

M-Score INITIATIVE

A CITIZEN FEEDBACK MECHANISM

The model and lessons learned

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GÓP Ý



People scoring the hospital's services via tablets in Quang Tri /
Photo: Oxfam in Vietnam

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LIST OF ABBREVIATIONS

APP	Mobile phone application
CAF	Centre for Analysis and Forecasting
DEPOCEN	Development and Policies Research Center
DHC	District Health Centre
ENABEL	Belgium Development Agency
H.E.	His Excellency
IT	Information Technology
LURC	Land use right certificate
MOH	Ministry of Health
M-SCORE	Mobile Phone Score Card
OSS	One-stop shop
PAPI	Public Administration Performance Index
PAR INDEX	Public Administration Reform Index
PAR	Public Administration Reform
PAS	Public Administration Service
PCI	Provincial Competitiveness Index
PPC	People's Council
PSDU	Public Service Delivery Unit
PSI	Patient Satisfaction Index
RTA	Real-time Analytics Company
SIPAS	Satisfaction Index of Public Administrative Services
VASS	Vietnam Academy of Social Sciences
VNI	Vietnam Initiative

INTRODUCTION

The Citizen Feedback Mechanism initiative - M-Score is a tool for collecting citizens' feedback on the quality of public services provided by state agencies. The M-Score project was jointly established by the Quang Tri Provincial People's Committee (PPC), Quang Binh PPC, Oxfam in Vietnam, Centre for Analysis and Forecasting (CAF) - Vietnam Academy of Social Sciences (VASS), Indiana University in the United States, Vietnam Initiatives (VNI), and Real-time Analytics Company (RTA).

After five years of implementation (2014-2019) in the provinces of Quang Tri, Quang Binh and at 60 hospitals nation-wide, the M-Score initiative has brought about positive impacts to the reformation of administrative procedures, improved the quality of services at One-stop Shops (OSSs), Provincial hospitals, and Health centers. Moreover, M-Score has contributed to increasing the Provincial Competitiveness Index (PCI) as well as citizens' satisfaction in using public services, improving people's confidence in the State, contributing to the development of a modern and professional administrative state of the people, by the people and for the people. In M-score, the companion and commitment of stakeholders is the key to success. People's confidence and responsiveness in scoring public services are the decisive factors for breakthrough changes in improving the quality of public services.

As of February 2020, 77,550 citizens have participated in telephone interviews and 61,685 feedback received via tablets on public administration and health service. Thanks to M-Score, the connection between citizens and employees at administration agencies and units has strengthened. Two-way communication is enabled, resulting in quick and effective public services. There have been positive changes in M-Score's overall index and the constituent indexes in the health and public administration sectors, as people are becoming increasingly satisfied with the services at OSSs and health facilities in Vietnam.

M-Score has become widely known at other provincial and central localities. Ha Tinh, Nghe An, Dong Nai, Quang Ninh, Da Nang, Ho Chi Minh City and other localities have exchanged experiences related to M-Score with Quang Binh and Quang Tri. H.E. Politburo Member - Chairman of the Central Committee of the Vietnam Fatherland Front Nguyen Thien Nhan, the Management Board and employees of Administrative Procedures Control Agency (APCA) under the Government Office have visited M-Score model in Quang Tri. The approach and

fundamental principles of M-Score have been included in Decree No. 61/2018/ND-CP dated April 23, 2018 on the implementation of the OSS and inter-sectional OSS mechanism in processing administration procedures, thereby enabling provinces and ministries nation-wide to apply M-Score.

Based on the project's achievements, Oxfam and partners have jointly developed the handbook: **The M-Score Initiative - A Citizen Feedback Mechanism - The Model and Lessons Learned**. This document aims to provide an overview of the theory and practice in the application of M-Score in improving the quality of public services. We would like to thank the Provincial People's Council of Quang Tri (the Quang Tri PPC), Provincial People's Council of Quang Binh (the Quang Binh PPC), Vietnam Initiatives and Real-time Analytics Company (RTA) for their support in writing this handbook.

Best regards,



People scoring the hospital's services via tablets in Quang Tri / Photo: Oxfam in Vietnam

PART 01 | A MODEL FOR CITIZENS TO FEEDBACK ABOUT PUBLIC SERVICES

M-Score is a scorecard tool developed by Oxfam in Vietnam and the Vietnam Initiatives (VNI) in 2014 initially for citizens to assess public administration services (PAS). The project has been implemented to support local governments in improving the quality of PAS, by providing real-time information on citizens' experiences of public services. PAS and health services, the two main types of public services that are used by most local citizens, have been selected for the project. Accordingly, citizens are offered assessment methods via phone calls, mobile apps, hotlines, and tablets at PSDUs to assess the quality of the said services.

1. THEORY OF CHANGE

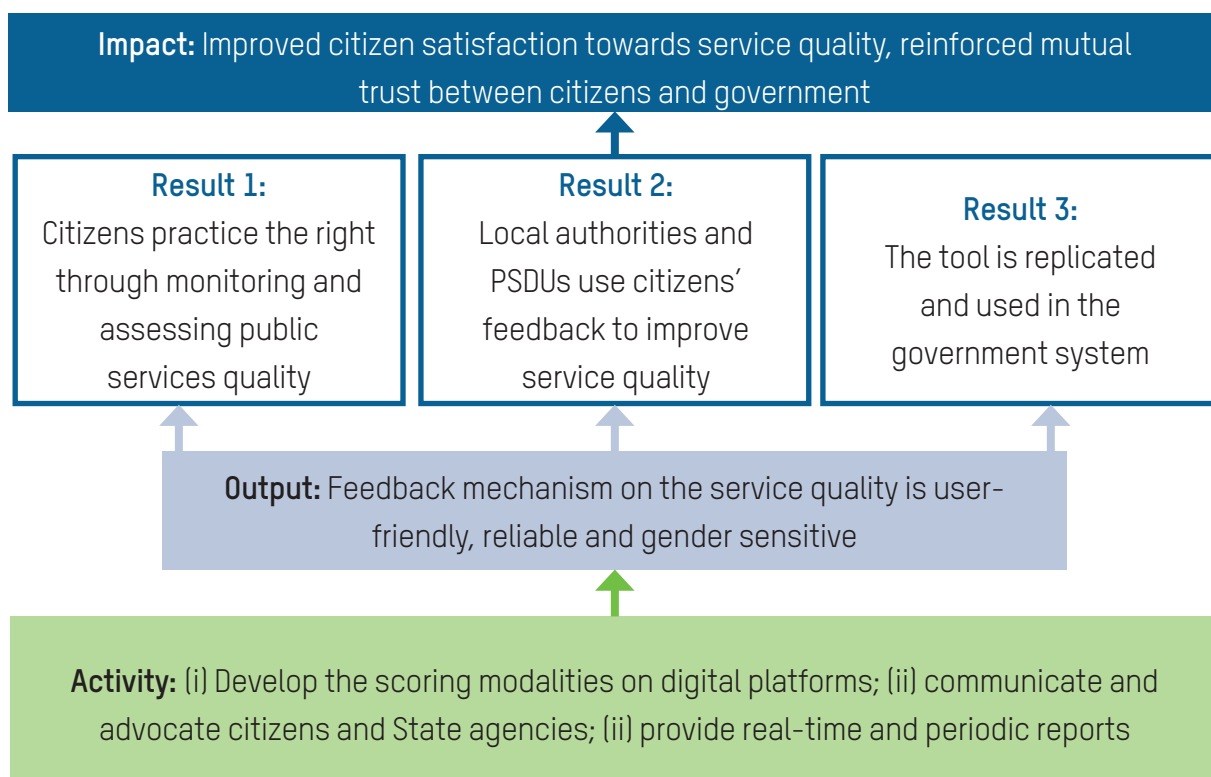


Figure 1. Theory of change of the M-Score model

According to M-Score's Theory of Change, by equipping citizens with convenient IT-based tools to assess the quality of public services and advocating for the use of such tools, state agencies shall construct an objective and reliable feedback

mechanism. Should state agencies receive such constructive and progressive information to upgrade the quality of public services, citizen satisfaction towards the government shall increase accordingly, thereby reinforcing the confidence of citizens in the government system and vice versa.



