

PATIENT —
care

WE ARE —————

listening

PATIENT —————
answers

PATIENT —————
opinion

PATIENT —————
experience

PATIENT —
voice



WE VALUE _____
our patients' thoughts

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OUR THANKS

We sincerely thank the 67,847 patients who took the time to complete one of the nine patient experience surveys throughout 2011. Without their time and dedication, such a comprehensive piece of work would not be possible.

Further, we also sincerely thank all staff who continue to provide care across New South Wales. The positive survey results are a reflection on your passion, dedication and collective knowledge.

ABOUT NSW HEALTH

As outlined in *NSW 2021 – a plan to make NSW number one*, the job of government is to serve people. *NSW 2021* makes the point that we want to return to delivering high quality services to NSW customers. At NSW Health, we will deliver higher quality services by focusing our efforts on two overarching goals. These are:

1. To keep people healthy and out of hospital; and
2. To provide world class clinical services with timely access and effective infrastructure

We will do this by focusing on wellness and illness prevention in the community and by investing in infrastructure and making more nurses available for when people need to use our hospitals. We will re-shape the way we manage people through the health system to better manage demand for services.

To deliver this, there are eight Local Health Districts covering the Sydney metropolitan region and seven covering rural and regional New South Wales. In addition:

1. Sydney Children's Hospital Network focuses on Children's and Paediatric Services.
2. The Justice & Forensic Mental Health Network aims to improve the health status of those who come into contact with the forensic mental health system and the criminal justice systems.
3. A further network operates across the public health services provided by three Sydney facilities operated by St Vincent's Health. These include St Vincent's Hospital and the Sacred Heart Hospice at Darlinghurst and St Joseph's at Auburn.



*What the
survey shows*

What the survey shows?

An Introduction

The NSW Health Patient Experience Survey is the largest, most complex and complete inquiry into patient experience in Australia. It is a statewide measure of how well we are doing in the eyes of our patients.

NSW 2021 Goal:

Provide World class clinical services with timely access and effective infrastructure.

Target: Increase Patient Satisfaction

Improving timely access to quality health care starts with putting patients back at the centre of every decision in the NSW health system. Patients must have an opportunity to provide feedback on their experience if we are to continuously improve the delivery of health services and learn from mistakes. We will continue the NSW Health Patient Survey to ensure patients can provide feedback on their care and enable the health system to respond and continuously improve.

When asked "If you could change one thing about this hospital or service, what would it be?" the most popular response in 2011 was "nothing, no improvements, happy with treatment, service and staff".

-- 19% of Overnight Inpatients,
21% of Day Inpatients

The NSW Public Health System is world-class. It is the biggest public health system in Australia with more than 220 public hospitals and over 100,000 dedicated staff who make up the health workforce.

Each year we receive over 2.5 million presentations to our emergency departments and over 1.5 million are admitted to one of our public hospitals.

Since 2005, we have seen unprecedented levels of growth in the number of patients that have attended our emergency

departments and who have arrived at our hospitals by ambulance. Given this growth, and projections that the number of presentations will continue to rise, it is very important that we not only continue to understand how our patients rated their experiences with us but also uncover what is important to them when they are in one of our hospitals, or using one of our services.



Patients are an excellent source of ideas on how to improve care.

-- P.D. Cleary, in *A Hospitalisation from Hell: A Patient's Perspective on Quality**

* Cleary, P.D. (2008) A Hospitalization from Hell: A Patient's Perspective on Quality, *Annals of Internal Medicine*, Volume 138 Issue 1, 7 January 2003, pp33-39, retrieved 27/1/08 from <http://www.annals.org/cgi/content/full/138/1/33#FN>

Why survey our patients?

The survey provides our patients with a formal way to rate their experience of our service and is a crucial tool for identifying ways of improving the quality of care we deliver. It's essential to learn from our mistakes and replicate our successes.

THE 6 ASPECTS OF CARE:

1. Health care professionals working well together
2. Courtesy of health care professionals
3. Availability of nurses
4. A well organised facility or service
5. Explaining treatment and care received
6. Receiving complete care

While the survey provides us with an understanding as to how patients rate their experience at a given point in time, it also provides us with the opportunity to uncover which specific aspects of care are most important to patients across the range of services we deliver. Our analysis has uncovered six key aspects of care that, when done well, have a positive impact on how patients experience our services. These aspects of care have provided us with the information we need to design and implement programs and practices aimed at improving those very aspects that patients told us were important.

Understanding what is important to our patients, acting upon it, and then measuring is central to continuous improvement of services.

Since the survey began in 2007, more than 350,000 patients across the state have taken part in the survey.

In 2011, 67,847 patients participated. A similar number achieved in 2010. This volume of responses gave most hospitals and services access to meaningful and reliable results about their patients' experiences.

The findings in this report are an overview of patients surveyed across 2011 and 2010. The report aims to do four things:

1. Summarise patients' perceptions of their overall experience in 2011 compared to 2010 and 2007 – the first year that the survey took place;
2. Talk through our current and historic performance against those six key aspects of care that patients told us were important to them;
3. Provide evidence as to why these six key aspects of care are important to both patients and the effective delivery of health services;
4. Outline key areas for improvement as provided by patients who received services from us in 2011 and 2010.

How did we do in 2011?

Key Findings

We did well, with 69.1% of our patients who had an experience in 2011 reporting that their overall care was either "excellent" (36.8%) or "very good" (32.3%).

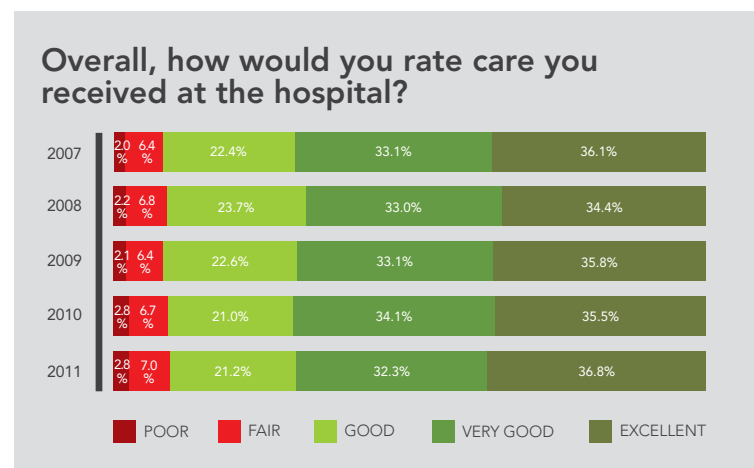
To put these results in context, more patients selected "excellent" in 2011 (36.8%) compared to all previous years.

When patients were presented with the options of "poor", "fair", "good", "very good" or "excellent" as ways to describe their overall experience, they were most likely to select "excellent" – the most positive response. To put these results in context, more patients selected "excellent" in 2011 (36.8%) compared to all previous years.

