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National Patient Experience Policy

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Sincere thanks to all who contributed to the development of this policy, as listed below:

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ACRONYMS

DG	Director General
DGHS	Director General in Healthcare Services
DOPCS	Department of Patients and Clients Services
HD	Hospital Director
HOS	Head of Section
IBS	Institute Based Survey
MoH	Ministry of Health
NPS	Net Promoter Score
PCC	Patient Centered Care
PFAC	Patient and Family Advisory Council
PHC	Primary Healthcare Center
PRD	Public Relation Department
PRO	Public Relation Officer
PX	Patient Experience
PXE	Patient Experience Expectations
QMPSD	Quality Management and Patient Safety Department
SQUH	Sultan Qaboos University Hospital
SSS	Specialty Specific Survey.

INTENT STATEMENT

The Ministry of Health (MoH) is committed to systematically enhancing **Patient Experience** (**PX**) across all healthcare institutions in the Sultanate of Oman. This policy establishes a structured framework that defines roles, responsibilities, and accountability mechanisms for all stakeholders, including healthcare providers, leadership, patients, families, and support services. Key initiatives include engaging patients and families in quality improvement, establishing a **Patient and Family Advisory Council (PFAC)** for collaboration and feedback, incorporating PX survey results into **Key Performance Indicators (KPIs)** for continuous monitoring, and encouraging departmental ownership of PX activities. Regular feedback through surveys and interviews informs service enhancements, while **PX Co-Production** fosters collaboration between patients, families, and providers to tailor services to patient needs. Through these initiatives, the MoH aims to ensure equitable, transparent, and patient-centered care aligned with national priorities and Oman Vision 2040.

PURPOSE

This policy embeds Patient Experience (PX) enhancement across all dimensions of healthcare delivery by clearly defining stakeholder responsibilities and ensuring meaningful engagement of patients, families, and the public in service planning, design, and continuous improvement initiatives. It promotes fairness, equity, and accessibility in healthcare services while fostering a culture of feedback-driven improvement among healthcare professionals. The policy further integrates PX performance metrics and survey outcomes into organizational Key Performance Indicators (KPIs) to monitor effectiveness and drive accountability. By assigning clear departmental ownership of PX initiatives, the policy strengthens governance, accountability, and sustains quality improvement. Regular analysis and evaluation of patient feedback generate actionable insights that support service excellence and optimize the overall patient experience.

SCOPE

The scope of this policy encompasses the entire healthcare institutions, engaging all levels of staff from executives and department heads to frontline healthcare providers and support teams. It includes all patients' interactions that impact their journey. The initiatives target patient engagement in quality improvement activities, integrate **PX** metrics into performance evaluations, and decentralize **PX** responsibilities to specific departments, fostering ownership and tailored improvements. Additionally, the strategies cover the collection, analysis, and application of feedback from patients and families to ensure continuous adaptation and enhancement of healthcare services. These strategies apply to all patient interactions clinical and non- clinical and aim to cultivate a culture of patient-centered care throughout the institution.

DEFINITIONS

Patient Experience: "the sum of all interactions, shaped by an organization's culture that influence patient perceptions, across the continuum of care"

Patient Experience Surveys: Tools used to measure patients' perceptions and experiences during hospitalization, outpatient visits, or any healthcare service encounter within the health institution.

Institution-Based Survey (IBS): It is a tool through Al Shifa application that assesses the patient journey throughout the health care institutes. It includes the main principles of PX; communication, patient preferences, emotional support, institute environment, transfer of care, access to care and information given to the patient. All the questions have been adopted from a published reliable and validated scale (PXAS).

Net promoter score (NPS): a one-question metric that measures how an organization and its services are perceived by the patients. It indicates how satisfied and loyal the patients are.

Specialty Specific Survey (SSS): It is a tool that assesses the PX on departmental bases. It is a modified IBS in addition to specific questions related to each specialty and it is used to develop the People-centered care smart objectives for that specialty

Patient Experience Leadership Round: It is a systematic tool which leaders make visits to talk with patients and families to understand their experience, hear what is important to them and what could be improved

Patient Experience Round: It is a tool in which healthcare workers interact with patients and families on one-to-one basis to understand their experience, hear what is important to them and what could be improved

Focused Group: A group of patients / family members with health care provider gathered to gain a deeper understanding of their experience, opinions and needs of clients through a moderated and open discussion

Mapping Patient Journey: A visual representation of the patient's experience across all stages of care, from initial contact and appointment scheduling to diagnosis, treatment, discharge, and follow-up, including all key touchpoints throughout the healthcare journey.

Patients' Expectations: Patients' beliefs and perceptions regarding the care and services they anticipate receiving during their interaction with the healthcare system.

Patient-Centered Care: Care that is coordinated and tailored to the needs of the individual, ensuring that patients are treated with dignity, compassion, and respect, and are involved in decisions about their care.

Integrated Care: An approach to coordinate health care services to better address an individual's' physical, mental, behavioral and social needs

Value-Based Care: A healthcare approach focused on improving quality of care, provider performance, and patient experience by delivering care that aligns with patients' individual health goals, needs, and outcomes.

Co-production: A collaborative approach in which healthcare providers, patients, caregivers, and communities work in equal partnership throughout the design, development, delivery, and evaluation of health and care services.

Patient and Family Advisory Council (PFAC): A formal group of patients, family members, and healthcare professionals that collaborates to improve healthcare quality and patient experience by providing feedback and recommendations on care policies, programs, and service delivery.

1. INTRODUCTION:

Patient Experience is globally recognized as a key pillar of healthcare quality, safety, and organizational performance. It encompasses all interactions patients have with healthcare services throughout the continuum of care, including access, communication, care coordination, emotional support, and involvement in decision-making before, during, and after healthcare encounters. Evidence demonstrates that positive **PX** contributes to improved clinical outcomes, patient safety, patient satisfaction, and overall healthcare quality.

Managing patient expectations is equally essential to delivering person-centered, equitable, and high-value healthcare services. The Ministry of Health is committed to ensuring healthcare services are accessible, fair, inclusive, and responsive to the needs and expectations of all individuals.

This policy establishes the Ministry of Health's framework for enhancing **PX** and managing patient expectations across healthcare institutions. It promotes patient-centered care, continuous quality improvement, accountability, and partnership between healthcare providers, patients, families, and communities. The policy also adopts co-production principles and supports the establishment of Patient and Family Advisory Councils (PFACs) to strengthen patient and family engagement in healthcare planning, service design, and decision-making

2. POLICY STATEMENT

The Ministry of Health (MOH) is committed to delivering safe, equitable, high-quality, and patient-centered healthcare services that enhance Patient Experience (PX) across all levels of care. The MOH recognizes PX as a strategic priority and shall promote continuous improvement through patient engagement, co-production, shared decision-making, and effective feedback mechanisms.

Healthcare providers shall ensure clear communication, respect patient values and preferences, support informed decision-making, and manage patient expectations through transparent and compassionate care. Patient feedback and PX outcomes shall be utilized to strengthen service quality, accountability, and organizational performance.

The MOH shall foster a culture of partnership, transparency, and continuous improvement by integrating patient perspectives into healthcare planning, service delivery, evaluation, and quality improvement initiatives.

