BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

BOPDHB Patient Experience Survey Report

SEPTEMBER 2015

2015 - 2016, QUARTER 1

Compassion

Attitude

Responsiveness

Excellence

Understanding a patient's experience provides us with valuable insight and is integral to our efforts in improving patient centred care. Overall the majority of respondents to the survey tell us of a positive experience of their inpatient care and say they were 'always' treated with respect and dignity, were 'always' treated with kindness and understanding and they 'always' had confidence and trust in the nurses and doctors treating them. This is a pleasing reflection of the Bay of Plenty District Health Board (BOPDHB) CARE Values – Compassion, Attitude, Responsiveness and Excellence.

However, there are some results where patients' experiences of care are less positive, and this quarter's report focuses on the Partnership Domain – four questions with results that indicate we have some opportunities for improvement.

Let's work together to show compassion, dignity and holistic care to our patients across all of our services.

Pete Chandler, BOPDHB Chief Operating Officer

Patient Experience Surveys

The quarterly National and the fortnightly BOPDHB Patient Experience Surveys have now been underway for 12 months.

The two surveys have shown us the experiences of over 2500 people who were admitted to Tauranga and Whakatāne hospitals with at least one overnight stay between August 2014 and September 2015.

Overall Results:

Patients are asked to rate their experience on a scale of 1-10 and to enter comments which are a rich source of real time feedback.

Quarterly National Patient Experience Survey

	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015
Communication	8.1	8.2	8.5	8.6
Partnership	8.3	8.4	8.6	8.6
Coordination	8.2	8.3	8.6	8.5
Meeting Needs	8.5	8.5	8.7	8.6
Respondents	81	95	93	87

BOPDHB Fortnightly Patient Experience Survey

	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015
Communication	8.4	8.5	8.3	8.5
Partnership	8.5	8.4	8.5	8.6
Coordination	8.5	8.4	8.6	8.2
Meeting Needs	8.7	8.8	8.6	8.9
Respondents	341	342	402	324

Patient experience is a vital but complex area.

Growing evidence tells us that patient experience is a good indicator of the quality of health services. Better experience, stronger partnerships with consumers, and patient and family-centred care have been linked to improved health, clinical, financial, service and satisfaction outcomes. (*HQSC*)

The Bay of Plenty Integrated Healthcare Strategy 2014 – 2020 states "our vision is that by 2020 Bay of Plenty health services will be centred on the needs of people, their families and whānau. People will be able to easily access services when required and healthcare workers will be able to seamlessly transfer care between settings when needed. People will be empowered to manage their own health and to share in decision making. Our vision can be achieved through greater integration of healthcare".

The Partnership domain of the Patient Experience Surveys enables us to measure if we are involving patients as much as they would like in decisions about their care and treatment; whether we are involving their family and whānau in discussions about their care as much as our patients would like; and how well we are achieving the goals of a seamless discharge back into the community.

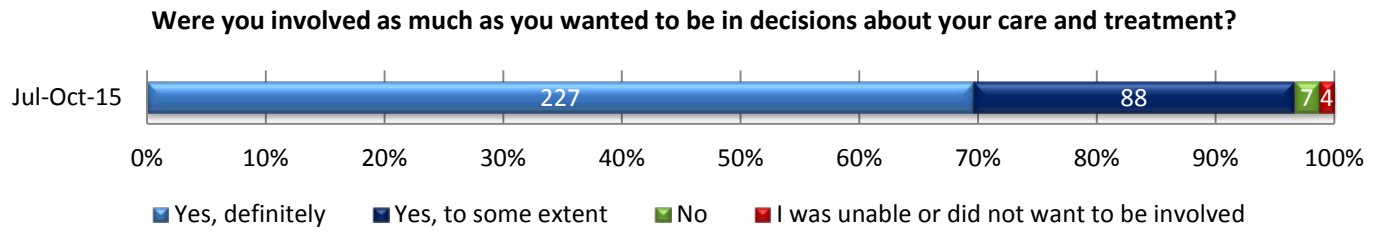
Partnership - Encouraging and supporting participation and collaboration in decision making by patients, consumers, carers and families / whānau. (Quarter 1 2015-2016 results)

From a distance, it looks like healthcare has always been patient-centred. After all, the focus is on healing the patient. But up close, the view is very different, as anyone who has ever received or delivered care knows. "When you have 9,000 things going on, you don't want to sit down and figure out how to partner with your patients," says Jim Conway, an IHI Senior Fellow with a long career in hospital administration. "The paternalistic model of care is the way we've organized ourselves, simply to get the work done."

