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Customer Satisfaction and Challenges in the Delivery of Level 1 Hospital Services

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Abstract

Background: This study assesses the level of customer satisfaction of clients of a Level 1 Hospital in Northern Negros Occidental on the hospital services in terms of appointment scheduling, Hospital services, healthcare providers, support staff, communication, and facility during the calendar year 2021; and, identify the challenges in hospital services of Level 1 Hospital.

Method: The respondents of this study were the clients of the Level 1 hospital who were selected using quota sampling. This descriptive study utilized a modified survey questionnaire to measure customer satisfaction and the challenges encountered. The study's findings served as the baseline data for a continuous quality improvement plan.

Results: The data gathered revealed that the level of customer satisfaction of clients of a Level 1 hospital in Northern Negros Occidental on the hospital services, in terms of appointment and scheduling, hospital services,

healthcare providers, support staff, communication, and facility during the calendar year 2021, when taken as a whole and when grouped according to hospital care classification (inpatient/outpatient) was very high. Further, the challenges in the services of Level 1 Hospital focused more on the hospital facility, specifically on the comfort room overflowing.

Conclusion: It can be concluded that the very high customer satisfaction level would reflect very satisfactory or excellent hospital performance in the delivery of their programs and services.

Practical Value: The study significantly contributes to the existing literature on the level of customer satisfaction and challenges in the delivery of Level 1 Hospital Services. The study's findings provided information to the hospital administrators and chiefs of hospitals in the formulation of the Continuous Quality Improvement Plan.

Keywords: Customer satisfaction, Level 1 Hospital, Hospital Services, Descriptive

1. Introduction

1.1 Background of the Study

The World Health Organization's mission is to promote health, keep the world safe, and assist the world's most vulnerable people. When the Sustainable Development Goals (SDGs) were implemented in 2015, the World Health Organization (WHO) promoted the concept of Universal Health Coverage (UHC) as one of the goals that countries should strive for. The UHC includes the full range of essential, high-quality health services for people of all ages, from prevention to recovery, rehabilitation, and palliative care (World Health Organization, 2021). Under this, the 2030 Agenda for Sustainable Development established a strong, multi-sectoral, interconnected strategy for people, the planet, and prosperity. The 2030 Agenda for Sustainable Development's third priority is to ensure that everyone has access to high-quality primary health care services and safe, dependable, high-quality, and affordable essential medicines and vaccines (United Nations, 2018) ^[56].

ASEAN Health Cluster 3 aims to strengthen health systems and access to care in three areas: safe, affordable, and appropriate services; technology; essential drugs and vaccines; traditional and complementary medicine; and increased human resources for health (ASEAN Secretariat, 2019). ASEAN countries face several common obstacles to achieving Universal Health Coverage (UHC), including financial constraints, low overall and government health spending, and insufficient numbers and densities of health workers. Universal Health Coverage (UHC) has been proposed by WHO as a single health goal for the Millennium Development Goals (MDGs). UHC is the hallmark of a government's pledge to advance the welfare of all its citizens (Hutapea, 2019; World Health Organization, 2013) ^[25, 59].

The Universal Health Care program is at the heart of the Philippine Department of Health's (DOH) mission to lead the country to develop a productive, resilient, equitable, and people-centered health system. Improved access to quality hospitals and health care facilities is one of the strategic initiatives to ensure the availability of health services and necessities for all Filipinos (Department of Health, 2018) ^[16]. In the Philippines, the Department of Health uses the customer satisfaction survey

as a performance indicator for delivering health care services through its Health Facilities and Services Regulatory Bureau (Wirtz & Zeithaml, 2018) [58]. Finding ways to make healthcare providers in developing countries more client-centered is a critical challenge. Indifferent treatment of patients, unofficial payments to providers, a lack of patient privacy, and inadequate provision of medicines and supplies are all common, but traditional quality assessment methods rarely recognize them. The patient is unquestionably the primary beneficiary of a good healthcare system. The patient is the focus of the health care delivery system because he or she is a customer of health care. Merely satisfied customers are less likely to return, and organizations that practice this satisfaction discipline outperformed firms that did not provide satisfaction. Hospitals' long-term survival is dependent on loyal patients who return or recommend the hospital to others.

According to the Department of Health (2015), Level 1 hospitals provide emergency care and treatment, general administrative and ancillary services, primary care of prevalent diseases in the locality, and clinical services such as general medicine, pediatrics, obstetrics, non-surgical gynecology, and minor surgery. Geroso and Caelian (2020) [19, 20] assess and compare the quality of healthcare systems in Level 1 hospitals in Northern Negros Occidental in hospital management, patient care management, and health service delivery. Their findings revealed that the quality of the hospital healthcare system of Level 1 hospitals in Northern Negros Occidental is high, which means that it is very good. To sustain the quality of the healthcare system of Level 1 hospitals in Northern Negros Occidental, government support, specifically financing, is necessary from the provincial government and the municipality or city where they are located, not to discount the support from the national government.

Since the inception of the level 1 hospital in the province, there has been a limited study in determining the clients' satisfaction by gauging its delivery of healthcare service quality performance. Thus, it is in this context that the researcher decided to conduct a study assessing the satisfaction and challenges of clients in the delivery of Level 1 hospital services.

The findings of this study will be used to formulate a Continuous Quality Improvement Plan to serve as a direction to attain the health services of the Level 1 hospitals. Thus, it will provide urgency and consistency in attaining a very high level of client satisfaction towards delivering the hospital services.

1.2 Statement of the problem

The study aimed to assess the level of customer satisfaction of clients of a Level 1 Hospital in Northern Negros Occidental on the hospital services in terms of appointment scheduling, hospital services offered, healthcare providers, support staff, communication, and facility during the calendar year 2021 when they were taken as a whole and when grouped according to hospital care classification (inpatient/outpatient).

Likewise, it identified the challenges in the services of Level 1 hospitals. The findings of the study will serve as the basis for the formulation of a continuous quality improvement plan.

Definition of terms

The following terms were used in this study and will be operationally defined as follows:

Level of customer satisfaction refers to how customers are happy and satisfied with the products and services provided by the healthcare facility.

Appointment scheduling refers to the process or system of a hospital in organizing patients' particular times to be seen by their physician. It is being arranged or initiated by the Registration staff of the hospital.

Hospital services refer to services available for patients within the capacity of a Level 1 Hospital and performed by healthcare professionals.

Healthcare providers refer to medical staff who provide direct contact or care with patients, such as Physicians, Nurses, Nurses' aides, medical technologists, Radiologic Technologists, Pharmacists, and Pharmacy assistants.

Support staff refers to those persons assisting and providing patient care indirectly, such as Billing Staff, Registration staff, Medical Social workers, Nutritionists, Housekeepers, Utility personnel, and cashiers.

Communication refers to the process of delivering messages or information to patients inside the hospital, such as signs and directions that are easy to be followed by everybody—the clarity and sensitivity in discussing patients' medical conditions with a patient, watcher, or guardian.

A facility refers to the buildings, parking areas, safety of patients, machines, and equipment necessary to deliver quality services to patients.

Challenges in the delivery of hospital services refer to the problems and issues that interfere with the client's ability to avail themselves of the quality of services delivered in a level-1 hospital.

Clients refer to patients both inpatient and outpatient and folks who avail of the hospital services delivered by the level 1 hospitals.

Inpatient refers to a patient status or classification who is required to stay overnight or more in the hospital for management, treatment, and improvement of the patient.

Outpatient refers to a patient's status or classification who can be treated, improved, and sent home within the day and is not required to stay overnight in the hospital.

Patients and Folks are those individuals who go to the hospital or clinic to accompany a patient for medical concerns. They can be patients, watchers, guardians, or relatives of the patients.

Customers' satisfaction. Zamry and Nayan (2020) [61] concluded that trust and customer satisfaction have a very positive relationship as both impacts the consumer's

retention and trust and customer satisfaction also help produce a loyal customer. The increase in customer satisfaction will lead to an increase in customer trust.

Further, according to Chalikias *et al.* (2016)^[11], the level of concern for the needs of patients, the quality of services provided, and the level of satisfaction with health care are rising. These findings can provide valuable knowledge and data, so measuring and evaluating patient satisfaction is a milestone for advancing services. The findings show a high degree of customer satisfaction and loyalty.

Kamra *et al.* (2016)^[26] explores the factors influencing patient satisfaction and their relationship with the demographics of tertiary health services. The study found that compliance with clinical standards, affordability, coziness, registration, and administrative processes, nursing and staff conduct, the general performance and professional behavior of physicians, facilities and features, reception facilities, and outpatient services influence patient satisfaction.

With the current state of health, healthcare professionals need to closely examine their patients and continue to deliver quality health and medical services that meet their needs. Patients' views of the quality of their overall satisfaction with the delivery of services are also established. As the leading supplier of healthcare services, hospitals have also sought to track their success using various quality assurance approaches or modules. Hospitals are working to fulfill various goals to serve clients effectively and productively. Quality of healthcare is the level at which it can meet reasonable professional expectations in patient care and achieve the final results expected in care, diagnosis, intervention, and technological problem-solving (Tarjo, 2020)^[54].

Appointment scheduling. Healthcare agencies worldwide are under tremendous pressure to provide high-quality services. In hospitals, reducing patient wait times is seen as a critical problem. A radiology department of a healthcare organization. The current research focuses on the queuing system in South India's computed tomography scan section at a public hospital. A simulation is a tool for studying the behavior of a machine. This article also provides a Visual Basic with Applications (VBA)-based Excel tool to resolve the need for a user-friendly tool for patient scheduling (Arun & Panicker, 2019)^[7].

Appointment scheduling systems may be beneficial in improving patient satisfaction. This study aimed to look at patients' needs and their satisfaction with the current state of scheduling appointments in outpatient clinics. This cross-sectional research took place in ten outpatient clinics of various specialties. Based on the findings, it was decided that the overall patient satisfaction score needed to be increased. Overall, patient satisfaction was most influenced by patient satisfaction with waiting and service time and the clinic environment. Additionally, it is suggested that a web-based appointment scheduling system be introduced (Reza *et al.*, 2018)^[46].

