In July 2014 we started surveying CM Health patients on their experience. The specific aim of our Patient Experience Survey is to understand what matters most to our patients, how they rate us on what matters to them and why they give us the ratings they do.

The survey is reasonably lengthy. We make no apologies for this. CM Health are committed to improving patient experience, and to do this means we need quality information from our patients on exactly what it was that made their experience excellent, or good, or poor. We do this because evidence shows that improving patient experience is positively associated with a range of performance indicators, such as: higher levels of adherence to recommended prevention and treatment processes; better clinical outcomes; better patient safety within hospitals; less health care utilisation; and lower costs.1

We celebrated when 51 of our patients faithfully and methodically answered our questions in July 2014; more than 4500 CM Health Patients have now completed the survey and we have amassed a significant amount of data over the past two years. We have used our patient feedback to improve our performance. In the last twelve months our combined “very good” and “excellent ratings” have trended upwards, and we are now seeing steady improvements across some of our dimensions of care.

The sheer amount of data and suggestions we get does occasionally make it difficult to see where the priorities are. It is therefore helpful sometimes to step back and look at our data and to see what it is telling us about where we can make the most difference to our patients’ experiences. This is occasionally counter-intuitive. As an example, a large number of suggestions for improvement are focussed on food, amenities and noise, however, the data tell us that if we only focussed on these we would be unlikely to see any difference in the way most patients rate the overall quality of their experience. In other words, food, amenities and noise control are least correlated to overall quality of experience in hospital.

The data tell us that to improve the overall quality of our patient experience then we need to get two things right. We need to ensure that our patients get consistent and coordinated care, and that every action and interaction gives them confidence in their care and treatment. Getting these two things right will improve our ratings and give us cause for celebration in another 12 months’ time.

David Hughes
Deputy Chief Medical Officer

How have we done?

This month’s patient experience report tracks quarterly average ratings across a twelve-month period in order to determine whether the ratings for each dimension have improved, stalled, or slipped.

Our last annual report, in August 2015, showed a slow but steady improvement across 11 of our 12 dimensions of care. Whilst this is true of half of the dimensions in 2016, we are also seeing little or negative movement across the remaining six dimensions.

### QUARTERLY AVERAGE RATINGS OF EACH DIMENSION AND CORRELATION TO OVERALL RATINGS (JULY 2015 – JUNE 2016)

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Key: ----- Improvement ---- Static ----- Slipping

### CORRELATIONS TO OVERALL RATINGS

Improving our patients’ experiences means we need to focus on not only what matters to patients, but to also understand how different dimensions of care affect the quality of patient experience.

In addition to tracking ratings we have also calculated the correlations between patient ratings on each dimension, and how they rated their overall care and treatment. Hence, we can see that those patients who gave a high rating on consistent and coordinated care and confidence in their care were highly likely to rate their overall care and treatment positively.

Conversely, those who rated consistent and coordinated care and confidence in their care poorly were more likely to rate their overall care poorly. All these correlations are significant (p < .01).

When we look across each of the dimensions, we can see that of the six dimensions that have a strong or moderately strong association to positive overall ratings, four are static (within a .01 percentage point shift).
IMPROVING OVERALL PATIENT EXPERIENCE

Over the past few reports we have seen that, whilst our very good and excellent ratings are gradually trending upwards, so are our poor and fair ratings; primarily because less patients are choosing to rate their care as “good” and are instead choosing to rate it as poor or fair. Converting the patients who rate us “good” into “very good” and “excellent” would be key to improving our overall ratings. At the moment, however, it seems as though the main conversion is into the “poor” or “fair” categories.

WHAT SHOULD WE BE FOCUSSING ON?

Paying attention to those dimensions which are most strongly correlated to overall ratings will help us improve our overall ratings. Our correlation scores show that, if we can give patients a “very good” or “excellent” experience in terms of consistent and coordinated care and confidence in their care, then we should see an associated rise in our ratings.

**Consistent and Coordinated care**

Our last report on consistent and coordinated care, in March 2016, showed some significant improvements in our performance, most notably around the consistency and quality of doctor, nurse and midwife interactions.

These improvements, however, don’t appear to have shifted our overall ratings. Whilst our ratings for consistent and coordinated care are reasonably high (ranging between 7.8 and 8.1 out of 10), they have remained static.

Our patients have given us very clear messages on the things they would like to see improved. In particular, they want us to pay attention to ensuring:

- Advice and care is consistent between staff and teams;
- Staff involved in their care are familiar with clinical notes and treatment plans;
- They are “kept in the loop” with their condition and any plans;
- Communication is regular, consistent and informative;
- Staff are consistently available and attentive and attended promptly; and
- Care is coordinated and thorough e.g. planned tests are carried out.

**Confidence in care**

In April 2016 we learned that we rate well on confidence and trust. At least three-quarters of our patients tell us they are always confident they get good care and treatment and always have confidence and trust in the staff treating them. One quarter do not always feel this way.

