

Measuring and improving patient experience of care

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Session outline

- Introductions
- Patient experience of care surveys overview – Catherine Gerard
- A PHO perspective – Martin Carrell
- System improvement approach to patient experience of care – Dr Peter Jones



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND

Kupu Taurangi Hauora o Aotearoa

Measuring and improving the patient experience

Catherine Gerard

Mentimeter

Agenda

1. Why patient experience is important
2. The surveys and response rates
3. Key findings primary care survey
4. Reporting portal
5. Using the results for quality improvement

1. Why measure patient experience?

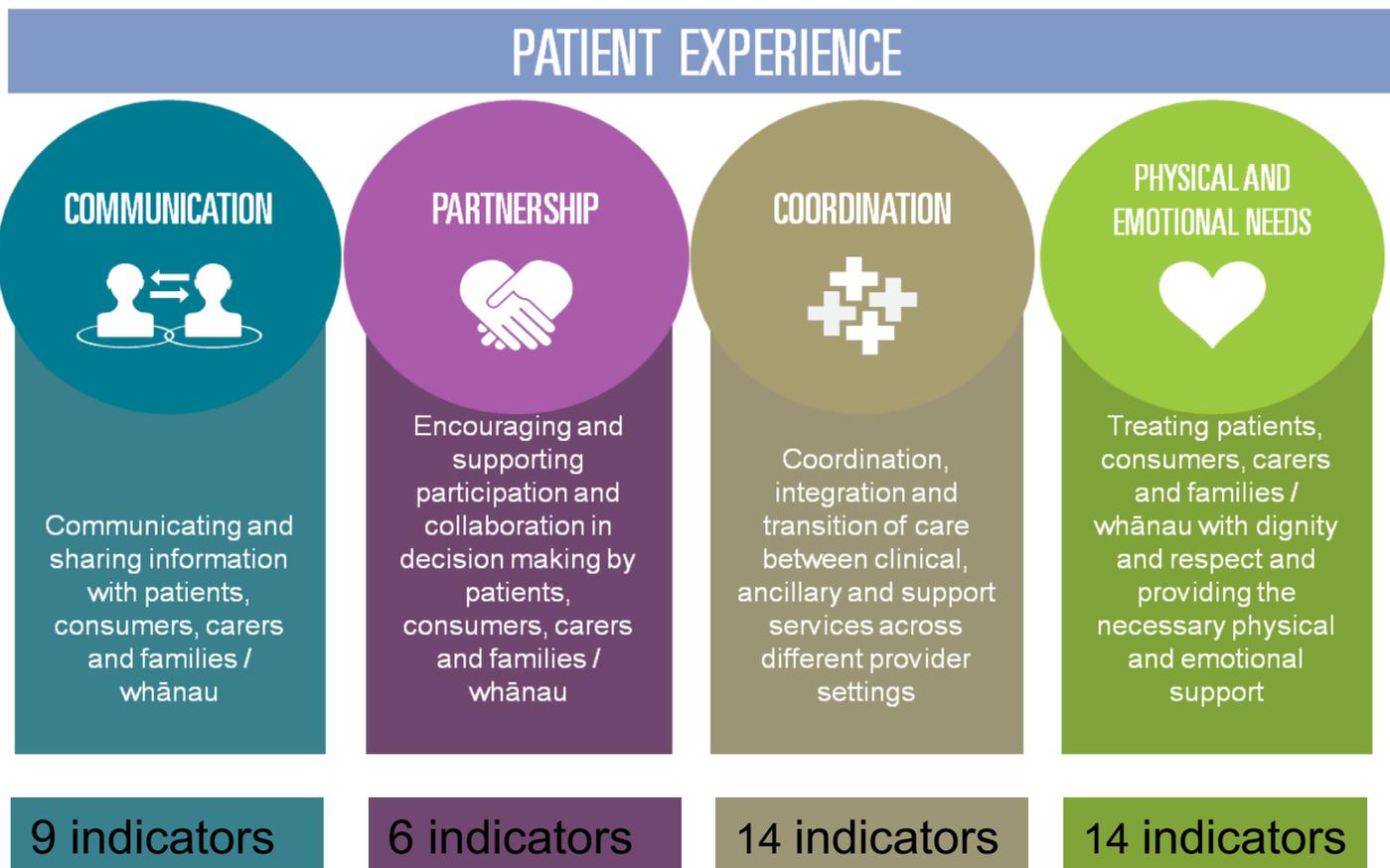
Doyle et al (2013)

- Improved clinical effectiveness
 - Increased adherence to treatment
 - Better use of preventive services
- Impacts on resource use, hospitalisations and readmissions
- Better self-rated and objectively measured health status

