Evaluating and Using Patient Experience – where have we got to?

Dr Andrew McCulloch September 2016



Areas to cover:

- About Picker Institute Europe
- Why experiences matter
- How to measure patient experience
- The UK experience
- Some other European countries
- The improvement agenda
- Where next?

An international charity dedicated to ensuring the highest quality health and social care for all

Our work is underpinned by a commitment to the Picker Institute principles

of person centred care and our core aims are to:

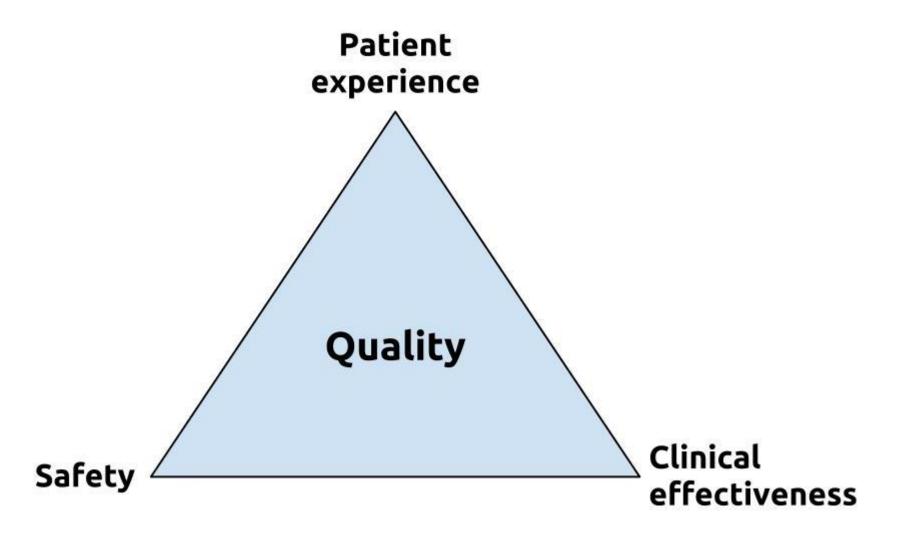
 Influence policy and practice so that health and social care systems are always centred around people's needs and preferences;

- Inspire the delivery of the highest quality care, developing tools and services which enable all experiences to be better understood; and
- Empower those working in health and social care to improve experiences by effectively measuring and acting upon people's feedback.



Experiences matter...

- Because "to measure is to know" & "if you cannot measure it, you cannot improve it"¹
- To see "through the patient's eyes"²
- To "put patients at the heart of healthcare"³
- "Patient experience is the most powerful lever [for choice and quality] and will be used for service improvement" 4
- 1. Lord Kelvin, 1883
- 2: Gerteis, M., 1993
- 3. NHS Plan, 2001
- 4: Lord Darzi, 2008

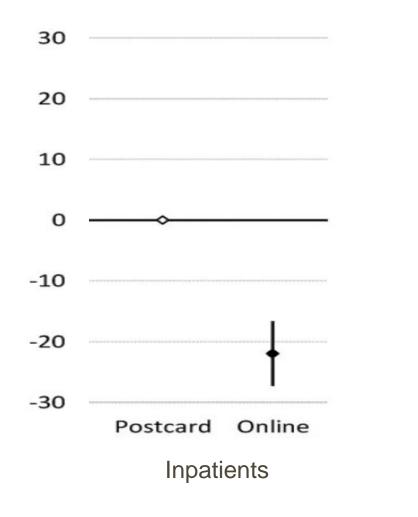


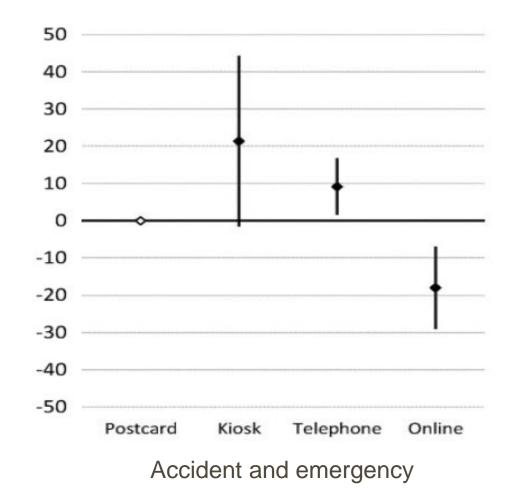


Survey 'Modes'