Our performance on these measures has not changed since 2014.

Over the past two years, our patients have consistently asked us to:

- Treat patients as partners in care. Listen, share information, check for understanding and talk through options;
- Read clinical notes; and
- Value patients as people. Show compassion, empathy and kindness. Be proactive, helpful and friendly.
OVERALL COMMENTS

At the end of our Patient Experience survey, we ask patients if there was anything they would like to comment on that was particularly good about their hospital care, or anything that they think could be improved. In total, there were 3301 patient comments. Most (61%) were positive, whilst 39 percent contained suggestions for improvement.

POSITIVE COMMENTS (61%)

OUR AMAZING STAFF (62%)

When asked to comment on anything that was particularly good about their hospital stay, most patients chose to comment on our staff. The words most frequently used to describe staff were “friendly”, “helpful”, “excellent”, “caring”, “kind”, “amazing”, “professional” and “honest.” These patients tell us that most of the staff they encountered approached their work with empathy, humour and a great deal of compassion, which does not go unnoticed or unappreciated.

“The support, compassion and understanding were exceptional in my stay … The nursing stuff in particular were all bright stars of medical intelligence and empathy and over the two weeks I stayed there, they were all so friendly and caring … Some nurses I really liked would pop in just to “chat” and see how I was going. The doctors, nurses and physios I had were all intelligent and caring. I felt not only understood but that they were on “my team”. They worked well together and I felt informed and very well cared for.”

Many patients told of small acts of kindness by staff which made a huge difference as to how they felt about their stay.

“When I was told [my diagnosis], the nurses very kindly drew the curtains around for the family and I to be left in peace and also said the vacant bed in the room would stay that way, unless there was an emergency. This was very much appreciated and a kind thing to do.”

COMMUNICATION AND INFORMATION (9%)

Our patients tell us that good communication matters most to their care and treatment in hospital, and a number chose to reiterate this in their final comments. Many talked about how much they appreciated it when staff provided information, gave good explanations, listened and answered questions.

“The doctor sat and listened intently and asked questions. [The nurse] had the right balance of listening and asking relevant questions and then explaining what she was going to do etc.”

EFFICIENT, WELL ORGANISED SERVICE (7%)

Around 7% of respondents chose to comment on how impressed they were with the prompt and efficient service. Patients found it reassuring when they got a quick diagnosis and treatment.

“Speed and comprehensiveness of care impressed me … while nurses were very very busy at times, they were always calm, responsive and helpful.”

“I was very impressed with the speed that the medical staff was able to access and properly diagnose my illness.”

IMPROVEMENTS (39%)

FOOD AND NUTRITION (29%)

Nearly one in three suggestions for improvement were focussed on food and nutrition. Most comments were about poor food quality and taste (12%), that patients were not given a menu, or they did not get what they asked for (5%), that food was served cold (2%), was not suitable for their dietary requirements (2%) or was served late (2%). Note that the numbers of patients commenting that the food needs improving has increased by 8 percentage points since the last annual report in 2015.

“After answering many times the question about allergies (egg), my daughter was still given an omelette and egg custard for lunch.”

“My mother was moved into several different wards and in doing so missed out several meals. Being a diabetic we thought this would be taken into consideration.”

CARE IN HOSPITAL (22%)

A number of comments for improvement focussed on care in hospital. These respondents felt that the service was not efficient or well organised. Respondents attributed this to: a lack of staff (7%); that staff were rushed, rude, not empathetic or uncaring (5%); that their confidence in individual members of staff who were treating them was undermined by being hurt or treated roughly (4%); or that their care was inconsistent (3%).

“I know that the nurses are really busy but sometimes it took a while before my bell was answered.”

“The night nurse was rude and rough. She was obviously tired which is acceptable but she should not take it out on the patient.”

“The doctors I had had a very condescending attitude which felt very demeaning.”

AMENITIES AND FACILITIES (10%)

One in 10 comments for improvements focussed on the amenities and facilities, in particular inefficient heating (in winter) or cooling (in summer), the inconvenience of shared bathrooms, the TV’s (too small, too old, not free, noise from other people’s), tired fixtures and fittings and the unpleasant “smoker’s corridor” outside the main entrance.

“Those small TV’s mounted up on the wall are a joke for $5.00 a day, this is 2016 not 1985…”

“Make the wards more colourful and visually uplifting.”

NOISE AND VISITORS (10%)

Respondents ask that staff, particularly night staff, keep noise down and non-work related conversations quiet (4%), and that the number of, and noise from other patients’ visitors is monitored (6%).

“…Noise did not cease until around 0300 as large number of relatives stayed over.”

OTHER

Other comments focussed on cleanliness (or lack thereof) (8%), lack of follow-up information at discharge (8%), inefficient administration (7%) or waiting too long for discharge (6%).