He ara aupiki, he ara auheke
Aotearoa New Zealand patient experience survey

From PES to PDSA

Workbook: Using adult hospital inpatient experience survey data for quality improvement

Health Quality & Safety Commission New Zealand
Kupu Taurangi Hauora o Aotearoa

Te Kāwanatanga o Aotearoa
New Zealand Government

Me mahi tahi tātou mō te oranga ō te katoa.

We should work together for the wellbeing of everyone.

February 2023, Health Quality & Safety Commission,
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www.hqsc.govt.nz

Contents

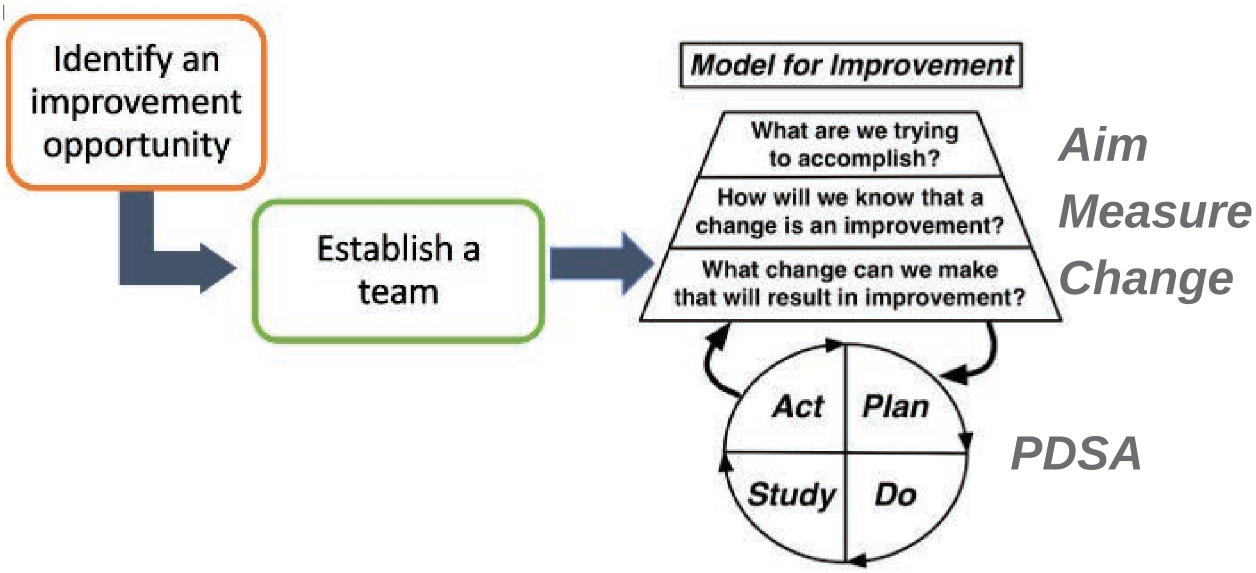
Purpose

This workbook is designed to help you use data to improve health care services. Data from the Aotearoa New Zealand adult hospital inpatient experience survey may prompt ideas for quality improvement initiatives. In this publication, we show you how to engage with your patient experience survey data in the reporting portal to identify improvement opportunities and track the progress of initiatives.

Data-informed quality improvement initiatives can help you pursue changes that count. Initiatives also provide opportunities to engage with consumers and whānau (as required by the consumer code of expectations)[1] and meet Te Pae Tata (the interim New Zealand Health Plan 2022)[2] aspirations for performance.

The Model for Improvement is a well-established roadmap to guide improvement.[3] It is based on three questions followed by a learning cycle: Plan-Do-Study-Act (PDSA). This guide will assist you to apply the Model for Improvement and PDSA cycles in well-defined steps using patient experience data to inform opportunities for quality improvement.

Figure 1: The Model for Improvement[4]



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[1] For more information, see: www.hqsc.govt.nz/consumer-hub/engaging-consumers-and-whanau/code-of-expectations-for-health-entities-engagement-with-consumers-and-whanau.

[2] www.tewhatuora.govt.nz/whats-happening/what-to-expect/nz-health-plan

[3] Langley J, et al. 2009. *The Improvement Guide: A practical approach to enhancing organizational performance* (2nd edition). San Francisco, CA: Jossey-Bass.

[4] Figure source: Langley GJ, Moen RD, Nolan KM, et al. 1996. *The Improvement Guide*. San Francisco, CA: Jossey-Bass.

Introduction

About the adult hospital inpatient experience survey

Patient experience is a good indicator of the quality of health services. Positive patient experiences and strong partnerships with consumers are hallmarks of patient- and whānau-centred care with benefits for health, clinical, financial, service and satisfaction outcomes.

The Health Quality & Safety Commission conducts the adult hospital inpatient experience survey with its survey provider, Ipsos. The survey gathers information about the experience of care received by a selection of adults aged 15 years and over who stayed at least one night in a public hospital during the survey period.

See: **www.hqsc.govt.nz/our-data/patient-experience/adult-hospital-inpatient-experience**

The value of reviewing patient experience feedback

Reasons for reviewing hospital patient experience feedback include:

- it helps you understand what the experience of hospital care is like for consumers and their whānau
- it helps staff understand how well they are meeting patient needs and how they can improve the service offered to patients
- it helps staff to maintain strong patient–provider relationships by listening and responding to their patients' feedback; this encourages patients to seek care when they need it
- it respects and honours the time patients have taken to give feedback
- it can strengthen the consumer and whānau voice in your improvement projects and support the voice of consumers you engage with to co-design improvements.

Links with the Consumer Code of Expectations

The consumer code of expectations sets the expectations for how health entities engage with consumers, whānau and communities to plan, design, deliver and evaluate health services.

Actively participating in the survey programme and using lived experience, including patient experience data, to inform improvements is part of implementing the consumer code of expectations. See: **www.hqsc.govt.nz/consumer-hub/engaging-consumers-and-whanau/code-of-expectations-for-health-entities-engagement-with-consumers-and-whanau**.

Performance measurement

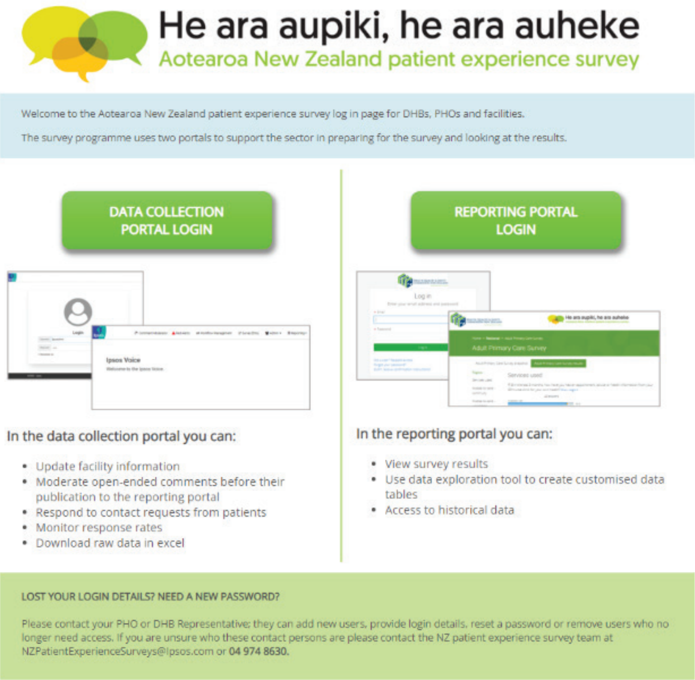
Patient experience measures are included in the interim Government Policy Statement on Health, in Te Pae Tata and in Whakamaua (the Māori Health Action Plan 2020–2025). Patient experience feedback is considered a core measure of progress against objectives of these guiding documents. See: **www.health.govt.nz/publication/interim-government-policy-statement-health-2022-2024** and **www.tewhatuora.govt.nz/whats-happening/what-to-expect/nz-health-plan**.

Finding your survey data

Survey reporting portal

Ipsos has built two portals to support the sector in preparing for the survey and looking at the results. The portals give you in-depth information from your district's patient experience data. Free-text responses can be downloaded.

Figure 2: Patient experience survey portals



He ara aupiki, he ara auheke
Aotearoa New Zealand patient experience survey

Welcome to the Aotearoa New Zealand patient experience survey log in page for DHBs, PHOs and facilities.