People scoring the hospital's services via tablets in Quang Tri / Photo: Oxfam in Vietnam



The M-Score Initiative helped improve service quality at hospitals in Quang Tri / Photo: Oxfam in Vietnam

2. THE M-SCORE MODEL

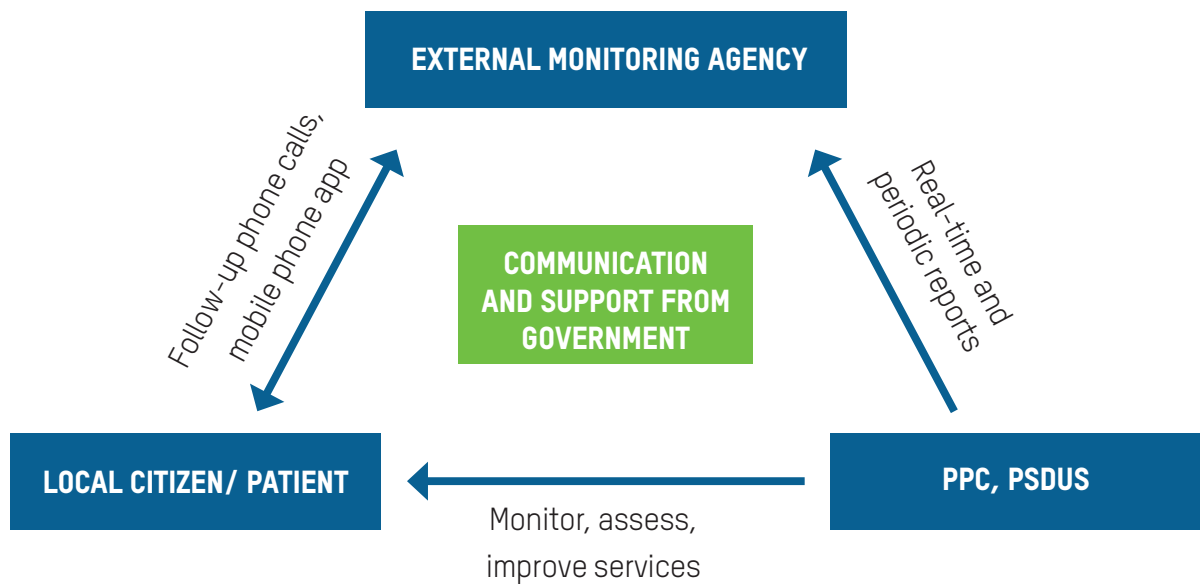


Figure 2. Main components of the M-Score Model

The M-score model has been implemented based on the tripartite interaction mechanism:



Citizens and patients/public service users



Intermediaries providing technical solutions to collect citizen feedback and report to government agencies



Supervisory agencies (PPCs), line departments (executive agencies under supervision of the Provincial/ District People’s Committee), direct PSDUs (collectively referred to as state agencies), and MOH.

The active participation of the media and support from socio-political organizations are also critical factors to generate a favorable environment for the model to function effectively.



The M-Score Initiative helped improve service quality at hospitals in Quang Tri / Photo: Oxfam in Vietnam

PART 02 | APPLICATION OF M-SCORE MODEL AT LOCAL AND NATIONAL LEVELS: THE M-SCORE PROJECT

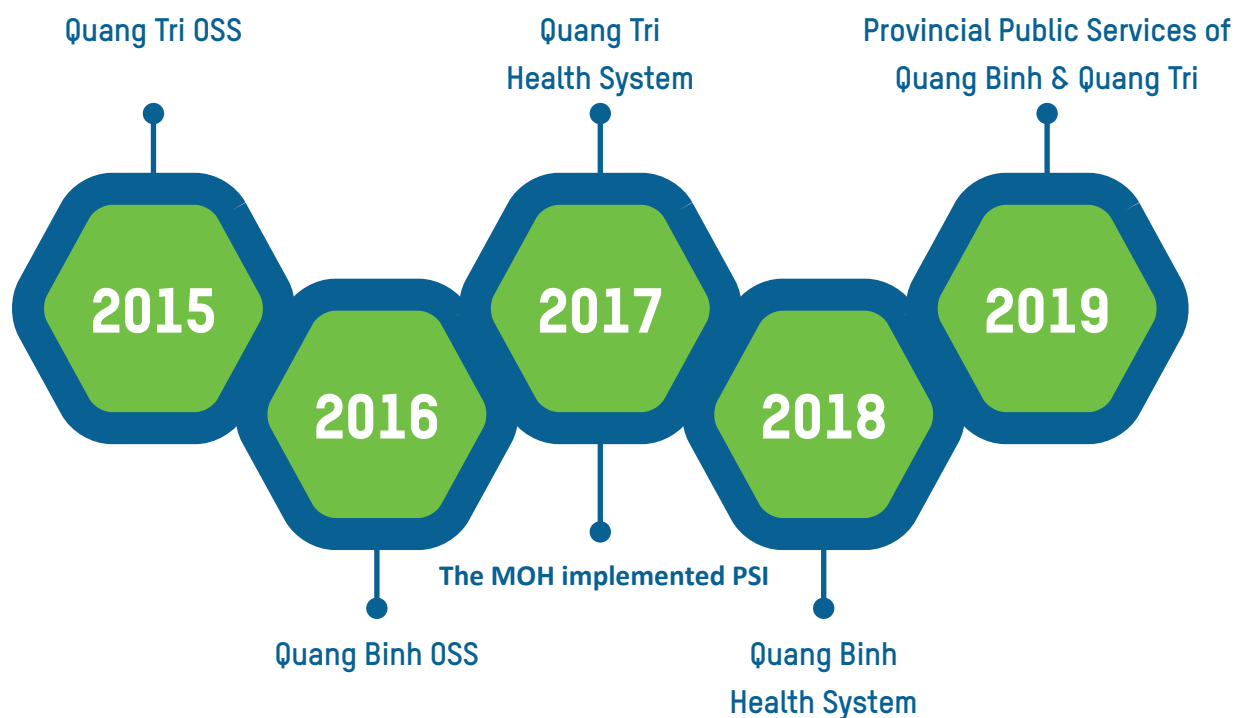
1. PROJECT INTRODUCTION

The initiative on citizen feedback mechanism – the M-Score Project in Vietnam – was implemented in the provinces of Quang Binh and Quang Tri, and at 60 hospitals in Vietnam from 2014 to 2019. The project was jointly implemented by Oxfam in Vietnam and other stakeholders, namely the Quang Binh PPC, Quang Tri PPC, Vietnam Initiatives (VNI). The project is funded by Oxfam, the Ministry of Foreign Affairs of Finland, the Ministry of Foreign Affairs of the Netherlands, and Belgium Development Agency (ENABEL).

The Project’s key objectives in the 2014-2019 period are: “Improve PAS quality by applying citizen feedback mechanism (M-Score) to improve public services quality at provincial and national levels”.



More green spaces at hospitals thanks to patients' feedback / Photo: Oxfam in Vietnam



The project aims to achieve three major outcomes:



Outcome 1: Citizens in the project provinces have improved awareness of their rights to participate in monitoring and providing feedback on the quality of public services and PSDUs, and of the local government's accountability for service quality.



Outcome 2: Local governments and public administration service delivery units in the two provinces (Quang Binh, Quang Tri) respond to citizens' feedback collected via M-Score.



Outcome 3: National government commits to adopting the innovative approach of M-Score in public administration reform (PAR) programs and the e-government system.

Four years into implementation in Quang Tri, M-Score has improved the quality of public services across the province and increased citizens' satisfaction. To maintain these positive outcomes, in May 2018, the Quang Tri PPC ratified Resolution No. 103/NQ-HDND to allocate approximately VND 2.8 billion in its scheme for maintaining the M-Score model at nine one-stop shops in the 2018-2020 period. In July 2020, with the ratification of Resolution No. 48/2020, the additional fund of VND 1.785 billion was allocated by the same provincial agency to support the maintenance of M-Score for health service at PGHs and DHCs across the province in the 2020-2025 period.