But it's a model that's increasingly being rejected in every corner of healthcare. Patients and family members feel that their questions, concerns or preferences are ignored or never sought, and committed caregivers feel overworked and under-appreciated. Worse, a growing body of research suggests that the lack of productive communication between patients and caregivers contributes to ineffective or inappropriate care, or even fatal errors.

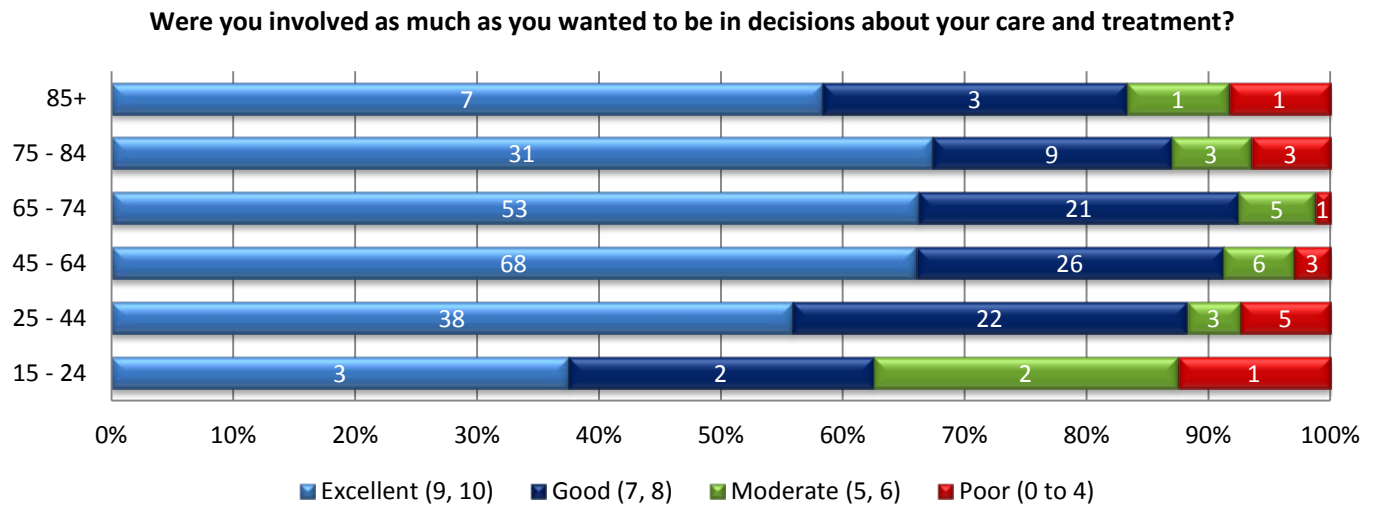
Delivering Great Care: Engaging Patients and Families as Partners (IHI)

Overall, was the way staff involved you in decisions about your care... (Rating from 0 to 10, Poor to Excellent)



- "They listened to what we had to say and took it on board. I felt they went the extra mile. I cannot speak highly enough of the doctors and nurses involved in my care."
- "Felt I had to ask all the time what was to happen next."
- "Doctors/nurses all made sure that I was comfortable with the decisions made about my care and involved in the decision making process. They also made sure I was aware of alternative options if and when available."