As the primary step in delivering healthcare in the outpatient environment, appointment scheduling is crucial in patients' eyes. When there is proper implementation of appointments based on the patient's needs and desires, it aids clinicians in better understanding the patient's concerns, identifies system flaws, increases patient satisfaction, and improves clinical outcomes (Wang & Gupta, 2011)^[57].

According to consensus, a well-designed health system provides timely and easy access to health care for all patients. One of the core indicators of a sensitive health system for healthcare services is patient waiting time, as identified by the World Health Organization (WHO). The patient waiting period refers to the stage of patients seeking services at healthcare during consultation and treatment. Further, patients do not have to wait long for appointments or consultations in a well-designed healthcare service management system (World Health Organization, 2018)^[60].

Hospital services. Surydana (2017)^[53] conducted a study to see how service quality affects customer value and patient satisfaction in public hospitals. The findings revealed that service quality substantially impacts consumer value and patient satisfaction. Gender also acts as a moderating factor in consumer value and patient satisfaction. The result suggests that public hospital facilities will increase consumer value, affecting patient satisfaction.

The standard of hospital service was investigated and its impact on patient satisfaction and behavioral intent was determined. A convenient sampling technique was used in this analysis. The five dimensions—entry, medical care, overall service, discharge, and social responsibility—are distinct building blocks for the quality of hospital services. These dimensions have a substantial relationship with the quality of hospital services. This study implies that establishing higher standards of hospital service quality would lead to a high level of satisfaction and behavioral purpose among patients (Amin & Nasharuddin, 2013)^[6].

Fatima *et al.* (2018) demonstrate that private health service providers seek to provide well-established healthcare services to their clients. Results have indicated that a better quality of healthcare services attains satisfaction and loyalty among patients. Quality dimensions of healthcare facilities (i.e., physical atmosphere, customer-oriented atmosphere, receptiveness, connectivity, privacy, and safety) are completely connected to patient satisfaction and loyalty.

The quality of services offered is the product of assessments of all customers obtained and offered by the company, followed by the excellent brand of services, which emphasizes the overall quality of services directed towards patient care and, eventually, hospital efficiency (Lim *et al.*, 2018)^[33]. Moreover, the quality of hospital services influences customer loyalty and becomes an asset and a foundation for a rivalry to attract more customers (Rahmani-Nejad *et al.*, 2014)^[40]; service quality is an assessment of the level of service provided according to customer expectations (Behdioğlu *et al.*, 2019)^[9].

Further, Kazemi *et al.* (2013)^[27] revealed in their study that the quality of hospital care had had a positive and significant impact on patient satisfaction. Also, there was a clear and essential correlation between the hospital facilities' efficiency and the five dimensions. In addition, patient satisfaction showed a significant and positive correlation among and between general satisfaction, trust, and acceptance.

The study of Kondasani and Panda (2015)^[30] analyzes how perceived service quality and patient satisfaction contribute to customers' loyalty to health service providers. Based on the results, it has been shown that the relationship between patients and providers, the quality of the amenities, and the contact with support staff all positively influence the customer's experience.

Patients' needs, quality of services, and healthcare satisfaction have been the interests of many researchers over the last decades. Measurement and assessment of patient satisfaction are landmarks in developing the services rendered. Hence, the study of Chalikias *et al.* (2016) ^[11], which assesses and evaluates consumer satisfaction through a service called "Home Nursing" offered by the Hellenic Red Cross, found out that a high degree of satisfaction and loyalty are determining factors of customer satisfaction in the healthcare business.

In the study by Shabbir *et al.* (2016) ^[49], the correlation between the quality of service and patient satisfaction has been shown. The outcome revealed an excellent association between the quality of health service and patient satisfaction. Patient satisfaction was also measured by analyzing the disparity between the level of perception and the expected level of services.

Further, Zubayer and Hoque (2019) ^[62] conducted descriptive research to reveal the influence of determining factors that form the tangible quality of health landscapes and the satisfaction of inpatients in elite private hospitals in Dhaka. The exploratory factor analysis revealed that many items were successfully loaded on five large dimensions of tangible quality, namely "availability of quality drugs and convenient location of the hospital," "visually appealing cabin, equipment and physical facilities accessible," and "choices in the menu and adequate waiting area for visitors," "availability of amenities and comfortable atmosphere." They concluded that it is important to investigate the relationship between observable quality and patient satisfaction.

Healthcare providers. Kennedy *et al.* (2017) ^[28] assert that customer support is essential to healthcare providers. Customers' attitudes toward healthcare professionals and their programs directly impact healthcare organizations' professional futures. By analyzing the dynamics of patients' satisfaction in private and public hospitals, we can see how consumers' desires, behaviors, and feelings deliver services to build importance for service quality. The results have shown no significant difference in the perceived healthcare services in private and public hospitals. Further, the study shows no dramatic difference in patients' perceived satisfaction with the services offered by doctors and nurses and the quality of the hospital environment in both public and private hospitals.

The actual results of the service are a key element in determining patient satisfaction in healthcare. Patients are considerably more likely to say they were satisfied with their experience if they feel better or get better as a result of the treatment, therapy, care, or medication they receive. Healthcare providers such as physicians, nurses, and others cannot promise that every patient will get better. Even if they did not feel as positively about the service they were receiving while they were ill or incapacitated, patients are likely to have positive views about the medical treatment they had when they understand it was necessary and useful for them (Reeder, 2022) ^[45].

The attitude and treatment patients receive from doctors, nurses, and other healthcare workers is a crucial component that can impact healthcare consumer satisfaction. Patients desire and should anticipate receiving skilled treatment that is kind, considerate, considerate, and sympathetic. A patient is unlikely to have a high level of healthcare customer

satisfaction if the doctors or nurses were unwelcoming, unsympathetic, impolite, or rushed, even if the patient fully recovers as a result of an office visit, hospital stay, medicine, or physical therapy. Healthcare professionals should take the time to listen to patients' inquiries and make them feel as though the members of the medical team genuinely care about their health and wellbeing.

Support staff. To better understand how patient perceptions of hospital treatment are related to nurses and doctor trust, nurse staffing levels, hospital work environments, patients' satisfaction with their hospital treatment, confidence in nurses and physicians, and other factors all play a role. Findings revealed that missed nursing care is closely linked to patients' perceptions of hospital care and linked to inadequately skilled nurse (RN) staffing and poor hospital work environments. Improving the number of registered nurses in NHS hospitals can improve patient satisfaction (Aiken *et al.*, 2021) ^[3].

In Korea, five outpatient service domains (doctor service, nurse service, technician service, comfort, and facility physical environment) were assessed, as was patient satisfaction. This study shows that in modern hospitals, the theory of patient satisfaction with healthcare facilities represents an integrative mechanism that involves healthcare workers and enhanced conveniences such as well-established reservation processes and convenient waiting spaces (Ham *et al.*, 2015) ^[24].

The researchers looked at the relationship between a patient's understanding of pain management and nursing, physician, staff, environment, and patient satisfaction. Moreover, for race, gender, age, and education, multiple linear regression analyses were performed. The authors discovered that nursing was the most significant factor in patient satisfaction regardless of pain management. The impact of the other factors differed depending on how well the patients managed their pain. Hospital administrators can boost patient satisfaction by focusing on pain control nursing services (Craig *et al.*, 2015) ^[12].

Rao and Choudhury (2017) ^[43] look at what factors affect patient satisfaction among people seeking medical care. Hospitals must build a hospital that produces safe and happy patients to offer the best care to patients. Improving the quality-of-care delivery can affect the hospital's patient experience. It is important to identify factors that cater to the needs of patients and their families. Their findings revealed that customer loyalty is enhanced by the medical excellence exhibited by physicians, surgeons, nurses, medical technicians, and support staff.

Communication. Clinicians' interpersonal, authoritative, and instructive conversations with patients demonstrate the clinicians' use of communication strategies. Doctors used normalization language discourse to standardize patients' illness experiences. Nurses and pharmacists used the language of preparedness and scrutiny to ensure patient safety. In their attempts to challenge decision-making about their healthcare treatment, patients used polite discourse to raise medication concerns and question treatment decisions made by doctors.

Furthermore, the video method revealed clinicians' extensive use of body language in medication management communication processes. In an acute hospital setting, the use of communication strategies by nurses, doctors,

pharmacists, and patients created opportunities for improved interdisciplinary collaboration and patient-centered medication management. Complex power relations between patients and clinicians and clinicians themselves were shaped by language discourses (Liu *et al.*, 2016) [35].

According to Ratna (2019) [44], effective communication is critical when providing healthcare. Some of the components of effective communication in a healthcare setting include healthcare literacy, cultural competency, and language barriers. Effective communication between patients and healthcare systems is bidirectional. The delivery of care is jeopardized if either the patient or the healthcare provider does not clearly understand the information conveyed.

Moreover, according to Park *et al.* (2019) [39], mobile phone apps that target medication adherence may be effective tools to assist patients in taking prescriptions as prescribed, given the accessibility and widespread use of mobile phones. Mobile phones may constitute a patient-centered approach to promoting medication adherence with capabilities like sending reminders to take prescriptions, tracking doses, and supporting medication instructions.

In addition, individual factors such as staff communicative skills, including goodwill, smiles, politeness when listening to patient complaints, sensitivity to patient privacy, and detailed explanation of treatment, play a critical role in patient satisfaction (Mammadov & Gasanov, 2017) [36]. Furthermore, Scholl *et al.* (2014) [48] in their study highlighted doctor-patient communication as one of their patient-centredness characteristics. They came to the conclusion that communication serves as an enabler. Another study on patient-centered communication attempted to gain insights into doctor-patient communication within clinics from the patient's perspective, focusing on the examination environment, the comprehensibility of the doctor's statements, and involvement in decisions and the course of the conversation (Prengel *et al.*, 2018) [42].

However, the study by Stark *et al.* (2021) concludes that there is no correlation between patient-centered communication and patient satisfaction in the primary care consultation. Furthermore, there were no statistically significant changes between the intervention and control groups. The findings provided here can be used to assess the practical relevance and transferability of patient-centered communication models.

