

NSHA Patient Experience 2016-17 Strategic Plan Measures

Prepared by: NSHA Decision Support & Analytics
Prepared on: June 12, 2017

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Executive Summary

Person-centred, high-quality, safe and sustainable health and wellness is at the heart of NSHA. Effective understanding of the experiences of those we serve is necessary in order to achieve this. Client experience data can be used to improve person-centred care, increase safety, use resources more wisely, and ensure we meet the expectations of our client's and their families.

Accreditation Canada requires an assessment of client experience at minimum once every four years. In 2016-17, NSHA completed our first patient experience survey for six programs specifically: Acute Care inpatient, Acute Care Ambulatory, Mental Health & Addictions inpatient and outpatient, Long-term Care, Cancer Care: NRCC Ambulatory Oncology, and Primary Health Care. NSHA results were calculated for three strategic measures including:

- overall patient experience
- being consulted in decision making in their care and health service
- culturally sensitive care

Methods

NSHA results were calculated by deriving a composite score. Individual indicator scores were calculated as the number of positive responses divided by the total number of valid responses within each indicator (See Appendix 1- Table 1.1 for survey questions and 1.2 for Scale Types and Positive Response Options). If there was more than one indicator per measure within a program area, a straight average was calculated of the two. The overall score for each strategic plan measure is an average across the six program areas.

Results

Overall, the combined scores for each measure represent high levels of positivity, with two out of the three measures exceeding the target of 90% from 10796 completed surveys. The NSHA results are summarized below and details for each strategic measure are outlined on pages 4-6. See Appendix 2 – Tables 2.1 for program-specific measure scores 2.2 for sample sizes.

Strategic Plan Measure	NSHA Composite Score		
Overall patient experience	89.5%		
Consulted in decision-making in their care and health service	92.3%		
Culturally sensitive care	94.8%		

What are we doing about this?

Results from the Patient Experience Survey have been shared with NSHA Teams, Committees and Councils to inform targeted action plans to address areas for continued quality improvement. Numerous initiatives are currently underway to enhance patient experience such as:

- Broad initiatives are in place to include patients and family on NSHA Teams, Committees and Councils to ensure that the patient voice is heard, and used to improve overall experience.'
- NSHA has established a patient, family and public advisory council, a joint council for patients, family and public representation to engage and plan together to enhance the experience of care in NSHA.
- NSHA has also developed a Patient Feedback Line, it is a 1-800 number that patients and families can use across NSHA, and it is directly linked to designated staff in all zones.
- A 'Patient Voice' initiative is in development. This will see audio clips of patient stories available on NSHA's
 intranet for use by staff, management and physicians as an additional means of integrating patient experience
 into planning and decision making.
- In Eastern Zone, electronic Patient Experience Kiosks will be set up in three hospitals to allow the provision of real time patient experience feedback.

Strategic Measures

Overall Patient Experience

Why is it important?

Person-centred, high-quality, safe and sustainable health and wellness is at the heart of NSHA. Effective understanding of the experiences of those we serve is necessary in order to achieve this. Patient experience data can be used to improve person-centred care, increase safety, use resources more wisely, and ensure we meet the expectations of our patient's and their families.

Accreditation Canada requires an assessment of patient experience at minimum once every four years.

What is being measured?

This indicator measures results of patient experience surveys completed by a sample population. The questionnaires focus on assessing patient experiences or interactions with the health system. This indicator measures the percentage of positive response related to the overall experience of health service

What do we intend to achieve?

Patient experience and public engagement are priorities for NSHA. NSHA has set a goal to enhance our patient's experience of care and engagement in health service decision-making. NSHA has set a performance target of 90% for positive responses on the overall experience of services.

How are we doing?

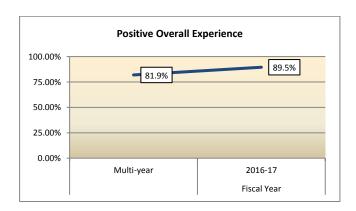
NSHA undertook its first patient experience survey in the 2016-17 fiscal year. Results of the survey showed that 89.5% of patients rated their overall experience of care positively. This is an increase of 7.3% from the previous aggregate measure and is just shy of the 90% target.

What are we doing about this?

