

THE NATIONAL DANISH SURVEY OF PATIENT EXPERIENCES



Patients' experiences in Danish hospitals

QUESTIONNAIRE among 26,045 hospitalised patients

2006

THE UNIT OF PATIENT EVALUATION
The Capital Region of Denmark
On behalf of the Danish Regions and
the Danish Ministry of Interior and Health

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Introduction

Aims and objectives

The National Danish Survey of Patient Experiences is conducted under an agreement between the Danish government and the Danish Regions. This survey was previously conducted in 2000, 2002, and 2004, and will in its present form account for results achieved in 2006. The objective of the survey is to compare patient experiences at a hospital and a medical specialties level. Also, it is the aim to compare patient experiences over time. The survey includes questions about: clinical services, patient safety, patient and staff member continuity, co-involvement and communication, information, course of treatment, discharge, inter-sectoral cooperation, physical surroundings, waiting time and free hospital choice.

In August 2006, a questionnaire was distributed to 26,313 patients who had been discharged from a Danish hospital during the period from mid-March to mid-June 2006. 58% of the patients answered the questionnaire. The survey analyses are based on direct standardisations, weighted average and logistic regressions.

This is a summary of a Danish report. The summary presents the most significant results of the survey. The original report is supplemented by a list of tables that provides an overview of the results of all the questions on a national, regional and hospital level as well as within the four specialties: internal medicine, orthopaedic surgery, organ surgery and gynaecology/obstetrics. In addition each hospital will be given a set of tables summarising the hospital's own results in relation to the national average and the results from 2004. Each hospital will be able to use the tables for internal purposes in order to identify which areas, in which the hospital needs to launch initiatives that can improve patient experienced quality.

Organization

The survey is conducted by The Unit of Patient Evaluation in The Capital Region of Denmark. The unit was established in 1998 and is a research centre working for patient involvement. The unit carries through surveys and research and development projects concerning patient experienced quality. The survey is financed by the Danish Regions, which administer the hospitals.

A professional working group and a steering committee have been formed, consisting of representatives of the Regions and the Ministry of the Interior and Health.

Results

Overall impression of hospitalisation

Although there are areas where the patients experience that there is improvement potential, the patients overall impression of the hospitalisation process is generally positive. Thus, 90% of the patients answered that their overall impression of the hospitalisation process is “very good” or “good”. Figure 1 gives an overview of the share of positive and negative responses for the entire country.

Best rated areas

Areas which receive the highest ratings are within the aspects of:

- Clinical services
- Course of treatment
- Co-involvement and communication
- Discharge
- Physical surroundings

Clinical services

Both questions under the aspect of clinical services account for a very high share of positive ratings. 95% of the patients have to a high degree or to some degree confidence in the staff’s professional skills, and 94% of the patients have “to a high degree” or “to some degree” confidence in the doctors’ professional skills.

Course of treatment

In general, the patients have a favourable impression of the course of treatment at the hospitals. Thus, 91% of the patients indicate that the medical staff and doctors cooperated very well or well about the care and treatment of the patient. Also, 84% of the patients indicate that the plans prepared for their course of treatment were met “to a high degree” or “to some degree”.

Co-involvement and communication

Within the aspects of co-involvement and communication, the issues concerning communication in particular are the ones rated most favourably by the patients. For instance, 92% of the patients find that the medical staff “to a high degree” or “to some degree” are professionally responsive to their needs, and 90% of the patients find that the doctors listened to the patients’ own description of the their disease “to a high degree” or “to some degree”. As regards co-involvement, there appears to be room for improvement. Thus, 82% of the patients find that they are involved appropriately, whereas only 75% of the patients find that their relatives were involved to an appropriate extent.