- Distinction between experience and satisfaction is important



Consumer Experience Domains



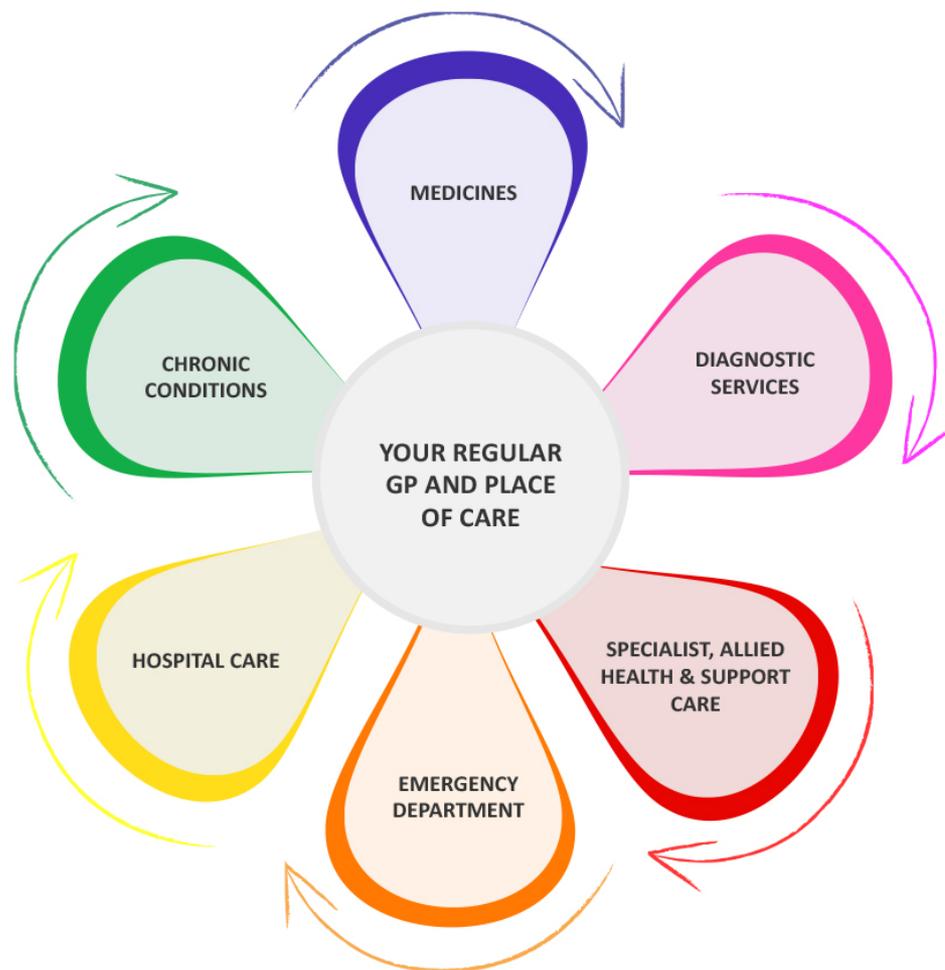
Adult inpatient survey

- Running quarterly since Aug 2014
- Sample of 400 patients over a two week period each quarter
 - Some small DHBs sample over 4 weeks
- Eligible patients:
 - 15 and over, overnight stay with routine or self-discharge
 - Patients won't be invited more than once every 6 months
 - Exclude mental health, transfers and deaths
- Invitations sent by post, email and sms

Adult primary care survey

- Since February 2016
- NES is data source for collecting patient contact details
- Sample one week each quarter
 - “Little and often” enables rapid CQI activity
- Eligible patients:
 - Enrolled patients 15 and over, have a nurse/GP consult in the sample week, have e-mail/cell-phone contact
 - Patients won’t be invited more than once every 6 months
- Invitations via email and sms (Māori and Pacific only)

Primary care survey modules



2. Survey implementation and the number of completed responses



Survey responses

- Since Feb 2016, ~110,000 responses

Ethnicity	Number responses	Response rate (email) %
Māori	7,208	17
Pacific	2,345	14
Asian	6,520	14
European	90,427	24
Other	3,003	20
Total	109,503	~ 23

Comparing initial and follow-up responders

‘We find no significant differences in the responses given by initial and follow-up responders. The most common reasons for non-response were “can’t remember” (33%), not receiving the survey (25%) or being too busy at the time (25%).’

Thomson M, Pledger M, Hamblin R, Cumming J and E Tawfiq. *Comparing initial and follow-up responders to a New Zealand patient experience survey*. NZMJ. September 2018, Volume 131 Number 1482

Email address collection is a determinant of response rate and varies by practice and ethnicity

Ethnicity	Email collection by ethnicity % (Nov 18)
Māori	30
Pacific	27
Asian	49
European	47

Improving uptake #1

Opportunity	Comment
Practices use the videos available in te Reo, Samoan and Tongan	Video is available: https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/publications-and-resources/publication/3079/
Practices use the patient flyers translated in te Reo Māori, Samoan and Tongan	https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/patient-experience/primary-care-patient-experience/resources/#Flyers
Use kaiāwhina, community workers and health navigators to distribute flyers and/or letters about the survey and support front desk staff during survey week to engage with Māori and Pacific patients to encourage survey completion	

Improving uptake #2

Opportunity	Comment
Improve accurate collection of patient email addresses	Feedback to PHOs on email and mobile contact collection by practice.
	Email address or mobile are entered correctly.
Promote survey to Māori and Pacific people	Media – Māori and Pacific radio items during survey week to build awareness

Improving uptake #3

- The Commission public reporting is live.

Future work:

- Practices sharing feedback with their patients, eg posters
- Stories of how PHOs and practices have used the survey for improvement

For example.....

You said – We did

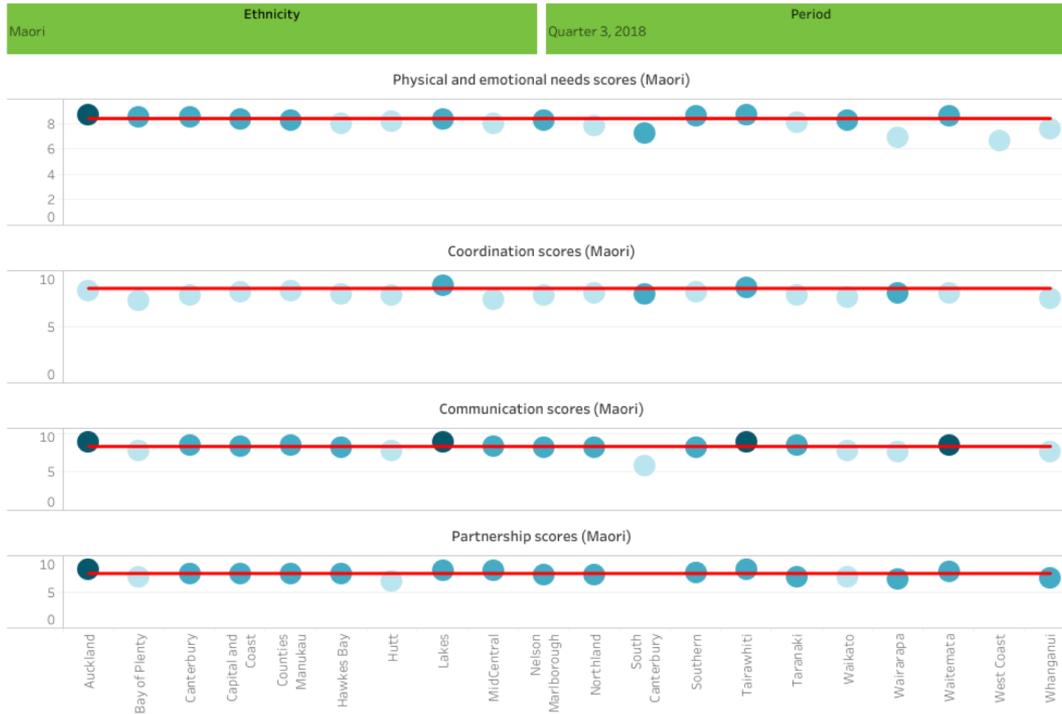
YOU SAID	WE DID
<ul style="list-style-type: none">• Staff kind and caring, excellent care provided	<ul style="list-style-type: none">• Thank you for this feedback. Passed on to staff and congratulated on their good work
<ul style="list-style-type: none">• Waiting times seemed too long	<ul style="list-style-type: none">• Staff have been asked to ensure that patients and relatives are kept informed and up to date with potential delays to flow
<ul style="list-style-type: none">• Lack of communication after being left in a room	<ul style="list-style-type: none">• Relatives should be encouraged to accompany the patient. Staff asked to provide more communication

www.hqsc.govt.nz/primary-care-patient-experience/

Primary Care Patient Experience Survey Results

Domain scores by practice DHB	Highest scoring questions	Lowest scoring questions
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Domain scores by practice DHB



