

## TOP THREE

Our inpatients are asked to choose the three things that matter most to their care and treatment.

### 1. Communication (51%)

Communication is the aspect of our care most patients (51%) say makes a difference to the quality of their care and treatment.

*"I found people were regularly available and were always keeping me abreast of all developments during my stay." (Rated excellent)*

How are we doing on communication?

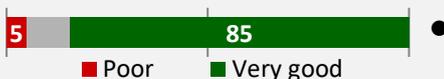


### 2. Confidence (43%)

Two in every five patients (43%), say that feeling confident about their care and treatment is one of the top three things that matter to the quality of their care and treatment.

*"My condition was treated with urgency and I was informed at every stage. All staff were professional and respectful. I felt all staff performed well under extremely busy circumstances." (Rated very good)*

How are we doing with patients feeling confident about their care and treatment?



### 3. Consistency (40%)

Four out of every 10 patients (40%) rate getting consistent and coordinated care while in hospital as one of the things that make the most difference.

*"Everything proceeded like a well-oiled machine from the time I arrived at reception to the time following surgery..." (Rated very good)*

How are we doing with consistent and coordinated care?



● = + change, ● = no change ● = - change

## Coordination of Care

Service integration, and the experience of seamless integrated services, is a key strategic theme for Auckland DHB. In our survey we assess coordination both before and after an inpatient event. Coordination leading up to hospitalisation is consistently viewed more positively than coordination after discharge which is a helpful pointer to where we need to focus our efforts.

Two directorates stand out in this report. Child Health for a six percentage point improvement in pre-hospital coordination compared to 2014 and Women's Health for a twelve percentage point drop in coordination of care after discharge. While the Women's Health result seems a big drop, it's important to note the relatively small sample (322 women) spread over a wide variety of different services including maternity, gynaecology, oncology, abortion and fertility services. Nevertheless, it is important to understand what has changed and we are further investigating this finding. Of note, coordination of care has increased for Women's Health in the outpatient settings (see Outpatients Report).

Another interesting feature of this report is that more patients commented on negative experiences or suggested improvements (44.6%) than provided positive comments (41%). This is unusual as for other aspects of patient experience we tend to receive more positive than negative feedback

There is clear room for improvement in this domain with sixty-one percent of patients tell us we are doing a good job of follow up care (good coordination between services, having plans in place before leaving hospital, home visiting by district nurses and other staff, and communication with GPs), and nineteen percent rating us as poor or fair. This is an area we can't fix alone as after-care involves how well we integrate with other providers, especially primary care, and is a key focus of our Strategy.

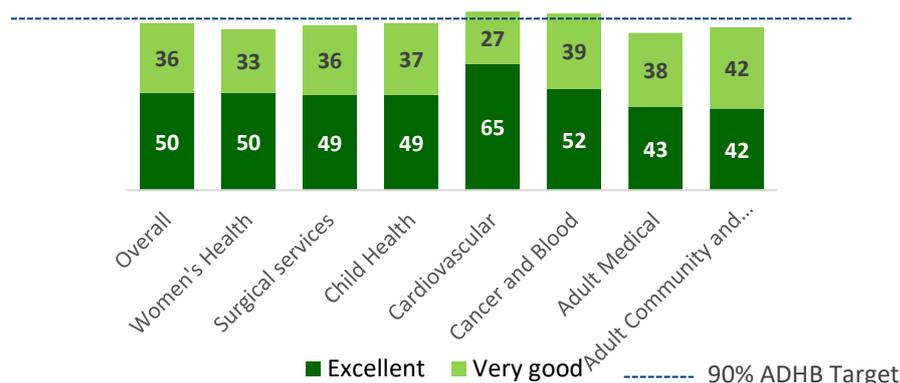
Finally, it's great to see Cardiovascular Services and Cancer and Blood exceeding the Auckland DHB target of 90% very good or excellent – well done.

**Dr. Andrew Old**  
*Chief of Strategy, Participation & Improvement*

## VERY GOOD AND EXCELLENT RATINGS

"Very good" and "excellent" ratings are reasonably high across all directorates, with Cardiovascular Services and Cancer & Blood meeting or exceeding the ADHB target of 90 percent of patients rating our care as very good or excellent. The differences are significant (p<0.01).