In Quang Binh, the outcomes of the Project's implementation have persuaded the PPC to establish a similar scheme to that of Quang Tri to maintain the citizen scoring

M-Score inception workshop in the health sector in Quang Tri / Photo: Oxfam in Vietnam



mechanism for both PAS and health service simultaneously.

At the national level, for the first time, MOH, with the support from VNI, has approved the implementation of a survey on patient satisfaction using the M-Score methodology, which is officially named PSI (Patient Satisfaction Index). PSI not only ranks the quality of different aspects within one particular hospital, but also ranks hospitals nation-wide. The PSI survey has witnessed a surge in the number of participating hospitals, from 27 in 2017 to 60 in 2018, and its results have generated impactful changes.

During 2017-2018, Oxfam in Vietnam closely worked with the Government Office to submit ten recommendations on monitoring the performance of OSSs based on acquired lessons and experiences from the M-Score project. Seven out of ten recommendations were adopted and incorporated into Decree No. 61/2018/ND-CP of the Government on implementing OSS and inter-sectional OSS mechanism in administrative procedures and Circular 01/2018/TT-VPCP providing detailed guidance for implementing the Decree.

Workshop on announcing the Vietnam Patient Satisfaction Index for the year 2018 / Photo: Oxfam in Vietnam



2. APPLICATION OF M-SCORE MODEL IN QUANG BINH AND QUANG TRI

CITIZEN

Citizens play the central role in the M-Score project.

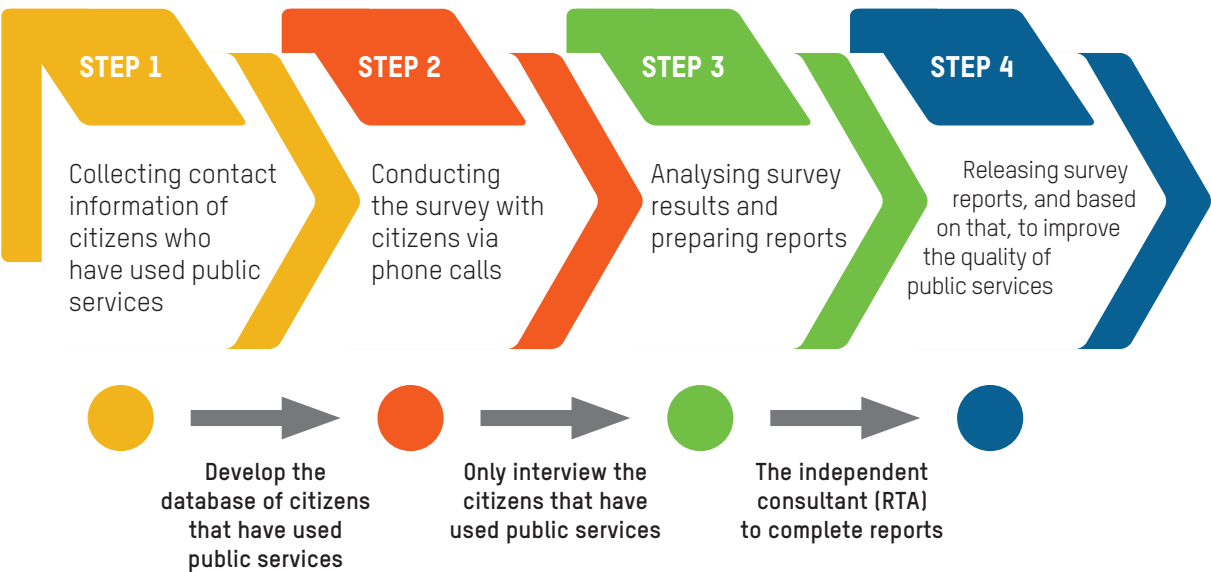
2.1. How do citizens participate in the M-Score Model?

Citizens shall be asked to provide score-based feedback on their satisfaction about the service quality after they experienced the service at OSSs or medical examination and treatment at health-care facilities.

Three ways of collecting citizens’ feedback on public service quality are:



- **Scoring via phone calls:** Interviewers directly contact citizens to collect feedback based on a designated questionnaire.



- **Scoring via tablets:**

Tablets are placed at PSDUs as a fast and proactive assessment channel at citizens’ disposal. Several PSDUs such as OSSs, PGHs or DHCs have encouraged citizens to score the service quality right after use.



People scoring the hospital’s services via tablets in Quang Tri /
Photo: Oxfam in Vietnam

- **Scoring via mobile application:**

Through rtHome Mobile App on their smartphones, citizens shall be updated about their dossier process by the administrative agencies.

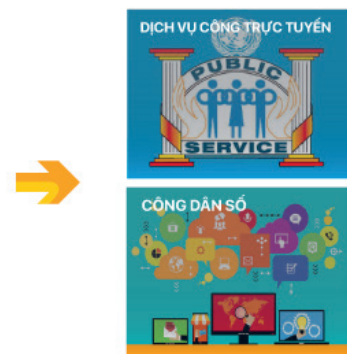
After submitting their dossiers, citizens scan the receipt code by using rtHome, and the app shall automatically send the latest update on the dossier's processing status. Once the dossiers are completed and ready to be returned to citizens, the rtHome App will send the final automatic message to the citizens, which includes the notification of the completed process and the invitation to score the services.



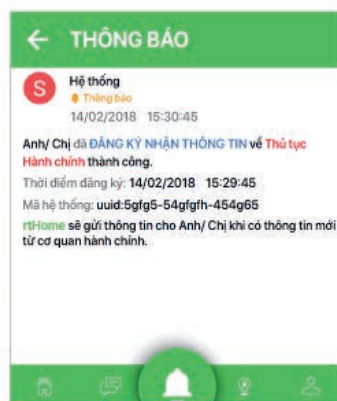
Citizens complete the required procedures at the OSSs and want to receive updates.



Install rtHome app on smartphones or tablets.



These two modules will appear on the main screens.



rtHome will automatically send updates to the citizens rtHome



SCAN THE DOSSIER CODE
to subscribe for updates

2.2. Citizens to voluntarily participate and provide authentic score

One of the critical objectives is to persuade citizens to participate voluntarily, providing authentic feedback and score. Citizens tend to be hesitant at first out of the fear that their identity, phone number, and recordings might be disclosed, or they might encounter hindrances the next times they use the services.

Hence, communication plays an integral role in explaining about the mechanism and encouraging citizens to participate in assessing the quality of public services:

- Mass media such as newspapers, television and radio on the district, provincial and central levels helped communicate about the M-Score initiative to citizens, communities and government agencies.
- Local government communication units actively developed plans to promote M-Score on different media channels.
- The forms of communication are diverse. Examples are regular M-score promotion clips, brief reports, interviews in the morning news program, soap opera broadcast. The Provincial Television and Film Distribution and Cinema Center (under the Department of Culture, Sports and Tourism of each project province) organized mobile screenings of reports and documentaries with voice-over in Van Kieu ethnic language in mountainous and remote areas.

As a result, the M-Score not only reached residents in the deltas and urban areas but also ethnic minorities and people in remote areas.

“ Although answering phone-calls may take me some time, I think my authentic feedback may help the hospitals improve their service quality, which will eventually benefit my neighbors. That’s why I have enthusiastically joined and even persuaded my neighbors to score. ”

Opinion of a patient’s relative at Quang Tri PGH



Teacher Son calling the hotline of M-Score to feedback about the local administrative procedures

Photo: Oxfam in Vietnam

THE TEACHER WHO TRAVELED 2,000 KM TO GET HIS RED BOOK

Vietnam has implemented various efforts to reform administrative procedures for citizens. Nevertheless, there still exist places where people are discouraged by the exhaustion and costliness of the process. In Ta Rut commune, Dakrong district, Quang Tri province, there was a teacher who had spent over one and a half years to register for his Red Book (the land use right certificate (LURC)) and only managed to get it after reporting the case to the M-Score project's hotline and the Quang Tri PPC.

