

# Waitaha Canterbury

## Inpatient Experience Survey

### Te Rūri Wheako- ā-Tūroro



## PUBLIC REPORT - INPATIENT ADULT SURVEY RESULTS

### October – December 2022

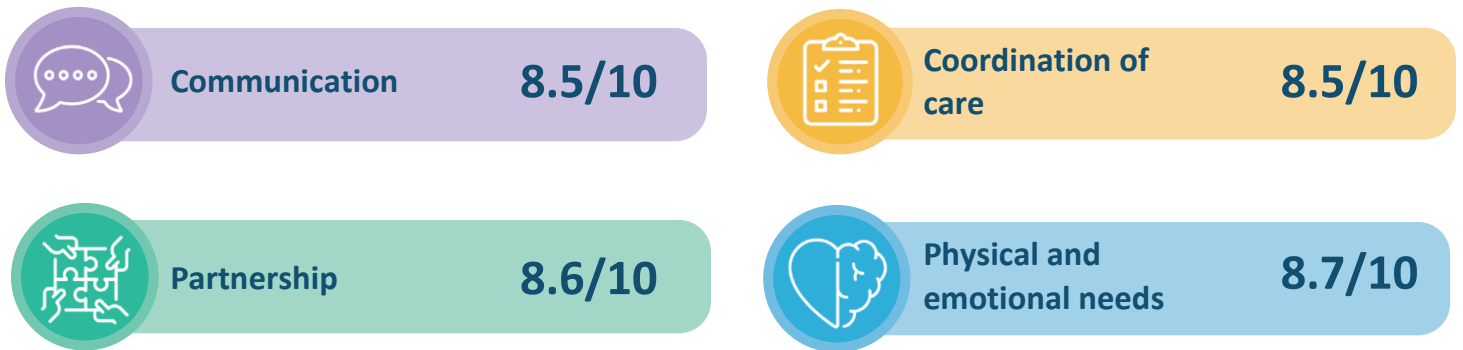
Evidence tells us that patient experience is a good indicator of the quality of our health services. Better experience, stronger partnerships with consumers, patient and family-centred care have been linked to improved health, clinical, financial, service and satisfaction outcomes. Patient feedback is 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.

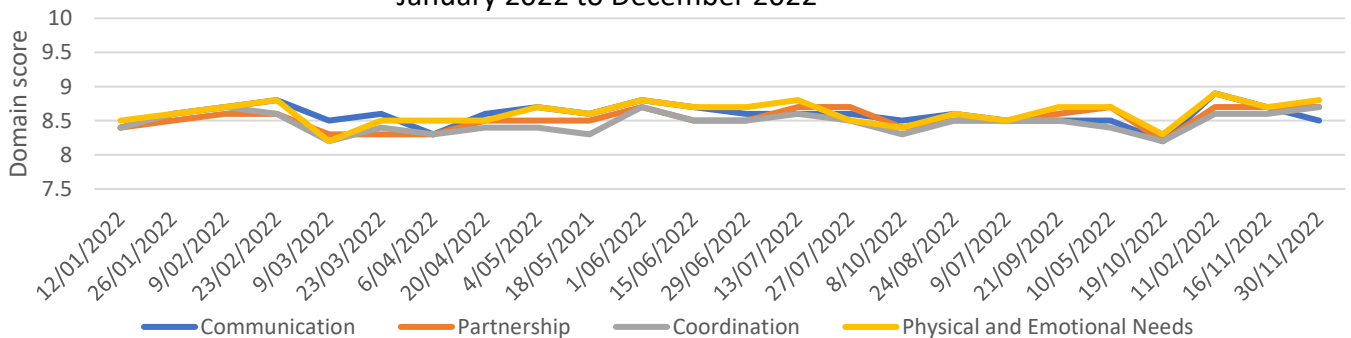
Responses are completely anonymous. Comments are reviewed to ensure staff and patient confidentiality. Feedback is verbatim, and comments are published as submitted (including spelling and grammatical errors). All staff have access to the Inpatient, Outpatient, Child and Parent and SMHS survey results.

