Victorian healthcare experience survey

An objective framework – how to identify ways to implement change in your health service based on the VHES data

Forum, 30th November 2016
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The ultimate goal of the Victorian healthcare experience survey is to improve the experiences of consumers who receive services from the Victorian public health system.

Over 140,000 surveys have been completed since January 2014.
VHES online deliverables

Digital competence / access

Online Results

Interest

Data Exploration 2.0

Executive Summary (PDF/Online)

Patient Comments

Patient Videos

Infographic

Full PDF Report

Launched to Department and Health Services in December 2014

1132 users
Data Exploration 2.0
New consumer categories

2014-2015

2015-2016

+ Maternity - March 2016 (continuous)

+ Specialist clinics - adult and paediatric - April-June 2016 (annual)

2016-2017

+ Community health - October-December 2016

+ Ambulance - February - March 2016

+ Palliative care - TBC
The VHES journey

- Actively affecting change
- Facilitating understanding
- Providing information
Behavioural science

Applying different strands of psychology to understand and predict behaviour
Adult Inpatient

This section features results to the overall experience question, and the three key aspects of care that were most likely to differentiate a positive overall experience from a negative overall experience for the adult inpatient category. Results are compared with the previous survey period, this campus’ health service and peer group average and the current state average.

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Apr - Jun 2016</th>
<th>Apr - Jun 2015</th>
<th>Western District Health Service</th>
<th>Sub-Regional</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>75. Overall, the care received was very good or good</td>
<td>96.7%</td>
<td>84.3%</td>
<td>95.1%</td>
<td>96.2%</td>
<td>91.4%</td>
</tr>
<tr>
<td>29. Overall, the care and treatment received from nurses was very good or good</td>
<td>98.9%</td>
<td>95.2%</td>
<td>98.9%</td>
<td>98.0%</td>
<td>95.3%</td>
</tr>
<tr>
<td>41. Doctors and nurses working together was excellent or very good</td>
<td>91.2%</td>
<td>72.9%</td>
<td>91.2%</td>
<td>88.2%</td>
<td>81.6%</td>
</tr>
<tr>
<td>74. Discharge process was very good or good</td>
<td>92.0%</td>
<td>78.7%</td>
<td>92.0%</td>
<td>90.8%</td>
<td>84.3%</td>
</tr>
</tbody>
</table>

Comparison with Apr - Jun 2015

Adult Inpatient patients from Western District Health Service [Penshurst, Calearaine and Hamilton] reported 31 aspects of care that had statistically significantly increased and 0 aspects of care that had statistically significantly decreased when compared to Apr - Jun 2015. Aspects of care with the greatest increase and decrease are listed below.

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Difference</th>
<th>Apr - Jun 2016</th>
<th>Apr - Jun 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>37. Definitely involved as much as wanted in care and treatment decisions</td>
<td>29.2%</td>
<td>84.5%</td>
<td>55.4%</td>
</tr>
<tr>
<td>24. Nurses always knew enough about the condition and treatment</td>
<td>25.5%</td>
<td>91.1%</td>
<td>65.6%</td>
</tr>
<tr>
<td>19. Doctors always knew enough about medical history</td>
<td>28.5%</td>
<td>85.8%</td>
<td>69.3%</td>
</tr>
</tbody>
</table>

Comparison with Sub-Regional peer group

Adult Inpatient patients from Western District Health Service [Penshurst, Calearaine and Hamilton] reported 13 aspects of care that performed statistically significantly higher and 1 statistically significantly lower when compared to the Sub-Regional peer group average. Aspects of care with the greatest increase and decrease are listed below.

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Difference</th>
<th>Apr - Jun 2016</th>
<th>Sub-Regional</th>
</tr>
</thead>
<tbody>
<tr>
<td>37. Definitely involved as much as wanted in care and treatment decisions</td>
<td>14.8%</td>
<td>84.5%</td>
<td>69.7%</td>
</tr>
<tr>
<td>31. Always had the opportunity to talk to a doctor</td>
<td>12.3%</td>
<td>81.4%</td>
<td>68.7%</td>
</tr>
<tr>
<td>71. Adequate arrangements were made for services on discharge</td>
<td>12.2%</td>
<td>92.0%</td>
<td>79.0%</td>
</tr>
<tr>
<td>36. Staff always cleaned hands before examining patients</td>
<td>-9.0%</td>
<td>73.8%</td>
<td>83.3%</td>
</tr>
</tbody>
</table>

Comparison with Victoria

Adult Inpatient patients from Western District Health Service [Penshurst, Calearaine and Hamilton] reported 36 aspects of care that performed statistically significantly higher and 1 statistically significantly lower when compared to the state average. Aspects of care with the greatest increase and decrease are listed below.

