

Victorian healthcare experience survey

Data linkage for driving improvement

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Victorian healthcare experience survey

The VHES journey

- Starting the engine
- L plates
- Hitting 100km
- Road trip
- Destination





VHES: Starting the engine

The journey begins

The VHES evolved from Victorian Patient Satisfaction Monitor with a change in focus to understanding a full patient healthcare experience:

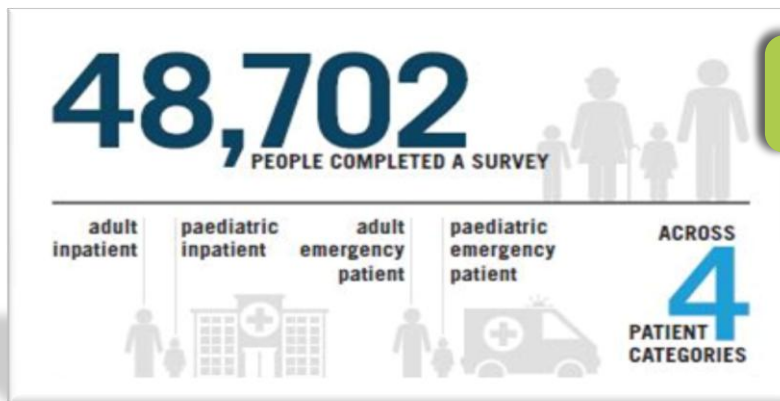
- Questions were developed from the international experience surveys
- Current surveys include: adult inpatients, adult ED, paediatric inpatient, paediatric ED and maternity (Jan 2016).
- Over 10,000 surveys sent out monthly asking random selection of patients about their recent experience from over 100 health services, one month post treatment
- Contractor Ipsos Social Research group administer the survey





L Plates – the first year

The first full year of data: 2014-15



38% Adult inpatients

23% Adult emergency

24% Paediatric inpatient

21% Paediatric emergency

Top 5 languages outside of English

1. Greek
2. Italian
3. Arabic
4. Mandarin
5. Vietnamese





VHES 2014-15

So what did we hear?



Lots of experiences



Looking under the hood

Responsiveness

82% rated their overall care as **very good** if admitted **as soon as they thought** necessary compared to **57%** if they believed **they waited too long**

90% rated their overall care from **nurses** as **very good** if the nurses **always knew** enough about their condition & treatment

However this **rating dropped** to 46% if nurses only **sometimes knew** enough about their condition & treatment

Staff knowledge

Cleanliness & safety

83% rated their overall care as **very good** if their hospital ward or room was **very clean**

This **rating dropped** to 43% if their hospital ward or room was **fairly clean**

This **rating further dropped** to 20% if their hospital ward or room was **not very clean**

82% rated overall care for their child as **excellent** in ED if ambulance and ED staff worked together – opposed to **17% fair overall care** if not

Communication

1021 adult inpatients needed help with English, **52%** used family or friends, **29%** has access to a hospital interpreter, **10%** received **no help when required**

284 ED adults needed help with English, **55%** used family or friends, **13%** has access to a hospital interpreter, **17%** received **no help when required**

Interpreter & language access



Key drivers of experience – communication

Overall rating of care received at health service

(n 49,203, adult inpatients Jan 2014-Dec 2015):