The survey programme uses two portals to support the sector in preparing for the survey and looking at the results.

In the data collection portal you can:

- Update facility information
- Moderate open-ended comments before their publication to the reporting portal
- Respond to contact requests from patients
- Monitor response rates
- Download raw data in excel

In the reporting portal you can:

- View survey results
- Use data exploration tool to create customised data tables
- Access to historical data

LOST YOUR LOGIN DETAILS? NEED A NEW PASSWORD?

Please contact your PHO or DHB Representative; they can add new users, provide login details, reset a password or remove users who no longer need access. If you are unsure who these contact persons are please contact the NZ patient experience survey team at NZPatientExperienceSurveys@Ipsos.com or **04 974 8630.**

The **data collection portal** is where you can upload sample files, moderate open-ended comments before their publication to the reporting portal, respond to contact requests from patients, monitor response rates and download raw data in MS Excel.

The **reporting portal** is where you can see an overview of survey results compared with the national average, view each question by demographic details and use the data exploration tool to create customised tables. Free-text responses can be downloaded from this portal.

The URL **myexperience.health.nz/sector** takes you to a page with links to both portals.

For this workbook, you will use both the data collection portal and the reporting portal. If you have lost your login details or forgotten your password, please contact your district representative/superuser or contact Ipsos for contact details of your district superuser by emailing **NZPatientExperienceSurveys@Ipsos.com** or calling 04 974 8630.

A webinar of how to use the reporting portal and a Q&A document are available in the How-to Library (**https://cx.myexperience.health.nz/library**). Also provided is a Reporting Portal How to Guide.

Finding your quality improvement opportunity

Working with consumers, whānau and the community from the start can help you identify topics for improvement that are important to them. This also helps with meaningful interpretation of the data from different perspectives. You may already know the area you wish to focus on and who is best placed to work with you. You likely know that, unless you take the time to stop and look at the problem, nothing will change. However, you don't have to do this work alone. The reporting portal is designed to lessen the burden of time. So, let's log in.

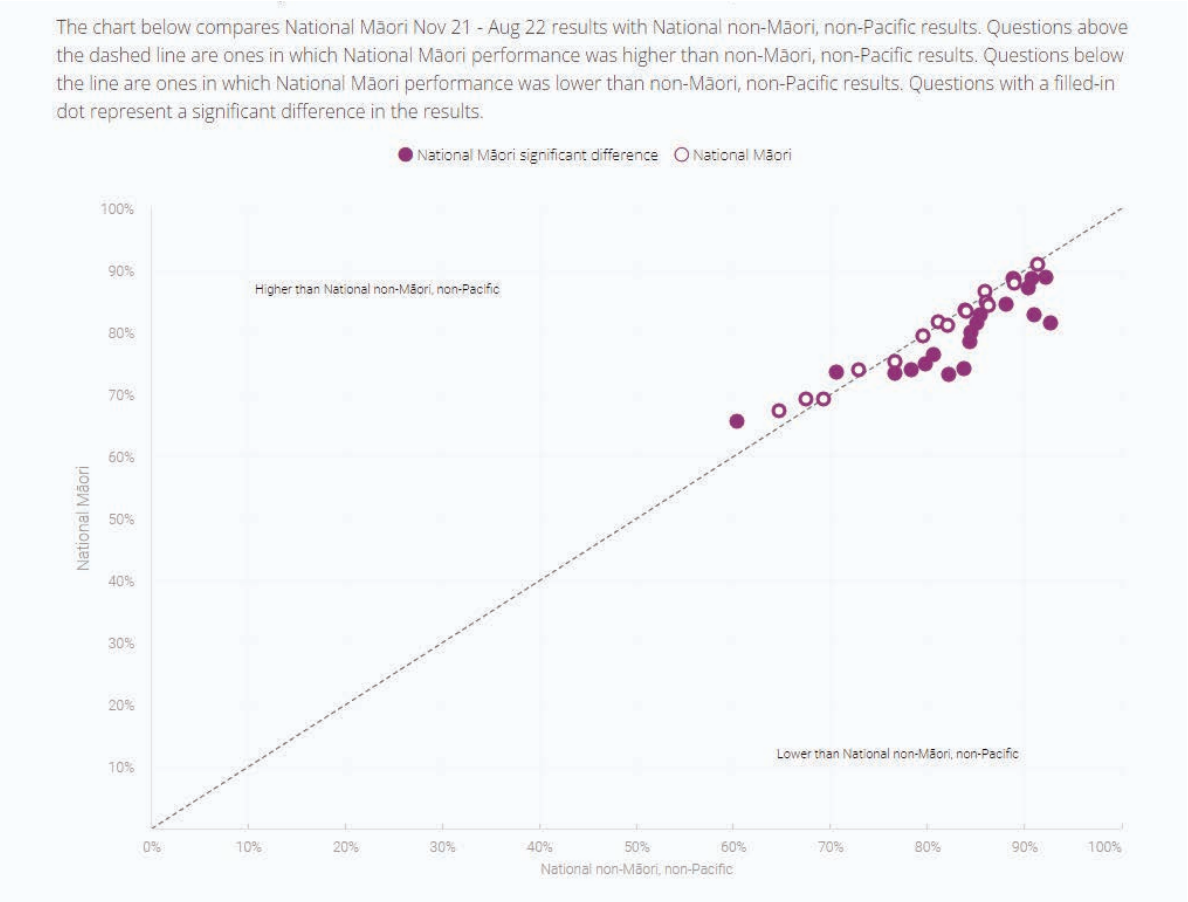
The overview page (Figures 3 and 4) gives you an immediate snapshot of where to focus. You can quickly see where you are doing well and areas to work on. Topics for improvement can come in many forms. We have provided some examples on the following pages, based on looking at:

1. variation between groups of people (eg, Māori compared with non-Māori, non-Pacific)
2. a low-scoring question
3. variation between demographic groups.

If you would like to compare against other districts, the Commission has developed public reporting of survey data that allows you to do this. This is available at **www.hqsc.govt.nz/our-data/patient-experience/survey-results**.

Example 1: Identify your improvement opportunity by comparing Māori results with non-Māori, non-Pacific

Figure 3: Overview page identifying your improvement opportunity by comparing Māori results with non-Māori, non-Pacific



