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Brief survey on current Swiss hospitals satisfaction practices & Literature review on international large-scale initiatives evaluating inpatient satisfaction

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1 Part I: Swiss hospitals & clinics brief survey 2020

1.1 Introduction

The ANQ (Swiss National Association for Quality Development in Hospitals and Clinics) has been conducting annual satisfaction surveys for inpatients in acute care settings since 2011. Within a few years, similar surveys were developed and implemented in other settings, for parents of hospitalized children in acute hospitals, adult inpatients in rehabilitation and in psychiatric clinics. The implementation of patient surveys is a mandatory component of the National Measurement Plan to promote and maintain the quality of care in Swiss hospitals. The ANQ surveys are very brief and actually carried out once every two years during one to three months. The findings are used for monitoring temporal changes, for benchmarking among providers and are published in a transparent way to inform the public. However, the usefulness of these results for quality improvement in hospitals is somewhat limited because the selected questions are of a general nature and not suitable to identify precisely potential areas for improvement, a near real-time analysis is not possible and the limited collection period reduces the sample size for small hospital sites. Therefore, hospitals and clinics who would like to monitor and improve patient care have to carry out their own surveys.

The purpose of this brief survey among Swiss hospitals and clinics was to make an inventory of existing satisfaction/care experiences surveys, to find out which instruments are used, which methods are applied, and how the findings of the surveys are used to improve inpatient care.

1.2 Methods

This survey was developed by ESOPE in close collaboration with the ANQ. It included less than 20 questions, with filter questions to allow different answers depending on the setting of the surveys (acute care, rehabilitation or psychiatry). Three versions of the questionnaire were developed: in German, French and Italian. The survey was set up by the ANQ using SurveyMonkey, an online survey software. The links to the survey were sent by email to the quality managers of all hospitals and clinics who currently participate in the national ANQ surveys; these quality managers may be in charge of one or several hospital sites or sectors of an institution. Because the survey was anonymous, it was not possible to backtrack the exact number of sites and hospitals covered by the answers. A reminder was sent after three weeks and the survey was closed after one month.

1.3 Results

1.3.1 Participants and additional surveys

Participants

There were 200 exploitable responses, 160 in German, 32 in French and 8 in Italian. Approximately half of responding quality managers are in charge of hospitals/clinics with less than 2000 discharges/year; large hospitals were well represented. Whereas figure 1 shows the distribution of respondents according to hospital size, table 1 shows the number of responses for each setting and the corresponding number of participants in the ANQ survey. Compared to the number of sites in the ANQ national surveys from 2019 the number of respondents was quite important.

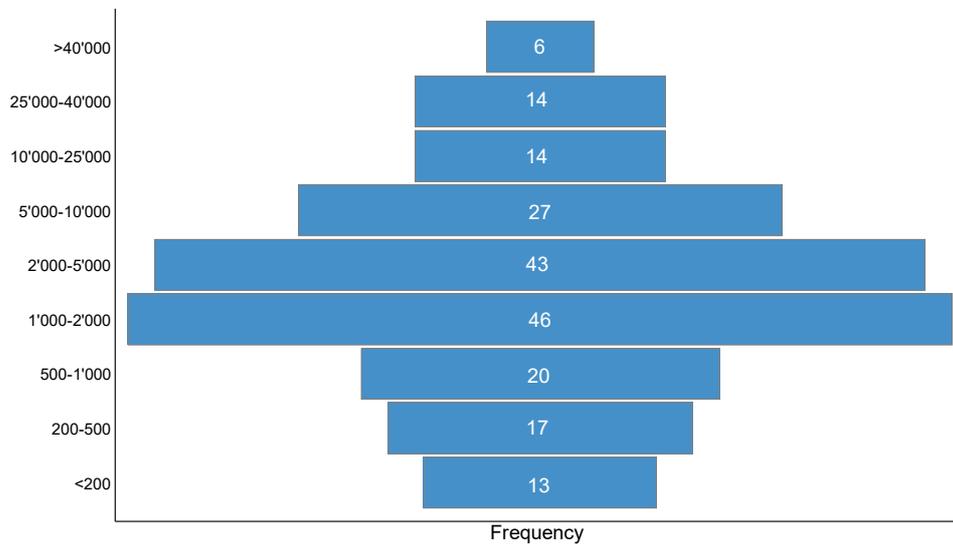


Figure 1: Distribution of respondents (number in the bars) according to hospital size (numbers of discharges/year)