### INPATIENT DOMAIN SCORES FOR OCTOBER - DECEMBER 2022

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



Inpatient Patient Experience Survey Domain score out of 10  
January 2022 to December 2022



- The domain 1-10 scores and quantitative questions continue to inform us and help us understand the patients lived experience. We know that Covid-19 and increased Covid-19 restrictions has had an impact across all domains, but we continued to ask the right questions and listened to what matters.
- Analysis has been completed on whether patients were empowered to maintain contact with family/whanau or significant others and whether they felt safe during Covid-19 visitor restriction times have been completed. Results are great but a small quality improvement has been identified – see below.
- Analysis on whether spiritual/te taha wairua needs are being met improvement activity is also discussed below.
- The updated Inpatient survey is due for release late January 2023

**Ask what matters**  
**Listen to what matters**  
**Do what**

## WHAT ARE OUR CONSUMERS SAYING?

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

### HIGHEST RATED QUESTIONS

During your most recent hospital visit, did the staff listen to your views and concerns? <b>Doctors</b>	<b>100%</b>
During your most recent hospital visit, did the staff listen to your views and concerns? <b>Other members of healthcare team</b>	<b>100%</b>
Were you told what the medicine (or prescription for medicine) you left the hospital with was for?	<b>100%</b>

### LOWEST RATED QUESTIONS

Was your information on the bedside board discussed with you?	<b>49%</b>
Were you kept informed as much as you wanted to be about your care and treatment?	<b>63%</b>
Were you told the possible side effects of the medicine (or prescription for medicine) you left hospital with, in a way you could understand?	<b>67%</b>



### What our Māori Consumers saying:



### HIGHEST RATED QUESTIONS

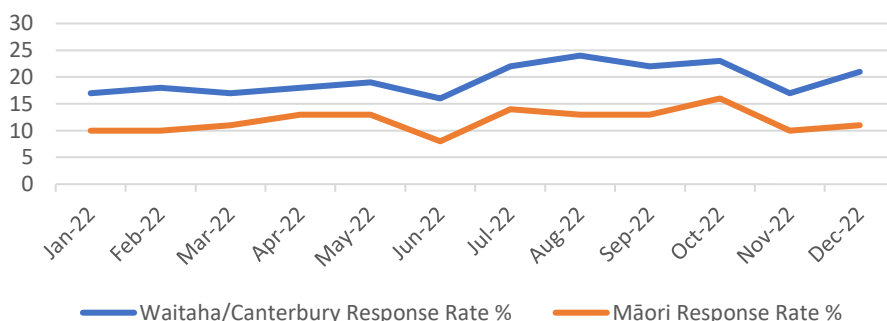
Before the operation(s) did staff explain the risks and benefits in a way you could understand?	<b>94%</b>
Were the hospital rooms or wards (including bathrooms) kept clean?	<b>90%</b>
Did hospital staff help you get to the bathroom or to use a bedpan as soon as you wanted?	<b>89%</b>

### LOWEST RATED QUESTIONS

Was your information on your bedside board discussed with you?	<b>45%</b>
Did you have enough information about how to manage your condition or recovery after you left hospital?	<b>68%</b>
Did the hospital staff include your family/whānau or someone close to you in discussions about your care?	<b>69%</b>

## Waitaha Canterbury 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

From October to December 2022, **9,876** invitations to participate in the survey were sent via email or SMS. **2,176** were completed a response rate of **24%**  
 Inclusive of this number, **697** Māori consumers were invited to participate in the survey via email or SMS **94** were completed – a response rate of **13.4%**

You said ...

## Communication

- 😊 At the time of being told I was still not with it but the doctor came back and explained it to my partner.
- 😊 My mother's hard-of-hearing only has one hearing aid I was able to stay with her and consult with nurses and doctors on behalf of my mother.
- 😊 I found it hard to ask questions of my doctors due to the large amount of student doctors in the room, and they were in such a hurry I often didn't get a chance to ask to follow up questions. Other than that, everything was amazing.
- 😞 I went home not knowing next steps, if I was being sen again? What to do next? Communications needs to improve, just spend 10 minutes explaining what happened and what to do next? I felt in the dark regarding tests and treatments. Doctors appeared to run in and out as quickly as they could.

What we are doing

## Partnership

- 😊 They explained what they were doing and why and made me feel at ease
- 😊 **Dr Bills was outstanding - every time she met with [name] she sat/knelt to her level, listened attentively and managed to ask questions to which [name] replied more clearly than to anyone else. The nursing staff were always available and encouraged me to be present for hours on end in order to keep [name] more settled ....Overall, the hospital provided the best experience and care possible under our particular circumstances. The PIT Stop meetings in B2 at Burwood are an innovative and useful experience for the family - including [overseas] based family joining in phone conferences.**
- 😞 They weren't involved other than trying to force monitoring I did not want
- 😞 Our discharge medication was not explained to my husband or myself well at all. I had to ask for this information myself, which we were given on a post it note. I had to really fight to be heard during my stay.



