

Evaluation of the Victorian Patient Satisfaction Monitor

SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS

A Research Report
to the
Department of Human Services

1 Summary of Conclusions and Recommendations

The overall conclusion of our review is that the Victorian Patient Satisfaction Monitor has made a valuable contribution to the quality improvement activities of Victorian hospitals. On that basis it should be continued and promoted as a key component of the Victorian government's commitment to quality improvement in the delivery of health services.

In our review we have identified a number of important opportunities for improvement of the design and implementation of the Monitor. These are not radical changes but it is important that they are implemented to ensure that the Monitor maintains a strong connection to current circumstances in a dynamically changing health system, and that it continues to be seen as a credible and methodologically sound tool. We have prepared a series of specific recommendations designed to achieve these outcomes.

The approach to refreshing of the Monitor that we have suggested is based upon effective engagement with key stakeholder groups and use of the best available evidence base in order that it may best meet the requirements of its users.

1.1 Major Recommendations

- The Victorian Patient Satisfaction Monitor should be continued for the next three years at which time it should be subjected to further review.
- The VPSM should continue as a self-completion mail survey.
- A more detailed review of the content of the Monitor should be conducted. The review should involve a process of engagement with the field.
- All hospitals should receive reports on a six monthly basis.
- Initiatives should be implemented with a view to improving the current latency in reporting from six months following completion of fieldwork to a three-month schedule.

1.2 Detailed Conclusions and Recommendations

1.2.1 Conclusions from Literature Review

The findings of this review show that:

- The use of the VPSM is consistent with current thinking which emphasises the importance and usefulness of consumer views in quality improvement activities;
- The VPSM is one of a large number of tools that attempts to measure patient satisfaction with clinical and hospital services, none of which have particularly obvious psychometric advantages over the other;
- The structure of the VPSM is centred around the care episode rather than abstracted domains relating to qualities of the care experience; and
- The VPSM includes both experience and satisfaction elements but is strongly focused upon the measurement of satisfaction with services.

1.2.2 Sampling Issues

Recommendations

- Sample sizes for each hospital grouping should remain at the current level.
- The information provided to the contracted surveyors should include additional ward identifying information so as to enable greater “drill-down” in the analysis and reporting of the results for the Victorian Patient Satisfaction Monitor.
- The current system of gaining consent should be maintained.
- Efforts to ensure that all patients are afforded the opportunity to opt out of the survey should be reinforced, especially relating to patients admitted through emergency departments and those from CALD groups.
- A continuous low impact sample compilation strategy should be employed across all hospitals.
- Reports for each hospital should include an analysis of sample representativeness at least once per year.
- Background information should be included on each form indicating a decision to opt out. A study of a sample of such forms should be conducted each year for each hospital and the data used to adjust results accordingly.
- A one-off study of attitudinal characteristics should be undertaken among a sample of non-respondents. This study is to include both a qualitative and quantitative component, and the results considered as the basis of adjustment to results.

- A further such study should be considered every three years, dependent upon findings of the initial project.
- Further investigation should be undertaken into the resource and timing implications of providing separate reports to selected hospitals relating to maternity patients.
- Further investigation should be undertaken into the resource implications of including such other patient groups as outpatients and those 'diverted' from admission. This investigation should identify those hospitals for which such analysis would be most appropriate.
- The VPSM should continue as a self-completion mail survey.
- Investigations relating to non-response characteristics should be used as the basis of any adjustments to measures based on the self-completion mail methodology.

1.2.3 Assessment of the Questionnaire, Output Measures and Reporting Conventions

Recommendations

- The scoring system for individual items in the Victorian Patient Satisfaction Monitor should be modified so as to eliminate the psychometric problems identified in our review.
- The index scoring system in the Victorian Patient Satisfaction Monitor should be continued in its present form but with a review of the Complaints Management Index the most urgent priority.
- Analyses of key drivers and the relative importance of indices and individual data items should be provided for each hospital at stages when sufficient data allows.
- We strongly support the provision of detailed data files to those hospitals, which require them in a format, which allows for data manipulation without compromising patient confidentiality and anonymity.
- The construction of all compliance/incidence items should be reviewed to ensure they relate to meaningful and important experiences and that measurement of them generates actionable information.
- There should be a final check at the analysis and report production stage whereby a profile for each hospital is interrogated to ensure that no incorrect data about a process which is not relevant to the hospital is reported as being a strength or an area requiring quality improvement.
- Revision of the Monitor should address the adequacy of the questions relating to provision of translation services and include questions, which assess the extent to which cultural, and religious needs were addressed by the hospital.

- Each hospital should be encouraged to undertake an analysis of the composition of the communities they serve and determine the appropriate mix of alternative approaches required to improve response rates from the CALD groups covered, such as more encouragement to fully participate in the Monitor, smaller targeted research projects, and qualitative methods such as individual or focus group interviews.
- Verbatim comments, rigorously de-identified, should continue to be provided to hospitals but they should be included in a separate report to be provided after the individual hospital reports are made available to hospitals.
- A more detailed review of the content of the Monitor should be conducted. Such tool development processes are not undertakings that can or should be rushed. As well as having a technical component, tool re-development requires an ongoing and somewhat lengthy engagement with the field in order to adequately tap their ideas and views and also, through drafting and dissemination, bring people along with the process.

1.2.4 Quality of Reporting

Recommendations

- Reports for the Victorian Patient Satisfaction Monitor should include:
 - analysis of the historical trends of the Monitor scores;
 - details of score and index confidence intervals; and
 - smoothed results including a moving average analysis.
- All reports should have the questionnaire appended.
- The current membership of each hospital grouping be reviewed at the same time as the questionnaire is redeveloped.

1.2.5 Timeliness

Recommendations

- All hospitals should receive reports on a six monthly basis.
- Initiatives should be implemented with a view to improving the current latency in reporting from six months following completion of fieldwork to a three-month schedule.

1.2.6 Professional Support and Further Analysis of Data

Recommendations

- The Department should coordinate and auspice annual training sessions in each region concerning the Monitor
- The Department should facilitate and sponsor the conduct of advanced analyses and the dissemination of the results of such exercises on an annual basis.

1.2.7 Continuing the Monitor?

Recommendation

- The Victorian Patient Satisfaction Monitor should be continued for the next three years at which time it should be subjected to further review.