In May 2015, teacher Nguyen Hong Son voluntarily donated 16m² of his land to building new roads in the community. After the donation, the length of his remaining parcel of land was too short. Therefore, in April 2018, teacher Son purchased a land lot from a nearby family to build his own house. He went to the OSS in Dakrong district to register for a LURC. An official at the land registration office of Dakrong district promised to re-measure his parcel of land, yet no appointment paper was given to him. After going back and forth for a couple more times, teacher Son remained unsure about when he would receive a LURC.

“ They just promised me that they would come to measure the land but did not let me know a specific date. They said they would come next week, then the week after, and so on. I have no clue when they would actually come. ”

According to teacher Son, an official from the land registration office in Dakrong district had kept promising to arrange a meeting multiple times, yet no appointment was scheduled. Later, Son knew from another official that his documents would be processed after 2018's Tet holiday. However, as of May

2019, the procedure for Mr. Son's LURC remained unfinished. He reckoned that as he had to travel 100 km each time to get to the district office, and after 20 back and forth trips, the total distance has mounted up to 2000 km. Still, he had not managed to get his Red Book.

“ With disappointment, he continued: “It was incomprehensible. I felt discontented with such working attitude. I assume that worse-off families would give up on getting their papers done as it was simply too annoying. Such a simple dossier already took me 20 round trips, I wonder how the poor would manage to pull it off?” ”

Upon learning about the hotline of M-Score project, he reached out to it to report his own case. In one of the phone calls, he said: “The land management office told me once that they would return my dossier in the afternoon, but then they told me that I lacked some documents. The process kept being delayed. They said they would come to measure the land next week, then postponed it to the week after. I've been calling them for the last few weeks and now they don't even pick up their phones anymore. There's nothing I can do about it.”

Responding to Mr. Son's feedback, on May 17, 2019, the Standing Committee of the Quang Tri PPC sent a written request to the land registration office of Dakrong district to resolve the case once and for all. After that, the branch of the land

registration office of Dakrong district sent a report to the Standing Committee of the Quang Tri PPC to explain some of the land registration procedures in Mr. Nguyen's case. The Standing Committee of the Quang Tri PPC continued to send another written direction to the office, requesting this unit to provide the citizen with clear guidance and to soon submit the completion report.

November 01, 2019 became a memorable day for Mr. Son. The teacher went from Ta Rut commune to the Dakrong district's one-stop shop to receive his LURC. He said that, after knowing that the Standing Committee of the Quang Tri PPC urged the settlement, he could finally stop counting the number of kilometers he had to travel. The arduous journey to get his Red Book finally completed, Mr. Son smiled in relief.



The Ambassador of the Netherlands visited the People's Council of Quang Binh province in 2018 / Photo: Oxfam in Vietnam

AUTHORITY AND PUBLIC SERVICE DELIVERY UNITS

1. People's Council (PPC)

PPC takes the prime responsibility in implementing activities to ensure “Citizens practice the rights to monitor and assess public service quality” and “Local governments and PSDUs actively use the collected feedback to enhance their service quality.”

The role of People's Councils in monitoring the performance of state agencies and the quality of public service delivery in each province is in line with the M-Score project's objectives.



The M-Score project helped improve service quality at one-stop offices / Photo: Oxfam in Vietnam

The Project Management Board was established with members from the PPC, representatives of relevant provincial departments such as the Department of Home Affairs and the Department of Health.

Each department, sector (Department of Home Affairs, Department of Health), and unit (Public Service Centre, OSSs, Hospital, and Health Center) participating in the project shall establish a Project implementation sub-committee to collect inputs for evaluation, processing regular assessment results, consulting leaders at all levels for responsive plans. The Vietnam Fatherland Front Committee, local departments, agencies, sectors and local governments have actively cooperated to communicate about the importance of and ways for people to evaluate public services, not only for citizens but also for leaders, public servants and public employees directly working at state administrative agencies and socio-political organizations in the area.

2. Public Service Delivery Units (PSDUs)

The results of citizens' scoring and M-Score index analysis were periodically broadcasted on local communication channels and sent to provincial leaders as well as heads of the scored PSDUs. The PPCs of Quang Tri and Quang Binh have organized biannual, annual and triennial review meetings to release the M-Score index.

These results were studied and reviewed by leaders of the PSDUs and used as the basis to evaluate the performance of each unit on a monthly and yearly basis. PPCs together with leaders of Provincial People's Committees, departments, agencies, sectors and PSDUs joined briefings, analyzed the data and reports conducted by an external evaluation consultant agency, and decided on measures to promptly resolve problems reported by citizens.

Media outlets also reported responsive actions from the government agencies. This created a positive two-way communication between authorities and citizens.

The Quang Tri PPC established a website to publicize feedback and ratings of each district so that public servants and citizens can easily access: <https://danchamdiem-mscore.vn/>

The Provincial Party Committee, the PPC, and the People's Committee worked closely to take actions for public administration reform.

“ Personally, I find M-Score an outstanding tool as it allows citizens to express their opinions in an objective way without the fear of being in bad books. For public administration services, this scoring mechanism has raised the awareness of OSS staff members, changed their attitudes and manners in service delivery, eradicated the bureaucratic mechanism, reduced non-official costs and saved citizens' time. Similarly, health service shall be improved to ensure citizens can benefit from it. We have also utilized M-Score as the basis in working with the provincial agencies to seek solutions to the hindrances and innovation, not to practice criticism or disciplinary measures. That explains why people were hesitant in the first place, but everything is good now.

Mr. Nguyen Duc Dung, Standing Vice Chairman of the Quang Tri PPC



INDEPENDENT MONITORING AGENCY

The Real-Time Analytics (RTA), as an external consultancy organisation, cooperated with the Quang Tri and Quang Binh Project Management Boards to implement three ways to help people score, including: Scoring via phone-calls, Scoring via tablets, and Scoring via mobile apps.

The RTA was responsible for developing the scoring tools, transferring the technology to the local project management boards, analysing data, producing analytical reports and publishing external survey results.

For scoring via phone calls, based on monthly lists provided by one-stop shops, provincial general hospitals, and district health centers, the RTA cleaned the data and interviewed citizens who had experienced services at public units. Interviewers directly contacted citizens to collect feedback based on a designated questionnaire. The entire interview was kept confidential and archived to ensure the preciseness of information.

The three methods have strengths and limitations:

NO.	Scoring channels	Strengths	Limitations
1	Scoring via phone-calls	<ul style="list-style-type: none">• high interview success rate• correct subjects for data collection• easy to choose subjects to ensure representative sampling• a diverse resource of recorded interviews, with respondents' consent to the use of data for communication purposes	<ul style="list-style-type: none">• costly• interview questions should not be too long and difficult to collect qualitative data• dependence on information sources from OSSs, Hospitals and Health centers for the lists of interviewees
2	Scoring via tablets	<ul style="list-style-type: none">• a small number of short questions, ensuring quick response• citizens' active participation in scoring timely reflection of citizens' feedbacks right after their use of services	<ul style="list-style-type: none">• used as references only, to supplement the results from phone call surveys, due to the lack of control over the number of respondents and the amount of feedback• personnel needed to supervise and protect the valuable devices installed at public places• hesitation to participate due to unfamiliarity with the new assessment mechanism
3	Scoring via mobile apps	<ul style="list-style-type: none">• cost-efficient• citizens' active participation in scoring the services• control over respondents and the amount of feedback thanks to the ability to trace their information in the system• diverse, multi-dimensional, interactional, and updated information	<ul style="list-style-type: none">• people must know how to use smartphones• data connection must be clear and smooth to ensure the collection of precise, sufficient, and multi-dimensional information

In general, the M-Score always puts citizens in the center of the assessment of their satisfaction with public services. With multiple available scoring channels, diverse options are offered to the citizens, thereby helping the authorities approach more users at PSDUs. The scoring channels also provide direct and objective information for authorities at all levels to better the administrative apparatus and improve their effectiveness and transparency.