Table 1: Number of respondents per medical field and corresponding number of participating hospital sites in ANQ surveys (several answers were possible)

Medical field	Number of answers	Number of sites in ANQ national surveys 2019
Acute care	119	200
Psychiatry	65	78
Rehabilitation	69	100

Realization of satisfaction surveys (in addition to ANQ Survey)

82% of respondents reported to conduct their own satisfaction survey (table 2). Table 3 shows the distribution of additional surveys according to medical field.

Table 2: Conducting an additional satisfaction survey (N=200)

Answer	Number	Proportion
Yes	164	82.0%
No, but will do soon	10	5.0%
No	21	10.5%
No answer	5	2.5%

Table 3: Medical fields concerned by additional survey

Medical field	Number of answers ¹⁾
Acute	98
Mental health	49
Rehabilitation	59

¹⁾ Several answers are possible

In the following tables and figures, only hospitals/clinics, which conduct additional patient surveys, are included.

1.3.2 Survey instruments**Type of instrument used**

The choices or instruments reported were: Picker or Picker modified questionnaires; surveys carried out by professional companies with their own instruments (MECON, Riedo, Press Ganey, PZ-Benchmark); hospital specific instruments (i.e. instruments developed by the hospital); questionnaires specific for psychiatric clinics (Müpf: Münsterlinger Patienten Fragebogen; ZüPAZ (Zürcher Patientenfragebogen), POC-18 (Perception of care).

The instruments used according to settings are presented in figures 2-4 below.

