

SA Health

Measuring Consumer Experience Report

2022



Government
of South Australia

SA Health

Measuring Consumer Experience Report 2022

Your experience matters, it drives change and improves our health care services.

SA Health wants every single patient to have the best possible hospital experience.

Listening to our patients improves our health care services.

Each year we ask South Australians about their experiences of their overnight stay in a public metropolitan or country hospital. We ask about their views and concerns, involvement in decision making, being kept informed, being heard, treatment and care, clinical knowledge and skills, pain relief and overall care.

SA Health has adopted the Australian Hospital Patient Experience Question Set (AHPEQS), which was developed by the Australian Commission on Safety and Quality in Health Care (ACSQHC). This survey is used by hospitals and healthcare services to ask recent patients about their experiences of treatment and care.

The answers to the questions help hospitals and healthcare services to deliver the sort of care that patients need and want.

The survey feedback shows us what we're doing well and where we need to improve. It is also a great way for us to compare our care with other hospitals around Australia and the world. The answers provided feed into processes to improve hospital and healthcare services.

SA Health uses an independent body to conduct the survey, known as the SA Consumer Experience Surveillance System (SACCESS).

Surveys were undertaken between January to December 2021, and over **4,230** South Australians were interviewed.

Since July 2021 onwards, three (3) additional regional hospitals were included in the SACCESS survey including:

- Mount Barker District Soldiers' Memorial Hospital
- Southern Fleurieu Health Service (Victor Harbor)
- Murray Bridge Soldiers' Memorial Hospital

4,236

South Australians interviewed in 2021

METRO
HOSPITALS

7

COUNTRY
HOSPITALS

10

56% FEMALE

2,386



44% MALE

1,850



21.2%
16–34 YEARS

900

20.4%
35–54 YEARS

864

32.0%
55–74 YEARS

1,355

26.4%
75 AND OVER

1,188

Main language spoken
at home:

ENGLISH

3,783

OTHER

453

40 surveys were
completed with language
support for:

Languages include:

Arabic
Farsi
Greek
Italian
Mandarin
Spanish
Vietnamese

PERFORMANCE
BENCHMARKS
WERE MET IN

7/10

CATEGORIES

Improving consumer experience



Views and concerns listened to

OVER
83%

of patients felt their **views and concerns were listened to always or mostly.**

compared to 2020
86.4%



Individual needs met

OVER
85%

of patients felt their **individual needs were met almost or most of the time.**

compared to 2020
88.5%



Felt cared for by staff

ALMOST
89%

of patients **felt mostly or always cared for.**

compared to 2020
91.0%



Involved in making decisions

OVER
83%

of patients **felt they were involved in decision making.**

compared to 2020
87.2%



Being kept informed

ALMOST
83%

felt they were **kept informed as much as they wanted** about their care and treatment.

compared to 2020
87.8%



Staff communicated with each other

OVER **85%**

could tell **staff involved in their care communicated with each other.**

compared to 2020 **87.0%**



Pain relief met needs

ALMOST **90%**

of patients **received pain relief that met their needs.**

compared to 2020 **92.2%**



Felt confident in safety

ALMOST **90%**

felt **confident in the safety of their treatment.**

compared to 2020 **92.3%**



Overall quality

OVER **88%**

felt the overall **quality of care received was good or very good.**

compared to 2020 **89.9%**



Recommend hospital

ALMOST **93%**

of patients would **recommend their hospital** to a relative or friend.

compared to 2020 **94.4%**

*AHPEQS – Australian Hospital Patient Experience Question Set
SA Health benchmark is 85%



