HEALTH QUALITY & SAFETY COMMISSION NEW ZEALAND
Kupu Taurangi Hauora o Aotearoa

Patient Experience Survey – Adult Inpatients

Evaluation – Proof of concept work stream

Document Author	Tania Simmons
Version	V1.0 final
Date	1 July 2014

Document information

Revision history

Version number	Version date	Revised by	Sections updated / removed / added
0.1	8 May14	Tania Simmons	All sections updated
0.2	13 Jun 14	Tania Simmons	Sections 6 & 8
0.3	26 Jun 14	Tania Simmons	All sections updated
1.0	1 Jul 14	Tania Simmons	No content change

Distribution list

	This document has been distributed to:		
Name	Title	Date of Issue	Version
Work group	Various	8 May 2014	0.1
VIZ Reporting Ltd	Director & Software Developer	25 June 2014	0.2
Work group	Various	26 June 2014	0.3
All DHBs		4 July 2014	1.0

Document Approvers

	This document requires the following approvals:		
Name	Date of Issue	Signature	Date of Approval
Richard Hamblin	4 July 2014		4 July 2014

Table of Contents

Document purpose

The purpose of this evaluation is to review how the Proof of concept work stream performed against the key milestones and tasks, capture stakeholders' experience of the work stream and list lessons learned i.e. things that went well and things that did not go well during the work stream.

1. Executive Summary

Overall the work stream has been successful and an important part of the programme and national system development. Taking the time to complete a 'Proof of concept' has in fact enabled us to achieve a tight programme timeframe.

The work stream enabled the Methodology and Procedures document to be drafted and the National survey and reporting system requirements to be clearly articulated.

The participants in this work stream have given it positive reviews and felt that their views, issues and feedback was heard and is reflected in the subsequent information and documentation.

The preliminary privacy analysis during this work stream will be incorporated in the Privacy Impact report to be completed once the national system design is finalised.

2. Programme overview

The aim of the programme led by the Commission and jointly managed with the Ministry of Health, with input from the sector and consumers is to develop:

- a nationally consistent model of patient experience indicators incorporating four key domains (communication, partnership, coordination, and physical and emotional needs) supported by additional questions
- a national inpatient survey to be used by all DHBs quarterly that can be incorporated in existing local patient experience surveys
- adopting pre-existing and validated tools, where possible
- an approach consistent with international best practice, to allow New Zealand data to be compared with overseas results.

A Task and Finish group comprised of representatives from the Commission, the Ministry of Health policy team and the National Health Board has overseen the programme.

The programme consists of four key work streams which run concurrently to ensure rapid progress:

1. Select and define indicators.
2. Design and test the survey tool to develop a usable inpatient survey for DHBs.
3. "Proof of concept" – testing implementation of the inpatient survey to confirm the tool will work as required within a defined system and criteria.
4. Implement the survey tool – including developing the Methodology and Procedures, procuring and implementing a National inpatient survey and reporting system, and engaging with DHBs on the national requirements and system.

Work streams 1 and 2 are complete. This document evaluates work stream 3 - the Proof of concept.

"Proof of concept" is a term which refers to a small scale test development to show that a planned development is feasible. In this instance we are demonstrating that the survey and reporting tool can be implemented through a flexible and locally informed online approach to data gathering.

3. Programme Manager's Report

Overall the proof of concept work stream went as planned and proved to be a highly successful stream that contributed to clear requirements for the Methodology and Procedures and the national system procurement process.

This work stream involved:

- contracting the IT vendor for the proof of concept
- bringing together a group of DHBs to provide advice and test the system proposed
- workshopping what the methods and procedures needed to cover, including development of the patient data file and privacy considerations
- completing 7 survey cycles using email, SMS and paper collection methods
- DHBs managing patient contact requests
- refining the proof of concept process, incorporating feedback from the test DHBs
- developing the methodology and procedures
- determining the national survey & reporting system requirements
- evaluation.

Note that this proof of concept differs to a pilot/testing of the intended live system. We did not intend to roll the proof of concept system forward as if it were a pilot. Rather the proof of concept was designed to help the Commission set a detailed specification for a national system and answer a series of questions. The first of these was "is the system we are thinking about feasible and affordable?" If the answer to this was "no" then very clearly we should abandon the attempt before starting a tender process.

The second series of questions though were to learn the details of what the system would have to do – some of the technical specifications, the processes around sampling and data extracts, the details of what reporting and security would have to involve, how the test DHBs could work with the system, and how patients interacted with the system.

