td>
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<tr>
<td>When I got to the website it was easy to find what I was looking for</td>
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</tbody>
</table>

### Service Standards

17. How long did it take to get the service/product - from the time you first contacted the organisation that provided the service/product until you first received the service/products? A "contact" is each different phone call, office visit, internet session, postal letter, fax, etc.

- Minutes (Less than 1 hr) [ ]
- Hours (Less than 1 day) [ ]
- Days (1 to 7 days, 1 week) [ ]

Comments:

18. What do you believe is an acceptable amount of time to receive this service/product?

- Minutes (Less than 1 hr) [ ]
- Hours (Less than 1 day) [ ]
- Days (1 to 7 days, 1 week) [ ]

Comments:

19. How many contacts did it take for you to receive this service/product? A "contact" is each different phone call, office visit, internet session, postal letter, fax, etc.

- 1 [ ]
- 2 [ ]
- 3 [ ]
- 4 [ ]
- 5 [ ]
- 6 [ ]
- 7+ [ ]
- N/A [ ]

Comments:
20. What is an acceptable number of contacts to make in order to get this service/product?

☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ 6  ☐ 7+  ☐ N/A

Comments:

Access and Facilities

21. Can you conveniently access this service/product during regular business hours?

☐ Yes  ☐ No

Comments:

22. What would be most preferable to you in extending business hours?

☐ Open earlier one morning per week (07:00 a.m. for example)  ☐ Open later one evening per week (07:00 p.m. for example)  ☐ Open on Saturdays

Other Suggestions

23. How much do you agree/disagree with the following statements?

<table>
<thead>
<tr>
<th>It was easy to find the organisation’s phone number/address in the telephone directory/online</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Various methods of access were available (e.g. internet, telephone, email)</td>
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<tr>
<td>The hours of service were convenient</td>
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<td>It was easy to make appointments with service staff</td>
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<td>Offices and waiting areas were comfortable</td>
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<tr>
<td>Directional signs were visible</td>
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<tr>
<td>Directional signs were easy to understand</td>
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</tbody>
</table>

24. How important/unimportant are the following statements to you?

<table>
<thead>
<tr>
<th>It was easy to find the organisation’s phone number/address in the telephone directory/online</th>
<th>Very Important</th>
<th>Important</th>
<th>Not Important</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Various methods of access were available (e.g. internet, telephone, email)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The hours of service were convenient</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
25. Do you have any comments about accessing the service/product?

Procedures and Communications

26. What would be the best way(s) for you to receive information about the service/product? (Check all that apply)

- Media
  - Advertisement (e.g. Newspaper, Radio, TV)
- Booklets in the mail
- Poster
- Website
- Email
- Social Media
- Other (please specify):

27. How much do you agree/disagree with the following statements?

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was informed of everything I had to do in order to get the service/product</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The information that I received was up-to-date</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written and verbal language was clear (e.g. not complicated)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forms were easy to understand and fill out</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

28. How important/unimportant are the following statements to you?

<table>
<thead>
<tr>
<th>Very Important</th>
<th>Important</th>
<th>Not Important</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was informed of everything I had to do in order to get the service/product</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The information that I received was up-to-date</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written and verbal language was clear (e.g. not complicated)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forms were easy to understand and fill out</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Payment Process

29. Did you make a payment for the service/product you received?

- Yes
- No (Move to Q. 32)

30. How did you make the payment?

- At the Location
- At a bank
- By mail
- Over the telephone
- Online
- Third party (e.g. Bill Express, Paymaster)
- N/A
- Other (please specify):
31. How would you prefer to make the payment?

☐ At the Location
☐ At a bank
☐ By mail
☐ Over the telephone
☐ Online
☐ Third party (e.g. Bill Express, Paymaster)
☐ Other (please specify):

☐ N/A

32. Do you have any other comments about the cost or billing of the product/service?

☐ Yes
☐ No (Move to Q.33)

Comments:

33. How satisfied were you with the overall quality of service/product delivery?

☐ Very Satisfied
☐ Satisfied
☐ Neither Satisfied nor Dissatisfied
☐ Dissatisfied
☐ Very Dissatisfied
☐ N/A

34. Service/Product Expectation

When you approached the organisation for this service/product, what quality of service did you expect

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Very Poor</th>
<th>N/A</th>
</tr>
</thead>
</table>

☐ ☐ ☐ ☐ ☐ ☐ ☐

35. Service/Product Expectation vs. Service Product Received

Looking back, how did the service that you received from the organisation compare to what you expected?