Results from the Patient Experience Survey have been shared with NSHA Teams, Committees and Councils to inform targeted action plans to address areas for continued quality improvement.

Current Performance: 89.5%

Previous Performance: 81.9% (multi-year)



Broad initiatives are in place to include patients and family on NSHA Teams, Committees and Councils to ensure that the patient voice is heard, and used to improve overall experience.

NSHA has established a patient, family and public advisory council, a joint council for patients, family and public representation to engage and plan together to enhance the experience of care in NSHA.

NSHA has also developed a Patient Feedback Line, it is a 1-800 number that patients and families can use across NSHA, and it is directly linked to designated staff in all zones.

A 'Patient Voice' initiative is in development. This will see audio clips of patient stories available on NSHA's intranet for use by staff, management and physicians as an additional means of integrating patient experience into planning and decision making.

In Eastern Zone, electronic Patient Experience Kiosks will be set up in three hospitals to allow the provision of real time patient experience feedback.

Patient Experience - Decision Making

Why is it important?

NSHA's vision is one of healthy people, healthy communities – for generations. Part of this vision means engaging patients, families and communities in the decisions that affect them, including direct involvement in clinical decisions affecting them.

What is being measured?

This indicator measures results of patient experience surveys completed by a sample population. The questionnaires focus on assessing patient experiences or interactions with the health system. This indicator looks at the percentage of patients responding positively to survey questions on being consulted in decision making in their care and health service.

What do we intend to achieve?

NSHA will improve decision making processes, health outcomes and patient experiences through:

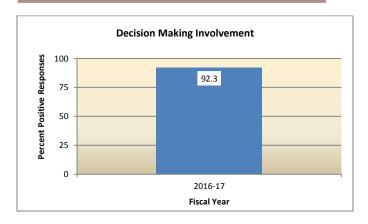
- Empowering patients to build the knowledge, skills, and confidence to manage their own health
- Facilitating stronger relationships between patients and their health care providers
- Enabling patients to identify opportunities for improvements in their care early in the process, contributing to better risk management and increased safety

NSHA aims to achieve a 90% positive response rate on survey question(s) relating to shared/involved decision making.

How are we doing?

NSHA undertook its first patient experience survey in the 2016-17 fiscal year. Results of the survey showed that 92.3% of patients responded positively to survey questions related to being consulted in decision making. This is the first time NSHA has measured this indicator, as such 2016 -17 will serve as a baseline year.

Current Performance: 92.3%
Previous Performance: N/A



What are we doing about this?

Results from the Patient Experience Survey have been shared with NSHA Teams, Committees and Councils to inform targeted action plans to address areas for continued quality improvement.

Broad initiatives are in place to include patients and family on NSHA Teams, Committees and Councils to ensure that the patient voice is heard, and used to improve overall experience.

NSHA has implemented a Language Services Program that provides translation and interpretation services to improve the health services experience for all Nova Scotians, including the ability to actively participate in care decisions.

In Eastern Zone, electronic Patient Experience will be set up in three hospitals to allow the provision of real time patient experience feedback.

Patient Experience – Culturally Sensitive Care

Why is it important?

NSHA strives to ensure appropriate treatment and care for the diverse people we serve. Ensuring cultural sensitivities are taken into account can improve the patient's experience with the service(s) provided. A growing body of literature suggests that a better patient experience is associated with improved outcomes, processes and patient safety (Doyle, Lennox, & Bell, 2013).

What is being measured?

This indicator assesses the degree to which patients/patients feel that NSHA provides culturally sensitive care. This information is gained through patient experience surveys using the question (or similar variant): "The hospital staff took my cultural values and those of my family or caregiver into account."

The 2016-17 survey deployed in Acute Care; Mental Health and Addictions, Ambulatory Care, Primary Health Care, Long Term Care and Cancer Care. A number of NSHA Patient Experience surveys were translated into French.

What do we intend to achieve?

Respect is one of NSHA's five core values. NSHA aims to provide ready access to cultural sensitive and appropriate health services to improve the experience of care for the diverse populations NSHA serves. NSHA has set a target that 90% of patients will respond positively to survey questions relating to culturally sensitive care.

How are we doing?