3. POLICY IMPLEMENTATION

3.1. Implementation of the PX Policy

3.1.1. The PX policy shall be implemented in alignment with the National PX Strategy

3.1.2. PX data shall be collected through surveys, PX rounds, focus groups, and patient journey mapping. Identified gaps and action plans shall be monitored to ensure continuous improvement and closure of feedback loops

3.1.3. The National Patient Experience Team shall develop and update electronic PX surveys, including the Institution-Based Survey (IBS) and Specialty-Specific Survey (SSS)

3.1.4. PX Leadership Rounds shall be conducted by healthcare leaders at least twice annually

3.1.5. Patient Experience Rounds shall be conducted at least four times per department per month

3.1.6. Focus Group Meetings shall be conducted at least twice annually per department to gather patient and staff feedback and identify improvement opportunities

3.1.7. Patient Journey Mapping shall be conducted to identify patient touch points, service gaps, and improvement opportunities, followed by departmental action plans

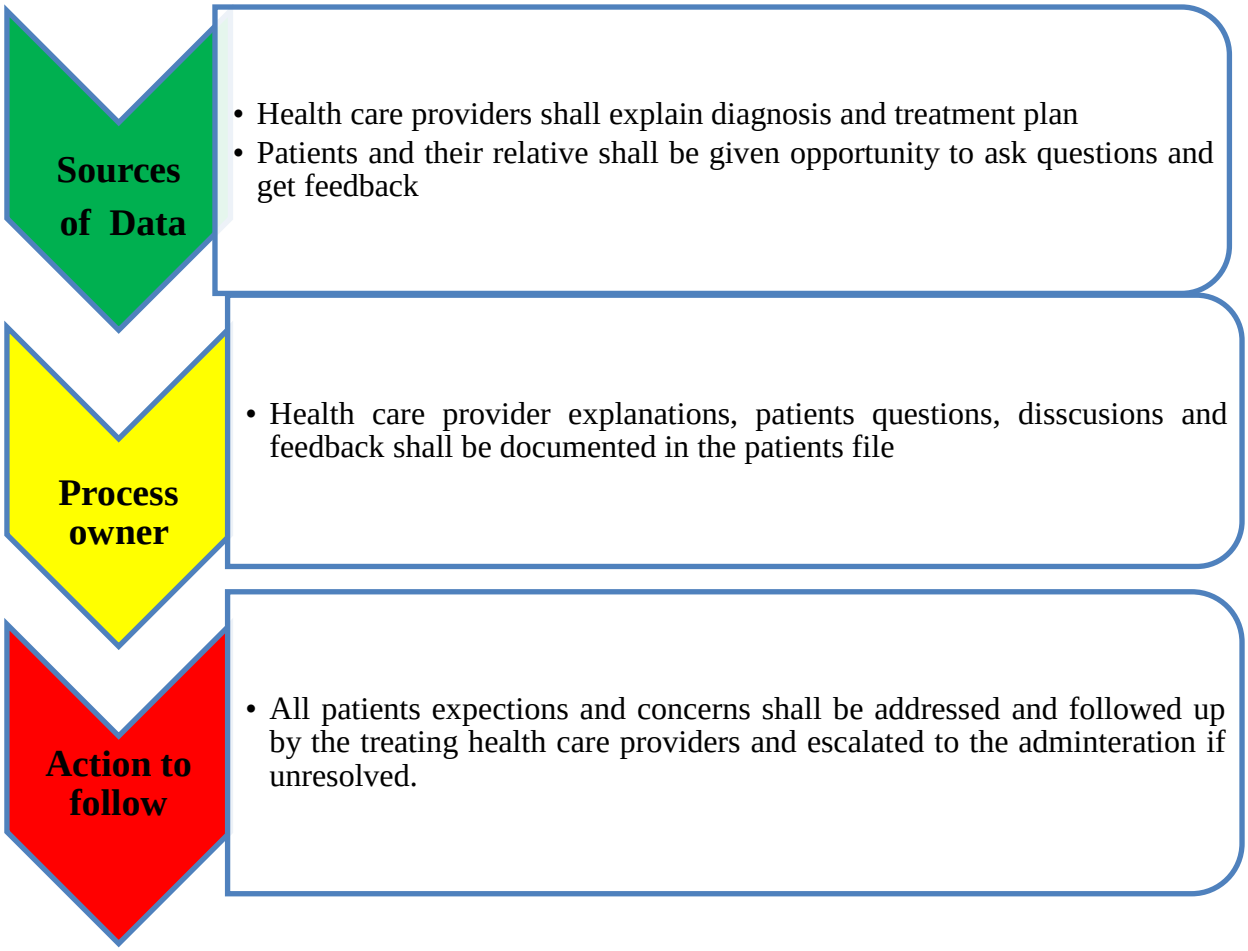
3.1.8. PX data and feedback shall be analyzed regularly to support quality improvement initiatives

3.1.9. Quarterly and Annual PX Reports shall be prepared to monitor performance, patient feedback, achievements, and improvement initiatives

3.1.10. PX Mapping Reports shall provide actionable recommendations to improve patient-centered care and service quality

3.2. Patient Expectation

3.2.1. Diagram: Summary



3.2.2. Expectation Management:

The MoH recognizes the importance of effectively managing patient expectations and concerns through respectful, transparent, and professional communication.

3.2.3. Open Dialogue:

Patients and healthcare providers shall engage in open and constructive communication to address concerns, clarify expectations, and support mutual understanding.

3.2.4. Escalation Process

Unresolved concerns or conflicts shall be escalated through the appropriate administrative channels in accordance with institutional procedures.

3.3. PX Co-production:

3.3.1. The MoH shall promote co-production and patient-centered care through national training and capacity-building initiatives for healthcare professionals

3.3.2. Healthcare institutions shall establish digital and in-person patient feedback systems to support continuous service improvement

3.3.3. Healthcare institutions shall establish Patient and Family Advisory Councils (PFACs) to strengthen patient and family engagement in healthcare planning and improvement

3.3.4. Regular engagement meetings shall be conducted between healthcare providers, patients, and families to support collaboration and share improvement initiatives

3.3.5. Patient feedback shall be regularly analyzed to identify trends, priorities, and opportunities for quality improvement

3.3.9. Healthcare institutions shall promote inclusive participation and ensure representation of diverse patient populations

4. ROLE AND RESPONSIBILITIES

(This policy applies to all healthcare institutions)

4.1. Director General / Head of the Health Institute (Primary, Secondary and Tertiary)

4.1.1. Oversee dissemination and implementation of the policy

4.1.2. Provide adequate resources to insure proper implementation of the policy

4.1.3. Management review biannually for the PX reports, complaints and action plans

4.1.4. Prioritizing the initiatives in the institutions to improve PX

4.1.5. Conduct PX leadership round quarterly in their respective institutions

4.1.6. Encourages all staff to address patients' expectations

4.1.7. Oversee and ensure implementation of action plans and system improvements based on patient expectations.

4.1.8. Establish and sustain Patient Advisory Councils or focus groups to engage patients in healthcare design, planning, and service improvement.

4.1.9. Establish a structured system to regularly collect patient feedback through surveys, and digital platforms, and ensure the data is analyzed and used to drive continuous quality improvement and service redesign.

4.1.10. Enforce PX training programs for clinical and non-clinical staff

4.2. Deputy of Director General/ Head of Health Institute:

4.2.1. Ensure implementation of the PX policy in their respective departments

4.2.2. Follow-up quarterly report of IBS feedback and improvement progresses based on the survey results to the PX section, team or focal point on IBS regular comments.

