

# “Measuring Up”

Improving Health Systems Performance in OECD Countries



## Measuring and Improving Patients' Experience

How Can We Make Health Care Systems Work for Patients?



Health  
Canada Santé  
Canada

Canada

# Patient Feedback Surveys

- Why survey patients?
- What's the best way to do it?
- How can the results be used?
- Should they be published?

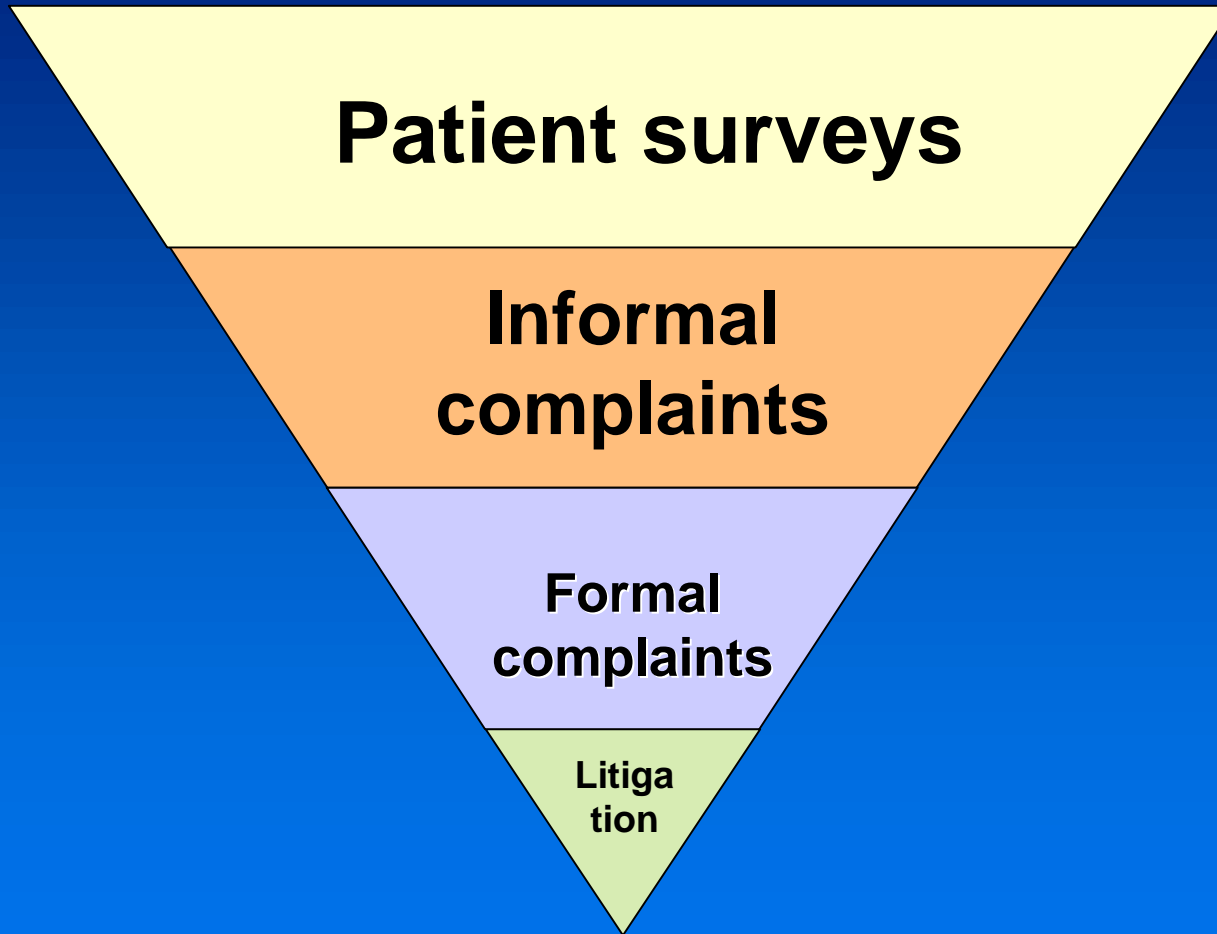
# Three Perspectives on Quality

- Professional: technical competence, clinical outcomes
- Management: cost-effectiveness, risk management, service development
- Patient: access, responsiveness, communication, symptom relief, health status, quality-of-life

