Our Patient Experience initiative is...

Following a decline in patient feedback, limited useful information being received and concerns expressed by the Healthcare Consumer Representative a review was undertaken of the systems and processes in place to solicit consumer feedback.

We had ‘old fashioned’ paper feedback forms with different forms for Day Surgery and In-patient admissions. The number of questions was extensive. A discussion began asking what were we achieving and what did we want to achieve in terms of consumer engagement with constructive feedback. A review of feedback templates led to the development of an innovate, friendly format which invited consumers to share their experience and what they saw as opportunities for improvement in the service we offer.

Key changes:
- Redesigned our feedback form to service all areas (one form) with a personalized invitation from CEO on the opening page
- We rationalised the number of questions and limited responses to yes / no answers
- We developed a visually appealing format which was inviting to complete given its brevity
- We improved the collation of the data collected using the Health and Disability Services Complaints Office classifications and criteria
- Using the HaDSCO classifications means data trend analysis highlights consumers needs rather than organizational assumptions.

What difference has this made?
- Participation rate rose from <5% to >25% of all admissions within 6 months.
- Freehand narrative on the feedback form endorsed the hospitals perception that we provided personalized care with an enhanced patient experience.
- The provision of opportunities for improvement via freehand narrative provides real time opportunity to correct concerns prior to them becoming a problem or formal complaint.

A lesson that can help others...

Consumers can be 100% satisfied with their care however, given the right platform, they can contribute valuable information for the improvement of services, understanding of their needs and enhancing the patient experience.

What patients contribute as ‘opportunities’ is often different to organisational thinking and the solution to an issue may not always require extensive cost and re-engineering.