

SPQ (SELF PROMOTER QUESTIONNAIRE) OR SPEC (SELF PROMOTION EVALUATOR COLLECTOR)

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ABSTRACT

Healing hospitals have evolved into business companies (institutions). Therefore, the need arises to evaluate the care rendered not only for the sake of adequacy of healing among patients but also for the sake of self-promotions to ensure returning customers. This letter brings forth our post-hoc objective method that can be an answer and/or replacement to pre-hoc subjective scoring of services by Net Promoter Score® or The National Health Service Friends and Family Test. Both the abovementioned scores work on the flawed avenue based on the satisfaction perceived immediate post-care/service by consumers (employees or patients). The reason for this flaw is that these scores do NOT look into whether the scored satisfactions and consequent presumptions actually shape into direct reality for the evaluated institutions. Herein our SPQ: Self Promoter Questionnaire or SPEC: Self Promotion Evaluator Collector comes in handy. This yet to be validated objective assessment of institutions definitely looks encouraging.

Letter To Editor

Healing hospitals have evolved into business companies (institutions). Therefore, the need arises to evaluate the care rendered not only for the sake of adequacy of healing among patients but also for the sake of self-promotions to ensure returning customers. This letter does NOT raise the issues in regards to the inadequacy of subjective scoring by Net Promoter Score®¹⁻² or The National Health Service (NHS) Friends and Family Test³⁻⁶. However, this letter brings forth our post-hoc objective method that can be an answer and/or replacement to pre-hoc subjective scoring of services provided by institutions such as hospitals.

Although Net Promoter Score®¹⁻² can be used to extract level of satisfaction scores among the catered patients (customers), it is often used by hospitals (institutions) to define how likely their employees will refer their families/friends/colleagues to their institutions for the services provided by them. Each respondent scores on the scale of 0-10 based on the level of likelihood that the respondent will refer family/friend/colleague to the institution. Analogously, NHS of England³⁻⁶ asks its patients to rate the patient care services rendered to them on the scale of how “extremely likely” to how “extremely unlikely” they will recommend those services to friends and family.

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Now both these scores work on the flawed avenue that based on the satisfaction perceived immediate post-care/service by consumers (employees or patients), the institutions can presumptively and safely advertise the satisfaction-score based data to attract common people unrelated to the consumers who were served and asked to score in the first place. The reason for this flaw is that these scores do NOT look into whether the scored satisfactions and consequent presumptions actually shape into direct reality for the evaluated institutions. Herein our post-hoc objective method comes in handy. This yet to be validated objective assessment of institutions definitely looks encouraging on paper because the ideology and bottom-line is raw to the core.

In what we christened as SPQ: Self Promoter Questionnaire or SPEC: Self Promotion Evaluator Collector (Table 1), there will be a disclaimer at the beginning of questioning to ensure that the respondent customers give NEITHER false-positive answers to receive presumed better customer service NOR false-negative answers to maintain the privacy of institutions' workers. Anyhow, the privacy of workers will be protected as only departments (and not the workers) will be named in the questionnaires. The answers to the questioning will be directly logged into

the computerized database at the time of registration of each new clientele transaction as identified by new transaction/billing/registration identification/file number (ID) so as to easily identify to whom (personnel) and for what (service) was who (patient/customer) referred. Although, the current format is not exploring the details about the non-workers or old customers as well as the various modes of advertisement that all prompted respondent customers to seek services at the self-evaluating institutions, these institutions can always expand the questions or the questionnaire to ensure more comprehensive self-evaluations depending on the logistics and sustainability of expanded internal quality and assurance questioning.

Although overtly realistic, our objective scoring is not void of covert presumptions at each level (a) that employees returning to their place of employment for services are NOT returning for internal (monetary or non-monetary) discounts, (b) that kin of employees have NOT been stopped (and hence been passively referred as default) by the employees who have allowed them to come to their place of employment for services, (c) that old customers and non-workers are referring for the services out of purity of their hearts secondary to goodwill generated by their past experiences, (d) that advertisements have put forth the

Table 1
SPQ: Self Promoter Questionnaire or SPEC: Self Promotion Evaluator Collector

DISCLAIMER: The questions in the following segment will NOT in any way effect the services that will be provided to you as a client/customer of our institution. The answers to these questions will ONLY serve purposes of internal quality and assurance indices for our institution.
(a) Do you work at our institution? If so, which department:...../Unknown YOU MAY (not MUST) STOP HERE if Your Response is "yes"
(b) If not so, have you been referred for our services by one of our workers? If so, which department does our worker work in:/Unknown YOU MAY (not MUST) STOP HERE if Your Response is "yes"
(c) If not so, have you been referred for our services by someone who has never worked for us but may have been one of our old customers? YOU MAY (not MUST) STOP HERE if Your Response is "yes"
(d) If not so, have you walked in for our services because of our advertisements? YOU MAY (not MUST) STOP HERE if Your Response is "yes"
(e) If not so, have you reached out for our services on your own volition? END OF QUESTIONNAIRE

totality of service provisions as honestly as possible in the plate for community of potential consumers to freely choose, and (e) that personal volition to choose the services at particular institution has NOT been out of lack of possible and amenable alternative.

