

# Qualitative analysis of patient experience survey results

The Health Quality & Safety Commission's in-hospital patient experience survey was implemented on 1 July 2014.

Since the survey began there are three questions which consistently rate lower than others. In early 2016, the Commission undertook qualitative analysis of comments in the quarterly survey results for August and November 2015, to get a better understanding of why those three questions continue to be the lowest rated.

To date quantitative data has formed the basis of results. Some district health board (DHBs) have analysed the patient experience survey comments to guide their own improvement initiatives, however, this is the first attempt to collate comments collectively from all 20 DHBs.

## Background

Understanding the patient experience is vital to improving patient safety and the quality of service delivery. It has been shown to be a sound indicator of the quality of health and disability services. Growing evidence indicates that better experience, developing partnerships with consumers, and patient and family-centred care are linked to improved health, clinical, financial, service and satisfaction outcomes.<sup>1234</sup> Integrating the lessons from patient experiences in a quality improvement programme increases the chances of service improvement.

The Commission worked with KPMG to develop the patient experience survey and it became mandatory for all DHBs to participate in the quarterly surveys from 1 July 2014. The survey provides a set of consistent national indicators and a tool for local assessment and improvement. It contains both quantitative and qualitative information.

The survey is designed to be answered by inpatients aged 15 and older with at least one night's overnight stay, where the hospital event ended with a routine discharge or self-discharge. Specific exclusions are patients admitted to a mental health specialty and patients who were transferred to another health facility. Responses are collated to give each DHB a rating out of 10 in four areas: coordination, partnership, communication, and physical and emotional needs.

Scores are calculated by patients giving an overall rating out of 10 for each section, and also by attributing a numerical value to their response for individual questions. For example, in the first question:

- 1 = Yes, always
- 2 = Yes, sometimes
- 3 = No
- 4 = I had no need to ask.

- 1. When you had important questions to ask a doctor, did you get answers that you could understand?**

  - Yes, always
  - Yes, sometimes
  - No
  - I had no need to ask

The scores also have a demographic weighting applied to them. Full details of the methodology are set out in *Patient experience survey – Adult inpatients, methodology and procedures (July 2014)*: <http://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/publications-and-resources/publication/1658/>).

<sup>1</sup> Picker Institute Policy Position no. 3: Why patients should share in decision-making? Oxford: Picker Institute Europe. URL: [http://www.pickereurope.org/Filestore/Policy/position\\_papers/Picker\\_Policy\\_3\\_Why\\_patients\\_should\\_be\\_involved.pdf](http://www.pickereurope.org/Filestore/Policy/position_papers/Picker_Policy_3_Why_patients_should_be_involved.pdf)

<sup>2</sup> Balik B, Conway J, Zipperer L, et al. 2011. Achieving an Exceptional Patient and Family Experience of Inpatient Hospital Care. IHI Innovation Series white paper. Cambridge, Massachusetts: Institute for Healthcare Improvement. URL: [www.IHI.org](http://www.IHI.org)

<sup>3</sup> CAHPS® Consumer Assessment of Healthcare Providers and Systems. 2010. The Clinical Case for Improving Patient Experience. URL: <https://www.cahps.ahrq.gov/Quality-Improvement/Improvement-Guide/Why-Improve/Improving-Patient-Experience.aspx>

<sup>4</sup> CAHPS® Consumer Assessment of Healthcare Providers and Systems. 2010. The Business Case for Improving Patient Experience. URL: <https://www.cahps.ahrq.gov/Quality-Improvement/Improvement-Guide/Why-Improve/Business-Case.aspx>

So far the results are encouraging, with hospitals scoring an average of 8.4 out of 10 across all areas in the November 2015 quarterly survey.

You can read all the results on the Commission's website: <http://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/health-quality-and-safety-indicators/patient-experience/adult-inpatient-experience/>.

The highest scoring questions in the November 2015 survey were:

- question 14 – Overall, did you feel staff treated you with respect and dignity while you were in the hospital?
- question 15 – Overall, did you feel staff treated you with kindness and understanding while you were in the hospital?

The lowest scoring questions in November 2015 (as with previous surveys) were:

- question 4 – 'Did a member of staff tell you about medication side effects to watch for when you went home?'
- question 7 – 'Did the hospital staff include your family/whānau or someone close to you in discussions about your care?'
- question 10 – 'Do you feel you received enough information from the hospital on how to manage your condition after your discharge?'