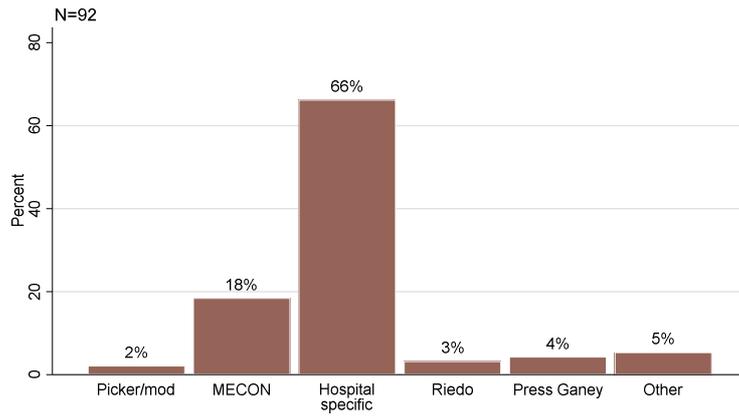


Figure 2: Instruments used in acute care

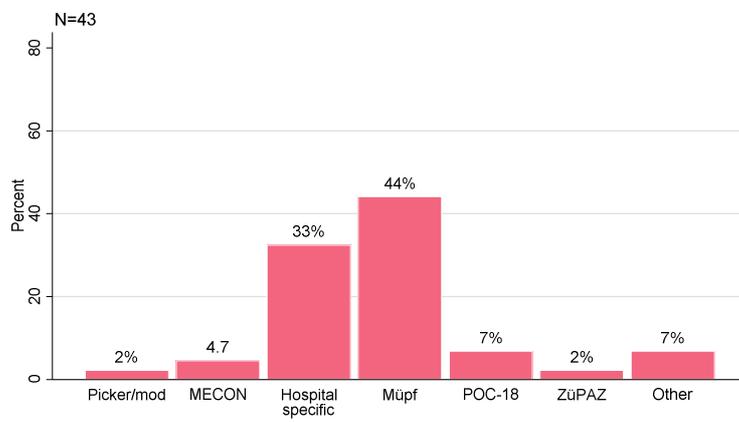


Figure 3: Instruments used in psychiatric clinics

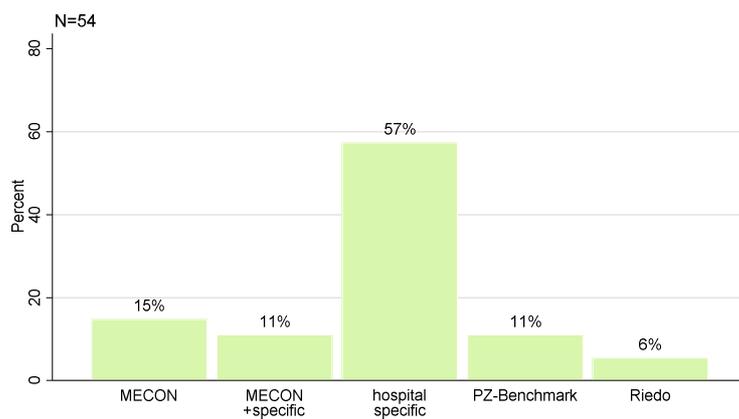


Figure 4: Instruments used in rehabilitation

Number of items

More than 50% of the instruments have less than 30 questions. In surveys for psychiatric inpatients, three quarters use less than 30 questions (Figure 5).

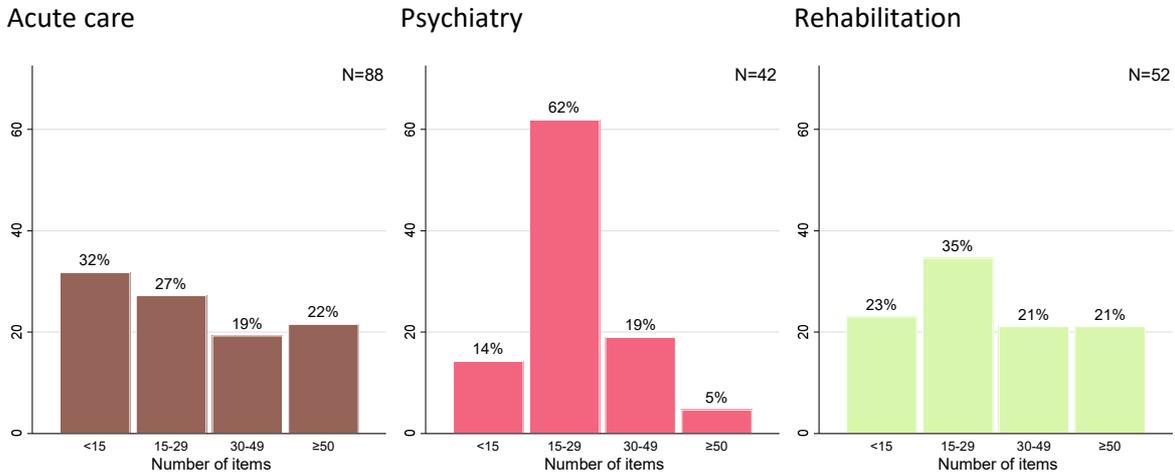


Figure 5: Number of items in used questionnaire

Type of questions asked

According to the survey responses, global satisfaction questions or questions about recommending the hospital appeared in almost all questionnaires (94%). In 54% of the questionnaires, socio-demographic factors were also collected. Some of these factors can be obtained from hospital data but it is not known for how many hospitals this was the case.

The frequencies (in percent) of dimensions/themes of questions asked in acute care (responses for 84 hospitals/clinics) are presented in the figure below (figure 6). There were too few responses to this question for evaluation in rehabilitation and psychiatric settings.