### INPATIENT OVERALL EXPERIENCE OF CARE RATING, JUNE 2015 TO MAY 2016 (n=3807)



Adult CLT n=138; Adult Medical n=421; Cancer & Blood n=130; Cardiovascular n=397; Child Health n=930; Surgical n=1303; Women's Health n=496. The differences are significant p <0.01

# FOCUS ON SERVICE COORDINATION

Just over one in every 10 patients tell us that the coordination of care between the hospital, home and other services is one of the three things that makes the most difference to their care and treatment.



12 percent of our inpatients say that the coordination of care is one of the three things that makes the most difference to the quality of their care and treatment

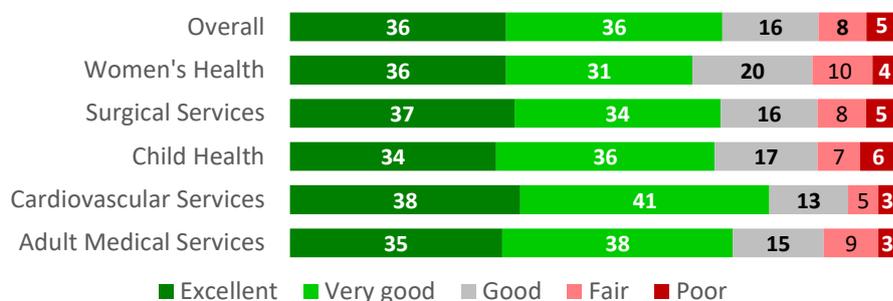
## HOW ARE WE DOING?

The following data are from June 1, 2015 to May 31, 2016. The comparative data is taken from the previous report on coordination of care, in July 2014.

### Co-ordination of care before hospital

Just over 70 percent of patients rate the coordination of care between hospital, home and other services before they arrive in hospital as excellent or very good. Child Health is the only directorate to have had a statistically significant improvement of six percentage points ( $p < .05$ ) in their very good and excellent ratings since July 2014.

Patient ratings of coordination of care between hospital, home and other services before coming to hospital



Adult medical services n=268; Cardiovascular services n=265; Child health n=670; Surgical services n=945; Women's health n=348 Overall n=2671. Note that directorates with <100 respondents have been excluded. Note that NA answers have been excluded and the data recalculated.

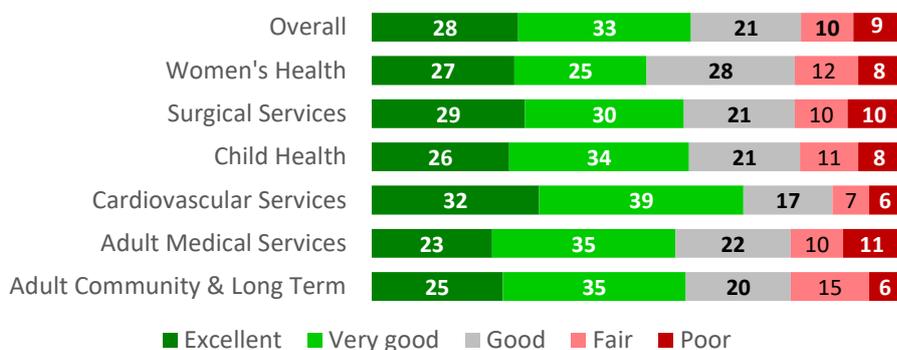


There has been no significant change in overall ratings since the last report in July 2014.

### Coordination of care after discharge

There has been no overall change in patient ratings of coordination of care after discharge since the last report in July 2014. Of concern, however, is the statistically significant drop in very good and excellent ratings for Women's Health, which decreased by 12 percentage points (from 64 percent to 52 percent).

Patient ratings of coordination of care between hospital, home and other services after discharge.



Adult community & long term conditions n=101; Adult medical services n=272; Cardiovascular services n=288; Child health n=650; Surgical services n=909; Women's health n=322 Overall n=2635. Note that directorates with <100 respondents have been excluded. Note that NA answers have been excluded and the data recalculated.



There has been no significant change in overall ratings since the last report in July 2014.