"Further to this, our patients – when presented with the opportunity to nominate one thing to change about the hospital or service they received – were most likely to say "nothing, no improvements, happy with treatment, service and staff"

Importantly, performance has also improved in aspects of care that patients told us were important; including how well our health care professionals work together and how courteous we are towards patients. While expanded upon through the document, our performance across most aspects that are important to patients has remained stable.

1. 67,847 patients participated in the Survey (35% of those approached)
2. 151 hospitals across NSW have access to their own results
3. Overall 69.1% of patients rated their experience as either "excellent" (36.8%) or "very good" (32.3%)
4. Overall 65.7% of patients responded "yes, definitely" when asked if they would recommend the services they received
5. When patients were asked what they would change about the service they experienced, the top two responses were 'more staff' and 'upgraded facilities'



2011

67,847

PATIENTS PARTICIPATED
IN THE SURVEY (35% OF
THOSE APPROACHED)

69.1%

OF PATIENTS RATED THEIR
EXPERIENCE AS EITHER
excellent OR **very good**

151

HOSPITALS HAVE
ACCESS TO
LOCALISED RESULTS

65.7%

OF PATIENTS RESPONDED
'yes, definitely'
WHEN ASKED IF THEY
WOULD RECOMMEND
THE SERVICES
THEY RECEIVED

The broader survey results show us that staff availability is central to a positive patient experience, and, while interactions are for the most part positive, our patients have identified a greater need for increased care provider contact.

WHEN PATIENTS WERE
ASKED WHAT THEY WOULD
CHANGE ABOUT THE
SERVICE THEY EXPERIENCED,
THE TOP TWO RESPONSES
WERE 'MORE STAFF' AND
'UPGRADED FACILITIES'.

2010

66,556

PATIENTS PARTICIPATED
IN THE SURVEY (36.8% OF
THOSE APPROACHED)

69.6%

OF PATIENTS RATED THEIR
EXPERIENCE AS EITHER
excellent OR **very good**

151

HOSPITALS HAVE
ACCESS TO
LOCALISED RESULTS

65.1%

OF PATIENTS RESPONDED
'yes, definitely'
WHEN ASKED IF THEY
WOULD RECOMMEND
THE SERVICES
THEY RECEIVED

Patients were empathetic to the workplace challenges facing doctors, nurses and other health care professionals, with some observing that "some had "too many patients to look after" and "too much work to do", particularly so for nurses.

*What do patients
think of us?*

How do patients rate their overall experience?

Summary of findings Overall Care

We ask patients a number of questions about their experience, the overall experience question provides us with one key measure. This question is asked across all nine patient experience surveys and should be considered the overall barometer as to how well we perform through our patients' eyes.

In 2011, 69.1% of patients rated their experience as either "excellent" (36.8%) or "very good" (32.3%). Approximately one-fifth (21.2%) reported their experience as "good" and nine out of every ten patients did not select "fair" (7%) or "poor" (2.8%).¹ With "In 2011, seven out of ten patients rated their experience as either "excellent" (36.8%) or "very good" (32.3%). Approximately one-fifth (21.2%) reported their experience as "good".

Community Health patients were most likely to rate their experience as either "excellent" or "very good", followed by Paediatric Inpatients and Adult Rehabilitation Inpatients. Mental Health Inpatients and Mental Health Outpatients were least likely to rate their care as "excellent" or "very good".

Overall, the proportion of patients who rated their care as "excellent" or "very good" in 2011 was very similar to results achieved in 2010 (69.6%) and 2007 (69.2%).

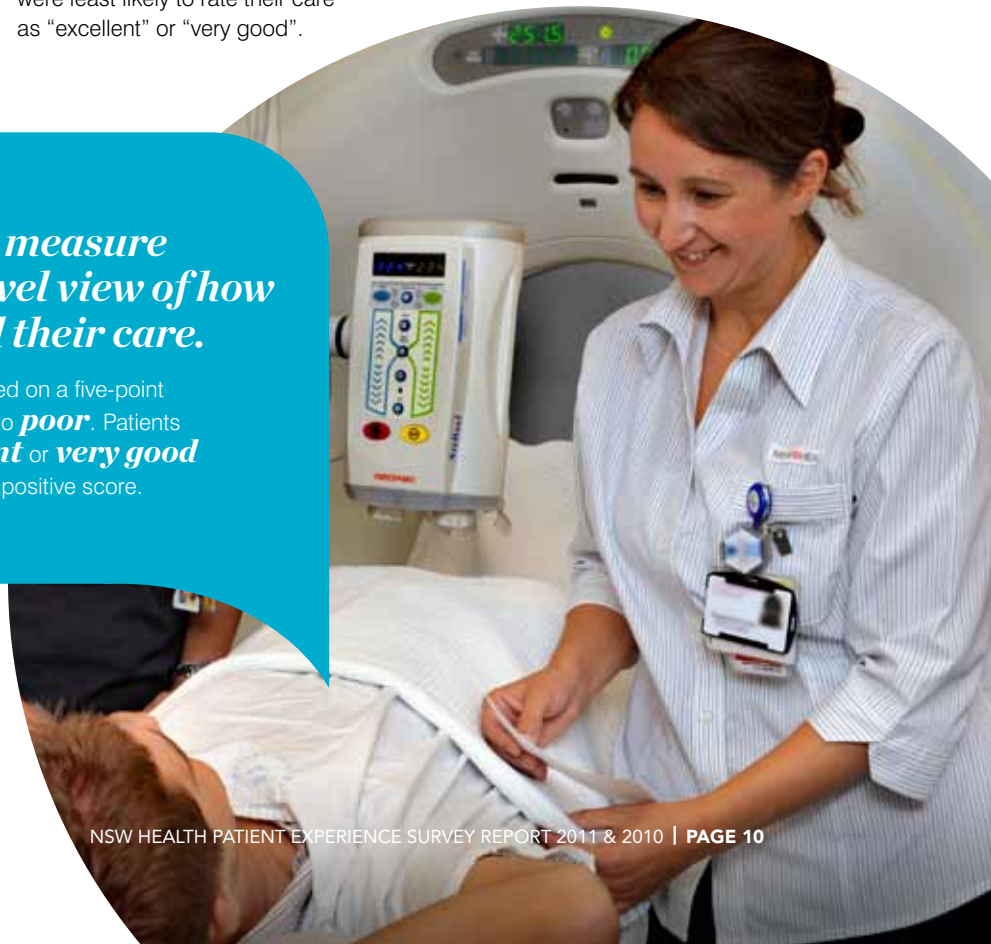
International research has shown that what policy makers and patients value as important can be different, there is additional research to suggest that when patients provide input into the evaluation of health services this can lead to improvements in the quality and safety of health care.¹ This is why we measure overall experience of care.

The attention to "excellent" and "very good" scores in this report is deliberate. If we are to achieve our goal of providing world class clinical services, then we must concentrate on these higher levels of care. It has been proven excellent and very good levels of care can lead to higher quality clinical outcomes for patients.

¹ Australian Commission on Safety and Quality in Health Care (2010) Patient-Centred Care: Improving quality and safety by focusing care on patients and consumers, Discussion paper.

The Overall Care measure provides a high-level view of how patients perceived their care.