The M-Score project helped improve service quality at one-stop offices / Photo: Oxfam in Vietnam

M-SCORE HAS TOUCHED THE PATIENTS' HEART

“PATIENT-CENTERED MODEL”

(Nguyen Thi Luyen - Deputy Director of Quang Tri General Hospital)

Nearly two years ago, a patient excitedly told us after being discharged from the hospital: “Your hospital is awesome. Though I have been discharged, the hospital still called to ask me how satisfied I was with their services. It impressed me very much”. I told him that the phone call was made by a staff member of the province’s M-Score initiative and explained to him more about it. He was very happy to know about the benefits that people can now enjoy. His sharing made me feel that those who are in the medical profession like myself should always strive for the hospital’s quality and the patients’ well-being.

The “M-Score in the health sector” Project commenced in March 2017. In the beginning, we were worried whether this implementation would put more pressure on health workers. Nevertheless, with the determination of the provincial PPC, the Department of Health, and the PGH, we realized our responsibilities, not only in our professional efforts, but also in the connection between patients and doctors.

The M-Score Project at the hospital was carried out in two methods, phone interviews with discharged patients and direct scoring via tablets. Initially, data collection was a challenging task, as the contact numbers were usually of the patients’ relatives, or the calls were made when the patients were too busy to answer. The use of tablets was unpopular

because many people were not familiar with it. Yet, with determination and gradual adjustments, the Project received thousands of responses from patients, which were then forwarded to the Director and Project Management Board of the hospital. During the first months of implementation, apart from compliments on the ethics of the doctors, their expertise, and the hospital’s facilities, there were also complaints about complicated administrative procedures, condescending attitude of some health workers, unclear explanations to patients, etc. The Director Board of the hospital reviewed the causes to find the most appropriate solutions to these. The results would also be published monthly to all staff members. Accordingly, there would be rewards for accomplishments,



Doctors and nurses at Dak'rong district hospital, Quang Tri / Photo: Oxfam in Vietnam

and points of improvement for underperformance.

Considering the sincere feedback that the hospital needed more green space, we have planted thousands of trees and constructed three parks, serving as the place for patients and health workers to take a break from their illness and work.

The inpatient unit has set up more examination tables and become increasingly specialized to help patients reduce waiting time and gain better access to services. The hospital has also made phone calls and sent text messages to remind patients of their follow-up examinations and treatment regimens.

Regarding feedback on restrooms and the waiting time to use them, we have adjusted and repaired them to

suit the hospital's conditions, as well as instructing patients to use the restrooms in a civilized manner.

Furthermore, the hospital has proactively transformed through financial autonomy, with the determination to face challenges, continuously enhance professional skills, and foster medical ethics to gain people's confidence. We have also recruited more qualified doctors and conducted training and retraining activities to enhance our capacities.

The M-Score project has made significant improvement to the hospital. The feedback from patients has contributed to positive changes and motivated our staff members to fulfill the tasks of caring for and protecting the people's health.



More green spaces at hospitals thanks to patients' feedback / Photo: Oxfam in Vietnam

(RTA)

★
9/2015:

P/v & tri
Công bố báo cáo

Drop box
+ home phone
Web 30rm



01/20

Qtri x GBinh
VPAC

+ home phone
E FY

★
IP call
Chỉ âm cuộc
gọi

03/2017

Y tế QTri
BVĐK

Tích hợp
dữ liệu hệ thống

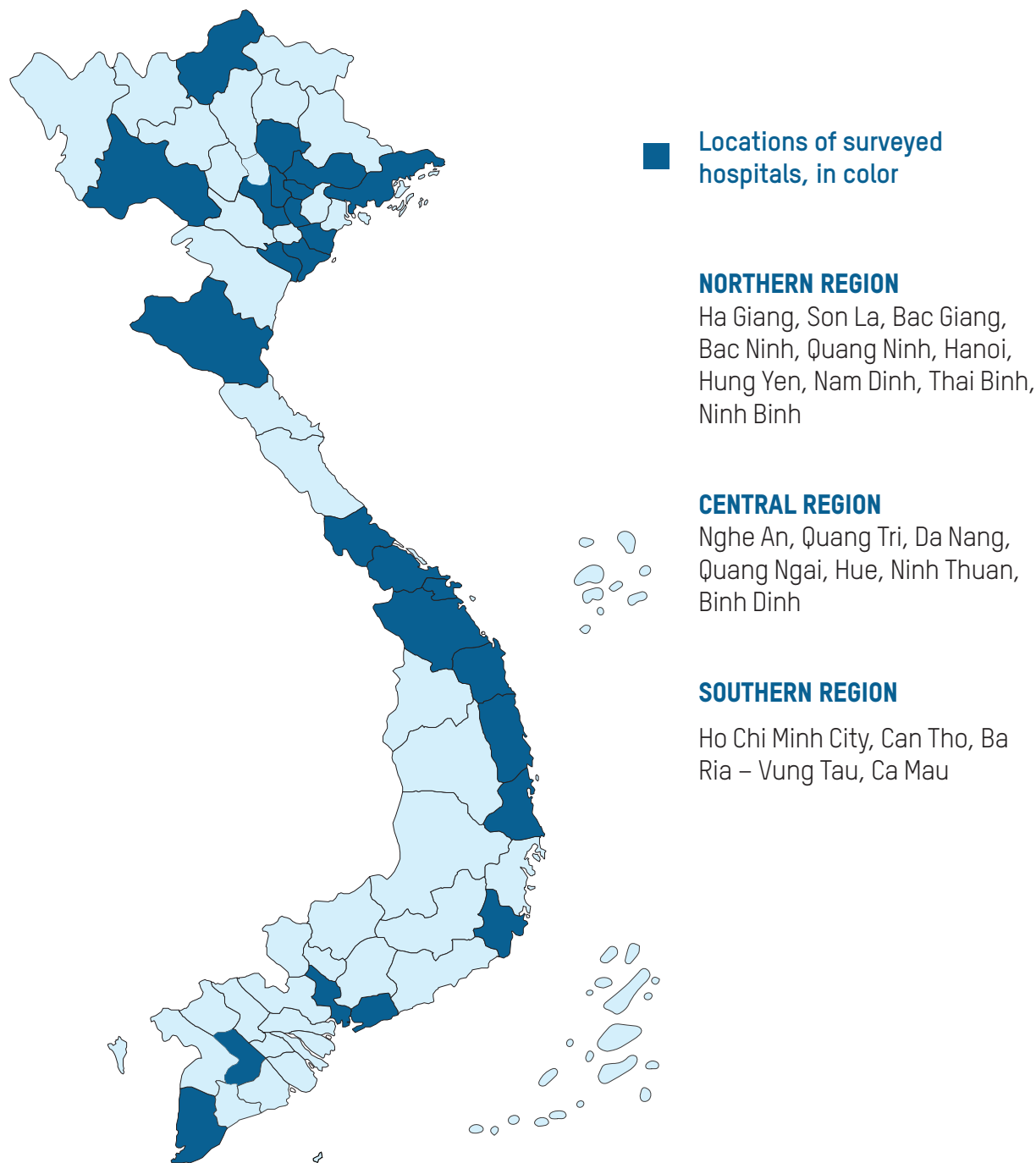
VPAC
QB x QI

Báo cáo
Real-Time

Gọi điện
P/v

★
Taba

3. APPLICATION OF M-SCORE MODEL AT THE CENTRAL LEVEL: PATIENT SATISFACTION INDEX (PSI)



Patient Satisfaction Index (PSI) is the fruit of the joint research conducted by the Ministry of Health (MOH), experts from the Vietnam Initiative (VNI) under Indiana University, the United States, and Oxfam in Vietnam. The PSI survey is a vivid and convincing representation of the application of the M-Score model at the central level.

The survey was first carried out in 2017, which interviewed 3,000 discharged inpatients in 29 public hospitals in different regions of Vietnam. In 2018, the survey was conducted on a larger scale, interviewing 7,500 discharged patients and their families in 60 public hospitals across 23 provinces and cities.

The PSI survey uses phone interviews to collect patients' feedback (shortly after their discharge. By that time, the patients have experienced all stages of examination and treatment, without being bound by the treatment process at the hospital. The survey results, therefore, are considered more objective, reliable, and convincing to the people and the health facilities.

The PSI was recognized and published by MOH at the Launching Workshops in March 2018 and May 2019. The information was broadcast by the national radio and television stations, as well as more than 70 press agencies.

