

Insights into Care

Patients' Perspectives on
NSW Public Hospitals

May 2010



BUREAU OF HEALTH INFORMATION

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FOREWORD

In 2009 more than a million people were admitted to public hospitals in NSW, where they spent the day or stayed one or more nights receiving a test, surgery or other procedure. Of the patients discharged in February 2009, about 20,000 completed the NSW Health Patient Survey to share information about their experiences with hospital care in NSW.

Examining these insights into patient care experiences and the performance of the hospital system from the perspective of the people it serves is the first challenge of the newly established Bureau of Health Information. By reporting on patient care experiences the Bureau starts its role focused on an issue that is central to care, important to the community and a priority for healthcare workers and governments.

This report looks closely at the care experiences of the one million patients who spend a day, or one or more nights, in NSW public hospitals each year. It helps us better understand patients' views on care in NSW public hospitals and how to further improve their care.

The Bureau is an independent, board-governed statutory organisation. It was established by the NSW Government in response to a key recommendation of Commissioner Peter Garling SC's *Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals*.

The Bureau's reports aim to give the community, healthcare workers and the NSW Parliament timely, accurate and comparable information about the performance of the NSW public health system.

The reports are also intended to inspire improvement across the health system. NSW patients expect continuous improvement in their public health system and people working in healthcare focus their efforts on improving clinical aspects of care as well as patients' experiences with care.

In this report the Bureau describes two initiatives under way in NSW to improve patients' experiences so that the community can learn about these efforts and other healthcare professionals may be inspired and educated toward their own improvements.

Many recent initiatives to create better experiences for patients follow on from a commitment in 2009 from the NSW Government in *Caring Together: The Health Action Plan for NSW*.

With this context in mind it is fitting that, for its first report, the Bureau delivers a strong, evidence-based document noting where excellent patient care experiences were achieved in 2009 and areas where improvements are still necessary.



Professor Bruce Armstrong AM
Chairman of the Board



Dr Diane Watson
Chief Executive

SUMMARY

When people are asked what they want to know about the performance of their public hospitals, information about patient care experiences is a high priority.¹

When people are asked how they learn about the performance of their public hospitals, most say they learn from their own experiences and those of others.²

Therefore to learn about healthcare, as well as to inform efforts to improve it, the Bureau of Health Information created *Insights into Care: Patients' Perspectives on NSW Public Hospitals* to look closely at the care experiences of the one million patients who spend a day, or one or more nights, in NSW public hospitals each year.

What we did

In 2009 approximately 20,000 people completed the NSW Health Patient Survey to share information about their experiences in public hospitals. The survey included extensive information and the Bureau analysed the responses to determine what mattered most about care experiences from the patients' perspective.

The Bureau's analyses focused on three key areas. First, it examined the responses from patients who reported high quality of care, with the aim of identifying the key drivers of excellence and to underline what people working in hospitals are doing well and should continue to do. Second, it focused on the feedback from people who offered fair or poor ratings of care to identify circumstances that healthcare workers should avoid if they are to improve care experiences for all patients. Third, it compared area health services and large public hospitals* in NSW. It did this as fairly as possible by taking account, in the comparisons, of differences between regions and hospitals in patient characteristics, such as age, that influence ratings.

* Large public hospitals refers to principal referral, major metropolitan and major non metropolitan hospitals.

What we learnt

There is a tendency internationally for people to assess the performance of healthcare systems on whether patients are benefiting from advances in treatment and technology and whether healthcare workers have the right competencies. This report tells us that to the patients of NSW excellence in hospital care is more than professional competency and appropriate use of technology – it is about a caring culture.

Most patients across NSW have positive care experiences

In 2009 most patients who spent one or more nights in hospital (overnight patients) and completed the 2009 survey rated care as excellent (34%), very good (34%) or good (22%). A minority reported it to be fair (8%) or poor (3%).

Patients who spent a day receiving a test, surgery or other procedure (day only patients) rated care as excellent (42%), very good (36%) or good (17%), while a minority reported it to be fair (4%) or poor (1%).

Staff teamwork matters most to patients

Among patients who offered excellent ratings, how well the doctors and nurses worked together was the main factor that influenced their rating. Other things that were important, but to a lesser extent, included courtesy of nurses and the person who admitted them, and cleanliness of the room.

Among patients who offered fair or poor ratings, how well the doctors and nurses worked together was the most influential factor. Other things that were important included courtesy of nurses, being treated with respect and dignity, availability of nurses, hospital being well organised and cleanliness of the room.

When people working in hospitals do well in areas such as teamwork and courtesy, patients offer high ratings. When they do poorly in these areas, patients offer negative ratings (see Figures 1 and 2 on pages 9 and 10).

In NSW many overnight patients rated staff teamwork as excellent (29%) and a larger proportion of day only patients rated staff teamwork as excellent (38%).

Less than two per cent of patients who gave fair or poor ratings to overall care rated staff teamwork as excellent.

No one area health service outperforms the others

There is no area health service in NSW that outperforms others in all dimensions of care experiences though North Coast Area Health Service is a high performer in most dimensions. There is no area health service that is the lowest performer in all elements of care experiences though Northern Sydney Central Coast, Sydney South West and Sydney West Area Health Services are lower performing relative to other regions depending on the measure of care experiences (see Figures 3 and 4 on pages 14 and 16). Yet, all of these regions are home to higher performing hospitals (see Figures 5 and 6 on pages 18 and 19).

Public hospitals with higher or lower patient ratings are located across NSW

Of the 38 large public hospitals in NSW, the Bureau identified hospitals with higher or lower patient ratings of overall care* (see Figures 5 and 6 on pages 18 and 19).

The percentage of overnight patients who gave excellent ratings to care was twice as high in the highest performing hospital as in the lowest performing hospital. The ratings given by day only patients were similar.

The percentage of overnight patients who gave fair or poor ratings to care was also two times as high in the lowest performing hospital as in the highest performing hospital. The percentage of day only patients who gave fair or poor ratings to care was three times as high in the lowest performing hospital as in the highest performing hospital.

There is no region that is home to all of the large public hospitals that are higher or lower performing in terms of patient ratings of care.*

Large public hospitals where overnight or day only patients give higher ratings to care are found in the following area health services (see Figures 5 and 6 on pages 18 and 19):

- Northern Sydney Central Coast – Ryde Hospital
- South Eastern Sydney Illawarra – St Vincent's Hospital, Darlinghurst
- Sydney South West – Royal Prince Alfred, Canterbury and Concord Hospitals
- Sydney West – Mt Druitt Hospital
- North Coast – Lismore Base, Port Macquarie and The Tweed Hospitals
- Hunter New England – Calvary Mater Newcastle and Manning Base Hospitals
- Greater Western – Dubbo Base Hospital

What's next?

In 2010 the Bureau of Health Information will publish regular reports on the performance of the NSW public health system. In August it will release information on the performance of hospitals including emergency and surgical care sectors. Later in the year it will release an annual report that benchmarks the performance of the NSW public health system against other comparable health systems.

The NSW Department of Health conducts the largest patient survey program in Australia and one that rivals or exceeds the size of major survey initiatives in Europe and North America. In the future, patients should also be asked about the impact of care on their health as well as unintended complications. This information is vital to assess the performance of the hospital system in NSW.

The patients profiled in this report include individuals who stayed one or more nights in a public hospital (overnight patients) and patients who spent the day in a public hospital receiving a test, surgery or other procedure (day only patients).

* Higher or lower performance on the basis of the top and bottom 20 per cent.

Want to learn about patients' perspectives on public hospitals in your area?

Patient ratings of care experiences across area health services and 38 large public hospitals in NSW are available from the Bureau of Health Information in the *Insights into Care: NSW Area Health Services Report* and the *Insights into Care: NSW Public Hospitals Report* at www.bhi.nsw.gov.au.

The care experiences profiled include:

- Overall ratings of care
- Staff teamwork
- Courtesy of nurses
- Courtesy of the person who admitted the patient
- Cleanliness of the room
- Hospital well organised
- Treated with respect and dignity
- Availability of nurses.

Patient data from smaller hospitals are reported as a group, since statistically valid estimates of performance require a large number of people to complete surveys.

The NSW Health Patient Survey 2009

Strengths	<ul style="list-style-type: none">• Largest patient survey program in Australia and one that rivals or exceeds the size of major survey initiatives in Europe and North America.• Survey questionnaire is from an internationally recognised firm.• Supports performance estimates for area health services and hospitals.
Opportunities for improvement	<ul style="list-style-type: none">• The survey is long and could focus on care experiences that matter most to patients in NSW. A shorter version would create the opportunity to ask patients about the impact of care on their health as well as unintended complications. This information is vital to assess the performance of the hospital system in NSW.• A supplement to this report outlines suggestions for improvement including survey sampling, recruitment and case-weight methods.

More information about the quality of the NSW Health Patient Survey data is available from the Bureau of Health Information in the *Insights into Care: Data Quality Supplement* at www.bhi.nsw.gov.au.

THE ISSUE

To enhance opportunities to learn about healthcare and to improve it for all patients across NSW, the Bureau of Health Information created *Insights into Care: Patients' Perspectives on NSW Public Hospitals*.

The Bureau's inaugural report focuses on patients' perspectives on their hospital experience – an issue that is central to care, important to the community and a priority for healthcare workers and governments.

In NSW healthcare professionals have committed to take action to create better care experiences for patients. To monitor progress, the NSW Department of Health initiated a patient survey program in 2007. Since that time, more than 230,000 patients have completed questionnaires to share insights into their care experiences and to rate the degree to which care was excellent, very good, good, fair or poor. Detailed reports have been published by the NSW Department of Health in 2007, 2008 and 2009, which focus on the percentage of patients who offer excellent, very good and good ratings and identify drivers of positive ratings by providing information on patient responses to 80 to 90 survey questions.^{3,4,5}

Government commitments to creating better patient experiences

In 2007 the NSW Minister for Health released the *State Health Plan: Towards 2010*, which articulates the vision, goals and strategic directions of the public health system. One of the seven strategic directions was to “create better experiences for people using health services”. One strategy to gauge success was to “measure, report and improve customer satisfaction through annual patient satisfaction surveys and widespread local monitoring of patient experience”.

In 2008, the NSW Government's response to the *Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals* was articulated in *Caring Together: The Health Action Plan for NSW*. One of the six major strategies in *Caring Together* was a renewed commitment to creating better experiences for patients.

NSW Health has committed to an array of initiatives designed to create better experiences for people using health services and to measure and report on its progress through initiatives such as:

- **Mental Health Consumer Perceptions and Experiences of Services**

The aim of this initiative is to establish a process for consumers to evaluate adult mental health services across NSW and to assist consumers and services to work together to improve services based on consumers' feedback.

- **The NSW Cancer Patient Satisfaction Survey**

The aim of this initiative was to conduct a statewide cancer patient survey in 2007, 2008 and 2009 to better understand patient experiences with cancer services and to address unmet needs.

