Patient Experience at Point of Care

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Patient Experience
The Triple Aim

- “simultaneous pursuit of better care for individuals, better health for populations, and lower per capita costs of health care” (Institute for Healthcare Improvement)

- Patient experience of care is a core quality dimension of healthcare globally
Definitions and Core Elements

• Institute of Healthcare Innovation
  – “an exceptional patient and family inpatient hospital experience is care that is patient-centred, safe, effective, timely, efficient, and equitable”.

• Institute of Medicine (IoM)
  – “providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions”

• Ministry of Health NZ
  – “The sum of all interactions, shaped by an organisation's culture, that influence patient perceptions across the continuum of care”
National Institute for Health and Care Excellence (NICE) Patient Experience in adult NHS services Clinical Guideline
Measuring Patient Experience

- Patient satisfaction and patient experience reflect interrelated, yet conceptually distinct care outcomes.

  - Patient satisfaction reflects patients’ affective responses to health care processes. Grounded in subjective preferences and expectations.

  - Patient experience reflects what happened to patients.
Press Ganey Survey

1. Degree to which hospital staff addressed your emotional and spiritual needs
2. Extent to which you felt prepared/ ready to be discharged
3. How was the communication/ coordination between staff looking after you?
4. Communication between the doctor and nurses regarding your care
5. Staff efforts to involve you in decision making about your care and treatment
6. Extent to which staff involved your family or caregiver in decision making
7. Extent to which staff communicated with your family or caregiver
8. Response to any patient concerns and/or complaints made during your stay
**Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)**

### PERSPECTIVE

**THE PATIENT EXPERIENCE AND HEALTH OUTCOMES**

<table>
<thead>
<tr>
<th>Question Number</th>
<th>Survey Section</th>
<th>Question</th>
<th>Answer Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Your Care from Nurses</td>
<td>During this hospital stay, how often did nurses explain things in a way you could understand?</td>
<td>Never, Sometimes, Usually, Always</td>
</tr>
<tr>
<td>17</td>
<td>Your Experiences in This Hospital</td>
<td>Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?</td>
<td>Never, Sometimes, Usually, Always</td>
</tr>
<tr>
<td>20</td>
<td>When You Left the Hospital</td>
<td>During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?</td>
<td>Yes, No</td>
</tr>
</tbody>
</table>
# Australian Hospital Patient Experience Question Set (AHPEQS)

<table>
<thead>
<tr>
<th>Interpersonal interactions</th>
<th>Clinical quality interactions</th>
<th>Care delivery interactions</th>
<th>Administrative interactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am heard</td>
<td>I can get the right care at the right time</td>
<td>I have confidence in the professionals treating me</td>
<td>My hospital puts the needs of patients first</td>
</tr>
<tr>
<td>I am cared about</td>
<td>I experience high quality and safe clinical care</td>
<td>I am discharged at the right time with the right plan</td>
<td>My hospital is well managed overall</td>
</tr>
<tr>
<td>I am informed</td>
<td></td>
<td>My personal care needs are attended to</td>
<td>My appointments and waits are well managed</td>
</tr>
<tr>
<td>I am known</td>
<td></td>
<td>My care is tailored to my needs</td>
<td>My feedback is welcome and acted upon</td>
</tr>
<tr>
<td>I am treated as a human being</td>
<td></td>
<td>My hospital is clean and welcoming</td>
<td>My health records are well managed</td>
</tr>
<tr>
<td>I understand what professionals say</td>
<td></td>
<td>Different parts of my care are co-ordinated</td>
<td></td>
</tr>
</tbody>
</table>
Australian Hospital Patient Experience Question Set (AHPEQS)

1. My views and concerns were listened to
2. My individual needs were met
3. When a need could not be met, staff explained why
4. I felt cared for
5. I was involved as much as I wanted in making decisions about my treatment and care
6. I was kept informed as much as I wanted about my treatment and care
7. It was clear to me that staff had communicated with each other about my treatment and care
8. I received pain relief that met my needs
9. When I was in hospital I felt confident in the safety of my treatment and care
10. I experienced unexpected harm or distress as a result of my treatment and care
11. My harm or distress was discussed with me by staff
12. Overall, the quality of treatment and care I received was (very good, good ...)
What do patients really want? An in-depth examination of patient experience in four Australian hospitals

F. Rapport¹, P. Hibbert¹, M. Baysari¹, J. C. Long¹, R. Seah¹, W. Y. Zheng¹, C. Jones², K. Preece² and J. Braithwaite¹

Abstract

**Background:** Patient satisfaction is an important outcome measure guiding quality improvement in the healthcare setting while the patient-centred care movement places increasing importance on patient engagement in clinical decision-making. However, the concept of patient satisfaction is not clearly defined, and beliefs of patients are not always evident in health surveys. Researchers rarely follow up on surveys to explore patient views and what they mean in greater depth. This study set out to examine perceptions of hospital care, through in-depth, qualitative data capture and as a result, to gather rich, patient-driven information on user experience and satisfaction in the Australian healthcare setting; and identify influencing factors.

