



HEALTH QUALITY & SAFETY  
COMMISSION NEW ZEALAND



# Patient experience: making it count in quality improvement

Dr Chris Walsh, Director, Partners in Care

**Kia Ora**

my name is:

Let's talk

# Declaration of interests

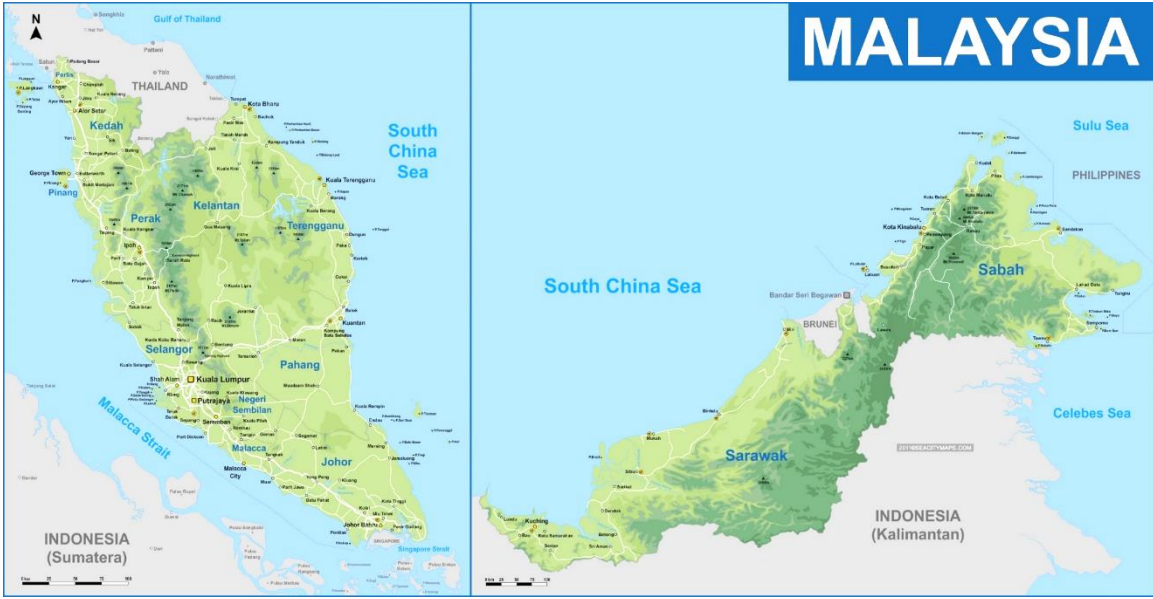
- **My role:**
  - Programme Director for the Partners in Care Programme.
- **Employed/funded by:**
  - Health Quality & Safety Commission, a New Zealand Crown-owned entity.
- **Other interests:**
  - Nil.

# Today's presentation

- Where are we and who are we.
- The national survey.
- Consumer engagement.
- Co-design.
- The pilots.
- Where to now?



# MALAYSIA



**MALAYSIA:**  
Size – 330,803 km<sup>2</sup>  
Population - 30.3 million



HEALTH QUALITY & SAFETY  
COMMISSION NEW ZEALAND

**NEW ZEALAND:**  
Size - 268,021 km<sup>2</sup>  
Population – around 4.8 million



# The Health Quality & Safety Commission

- Began in November 2010 and is a government agency.
- Works with clinicians, health providers and consumers to:
  - improve the quality and safety of services
  - increase consumer engagement and participation.



