# **Canterbury Waitaha**

Inpatient Experience Survey
Te Rūri Wheako-ā-Tūroro



Results of the ADULT INPATIENT SURVEY
July – September 2023

We know that learning about the experience of people who use our service is a good way for us to know how well we are doing. It means we can do more of what we are already doing well and see where we can do better.

Every fortnight we ask people who have spent at least one night in hospital to take part in our Inpatient Experience Survey. We send an invitation to the survey by email or text message and people chose whether they want to take part or not. The survey asks people to comment on their experiences in four areas: communication, partnership, co-ordination, and physical/emotional needs.

Responses are anonymous and we check any comments to make sure no one can be identified. Our teams look at the feedback and use it to help improve the care we provide.

#### **INPATIENT DOMAIN SCORES FOR JULY- SEPTEMBER 2023**

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

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Communication

8.9/10

Coordination of Care

8.7/10

We received

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**Partnership** 

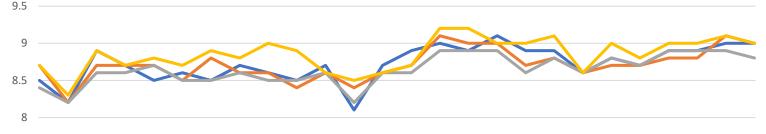
8.8/10



**Personal Needs** 

8.9/10

Waitaha Canterbury Inpatient Patient Experience Survey Domain score out of 10 October 2022 to September 2023



05/10/22

7.5

05/11/22 05/12/22 05/01/23 Communication

05/02/23 05/03/23 Partnership = 05/04/23 05/05/23 05 Co-ordination of Care

05/06/23

05/07/23 05/08/23 -Personal Needs 05/09/23

WHAT'S NEW? In 2022, the <u>Code of expectations for health entities' engagement with</u> consumers and whānau came into effect.



In 2023, the guide for how we measure consumer and whānau engagement Consumer Engagement Quality and Safety Marker was updated.

Did you know that every six months, health districts send information to the Health Quality and Safety Commission (HQSC) on how they are listening to the patient and whānau experience and engaging with consumers?

Ask what matters!

Listen to what matters!

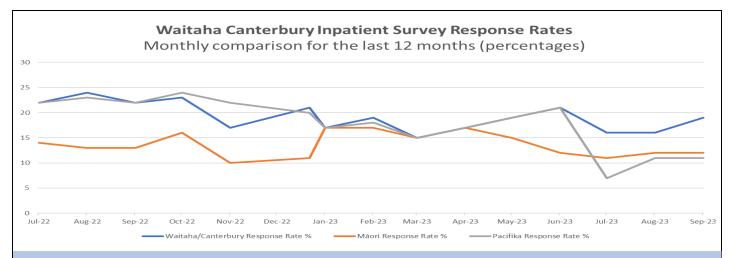
Do what matters!

# WHAT ARE OUR CONSUMERS SAYING?

The following are questions where the highest and lowest percentage of people answered 'Yes, definitely' or 'Yes, always'.

1179 people responded to this survey

HIGHEST RATED QUESTIONS		LOWEST RATED QUESTIONS	
During this hospital visit, did you feel your cultural needs were met?	94%	Was your information on the bedside board discussed with you?	40%
Was your name pronounced properly by those providing your care?	91%	If unable to walk unattended to the hand basin when you needed to clean your hands, were you provided with a suitable alternative?	64%
Did the staff treat you with respect? (Answered with "Doctors, Nurses, Other members of your healthcare team")	91%	Were you told the possible side effects of the medicine (or prescription for medicine) you left hospital with; in a way you could understand?	66%
What our l	Māori Co	nsumers saying?	8
HIGHEST RATED QUESTION	IS	LOWEST RATED QUESTIONS	
id the staff treat you with respect? Did the staff treat you with kindness and understanding? (Answered with "other members of your healthcare team)	3%	Was your information on your bedside board discussed with you?	64%
Did the staff treat you with kindness and understanding? (Answered with "Nurses")	2%	Did hospital staff talk with you about whether you would have the help you needed when you left the hospital?	65%
Did the staff treat you with respect? (Answered with "Nurses and Doctors")	1%	Did the hospital staff include your family/whanau or someone close to you in discussions about your care?	66%
What are our	Pacific C	onsumers saying?	
HIGHEST RATED QUESTIO	NS	LOWEST RATED QUESTIONS	
When you were in hospital did you ever feel you were treated unfairly for any of the reasons below? (Answered "No")	100%	Was your information on the bedside board discussed with you?	60%
Did the staff treat you with kindness and understanding? (Answered "Other members of your healthcare team")	100%	Were you told the possible side effects of the medicine (or prescription for medicine) you left hospital with; in a way you could understand?	67%
Did the staff treat you with respect? (Answered "Nurses and Doctors")	94%	If unable to walk unattended to the hand basin, when you needed to clean your hands, were you provided with a suitable alternative?	<b>79</b> %



From July to September 2023:[Recommend a lighter colour background (or no colour) – for accessibility]

- 6,114 invitations to participate in the survey were sent via email or SMS.
- 1,179 participated, with a response rate of 19.2%.