WHAT WE DID

The Bureau of Health Information's staff analysed 2009 survey data provided by about 20,000 people who stayed one or more nights in public hospitals across NSW (overnight patients), or received hospital care for one day to get a test, surgery or another procedure (day only patients). This was done to:

- Identify the care experiences that matter most to patients so as to focus efforts of healthcare workers to improve care.
- Assess the performance of area health services and large public hospitals in giving care so the system can learn from high performers.
- Inform the people of NSW about patients' perspectives on their care experiences in public hospitals in NSW and hospitals' performance in giving care.
- Help healthcare workers identify ways they can improve patients' care experiences.

To be impartial in its assessment, the Bureau focused on identifying care experiences underlying excellent ratings to learn what people working in public hospitals did well and should continue to do. Then, it focused on people who offered fair or poor ratings of care to identify circumstances healthcare workers should avoid if they are to improve care experiences for all patients. Finally, the Bureau focused on comparing area health services and large hospitals in NSW. It did this as fairly as possible by taking into account, in the comparisons, differences between regions and hospitals in patient characteristics, such as age, that influence ratings, using a process of statistical standardisation.*

The analyses do not include patients who received cancer or mental health care, or all of their care in emergency departments, as these people were eligible to participate in other surveys. The Bureau's analyses do not include women in hospital to deliver a baby as most survey questions were not relevant to that group. A future report by the Bureau of Health Information will include an analysis of the ratings these mothers gave.

A detailed summary of the 2009 NSW Health Patient Survey is in Appendix 1. A detailed summary of the statistical methods used in this report is in the *Insights into Care: Technical Supplement* and an assessment of the scientific rigour of the 2009 NSW Health Patient Survey is in the *Insights into Care: Data Quality Supplement* at www.bhi.nsw.gov.au.

Patients experiences with cancer or mental health care in NSW

More information about patient ratings of care experiences with cancer services in NSW is available from the Cancer Institute NSW at www.cancerinstitute.org.au/cancer_inst/publications/

More information about consumers' experiences with mental health care in NSW is available at www.nswcag.org.au/page/mh_copes.html

* Standardisation is explained on page 13.

WHAT WE LEARNT

Most patients across NSW have a positive care experience

Most overnight patients who completed the 2009 survey rated care as excellent (34%), very good (34%) or good (22%). A minority reported it to be fair (8%) or poor (3%).

Day only patients rated care as excellent (42%), very good (36%) or good (17%), while a minority reported it to be fair (4%) or poor (1%).

Staff teamwork and courtesy of nurses matter most to patients across NSW

How well the doctors and nurses worked together was the main factor that influenced the 34 per cent of overnight patients who reported their care as excellent. Other factors that mattered, but to a lesser extent, included: courtesy of nurses and the person who admitted them, and cleanliness of the room.

How well the doctors and nurses worked together was also the most important factor influencing overnight patients who rated care as fair (8%) or poor (3%). Other care characteristics also mattered to them, including courtesy of nurses, being treated with respect and dignity and availability of nurses.

Figure 1 lists care experiences that matter to patients who stayed one or more nights in a public hospital in NSW. Figure 2 shows that a similar list of care experiences matter to day only patients.

Together, these findings highlight key areas to focus on if more patients are to report excellent experiences and fewer are to report negative experiences:

The degree to which doctors and nurses work together and the courtesy of nurses are the most important factors influencing patients' ratings of excellent or of fair or poor quality of care.

- Courtesy of the person who admitted the patient, being treated with respect and dignity, availability of nurses, well organised services and the cleanliness of rooms are also important.
- The care experiences that underlie excellent and fair or poor ratings are remarkably similar. When healthcare workers do well in these areas, then patients offer high ratings. When healthcare workers do poorly in those areas, patients are very likely to offer negative ratings of overall care.

Patients were asked additional questions to those shown in Figures 1 and 2. The additional questions are not included in these figures as the analyses showed that patients' responses to these questions did not influence their ranking of overall care. The list of these additional questions is shown in Appendix 2.

... to the patients of NSW excellence in hospital care is more than professional competency and appropriate use of technology – it is about a caring culture...

Figure 1: Care experiences that matter most to **overnight** patients in NSW

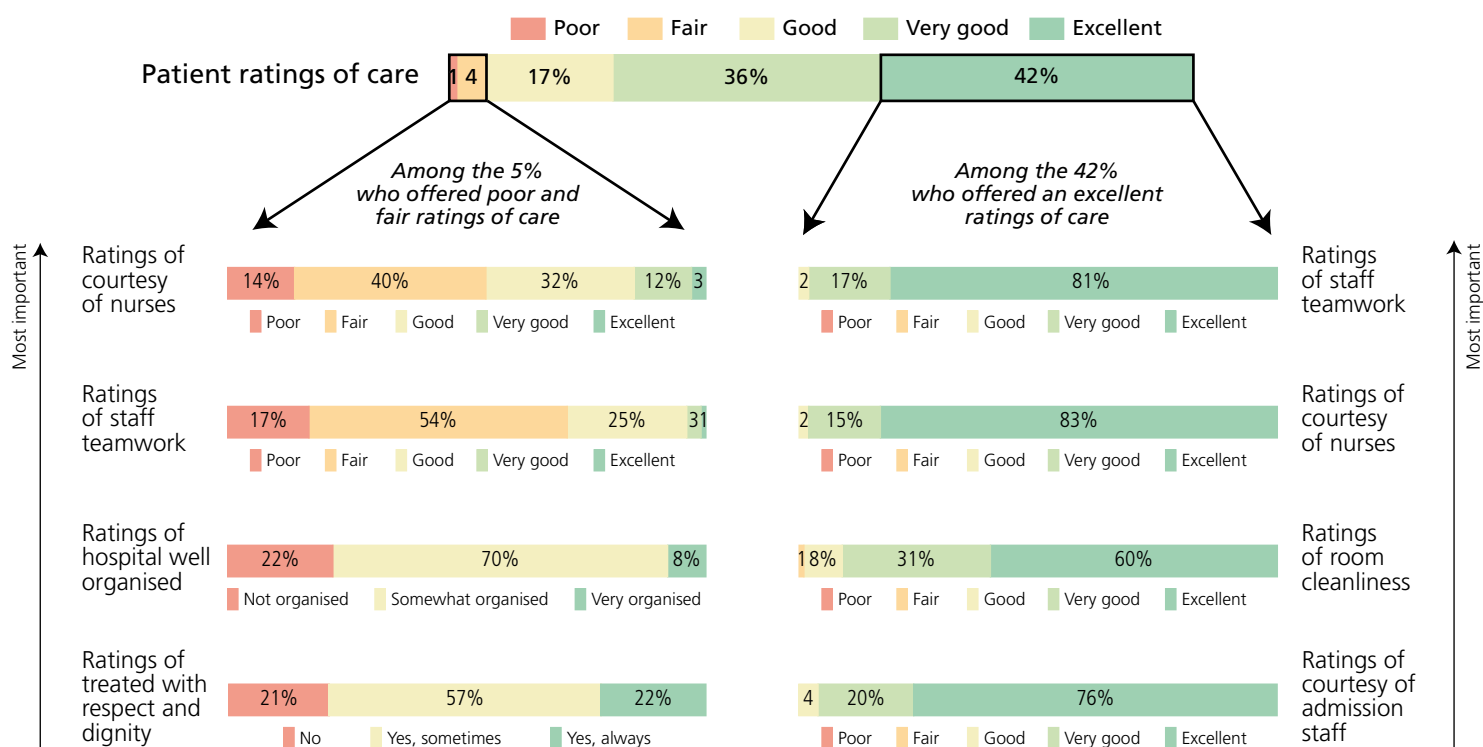
Rank order of importance* of factors that had a statistically significant influence on excellent or poor/fair ratings of care that overnight hospital patients in NSW offered in 2009.



* Calculated using statistical methods described in the *Insights into Care: Technical Supplement* at www.bhi.nsw.gov.au.

Figure 2: Care experiences that matter most to **day only** patients in NSW

Rank order of importance* of factors that had a statistically significant influence on excellent or poor/fair ratings of care that day only patients in NSW offered in 2009



Other significant factors

- Room cleanliness
- Wait too long for procedure to start
- Availability of nurses
- Staff did everything they could to control pain
- Courtesy of doctors
- Enough say about care
- Courtesy of admission staff
- Length of time waited for admission
- Test results explained understandably
- Given information about patient rights and responsibilities
- Accuracy of receiving food items ordered
- Time waited for help after pressing call button

Other significant factors

- Hospital well organised
- Availability of nurses
- Courtesy of doctors
- Courtesy of food service staff
- Treated with respect and dignity
- Ease of understanding hospital directions/signs
- Time waited for help after pressing call button
- Knew who to call for help after leaving
- Staff did everything they could to control nausea
- Noise levels kept to a minimum
- Explained when allowed to go home
- Had questions that were not discussed
- Got help getting to bathroom when needed
- Availability of doctors
- Feelings about wait time for admission
- Minutes taken to get pain medicine after request
- Enough privacy
- Staff helped make arrangements for another visit to doctor
- Test results explained understandably
- Doctors answered questions understandably
- Taste of the food
- Given choice of admission dates

Day only patients are individuals who spent the day in a public hospital receiving a test, surgery or other procedure.

* Calculated using statistical methods described in the *Insights into Care: Technical Supplement* at www.bhi.nsw.gov.au.

Increasing patient satisfaction

Our analysis highlighted the care experiences that have the most impact on patients' ratings of overall care. These are the areas where improvements are expected to have the greatest potential to affect patients' ratings of care. Teamwork of doctors and nurses and the courtesy of nurses are particularly important.

Patients' overall ratings of care can be expected to increase if more people give excellent ratings for teamwork and courtesy. We can estimate the likely increase from our statistical modeling of the results of the 2009 NSW Health Patient Survey.

A hypothetical scenario

In 2009, 34 per cent of overnight patients gave excellent ratings to overall care and 29 per cent gave excellent ratings to staff teamwork. If staff teamwork could be improved so that 75 per cent of patients found it excellent, then it is predicted that the rating of overall care would also improve to the extent that 70 per cent of overnight patients would rate overall care as excellent.

In the same survey, 35 per cent of overnight patients in 2009 gave excellent ratings to courtesy of nurses. If this could be improved, so that 75 per cent of patients found courtesy of nurses to be excellent, then it is predicted that 58 per cent of patients would rate overall care as excellent.



The care experiences that underlie excellent and fair or poor ratings by patients are remarkably similar. When healthcare workers do well in these areas, then patients offer high ratings. When healthcare workers do poorly in those areas, patients are very likely to offer negative ratings of overall care.

No area health service outperforms others

To offer a strong evidence base to healthcare workers who want to identify and learn from high performers, the Bureau has profiled the performance of area health services and large public hospitals to support comparative benchmarking. Figure 3 compares care experiences across area health services for overnight patients and Figure 4 makes the same comparison for day only patients.

Actual and standardised patients' ratings of care experiences across area health services are available in *Insights into Care: NSW Area Health Services Report* at www.bhi.nsw.gov.au.

The care experiences profiled include:

- Overall ratings of care
- Staff teamwork
- Courtesy of nurses
- Courtesy of the person who admitted the patient
- Cleanliness of the room
- Hospital well organised
- Treated with respect and dignity
- Availability of nurses

There is no area health service in NSW that outperformed others in all elements of care experiences although the North Coast Area Health Service is a higher performer in a number of areas of care. These results hold true after performance ratings were standardised to account for differences between regions in patient characteristics, such as age, that also influence ratings.