Facility. According to Siddiqui *et al.* (2015) [50], hospitals are increasingly equipped with patient-centered features such as reduced noise, enhanced natural light, visitor-friendly services, well-decorated rooms, and hotel-like amenities. It has also been proposed that, since patients cannot tell the difference between positive experiences with the physical environment and positive experiences with treatment, a better hospital environment contributes to higher satisfaction with doctors, nursing, food service, and housekeeping and higher overall satisfaction.

Liang *et al.* (2021) [32] conducted a survey involving patients at outpatient and inpatient facilities. It was concluded that Chinese patients viewed the quality of service as acceptable. Hospitals in different regions of China can increase their recognition and capacity to support their patients.

Further, Meleddu *et al.* (2020) [37] revealed that private and public health care are alternated, especially for primary and specialized services. Patients who utilized public health care regularly and had low incomes were unlikely to turn to

private health care or suggest private treatment. Patients' choices are strongly dependent on awareness of their health status.

The study by Sahoo and Ghosh (2016) [47] describes the reasons that drive consumers to understand critical determinants of the health environment in a private health service that led to their satisfaction in a developing country like India. The findings identify six health-scape motives in the private healthcare sector, defined as service and cleanliness, service delivery and facilities, ambiance, place and look, attractive decoration, and enhanced security services, of which only service delivery, ambiance, positioning, and decoration contribute the most to patient satisfaction in terms of their importance. The different aspects of healthcare motivation can be seen as the levers of enhancing the quality of hospital facilities in the minds of their current and potential clients.

Moreover, Fatima *et al.* (2018) revealed that the quality of care in the private sector of hospitals is important in the growth of patient satisfaction. In addition, maintaining physical facilities, building attractive infrastructure, providing state-of-the-art medical equipment, ensuring the professional appearance of staff (dress-up), and ensuring hygiene care are important to patients' satisfaction.

Challenges in the delivery of hospital services. The global demand for hospital services has risen dramatically in recent decades. The quality and quantity of treatment must improve to meet rising demand, especially among patients with chronic heart disease. New models for delivering healthcare services via telemedicine have emerged with improved information and communication technologies. As a result, health is critical to telemedicine's long-term delivery of healthcare services (Albahri *et al.*, 2018) [4].

According to Suphanchaimat *et al.* (2015) [52], it was clear that healthcare providers faced many difficulties in providing treatment to patients, including not only language and cultural barriers but also budget limitations at work and a misalignment between the law and professional norms.

Further, Glennerster and Sales (2019) [21] found that securing resources, allocating responsibility, juggling competing goals, managing schedules, building staff expertise, and confronting bias have all encountered obstacles when turning the model into a reality. Collaboration with interested parties from the third sector, specialist primary and secondary care health systems, and local government is necessary to address these obstacles and achieve long-term objectives.

The most severe health issues in the Philippines are inequity in health status and access to care, all of which are caused by systemic flaws in the Philippine health system's fundamental building blocks. Governance-related issues have pushed the country's recent health reform efforts forward (Dayrit *et al.*, 2018) [14].

Theoretical framework

This study theorizes that the satisfaction level of clients indicates the delivery of quality hospital services such as appointment scheduling, services offered, healthcare providers, support staff, communication, and facilities of level 1 hospitals, which also identifies and addresses the challenges encountered as the basis for the formulation of a continuous quality improvement plan. This study is anchored to the Expectancy-Value Theory proposed by

Linder-Pelz (1982) ^[34], which includes the relationship between expectations and satisfaction.

The Expectancy-Value Theory in healthcare, proposed by Linder-Pelz (1982) ^[34], states that satisfaction is influenced by personal convictions and values about treatment and previous expectations about care. The theory discovered a significant relationship between expectations and satisfaction rating variance and proposed a new operational concept for patient satisfaction as a positive assessment of distinct dimensions of healthcare. Furthermore, Linder-Pelz's theory, also known as the Value-Expectancy Model, proposed that satisfaction was intervened by individual views and principles about care and previous anticipations about care. Expectancy-value theory of Linder-Pelz (1982) ^[34] postulated that satisfaction was mediated by personal beliefs and values about care as well as prior expectations about care. Linder-Pelz identified the important relationship between expectations and variance in satisfaction ratings and offered an operational definition for patient satisfaction as "positive evaluations of distinct dimensions of healthcare". The Linder-Pelz model was developed by Pascoe (1983) to take into account the influence of expectations on satisfaction and then further developed by Strasser *et al.* (1993) to create a six-factor psychological model: cognitive and affective perception formation; multidimensional construct; dynamic process; attitudinal response; iterative; and ameliorated by individual difference. The theory further states that patient satisfaction appears to be influenced more by a patient's immediate response to healthcare experiences and services in terms of appointment and scheduling, the hospital offered, healthcare providers, support staff, communication, and facility, rather than a patient's long-term response to healthcare experience and services. Furthermore, the Expectancy-Value Theory may be useful in this study in locating data to support the idea that reduced expectations and favorable outcomes lead to greater satisfaction. Higher expectations and unfavorable events, on the other hand, contribute to poorer satisfaction. Moreover, in terms of value, the expectation is that a consumer or client would receive a fair deal on hospital services. Clients will perceive value in healthcare when the expected benefits balance the costs and effort required to access the services. As a result, potential customers of hospital services will be drawn to the offering if they believe the benefits outweigh the cost (which equals value) and service quality; the healthcare institution may be able to provide good value, which is critical to its success in attracting new and satisfied clients.

Conceptual framework

The study assessed the level of customer satisfaction of both inpatient and outpatient clients in terms of appointment scheduling, hospital services, healthcare providers, support staff, communication, and facility of Level 1 Hospital in Northern Negros Occidental during the calendar year 2021. Furthermore, it identified the challenges in delivering hospital services at a level 1 hospital as the basis for the proposed Continuous Quality Improvement Plan.

Figure 1 shows the study's schematic diagram, which illustrates the independent variable's flow to the dependent variables. In the context of this study, the researcher determines the satisfaction of the inpatient and outpatient towards the delivery of health care services of the Level 1 hospital and the challenges encountered. The satisfaction of

Clients was measured from the items under the following areas: Appointment scheduling, Hospital services, Healthcare providers, Support staff, Communication, and facility including the challenges in the delivery of Level 1 Hospital services.

The result of the study will be forwarded to the Level 1 Hospital in Negros Occidental which will be the basis for the formulation of a Continuous Quality Improvement plan in the delivery of quality hospital services to its clients.

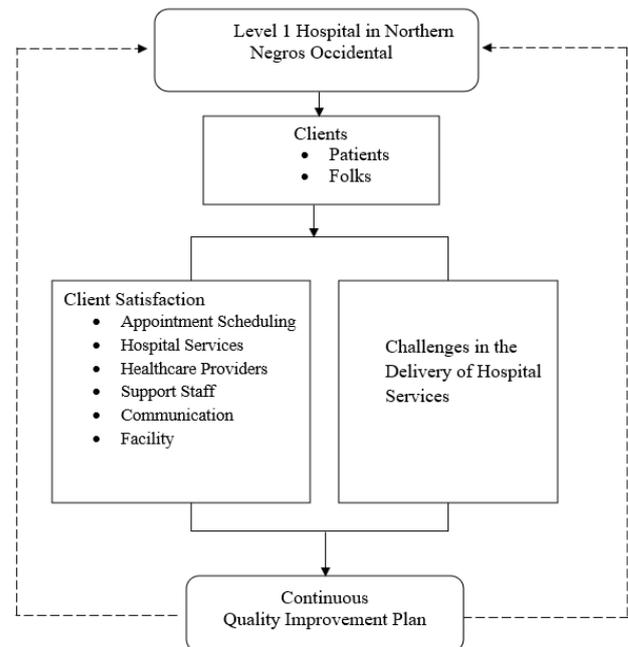


Fig 1: Conceptual Model

2. Methodology

Research design. This describes various aspects of the sample population's phenomena, characteristics, and behavior (Bhat, 2018) ^[10]. Appropriately, this study described the level of customers' satisfaction with the hospital services in terms of appointment and scheduling, hospital services, healthcare providers, support staff, communication, and facility, and identified the challenges in the delivery of hospital services at Level 1 Hospital in northern Negros Occidental in inpatient and outpatient clients.

Respondents. The respondents of the study were the 150 clients of a Level 1 hospital in Northern Negros Occidental during the third and fourth quarters of 2021. The respondents were selected using the quota sampling technique. Quota sampling is a non-random sampling technique in which participants are chosen on the basis of predetermined characteristics so that the total sample will have the same distribution of characteristics as the wider population (Davis & Cosenza, 1993) ^[13]. The quota sample was used because we focused on particular clients to represent the whole patients of a level 1 hospital.

Research instrument. This study utilized a modified survey questionnaire from MGMA Healthcare Consulting Services (Sullivan & Luallin, 2007) ^[51]. It is made up of two (2) components. Part 1 contained the profile of the respondents as to their name and classification, either outpatient or inpatient. Part 2 consisted of questions determining the

customers' satisfaction with appointment scheduling, services offered, healthcare providers, support staff, communication, and facility. A Five-Point Likert scale was used to interpret the responses of the respondents. A corresponding description was made to guide the participants on the meaning of these choices.

Since the questionnaire was modified, it was subjected to validity and reliability testing. One method of obtaining content validity is through a panel of subject matter experts examining the value of specific elements within an instrument.

To ensure the validity of the instruments, they were subjected to content validation by ten (10) panels or a field of experts. The evaluator's intelligent judgment was utilized to find out the sufficiency of the instruments. This study utilized content validity to determine the essential items needed to measure the satisfaction level of the clients.

To determine which items are to be retained, each item must surpass the content validity ratio of 0.78, established by Lawshe (1975) [31]. Lawshe created a Content Validity Ratio (CVR) for the purpose of scaling or measuring the content validity of each item assessed by the expert or panel. There are three scales that have been set up to see whether an item is in the category of "essential", "useful, but not essential" or "not essential." Each member of the panel expert is provided a number of items, where in this case about 52 items have been formed for the purpose of responding to the question according to Lawshe's method. The validation yielded 48 final questions.