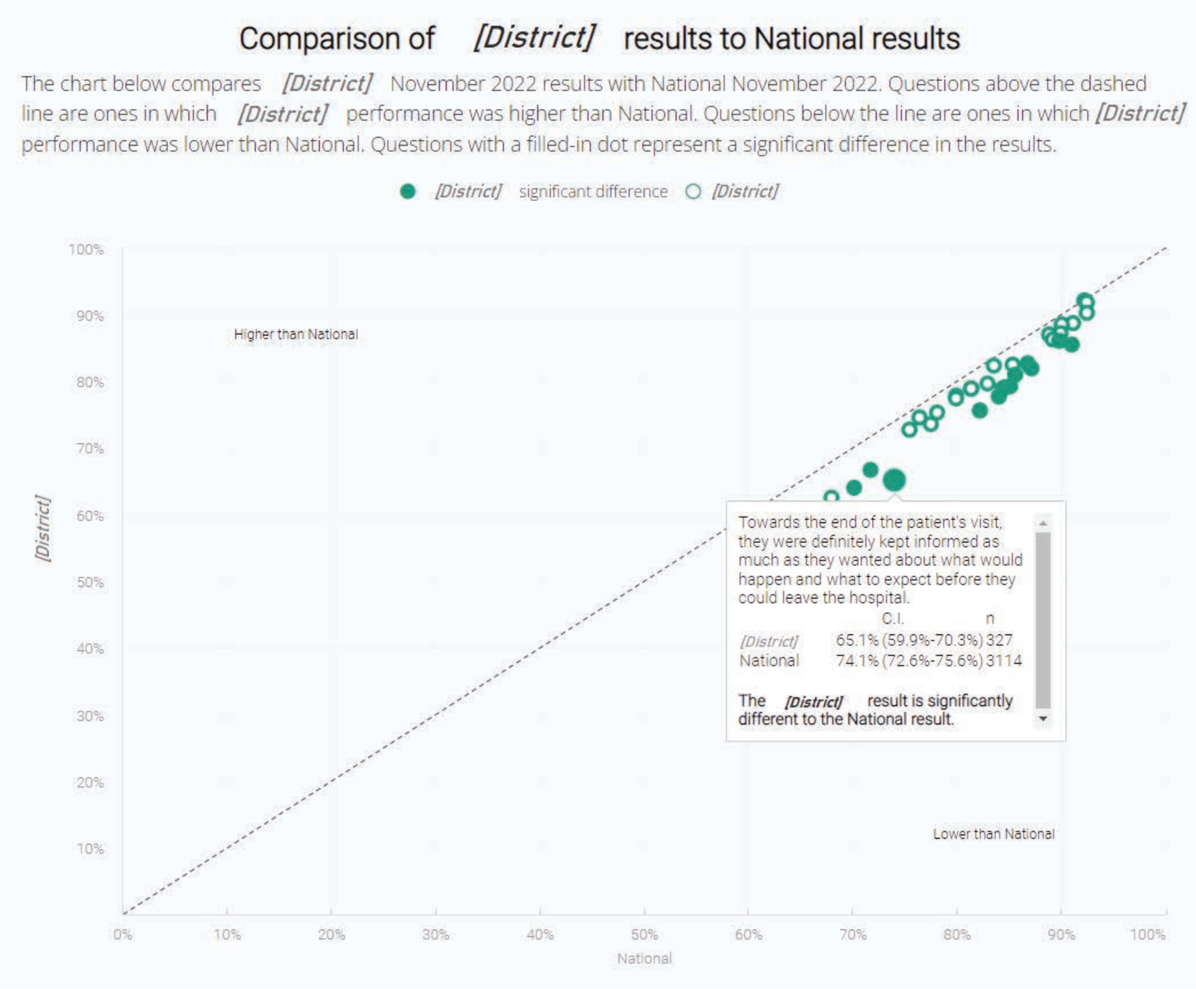
The chart below compares National Māori Nov 21 - Aug 22 results with National non-Māori, non-Pacific results. Questions above the dashed line are ones in which National Māori performance was higher than non-Māori, non-Pacific results. Questions below the line are ones in which National Māori performance was lower than non-Māori, non-Pacific results. Questions with a filled-in dot represent a significant difference in the results.

In the example in Figure 3, the questions with a filled-in dot represent a significant difference in results. Filled dots above the line show where Māori results were significantly more positive than non-Māori, non-Pacific, and filled dots below the line show where Māori experience was poorer. Hover over the dot to see which question it represents. The overview page also presents these results in a table format.

Note, these results are not standardised for age. We recommend further analysis to look at results by age and ethnicity.

Example 2: Identify your improvement opportunity by reviewing the lowest-scoring questions

Figure 4: Overview page identifying your improvement opportunity by reviewing results where your district's results differ significantly from national results.



Comparison of *[District]* results to National results

The chart below compares *[District]* November 2022 results with National November 2022. Questions above the dashed line are ones in which *[District]* performance was higher than National. Questions below the line are ones in which *[District]* performance was lower than National. Questions with a filled-in dot represent a significant difference in the results.

● *[District]* significant difference ○ *[District]*

Towards the end of the patient's visit, they were definitely kept informed as much as they wanted about what would happen and what to expect before they could leave the hospital.

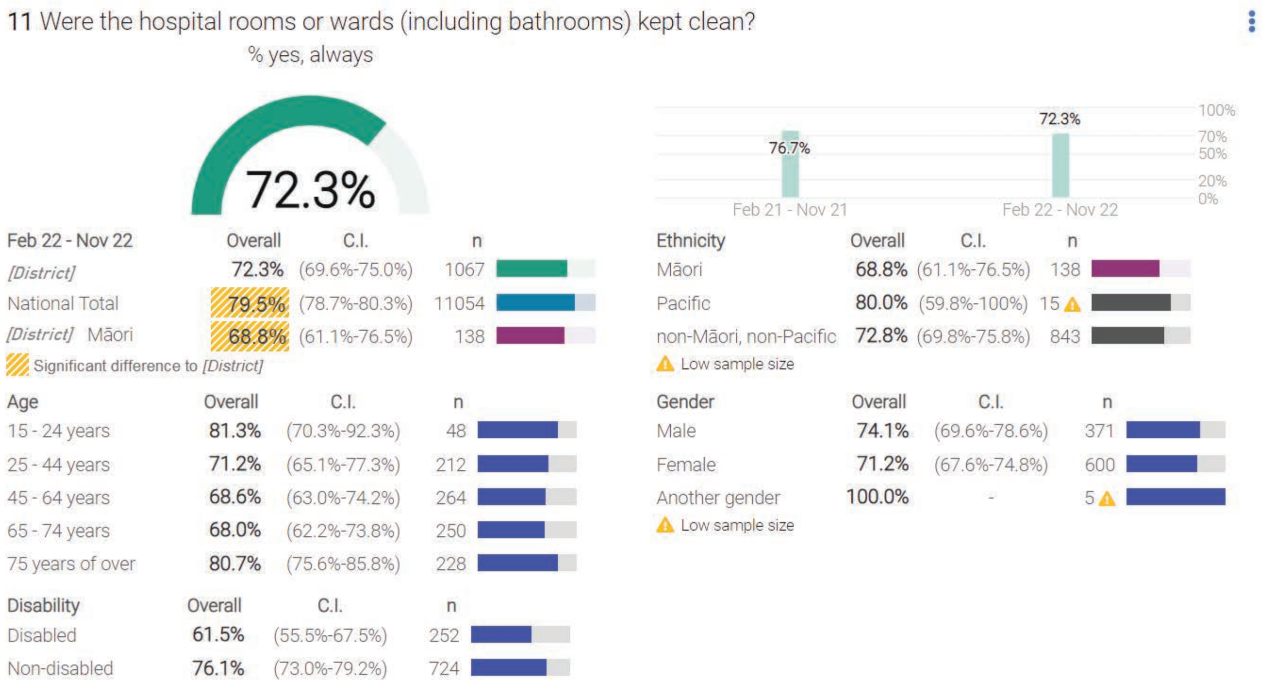
	C.I.	n
[District]	65.1% (59.9%-70.3%)	327
National	74.1% (72.6%-75.6%)	3114

The *[District]* result is significantly different to the National result.

The example in Figure 4 shows results where the district was significantly lower than national results for November 2022. The overview page also presents these results in a table format.

Example 3: Identify your improvement opportunity by reviewing responses by demographic variables (eg, age, ethnicity, gender and disability status)

Figure 5: Survey results page reviewing responses by demographic variables



11 Were the hospital rooms or wards (including bathrooms) kept clean?

% yes, always

72.3%

Feb 22 - Nov 22	Overall	C.I.	n
[District]	72.3%	(69.6%-75.0%)	1067
National Total	▨ 79.5%	(78.7%-80.3%)	11054
[District] Māori	▨ 68.8%	(61.1%-76.5%)	138

▨ Significant difference to *[District]*

Ethnicity	Overall	C.I.	n
Māori	68.8%	(61.1%-76.5%)	138
Pacific	80.0%	(59.8%-100%)	15 ⚠
non-Māori, non-Pacific	72.8%	(69.8%-75.8%)	843

⚠ Low sample size

Age	Overall	C.I.	n
15 - 24 years	81.3%	(70.3%-92.3%)	48
25 - 44 years	71.2%	(65.1%-77.3%)	212
45 - 64 years	68.6%	(63.0%-74.2%)	264
65 - 74 years	68.0%	(62.2%-73.8%)	250
75 years of over	80.7%	(75.6%-85.8%)	228

Gender	Overall	C.I.	n
Male	74.1%	(69.6%-78.6%)	371
Female	71.2%	(67.6%-74.8%)	600
Another gender	100.0%	-	5 ⚠

⚠ Low sample size

Disability	Overall	C.I.	n
Disabled	61.5%	(55.5%-67.5%)	252
Non-disabled	76.1%	(73.0%-79.2%)	724

Tip: In the survey results page, click on the three blue dots on the top right of the question and select 'show demographic breakdown' to view results by age, ethnicity, gender and disability status.

The lower the percent, the fewer people agree that the hospital rooms or wards were always kept clean.

