



QUARTERLY REPORT – INPATIENT SURVEY RESULTS

MARCH 2021 – JUNE 2021

Evidence tells us that patient experience is a good indicator of the quality of our health services. Better experience, stronger partnerships with consumers, patient and family-centred care have been linked to improved health, clinical, financial, service and satisfaction outcomes. Patient feedback is used by teams to monitor and improve the care we provide. Understanding how people experience healthcare gives us valuable insight and an opportunity to celebrate our success, do more of what we are doing well and to find ways of how we can do better.

Every fortnight we invite patients who have spent at least one night in hospital to participate in our patient experience survey. An invitation to participate in the survey is delivered via email or a link in a text message.

Taking part is voluntary. The survey asks patients to rate and comment on their experiences in four domain areas: communication, partnership, co-ordination and physical/emotional needs.

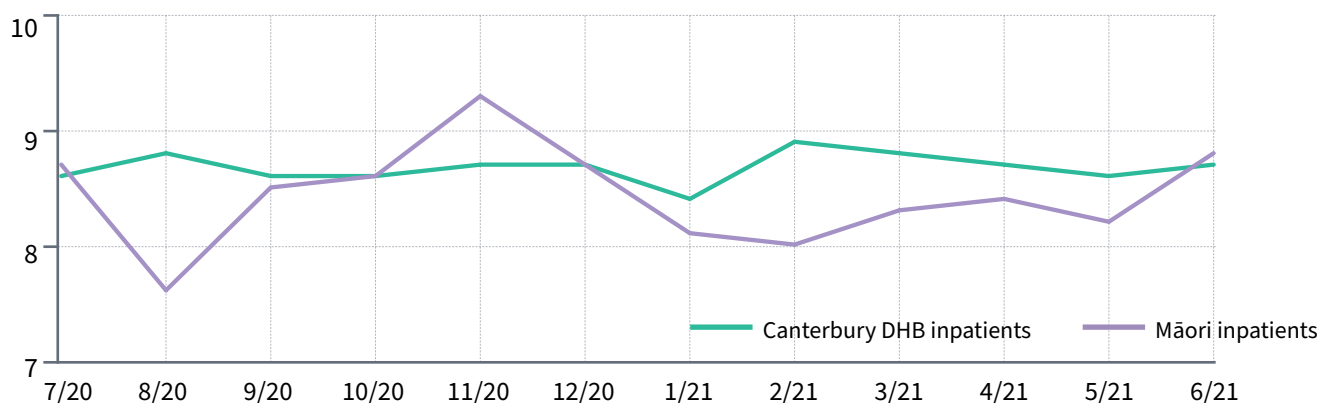
Responses are completely anonymous. Comments are reviewed to ensure staff and patient confidentiality. Feedback is verbatim, and comments are published as submitted (including spelling and grammatical errors). The results of the surveys are available on the intranet for all staff to view. All staff have access to both inpatient and outpatient's feedback.

INPATIENT DOMAIN SCORES FOR MARCH – JUNE 2021

* All respondents are asked to rate their experiences in these 4 domains



Inpatient Experience Survey – Average domain scores out of 10 | Monthly comparison for the last 12 months



Additional questions were added to the inpatient survey March 2020 to monitor patient experiences of the Covid-19 pandemic about hand hygiene. From March – June 2021, 1860 inpatients answered this question. 84.2% told us that staff *always* used hand sanitiser or washed their hands before touching or examining.

Additional questions about bedside boards were added to the survey in April 2021. 1253 inpatients answered the question with 36.4% telling us the information on the bedside boards was *always* discussed with them, 21.8% told us the information on the bedside boards was *sometimes* discussed with them.

Ask what matters
Listen to what matters
Do what matters

WHAT WE ARE DOING WELL, AND WHAT WE COULD DO BETTER

* Respondents who answered 'Yes, definitely' or 'Yes, to some extent' are counted in the overall percentage score

HIGHEST RATED QUESTIONS

Overall, did you feel staff treated you with respect and dignity while you were in the hospital?	93%
Before the operation did staff explain the risks and benefits in a way you could understand?	93%
Overall, did you feel staff treated you with kindness and understanding while you were in the hospital?	92%

LOWEST RATED QUESTIONS

Was your information on the bedside board discussed with you?	47%
Did a member of staff tell you about medication side effects to watch for when you went home?	65%
Did the hospital staff include your family/whānau or someone close to you in discussions about your care?	67%

WHAT ARE OUR MĀORI CONSUMERS SAYING?