Discharge

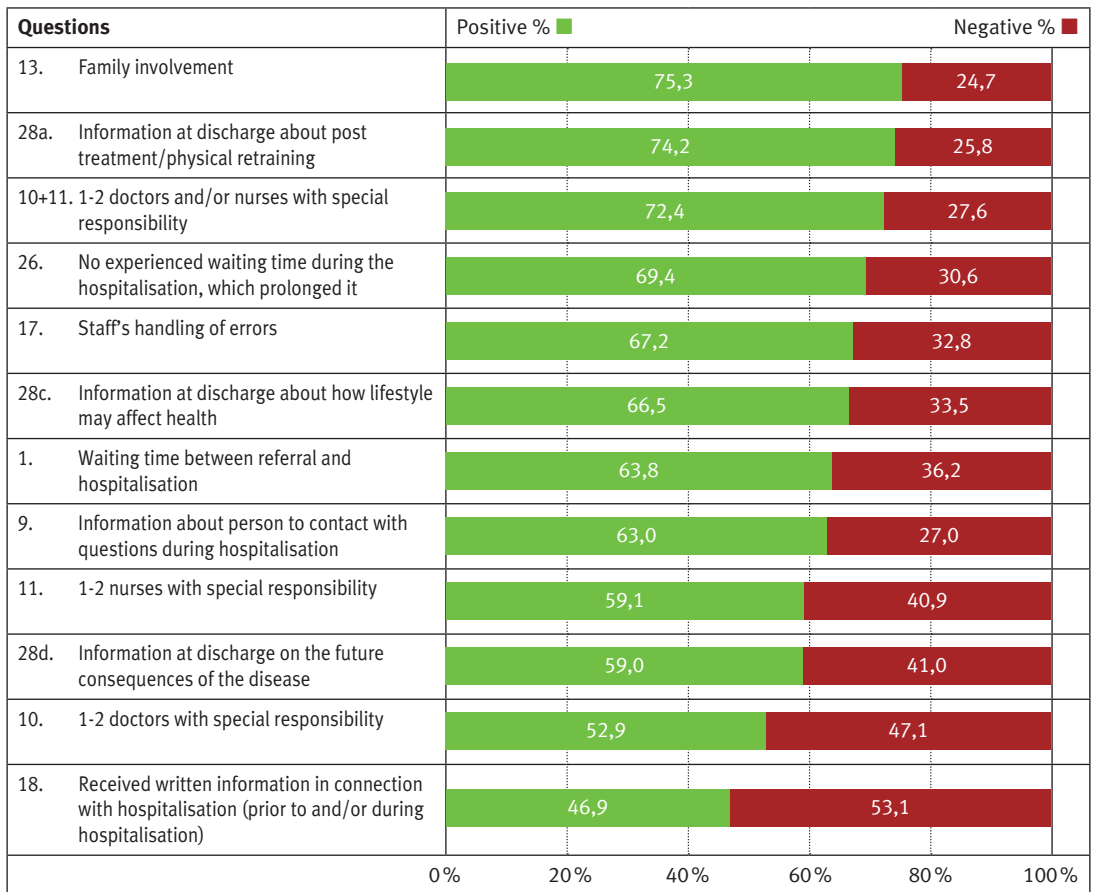
The share of patients who felt very safe or safe about being discharged from the hospital accounts for 87%. The share of patients who had a final conversation with a doctor or a nurse prior to discharge is 81%.

Physical surroundings

The patients were asked about their overall impression of the hospital premises. 83% of the patients had a very good or good overall impression of the premises, but the answers vary a great deal from one hospital to the other (47 percentage points).

Figure 1. Distribution of the share of positive and negative responses to each question





Primary target areas

Areas in which the hospitals achieve the poorest results are within the aspects of:

- Patient and staff continuity
- Information
- Waiting time
- Intersectoral cooperation
- Patient safety

Patient and staff continuity

Denmark's hospitals generally manage very poorly within the aspects of patient and staff continuity. Thus, 37% of the patients were not informed about whom to contact with questions about their disease and treatment while hospitalised. 59% of the patients answered that they experienced that 1-2 nurses had a primary responsibility for their care, and 53% of the patients answered that they experienced that 1-2 doctors were particularly responsible for their treatment. A total of 72% of the patients answered that they experienced that 1-2 nurses and/or 1-2 doctors had a primary responsibility for their care/treatment.

Information

When it comes to the aspect of information, the patients' responses provide a more differentiated picture. For instance, 47% of the patients received written information in connection with their hospitalisation. Out of this group, 96% of the patients find that the contents of the written information were "very good" or "good". Compared to the verbal information, 87% of the patients found that the contents of such information were "very good" or "good". Furthermore, 83% of the patients found that "to a high degree" or "to some degree", the information provided by the various staff groups was consistent, and 80% of the patients found that the information given while they were hospitalised was appropriate.

The patients' experience of information provided at discharge varies. For instance, 87% of the patients find that they received very good or good information about their medication at discharge, whereas 59% of the patients were informed very well or well about the future consequences of their disease.

