



HEALTH QUALITY & SAFETY  
COMMISSION NEW ZEALAND  
*Kupu Taurangi Hauora o Aotearoa*

# From PES to PDSA:

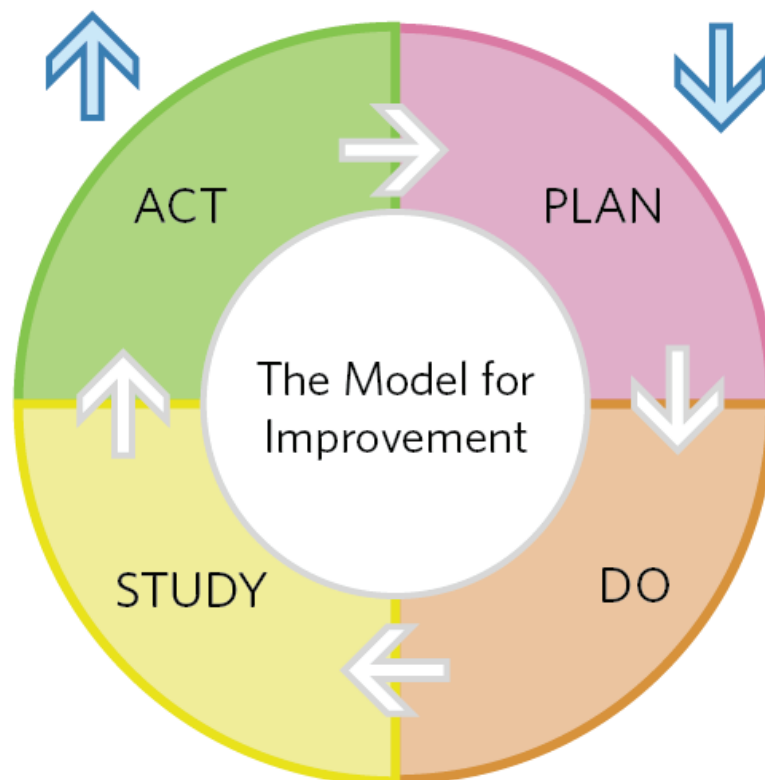
A guide to using the patient experience  
survey portal for quality improvement



## Contents

Introduction .....	1
Finding your QI opportunity .....	2
PDSA - plan .....	5
PDSA - do .....	7
PDSA - study .....	8
PDSA - act .....	8

1. What are we trying to achieve?
2. How will we know that change is an improvement?  
That is, what do we need to measure?
3. What changes can we make that will result in an improvement?



Adapted from the Associates for Process Improvement, USA

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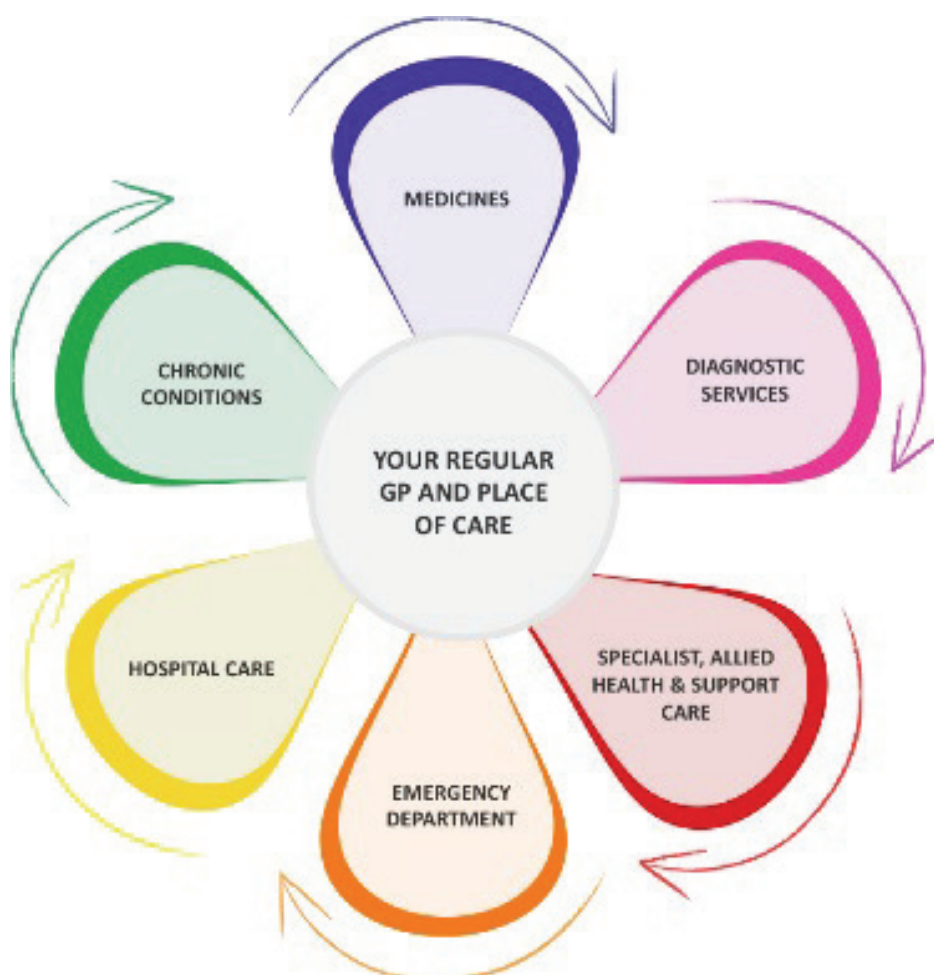
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## Introduction