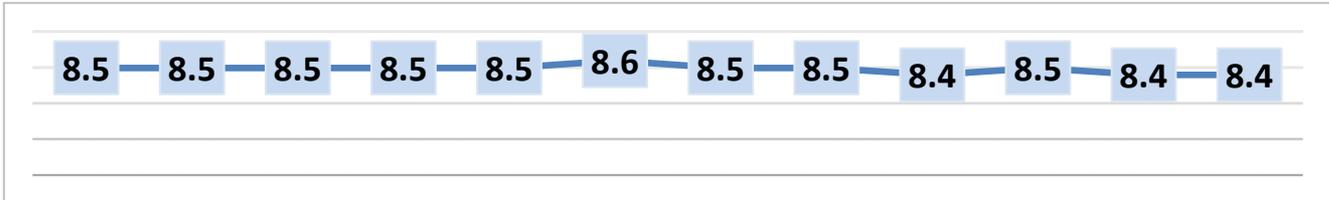
A missing row indicates that the number of respondents for that row was less than 30. Their row values are not shown, but still contribute to the Total score.

Compared to national average score
■ Significantly Higher
 ■ Not Significantly different
 ■ Significantly Lower

3. Key findings

Domain scores Feb 16 – Nov 18

Communication



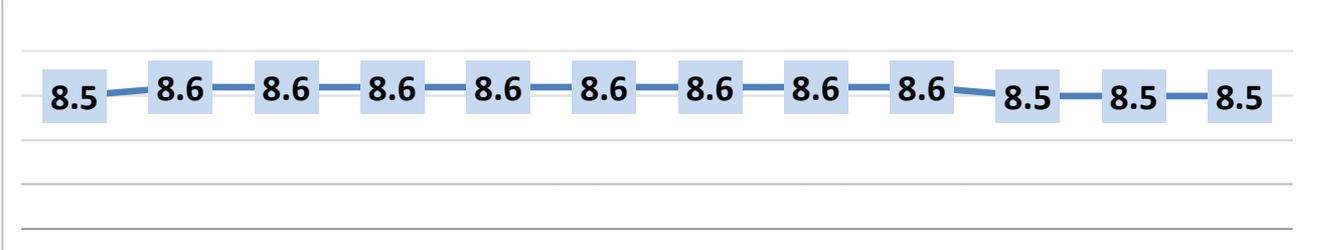
Year	Score
2016	8.5
2017	8.5
2018	8.5
2019	8.5
2020	8.5
2021	8.6
2022	8.5
2023	8.5
2024	8.4
2025	8.5
2026	8.4
2027	8.4

Partnership



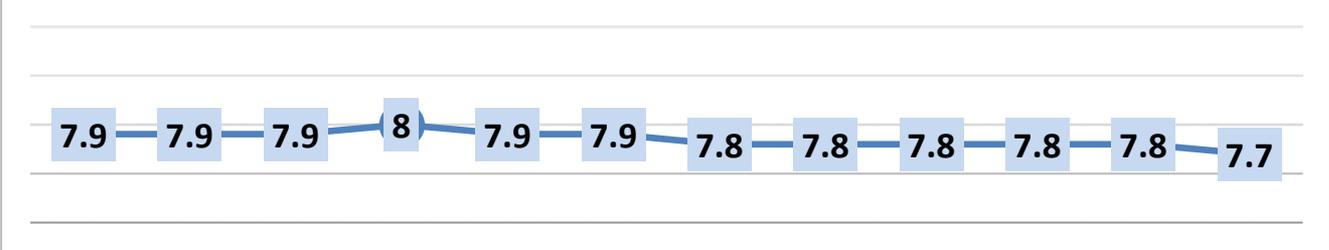
Year	Score
2016	7.7
2017	7.6
2018	7.9
2019	7.6
2020	7.7
2021	7.7
2022	7.6
2023	7.6
2024	7.6
2025	7.6
2026	7.6
2027	7.6

Coordination



Year	Score
2016	8.5
2017	8.6
2018	8.6
2019	8.6
2020	8.6
2021	8.6
2022	8.6
2023	8.6
2024	8.6
2025	8.6
2026	8.5
2027	8.5
2028	8.5

Physical and emotional needs



Year	Score
2016	7.9
2017	7.9
2018	7.9
2019	8
2020	7.9
2021	7.9
2022	7.8
2023	7.8
2024	7.8
2025	7.8
2026	7.8
2027	7.8
2028	7.7

In the GP practice: Highest scoring (Q4 2017)

Question	Percent patients answered yes always
Does your GP or nurse treat you with respect?	96
Does your GP or nurse treat you with kindness and understanding?	94
Does your GP or nurse listen to what you have to say?	89
Does your GP or nurse explain things in a way that is easy to understand?	89
Did the reception and admin staff treat you with respect?	89

In the GP practice: Lowest scoring (Q4 2017)

Question	Percent patients answered yes always
When you contact your usual GP clinic about something important, do you get an answer the same day?	58
Does your GP or nurse seem to be aware of your medical history?	78
In the last 12 months was there a time when you did not visit a GP or nurse because of cost?	22
Was there ever a time when you wanted health care from a GP or nurse but you couldn't get it?	15

Medications

Question	Percent patients answered most positively
Did you follow the instructions when you took the medication?	92
Have you ever been given the wrong medication or wrong dose by a doctor, nurse or pharmacist?	92 (ie 8% wrong med or dose)
Was the purpose of the medication properly explained to you?	80
Were you involved as much as you wanted to be in decisions about the best medication for you?	69
Were you told what could happen if you didn't take the medication, in a way you could understand?	60
Were the possible side effects of the medication explained in a way you could understand?	58