**Methods:** Focus groups were undertaken in four St Vincent’s Health Australia (SVHA) hospitals in 2017 where participants discussed responses to eight questions from the Press Ganey Patient Experience Survey. Thirty people who were inpatients at SVHA.
Findings

• Emotional needs
• Environments source of emotional stress for patients
• Good communication between staff members
• When communication breaks down, patients can feel frustrated, isolated or disempowered.
• Post discharge follow-up aids adjustment
• Consistent practices, at a high standard, with shared information
• Staff respectful of patients’ needs,
• Patient experience is significantly mediated by poor response to patients’ complaints

Mediators
• Particularly good or poor experiences
• Kindness and responsiveness of the hospital’s nurses and doctors
• Patients who felt less dependent on the good behaviour of staff (minor treatment, day cases) – more positive experience
• Clear information, shared care plans
• Being part of the decisions made and whether family included
A systematic review of evidence on the links between patient experience and clinical safety and effectiveness

Cathal Doyle¹, Laura Lennox¹, ², Derek Bell¹, ²

Author affiliations

Abstract

Objective To explore evidence on the links between patient experience and clinical safety and effectiveness outcomes.

Design Systematic review.

Setting A wide range of settings within primary and secondary care including hospitals and primary care centres.

Participants A wide range of demographic groups and age groups.

Primary and secondary outcome measures A broad range of patient safety and clinical effectiveness outcomes including mortality, physical symptoms, length of stay and adherence to treatment.

Results This study, summarising evidence from 55 studies, indicates consistent positive associations between patient experience, patient safety and clinical effectiveness for a wide range of disease areas, settings, outcome measures and study designs. It demonstrates positive associations between patient experience and self-rated and objectively measured health outcomes; adherence to recommended clinical practice and medication; preventive care (such as health-promoting behaviour, use of screening services and immunisation); and resource use (such as hospitalisation, length of stay and primary-care visits). There is some evidence of positive associations between patient experience and measures of the technical quality of care and adverse events. Overall, it was more common to find positive associations between patient experience and patient safety and clinical effectiveness.
Findings

Positive patient experience and associations with:

• Patient safety
• Clinical effectiveness
  – self-rated and objectively measured health outcomes;
  – adherence to recommended medication and treatments;
  – preventative care (screening services and immunisations);
  – healthcare resource use (hospitalisation and primary-care visits);
  – technical quality-of-care delivery
  – adverse events
Why Measure Patient Experience?

• Importance of patient perspectives on healthcare:
  – Promotion of patient-centred care (Luxford et al., 2011)
  – Signals good quality processes (communication, safety, medications, discharge)
  – Fewer complaints, lawsuits (Cydlulka et al., 2011; Fullam et al., 2009; Stelfox et al., 2005)
  – Stronger loyalty / financial performance (Kessler & Mylod, 2009; Nelson et al., 1992)
  – Associated with significantly improved patient outcomes (e.g., Carter et al., 2018; Kemp et al., 2016; Sacks et al., 2015)
How to explain the association between patient experience and outcomes

• Communication and Patient Centered Care can have a positive effect on important patient behaviours
  – Adherence
  – Trust in care providers
  – Engagement

• This may be the mechanism or mediator for better outcomes
What comfort means to patients

• Comfort is a transient and dynamic state characterised by a sense of positivity, safety, strength and ease (from pain, emotional and physical discomfort and distress, uncertainty, vulnerability, from being in an unfamiliar environment), integrated with a sense of feeling cared for, valued and of accepting care and treatment by choice.

• Wensley et al. 2018
The CALM Framework

The Comfort ALways Matters (CALM) framework
Why is comfort care important?

- Failure to meet comfort needs is related to:
  - increased risk of adverse events
  - persistent chronic pain,
  - reduced quality of life 3 months after surgery,
  - Reduced functional status and emotional wellbeing,
  - Higher LOS
  - Increased hospital readmission rates and delayed rehabilitation.

- A sense of comfort/discomfort relating to cultural acceptance shown to be associated with ethnic disparities in health outcomes:
  - readmission rates and mortality after surgery
  - premature (self) discharge
Conceptual Framework of Patient Engagement

Patient participation in acute care environment

Information
- Explicit
- Actionable
- Non-ambiguous
- Consistent
- Simple

Delivery
- Low burden
- Available 24/7
- Accommodates all learning styles
- Multiple methods

Capability
- Knowledge
- Confidence
- Skills

Opportunity
- Patient-clinician interaction
- Enable negotiation
- Permission

Activation
- Questioning
- Clarifying
- Initiating
- Voicing opinion

Participation

Improved recovery outcomes
Facilitators and Barriers to positive patient experience at the point-of-care

• Patients do not appear to discriminate between nurses and non-nurses in their expectation or appreciation of caring or comforting interactions
• Clinical leaders have responsibility for supporting, resourcing, and monitoring the required care,
  • comfort and relational elements of care may be omitted because of other priorities
• Organisational and workplace cultural factors:
  – failing to define and support comfort-related caring as essential
  – staff perspectives on comforting
  – work styles and the underlying philosophy of care
  – availability of equipment
  – ambiguity about how to engage patients
  – staff workload and regimented work routines
• Missed opportunities