Measuring and Improving Patients’ Experience

How Can We Make Health Care Systems Work for Patients?
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
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?

- Excellent
- Very good
- Good
- Fair
- Poor

UK
USA
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

- 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

Switzerland  Germany  Sweden  USA  UK
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

- Switzerland
- Germany
- Sweden
- USA
- UK
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

- Switzerland
- Germany
- Sweden
- USA
- UK
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

- Switzerland
- Germany
- Sweden
- USA
- UK
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