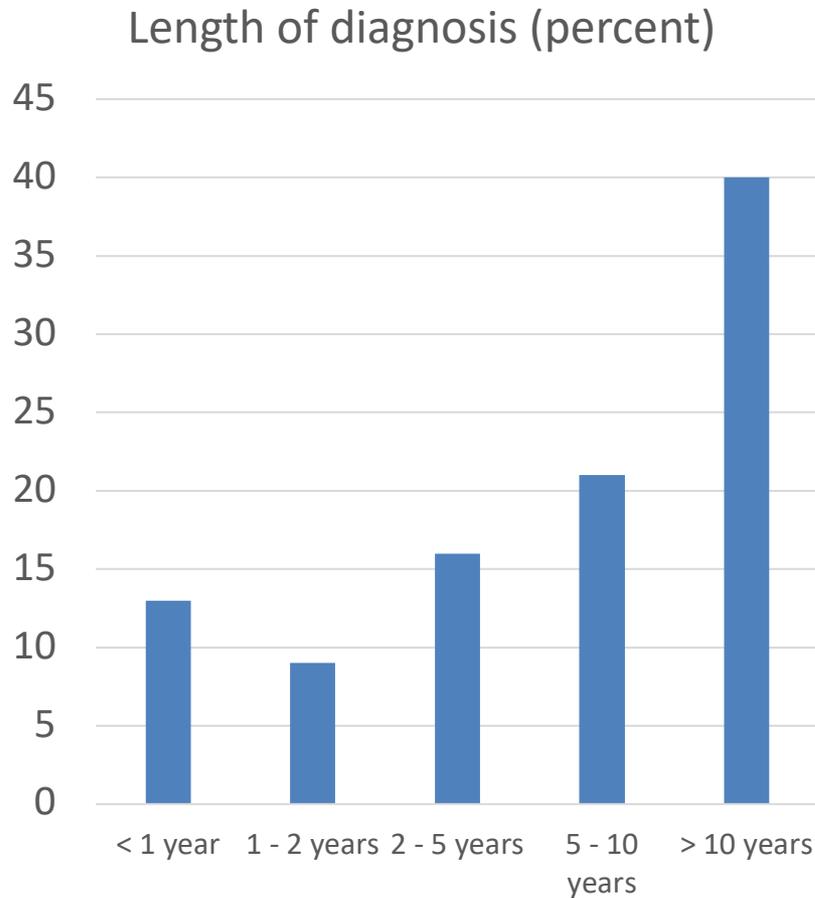
Long term conditions module (1)

Which LTC have you been diagnosed with?

Long term condition	Percent
High blood pressure	55
Other	48
Anxiety	42
Arthritis	42
Long term pain	38
Heart disease	37
Depression	37
Asthma	36
Diabetes	35
Cancer	32
Other mental health	29
Chronic obstructive pulmonary disease	29
Stroke	28

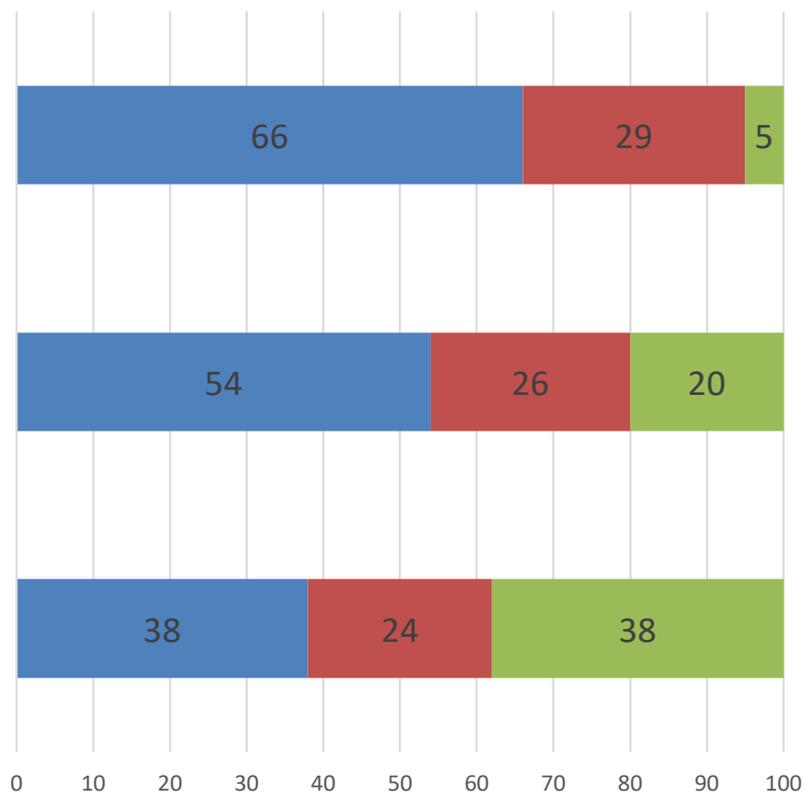
Long term conditions module (2)

- How long ago were you first diagnosed for the condition(s)?
- Most people have been diagnosed for 5 or more years:
 - 67% of those aged 65 and over
 - 57% aged 25 – 64 years



Long term conditions module (3)

Were you given information you could understand about things you should do to improve your health?



Did you get help to make a treatment or care plan for your long-term condition that would work in your daily life?

After a treatment or care plan was made were you contacted to see how things were going?