4.2.3. Conduct PX leadership round quarterly

4.3. Departments Directors / Deputy Directors/ HODs/HOSs:

4.3.1. Ensure effective implementation of the policy and availability of the required resource

4.3.2. Formulate PX team in their departments.

4.3.3. Discuss the feedback of various surveys, focused groups, and PX journey mapping with their department's staff

4.3.4. Formulate an action plan & follow up on progress in their departments

4.3.5. Encourage and support initiative, to fulfill the identified PX gaps

4.3.6. Ensure sustainability of PX-related projects

4.3.7. Submit the departmental quarterly report, based on various surveys, along with the improvement plan to the top management.

4.3.8. Conduct Leadership Rounds on regular bases in their respective departments

4.3.9. Follow up the patients' complaints related to their departments along with the action plans

4.3.10. Ensure that any actions arising from patients' expectations are implemented and feedback with the outcome is given to the staff involved

4.4. Institutional Nursing Directors

4.4.1. Ensure implementation and monitoring PX policy

4.4.2. Conduct meetings with the PX team

4.4.3. Ensure all staff nurses have received awareness in relation to this policy, to maintain the effective patient experience

4.4.4. Nominate and train navigators to conduct the required PX-related surveys and activities

4.4.5. Ensure utilization of various PX surveys and tools as required in their respective departments

4.4.6. Conduct PX nursing rounds

4.4.7. Update their respective departments with the PX report data

4.4.8. Compile PX quarterly reports and take appropriate actions to improve the patient experience

4.4.9. Undertake audits and plan projects to rectify the identified gaps

4.4.10. Report to their direct supervisors and HODs regarding any resource needed

4.4.11. Submit regular feedback; set the action plans and close the loop to the nursing director

4.5. PX Section/team in The Directorate General:

4.5.1. Represents the PX in different hospital activities, administrative meetings and strategic committee, if available

4.5.2. Reinforce PX initiatives

4.5.3. Review and suggest modifications of the PX surveys as needed

4.5.4. Prepare and submit PX related reports; biannually or quarterly to the Director / head of the health institute

4.5.5. Conduct the PX journey mapping as per the planned schedule, meet the department heads, and submit the mapping report

4.5.6. Train and supervise the PX navigators in the health institution who will be; conducting the patient experience rounds, surveys and the patient-focused groups and report the gaps found to their direct supervisor

4.5.7. Provide training, orientations, to enhance the culture of the PX in the institutions

4.5.8. Implement and follow-up the national PX policy

4.5.9. Compile and send their annual report to the DOPCS (MOH).

4.6. PX Section at MOH Head Quarter :

4.6.1. Review the PX policy

4.6.2. Coordinate with strategic bodies locally and internationally

4.6.3. Arrange annual national PX meeting

4.6.4. Address, follow-up and escalate any major or repeated issues impacting the PX

4.6.5. Ensure implementation of co-production practices which includes:

4.6.5.1. Communication skills

4.6.5.2. Understanding patient rights and responsibilities

4.6.5.3. Collaboration techniques for joint decision-making

4.6.5.4. Utilizing quality improvement cycles allows healthcare providers to continuously adapt and improve, which leads to better care and outcomes for patients.

4.6.6. Following reports required to be submitted through a structured chain of communication

4.6.7. Gather all reports from all governorates (Types of reports are detailed under the monitoring) and submit annual report to PX national team

4.7. PX National Team:

4.7.1. Develop, review and update PX national policy and strategic plan

4.7.2. Review and submit the annual PX report to minister office and QAC

4.7.3. Coordinate PX programs, awareness campaigns and capacity-building activities

4.7.4. Develop PX training program

4.7.5. Support research studies related to PX and PXCC

4.7.6. Benchmark national PX performance against regional and international best practice

4.8. All MOH staff:

4.8.1. Expected to be familiar with the “Policy & Procedure of the Patients’ Expectations Management System” as this is a vital part of understanding the communities we serve

4.8.2. Staff are expected to manage patients' expectations about services received in line with the values of the organization

4.8.3. Engage patients in shared decision-making, ensuring that treatment decisions reflect their values, needs, and preference

4.8.4. Participate in continuous professional development programs related to patient-centered care

4.8.5. Provide clear and timely communication with patients regarding their treatment options

4.8.6. Actively listen to patients and use their feedback to improve care processes

4.8.7. Support patient and family engagement initiatives within the healthcare facility

4.9. Patients and Families:

4.9.1. Provide honest feedback on the care they receive through surveys, patient councils, or focus groups

4.9.2. Participate in shared decision-making, asking questions and expressing preferences about their care

4.9.3. Engage with healthcare providers constructively to improve service quality

4.9.4. Respect the roles of healthcare providers and collaborate in creating a conducive environment for co-production

4.10. Patient & Family Advisory Councils:

4.10.1. Regularly meet with healthcare providers to discuss patient experiences and recommend improvements

4.10.2. Review and analyze patient feedback collected through surveys and other tools

4.10.3. Act as advocates for the patient community, ensuring diverse patient voices are heard

4.10.4. Engage in strategic planning discussions to shape the future of healthcare services

4.10.5. Create PX programs that aim to enhance patient satisfaction and healthcare quality

4.10.6. Conduct safety and empowerment campaigns in collaboration with healthcare providers to strengthen safety awareness and patient engagement

4.11. DGIT:

4.11.1. The Role of the Smart Programs Team in Enhancing and Developing the Patient Experience Dashboard

4.11.2. The Smart Programs Team plays a pivotal role in supporting the Patient Experience Dashboard by analyzing and processing data collected from patient surveys submitted via the "Shifa" application after each visit

4.11.3. The team leverages artificial intelligence and advanced data analytics to extract deep insights into patient experiences, enabling decision-makers to understand trends, identify strengths, and pinpoint areas for improvement in healthcare services.

4.11.4. Additionally, the team is committed to empowering users by providing ongoing training on effectively utilizing the dashboard, as well as offering technical support to resolve any issues that may hinder its functionality. This ensures smooth operation and continuous enhancement of the system.

4.12. The Unified Health Record Department (Shifa Application Team):

4.12.1. Software Development and Technical Support:

Developing and implementing all software-related tasks associated with the patient experience within the application, ensuring alignment with project requirements

4.12.2. Designing Questionnaires:

Creating and structuring dynamic questionnaire models that allow for easy modifications or additions in the future without requiring extensive reprogramming

4.12.3. Sending Notifications:

Developing an automated and dynamic notification system to ensure that important updates and information reach patients quickly and efficiently

4.12.4. Maintenance and Future Technical Support:

Providing maintenance and necessary repairs to ensure system stability and performance

4.12.5. Being prepared to implement any required fixes or updates due to technological advancements or changes in patient experience requirements.

4.12.6. Implementing Future Enhancements and Developments:

Executing future updates and additions in line with new requirements to optimize the patient experience

4.12.7. Coordinating with other relevant teams to ensure seamless integration of software solutions with other systems and project procedures

4.13. Quality & Patient safety Department

4.13.1. Quality Assurance Center:

4.13.1.1. Evaluate and review performance reports to identify trends, recurring issues, and improvement areas

4.13.1.2. Ensures compliance with Oman Health Care Accreditation System requirements related to patient experience, integrating these into the hospital's or healthcare facility's patient experience framework

4.13.1.3. Uses patient feedback, satisfaction scores, and audit results to drive evidence-based decision-making, ensuring that the improvements in patient experience are both impactful and aligned with quality standards

4.13.1.4. Identifies clinical, operational, or communication risks that may negatively impact patient experience, such as delays in treatment or medication errors. The QA Center works to mitigate these risks through staff training, process adjustments, or system changes

5. MONITORING:

The PX section/ team, under the guidance of the Director General, is responsible for submitting comprehensive reports to the Department of Patients and Clients' Services. This includes quarterly reports that detail PX metrics; initiatives, challenges faced within the healthcare institution, and align with patient expectations.