From this work we have been able to develop our methodology and procedures and define a very tight and detailed Request for Tender for the national system. Undertaking this process has been essential to minimise the risks of poor definition of system requirements and scope creep that can threaten programme timelines and budgets. From a programme management perspective I believe that the proof of concept has achieved this and mitigated the risk of purchasing an IT system without clear requirements.

During the proof of concept paper based surveys were managed centrally on behalf of the test DHBs due to the surveys being conducted fortnightly and therefore being an onerous task for the test DHBs. Given the national survey requirement from July 2014 is for quarterly surveys, DHBs are expected to administer their own paper surveys.

4. Review of the agreed plan

4.1. Programme objectives (related to the work stream)

Objective	Achievement status	Comment

Build and test the survey tool	Achieved	This was the main objective of this work stream and was achieved within the required timeframe.
Consult with stakeholders, including consumers	Achieved	This objective applies to all of the programme's work streams.
Develop an implementation plan	Achieved	Part of this objective was applicable to this work stream, and the work stream contributed as required to the system implementation (including procurement) plan.

4.2. Milestones

Milestone	Planned date	Actual date	Reason for variance
Initiate - Project start	1 October 2013	1 October 2013	
Project plan agreed & contract signed with vendor	23 October 2013	25 October 2013	
Detail report & dashboard requirements	24 October 2013	24 October 2013	
Workshop with test DHBs	1 November 2013	1 November 2013	
Patient extract & requirements agreed	22 November 2013	15 November 2013	
POC implemented (1st test survey sent)	30 November 2013	30 November 2013	
1st survey closed & reported	20 December 2013	20 December 2013	
Dashboard reports available	20 December 2013	January 2014	
Patient data survey file	23 December 2013	February 2014	Christmas period delays & additional work around to ensure privacy
Close - Project end	11 April 2014	29 May 2014	Delay in completing evaluation documentation & meeting

4.3. Deliverables

Deliverable (from business case)	Achievement status	Comment
Complete proof of concept that the survey and reporting tool can be implemented through a flexible and locally informed online approach to data gathering.	Achieved	This deliverable has been a highly valuable step in the programme that has enabled us to engage with DHBs and consumers and prepare clear requirements for the national system. We would repeat this work stream for future programmes of a similar nature.

4.4. Financials

Budget item	Planned cost	Actual cost	Reason for variance
Technology solution to test the ability to capture patient experience data into an online process	$32,090 + GST	$38,180 + GST	The contract was extended to enable access to the test system until June14.
Paper survey administration	0	0	Cost covered in-kind by Auckland DHB.

5. Benefits

5.1. Benefits achieved to date

- Development of the methodology and procedures document
- Clear system requirements articulated for Request for Tender process
- Highly competitive tender process due to clear requirements – feedback from tenderers was that the RFT was easy to respond to and price
- Clear requirements for the national system agreement
- Clear requirements for DHBs
- Faster implementation of the national system to date

5.2. Benefits expected

- Implementation of the national system in a tight timeframe
- Clear methods and procedures for DHBs and the national system vendor to follow
- No additional time spent on developing the patient data file – feedback is that these are very clear for DHB IT people.

6. Project team performance

- The test DHBs – Bay of Plenty, Waikato, Canterbury, and South Canterbury DHB – were happy to make their time available to the process. They provided excellent input and feedback which resulted in changes to the methods and procedures.
- Auckland DHB provided outstanding advice and support to the work stream. They identified a suitable IT vendor for the work stream within the agreed budget. They provided ongoing advice and documentation based on their existing weekly email survey system. They also administered the paper surveys at no cost.
- The IT vendor, VIZ Reporting Limited, was fantastic to work with. They understood the flexibility required for a Proof of concept. Their team was easy to work with, flexible and responsive. VIZ did an excellent job of interpreting the test system requirements from the DHB workshop. They managed the work requirements within the contract price – there were no surprises.
- Programme Lead – provided advice and decisions as needed ensuring no time delays for the work stream.
- Programme Manager –
    - VIZ Reporting: Tania was absolutely fantastic to work with. Communication was always clear and we were constantly kept up to date with information on the project.
    - Programme lead: Tania delivered this complex, and tightly timetabled part of the whole programme with excellence and apparent ease. The linkage

between this and other parts of the programme were always made clear. Also happened with a happy balance of robust process and avoided bureaucracy.