On the other hand, a pilot-test method was used for 30 respondents, composed of outpatients and in-patients who were not part of the actual respondents or were non-participating using the Cronbach alpha method to test the reliability. The reliability index resulted in 0.991, indicating that the research instrument is reliable.

To determine the satisfaction level of customers, the following scale of interpretation was used.

Scale for Customers' Satisfaction Level

Mean Range	Verbal description	Verbal Interpretation
4.21 – 5.00	Very High	Extremely satisfied. Greatly exceed expectations; has an experience that consistently exceeds all expectations and has wow factors associated with every experience.
3.41 – 4.20	High	Very satisfied. Exceeded expectations; they get their needs not only met but may experience some surprises that enhance their satisfaction.
2.61 – 3.40	Moderately	Satisfied. Matched expectations; gets what they expect. Nothing more. Nothing less.
1.81 – 2.60	Low	Slightly satisfied. Less than expected; some expectations are being met, but others are not.
1.00 – 1.80	Very Low	Dissatisfied. Much less than expected; needs are not met.

Data collection procedure. The researcher took initial steps by validating and reliability testing the questionnaires and complying with the recommendations of the respective panel of evaluators. After meeting the recommendations, the researcher asked for approval for the conduct of the study by writing a letter addressed to the Chief of the Hospital. After obtaining approval, the researcher reproduced sufficient copies of the questionnaire. During the conduct of the study, the researcher hires enumerators to explain to the

respondents the purpose and scope of the study and seeks their voluntary participation by signing the survey consent form. The administration of the survey was done face to face with strict compliance to the health protocols, and the researcher provided an individual ballpen to each respondent of the study.

Once the data gathering was done, it was tallied, tabulated, analyzed, and interpreted using statistical tools with the aid of statistical software.

Data analysis procedure. Descriptive analysis using mean, standard deviation Frequency count, and percentage distribution was utilized to assess the level of satisfaction of clients of a Level 1 Hospital in Northern Negros Occidental on the hospital services in terms of appointment scheduling, hospital services offered, healthcare providers, support staff, communication, and facility during the calendar year 2021 when taken as a whole. When grouped according to hospital care classification of clients and to identify the challenges encountered by the clients in the delivery of Level 1 hospital services.

Ethical considerations. The researcher addresses the general ethical principles of respect for people, beneficence, and justice to ensure the ethical soundness of the study.

Social value. This research potentially contributes to the vast array of knowledge about customer satisfaction and challenges in delivering services in the level 1 hospital in Northern Negros Occidental. Moreover, the findings of this study are beneficial to hospital administrators, healthcare providers, and future researchers. As the hospital administrator, the findings will help us formulate measures to improve the kind of hospital services extended to the clients and facilitate the making of a continuous quality improvement plan that is more responsive to the needs of our customers. Healthcare providers can likewise benefit from this study's output by being mindful of delivering quality hospital services to patients to exceed their customers' satisfaction. The researcher's enumerator properly oriented the participants before the conduct of the study as to the objectives, process, considerations, resources, and other items deemed necessary by the researcher. The study will help the Level 1 hospitals in compliance with DOH requirements and enable them to relate to clients' concerns in relation to hospital services delivered.

Informed consent. The respondents' participation was voluntary, and they were free to withdraw at any time if they felt uncomfortable with the research process.

To address this consideration, the data enumerator will orient the respondents to the purpose of the study and allow them to have enough time to read the informed consent form before they affix their signatures. The informed consent was also translated into Hiligaynon for the convenience of some of the respondents.

Vulnerability of the research participants. The researcher perceived no vulnerability issues among the respondents since they are of legal age and can give full consent to participate in the study. In addition, respondents can read, write, and understand; thus, they cannot be subjected to any manipulation throughout the research process. Further, the questionnaire was translated into Hiligaynon, which the

respondents understood. In the case of a minor patient, the guardian or watcher answered the questionnaire.

Risk and benefits. In answering the survey questionnaires about customer satisfaction and challenges in delivering Level 1 hospital services, the respondents may be exposed to physical risk. It includes the feeling of inconvenience in completing the research questionnaires, for it would take 15-20 minutes of their time to accomplish it, and the many other responsibilities they take on. The risk mentioned above was eliminated or, in any possible way, decreased as the researcher allocated enough time for the respondents to accomplish the research questionnaires. The respondents benefit from the findings of this study is the continuous quality improvement plan to help the hospital administration improve their hospital services, thus exceeding customer satisfaction.

Privacy and confidentiality. No information that discloses the respondents' identity was released or published without their specific consent to the disclosure and only when it is imperatively necessary. The materials that contain the raw and electronic data derived from them were protected and stored properly. Only the researcher, research adviser, and statistician can access the raw data. After the tabulation, analysis, and interpretation, the data is deleted from the computer disk and other similar storage devices. All data was stored on the personal computer of the researcher. The computer is protected with a login and password. Physical access to the device is limited only to the researcher. There will be a regular update on the computer's virus protection to prevent the vulnerability of the data. To permanently dispose of the electronic data, the researcher reformats the disk that contains all the data.

Justice. The selection of the respondents or participants in this study was based on a sound sampling procedure. They were selected using quota sampling. Moreover, the researcher gave an appropriate honorarium and token to the data enumerators to help the researcher facilitate the data collection procedure.

Transparency. The researcher ensured that clear and flexible communication with the respondents was established. Upon completing the study, the results were made accessible to the respondents through a research forum, and they published this study in a reputable research journal. The researcher declared that there is no conflict of interest.

Qualification of the researcher. The researcher obtained

her Bachelor of Science in Business Administration with a major in Management Accounting at Carlos Hilado Memorial State College. She is currently completing her Master in Business Administration with a major in Hospital Administration at Recoletos de Bacolod Graduate School of the University of Negros Occidental-Recoletos, Bacolod City, Philippines. The researcher underwent rigorous research classes both in quantitative and qualitative methodologies.

Adequacy of the facilities. All accumulated expenses, resources, and facilities in the study were directly covered and provided for by the researcher herself and with the help of some family members. On the part of the participants completing the research questionnaire, the researcher provided their ballpen.

Community involvement. This study's proposed continuous quality improvement plan can be utilized by the Hospital Administration of the Level 1 Hospitals in Northern Negros Occidental. The hospital administrator can recommend that the Human Resource Specialist use the study's proposed Continuous Quality Improvement Plan. The Human Resource Specialist can prepare a schedule to implement the Continuous Quality Improvement Plan. The Continuous Quality Improvement Plan will enable hospital administrators to enhance their hospital services to provide the best services and satisfaction level to clients of their respective hospitals. Feedback, comments, and suggestions from the respondents to the findings of the study during the research forum will make a tremendous contribution to the involvement and utilization of this study in the community through Level 1 hospital delivery of hospital services. The improved services of level 1 hospital will result in satisfied clients as well as an increased number of patients. This increased number of patients will enable the level 1 hospital to create more programs to benefit the public such as medical missions and create programs for indigent patients and to strengthen its corporate social responsibility.

3. Results and discussion
Level of Client Satisfaction in the delivery of Level 1 Hospital services

The results of the data collected in determining the level of customer satisfaction of clients of a Level 1 Hospital in Negros Occidental in terms of appointment scheduling, hospital services, health care providers, support staff, communication, facility, and when taken as a whole, are hereby presented in Tables 1A, 1B, 1C, 1D, 1E, 1F, and 1G, respectively.

Table 1A: Level of Customer Satisfaction of Clients of a Level 1 Hospital in terms of Appointment Scheduling

Variable	Outpatient			Inpatient			Whole		
	M	SD	Int	M	SD	Int	M	SD	Int
<i>Appointment and Scheduling</i>									
1. Ease of making appointments by phone	4.26	0.95	VH	4.34	0.81	VH	4.29	0.90	VH
2. Appointment available within a reasonable amount of time	4.28	0.75	VH	4.28	0.79	VH	4.28	0.76	VH
3. Getting care for illness/injury as soon as you want it	4.37	0.74	VH	4.26	0.76	VH	4.33	0.75	VH
4. Getting care after discharge when you needed it	4.41	0.64	VH	4.21	0.82	VH	4.34	0.71	VH
5. The efficiency of the check-in process	4.31	0.76	VH	4.36	0.83	VH	4.32	0.78	VH
6. Waiting time in the reception area	4.15	0.85	Hi	4.25	0.87	VH	4.18	0.86	Hi
7. Waiting time in the exam room	4.25	0.75	VH	4.19	0.83	Hi	4.23	0.78	VH
8. Keep informed if the appointment time is delayed	4.23	0.81	VH	4.17	0.91	Hi	4.21	0.85	VH
9. Ease of getting a referral when needed one	4.30	0.84	VH	4.25	0.83	VH	4.28	0.84	VH
Total	4.28	0.63	VH	4.26	0.74	VH	4.27	0.67	VH

Table 1A depicts the outcome of data collected in determining the level of customer satisfaction of Level 1 hospital clients in terms of appointment scheduling as evaluated by outpatients and inpatients. It can be noted in the result that the item on appointment scheduling, which is "getting care after discharge when you need it", obtained the highest mean as rate by outpatient 4.41 (sd=0.8564) and inpatient 4.21 (sd=0.82) clients. The result also indicates that, collectively, the clients are very highly satisfied, as shown by the obtained mean of 4.34 (SD = 0.71). Furthermore, the items on "waiting time in the reception area" obtained the lowest mean from the assessment of the outpatient clients (M = 4.15, SD = 0.85), interpreted as very high, while the inpatient clients were highly satisfied with the items "keep informed if the appointment time is delayed," obtaining a mean of 4.17 (SD = 0.91). Among the items of appointment scheduling, those on "waiting time in the reception area" obtained the lowest mean of 4.18 (Sd = 0.86), interpreted as high.

