Coordination of patient experience measurement and reporting across the Victorian Department of Health

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Victorian Patient Satisfaction Monitor (VPSM)

- Commenced in 2000
- Maternity Module added in 2005 (8 experience based questions)
- Emergency Department Module commences 2012 (10 experience and satisfaction questions)
- Combines satisfaction and experience questions and uses 25 questions across six indices (Access and Admission, General Patient Information, Treatment Information, Complaints Management, Physical Environment and Discharge and Follow-up) to derive the Overall Care Index (OCI)
- The OCI and Consumer Participation Indicator (CPI) target scores of 73 and 75 (rating of “good to very good”) respectively, were included in the Statement of Priorities for health service reporting
- In 2010-11 the Performance Monitor incorporated the OCI target of 73 for health services.
- Thematic analysis of three open ended questions
- New on-line reporting to health services identifies areas for quality improvement
- Accessible in 17 languages, paper survey and on-line.
- Surveys in-patients 18 years of age and older (including same day surgery)
- Current contract finishes in 2013.
**Victorian Palliative Care Satisfaction Survey**

- Focuses on the clients and carers **satisfaction** and includes hospital and community based services.
- Replaces four yearly palliative care survey, reduces questions from 50 to 34
- English only

**Mental Health**

- 1997 – 2000 annual measuring of consumer and carer satisfaction in child and adolescent, adult and aged persons mental health services
- **Satisfaction** questions
- 2009 ran 2008 survey with consumers and carers doing the CATI interviews at selected sub-set of services.
Current public reporting

VPSM website


• in a non-interactive (pdf) format

Victorian Health Services Performance website


• Under Quality and Safety – OCI and CPI

Other forms of reporting

• all public hospitals in Victoria have on-line access to their comprehensive VPSM report and data, however, this is not available to the public

• all public hospitals in Victoria have on-line access to qualitative comments from in-patients regarding the best things about their hospital stay, the worst things and what could be improved.

• all health services report on patient experience and consumer, carer and community participation under the reporting guidelines for annual [Quality of Care Reports](http://www.health.vic.gov.au/patsat).
Coordination of patient experience measurement and reporting across the Victorian Department of Health

Research undertaken by Healthcare Management Advisors Pty Ltd and Australian Survey Research (December 2010 to November 2011)

Three purposes:

1. The improvement of health service performance, quality and safety of services
2. Reporting to the public as users of public health services
3. Government reporting to provide information on patient experience consistent with the National Healthcare Agreement
Patient experience

- Is the patient’s report on concrete aspects of their health care. To elicit the patient’s experience questions are asked about specific events that happened during an episode of care.

Measures:

- There are two main measures of the consumer’s perspective on the health care she or he received:
  - **Satisfaction questions** which ask patients to give subjective responses, in the form of ratings on a scale (from ‘poor’ to ‘excellent’, for example). They have been found to be unreliable, and they do not provide specific factual information that can be used to improve quality.
  - **Patient experience questions**, by contrast, ask patients to give factual responses to questions about what did or did not happen during an episode of care ['Yes, always’, ‘Yes, sometimes’, ‘No’, and ‘I had no need to ask’]. By examining specific issues they provide a better guide to where the service provider is performing well or poorly, and hence which areas of performance should be addressed” (Sizmur S & Redding D 2009, Core domains for measuring inpatient’ experience of care, Picker Institute Europe).
Aim

The aim was to enhance coordination of the collection, analysis, reporting and quality-improvement use of patient experience information across all public health service areas of the department.

Objectives

- Mapping and literature review
- Project required consultation with 15 identified consumer-patient groups or health service type users that are currently not included in the Department’s Victorian Patient Satisfaction Monitor (VPSM) survey
- Situational analysis - how to measure patient experience as differentiated from patient satisfaction – survey and non-survey methodologies
- Recommendations and future directions

Final report received 18 November 2011
Priority groups currently not surveyed or under represented

The Department of Health identified the following groups to the consultants:

- Outpatient services and community health service (CHS) consumers are not surveyed.
- Paediatric patients or their carers are not surveyed.
- Hospital-in-the-Home patients are not surveyed.
- The experience of patients who are transferred between services is not captured.
- Small rural health services may not generate enough responses to receive a report under the current method for measuring in-patients’ experiences.
- Issues that may be common across a range of health services are not identified or compared. (For example, using the VPSM, patients consistently rate ‘explanation of medicine side-effects’ as an area of low satisfaction but it is not known if this is also true for outpatient, emergency, mental health, or palliative care patients).
- Some existing patient surveys are only conducted in English (CALD needs).
- Issues for Aboriginal and Torres Strait Islander (ATSI) people are not identified.
- Health services receive the reports in different formats and at different intervals, which increases the difficulty of translating the content of the reports to quality improvement activity.
- Patient experience information and survey reports are distributed within the department on an ad hoc basis.
Recommendations and future direction

Priority groups

• Assessment matrix identified ATSI, CHS, outpatients and public sector residential aged care services as initial priorities
• Current surveying of in-patients and emergency department consumers to continue
• Note a survey for mental health patients is being developed through the national Mental Health Information Strategy Subcommittee

Methodologies

• Survey format (paper and online)
• Focus group interviews for subset consumer populations where indicated from consumer consultations and current survey barriers
• Comparison was done between above methods and telephone interviewing and one-on-one interviews

Survey comparison

• VPSM, Picker Europe, Picker US and the Consumer Assessment of Healthcare Provider Systems /Hospital Consumer Assessment of Healthcare Providers and Systems

The plan

• Consultation and development with health service providers, community advisory committees and other stakeholders.
Consultation and plan development

• Make final report and technical papers available to Victorian stakeholders (health services, consumers, carers and community groups)

• Forums, submissions and procurement model analysis

• Draft plan

• Provide input into national patient experience indicator development process (Patient Experience and Information Development Working Group of the National Health Information Standards and Statistics Committee, co-chaired by the Australian Commission on Safety Quality in Health Care and the federal Department of Health and Ageing)

• Finalise plan and action
The Big Picture

**Doing it with us not for us: Strategic direction 2010-13**

**Consumer, Carer and Community Participation**

*Information (precursor), Consultation, Partnership, Delegation, Control*

- **Health literacy and information**
  Subcommittee of Participation Advisory Committee and Victorian Quality Council

- **Accreditation and Standards**
  National Standard 2 “Doing it with us not for us”

- **Patient Experience**
  A measure of Person, consumer and family-centred care

**Department of Health**
1. Quality improvement aid
2. Democratic Right
3. Accountability mechanism

“Participation occurs when consumers, carers and community members are meaningfully involved in decision making about health policy and planning, care and treatment, and the wellbeing of themselves and the community.”

(Doing it with us not for us, 2006, 2009)
Standards and indicators

1. The organisation demonstrates a commitment to consumer, carer and community participation

2. Consumers, and, where appropriate, carers are involved in informed decision-making about their treatment, care and wellbeing at all stages and with appropriate support

3. Consumers, and, where appropriate, carers are provided with evidence based, accessible information to support key decision-making along the continuum of care

4. Consumers, carers and community members are active participants in the planning, improvement, and evaluation of services and programs on an ongoing basis.

5. The organisation actively contributes to building the capacity of consumers, carers and community members to participate fully and effectively.

Indicators and targets under each standard for hospitals, residential aged care facilities, mental health services and community health services.

*(Doing it with us not for us: Strategic direction 2010-13, 2009)*