Confidentiality and NOT Anonymity in the Mandatory database feeds must be ensured so that though responses need to be recognized as uniquely attached to each transaction ID, the consumers should NOT feel insecure in regards to immediate and personal repercussions (positive or negative) secondary to their responses. The responses can then be blindly analyzed by institutional statisticians for calculating the milieu of clientele at each site rendering the service (in case of hospital systems, these sites can include but are not limited to emergency rooms, perioperative services, medical admissions, laboratory services and radiology services). The percentage of positive responses to each individual question of five-set-questionnaire among all clients in a representative month or the whole year ($24 \times 7 \times 365$ format) can

then be compared among the same service-lines at different institutions (business companies and healing hospitals) or among the different service-sites within the same institution. The respondents to questions can be caregivers or guardians in the cases of clients who are legally incapable to understand and/or voice the variable scenarios that made them to pursue the services rendered at the self-evaluating institutions in the first place. As the questioning primarily starts with assessment of employees as potential customers, the institutions smaller than say, 100 employees, may NOT be able to utilize this objective method for evaluation of their services logistically.

In summary, even though we do NOT have any numbers yet that can be accrued as enough self promotions or enough satisfied customers or enough media coverage or enough exclusivity in the community, our suggested objective method looks promising theology that can stand tall in the validation processes.

References

1. HAMILTON DF, LANE JV, GASTON P, PATTON JT, MACDONALD DJ, SIMPSON AH, HOWIE CR: Assessing treatment outcomes using a single question: the net promoter score. *Bone Joint J*; 2014, 96-B:622-628.
2. KROL MW, DE BOER D, DELNOIJ DM, RADEMAKERS JJ: The Net Promoter Score-an asset to patient experience surveys? *Health Expect*; 2015, 18:3099-3109.
3. NHS ENGLAND: The Friends and Family Test in General Practice Guidance, NHS England Gateway reference: 01788. *Redditch: NHS England*; 2014.
4. DIXON-WOODS M, MINION JT, MCKEE L, WILLARS J, MARTIN G: The friends and family test: a qualitative study of concerns that influence the willingness of English National Health Service staff to recommend their organisation. *J R Soc Med*; 2014, 107:318-325.
5. SAUNDERSON E: Family and friends test. *Br J Gen Pract*; 2014, 64:615-616.
6. KMIETOWICZ Z: Friends and family test “unfit” for comparing NHS services, finds research. *BMJ*; 2014, 348:g4355.



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- 97% of BRIDION patients recovered to a TOF^{*} ratio of 0.9 from 1 to 2 PTCs[†] within 5 minutes³

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BRIDION is indicated for the reversal of neuromuscular blockade induced by rocuronium or vecuronium. In children and adolescents (aged 2-17 years), BRIDION is only recommended for routine reversal of moderate rocuronium-induced neuromuscular blockade¹

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^{*} Train-of-four
[†] Post tetanic counts
[‡] Second twitch

REFERENCES: 1. BRIDION Summary of Product Characteristics (SPC). 2. Blobner M, Eriksson LI, Scholz J, Motsch J, Della Rocca G, Prins ME. Reversal of rocuronium-induced neuromuscular blockade with sugammadex compared with neostigmine during sevoflurane anaesthesia: results of a randomised, controlled trial. [published online ahead of print July 30, 2010]. *Eur J Anaesthesiol*. doi:10.1097/EJA.0b013e32833d5eb7. 3. Jones RK, Caldwell JE, Brill SJ, Soto RG. Reversal of profound rocuronium-induced blockade with sugammadex: a randomized comparison with neostigmine. *Anesthesiology*. 2008;109(5):816-824.

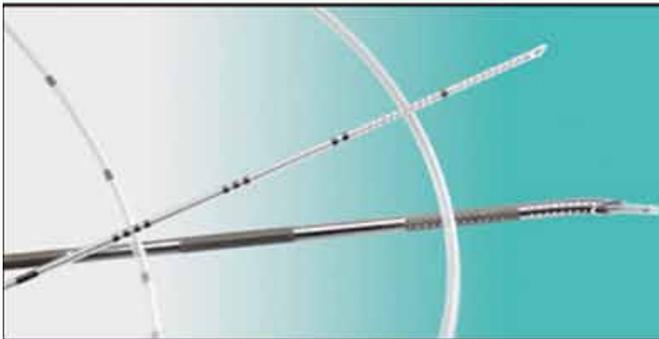
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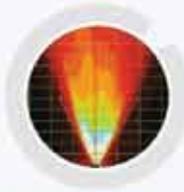
The syringe enables the accurate measurement of drugs to be delivered.

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High applied pressure ensures that drugs are atomized into a fine mist of particles through the tip of the plug.

Soft conical plug

The plug forms a seal with the nostril preventing expulsion of fluid.



Spray geometry

Spray cone with a wide 62.75° average spray angle and a 36.9mm average plume width.¹

References:

1. Talon M. et al., J Burn Care Research 2009; 30: 599-605.
2. MAD (Mucosal Atomization Device) Medical Atomizer In Vitro Spray Characterization, 2011



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