

# Acute Care Patient Experience Survey

## What influences patients' ratings of their hospital?



This spring, we shared preliminary results of our analyses to determine which factors are most important to patients during their hospital stay; we reported on the relationship between various elements in the Acute Care Patient Experience Survey and a positive response to the **willingness to recommend the hospital** question.

We have just completed further analyses, this time focusing on which elements of care from the Acute Care Patient Experience Survey are most closely related to patients' **rating their hospital experience as 10/10**. The results presented here may help health regions prioritize Kaizen opportunities and identify projects or initiatives that will improve aspects of care that are most important to patients in Saskatchewan.

We used provincial data (all hospitals combined), and we also looked at results by hospital type (provincial, regional, community, and district hospitals) from the Saskatchewan Acute Care Patient Experience survey from March 1, 2009 to May 31, 2012 for our analyses.

### What did we find?

The overall provincial scores, and scores across all hospital types, show that patients are:

- **Four times more likely** to rate their hospital as '10 out of 10 - best hospital possible' when they rate the quality of the food (how it tasted, serving temperature, variety) as excellent (as opposed to poor, fair, good, or very good).
- **Two times more likely** to rate their hospital as '10 out of 10 - best hospital possible' when they said their room and bathroom were always kept clean during their hospital stay (as opposed to never, sometimes, or usually).
- **Two times more likely** to rate their hospital as '10 out of 10 - best hospital possible' when they said nurses always listened carefully to them during their hospital stay (as opposed to never, sometimes, or usually).
- **Almost two times more likely** to rate their hospital as '10 out of 10 - best hospital possible' when they said yes, they definitely believe the health region takes their safety in the hospital seriously (as opposed to yes, somewhat or no).
- **Almost two times more likely** to rate their hospital as '10 out of 10 - best hospital possible' when they said the hospital staff always did everything they could to help with their pain (as opposed to never, sometimes, or usually).

For performance information over time for nearly 50 indicators from the Acute Care Patient Experience Survey, visit [www.qualityinsight.ca](http://www.qualityinsight.ca).

### What are the limitations of these findings?

- We don't know anything about the experience of patients who did not respond to the survey.
- Patients younger than 65 years are less likely to respond to the survey than those older than 65 years, and women are more likely than men to respond.
- Factors such as patients' expectations<sup>1</sup> and nurse-physician collaboration<sup>2</sup> may impact patients' overall rating, but these aspects are not captured on the survey.

### Why is the patient experience so important?

Patients are a credible source of valid information when assessing and managing the quality of medical care and this information represents a different view of quality than a hospital's adherence to clinical performance measures.<sup>3</sup>

In 2009, the Patient First Review in Saskatchewan asked the question: *Can we do better for patients?*<sup>4</sup> During interviews for the review, patients and health care workers from across the province remarked that:

- Placing patients first adds important dimensions to how we judge the success or failure of the health care system.
- By putting patients first, we judge the health care system not in terms of productivity or efficiency or even clinical outcomes, but in terms of pain, suffering, worry, fear as well as relief, joy, peace of mind and confidence.

When patients have a positive experience in hospital—where they felt their providers communicated well with them, where they were treated with respect and dignity, and where they felt their provider *knows them as a person*—they have better clinical outcomes, improved adherence to treatments, lower readmission rates, improved emotional health, and reduced mortality.<sup>3 5 6 7</sup>

### What can we do to improve patient experiences?

Patients and families in your health region will have ideas on how to improve the care experience. If you have a patient and family advisory council, connect with them to share the patient experience data and information about which factors are most important to patients. Ask their advice and guidance on how to improve the patient experience. Quality improvement tools and resources can help you improve patient experience. You can find excellent tools at [www.hqc.sk.ca](http://www.hqc.sk.ca) or [www.ihl.org](http://www.ihl.org), or contact your local Quality Department for support.

Around the world, initiatives have been designed and tested to improve the patient experience and some of these ideas are presented below:

Aspect of care experience	Improvement ideas
Quality of food	<ul style="list-style-type: none"><li>• Customize nutritional counselling.</li><li>• Make nutritional assessment part of the admissions process.</li><li>• Ensure clear communication regarding diet and nutrition plans.</li><li>• Increase patients' choice about food services.</li><li>• Offer menus with a variety of choices.</li><li>• Offer between-meal snacks and beverages.</li><li>• Ensure high standards of food quality.</li><li>• Serve food at the right temperature.</li><li>• Consider presentation.</li><li>• Design menus according to the needs of different patient groups.</li><li>• Make food service a team effort.</li><li>• Make dietary staff part of the care team.</li><li>• Ensure dietary staff members are well-trained and friendly.</li></ul>