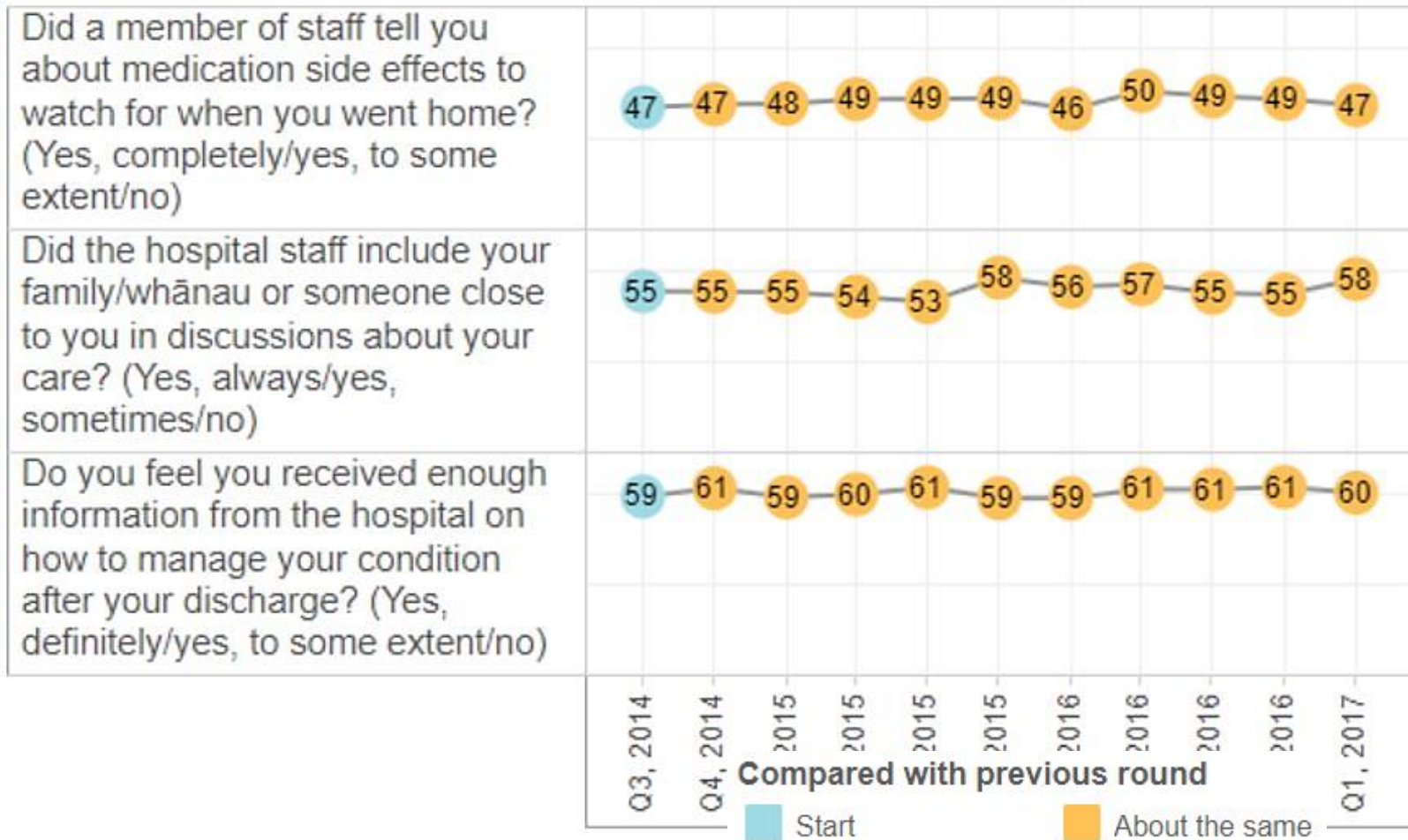
# The patient experience survey

- Quarterly survey began in July 2014, all DHBs must participate.
- For patients aged 15+ with at least one night's stay in hospital.
- Provides consistent data for local assessment and improvement.
- It has open and closed questions
- Responses give each DHB a rating out of 10 in four areas:

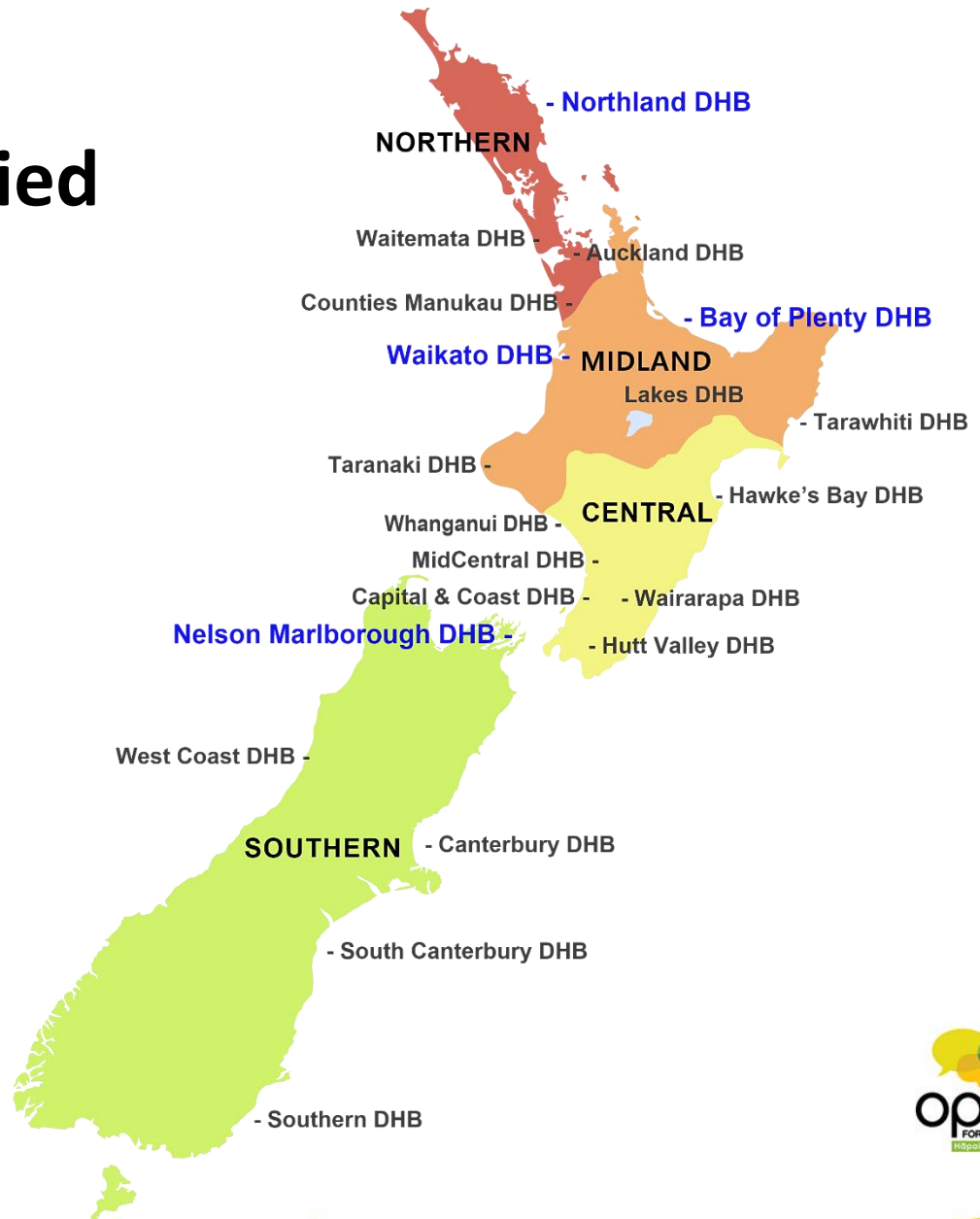
**Coordination – Partnership – Communication –  
Physical and emotional needs.**



