Inpatient Experience Survey

Patients and their whānau and families have unique perspectives on their care. When they share these perspectives and insights they can help those delivering health care services to identify ways of improving performance.

The Counties Manukau Health Inpatient Experience Survey was launched in April 2014.

The survey is on-line. An email containing a survey link is sent to patients two weeks after they have been discharged from hospital. They are asked about their most recent experience in hospital. The survey is sent out weekly and the results will be collated, analysed and reported each month.

The aim of the Inpatient Experience Survey is to provide staff and management with feedback that is relevant, timely and actionable, and that can be used to improve the quality of the care delivered and CM Health’s clinical outcomes.

The dimensions of care and treatment

The survey focuses on the aspects of care and treatment that matter most to patients. We start by asking patients for up to three things that they consider make the most difference to the quality of their care and treatment. The dimensions of care listed are those that international evidence suggests matter most to patients – however they are also given an opportunity to talk about aspects of care not listed.

The dimensions of care and treatment include:

- Getting good information
- Communication
- Being treated with compassion, dignity and respect
- Getting consistent and coordinated care in hospital
- Being involved in decisions about their health and care
- Managing pain
- Managing nausea (sickness)
- Feeling confident about the quality of their care and treatment
- Cleanliness and hygiene
- Food and dietary needs
- Enabling whanau, family and friends to support them
- Coordination of care between hospital, home and other services (including before admission and after discharge)
- Respecting their values, beliefs and cultural needs, and
- Other (the patient chooses).

Ratings

Patients are asked questions about each of the above dimension of care. They are then asked to rate our performance on the dimensions of care that matter most to them, to give examples of why they rated it that way, and suggestion of what we could do differently.

Their feedback and stories provide invaluable insights into what good care looks like to patients, and how the care can be improved.

WHAT MATTERS

Inpatients believe these things make the most difference to the quality of their care and treatment:

1. Communication 70%
2. Treated with compassion, dignity and respect 44%
3. Consistent and coordinated care while in hospital 36%
(n=140)

PATIENT VOICES

Rated overall care excellent
“I mattered - not just another patient”

Rated overall care very good
“The staff were very good, minus one. They kept me calm, pain free as possible and were very approachable... I think it’s important all staff maintain an empathetic bed manner, and think about the things they say and how they can be interpreted”

Rated overall care good
“For nurses and night staff to be quiet during the night as they talk, call out to each other, laugh etc. when patients are trying to sleep. I for one lost sleep due to the unnecessary noise of night staff, I feel this was a lack of respect for patients trying to sleep which is a major part of the recuperation process.”

Rated overall care poor
“We as patients we need to be listened to more. Very disappointed with the service I received. Felt like I was just dropped back home into society with no advice and no support. It didn’t help just being pushed out the door with no advice on cleaning wounds to keep infections away. (Wound became infected).”
PATIENT VOICES

(Eleven point scale where 0 =poor and 10=excellent)

**Rated communication highly (8-10)**

“Everything was explained clearly. Staff were helpful, polite and informative.”

“Communication was always friendly and helpful. As noted earlier I would like to have been able to review the notes relating to my original admission and operation. The catheter team that inserted a cardiac stent were understandably too busy to discuss it with me at the time. I think being able to see the notes again would help me to understand what happened to me in the operating theatre.”

**Rated communication well (5-7):**

“I was brought in for emergency surgery and was kept informed along the way what was happening.”

“The communication was always open and clear, however some staff members - one in particular failed to provide this communication in an empathetic and caring way, and she made me feel as though the staff thought I was faking my illness. She also didn’t provide appropriate communication to my family members.”

“I had to ask all the time why I was having certain tests and why I was been seen by other people.”

“I had minimal interaction with doctors. Once at emergency room and then again 5 minutes before surgery two days later. I had no opportunity to discuss what decisions had been made of my injury.”

**Rated communication as poor (0-4):**

“The doctors who came around (four) of them talked and talked and when I asked a question, one of the doctor’s looked at his watch - they were there less than 5 minutes - what was the need to look at his watch. If he could not answer questions from the patient perhaps he should not be on that team.”

“Doctors during the ward rounds are always in a hurry…. I have to ask for the result of the scan I had and all I got from them was “they are all good” up to the extent that I just ask my nurse to give me a copy of the report of the scan so I can show it to my (medical) partner and she explained it to me.”

**Overall and treatment**

The survey is new and only 140 patients to date have completed the survey. Nonetheless, most patients to date are rating the care and treatment at our hospital positively, with 83% rating it very good or excellent. Seven percent of patients, however, rate their care as poor or fair.

**What matters to patients**

Communication is an aspect of our care that 64% of the patients say is makes the most different to the quality of their care and treatment.

**Aspects of care that make the most difference to quality of care and treatment (%)**

Overall n= 140

**How are we doing?**

Overall patients are rating our inpatient services positively.