There is no area health service that is the lowest performer in all elements of care experiences though Northern Sydney Central Coast, Sydney South West and Sydney West Area Health Services are lower performing relative to other regions depending on the measure of care experiences.

Yet, all of these regions are home to hospitals that have higher patient ratings of care. Northern Sydney Central Coast is home to Ryde Hospital where day only patients give among the highest overall ratings of care. Sydney South West Area Health Service is home to some of the higher performing large public hospitals in terms of patient overall ratings of care. Patients that stay one or more nights give high ratings to Royal Prince Alfred and Concord Hospitals and day only patients give high ratings to Canterbury Hospital. Sydney West is home to Mt Druitt Hospital where overnight and day only patients give among the highest overall ratings of care (see Figures 5 and 6 on pages 18 and 19).

There is no area health service in NSW that outperformed others in all elements of care experiences although the North Coast Area Health Service is a higher performer in a number of areas of care.

Standardisation to support fairer comparisons

To support fair comparisons, patient ratings of care experiences have been standardised statistically to show how area health services or hospitals would rate if they served very similar populations of patients. The process of standardisation is important because different area health services and hospitals provide services to different kinds of people with different illnesses and severity of illness. These differences can affect patients' ratings of care independently of the quality of the care healthcare workers give them during their stay in hospital.

Using information from the survey, the Bureau of Health Information determined that age group, self reported health status, education, language spoken at home, Aboriginality,* gender, patient classification (Medicare, private, other), days that illness or injury kept them in bed in February 2009, planned or emergency admission and surgery patient influenced their ratings of care. A statistical analysis was done to standardise ratings on the basis of these patient characteristics. There may be other characteristics of patients that differ between area health services or hospitals and influence ratings, such as type of illness, but the Bureau could not include them in the statistical analysis because they were not recorded in the survey.

Effects of standardisation

Standardisation had a noticeable impact on Sydney South West and Sydney West Area Health Services. The types of patients cared for in these regions were, on average, more likely to give fair or poor ratings of overall care and of staff teamwork than those cared for by other area health services. Standardisation reduced these differences but did not remove them completely.

Standardisation also had an important impact on the ratings for large public hospitals that served younger patients or patients who did not speak English in their home. These groups of patients were more likely to give negative ratings than older patients and patients who spoke English at home. Thus standardisation with respect to them was particularly important to comparing patients' ratings of care in large public hospitals.

The Bureau supports standardising patient ratings of care for fairer comparisons between area health services and hospitals. However, to ensure transparency and to allow healthcare workers to see, and to seek to address, the views that their patients actually expressed, we have also made the actual or non-standardised comparisons available.

Information on actual and standardised patient ratings for area health services and large hospitals are available from the Bureau of Health Information in the *Insights into Care: NSW Area Health Services Report* and the *Insights into Care: NSW Public Hospitals Report* at www.bhi.nsw.gov.au.

* In this report Aboriginality refers to both Aboriginal and Torres Strait Islander Peoples in recognition of the fact that Aboriginal peoples are the original inhabitants of New South Wales.

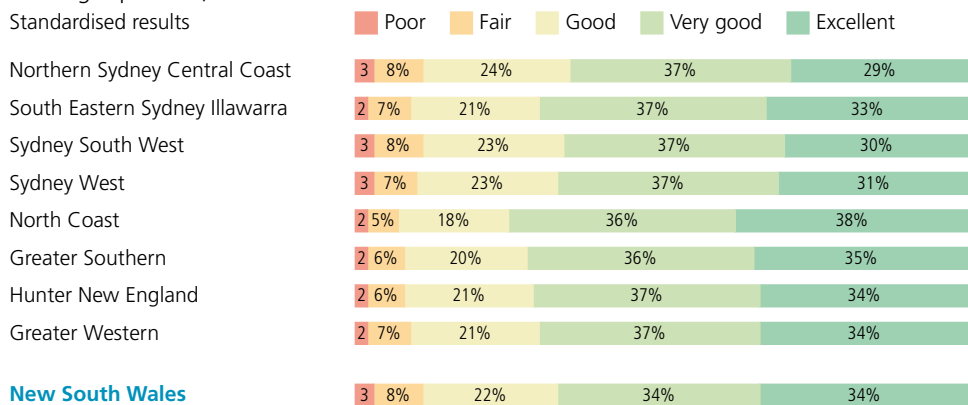
Figure 3: Standardised comparisons of **overnight** patients' care experiences in different area health services in 2009

Overnight patients are individuals who stayed for one or more nights in a public hospital.

How do overnight patients rate:

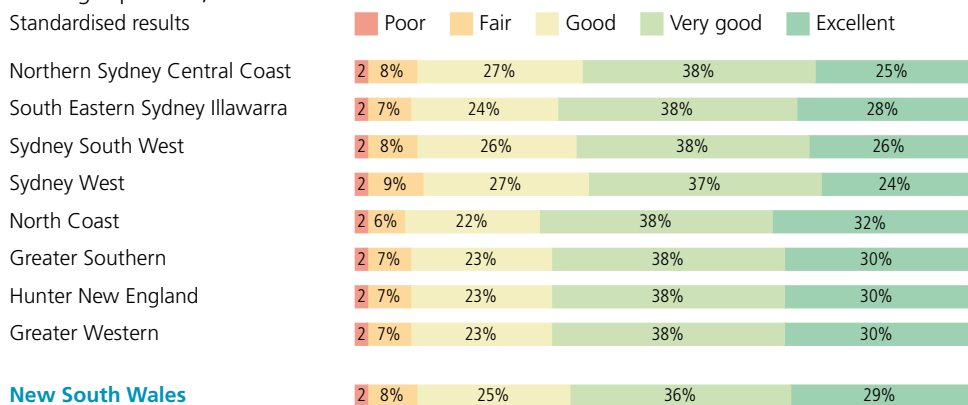
Overall care

Overnight patients, 2009
Standardised results



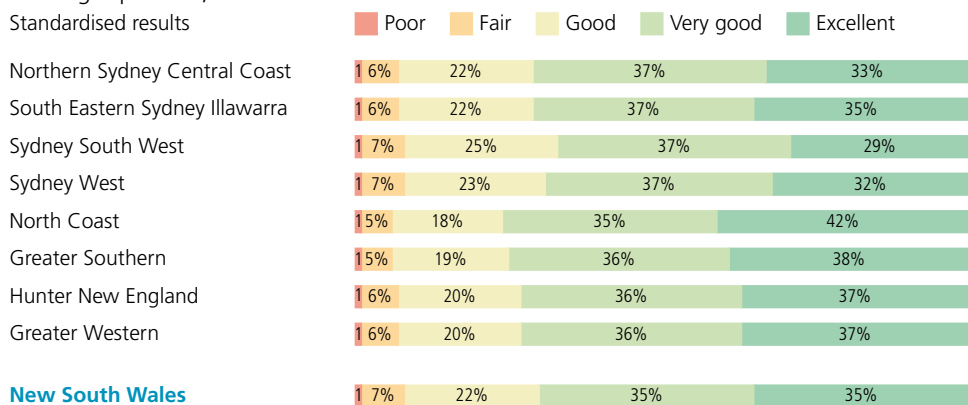
Staff teamwork

Overnight patients, 2009
Standardised results



Courtesy of nurses

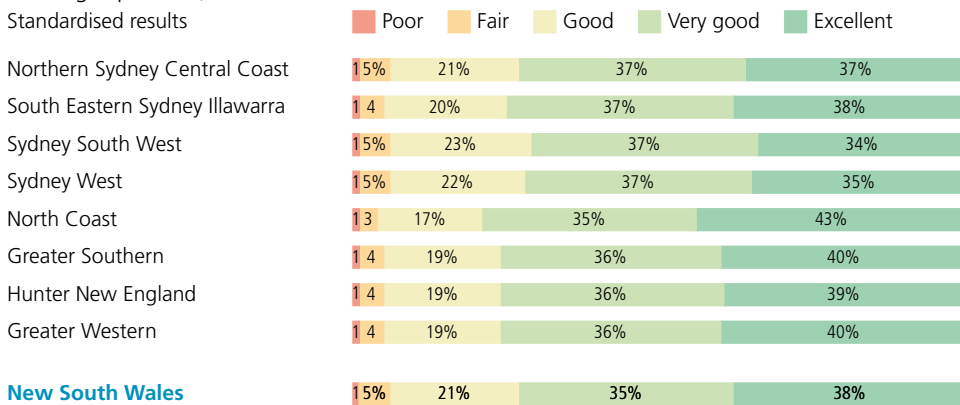
Overnight patients, 2009
Standardised results