# Patient Experience Survey – lowest rating questions (Quarter 1 – 2017)

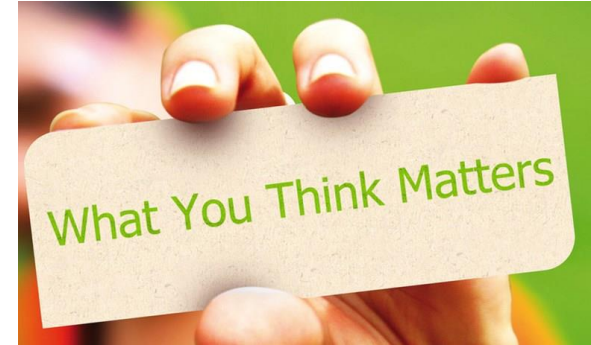


# Pilot sites identified in blue



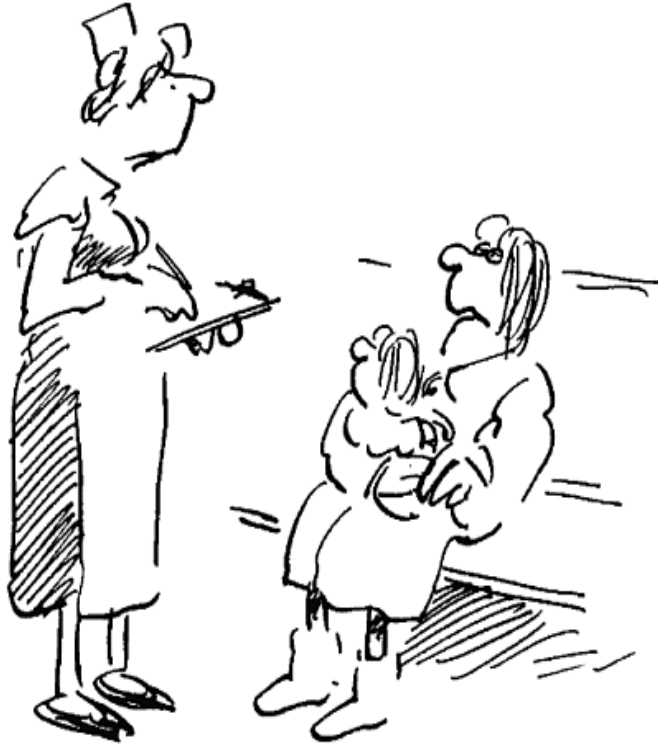


# What we did



- Approached DHBs who had a range of performances, geography, ethnicity and interest.
- Got patient and staff feedback on medication side effects and discharge information.
- Identified what is important to patients and possible causes for their poor experiences.
- Proposed 'quick wins' and 'big wins' to address issues.

# Why involve consumers?



*"Age? You mean now or when we first sat down?"*

*Patient experience, clinical care and patient safety are all linked.*

- **Opens dialogue about what is important to consumers.**
- **Ensures care is more acceptable.**
- **Rights are upheld.**

# Consumers / patients / family / whānau – the largest untapped resource in health



# Co-design

- A method for involving patients and staff in improving the design and delivery of healthcare services.
- How can we truly understand people's experiences of our healthcare service?
- How can we work together to improve them?
- The process can generally be divided into six phases: engage, plan, explore, develop, decide and change.

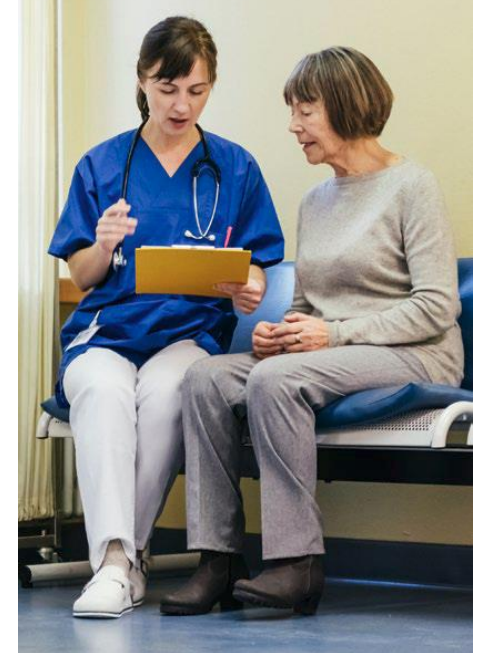
# Co-Design Evaluation Report (2015-16)