The results implied that clients of the level 1 hospitals are very highly satisfied with the delivery of appointment scheduling services. The very high satisfaction would be attributed to the provision of a fast, easy, and comfortable appointment scheduling process. Furthermore, the results

may indicate that the delivery of appointment scheduling services exceeded the expectations of the clients, which made their hospital experiences worthwhile.

The findings are supported by Atinga *et al.* (2021) [8], which suggest that making the APS system more compatible with patient preferences can significantly improve patient care. Effective therapeutic outcomes depend on patient experience, satisfaction, and adherence to medical treatment. Furthermore, Habibi *et al.* (2018) [23] discovered that waiting time, service time, and clinic environment satisfaction greatly influenced overall patient satisfaction. Doctor reputation and appropriate behavior have been identified as key factors in patient satisfaction. It is suggested that a web-based appointment scheduling system tailored to the patient's needs be implemented. Moreover, Gupta and Denton (2008) [22], Habibi *et al.* (2018) [23], affirmed that appointment scheduling systems have previously been discovered to be potentially useful tools for improving patient satisfaction. When an appointment scheduling system is designed and implemented with the patient's needs and desires in mind, it assists providers in better understanding the patient's problems, identifying system weaknesses, increasing patient satisfaction, and improving clinical outcomes.

Table 1. B: Level of Customer Satisfaction of Clients of a Level 1 Hospital in terms of Services Offered

Variable	Outpatient			Inpatient			Whole		
	M	SD	Int	M	SD	Int	M	SD	Int
<i>Hospital Services Offered</i>									
1. Completeness of laboratory services	4.38	0.63	VH	4.38	0.71	VH	4.38	0.66	VH
2. Availability of Blood Station	4.17	0.81	Hi	4.09	1.16	Hi	4.14	0.95	Hi
3. Availability of Radiology services	4.36	0.66	VH	4.36	0.76	VH	4.36	0.69	VH
4. Completeness of the needed medicines at the pharmacy	4.38	0.71	VH	4.17	0.83	Hi	4.31	0.75	VH
5. Availability of emergency room services	4.43	0.64	VH	4.28	0.82	VH	4.38	0.71	VH
6. Availability of outpatient services	4.45	0.66	VH	4.34	0.76	VH	4.41	0.69	VH
7. Availability of operating room services	4.36	0.72	VH	4.36	0.76	VH	4.36	0.73	VH
8. Availability of delivery room services	4.42	0.67	VH	4.40	0.77	VH	4.41	0.70	VH
9. Availability of services in internal medicine.	4.46	0.64	VH	4.45	0.72	VH	4.45	0.67	VH
10. Availability of services in pediatrics	4.41	0.65	VH	4.28	0.82	VH	4.36	0.71	VH
11. Availability of services in Ob-gyne.	4.38	0.73	VH	4.32	0.78	VH	4.36	0.75	VH
12. Availability of services in surgery.	4.48	0.69	VH	4.47	0.72	VH	4.47	0.70	VH
Total	4.39	0.56	VH	4.33	0.64	VH	4.37	0.59	VH

The data in Table 1B shows the client satisfaction towards the services offered by the level 1 hospitals. Among the hospital services offered, the availability of services in internal medicine obtained the highest mean of 4.45 (SD = 0.67), which indicates that both outpatient (M = 4.46, SD = 0.64) and inpatient (M = 4.45, SD = 0.72) are very highly satisfied. However, the results show that both outpatients and inpatients had a high level of satisfaction with the availability of the blood station as one of the services provided by the level 1 hospital, with mean scores of 4.16 and 4.09, respectively. It can be noted that the clients are highly satisfied with the availability of the blood station, which obtained the lowest mean of 4.14 (SD = 0.95). Findings also revealed that inpatients had a high level of satisfaction with the completeness of the needed medicines at the pharmacy, with the obtained mean of 4.17 (sd = 0.83). The result implied that both outpatient and inpatient clients are extremely satisfied with the hospital's services in internal medicine, particularly the availability of surgical services. It means that the clients thought the hospital performed best in surgical services. It can be noted that the provision of these services exceeded customers' expectations; thus, they are

very satisfied.

The study's findings may be related to Okonta and Ogaji (2020) [38]. They discovered that access/convenience and general satisfaction were significantly associated with their willingness to recommend the surgery clinic to close friends and relatives. Patient satisfaction with care is strongly related to their desire to follow surgical recommendations. Unsurprisingly, patients' perceptions of the quality of communication with the surgeon influenced their willingness to follow the various surgical recommendations. The result demonstrates that the quality of communication between the doctor and the patient is critical in ensuring patient satisfaction.

The quality of communication may also influence patient acceptance of the physician and is linked to positive medical outcomes (Biglu *et al.*, 2017). In general, patients satisfied with the surgical care they received are expected to follow medication instructions, request a follow-up, or even consent to a surgical procedure being performed on them (Akpan *et al.*, 2018; Fatima *et al.*, 2018; Nyanda & Nyongole, 2018).

Furthermore, Asnawi *et al.* (2019) findings show that, while hospital image did not affect patient loyalty, it significantly impacted patient satisfaction. Furthermore, patient satisfaction had a significant impact on patient loyalty. This study also demonstrates that the hospital's quality improvement directly affected patient satisfaction and loyalty. As a result, the hospital's high-quality improvement will influence patients' satisfaction and loyalty, and a positive and compelling hospital image is an important factor in ensuring patients' satisfaction.

Furthermore, Manzoor *et al.* (2019) demonstrated that healthcare services such as laboratory and diagnostic care, preventive care, and prenatal care significantly affect patient satisfaction. The study specifically suggests that the physician's behavior significantly moderates the effect of health care services on patient satisfaction. The overall satisfaction level of patients with the availability of health services in hospitals was high. The level of satisfaction with laboratory and diagnostic care, preventive healthcare, and prenatal care services was satisfactory.

Table 1. C: Level of Customer Satisfaction of Clients of a Level 1 Hospital in terms of Health Care Providers

Variable	Outpatient		Inpatient			Whole			
	M	SD	Int	M	SD	Int	M	SD	Int
<i>Health Care Providers</i>									
1. The willingness of Health Care Providers to listen carefully to the clients	4.62	0.58	VH	4.53	0.72	VH	4.59	0.63	VH
2. The willingness to answer queries and problems	4.65	0.56	VH	4.43	0.84	VH	4.58	0.67	VH
3. The amount of time spent with their patients	4.45	0.62	VH	4.42	0.80	VH	4.44	0.69	VH
4. The willingness to explain things so the patient could understand the processes inside the hospital, including the procedures	4.62	0.63	VH	4.49	0.80	VH	4.58	0.69	VH
5. The clarity of instructions regarding medication/follow-up care	4.61	0.65	VH	4.47	0.77	VH	4.56	0.69	VH
6. The friendly advice was given to the patient on ways to stay healthy	4.66	0.62	VH	4.38	0.86	VH	4.56	0.72	VH
7. The clarity of the aftercare instructions	4.61	0.62	VH	4.43	0.77	VH	4.55	0.68	VH
8. The thoroughness of the examination.	4.61	0.60	VH	4.38	0.84	VH	4.53	0.70	VH
Total	4.61	0.52	VH	4.44	0.75	VH	4.55	0.61	VH

Another descriptive area explored is the result of satisfaction level of clients of a level 1 hospital in terms of health care providers as shown in Table 1C. The data shows that the satisfaction level of both outpatient and inpatient clients was very highly satisfied with “the willingness of health care providers to listen carefully to the clients” as evident in the obtained mean of 4.59 (SD=0.63). However, it can be noted that items on “the amount of time spent with their patients” obtained the lowest mean of 4.44 (SD = 0.69), but still interpreted as very high. Overall, the respondents possess a very high level of satisfaction towards the health care providers as shown by their mean score of 4.55 (SD=0.61). The results indicate that the clients were incredibly satisfied with the healthcare providers' provision of health care diagnosis and treatment services, including medication,

surgery, and medical devices. Furthermore, while the clients are extremely satisfied with the amount of time spent with their patients, the fact that it had the lowest mean score suggests that the patients may have something to expect from the healthcare providers in terms of giving more time to their patients.

The findings could be supported by Wung *et al.* (2016), who reported that the interpersonal and technical skills of health care providers are the two unique dimensions involved in a patient's assessment of hospital care. Moreover, according to Maqsood *et al.* (2017), patients will be satisfied only with the hospital's service quality if the indoor service provided is satisfactory. Likewise, healthcare professionals like doctors and nurses are honorable in their duties and responsibilities to the patients on what they want and listen carefully.

Table 1.D: Level of Customer Satisfaction of Clients of a Level 1 Hospital in Support Staff

Variable	Outpatient		Inpatient			Whole			
	M	SD	Int	M	SD	Int	M	SD	Int
<i>Support Staff</i>									
1. The courtesy of the person who took your call	4.27	0.77	VH	4.38	0.81	VH	4.31	0.79	VH
2. The caring concern of our support personnel	4.47	0.63	VH	4.43	0.77	VH	4.45	0.68	VH
3. The professionalism of the staff in rendering service	4.52	0.63	VH	4.47	0.80	VH	4.51	0.69	VH
4. The friendliness and courtesy of the receptionist	4.59	0.64	VH	4.43	0.87	VH	4.54	0.72	VH
5. The helpfulness of the people who assisted you with your billing concerns.	4.50	0.77	VH	4.36	0.81	VH	4.45	0.78	VH
6. The courtesy of the housekeeping personnel	4.37	0.72	VH	4.36	0.86	VH	4.36	0.77	VH
7. The staff ensures health & safety Protocol while inside the hospital premises	4.55	0.57	VH	4.43	0.77	VH	4.51	0.65	VH
Total	4.47	0.55	VH	4.41	0.73	VH	4.45	0.61	VH

Table 1.D shows the clients' satisfaction level towards the service provided by the support staff. The data showed that the clients were very highly satisfied with the friendliness and courtesy of the receptionist as evident in the obtained mean of 4.54 (SD = 0.72). Consequently, it can be noted that the courtesy of the person who took the call got the lowest mean of 4.31 (SD = 0.79), interpreted as very high. The findings indicated that the courtesy and friendliness of the staff impact clients' perceptions of their experience with the delivery of health care services at level 1 hospitals.