<p>Cleanliness of room and bathroom</p>	<ul style="list-style-type: none"> <li>• Require that every staff person--not just housekeeping--who enters a patient's room must consider themselves an owner of cleanliness and organization.<sup>8</sup></li> <li>• Develop a 'Picture Perfect' Cleaning Program which includes deep cleaning of the unit including electricity, plumbing, machine, and carpentry updates.</li> <li>• Consider Employee Score Cards: Provide each Environmental Services employee with continual feedback regarding the hospital's cleanliness scores, as reported in HCAHPS.<sup>9</sup></li> <li>• Have managers perform rounds on specific units and create scorecards to gauge cleanliness.</li> </ul>
<p>Communication with patients</p>	<ul style="list-style-type: none"> <li>• Listen and learn from patients and families. Use language that reflects an emotional connection with the patient and family even when explaining technical aspects of a disease or treatment.</li> <li>• Allow patients to do the majority of the talking while you listen, probe, ask for clarification, and validate the patient's comments and feelings.</li> <li>• Focus completely on the patient and their message, feelings, and body language.</li> <li>• Position yourself at eye level or lower to the patient.</li> <li>• Use silence to allow the patient to express their thoughts thoroughly.</li> <li>• Respect patients and families as distinct individuals with their own traditions, beliefs, and value systems in all aspects of care.</li> <li>• Acknowledge the expertise of patients and families.</li> </ul>
<p>Patient safety</p>	<ul style="list-style-type: none"> <li>• Create a patient and family advisory council for the organization and ensure that patient safety is a regular agenda item.</li> <li>• Encourage patient and family advisory council members to hold quarterly or semi-annual coffee hours with patients, families, staff, and physicians to explore ideas for improving the experience of care and enhancing quality and safety.</li> <li>• Encourage hospital and clinic leaders to invite patient and family advisors to participate in patient safety rounding.</li> <li>• Post data on safety (e.g., falls, infection rates, etc.) in a public place to show patients that you are working at improving the conditions so they can be safe on your ward.</li> </ul>
<p>Pain management</p>	<ul style="list-style-type: none"> <li>• Standardize pain measurement.</li> <li>• Use standardized forms and pain rating tools to monitor changes in patient pain levels over time.</li> <li>• Complete a comprehensive pain assessment as clinically necessary and repeat as needed at regular intervals.</li> <li>• Incorporate "reminders" to assess and monitor pain.</li> </ul>

**You can also find great ideas at:**

- [Institute for Patient and Family Centered Care](#)
- [Institute for Healthcare Improvement](#)
- [National Health Service Institute for Innovation and Improvement](#)
- [Patient Voices Network](#)
- [Society for Participatory Medicine](#)
- [Planetree](#)
- [Kissing it Better: Simple ideas that make the world of difference](#)

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<sup>1</sup> Bjertnaes, O., Sjetne, I., & Iversen, H. (2011). Overall patient satisfaction with hospitals: effects of patient-reported experiences and fulfillment of expectations. *BMJ Quality and Safety*.

<sup>2</sup> Larrabee, J., Ostrow, C., Withrow, M., Janney, M., Hobbs, G. J., & Burant, C. (2004, Aug). Predictors of patient satisfaction with inpatient hospital nursing care. *Research in nursing and health*, 27(4), 254-68.

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<sup>3</sup> Glickman S, Boulding W, Manary M, Staelin R, Roe M, Wolosin R, Ohman E, Peterson E and Schulman K (2010) "Patient satisfaction and its relationship with clinical quality and inpatient mortality in acute myocardial infarction," *Circulation Cardiovascular Quality and Outcomes*, vol. 3, pp. 188-195.

<sup>4</sup> Government of Saskatchewan, "Patient First Review Documents," Regina, 2009.

<sup>5</sup> Beach M, Keruly J and Moore R. (2006) "Is the quality of the patient-provider relationship associated with better adherence and health outcomes for patients with HIV?," *Journal of General Internal Medicine*, vol. 21, pp. 661-665.

<sup>6</sup> Boulding W, Glickman S, Manary M, Schulman K and Staelin K. (2011) "Relationship between patient satisfaction with inpatient care and hospital readmission within 30 days," *American Journal of Managed Care*, vol. 17, no. 1, pp. 41-48.

<sup>7</sup> Stewart M. (1995) "Effective physician-patient communication and health outcomes: a review," *Canadian Medical Association Journal*, vol. 152, no. 9, pp. 1423-1433.

<sup>8</sup> Owens, K. (2011) "The HCAHPS Imperative for Creating a Patient-Centered Experience," Baptist Leadership Group, <http://www.baptistleadershipinstitute.com/contentdocuments/HCAHPSimperative.whitepaper.pdf>

<sup>9</sup> Cleveland Clinic. (2010) "Focus on the Patient Experience," <http://my.clevelandclinic.org/Documents/Patient-Experience/OPE-Newsletter-5-26-10.pdf>