# Why Measure Patients' Experience of Health Care?

- To assist local quality improvement
- For national performance assessment
- To inform purchasers
- To inform referring clinicians
- To inform patients
- To compare health systems

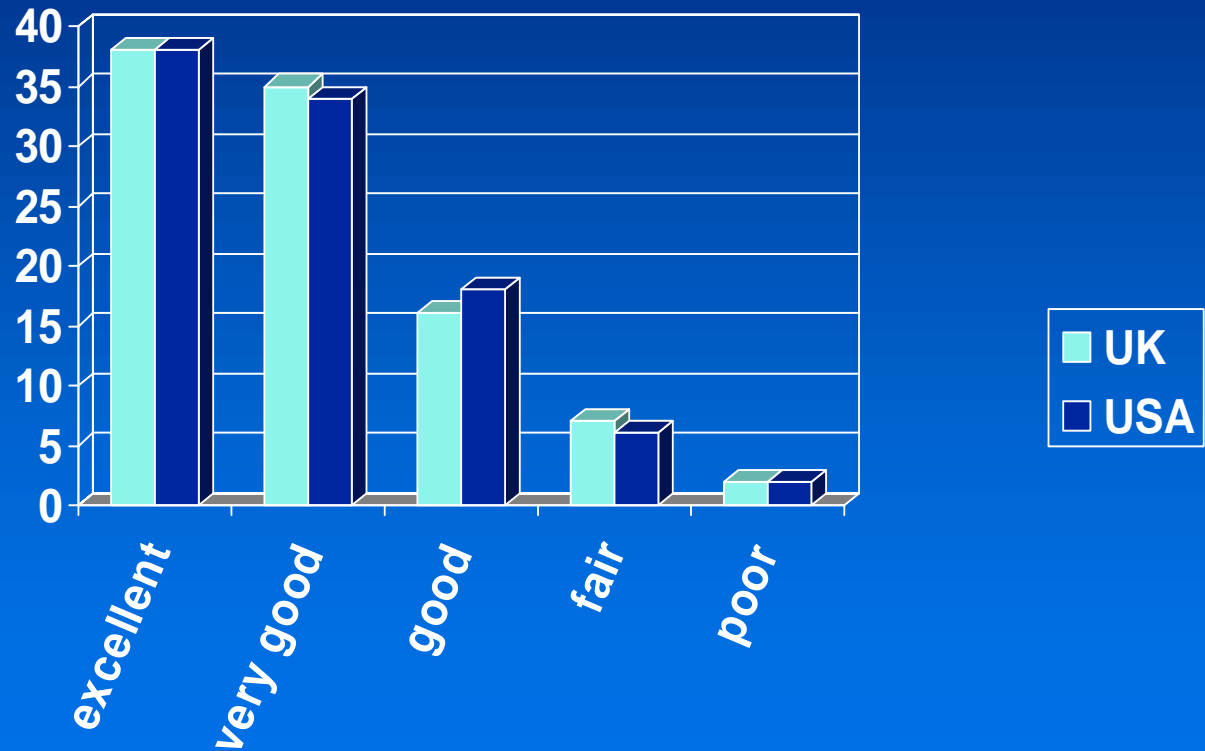
# Patient Feedback



# Problems With Attitude or Opinion Surveys

- Attitudes are related to expectations
- Attitudes are influenced by external factors and may be transient
- Attitudes may be culturally specific

# Overall, How Would You Rate the Care You Received?



# Reporting Questions

- A&E care disorganised 38%
- Reason for delay not explained 6%
- Staff gave conflicting information 23%
- Doctors talked as if I wasn't there 30%
- Had to wait too long for pain medicine 9%
- Risks and benefits not discussed 24%
- Not told when to resume activities 60%

# Problems With Rating (Satisfaction) Questions

- Yield positive results, which do not reflect reported experience
- Do not discriminate well between countries, hospitals, units
- Do not help to identify causes of dissatisfaction or priorities for quality improvement

# Measuring Patients' Experience

- Focus on recent personal experience
- Ask patients about what is important to them (focus groups and interviews)
- Ask patients to report on what happened, NOT how satisfied they were (surveys)
- Feed back actionable results

# Questionnaire Development

- Define scope of survey
- Review literature
- Focus groups – professionals and patients
- Cognitive interviews with patients
- Two stage pilot testing
- Validation tests and scale development