Views and concerns listened to

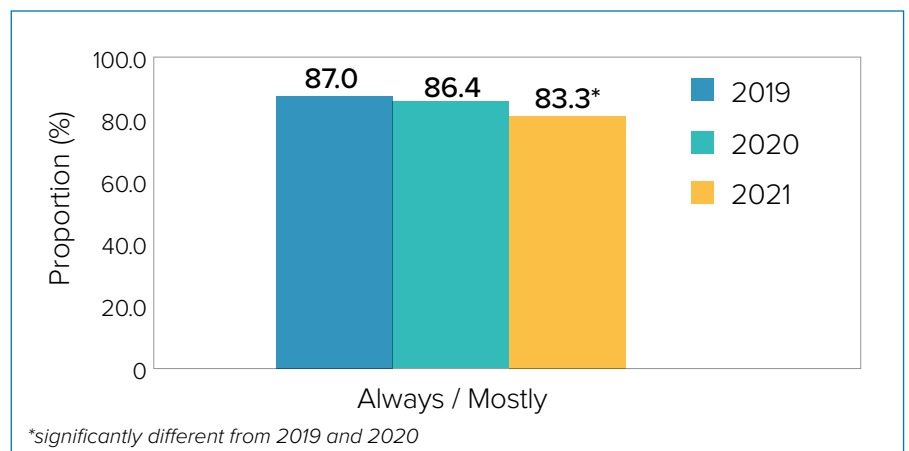
OVER

83%

of patients felt their **views and concerns** were listened to 'Always' or 'Mostly'.

My views and concerns were listened to

The majority of respondents felt that their views and concerns were listened to always (54.8%) or mostly (28.5%), while only a few thought that it happened rarely (3.6%) or never (2.1%).



What does this mean for the consumer?

FACTOR	DEFINITION (What does this mean)
Distress acknowledgment	Having any distress or discomfort acknowledged by staff
Emotional support	Receiving emotional support from staff when needed
Patient knowledge	Patient's knowledge of their body and condition taken seriously by staff
Invited to be involved in decisions about care and treatment	Patient being invited to contribute their knowledge, needs, preferences and views to care and treatment decisions.
Carer's knowledge	Carer's knowledge and input being valued by staff
Being listened to	Being listened to
Having enough time	Having enough time to talk to staff

We are listening to our consumers

“The specialist who saw me had students with him. His manner was absolutely exemplary in ascertaining every aspect of my condition. He discussed fully with myself and his students and actively listened to what I had to say. I was so impressed.”

“The nurses, they did not listen to me. I could not get my needs met well and they way they answer, they were very abrupt and I felt they did not show understanding to me.”



Individual needs met

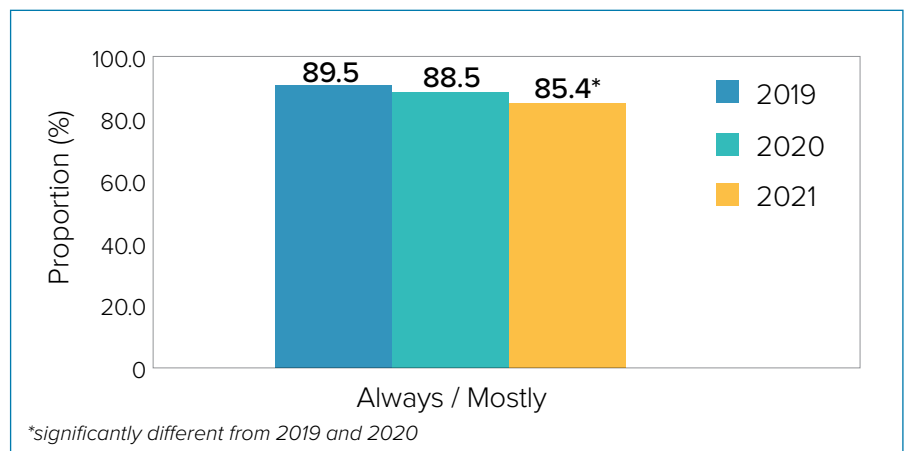
OVER

85%

of patients felt their **individual needs** were met 'Always' or 'Mostly'.

My individual needs were met

The majority of respondents felt that their needs were met always (56.2%) or mostly (29.2%), while only a few thought that it happened rarely (2.5%) or never (1.6%).



What does this mean for the consumer?

FACTOR	DEFINITION (What does this mean)
Responsiveness and flexibility	Staff being flexible in their approach in response to a patient's needs and preferences
Whole person approach	Staff take 'whole of life' needs into account (e.g. social, psychological, work and quality of life needs)
Comorbidities	Staff taking other health conditions or illnesses into account (other than the reason for admission)

We are listening to our consumers

“I was very happy with the individual care and I got on well with the staff. I was generally happy with it.”

“I just think that the care needs to be more individualised.”

Individual needs were not met

“My individual needs were met” was asked and answered negatively.

WHEN INDIVIDUAL NEEDS WERE NOT MET

595

patients who reported that their individual needs were not met:

13.5%

responded that staff always explained why this was the case

14.2%

said that this happened mostly

while around one third (**29.7%**) responded that staff never explained why their needs could not be met.