5.1 Reporting Structure:

5.1.1. Quarterly Reports:

The PX section/officer(s) will compile and submit quarterly reports to the Department of Patients and Clients' Services these reports will cover:

5.1.1.1. Data on patient experiences

5.1.1.2. Patient expectations and how they are being met

5.1.1.3. Initiatives undertaken to enhance PX

5.1.1.4. Challenges faced in implementation

5.1.1.5. Areas for improvement based on feedback and analysis

5.1.2. Annual PX Report:

Following the quarterly submissions, an annual report will be generated, summarizing:

5.1.2.1. Achievements in PX

5.1.2.2. Ongoing initiatives

5.1.2.3. Patient expectations and the degree to which they are being fulfilled

5.1.2.4. Identified challenges

5.1.2.5. Recommendations for improvements based on cumulative data and analysis.

5.2 Monitoring Requirements

To effectively monitor patient experience and expectations, the following tools and systems will be utilized, including but not limited to the **Nabdh Alshifa Dashboard.**

5.2.1. Key Performance Indicators (KPIs)

The PX section/team is tasked with ensuring that performance is monitored using specific Key Performance Indicators (KPIs), **which include*:***

5.2.1.1. Net Promoter Score (NPS):

Percentage of improvement in the NPS for both the institution and individual departments.

5.2.1.2. Service Rounds:

Percentage achieved of required leadership rounds, PX rounds, and focused groups performed in units/departments.

5.2.1.3. Patient Journey Mapping:

Percentage achieved and outcomes derived from Patient Journey Mapping initiatives.

5.2.1.4. Trend Analysis of Comments and Concerns:

Repeated comments and concerns identified in specific areas or specialties over time, analyzed to track trends and areas needing attention.

5.2.1.5. Patient Experience Improvement:

Percentage of improvement in service process and procedure.

5.2.1.6. Expectation Management:

Assessment of how well patient expectations are being met, including the clarity of information provided responsiveness to patient needs, and overall satisfaction with care.

5.3 Overall Monitoring

Patient Experience Policy monitoring includes all the aforementioned elements, ensuring that the PX section/team actively evaluate, report, and improve patient experiences while effectively managing patient expectations. This comprehensive approach fosters an environment dedicated to continuous improvement in patient care and satisfaction.

6. DOCUMENT HISTORY and VERSION CONTROL

Version	Description	Review Date
1	Initial Release	MOH National Patient experience team

7. REFERENCES:

1. Al-Bulushi NK, Al-Mukhaini ZA, Al Fannah J, Al Zadjali AA, Al Zidi H, Al-Balushi ZM, Al-Hadidi AK, Al-Adawi S. Development and Validation of the Patient Experience Assessment Scale (PXAS) in Tertiary Care Hospital-Oman. Journal of Patient Experience. 2025 Jan; 12:23743735241311090.

2. Crisafulli, B., Wasil, M., Singh, J. and Benoit, S. (2019) 'Managing patient expectations through understanding health service experiences', ***British Journal of Medical Practitioners***, 12(2).

3. Dhand, S. (2020) 'Setting expectations: How to manage challenging patients', ***Walter Kluwer, HEALTH***.

4. El-Haddad, C., Hegazi, I. and Hu, W. (2020) 'Understanding patient expectations of health care: A qualitative study', ***Journal of Patient Experience***, 7(6), pp. 1724-1731.

5. Fusco, F., Marsilio, M., Guglielmetti, C. and Ricciardi, F., 2020. Co-production in health policy and management: a comprehensive bibliometric review. ***BMC Health Services Research***, [online] Available at: https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-06044-5 [Accessed 2 June 2014].

6. Gremyr, A., 2021. The role of co-production in Learning Health Systems. ***N/A***, [online] Available at: <insert link if needed> [Accessed 29 November 2021].

7. Large, A. (2020) 'Managing patient expectations', ***BDJ Team***, 31.

8. Lateef, F. (2011) 'Patient expectations and the paradigm shift of care in emergency medicine', ***Journal of Emergencies, Trauma and Shock***, 4(3), pp. 163-167.

9. McMullin, C. and Needham, C., 2015. Coproduction in healthcare. ***N/A***, [online] Available at: <insert link if needed> [Accessed 15 December 2015].

10. NHS England, 2023. How co-production is used to improve the quality of services and people's experience of care: A literature review. ***NHS England***, [online] Available at: **https://www.england.nhs.uk/publication/how-co-production-is-used-to-improve-quality-and-care-experience/** [Accessed 12 April 2023].

11. Oben, P., 2020. Understanding the Patient Experience: A Conceptual Framework. ***Journal of Patient Experience***, 7(6), pp.906-910. doi: 10.1177/2374373520951672.

12. Picker Institute, 2024. The Picker Principles of Person-Centred Care. Available at: **https://picker.org/who-we-are/the-picker-principles-of-person-centred-care/** [Accessed 1 April 2024].

13. Stroud, D. (2023) 'The Kano analysis: Customer needs are ever changing', ***ISIXSIGMA***, 44.

14. The Beryl Institute, 2024. Defining Patient Experience. Available at: **https://theberylinstitute.org/defining-patient-experience/** [Accessed 1 April 2024].

15. Wolf, J.A., Niederhauser, V., Marshburn, D. and LaVela, S.L., 2014. Defining Patient Experience. ***Patient Experience Journal***, 1(1), pp.7-19. doi: 10.35680/2372-0247.1004.

8. APPENDICES:

Appendix 1: SURVEYS.

1. Institution Based Survey (IBS) الاستبيان القائم على المؤسسة الصحية.

Patient Experience Survey/استبيان تجربة المريض

Dear patient/patient attendant- عزيزي المريض / مرافق المريض،

In order to improve our services delivered to you and your family, please rate your experience. Please note that it is confidential and your privacy is maintained/ حرصًا منا على تحسين جودة الخدمات المقدمة لكم ولعائلتكم، نرجو منكم تقييم تجربتكم معنا
نود أن نُعلمكم بأن جميع المعلومات التي يتم مشاركتها ستكون سرية، وسيتم الحفاظ على خصوصيتكم بشكل كامل

Please select your choice when answering the following question:/ يرجى أختيار الأنسب.

1. You came Hospital on this visit as a: جئت إلى المستشفى ي في هذه الزيارة بصفتك:
- **Patient مريضا**
- **Patient attendantمرافقا للمريض**

2. 'Gender: الجنس
- **Male ذكر**
- **Female أنثى**

3. Your age group in years::العمر بالسنوات
- **14 - 20 years - عاما 20 – 14**
- **21 – 30 years - عاما 30 – 21**
- **31 – 40 years - عاما 40 -31**
- **41 – 50 years - عاما 50 - 41**
- **51- 60 years - عاما 60 – 51**
- **Above 60 years - أكبر من 60 عاما**

For the following questions, please rate your experience using the scale below:
للأسئلة التالية، يرجى تقييم تجربتكم باستخدام المقياس التالي:
1. **Excellent / ممتاز**
2. **Very good / جيد جدًا**
3. **Good / جيد**
4. **Satisfactory / مقبول**
5. **Not Satisfactory / غير مقبول**
6. **Not Applicable / لا ينطبق**

4. What do you think of our doctors' communication with you? / كيف تقيّمون/ ترون تواصل الاطباء معكم؟

1. 2. 3. 4. 5. 6.