From looking at these results, you can see differences for:

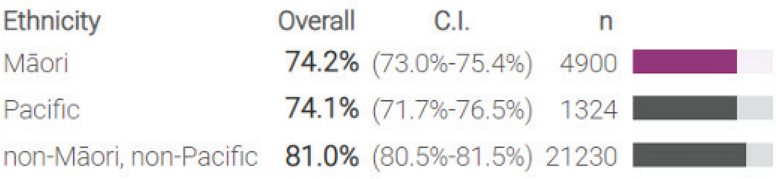
- disabled people (61.5 percent compared with 76.1 percent for non-disabled people) to agree that the hospital rooms or wards were clean
- Māori (68.8 percent compared with 72.8 percent for non-Māori, non-Pacific).

The comments section in the survey can be used together with the demographic information survey respondents provide. We discuss how to do this on page 16.

Tip: Interpreting confidence intervals

The confidence intervals (C.I.) are calculated at 95 percent confidence level. If the lower or upper limits do not overlap with other groups, the difference is considered statistically significant.

Figure 6: Interpreting confidence intervals



Ethnicity	Overall	C.I.	n
Māori	74.2%	(73.0%-75.4%)	4900
Pacific	74.1%	(71.7%-76.5%)	1324
non-Māori, non-Pacific	81.0%	(80.5%-81.5%)	21230

In the example in Figure 6, 74.2 percent of Māori reported a positive response compared with 81.0 percent of non-Māori, non-Pacific. The upper confidence interval limit for Māori (75.4 percent) does not overlap with the lower interval limit for non-Māori, non-Pacific (80.5 percent). This means the difference between responses for Māori and non-Māori, non-Pacific people is statistically significant, with Māori significantly less likely than people who were not Māori or Pacific to report a positive experience of care. The column 'n' shows the number of people who answered the question by each ethnicity; in this example, 4,900 Māori responded.

Tip: Data suppression and small numbers

For confidentiality, where fewer than five people have responded to a question, filters such as age, gender or ethnicity will not be able to be applied. This is to prevent potential loss of anonymity. Where results are suppressed, we recommend either grouping your results to an annual view or using the national data as a guide. For example, we see from the national data that those who identify as Māori are less likely than non-Māori, non-Pacific people to report that nurses listen to their views and concerns (Figure 7). Trends or gaps in national data may lead you to further explore the results in your district.

To support robust analyses, a warning of low numbers is given where the number of people responding to the question is lower than 30, see Figure 7 below.

Figure 7: Image showing alert for low sample size

3_2 Did the nurses listen to your views and concerns?

% yes, always

Nov 2022		Overall	C.I.	n
[District]		84.8%	(78.7%-90.9%)	132
National Total		84.4%	(83.2%-85.6%)	3286
[District]	Māori	81.8%	(59.0%-100	11 ⚠

⚠ Low sample size

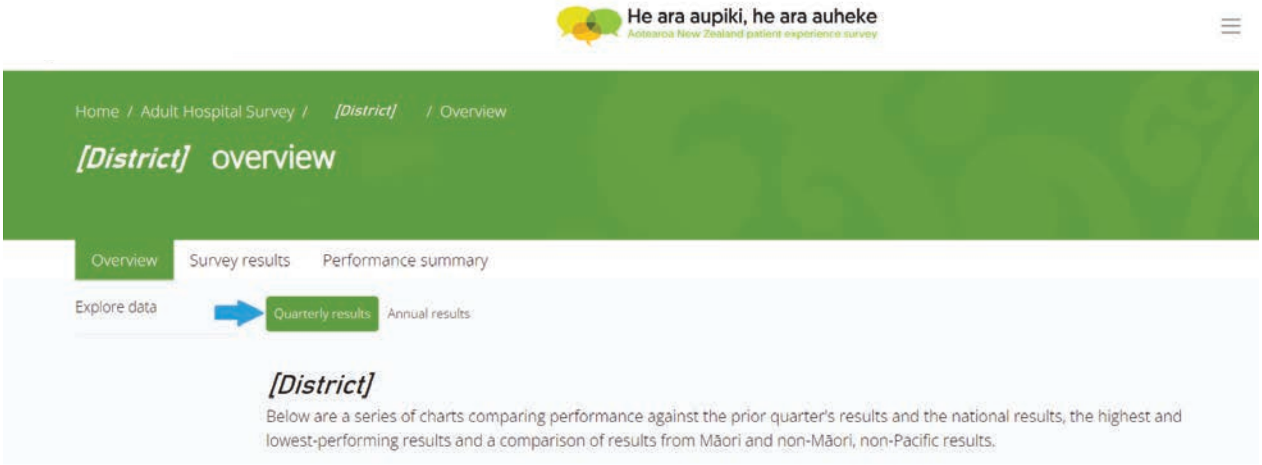
Ethnicity	Overall	C.I.	n
Māori	81.8%	(59.0%-1	11 ⚠
Pacific	88.9%	(68.4%-10	9 ⚠
non-Māori, non-Pacific	86.7%	(80.0%-93.4%)	98

⚠ Low sample size

When you want to use the data to inform a quality improvement project, it is better if you base this on at least 30 responses per question. Having fewer than 30 responses can limit your ability to see trends and make predictions, but they are still useful when compared against national data. For example, you will be able to see whether your patients' responses are markedly different or not.

Another thing you can do to increase the number of responses is group your data to display annual rather than quarterly survey results (see Figure 8).

Figure 8: Selecting annual or quarterly results



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[District]

Below are a series of charts comparing performance against the prior quarter's results and the national results, the highest and lowest-performing results and a comparison of results from Māori and non-Māori, non-Pacific results.

A minimum number of responses does not apply to written comments. Each comment can provide rich insight from your patients.

Before you start your quality improvement project

Before you start, think about how you will collaboratively involve consumers in this work and how any potential ethical risks for the consumers and their data will be managed. While quality improvement projects usually do not require a full ethical review, you do still need to consider ethical risks and plan how to eliminate or minimise them for participants.

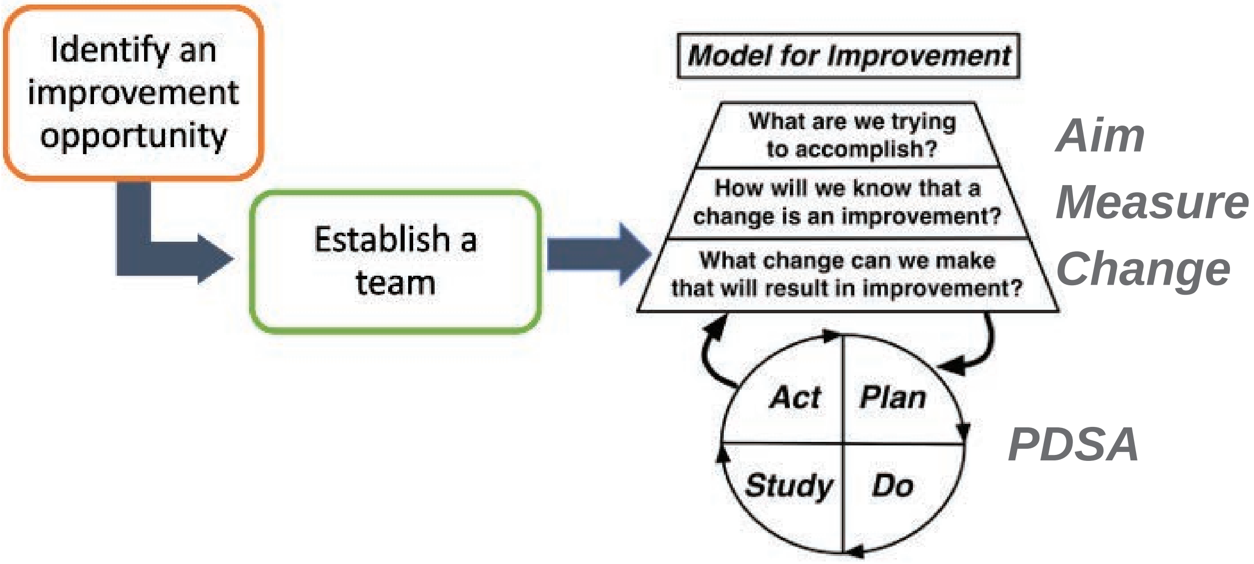
People need to know what you are asking of them and what is involved. Is this new or existing data? If you are using existing data, are you using it for its intended purposes that were agreed to by consumers? If they are sharing new data and information, what use will be made of that data and how will it be managed? Team discussions and consulting professional peers are a good basis to start from. For a quick guide, you can refer to: **www.hqsc.govt.nz/our-work/leadership-and-capability/quality-improvement-project-bank**.

