SERVICOM Index Report

The People’s Right To Be Served Right

Evaluation of Psychiatric Hospital, Uselu, Benin
(Out-Patients Department)

Federal Ministry of Health

28th June, 2007
1.0 Introduction
This is a report on the findings of a SERVICOM Compliance Evaluation of the Psychiatric Hospital, Uselu, Benin. Compliance has been measured against the SERVICOM Index, a yardstick for measuring the quality of service as delivered by Government through its various Ministries, Departments, Parastatals and Agencies.

The SERVICOM Index is predicated on the facts that:
- The ultimate purpose of governance is to serve citizens;
- citizens have the right to be served right;
- service is well delivered only when citizens are satisfied; and
- The Federal Government is committed to the provisions of SERVICOM (Service Compact with All Nigerians) as a programme to improve service delivery throughout the country.

Customer Satisfaction is the overriding consideration of service delivery. Extensive research, consultations and surveys have shown that customer satisfaction is broadly driven by several drivers, listed further below. A selection of service window (Out-Patients Department) of the Psychiatric Hospital, Uselu, Benin, has been evaluated for each of these drivers through customer interviews, discussions with staff, discussion with partners, reviews of key documents and observations made at the service window. The overall Index score for the Psychiatric Hospital, Uselu, Benin has been calculated as weighted average for the scores evaluated for each driver. The weight of importance attached to each driver is as follows:

- Service Delivery - 30%
- Timeliness - 24%
- Information - 18%
- Professionalism - 16%
- Staff Attitude - 12%

A more detailed methodology is provided in the Terms of Reference.
2.0 Acknowledgements

We acknowledge the co-operation of the following for their contributions in the course of the evaluation exercise:

- Alhaji Ibrahim Talba - Permanent Secretary, Federal Ministry of Health
- Dr. (Mrs.) O.F. Ihenyen - Medical Director, Psychiatric Hospital, Uselu, Benin
- Mr. I.I. Aghama - Chief Nurse, Tutor/Principal
- Mr. P.O. Esan - Assistant Director (Pharmacy)
- Mr. N.U. Igbinidu - Assistant Chief Accountant
- Mr. A.I. Obaseki - Head (Nursing Services)
- Mr. I. B. Okwubu - Head (Administration)
- Dr. G.O. Eze - Nodal Officer, Psychiatric Hospital, Benin

3.0 Terms of Reference

The Psychiatric Hospital, Uselu, Benin was selected for SERVICOM Index Compliance Evaluation following a Presidential directive that all government departments and agencies be evaluated for SERVICOM Index Compliance. The mandate of SERVICOM Compliance Evaluation team is to identify those areas or actions that can bring immediate or urgent improvement in services to citizens.

4.0 Methodology

The Psychiatric Hospital, Uselu, Benin is a scheduled Parastatal of the Federal Ministry of Health. The Psychiatric Hospital, Benin came into being in 7th December, 1964 by the mid-western region (Bendel State, now Edo State). In October, 1975 the Federal Military Government took over the hospital from the then Bendel State Government. When an Interim Management board for Psychiatric Hospitals under the Federal Ministry of Health was inaugurated in 1977, the name Nervous Diseases Clinic, Uselu,
as it was then called changed to Psychiatric Hospital, Uselu, Benin City, by Decree No. 42 of 1979 which established the Psychiatric Hospitals Board. The hospital is made of seven departments. They include: Clinical Services, Administration, Nursing Services, Pharmacy, School of Nursing, Accounts and Audit. Some of these departments (Administration and Clinical Services) are further subdivided into units: maintenance, Security, catering, Health records, Laboratory, Social welfare, Occupational therapy, library and Store. At present the hospital has twenty-three (23) doctors including four (4) Consultant psychiatrists, seven (7) Administrators, six (6) Executive Officers, six (6) Accounts Officers, four (4) Pharmacists, 12 Nurses and other workers spread across the various departments. These departments render the following services:

- Conduct clinical investigations of mental related cases
- Carry out mental and physical examinations and findings
- Counselling of the persons who have mental related symptoms
- Administration of drug to patients
- Carry out radioactive services (X-Ray)
- Training of medical students who want to specialise in psychiatry
- Provides psychological advices on disorder resulting from general medical conditions (Organic brain Disorder etc.