5. What do you think of our nursing staff's communication with you?/ كيف تقيّمون/ ترون تواصل طاقم التمريض معكم؟

1. 2. 3. 4. 5. 6.

6. How do you overall evaluate the response of our medical staff to your needs? / كيف تقيّمون/ ترون بشكل عام استجابة الطاقم الطبي لاحتياجاتكم؟

1. 2. 3. 4. 5. 6.

7. Please rate the emotional support that you had in the hospital:/ الرجاء تقييم الدعم العاطفي والمعنوي الذي حصلتم عليه في المستشفى.

1. 2. 3. 4. 5. 6.

8. What level would you rate the cleanliness of the hospital environment? / / كيف تقيّمون ترون مستوى نظافة المستشفى؟

1. 2. 3. 4. 5. 6.

9. What level would you rate quietness (defined as the absence of noise) in the hospital? / كيف تقيّمون/ ترون مستوى الهدوء في المستشفى ؟

1. 2. 3. 4. 5. 6.

10. During in-house referrals, how did you find the transition from one department to another within the Hospital?/ كيف تقيّمون/ ترون مستوى الخدمة في حاله التحويل من قسم الى اخر في المستشفى ؟

1. 2. 3. 4. 5. 6.

11. During external referrals, how did you find the transition from the Hospital to other hospitals or vice-versa?/ كيف تقيّمون/ ترون مستوى الخدمة في حاله التحويل الى المستشفى الى مستشفي اخر او العكس؟

1. 2. 3. 4. 5. 6.

12. How do you rate the information provided to you before leaving/ being discharged from the hospital?/ كيف تقيّمون/ ترون المعلومات التي أعطيت لكم قبل مغادرتكم المستشفى؟

1. 2. 3. 4. 5. 6.

13. How do you rate the medication-related information provided to you? / / كيف تقيّمون ترون المعلومات التي اعطيت لكم المتعلقة بالأدوية؟

1. 2. 3. 4. 5. 6.

14. What do think of the catering services at the hospital? / كيف تقيّمون/ ترون خدمة التغذية بالمستشفي؟

1. 2. 3. 4. 5. 6.

15. Kindly rate your overall experience of the hospital. / ما هو تقييمكم العام لخدمات المستشفى بناء على تجربتكم؟

1. 2. 3. 4. 5. 6.

On a scale of 0 – 10, how likely would you recommend the Hospital to your family and friends? (0 means never, and 10 means extremely likely)/ هل توصون اهليكم واصدقائكم بالعلاج بالمستشفى ؟

الرجاء الإجابة باختيار رقم ما بين 0 – 10 (حيث ان الرقم صفر يعني غير محتمل على الاطلاق - والرقم 10 يعني من المرجح للغاية)

(0 – 1 - 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10)

Please feel free to add your comments and suggestions to help us improve our hospital services. / هل توجد لديكم اي اقتراحات او ملاحظات من اجل تطوير الخدمات داخل المستشفى؟

Thank you for your kind cooperation. / شكرا لكم على حسن تعاونكم

2. In-Patients Specialty-Specific Survey (SSS):

The **Specialty-Specific Survey (SSS)**: is a survey that assesses the patient experience in a unit or department. To maintain a standardized service throughout the hospital, the survey has to include components specific for patient experience while incorporating specific questions tailored to each unit. This sample is from the **Hospital Surgical Unit.**

2.1 Surgical Department Patient Experience Survey أستبيان لتجربه المريض في وحدة الجراحة

Surgical Department Patient Experience Survey أستبيان لتجربه المريض في وحدة الجراحة

To enhance the quality of services provided to you and your family, please rate your experience in the surgical and renal departments (inpatient, outpatient, others). Your responses are confidential, and your privacy is fully maintained.

عزيزي المريض / مرافق المريض
سعياً من إدارة المستشفى لتحسين الخدمات الصحية المقدمة لمراجعين ، ومن أجل تأمين تجربة صحية متميزة، يرجى تعبئة الاستبانه التاليه الخاصه بخدمات أقسام الجراحه والمسالك البوليه.

1. Name of the Department: اسم القسم
- **Female surgical**
- **Male surgical**
- **Other**

2. Please mark one of the following/الرجاء الاختيار من التالى
- **Patient/هل انت المريض**
- **Family member/مرافق للمريض**

3. Gender
- **Male/ذكر**
- **Female/أنثى**

4. Nationality الجنسية
- **Omani/عماني**
- **Non-Omani/غير عماني**

5. Age group/العمر
- **< 20 years**
- **20 – 40 Years**
- **40 – 60 years**
- **> 60 years**

For the following questions, please rate your experience using the scale below:
للأسئلة التالية، يرجى تقييم تجربتكم باستخدام المقياس التالي:
1. **Excellent / ممتاز**
2. **Very good / جيد جدًا**
3. **Good / جيد**

4. Satisfactory / مقبول
5. Not Satisfactory / غير مقبول
6. Not Applicable / لا ينطبق

6. How Do You Rate the Communication With The Nurses?
كيف تُقيم التواصل مع طاقم التمريض؟/

1. 2. 3. 4. 5. 6.

7. How Do You Rate the Communication with The Doctors? /
كيف تُقيم التواصل مع الاطباء؟

1. 2. 3. 4. 5. 6.

8. How Do You Rate the Staffs' Responsiveness to Your Needs? / كيف تُقيم استجابة الطاقم الطبي لاحتياجاتك؟

1. 2. 3. 4. 5. 6.

9. Please Rate the Emotional Support That You Had During Your Admission?
الرجاء تقييم الدعم المعنوي وتعاطف العاملين الصحيين مع حالتك/

1. 2. 3. 4. 5. 6.

10. Please Rate the Cleanliness of the Department? كيف تُقيم مستوى نظافة القسم؟/

1. 2. 3. 4. 5. 6.

11. Please Rate the Quietness in The Department? الرجاء تقييم مستوى الهدوء في القسم؟/

1. 2. 3. 4. 5. 6.

12. How do you rate Catering Services at the Hospital? كيف تقيّمون/ ترون خدمة التغذية بالمستشفى؟

1. 2. 3. 4. 5. 6.

13. How Do You Rate the Pain Management Service During Your Visit?
كيف تقيم خدمة التحكم بالألم في أثناء وجودك في المستشفى-/

1. 2. 3. 4. 5. 6.

14. During In-House Referrals, How Did You Find the Transition from One Department to Another Within the Hospital? كيف تقيّمون/ ترون مستوى الخدمة في حاله التحويل من قسم الى اخر في المستشفى ؟

1. 2. 3. 4. 5. 6.

15. During External Referrals, How Did You Find the Transition from The Hospital to Other Hospitals or Vice-Versa? كيف تقيّمون/ ترون مستوى الخدمة في حاله التحويل من المستشفى الى مستشفي اخر او العكس؟

1. 2. 3. 4. 5. 6.

16. How do you rate the information provided to you about pre-operative/procedure preparation? /- كيف تقيم المعلومات التي اعطيت لك حول التحضير لما قبل الجراحة / الإجراء الطبي

1. 2. 3. 4. 5. 6.

17. How do you rate the information provided that help you to recover from surgery/procedure? - تقيم المعلومات المقدمة التي تساعدك على التعافي من الجراحة / الإجراء الطبي؟

1. 2. 3. 4. 5. 6.