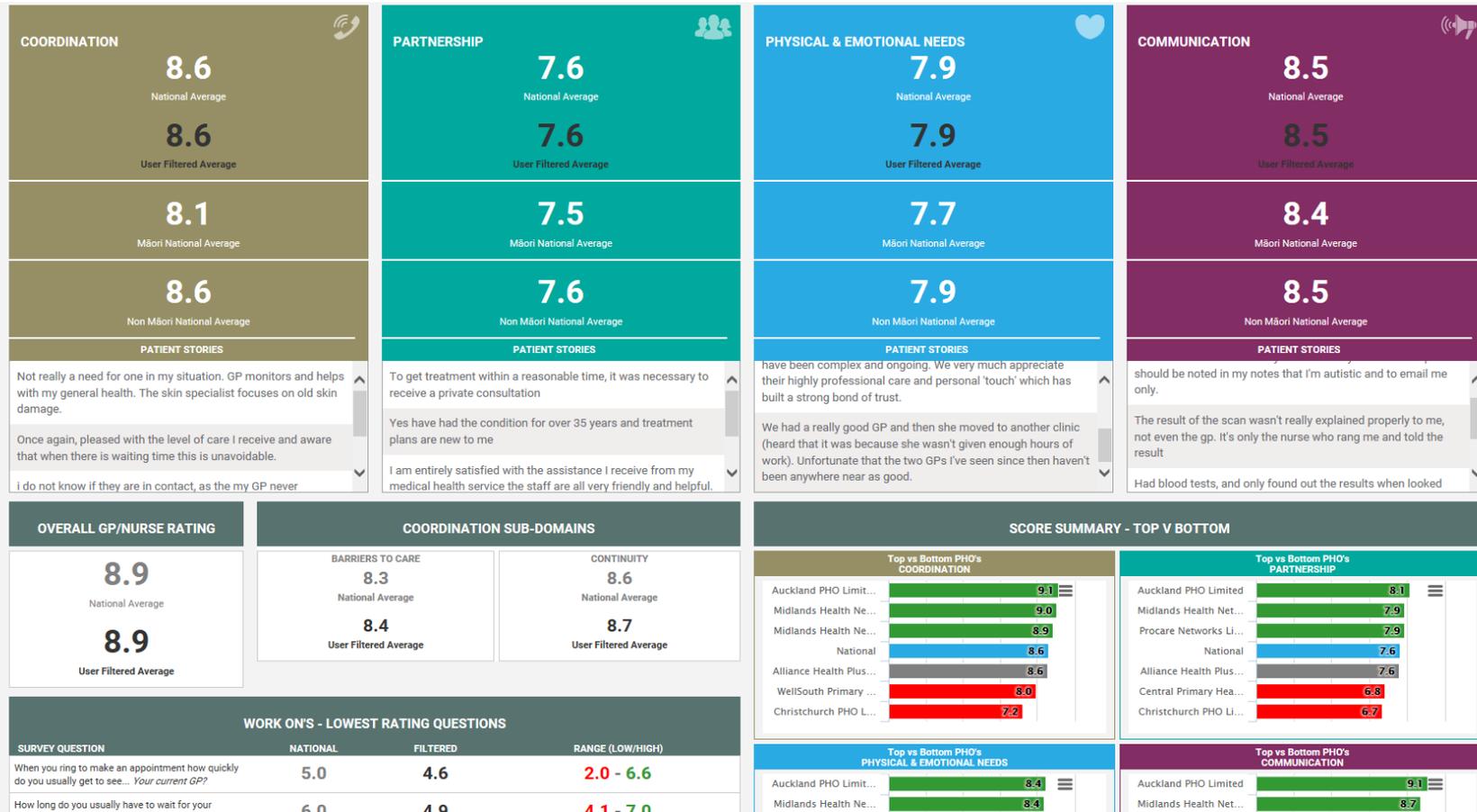
■ Yes ■ Yes, sometimes ■ No

4. Reporting portal

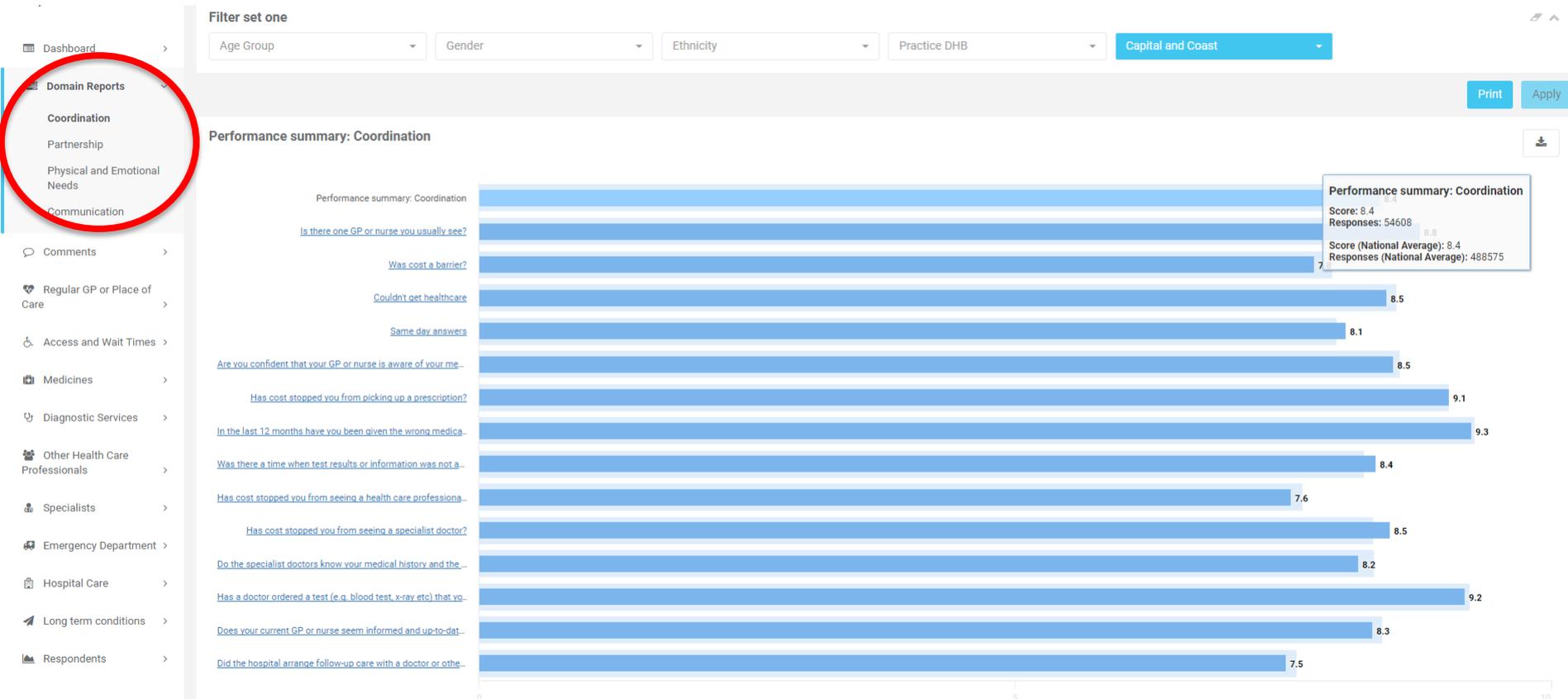
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Reporting system

- Access and Wait Times >
- Medicines >
- Diagnostic Services >
- Other Health Care Professionals >
- Specialists >
- Emergency Department >
- Hospital Care >
- Long term conditions >
- Respondents >



Domain reports



Asking questions like....