### AVERAGE RATINGS ON COORDINATION OF CARE, BY DEMOGRAPHIC & DIRECTORATE

(JUNE 2015 TO MAY 2016, n=429)

#### AVERAGE RATING

Overall: 6.9

#### AVERAGE RATING BY GENDER

Female: 7.0

Male: 6.8

#### AVERAGE RATING BY ETHNICITY

NZ European: 6.7

Māori: 7.2

Pasifika: 7.0

Asian: 7.7

Other: 6.8

#### AVERAGE RATING BY AGE

17 and under: 6.9

45-64: 6.9

65+: 7.4

#### AVERAGE RATING BY DIRECTORATE

Child Health: 6.8

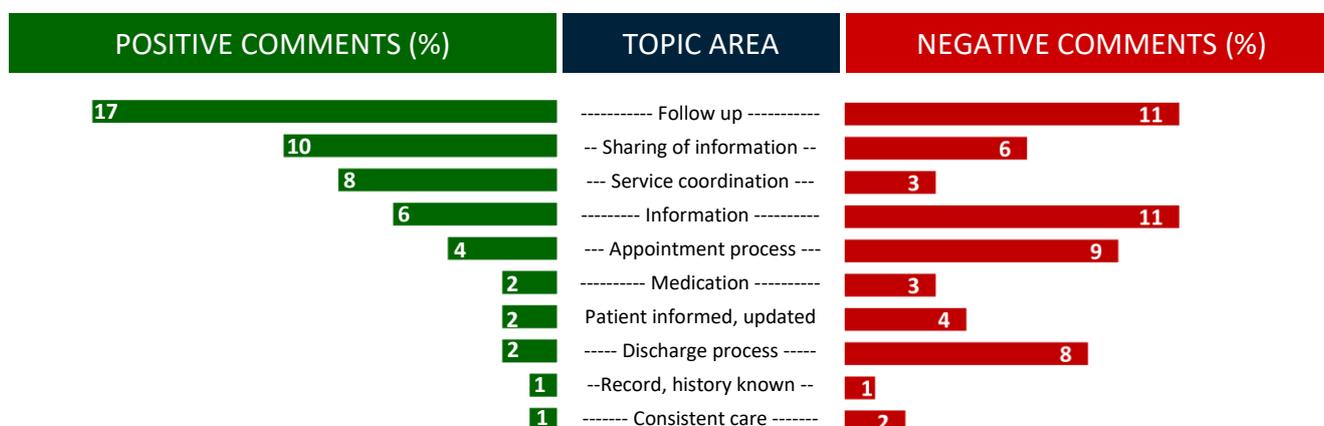
Surgical Services: 7.1

Note that directorate and age data with less than 100 respondents have been excluded.

# A CLOSER LOOK AT PATIENT COMMENTS

A total of 426 patients commented on the coordination of their care.

Of the patients who responded, slightly more commented on negative experiences or suggested improvements (44.6%) than positive comments (41%). This is unusual as for other aspects of patient experience we tend to receive more positive than negative feedback.



## PATIENT COMMENTS

### GOOD FOLLOW-UP (17%)

Patients who commented about good follow up care mentioned good coordination between services, having plans in place before leaving hospital, home visiting by district nurses and other staff, and communication with GPs.

*The work done between particularly the palliative team, and the referrals with the community services were second to none!*

*Registrar was very efficient in talking to my GP and getting my situation looked at quickly I was very grateful.*

**Good care from physio and OT services were mentioned a number of times, particularly around preparation for leaving hospital.**

*Loved the help the physio and OT provided to me in the few days leading up to me leaving, they gave me great information and we're helpful in getting me ready to know what to do after I left the hospital.*

### INFORMATION PROVIDED (6%)

**Getting good information was important and helped people know what to do at home. This included knowing what to expect, and that they could contact someone if they had any questions.**

*Information was forwarded to our GP, and information sheets were given to us regarding what to do after discharge from hospital, including when to organise follow up checks.*

*[Someone was] available and answered questions over the phone once home.*

**Patients appreciated knowing what to expect and follow-up calls helped them know what to do.**

*Clear advice and integrated discussion about what to expect when I went home and what to look out for.*

### POOR FOLLOW UP (11%)

Patients who had negative experiences commented about care plans that didn't meet their needs, not receiving any follow-up, equipment not organised in time for discharge, and having no details of someone who they could contact with issues or questions.