18. How do you rate the involvement of multi-disciplinary team in your care? / كيف تقيم مشاركة فريق متعدد التخصصات في رعايتك؟

1. 2. 3. 4. 5. 6.

19. How do you rate the discharge information that was delivered to you from the inpatient / outpatient departments?12- كيف تُقيم المعلومات التي اعطيت لك قبل خروجك من المستشفى سواء من قسم التنويم او العيادات الخارجيه؟

1. 2. 3. 4. 5. 6.

How do you rate the overall experience in surgical and renal department? - كيف تقيم التجربة الكلية في قسم الجراحة, المسالك البوليه؟

1. 2. 3. 4. 5. 6.

21. هل توصي اهلك واصدقائك بخدمات هذا القسم ؟ الرجاء الاختيار من الارقام 0 – 10 (حيث ان الرقم صفر يعني غير محتمل على الاطلاق - والرقم 10 يعني من المرجح للغايه) / On a scale of 0 – 10 how often would you recommend the services of this department / specialty in Hospital for your family and friends, were 0 means not at all likely and 10 means extremely likely.

0 1 2 3 4 5 6 7 8 9 10

Please feel free to add your suggestions for the service improvements in this section? / هل لديكم أقتراحات أخرى لتحسين خدمات القسم؟

2.2. Adult Accident & Emergency department patients experience Survey
استبيان لتجربة المرضى في قسم الحوادث والطوارئ للبالغين

Adult Accident & Emergency department patients experience Survey

استبيان لتجربة المرضى في قسم الحوادث والطوارئ للبالغين

عزيزي المريض / مرافق المريض
سعياً من إدارة المستشفى لتحسين الخدمات الصحية المقدمة لمراجعين ، ومن أجل تأمين تجربة صحية متميزة، يرجى تعبئة الاستبانه التاليه الخاصه بخدمات أقسام الجراحه والمسالك البولي

Dear patient / patient's relative

In order to improve our services delivered for you and your family, please rate your experience in the Adult Accident & Emergency department. Please note that it is confidential and your privacy is maintained

1. الرجاء الاختيار من التالى/Please mark one of the following
- **هل أنت المريض/Patient**
- **مرافق للمريض/Family member**

2. الجنس/Gender
- **ذكر/Male**
- **أنثى/Female**

3. العمر/ Age group
- **اقل من 20 عام/ under 20 years**
- **بين 20 – 40 عام/20 – 40 Years**
- **40 – 60 عام/40 – 60 years**
- **اكثر من 60 عام/over 60 years**

For the following questions, please rate your experience using the scale below:
للأسئلة التالية، يرجى تقييم تجربتكم باستخدام المقياس التالي:

1. **Excellent / ممتاز**
2. **Very good / جيد جدًا**
3. **Good / جيد**
4. **Satisfactory / مقبول**
5. **Not Satisfactory / غير مقبول**
6. **Not Applicable / لا ينطبق**

1. How Do You Rate The Communication With The Nurses? كيف تُقيم التواصل مع طاقم التمريض؟/

1. 2. 3. 4. 5. 6.

2. How Do You Rate The Communication With The Doctors? / كيف تُقيم التواصل مع الاطباء؟

1. 2. 3. 4. 5. 6.

3. How Do You Rate The Staffs' Responsiveness To Your Needs?/ كيف تُقيم استجابة الطاقم الطبي لاحتياجاتك؟

1. 2. 3. 4. 5. 6.

4. Please Rate The Emotional Support That You Had During Your Admission? الرجاء تقييم الدعم المعنوي وتعاطف العاملين الصحيين مع حالتك/

1. 2. 3. 4. 5. 6.

5. Please Rate The Cleanliness Of The Department? كيف تُقيم مستوى نظافة القسم؟/

1. 2. 3. 4. 5. 6.

6. Please Rate The Quietness In The Department? الرجاء تقييم مستوى الهدوء في القسم؟/

1. 2. 3. 4. 5. 6.

7. During In-House Referrals, How Did You Find The Transition From One Department To Another Within The Hospital? كيف تقيّمون/ ترون مستوى الخدمة في حاله التحويل من قسم الى اخر في هذا المستشفى ؟

1. 2. 3. 4. 5. 6.

For the following questions, please rate your experience using the scale below:
للأسئلة التالية، يرجى تقييم تجربتكم باستخدام المقياس التالي:

Yes/نعم
No/لا

8. The time between your arrival to ER until being examined by ER physician is less than one hour? هل كان الوقت بين وصولك لقسم الطوازئ حتى فحصك من قبل طبيب قسم الطوارئ اقل من ساعه واحده ؟ .

1 2.

9. Did the nurse or doctor update on your management status? خلال تواجدك في قسم الطوارى , هل قام الممرض \ الطبيب بأخطارك باخر مستجدات علاجك باستمرار ؟

1 2.

10. Did the nurse or doctors update on how long you would wait? خلال تواجدك في قسم الطوارى , هل قام الممرض \ الطبيب . بأخطارك بالفتره المتوقعه لانتظار ؟

1 2

11. On the first visit in ER, Did the nurse orient you about the place, toilet, X-ray room and Exit? . في الزياره الاولى لقسم الطوارئ الكبار, هل وجهك الممرض للأماكن المهمه كدورات المياه, قسم الاشعه, الصيدليه و المخرج ؟

1 2

12. Did the nurse provide you snack after the first hour since you arrived ER? هل قدم لك الممرض وجبه بعد ساعه من وصولك الى قسم الطوارئ؟

1 2

13. Was your privacy maintained while being taken care of by the nurses? هل حافظ الممرض المعاين على خصوصيتك اثناء المعاينه ؟

1 2

14. Was your privacy maintained while being treated by the Doctors? هل حافظ الطبيب المعالج . على خصوصيتك اثناء تقديم العلاج ؟

1 2

15. The seating area in the waiting area is very comfortable? هل كانت اماكن . الجلوس في قاعة الانتظار مريحه ؟

1 2

16. I have been involved as much as possible in the treatment plan? هل تم المامك والاخذ برايك في . الخطة العلاجيه الخاصه بك؟

1 2

17. هل توصي اهلك واصدقائك بخدمات هذا القسم بالمستشفي ؟ الرجاء الاختيار من الارقام 0 – 10 (حيث ان الرقم صفر يعني غير محتمل على الاطلاق - والرقم 10 يعني من المرجح للغايه) / On a scale of 0 – 10 how often would you recommend the services of this department / specialty in the Hospital for your family and friends, were 0 means not at all likely and 10 means extremely likely.