Felt cared for by staff

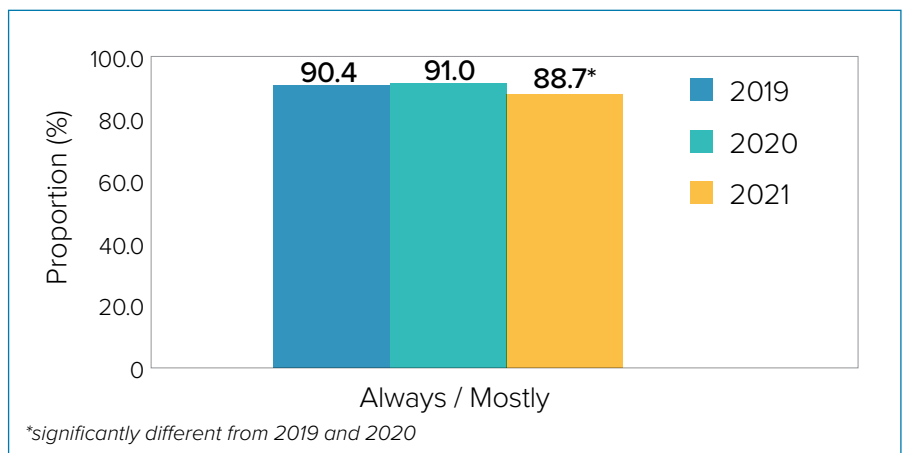
ALMOST

89%

of patients felt **cared for by staff** was 'Always' or 'Mostly'.

I felt cared for

The majority of respondents felt that they were cared for always (64.6%) or mostly (24.1%), while only a few thought that it happened rarely (2.2%) or never (1.3%).



What does this mean for the consumer?

FACTOR	DEFINITION (What does this mean)
Staff availability	Feeling that staff are available if you need them
Staff responsiveness	Feeling that staff will respond to any concerns or questions
Left to cope alone	Not being left to manage alone when you need support or help
Genuine caring, attempt to understand, empathy	Feeling that staff genuinely care about you
Thoughtfulness and personal touch	Being treated in a kind and thoughtful way
Staff positivity, reassurance	Staff having a positive and reassuring manner

We are listening to our consumers

“The doctor cared about me, the nurse cared about me, the hospital was really good.”

“I wanted to feel a little more included and supported so I was not scared. It was all overwhelming having the baby and I felt like they just expected me to just do it and I had no experience.... scary for me in the fact I felt I had no support at all.”



Involved in making decisions

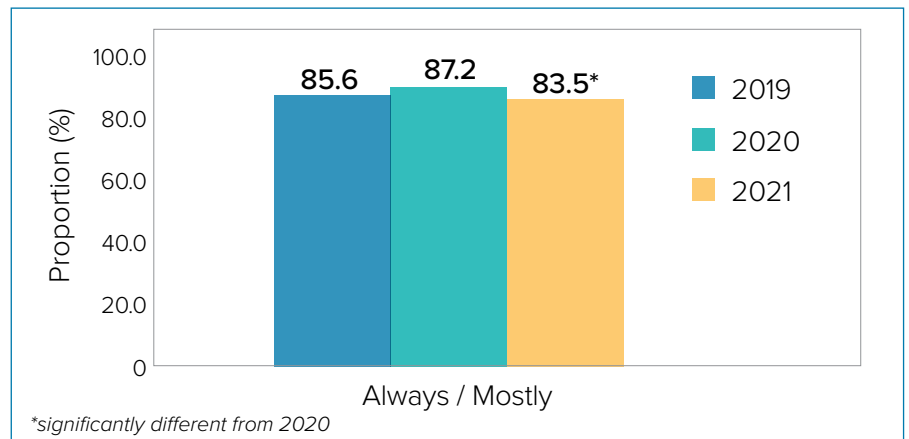
OVER

83%

patients felt that they were being **involved in making decisions** about their treatment and care were met 'Always' or 'Mostly'.

I was involved as much as I wanted in making decisions about my treatment and care

The majority of respondents felt that they were being involved in making the decisions about their treatment and care always (61.5%) or mostly (22.0%), while only a few thought that it happened rarely (3.6%) or never (3.7%).



What does this mean for the consumer?