Courtesy of the person who admitted them

Overnight patients, 2009

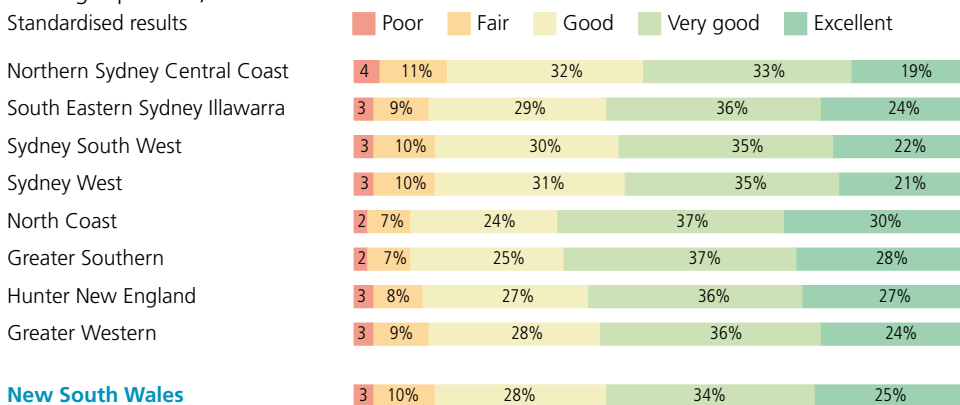
Standardised results



Cleanliness of the room

Overnight patients, 2009

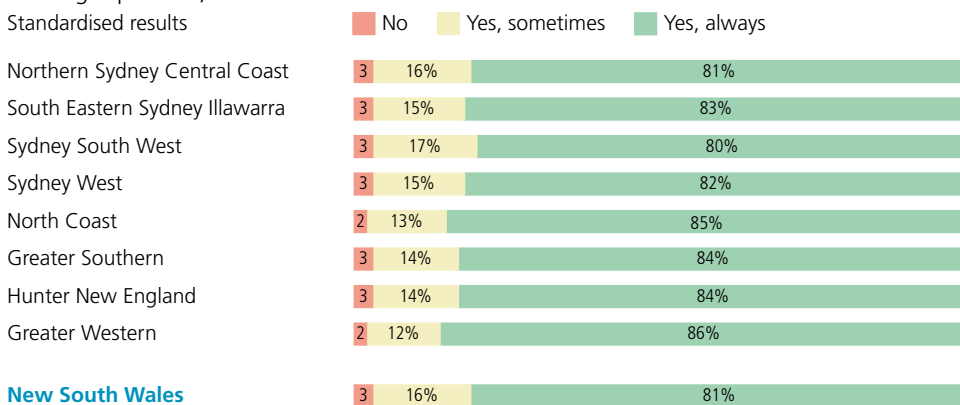
Standardised results



Treated with respect and dignity

Overnight patients, 2009

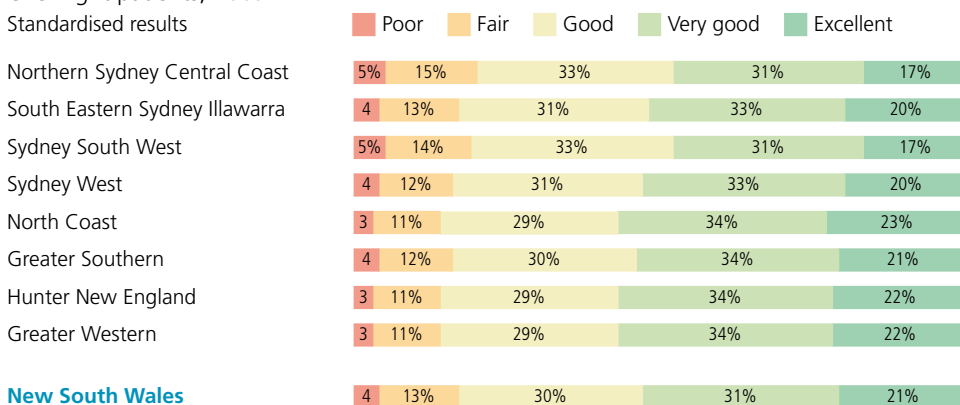
Standardised results



Availability of nurses

Overnight patients, 2009

Standardised results



Understanding the graphs

Percentages have been standardised to account for differences between area health services in the types of patients served (age group, self reported health status, education, language spoken at home, Aboriginality, gender, patient classification (Medicare, private or other), days that illness or injury kept them in bed in February 2009, planned or emergency admission, surgery patients). A detailed summary of the statistical methods used in this report is in the *Insights into Care: Technical Supplement* at www.bhi.nsw.gov.au.

Percentages might not add up to 100 per cent due to rounding. Respondents who did not answer the question were excluded.

Data source: *NSW Health Patient Survey 2009*.

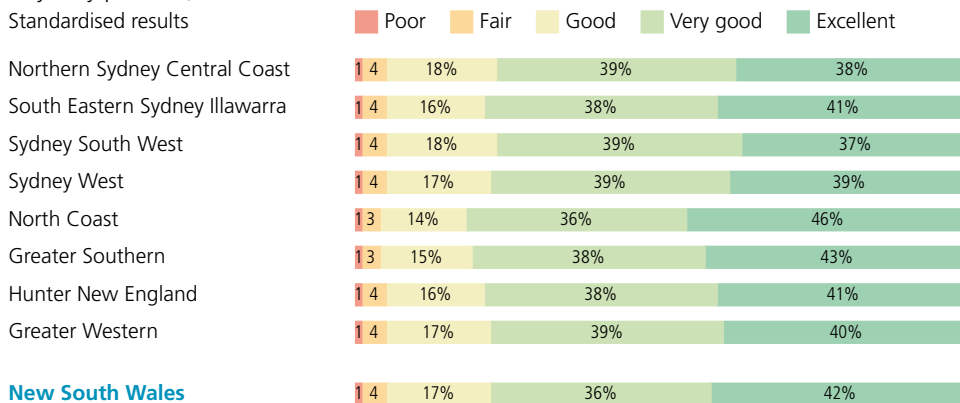
Figure 4: Standardised comparisons of **day only** patients' care experiences in different area health services in 2009

Day only patients are individuals who spent the day in a public hospital receiving a test, surgery or other procedure.

How do day only patients rate:

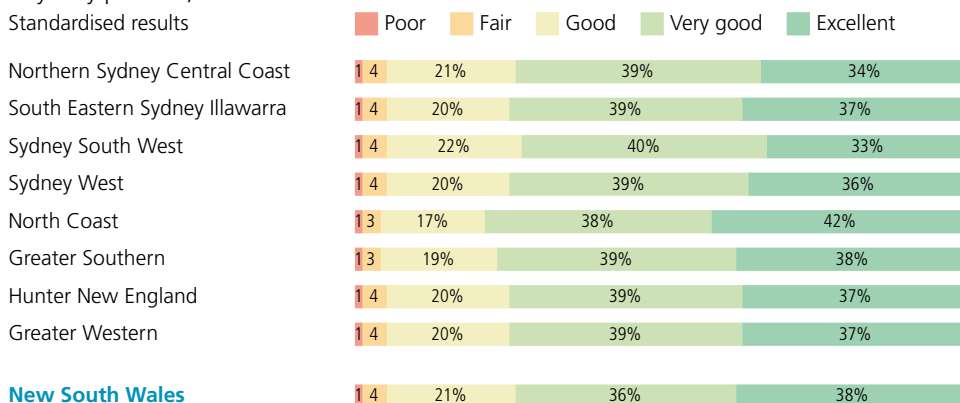
Overall care

Day only patients, 2009



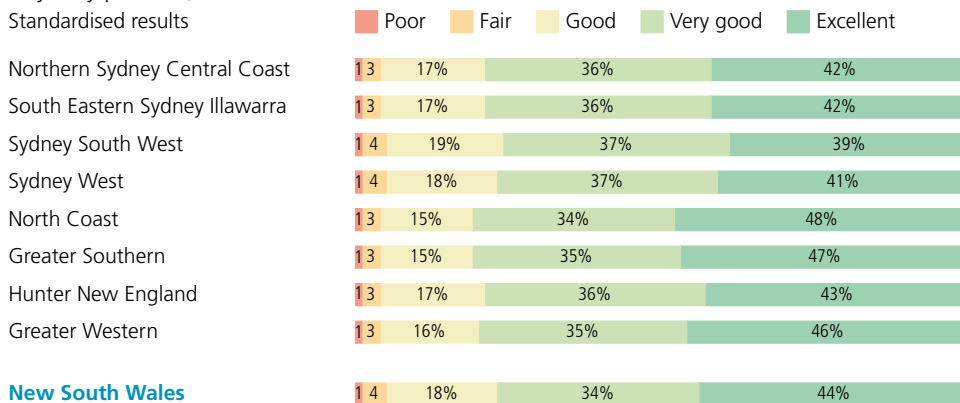
Staff teamwork

Day only patients, 2009



Courtesy of nurses

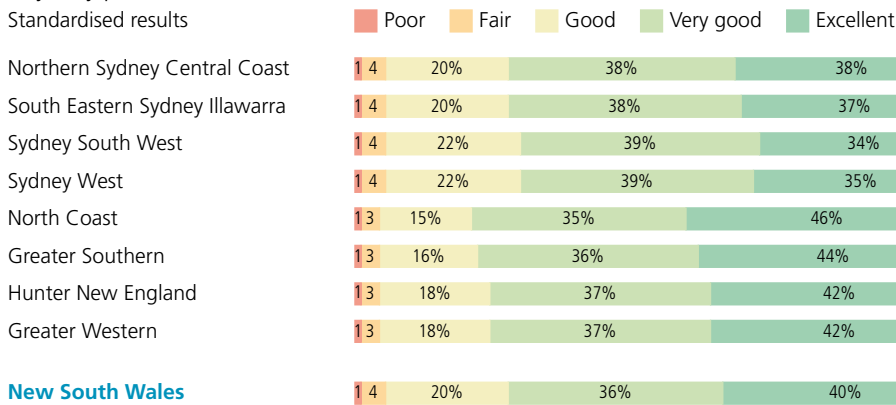
Day only patients, 2009



Courtesy of the person who admitted them

Day only patients, 2009

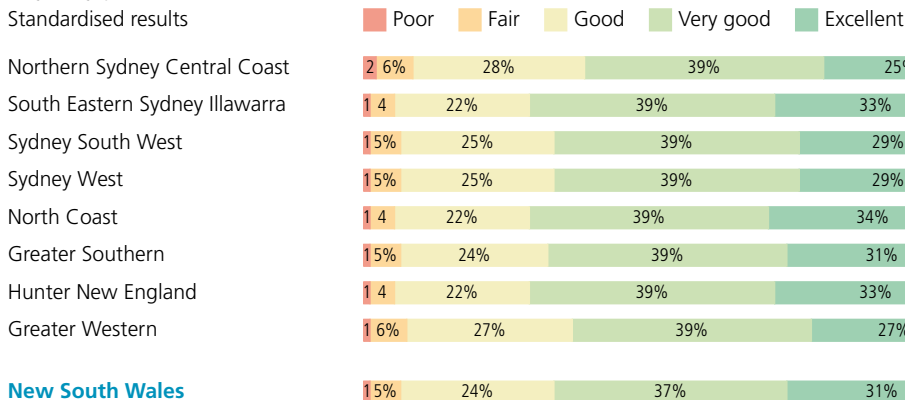
Standardised results



Cleanliness of the room

Day only patients, 2009

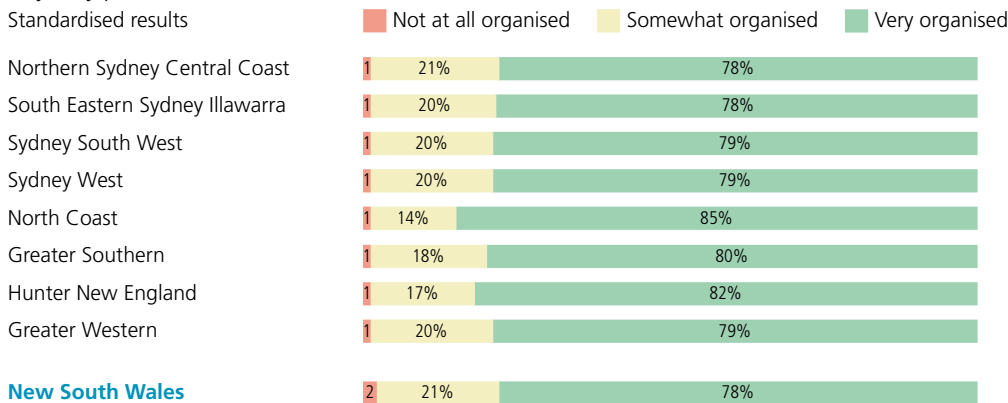
Standardised results



Hospital well organised

Day only patients, 2009

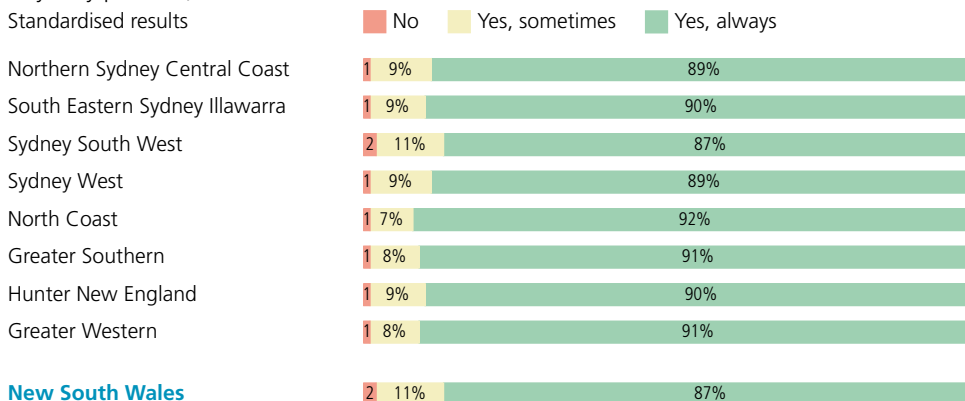
Standardised results



Treated with respect and dignity

Day only patients, 2009

Standardised results



Understanding the graphs

Percentages have been standardised to account for differences between area health services in the types of patients served (age group, self reported health status, education, language spoken at home, patient classification (Medicare, private or other), days that illness or injury kept them in bed in February 2009, planned or emergency admission). A detailed summary of the statistical methods used in this report is in the *Insights into Care: Technical Supplement* at www.bhi.nsw.gov.au.