0	1	2	3	4	5	6	7	8	9	10

18. Please feel free to add your suggestions for the service improvements in this section? / هل لديكم أقتراحات أخرى لتحسين خدمات القس

3. Out-patients Specialty-Specific Survey (SSS):

This sample is from the Adult Outpatient Service at the Hospital, and all departments must select relevant specialty-specific questions within the standardized framework, focusing on areas specific to outpatient services and include components specific for patient experience

3.1 Adult Outpatient Patient Experience Survey أستبيان تجربة المرضى لخدمات العيادات الخارجيه للبالغين

Adult Outpatient Patient Experience Survey أستبيان تجربة المرضى لخدمات العيادات الخارجيه للبالغين

Dear Patient/Patient Attendant
In order to improve our services delivered for you and your family, please rate your experience in the Adult OPD. Please note that it's confidential and your privacy is maintained

عزيزي المريض / مرافق المريض
سعياً من إدارة المستشفى لتحسين الخدمات الصحية المقدمة للمراجعين ، ومن أجل تأمين تجربة صحية متميزة،
يرجى تعبئة الاستبيان التالي الخاص بخدمات العيادات الخارجيه للبالغين

1. Name of the Department: اسم القسم
- **Surgical /الجراحة**
- **Medical /الباطنية**
- **Other /أخرى**

2. Please mark one of the following/الرجاء الاختيار من التالى
- **Patient/هل انت المريض**
- **Family member/مرافق للمريض**

3. Gender
- **Male/ذكر**
- **Female/أنثى**

4. Nationality الجنسية
- **Omani/عماني**
- **Non-Omani/غير عماني**

5. Age group/العمر
- **< 20 years**
- **20 – 40 Years**
- **40 – 60 years**
- **60 years**

6. الزياره نوع / Type of this visit
- **أول زيارة/ visit First**
- **Follow-up visit /متابعه**

7. How many health facilities you had to visit in order to get the referral to this Hospital? كم مؤسسة صحية أخرى وجب عليك ارتيادها للحصول على التحويل لهذا للمستشفى ؟
- **One واحده**
- **Two اثنتان**

Three or more /ثلاث فاكثر

8. How long did to you have to wait for the appointment after the referral to this Hospital? بعد التحويل الى المستشفي كم من الوقت استغرق الحصول على الموعد

أسبوع واحد/ week One

Two weeks/ اسبوعان

weeks Three/ ثالث اسابيع

One month/ شهر

More than one month/ أكثر من شهر

9. How would rate the self-registration process ? ما هو تقيمك لعمليه التسجيل الذاتي؟

1. 2. 3. 4. 5. 6.

10. How much time you required to find a parking / كم من الوقت أستغرقت للحصول على موقف للسياره؟

Less than 15 minutes/ اقل عن 15 دقيقه

minutes 30 - 15/ من 15 الى 30 دقيقه

minutes 60 – 30/ من 30 الى 60 دقيقه

More than 60 minutes / اكثر عن 60دقيقه

11. How much time you required to complete the registration process? كم من الوقت انتظرت حتى تتمكن من أكمال عمليه التسجيل؟

Less than 15 minutes/ اقل عن 15 دقيقه

Minutes 30 - 15/ من 15 الى 30 دقيقه

Minutes 60 – 30/ من 30 الى 60 دقيقه

More than 60 minutes / اكثر عن 60دقيقه

12. How do you rate the communication with the nurses / كيف تقيم تواصل طاقم التمريض مع المريض؟

1. 2. 3. 4. 5. 6.

13. How do you rate the communication with the doctors/ كيف تُقيم التواصل مع الاطباء؟

1. 2. 3. 4. 5. 6.

14. How do you rate the staffs' responsiveness to your needs?/ كيف تُقيم استجابة الطاقم الطبي لاحتياجاتك؟

1. 2. 3. 4. 5. 6.

15. Please rate the emotional support that you had during your admission? الرجاء تقييم الدعم المعنوي وتعاطف العاملين الصحيين مع حالتك/

1. 2. 3. 4. 5. 6.

16. How do you rate the medical team respect to your privacy/ كيف كيف تقيم مستوى احترام الطاقم الطبي على خصوصيتك؟

1. 2. 3. 4. 5. 6.

17. Please rate the cleanliness of the department? كيف / تُقيم مستوى نظافة القسم؟

1. 2. 3. 4. 5. 6.

18. Please rate the quietness in the department? الرجاء تقييم / مستوى الهدوء في القسم؟

1. 2. 3. 4. 5. 6.

19. During In-House Referrals, How Did You Find the Transition from One Department to Another Within the Hospital? كيف تقيّمون/ ترون مستوى الخدمة في حاله التحويل من قسم الى اخر في هذا المستشفى ؟

1. 2. 3. 4. 5. 6.

20. كيف تقيّمون/ ترون مستوى الخدمة في حاله التحويل من هذا المستشفى الى مستشفي اخر او العكس؟
During External Referrals, How Did You Find the Transition from This Hospital to Other Hospitals or Vice-Versa?

1. 2. 3. 4. 5. 6.

21. **How much time you required to get your medications from the pharmacy /** كم كانت فتره انتظارك للحصول على أدويتك من الصيدليه؟

Less than 15 minutes/ اقل عن 15 دقيقه
minutes 30 - 15/ من 15 الى 30 دقيقه
minutes 60 – 30/ من 30 الى 60 دقيقه
More than 60 minutes / اكثر عن 60دقيقه

22. **Were you seen in the pre-set appointment time /** هل تم معاينتك من قبل الطبيب في وقت الموعد المحدد مسبقا؟

Yes /نعم
No/ لا

23. **How do you rate the information given to you about your health condition?** كيف تقييم المعلومات التي اعطيت لك حول حالتك الصحية؟

1. 2. 3. 4. 5. 6.

24. **How do you rate your involvement in your treatment plan? /** كيف تقيم مشاركتك في خطتك العلاجية

1. 2. 3. 4. 5. 6.

25. **Were you given enough time to discuss / consult your doctor** هل تم اعطائك الوقت الكافي للاستشاره/ النقاش مع الطبيب؟ /؟

Yes /نعم
No/ لا

26. **Do you have any difficulty in renewing your prescription/** هل تجد صعوبة في تجديد وصفة الدواء؟

Yes /نعم
No/ لا

27. هل توصي اهلك واصدقائك بخدمات هذا القسم بالمستشفي ؟ الرجاء الاختيار من الارقام 0 – 10 (حيث ان الرقم صفر يعني غير محتمل على الاطلاق - والرقم 10 يعني من المرجح للغايه) /
On a scale of 0 – 10 how often would you recommend the services of this department / specialty in this Hospital for your family and friends, were 0 means not at all likely and 10 means extremely likely.

0 1 2 3 4 5 6 7 8 9 10

28. **Please feel free to add your suggestions for the service improvements in this section? /** هل لديكم أقتراحات أخرى لتحسين خدمات القسم؟

4. Patient Experience Round:

A structured survey by patient navigators, conducted monthly for minimum eight patients. It can be adapted to different organizations and departments while maintaining key patient experience elements. The example below is from the Medical Unit at Hospital.

4.1 DEPARTMENT: Internal Medicine-Patient Experience Round

DEPARTMENT: Internal Medicine-Patient Experience Round

1. Select the Department
   Surgical /الجراحة
   Medical /الباطنية
   Other /أخرى
2. DONE BY: ----------

Tick the option:

3. Doctor Care & Communication

	Met	Not met	Not Applicable
Introduces self			
Shows respect & maintains privacy			
Provides clear explanation of the treatment plan			
Listens actively and demonstrates empathy to the patient's & family's concerns.			
Engages patient's /relatives in the decision-making process			

Action:

1. **Nurses care & Communication**

	Met	Not met	Not Applicable
Introduces self			
Shows respect & maintains privacy			
Provides clear explanation of the treatment plan			
Listens actively and demonstrates empathy to the patient's & family's concerns.			
Engages patient's /relatives in the decision-making process			

Action:

2. **Communication with Other Health Care Providers (e.g. Radiographers, physiotherapist, dietitian, etc.)**

	Met	Not met	Not Applicable
Introduces self			
Shows respect & maintains privacy			
Provides clear explanation of the treatment plan			
Listens actively and demonstrates empathy to the patient's & family's concerns.			
Engages patient's /relative's in the decision making process			

Action:

---

3. **Communication with Non Medical Staff (e.g. cleaners, security, catering)**

	Met	Not met	Not Applicable
Greats patients/relatives			
Shows respect & maintains privacy			
Cooperates when needed			