Results to this question are recorded on a five-point scale, ranging from **excellent** to **poor**. Patients who provide a score of **excellent** or **very good** are considered to have provided a positive score.



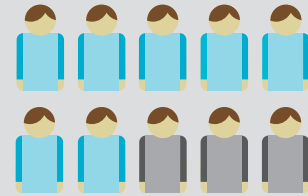
Summary of Overall Care: 2011

69.1%

PERCENTAGE OF PATIENTS RATED THEIR EXPERIENCE AS EITHER **excellent** OR **very good** IN 2011

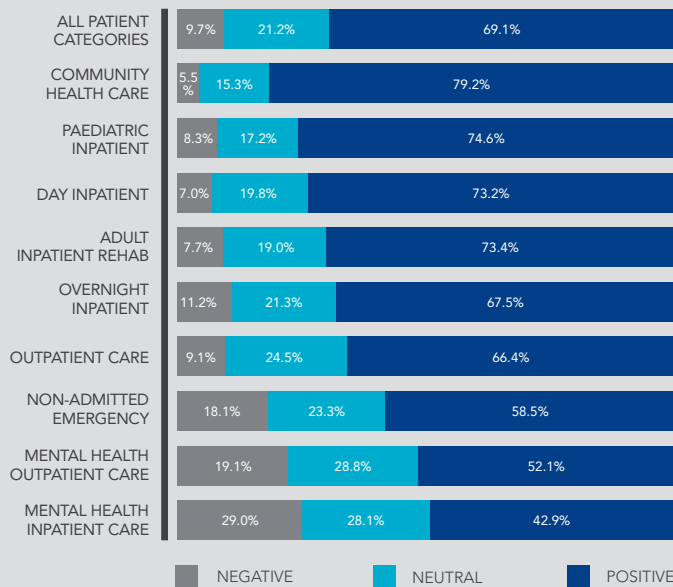


ONE IN THREE PEOPLE SELECTED AS EITHER **excellent**



SEVEN OUT OF TEN SELECTED EITHER **excellent** OR **very good**

Breakdown of patient categories



Lovely hospital. Excellent staff and doctors. Hope they keep up the good work for years to come.

-- Patient

"It was amazing how nice and kind everyone was—doctors, nurses, orderlies, etc. They were all professional. I was really impressed, so hats off to them."

-- Patient

I was looked after very well. Naturally, outpatients and pre-op clinics are very busy and the wait is rather tedious, but I feel they do their best. They were all very nice to me.

-- Patient

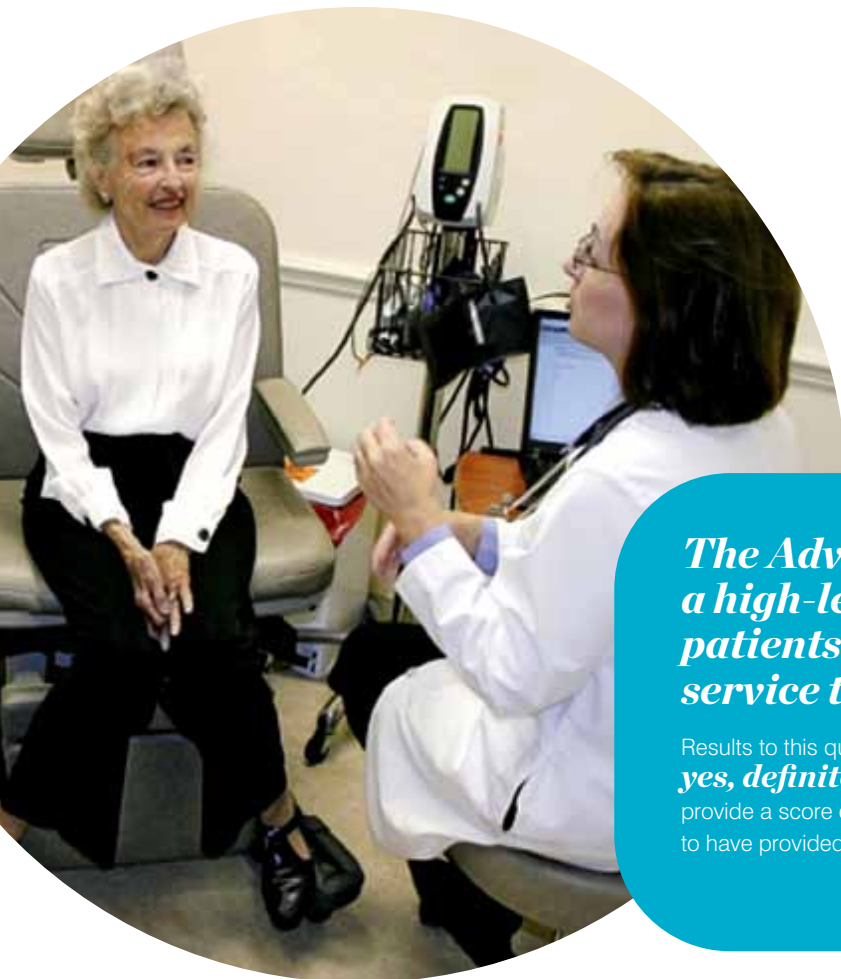
Are our patients likely to recommend us?

Summary of findings Advocacy

As part of the survey, we asked our patients whether they would recommend our services to their family and friends. This question is asked across all of our patient categories and, like the overall experience question, should be seen as a barometer as to how well we perform through our patients' eyes.

In 2011, 65.7% of patients reported that they would "definitely" recommend our services. A further 27.6% said they would "probably" recommend and 6.7% said they would not. Community Health patients were most likely to recommend our services, followed by Day Inpatients and Paediatric Inpatients. Mental Health Outpatients and Mental Health Inpatients were least likely to recommend our services.

Overall, the proportion of patients who would be likely to recommend our services has remained similar to 2010 (65.1%) and decreased since 2007 (68%).



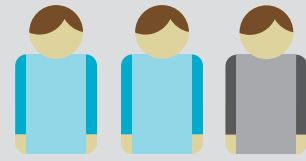
The Advocacy measure provides a high-level view of whether patients would recommend the service they received.

Results to this question are provided on a three-point **yes, definitely** through **no** scale. Patients who provide a score of **yes, definitely** are considered to have provided a positive score.