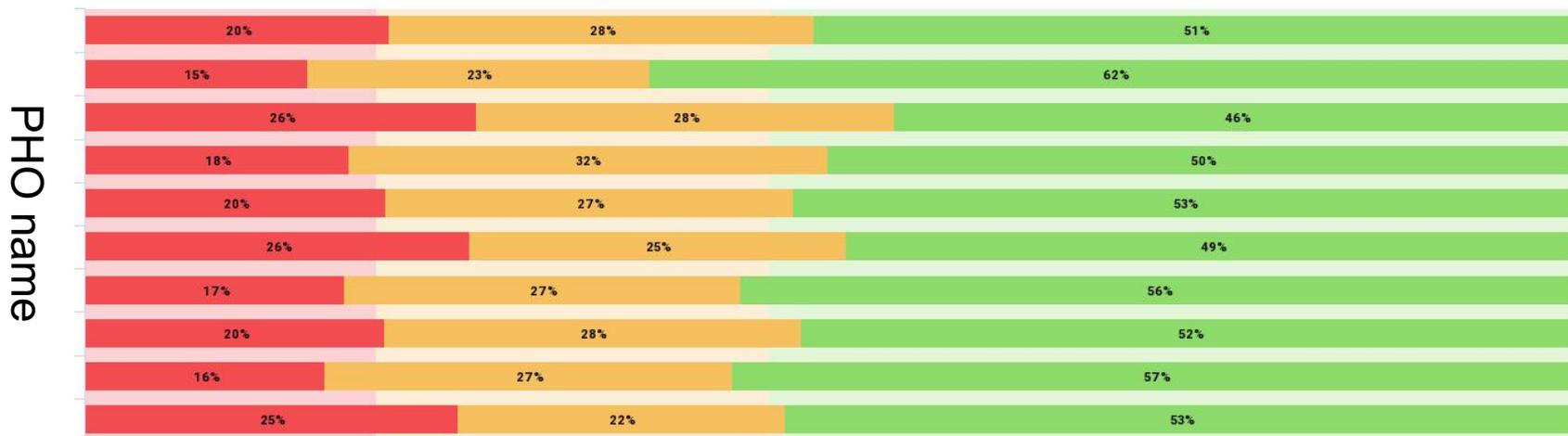
- Did you get help to make a treatment or care plan for your long-term condition that would work in your daily life?

Same day answer to an important question?

It varies: by PHO between 43% to 62% patients answer yes always

Did you get help to make a treatment or care plan for your long-term condition that would work in your daily life? [By PHO]

Response Count: 53715



5. Importantly – using the results for improvement... resources

From PES to PDSA:

A guide to using the patient experience survey portal for quality improvement




System Level Measures Update: Focus on patient experience survey

April 2018

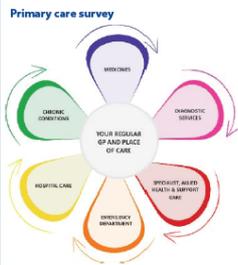
Patient experience of care is an important indicator of the quality of health services, and is one of the System Level Measures co-developed by the Ministry of Health and the health sector.

There are two patient experience surveys – one that captures patient feedback and experience in hospital, and the more recent primary care patient experience survey. The surveys are coordinated by the **Health Quality & Safety Commission**.

The primary care survey was piloted from February 2016 and is now being implemented by over 550 general practices across the country.

It asks patients about their experience in primary care and how their overall care is managed between their general practice, diagnostic services, specialists and hospital staff. The information is used to improve the quality of service delivery, and patient safety. It focuses on the coordination and integration of care, rather than just the last visit to a GP's surgery.

The recent focus of the patient experience of care System Level Measure has been on the implementation of the primary care patient experience survey. The focus in 2018/19 will be increasing response rates to the survey from Māori and Pacific people, and PHOs and practices reviewing and understanding their survey results and using the results to **improve delivery of quality and coordinated care**.



Primary care survey

In this issue

- Update on February 2018 survey
- Patient experience survey driving small changes that will add up to better health care
- Frequently asked questions
- Survey critical to GPs' understanding of patients' needs
- Evaluation of the primary care patient experience survey
- Patient experience survey – Māori and Pacific consumers
- Resources available
- Survey is opportunity to better connect primary and secondary care in Nelson Marlborough

Aiming for Excellence Standards

- Indicator 9.1: The practice includes feedback from patients when making decisions about the services provided in the practice
- Indicator 29.5: The practice undertakes quality improvement activities related to the management of targeted priority areas of clinical care.

Evaluation and summary of results



**Primary care patient experience survey:
Results from the first year of pilots**

Final Report prepared for the Ministry of Health

Evaluation of the Primary Care Patient Experience Survey Tool

Elisabeth Poppelwell, Jo Esplin, Emma Doust and James Swanson

18 April 2018



How do you use the survey results?

From the surveys and our patient engagements we use the data to identify themes and then we develop a plan to address the issues.

using patient feedback to improve services/care in our practice e.g. queing system introduced at reception to protect patients from lack of privacy and discretion, patients were unsure of where to queue and felt potential breaches in confidentiality could occur.

General feedback for whole team and specific feedback with reception staff.

-reviewing our policies and procedure. -reviewing wait times by employing new GP's, providing more appointments for patients - improving our documentation in PMS

Discussed at our team meetings in order to improve our quality of care

Advertising Patient Portal more -

so far just for feedback to the staff

Identifying training opportunities for staff. New call management system

improving patient information as part of the safety in practice programe

Feedback from users

‘The survey is an opportunity to recognise what’s important to patients and to get it right.

We are seeing extremely positive endorsement of the care patients are receiving, especially from their general practice team, but also honest feedback if something hasn’t been a good experience.’

‘We received 4200 comments which far exceeded my expectations. It is great to see the patients using to the PES to have a voice in their health care.’

The survey comments from patients crystallise the issues; they give you something concrete that you can do and can focus on.