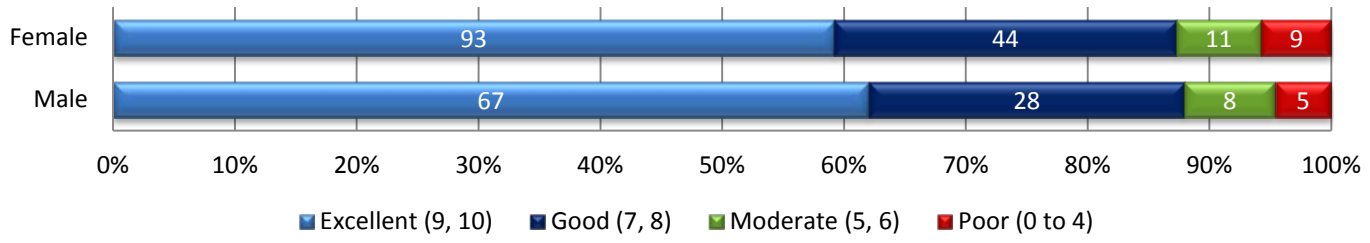
Overall, was the way staff involved you in decisions about your care excellent, good, moderate or poor? [By Age Group]



- "A lot of the time I was not asked but told what was happening at the time."
- "Well, if the staff had to do something, then they had to do something."
- "All staff listened and we made decisions together - such as painkillers, etc and when to get mobile and when to go home...."
- "I feel that I wasn't given any options on what medication I should have been taking or sent home with. I was asked what other meds I took regularly but was never given any during my stay or was I supposed to have had someone bring mine in from home?"

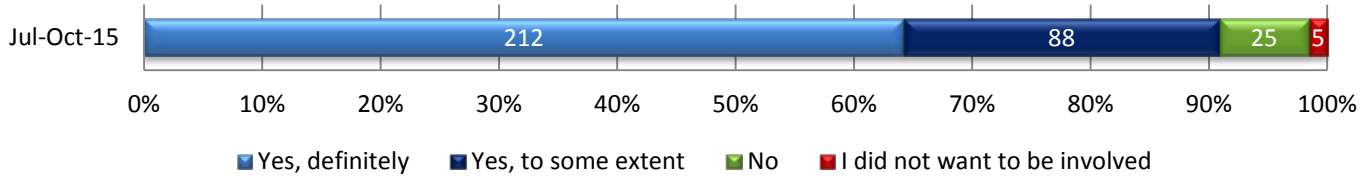
- "The nurses were very good with regard to pain management and general care but I felt the doctors' visits were very short and not very informative."

Overall, was the way staff involved you in decisions about your care excellent, good, moderate or poor? [By Sex]



- "I felt I was always given the option to decide at each stage of care."
- "Gave time to explain any queries in a friendly, professional manner I have no complaints. Lovely staff."
- "It's easiest just to trust the system and not fret needlessly. Just lie on the conveyor belt, do as you are told, abandon all dignity, and let them get on with it."
- "Both the doctor and the nurses talked to you and involved you. My wife was not present so they could not engage her."

Did you feel you were involved in decisions about your discharge from hospital?



- "After my operation I felt that the staff couldn't wait to get me out of the room and down into a transit lounge to wait for my discharge."
- "I was fully informed as to what was required of me when I was discharged and given clear direction as to what I needed to do and where to go if I had any issues."
- "I felt that I was perhaps discharged from hospital a little early based on the distance I had to travel home from the hospital. The trip was very painful."

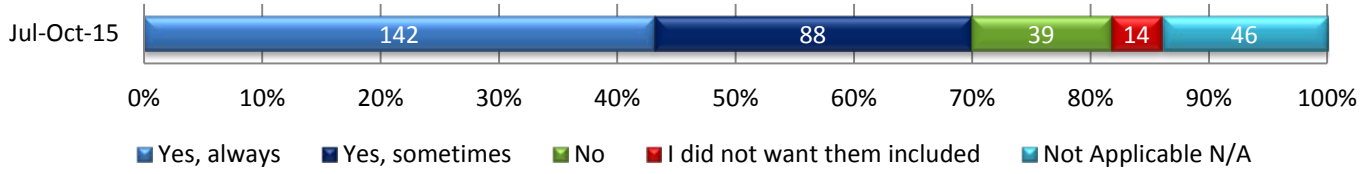
Patients and families are leading the way

Learning to work with patients and families as true partners in their own care is neither easy nor intuitive. It involves significant changes, both cultural and logistical. But pressure to do so is increasing and pressure from patients and family members makes this change inevitable, says Jim Conway. "It is not ours to decide. Our patients and families are taking us there."