The Commission wanted to better understand why these three questions continue to score the lowest. The comments from the quarterly surveys for all DHBs in August and November 2015 were analysed, and the following is a summary of the observations drawn from this analysis.

## The value of qualitative data

There is significant value in the comments given by respondents that can't be obtained by the numerical scores alone. There were also some cases where the comments didn't seem to align with the scores given – either because the associated comments indicated another response would have been more appropriate, or because the respondent had given a high overall score to a section, while giving a negative response to questions within that section. For example, in the combined August and November 2015 results:

<p><b>1. When you had important questions to ask a doctor, did you get answers that you could understand?</b></p> <p><input type="checkbox"/> Yes, always</p> <p><input type="checkbox"/> Yes, sometimes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> I had no need to ask</p>	<p><b>2. Was your condition explained to you in a way that you could understand?</b></p> <p><input type="checkbox"/> Yes, completely</p> <p><input type="checkbox"/> Yes, to some extent</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>
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- 472 respondents answered 'No', 'Yes, sometimes', or 'To some extent' to both questions 1 and 2 in the Communication section, yet a third of those (157 out of 472) went on to give an overall score of 8/10 or higher for Communication (being 6.5 percent of the total number of respondents who scored 8 or higher) and 13.6 percent (64 out of 472) gave an overall score of 9/10 or 10/10.
- 30.3 percent of respondents (47 out of 155) answered 'No' or 'Yes, sometimes' for all three groups of staff in question 3, yet gave an overall score of 8/10 or higher for the communication section (being 1.9 percent of the total number of respondents who scored 8 or higher).
- One respondent gave an overall score of 7 for communication, yet commented 'I was kept waiting for a long time before taken up to surgery, I was frightened and in pain. No-one communicated with me unless I asked, then the answer was unsatisfactory.'

- Another respondent gave an overall score of 8 for communication, and commented ‘in the initial explanation of my condition the surgical registrar told my husband and I that I have cancer, the medical team said I have pneumonia.’
- 12.2 percent of respondents<sup>5</sup> (357 out of 2937) answered ‘no’ to question 10. Of these respondents, 5 percent (18 out of 357) still rated the overall coordination section as 10/10 (being 1.2 percent of the total number of respondents who scored a 10/10 for coordination).
- Some respondents answered ‘No’ to question 6, but their comments indicated that this didn’t mean they were unhappy about the situation. For example:

**10. Do you feel you received enough information from the hospital on how to manage your condition after your discharge?**

Yes, definitely

Yes, to some extent

No

I did not need any help in managing my condition

**6. Were you involved as much as you wanted to be in decisions about your care and treatment?**

Yes, definitely

Yes, to some extent

No

I was unable or did not want to be involved

*I was not consulted, I was told – which in this case was appropriate.*

*I wasn't involved in the decisions about my care which for me wasn't a problem. I knew I was in good care from the way the staff gave me their time and understanding.*

- Similarly, some respondents answered “No” to question 7, but their comments suggested that “N/A” or “I did not want them included” might have been more appropriate:

*There was no need to involve my next of kin.*

*I didn't require extra family in the decisions about my care, was happy to do that myself.*

*I didn't need family involved.*

**7. Did the hospital staff include your family/whanau or someone close to you in discussions about your care?**

Yes, always

Yes, sometimes

No

I did not want them included

N/A

- Two respondents answered ‘No’ to both questions 6 and 7, yet gave an overall rating of 10/10 for the Partnership section.

Many respondents commented on things that weren’t specifically asked about in the survey. The most common example of this was about medication administered while in hospital – that they weren’t told what it was, why they were given it, or what the potential side effects were. However, the survey only asks if they were told about medication side effects to watch for when they went home. For example:

*Didn't really understand the drugs I was hooked to in A&E or what and how much drug, ie insulin, I was getting or what my figures were.*

*The morning after surgery I was given a handful of pills with no explanation what they were or what for. After taking them I became nauseous and vomited three times. I remarked that I hadn't had a meal for 30 hours. The nurse said “Maybe we should have waited till after breakfast.” I agreed!*

*I was prescribed an antibiotic while in hospital and not explained why. When I asked one*

**3. Did you feel the following staff listened to what you had to say?**

	Yes always	Yes, sometimes	No	N/A
Doctors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other members of your healthcare team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>5</sup> Excludes those respondents who didn’t answer question 10, or answered ‘I did not need any help in managing my condition’.

person they said it was precautionary for UTI as a preventative. Later nurses said I had a UTI but others still said precautionary. I'm still not sure what it was for and why.

