

JUNE 2015

2014 - 2015, QUARTER 4

## Patient Experience Survey

The National Patient Experience Survey and BOPDHB's own fortnightly patient experience survey of inpatients has been underway since August 2014.

To date over 1000 of our patients have generously rated their perspective of their hospital experience using a scale of 1-10. Access to results of both surveys is available on OnePlace:

Services, Governance and Quality, related links:

Fortnightly Patient Experience Survey  
OR  
National Patient Experience Survey

## Communication

Effective communication impacts patient safety, quality and patient experience and has a positive impact on patient outcomes.

In today's healthcare environment, most caregivers face the competing challenges of limited time for patient interaction, variable expectations (organisation and patient/carers) and increasing medical complexity. We all need to develop relationship-centered communication skills that empower us to handle any communication challenge and enhance the experience of not only the patient but also their loved ones and ourselves.

Patient – clinician communication is at the heart of providing excellent healthcare. It serves the patient's need for empathy as well as the patient's family and healthcare worker's need for information. The quality of communication with clinicians can influence patient perceptions of their clinicians and the quality of care they are receiving.

**Good communication is the right thing to do for our patients and is critical to the delivery of safe, high quality medical care.**

Debbie Brown, Manager, BOPDHB Quality and Patient Safety

There are four domains in the Patient Experience Survey and this quarter's report focuses on five questions relating to **Communication**.

### Our results

Overall BOPDHB results from both Patient Experience Surveys are very positive and it is fantastic to see that this has been relatively consistent for several months. However the experiences patients share with us allow us to see the care we provide through their eyes and identify what matters to patients as well as the ways we can improve.

While our response rate is improving (almost 20% of those invited since the start of the survey have taken the time to share their views) we still have a way to go to reach the 40% that the NZ Health Quality and Safety Commission is seeking.

Patients who have provided us with an email address or a mobile number are sent a link and invited to complete the survey.

**Please continue to collect email addresses from our patients whenever possible.**

## Overall results compared with previous quarters

Patients are asked to rate their experience on a scale of 1-10.

Each domain also invites patients to enter comments which provide a rich source of real time feedback. Examples of these comments are included as **Patient Voices** on the following pages.

Overall average rating scores (1-10) for each domain:

Quarterly National Patient Experience Survey				
	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015
<b>Communication</b>	8.1	8.1 <span style="color:orange">◆</span>	8.2 <span style="color:green">▲</span>	8.5 <span style="color:green">▲</span>
<b>Partnership</b>	8.5	8.3 <span style="color:red">▼</span>	8.4 <span style="color:green">▲</span>	8.6 <span style="color:green">▲</span>
<b>Coordination</b>	8.2	8.2 <span style="color:orange">◆</span>	8.3 <span style="color:green">▲</span>	8.6 <span style="color:green">▲</span>
<b>Meeting Needs</b>	8.5	8.5 <span style="color:orange">◆</span>	8.5 <span style="color:orange">◆</span>	8.7 <span style="color:green">▲</span>

BOPDHB Fortnightly Patient Experience Survey				
	March	April	May	June
<b>Communication</b>	8.6	7.8 <span style="color:red">▼</span>	8.4 <span style="color:green">▲</span>	8.7 <span style="color:green">▲</span>
<b>Partnership</b>	8.4	8.2 <span style="color:red">▼</span>	8.6 <span style="color:green">▲</span>	8.9 <span style="color:green">▲</span>
<b>Coordination</b>	8.4	8.0 <span style="color:red">▼</span>	8.3 <span style="color:green">▲</span>	8.5 <span style="color:green">▲</span>
<b>Meeting Needs</b>	8.7	8.4 <span style="color:red">▼</span>	8.8 <span style="color:green">▲</span>	8.7 <span style="color:red">▼</span>