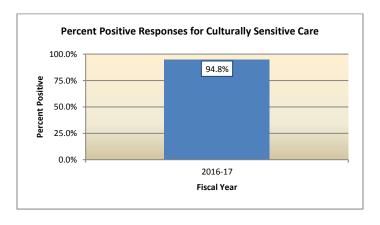
NSHA undertook its first patient experience survey in the 2016-17 fiscal year. 94.8% of patients responded positively on questions related to the receipt of culturally sensitive care, suggesting this to be a strength within the organization. This feedback indicates that patients trust in our ability and willingness to provide them with culturally appropriate care. This is the first time NSHA has measured this indicator, as such 2016 -17 will serve as a baseline year.

What are we doing about this?

The provision of culturally sensitive care is a priority for NSHA. Initiatives currently in place around provision of culturally sensitive care within NSHA include:

Workshops on diversity, inclusion, cultural competency and cultural humility that aim to improve staff understanding, knowledge and skills for providing services to patients and families from diverse backgrounds.

Current Performance: 94.8% Previous Performance: N/A



The patient admission assessment form and process now includes questions to gather information about diversity, culture and language and this helps to develop trust in our ability and willingness to provide patients with culturally appropriate care. There is an opportunity to expand this best practice throughout NSHA.

To facilitate service delivery for patients and families whose first language is not English, NSHA Language Services provides ease of access to translation and interpretation. To support this work, a NSHA French Language Services Policy has also been developed.

NSHA's Family Presence Policy contains provisions that specifically address cultural diversity.

NSHA has been invited to participate in the Nova Scotia Tripartite Health Working group where federal, provincial and First Nations communities, and health leaders identify priorities to strengthen relationships, improve services and cultural competence across our systems. We are also involved in an initiative to share data with First Nations communities about their population and use it to address both health service needs and health promotion priorities.

NSHA remains abreast of the health needs and priorities of Acadian and francophone Nova Scotians by maintaining ongoing dialogue with various partners, including community organizations (such as Réseau Santé Nouvelle-Écosse), postsecondary institutions (such as Université Sainte-Anne), and government (through the Office of Acadian Affairs and Francophonie). Understanding the needs and priorities guide the development of its annual French-language services plan.

Next steps include implementation of a provincial diversity and inclusion framework.

Table 1.1 Indicator Composition of each Strategic Plan Measure (See table 1.2 for scale details)