Summary of Likelihood to Recommend Services: 2011

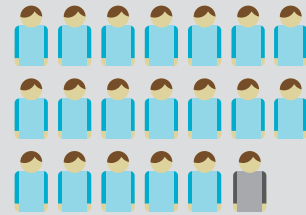
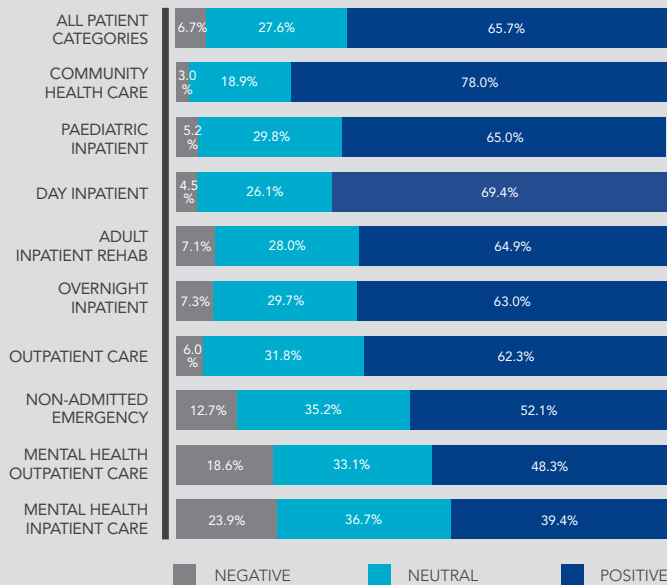
65.7%

PERCENTAGE OF PATIENTS ANSWERED **yes, definitely** WHEN ASKED IF THEY WOULD RECOMMEND THE SERVICE IN 2011



TWO OUT OF THREE PATIENTS WOULD RECOMMEND OUR SERVICES

Breakdown of patient categories



19 OUT OF 20 WOULD RECOMMEND OUR SERVICES



FOUR OUT OF FIVE MENTAL HEALTH PATIENTS WOULD RECOMMEND OUR SERVICES

Best hospital I have ever been a patient in.

-- Patient

We were travelling through around 5.30pm on a Saturday and the service was immediate. We cannot speak highly enough of the staff, service and hospital. Well done.

-- Patient

They have shown me so much respect and excellent medical service at all times. I am so grateful for their help.

-- Patient

*What makes for
a better patient
experience?*

What can we do to improve our services?

Key aspects related to a positive patient experience

While each patient experience and health service is unique, there are certain common areas that impact the perception of their overall care. For example, when our health care staff demonstrate that they work well together we often see a higher than average overall care score. By addressing these aspects in our own services we can greatly improve the patient experience.

Patient experience surveys give patients the opportunity to provide feedback on their experiences. They also play a vital role in contributing to the ongoing improvement of health care services. Research suggests that “patient surveys, along with leadership by senior managers, were thought to be important promoters of a patient-centred culture”² and, that as users of the services provided in hospitals, patients were among the best judges of the quality of care. Additionally, other international research suggests that patient-centred health systems and programs achieve more positive clinical outcomes.³

“Patients are the best source of information about a hospital system's communication, education, and pain-management processes, and they are the only source of information about whether they were treated with dignity and respect. Their experiences often reveal how well a hospital system is operating and can stimulate important insights into the kinds of changes that are needed to close the chasm between the care provided and the care that should be provided”... “Patients are an excellent source of ideas on how to improve care”.⁴

Given this, focusing on understanding and improving on what's important to patients should lead to more positive clinical outcomes in a more cost effective manner.

The following pages report on how NSW Health is performing with respect to each key aspect of care.

² Reeves, R and Seccombe (2003) Do patient surveys work? The influence of a national survey programme on local quality-improvement initiatives

³ Bolster, D. and Manias, E. (2010); Person-centred interactions between nurses and patients during medication activities in an acute hospital setting: Qualitative observation and interview study; International Journal of Nursing Studies; 47(2): pp154-165

⁴ Cleary, PD. (2008) A Hospitalization from Hell: A Patient's Perspective on Quality, Annals of Internal Medicine, Volume 138 Issue 1, 7 January 2003, pp33-39, retrieved 27/1/08 from <http://www.annals.org/cgi/content/full/138/1/33#FN>.



THE SIX KEY ASPECTS OF CARE RELATED TO A POSITIVE PATIENT EXPERIENCE:



1. HEALTH CARE PROFESSIONALS WORKING WELL TOGETHER
2. COURTESY OF HEALTH CARE PROFESSIONALS
3. AVAILABILITY OF NURSES
4. A WELL ORGANISED FACILITY OR SERVICE
5. EXPLAINING TREATMENT AND CARE RECEIVED
6. RECEIVING COMPLETE CARE

Key Aspects of Care

A Key Aspect of Care is an area that, if performed well, should strongly influence a patient's opinion of their **overall care**.

Focusing service improvement activity on key aspects of care can positively influence how patients rate their **overall care**.

Key aspect 1

Health care professionals working well together

Seamless service

How well doctors, nurses, allied health and administrative staff work together is a key driver of how patients in all categories rated the service they received. The better we can work together, the better the experience for the patients.

In 2011, Community Health patients were most likely to rate how well the health care professionals worked together as either "excellent" or "very good", followed by Day Inpatients and Paediatric Inpatients.

We have improved this aspect of care over time, with a 2.8% increase in positive experiences among Overnight Inpatients, a 2.9% increase in Outpatients, a 6.3% increase in Mental Health Inpatients and a 3.7% increase for Paediatric Inpatients since 2007.

There are many examples both globally and in Australia that illustrate the positive impact a collaborative, effective team can have on patient outcomes. Effective, patient centred teams have been shown to reduce patient length of stay, reduce hospital costs, decrease mortality rates, enhance quality of care and create high levels of patient satisfaction.

Health care professionals working well together not only increases the likelihood that a patient will report having a positive overall experience – as found in our survey – but that hospitals with a strong teamwork culture provide better quality care. Research has shown that hospitals exhibiting strong teamwork culture have better patient safety records when compared to those with a hierarchical culture⁵.

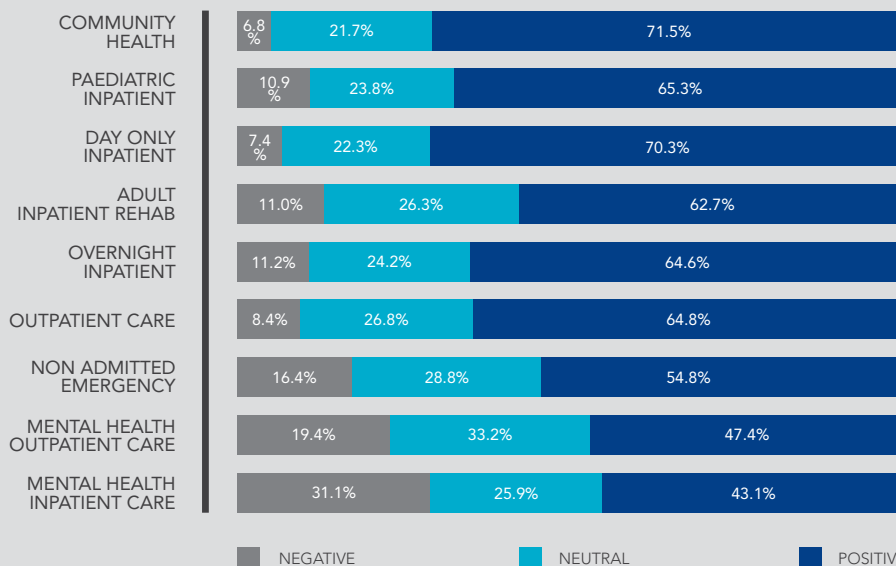
When this is not done well, and health professionals are not working effectively together it can lead to negative patient outcomes. For example, ineffective communication among staff has been identified as one of the major contributing factors to adverse events in NSW public hospitals.⁵

There are several programs in place across NSW Health hospitals that aim to foster collaborative teams in order to improve patient experiences and outcomes.