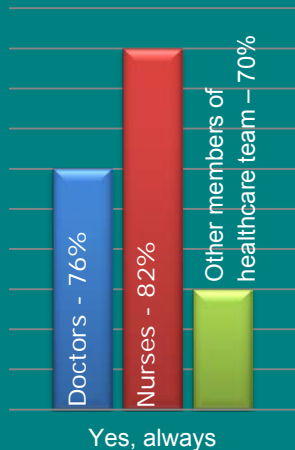
Results compared to the previous result:

▲ Increased, ◆ About the same, ▼ Decreased

*“The single biggest problem in communication is the illusion that it has taken place.”*

George Bernard Shaw

**\* Did you feel staff listened to what you had to say?**



\*For this graph the number of responses in the highest category have been used.

**Did you feel staff listened to what you had to say?**

- Have you ever tried to explain something and felt like no one was listening?
- Did they interrupt you and respond with what felt like a barrage of checklist questions?
- Did you feel ignored and misunderstood and wonder why you even bothered?

**Some of our patients are telling us that is exactly how they feel too! Here's a sample of what our patients are telling us about our listening skills:**

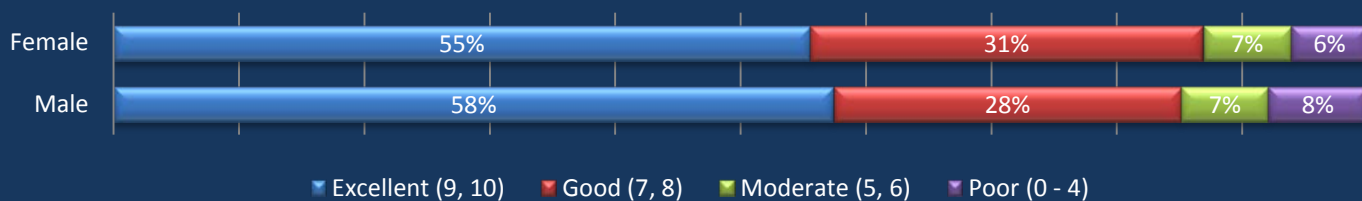
- Hard of hearing so didn't always understand and had to ask for repeat explanations.
- Doctor had poor bedside manner and no negotiation on treatment.
- I was on heavy doses of painkillers, sometimes conversations went straight over my head.
- Just wasn't explained enough, kept saying it was something else when I kept saying I had had the same thing happen other times.
- It sometimes felt that the doctor was talking about me, not to me. Did not explain in terminology that I could understand.
- A lot of the time doctors don't listen to you. You as a person know your body better than anyone else, so hence they should listen to you better.
- When I was on medication the surgeon talked to me and I don't remember what he said cause I was so drugged up. The nurses were amazing letting me know things.
- I guess the staff assumed that I knew more about what had happened than I really did.



**Gender differences - "Men aren't from Mars and women aren't from Venus."**

But their brains really are wired differently, a new study published in "Scientific American" suggests. Have you noticed a difference?

**Overall, was communication with you... [By Gender]**



**The comments are anonymous and it is impossible to distinguish male from female but here's one that leaves us in no doubt:**

- The consultant that saw me for discharge after my first admission came into the room with two other males (junior doctors?, not sure as they didn't introduce themselves) and proceeded to lift my pyjama top well up over my breasts to check the rash I had. He then asked the two other doctors what they thought the rash may be. All the while my breasts were exposed. Previous doctors and nurses at both this admission and my subsequent one the next day all examined my rash but did so discreetly. Quite embarrassing.

**What about communicating with different age groups?**

Do different generations really communicate so differently? ***You bet they do!***

A fundamental observation about human communication is that people speak in different ways to different listeners. The graph below supports that various age groups, traditionalists, Baby Boomers, Gen Xers and Millennials (gen Y) all have differing expectations.