Acute Care Inpatient and Ambulatory	Mental Health and Addictions	Cancer Care	Long Term Care	Primary Health Care	
^a Using any number from 0 to 10, where 0 is the worstand 10 is the bestrate this hospital during your stay.	e number from 0-10, where on the qual of the worstand 10 is the bestrate your months.		a Using any number from 0 - 10 where 0 is the worst10 is the bestrate this home.	a Using any number from 0 - 10 where 0 is the worst10 is the bestrate this clinic	
f Would you recommend this hospital to your friends and family?	^a Outpatient - Using any number from 0-10, where 0 is the worstand 10 is the bestrate your experience with this program or service.	f Would you recommend the health care providers at XX to your family and friends.		f Would you recommend this clinic to your family and friends	
b The hospital staff consulted me or my family or caregiver in making decisions about my care.	b Inpatient - The staff consulted me or my family or caregiver in making decisions about my care?	f Were you involved in decisions about your care much as you wanted?	b I am involved in decisions about my care.	^c How good was the health care provider at involving you in decisions about	
	b Outpatient - The staff consulted me or my family or caregiver in making decisions about my care?	h How much opportunity did your care providers give your family or friends to be involved in your care and treatment?		your care?	
took my cultural values those of my family or caregiver into account. cultural values and those of my family or caregiver into account. Dutpatient - Staff took my cultural values and		Not applicable Not applicable	b Staff took my cultural values and those of my family and/or caregiver into	b Staff took my cultural values and those your family or caregiver into account.	
	and Ambulatory a Using any number from 0 to 10, where 0 is the worstand 10 is the bestrate this hospital during your stay. f Would you recommend this hospital to your friends and family? b The hospital staff consulted me or my family or caregiver in making decisions about my care. b The hospital staff took my cultural values those of my family or caregiver	and Ambulatory a Using any number from 0 to 10, where 0 is the worstand 10 is the bestrate this hospital during your stay. f Would you recommend this hospital to your friends and family? b The hospital staff consulted me or my family or caregiver in making decisions about my care. b The hospital staff took my cultural values those of my family or caregiver into account. a Inpatient - Using any number from 0-10, where 0 is the worstand 10 is the bestrate your experience with this program or service. b Inpatient - The staff consulted me or my family or caregiver in making decisions about my care? b Inpatient - The staff consulted me or my family or caregiver in making decisions about my care? b Inpatient - Staff took my cultural values and those of my family or caregiver into account. b Outpatient - Staff took	and Ambulatory a Using any number from 0 to 10, where 0 is the worstand 10 is the bestrate this hospital during your stay. b Would you recommend this hospital to your friends and family? b The hospital staff consulted me or my family or caregiver in making decisions about my care. b The hospital staff took my cultural values and those of my family or caregiver into account. b The hospital staff took my cultural values and those of my family or caregiver into account. a Inpatient - Using any number from 0-10, where 0 is the worstand 10 is the bestrate your experience with this program or service. b The hospital staff consulted me or my family or caregiver in making decisions about my care? b Inpatient - The staff consulted me or my family or caregiver in making decisions about my care? b Inpatient - The staff took my cultural values and those of my family or caregiver into account. c Inpatient - Staff took my cultural values and those of my family or caregiver into account. c Inpatient - Staff took my cultural values and those of my family or caregiver into account. c Inpatient - Staff took my cultural values and those of my family or caregiver into account. c Inpatient - Staff took my cultural values and those of my family or caregiver into account. c Inpatient - Staff took my cultural values and those of my family or caregiver into account. c Inpatient - Staff took my cultural values and those of my family or caregiver into account. c Inpatient - Staff took my cultural values and those of my family or caregiver into account.	and Ambulatory a Using any number from 0 to 10, where 0 is the worstand 10 is the bestrate this hospital during your stay. b Would you recommend this hospital to your friends and family? b The hospital staff consulted me or my family or caregiver into account. b The hospital staff took my cultural values those of my family or caregiver into account. b The hospital staff took my cultural values and those of my family or caregiver in making decisions. c In Josteph worstand 10 is the bestrate your experience with this program or service. b The hospital staff took my cultural values those of my family or caregiver in more family or caregiver in those of my family or caregiver into account. a Using any number from 0 -10, where the quality of care at XX in the past 6 months. b Using any number from 0 -10, where the quality of care at XX in the past 6 months. b Using any number from 0 -10 where to is the worst10 is the worst	

Table 1.2: % Survey Scale Details

Scale Types and Options	Positive Response Options
^a 0-10	8+9+10
^b Strongly disagree; Disagree; Agree; Strongly agree	Strongly agree + Agree
^c Very poor; Poor; Fair - neither good nor bad; Good; Very good	Good + Very good
d Yes, definitely; Yes, probably; Maybe, not sure; No, not really; No, definitely	
not	Yes, definitely + Yes, probably
^e Poor; Fair; Good; Very Good; Excellent	Good + Very good + Excellent
f Definitely no; Probably no; Probably yes; Definitely yes	Definitely yes + Probably yes

APPENDIX 2

Table 2.1 Strategic Plan Measure Scores

Strategic Plan Measure	NSHA Composite Score	Acute Care Inpatient	Acute Care Ambulatory	Mental Health & Addictions	Cancer Care	Long Term Care	Primary Health Care
Overall patient experience	89.5%	87.2%	89.8%	85.2%	96.4%	84.5%	94.2%
Consulted in decision-making in their care and health service	92.3%	92.4%	93.6%	89.8%	88.4%	93.7%	96.1%
Culturally sensitive care	94.8%	94.6%	92.7%	92.4%	N/A	97.1%	97.3%

Table 2.2 Sample Sizes and Response Rates

Strategic Plan Measure	Acute Care Inpatient	Acute Care Ambulatory	Mental Health & Addictions	Cancer Care	Long Term Care	Primary Health Care	NSHA Total
Total Surveys Mailed	10500	11000	Administered in house	1362	469*	Administered in house	23331 + administered in house
Total Surveys Returned	3113	2049	2000	887	204	2543	10796
Response Rate	31.55%	18.9%	n/a	65.12%	43.49%	n/a	n/a

^{*}Based on the number of beds