One such example is a program aimed at improving clinical handover for Junior Medical Officers (JMO). This program aims to achieve a clarity of responsibility and accountability for all clinicians, recognising that safe clinical handover is essential to patient care.

⁵ Garling, P. Final Report of the Special Commission of Inquiry: Acute Care services in New South Wales Public Hospitals, Volume 2 Chapter 15 Communication. NSW Government, 27 November 2008.

2011 performance for 'Health care professionals working well together'



I had an emergency operation during my stay. The whole medical fraternity were excellent and from what I could see, the cooperation was excellent. I owe my life to the excellent care from staff.

-- Patient

Collaboration is valued by NSW Health. When staff collaborate, workplace culture improves. Health care professionals' working well together is essential to our patients' perception of their overall experience. This is stated in the Workplace Culture Framework.

Where there are dietary requirements because of medical conditions, more communication is needed between the doctor, nursing staff and the kitchen to provide patients with the correct meals.

-- Patient



Key aspect 2

Treating patients with respect

Courtesy of healthcare professionals

- 6 Australian Commission on Safety and Quality in Health care, Australian Charter of Health care Rights
- 7 Ibid.
- 8 NSW Health Support Services, 2006, Map the Patient Journey for Transitional Aged Care. Australian Resource Centre for Health care Innovations. Retrieved 18/10/12 from http://www.archi.net.au/resources/moc/older-moc/transitional/implementing/mappatient_journey

This service is excellent. The staff are all well trained and very helpful. They are always most cheerful and it's a pleasure to be helped by them.

-- Patient

Patients are often in a vulnerable state while in our care. Our demeanour and the way in which we treat them greatly impacts how patients feel about our services.

In 2011, Community Health patients were most likely to report that they were treated with respect, followed by Paediatric Inpatients and Day Inpatients.

We have improved this aspect of care over time, with a 2.3% increase in positive experiences among Outpatients, and a 2.1% increase for Paediatric Inpatients since 2007.

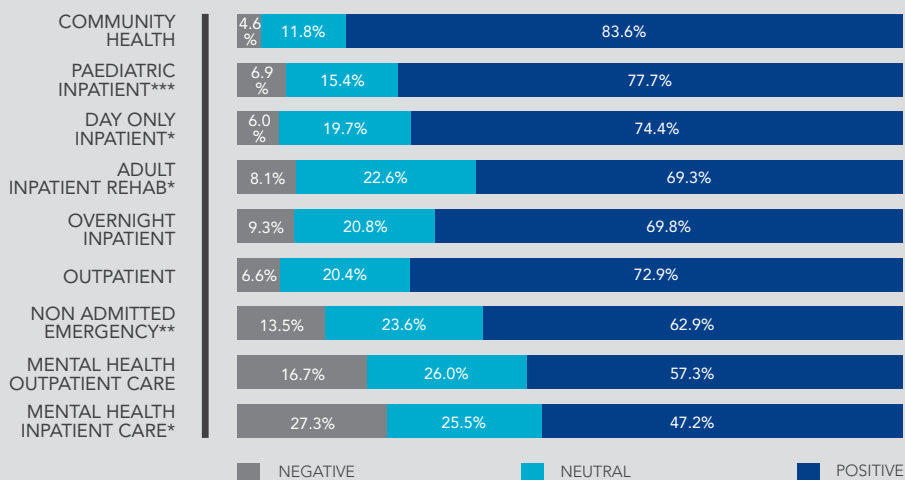
Treating patients with dignity and respect is a cornerstone of the Australian Charter of Health care Rights, which states that patients have the 'right to be shown respect, dignity and consideration', through the provision of care that 'shows respect to [the patient's] beliefs, values and personal characteristics'.⁶

Studies have shown that when patients feel that they are being treated with dignity and respect, not only does this result in high satisfaction, but also positive health outcomes.⁷

The Transitional Aged Care model of care is an excellent example of how NSW Health is actively improving systems with respect to elderly patients' autonomy and dignity by involving them in the care process. Patients are assigned a staff member who acts as a passive observer to the patients' journey, documenting their stories step-by-step, including direct quotations from the patient and behavioural observations. Alternatively, patients are asked to diarise their hospital experience personally. Patient stories are then presented to the Steering Committee, and areas for improvement are identified. These are then used to inform the development of Key Performance Indicators.⁸

Treating our patients with respect and dignity is central to a patient's perception of their overall experience and their health. We have continued to improve performance in this area since 2007.

2011 performance for 'Courtesy of health care professionals'



* Courtesy of nurses ** Courtesy of ED staff *** Courtesy of doctors

Key
aspect 3

More hands on deck

Availability of nurses

As the frontline of our delivery of care, nurses are respected and relied upon by our patients.


In 2011, Day Inpatients were most likely to report that their nurses were available, followed by Adult Rehabilitation Inpatients and Overnight Inpatients.

Nurses are critical to a patient's experience. So much so, that nurse satisfaction with their work environment is often strongly correlated with how satisfied patients are with their care.⁹ From the patient's perspective, quality of care is as important as quality of treatment. Many patient satisfaction surveys conducted around the world have shown that both the quality and quantity of nursing, in particular, is a key to patient satisfaction.^{10, 11}

It has been shown that patients are more likely to say they would recommend a particular health service to a friend or family member if that service had high nurse availability.

It is important to point out, however, that higher nurse availability does not necessarily mean a higher volume of nurses. The availability of nurses can also be about increasing how visible nurses are on the ward and engaging patients in meaningful, memorable conversations.

There has been a significant change in staff numbers with over 4000 nurses and midwives (headcount) recruited since 2011.



There are too few nurses working too hard.

-- Patient

Nurses were fantastic – friendly, caring and very knowledgeable – very impressed.

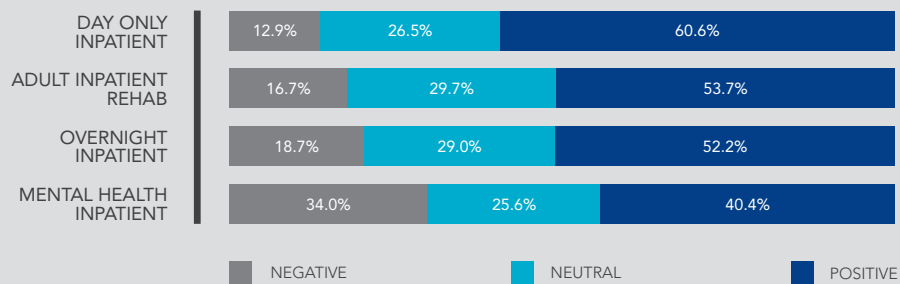
-- Patient

⁹ Ibid.