It was never explained to me the possible side effects of the intubation, urinary catheter and nasal spray that was administered while I was in hospital.

One of the medications I was on was an antidepressant. No one asked me if I wanted it or needed it.

## Question 4 – Medication side effects

Medication was a key issue, with many respondents commenting that they weren't adequately informed about medication prescribed to them on discharge. The following examples typify these comments:

*They never told me about the meds I was given when I left hospital, to which had all the side effects and I had to go to my GP as I thought I was having a stroke, it was terrible.*

*On the morning of my discharge I was given four measures of CA-Resonium to assist with dispersal of potassium build-up due to hyperkalaemia, but no laxatives or warning/instructions on the effects of CA-Resonium. The result was that I suffered an intestinal blockage and had to be re admitted to A&E four days later for treatment.*

*While in hospital I was given Tramadol and on discharge I was given a script for it. It wasn't till my pharmacist pointed out that there could be some possible side effects when this was combined with another medication I was taking. In hindsight I believe this was the reason I was feeling so unwell during my stay in hospital.*

*I ended up using my phone to google the medication I was given – that is where I got the information on side effects and any potential risk to my pregnancy.*

*I was sent home with four different pain meds. Some of which had serious side effects. Nothing was explained to me about when I would take these, just relied on what was printed on the label.*

*I did not receive information on side effects or how to manage my condition – just go to your GP if you have any concerns. I needed more help with what to expect, what to eat etc.*

*I don't remember being told what side effects there would be, but the pharmacist gave me a card with all my medications and what each tablet was for. It is so helpful, I keep it in my purse and show it to whoever needs to know my medication. A fabulous help.*

4. Did a member of staff tell you about medication **side effects** to watch for when you went home?
- Yes, completely
  - Yes, to some extent
  - No
  - I did not need an explanation
  - N/A

## Question 7 – Family/whānau involvement

There were very few comments from those who answered 'No' for this question. Some of the comments suggest that this isn't actually an indication of dissatisfaction for those respondents, especially when the numerical responses are taken into account. Fifty-two respondents answered 'No' for question 7, yet still gave an overall rating of 10/10 for partnership section. Examples of comments include:

*My family were not involved but that was ok as I was fully capable of understanding my own treatment. I am sure if I had wanted them involved it would have been possible.*

*I'm capable of making my own decisions – no need for a family member to act for me.*

7. Did the hospital staff include your family/whanau or someone close to you in discussions about your care?
- Yes, always
  - Yes, sometimes
  - No
  - I did not want them included
  - N/A

It is possible that having family/whanāu included in discussions is more important to ethnic communities which do not typically have a high response rate to the patient experience surveys. A breakdown of ethnicity for respondents in the November 2015 survey is as follows:

Group	Patients discharged (%)	Respondents (%)
European	71	80
Māori	14	11
Pacific	7	2
Asian	7	5
Other	1	2

Of the comments that indicated dissatisfaction, these often related to respondents who had elderly parents in hospital. For example:

*I was led to believe mum had had a silent heart attack, at no time did a doctor speak to me about mum's condition and give me any advice on her ongoing care. Mum is 92, and although I requested a meeting with house doctor, she was unavailable. I question - 1. Is it because mum was 92? 2. Is it because mum had a hearing disability? 3. Is it because mum had a sight disability? I believe that mum was discharged because of her age.*

*I feel more contact should be made with family/carers to inform them of what to expect when someone is discharged. Dad was confused at times and apart from one day when I was there when the doctors came around we, the family, were not up to date of what was happening with Dad.*

*Family can't be involved in decisions/discussions when the doctors are around at about 9am, and your family aren't allowed in due to visiting hours.*

*I would have liked to have had my wife present when the doctors came around but she struggled to be let in to see them. My memory is such that I rely on her to take in information as my main carer.*

## Question 10 – Information on discharge

The discharge process was the biggest area of dissatisfaction, with a large number of comments from respondents who felt that their discharge was not handled well enough.

In the combined August and November results, 40 percent of respondents felt they did not receive enough information from the hospital on how to manage their condition after discharge<sup>6</sup>:

The following typify the comments from those who weren't happy with their discharge process:

*I was discharged suddenly while still experiencing heart flutter and no opportunity to discuss with a doctor re safety of exercising or under what circumstances I should seek further care. My discharge letter had no recommendations other than to continue taking new meds.*

*My condition - congestive heart failure - was something I knew nothing about, so I would have welcomed more explanation and information, to help me understand and deal with the condition, now and in the future.*

**10. Do you feel you received enough information from the hospital on how to manage your condition after your discharge?**

Yes, definitely

Yes, to some extent

No

I did not need any help in managing my condition

<sup>6</sup> Excludes those respondents who didn't answer question 10, or answered 'I did not need any help in managing my condition'. 60 percent answered 'Yes, definitely', 27.8 percent answered 'Yes, to some extent', and 12.2 percent answered 'No' to this question.