Friends & Family Test: Mode Effects





NHS Inpatient Survey: History

- 2001/02: first National Inpatient Survey
- 2005: adopts current timings, becomes annual
- 2016 is the 12th year of the annual survey
- Has been used in...
 - Star ratings, performance ratings, etc
 - Care Quality Commission surveillance and monitoring
 - National Statistics
 - NHS Outcomes Framework
 - Payments to hospitals via national and local CQUINs
 - Local service improvement initiatives
 - Public information via NHS Choices

NHS Inpatient Survey: Methods

- Run as a 'devolved survey': centrally co-ordinated, but locally administered
- Standardised postal survey methodology
- Patients selected via pseudo-random sampling (1,250 consecutive discharges per hospital trust)
- Local and national reporting
- Sophisticated analysis of performance, taking account

Some Highlights from European Countries

Germany

- Charter of Rights
- No national surveys
- Institute of Quality Assurance
- 182 indicators required from hospitals

Italy

- Rights base approach
- Patient satisfaction indicators
- Patchy implementation and performance

Highlights II

The Netherlands

- Clear rights set out
- National Health Care Institute
- Planetree
- High satisfaction

Spain

- Framework of rights
- Regional variation
- Quality plan
- Avedis Donabedian Institute

Patient experience is related to...

- Better staff experience¹
- Higher clinical effectiveness & better patient safety²
- Lower complication rates³
- Reduced likelihood of adverse drug events⁴
- But also distinct:
 - "Although there are associations between clinical quality and measures of patient experience, the 2 domains ... remain predominately distinct"

¹ Raleigh, V. S., Hussey, D., Seccombe, I., & Qi, R. (2009). Do associations between staff and inpatient feedback have the potential for improving patient experience? An analysis of surveys in NHS acute trusts in England. Quality and Safety in Health Care, 18(5), 347 –354. http://doi.org/10.1136/qshc.2008.028910

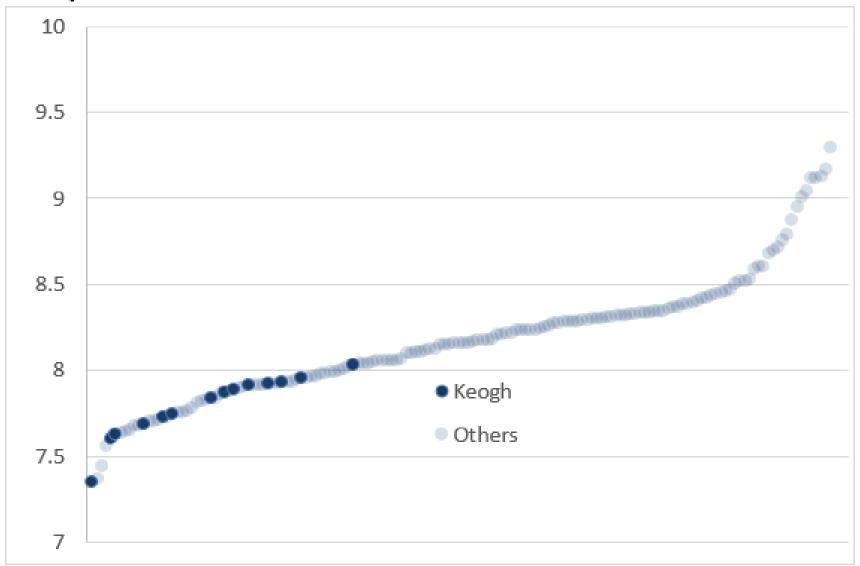
² Doyle, C., Lennox, L., & Bell, D. (2013). A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. *BMJ Open*, *3*(1). http://doi.org/10.1136/bmjopen-2012-001570

³ Black, N. (2014). Relationship between patient reported experience (PREMs) and patient reported outcomes (PROMs) in elective surgery. BMJ Qual Saf, 23(7), 534.