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Difference</th>
<th>Apr - Jun 2016</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>71. Adequate arrangements were made for services on discharge</td>
<td>24.0%</td>
<td>92.0%</td>
<td>68.0%</td>
</tr>
<tr>
<td>37. Definitely involved as much as wanted in care and treatment decisions</td>
<td>22.4%</td>
<td>84.5%</td>
<td>62.2%</td>
</tr>
<tr>
<td>64. Definitely involved in decisions about discharge from hospital</td>
<td>21.1%</td>
<td>78.4%</td>
<td>57.3%</td>
</tr>
<tr>
<td>73. Received copies of communications sent between hospital doctors and GP</td>
<td>-17.9%</td>
<td>25.3%</td>
<td>42.3%</td>
</tr>
</tbody>
</table>
Patients who said doctors, nurses and other healthcare professionals explained things in a way they could understand ‘all of the time’.
A simple tool to make sense of the framework and process

<table>
<thead>
<tr>
<th>Current behaviour</th>
<th>Desired behaviour</th>
<th>Intervention</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivation</td>
<td>Ability</td>
<td>Physical</td>
<td>Social</td>
</tr>
</tbody>
</table>

Ipsos
“Distinguishing the signal from the noise requires both scientific knowledge and self-knowledge.”

Nate Silver
There is a lot of VHES data available already and we’re just about to give you some more ;-) Data is not useful unless it’s turned into information. Information is required to inform action and action is required to actively affect change.
A focus on the Adult Emergency category

32 campuses participate in the Adult ED category

7,763 participation 2014-15
9,494 participation 2015-16

Using survey data to create information (Insight)

Using survey and VEMD data to create information (Insight)
Q69) Do you feel that you were listened to and understood by the people looking after you in the ED?

- 2014-15:
  - Yes, always: 73%
  - Yes, sometimes: 21%
  - No: 6%

- 2015-16:
  - Yes, always: 75%
  - Yes, sometimes: 20%
  - No: 5%
Consistent good performance at the state level

Q68) Overall, how would you rate the care you received in the ED?

<table>
<thead>
<tr>
<th>Year</th>
<th>Very good</th>
<th>Good</th>
<th>Adequate</th>
<th>Poor</th>
<th>Very poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014-15</td>
<td>60%</td>
<td></td>
<td>24%</td>
<td>9%</td>
<td>3%</td>
</tr>
<tr>
<td>2015-16</td>
<td>61%</td>
<td></td>
<td>24%</td>
<td>8%</td>
<td>3%</td>
</tr>
</tbody>
</table>
Strong relationships exist across survey items

Relationship between **feeling listened to and understood** and a **very good overall experience**

Created using the current Data-Exploration tool

State = 60% very good overall experience

- Yes, always: 78%
- Yes, sometimes
- No

% very good overall experience
Strong relationships exists across survey items

Relationship between **feeling listened to and understood** and a **very good overall experience**

- **Yes, always**: 78%
- **Yes, sometimes**: 17%
- **No**: 2%

Four times more likely to have a very good overall experience when patients always feel listened to and understood.

State = 60% very good overall experience

The behaviours that inform this outcome are the ones we want to shift.
Substantive variation across the 32 campuses

Campus performance range with regards to patients’ **always feeling listened to and understood** and rating their **overall experience as very good**

While consistency exists at the state level, substantive variation exists at Campus level
Substantive variation across the 32 campuses

Individual campuses performance range with regards to patients’ *always feeling listened to and understood* and rating their *overall experience as very good*.

Large and small campuses experience high and low performance.
Substantive variation across the 32 campuses

Individual campuses performance range with regards to patients’ *always feeling listened to and understood* and rating their *overall experience* as very good.

- **Below and Below (N=13)**
- **Above and Above (N=12)**

25 of 32 Campuses Consistently **Below** or **Above** Campus average.
In summary

Relatively high and consistent performance at the state level can be masking opportunities to target campuses for specific improvement programs.

Let’s look at an area with relatively low and consistent performance.
To wait or not to wait

Q11) Overall, how long did you wait in the waiting area?

85% of adult who attend an ED wait

<table>
<thead>
<tr>
<th></th>
<th>2014-15</th>
<th></th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>I did not have to wait</td>
<td>16%</td>
<td>I did not have to wait</td>
<td>16%</td>
</tr>
<tr>
<td>1 - 30 minutes</td>
<td>15%</td>
<td>1 - 30 minutes</td>
<td>14%</td>
</tr>
<tr>
<td>31 - 60 minutes</td>
<td>13%</td>
<td>31 - 60 minutes</td>
<td>13%</td>
</tr>
<tr>
<td>1 - 2 hours</td>
<td>32%</td>
<td>1 - 2 hours</td>
<td>33%</td>
</tr>
<tr>
<td>2 - 4 hours</td>
<td>8%</td>
<td>2 - 4 hours</td>
<td>8%</td>
</tr>
<tr>
<td>More than 4 hours</td>
<td>8%</td>
<td>More than 4 hours</td>
<td>8%</td>
</tr>
</tbody>
</table>
Q13) Were you told how long you would have to spend in the waiting area?