Waiting time

The patients rate most negatively the waiting period from referral until hospitalisation. 63% of the patients found that the waiting time was appropriate. 69% of the patients found that the waiting time for tests and treatments prolonging the length of their stay at the hospital were factors of less or no significance at all.

Intersectoral collaboration

In relation to the intersectoral collaboration, the patients found their admission to the hospital to be the most positive. 90% of the patients find that the hospital was very well or well-informed about their situation when they were hospitalised. Furthermore, 85% of the patients knew whom to contact if they experienced any changes in their condition while they were waiting to be hospitalised. When it comes to their discharge from hospital, 83% of the patients find that the hospital and the local home care/home nursing collaborated very well or well about their discharge, and 79% of the patients find that their physician was very well or well informed about what had happened during their hospitalisation.

Patient safety

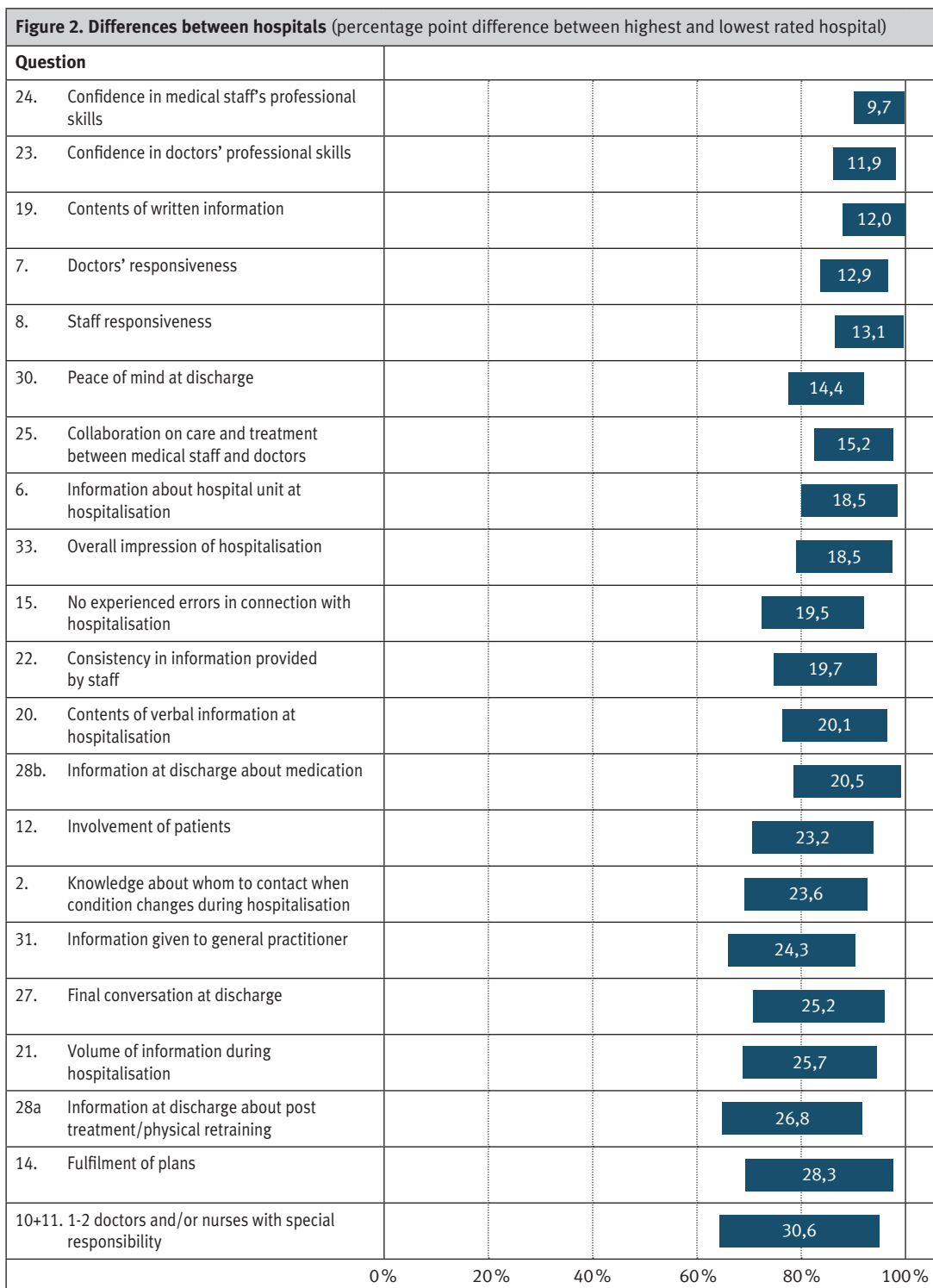
A total of 20% of the patients had experienced that errors had been made in connection with their hospitalisation. 9% of the patients had experienced administrative errors, 6% experienced injury during surgery, wrong medication or wrong treatment, and 5% experienced having received a wrong diagnosis. 56% of the patients experiencing errors, found out about them themselves. 67% of the patients found that the staff handled the errors very well or well.