7. Outstanding items

Outstanding item	Owner	Date completed by
Completion of the Privacy Impact report	Programme Manager	4 July 2014 (draft for internal review)

8. Stakeholder feedback

Survey process:

- Email collection
    - Of the 4 test DHBs only Waikato and BOP DHBs collected email addresses. BOP has a reasonable level of email collection. Waikato's was found to be very low. Canterbury was unable to collect email addresses due to 3 PMS and changes in progress. South Canterbury quickly put together a business case to add the email field to their PMS and then began collecting. Email rates were still low and this highlights the importance of the change process with the staff admitting patients.
        - DHBs will need to focus on collection of emails to reduce survey administration.
- DHB contact details
    - At times the DHB staff member 'signing off' the survey invitation was unaware as to why a patient was contacting them.
        - DHBs need to carefully consider the name/sign off at the bottom of the survey invitation.
- SMS surveys
    - Some patients were confused what the SMS was about.
        - We are restricted to only 160 characters per SMS. This issue may be unavoidable.
- Paper surveys
    - These surveys were most open to process errors, and some unavoidable.
    - It was identified that some letters were sent with the first name/last name transposed. If the patient's name has been recorded the wrong way around in the PMS it would be difficult to know in some cases. It can occur due to errors in the mail merge though, which is avoidable through QA checks.
    - The survey includes text advising that it relates to the "hospital named in the letter enclosed with the survey", however the hospital is **not** identified in the letter. In Canterbury's case, with the return address being Princess Margaret Hospital the recipients are (sometimes mistakenly) assuming that the survey relates to that hospital which is not where they received their care.
        - The survey letter was amended and a note added to the Methodology & Procedure document to advise that DHBs with a hospital name in their letterhead would need to amend the text for clarity.
    - Patients managed to send the paper survey to all sorts of places! This is unavoidable if the return envelope becomes detached.

- Patients requesting contact
    - Initially there were a significant number of patients requesting contact
        - A change was made during testing to add a 'pop-up box' confirming the patient did want to talk to someone at the DHB and an additional

field to advise what they wanted to talk about. This would then assist the DHB with determining who needed to contact the patient. Feedback was that this reduced the number of patients seeking contact (in error due to simply adding their details without thinking).
    - Many patients seeking contact wanted to tell the DHB what a good job they'd done.
    - With no alert functionality it was difficult at times for QRMs to remember to check for new patients requesting contact.
        - Email alerts have been included in the national system (DHB nominates contact person).
    - QRMs felt a tracking system would be helpful as it was difficult to know what they had/hadn't actioned with the ongoing fortnightly surveys occurring.
        - A case management module is included in the national system for the fortnightly survey option so that DHBs can easily manage each patient's contact.
        - This is not included in the quarterly option as easier to keep track off.
- Changes in patients circumstances e.g. death after discharge
    - Canterbury DHB did experience a family member receiving a postal survey for their mother who had recently died. The DHB reviewed the process and found that there was no way to avoid the survey being sent. The patient had died in a palliative care facility and the DHB would not receive a notice for some time (the facility has a timeframe to advice BDM and BDM has a timeframe to update the NMDS, and a file then goes back to DHBs from NMDS to update their systems. Canterbury was comfortable that they handled this appropriately.
        - A sentence was added to the survey letter to apologise in advance for any change in circumstances the DHB may not be aware of.
- Patient data file
    - It was important that the file was uploaded by secure FTP and that it could be automated.
        - This was included as a requirement in the national system tender documentation.
    - Patients treated in a private hospital (identifiable by facility code) under a sub-contract should be included in the extract.
        - The M&P document has been amended to clarify this.

Online survey
- General feedback from the test DHBs was that the survey prepared by VIZ was good and easy to complete.
- The single page scroll worked well.
- The downside was that the survey could not be partially completed and saved, and returned to. Patient's needed to complete at once.
- We also made a decision to make all the questions mandatory and this may have reduced response rates, and also created issues entering partially completed paper surveys.
        - The national system has a page by page approach that means each question answered is recorded in the results (so across the questions *n* will differ)
        - Questions are non-mandatory as we cannot mandate the paper survey.

Patient comments
- QRMs were keen to see patient comments on their dashboard.
- There is a need to moderate these as part of privacy considerations given patients may enter names (patients or staff members) in free text fields.

General feedback:

South Canterbury

My experience of patient experience surveying is limited but my confidence in the project grew quickly as the team took on our information and requirements. The communication was very good, clear and not too technical (most of the time). It was great to be part of the pilot. This project provided the impetus required to start collecting email addresses from patients. Having to manage their own paper surveys in the future is an issue.

Collection of patient email addresses – it would be good to have national guidance on this.

Bay of Plenty DHB

Having the opportunity to trial the system has been great what was even better was that our feedback was heard and where appropriate changes made to enhance the system.

The DHB was disappointed to find they had to administer paper-based surveys themselves for the future survey system.