# Implementation

- Random/systematic samples
- Detailed self completion questionnaires
- Mailed 2 – 4 weeks after discharge
- Two reminders to non-responders
- Response rates of 60 - 70%
- Problem scores and dimensions

# Eight Dimensions of Care

- Access to care
- Respect for patients' preferences
- Co-ordination of care
- Information and education
- Physical comfort
- Emotional support
- Involvement of family and friends
- Continuity and transition

# Patients' Top Priorities

- Confidence/trust in doctors and nurses
- Staff's clinical knowledge
- Clear explanation of condition/treatment
- Opportunity to talk to doctor
- Information about medication
- Involvement in decisions about care
- Staff who understand anxieties and fears

# Picker Surveys: International Comparisons 1999/2000

- UK (6 hospitals, 2,249 patients)
- Switzerland (9 hospitals, 7,163 patients)
- Sweden (9 hospitals, 3,274 patients)
- Germany (6 hospitals, 2,663 patients)
- USA (272 hospitals, 47,576 patients)

# Information

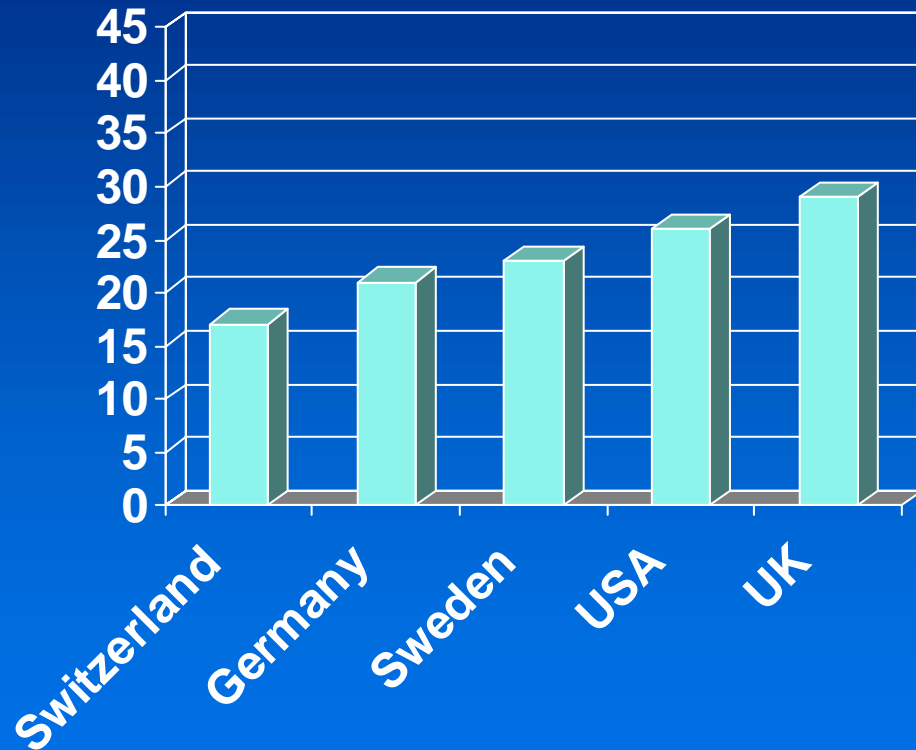
“I wanted to know everything. It’s nice to be given the option of saying ‘No, thank you – I don’t want to know.’ It’s nice to be given that option.”

“There were a couple of instances where the medical staff changed my drug therapy without either discussing it with me or telling me they’d changed it. That did disturb me.”

# Surgery

Did not explain risks and benefits	24%
Didn't get clear answers to questions	19%
Not told how I would feel after operation	49%
Didn't get clear explanation of results	32%