The primary care patient experience survey (PES) and its reporting portal were designed by the Health Quality & Safety Commission to empower your organisation to engage in quality improvement (QI) initiatives that are both meaningful to patients and whānau, and relevant to your primary health organisation (PHO) and practice.

The survey and the adult in-hospital survey make up the 'Patient experience of care' System Level Measure, and support the system goals for people-centred and whānau-owned care. Engaging in a quality improvement activity using the survey meets indicator 9, 'the practice includes patients' input into service planning' of the Royal New Zealand College of General Practitioner's Aiming for Excellence standard.

This manual is designed to help you both meet indicator 9 and conduct quality improvement initiatives in your district alliance System Level Measure improvement plan. We will show you how to use the reporting portal for QI activities and track progress through following an example QI initiative. We will show you how to engage with the portal while using a plan-do-study-act (PDSA) cycle. You may choose to mirror this initiative as a way to 'get to know' the portal's functions and use it more efficiently when the time comes to run your own improvement activity..



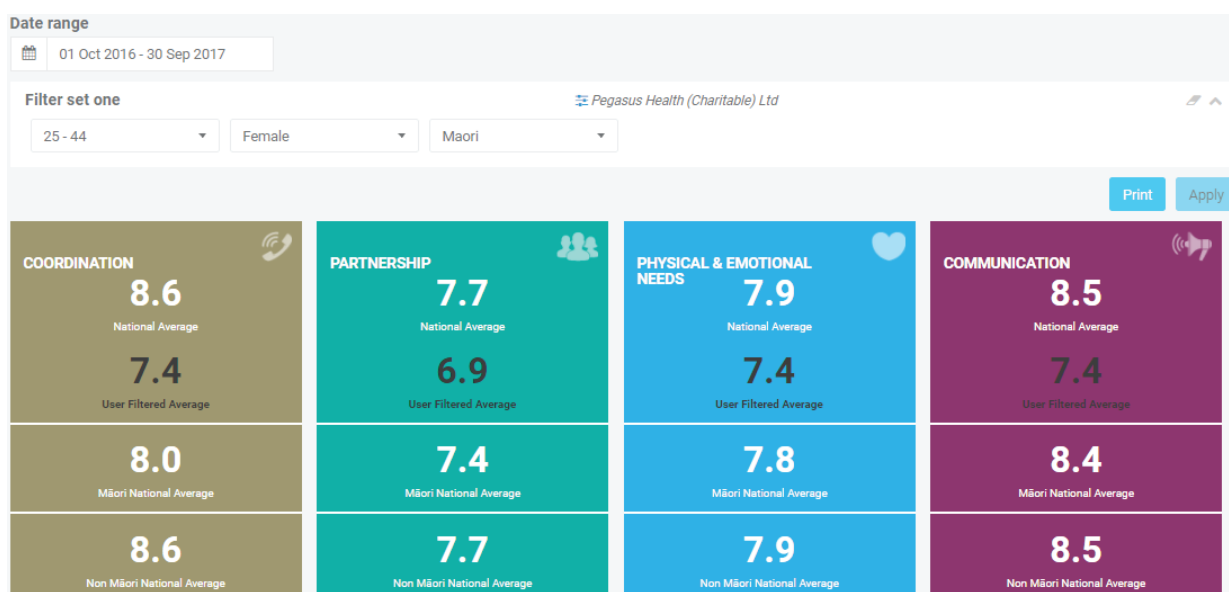
## Finding your QI opportunity

You may already know of an area your PHO or practice might wish to focus on. You might also know that unless you take the time to stop and look at the problem, nothing will change. Luckily, the reporting portal is designed to lessen the burden of time. So, let's log in.

The portal's dashboard (Figure 1) gives you an immediate snapshot of where to focus. You can quickly see the areas where your PHO or practice is doing well and areas to work on. Topics for improvement can come in many forms: you could look at variation between groups of people (eg, Māori reporting worse coordination of care compared with non-Māori), variation among your practices (if you are a PHO), or perhaps just a low-scoring question.

**TIP:** If you're not sure of your PES portal login details, use the 'forgot password' functionality on the [landing page](#).

**Figure 1: Example of portal dashboard**



**GET THE LOOK**

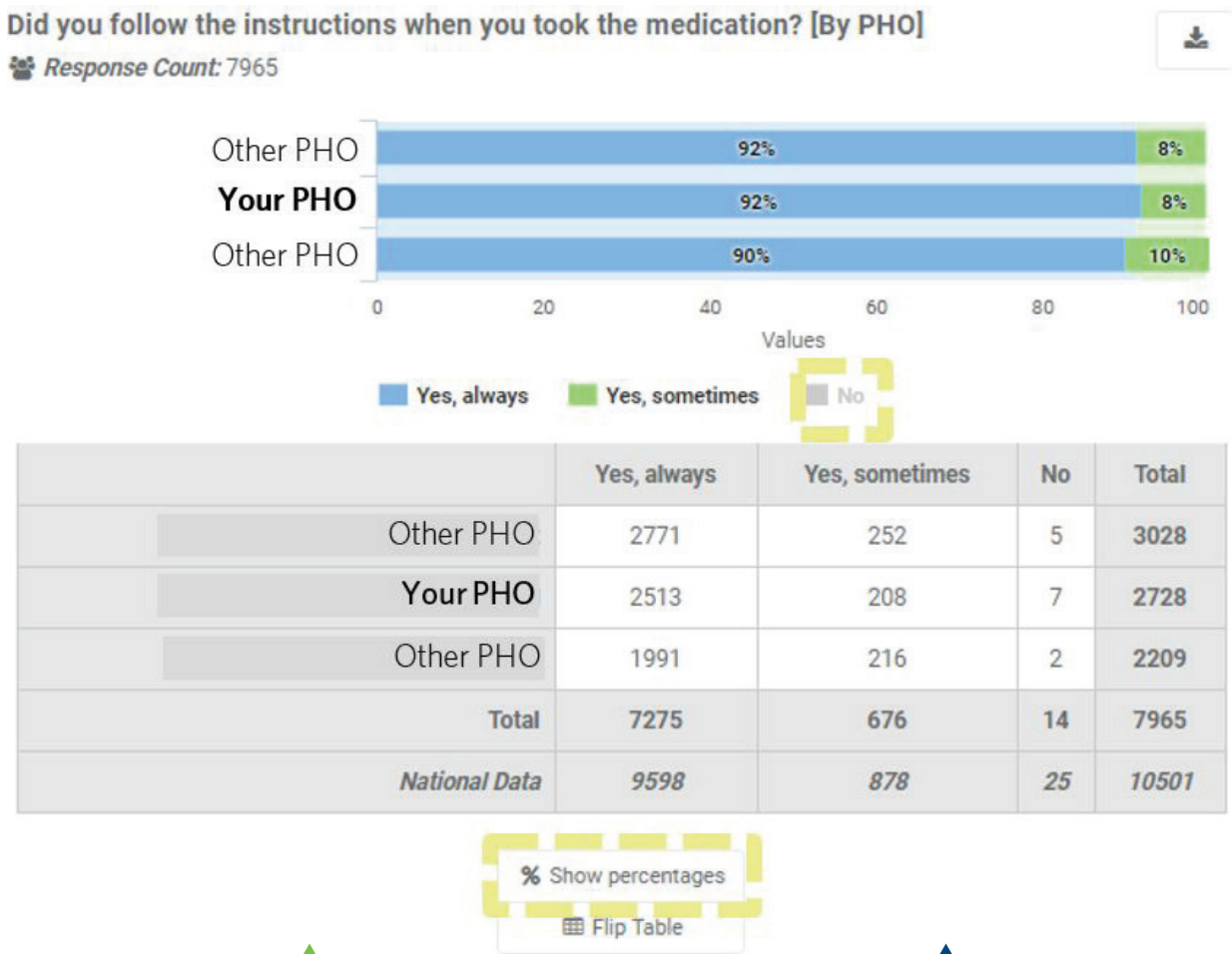
1. Date range: 01 Oct 2016–30 Sep 2017
2. Filters: 25–44; Female; Māori