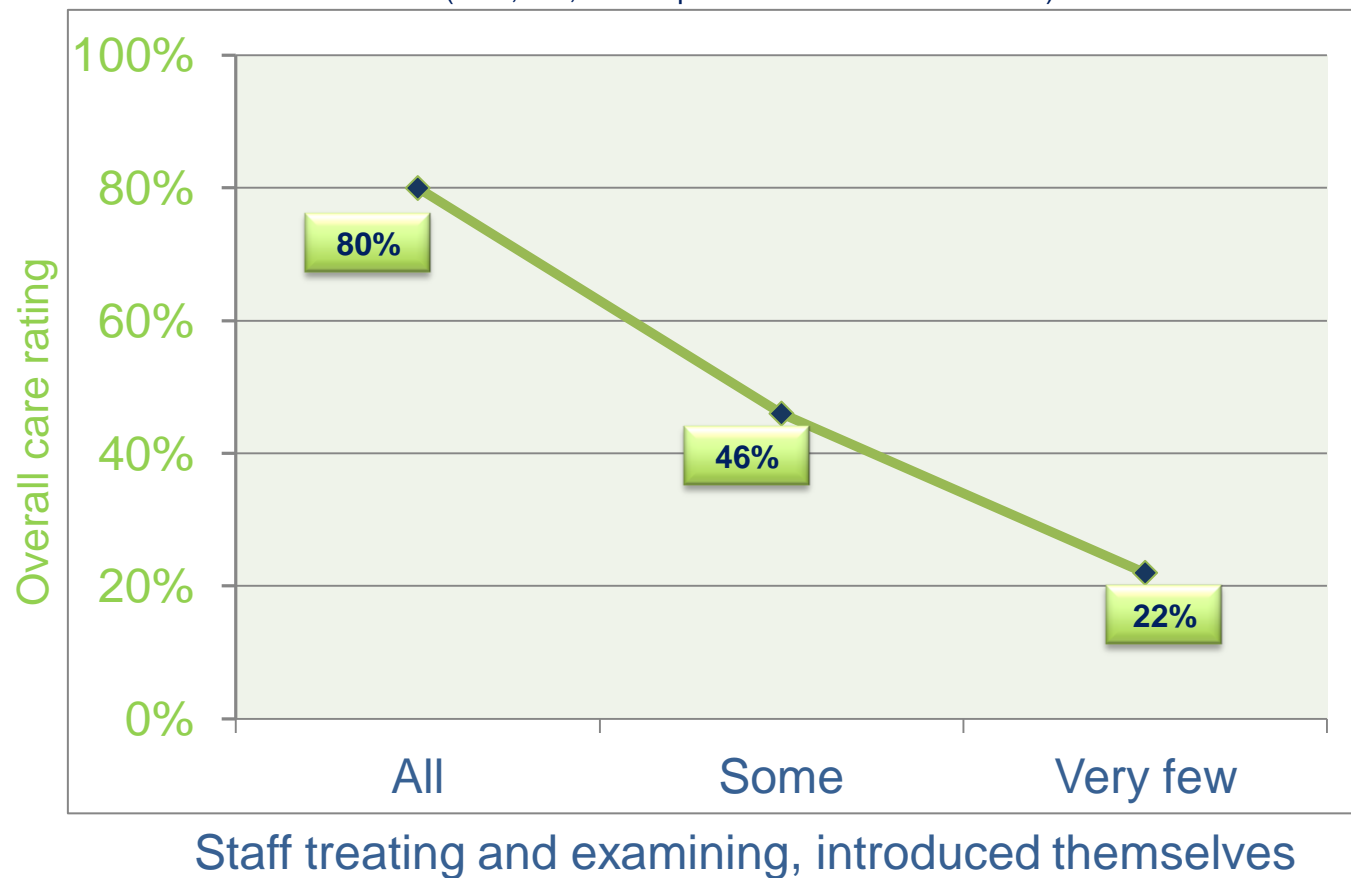
Patient experience and rating on doctors and nurses working/communicating together