# Information and Education: Percentage of Patients Reporting Problems



# Coordination of Care

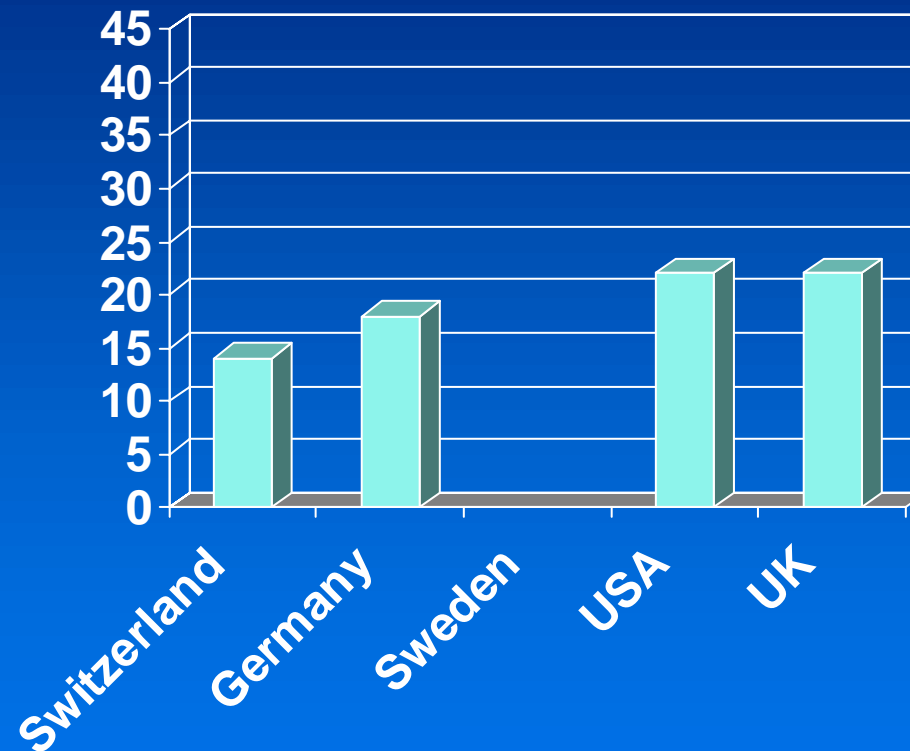
“I was called 3 different names, the worst being prior to surgery by the anaesthetist who thought I had a completely different medical history - frightening”

“There wasn't anybody who would actually say: ‘Right, do something about this.’ It just got shipped round. Everybody just passed the buck.”

# Coordination of Care

- Emergency care not well organized
- Admission process not well organized
- Long wait to go to room/ward
- No doctor in overall charge of care
- Staff gave conflicting information
- Tests/procedures not done on time

# Coordination of Care: percentage of patients reporting problems



# Physical Comfort: pain relief

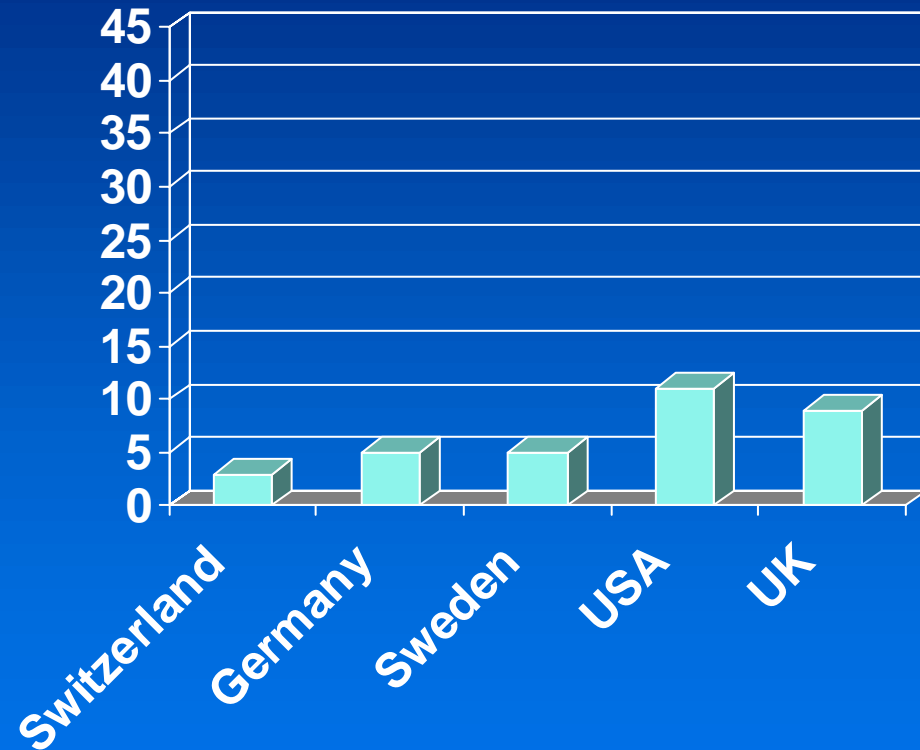
“I asked for pain relief a few hours after giving birth and eventually got them 16 hours later”