Patients who considered communication to be an aspect of care that made a difference to their care and treatment were asked to rate our performance in this area on a scale from 0 (poor) to 10 (excellent).

Most (74%) rated it positively (8-10). However 8 per cent rated it poorly (0-4).
Communication

Each month we will report how patients rate the overall care and treatment they received while in hospital. We will then look more closely at one of the dimensions of care that patients say is important to them. This month we will be looking at communication.

How are we doing?

Firstly patients were asked whether staff talked about their conditions and treatment in ways that made it easy for them to understand. Although most said that staff always talked to them in ways that made it easy to understand, over one-quarter said that staff did not, or this was not always the case.

Staff talked about condition and treatment in ways that made it easy for to understand

Patients were then asked whether they had enough time to discuss their health and treatment with clinic staff. Over half said that they had sufficient time, however one third of patients did not feel that they had enough time to discuss this with nurses and two in every five patients felt that they did not get enough time with doctors. The most common complaint was that staff were too rushed.

Had enough time to discuss health and treatment with clinic staff

Listened to what patients had to say

Patients were asked whether staff always listened to what patients had to say. Although most said that they felt listened to, around one in four patients did not feel this way.

Staff listened to what patient had to say (%)
Communication & overall experience

Patients are asked to comment on each dimension of care that they consider makes a difference to their care and treatment, along with any good aspects of their hospital care, and whether there is anything that could be improved. They are also asked for suggestions for what we could do differently.

Communication

Patients (56) who rated communication positively said that staff:

- Were proactive and asked questions
  “The nurses in particular asked each time about pain - are you comfortable and really made you feel good – cheers”.
- Answered their questions
  “Any questions I had where answered clearly and in plain English. The nurses on the ward where always willing to answer and talk to me. Training staff where excellent as well.”
- Took time to listen
  “I was always given the answers to my questions, never fobbed off. any concerns were listened to and dealt with .thank you for that.”
- Kept them updated
  “Both doctors and nursing staff kept me updated on my illness and what was being done to assist in my recovery.”
- Were friendly and helpful
  “Communication was always friendly and helpful.”

Patients (24) who rated communication less positively said:

- Staff were too rushed
- They felt lectured and treated disrespectfully
- They did not feel listened too
- They were not given information or explanations about wait times and delays
- Test results were not shared with them
- They were not given advice on how to manage their care at home
- They had to repeat things to different staff
- They were given contradictory advice.

“I had different doctors each time and had to repeat myself with what I was doing. I also found, one doctor would say one thing and the next visit another doctor would say the opposite.”

Overall comments

Positive (109 commented)

Staff were:
- Competent and knowledgeable
- Friendly
- Kind and compassionate
- Supportive
- Attentive

“Every time that I used the buzzer for assistance a nurse appeared almost immediately.”

Patients said they:
- Were well cared for
- Treated as if they mattered
- Had confidence in their care and treatment.

“Staff were excellent, both professional and friendly at all times.”

“I trusted what was happening.”

Improvements (85 commented)
The main improvements suggested were:

Consistency
“Consistency of service is so important. The difference of negative healthcare experiences compared to positive (as mentioned above) is that one leaves feeling disempowered, degraded... as if there is no hope... It is not hard to see why negative experiences with doctors and healthcare professionals result in vulnerable communities becoming disengaged with the services available to them.”

Attentive and respectful treatment
“Staff were never there when needed... and they made me feel disrespected, vulnerable and scared. I have been in hospital a few times and I am terrified that this is the care I have to deal with as I age.”

Follow ups
“Nursing staff were professional in medical matters but poorly equipped in the equally important so called ‘soft skills’ associated with holistic healing e.g listening, empathy, establishing rapport. This contrasts strongly with the nursing expertise I received about a week later from (another hospital) I spent an additional 5 nights due to two infections.”

TAKE HOME MESSAGES

Communication
It is not just our clinical care that matters to patients. Our communication with patients is being assessed with every interaction, from appointments through to discharge. Often it is one poor interaction that appears to affect how patients rate their overall care and treatment.

Patients are asking us to:

- Provide them with information clearly using every day language
- Listen to and respect their point of view
- Take time to answer their questions
- Check they understand
- Share information with them, in particular test results
- Treat them with courtesy and respect
- Work as a team so that they are given consistent information
- Talk to them about how to manage their condition or care after discharge.

Supporting the survey

The survey relies on staff collecting email addresses from patients. Currently email collection rates are low.

Please make sure that all patients are asked for their email address and check that the email address provided is correct.

Stories of change

The aim of the survey is to better understand our patients’ point of view, and use these insights to improve the quality of our services.

Please let us know:

- How you are using this information
- What actions you are taking as a result of this feedback
- If you notice any changes as a result of these action

We would like to share positive stories of change

Contact:
patientexperience@middlemore.co.nz