FACTOR	DEFINITION (What does this mean)
Distress acknowledgment	Having any distress or discomfort acknowledged by staff
Emotional support	Receiving emotional support from staff when needed
Patient knowledge	Patient's knowledge of their body and condition taken seriously by staff
Invited to be involved in decisions about care and treatment	Patient being invited to contribute their knowledge, needs, preferences and views to care and treatment decisions
Being listened to	Being listened to
Having enough time	Having enough time to talk to staff

We are listening to our consumers

“I was involved in decision making and taken care of well. I had a good experience, as compared to the last time I gave birth. The doctor came over and talked me through what was happening. It was much better than last time, last time when no one really talked to me.”

“I felt rushed in making the decision and I would have preferred being given more time and information before deciding.”



Being kept informed

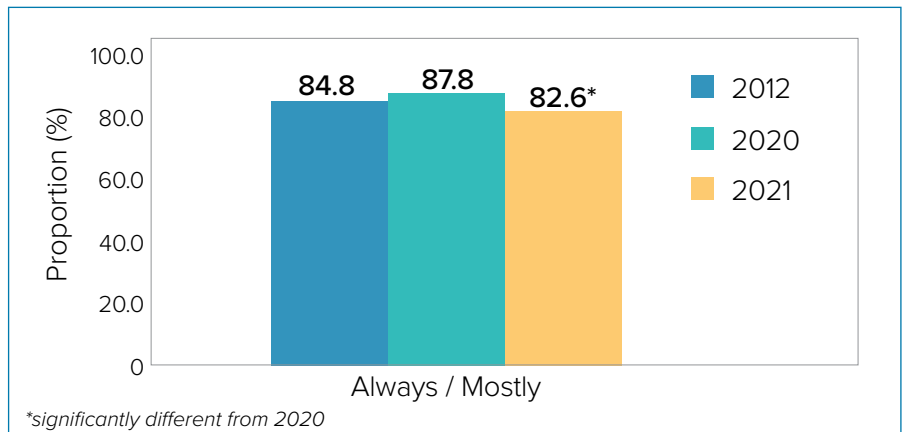
ALMOST

83%

of patients they were **kept informed** as much as they wanted about their treatment and care were met 'Always' or 'Mostly'.

I was kept informed as much as I wanted about my treatment and care

The majority of respondents felt that they were kept informed as much as they wanted about their treatment and care always (61.3%) or mostly (21.4%), while only a few thought that it happened rarely (4.5%) or never (2.4%).



What does this mean for the consumer?

FACTOR	DEFINITION (What does this mean)
Knowing what's going on	Knowing what is happening with treatment and care
Knowing what to expect	Knowing what to expect with treatment and care
Knowing reason	Knowing why things are being done
Knowing how it went	Knowing how treatments or procedures have gone
Knowing who staff are and why they're involved	Knowing the roles of staff and why they are involved in care

We are listening to our consumers

“Really great nurses. Really friendly and approachable, and quick to respond to requests. When I was waiting for pain relief and the doctor was busy with other patients the nurses kept me informed.”

“I wasn't as informed about what I needed than I should have been.”



Staff communicated with each other

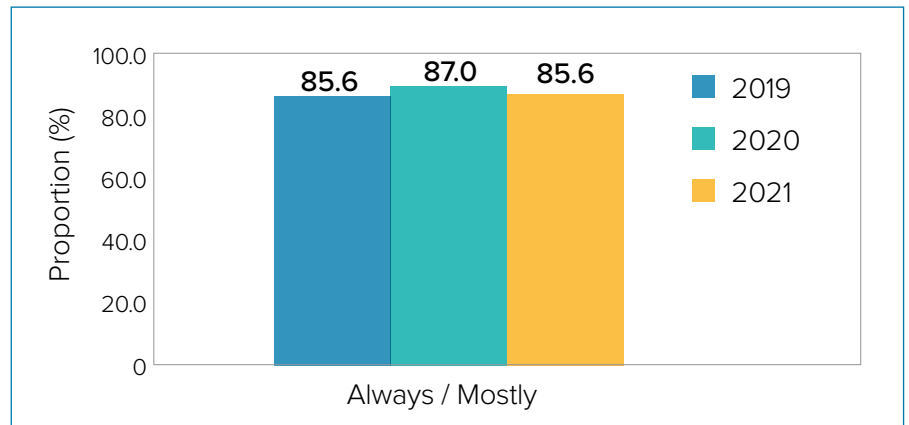
OVER

85%

of patients felt that **staff involved in their care** communicated with each other 'Always' or 'Mostly'.

