

Monitoring Patient Satisfaction

by Gerard Zwier

At South Auckland Health (SAH), which is the provider arm of Counties Manukau District Health Board, staff believe they have an excellent Patient Survey system in place. Why do they think that? What makes it better than any other system?

In June 2000, the Hospital Monitoring Directorate (HMD), then known as CCMAU, published the 100-page "Patient Satisfaction Survey Guidelines". The report, which embodied the collaborative effort of several CCMAU/HFA staff and a number of public hospital Quality Managers and Customer Services personnel, described the newly proposed inpatient and outpatient questionnaires and explained in great detail the "Best Practice" methodology that should be used by all New Zealand public hospitals so that they would be able to monitor patient satisfaction accurately and reliably.

While implementing the instructions as accurately as they could, SAH made a number of improvements that increased the power and usefulness of the Patient Survey.

First, the questionnaires were made more relevant to clinical staff by adding items that ask questions specific to clinical issues. For example, "Did someone on the hospital staff tell you about the medication side effects to watch for when you went home?" Also, space was added to provide patients with the opportunity to make their own "verbatim" comments. To ensure that patients using different languages were able to respond, the entire SAH inpatient and outpatient questionnaires were translated not only into Maori but also into Samoan, Tongan and Cook Island Maori. The SAH Interpreting and Translation Service translates comments made in all languages, even the occasional Chinese. Furthermore, the sample size was increased to allow tracking of patient satisfaction at service level, rather than at

organisational level. This has shown that satisfaction rates vary greatly between services and thus allow for more accurate analyses.

SAH also boosted the statistical robustness of the Patient Survey by using an in-house developed programme that automates the procedures required to ensure random selection of inpatients and outpatients (*Note: this programme is available to any other DHB at no cost*).



Gerard Zwier

Patient Management data (age, sex, ethnicity, as well as service and ward from which the patient was discharged – or the specialty visited as outpatient) is now integrated with data obtained from completed questionnaires in such a way that accurate analyses of opinions and evaluations could be traced back to the relevant service, discipline, ward or even DRG.

Response rates are maximised by using targeted follow-up procedures. This means that patients who do not respond at first receive a follow-up letter asking them to complete the questionnaire.

Some people think that this procedure violates the promise of patients' anonymity but this is not the case.

What happens is that the random selection programme mentioned earlier generates a list of patient names and addresses with a random number and this random number (not the NHI number!) is then written on the questionnaire that is sent to the patient. The patient is then asked to forward the completed questionnaire to Health Services Consumer Research (HSCR), which has received another list in which the same random number is shown along with the demographic data – but not any patient details. HSCR then informs SAH which random numbers have not been received and SAH sends out a reminder letter to the patient. In this way, SAH keeps all personal details but has no access to completed questionnaires while HSCR has no personal details but only survey statistics, such as the percentage

Feature Article

Continued page 15

New research centre studies ageing

A research centre at Victoria University has been established to study the social and economic impact of New Zealand's aging population. The Institute for Research on Ageing will focus on social research on aging across different ethnic groups and sectors. Institute head Judith Davey said the Institute aimed to promote strong links and collaborative relationships with other researchers. Dr Davey said a catalogue of research on aging set up by the Institute would be accessible for interested people.

Tower Insurance has also provided funding for an annual visiting position. Jordan Kosberg, a professor of social work at the University of Alabama and an expert on elder abuse and care, will become Tower Fellow for 2002 from May.

Access to cholesterol-lowering drugs extended

From 1 April, Pharmac is lifting Special Authority restrictions on statins, and widening access to these drugs. Statins are already available fully funded, but are targeted through the use of Special Authority to those patients who are at high risk of heart disease. The Special Authority will be replaced with prescribing guidelines, which will increase the number of eligible people by more than 100,000 to around 300,000.

Pharmac's decision comes as a result of an agreement with pharmaceutical supplier Merck Sharp and Dohme, and new prescribing guidelines developed with the National Heart Foundation and the Cardiac Society. The guidelines are designed to promote the prescribing of statins to those people who would most benefit from them.

The decision has been applauded by leading physicians, including Auckland cardiologist Professor Harvey White, who said: "This is terrific news for New Zealand patients. Now we can treat groups such as diabetics and the elderly appropriately. GPs should be active in ensuring that this happens."

Continued from page 11

of Surgical Services patients who are satisfied with a particular aspect of the service delivery.

These survey statistics are also made available in a special easy-to-use survey analysis package on "SouthNet", the SAH Intranet. This programme shows not only changes over time or differences between services or wards but, more importantly, whether such variances are statistically significant changes or simply due to random variation. In addition, HSCR provides quarterly summary reports to the Executive Management Group where the results are discussed and compared with previously set KPI's. The verbatim comments made by patients are distributed monthly to each major Service. This leads naturally to a better understanding of and therefore an increased ability to increase patient satisfaction.

From the above one gains the impression that SAH managerial and clinical staff regard Patient Survey statistics as not just useful but as essential management information. And there is no doubt that when surveyors from Quality Health NZ came to visit Counties Manukau DHB in May this year, they were pleased to hear the survey team leader say during the summation meeting that this was the best patient survey system he had seen anywhere in New Zealand!

If you would like to know more about the issues affecting the implementation of a robust patient satisfaction system, check out the below articles, visit the Health Services Consumer Research website (www.hscr.co.nz) or contact Gerard Zwier on 09 425 5354.

1. Zwier G, Clarke D. How well do we monitor patient satisfaction? Problems with the nation-wide patient survey. *New Zealand Medical Journal* 1999; 112 (1097); 371-5
2. Zwier G, Clarke D. Benchmarking Patient Satisfaction: Do we have a level playing field? *New Zealand Health and Hospital*, January-February 2001, 21-24
3. Zwier G, Clarke D. Benchmarking Patient Satisfaction (2): Time to take stock. *New Zealand Health and Hospital*, July-August 2001, 25-29

Queen Mary Hospital changes name

Queen Mary Hospital, the residential alcohol and drug treatment centre in Hanmer Springs, has changed its trading name. The centre will now be known as Hanmer Clinic, Hanmer Springs.

Chairman of Queen Mary Hospital Limited, John Beattie, said the residential centre in Hanmer Springs was no longer technically a hospital. "We have recently applied to register as a facility under the Disabled Persons Community Welfare Act."

The newly-named Hanmer Clinic in Hanmer Springs will continue to provide residential treatment for alcohol and drug dependency, specialising in the moderate to severe end of the spectrum. Three specialist programmes are offered - the Hanmer Programme for adults 18 years and over, the Taha Maori Programme and the Hokinga Mai Programme for relapsed clients or those in imminent danger of relapse. These programmes are supported by a two-year Continuing Care programme for clients in recovery and a Family Programme for clients' family members.

New programmes recently introduced at the outpatient Clinics include an Intensive Outpatient Programme at Hanmer Clinic Christchurch and a Women's Day Programme at Hanmer Clinic Auckland. Queen Mary Hospital Limited is also looking at expansion of its Hanmer Clinics into other centres in the future.