HIGHEST RATED QUESTIONS

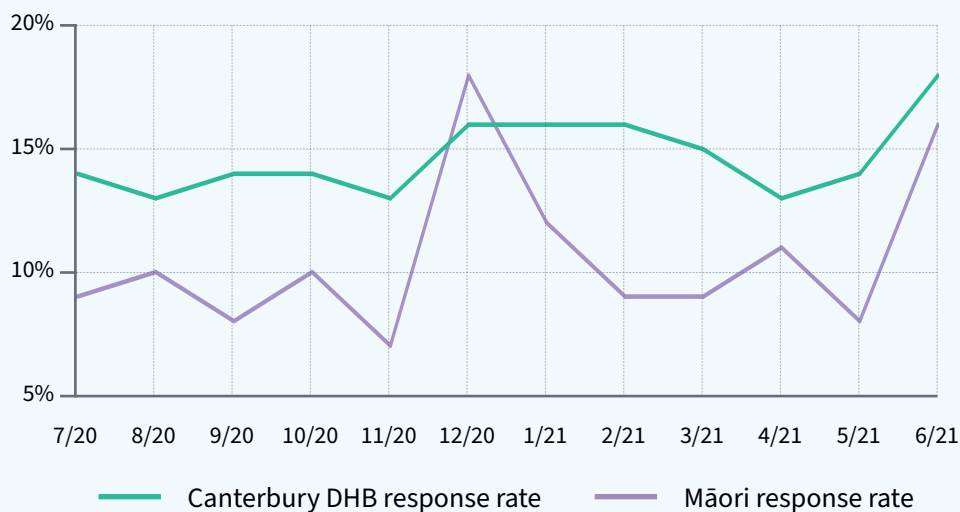
Before the operation did staff explain the risks and benefits in a way you could understand?	95%
In your opinion, how clean was the hospital room or ward that you were in?	92%
Were you given enough privacy when discussing your condition or treatment?	91%

LOWEST RATED QUESTIONS

Was your information on the bedside board discussed with you?	51%
Did a member of staff tell you about medication side effects to watch for when you went home?	67%
Do you feel you received enough information from the hospital on how to manage your condition after your discharge?	71%

INPATIENT SURVEY RESPONSE RATES

Monthly comparison for the last 12 months (percentages)



What are we doing about our low response rate to the survey?

Prompting patients to keep their details up to date when they come in to hospital so they get a survey link.

Encouraging patients to take our survey so that we can get a better sense of how we are providing services for them.

Refreshing our posters in ward areas to promote the survey.

Engaging with our Māori and Pasifika health workers to promote the survey to the patients they engage with.

During the March – July quarter **30,857** invitations to participate in the survey were sent.

4,668 responded – a response rate of **15%**.

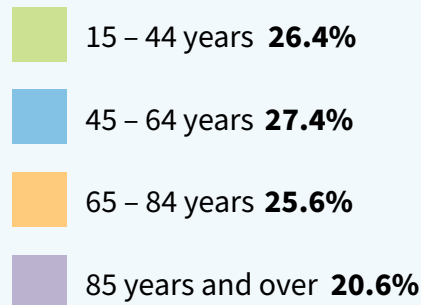
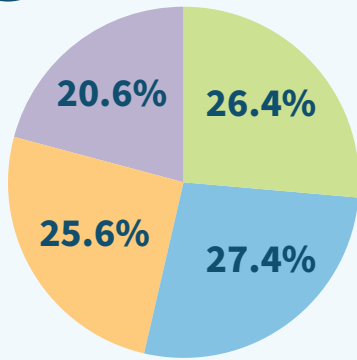
Inclusive of this number, **2,596** Māori consumers were invited to participate in the **survey** –

247 responded – a response rate of **9.5%**

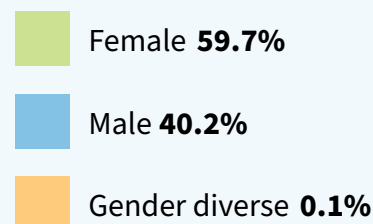
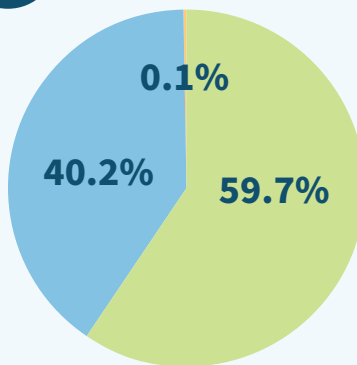
SURVEY DEMOGRAPHICS



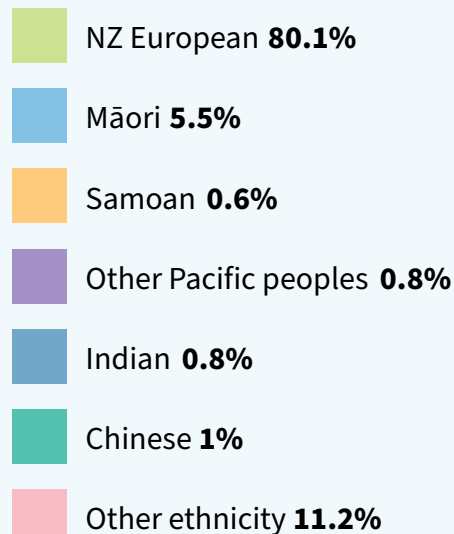
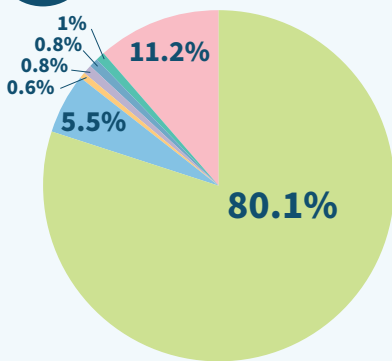
Age groups



Gender



Ethnicity



WHAT ARE OUR CONSUMERS SAYING?