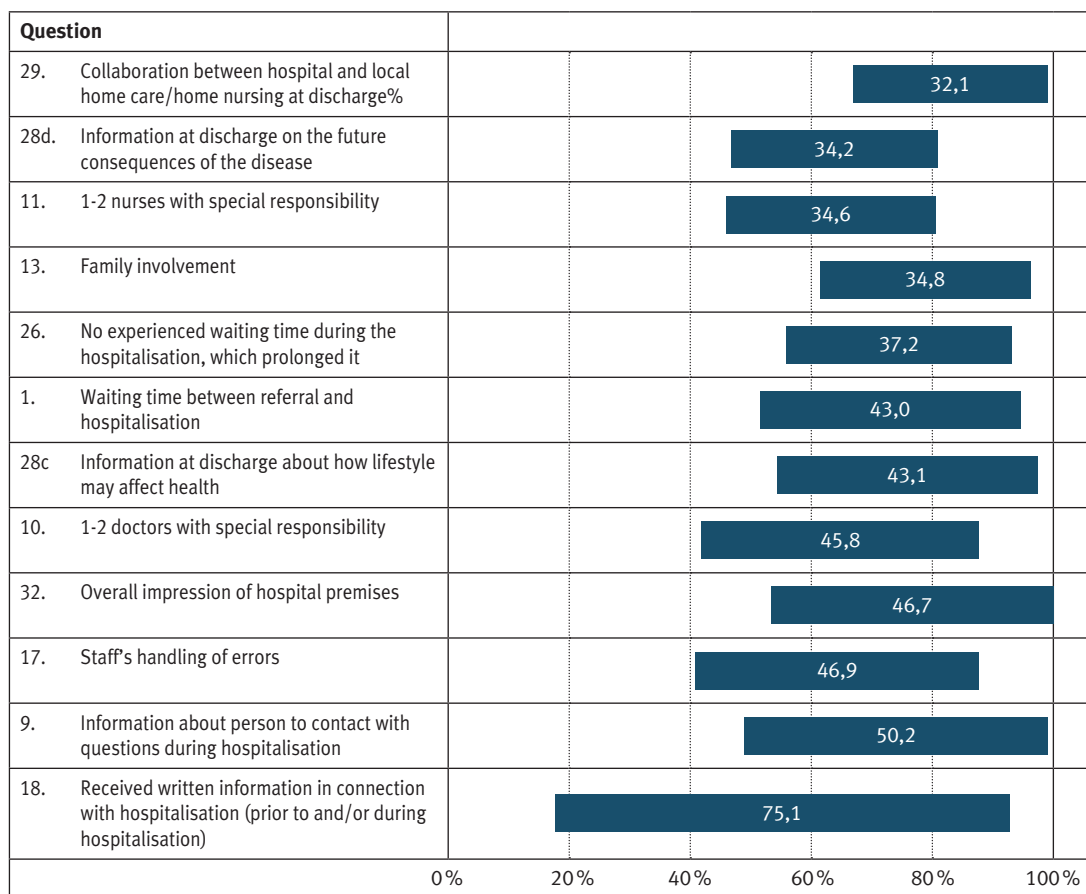
Free hospital choice

Among the planned hospitalised patients, 87% of them were aware that they could choose the hospital, in which they would prefer to stay. Out of this group, however, only 46% availed themselves of the free hospital choice program. The majority of the patients (47%) mentioned the hospital's geographic location as the reason for their choice, but the hospital's reputation (42%) and good experience from previous stays at the hospital (39%) also received high weighting in connection with the patients' choice of hospital.