Percentages might not add up to 100 per cent due to rounding. Respondents who did not answer the question were excluded.

Data source: *NSW Health Patient Survey 2009*.

Public hospitals with higher or lower patient ratings are quite different

The percentage of overnight patients who gave excellent ratings to care was twice as high in the highest performing hospital as in the lowest performing hospital. The ratings given by day only patients were similar. We defined higher and lower performing hospitals on the basis of the top and bottom 20 per cent of 38 large public hospitals in NSW (see Figures 5 and 6 on pages 18 and 19).

The percentage of overnight patients who gave fair or poor ratings to care was two times as high in the lowest performing hospital as in the highest performing hospital. The percentage of day only patients who gave fair or poor ratings to care was three times as high in the lowest performing hospital as in the highest performing hospital.

Figure 7 on page 20 compares patient ratings of overall care across the 38 largest public hospitals for overnight patients and Figure 8 on page 22 compares these hospitals for day only patients.

Public hospitals with higher or lower patient ratings of care are located across NSW

There is no one area that is home to all, or most, of the large public hospitals that are higher or lower performing as shown in Figures 5 and 6.

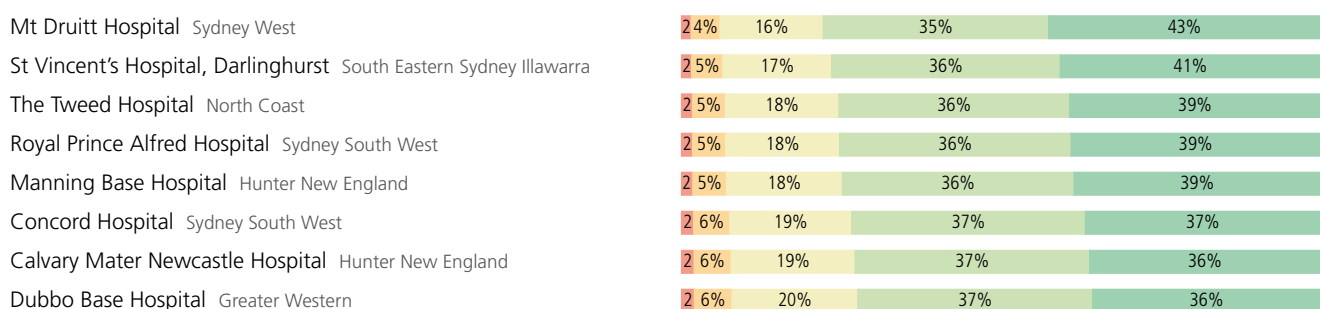
The percentage of overnight patients who gave excellent ratings to care was twice as high in the highest performing hospital as in the lowest performing hospital.

Figure 5: Comparisons of standardised ratings of overnight patients' care experiences large public hospitals in 2009

How do overnight patients rate overall care in:

Public hospitals with higher patient ratings

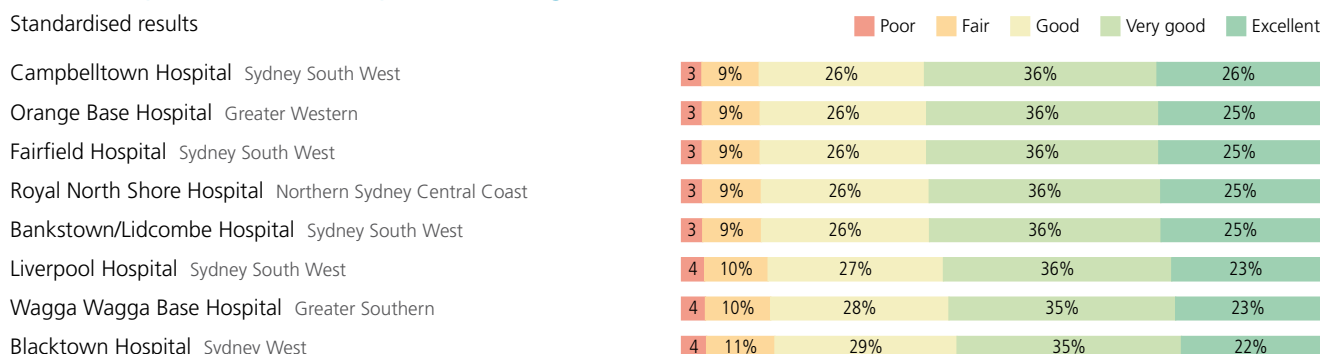
Standardised results



Overnight patients are individuals who stayed for one or more nights in a public hospital.

Public hospitals with lower patient ratings

Standardised results



Want to learn about patients' perspectives on public hospitals in your area?

Actual and standardised patient ratings of care experiences across area health services and 38 large public hospitals in NSW are available from the Bureau of Health Information in the *Insights into Care: NSW Area Health Services Report* and the *Insights into Care: NSW Public Hospitals Report* at www.bhi.nsw.gov.au.

The care experiences profiled include:

- Overall ratings of care
- Staff teamwork
- Courtesy of nurses
- Courtesy of the person who admitted the patient
- Cleanliness of the room
- Hospital well organised
- Treated with respect and dignity
- Availability of nurses.

Patient data from smaller hospitals are reported as a group, since statistically valid estimates of performance require a large number of people to complete surveys.

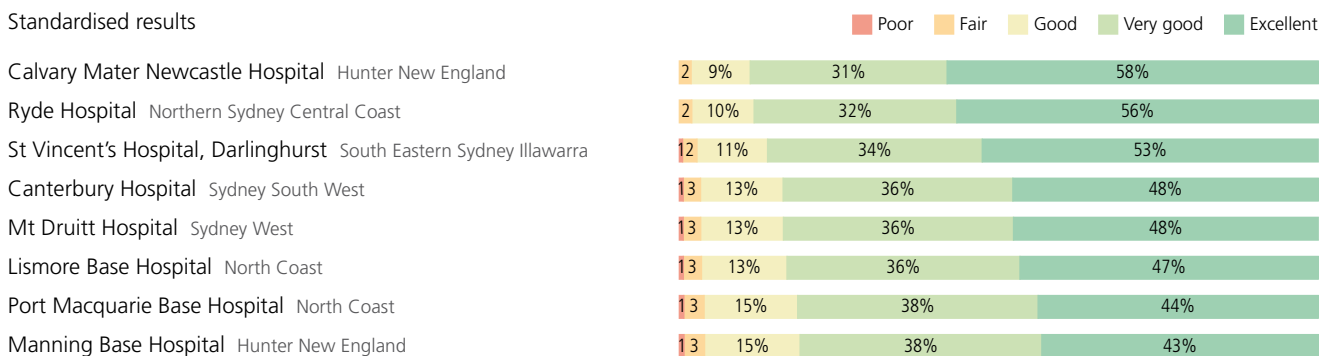
Figure 6: Comparisons of standardised ratings of **day only** patients' care experiences in large public hospitals in 2009

Day only patients are individuals who spent the day in a public hospital receiving a test, surgery or other procedure.

How do day only patients rate overall care in:

Public hospitals with higher patient ratings

Standardised results



Public hospitals with lower patient ratings

Standardised results

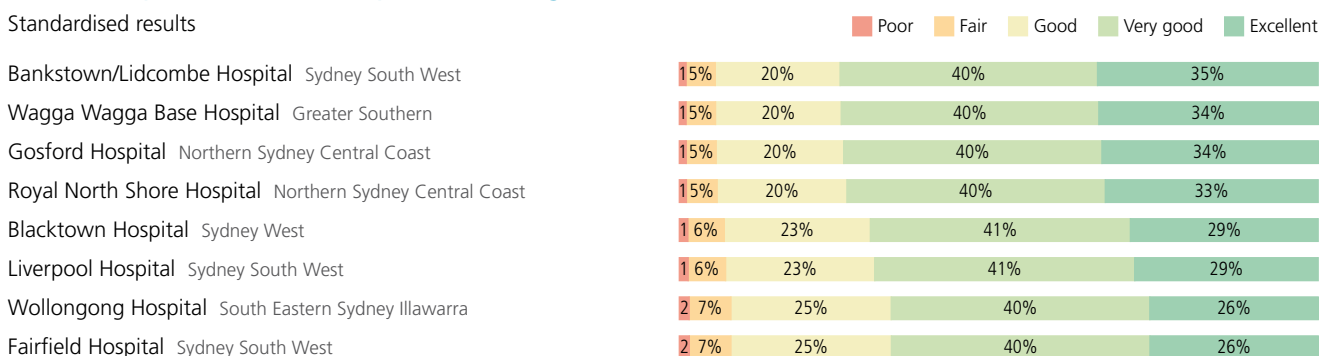


Figure 7: Standardised comparisons of **overnight** patients' ratings of overall care experiences in different large public hospitals in 2009, grouped by area health service

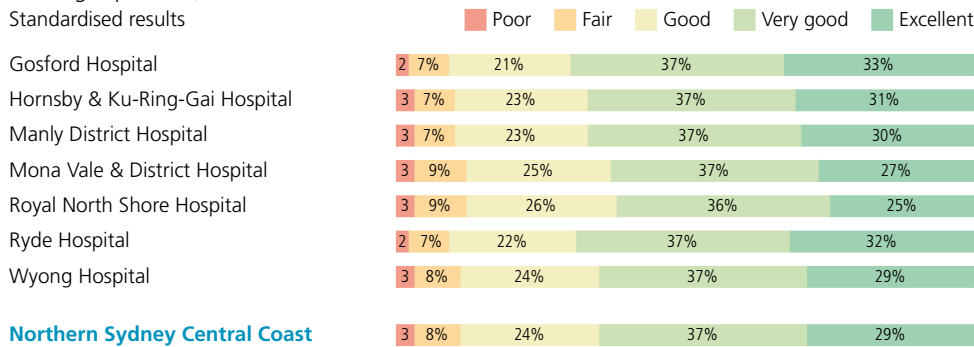
Overnight patients are individuals who stayed for one or more nights in a public hospital.

