**Information Sheet for Participants in the Staff Questionnaire**

**Research Title:** The national accreditation program in Kuwait: its development, implementation and impact on quality improvement in public hospitals.

**The Staff Questionnaire (2)**

**Directions:** for each of the following, please cross the appropriate box to indicate how would you rate the impact of accreditation on your organization, using the Likert scale (1=strongly disagree, 2=disagree, 3=neither agree nor disagree, 4=agree, 5=strongly agree).

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**1. Leadership:** isthe guidance that senior leaders provide in setting organizational values, directions and performance expectations.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Criteria** | **1** | **2** | **3** | **4** | **5** |
| 1 | In the hospital, senior management provides highly visible leadership in maintaining an environment that supports quality improvement. |  |  |  |  |  |
| 2 | In the hospital, the top management is a primary driving force behind quality improvement efforts. |  |  |  |  |  |
| 3 | In the hospital, senior management consistently participates in activities to improve the quality of care and services. |  |  |  |  |  |
| 4 | In the hospital, senior management allocates adequate organizational resources (e.g. finances, time, people, and equipment) to improve quality. |  |  |  |  |  |
| 5 | In the hospital, based on accreditation standards, senior management has started to implement changes to achieve the required improvements. |  |  |  |  |  |

**2. Strategic Quality Planning:** stresses that the organization's integration of quality improvement planning into the overall business plan.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Criteria** | **1** | **2** | **3** | **4** | **5** |
| 1 | Each department and work group within the hospital maintains specific goals to improve quality. |  |  |  |  |  |
| 2 | The hospital’s quality initiatives/ goals are known throughout your unit. |  |  |  |  |  |
| 3 | All stakeholders are involved in developing plans for improving quality. |  |  |  |  |  |
| 4 | Patients’ expectations about quality play a key role in setting priorities for quality improvement. |  |  |  |  |  |

**3. Customer Focus:** expresses how the organization determines requirements, expectations, and customer performance.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Criteria** | **1** | **2** | **3** | **4** | **5** |
| 1 | The hospital established mechanisms to understand and measure patient needs and expectations. |  |  |  |  |  |
| 2 | The hospital has developed systems to rapidly respond to patient needs. |  |  |  |  |  |
| 3 | The hospital focuses on patients in its vision and strategic plan. |  |  |  |  |  |
| 4 | The hospital links recognition and appreciation systems to patient satisfaction. |  |  |  |  |  |
| 5 | The hospital uses data from patients to improve services. |  |  |  |  |  |

**Directions:** for each of the following, please cross the appropriate box to indicate how would you rate the impact of accreditation on your organization, using the Likert scale (1=strongly disagree, 2=disagree, 3=neither agree nor disagree, 4=agree, 5=strongly agree).

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**4. Measurement, Analysis, and Knowledge Management:** evaluates how an organization ensures the availability of high quality, timely data and information for all key users to improve its performance.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Criteria** | **1** | **2** | **3** | **4** | **5** |
| 1 | The hospital identifies & measures a wide range of performance indicators. |  |  |  |  |  |
| 2 | The hospital uses indicators and measurements to improve the services provided and the management of the facility. |  |  |  |  |  |
| 3 | The hospital invests on the improvement of information and performance  measurement systems |  |  |  |  |  |
| 4 | The hospital uses data on patient expectations and/or satisfaction when designing new services. |  |  |  |  |  |
| 5 | The hospital uses data on staff expectations and/or satisfaction when designing new services. |  |  |  |  |  |

**Demographic information of the participating staff member**

|  |  |  |
| --- | --- | --- |
|  | M | F |
| **Gender** |  |  |

|  |  |
| --- | --- |
| **Age (years)** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Al-Jahra hospital | Al-Razi hospital | Al-Adan hospital | Physical medicine hospital |
| **You are working in** |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | <5 | 5-15 | >15 |
| **No. of years working in this hospital** |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Manager | Physician | Nurse | Technician | Others (please specify) |
| **Occupational Category** |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | yes | No |
| **Direct involvement in the accreditation process** |  |  |

If yes, you are part of which team? …………………………………….

|  |  |  |
| --- | --- | --- |
|  | yes | No |
| **Previous experience with accreditation** |  |  |

**Thank you very much.**