Differences between hospitals

Figure 2 illustrates the variation in the share of positive ratings between the individual hospitals. Particularly within the primary target areas there appears to be a large difference in the results from the various hospitals. For instance, there is a 75 percentage point difference between the highest rated hospital and the lowest rated hospital on the question of whether or not the patient has received written information in connection with his/her hospitalisation. Furthermore, there is a 50 percentage point difference between the highest rated and the lowest rated hospital on the question of whether or not the patients knew whom to contact with questions while they were hospitalised. Also, the staff's handling of errors is one of the areas, in which there is a major difference (47 percentage points) between hospital results. This means that the areas selected in the report to be primary target areas are not necessarily target areas for the individual hospital.





Every bar in figure 2 shows the percentage point differences between the highest and the lowest rated hospital for each of the survey's questions. For instance, it appears (question 18) that there is a 75 percentage point difference in the share of patients reporting having received written information about disease and treatment. At the highest rated hospital, 92% of the patients checked "yes" and at the lowest rated hospital, 17% of the patients checked "yes". By applying direct standardisation, the results in the figure are adjusted for gender, age and manner of hospitalisation (acute/planned)

Differences between specialties

In some cases, the patients' reported experiences varies depending on which basic speciality they were hospitalised for. In general, the results within gynaecology/obstetrics are the ones distinguishing themselves from the other three specialties, which may be attributable to the patient mix here. For instance, there is a 17 percentage point difference between the national results of internal medicine (43%) and gynaecology/obstetrics (60%) on the question of whether or not the patient received written information in connection with his/her hospitalisation. However, the positive answers accounted for a higher share within internal medicine when it comes to information given by the patient's own physician. Within gynaecology/obstetrics, 75% of the patients found that the information was very good or good, whereas the satisfied patient group within internal medicine accounted for 79%. Also, there is a large difference between the specialties in relation to the share of patients utilizing the free hospital choice program. Within orthopaedic surgery, 59% of the patients chose their own hospital, whereas within internal medicine, this group accounted for 35%.

Influence of patient characteristics

It is observed that the patients' gender, age, manner of hospitalisation (acute/planned) and time of hospitalisation have an impact on the patients' experiences in a number of areas. There are clear tendencies between the patient groups. In general, the male patients, younger patients and planned hospitalized patients are more positive than the other patients. The patients' time of hospitalisation also has an influence on their experiences. However, there appears to be opposing tendencies depending on the area. For instance, the longer the patient has been hospitalised, the higher the share of patients who have experienced that 1-2 nurses and/or 1-2 doctors had a primary responsibility for their care/treatment. Contrary to this, the shorter the hospitalisation period, the more errors and insecurity are experienced by the patients at discharge.

The size of the hospital and its geographical location

In general, it turns out that a major share of the patients admitted to small hospitals have a positive attitude compared to patients admitted to large hospitals. This trend appears within several aspects. In general the patients rate their confidence in the doctors' professional skills as positive in small as well as large hospitals.

Furthermore, there is a clear tendency that patients admitted to hospitals in West Denmark have a more positive attitude than patients admitted to hospitals in East Denmark. This tendency appears across the aspects.

Patient comments

Comments from patients with a very good overall impression of their admission to hospital particularly revolve around areas within the aspects of course of treatment and discharge. Patients with a very bad overall impression of their hospitalisation comment on areas within clinical services, patient safety, food and physical surroundings. The comments from the two patient groups generally distinguish themselves from each other apart from the comments within co-involvement and communication, which are aspects that both patient groups find important.

Developments in survey results from 2004 to 2006

From 2004 to 2006, a statistically significant improvement appears in 6 out of 30 comparable questions. Improvements have been made within the aspects of information and patient and staff continuity.

For instance, the share of patients who have pointed out that they were very well or well-informed about the future consequences of their disease increased by 4 percentage points and the share who were very well or well informed about how their lifestyle might influence their health increased by three percentage points from 2004 to 2006. Furthermore, the share of patients who have received written information in relation to their hospitalisation rose from 45% to 47%, and the share of patients who were very well or well informed about post treatment services/rehabilitation, went up by 2 percentage points from 2004 to 2006.

As regards the aspect of patient and staff continuity, the share of patients who knew whom they should contact with questions about their disease and treatment during hospitalisation went up by 5 percentage points from 2004 to 2006. Also the share of patients who experienced having 1-2 nurses specially appointed for their care went up by 2 percentage points from 57% in 2004 to 59% in 2006.

The only question showing a statistically significant drop is the patients' overall impression of the hospital premises. The share of patients having a very well or well overall impression of the hospital premises dropped two percentage points from 85% in 2004 to 83% in 2006.