How do overnight patients rate overall care in:

Northern Sydney Central Coast

Overnight patients, 2009

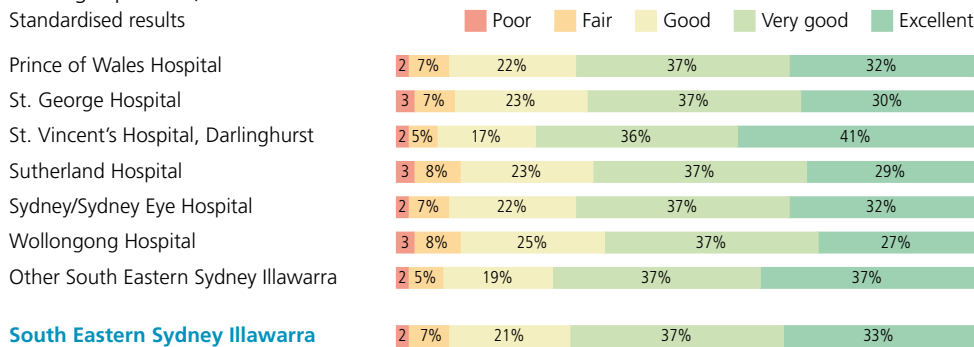
Standardised results



South Eastern Sydney Illawarra

Overnight patients, 2009

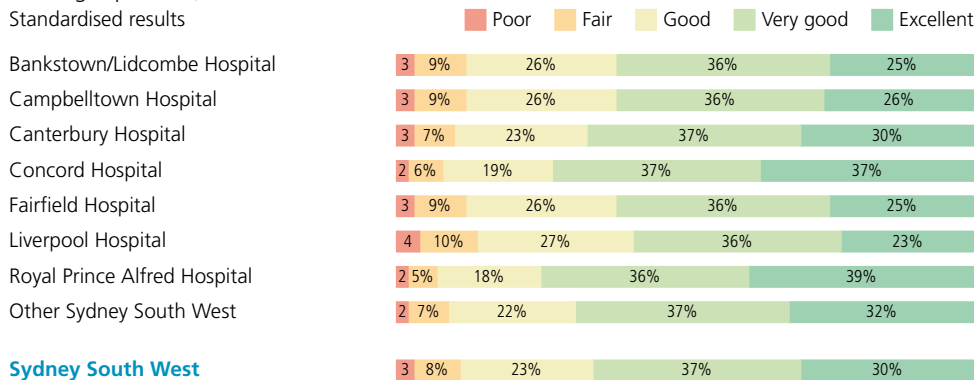
Standardised results



Sydney South West

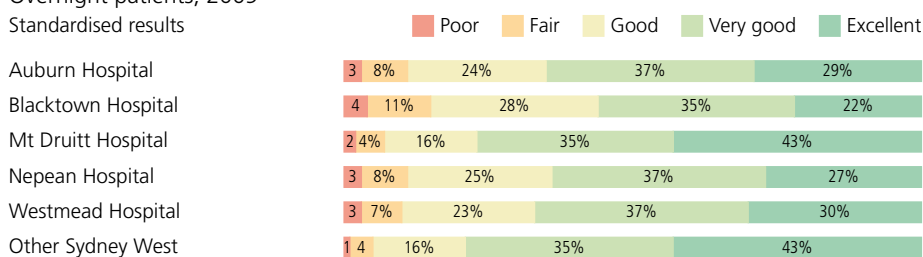
Overnight patients, 2009

Standardised results

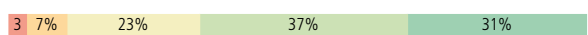


Sydney West

Overnight patients, 2009
Standardised results

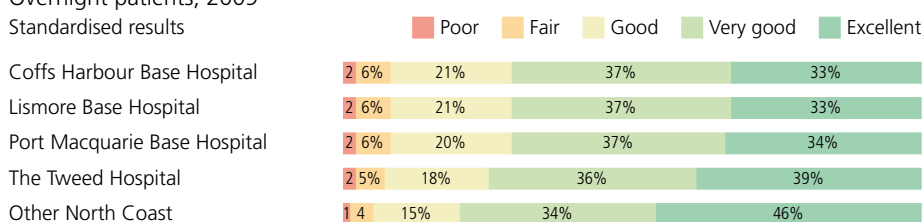


Sydney West



North Coast

Overnight patients, 2009
Standardised results

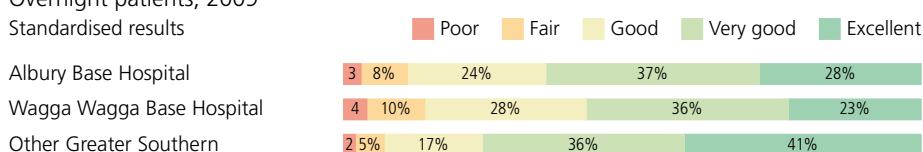


North Coast



Greater Southern

Overnight patients, 2009
Standardised results

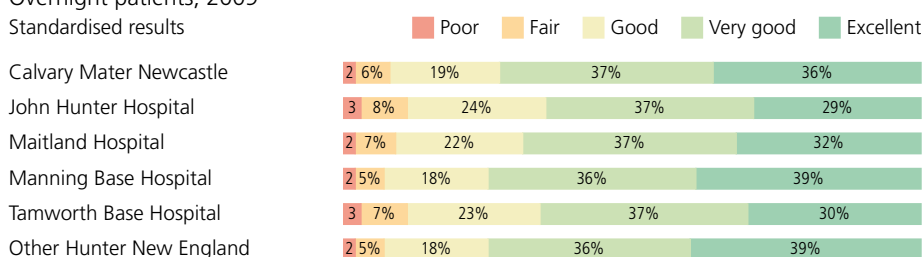


Greater Southern



Hunter New England

Overnight patients, 2009
Standardised results

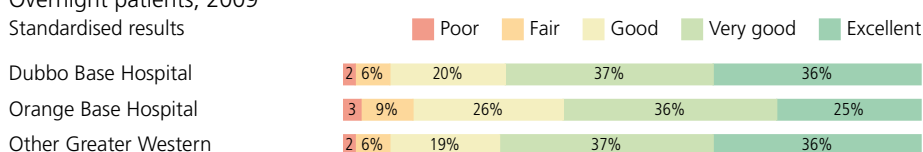


Hunter New England



Greater Western

Overnight patients, 2009
Standardised results



Greater Western



Understanding the graphs

Percentages have been standardised to account for differences between hospitals in the types of patients served (age group, self reported health status, education, language spoken at home, Aboriginality, gender, patient classification (Medicare, private or other), days that illness or injury kept them in bed in February 2009, planned or emergency admission, surgery patients). A detailed summary of the statistical methods used in this report is in the *Insights into Care: Technical Supplement* at www.bhi.nsw.gov.au.

Percentages might not add up to 100 per cent due to rounding. Respondents who did not answer the question were excluded.

Data source: *NSW Health Patient Survey 2009*.

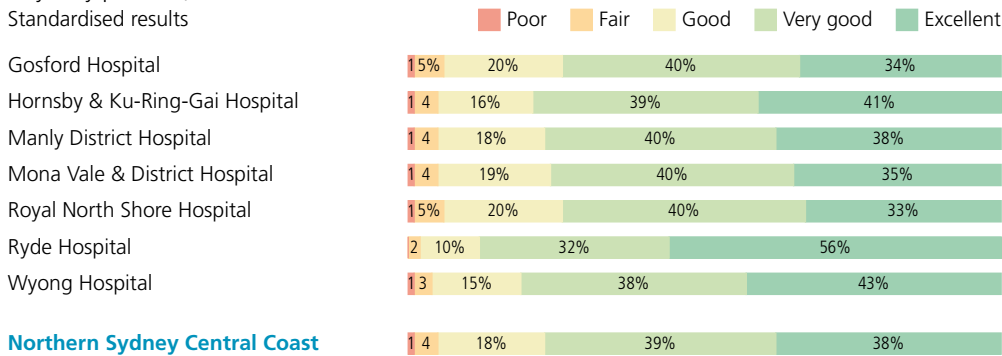
Figure 8: Standardised comparisons of **day only** patients' ratings of overall care experiences in different large public hospitals in 2009, grouped by area health service

Day only patients are individuals who spent the day in a public hospital receiving a test, surgery or other procedure.

How do day only patients rate overall care in:

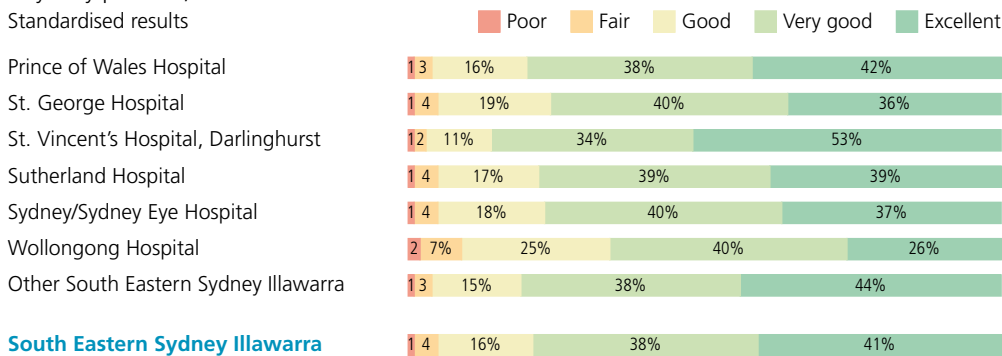
Northern Sydney Central Coast

Day only patients, 2009
Standardised results



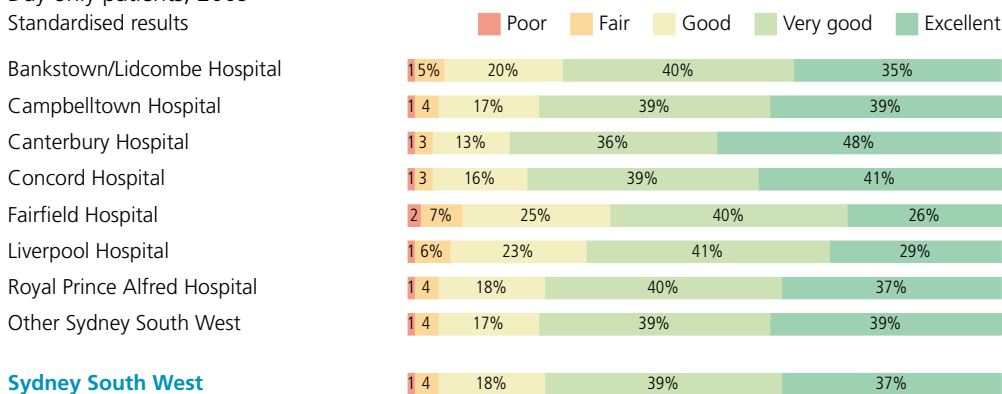
South Eastern Sydney Illawarra

Day only patients, 2009
Standardised results



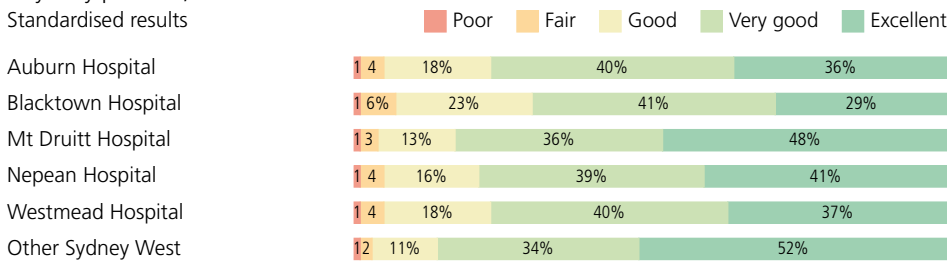
Sydney South West

Day only patients, 2009
Standardised results



Sydney West

Day only patients, 2009
Standardised results

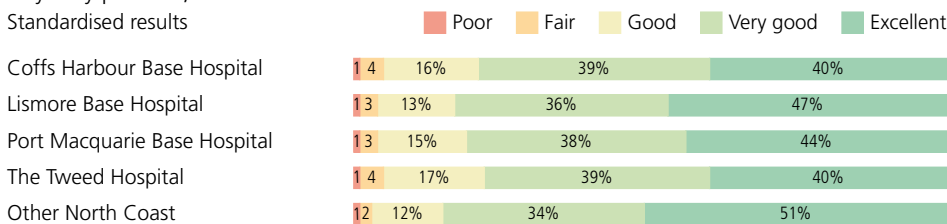


Sydney West



North Coast

Day only patients, 2009
Standardised results

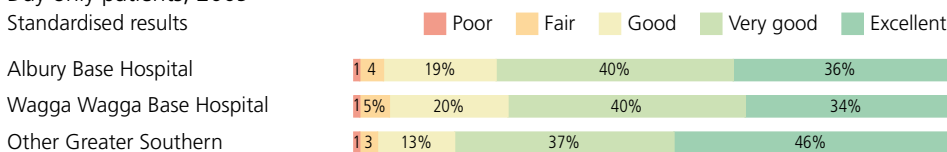


North Coast



Greater Southern

Day only patients, 2009
Standardised results

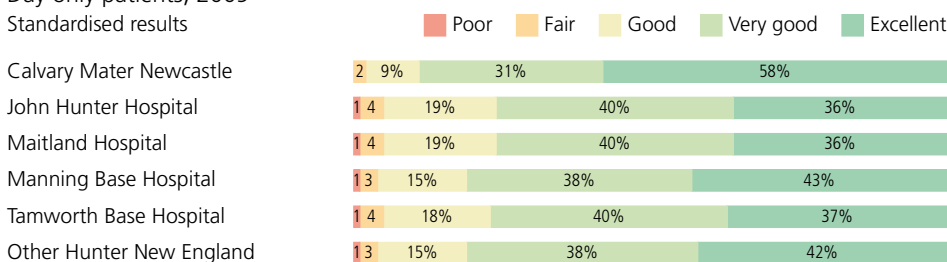


Greater Southern



Hunter New England

Day only patients, 2009
Standardised results

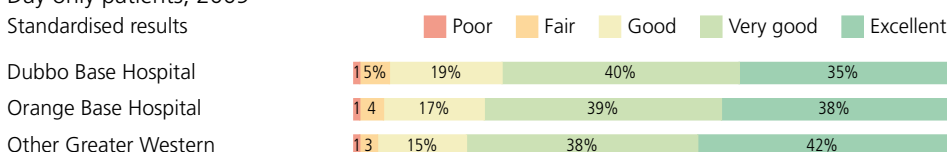


Hunter New England



Greater Western

Day only patients, 2009
Standardised results



Greater Western



Understanding the graphs

Percentages have been standardised to account for differences between hospitals in the types of patients served (age group, self reported health status, education, language spoken at home, patient classification (Medicare, private or other), days that illness or injury kept them in bed in February 2009, planned or emergency admission). A detailed summary of the statistical methods used in this report is in the *Insights into Care: Technical Supplement* at www.bhi.nsw.gov.au.

Percentages might not add up to 100 per cent due to rounding. Respondents who did not answer the question were excluded.

Data source: *NSW Health Patient Survey 2009*.

THE WAY FORWARD

In February 2009, approximately 20,000 patients completed the NSW Health Patient Survey to share their perspectives on care in NSW public hospitals. Most patients rated care as excellent, very good or good.

Patients who felt their quality of care was excellent were likely to have experienced excellence in staff teamwork. Another very important indicator of excellence was courtesy of nurses and the person who admitted patients as well as cleanliness of the room.

Experiences which define positive patient perspectives are the same as those that define negative perceptions. When healthcare workers do poorly in teamwork or courtesy, patients are very likely to offer negative ratings.

The people of NSW have clearly said they want a caring culture in their healthcare system. The high proportion of excellent ratings shows that public hospitals are on the way to achieving such a culture but they are not there yet. The challenge at this point is to respond to the 11 per cent of overnight and five per cent of day only patients who described their care experience as fair or poor. Less than two per cent of these patients offer excellent ratings to teamwork.

It is easy to be consoled by the majority and not hear the minority of patients who reported negative experiences. However, the minority represents a large number of people and their messages are consistent and clear. There is cause for NSW to focus more intently on staff teamwork within the public hospital system and there is also cause for an increased focus on staff courtesy towards patients.

This first report from the Bureau of Health Information shows clearly that patients are calling out for improvements, and that improvement in staff teamwork, between doctors and nurses, is the action most likely to change a fair or poor patient care experience into an excellent one.

Interestingly, the care experiences, including teamwork, that NSW patients identify as being crucial to their perspectives and overall ratings of care are similar to those identified by patients in other countries.^{6,7}

Furthermore, what patients are saying is similar to what healthcare workers are noticing. Teamwork is a key driver to clinical quality of care. Improvements in communication among healthcare teams are at the core of efforts to improve clinical handover and management of deteriorating patients. A team that works well has clinical handovers where the transfer of information, responsibility and accountability for a patient from one healthcare team member to another is informative, accurate, timely and appropriate. The ISBAR initiative in Hunter New England Area Health Service, described on page 26, is an example of an approach to improving clinical handovers.

This report provides strong evidence about what determines patients' perspectives of excellence in care and areas where improvements are still necessary. It also gives insight into issues in care that could lead to significant improvements in patients' experiences. By learning about the first-hand experiences that most matter to patients, and observing that these insights are also raised at a clinical and system management level, people who work in healthcare can better focus their efforts to improve care.

This report provides strong evidence about what determines patients' perspectives of excellence in care and areas where improvements are still necessary. It also gives insight into issues in care that could lead to significant improvements in patients' experiences.

What's next?

In 2010 the Bureau of Health Information will publish regular reports on the performance of the NSW public health system. In August it will release information on the performance of hospitals including emergency departments and surgical care. Later in the year it will release an annual report that benchmarks the performance of the NSW public health system to other comparable health systems.

All of these reports will provide insights into the responsiveness of healthcare and what matters to patients. They will also include other measures of performance such as quality, safety, effectiveness, equity and efficiency.

The Bureau's aim is to provide healthcare professionals, the community and the NSW Parliament with timely, accurate and comparable information about the performance of the NSW public health system in ways that enhance the system's accountability and inform efforts to increase its beneficial impact on the health and well-being of people in NSW.

NSW is not alone in its journey to strengthen its public health system – research evidence from other jurisdictions points to the need to improve staff teamwork and courtesy to ensure that all patients receive the best of care.^{8,9} It also points to the importance patients put on these aspects of care and the priority the community places on learning about the experiences of patients.¹⁰

The findings in *Insights into Care: Patients' Perspectives on NSW Public Hospitals* mark a point in that journey. Future surveys of patients' experiences will indicate how far, and how quickly, our public hospital system has travelled.

Realising change

The people of NSW would like to know what is being done to improve care. To respond to this interest, the Bureau has identified two recent initiatives underway to improve care experiences and realise change, which are presented on the following pages as case studies. As hospital staff work towards improving care experiences, it is important for them to look at initiatives already in place or underway so they can share the knowledge and ideas of others.

This first report from the Bureau of Health Information shows clearly that patients are calling out for improvements and that improvement in staff teamwork, between doctors and nurses, is the action most likely to change a fair or poor patient care experience into an excellent one.

The ISBAR Framework

Shining a light on teamwork and courteous communication

A simple communication tool that reinforces courteous and effective communication is being credited as a strategy for improving staff confidence, teamwork and patient care in Hunter New England Area Health Service (HNE Health). The ISBAR (Introduction, Situation, Background, Assessment, Recommendation) communication framework is now an organisation-wide strategy and HNE Health is scheduling training for its 14,000 staff by the end of this year.

HNE Health Director of Clinical Governance, Dr Kim Hill, has led a team overseeing the development and implementation of the ISBAR communication framework within the health service with the view to making real and sustainable enhancements to clinical communication. “When we looked at what patients and their families were raising through their concerns and complaints, we saw a few recurring themes,” Dr Hill said. “The main themes were the way they were spoken to, personal interactions with staff, and their observations of staff talking to each other.

“Our strategy was based on finding a model of communication that was aligned with our clinical and academic culture, and applicable to all staff and all situations. ISBAR is an acronym based on an introduction that creates the space for communication, a concise statement of the situation to be discussed, the background to how it arose, an assessment of what is happening or has happened, and the recommendation or request being made. It gives doctors, nurses and all staff a tool to improve their clinical handovers and a way of speaking clearly with patients and their families. “The engagement and support of clinical leaders has been one of the greatest strengths. We engaged our leadership in the early stages and, as a result, the ISBAR strategy became part of organisational and operational plans – and that is very powerful and critical to realising system-wide change.”

The Australian Commission on Safety and Quality in Health Care funded HNE Health Clinical Governance to develop, test and evaluate the ISBAR tool's capacity to improve the quality of communication with other staff, patients and carers concerning the inter-hospital transfer of patients. Dr Rosemary Aldrich, Associate Director Clinical Governance, noted that soon after staff ISBAR training started, there was a flood of calls from other staff at other hospitals who had heard of the project and wanted to be trained.

“From a clinical point of view, our study showed that staff who were trained in ISBAR reported statistically significant increases in their confidence and ability to communicate clearly about health care matters. We know that when confidence increases we are more likely to see behaviour change,” Dr Aldrich said. The strongest endorsement was that of patients and their carers, with marked improvements in perceptions of the quality of communication from their perspectives.

From this work in HNE Health, a simple training program has been developed, which has received interest locally and from interstate and national bodies. Within HNE Health, there is enthusiasm to roll out ISBAR training and make ISBAR part of every day business.

“Because of time pressures and competing priorities, things can be in such a rush. ISBAR encourages structured and concise communication, and our plan is to create a receptive environment where ISBAR becomes second nature,” Dr Hill said. “ISBAR training takes as little as 15 minutes and can be delivered anywhere to any size group of people. Our idea is that it will be embedded into routine department meetings and other sessions across the entire organisation. “Our staff are already starting to talk and write in ISBAR. Going forward, more of our formal documents and forms will be in ISBAR style, and to ensure sustainability, every year our staff will have refresher training,” Dr Hill said.