MOH has not only reported the survey results of PSI to the Party and the Government (for example, at the National Assembly meeting in October 2018), but more importantly, also addressed the people's feedback on the cost of health services and hospital restrooms.

Workshop on announcing the Vietnam Patient Satisfaction Index for the year 2018 / Photo: Oxfam in Vietnam



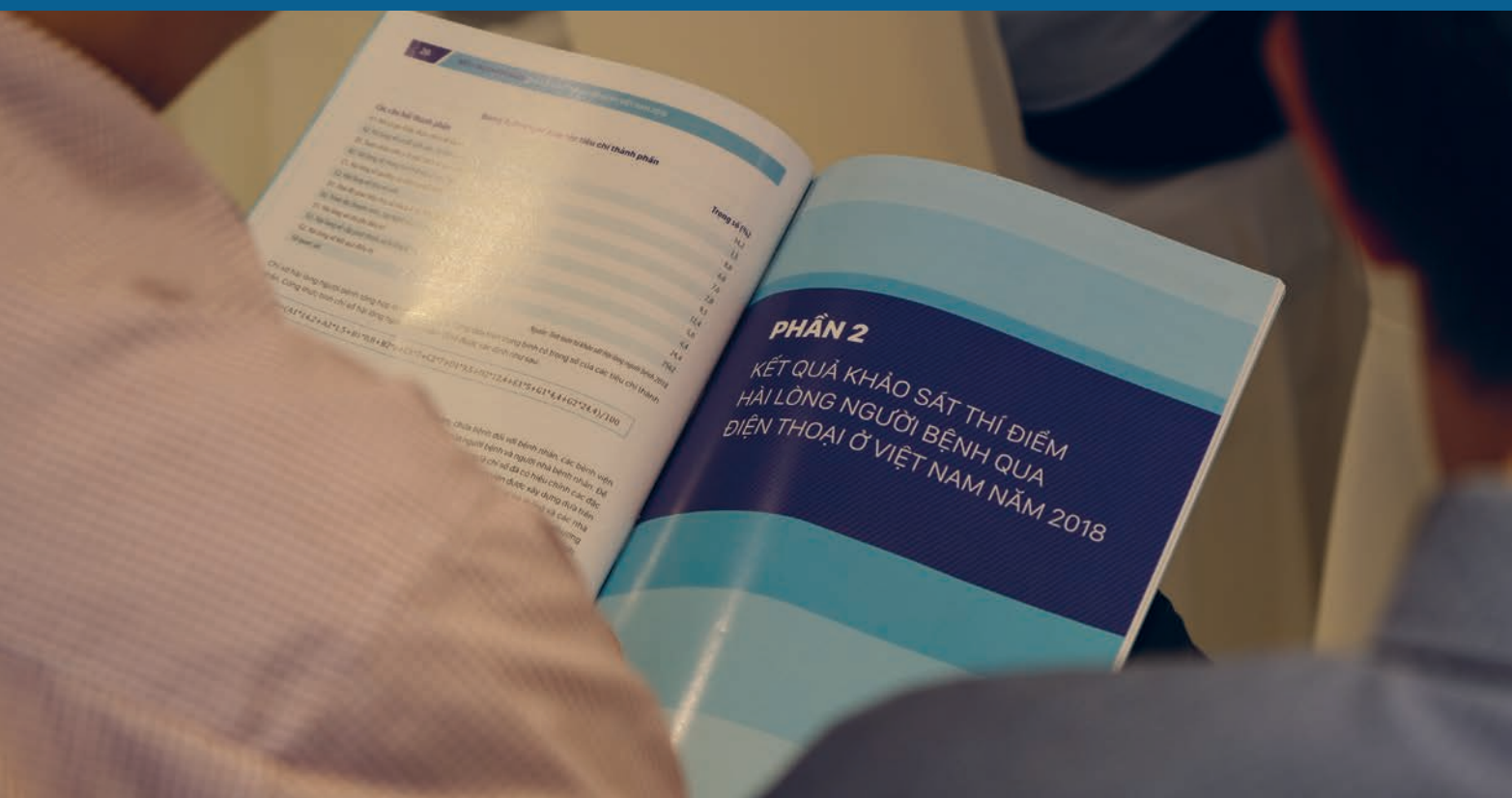
In a conference with directors of hospitals across the country in Ho Chi Minh City and Hanoi in August 2019, the Minister of Health announced seven solutions to improve the healthcare service quality, including “independent and transparent monitoring and assessment”. MOH also planned to re-calculate the cost of health care, diversify insurance services, and promulgate new regulations to address the issue of health care cost. This was the patient’s top concern as indicated in the 2018 PSI Report. At an international conference on hospital management on September 11, 2019, MOH cited PSI as one of the main reliable sources to reflect the quality of hospitals in Vietnam.

“ The PSI results, with the satisfaction rate of 80%, are reasonable. An extremely high figure that continuously remains at above 90% would be suspicious. Hospitals have listened to the patients’ opinions reflected in the PSI results to improve the service quality, such as making the restrooms cleaner and the courtyard greener. The Prime Minister has paid special attention to the issue of restroom quality, not only at hospitals but also other places such as schools.

Sharing of Mr. Duong Huy Luong, Department of Quality Management
- Agency of Health Examination and Treatment - MOH



Workshop on announcing the Vietnam Patient Satisfaction Index for the year 2018 / Photo: Oxfam in Vietnam



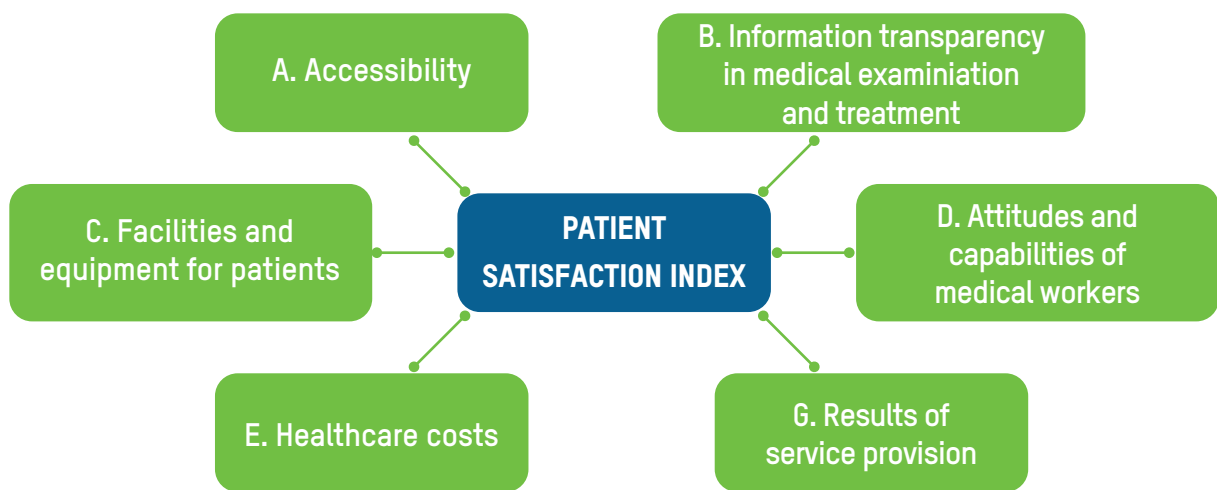


Figure 3: Groups of issues in the PSI questionnaire

The PSI assessment is done via phone interviews with close cooperation between the relevant agencies as per the following process:

Step 1: Make lists of hospitals and patients

Hospitals participating in the pilot program of the phone-based PSI survey send a list of inpatients who possess telephone numbers and have been discharged

within the past 2-5 months. The Agency of Health Examination and Treatment shall work with VNI to decide on the list of selected hospitals.

Step 2: Clean the data and select the sample

The data is cleaned according to the requirements for interviews, including

- (i) The patient or the accompanying relative is at least 18 years old at the time of hospitalization;
- (ii) Stays in the hospital for at least one full day;
- (iii) Still alive at the time of discharge.