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Very Poor</th>
<th>N/A</th>
</tr>
</thead>
</table>

☐ ☐ ☐ ☐ ☐ ☐ ☐

Comments:
## APPENDIX 3: ORGANISATIONAL READINESS CHECKLIST

<table>
<thead>
<tr>
<th>OBSERVATION ITEMS</th>
<th>RESPONSES</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. There is a computer available to the officer that interacts with the public to allow for accessing of information in response to customer’s queries.</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>2. Vulnerable customers or those with special needs (e.g. physical/developmental challenges, senior citizens &amp; expectant mothers) are provided with an expedited service.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Service standards are documented and published/made available to clients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Suggestion boxes are installed, and forms provided in the customer waiting areas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Chairs are provided in the waiting areas for customers’ comfort.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Emergency exits are visible and easily accessible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. There is a security presence on the compound</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. There is a functional air conditioning unit at the organization and in customer waiting areas.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. The organization provides clean bathroom facilities with adequate amenities for staff.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. The organization provides clean bathroom facilities with adequate amenities for customers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Bathrooms are accessible for the disabled and those with special needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Baby changing stations are available for parents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. There exists an email address for customers to make enquiries.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. There is a ramp provided for wheelchair access to the building.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Parking spots are allocated for persons with special needs (the disabled, physically challenged, senior citizens, etc.).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Directional signs are installed to guide customers in accessing services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. The organization has a website from which customers may access up to date information on services offered.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. There are up-to-date publications informing customers of the services offered in customer waiting areas.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Entity: ____________________________________________________________________________________________________________________________

Date Checklist Completed: __________________________________________________________________________

Parish: ___________________________________________________________________________________
APPENDIX 4: SUMMARY OF FINDINGS FROM 2015 CUSTOMER SERVICE ASSESSMENT – HEALTH SECTOR

This section highlights relevant information from the quantitative Customer Surveys with matching information drawn from the qualitative interview conducted as part of the 2015 Public Sector Customer Service Assessment.

The following findings reflect the most poignant data analysis and observations drawn from data charts created and reviewed for the Agriculture Sector and presented under the five service dimensions assessed:

1. Service/Product Delivery
2. Service Standards
3. Access and Facilities
4. Communication and Procedures
5. Payment Processes.

1.1. SERVICE/PRODUCT DELIVERY

- Customer service training across all categories of staff is required
- Strong turnover of clinical staff.
- For low level staff it is difficult, the workload is too high, more staff is required.
- Lack of computerization makes it very hard to deal with the high flow of patients.
- Complaints is a strong area for improvement.
- Communication on site can get difficult with patients due to workload and the medical emergencies that occur from time-to-time
- Records are paper based and prone to error, lack of efficiencies in passing patient files both within and across the health network
- Length of service delivery is not satisfactory. But emergency management is the rule. So, if the customer's case is not urgent, he has to wait.

Related Data

- Use of services is trending higher regardless of the type of center (Center of Excellence, Health centers, hospitals) Due to the nature of this sector, Customers are coming based upon health needs
- The Consulting Team observed services primarily being used monthly and or yearly for a third of customers, respectively
- The use of Health Services is mostly a personal choice, except for Spanish Town Hospital and the Comprehensive Health Center in Saint Andrew where 58% and 59% of customers, respectively suggested it was a government requirement
- Health has the highest rate of referral for usage of services among the seven sectors reviewed
  - E.g. 37% of customers from the Isaac Barrant Health Centre were referred. Customers from Cornwall Regional Hospital, Mandeville Hospital and Saint Ann’s Bay hospital also were referred (30%, 25%, 20%, respectively)
  - Keeping-in-mind that customers often were directed to health centers, therefore we could expect a higher rate of referral, based on explanations from the sector managers
- Among all health facilities, customers typically initiated the contact
  - On some limited occasions, Mandeville and Spanish Town Hospitals were contacted by the facilities (for respectively 20% and 26% of the Customers)
- Amongst the population of respondents, people claimed they got what they needed.
Saint Ann’s Bay Hospital is the exception, where 35% of customers didn’t receive what they needed.