Surgical Flow

Shining a light on patient dignity and respect

Surgical Flow has become a major focus across the Northern Sydney Central Coast Area Health Service after a pilot at Gosford and Royal North Shore Hospitals showed benefits for both overnight and day only patients. Areas such as patient dignity and respect, increasing access to care and admitting and treating people in a more courteous way were key outcomes of the program overseen by Clinical Redesign Manager, Ms Fiona Wilkinson.

The Surgical Flow program was originally developed by the Clinical Redesign Unit and received strong support from healthcare leaders – including the NSW Department of Health which funded the program's development and implementation and the hospital's executive team, including the General Manager, who acted as the project sponsor.

“Surgical Flow focused on four key aspects of the patient journey and made significant changes across the spectrum to improve patients' care experiences,” Ms Wilkinson said. “The areas identified were booking and preparation, surgery planning, day of surgery and discharge. Significant consultation with staff and patients and tracking of a group of patients through their care experiences resulted in change at the initial sites and now across the entire area health service. “The leadership is the key thing in driving those projects through. The leaders are the ones actually guiding and improving, and knocking down barriers.” “It's the executive leadership and guidance that sorts that out for you.”

For patients the program has resulted in an improved admission process. “We used to see everyone lined up at 6 am at the administration desk and down the corridor of the day surgical ward. They would get changed into their gowns and move to a general waiting area where nurses would come around and do their pre-admission interviews. It was quite confronting from a patient perspective, with all these other people around and patients sometimes in for quite a lengthy wait until surgery started,” Ms Wilkinson said.

The admission process is now streamlined and timed to create a better experience – patients are scheduled to arrive just in time for surgery; there are now more private waiting areas so conversations between patients and nurses are private; and the flow and collection of information about patients and their care is superior.

Through integrated booking units hospital staff work to ensure patients are briefed and well prepared for their surgery and patients have a central contact point to report any changes or ask questions prior to admission. Nurses also take on a screening role at the units to ensure patients are truly prepared and ready for their surgery; they review case notes and, in many cases, meet with patients shortly before the day of their surgery.

These specialised units and the nurses working in them not only help ensure greater respect and dignity for patients but superior control of the communication flow. This process has also stemmed the number of last minute surgery cancellations with the nurses often identifying patients who need to delay or alter their surgery plans well ahead of time.

“We used to get patients in for a hip replacement but then find out on the day they had cuts and wounds on their legs. This is a clear indication for cancelling surgery and they'd be sent home after fasting and turning up at 6 am. The nurse screeners now check for this in an interview before the day of surgery and patients are also told to report any changes in their health. It's such a simple step but can make the world of difference to these patients,” Ms Wilkinson said.

APPENDIX 1

NSW Health Patient Survey 2009

The NSW Health Patient Survey was developed by NRC+Picker. The survey assesses a range of patient experiences including care co-ordination and integration, information and education, physical comfort, emotional support and alleviation of fear and anxiety, support of family and friends, transitions and continuity of care, respect for patient's values, preferences and expressed needs.

In 2009, this cross-sectional, questionnaire style, mailed survey was conducted by IPSOS/Eureka for seven patient groups – overnight inpatients, day only inpatients, paediatric inpatients, adult rehabilitation inpatients, non-admitted emergency patients, non-admitted outpatients and community health patients.

This report relies on data derived from a survey completed by a stratified, random sample of adults who stayed overnight in one of 175 public hospitals or were a day only patient in one of 141 public hospitals in NSW in February 2009. Adults 17 years or older who had a residential mailing address were mailed questionnaires and were asked to complete and return them to IPSOS Australia yielding a response rate of 46 per cent for overnight and 49 per cent for day only patients.

Patient data were weighted by analysts at NRC+Picker to be representative of the facility volume where they received services. The Bureau verified case weight data and used it in the analyses. No data have been reported that would compromise individual privacy or confidentiality.

In 2009 11,431 adult overnight patients completed the NSW Health Patient Survey but analysis in this report is limited to the 9,660 people. We excluded 1,487 mothers admitted to deliver babies due to the different nature of their experience. We also excluded people who did not complete the question on overall care. Three patients 17 years or older who received care at the Children's Hospital at Westmead were excluded when the performance of area health services or hospitals was compared.

During the month that they stayed as an overnight patient:

- 45 per cent of participants indicated that an illness or injury kept them in bed for five or more days.
- 58 per cent had not been in a hospital overnight at any other time in the past six months. An additional 23 per cent had been in hospital overnight one other time and 17 per cent more than one other time.
- Survey participants were generally healthy with a majority rating their health, in general, as excellent (6%), very good (21%) or good (35%).
- Most were 60 or older (63%) or 50 to 59 years (14%) of age.
- The majority spoke English (86%) in their home.
- Almost half either completed Year 12 at school (15%), had a university or post-graduate degree (12%) or a trade or technical certificate (20%). Others reported that the highest level of education was less than Year 12 (45%) or did not answer the question (8%).
- A majority were treated as public patients (70%).

In 2009 8,805 adult day only patients completed the NSW Health Patient Survey but analysis in this report is limited to the 8,646 people. We excluded 159 people who did not complete the question on overall care. Four patients 17 years or older who received care at the Children's Hospital at Westmead were excluded when the performance of area health services or hospitals was compared.

During the month they were a day only patient:

- 15 per cent indicated an illness or injury kept them in bed for five or more days.
- Survey participants were generally healthy with a majority rating their health, in general, as excellent (9%), very good (27%) or good (36%).
- Most were 60 or older (56%) or 50 to 59 years of age (16%).
- The majority spoke English (84%) in their home.
- Half either completed Year 12 at school (16%), had a university or post-graduate degree (13%) or a trade or technical certificate (20%). Others reported that the highest level of education was less than Year 12 (45%) or did not answer the question (7%).
- Most were treated as public patients (82%).
- Of all day only patients, 74 per cent reported that their hospital day only admission was planned in advance. The remainder were either emergency or urgent (17%) or unplanned for other reasons (3%).

Results are reported for large public hospitals. The Bureau was able to calculate reliable estimates for large public hospitals, because these hospitals had large sample sizes and low standard errors of hospital parameters within the statistical models. Hospitals with fewer respondents are reported as a group for each area health service.

The NSW Health Patient Survey is one of several strategies used by NSW Health to gain a complete picture of patient and carer experience and to inform health service improvement. A detailed summary of the 2009 NSW Health Patient Survey and the quality of its data are in the *Insights into Care: Data Quality Supplement* at www.bhi.nsw.gov.au.

APPENDIX 2

NSW Health Patient Survey 2009 – Care experiences not associated with patients' ratings of overall care

The NSW Health Patient Survey 2009 includes a number of questions on patients' experiences with care. Figures 1 and 2 list the factors that had a statistically significant influence on patient ratings of care and these factors are in rank order. The analyses showed that patients' responses to the questions in Table 1 do not influence patients' overall ratings of care. However, the answers to these questions might be important to include in the survey for other reasons such as monitoring the impact of specific initiatives to improve care.

Table 1: Care experiences that are not highly associated with patients' overall ratings of care

Admission date changed by the hospital
Admission process organised
Patients needed to give same information more than once during admission
Staff explained why test is required understandably
Patients were informed how to prepare for the tests
Informed when the results would be ready
Explain anaesthetic or pain relief for the procedure
Results of surgery explained understandably
Informed by staff about side effects of new medicine
If a hand basin was available at bedside/in room
If patients reminded staff to wash their hands
Staff washed their hands before providing care
Doctors talked as if patient wasn't there
Feel comfortable to ask questions from staff
If staff talk to patients in case of anxieties or fears
Explain reason for delay to go to ward or room
Explain reason for delay in procedure to start
Staff said different things about one thing
If nurse checked identification band
Machine available to give pain medicine
One particular doctor in charge
Availability of parking
Family given information about your treatment
Side effects to watch for after going home
Information to the family to help patient recover
Informed about danger signals after going home
Informed about when to resume activities

ACKNOWLEDGMENTS

In February 2009 over 20,000 overnight and day only patients completed the NSW Health Patient Survey after being discharged from a public hospital in NSW in order to share information about their first-hand experiences. Their contributions made this report possible.

The Bureau of Health Information acknowledges advice provided by the Advisory Committee it established for this report. Members were Ms Jane Gray, Director Innovation Support, Hunter New England Area Health Service, Ms Sue West, Board Member, Bureau of Health Information and Dr Karen Luxford, a Commonwealth Fund Harkness Fellow in Health Policy and Practice studying healthcare organisations that excel at improving care experiences.

Special thanks also to our external reviewers Dr Kim Sutherland and Professor Kate White.

The Bureau acknowledges contributions from Ms Barbara Dougan, Mr Lee Holmes and Mr Raj Verma from the Department of Health who provided invaluable information about the history and methods of the NSW Health Patient Survey program.

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This report relies solely on patient survey data collected and digitised by researchers and analysts at IPSOS Australia Pty Ltd and NRC+Picker, as well as case-weights calculated by them and verified by the Bureau's staff.

ABOUT THE BUREAU

The Bureau of Health Information is an independent, board-governed organisation established by the NSW Government to be the leading source of information on the performance of the public health system in NSW.

Our Mission

The Bureau provides the community, healthcare professionals and the NSW Parliament with timely, accurate and comparable information about the performance of the NSW public health system in ways that enhance the system's accountability and inform efforts to increase its beneficial impact on the health and well-being of people in NSW.

Our Board

Professor Bruce Armstrong AM (Chair)
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Ms Sue West
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The Bureau of Health Information is a statutory health corporation. The conclusions in this report are those of the Bureau of Health Information and no official endorsement by the NSW Minister for Health or the NSW Department of Health is intended or should be inferred.

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REFERENCES

- 1 Sandoval GA, Barnsley J, Berta W, Murray M, Brown AD. Sustained public preferences on hospital performance across Canadian provinces. *Health Policy* 2007; 83:246-256.
- 2 Robertson R, Dixon A. *Choice at the point of referral: Early results of a patient survey*. The Kings Fund. November 2009.
- 3 IPSOS NRC+Picker. *NSW Health Patient Survey 2009 Statewide Report*. November 2009.
- 4 IPSOS NRC+Picker. *NSW Health Patient Survey 2008 Statewide Report*. December 2008.
- 5 IPSOS NRC+Picker. *NSW Health Patient Survey 2007 Statewide Report*. June 2008.
- 6 Jenkinson C, Coulter A and Bruster S. The Picker Patient Experience Questionnaire: development and validation using data from in-patient surveys in five countries. *International Journal for Quality in Health Care* 2002: 353-354.
- 7 Sizmur S, Redding D. *Core domains for measuring inpatients' experience of care*. Picker Institute. September 2009.
- 8 Richards N, Coulter A. *Is the NHS becoming more patient-centred? Trends from the national surveys of NHS patients in England 2002-07*. Picker Europe. September 2007.
- 9 Sizmur S, Redding D. *Core domains for measuring inpatients' experience of care*. Picker Europe. September 2009.
- 10 Sandoval GA, Barnsley J, Berta W, Murray M, Brown AD. Sustained public preferences on hospital performance across Canadian provinces. *Health Policy* 2007; 83:246-256.