The full National Ethical Standards for Health and Disability Research and Quality Improvement are available here: **neac.health.govt.nz/publications-and-resources/neac-publications/national-ethical-standards-for-health-and-disability-research-and-quality-improvement**

Model for Improvement

The improvement project process aims to answer the following three questions.

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What changes can we make that will result in improvement?



Plan-do-study-act cycle: Plan

Gather your team

When you have clearly identified a quality improvement opportunity, an elevator pitch can help you gather a project team to consider options.

An elevator pitch is a short description of what you know so far, why it is an opportunity and why you need people to work with you on it. The size of the team will reflect the size of your district and the scope of the opportunity you are working to improve. We generally recommend a team of four to eight people, with everyone in the team responsible for a specific job to avoid having 'too many cooks in the kitchen'. A team leader or driver role is critical to ensure follow-up and track progress.

Health entities are expected to co-design health system improvement initiatives with consumers and whānau under the consumer code of expectations. Having staff, patients and whānau working together can create ideas that will work for both patients and staff because they are not based on assumptions. If you want to learn more about co-design and developing an 'elevator pitch' to engage others, you can complete a free online learning programme on LearnOnline (**https://learnonline.health.nz/course/view.php?id=573**).

Define your aim

Developing an aim statement in collaboration with the project team can help everyone involved agree on what is to be achieved. It also addresses the first question from the Model for Improvement: 'What are we trying to accomplish?'. A concise aim statement will help you set clear and results-oriented expectations for the project. The aim can be broken down into objectives, outputs and outcomes for patients to keep the team focused and will answer four questions as shown in Table 1.

Table 1: Define your aim

	Elements of aim		**Example**
1. For whom?	Who?	Population focus	Māori patients
	Where?	Location	'Our hospital'
	When?	During what part of the process	Discharge from hospital
2. What?	What is it about?		Information on managing condition or recovery on discharge
3. How much?	Baseline		Current measure (eg, Q22)
	Target		Desired level (increase or decrease)
	Metric used	Eg, percentage, average	Percentage
4. When?	Timeline		One year from start of project

Ideally, it helps to start the project as small as possible to learn and problem solve early. By starting with a small group of patients, you can increase the size of the project as you build knowledge. This increases the likelihood that the change will produce an improvement and reduces the risk of unsuccessful action as you learn about what does and does not work.

Following our worksheet example, our aim statement could be:

> To … increase the percentage of Māori patients who felt they received enough information about how to manage their condition or recovery after they left hospital from X% to X% by (some date in the future).

Measuring your progress

Now you and your team are clear about your aim, you will need to answer the second question from the Model for Improvement: 'How will we know that a change is an improvement?'.

We can use a time series chart from the reporting portal to see whether any changes have occurred to the baseline of [X] percent from quarter to quarter. Take a screen shot of this and put it into your action plan.

A quarter can be a long time to wait for feedback in quality improvement. Obtaining real-time and focused feedback helps you rapidly test changes, identify progress quickly, and sustain motivation. Staff can get live feedback from patients using verbal feedback or a check sheet or other simple tools developed by your team for this purpose.

Next, consider what your intervention could be, that is, what might you do differently to try to achieve your aim. To do this, brainstorm ideas with your team and consumer representative using survey feedback (including the comments section).

You can also use this as an opportunity to identify, hear the voices of and engage with patients of a particular age, gender, ethnic group or disability status.

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

This is the third question from the Model for Improvement.

Engaging consumers in your project can generate practical ideas for change that will affect the things that matter most to your patients. Consumers provide a different way of looking at things that can be useful for generating change ideas. They can provide guidance about what is important from the community, patient and whānau perspective. You will need multiple ideas because it is unlikely just one will achieve the desired result. Appendix 1 includes potential improvement ideas.

Apply a Te Tiriti o Waitangi and equity 'lens' to improvement ideas. Apply frameworks such as the Wai 2575 principles[5] or Te Ao Māori Framework[6] to explore whether the changes you are considering will create more of the same or reduce inequities. Do you have local frameworks you can use to help expand your thinking?

Review your change ideas and think about which ones will have the most effect and are the easiest for you to test. Testing quick, simple change ideas is recommended while you work on developing high impact, but more complex, change ideas.

Plan-do-study-act cycle: Do

As you implement an initiative, consider the data you need to monitor change. Because the inpatient hospital patient experience survey runs quarterly, the initiative will need to be at least over a three-month period before any results may show in the reporting portal.

To identify change, look at what is happening and make sure you have local feedback processes in place. Is the new procedure being followed? Does everyone know what they are meant to be doing? Try scheduling regular meetings with the people delivering the change initiative to see how the quality improvement activity is going. It could be quite demotivating to find out after three months that the intervention had unintentionally been forgotten within the first two weeks. Embedding a process change is not always easy.

Plan-do-study-act cycle: Study

Track the progress of your initiative at regular team meetings through the local feedback mechanisms you have set up. This could be done with a waiting room survey or by seeking direct feedback from consumers, whānau and the community. Consider what will work best for you in your context and for your specific initiative.

Regularly compare aspirations to reality (ie, what you thought might happen against what actually happened). At the end of each survey round, once you have received the results, analyse your data and the other information gathered.

1. What happened? Check with your staff to find out how the new system is going. Has it been implemented as planned or do people need extra support?
2. What is the information telling you? Did any patients or whānau talk about the new system? Did they provide any extra feedback?
3. Is the latest survey information telling you different things for different people?

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[5] See **www.uruta.maori.nz/te-tiriti-o-waitangi-principles** and **https://waitangitribunal.govt.nz/inquiries/kaupapa-inquiries/health-services-and-outcomes-inquiry** for information on the Wai 2575 principles.

[6] See **www.hqsc.govt.nz/resources/resource-library/te-ao-maori-framework** for more information on Te Ao Māori Framework.

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?

As you look to improve your services, try to identify any changes from quarter to quarter. If you do not notice any improvement, you may want to review what your intervention is and see if you could try something else. Pay attention to the equity gap: has this decreased? A reduction in an equity gap is considered an improvement, even if the overall result for a survey question has not changed.

Plan–do–study–act cycle: Act

At the end of a PDSA test of change cycle, act on the feedback and data results by deciding whether you should abandon the change, modify the initiative or expand the initiative into business as usual. Keep testing different change ideas, with sequential and frequent PDSA cycles, until you have achieved your aim. The end of your quality improvement activity is also an important point for determining the next step. Imagine you have reached the end of the trial period of our example quality improvement activity (see Worksheet 1). You and your team have completed four survey cycles and numerous PDSA cycles. Two outcomes are possible.

It worked! The survey results showed … By X date, the number of patients and whānau who … increased to X percent.

It didn't work. The survey results showed … However, by X date, the number stayed fairly similar to previous quarters. What happened to the equity gap?

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? How will you ensure the gains made can be sustained?
3. Summarise changes that took place and how they are a result of patient feedback.

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

Tell everyone

Once you know what you are going to do and have perhaps started doing it, let other staff and your patients and whānau know the service changes you are incorporating as a result of feedback collected by the adult hospital inpatient experience survey. Telling patients and whānau what you are doing may even prompt them to talk to their care team and prompt further positive change.

You can communicate via posters, email, flyers and/or telling patients and whānau what to look for when they first come into the hospital. An example poster you could print and fill out is provided on page 19. Highlighting the work you are doing will signal to patients and whānau who have completed the survey that their voice is being heard, and for those yet to take the survey that their voice will be heard.

Worksheet 1: Did you have enough information about how to manage your condition or recovery after you left hospital?

Survey question 22[7] asks whether the information received by the survey respondent on or before hospital discharge was sufficient to support them to manage their condition or recovery at home.

Response options: Single choice between 'Yes, definitely', 'Somewhat', 'No', 'I was not given any information' or 'I did not want or need any information'.