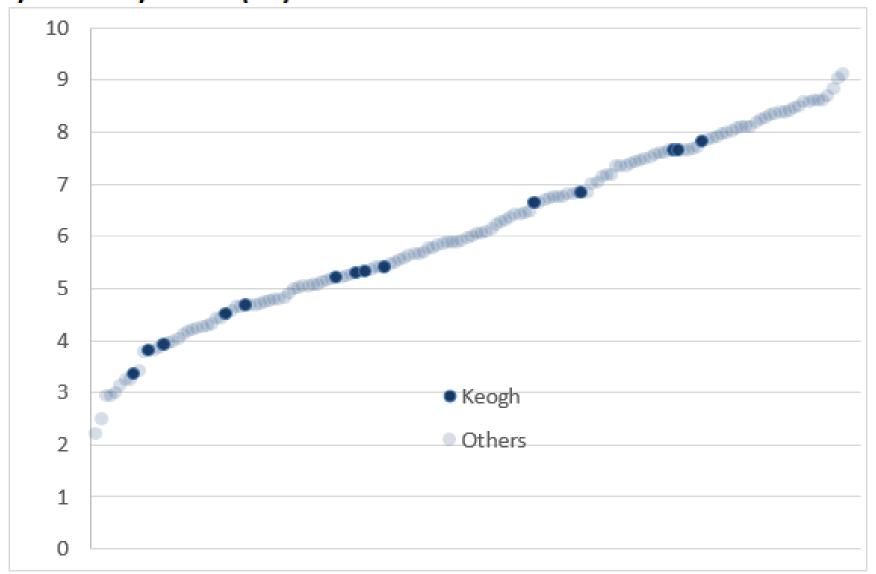
⁴ Forster, A. J., Murff, H. J., Peterson, J. F., Gandhi, T. K., & Bates, D. W. (2005). Adverse Drug Events Occurring Following Hospital Discharge. *Journal of General Internal Medicine*, 20(4), 317–323. http://doi.org/10.1111/j.1525-1497.2005.30390.x

⁵ Llanwarne, N. R., Abel, G. A., Elliott, M. N., Paddison, C. A. M., Lyratzopoulos, G., Campbell, J. L., & Roland, M. (2013). Relationship Between Clinical Quality and Patient Experience: Analysis of Data From the English Quality and Outcomes Framework and the National GP Patient Survey. *The Annals of Family Medicine*, 11(5), 467–472. http://doi.org/10.1370/afm.1514

When you had important questions to ask a doctor, did you get answers that you could understand?



Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?