¹⁰ Jha AK et al. (2008) Patients' perception of hospital care in the United States. *The New England Journal of Medicine*, 359 (18) 1921-31.

¹¹ Aiken, LH et al. (2012). Patient safety, satisfaction, and quality of hospital care: cross sectional surveys of nurses and patients in 12 countries in Europe and the United States.

2011 performance for 'Availability of nurses''



There are a number of programs taking place across the state about increasing how available nurses are for patients. One such program is the Ways of Working (WoW) Project. WoW is a resource that encourages nursing teams across New South Wales to always consider the way that they are working to not only better meet patient needs, but to also support a collaborative, positive working environment. The WoW Resource Package was made available in June 2011 and is currently being rolled out across the state.

Very happy with the care from nurses, though there was a lack of consistency which was upsetting at times. But overall, the care was very good.

-- Patient



Key aspect 4

Everything operating as it should

A well organised facility or service

How smoothly our services operate is an essential part of a patient's experience and health service quality and efficiency. Well organised services resulted in greater positive patient experiences and an increase in the likelihood that patients would recommend our services.

Need better access to test results. A number of tests needed to be completed twice during the space of a couple of weeks because the results could not be located.

-- Patient

In 2011, three out of every four Day Inpatients surveyed reported that the hospital where they had their experience was "very organised". Two out of every three Outpatients also felt this way.

Facilities or services that are well organised not only increase the likelihood that a patient will report having a positive overall experience – as found in our survey – but that efficient and organised facilities are more likely to have patients with positive clinical outcomes. Research has found that well organised facilities and services operate more efficiently and, given this, are more likely to have positive clinical outcomes, reduced re-admissions and lower mortality rates.¹²

There are a number of formal and informal programs operating across New South Wales that aim to promote more efficient services for patients. The Patient Flow Systems Framework is one such program. Patient Flow Systems are designed to better predict the number of patients that may use a service in advance. The benefits of such systems are felt by both patients and hospitals. For patients, these flow systems maximize surgical and medical capacity; an outcome of which is ensuring elective patients receive more timely treatment and more attentive, higher quality care.

For hospitals, patient flow systems provide a more accurate forecast of how many patients they will have to care for, so that they can arrange appropriate staffing levels. These systems are designed to create a more harmonious working environment for staff.

Demonstrating how well organised we are continues to be an important aspect of care for our patients. Performance in this area has been relatively high and stable since the first patient survey in 2007.

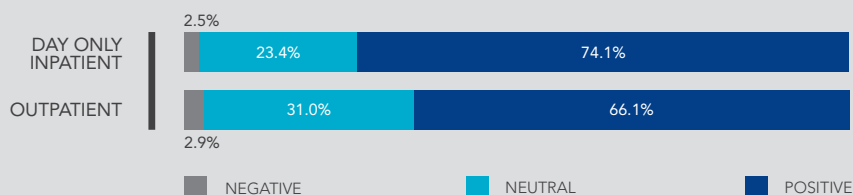
The only issue I had was severe pain immediately after the anaesthetic wore off. Staff were great, but I thought they could have been a bit better prepared for this eventuality.

-- Patient



¹² Australian Government Department of Health and Ageing, 2009. Primary Health Care Reform in Australia: Supplementary Report. Commonwealth of Australia.

2011 performance for 'A well organised facility or service'¹³



Key aspect 5

Letting patients know what's going on

Explaining treatment and care

Explaining the treatments patients are undergoing and the care they are receiving is essential. Ensuring patients are properly informed plays an important role in reassuring them about the care we provide. Our patients have told us that this is important to them.

I was very happy, ambulance doctors were friendly, respectful and explained to me what they were giving me and why.

-- Patient

In 2011, Community Health patients were most likely to report that their care was well explained to them. While Outpatients were next most likely to report that their care was well explained, the proportion believing this to be the case has improved by 3.6% since 2007. While Non-Admitted Emergency patients were the least likely of these three categories to report that their care had been well explained in 2011, performance in this area has improved since 2007.

Taking the time to communicate clearly and respectfully with patients has been identified as a key health care right and has a significant influence on patient satisfaction.

From the patient's perspective, receiving clear information about care has been shown to have numerous benefits. Good communication builds trust between the patient and health care professional, helps the patient make better decisions about their health, leads to more realistic patient expectations and, importantly, reduces the risk of errors and mishaps.¹³ Letting patients know about their condition and treatment options also has a considerable positive impact on patient satisfaction.

In response to this, South Eastern Sydney Illawarra Health (now known South Eastern Sydney Local Health

¹³ Australian Government National Health and Medical Research Council. (2004) Communicating with Patients: Advice for medical practitioners.

¹⁴ NSW Health Support Services (2008) Communicating In Health – South Eastern Sydney Illawarra Health. Australian Resource Centre for Health care Innovations. Retrieved 18/10/12 from: <http://www.archi.net.au/resources/patientexperience/solutions/explained-tests/communicating-in-healthDistrict>

Hospital staff were good, but my treating doctor needed to communicate better and show more interest in my wellbeing whilst in hospital.

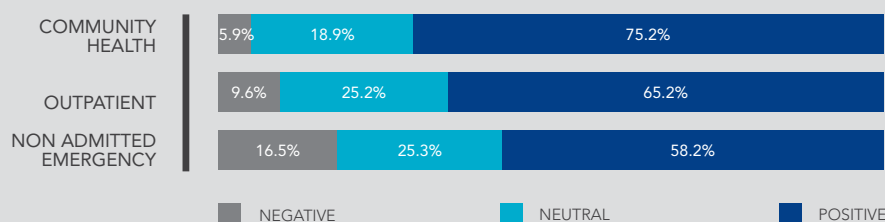
-- Patient

District and Illawarra Shoalhaven Local Health District) developed Communicating in Health, a training program to enhance the interpersonal and organisational communication skills of frontline administrative, clerical and support services staff. The program focuses on customer service training, developing interpersonal skills, dealing with difficult behaviours, and responding to complaints. The program has received positive feedback from participants and is designed to be flexible, constantly evolving to meet staff needs.¹⁴

Effective communication between patients and health professionals continues to be a driver of a positive patient experience and improved clinical outcomes. Our performance has improved in this area since 2007.



2011 performance for 'Explaining treatment and care'



Key aspect 6

Being comfortable from start to finish

Receiving complete care

While a patient's treatment may include a range of different services – from admission to treatment and discharge – they see it as one experience. Offering a service that is consistent across their treatment greatly increases their positive experiences with our services.

In 2011, Community Health patients were most likely to report that the completeness of their care was either "excellent" or "very good", followed by Outpatients and Non-Admitted Emergency patients.

We have improved this aspect of care over time, with a 2.7% increase in positive experiences among Outpatients since 2007. Community Health and Non-Admitted Emergency patients reported similar levels of performance in 2011 as were achieved in 2010 and 2007.