Key drivers of experience – communication

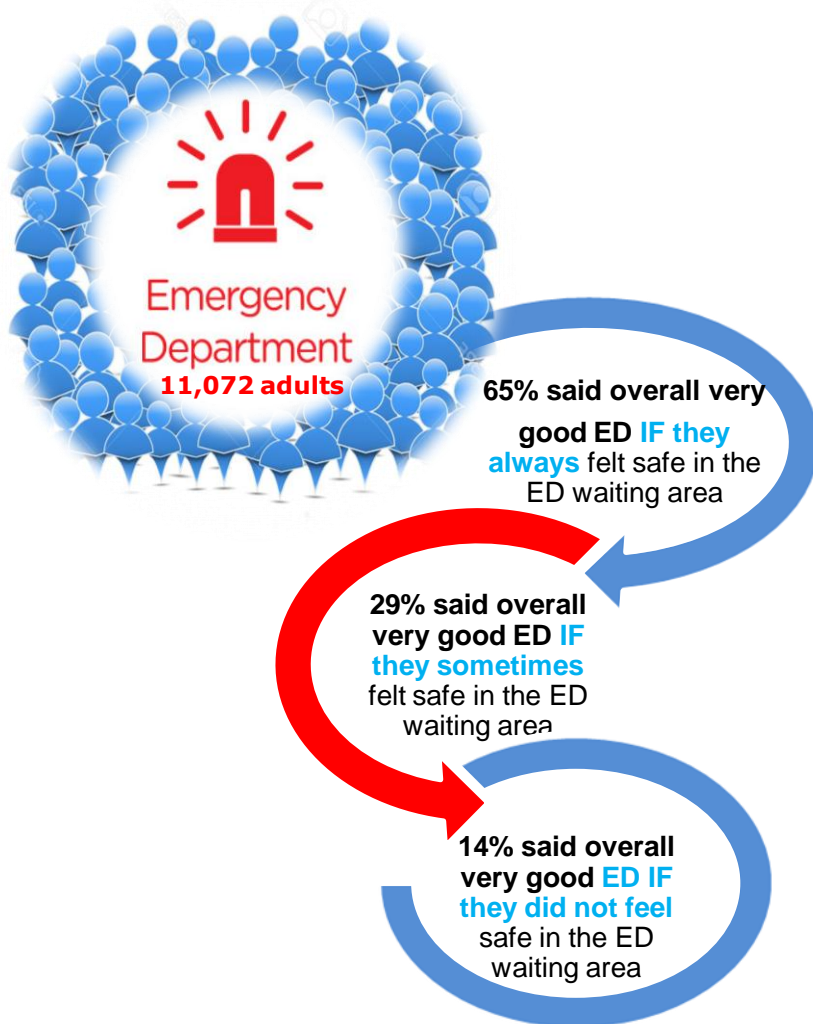
Overall care experience rated as **very good** if...

(n 49,654, adult inpatients Jan 2014-Dec 2015):