Furthermore, polite, helpful, and courteous employees contribute to the hospital administration's efforts to sustain client loyalty.

Similarly, according to Aburayya *et al.* (2020) ^[2], since workers play a vital role in service delivery, they are the ones with considerably high customer orientation levels who develop more constructive interactions with consumers. Such communications influence how customers view the quality of service delivered and their overall contentment with such services.

Moreover, Boakye *et al.* (2021) assert that interpersonal support and supervisory support are positively associated with employee engagement, whereas employee engagement

mediates the relationships between interpersonal support and supervisory support and employee turnover intentions.

Table 1. E: Level of Customer Satisfaction of Clients of a Level 1 Hospital in terms of Communication

Variable	Outpatient			Inpatient			Whole		
	M	SD	Int	M	SD	Int	M	SD	Int
<i>Communication</i>									
1. The accessibility of the hotlines at any time of the day	4.33	0.78	VH	4.34	0.83	VH	4.33	0.79	VH
2. The clarity in the Explanations of the procedure.	4.48	0.59	VH	4.36	0.81	VH	4.44	0.68	VH
3. The fast release of test results was reported in a reasonable amount of time	4.38	0.68	VH	4.32	0.87	VH	4.36	0.75	VH
4. The effectiveness of our health information materials	4.39	0.60	VH	4.30	0.85	VH	4.36	0.69	VH
5. The ability to refill prescriptions over the phone	4.32	0.62	VH	4.28	0.89	VH	4.31	0.72	VH
Total	4.38	0.56	VH	4.32	0.78	VH	4.36	0.64	VH

Table 1. E presents the result of the satisfaction level of clients of a level 1 hospital in terms of communication. The findings revealed that both outpatients and inpatients have a "very high" level of satisfaction towards the items on the "clarity in the explanations of the procedure", as shown in the corresponding mean scores of 4.44 (SD=0.68). On the other hand, the item with the lowest mean is the "ability to refill prescriptions over the phone," which obtained a mean of 4.31 (SD=0.72), interpreted as very high. When taken as a whole, the clients were very highly satisfied with the communication services delivered by level 1 hospitals is evident in the obtained mean of 4.36 (SD=0.64).

The results implied that the level 1 hospitals have developed strong communication with their clients. The hospitals communicated clear and concise information about the procedures, results, and other information needs of the clients. Although the pharmacy allows the refilling of prescriptions over the phone as part of the communication services of the level 1 hospitals, clients have encountered

some problems, especially in connecting directly with the pharmacy.

The findings of the study are supported by the study of AlRyalat *et al.* (2019), who believe that it is well understood that good communication between patients and healthcare providers is critical because it can influence the outcome, which is why patients are usually eager to develop a positive relationship with their healthcare providers. They have discovered that interaction with healthcare providers impacts patients' overall perceptions of the healthcare facility and its services. Their findings emphasized the importance of considering a possible shift from a treatment-oriented to a more behavioral-oriented approach. Furthermore, the patient's personality traits were an important factor in determining overall satisfaction. Moreover, the quality of communication may also influence the physician's acceptance by the patients and is related to positive medical outcomes (Biglu *et al.*, 2017).

Table 1. F: Level of Customer Satisfaction of Clients of a Level 1 Hospital in terms of Facility

Variable	Outpatient			Inpatient			Whole		
	M	SD	Int	M	SD	Int	M	SD	Int
<i>Facility</i>									
Overall comfort	4.43	0.59	VH	4.40	0.72	VH	4.42	0.63	VH
The provision of signages and directions is easy to follow regarding access to other important areas in the hospital (nurse station, clinics, fire exits, trash bins, restrooms, etc.)	4.45	0.67	VH	4.38	0.77	VH	4.42	0.70	VH
The provision of an area for the accessibility of handicaps.	4.41	0.70	VH	4.30	0.77	VH	4.37	0.72	VH
The equipment is updated and reliable.	4.41	0.65	VH	4.40	0.82	VH	4.40	0.71	VH
Availability of ambulance	4.30	0.77	VH	4.23	0.97	VH	4.27	0.84	VH
Hours of operations convenient for you	4.37	0.73	VH	4.40	0.79	VH	4.38	0.75	VH
Presence of emergency lights.	4.45	0.62	VH	4.43	0.77	VH	4.44	0.68	VH
Availability of Generator when needed.	4.51	0.64	VH	4.47	0.82	VH	4.50	0.71	VH
The presence of adequate ventilation.	4.48	0.72	VH	4.43	0.80	VH	4.46	0.74	VH
Total	4.42	0.55	VH	4.38	0.72	VH	4.41	0.61	VH

Table 1. F above shows the intended result for the customer satisfaction of clients in a level 1 hospital in terms of the facility. The data revealed that the availability of a generator, when needed, obtained the highest mean according to the outpatient (M = 4.51, SD = 0.64), and the inpatient (M = 4.47, SD = 0.82), and when taken as a whole (M = 4.50, SD = 0.71), interpreted as very high. Among the facilities, both outpatient and inpatient clients affirmed that the availability of the ambulance obtained the lowest mean of 4.30 (SD = 0.77), and 4.23 (SD = 0.97), respectively, still interpreted as very high. To be specific, both outpatients and inpatients have "very high" satisfaction, as shown in the corresponding mean gains of 4.42 (SD = 0.55) and 4.38 (SD = 0.72), with an overall result of 4.41 (0.51).

The result indicates that the level 1 hospitals provide facilities that provide comfort to the clients, particularly the availability of the generator, which is very important in the daily operations of the hospitals. When there is a power outage, the generator is needed to keep life support machines and other necessary healthcare tools working in order to sustain human life. The hospital almost always uses a backup generator to make sure that everything remains on and running.

The findings are supported by the study of Asamrew *et al.* (2020), which affirmed that the general amenities of the facility in terms of availability, quality, and structural design were also among the identified dimensions that significantly affected the patient satisfaction level. Moreover, Maqsood *et*

al. (2017) believed that patients would be fully satisfied if the overall technical facilities like a blood bank and X-ray facilities were provided to them and their expectations from the hospital were met in a good manner.

Similarly, Baird *et al.* (2019) highlight the importance of providing adequate facilities and employee organizational commitment within hospitals and suggest that CEOs and general managers should try to enhance such resources to elicit employee organizational commitment within their hospitals.

Table 1G: Level of Customer Satisfaction of Clients of a Level 1 Hospital

Variable	Outpatient			Inpatient			whole		
	M	SD	Int	M	SD	Int	M	SD	Int
Appointment and Scheduling	4.28	0.63	VH	4.26	0.74	VH	4.27	0.67	VH
Services Offered	4.39	0.56	VH	4.33	0.64	VH	4.37	0.59	VH
Health Care Providers	4.61	0.52	VH	4.44	0.75	VH	4.55	0.61	VH
Support Staff	4.47	0.55	VH	4.41	0.73	VH	4.45	0.61	VH
Communication	4.38	0.56	VH	4.32	0.78	VH	4.36	0.64	VH
Facility	4.42	0.55	VH	4.38	0.72	VH	4.41	0.61	VH
Overall Satisfaction	4.42	0.50	VH	4.35	0.67	VH	4.40	0.56	VH

Note: VH=Very High

When viewed as a whole, Table 1G shows the level of client satisfaction with the delivery of services in Level 1 hospitals in terms of appointment scheduling, services provided, healthcare professionals, support staff, communication, and facilities.

As evident in the result, it can be noted that both inpatient and outpatient clients, when taken as a whole, were very highly satisfied with the services of healthcare providers, with an obtained mean of 4.61 (SD = 0.52), 4.44 (SD = 0.75), and 4.55 (SD = 0.61), respectively. Furthermore, among the healthcare services, appointment scheduling obtained the lowest mean as assessed by inpatient (M = 4.28, SD = 0.63), outpatient (M = 4.26, SD = 0.74) and as a whole (M = 4.27, SD = 0.67), interpreted as very high. As a whole, the clients are very highly satisfied with the delivery of healthcare services in hospitals, as evident in the overall mean of 4.40 (SD = 0.56).

The data indicates a very high level of overall client satisfaction with Level 1 Hospital's service performance. Patient satisfaction is a good indicator of how well the hospital performs in providing its programs and services. A hospital's patient ratio will rise as a result of providing good service to its clients, who will be satisfied and refer the facility to friends and neighbors for medical care.

The findings are similar to those of Asamrew *et al.* (2020), who found that good quality services provided by hospital physicians, the availability of laboratory and radiology services, pain management services, and the hospital's inpatient pharmacy services all had a positive influence. In addition to toilet cleanliness, the availability of patient satisfaction was significantly affected by the availability of rooms for accommodation and dietary services. If service quality is improved around the time of the patient and health care, there is a great opportunity to improve patient satisfaction through provider interaction and facility amenity services.

Furthermore, Abolfotouh *et al.* (2017) ^[1] identify other factors of patient satisfaction, ranging from admission to discharge procedure, waiting time to receive care, medical care, and interpersonal communication. As a result, the

patient will be satisfied if the hospital's service quality, such as admission criteria, discharge criteria, hospital atmosphere, and staff behavior with patients, is good. Service quality improvement is crucial for any organization, but especially for healthcare institutions. They play an important role in customer/patient satisfaction and behavioral intention.

Challenges Encountered by Customers

The challenges encountered in the availability of healthcare services at the Level 1 hospital are hereby presented in Table 2.

Table 2: Challenges Encountered in Healthcare Services

Items	f	%
Comfort Room overflowing	30	19.5
Difficulty in raising funds to pay for medical bills	20	13.0
Unavailability of call bell	18	11.7
Inaccurate Food Plan	10	6.5
Longer travel time	5	3.2

Table 2 depicts the results of the identified challenges in the delivery of hospital services at a Level 1 hospital. The result revealed that there were five major challenges encountered, which included the overflowing of the comfort rooms, difficulty in raising funds to pay for medical bills, unavailability of call bell, inaccurate food plan, and longer travel time. It can be noted that among the challenges, the overflowing of the comfort room obtained the highest frequency of 30 (19.5%), while the longer travel time got the lowest of 5 (3.2%).