Services are provided to citizens by the Psychiatric Hospital, Uselu, Benin through several key service windows out of which the Out-Patients Department was selected.

Out- Patients Department: It is perhaps, the hub of the Hospital. It consists of the following Units:

- Registry
- Consulting
- Laboratory
- Pharmacy
- Occupational Therapy

The department is responsible for the following:
- Immunization;
- Conduct of neuropsychology diagnostic testing;
- Treatment of mental related illnesses;
- Neurology consultancy services.

The Out-Patients Department was considered important for evaluation for these reasons:

- It has high customer interface as it is the first point of call for any patients to the hospital;
- It serves as a referral clinic to the various specialist clinics of the different categories of patients;
- Recommendations for service improvement is replicable for other departments as well as similar service windows across the country;
- It runs twenty four hours call services.

Therefore, the Out-Patients Department was selected for evaluation where evidence was gathered through customer interviews, discussions with staff, general observations and reviews of key documents.

<table>
<thead>
<tr>
<th>Name and location of service windows evaluated</th>
<th>Date evaluated</th>
<th>With co-operation of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric Hospital, Uselu, Benin (Out-Patients Departments)</td>
<td>27th June, 2007</td>
<td>Dr. (Mrs.) O.F. Ihenyen, the Medical Director.</td>
</tr>
<tr>
<td></td>
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<td>Dr. G.O. Eze, Nodal Officer</td>
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**Other Partners and Documents Consulted**
Given the particular nature of the services provided by the hospital, we felt it also important to evaluate further evidence by contacting the partners in order to ascertain their opinion on the level of relationship existing them and the hospital. The documents reviewed include:

- Service Charter of the Psychiatric Hospital, Uselu, Benin
- Uselu Periscope
- Staff Training Register (1997 – 2007)
- Staff Attendance Register
- Financial Report for the year 2005
- SERVICOM Customer Relation Activities Register
- Minutes of meetings (Management & Partners, Heads of Departments, Chief Executives of Federal Psychiatric Hospitals)
- Audit Report of the departments.

In addition, the SERVICOM office website: www.servenigeria.com and a Neuropsychiatric Hospital, McLean Hospital website: www.mclean.harvard.edu were visited.

5.0 Findings

The findings presented in this section comprise both an Index score and observations on the Service Charter and on the quality of service delivery found at the service window. The table below summarises the results of evaluation of the service window. Based on these, we have calculated a composite score for Psychiatric Hospital, Uselu, Benin.

5.1 Charter Evaluation

Observations on the Service Charter

- The content of the Charter is not properly arranged in line with the guideline of the Charter Checklist issued by the SERVICOM office
- The service provided is not described in broad terms and the purpose of the
The charter is separated from the introduction

- The mission statement does not indicate where the mandate is derived
- Development of sub-specialities mentioned have no time limit
- The charter does not describe the procedure for payment of service rendered
- Stakeholders’ participation is not included in the charter
- The type of Service Provision is not clearly indicated
- The grievance redress mechanism does not include name, room number and phone number of the nominated person to receive complaints

**Recommendations for improving the Service Charter**

- The content of the Charter should be chronologically arranged as outline in the Charter Checklist. This will make the charter more comprehensible
- The service provided should be clearly described in broad terms and the purpose of the charter should be included in the introduction/background. This will enable the both service provider and service taker to know their expectation
- The mission statement should indicate the source. This will ensure that service provision is in line with the statutory standard
- Time limit should be set for the development of sub-specialities mentioned. This will enable the hospital management to have focus on the sub-specialities
- The charter should describe the procedure for payment of service rendered. This will help the service to be more efficient and transparent
- Stakeholders’ participation should be included in the charter
- The type of Service Provision should be clearly indicated. This will enable the patients know varieties of services available
- The grievance redress mechanism should include name, room number and phone number of the nominated person to receive complaints. This will enhance easy access in lodging complaints