Why this question is important

Patient information is critical to recovery. Hospital discharge information that is inadequate or unclear for patients contributes to decreased treatment compliance, decreased patient safety, increased emergency department (ED) re-admission and poor satisfaction.[8] Nationally, four of the five consistently low-scoring questions relate to discharge. These questions are:

- Towards the end of your visit, were you kept informed as much as you wanted about what would happen and what to expect before you could leave the hospital?
- Did you have enough information about how to manage your condition or recovery after you left hospital?
- Were you told the possible side effects of the medicine (or prescription for medicine) you left hospital with, in a way you could understand?
- Did hospital staff talk with you about whether you would have the help you needed when you left the hospital?

Feeling informed and understanding information at hospital discharge is not just crucial when you must care for yourself at home, perhaps with family or whānau support, but also impacts on related experiences asked about in the survey. Responses to this question also relate to information:

- understanding what would happen and what to expect before an operation and understanding how the operation went afterwards
- being informed as much as wanted about treatment and care and being involved as much as wanted in decisions about treatment and care.

Interpreting your hospital's results

Patient experience data can reveal issues and opportunities that may not be able to be identified via other methods (ie, audit). As you are interpreting your results, be aware you are viewing the data through your own lens with your own inherent biases. Working with a wider team, which ideally includes consumers and whānau, to interpret the data will provide different perspectives. Understanding the barriers to access through a consumer lens, te ao Māori or Pacific world view will keep you from making assumptions from the beginning of the improvement work. Rangatiratanga or Māori decision-making is an important principle that cannot be added in later. It must be embedded from the start for true partnership (pātuitanga).

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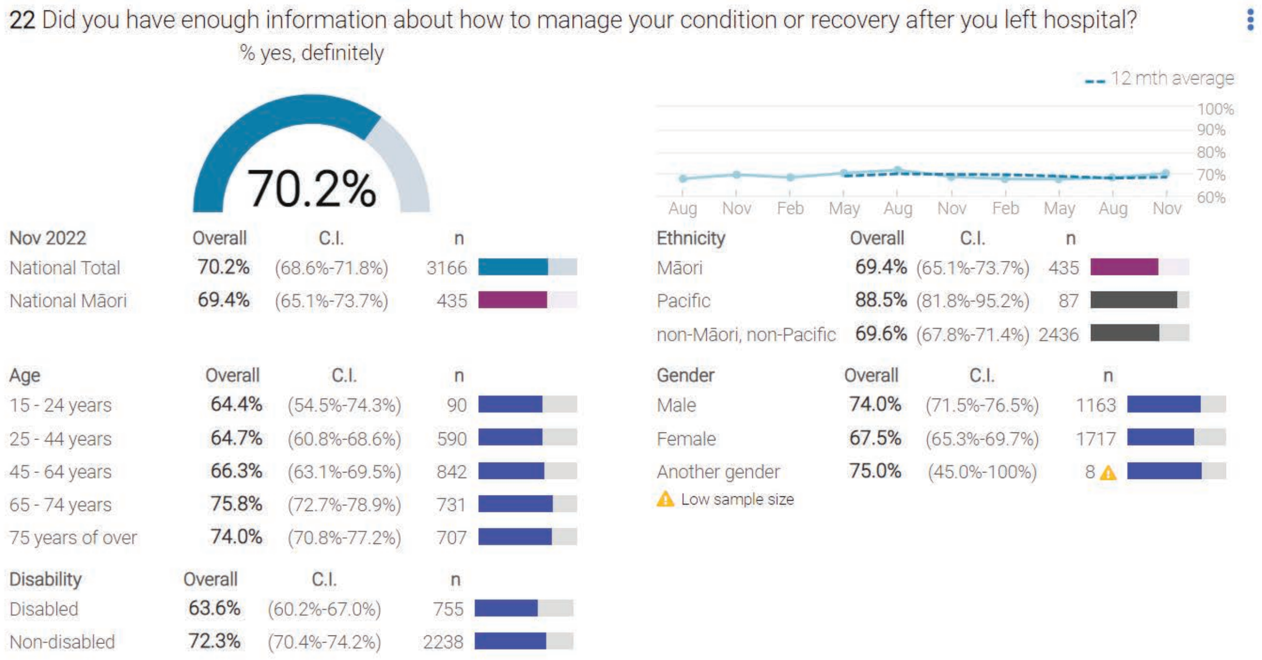
[7] As at February 2023. Question numbers may change as other questions are added to or retired from the questionnaire.

[8] DeSai C, Janowiak K, Secheli B, et al. 2021. Empowering patients: simplifying discharge instructions. BMJ Open Quality 10: e001419. DOI: 10.1136/bmjoq-2021-001419. URL: https://bmjopenquality.bmj.com/content/10/3/e001419 (accessed 21 December 2022).

Having an established team that you routinely work with to understand patient experience data from the survey, and any incidents or complaints, will help you develop an understanding as a team and build on your improvement experience together. Benefits are also gained from working with different consumers with relevant experience to share the mahi. More information on gathering your team is on page 10.

To find detailed data on the question you are focused on, go to the 'survey results' tab on the reporting portal. You can use the tab on the left to navigate to survey modules, for example, discharge, or you can use 'CTRL+F' to run a keyword search.

Figure 9: Results for Q22 on having enough information about how to manage your condition or recovery after you left hospital



22 Did you have enough information about how to manage your condition or recovery after you left hospital?

Nov 2022	Overall	C.I.	n
National Total	70.2%	(68.6%-71.8%)	3166
National Māori	69.4%	(65.1%-73.7%)	435

Ethnicity	Overall	C.I.	n
Māori	69.4%	(65.1%-73.7%)	435
Pacific	88.5%	(81.8%-95.2%)	87
non-Māori, non-Pacific	69.6%	(67.8%-71.4%)	2436

Age	Overall	C.I.	n
15 - 24 years	64.4%	(54.5%-74.3%)	90
25 - 44 years	64.7%	(60.8%-68.6%)	590
45 - 64 years	66.3%	(63.1%-69.5%)	842
65 - 74 years	75.8%	(72.7%-78.9%)	731
75 years of over	74.0%	(70.8%-77.2%)	707

Gender	Overall	C.I.	n
Male	74.0%	(71.5%-76.5%)	1163
Female	67.5%	(65.3%-69.7%)	1717
Another gender	75.0%	(45.0%-100%)	8 ⚠

⚠ Low sample size

Disability	Overall	C.I.	n
Disabled	63.6%	(60.2%-67.0%)	755
Non-disabled	72.3%	(70.4%-74.2%)	2238

The portal will highlight where there are differences for Māori compared with the national total. For this question (Figure 9), however, the national result is 70.2 percent, and there is no statistically significant difference in the result for Māori respondents (69.4 percent).

Looking at the breakdown further and considering the confidence intervals:

- females and those aged under 44 years are less likely to report having enough information about how to manage their condition or recovery after leaving hospital
- disabled people are significantly less likely to report having enough information compared with those with no disability, which suggests disabled people may be a cohort of focus for improvement.

Next steps: A district could look at its results for Q22 compared with the national average. Then look at the age, ethnicity and other demographic breakdowns to see which cohorts, if any, are reporting significantly worse experiences. This information can then be used to design a PDSA cycle with this cohort. A template is provided on pages 20 and 21 for you to use. The data explorer in the portal allows users to view results by age and ethnicity, or, if you prefer, you can download it into an MS Excel spreadsheet.

Review your results

Do the results of Q22 suggest room for improvement exists for your district? Is the national average good enough or does everyone need to improve? Just because you are no worse than any other district, does this mean this is satisfactory performance? What do your consumers and staff say about what matters to them? How do you perform on the other questions relating to discharge?

As with the Q22 example for a specific district, even if your overall result is above average, are there groups that have a worse or inequitable experience that can be addressed?

Achieving equity for Māori is one of the key purposes of the Pae Ora (Healthy Futures) Bill (2022). To pursue equity, we can apply the Wai 2575 principles and consider the following:

- Who do we need to **partner** with to understand this more and/or to make effective change?
- How can we ensure **tino rangatiratanga** or Māori decision-making is supported?
- What culturally and consumer- and whānau-focused accessibility **options** can be developed?
- What resources do we need to put in place as **active protection** and where are they needed to achieve **equity**?

More information can be found in comments

You can explore free-text written responses to open-ended survey questions. For example, Q29 asks, 'What would have made your visit in hospital better?' You can view patients' comments from the survey on the survey results page. On the relevant question, click on the right drop-down menu and select 'Show all comments'. This will open the first 100 comments from the survey in a separate window. You can then use the key search function to search for comments about any topic. Enter the key word and then click 'Search'.