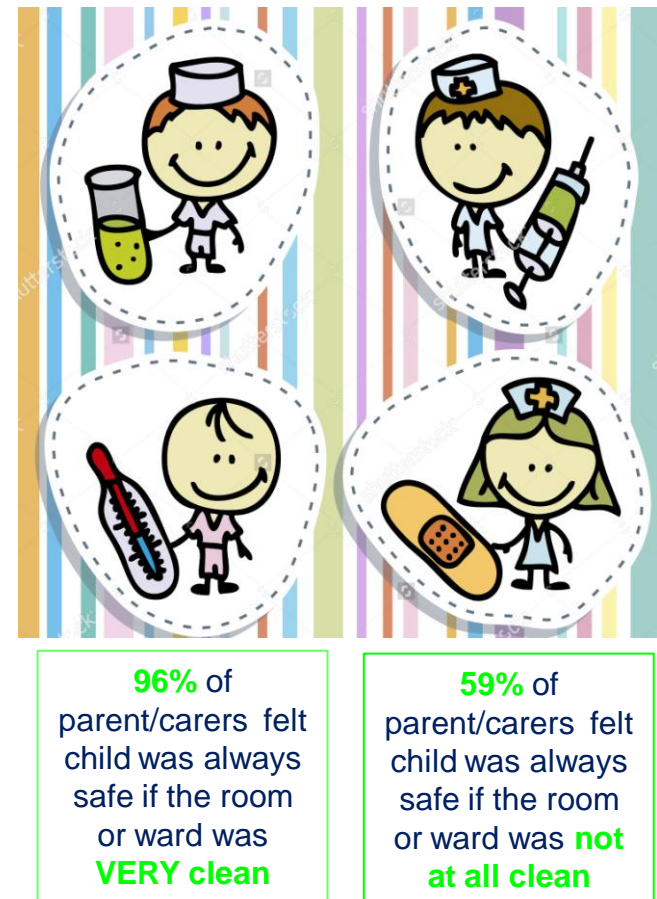




Key drivers of experience - safety



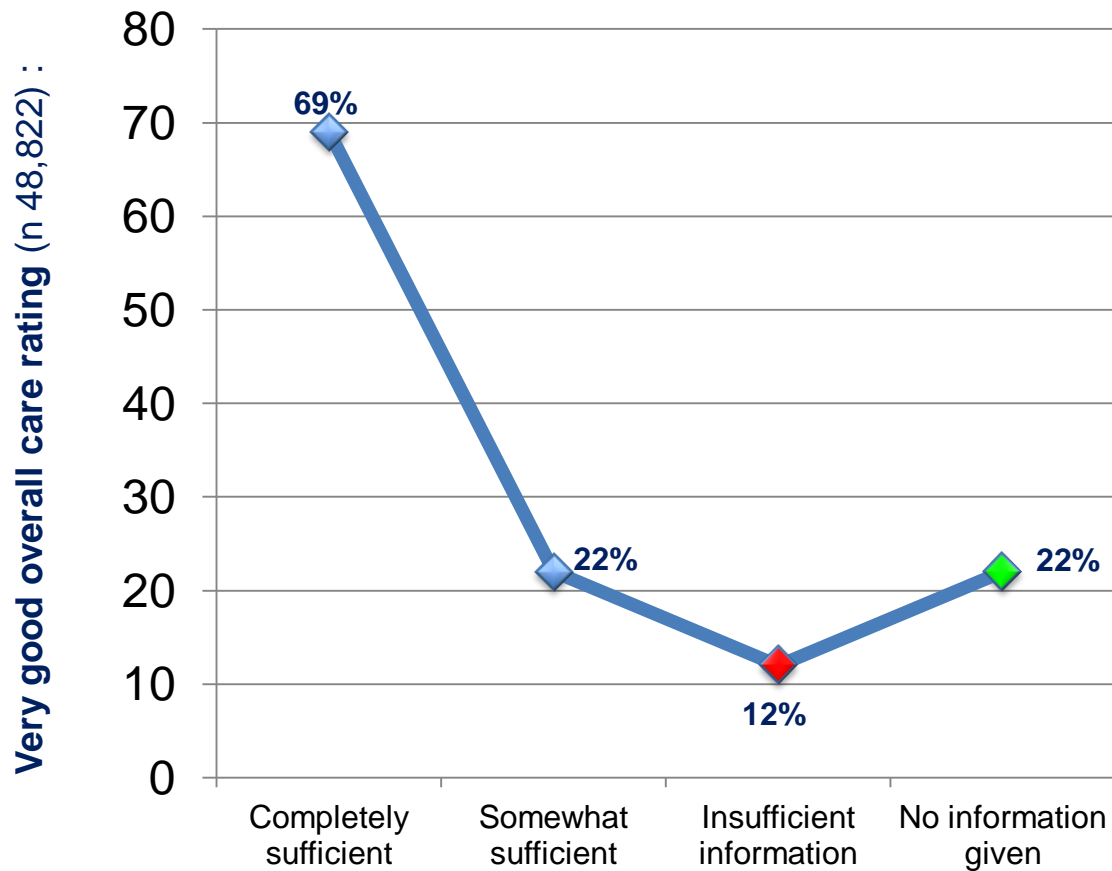
Paediatric inpatient safety (parent's/carers perspective) cross tabulated with cleanliness of the room or ward (n7706)





Key drivers of experience

Discharge and health care planning





Key drivers of experience – age?

Examined 86 questions across all periods of data (Jan 2014-Dec 2015)

- **Positive experience** results generally increase with age: the 75+years being the most positive age group.
- Largest range in positive experience between 16-35years and 75+years: **17%**



Food rating as *very good* or *good*
65% of 16-35years
vs
82% of 75+years



Key drivers of experience – age

- Where young (n 3630) and old (n 13578) **absolutely agree**
 - Were hand wash gels available for patients and visitors to use?
 - 95% overall positive
- But now the **reverse** – where the 75+ had a **less positive** experience than the 16-35year olds
 - Patients were asked how things were explained to them – *in a way they understood*



Clear communication is key to a positive experience



Key drivers of experience

What can we take from this data?

- Backs up what we thought we knew – passed the test
- Suggests some new areas to keep an eye on
- Lots of experience numbers