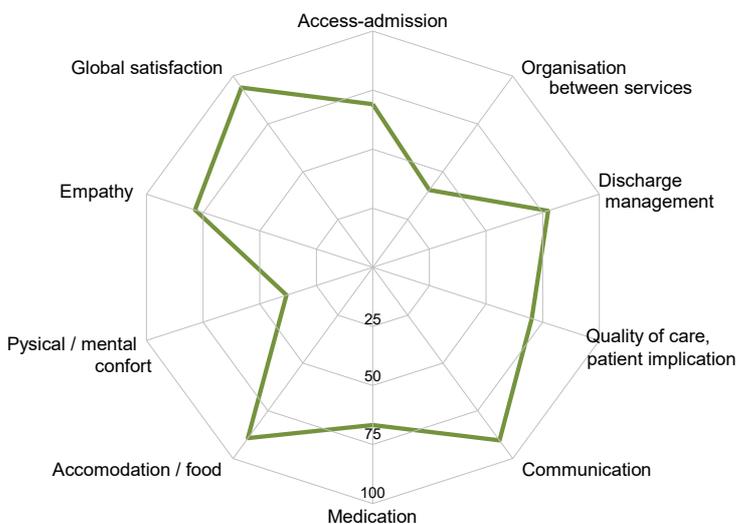


Figure 6: Frequency (in %) of dimensions appearing in the used questionnaires

In the open question field, the respondents most frequently mentioned that they added a text field in their survey, where patients were encouraged to leave suggestions for improvement, points of criticism or complaints.

Translation of questionnaires

Most surveys only exist in the official language of the region, and are not translated into other languages. This is also the case for hospitals/clinics located in bilingual regions, for which it is impossible to know how many respondents came from. Out of 161 respondents to this question, only 30% indicated to offer translated versions of their questionnaire, mostly either in German or French; 15 questionnaires were translated to English and only a handful to various other languages.

1.3.3 Survey methods

Timing of survey

85% of respondents indicated that their hospital/clinics (N=126) conduct their patient satisfaction surveys throughout the year (146 answered this question).

If the surveys are not conducted year-round, they last up to three months (consecutive or not) (table 4). Targeted survey months are shown in figure 7 (answers from acute care, psychiatry and rehabilitation settings are pooled).

Table 4: Length of survey if not year-round

Time (total in 1 year)	Number of hospitals/sites
3 months	11
2 months	2
1 month	5

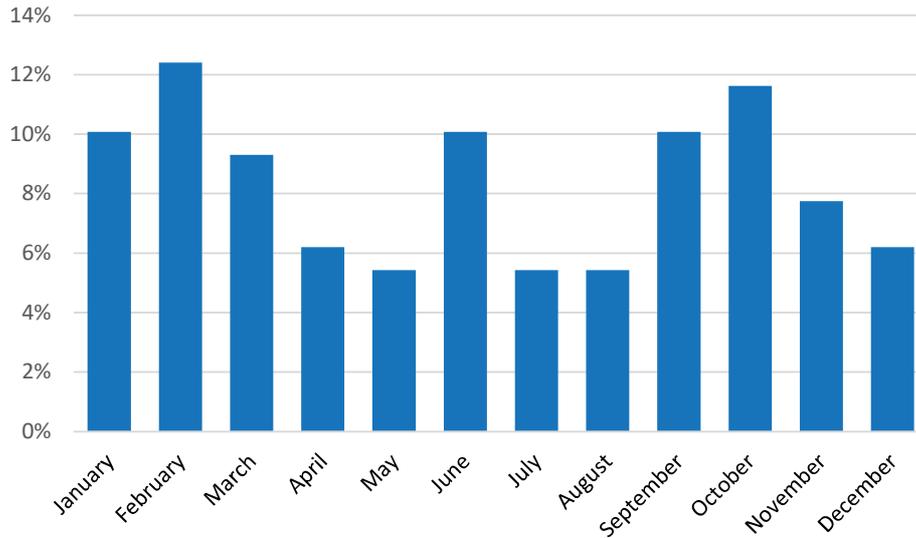


Figure 7: Preferred months for carrying out the patient surveys

Survey mode

Whereas most surveys use traditional paper questionnaires only, an important proportion uses mixed mode (paper or online); few hospitals/clinics use online-mode (digital) only (figure 8).