- Communication with me by all staff, with one exception, was excellent. The exception was the senior medical physician who spoke so loudly to me, as if I was deaf, that the two other patients in the room could hear all the details of my medical problems, both past and present, without any thought or effort on his part to allow me any semblance of privacy.
- My mother is 83 and found everyone talked in plain language and took time with her.
- Because I was more physically well and younger than my co patients I tended not to need much support. I'm also a nurse and an employee so perhaps it was thought I was more onto it than I actually was (also drug affected).
- Went really well apart from one small issue with my afternoon nurse. Although she looked after me well and was attentive to my pain/nausea needs, she got quite agitated when my mother was still sitting with me at 9.30pm. She asked her to go and when my mother said she would prefer to stay a bit longer until I was settled (I was quite fearful at this stage as my headache was excruciating and not settling) she was not impressed and said she would have to report her to her team leader. Such a shame as although she was staying well after visiting hours I really needed her support and she had been sitting quietly in my darkened room, not imposing on anyone else. She did go though as requested by the nurse.
- I was really scared and nobody told me what was wrong, just what wasn't wrong, and nobody tried to find out.



### Overall, was communication with you...[by age group]

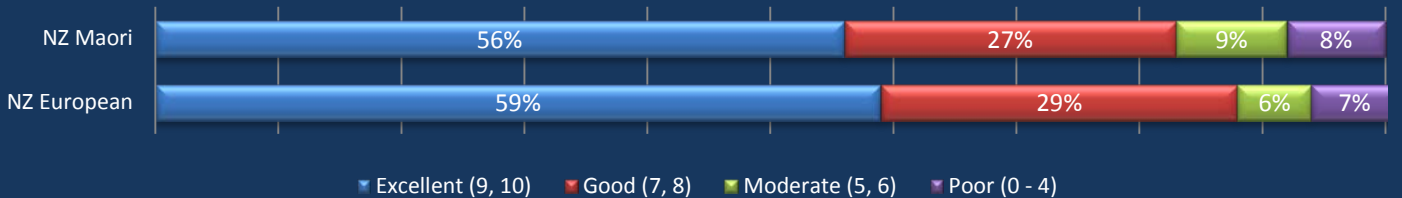


### Ethnicity

People come from different ethnic groups and differences in culture, religion and attitudes can influence many aspects of healthcare, such as uptake of treatment, family roles, patient and medical staff expectations and different attitudes of what is acceptable and what is not.

Communication is fundamental and a clinician has to be certain of understanding the patient and being understood and this can often presents problems such as compromising patient confidentiality, interpretation and/or translation may not be entirely accurate and may cause embarrassment (e.g. between mother and son).

### Overall, was communication with you...[by ethnicity]



- Medical team made short visits and answered questions reluctantly.
- At my bedside they explained everything to me and my wife and asked if there were any questions that needed answering, was no trouble to any of them. They were never in a rush.
- I found everyone went out of their way to be clear on what they were telling me. If I asked a question the time was taken to explain well.
- All staff and surgeons were very caring, explained what they were doing and why they were doing it. Took any fears I had right away and made me feel very safe.
- Everything was explained thoroughly and opportunity given to ask questions.
- Often the communication was given in large chunks - not easy to assimilate when health issues dominate (e.g. pain, confusion, memory lapses and disorientation).
- The communication was not fantastic with regards to why I was in hospital. I was often left feeling very confused as information I was receiving was conflicting with other information and quite honestly, I still do not know what is happening now.
- Was only in for two days, the only thing I could comment on was I was a little sleepy to remember things which then is me, not hospital.
- I think the doctors were thinking on a higher level which I'm sure is hard to explain. Thank god for nurses they bring it back to reality.



Were you given enough privacy when discussing your condition or treatment?



Was your condition explained to you in a way that you could understand?