*There was no instruction on how to move in or out bed. The support for my catheter was not put on correctly and put extra strain on it, causing bleeding until I changed it at home. The take home bag was short of an instruction leaflet.*

*I was given a prescription for meds and sent on my way. I wasn't told whether or not I needed to come back and get stitches out. I felt I was getting pushed out the door because another patient needed the bed.*

*Discharge summary was not correct – some medications were not entered. Very brief summary of my surgery. I had to ask the ward nurse for assistance from the district nurses (they offer a fantastic service – a group of dedicated nurses).*

*I was never told of how to recover from my surgery or how long recovery would take. I was only given a prescription for 2 Scopoderm patches which costs \$56.00. There was none at all. Since my first surgery and diagnosis in 2012 I have been left on my own to figure everything out.*

*I didn't get enough answers. Wasn't told enough. I still haven't received my discharge papers.*

*Everything was great until it came time to be discharged, then there was a huge lack of info re the meds I was sent home with and details of what I was and wasn't allowed to do post-op.*

*I was not told about medication - how long to wait before driving, working, exercise etc. I had to see a doctor at my personal practice.*

*My discharge sheet was completely wrong, full of inaccurate information. I also had to do my own dressings on my leg, felt it was because of my hep-c. On the sheet they put down that I was 'doing self-dressing of leg', but this was because no one was available when I was in pain. The antibiotics were changed as they said I was allergic even though I had completed a course of them before admission. On discharge the rash on my head spread to my whole body and I was in distress. I had to make several visits to my doctor and daily visits to the district nurse. I have now an appointment with the dermatology clinic this Friday. This may sound like a slant against the hospital but I am grateful for the help I received but felt quite let down.*

*When I left I was never given a discharge summary (this was posted to me and received a week later). I was advised by the nurses to go get my stitches removed five days after my surgery. But as I was never given a discharge summary and my doctor had not received it, the nurses at my doctor's clinic were unsure whether to remove my stitches or not, resulting in me having to visit my medical centre twice and resulting in two charges.*

*When I was discharged by the final doctor she just left me to leave without any information about my tablets, any exercises I need to do to reduce pain etc, I felt rushed out. I had two moonboots and crutches and had to walk a very long way to the car park while in pain, would have been nice to be offered a wheelchair. I was not told whether I needed the boots on all the time, how long they would be on and when I would come back for a check-up. I did get a text reminder for an appointment for the wound check which was good.*

*I'd would have liked to know what was wrong with me and not told by the doctor I can stay until I'm comfortable then discharged with Panadol to cure my pain. Pretty shithouse if you ask me because I then had to continue going to my GP.*

*I was not provided with any post-op care information of what I can/couldn't do following my surgery and neither was I offered any assistance in getting from the ward to the carpark...it was a long slow walk. I definitely think communication between doctors and nurses on the wards should be improved, I waited from 11.30am until 5pm to be able to leave the hospital as well as information provided to patients on care following surgery.*

*I was very keen to leave hospital but was not given any information on diet or wound care at discharge. My GP provided me with this information.*

*I left the hospital not having a clue what was wrong with me. On discharge I was told I needed an ultrasound of my ovaries. This information was not passed onto the x-ray department. It took two weeks of phoning the hospital and being put through to different departments before the form was finally handed onto the x-ray department. I was told by the coordinator of the ward that it had slipped through the cracks!*

*A notepaper of what to expect when you were recovering at home and when to seek help if certain conditions arose would be a great help.*

*I cannot fault the communication leading up to my surgery. However, after I had it not one medical practitioner assessed my scars or looked at them. I was given no instructions as to what not to be doing while recovering. Also I had cysts on my ovaries which was not what I was having surgery for and not one person told me that these were removed at the same time as my appendix. I found out after I was discharged as my partner told me.*

*Sent home with list of mistakes in the medication and had to visit my own doctor to get it sorted before I went home.*

## **Comments provide opportunities to recognise achievements**

While the intent of this analysis was to identify why three questions continue to rate the lowest, it is worth noting that there was also a significant amount of positive feedback. In many instances there were specific individuals named within the hospital who had been instrumental to the patient's positive experience. Examples include:

*The specialist nurse, pre-admission was lovely. She included both my sister and I as we had many questions. She made you feel at ease about the up and coming op. Dr [name removed] was wonderful. If I was unsure about any part of the procedure, he would stop and clarify things; ask me questions to make sure I'd understood before moving on.*

*My surgeon [name removed] was very good and also all the nurses who took care of me. Nurse [name removed] was very good, she took care of me after my op very well. Very soft spoken and very caring.*

*I was really impressed with all the staff. When I told the charge nurse I had recently been neutropenic she moved me to a single room. [Name removed] – the nurse was fantastic at cannulation and had perfect hand hygiene. The ASU team saw me quickly, understood my concerns and came back to me with a plan quickly. I am very grateful.*

There were a considerable number of comments indicating that patient felt they had received an efficient, respectful and consultative experience in hospital. Examples include:

*All the health professionals took time to explain and listen to me. They ensured I understood the options so I could make informed decisions.*

*Staff were helpful and caring. They made sure my family and I knew what was happening. Excellent service. Thank you.*

*Staff went out of their way to provide my various medications at the preferred times (eg, 30 min before breakfast, noon, 4pm) that were not their normal dispensing routines. This enabled me to maintain a level of continuity in my treatment so that I felt confident that I had the best conditions to recover.*

*Staff were fantastic, everything was explained well at the time and anaesthetist followed up after the c-section to see how I was doing, which was really nice.*

*Nurses explained what they were go to do and what time they are coming back and were told to call if need anything and when new nurse came on introduced them self and that they are now looking after you.*

*From the time I was diagnosed with bowel cancer, I was kept informed/updated with what would happen and when. I was at all times treated with the utmost respect. I found that all the staff, nursing, nurse aids, cleaning, kitchen staff and administration were excellent I have no complaints whatsoever.*

*The conversations were at a level anyone should have been able to understand. The written material before I was admitted and on my discharge was and still is very useful.*

*What I thought was going to be a very traumatic time for me, it was very calm, pain free, excellent caring by all staff. I was always kept up to date and always told what the next step was going to be.*

*I was given a lot of information and was shown how to get dressed etc. I was also shown the exercises I would need to do by both the doctor and the physio.*

*I went to hospital for rather serious operation that I was quite concerned about and from the pre admission consultation through to admission, then surgery and recovery, I was always treated well with respect and what I thought was very professionally.*

*Scans/procedures occurred within several different departments of the hospital in a well-coordinated manner so my stay could be progressed as quickly as possible without me feeling like I was being pushed out the door. Good communication between oncology (my main doctor) and other departments. I had the same nurses on both days I was in which was great in terms of continuity of care.*

*The systems seem to work very well once I became part of them. Everyone seemed really aware of their role and boundaries. Everyone seemed to be well briefed on my progress during immediate post-operative recovery and I did not need to correct any misinterpretation of my experience.*

## Conclusions

The patient experience survey is a useful tool for identifying what's being done well, as well as areas for improvement. The comments from respondents provide a wealth of information that isn't captured in the scores. Key observations from this analysis:

- Relying on the numerical scores alone doesn't provide a full picture of the patient experience and, in some cases the scores seem to be at odds with the associated comments. While the number of instances where this occurred is small, it does show the value of reading patients' comments in addition to analysing the numerical scores.
- A 'No' answer doesn't always mean the patient was unhappy with their experience. For example, where respondents answered 'No' in question 7, their comments indicated that a 'not applicable' answer would have been more appropriate.
- There are often issues raised in the comments that aren't specifically covered by the survey questions, such as respondents commenting that they weren't given sufficient (or any) information about medication administered while in hospital. The survey only asks about medication side effects to watch for when at home.
- The discharge process was the biggest area of dissatisfaction, with 40 percent of respondents responding that they didn't get enough information on how to manage their condition after being discharged.
- Reviewing the comments provides opportunities to recognise the great work that is being done in DHBs, and to acknowledge the contributions of specific individuals who respondents have personally thanked in the comments.

It is important for DHBs to analyse their own survey results to check how they're doing, celebrate successes and understand areas where they could improve. If there are things that your DHB is doing well in response to the patient experience data, we'd love to hear about this. As well as being able to share with other DHBs, this information is extremely valuable for us to be able to help each other to improve the quality of services. Please email [chris.walsh@hqsc.govt.nz](mailto:chris.walsh@hqsc.govt.nz) with details.