You can also export the comments if you click on the blue text 'Export comments'.

To access all comments from your patients, beyond the first 100, you can export raw data in the data collection portal. Click on 'reporting', select 'survey answer export', select the 'batch' (survey wave) you would like to export and click 'run survey export'. This will generate an MS Excel document and you will be able to look at all the answers from the survey, including the verbatim comments. All comments are associated with the unique case number for each respondent.

Survey results

The comments below are for August 2022 survey responses to Q29 ('What would have made your visit in hospital better?') filtered by keyword 'discharge'. Other useful keywords could be 'home' or 'information'.

> Clearer instruction on discharging timing. More advice on the recovery eg. how many days to take leave from work, do I need any leave. What to eat for recovery what to wear etc. Was given a discharge paper without much explanation by House Officer… And my poor nurse on the shift didn't even know about my discharge. Following up on condition after treatment would be nice. Nurses were really nice. The way to improve is to have one leading person to communicate to prevent conflicting information eg. Medicines given etc. Patients consent on medication prescribed to me would be nice, and to be given knowledge on side effects.
>
> Shouldn't discharge anyone until there is a ride here and safe to leave.
>
> After surgery one of the people in my room was diagnosed with COVID the day before I was to be discharged. The information on what myself and family had to do and if we were close contacts or not and had to isolate or not was inconsistent or non-existent. To make it worse I was coming home to an immune compromised person and was potentially exposing them. This was concerning with no info on what to do. Isolation away from them was impossible.

You can also look at any Q29 comments from patients who answered 'no' to Q22. To do this, download the raw data file into MS Excel and filter Q22 responses for 'no' responses. Then look to see any comments written in for Q29. Example results are shown below for comments from people who responded 'no' to Q22, which indicates they felt they did not have enough information at discharge.

> It would have been good if they had given me the medicine to take home because I am unable to go to a chemist.
>
> More information on post op care.
>
> More consistent care and information and contact with family wanting information. More information on long term and home care. More help coping with injury and what to expect.

Your staff, consumers, whānau and community networks may be able to give additional insights.

Based on these findings

The 2017 report *Raising the Bar on the National Patient Experience Survey*[9] includes reference to several interventions categorised as 'quick wins' and 'big wins' to improve the patient discharge experience.

An optimised discharge summary for patients is identified as a quick win. Recommendations include putting a consumer-focused, patient-relevant section first (as a cover page) with simplified and standardised content such as 'do and don't' lists and warning signs to look out for. Providing contact numbers, links to useful websites and encouraging the use of patient portals helps patients get answers to questions that may arise once at home. Standardising content with auto-population of key contact numbers and links to useful websites and patient portals can save staff time.

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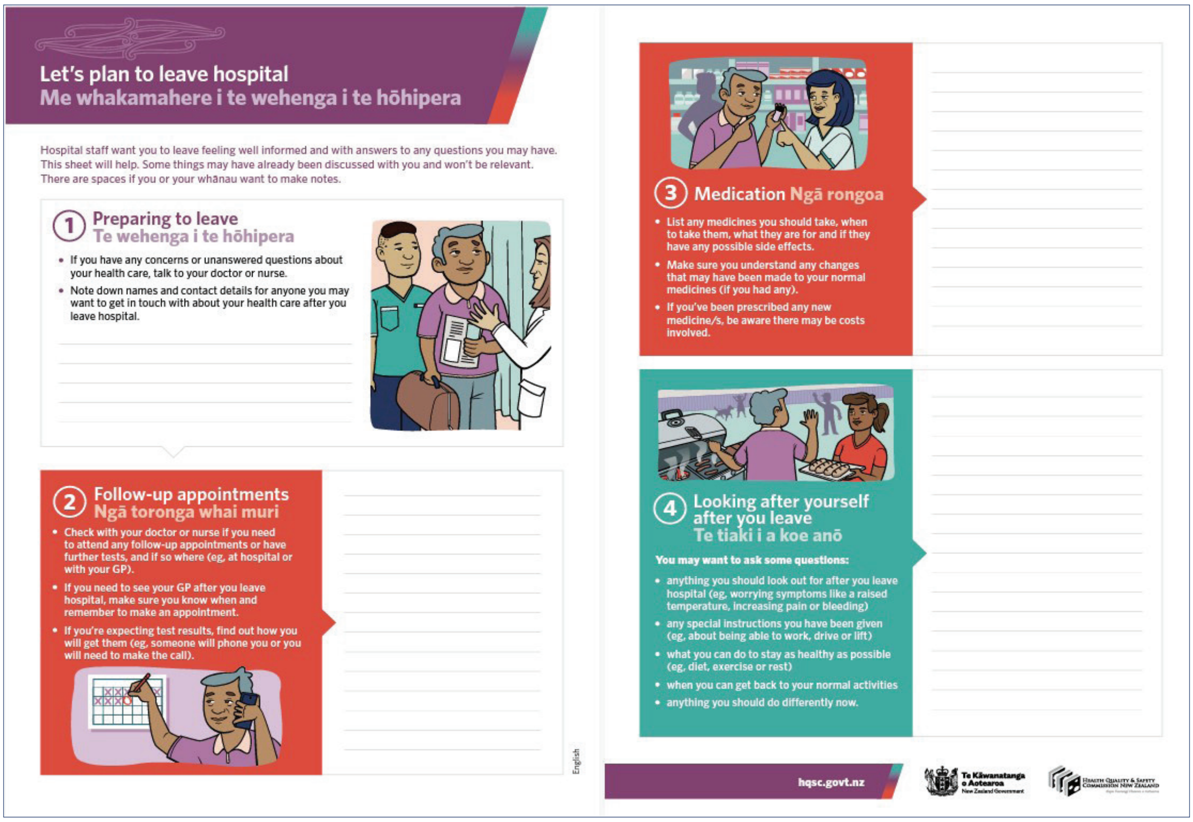
[9] www.hqsc.govt.nz/resources/resource-library/raising-the-bar-on-the-national-patient-experience-survey-phase-one; www.hqsc.govt.nz/resources/resource-library/co-designing-nudges-phase-two-of-raising-the-bar-on-the-national-adult-inpatient-experience-survey

Figure 10: Example of a co-designed information sheet[10]



Let's plan to leave hospital
Me whakamahere i te wehenga i te hōhipera

Hospital staff want you to leave feeling well informed and with answers to any questions you may have. This sheet will help. Some things may have already been discussed with you and won't be relevant. There are spaces if you or your whānau want to make notes.

① Preparing to leave
Te wehenga i te hōhipera

- If you have any concerns or unanswered questions about your health care, talk to your doctor or nurse.
- Note down names and contact details for anyone you may want to get in touch with about your health care after you leave hospital.

② Follow-up appointments
Ngā toronga whai muri

- Check with your doctor or nurse if you need to attend any follow-up appointments or have further tests, and if so where (eg, at hospital or with your GP).
- If you need to see your GP after you leave hospital, make sure you know when and remember to make an appointment.
- If you're expecting test results, find out how you will get them (eg, someone will phone you or you will need to make the call).

English

③ Medication Ngā rongoa

- List any medicines you should take, when to take them, what they are for and if they have any possible side effects.
- Make sure you understand any changes that may have been made to your normal medicines (if you had any).
- If you've been prescribed any new medicine/s, be aware there may be costs involved.

④ Looking after yourself after you leave
Te tiaki i a koe anō

You may want to ask some questions:

- anything you should look out for after you leave hospital (eg, worrying symptoms like a raised temperature, increasing pain or bleeding)
- any special instructions you have been given (eg, about being able to work, drive or lift)
- what you can do to stay as healthy as possible (eg, diet, exercise or rest)
- when you can get back to your normal activities
- anything you should do differently now.

hqsc.govt.nz

Te Kāwanatanga o Aotearoa
New Zealand Government

Health Quality & Safety Commission New Zealand

If you review your current discharge summary against what an optimised one looks like (co-designed with consumer groups or patient and whānau groups), you could consider these key questions:

- Did we involve patients in the design of the summary document and test it with consumers?
- Is all the information for the patient relevant and up front?
- Are all medicines listed?
- Is all practical information included?
- Is the information specific enough?
- Does the information clearly state what is and is not normal regarding pain levels and suchlike?
- Is anything unclear?
- Is there a nationally consistent approach to sharing information on discharge and resources?
- Who is responsible for completing the summary and are they the most appropriate person?
- Who monitors the quality of information content so that improvements can be made and sustained?
- Are follow-up arrangements in place with primary care, and have all relevant providers been engaged with to ensure continuity of care?
- Have we involved primary health care providers in our discharge planning process and acted on their feedback?
- Is it clear what the patient should say to their primary care provider and when they should contact them?