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



■ N/A ■ No ■ Sometimes ■ Yes

- When I arrived, my condition meant that I was not always able to digest what was being said. My husband was with me at that stage, so was able to fill in details later. Staff were diligent about asking me whether my visitors were able to be included in any conversations.
- All staffs assumed that I know the procedure or what comes next.
- The communication was good but sometimes a little fast.
- I felt that staff were particularly poor at respecting my privacy, particularly around nudity and closing curtains and doors to ensure I was not exhibiting to the general public.
- I was never really told what the problem was and no privacy in discussions.
- Everything shared with others in the room - had to go looking for a nurse - for medication and bandage  
In the ward there was no privacy between patients, and doctors discussions.

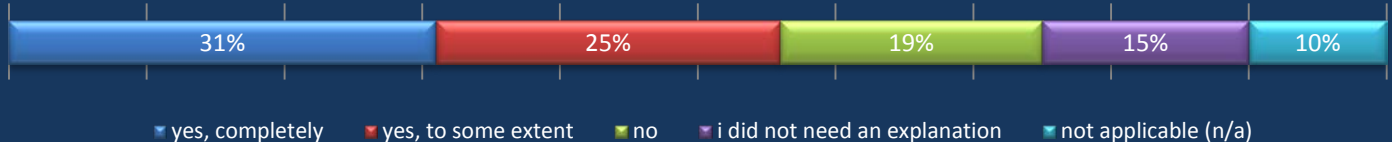


To make informed choices about medical treatment options, patients need knowledge about the benefits and risks of drugs.

**NZ Medication Safety Watch (Issue 6 – May 2013) - Tips for building health literacy skills regarding medicines**

1. Find out what the patient already knows about their medicines because this will provide useful information about where to start the conversation.
2. Provide information in logical steps, taking into account what the patient already knows. This involves adjusting technical vocabulary to match patients' language and/or providing explanations for essential technical terms.
3. Check patient understanding using the teach-back method. This involves asking the right questions of the patient and their family/whānau to check that they understand you. Patient understanding is confirmed when they correctly explain what you have told them.
4. Reinforce critical information. Discuss written resources by stressing the critical information patients need to refer back to. This can be done by circling, underlining or highlighting the critical information.
5. Help patients anticipate appropriate next steps in the information process, e.g. what side-effects may occur or when to renew prescriptions.
6. When reviewing medicines with patients, use the actual medicines they are taking (rather than a list of medicines).

**Did a member of staff tell you about medication side effects to watch for when you went home?**



- The nurses explained what they were doing and why they were doing things...doctors told me what meds to take and why I should not take others....when I left the hospital I knew more about why I was taking the meds I was on than before I went in.
- Drug discussion inadequate. Audible privacy not achieved behind curtains.
- Lady came through to explain discharge and medication all very helpful and informative.
- Wasn't sure about medication side effects.
- Medication and side effects are very rarely explained, nor do I feel that I am listened to properly about these issues as I am very allergic and sensitive to many medications. This is frustrating and can be life threatening to me.
- They forgot to give me prescription for one of the medications they had prescribed for me, so had to leave hospital without it. So got in touch with my doctors so they could do it for me.
- On discharge my ongoing medication options were discussed with both my wife and me by the cardiologist and the registrar and a strategy agreed upon. This was as it should be and we were impressed.
- I wasn't informed at all about the side effects of the medication I was prescribed for post-surgery at home. This may have been due to me being 17. My parents may have been informed instead, but if they had been they did not pass the information on to me.
- They have given me enough information about medications and what to do and don'ts.
- The staff explained everything about the reason for hospitalisation and they explained all the medication and how it should work.



For more information contact:

**Averil Boon**

*Programme Manager  
Quality and Patient Safety*

Ext. 8512

[averil.boon@bopdhp.govt.nz](mailto:averil.boon@bopdhp.govt.nz)

**Stories of change:**

Of course having all this valuable information and feedback is of no use if we don't use it.

We would like to hear about any changes that are being made as a result of the patient experience feedback. Please let us know what you are doing and whether it is making a difference.

Please tell us what has worked and what hasn't. You may have some invaluable hints and pitfalls to share with other areas looking to try something similar.