Exclusion groups are:

- (i) Patients who have no phone numbers or have duplicated phone numbers; and
- (ii) Patients who have been interviewed with paper-based questionnaire.



Step 3: Conduct phone interviews

Phone interviews are conducted by an external consulting agency. Interviewers use call center software to contact the patients via provided accounts and directly enter the information to the webform, which is designed based on the questionnaire. Apart from the webform, excel files containing the list of patients to be interviewed (selected through random sampling) and their phone numbers shall be provided by the hospitals to the interviewers, who will contact the patients and update the calling status.

Interviewers must make sure to redial three times to busy recipients, unanswered calls, unreachable numbers, and wait for pending calls until the signal ends. Redialing calls should be made after one half day, 1-2 days, or at a specific appointed time.

Responses of surveyed patients are entered directly by the interviewers onto the website www.chatluongbenhvien.vn

Step 4: Process and analyze the results

- Reliability of the survey sample: To test the reliability and correlation between the observed variables in the measurement, we calculate the Cronbach's Alpha coefficient. This coefficient indicates the coherence and consistency in the responses to ensure the interviewees have mutual understanding of a concept.
- Adjusted coefficient based on demographic factors: To compare the satisfaction of patients between different units in a hospital or between hospitals, it is necessary to exclude the mentioned factors that affect the patients' response. Specifically, the adjustment includes two parts. First, the patients' adjusted coefficient is calculated to see how the demographic factors affect the best (or worst) response option. Second, the difference in demographic characteristics among patients in each hospital is identified and compared to the average level of all hospitals. Combined with the adjusted coefficient of patients and that of each hospital, the general adjusted coefficient of the patient is produced.
- The weighting of component criteria and construction of composite index: To develop the composite index, we do not average the scores of component criteria but calculate the weight of each criterion, since some criteria play a more significant role than others in determining

patient satisfaction. To calculate the weight of each component, we conduct a regression of the responses to the last questions of the Questionnaire, Percentage of patient satisfaction about treatment results, on component indicators .

- Classification of hospitals: To have a clearer overview of the quality of examination and treatment services, hospitals are classified into five different groups based on the feedback responses of patients and their families. The hospital classification method is developed with reference to the hospital ranking method in the “Hospital Consumer Assessment of Healthcare Providers and Systems” (HCAHPS) program of the United States. The research team groups and ranks hospital using the classification method based on mean values, which serves to cluster data in such a way that data in a same cluster share the same characteristics.

Step 5: Consult with experts inside and outside MOH, departments of health, and hospitals.

Step 6: Publish the results

Finalize the report and publish the results at the Launching Workshop with the Agency of Health Examination and Treatment - MOH, on mass media, and the website www.hailongnguoibenh.vn.

Step 7: MOH and surveyed hospitals use the released results to discuss and decide on necessary adjustments to enhance the service quality.



LISTEN TO THE VOICE OF PATIENTS 2017 - IMPROVING THE SANITATION CONDITIONS IN HOSPITALS

In 2018, MOH organized a series of conferences and training sessions on improving restrooms in hospitals. Hospitals have also shown interest and progress in improving the sanitation conditions over the last year.

Patients at the Oncology Department (in Vietnam National Hospital of Pediatrics) have responded that the hospital restrooms are now quite clean. There are cleaning staff working in shifts every day. There are also hand sanitizers, as well as separate bins in the restrooms to categorize medical and domestic waste. Patients at Bach Mai Hospital have also said that the restrooms are dry and clean, equipped with washbasins and hand sanitizers. Cleaning staff does their duties regularly, from the public restrooms to those in the patient rooms. According to reporters, in some major hospitals in Hanoi, such as Bach Mai Hospital, Saint Paul General Hospital, Vietnam – Germany Hospital, etc., all have restroom signs. Every day, there are cleaning staff working regularly in the restroom area, from 6:00 to 11:00 in the morning and from 1:00 to 5:00 in the afternoon. The staff at the hospitals have shared: Besides regularly cleaning to keep the restrooms hygienic and dry, they also frequently remind and instruct patients to keep clean and wash hands with hand sanitizer after using the restrooms. However, positive changes have mainly happening at hospitals at the central and provincial levels or those in big cities. From April to December 2018, there were nearly 100 press articles about positive changes as well as existing limitations.

Synthesis by the research team, Vietnam Policy Report on Patient Satisfaction Index 2018, Vietnam Initiative Network, MOH, and Oxfam in Vietnam



1. SELECTING THE RIGHT STRATEGIC PARTNERS FOR THE PROJECT

From the of the project implementation in Quang Binh and Quang Tri provinces, the project identified its local partner to be the provincial PPCs. This is a good choice due to the following reasons:



First, the PPC is an elected body with the function of supervising the activities of state management agencies. Therefore, this body needs to understand the thoughts and hopes of the people - voters via objective and independent information channels. M-Score has met such demand of the provincial PPC.



Second, as a legislative body, there is not any conflict of interest between the PPC and state management agencies or PSDUs. The assessment of the PPC based on the scoring results of the people is considered neutral and objective. Thus, such an assessment is more acceptable to state administrative agencies and PSDUs. It is no coincidence that many bodies suggest that M-Score be sustained, but still under the general direction of the PPC.



Third, as the highest authority in the locality, the opinions of the PPC will quickly be translated into directions for state administrative agencies or intervention solutions of PSDUs. Therefore, despite the short duration of the project, various tasks have been implemented, especially those that require close collaboration among different bodies and units.



Fourth, the PPC is also the body approving the local budget allocation plan. This helps maintain the impacts and sustainability of the project, as the Scheme of M-Score continuance is developed by the PPC, under discussion with the local departments and sectors.

For the PSI survey, MOH is seen as an important partner, given the Ministry's determination in improving the hospital quality. In 2013, MOH promulgated a set of criteria for hospital quality assessment, in which patient satisfaction was among the five groups (attached to Decision No. 4858/QĐ-BYT dated December 3, 2013). MOH is also the governmental body pioneering in institutionalizing the implementation of patients' feedback collection and satisfaction assessment in the process of managing the examination and treatment services in health facilities



(Circular No. 19/2013/TT-BYT dated July 12, 2013). Given that, since September 2014, the Agency of Health Examination and Treatment under MOH had developed a survey form and instructed the relevant agencies for consistent implementation across the country. Although the set of assessment criteria were developed meticulously and logically, their biggest limitation was that patients and/or families of patients still in treatment were included in the survey. To obtain honest and reliable responses, the survey should be conducted within a certain amount of time after the patients are discharged to avoid conflicts of interests, which may lead to inaccurate responses. Conducting the survey at such time would also ensure that the patients have experienced all stages of health examination and treatment.

Based on that analysis, the PSI survey has been designed, using phone interviews to collect feedback of discharged inpatients on many key aspects of the health examination and treatment processes, to ensure objectivity, reliability, and meaningfulness.

THẢO MỘT NĂM TRIỂN KHAI M-SCORE TẠI QUẢNG BÌNH

9 tháng 7 năm 2017



Workshop announcing the results of one-year implementation of M-Score in Quang Binh / Photo: Oxfam in Vietnam

2. A FLEXIBLE AND REASONABLE APPROACH TO IMPLEMENT THE M-SCORE TOOL

The general spirit of the Project is to apply information technology to design tools for evaluating people's satisfaction. Therefore, the project proposes different options for people to score, which are applied depending on the readiness at local levels.

In Quang Tri, as both survey tools, namely phone and tablet, were effective, the evaluating method by smartphone was piloted among 200 subjects by the end of 2019.

In Quang Binh, since the level of readiness to use the active evaluating method was not high, the Project stopped the use of tablets and focused on the method of interviewing after discharge. This is suitable with the progress of gradually

applying new technology: When people are hesitant to use new technology and uncertain about the impacts of their evaluation, the project gives priority to the “passive evaluation” method – phone interview after discharge. This method will be gradually replaced by more proactive ones, depending on the people’s willingness. The ultimate expectation is that they can actively evaluate via the smartphone application or the local portal of public services (as per the goal of Decree No. 61).