Let's go for a spin

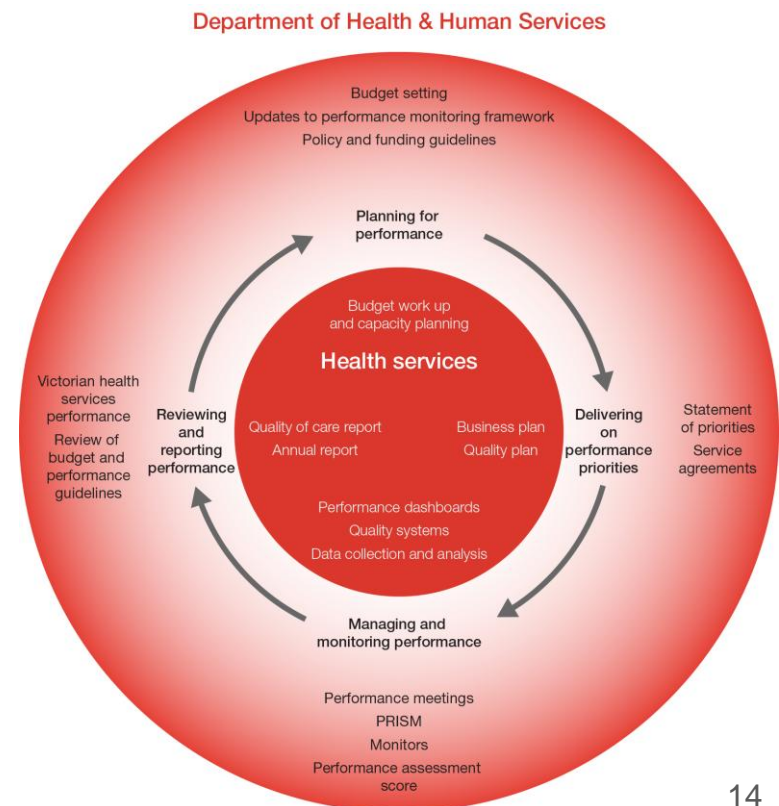


- Analysis on VHES data has led the department (in 2015-16) to use VHES information and link to other data sources for consolidated improvement



Monitoring

- The VHES overall adult inpatient experience results were integrated into the departments' formal monitoring mechanisms enabling dialogue with the sector aimed at improving performance
- Highlighted the importance of understanding system implications of patient experience
- Many health services have expanded upon or initiated their own internal patient experience programs and combine results with the VHES tool to inform upon trends

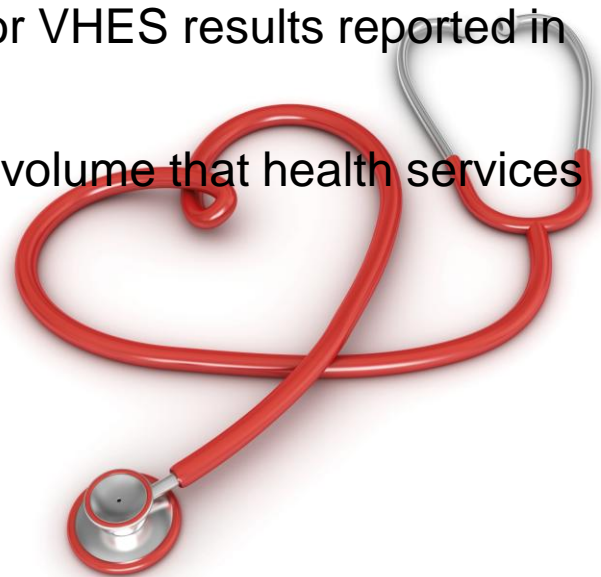




Data linkage – pricing for quality

Transition of care indicator

- Importance of discharge planning – focus point
- Derived from the average of the most positive score VHES responses for four process questions relating to transfer of care in the adult inpatient survey
- In 2015-16 health services set a target of 75%
- Funding is for achievement of target or above, for VHES results reported in each quarter of 2015-16
- Funding was modelled to reflect complexity and volume that health services face with achieving quality targets





Data linkage – toilet standards

Combining data - Cleaning Standards for Victorian Health Facilities

- Audit results analysed against VHES question *‘how clean were the bathroom and toilets that you used in the hospital?’*
- Patients results from VHES consistently report a lower level of cleanliness than the cleaning audit results suggest
- The department is now exploring the possibility of running a shadow VHES monitor with the cleaning monitor indicator