7,005
comments

were published in
the last quarter
March 2021 – June 2021

“It was amazing and all CDHB staff I encountered were professional, kind and empathetic. It must be a challenging environment, in which to work and all staff really put me first.”

“I am so impressed with our health system, the professional talented staff and the care and treatment I received. Even down to the support I was given during MRI, CT. ED doctor visited me in ICU, surgery nurse in CCU cardiologist would pop his head in as going past and probably many other instances I was unaware of.”

“Can’t thank everybody enough. Your hospital and staff was like staying at the Hilton Hotel. Amazing. I’m just pleased I arrived at your beautiful hospital.”

“My surgery was a success and am now able to get back to my life again. I am very thankful to the whole team and the public health system for this.”

“While being escorted around the hospital for different procedures I noticed how friendly, calm and professional the staff were - smiles were given by passing staff, a quick word of encouragement here or there. It reassured me as a patient that the hospital is filled with great people. Your staff saved my life and words cannot express how incredibly grateful I am!”

“I think possibly once you get too old you’re pretty much just a number.”

“The care was really good and a nice surprise after hearing bad things about the maternity ward. The food was terrible though”

“I shared a room with two men who were lovely, but it did make me feel uncomfortable a little when I had to be examined for have things done. All effort was made to make sure curtains were pulled and privacy kept but it still made me a little uneasy”

IN THE LAST 12 MONTHS:

2,986
consumers commented
specifically about
how we could improve their experience in hospital

1,780
consumers commented
specifically about
hand hygiene

3,979
consumers commented
specifically about
communication

EVER WONDERED WHAT HAPPENS TO PATIENT FEEDBACK?

The Quality facilitators at Christchurch Hospital are keeping a close eye on what our patients are telling us. They regularly review patient feedback and share it with teams to celebrate what is being done well and to give teams a heads up if things are not going so well.

This month, Bronnie Hooker – Quality Facilitator Christchurch Hospital – is watching out for feedback from patients or their family member’s experience with delirium for the Delirium Assessment and Management Group. There hasn’t been much feedback from patients (and their families/whānau) with dementia, delirium or confusion and how they navigate the hospital system. Looking at the comments from the Patient Experience Survey gives a good insight in to how we can improve their stay with us.

“I was completely confused & have no memory of 2 days. During this time my sons, especially my Sydney son, was able to ring as often as was needed as my condition deteriorated, including overnight. Then he was able to determine that he needed to come over straight away. Whilst here he was allowed to be with me all day with no sense of anyone shooing him out the door at any time. I greatly appreciated that”

“With delirium I don’t know what I’m doing and the nurses watch over me”

“Dad is very hard of hearing and due to his age gets confused sometimes so relies on family to get the information and explain to him later. Not always possible as we weren’t there when Drs visited so communication was a bit challenging but understandable”

“Staff were friendly at all times, they went the extra mile, in particular when speaking to my 95 year old mother who is hard of hearing and confused”

“My wife was not contacted during the night that the delirium started leading me to be in a very agitated state that resulted in me pulling out my catheter. If my wife had been asked if she would come in this is unlikely to have occurred as I felt safe with her beside me”

One of the recommendations from the Delirium Assessment and Management Group is to consider using the Kōwhai conversation chart, a new concept being used at Burwood Hospital.

The concept for the Kōwhai chart came from Burwood’s original Sunflower chart that has been utilised since 2015. The Sunflower chart was being used on the Sunshine Coast in Australia for encouraging conversations with patients with dementia, delirium or confusion.

Feedback from our Māori Health Partners asked why we weren’t using a New Zealand flower. Burwood spent some time looking for something that would meet the needs of their patients and the Kōwhai was chosen. Luckily Burwood have a resident artist Lynne Brice (PA to the Director of Nursing) who whipped one up!

Fiona Graham, Kairuruku Hotaka/Programme Coordinator – Kōwhai Programme, is very excited. “The Kōwhai companion programme is based on similar models in Australia. The aim is to train volunteers, who will be known as ‘Kōwhai Companions’ to provide person centred emotional support, enhance meaningful occupation, and practical assistance to patients who are at risk of developing delirium. Evidence suggests these programmes may help reduce the risk factors that can contribute to delirium such as anxiety, dehydration and malnutrition. I am hopeful that the programme will also show a reduction in patient harm from falls, pressure injuries and other hospital acquired illnesses. That can only be good for our elderly patients”.

Keep an eye out for the Kōwhai charts and help us fill them in!



Fiona Graham and Lynn Brice modelling the Kōwhai Conversation chart.