Canterbury DHB

I did greatly appreciate the opportunity to attend the initial workshop in Wellington to discuss the format of the data file, inclusions & exclusions etc. as it is very important that initiatives such as these are able to be implemented and managed locally without the need to resort to developing & maintaining reference tables – use of the national codes & exclusions greatly simplified the process. I would suggest that this type of consultation always occurs if there is to be any change to the extract file contents in the future.

It is imperative that the survey data return file remains anonymous, therefore the generated ID must not be in same sequence as the file submitted, and the optional supplied fields from DHBs must not include any identifying data (not sure how this could be prevented if a DHB wanted to use this as a local identifier – probably worthy of some discussion).

All in all it has been a good project to have been part of.

Auckland DHB

As we talked about earlier on the win out of this for DHBs is in the analysis at ward level where the tangible and actionable outcomes are made. By identifying these and implementing quality improvement actions real change and improvement can occur.

I think it would be great if we could do a push to DHBs on having an option to assist them with analysis through someone like Point research, who can provide that level of expert assistance. The data base is a tool but is quite useless without the analysis. With the launch into DHBs it could be a lost opportunity if we don't act at the same time.

The high level information the Commission will report will be strategically important to boards and SLT but won't really provide actionable outcomes at floor level.

Waikato DHB

The DHB was positive about the proof of concept process and communication.
They were disappointed to have to administer the paper surveys[i] in the future, and are working through email capture issues. They have the facility for emails but currently have a very low % in the system.

Viz Reporting

Our overall experience with the Patient Experience proof of concept project was extremely good. The communication was excellent with some great ideas and feedback on the system coming from the DHBs'. Having all of this feedback provided to us through Tania was really helpful.

From a development point of view everything went very smoothly. The consistency between DHBs' extracts helped us greatly when it came to the process for distribution of the survey.

9. Lessons learned

Project process	What went well	What could have been done better	Improvement action	Owner	Time frame
Governance - project team	Good project team (DHBs, IT provider, DHBs, MoH). Well balanced skill set. Engaged and helpful test DHBs. Responsive and helpful IT provider.		None		
Governance - reporting	Ongoing reporting throughout work stream.	Final evaluation documentation completed sooner to better align with implementation tasks.	Noted for future work.	Commission	
Procurement process[ii]	Selection of a suitable IT provider within available time, budget & government procurement rules				
Planning	Planned tasks & timeframes proved to be realistic in most cases, with milestones achieved	It would be better to avoid the Christmas holiday period for future projects.	Noted for future work, although government requirements don't always allow for 'best practice' project timelines.	Commission	
Draft requirements	The project team came together for the first time at the Nov13 workshop. This was a successful day and detailed a lot of the requirements for the POC, and these later became the foundations for the M&P document. Test DHBs were positive about participation in this meeting.				
Testing	Testing of the survey invitations, survey and dashboard went well. Available functionality was very good given the POC system price.	The dashboard reports were constrained due to this being a 'POC'. Not all the extras in the 'live' system were available. One issue raised by a DHB development team was the need to manually load the file to a secure website. Use of a secure	All functionality requirements included in the national system tender documentation and M&P document. This requirement was included in the tender documentation and is part of the national system features.	Commission	By February 2014 (tender issued)

		ftp site would enable us to automate this process.	The higher pricing of the national system reflects full user requirements and reporting functionality.		
Training	The work group found the POC system to be simple and fairly intuitive. Both the programme manager & VIZ provided one to one guidance/training.				
POC implementation	Seemed to be fine from a test DHB perspective. Test DHBs were very pleased to be part of the trial as they understood what we could achieve and gained the experience of what we needed to do. Pleased to have an IT person who talked the same language required to do this part of the trial. SCDHB went from no patient email field to collecting emails within 3 weeks. This was a fantastic effort.	It would be useful for DHBs to have a shared policy/protocol around collection & use of patient email addresses.	Programme manager to see if there are any currently available that can be shared eg. ADHB. Section 2.3 has been added to the M&P document to provide advice around patient emails.	Commission	By July 2014
Relationships	Very good, a good group to work with. The work group worked well together. People were flexible, positive and easy to work with.				
Communication	Timely and enough.				
Risk and Issue management	Everything considered and covered.				
Resource management	It is acknowledged and appreciated that DHB staff				

	participated in this project on top of their usual workload. To incorporate the right skills and experience in national programmes this is highly valuable. The Commission is very grateful for everyone's participation.				
Financial management	There were 'no surprises' from the IT provider and the contract was completed as agreed. Additional budget was provided to extend the test system access.				

[i] It has since been clarified that Waikato's combined SMS/email capture will mean they have no paper surveys to administer unless they choose to.
[ii] This refers to the procurement of the proof of concept IT provider as opposed to the national survey & reporting system.