- 18-24 and 35-49 appear less satisfied than other groups with the amount of time it took to obtain service (respectively 39% and 42%), whereas other age groups reached > 50% satisfaction.
- Interviews revealed management is aware of issues with length of service delivery.
- 50% of customers using the internet found it easy to obtain the agency’s website. The other 50% of internet customers however, struggled to find the documents to print on the website homepage.
- Interviews show that digitalization is a key to relieve office bottlenecks, errors with forms and improve service delivery.
- Interview with touch points and management show problems would be alleviated by the introduction of improved technology and digitalized records of patients.

1.2. SERVICE STANDARDS

- Service Level Agreements have been developed between the Ministry & Regional Health Authorities, however, there is still an absence of updated standards.
- Standards in place but there are many challenges.
- Customer Service Training, Disability Training being undertaken. Service Level Agreements being reviewed.
- No specific training for managers to empower them.
- Differences in linking patient information between hospitals. Working from paper-based is very inefficient with too many people involved in the process.
- NAFT (customer service & evaluation framework) is rarely used.

Related Data

- On limited occasions, Customers were provided with their services in less than an hour (32% in the Isaac Barrant Health Centre).
  - Some Customer however estimate it would be an acceptable amount of time:
    - 47% of Customer in Isaac Barrant Health Centre would find acceptable to be serviced in less than half an hour
    - A fair third portion are spread between 31 min and 2 hours
Interviews revealed delivery time can be affected by back office work resulting in delays in the delivery of a service

- Mandeville Hospital is delivering between 1-2 hours for 75% of their Customer
- Claremont Center of Excellence serviced their services in 3+ hours for 55% of Customer, as per Saint Ann’s Bay hospital
- Overall, there is no observable trend which could categorize delivery time either by parish or by facility type.
- Let’s remember situations and Customers’ needs are individual and changing from one day to another and one patient to another.
- Practices are pretty heterogeneous with regards to wait time

As mentioned during interviews, Customers were served on a first-come, first-served basis provided there aren’t more urgent situations than their case

- 38% of Customers experienced no wait time at Duhaney Park Health Centre
  …whereas 48% of Porus Health Centre customers had to wait more than an hour before first contact
- Situation is also contrasted on the matter, due to Customers willing to arrive first and be served first by waiting at the front door before opening hours.
- Expected wait time before first contact experience the same trends
- Overall Customers would like to wait less than what they have experienced
- However, there is a lot of contrast between Duhaney Park Health Centre where 48% of persons would expect no wait time at first contact and Mandeville Hospital where Customers could accept waiting up to half an hour at first contact
- Wait time seems an issue for those valuing strongly this attribute
  - 45% of Customers were unhappy vs. 38% satisfied.
- Note that interviews revealed standards and service level agreements are developed by the Ministry of Health, which should alleviate differences across the sector
- Linking records of patients was not expressed by Customers as a major problem. It seems more like an internal process optimization to improve the standards

### 1.3. ACCESS AND FACILITIES

- Complaint, obtaining information, appointments are the many reason for calling.
- Queries and complaints are the main reasons for email.
- Access to disabled: in some instances, no. Some yes (problem of equipment not working).
- After entering, the first person seen is typically the security guard which can advise and then move the patient to a nurse.
- Some hospitals have customer service desks at the front. Non-emergency goes to a customer service person to speak to and then are directed to doctors. Often sit on bench and wait for doctor to see them. Each Health Center and Hospital varies in that they have one to four or five overflow waiting areas.
- Mindful of what is the reception given by the third-party service e.g. Guard at front. It’s a problem in that they may not represent the courteousness or culture of the hospital.

**Related Data**
• Apart from Isaac Barrant Health Centre, respondents accessed the service conveniently during regular hours
• All age groups were mostly satisfied with the facilities and the access around and into the building. Note that elderly is not critical of that aspect
  ▪ Despite Customer feedback, interviewed staff brought issues with access to the building
• However, Customers who value comfortable waiting areas were only 39% satisfied with the attribute
• Signage is satisfactory to those who value the attribute (>70% of satisfaction)

1.4. PROCEDURES AND COMMUNICATIONS
• Direct communication to the public is done through the region and ministry of health. If new service is introduced, the Ministry of Health communicates to the general public,
• Ministry of Health in collaboration with the regional hospitals will communicate messages.
• Ministry of Health will attempt to promote that people should go to their local health centre first then the hospital if the issue is of a more serious nature.
• If patient is transferred to another hospital, the information is transferred at the same time as the patient in a paper format.
• Lacking technology in medical equipment, diagnostics, software and patient record keeping.
• Lacking effective and efficient electronic queuing and management systems.
• Patients in Centres of Excellence often told to wait and come to clinics when doctors are available during the week or month. (Patients serving the Health Centres schedule rather than the Centres servicing the needs of the public).