As far as I could tell, the staff involved in my care communicated with each other about my treatment

The majority of respondents felt that staff involved in their care community with each other always (60.1%) or mostly (25.5%), while only a few thought that it happened rarely (3.6%) or never (1.8%).



What does this mean for the consumer?

FACTOR	DEFINITION (What does this mean)
Written overall plan	Having a written plan showing the steps involved in care and treatment
Staff share information	Different staff or services involved in a patient's care and communicating with one another about this care
Care co-ordination	Having one person or team co-ordinating all the different parts of a patient's care
Continuity of relationship	Being able to see the same staff for treatment and care over time

We are listening to our consumers

“I was really impressed with the communication between the doctors and nurses and their record keeping.”

“There wasn't sufficient communication between the nurses and the doctors. I was being told different things by different people.”



Pain relief met needs

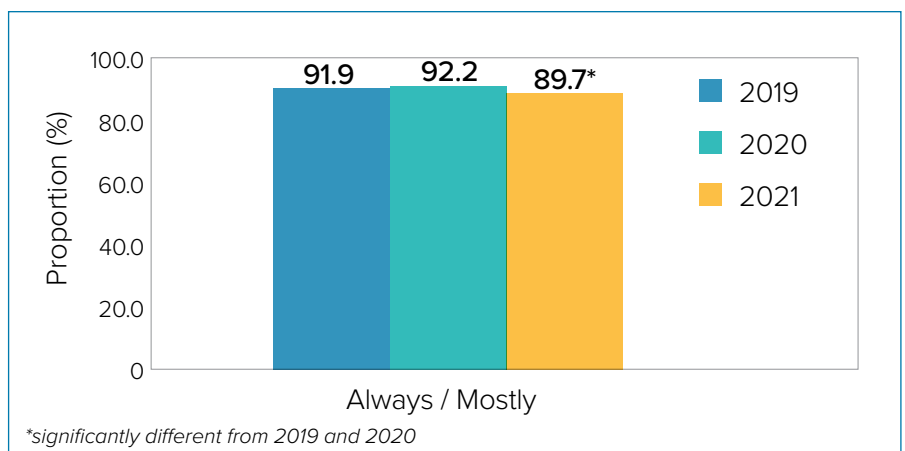
ALMOST

90%

of patients felt that the **pain relief** they received met their needs 'Always' or 'Mostly'.

I received pain relief that met my needs

The majority of respondents felt that the pain relief they received met their needs always (73.6%) or mostly (16.1%), while only a few thought that it happened rarely (2.3%) or never (1.3%).



What does this mean for the consumer?

FACTOR	DEFINITION (What does this mean)
Waiting in pain	Not waiting unnecessarily long for pain relief
Appropriateness of pain relief	Receiving appropriate pain relief
Medication management	Medicines being managed safely

We are listening to our consumers

“When I needed pain relief they were very quick about it, that was very helpful at the time, as I was in quite bad pain.”

“When I needed pain relief it sometimes took a long time to get it.”



Felt confident in safety

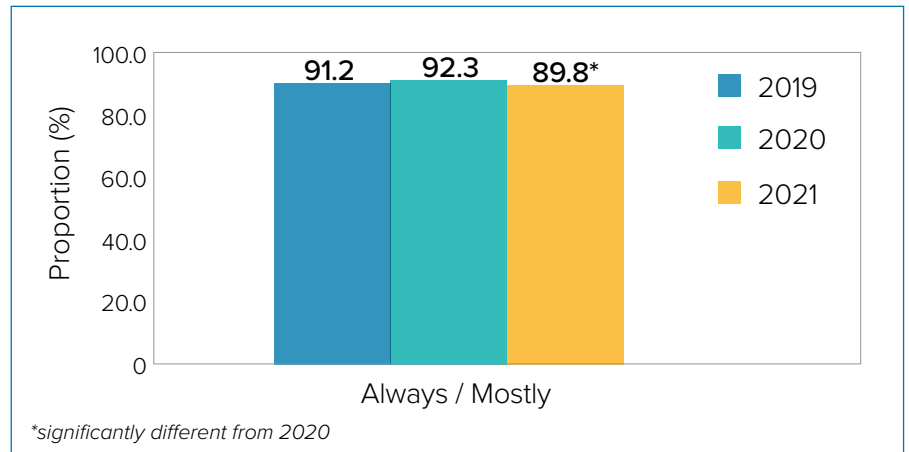
ALMOST

90%

of patients felt confident in the safety of their treatment and care 'Always' or 'Mostly'.