"Most people truly believe they are thinking about and for the patient," says Susan Grant, MS, RN, CNAA, Chief Nursing Officer at Emory Healthcare. "But there is a difference between assuming you know what's right for the patient and engaging in discussions where you have the patient define that." Patient-centered care, says Grant, moves beyond good intentions to include the patient's and the family's preferences.

Delivering Great Care: Engaging Patients and Families as Partners (IHI)

Did the hospital staff include your family/whānau or someone close to you in discussions about your care?

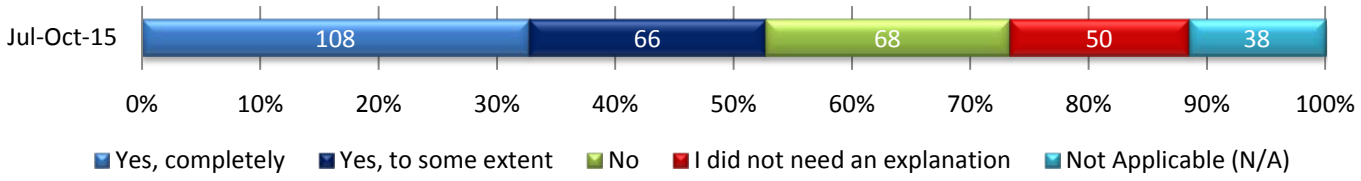


- "My nurse on the pm shift realised that my husband was about to leave so ask asked him to stay and hear what the plan was to be for my treatment."
- "The options were discussed, along with other relevant info. My best interests were taken into account, not just, patch me up and hope for best."
- "Just hard to get family and doctors together to discuss my care."
- "Discussions were usually with family present which was great as I have a hearing problem. Everything was explained to us as test results, etc came through."

Learning to listen

But a true partnership involves more than just giving information. Caregivers must also be willing to seek and respect input from patients and family members on issues both broad and specific. This, says IHI's Jim Conway, is where the greatest challenges often lie, and where strong leadership is essential. "We haven't been trained to share responsibility or to trust in the perspectives of other partners," he says. Delivering Great Care: Engaging Patients and Families as Partners (IHI)

One particularly relevant question from the Communication domain is also included in this report.
Did a member of staff tell you about medication side effects to watch for when you went home?



- "Didn't get information on new medication that was started."
- "Pharmacist explained the side effects and whether it was needed to continue on the heavy doses prescribed."
- "I was a bit concerned that the medication I left hospital with was very extensive and the side effects were unclear. After a short time at home I had unpleasant side effects and returned to my GP who regulated my medicine."
- "Medication was explained to me and also my wife when she came to pick me up and all questions were answered."
- "Discharge notes to do with medication confused. My wife had to ring APU to check what the correct medication was. One item said take this medication. Further down the discharge note it said don't take this medication."

We need your help to collect email addresses!

The BOPDHB collects feedback and information through the Patient Experience Survey about how our services are experienced by our patients. An invitation to complete our survey has been sent to patients by email or SMS. ***From November invitations will only be sent by email***.

We need your help to routinely collect patient's email addresses as part of their demographic data stored in WebPas as BOPDHB moves to undertaking more and more communication with our patients by email.

Volunteer Patient Advisor Committee (VPAC)

Being a Volunteer Patient Advisor is a rewarding experience that allows patients and/or family members to make a difference for years to come. Whether or not their experience with our healthcare system was world class or slightly below average, their input is valuable. Anyone who has experienced care with BOPDHB services is encouraged to think about joining our team.

VPAC promotes improved relationships between patients, families, and staff and improves the patient experience by opening lines of communication. It offers patients and families an opportunity to provide input into policy and programme development by actively participating in care improvement opportunities and the development of services and programmes.

VPAC meets once a month and members may be involved in a short or longer term project.

If you, or anyone you know of, are interested in learning about how to get involved, more information is available on the BOPDHB website (Volunteering) or give Averil Boon a ring on (07) 579 8500.

You can access the Dashboards on ***OnePlace / Governance & Quality / Related Links***