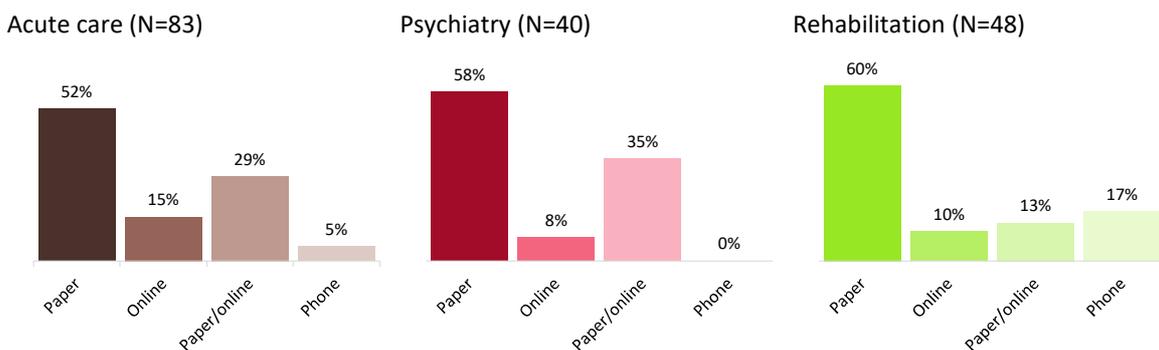


Figure 8: Survey mode

Timing of questionnaire distribution: during (before) of after discharge

Acute care questionnaires are administered after the patient's discharge in a little more than half of the cases. In contrast, in psychiatric and rehabilitation clinics, the questionnaire is more often distributed to patients before discharge (figure 9).

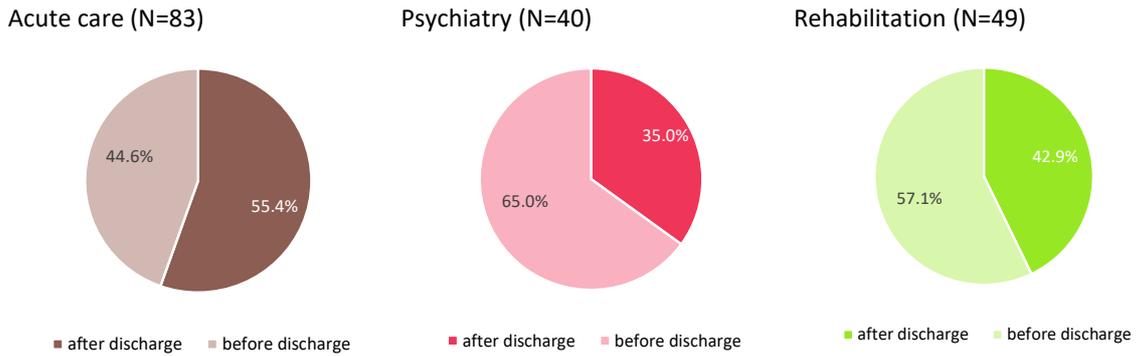


Figure 9: Timing of questionnaire distribution

1.3.4 Use of survey results

Evaluation of 146 responses with at least one answer answered shows that somewhat more than ¾ of hospitals/clinics use their results for in-house benchmarking and somewhat less than ¾ use them for follow-up of interventions and monitoring of improvement measures. The results of the surveys are mainly used for in-house purposes; few inform patients or consumers (figures 10 and 11).

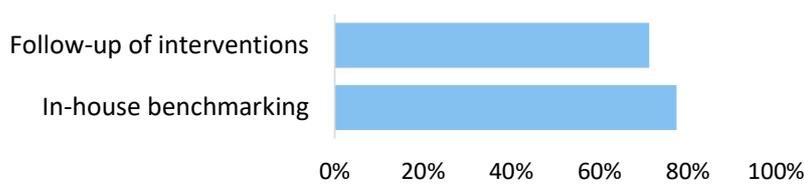


Figure 10: Use of survey results for quality of care improvement (several answers are possible)