When I was in hospital, I felt confident in the safety of my treatment

The majority of respondents felt confident in the safety of their treatment always (73.2%) or mostly (16.6%), while only a few thought that it happened rarely (1.8%) or never (1.9%).



What does this mean for the consumer?

FACTOR	DEFINITION (What does this mean)
Staff clinical knowledge	Patient feeling that staff have good knowledge of illness/condition
Staff clinical skills	Patient finding that staff have good clinical skills (e.g. surgery, needle insertion)
Trust in professionals	Patient having confidence in the abilities of the professionals involved in their care and treatment

We are listening to our consumers

“In general I felt comfortable and safe and felt that if I if needed something staff willing to help. Staff were friendly, seemed caring”

“I just felt that someone of my care decision was not shared adequately to me. I was not aware that how serious it was about. But I trusted with the care I was provided and the information not shared would have been for my own emotional benefit.”

Harm or distress discussed with staff

82.8%

of patients **did not** experience harm or/and distress as a result of their treatment and care.

***Applies when question relating to experiencing harm or distress is answered in the affirmative.**

OF THE

17.2%

that did experience harm or/and distress:

1.8%

had experienced physical harm

10.6%

experienced emotional distress

4.8%

experienced both

OF THE

721

respondents who reported that they had experienced harm or distress:

47.0%

said that this was discussed with them

53.0%

said that their harm or distress was not discussed with them



Overall quality

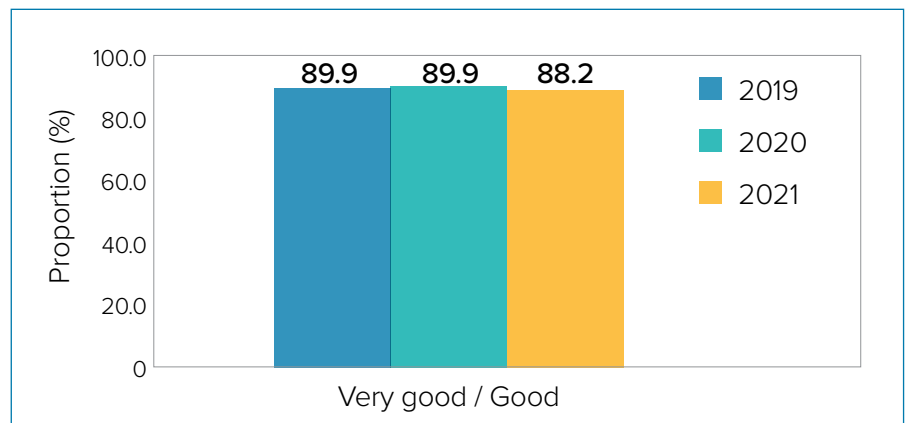
OVER

88%

of patients **felt confident** in the safety of their treatment and care 'Very good' or 'Good'.

Overall, the quality of the treatment and care I received was very good or good

The majority of respondents felt that the overall quality of their care was very good (60.5%) or good (27.7%), while only a minority thought that it was poor (2.4%) or very poor (1.7%).



What does this mean for the consumer?

FACTOR	DEFINITION (What does this mean)
Overall organisation	Feeling that the health service is well organised overall in relation to treatment and care

We are listening to our consumers

“The overall care and dedication of the nurses, doctors, porters, cleaners and surgeons were superb throughout.”

“The overall treatment, lack of information provided by medical staff and unable to provide answers to questions as well as receiving no discharge paperwork.”



Patient rights and engagement

A set of five questions around patient rights and engagement include:

- 1 Did anyone ask whether you had any cultural or religious beliefs that might affect the way you were treated in hospital?**
 - 68.0%** were **not asked** if they had any **cultural or religious beliefs** that might affect the way they were treated in the hospital
 - over a quarter **25.6%** were asked after admission
 - 6.4%** were asked at pre admission.
- 2 If you needed one, did you have access to an interpreter?**
 - Of the **698** respondents who required an interpreter, about two-thirds **67.7%** of patients were **provided an interpreter**
- 3 Was your right to have an opinion respected?**
 - 87.8%** of patients felt that their **right to an opinion was always respected.**
- 4 Were you provided information on your rights as a patient?**
 - 72.0%** were **given enough information** about their rights as a patient.
- 5 Did staff explain your rights as a patient to you?**
 - 52.2%** reported that their **rights were explained** to them.