*'Most or a lot of professionals think we know what's best for the patient but we don't always... For me that's why co-design is important. When we look back at history, health professionals and management in health services design things to suit themselves, not to suit the people who use it.'* (Staff member)

<https://www.hqsc.govt.nz/our-programmes/partners-in-care/publications-and-resources/publication/2574/>

# Using data to understand patient experience

- Observed discharge discussions with patients.
- Conducted interviews with patients.
- Conducted interviews with staff.
- Held focus groups with staff.
- 48 patients, 51 staff at 4 DHBs.
- Identified what is important to patients.
- Looked at possible causes for their poor experiences.



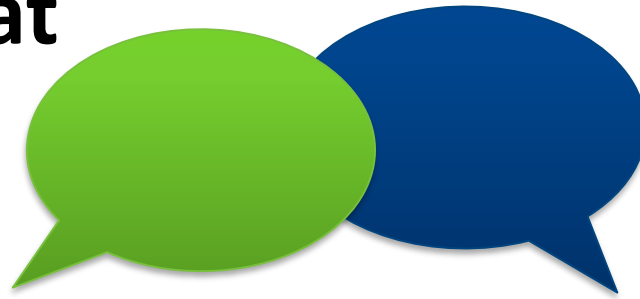


# What was asked of patients and staff



- Medication side effects?
- Condition management?
- Discharge process and summary?

# Some of what was said



## Patients

Explanation about side effects of medications varied:

- Insufficient.
- Rushed.
- Unclear.
- Inconsistent.
- Thorough.

## Staff

- Staff focus on sharing common and serious side effects of medications.
- Patients are likely to panic if they hear all the risks.

# Using data to guide quality improvement

- Design a series of interventions to help patients:
  - Understand the side effects of their medications.
  - Know how to manage their condition at home.
- Expected results:
  - Improved patient outcomes.
  - Reduced re-admission rates.
  - Reduce healthcare costs associated with re-admission.



# 'Quick win' interventions

- Focus on medications with common or serious side effects – educate patients before discharge.
- Create optimised discharge summary for patients – 'dos and don'ts', warning signs, where to get answers.
- Use Discharge Lounge as an education safety net.



# 'Big win' interventions

- Provide follow-up phone calls from hospital after discharge.
- Increase the number of full-time pharmacists in public hospitals.
- Continue to roll out technology-based solutions, eg electronic medicines management.



# What next?

- Three of the four DHBs want to continue working up interventions.
- Focus will be on the 'quick wins' around discharge summary and Discharge Lounge, post-discharge information recall.



Full report at: <https://www.hqsc.govt.nz/our-programmes/partners-in-care/publications-and-resources/?q=raising+the+bar>





Did a member of staff tell you about medication side effects to watch for when you went home? (Yes, completely/yes, to some extent/no)	47	47	48	49	49	49	46	50	49	49	47
Did the hospital staff include your family/whānau or someone close to you in discussions about your care? (Yes, always/yes, sometimes/no)	55	55	55	54	53	58	58	57	55	55	58
Do you feel you received enough information from the hospital on how to manage your condition after your discharge? (Yes, definitely/yes, to some extent/no)	59	61	59	60	61	59	59	61	61	61	60
	03, 2014	04, 2014	01, 2015	02, 2015	03, 2015	04, 2015	01, 2016	02, 2016	03, 2016	04, 2016	01, 2017