“When I needed pain relief after the birth I had to ask 3 different members of staff”

# Physical Comfort

- Didn't get help to go to bathroom/toilet
- Had to wait too long after pressing call button
- Had to wait too long for pain medicine
- Staff didn't give enough help with pain
- Got too little pain medicine

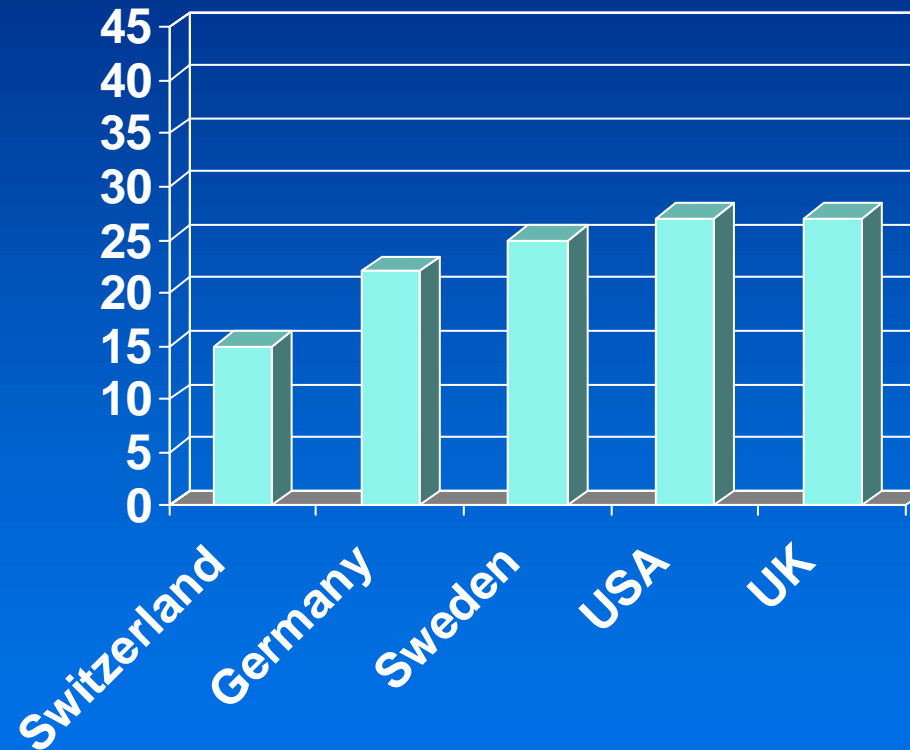
# Physical Comfort: percentage of patients reporting problems



# Emotional Support

- Doctor didn't discuss anxieties and fears
- Didn't always have confidence in doctors
- Nurse didn't discuss anxieties and fears
- Didn't always have confidence in nurses
- Not easy to find someone to talk to about concerns

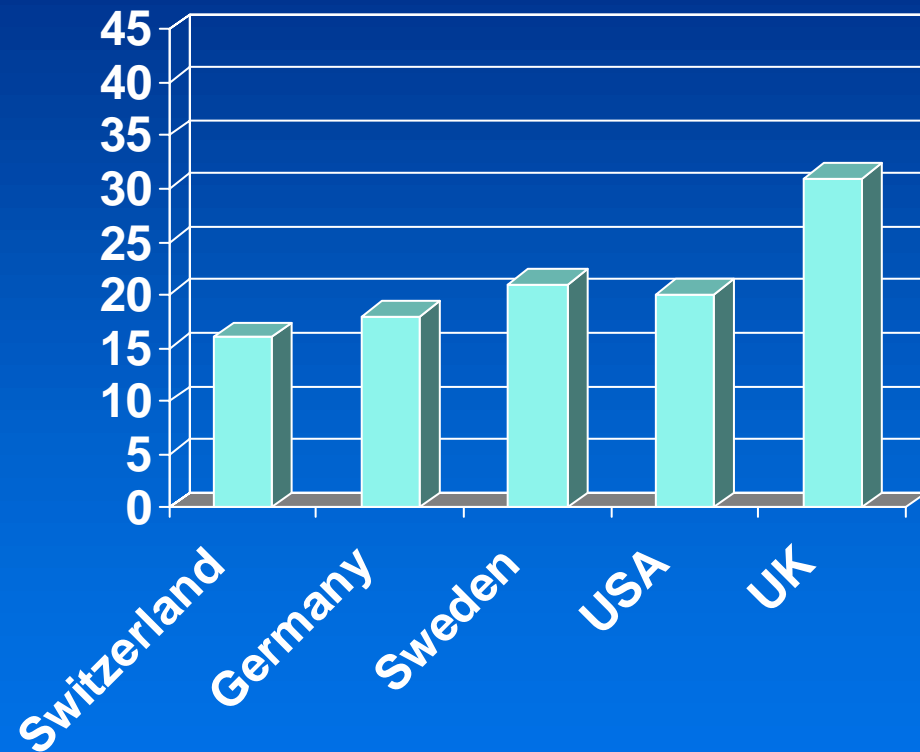
# Emotional Support: percentage of patients reporting problems