The data clearly shows that there is a problem with the structure of the comfort room in every room. The big challenge is how the hospital repairs it in order to meet the needs of its clients. In terms of longer travel time, this may not be a major challenge since the hospital is accessible to the public, unless there are clients who want to avail of their services who come from neighboring cities and municipalities. The result implied that despite customers' very high level of satisfaction with the delivery of hospital services, it can be noted that the hospital still encountered challenges that needed to be acted on and could be the best tool for continuous improvement.

In line with the findings, Kader Mohiuddin (2020) stated that the main barriers to access to health services are insufficient infrastructure and poor quality of existing facilities, lack of medical equipment, scarcity of doctors due to high patient load; distance to the facilities and long waiting times until facilities are reached; very short appointment hours, lack of empathy of health professionals, their generally callous and casual attitude, and aggressiveness. Such failures can have a substantial impact on patients' negative sentiments and dissatisfaction with healthcare providers and institutions.

Based on the results of the study, it is evident that client satisfaction is an important and commonly used indicator for measuring the quality of the delivery of health care services. Client satisfaction affects appointment scheduling, hospital services offered, healthcare providers, support staff, communication, and facilities. It affects the timely, efficient, and client-centered delivery of quality health care. Moreover, client satisfaction is an indicator for measuring the success of health care professionals and hospitals.

The findings are also evident that client satisfaction determines how well the delivery of level 1 hospitals' health care services meets and exceeds clients' expectations, which leads to extreme satisfaction. Further, it is one of the most important indicators of developing clients' loyalty that helps predict the institution's growth and success.

The overall analysis of this study gives light to the anchored theory Expectancy-Value Theory. The result was affirmed by the said theory, specifically on the assumption that the healthcare services delivered by the level 1 hospitals exceeded the expectations of the clients, which resulted in a high level of satisfaction. Once the patient is satisfied by the service of Level 1 Hospital and every time, they came back for their medical needs they have already set expectations towards the certain facility.

Summary of the findings, conclusion, and recommendations

Summary of the Findings

Level of customer satisfaction of clients of a Level 1 Hospital in Northern Negros Occidental on the hospital services in terms of appointment and scheduling, Hospital services offered, healthcare providers, support staff, Communication, and facility during the calendar year 2021 when they are taken as a whole and when grouped according to hospital care classification (inpatient/outpatient) was very high.

The top 5 challenges in the services of Level 1 Hospital focus more on the hospital facility, specifically on the comfort room overflowing, the difficulty to raise funds to pay for medical bills, unavailability of call bell, inaccurate food plan, and longer travel time.

4. Conclusion

From the findings of the study, both outpatient and inpatient clients of the Level 1 Hospital in Northern Negros Occidental had a very high level of customer satisfaction towards the delivery of hospital services in terms of appointment scheduling, hospital services offered, healthcare providers, support staff, communication, and facility. Further, it can be evident that the hospital is delivering very good hospital services that contribute to the satisfaction of their clients. It can also be noted that the very high customer satisfaction level would reflect a very satisfactory or excellent performance of the hospital in the delivery of their programs and services. However, despite clients' high level of satisfaction, there are challenges experienced by both inpatient and outpatient clients, one of which is the overflowing comfort rooms. These challenges could be the best tool for hospitals for their continual improvement.

Limitations of the findings

Since the study was conducted in the midst of a pandemic and the visits of the clients to the hospital were minimal, the data gathered was limited to a small number of clients. During the pandemic period, those who are visiting the hospital are with severe pain or uncontrolled conditions only but those experiencing minimal symptoms they are managing it in their house because everybody is scared of Covid 19. The data collection took almost three (3) months to obtain the set number of respondents.

Practical Application

The study significantly contributes to the existing literature on the level of client satisfaction and challenges in the delivery of level 1 hospital services. The study's findings provided information to the hospital administrators and chiefs of hospitals in the formulation and possible implementation of the Continuous Quality Improvement Plan. Further, the findings of the study will serve as baseline data for the level 1 hospitals in meeting the requirements of the Department of Health relative to the delivery of health care services.

Direction for Future Research

The findings may provide future researchers an avenue for continuous advancement in the hospital's service quality to customers and allow them to conduct similar studies that will explore other variables not covered by the study or replicate the study to a larger sample using different research designs to validate or disprove the study's findings. Further, future researchers may create a new questionnaire to assess service quality and patient satisfaction in healthcare organizations and to consider other variables like patient loyalty that could be studied.

Continuous quality improvement plan

I. Rationale

Over the last few years, there has been a shift in how healthcare is delivered. The evolution of medicine manifested in the discovery of new diagnostic and treatment modalities and changes in patient expectations in the face of limited resources has put a strain on health care providers' ability to provide the best care possible. It leads to a failure to deliver effective health services, which leads to increased litigation in health care and poor health outcomes. As a result, the health sector has implemented a quality improvement plan to provide quality services (Philippine Health Insurance Corporation, 2006)^[41].

A CQI plan is a road map for level 1 hospitals to improve their services, processes, capacity, and outcomes. Currently, Continuing Quality Improvement (CQI) is becoming more widely accepted. It can be defined as a process in which the level of quality is defined, pursued, attained, and continuously improved by establishing formal mechanisms, systems, and structures within the organization. Continuous Quality Improvement refers to the hospital organization's overall effort to provide the most effective care with available resources while maintaining quality (Tibeihaho *et al.*, 2021)^[55].

Healthcare institutions with a good CQI program can better understand the health of their patients, how particular care helps or hinders their well-being, and how to improve overall healthcare. Customers are categorized as inpatient and outpatient. An inpatient refers to a patient status or classification required to stay overnight or more in the Hospital for management, treatment, and improvement of the patient. Outpatient refers to patients' status or classification who can be treated, improved, and go home within the day and are not required to stay overnight in the Hospital. To continuously improve the quality of health care services in Level 1 hospitals, implementing the Continuing Quality Improvement (CQI) program is essential (Department of Health, 2020).

II. Vision, mission & core values

VISION

"To Provide Every Patient Quality and Affordable Health Care."

Mission

1. We integrated a multi-medical service.
2. Provide quality, affordable medical-surgical services.
3. Reduction of medicine cost in an ambulatory setting.
4. To evaluate hospital-acquired infections.
5. To restore the patient to home life activities early.
6. Community programs for maintaining health, exercise, diet, natural medicine, and educational seminars.

Core values

- **Teamwork:** We work together in unity for the fulfillment of our vision, mission, and goals.
- **Integrity:** We commit to honesty and truthfulness in our words and actions. We manifest this in our services to our patients, their families, co-workers, and the community.
- **God-Centered:** We provide holistic healthcare services in the glory of God.
- **Excellence:** Our people are highly competent. We provide the highest standards of healthcare, education, and training.
- **Respect:** We value the uniqueness and dignity of each individual. We hold each patient's specific circumstances at the forefront of clinical care decisions.

III. Objectives

The following are the objectives of the Continuous Quality Improvement Plan for Level 1 Hospitals:

1. Ensure the implementation and institutionalization of a CQI plan for quality management in health care delivery in Level 1 hospitals in the next two (2) years.
2. Make an appointment scheduling system available and improve the waiting time from 1 hour to 15 minutes in the reception area and exam room.
3. Implement the Telehealth Scheduling and Consultation System.
4. Accredit the Hospital to operate the blood station with remarkable function capability.
5. Make available all the most prescribed drugs in the Pharmacy.
6. Provide a tracking mechanism for doctor-patient encounters.
7. Train staff on customer relations and the handling of complaints by Sept. 2022.
8. Provide a direct telephone line to the Pharmacy and establish a medicine delivery service by November 2022.
9. Procure at least one (1) additional ambulance.
10. Renovate comfort rooms of 15 patient rooms.
11. Establish payment schemes or packages based on patients' capacity to pay.
12. Install an emergency call bell in each room.
13. Do standard food planning according to patients' requirements.
14. Refer to other orthopedic surgeons nearer to the patient's location.

IV. General Guidelines

The Level 1 Hospital CQI Committee shall be organized in the CQI Program Implementation Committee and serve as

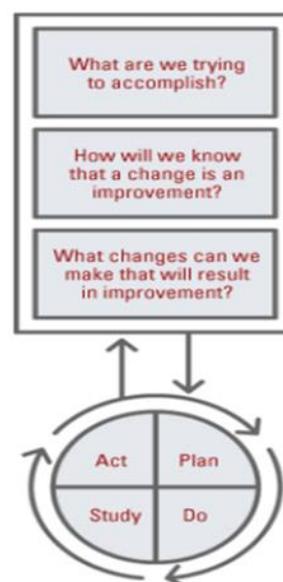
the Chief of the Hospital's advisory body. The CQI Committee will facilitate the development and successful operation of the Quality Improvement Committee in collaboration with customers and providers. It is the policy-making body for the hospital quality management system.

A. Framework

The framework adopted by the Level 1 Hospital is the PDSA or Plan-Do-Study-Act by Dr. W. Edwards Deming (Deming, 1993)^[15], which is a four-stage iterative problem-solving model used to improve a process or implement change. PDSA is a systematic process for continually gaining valuable learning and knowledge to improve a product, process, or service. A CQI initiative based on the PDSA Model for Improvement focuses on goal setting and team building to effect change. Exhibit 1 shows how it promotes improvement by seeking answers to three questions:

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What changes can we make that will result in improvement?

Exhibit 1.



Including internal and external customers in the PDSA cycle is vital because they can provide feedback on what works and does not. Because the customer defines quality, it makes sense to include them when appropriate or feasible to increase acceptance of the result.

B. Principles

A Level 1 Hospital CQI initiative employs a Plan-Do-Study-Act (PDSA) cycle (Deming, 1993)^[15] to test a proposed change in hospital services. The Plan-Do-Study-Act (PDSA) cycle must constantly produce quality service and products, which can be attained by planning, trying, observing the results, and acting on what is learned. It is the scientific method for learning by doing.