Patient centred care principles

A person centred approach puts people at the heart of health and social services, including care, support, and enablement.

It is an approach where users are recognised as individuals, encouraged to play an active role in their care, and where their needs and preferences are understood and respected. Individual patient comments have been coded into each of the patient centred care principles, additional areas and other categories. The principles have been sourced from the Picker Institute Principles of Patient Centred Care website at: <http://pickerinstitute.org/about/picker-principles>

Fast access to reliable healthcare advice

(previously *access to care*)

Satisfied comments regarding quick appointment speeds and accessibility of the emergency department in this principle. Dissatisfied comments regarding long waiting time to be seen in the Emergency Department and for admission (hospital bed availability), for appointments and elective surgery, and inadequate signage, were included in this principle.

Effective treatment delivered by trusted professionals

(previously *coordination and integration of care*)

Satisfied comments regarding their treatment being very good, and that they felt looked after, treated well or cared for, were included under this principle. Dissatisfied comments regarding delays in being seen by medical and nursing staff while on the ward, lack of competency and clinical management (wound dressings, drips, etc.), misdiagnosis or lack of concern/treatment with presenting or secondary conditions and medication issues (e.g. lost), were included under this principle.

Continuity of care and smooth transition

(previously *transition and continuity*)

There were two positive comments regarding transition and continuity – both pertaining to the speed and service when being discharged. Dissatisfied comments regarding being discharged too early, or without sufficient information or arrangements regarding care at home, delays with providing medications or paperwork, and lack of follow-up regarding care/treatment, were included in this principle.

Involvement and support for family and carers

(previously *involvement of family and friends*)

There were no satisfied comments regarding the involvement of family and friends. Dissatisfied comments regarding family and friends not being involved, informed or included in decision making, were included in this principle.

Clear information, communication and support for self-care

(previously *information, communication and education*)

Satisfied comments regarding doctors and nurses providing information, answering questions and explaining things, were included in this principle. Dissatisfied comments regarding lack of information from doctors, lack of information from staff regarding their care or treatment for patients and/or their families, and language/cultural barriers between patients and staff, were included under this principle.

Involvement in decisions and respect for preferences

(previously *respect for patients' values, preferences and expressed needs*)

Satisfied comments regarding staff being friendly, kind and respectful were included under this principle. Dissatisfied comments regarding staff not attending to requests from the patient, being rude or disrespectful and not listening to information being provided by the patient regarding their care, were included under this principle.

Empathy support, empathy and respect

(previously *emotional support and alleviation of fear and anxiety*)

Satisfied comments regarding being comforted and cared for, were included in this principle. Dissatisfied comments regarding feeling upset, worried, isolated, anxious about needles or in general, and feeling unsafe, were included in this principle.

Attention to physical and environmental needs

(previously *physical comfort*)

Satisfied comments regarding the cleanliness of the hospital and the comfort provided were included in this principle. Dissatisfied comments regarding noise at night; lack of attention/care by nursing staff; having to share a ward or bathroom with members of the opposite sex/lack of privacy; lack of pain relief; lack of cleanliness/hygiene, being moved around the hospital and equipment in need of repair, were included in this principle.





Additional areas include:

Food

Satisfied comments regarding the good quality of the food were included in this area. Dissatisfied comments regarding the lack of or wrong choice, taste (bland, unappetising), presentation (cardboard/plastic boxes and utensils), size (too large), not being offered food (including special dietary needs), were included in this area.

Emergency Department

Satisfied comments regarding the good level of care and staff in the emergency department were included in this area. Dissatisfied comments regarding the long waiting times to be seen, lack of pain relief and staff being disrespectful were included in this area.

Doctors and nurses

Satisfied comments regarding the quality of care provided by medical and nursing staff were included in this area. Dissatisfied comments regarding medical and nursing staff being abrupt/disrespectful, uncaring, not providing assistance or being incompetent with administering procedures, were included in this area.

Consumer feedback

There were no satisfied comments regarding this area and a single dissatisfied comment regarding reluctance or lack of follow up by staff regarding concerns were included in this area.

Other

Satisfied comments regarding overall satisfaction with the hospital and also with staff were included in this area. Dissatisfied comments regarding (in order) staff shortages, maintenance, general issues with staff, hospital closure (for the repatriation hospital), lost property, and financial issues were included in this area.



For more information

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