#### Inclusive of this number:

- **594 Māori** consumers were invited to participate in the survey via email or SMS.
  - o 77 Māori participated in survey— a response rate of 12.9%.
- 205 Pacific peoples were invited to participate in the survey via email or SMS.
  - o 19 Pacific peoples participated in survey a response rate of 9.3%.
- 16.2% of consumers identified as having a disability.

#### What can we do to improve response rate and get more comments?

- Teams promote the survey by using the <u>Patient Experience Waiting Room poster</u> and <u>Patient experience patient information</u>. They explain that it is voluntary and helps us learn to deliver care designed in partnership between the health consumer and the clinician.
- Patients are prompted to keep their details up to date when they come into hospital, i.e. ensuring email, SMS are available, so they can receive a survey link
- Engaging with our Māori and Pacific health workers to promote the survey.
- On discharge, staff remind patients that we want to hear the 'Whānau and Consumer Voice', and that a Patient Experience Survey will be sent to them, and that they can be assisted by a support person to fill out on their behalf, or the support person can fill out the survey if the patient is cognitively unable.



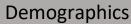
Te Tāhū Hauora works with clinicians, providers, and consumers to improve health and disability support services. Quality and safety improvements will mean fewer people harmed, more lives saved, and financial savings within the sector.

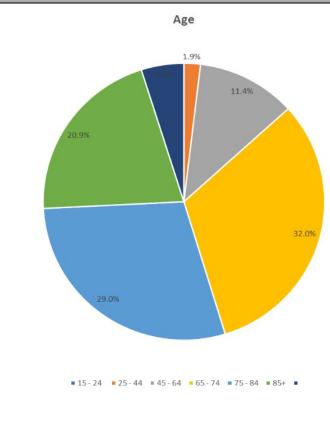
To learn more about the commission visit <u>Meet Te Tāhū Hauora | Te Tāhū Hauora Health Quality & Safety</u> Commission (hgsc.govt.nz)

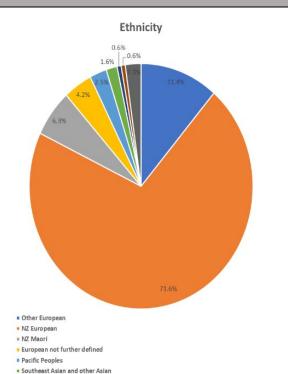
The vision for our health sector is a people and whānau-based system that privileges the voices of consumers and whānau. This link provides information and resources to assist in progressing a health sector which involves these voices in the design, delivery and evaluation of health services. Consumer hub | Te Tāhū Hauora Health Quality & Safety Commission (hqsc.govt.nz)

To learn how to implement the Code of Expectations visit <u>Code of expectations implementation guide | Te Tāhū Hauora Health Quality & Safety Commission (hqsc.govt.nz)</u>

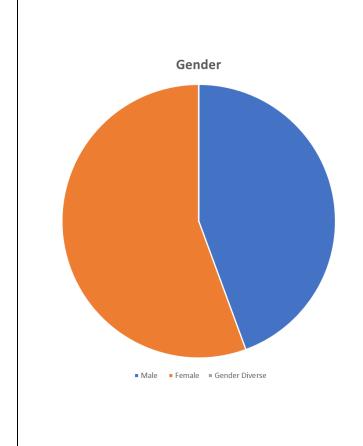
■ Chinese

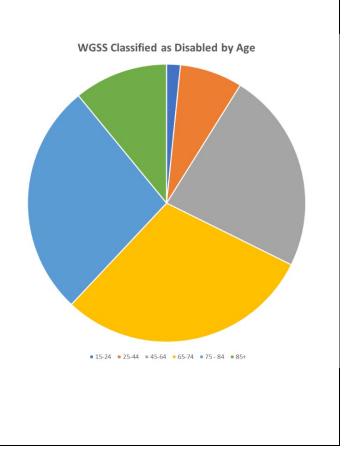






■ Middle Eastern, Response unidentifiable, Latin American/Hispanic, African, Other ethnicitiy





#### WHAT ARE OUR CONSUMERS SAYING?

#### Communication

- © Doctors visited in timely manner. Nurses and other ward staff were available and provided regular updates and answered questions.
- (3) Although staff under stress from so many patients, we never felt they were dismissive with our care and attention. Everything was explained in detail and clearly understood.
- ② Overall was great from the lady who takes my food order to the Doctor and Nurses who looked after me they were all very good and experience in what they do.
- (3) I had the best experience.
- The nurses were lovely in CCU and they almost always had time for a cheerful word or a brief chat, which helped my spirits immensely.
- (a) All physical requirements were met, e.g. equipment, staff availability when needed. Treated with kindness and good humour.
- (E) I was upset about the talk of resuscitation.