Related Data
• Customers are willing to obtain information through Media Ads and posters
• Overall respondents were satisfied with the agency’s communication (>50% when grouping answered 4 and 5 suggesting Agree or Strongly Agree)
  ▪ 30% of Saint Ann’s bay Customers were however not satisfied and 32% in Saint Thomas.
  ▪ Note that agency’s communication is provided nationwide by Ministry of Health and is not dependent on specific parishes.
• 50% of Customers using internet were not satisfied with the agency’s communication approach
• 80% of Customers who value complete information about procedure are satisfied with this attribute

1.5. PAYMENT PROCESS
• Everything is free unless the patient has insurance.
• Could reintroduce some special access fees, depending upon need and ability to pay
Related Data

- Even if services are free, Isaac Barrant Health Centre Customers wouldn’t mind paying a premium for express service.

1.6. GENERAL QUESTIONS AND OVERALL EVALUATION

- Waiting time is the biggest challenge.
- Better Queuing systems that appear more effective, efficient and fair in their communication to patients arriving and waiting to be served.
- Continue dialogue with the citizens through the town hall meetings. Continue website promotion to inform, educate and provide alternative means to obtain information.
- To provide service efficiently to the public, to improve on effective service delivery (up to customer needs with little time delays).
- Staff complement to provide service more efficiently. Upgrade equipment & supplies (medical and administrative).
- Automated complaints log (computerized).
- Less manual and paper filing.

Capabilities

- Financing comes from the Ministry of Health with input from the Hospitals.
- Ministry delegates routines to the regional health authorities.
- The CEO normally has the control over staffing (hiring, firing), but Regional Health really decides.
- IT: policy makers are running design and implementation. They just do maintenance.
• Patient electronic system is not implemented yet causing strain on an already overloaded health system.

Complaints
• Are usually due to staff attitude. Verbal complaints (70%), email (15%), letters (15%)
• Complaints in writing are called upon by the hospital or health centre administration to understand the nature of the complaint. Work towards closure of the complaint in two weeks.
• If the complaint is too touchy (risk of lawsuit), the Ministry of Health deals with the issue.

Related Data
• Customers are overall satisfied with the quality of service (>50%), except
  • Saint Ann’s Bay hospital where 45% not satisfied
  • Duhaney Park health center where Customers are balanced (28% not satisfied, 33% neutral and 38% satisfied). The situation is similar for KPH
  • Note that Claremont Center of Excellence highlighted 85% of satisfied Customer, Cornwall Regional Hospital 70%, Porus Health Center 72%
  • Note that for those three premises Customers are even more satisfied with regards to their expectations (ca.+5pts)
• When comparing the service to what Customer expected, 43% of the Duhaney Health Centre Customers felt not satisfied, 55% of Saint Ann’s Bay Hospital’s as well.
  • Satisfied Customer are getting even more satisfied, and unsatisfied Customer even less.
• Apart from 35-49 (49%), all age groups are mostly satisfied with the overall quality of service
  • Note that 18-24, which were the most critical of service delivery, yet are mostly satisfied (66%)
  • The trend is confirmed when Customers are asked to compare their satisfaction to what they expected in the following chart.
• When observing inactive/active split of respondents, we noticed 36% part time workers were satisfied with the service they got when approaching the agency for service. Full time workers and inactive reached the 75% range in contrast.

• When comparing expectations about the quality of service, inactive and active Customers are scoring the sector below the overall satisfaction.
  - Inactive are scoring the sector with 63% of satisfaction (-12pts) and full-time workers are scoring 52% of satisfaction (-23pts)

• 49% of Customers using phones were satisfied with the overall quality of service
  - When approaching the agency, this score become 75%

• 50% of internet users were satisfied with the overall quality of service

• Despite those good results, interviewed staff managing the sector think of the importance of continuous improvement
  - The main way to improve, as far as managers of the sector are concerned, is through improvement of internal processes (digitalization, staff training)

• Customers tended to have a more positive opinion than the interviews suggested.