# Respect for Patient Preferences

- Doctors talked as if I wasn't there
- Nurses talked as if I wasn't there
- Didn't have enough say about treatment
- Not always treated with respect and dignity

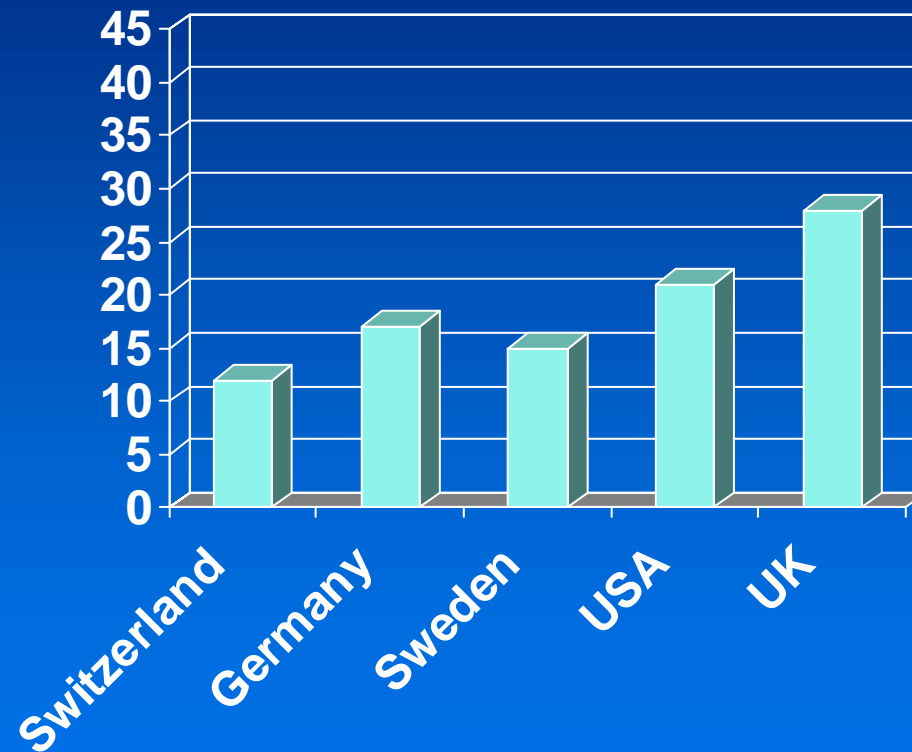
# Respect for Patient Preferences: percentage of patients reporting problems



# Involvement of Family and Friends

- Family didn't get opportunity to talk to doctor
- Family not given enough information about condition
- Family not given information needed to help recovery