**Jools (Julie) Lawson CNM B2, Hayley Johnson (physio), Laura Kevern HO B2, Emma Losco Geriatrician, Robin Buan RN B2, Sarah Oquist**

## Coordination of Care

PIT Stop (= Patient Interdisciplinary Team Stop) is a new process designed to effect patient-centric co-ordination of care through teamwork and communication. The PIT Stop project started as a trial on Ward B2 at Burwood Hospital in December 2020 and after initial experience and feedback has been further development and endorsed by the OPH&R leadership team for rollout across all the OPH wards. This replaces the traditional weekly IDT meeting which did not involve patients.

Dr Emma Losco Consultant Geriatrician says "Having a time and place where the right people are to have the conversation is a definite enabler of care plans that align the patient's goals and expectations with that of the team caring for them. Everyone needs to be on the same page, that way we are all committed to following the plan made. On (B2) at Burwood, weekly PIT Stops (= Patient Interdisciplinary Team Stop) for each patient with

whānau invited have been introduced. PIT stop is 'facilitated by the patient's key worker who is a member of the ward team and key decision makers from the patient and whānau perspective and also from the treating team. Goals, expectations and the rehabilitation plans are discussed, alignment of the patient's views are checked; and it is all written down. Set ups like this make conversations happen naturally and encourage the patient and whanau to bring questions and concerns to the right place. Whanau have shared that they like talking to 'the team' and know that the issue can often be sorted out 'there and then. Utilising this approach has been a great success for all involved so far".

See page 2 of this report. The third lowest ranking on questions is for the question. ***Did the hospital staff include your family/whānau or someone close to you in discussions about your care?*** We will be monitoring this question as one of the measures for the PIT stop project.

Coordination of Care	Personal Needs
<p>😊 I was given a 'heads up' that on the morning of the day I was discharged it would be during the afternoon and not the morning because of staff workload processing the discharge. This was most useful as it allowed me to communicate with my wife who in turn was looking after our grandson.</p> <p>😊 Operated on straight away, well cared for afterwards</p> <p>😊 most information i was given was consistent, staff were expecting me when i arrived, being transferred to o/n room was as explained, the nurses in both sections introduced themselves to me and told me their names and who they were to me</p> <p>😊 Staff had a full house...busy busy busy how they manage is totally AMAZING...look after the Staff I say make sure they are not forgotten</p> <p>😊 There's a pitiful amount of proper communication between services. One group would tell me one thing, then someone else from a different department would tell me another thing.</p> <p>😊 Was not referred to district nurse so I was buying and changing my own dressings. Was not given any extra dressings on discharge.</p> <p>😊 There was a lot of different staff offering different advice and different levels of care</p>	<p>😊 All the staff at hospital were treat me with respect and dignity and support me in all the ways that I needed it.</p> <p>😊 Felt respected and heard during my stay. Nurses / orderlies / technicians were amazing</p> <p>😊 Staff helped me to get to the bathroom whenever I needed to</p> <p>😊 All staff listened, right down to staff delivering meals. As I had [condition] she offered to put the meals on a small plate. Please pass on my personal thanks, I think I was in [named room]</p> <p>😊 they helped me charge my phone in</p> <p>😊 One of the nurses provided her personal phone charger because I had forgotten mine and also offered me her oat milk as there were no non dairy options provided on the ward.</p> <p>😞 i asked about anglican support, but they said that this service discontinued...it would have been nice</p> <p>😊 the wait times were a real pressure on emotional and mental health</p> <p>😊 Just the touching me without asking first was the nurse aide (helper) grabbed at my clothes n touched me without asking when one of the monitor clips had come off and yes i did mention it to the nurses</p> <p>😞 I asked to see a chaplain and requested this in writing, but never saw one.</p>

**You said**

**What we are working on**

**Spiritually/Te Taha Wairua** In January 2023 a specific question for spirituality has been included to helps us identify opportunities for improvement in this area.

**Access to Mobile Phones for contacting family/whanau**

When reviewing survey questions around whether patients felt safe or were able to contact family easily, it was found that 98% of patients felt safe and that 89% could easily contact family using a phone. A gem from analysing these comments was that 11% were unable to contact friends / family / whānau.

Reasons for this were:

- not having their cell phone and or charger with them on admission
- not having contact numbers as they were not programmed in the phone
- unaware of landlines available and unaware they could approach staff to use a phone
- wifi was poor to ring people, facetime restricted in certain areas.

The Quality and Patient Safety Team has commenced developing a plan of how we can go forward to ensure contact with significant others is available to all patients at all times. Watch this space.

# Demographics

