Waitaha Canterbury

Inpatient Experience Survey
Te Rūri Wheako-ā-Tūroro



PUBIC REPORT - INPATIENT ADULT SURVEY RESULTS July - September 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. We have seen an increase in response rates by updating our response rate criteria, however we continue to aim to raise this percentage and have more consumer voices involved. Remind patient and whānau on discharge to have their say.

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 JULY - SEPTEMBER 2022

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



Communication

8.6/10



Coordination of care

8.5/10



Partnership

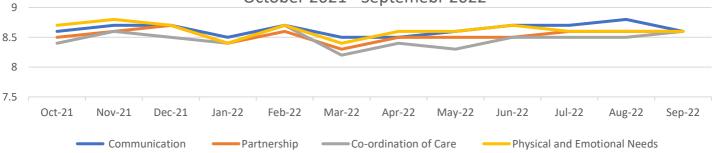
8.6/10



Physical and emotional needs

8.6/10

Inpatient Patient Experience Survey Domain score out of 10 October 2021 - Septemebr 2022





The domain 1-10 scores and quantitative questions continue to inform us and help us understand the patients lived experience. Despite another tough 3 months we are maintaining our scores overall. At times due to resource constraints some domains have dipped but recovered. By monitoring patient comments, teams are continuing to come up with solutions that make care better for patients. See the 5 Q's posters that have been introduced to help us better ensure we answer health consumers questions, it's like a checklist for patient information.

The inpatient survey is currently under review to align with the Health Quality & Safety National Survey and the Ngā Paerewa Health & Disability Services Standard 2021 that came in effect in February 2022.

Endorsed for release January 2023 Director Quality and Patient Safety

Ask what matters

Listen to what matters

Do what matters

WHAT ARE OUR CONSUMERS SAYING?

| HIGHEST RATED QUESTIONS | |
|---|-----|
| Overall, did you feel staff treated you with respect and dignity while you were in the hospital? | 94% |
| 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 hospital. | 93% |

| LOWEST RATED QUESTION | NS |
|---|-----|
| Was your information on the bedside board discussed with you? | 48% |
| Did a member of staff tell you about medication side effects to watch for when you went home? | 66% |
| 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 | |
|--|-----|
| Did you have confidence and trust in the staff treating you? | 92% |
| Did you have confidence and trust in the staff treating you? | 90% |
| Before the operation did staff explain the risks and benefits in a way you could understand? | 89% |

Was your information on your bedside board discussed with you? Did the hospital staff include your family/whānau or someone close to you in discussions about your care? Did you feel you were involved in decisions about your discharge from hospital? 69%

INPATIENT SURVEY RESPONSE RATES Monthly comparison for the last 12 months (percentages) 25 20 15 10 5 1/09/2021 1/11/2021 1/01/2022 1/03/2022 1/05/2022 1/07/2022 Canterbury DHB Response Rate % Māori Response Rate %

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 July to September 2022, **7,563** invitations to participate in the survey were sent via email or SMS. **1,597** were completed a response rate of **21**%

Inclusive of this number, **743** Māori consumers were invited to participate in the survey via email or SMS **95** were completed – a response rate of **13**%

Communication

- ☑ At the time of being told I was still not with it but the doctor came back and explained it to my partner.
- © Everything was explained to myself/my partner in a way that we could understand.
- © 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]
- 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.
- ② 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 follow up questions. Other than that, everything was amazing.
- Di 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.

Partnership

- © When I explained how prone to nausea I was after former operation I was well listened to and it was expertly taken care of much to my relief
- © Given I live in [town] (out of town & not close to hospital), the doctor & I discussed how comfortable I felt to be discharged when I was vs stay another night. We made that decision together. And it was pointed out to me that there was no pressure whatsoever if felt I needed to stay another night I wasn't made to feel like I was being kicked out.
- ② I was discharged and found out thru a ph call while in nicu I had no idea I was being discharged. It wasn't until my midwife spoke to them I was not discharged and no one had read my file to see I was not fit to be discharged
- ② i get that maternity wards are often full up but i feel more care needs to be taken with first time mum's especially when the father wants to be there
- ② I would have liked to be heard about the reasons i requested my [operation], but it was just told no with no clear explination.
- I felt the standard of care was very high, but I do not feel I was given adequate information before being discharged.

We did ...

The 5 Questions – The 5 Q's

Feeling safe in hospital is knowing what is happening, having discussions with staff about your current status and what the future holds is important. Sharing information to whanau members or your support person needs to be timely, correct, coordinated and carefully delivered and working alongside patients and families when making decisions is crucial. In the patient experience survey the questions in the blue box are asked. These questions sit within the important domains (essential aspects of safe patient care) Communication, Partnership and Coordination of Care.

Do you feel you received enough information from the hospital on how to manage your condition after your discharge?

- •Was your condition explained to you in a way that you could understand?
- •When you had important questions to ask a doctor, did you get answers that you could understand?
- •Were you involved as much as you wanted to be in decisions about your care and treatment?
- Did you feel you were involved in decisions about your discharge from hospital?
- •Did the hospital staff include your family/whānau or someone close to you in discussions about your care?

Canterbury Waitaha is doing this well in these domains, but we always strive to do better. A review of patient experience comments (see blue patient comments) we need to do more.