Conclusion

- The surveys contain a wealth of information
- Both absolute scores (distance from ideal) and relative scores (variation) are useful ways to identify opportunities for improvement

A PHO Perspective

Martin Carrell

Why is Understanding Patient Experience important?

- Provides a voice for patients
- Enables patient engagement with own healthcare
- Increases patient safety
- Can help us 'get it right'
- Improves quality of health and disability services delivered

What do we need to be aware of

- More LTC care is shifting to general practice
- LTC affects whole of system
 - Understanding experience and expectations in context
 - Improving collaboration
- Health objectives - empowering patients to take greater responsibility for their care

What is the PES telling us at a PHO level?

Patients identifying with one or more LTC; *[Pegasus Health PHO Data]*

- 60% have a long term condition (surveyed 6,319)
- 52% are aged <65 years
- 41% diagnosed 10+ years ago
- 20% felt they didn't get help to make a treatment or care plan
- 40% not contacted after a care or treatment plan was made
- 8% of all comments relate to questions on LTC

Patients identifying with one or more LTC ...

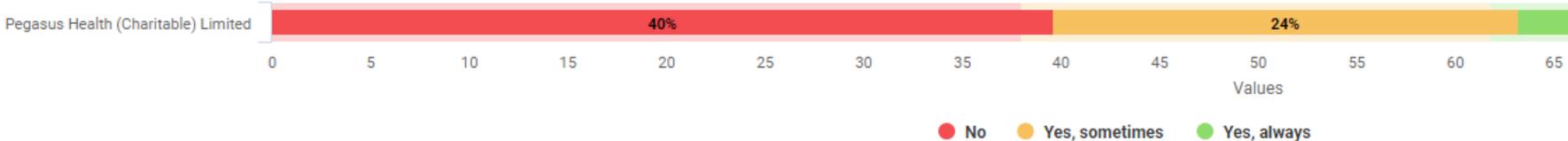
Did you get help to make a treatment or care plan for your long-term condition that would work in your daily life? [By PHO] ⓘ

 Response Count: 3354



After a treatment or care plan was made were you contacted to see how things were going? [By PHO] ⓘ

 Response Count: 3062



Data range – 1/1/18 to 31/12/18



Quote...

- ✓ *“... I wish medical professionals in general would appreciate that people who have long term conditions are often experts at hiding them ... being told I ‘present well’ or ‘look healthy, anyway’ when I am coming in because I need help with a long term issue that has flared up can be a bit dismissive and makes me question if I'm really being heard.”*

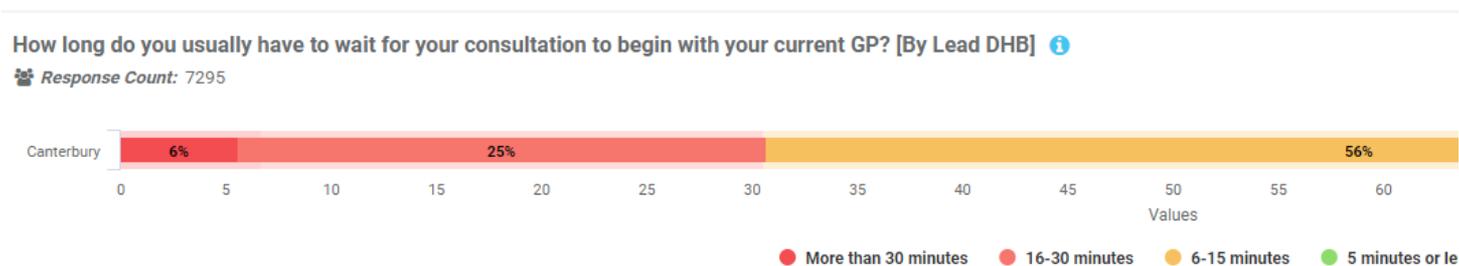
What are we doing at this PHO/Practice level?

- Using results to inform education programmes
- Identifying practice champions
- Having conversations
- Embedding as an improvement measure in Canterbury SLMs
 - *“Were you told what to do if you experienced medication side effects?”*
 - *“After a treatment or care plan was made were you contacted to see how things were going?”*

Improvement Example

General practice identified waiting times are an issue for patients

- Result - adjusted their appointment book to have more acute slots to meet the urgent need and / or catch up.
- Result – making more of an effort to contact patients to alert them if there are significant delays



What we can do better?

- We are still learning and understanding
- Not always engaging with results at practice level
 - Only 63% of practice have looked at their PES results within the past 6 months
 - 21% of practices have not looked at their results for more than a year (or never)
 - But improving
- Understanding experience from a patient perspective

Opportunities ...

- Use Patient Experience of Care more
- Respect feedback
- Set up systems to address known weakness or opportunities
- Reporting back to patients
- Improving collaboration with specialist services

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Take Home Messages – Patient Experience

- Primary Care is still getting to understand this space
- General practice collaboration with specialised services
- PES is a viable voice for patients
- Consider the whole of system experience
- Always opportunity to improve
- PDSA – Please Do Something, Anything!

System Level Measures – A system improvement approach to patient experience of care

Dr Peter Jones

System Level Measures

1. **Patient experience of care – ie, Person-centred care**
2. Ambulatory sensitive hospitalisations (ASH) rates for zero-to-four year olds – ie, Keeping children out of hospital
3. Acute hospital bed days per capita – ie, Using health services effectively and managing acute demand
4. Amenable mortality rates – ie, Early detection and prevention
5. Babies living in smokefree homes – ie, A healthy start
6. Youth access to and utilisation of youth appropriate health services – ie, Youth are healthy, safe and supported – *this is made up of five domains*

What is SLM framework?

A framework that supports the health system to improve health outcomes for people through focus on **continuous quality improvement through collaboration**

System Level Measures (SLMs):

- were co-produced with the clinical, managerial and analytical expertise from across the health sector
- require all parts of the health system to work together
- focus on children, youth, Māori and high priority populations
- connected to local clinically led quality improvement activities and contributory measures.