C. Components

The core component of the CQI Program should be the following:

1. Leadership and Management

Leadership and management are methods of fostering a culture of self-responsibility and accountability, openness and desire to change, and dedication to the well-being of patients and Level 1 hospital staff. In Dr. Ramon B. Gustilo Hospital, first, we make sure that committee members have a master's degree in their field, are Practicing Medical Doctors, and hold a higher position in the organization, which can lead to the carrying out of the objectives of the CQI program. Second, we conduct professional training and development of the Hospital's medical and support staff. Third The Chief of the Hospital will assign each committee member to certain areas such as Appointment Scheduling, Services Offered, Healthcare Provider, Support Staff, and Communication & Facility. These Committee members will create their team and lead the implementation of the CQI Program assigned to them. We are also updated on the Department of Health issuances regarding continuous Quality improvement of Private hospitals. With this commitment to professional development, Hospital staff will feel valued, will see management as engaged in their professional growth, and will be able to participate in policy discussions and CQI implementation actively.

2. Quality Improvement

Quality improvement is a method of dealing with quality issues that entails examining what is currently being done to improve it. Quality improvement is the goal of Level 1 Hospital to improve the quality of healthcare and services, regardless of how good they are already. In implementing the CQI Program, all staff must follow the implementation of new systems, rules & regulations. Observe Proper time management between patient and doctor's encounter. All members of the CQI Program are expected to monitor and note the staff's challenges in implementing the program. The CQI team will meet regularly to discuss the challenges, look for solutions, and implement them again. This implementation will follow the PDSA cycle until we achieve the proper ways to implement the programs. By following from the time, the patient arrives at the hospital until they are discharged to observe the program results and evaluate what programs need to improve. Thus, the goal is not to meet predefined standards but to exceed them and raise them to a level of excellence.

3. Risk management

In each CQI program being formulated, Risk management will always be considered, an event occurring that may cause harm to the patient, doctor, or organization. Risk management is known as the systematic process of identifying, evaluating, and addressing potential and actual risks. The Chief of the Hospital appointed a Risk Management team for the CQI Committee. This committee shall be responsible for formulating the Risk Management Plan in implementing the CQI Program. The risk management plan of the CQI Program has been presented to the CQI Committee and has been duly approved by the Medical Director. The goal of the Risk Management program is to prevent, control, and minimize risks in the implementation of the CQI Program.

4. System of Reporting and Documentation

Records and reports are confidential legal documents that should contain a complete and accurate set of information to

allow optimal patient care and evaluation of the care provided. All documents pertaining to the CQI Program are confidential in the Office of the CQI Committee from survey and feedback forms. All of these electronic copies are stored in the CQI Committee computer and password-protected. Only authorized committee members can access the records unless there is an order from the Committee chairman and Medical Director.

5. Resource Management

In the implementation of CQI, Level 1, the Chief of Hospital support is essential in the Resource management that resources are available for CQI activities. Prioritization may necessitate the creation or reallocation of resources. Management must consider the internal and external factors that must be addressed for smooth implementation when implementing these core components. External: examines community needs, health care reforms, accountability, competitiveness, market forces, and regulations to address the Hospital's needs for smooth implementation. Internal: Considers the internal characteristics and functions of the Hospital. It entails leadership, human resource management, information management, and improving organizational performance. In Level 1 Hospital implementation of CQI programs. The budget has been approved by the Chief Finance Officer and Chief of Hospital. A fund is always allocated at the beginning of the year for a continuous quality improvement program.

The hospital CQI encourages every staff member to recognize, accept, and practice their respective roles in providing quality health care and service while maintaining a sense of responsibility and accountability. It is concerned with continuously improving the quality of health care and services through a series of planned activities such as evaluation, intervention monitoring, and change promotion. Providing high-quality health care and service requires excellent teamwork and resource management. It is about fostering a culture of accountability and adaptability.

It does not advocate for rigid health care and service delivery approach. It does not encourage competition among employees and personnel. It does not foster a culture of reward and punishment.

V. Implementing Mechanism

A. Structure

1. Composition

The following is the composition of the CQI Committee. However, it can be modified on the availability of personnel or the discretion of the Chief of the Hospital.

Chairperson: Chief of Hospital

Vice-chair: Hospital Administrator

Core Members:

Head Nurses

Chief Nurse

Human Resource Officer

Department heads, Supervisors from the different clinical departments

Finance Officer

2. Function of the Chairman

1. Develop a general framework for their Continuous Quality Improvement Program
2. Oversee the implementation of quality assurance activities such as the use of clinical practice guidelines

(CPGs) and treatment protocols

3. Approve funding of the CQI Program
4. Oversee the CQI Annual Planning Activities and QA Program in the Hospital
5. Recommend implementing guidelines strategies within the hospitals
6. Exercise overall supervision, technical management, and program coordination among the hospital units.
7. Resolve issues related to the implementation of the program

3. Function of the Vice-Chairman

1. Assist the Chairman in the overall implementation of the CQI Program.
2. Schedule regular meetings.
3. Distribute Agenda.
4. Prepare minutes of the meeting for distribution to all members of the committee.
5. Perform other jobs assigned by the Chairman

4. Function of the Members

1. Serve as a role model in the implementation of CQI Programs
2. Participate in the discussion of the CQI Program
3. Participate in the CQI Planning activities
4. Recommend activities or ideas for the improvement or betterment of CQI activities.
5. Recommend internal policy directions to hospital management.

C. Funding

Funding for this program and activities of the CQI Committee shall be included and provided for by the respective DOH hospitals in their Annual Hospital Budget.

VI. Reporting/Compliance

The CQI Committee meets monthly, prepares and distributes an agenda, and keeps meeting attendance and written minutes. The Continuous Quality Improvement Committee completes an annual program evaluation and activities. It will analyze and evaluate the overall effectiveness and performance of the quality improvement activities. The evaluation includes reviewing the Quality Management program, the work plan, the monthly Committee meeting minutes, and reports. Trends are members of the Committee, members, workgroups, providers, and staff used to evaluate and make recommendations for the next meeting.

As a result of various issues or concerns that occur during the courses of the year in the CQI Committee, there may be a defined need to study further. The CQI Committee shall appoint workgroups to review, investigate, and report as appropriate to the CQI Committee. Findings of these specific studies will be documented in the minutes of the CQI Committee meetings and included in the Annual CQI Evaluation.

VII. Monitoring

All DOH Hospitals should implement the CQI Program and Committee by the end of 2023. CQI Committee activities should be with other performance monitoring activities, including utilization management, risk management, and resolution.

VIII. Plan of Action

The following plan of action is based on the results of the study conducted during the calendar year 2023.

Areas of Concern	Issues	Objectives	Corrective action for Continuous Improvement	Date of Implementation	Budgetary Requirements	Person In-charge
Appointment scheduling	Unavailability of the system to manage patient appointments	Make an appointment scheduling system available and improve the waiting time from 1 hour to 15 minutes in the reception area and exam room.	Development and deployment of Appointment Scheduling System	Nov. 2022	400,000.00	Information Technology Head
		Implement Telehealth Scheduling and Consultation System	Coordinate with the Information Technology team for the Telehealth Program	Dec. 2022	50,000.00	Information Technology Head
Service Offered	Due to the pandemic, there are no supplies in the blood bank, and there are limited bloodletting activities.	Accredit the Hospital to operate the blood station with special function capability.	Apply for a license to operate Blood Station with special function capability. Hold regular bloodletting activities in partnership with Red cross, Negros First & CLMMRH.	Sept. 2022	500,0000	Laboratory Department Head, Hospital Administrator & Chief Finance Officer
	Not all prescribed medicines by the doctors are available at the hospital pharmacy.	Make available all the most prescribed drugs in the Pharmacy.	Identify the most prescribed drugs by the doctors. Set up an Inventory System to track stock-out	Nov. 2022	1,000,000.00	Chief Pharmacist and Chief Finance Officer

			Disseminate information on drug availability.			
Health Care Providers	Inadequate time spent with their patients	Provide tracking mechanism for doctor-patient encounters	Implement Turnaround Time monitoring and feedbacking through customer surveys.	Sept. 2022	50,000.00	Medical Records Officer
Support Staff	No proper training of employees on customer relations.	Train staff on Customer Relations and Handling of Complaints by Sept. 2022.	Implement modular training on customer relations.	September 2022	100,000.00	Human Resource Officer Hospital Administrator
Communication	When the main telephone line is busy, you cannot connect directly to the Pharmacy.	Provide a direct telephone line to the Pharmacy and establish a medicine delivery by November 2022.	Apply for an additional direct line of the Pharmacy	November 2022	100,000.00	Chief Pharmacist Hospital Administrator
Facility	Only one (1) available ambulance for the Hospital	Procure at least one (1) additional ambulance	Make a Proposal for the purchase of an ambulance for funding.	Dec. 2023	2,500,000.00	Purchasing, Chief Finance Officer
	Comfort Room overflowing with water	Renovate comfort rooms of 15 patient rooms	Propose funding and Schedule renovation for Dec. 2022	Dec. 2022	500,000.00	Building Maintenance Manager Chief Finance officer
	Difficulty in raising funds by the patients to pay their medical bills.	Establish payment schemes or packages based on patients' capacity to pay.	Formulation of different packages based on patients' capacity to pay.	Sept. 2022	NONE	Hospital Administrator Accounting Manager
	Unavailability of call bell	Install an emergency call bell in each room	Procurement of call bell	Oct. 2022	500,000.00	Purchasing Officer
	Inaccurate Food Plan	Do standard food planning according to patients' requirements	Hire additional dietitians and formulate standard dietary planning protocols for the Hospital	Sept. 2022	NONE	Hospital Administrator Dietitian
	Longer Travel time of orthopedic patients	Refer to other orthopedic surgeons nearer to the patient's location.	Establish a Memorandum of agreement with other hospitals to cater to orthopedic patients' needs for immediate medical attention	Sept. 2022	NONE	Hospital Administrator Medical Director

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