PSI survey is also conducted in the form of phone interviews. Interviewers use call center software to contact the patients via provided accounts and directly enter the information to the webform, which is designed based on the questionnaire. Apart from the webform, Excel files containing the list of patients to be interviewed (selected through random sampling) with phone numbers are provided by the hospitals for interviewers to contact the patients and update the calling status.

“
What makes us most content is the dedication and close collaboration of relevant agencies over the last five years. We have always received companionship and support any time we need. For instance, when we had insufficient data or information, we would just contact our partners and receive support very quickly. What we appreciate the most is that over the last five years, we have never received any requests that put us in a difficult position. By that, I mean requests to distort the people’s feedback, interview results, or report results. Our partners, Quang Tri and Quang Binh provincial PPCs, Vietnam Fatherland Front, the People’s Committee, and the Department of Home Affairs have always respected the principles of independence and objectivity of M-Score and let us follow those principles. We report what the people share and there has been no pressure that forces us to distort the people’s evaluation.

Le Dang Trung, Director of the Realtime Analytics Company RTA



3. THE PARTICIPATION OF AN INDEPENDENT SURVEY AGENCY

One of the advantages of the M-Score Project is the participation of independent agencies responsible for surveying and evaluating.

In Quang Binh and Quang Tri provinces, RTA was the agency responsible for designing the M-Score tool, collecting, storing, analyzing the information, and

sending periodic reports to relevant state agencies. RTA has also contributed to introducing the M-Score tool to other provinces. For example, Dong Nai and Ho Chi Minh City have utilized the technical support services of RTA to amplify the impact of the project.

PSI survey was conducted by the Development and Policies Research Center (DEPOCEN), an agency specializing in conducting surveys.

That the survey is conducted by an independent agency helps ensure the objectivity of the results. However, it should be noted that relying on a single multi-service agency presents an advantage as well as a risk that needs to be considered in the post-project period: the dependence on a single survey body in terms of technique and costs.

4. CONSTRUCTIVE VIEWPOINTS GAINED FROM CITIZENS' FEEDBACK

Initially, the introduction of the M-Score tool raised concerns for both management agencies and PSDUs. On the one hand, these agencies are often under pressure to provide information for the calculation of various indexes (PAR Index, PCI, PAPI, or the set of criteria for hospital quality assessment). Therefore, they consider adding another evaluation channel time-consuming and resource-inefficient. Moreover, this tool is just optional as it is introduced by a project. On the other hand, they are concerned that negative assessment results will affect their images and commendation.

Understanding the challenges, since the beginning, the provincial PPC has worked with sectoral departments to specify the goals of the assessment, which are to “know oneself” and to find solutions appropriate to the conditions of localities and agencies. In fact, the PPCs and sectoral departments have

frequently discussed with each other and with PSDUs to seek solutions which are based on evaluation results.

Thanks to the progressive and constructive mindset in using the scoring results of the people, PSDUs have changed their attitude towards M-Score, from hesitance to acceptance and support. At the Project Closing Conference in Quang Tri province on December 17, 2019, most attendees suggested maintaining this tool and using the evaluation results to assess and rank the hospitals. In other words, M-Score has been locally accepted, not only as an information channel that enhances service quality, but also a measurement to improve accountability throughout the system.



5. FOCUS ON THE ROLE OF COMMUNICATION FROM THE BEGINNING

The Project has identified local media agencies and socio-political organizations as key partners during the kick-off phase, whose roles are to communicate, explain, and mobilize the people's participation, helping them overcome initial barriers to give feedback on public services as well as when new methods are introduced.

Beyond the kick-off phase, the role of communication needs to be realized throughout the project. News agencies and other communication channels of the participating bodies play an important role in providing two-way information between the people and the PSDUs. By promptly informing people of policy responses, the authority and PSDUs will gain the people's trust in providing feedback to the government.

Therefore, apart from building their own communication channels, such as websites or social networks, and ensuring adequate and timely updates on such channels, involved agencies should pay attention to sharing the information with journalists, reporters, and media partners.

Throughout the process, the forms and contents of communication should be constantly updated to suit the change in evaluation methods and messages, bringing communication activities to a higher level.



A meeting between M-Score and partners / Photo: Oxfam in Vietnam

CONCLUSION

THE SUSTAINABILITY AND EXPANSION OF A MODEL THAT MEETS THE PEOPLE'S WISH

According to the Project Final Evaluation Report on Mobile Phone Scorecards (https://vietnam.oxfam.org/latest/policy-paper/project-report-mobile-phone-scorecards-innovative-citizen-feedback-mechanism?fbclid=IwAR0dQwKY0BGj_8x10BmMnXmra6-3_1nMeWuFqjR85cz9WFiTxRmd0QCY_-g), among 979 respondents, 100% of those giving feedback via tablets and 98% via phone interviews said that this tool should be maintained. 96.2% said that they were willing to use M-Score and would encourage other people to use it.

92% of hospitals implementing the PSI survey stated that this tool should be maintained as a method to assess hospitals' service quality.

Despite having been implemented for only a short time, M-Score has shown profound impacts on improving the people's satisfaction, strengthening their trust, and representing the efforts of state authorities to enhance public services.

The sustainability of the M-Score project has been affirmed at the local and central levels.

The authority of Quang Binh and Quang Tri provinces have made decisions on institutionalizing M-Score. Quang Tri provincial PPC issued resolutions on budget allocation to maintain

the application of this tool after the project ends: in May 2018, Quang Tri provincial PPC approved Resolution No. 103/NQ-HDND on allocating approximately VND 2.8 billion to its scheme on maintaining the M-Score model in public administration sector for the 2018-2020 period; in July 2020, through the ratification of Resolution No. 48/2020, another VND 1.785 billion was allocated by the same provincial agency to support the maintenance of M-Score in health service at PGHs and health centers at district level across the province in the 2020-2025 period. Quang Binh provincial PPC is considering developing another scheme similar to that in Quang Tri to maintain the public scoring mechanism for both public administration and health services.

The impact of the M-Score project not only exists within Quang Binh and Quang Tri, two project provinces, but also spreads to many other provinces. Many officials of other localities, such as Dong Nai, Ho Chi Minh City, Quang Ninh, have come to learn from the experiences of the project. M-Score is also applied to the health sector nationwide. MOH has officially recognized the M-Score results (PSI) and used them to adjust health services and policies.

At the central level, the Project has led to the formulation of Decree No. 61/2018/ND-CP on the implementation of the cross-sectional one-stop shop system for handling administrative procedures, and Circular No. 01/2018/TT-VPCP which guides the implementation of the mentioned Decree, combining the opinions expressed by the people on public services with the IT-based assessment methods of the M-Score project.

This success is attributed to the fact that M-Score is consistent with the Government's scheme of public administration reform and e-government establishment, creating positive and rapid changes in the service quality of PSDUs and becoming an effective supervising tool for state agencies.

To conclude the M-Score Handbook, we would like to provide readers, as well as involved bodies and organizations with some remarks to effectively implement the model:

- To achieve the people's satisfaction with public services and the authority, one critical factor is the level of policy response to the people's evaluation. It means that policymakers should collect the people's feedback, screen them, and process the collected information to propose policy solutions. However, it is possible that the authority has not had a policy solution as it depends on many factors (e.g., budget limitation, the authority of

policymakers, etc.). Therefore, the state agencies should publicly and timely inform the people of how their opinions are translated into the policies, why there is unaddressed feedback, etc. This is the key principle to maintain the people's trust in the authority and encourage them to continue giving feedback in the following periods.

- The possibility of maintaining and replicating M-Score depends significantly on the determination of each locality, shown in their willingness to institutionalize, allocate funding and human resources to preserve this model.
- The M-Score project has succeeded in health and public administration services; nevertheless, each type of public service has its own characteristics, which require thorough research and adaptation of the tool for implementation. The tool should be constantly upgraded to become more friendly and convenient for users, especially people in rural areas or ethnic minorities. The technical stability of the equipment (such as communication skills of phone interviewers, tablets, applications on smartphones, etc.) should be ensured to serve the people's scoring in the best manner.

We hope that the experiences gained from the M-Score model shared in this handbook are useful to the readers and inspire you to develop a transparent governance platform with accountability, serving the best interests of the people.

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