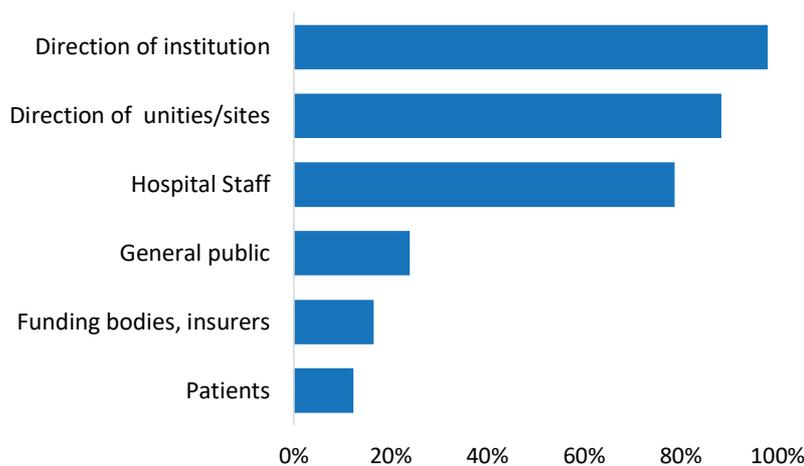


Figure 11: Person/institution using the survey results (several answers are possible)

1.3.5 Plans for the future

Fifty-five percent of respondents intend to modify or adapt their survey instrument/methodology in the near future. Details of the intended changes are shown in the figure below (figure 14):

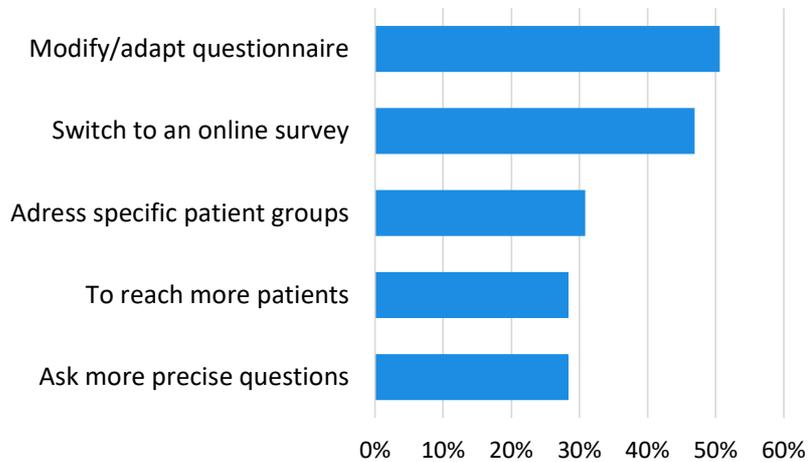


Figure 12: Intention to modify the survey (N=81; several answers are possible)

For this question, there was a free text field where respondents would add suggestions or comments. Key words representing the content of these comments are listed below, in order of their frequency:

- Add online questionnaire (mixed with paper)
- Survey via an app
- Survey in ambulatory setting
- Translation of questionnaires to other languages
- Integrate MÜPF
- Introduce PREMs (Patient Reported Experience Measures) and PROMs (Patient Reported Outcome Measures)
- Replace subjective perception questions by measures of effectiveness of processes

1.4 Discussion

The results of this anonymous survey show that the vast majority of respondents conduct additional inpatient surveys in acute care, rehabilitation and psychiatric clinics. Most of the instruments used appear to be «own» instruments («hospital specific»), possibly without psychometric validation, and surprisingly few respondents indicated the use of existing validated instruments or instruments from professional survey vendors. Almost all surveys include a global satisfaction or recommendation question and an open-ended question. Questions about the subject of communication/information and accommodation are also very common. Only about half ask questions about sociodemographic characteristics. Open-ended questions used by many hospitals can be helpful to get rapid feedback from patients and to uncover previously unknown problems. Whereas a slight majority of the instruments includes less than 30 questions, ¾ of questionnaires used in psychiatric clinics contain less than 30 questions. Hence, there are few (about 20%) long questionnaires (with more than 50 questions). A vast majority of respondents conduct their surveys year round. Pure online surveys are not common. In many hospitals and clinics, the questionnaire is given to patients before they leave the hospital, especially in psychiatry and rehabilitation but in acute care, they are sent to patients after discharge in over half of the cases. The findings are used for internal benchmarking and follow-up of interventions. Very few inform their patients about the survey results.