*No medical follow-up framework was offered, even though symptoms are still going on.*

*My baby has a stoma and we were given no contact information for any community nurse/stoma nurse. We were just told that someone would contact us. I had to google to find a contact number.*

**Some patients noted that not having home care organised in time for discharge was problematic. This included ensuring equipment was delivered before getting home. Others said that the lack of follow-up left them feeling that staff did not care about them.**

*Info not sent, follow-up at Starship was so poor. Dr didn't really care and info not sent.*

### LITTLE / NO INFORMATION PROVIDED (11%)

**One of the most common gaps in information was about knowing what to do and what not to do once people returned home. This meant that patients were unsure what to expect, and some said they felt unsupported because of the lack of information and contact information.**

*I left not knowing what things to look for and not knowing if there was any follow up.*

*I did not receive any contact on arrival home, I wasn't given any contact names or numbers before leaving hospital from OT. I effectively had to manage on my own.*

*I was told they will print out and give me something to read about the treatment procedure. Nothing was given.*

## PATIENT COMMENTS (cont...)

### INFORMATION SHARED BETWEEN SERVICES AND SERVICES COORDINATED (18%)

**Patients appreciated when communication was shared between services and when they felt they were being kept in the loop. Some said this took a lot of stress out of their situation and helped them feel confident.**

*Everything was managed efficiently and when I went in for my second surgery all documentation had been forwarded, this meant that he was able to plan for my surgery in advance. I felt everything was always under control.*

*I require a lot of follow-up with a range of specialists and I have been kept informed every step of the way. I also have to have treatment in [another DHB] Hospital and I really can't fault how well-informed I've been around what is happening and when, including travel arrangements.*

### GOOD APPOINTMENT PROCESS (4%)

**Our patients tell us they appreciate efficient and responsive appointment scheduling.**

*I received clinic follow-up appointments promptly and the second appointment is at the time indicated and requested by me.*

*When I needed to be seen urgently, the booking staff and the Doctor were very understanding of my condition and made me an appointment.*

*Within 3 hours of being discharged, follow-up appointments had been made at Greenlane Clinic.*

**Appointment scheduling that is coordinated between GPS and other DHBs is particularly valued.**

*[My appointment] involved contacting Manukau Super Clinic Middlemore, and Auckland hospitals. The assistance I received from all was excellent.*

### GOOD DISCHARGE PROCESS (2%)

**Only a small number of people made positive comments about their discharge. A good discharge was marked by good communication, information and coordination.**

*The Nurse Specialist has done an amazing job coordinating discharge planning meetings which assured a smooth transition home.*

*Everyone that came to see my son explained every detail and there wasn't anyone that didn't give us conflicting information. Nurses were very thorough with the discharge information.*

*My Discharge information was very clear and also with the aid of the Going Home Physiotherapy class, questions were answered as they came up.*

*Co-ordination of care upon discharge was excellent.*

### NO INFORMATION SHARED BETWEEN SERVICES, SERVICES UNCOORDINATED (9%)

**Some patients were concerned when there appeared to be little or no communication between services such as other DHBs or their GP.**

*Several times communication did not filter through and it meant I had to be fully aware of what was going on so I could say if things were right or not!*

*No one knew what was happening and there was confusion all round.*

**Others wanted more communication with other agencies, such as LMCs and ACC.**

*It would be helpful if there was direct coordination with ACC with the hospital. It's a real hassle and very stressful.*

### POOR APPOINTMENT PROCESS (9%)

**Nearly one in ten of those who commented negatively did so about inefficient appointment processes. Many of these patients were especially impacted by miscommunications about bookings or changes of appointment times.**

*My appointment was changed last minute without anyone calling me to inform me. Instead I received a letter the day the appointment. This same day I also received a txt confirming the date for the previous appointment which was very confusing for me.*

*A letter dated Friday for a meeting on Monday, only to receive said letter [on] the Tuesday.*

**Not considering the needs of patients and especially children around appointment scheduling was mentioned by some people.**

*It was tricky to coordinate care for my other children at that time of the morning.*

### POOR DISCHARGE PROCESS (8%)

**A poor discharge was marked by no or incomplete information, long waits, and not being able to plan their discharge.**

*No-one coordinated a time, they panicked me by wanting to send me to the transition lounge when I was not showered, not dressed, no-one available to pick me up until 3 hours later.*

*Would have liked more information on discharge, about where to get the prescription and what time was the next dose due.*

*I nagged the nurse to find out when the doctor was coming after 12 hours waiting when they said, oh you can go home.*

**Some patients said that they felt they were discharged too soon, or with too little information and could not cope at home.**

*No after care once you were home was given. I was not able to function safely post op and ended up back in hospital twice after discharge.*