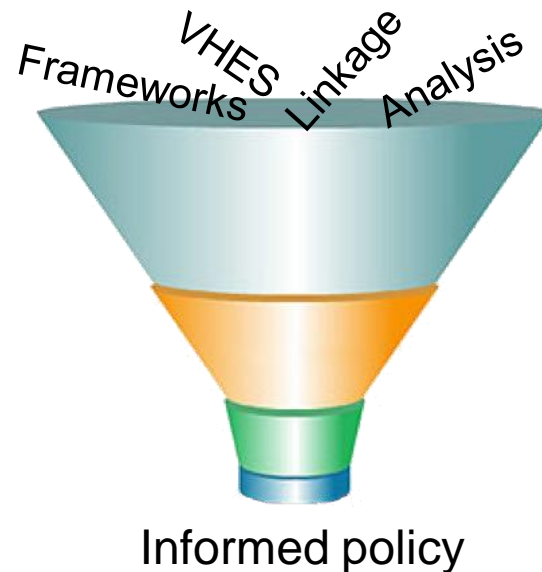
I ♥
Toilets



Data linkage – language services

Interpreters

- Engaging patient with interpreters early on helps with overall health outcomes – such as readmissions and length of stay
- The department is currently developing new policy around language and interpreter accessibility
- VHES results have been used in conjunction with other data sources to confirm the direction of policy development





Information overload





The next journey taking shape

Data mining

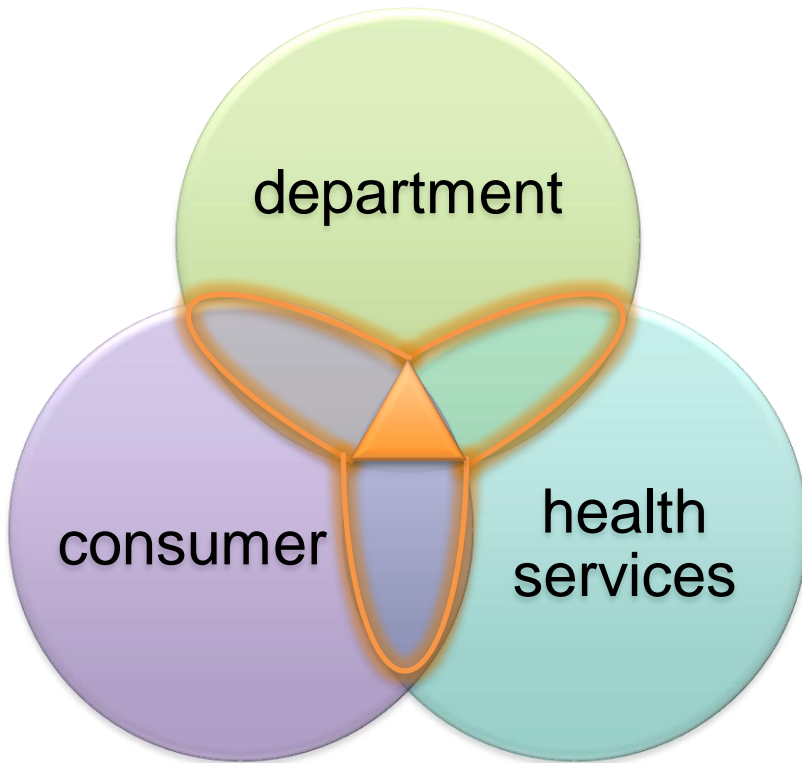
- The department has vast amounts of data; it's now about matching up data that can work together to tell us more – VAED & VEMD
- We can learn about certain patient cohorts and their experiences to see if we need to tailor our care practices for those patient groups
- Go beyond gender and age

The screenshot shows a web-based data extraction tool. At the top, there is a navigation bar with a logo, links for 'Back to summary', 'Victoria', and 'Help?', and a user profile 'liz'. Below this, the 'Data extraction' section is active. It features a header row with dropdown menus for 'Patient Type' (set to 'Adult Inpatient'), 'within' (set to 'Victoria'), 'across' (set to 'Jul 2014 - Jun 2015'), and a date range. Below the header, there are eight rows, each with a label 'Variable 1' through 'Variable 7' and a corresponding text input field. The inputs are: 'campus', 'age group', 'gender', 'indigenous status', 'admission type', 'care type', 'mdc', and 'sep mode'. At the bottom center, there is a blue button labeled 'Export data'.