It is likely that most patients will be seen by an array of health professionals, often at multiple health services. As such, it is important that the standard of care provided is holistic and consistent across all NSW Health services. Providing quality, integrated care across a patient's journey has a considerable impact on both patient safety and ultimate satisfaction. Gaps in care that occur where there is a change in authority, responsibility or labour may have a negative impact on patient health outcomes and experience of care.^{15, 16}

NSW Health recognises that continuous care is important to patients and, one example where patients are receiving such care is in the organisation of maternity services. Such an approach provides the expectant mother with fewer clinicians through pregnancy, allowing the woman to develop meaningful relationships with the same caregivers throughout pregnancy, during the birthing process and postnatal period.

I was treated with the utmost courtesy, respect and urgency. I cannot praise the nurses, domestics and doctors any higher.

-- Patient

I have been looked after very well and tell my family and friends non stop about the hospital and how great it and the staff are.

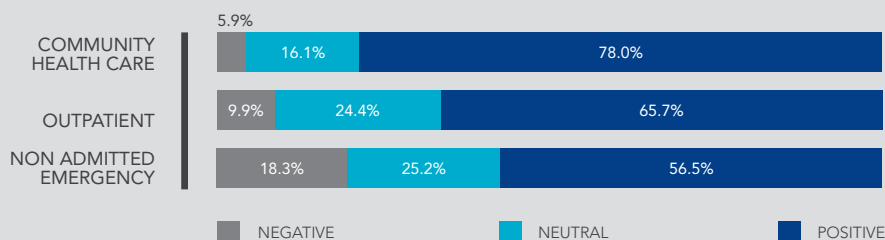
-- Patient



15 Haggerty J L et al. (2003). Continuity of care: a multidisciplinary review. British Medical Journal (327): 1219.

16 Cook, R I et al. (2000). Gaps in the continuity of care and progress on patient safety. British Medical Journal, (320): 791.

2011 performance for 'Receiving complete care'



If you could change one thing about this hospital or service, what would it be?

"Nothing, no improvements, happy with treatment, service and staff."

When asked "If you could change one thing about this hospital or service, what would it be?" the most popular response in 2011 was "nothing, no improvements, happy with treatment, service and staff".

-- 19% of Overnight Inpatients,
21% of Day Inpatients

Nothing. I received the best care possible by all the intensive care nurses and would love to thank them for what they do, an excellent job.

-- Overnight Patient

Absolutely nothing! They were excellent. Thank-you!

-- Non-Admitted Emergency Patient

Change nothing. Treatment was excellent.

-- Overnight Patient

Keep doing what you are doing, because it is all the right way and you look after patients so well. Excellent.

-- Adult Inpatient Rehabilitation

Thank-you no complaints.

-- Overnight Patient

If you could change one thing about this hospital or service, what would it be?

"More staff"

While patients were most likely to cite that no improvement was necessary, they also identified a number of other areas where things could be better, including:

1. More staff;

-- 17% of Overnight Inpatients,
22% of Non Admitted Emergency Patients

2. Waiting times and waiting list; and

-- 22% of Non Admitted Emergency Patients,
13% Outpatients

3. Upgrading facilities and equipment

-- 18% of Overnight Inpatients,
11% Outpatients

More staff hence more efficiency.

-- Non-Admitted Emergency Patient

More staff. They are stretched when there is an emergency.

-- Paediatric Patient

To please have more nurses and doctors available. My nurses were wonderful. There were only 3 of them and they were run off their feet. But still took time to care and calm me. Job well done!

-- Non-Admitted Emergency Patient

More nursing staff, more beds. Apart from the above my every need was met.

-- Overnight Patient

Employ more nurses and midwives to care for post surgical patients less patient to staff ratio.

-- Overnight Patient

"Waiting times and waiting list"

Waiting time! waiting time!

-- Non-Admitted Emergency Patient

Waiting times, sitting among other patients with contagious illness e.g. gastro, coughing and sneezing.

-- Non-Admitted Emergency Patient

Reduce waiting time, increase number of beds available to make waiting time more comfortable.

-- Non-Admitted Emergency Patient

Waiting list 2 & 3 weeks is long enough. From the time you see the doctor and then to wait to have the operation you could be anywhere.

-- Day Patient

That waiting times for surgery could be shortened. I have 17 month and 12 month waiting period to have both shoulders repaired. I am in a lot of pain all the time. These things should be taken into consideration.

-- Day Patient

Waiting time. Being left in a medical room in a wheelchair for over an hour forcing me to find a toilet on my own as there was no way of contacting a helper asking why the wait.

-- Non-Admitted Emergency Patient

If you could change one thing about this hospital or service, what would it be?

“Upgrading facilities and equipment”

Update the facilities i.e. more modern patient areas, more modern technology.

-- Day Patient

Modernize the whole area, make it brighter in atmosphere. Equipment needs updating.

-- Non-Admitted Emergency Patient

Provide a lot more parking.

-- Paediatric Patient

Replace the doors and windows onto the veranda as it was mid-June when I was admitted with pneumonia and a collapsed lung. The wards were cold and drafty.

-- Overnight Patient

The hospital is old and would benefit from a major renovation.

Adult Inpatient Rehabilitation

The cleaning of toilets needs improving during day/night.

-- Adult Inpatient Rehabilitation



About the survey
– *technical supplement*

About the survey

NSW Health has conducted a comprehensive statewide patient survey since 2007. The survey is conducted to gain information from patients across NSW about their experiences with health care services.

The survey is one of several strategies being used by NSW Health to gain a picture of patient and carer experience and to aid in NSW public health service improvement. Other strategies include patient and carer interviews which occur at the Local Health District and facility level and other specific surveys like MH-COPES.

The public health organisations that participate in the survey process include the 15 Local Health Districts as well as St Vincent's and Sydney Children's Hospital Network. Justice and Forensic Mental Health Network and the NSW Ambulance Service are not included as they carry out separate customer surveys and benchmarking activities with other like-organisations.

Over the course of the survey, questionnaires are posted to patients who classified within one of the following patient categories:

- Overnight Inpatients (OI);
- Day Only Inpatients (DI);
- Non-Admitted Emergency Patients (EP);
- Outpatients (OP);

- Mental Health Inpatients (MHI) [2007, 2010 Onwards];
- Mental Health Outpatients (MHO) [2010 Onwards];
- Paediatric Inpatients (PI);
- Adult Rehabilitation Inpatients (RI); and
- Community Health Patients (CH)

To achieve a greater understanding of the survey, information regarding the survey methodology has been provided below.

INFORMATION ABOUT MONTHLY AND ANNUAL SURVEYING

Between 2007 and 2009, surveys were completed by patients who had accessed health care in February of that year. From 2010 the survey methodology has changed so that some patient categories are surveyed monthly.

Changes were made in response to Area Health Service (now LHDs) requests for more frequent feedback on patient experience and will allow services to measure the progress of service improvement strategies as they are implemented.

As 2010 was the first year of the changed survey process, it will mean that results are not strictly comparable to previous years (Where all patients were those patients who received care during the month of February only).

However, data collected on a rolling monthly basis and reported quarterly will ultimately provide a truer reflection of patient experience across the full year and provide a meaningful resource for clinicians and managers.