The majority of patients who attend an ED who wait are not provided an estimated wait time.
To wait...

Q14) Were you provided with updated information on how long you would have to wait in the waiting room?

Those who wait whose waiting time is longer than anticipated are not likely to receive updated information.
We created a Wait Profile

Combination of Q13 (told about wait time) and Q14 (updated about weight time)

You will be able to profile populations in the data-exploration 2.0

Turning data into information

<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Told wait time: accurate</td>
<td>15%</td>
</tr>
<tr>
<td>Told wait time: shorter than told</td>
<td>12%</td>
</tr>
<tr>
<td>Told wait time: longer than told, but updated often</td>
<td>1%</td>
</tr>
<tr>
<td>Told wait time: longer than told, but updated sometimes</td>
<td>3%</td>
</tr>
<tr>
<td>Told wait time: longer than told, and not updated</td>
<td>7%</td>
</tr>
<tr>
<td>Not told wait time</td>
<td>61%</td>
</tr>
</tbody>
</table>
Wait Profile population x overall experience

Relationship between Waiting Profile and a very good overall experience

State = 60% very good overall experience

- Told wait time: accurate (15% of Pop) 75%
- Told wait time: shorter than told (12%) 78%
- Told wait time: longer than told, but updated often (1%) 72%
- Told wait time: longer than told, but updated sometimes (3%) 53%
- Told wait time: longer than told, and not updated (7%) 41%
- Not told wait time (61%) 51%

% very good overall experience
Using survey data in new exploration tool

Allows you to create profiles of populations, and then compare against survey results

For the Department, you can observe the relative distribution of populations across health services and campuses (e.g. where are the health services with a higher than average share of “Not told wait time” & “Told wait time: longer than told, and not updated”).

For health services and hospitals, you can use this to identify areas for intervention, and evaluation.
Using the VEMD with survey data

Triage Category (VEMD 2014/15)

- Emergency: 7%
- Urgent: 29%
- Semi urgent: 52%
- Non urgent: 12%

Triage category, actual wait time, actual presentation time present in the VEMD.
Using the VEMD with survey data

**Triage Category (VEMD) against average minutes spent in waiting room (VEMD)**

Simple comparison of two VEMD items to create information about categorisation and average waiting times

- Emergency (7% of Pop): 8
- Urgent (29%): 28
- Semi urgent (52%): 54
- Non urgent (12%): 53

Average minutes spent in waiting room
Using the VEMD with survey data

The largest cohort is not having the best experience

Relationship between VEMD Triage Category and a very good overall experience

- Emergency (7% of Pop): 73%
- Urgent (29%): 67%
- Semi urgent (52%): 59%
- Non urgent (12%): 58%

State = 62% very good overall experience

% overall very good experience
Using the VEMD with survey data

Relationship between VEMD Triage Category and an about right waiting time

10 minute jumps in ‘about right’ wait time average by Triage Category

- Emergency (7% of Pop): 10
- Urgent (29%): 24
- Semi urgent (52%): 35
- Non urgent (12%): 43

Average waiting time for those who said their wait was "about right"
Using the VEMD with survey data

VEMD Triage Category and tolerance for waiting

Actual average waiting time attributed to tolerance for waiting

<table>
<thead>
<tr>
<th>Category</th>
<th>About right</th>
<th>A bit too long</th>
<th>Much too long</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency (7% of Pop)</td>
<td>10</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Urgent (29%)</td>
<td>24</td>
<td>41</td>
<td>60</td>
</tr>
<tr>
<td>Semi urgent (52%)</td>
<td>35</td>
<td>61</td>
<td>109</td>
</tr>
<tr>
<td>Non urgent (12%)</td>
<td>43</td>
<td>61</td>
<td>95</td>
</tr>
</tbody>
</table>
Using VEMD and survey data in new exploration tool

Allows you to get closer to the experience of actual patients, in the moment.

For the Department, you can compare the relationship between expectation and your policies around categorisation and waiting times.

For health services and campuses, you can use this to compare your wait times with other services and campuses, and the impact waiting has on experience.
In Summary

“We’re not that much smarter than we used to be, even though we have much more information - and that means the real skill now is learning how to pick out the useful information from all this noise.”

Nate Silver, again

Actively affecting change is the critical input to meeting the VHES core objective: to improve the experiences of consumers who receive services from the Victorian public health system.

The intersection of simple frameworks and access to quality information is central to affecting change.

Thank you
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