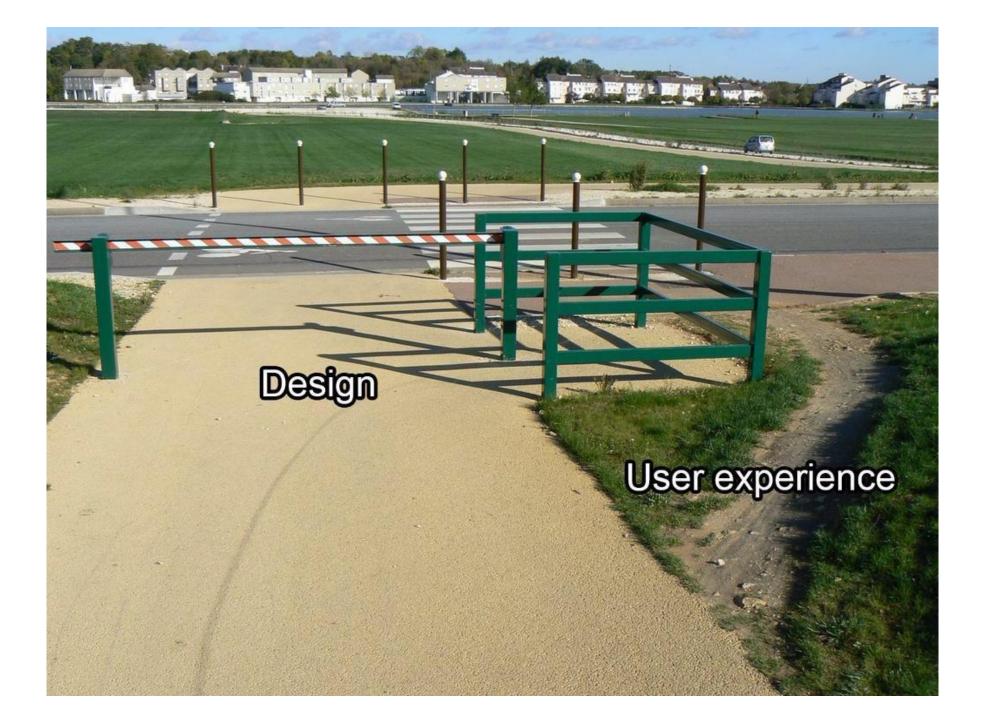


Transactional vs. Relational Aspects of Care

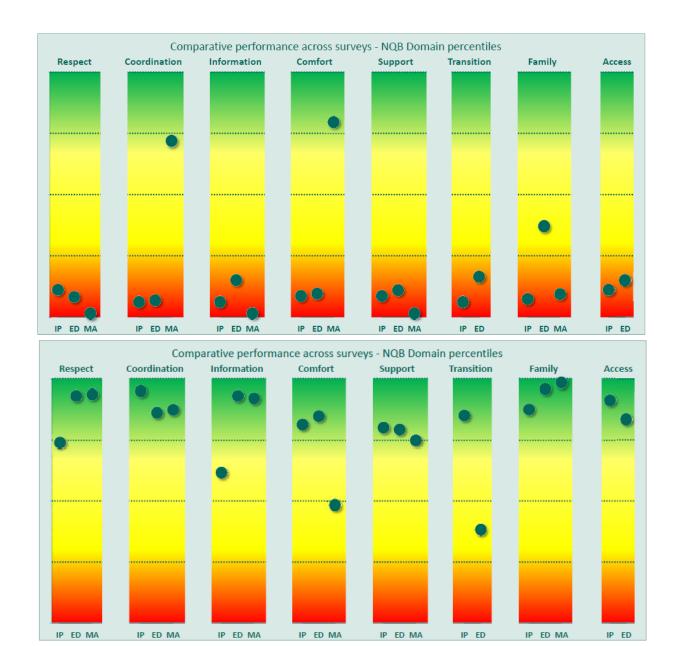
- There have been significant increases in transactional elements of care often driven by national initiatives
- We are very effective at changing processes e.g. privacy, single sex accommodations, letters etc.
- BUT process changes do not always lead to the behavioural changes affecting the areas that matter most to patients

Recent patient experience surveys suggest some common key improvement challenges:

- Involvement in decisions
- Communication
- Information and care planning at point of discharge



A focus on experiences can unlock potential to improve care quality



Key issues for the future

- Digital feedback
- Real time
- What future for surveys?
- Using data for improvement triangulation
- Staff and public understanding of what data means
- Big data management
- Information governance

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Dr Andrew McCulloch andrew.mcculloch@pickereurope.ac.uk

Picker Institute Europ Buxton Court 3 West Way Oxford OX2 0JB

Tel: + 44 (0) 1865 208100 Fax: + 44 (0) 1865 208101

Info@pickereurope.ac.uk www.pickereurope.org

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