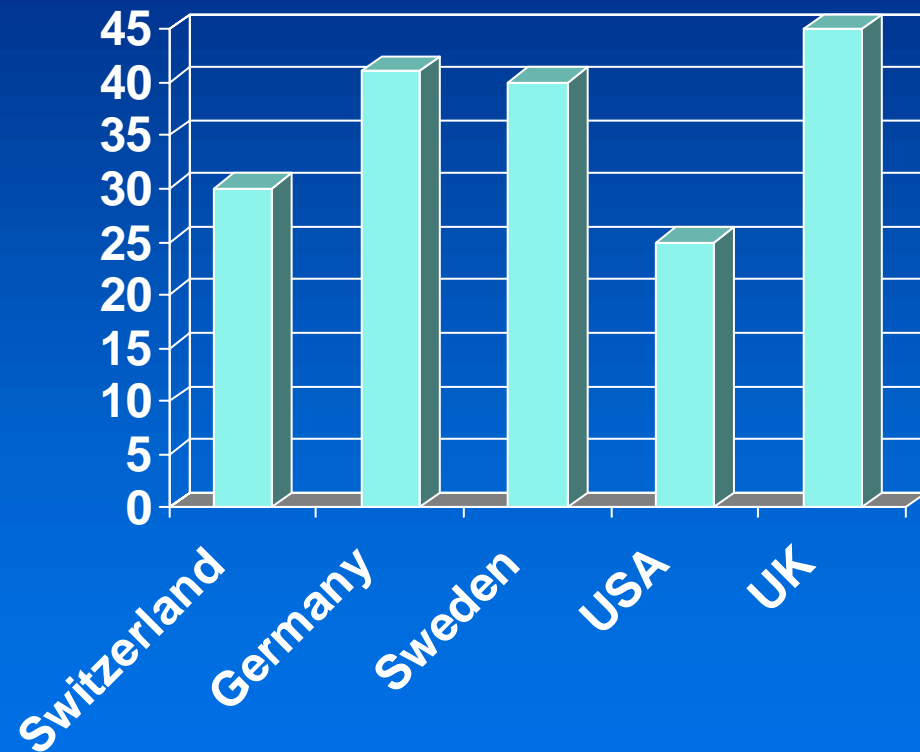
# Involvement of Family/Friends: percentage of patients reporting problems



# Continuity and Transition

- Purpose of medicines not fully explained
- Not told about side effects
- Not told about danger signals to watch out for at home
- Not told when to resume normal activities

# Continuity and Transition: percentage of patients reporting problems



# Overall Rating of Care “Fair” or “Poor”

- Switzerland 4%
- USA 8%
- Germany 7%
- Sweden 7%
- UK 9%

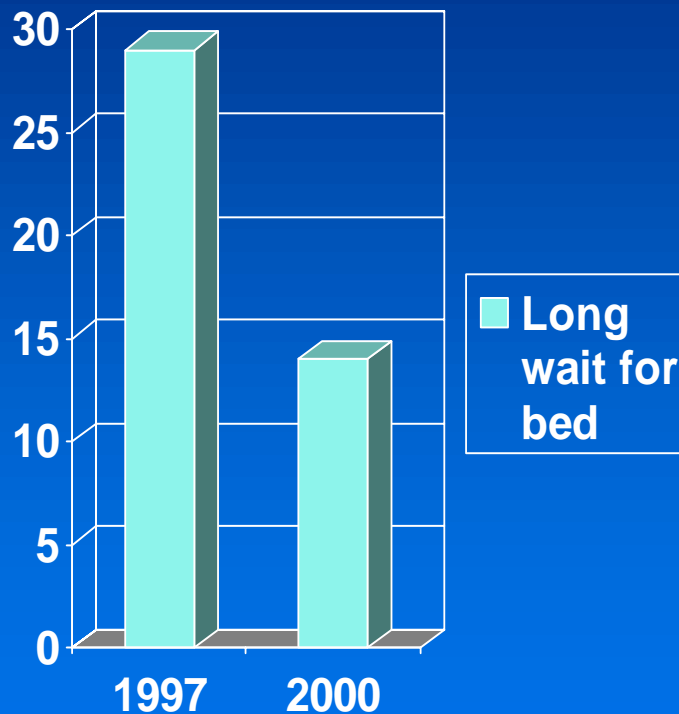
# Important Caveats

- Methodological differences
- Sample sizes
- Translation issues
- Cultural differences