**TIP:** The black number shows the group of people you have filtered by. Here, we can see Māori women aged 25–44 report receiving worse care across all domains.

As an example, say, as a practice, you have noticed patients and whānau not responding to their medication as expected, and you think it may be because they are not taking the medication as prescribed.

Using the navigation bar on the left side of the portal, select 'Medicines' and you will be taken to all of the survey questions that relate to medicines. Start by testing whether you and your team's hypothesis is right by clicking on 'Followed instructions' (Figure 2).

**Figure 2: Example 'Followed instructions' screen**



**GET THE LOOK**

1. Date range: 01 Oct 2016–30 Sep 2017
2. Chart configuration: by PHO
3. Filter: selected PHOs with similar response numbers
4. Select 'No' to remove from and tidy graph
5. Select 'Hide percentages'

**TIP:** The shaded area behind the bars shows the national proportional response to the question.

Looking at the graph at the top of Figure 2 you can see that since October 2016, 8 percent of people have reported 'Yes, sometimes' they follow instructions when taking their medication. Looking at the table at the bottom of Figure 2, you can see this is 208 of people and an additional seven who responded 'No'. Let's see if we can find out why.

Start by exploring the reasons for people not taking their medication as instructed. Click on 'Why not following instructions'. You can see in Figure 3 that in July–September 2017, 46 people (49.5 percent of your responders) reported not following medication instructions because they forgot.

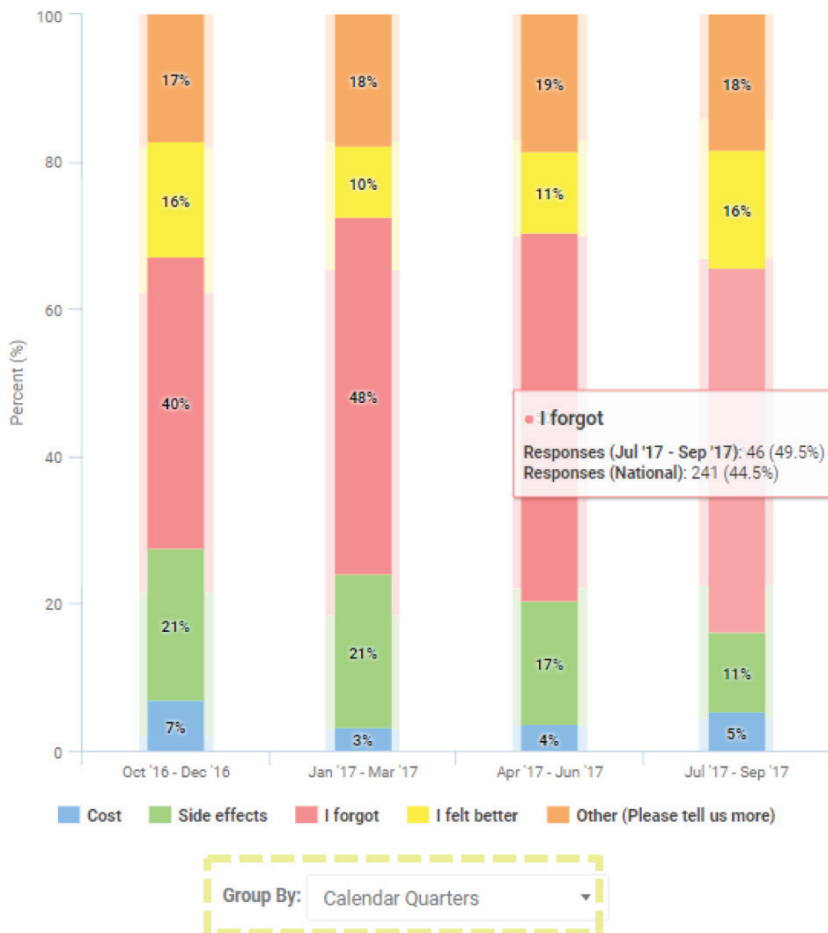
Looking over the previous quarters, you can quickly see there is a pattern to this response because the proportion of 'I forgot' responses has remained consistent since October 2016. This suggests you will keep getting the same result unless you make a change to the system.