# Consumers said...

- Talk of dying and advised to change Advance
  Care Plan. (Question was what happened to make
  you feel you were treated unfairly)
- ETelling me that they did not want to resuscitate me was not done gently. (Question was what could have been done better to involve you in decisions about your care and treatment)
- Assistance with orientation to the bathroom/shower. Verbal communication as to where things were located around me, e.g. food tray, medication cup, remote for bed, call button

## **Partnership**

- (i) I thought the nurses and the doctors were absolutely brilliant. the food was very good I was very happy with my time there thank you very much.
- All aspects of lifting, shifting, toiletries and pain needs well looked after and also handling the dementia symptoms really well.
- From Ambulance right through surgery, transfer to Burwood Hospital and the physiotherapist care it has been exceptional
- (3) Nursing and medical staff always talked through options and gave me opportunities to think about the care I never felt under pressure to undertake a certain option.
- ☼ THEY HAD SET ROUTINES AND DIDNT WANT TO CHANGE
- ② I was heard but also felt rushed to ask, answer or manage pain
- (X) Uninformed
- Would help if nurses introduced themselves, explained who the key nurse was, explained protocols, e.g. bell push several times was emergency. Several elderly patients in the ward did not understand bell call and needed toileting support and were distressed. I do understand the staffing pressures however. My husband was not able to be present outside visiting hours. As a critical support person for me, this meant he was not able to be present for the doctors rounds. I appreciate the need to minimize visitors in a critical care ward but this left me feeling further exposed and vulnerable. His presence would also have reduced the need for nursing support when I needed assistance.

Communicating and partnering well with our consumers is an essential part of safe and respectful delivery of healthcare. While there are many comments above that point to us doing this well, it is important to look at all feedback from consumers to understand what they feel and what gaps there are in us meeting consumer needs, and to learn what we can do better and make changes. The highlighted comments above are trends we are actively watching so we can improve care delivery.

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Talking about care, resuscitation options and/or dying can be challenging. For patients and their whānau to feel safe, clear and compassionate communication is key. Actions taken to address the highlighted comments above have been fed back to clinicians. Clinicians are encouraged to complete the Shared Goals of Care and Serious Illness Conversation Guide education. Key word searches related to Shared Goals of Care and reviewing the performance of overall communication and partnership questions helps us identify how we can improve. We are engaged with Hauora Māori, Pacific peoples and Disability Groups and other consumer groups. See Waitaha Canterbury Pānui News p18 for more details see the Shared Goals of Care Policy and Patient information.

#### Coordination of Care

- (3) Had a very comprehensive picture of expectations on release. they are amazing ladies.
- (3) They arranged Nurse Maude to come and check and change the dressings.
- (3) Admission and discharge was well explained

#### Consumers said ....

- ② Other health care team didn't explain to me what help I needed when I get home e.g. ACC, Home help, Transport etc.
- Answers for next steps
- ②I was going to be discharged without explanation or what to do next. I had to prompt this with discharging doctor.
- Too many miscommunications some in front of me about when I would be discharged and what medication I would be going home with. Just seemed unprofessional.
- I didn't leave the hospital with a clear discharge plan that I understood in terms of my after care or medications. The notes that were provided for Nurse Maude were not clear either.

They had to ask me what I required so I called the hospital. My notes were then updated and forwarded to Nurse Maude.

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### Personal Needs

- ® Nothing. The best resource is your Nurses. They are amazing especially CCU. During my stay and at times serious pain their comfort and aroha helped my through. Simple things as "just breathe" calmed me and helped.
- (3) Hand sanitiser at easy to reach positions.
- (3) All aspects of lifting, shifting, toiletries and pain needs well looked after and also handling the dementia symptoms really well.
- (3) Didn't have any needs. The nurses were excellent in checking.
- ② I felt being a vegan and vegetarian my food needs were not met and those that are doing the catering needs to be more skilled in preparing healthy meals.
- Pain relief was very minimal I was allowed 10ml of morphine every 4 hours I had to beg to get 2ml. On discharge it was so much more bearable to have 5ml every 4 hours it was the first time I had been pain free since the surgery
- Nurses were wonderful but clearly overstretched and unable to give sufficient patient support. I did not feel the care was run as a team and was attended to by nurses hastily rushing between patients, not necessarily aware of the issues of each patient. In a critical ward, this felt risky and as a patient, I felt vulnerable and anxious.

Discharge planning and imparting of information is a priority for the health care services and the consumer. We need to ensure successful discharges home for consumers and their recovery. For this reporting period percentages with the answers "Yes" for related patient experience questions are below.

76.2%

- •Were you told what the medicine (or prescription for medicine) you left the hospital with was for?
- 57.6%
- •Were you told the possible side effects of the medicine (or prescription for medicine) you left hospital with, in a way you could understand?
- 73.4%
- •Towards the end of your visit, were you kept informed as much as you wanted about what would happen and what to expect before you could leave the hospital?
- 58%
- Did hospital staff talk with you about whether you would have the help you needed when you left the hospital?

Work has been completed for discharges including the 5 Questions and What Matter to me posters, but we still have a



way to go
with discharge
and
medications.
Watch this
space for
updates.