Action:

---

4. **In your opinion what are the factors that might lead to violence toward the staff in the hospital:**
   - Poor communication
   - Long waiting time
   - Hospital environment
   - Unavailability /delay in service provision
   - not applicable

5. **Care at Service Transition**

	Met	Not met	Not Applicable
Smooth shifting between wards/specialties/ departments & hospitals			
Provided proper medical report			

Action:

---

6. **Discharge Information**

	Met	Not met	Not Applicable
Clear discharge plan received			
Proper and clear Discharge medication education was provided			
Education regarding home care issue (e.g. change of colostomy bag, Insulin injection, care of drains/catheter)			
Appointment & follow up were provided and explained clearly			
Post discharge follow-up for any emergency situation was explained clearly			

Action:

_____

7. Hospital Environment

	Met	Not met	Not Applicable
Cleanliness			
Resources (e. g. tissue paper, hospital dress, pillows, soap)			
Quietness during all shifts			
Odor/smell			
Lightening			
Food quality			

Action:

_____

8. Discharge Medication:

	Met	Not met	Not Applicable
Availability of prescribed medications			
Patients understand the indication of his/her medications			
Patients recognize the side effects of medication			
3 Vs are implemented while administering medications(e.g. two staff checked the medication & attend with pt for visualization& verbalization)			

Action:

9. Hospital Environment

	Met	Not met	Not Applicable
The indication for procedure/test was explained			
Procedure/ test was performed on time			
The patient was informed about procedure's/test's result			

Action:

Any additional comments:

5. Patient Experience Leadership Round

a. **Organizational Level:** A scheduled regular bimonthly / monthly round led by the hospital director and the main patient experience team in a selected department. After the visit, a report is forwarded to the concerned department and administrative section to develop an improvement action plan

b. **Departmental Level:** Conducted twice per year by the department head and nursing supervisor within their respective department to assess and enhance patient experience

Leadership Rounding Interview Questionnaire

Date:
Rounding Location: **Rounding Team:**
Leader: **Interviewer:**
Observer: **Writer:**

Patient	Always	Sometimes	Never	Not applicable
1. Are your doctors providing enough information and answering your question adequately?				
2. When your nurse visits, do they ask questions about; A- Your needs?				
B- About your pain?				
C- About your comfort?				
3. Are we responding to your call button in a timely manner?				
4. Is your room and bathroom kept clean?				
5. Are your room / area quiet?				
6. Are there any services that you would suggest which will make your stay /visit with us more comfortable?				
7. Is there anything else that might improve your experience with us?				
8. May I do anything for you now?				

Healthcare Staff	Always	Sometimes	Never	Not-Applicable
Is there good communication among health care staff?				
Is the process of communicating information at shift change working well?				
Does the culture of Hospital promote the best patient Experience?				
Do you have anything (tools and equipment) that you need to do your job well?				
Is there anything else you want to share?				

Probing Questions for the Rounding Team

1. **What went well?**
   ---
2. **What is making difference?**
   ---
3. **What can be done better?**
   ---

6. Patient Experience Focused Group

Conducted twice per year for each department or as needed. Led by key members and department leaders, patient feedback is recorded on a flip chart and then documented in an action plan table with improvement suggestions and a timeline

Department/ Ward: ----------
Patient Focus Group Done By: ----------
Date: ----------
Number of Patients Involved: ----------

Feedback Positive / Gaps	Action Plan	Activities Will Be Done	Time Frame

7. Mapping Patient Journey

Conducted by patient experience team members, who shadow patients from arrival to service completion, documenting observations. Done 3–4 times per department to ensure unbiased insights, with findings discussed with department heads for improvement

Team: **Reporter:**

Date:	Patient sticker	Department/ team	Reporter

Area	Time	Comments	Area for improvement	Suggestions
Parking				
Reception				
Security				
Medical Record				
Ward Reception				
Welcoming				
Orientation				
The Bed Environment				
Nurse Self Identification				
Doctor Self Identification				
Good Explanation for the Pt Medical Condition and Treatment Plan				
Catering Services (Options of Food, Timing of Meals, Food Temperature, Waiters Communication)				
Housekeeping Services (Toilets, Sinks)				
Internal Referral Services				
Smooth In Discharge Papers				
All Needed Instructions About Medications and Home Care (Tube Feeding Patients, Wound Care)				

Feedbacks from Patients:

1.

Suggestion & Recommendation from Patients:

1.

Recommendation & advices from patient experience team for improvements:

1.

Appendix 2:

1. Patient Experience Report

1.1 Quarterly Report year and which quarter, e.g., Q1, Q2, Q3, Q4)

Quarterly Report year and which quarter, e.g., Q1, Q2, Q3, Q4)

Compiled every quarter, summarizing data from various departments and forwarded to the administration for review:

Acknowledgment
(Section to express gratitude towards key contributors)

Table of Contents

Summary of Department-Wise Surveys
Net Promoter Score (NPS) Analysis
Hospital-Based and Specialty Surveys
Patient Journey Mapping
Leadership Rounds & Focus Groups
Repeated Comments and Suggestions

Summary of Department-Wise Surveys
(List of departments and summary of findings in this quarter for each department, this includes the results of all the surveys done; SSS, leadership, focused groups and PX rounds)

Net Promoter Score (NPS) Analysis
(Overview of NPS for the organization and that of each department / unit)

Done in a timetable format

Hospital-Based & Specialty Surveys
(Breakdown of major findings from various departments for this quarter)

Patient Journey Mapping
(Insights from mapping exercises conducted this quarter by the Patient experience committee / team)

Leadership Rounds & Focus Groups
(Summary of discussions and key outcomes for this quarter)

Repeated Comments & Suggestions
(Common themes from patient feedback this quarter)

1.2. Patient Experience Annual Report

Patient Experience Annual Report

Compiled annually, consolidating all quarterly data into a comprehensive report. It includes achievements and future updates from the patient experience team.

Patient Experience Committee/Section/Department name

Annual Report [year]

Our Vision
(Brief statement on the vision of the committee/Section/Department)

Acknowledgment
(Section to express gratitude towards key contributors)

Table of Contents

1. Vision and Strategic Goals
2. Surveys and Feedback Mechanisms
3. Summary of Department-Wise Surveys
4. Net Promoter Score (NPS) Analysis
5. Hospital-Based and Specialty Surveys
6. Patient Journey Mapping
7. Leadership Rounds & Focus Groups
8. Key Achievements of the Committee
9. Repeated Comments and Suggestions
10. Future Recommendations

Vision & Strategic Goals

For example:

1. Enhancing patient-centered care
2. Promoting effective communication
3. Embedding a culture of feedback and learning
4. Digital integration for personalized experiences

Surveys & Feedback Mechanisms

Types of surveys conducted
Methodology and scoring approach

Summary of Department-Wise Surveys
(List of departments and summary of findings)

Net Promoter Score (NPS) Analysis
Overview of NET score of the organization and that of each and every department / unit

Hospital-Based & Specialty Surveys
(Breakdown of major findings from various departments)

Patient Journey Mapping

(Insights from mapping exercises)

Leadership Rounds & Focus Groups
(Summary of discussions and key outcomes)

Key Achievements of the Committee
(List major accomplishments for the year)

Repeated Comments & Suggestions
(Common themes from patient feedback)

Challenges
List Common challenges

Future Recommendations
(Suggested improvements and strategic initiatives for the coming year)

Appendix
Any documents related to patient experience