You can continue to explore the other questions within the portal to get a better picture of why your patients might be forgetting to take their medication as prescribed. Through exploring the responses to these questions, you're already on your way to incorporating patient feedback into improving your services.

**Figure 3: Example graph showing medication use**

**Reasons for not following medication instructions.**

**Response Count: 267**



**GET THE LOOK**

1. Date range: 01 Oct 2016–30 Sep 2017
2. Chart configuration: trend results
3. Group by: calendar quarters
4. Hover over each section of the bar to show the numbers that make up the percentage

**TIP:** As rule of thumb, check for a minimum response count of 30 to a question as a good starting point before making any changes. For comments, a smaller number is sufficient to start taking note, eg, three or more people noting a similar issue.

## PDSA – plan

### Gather your team

Now you have clearly identified a problem and found data to support it, the next step is to gather together a team to help you understand and solve the problem.

The size of the team will reflect the size of your practice and the breadth of the issue you are working to improve. Make sure everyone in the team has a job, as this means there are not ‘too many cooks in the kitchen’ and that each person is lending a helping hand to the team.

If you have a patient or whānau willing to be involved, their perspective will add a lot of value. If your problem disproportionately affects Māori, consider getting a Māori patient or whānau to join the team. Alternatively, if your PHO has a Māori health advisor, ask if they can help.

If no patient or whānau is able to join the team, you can ensure the consumer voice is heard by using the comments section of the portal. When used in tandem with the demographic information survey respondents provide, comments allow you to collect feedback across age, gender and ethnic groups. Later, we discuss how to do this.

Finally, assign a leader or driver to your project to ensure follow-up and check in on progress. This may be you.

#### People to consider for your team:

Patient/consumer/whānau  
Māori advisor/patient/  
whānau  
Health care assistant  
Registered nurse  
General practitioner  
Manager  
Medical doctor  
Pharmacist  
Physiotherapist  
Dietician  
Nurse practitioner

Tool A in [this toolkit](#) offers more information on other roles you might look for.

### Define your aim

Next, clearly define what you are hoping to accomplish by creating an **aim statement**. The aim statement will answer the following four questions:

	Elements of aim		Example
<b>1. For whom?</b>	Who?	Population in target	<i>Enrolled adults (15 years and over) who respond to PES questions on prescribed medication</i>
	Where?	Location	
	When?	During what part of the process	
<b>2. What?</b>	What it is about?		<i>Decreasing the number of people who forget to take their medication as prescribed.</i>
<b>3. How much?</b>	Baseline		49.5%
	Target		25%
	Metric used	Eg, percentage, average, etc	Percentage
<b>4. When?</b>	Timeline		<i>One year from start of project</i>

Following our example, our aim statement would be:

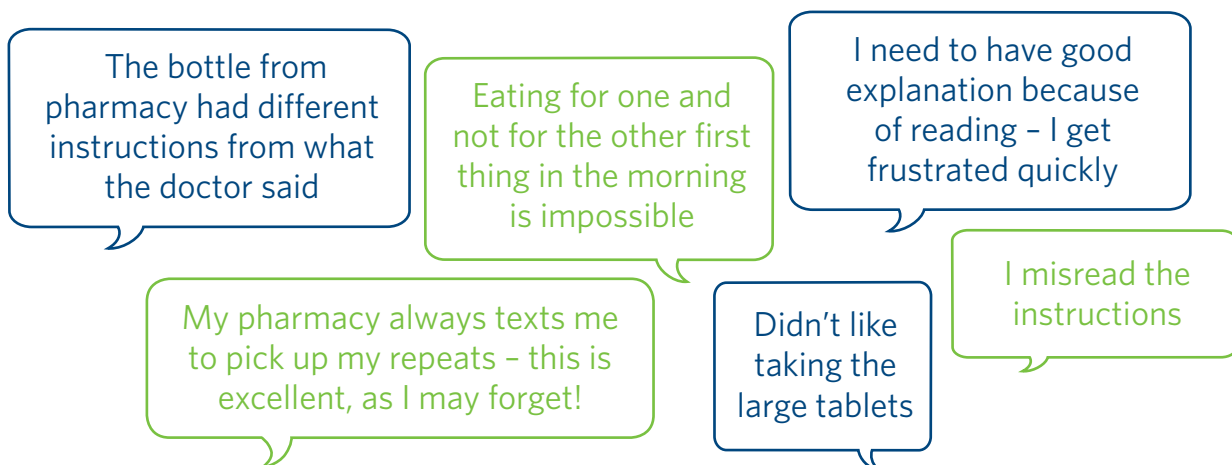
***To decrease, from 49.5 percent to 25 percent over a period of one year starting on 1 July 2018, the number of patients/consumers/whānau who cite 'I forgot' as the reason for not taking their medication as prescribed.***

## Measuring your progress

Now you and your team are clear about your aim, you will need to answer the question 'How will we know a change is an improvement?'

We can follow the trend graph in Figure 3 to see whether there are any changes to the baseline of 49.5 percent from quarter to quarter. Take a screen shot of this and put it into your practice action plan. It can be used as evidence of your practice meeting indicator 9.

Next, determine what your intervention is going to be, ie, what you are going to do differently to try and achieve your aim. Try brainstorming ideas with your team or ask other people outside who might provide valuable insight. For now, let's start by looking at patient comments for any helpful clues as to why patients/whānau are forgetting to take their medication as prescribed.



You can narrow your search by looking at responses only to certain questions (see Figure 4) or searching by a particular word you are interested in. You can also use this as an opportunity to identify the voice of a particular age, gender or ethnic group.

**Figure 4: Example of responses to specific questions**

Date range: 01 Oct 2016 - 30 Sep 2017

Filter set one: Pegasus Health (Charitable) Ltd

Age Group, Gender, Ethnicity, Practice, Lead PHO DHB, Hospital

forgot

All comments: Response Count: 2

Per page: 20

Chart Config: Is there anything you would like to tell us ab...  
Select All, Deselect All  
Is there anything else you'd like to tell us about being given the wrong medication or dose?  
Is there anything you would like to tell us about your experiences with your medication? ✓  
Is there anything you would like to tell us about your experiences with x-rays, scan(s) or tests?  
Is there anything you would like to tell us about your experiences with health care?



## What changes can you make that will result in improvement?

Now you have a couple of ideas on some of the issues patients/whānau are experiencing. You even have some recommendations made by your patients/whānau about what would make a difference for them.

In this example, say you take one of the patient's/whānau's recommendations and implement a process where your practice will begin to send emails to patients/whānau with new prescriptions summarising:

- their new medication
- the doctor's instructions
- a link to a reputable source (eg, Health Navigator or Health Info) for more information.

At a minimum, you decide the email should tell the patient/whānau that if they receive any conflicting information about their medication or are confused by any information given, not to hesitate to ring a staff member at the practice. There may be other people within the practice who have roles to play and actions to take. Make sure everyone is aware of who is doing what, where and when, and if possible why.