Variable	Value
Variable 1	campus
Variable 2	age group
Variable 3	gender
Variable 4	indigenous status
Variable 5	admission type
Variable 6	care type
Variable 7	mdc
Variable 7	sep mode



The next model up



- VHES as a tool has got us to destination A
- Overlap area
 - Work better together & share experiences
- Core experience for all
 - Refine VHES questions
 - Integrate more
 - Public reporting on VHES results



Journey pit stops

The long and winding road

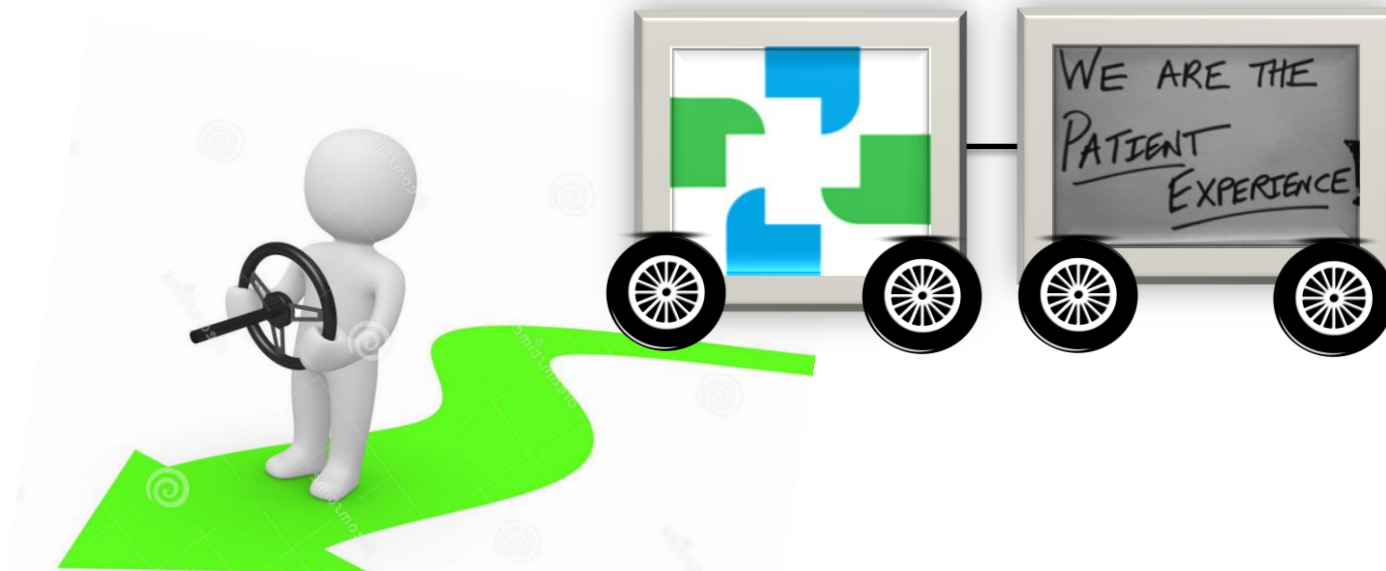
- One thing to use collected data to drive improvement
- Quality of the data will continue to determine the journey we are on
- Whilst most have moved on from satisfaction surveys to the current trend of 'experience' surveys, still need to be mindful of:
 - The association between actual received care and patient reported experience*
 - Expectations, socio-demographic characteristics and survey timing plus the quality of the actual care delivered all lead to the *formation* of the experience*



