

Departmental Audit Project on Patient Privacy

OVERVIEW:

Purpose: To evaluate patients' satisfaction with privacy whilst in the radiology department at your institution.

Background:

All patients are entitled to have their privacy and dignity respected during and after their hospital stay [1, 2]. Informational privacy in terms of personal and medical information as well as physical privacy is essential in all clinical areas. It is also essential in the public areas, especially during reception or when discussing referral details and appointment arrangement.

Studies in emergency departments have shown that there is a significant correlation between respecting privacy and patients' overall satisfaction [3,4].

A questionnaire can help to identify problems of privacy and will enable the department to make changes. It can also help to draw the attention of staff to specific problems.

AUDIT CYCLE:

The standard: All patients should feel that they have their need for privacy met during their visit to the radiology department [1,5].

Target: 90% of patients are satisfied that their need for privacy was met during their visit to the radiology department.

Assessing local practice:

- All outpatients attending the department over a consecutive five-day period should be offered the opportunity to complete an anonymous survey on patient privacy (please refer to survey on the following page).
- A minimum response rate of 40% should be obtained. If not achieved then consider extending the data collection time period to 14 consecutive days.
- Regard a privacy score of 5 or 6 on each question as indicating that they feel that they had their need for privacy met.
- Tabulate data across all imaging modalities and perform appropriate statistical comparisons (e.g. Chi-squared test).

Performance comparison: Compare results against the standard and target. Identify problem areas through privacy scores and patient comments on the questionnaire. Suggestions for change if target is not met:

- Reception area skills (e.g. reception staff training);
- The environment at reception (e.g. sound proofing);
- Privacy for bed patients (e.g. creation of new bed areas with screens);
- Privacy in changing areas (e.g. purchase of new gowns).

Implement change and re-audit: Devise an action plan to implement changes. Perform a re-audit in order to ensure the changes have been implemented correctly and to determine if the changes have resulted in an improvement in patient privacy.

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Supplemental: Survey for privacy audit.

Please **check** your **age group**.

18–25 Yrs

26–45 Yrs

46–59 Yrs

over 60 Yrs

Please **check** which **type of examination** you had.

X-ray

Ultrasound

CT Scan

MRI Scan

Patient privacy is defined as the practice of keeping personal and medical information about a patient confidential. It also refers to a patients' right to have their physical privacy respected.

We are interested in knowing if you felt your privacy was respected. Using the scale below please rank how you felt your privacy was respected in the following areas of the Department of Medical Imaging:

Excellent – 6 Good – 5 Acceptable – 4 Poor – 3 Very poor – 2 No privacy – 1

1 Reception Desk Area:

Excellent

6

5

4

3

2

No Privacy

1

If you scored 2 or 1 please indicate the problems you experienced

2 Waiting Room:

Excellent

6

5

4

3

2

No Privacy

1

If you scored 2 or 1 please indicate the problems you experienced

3 Changing areas:

Excellent

6

5

4

3

2

No Privacy

1

If you scored 2 or 1 please indicate the problems you experienced

4 Examination room:

Excellent

6

5

4

3

2

No Privacy

1

If you scored 2 or 1 please indicate the problems you experienced

5. Radiology staff (Receptionists, technologists, staff physicians):

Excellent

6

5

4

3

2

No Privacy

1

If you scored 2 or 1 please indicate the problems you experienced

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References:

1. Bäck E, Wikblad K (1998) Privacy in hospital. *J Adv Nurs* 27:940-945.
2. Ohno-Machado L, Silveira PS, Vinterbo S (2004) Protecting patient privacy by quantifiable control of disclosures in disseminated databases. *Int J Med Inform* 73:599-606.
3. Nayeri ND, Aghajani M (2010) Patients' privacy and satisfaction in the emergency department: a descriptive analytical study. *Nurs Ethics* 17:167-177
4. Lin YK, Lin CJ (2011) Factors predicting patients' perception of privacy and satisfaction for emergency care. *Emerg Med J* 28:604-608
5. (2004) The Ottawa Hospital Corporate Policy and Procedure Manual. Section: Administration. Privacy: ADM II 260.