**TIP:** For a more in-depth look to find the underlying causes of a problem, try using a process map or a cause and effect diagram with your team. Use tools G and I in [this toolkit](#).

**TIP:** If you are doing a project involving health literacy, the Commission has [a number of resources](#) your practice or PHO might find useful, such as the *Let's PLAN for better care* flyer.

## PDSA – do

As you implement an intervention, ie, what it is you will be doing differently, you will want to make sure the change is actually occurring.

Because the survey runs quarterly, the intervention your practice chooses will need to be implemented over a period of three months before the results show in the portal.

To make sure the change is occurring, look at what is happening. Is the new procedure being followed? Does everyone know what they are meant to be doing?

**TIP:** If possible, avoid making a large number of changes at once, or you will not know which change is responsible for the success or failure of the intervention.

Try scheduling regular meetings with the people involved to see how the QI activity is going. It could be quite demotivating to find out three months down the track that the intervention had unintentionally been forgotten within the first two weeks. Changing process isn't always easy.

## Tell everyone!

Once you have reached a point where you know what you are going to do and perhaps have started doing it, let your patients/whānau and other practice staff know the service changes your practice is incorporating as a direct result of feedback collected by the primary care PES. Telling them what you are doing may even prompt them to talk to their GP and help to embed the change. You can communicate via posters throughout your practice, email, flyers on the waiting room table and/or telling patients and whānau what to look out for when they first come into your practice.

Highlighting the work you are doing will signal to patients and whānau who have already completed the PES their voice is being heard, and for those who have not taken the survey that their voice will be heard.

File any notices with your practice action plan to support the meeting of indicator 9.

## PDSA – study

At the end of each survey round, once you have received the results, gather your team together for a short informal meeting. Analyse your data and any other information gathered. Compare what you thought might happen against what actually happened.

1. What happened? *Check in with your GPs to see how the new system is going. Are they remembering to note who has a new prescription and how best to send a medication reminder and summary?*
2. What is the information telling us? *Did any patients or whānau talk about the new system? Did they provide any extra feedback?*
3. Is the latest survey information telling us different things for different people? *Have the number of people who respond 'I forgot' decreased?*
4. What worked and what didn't work? *Did this work for all groups of people or just for some? Was the intervention too difficult to implement?*
5. What should be adopted, adapted or abandoned? *Would it be an option to provide the details of a reputable website such as Health Navigator/Health Info for patients/whānau who have easy internet access?*

As you look to improve your practice's services you will try to identify any changes from quarter to quarter. If you don't notice any improvement, you may want review what your intervention is and see if there is something else you could try.

## PDSA – act

At the end of each survey quarter, act on the results by deciding whether you will continue to implement the intervention as you were doing previously, or whether some modifications are needed (for example, reminders to staff to implement the change).

The very end of your QI activity is also a key point to determine the next step. Imagine you have reached the end of the trial period of our example QI activity. You and your team have completed four survey cycles and it is now 30 June 2019. There are two possible outcomes:

### It worked!

The survey results showed, at first, a small increase from 49.5 percent to 53 percent in the percentage of respondents who cited 'I forgot' as the reason for not following their medication instruction. However, by 1 July 2019, the number of patients and whānau who were told what to do if they experienced side effects decreased to 24.6 percent!

### It didn't work...

The survey results showed, at first, a small increase from 49.5 percent to 53 percent in the percentage of respondents who cited 'I forgot' as the reason for not following their medication instruction. However, by 1 July 2019, the number stayed fairly similar to previous quarters.

**TIP:** A test that didn't work is not a failure. You will have learned just as much, and perhaps more, by identifying what doesn't work as you do from a success. While discussing a new invention with a reporter, Thomas Edison is said to have replied: 'I didn't fail 1,000 times. The light bulb was an invention with 1,000 steps.'

In both instances, consider the following questions with your team:

1. Did your action plan achieve its desired results?
2. Are you going to embed the new practice into long-term business as usual?
3. Summarise changes that took place and how they are a result of patient feedback.

Whatever happens, let your patients, whānau and colleagues know you will/will not be implementing the changes as a result of the previous year trial period. Let everyone know the changes to the services within the practice are a direct result of patient and whānau feedback.



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