**5.2 Index score**

The overall Index score for the Psychiatric Hospital, Uselu, Benin is: **2.3 out of 4 or 58%**
### Composite score for the Psychiatric Hospital, Uselu, Benin

<table>
<thead>
<tr>
<th>Category</th>
<th>Score</th>
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<tbody>
<tr>
<td><strong>Overall Index score</strong></td>
<td>2.3</td>
</tr>
<tr>
<td><strong>Service Delivery</strong></td>
<td>2.0</td>
</tr>
<tr>
<td>1 - Standards &amp; practices / performance</td>
<td>1.4</td>
</tr>
<tr>
<td>2 – Reception experience</td>
<td>2.9</td>
</tr>
<tr>
<td>3 – Complaints &amp; grievance redress</td>
<td>1.8</td>
</tr>
<tr>
<td><strong>Timeliness</strong></td>
<td>2.8</td>
</tr>
<tr>
<td>1 – Standards &amp; practice/ performance</td>
<td>2.7</td>
</tr>
<tr>
<td>2 – Customer friendliness</td>
<td>3.0</td>
</tr>
<tr>
<td><strong>Information</strong></td>
<td>2.2</td>
</tr>
<tr>
<td>1 – Information</td>
<td>2.2</td>
</tr>
<tr>
<td>2 - Customer feedback</td>
<td>2.2</td>
</tr>
<tr>
<td><strong>Professionalism</strong></td>
<td>2.1</td>
</tr>
<tr>
<td>1 – Transparency</td>
<td>1.3</td>
</tr>
<tr>
<td>2 – Efficiency</td>
<td>3.0</td>
</tr>
<tr>
<td><strong>Staff Attitude</strong></td>
<td>2.4</td>
</tr>
</tbody>
</table>

**NB:** The scores are rounded to one decimal place
5.3 Key findings

The following observations have been made on the quality of service delivery provided by the Psychiatric Hospital, Uselu, Benin which we feel need to be addressed as a matter of urgency:

**Driver 1 – Service Delivery**
- Standards are not set for all main services provided
- Although the hospital acts to remedy poor performance, it does not document actions taken and the results.
- Standards for all main services provided and customer care are not reviewed regularly.
- There is no evidence that the hospital achieves its standards and targets most of the time.

**Driver 2- Timeliness**
- Standard for waiting times for initial service and any subsequent visit are not set for some of the services of the OPD e.g. waiting times for issuance of registration card at registry.

**Driver 3 – Information**
- Customer satisfaction survey is not conducted at all
- Information on standards for all major activities and customer care is not widely available to all patients and potential customers and performance against standard also not available regularly at all service outlets.
- Results of consultations with stakeholders are not analysed and reported regularly to management and have not led to improvement in service delivery.

**Driver 4 – Professionalism**
- Performance targets are not set for individuals and the department
- Summary of complaints as well as details of action taken are not published
periodically.

**Driver 5 – Staff Attitude**
- The customer care policy is not displayed.
- Customer has no sufficient authority to perform his functions on behave of the customer.
- Consideration is not given to the requirement of those with special needs.

**5.4 Additional Findings**
The following additional observations were also made on the quality of services delivered, which may also need attention:

**Driver 1 – Service Delivery**
- Poor performance and explanation for the reasons are not documented.
- Costs for services are not affordable for all patients and consideration has been given to the needs of the very poor.
- Details of timeliness and resolution of complaints are not recorded.