Hence, the **5 Questions "Stay informed about your Health"** poster has been introduced to the General Medicine Wards . This poster encourages and

Stay informed about your health

Patients and whânau who are informed about their health are likely to feel more satisfied with their hospital stay.

Stay informed by asking your health care team these questions:



prompts patients to ask 5 easy questions. Staff has also been educated to consider whether the

5 Questions has been answered when communicating with patients and whanau

This ensure that patients and their whānau feel more informed about the hospital stay and understand when and what to expect when they are discharged and ensure important questions that matter to patients are answered.

You said...

Coordination of Care

- 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.
- © Operated on straight away ,well cared for afterwards © 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
- © I never once felt neglected. And they made sure that i knew to ring the bell if i needed something.
- ② My main concern was not seeing, and talking to, the surgeon the next morning subsequent to the operation ([they] had taken off for [town]). Another [specialist] ([named]) briefly called in, and all I was told (twice) was "go home, put your slippers on, and stay there"!
- When my operation was cancelled on the day I felt I could have been notified sooner.
- ② I was put on a portable heart monitor and left that way for 4 days and no one could give me a reason why it had to be that long and what they were looking for and it was removed finally when I asked if it was still necessary for it to be there. It was removed but with still no explanation re why.

Personal Needs

- All the staff at hospital were treat me with respect and dignity and support me in all the ways that I need It.
- © Felt respected and heard during my stay. Nurses / orderlies / technicians were amazing
- Staff helped me to get to the bathroom whenever I needed to
- Nurses on admission and on first night gave no explanations of routines or checked that you were comfortable for the night eg by bed was not flat and I just tried to sleep in an uncomfortable position
- i asked about anglican support, but they said that this service discontinued...it would have been nice
- the wait times were a real pressure on emotional and mental health
- ② 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
- I asked to see a chaplain and requested this in writing, but never saw one.

We did

Keywords found within comments

Belief/s, Catholic, Christian, chaplain Faith, Pray, Priest, Religion, Māori, Spiritual, Pastor, Hijab, Jehovah, Muslim Bible, Minister, Church

Keywords <u>not</u> found within comments.

Adventist, Anglican, churchman, clergyman / clergy, cleric, ecclesiastic, faifeau, kaikaukau, Hāhi Hāhi, Ringatū, Paimārire, Jesus, Minita, Mormon, Koran, Kosher, Rātana, Piripono, parson, Seventh day, Sabbath, Shabbat, 'Single sex', 'lgbta', Tapu, Tariao, Hindu / Hindi, Islam, Noa padre, 'Pai Mārire', preacher, Churchman, Presbyterian, Tohunga, Values, Wairuatanga, Practice

Spirituality

Meeting a patients taha wairua/spiritual health needs is important to us and can take different forms for each individual. As a beginning to understanding how we were meeting the patient spiritual needs we ran a key word search to help us understand how we were performing

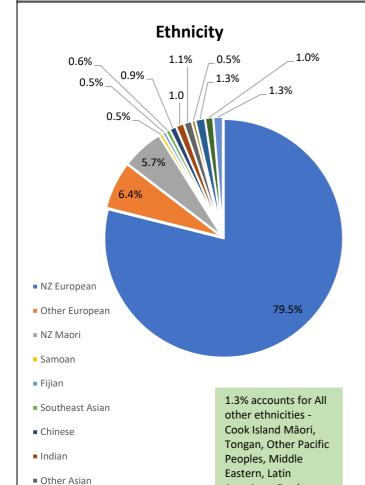
Results From the 16/9/2020 to 15/9/2022, 12004 patients completed the survey. There were 129 comments found by using the keywords bolded to your left. In this period, despite the low number of comments we did gather some rich data. It is surmised that majority of patients are happy about the spiritual care they received.

Key themes were requesting a minister/chaplain - 21% of comments indicate they did not get to see one. Covid restrictions attributed to this, many commented they weren't given any explanation. 14% of comments mentioned that there was insufficient or no discussion about religion / culture / spiritual needs. Several patients received a visit without proper introductions. 4% of patients commented they were spiritually independent. 4% commented that their spiritual needs respected and supported.

An in-depth analysis has been forwarded to our Māori Health Team, Chaplaincy Team, Quality Managers, to review and make changes locally where needed. Next steps are to gather feedback from above teams and repeat this search in September 2023 and see how we are doing. We encourage staff on the wards to review their area with these key word searches and see if any comments come up. The Inpatient survey questionnaire is under review, due for released January

2023. In the reviewed survey, there will be a specific spirituality question, this will give consumers the ability to be more specific around their key needs and thoughts and help staff to continue to meet and improve spirituality care.

Demographics

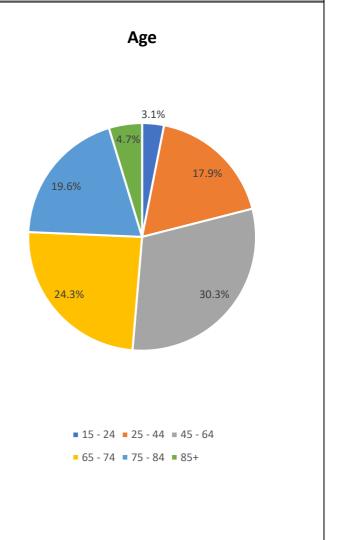


■ African (or cultural group of African

origin)

American, Don't

know



Gender 0.50% 40.8% * Male * Female * Gender Diverse

