A sample of 30 English-speaking patients were selected at random to fill out the survey. Many patients who visit JOOTRH for the first time usually seek care from the casualty ward, where they are either treated and sent home or admitted for further care. The casualty ward or emergency department is considered an outpatient service center where most patients are referrals from neighboring district hospitals.

**Introduction**

- Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH) is one of Kenya’s oldest hospitals. The hospital commonly known as Russia, is located in Kisumu city.
- Kisumu county is located in western Kenya and is the third largest city in the country, on the shores of Lake Victoria. As the only referral hospital in Kisumu county, JOOTRH currently serves over 100 district and subdistrict hospitals in Western Kenya.
- Many patients who visit JOOTRH for the first time usually seek care from the casualty ward, where they are either treated and sent home or admitted for further care.
- The casualty ward or emergency department is considered an outpatient service center where most patients are referrals from neighboring district hospitals.

**Background**

The casualty ward at JOOTRH serves an average of 80-100 patients in a 24 hour day. Flow of patients through the casualty ward begins at registration where the patient or their next of kin registers the patient. There is an obligatory fee of 500shs, which is about 50 cents paid, to registration upon which the patient receives a receipt. With this receipt, the patient goes to the nurses’ station to get their vitals taken. After vitals are recorded, the patient waits to see the doctor. Depending on the extent of patient injuries, the physician uses their clinical judgment on what services the patient would benefit the most from. Currently, there is no published data on patient satisfaction or patient perception of care in this setting. To this end, an informal patient satisfaction survey was created to measure patient perception of care after seeing a doctor at the casualty ward.

**Objectives**

- Conduct a patient perception of care survey in the casualty ward to assess patient satisfaction and understanding of diagnoses after talking to a doctor.
- Understanding how care provided at the casualty ward fits into the larger scheme of the referral hospital.
- Gain exposure to the Kenyan health system through the major teaching and referral hospital in Western Kenya.
- Understanding how research at the Kenya Medical Research Institute is carried out in different parts of Western Kenya.

**Methods**

- An informal survey was adapted from the standardized and validated HCAHPS survey, used in the U.S. to measure patients’ perspectives of care.
- The survey was modified to fit the JOOTRH casualty ward setting. The original survey contained 27 questions while the modified survey contained 17 questions.
- A sample of 30 English-speaking patients were selected at random to fill out the survey. Verbal consent was obtained from each patient prior to them filling out the survey. No identifying information was collected from any patient.

**Results**

The results of the survey are indicated in the pie charts below. 54% of respondents were male and 46% were female. A majority of respondents were between the ages of 31-40yrs.

- In questions related to patient experience at JOOTRH, 50% of respondents come back to JOOTRH because they like the care they received on a previous visit.
- In questions related to patient interaction with the physician, 55% of patients generally felt comfortable telling the doctor the extent of their illness and 65% felt that the doctor explained their diagnosis to them in detail.
- In questions related to hospital favorability, 42% of respondents answered that they would recommend the hospital to their friends.

**Conclusion**

From this data, it would appear that patients are generally satisfied with the care they receive from the doctors. A majority of the patients would recommend JOOTRH to their friend or family for care. Several areas of potential bias were identified. The patients were primary Swahili language speakers and so there was a natural language barrier between myself and the patients. The major source of bias was most likely introduced due to the physician involvement in asking patients to participate in taking the survey. The patients may have felt that by filling the survey negatively, their care may be impacted and so this may have biased the survey towards positive perceptions.

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- Pamela Omolo, Dorothy Osendo, Boaz Odwar, Cliff Oduor

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