**Driver 3 – Information**
- Variety of information means is not employed in disseminating information to all patients and potential customers.
- Costs for all services are not clearly displayed at all service outlets.

**Driver 4 – Professionalism**
- Frontline staff do not wear name badges and offices and desk do not clearly indicate functions and names of officers.
- Organizational charts are not displayed at all service outlets
- Appointment procedures are not clearly detailed at all service outlets
- Cost and payment procedures are not detailed at all service outlets
6.0 Recommendations
The following recommendations are provided in order to suggest actions that can be taken which could directly lead to improvements in service delivery. In this report, we are unable to comment on general constraints relating to physical or human resources, or structural and systematic issues, which may or may not lead to improvement in services.

The mandate of the SERVICOM Compliance Evaluation team is to identify those areas or actions that can bring immediate or urgent improvement in services to citizens. The question of how those actions might be best implemented is a management issue for the Psychiatric Hospital, Uselu, Benin that should be addressed with the guidance of the Ministerial Servicom Unit by developing Service Improvement Plans.

6.1 Key recommendations

Driver 1 – Service Delivery
- Standard should be set for all main services. This will guarantee customers services to expect as a right
- All remedial actions taken to remedy poor performance and their effects should be documented. This will help in determining the trend in service improvement
- Standards for all main services and customer care should be reviewed regularly. This will ensure that they are not under/over challenging, realistic and meet customers’ expectation respectively and always
- Evidence that the hospital achieves its standards and targets most of the time should be documented

Driver 2 – Timeliness
- Standard should be set for initial and subsequent visit to receive service for the various services rendered. This will ensure prompt service delivery

Driver 3 – Information
- Customer satisfaction survey which should cover all customer groups should be
conducted regularly. This will facilitate identification of customer areas of service
delivery that customers are dissatisfied. This will ensure that all customer group
preferences obtained
• Information on standards should be made widely available to customers and
potential customers. This will guarantee that they have knowledge of service they
should expect as a right
• Results of consultation with stakeholders should be analysed and reported to
management regularly. This will facilitate easy adaptation of services towards
stakeholders needs and expectation

Driver 4 – Professionalism
• Performance targets should be set for individuals and the department and the
various units. This will ensure assessment of their efficiency
• Summary of complaints and details action taken should be documented. This will
make customers know that the hospital have interest in their concerns and that
continuous improvement is the aim of the hospital

Driver 5 – Staff Attitude
• The customer care policy should be conspicuously displayed. This will ensure
customers have knowledge of what there are entitled
• The customer desk officer should be empowered to function in the interest of the
customers. This will portray both staff and the hospital as caring for customers
• The needs of customers requiring special needs should be considered. This will
ensure that all categories of customers are catered for

6.2 Additional recommendations
Driver 1 – Service Delivery
• Incidences of Poor performance and honest explanation of the reasons for their
occurrence should be documented. This will serve as a reminder and focus to
ensure that there is no reoccurrence
• Alternative to reduce costs generally should be addressed and consideration
should be given to the needs of the very poor
• Timeliness and resolution of complaints should be recorded. This will help to
facilitate confirmation of the functionality and effectiveness of the grievance redress mechanism

Driver 3 – Information

- Variety of means should be employed to disseminate information to customers and potential customers. This will ensure wider spread of information about the service of the hospital to all
- Costs for all services should be clearly displayed at all service outlets. This will ensure that customers are aware of the costs for services and thus protected from being short changed

Driver 4 – Professionalism

- All staff should wear name badges and offices and desks should clearly indicate functions and names of officers. This will ensure easy identification of staff
  service outlets
- Organizational charts should be clearly displayed at all service outlets. This will ensure customers have adequate knowledge of the structure of the hospital
- Appointment procedures should clearly be detailed at all service outlets. This will ensure that customers have knowledge of the business hours as well as expectation from them to receive quality service
- Cost and payment procedures are should be detailed at all service outlets. This will ensure customers have knowledge of how and where to make payment for service