Destination - with more trips to come

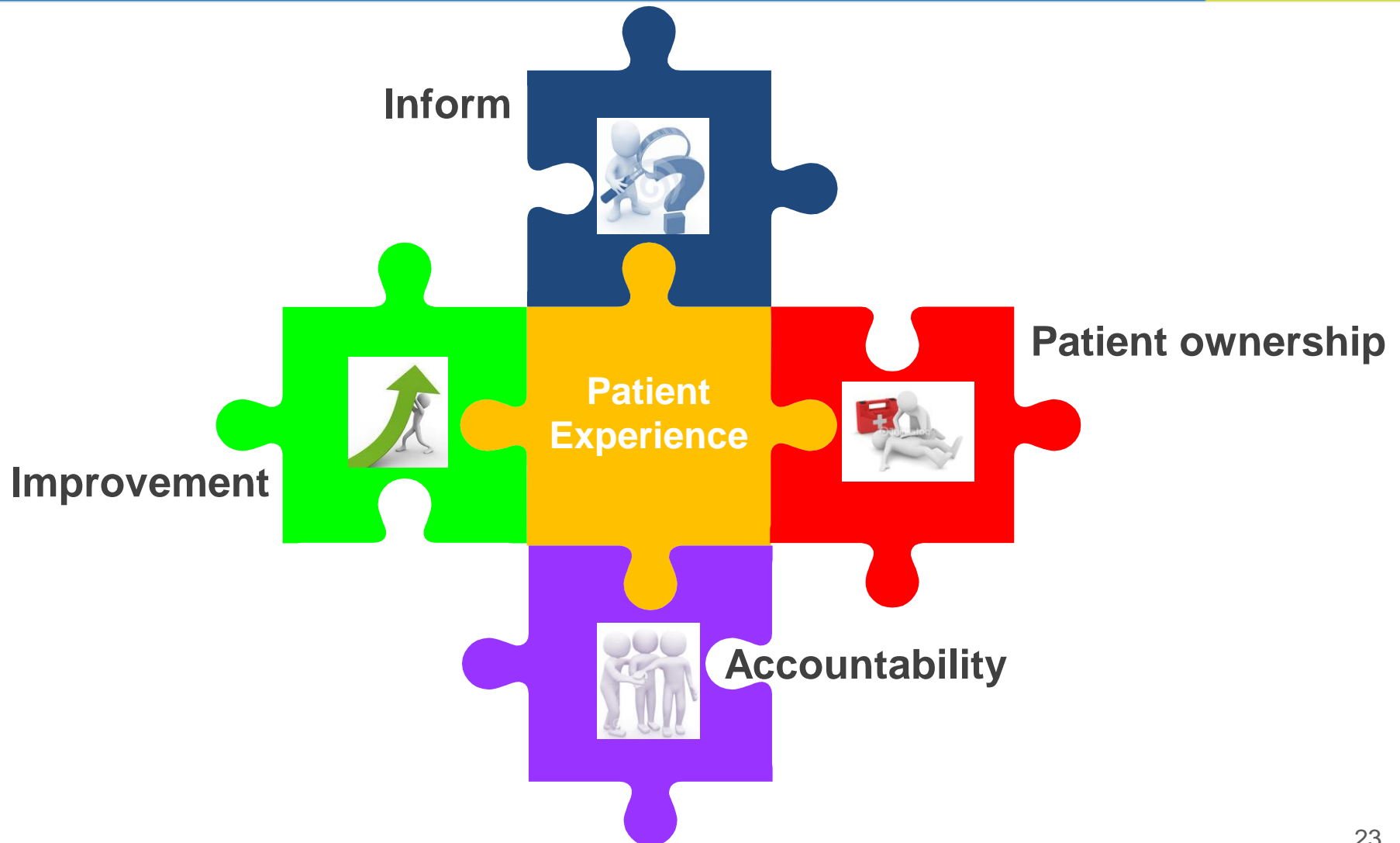
Summary

Next journey for the department is the ability to utilise VHES experience knowledge for data linkage with other business intelligence. This is where we get to change gears and make the ride more enjoyable for all users of our healthcare system.





Lastly - make the pieces come together





Register



Victorian Healthcare Experience Survey

Welcome to the Victorian Healthcare Experience Survey results portal.

You must sign in or sign up before you can access the results portal.

Sign In

Sign Up

The Victorian Healthcare Experience Survey (VHES) allows a wide range of people to provide feedback on their experiences and features specialised questionnaires for:

- adult and child inpatients, including parents/guardians
- maternity clients
- adult and child emergency department attendees, including parents/guardians.

These surveys are distributed in the month following the hospital admission or the emergency department attendance.

People may respond either online or by pen and paper with a freepost return.

The VHES surveys are available in English and a range of community languages: Arabic, Cantonese, Croatian, Greek, Hindi, Italian, Macedonian, Maltese, Mandarin, Polish, Russian, Serbian, Spanish, Turkish and Vietnamese.

Comprehensive quarterly results for individual health services and campuses are reported through this website, and are currently accessible by Victorian health service and Department of Health and Human Services employees.

To register:

<https://results.vhes.com.au>

Available for all DHHS staff and health services

For more information:

vhes@dhhs.vic.gov.au