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[10] www.hqsc.govt.nz/resources/resource-library/lets-plan-to-leave-hospital

Resources

Patient experience survey feedback poster

He ara aupiki, he ara auheke
Aotearoa New Zealand patient experience survey

Date:

YOU TOLD US:

WHAT WE DID:

WHERE WE'RE UP TO:

WHERE WE WANT TO GET TO:

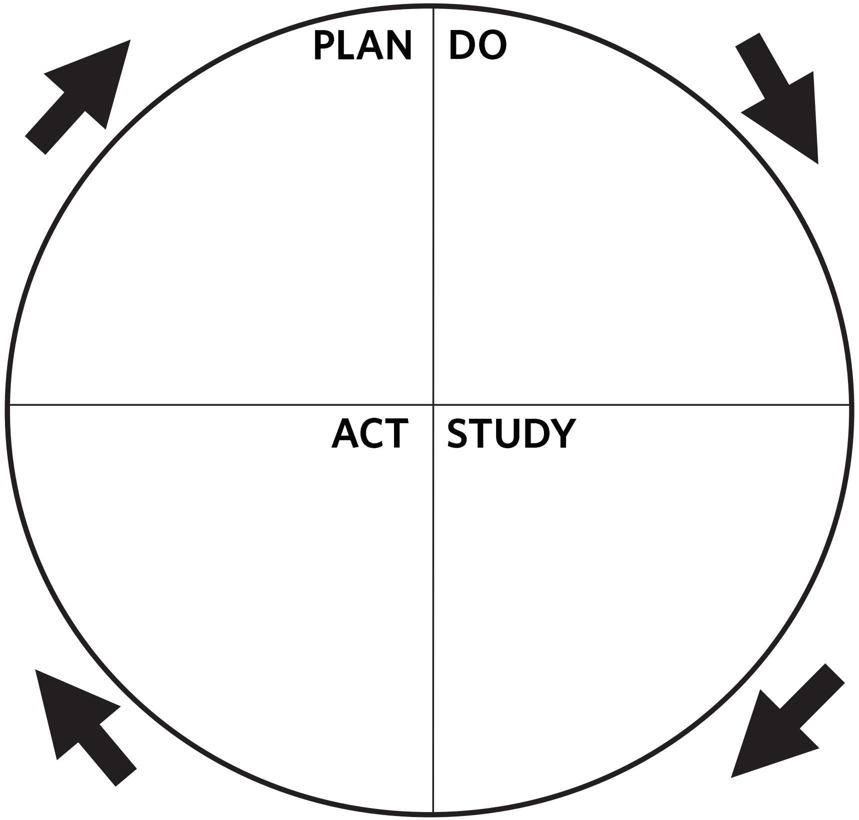
BY WHEN:

PDSA# **PDSA title:** **PDSA date:** **Owner:**

Objective of this PDSA:

Change idea:

Questions:



Predictions:

Measurements

Plan-do-study-act cycle template

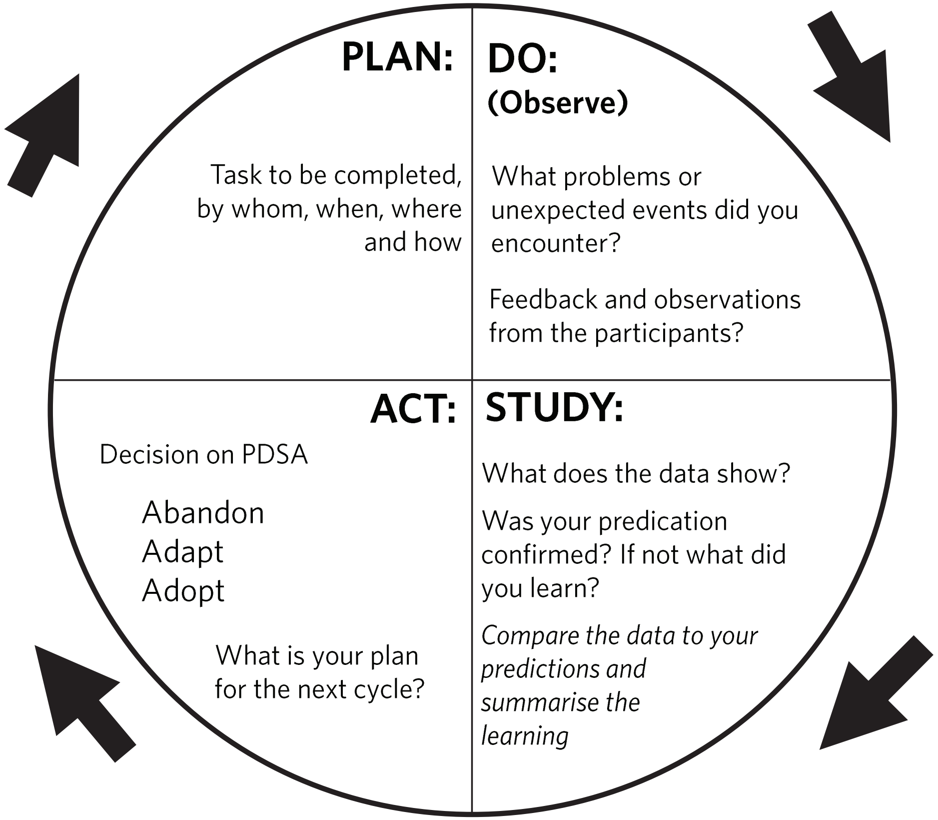
PDSA # **PDSA title:** **PDSA date:**

Objective of this PDSA:

Change: Briefly describe the specific change you plan to test

Questions

What question(s) do we want to answer on this PDSA cycle?



PLAN:

Task to be completed, by whom, when, where and how

DO:
(Observe)

What problems or unexpected events did you encounter?

Feedback and observations from the participants?

STUDY:

What does the data show?

Was your predication confirmed? If not what did you learn?

Compare the data to your predictions and summarise the learning

ACT:

Decision on PDSA

Abandon
Adapt
Adopt

What is your plan for the next cycle?

Predictions

What do you think will happen?

Prediction on change:

Prediction on question(s):

Measurements: What data will you need to test your prediction(s)? How will you collect it.

Useful links

Aotearoa New Zealand adult hospital inpatient experience survey: **www.hqsc.govt.nz/our-data/patient-experience/adult-hospital-inpatient-experience**

Code of expectations for health entities' engagement with consumers and whānau: **www.hqsc.govt.nz/consumer-hub/engaging-consumers-and-whanau/code-of-expectations-for-health-entities-engagement-with-consumers-and-whanau**

Quality improvement education for the health and disability sector: **www.hqsc.govt.nz/our-work/leadership-and-capability/education**

Hospital patient co-design for quality improvement: **www.hqsc.govt.nz/our-programmes/partners-in-care/work-programmes/co-design/#2020/2021** and **www.hqsc.govt.nz/consumer-hub/engaging-consumers-and-whanau/co-design**

Resources for providers starting quality improvement projects: **www.hqsc.govt.nz/our-work/improved-service-delivery/primary-care/resources-for-providers-starting-quality-improvement-projects**

New Zealand patient experience survey programme refresh 2019/20: **www.hqsc.govt.nz/resources/resource-library/new-zealand-patient-experience-survey-programme-refresh-201920**

Measuring culturally safe care through the patient experience surveys: **www.hqsc.govt.nz/resources/resource-library/measuring-culturally-safe-care-through-the-patient-experience-surveys**

Te Ao Māori Framework: **www.hqsc.govt.nz/resources/resource-library/te-ao-maori-framework**

Wai 2575 principles: **www.uruta.maori.nz/te-tiriti-o-waitangi-principles** and **https://waitangitribunal.govt.nz/inquiries/kaupapa-inquiries/health-services-and-outcomes-inquiry**

Feedback

Please provide feedback on this workbook and your experience of using it to **survey@hqsc.govt.nz**.

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