Contributory measures:

- Process and activity measures used to measure local progress against quality improvement activities
- chosen locally based on local needs, demographics and service configurations

All measures held in an online Measures Library (www.hqmnz.org.nz)

Purpose of SLMs

- Provide an organising framework for improved health outcomes by measuring performance of the whole health system
- Provide a stimulus to integration of services and systems so people experience integrated health care
- Focus on health outcomes by supporting improvement actions and activities at the local level
- Build capacity and capability for improvement and use of data to better understand local population needs and reduce health inequities for Māori and other high priority populations
- Better use of resources through strengthening of primary health care
- Move away from pay-for-performance to harnessing intrinsic motivation to deliver patient centred care

Implementation of SLMs

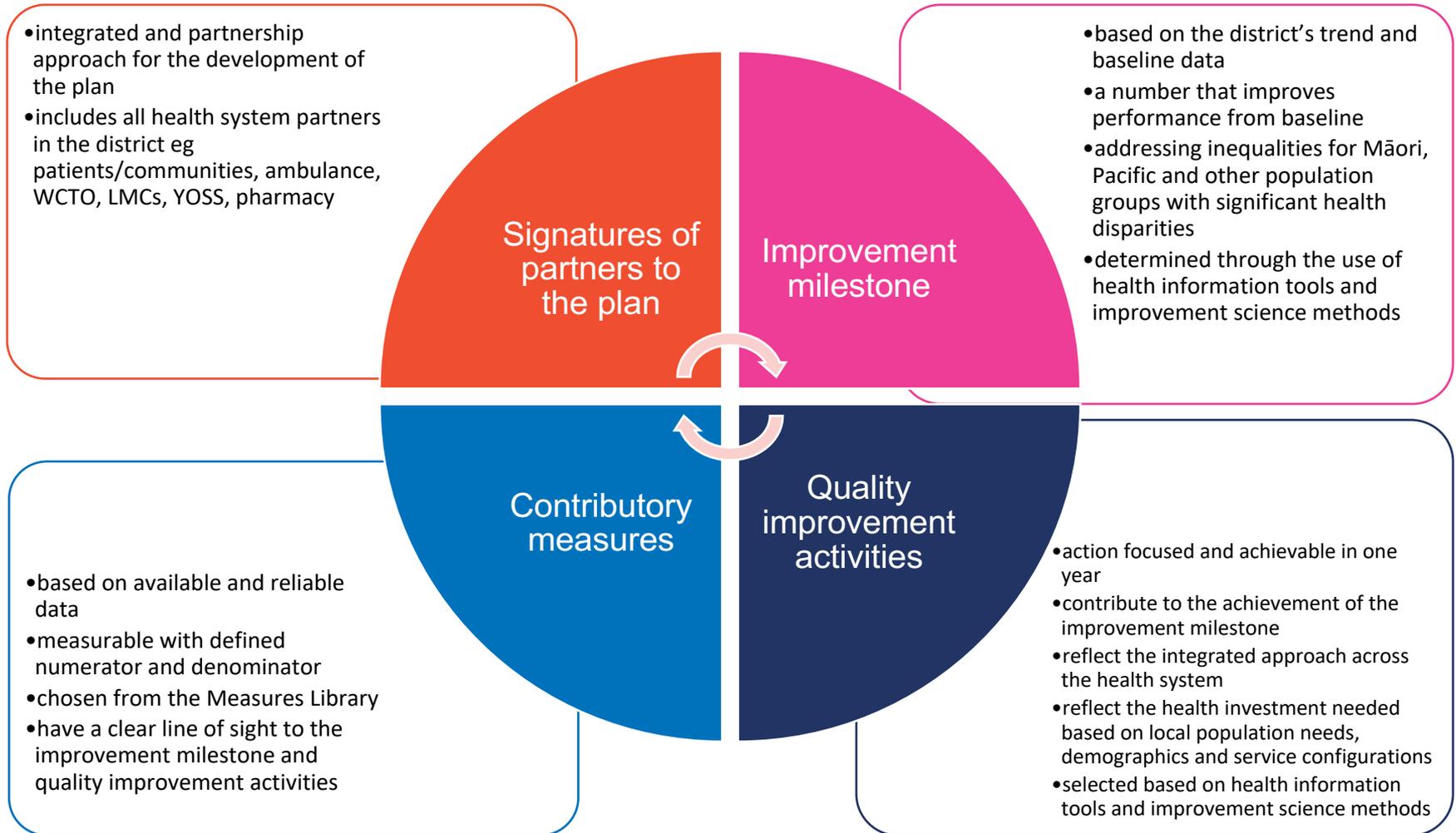
District alliances are responsible for implementing SLMs in their districts

Role of district alliances:

- Applying alliancing principles - develop local relationships and trust between health system partners in their district
- Harnessing perspectives from all component parts of health system to identify shared vision and key objectives for their districts
- Having a whole of system focus
- Having a clear focus on delivery of integrated care by placing their population and patient at the centre at all times
- Using SLMs to drive system integration in their districts
- Allocating resources required for the development, implementation, monitoring and reporting of the SLMs in their districts.

DHB, on behalf of their alliance, is responsible for submitting the SLM improvement plan and the quarterly reports

What are we looking for in the Improvement Plan



Examples of Milestones and activities from 18/19 plans

Improvement milestone	Improvement activities
100% of practices participating	<ul style="list-style-type: none"> • Maintain and improve practice participation in the PHC PES • Continue to implement the National Enrolment Service • Review survey results and identify improvements to deliver quality and coordinated care
40% of patients have provided an email address to practices to enable participation in the primary care patient experience survey.	<ul style="list-style-type: none"> • Develop a communications plan to promote and encourage consumers of primary care to complete the survey upon receiving an invitation • Ensure general practices are supported to collect email contacts for patients through training and education provided by the PHO. • Work with the DHB Consumer Council and their networks to promote completion of the survey

Examples of Milestones and activities from 18/19 plans

Improvement milestone	Improvement activities
<p>Increase the Māori participation rate in the primary care survey to 10%</p>	<ul style="list-style-type: none"> • PHO will work with HQSC to develop and test Māori and Pacific language flyers in practices to promote participation in the survey • Establish baseline for all domains in the primary care survey • Implement quarterly review of combined inpatient and primary care survey results to identify focus for continuous quality improvement
<p>Increase uptake by General Practice Teams participating in the primary care experience survey (from February 2018 PES base of 53% n.17)</p>	<ul style="list-style-type: none"> • Targeted campaign of practices not yet engaged with the Primary Health Care patient experience survey • Increase uptake of practices offering e-portal • Utilise Primary Health Care clinical champions to promote uptake of the e-portal to general practices

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Questions/Comments

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