Conclusion and implications

The survey shows that the Danish patients overall impression of their hospital stay is good. Thus, 90% of the patients finds their overall impression of the hospitalisation process to be “very good” or “good”. In general the patients also have good confidence in the medical staff’s professional skills. Furthermore the development in survey results over time shows improvement within almost every category.

Nevertheless there are still areas where the patients experience a need for improvement. This includes aspects within patient and staff continuity, information, waiting time, intersectoral collaboration and patient safety.

The areas in need of improvement are not the same for all hospitals. In fact the survey shows remarkable variations in results across different hospitals. This emphasises the need for local awareness and targeted action within each hospital.

The National Danish Survey of Patient Experiences ensures uniform data collection across hospitals and comparable results. The results, along with other national quality projects, are important tools for assessing hospital quality and targeting improvement areas.

The Danish health care system will be facing new challenges in connection with the Danish Local Government Reform, introduced in January 2007. The reform involves a new division of municipalities and regions and a new distribution of health care tasks between municipalities, regions and the state. As a result collaboration and coordination between sectors and continuity in the clinical pathway of patients will be important themes in future quality work.

Material and method

This survey has been conducted by distributing questionnaires by mail to a representative sample of patients hospitalised in hospitals all over Denmark.

Validation of questionnaire

In order to make sure that the patients' understanding of the questions are consistent with the objective of the survey and that the questions are understandable and meaningful to the patients, the questionnaire is tested prior to its launch. This validation of the questionnaire is made through a number of cognitive interviews with the patients who have completed the questionnaire in advance. The patients are asked about their own understanding of the individual questions, the usefulness of the reply categories and their considerations while answering the questions. In addition, the questions are asked about a number of general questions on the length, layout of the questionnaire, etc. and whether there are any significant questions they need to be asked about. The questionnaire will subsequently be amended in accordance with identified problems, if any.

In preparation of The National Danish Survey of Patient Experiences 2006, 26 interviews have been conducted with patients from four medical and surgical departments in three hospitals in two different regions. The patient groups varied in terms of gender and age. The patients' age ranges from 18-87 years. In the previous surveys from 2000, 2002, and 2004, a total of 109 interviews were conducted. As the core questions are more or less the same throughout the years, new questions or rephrased ones are given more focus.

Selection criteria

The selection criteria have been prepared in collaboration with the secretariat, the professional working group and the steering group. These criteria ensure that a valid comparison can be made of the patient experienced quality of the hospitals participating in this survey.

The material retrieved originates from a representative sample of patients from all the public hospitals in Denmark (physical units).

The selection criteria define that only inpatients from somatic units should be retrieved (admission and discharge date must be different), and their discharge date must lie within the period from 16 March 2006 to 15 June 2006. All patients have been admitted with an action diagnosis within one of the following basic specialties: internal medicine, orthopaedic surgery, organ surgery and gynaecology/obstetrics. At each hospital a random sample of 660 patients should be retrieved at a disproportional stratified analysis distributed on 220 patients from internal medicine, 220 from orthopaedic surgery and 220 from organ surgery and gynaecology/obstetrics together. Organ surgery and gynaecology/obstetrics have been merged as the number of patients with a gynaecological/obstetric action diagnosis was limited during the inclusion period. For hospitals with a mixture of medical and surgical departments, a random selection of 660 patients meeting the identified criteria is made.

The patients are only included in the random sample once with their most recent discharge (even though they have had more admissions during the inclusion period). Patients under the age of one year have been excluded as have patients with disease classification code DZ763 (healthy companions and healthy newborns).

Data collection

At the end of August 2006, the questionnaire was distributed to 26,313 patients admitted to 53 hospitals. A reminder was sent mid-September 2006 (14 days after the distribution of the questionnaire). The questionnaire was marked with a serial number, which made it possible to send the reminders to patients whose answers had not yet been recorded. It was also possible for the patients to answer the questionnaire on the internet by logging into the system with individual codes on a named website.

When planning the process of data collection it has been taken into account that regional surveys are being conducted parallely. The data collection periods are thus coordinated in relation to each other, so that the same patients are not asked about the same hospitalisation several times. The patients in The National Danish Survey of Patient Experiences 2006 were all discharged from the hospitals during the period from mid-March 2006 to mid-June 2006. In order to cut down the data collection period as much as possible, the period was defined so that the number of patients per hospital was sufficiently high to enable the completion of statistical analyses with an acceptable statistical certainty.

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