# Most Common Problems

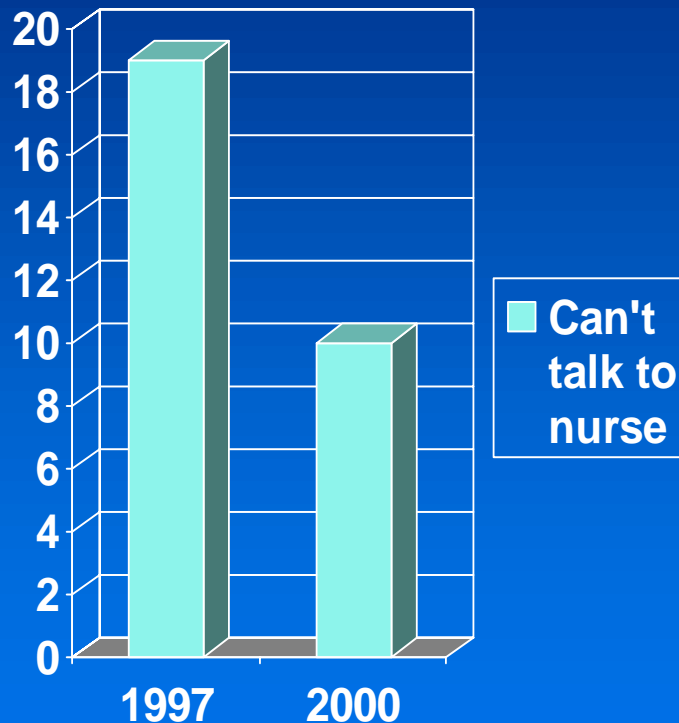
- Not enough involvement in decisions
- No one to talk to about anxieties and concerns
- Tests/treatments not clearly explained
- Insufficient information for family/friends
- Insufficient information about recovery

# Using patient surveys to improve quality in a Swedish hospital (1)



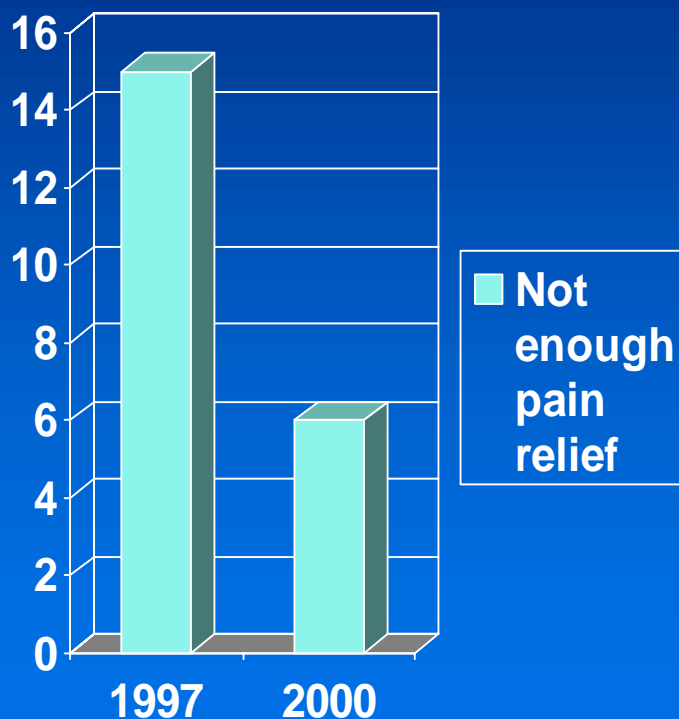
- Observation of admission routine and patient pathways
- Changed procedure
- Waiting reduced

# Using patient surveys to improve quality in a Swedish hospital (2)



- Reorganised into smaller groups
- Staff training in communication
- Nurses involved when doctors talked to patients

# Using patient surveys to improve quality in a Swedish hospital (3)



- Action plan
- Specialist nurse
- Staff training
- Self-medication
- Regular surveys of pain control

# Incentives to Listen to Patients

- Provider feedback
- Purchaser feedback
- Financial incentives
- Public disclosure

# Effect of Provider Feedback

- Traditional approach
- Works with enthusiasts
- Little evidence that provider feedback without additional incentives is sufficient to stimulate large-scale quality improvements

# Effect of Purchaser Feedback

- Tried in USA and UK
- Purchasers more concerned about cost than quality
- Little evidence that purchasers have achieved quality improvements

# Effect of Direct Financial Incentives

- About to be tried in UK, some experience in USA
- Risk that measures will be too crude to stimulate quality improvements
- Likely to increase debate about performance indicators

# Effect of Public Disclosure

- Some US consumers take note of CAHPS when choosing health plans
- Massachusetts Health Quality Partnership – anecdotal reports of change
- User-friendly websites developing in UK (Dr Foster)
- Stimulates change amongst providers

# Patient Surveys: Conclusions

- Patient feedback is a key element of quality improvement
- ‘Reporting’ questions are more useful than ‘rating’ questions
- Public disclosure can stimulate providers to initiate improvements