Patient categories that have electronically available patient contact information are surveyed monthly. Categories that do not have electronically available patient contact information are surveyed annually. The following categories are surveyed monthly:

- Overnight Inpatients (OI);
- Day Only Inpatients (DI);
- Non-Admitted Emergency Patients (EP);
- Paediatric Inpatients (PI); and
- Adult Rehabilitation Inpatients (RI).

The following categories are surveyed annually:

- Non-Admitted Emergency Patients (EP)
- Outpatients (OP);
- Mental Health Inpatients (MHI);
- Mental Health Outpatients (MHO); and
- Community Health Patients (CH).

CHANGES TO REPORTING SCORES FROM 2010 ONWARDS

Between 2007 and 2009, “positive scores” were reported as a combined score of “excellent”, “very good” and “good” for those questions using a five point scale. In 2010, this was modified to only include “excellent” and “very good” scores. This change was made to ensure consistency of reporting with the positive reporting of the questions using a three point scale and to provide hospitals and services with a more accurate reflection of where “very good” and “excellent” service exists.

KEY DATES AND SURVEY COMMUNICATIONS:

Patients received up to three survey related communications, as per the following:

- 1. Mailing One:** Each selected patient receives a questionnaire pack including a personalised covering letter, relevant questionnaire and reply-paid envelope. Patients are also offered a unique username and password to complete the survey online. Further, patients receive a Language other than English sheet that explains the nature of the survey in the most frequently used languages in New South Wales.
- 2. Reminder Letter:** A reminder / thank you letter is sent to all selected patients to encourage participation. Further, this letter thanks patients who may have already completed the questionnaire. Patients are again offered a unique username and password to complete the survey online.
- 3. Mailing Two:** Patients who have not returned the questionnaire, completed it online or opted out of the survey (via 1800 Helpline) are selected to receive a second questionnaire. Each selected patient receives a questionnaire pack including a personalised covering letter, relevant questionnaire and reply-paid envelope. Patients are also offered a unique username and password to complete the survey online.

As outlined below, 35% of patients approached to participate in the survey between January and December 2011 participated. During this period, Day Only Inpatients were most likely to participate (43.9%) and Mental Health Outpatients were least likely (26.4%).

SURVEY PARTICIPATION RATE: JANUARY 2010 TO DECEMBER 2011

	2010			2011		
	APPROACHED	COMPLETED	PARTICIPATION RATE	APPROACHED	COMPLETED	PARTICIPATION RATE
Overnight Inpatients	33,236	14,441	43.4%	35,662	14,832	41.6%
Day Only Inpatients	23,714	11,467	48.4%	25,823	11,325	43.9%
Non-Admitted Emergency Patients ^x	44,176	14,142	32.0%	48,161	13,567	28.2%
Outpatients*	20,341	7,047	34.6%	19,185	7,095	37.0%
Mental Health Inpatients*	2,252	591	26.2%	1,621	469	28.9%
Mental Health Outpatients*	4,937	1,252	25.4%	10,254	2,704	26.4%
Paediatric Inpatients	19,739	6,620	33.5%	23,263	7,211	31.0%
Adult Rehabilitation Inpatients	7,684	3,227	42.0%	6,917	2,814	40.7%
Community Health Patients*	24,668	7,766	31.5%	22,763	7,825	34.4%
Total	180,747	66,553	36.8%	193,649	67,842	35.0%

* Surveyed once annually

^x Some patients surveyed once annually

KEY DEFINITIONS

A set of definitions relevant to this report have been provided and can be found below:

Overall Care: The “Overall Care” measure provides a high-level view of how patients perceived their care. Results to this question are recorded on a five-point “excellent” through “poor” scale. Patients who provide a score of “excellent” or “very good” are considered to have provided a positive score. As such, responses to the “Overall Care” measure that are reported across time illustrate the percentage that provided a positive response.

Advocacy: The “Advocacy” measure provides a high-level view of whether patients would recommend the service they received. Results to this question are provided on a three- point “yes, definitely” through “no” scale. Patients who provide a score of “yes, definitely” are considered to have provided a positive score. As such, responses to the “Advocacy” measure that are reported across time illustrate the percentage that provided a positive response.

Key driver: A measure (question) that strongly positively influences the rating of “Overall Care”. Focusing service improvement activity on key drivers can positively influence how patients rate their “Overall Care”. The Key Drivers of “Overall Care” have been developed and provided for each Patient Category section of this report.

Positive response: For the purposes of reporting, most responses within each survey have been separated into “positive” and “negative” scores. For example, the “excellent” or “very good” responses to the “Overall Care” measure have been combined to create a positive score. When reporting Key Drivers of Overall Care, the percentage referred to is the positive component of each question.

Negative response: While not necessarily always negative in nature – are comprised from the balance of the valid survey options after the “positive” response has been created. For example, the “good”, “fair” and “poor” responses to the “Overall Care” measure have been combined to create the negative score. We create “positive” and “negative” values as a way to differentiate between high and low performance and, when conducting statistical analysis, to differentiate between questions that are of most to least importance.

EXAMPLE OF PROPORTIONAL WEIGHTING SCHEME

	AGE RANGE	NUMBER	PROPORTION
Patients surveyed in 2007 (Sample Hospital (Overnight Inpatients))	< 17 Years Old	0	0%
	17-49 Years Old	68	41%
	> 49 Years Old	98	59%
Patients using the services in 2007 (Sample Hospital (Overnight Inpatients))	< 17 Years Old	0	0%
	17-49 Years Old	214	39%
	> 49 Years Old	339	61%
Patients surveyed post adjustment	< 17 Years Old	0	0%
	17-49 Years Old	64	39%
	> 49 Years Old	102	61%

* Surveyed once annually
 × Some patients surveyed once annually

As outlined above, the example provided shows that the proportion of patients surveyed in 2007 was not in-line with the proportion of people who used the service (e.g. 41% of 17-49 Years Old completed the survey compared to 39% who used the service). Reporting these results without applying a proportional weighting scheme would not accurately represent the hospital's true user-group. Referencing the "Patients surveyed post adjustment" row, the weighting scheme redistributes the sample's influence within each age-group, bringing it into line with the actual proportions of patients who used the service. Doing this allows for more accurate survey results each quarter and allows for more accurate tracking of results over time.

The sample is also adjusted to account for the number of people at any given facility who participated relative to the number of people who used the service. Doing this ensures that the data, when reported at Local Health District and State levels, is representative of the actual LHD and State performance.

INFORMATION ABOUT WEIGHTING AND STATISTICAL VALIDITY

Survey data analysis determined that a patient's age influences survey responses. Given this, patient age was used to apply a proportional weighting scheme at the patient category level within each hospital or facility.

This scheme has been designed to ensure that the findings accurately represent the patient age mix that actually used the service. An example, referencing Overnight Inpatients (2007) for Sample Hospital, has been provided and can be found above.

INFORMATION ABOUT MINOR DIFFERENCES IN REPORTED FIGURES DUE TO ROUNDING

Due to rounding, survey findings, when reviewed in this report and the High Level Results console may show a maximum difference of 0.1%.