METHODS
• Study performed in three Harare City Polyclinic HIV clinics (public HIV clinics)
• 420 self-administered patient satisfaction surveys were completed, stored in REDCap
• 676 patient-flow time data points were tracked.
• 11 in-depth interviews with clinical staff were performed.
• Qualitative data was analyzed using Atlas.ti,
• IRB approval was obtained from Medical Research Council of Zimbabwe, with exemption from UW.

RESULTS
Time Data
• Average wait time from clinic arrival to provider: 2h:10m
• Area of longest wait time was arrival to registration: 1h:14m
Surveys
• Mean age: 40 years
• 72% female
• Average wait time from arrival to provider (patient reported): 1h:45m
• Areas of least satisfaction: time waiting for providers and other services, service hours, treatment by staff and service fees
• Areas of most satisfaction: services provided, timely service and HIV medications

In-depth Interviews
• Per staff perception, contributors to decreased patient satisfaction include: shortage of staff, service fees, and lack of staff salary for 4 months.

BACKGROUND
ZIMBABWE
• Population: 17 million.
• HIV prevalence: 13.5% (2016)(UNAIDS 2017)
• The 2016-2020 National Health Strategies for Zimbabwe commits to providing the best possible health care for its citizens.
• Zimbabwe aims to meet and exceeded current health delivery standards to improve the health care experience for patients.
• Previous patient-flow studies in Zimbabwe did not describe issues or delays encountered during visits.
• Previous studies have not evaluated patient flow and patient satisfaction in the context of HIV clinics.

DISCUSSION
• Waiting times and limited clinic hours were the areas of highest dissatisfaction for patients.
• Patients were not attended to when staff had tea or lunch breaks.
• The Hawthorne Effect by staff potentially occurred, as patients alluded to quicker service provided on the day of the study.
• Perceptions and expectations by patients influence their level of satisfaction

SUMMARY
• Overall, patients were satisfied with their services.
• A $1 service fee for treatment was a barrier.
• Patients and staff cited staff shortage as an area for improvement.
• Staff suggested that continuing education for staff and training on attitudes would improve patient satisfaction.

RECOMMENDATION
• Clinic leadership in the City of Harare should utilize the results of these findings to determine feasible interventions to improve patient satisfaction and service quality.

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