In order for survey measurements to be valuable for quality improvement and monitoring purposes, the instruments should be developed and tested on a scientifically sound basis. A survey that is not validated properly may not provide reliable data to identify potential areas for improvement. A validated questionnaire that is widely used for inpatients in psychiatric clinics for example is the well-known 27-items MüPF (Münsterlinger Patienten Fragebogen) developed for psychiatric inpatients. It would be helpful if such validated instruments were also employed in acute care and rehabilitation hospitals and clinics. In this context, it would be helpful to have a pool of selected, thoroughly tested and translated questions that could be used by all Swiss hospitals and clinics to compose their own questionnaires according to their specific needs.

Socio-demographic factors can be collected either by including appropriate questions in the instrument or, for some characteristics such as age, sex or insurance type, they can be extracted from hospital data. The latter is useful when these factors are needed for case-mix adjustment because there are no missing data; but when the results are not used for external benchmarking, adjusting is not necessary.

Conducting surveys year-round, as most responders indicated they do, is advantageous for better monitoring of the effect of interventions, to spot emerging issues faster and account for seasonal effects. When the survey is conducted only during a limited time of the year these targets may be more difficult to achieve.

There are several advantages to online surveys: costs are reduced, data handling is much easier and feedback is faster. The latter is essential to identify potential areas for improvement. However, there are concerns about drawbacks, such as lower response rates or the fact that some population groups cannot respond because they do not have internet. These reasons may explain why online surveys are not yet used everywhere despite the potential benefits.

The process of administering a survey must follow certain well-defined standards so that the findings are relevant and do not mislead. This is especially true if the questionnaires are distributed

and completed by patients before leaving the hospital, which is apparently often the case. In this situation a number of problems may occur. For example, patients who have not yet been discharged may not answer questions concerning discharge procedures correctly; also, anonymity of the patients' identity may not be guaranteed or they do not have the necessary hindsight while being still at the hospital. To prevent these problems, a set of strict guidelines has to be established and only well-trained employees should hand over the questionnaires. Nevertheless, in this context the risk of social desirability bias, usually associated with self-reported measures, may be potentially higher. This bias consists of wanting to present oneself in a favorable light to hospital staff and to give the expected answer, to comply with social expectations.

It is possible that an in-house distribution of the questionnaire is preferred for economic reasons or because a higher response rate is hoped for. We must nevertheless keep in mind that quality of the survey data is no less important than quantity. It could also be beneficial to inform the patients about the results so that they realize that answering the questionnaires is useful and appreciated.

These findings need to be interpreted considering the following limits: Since the survey was anonymous, it is impossible to know exactly how representative it is of all Swiss hospitals and clinics. Compared to the number of sites participating in the national ANQ surveys, however, the number of answered questionnaires is quite important. The number of discharges per year reported by the respondents, shows that all hospital sizes are well represented in this survey, even if there may be overrepresentation of German speaking hospitals. The other limitation of this survey is that it was very brief and therefore not optimal to get detailed information (e.g. about the content or the development and testing of the instruments). Furthermore is not possible to know if certain standards are met when the questionnaire is administered, this was beyond the scope of the survey.

1.5 Conclusions

This survey shows that Swiss hospitals and clinics consider necessary to hold additional surveys in order to control and improve healthcare quality and thus complement the findings of the ANQ surveys.

It might be appropriate to support the providers in this effort by jointly developing and testing instruments, setting quality standards to ensure the quality and usability of these surveys, and encouraging capacity building to maximize the benefits of these surveys.

2 Part II: Grey Literature Review

2.1 Introduction

While healthcare aims to improve patients' health and quality of life, while minimizing disability, it also aims to improve their experiences while receiving care. To evaluate the performance of healthcare in achieving these goals, a number of quality indicators have been developed. In the past, these quality indicators were essentially based on clinical outcomes (e.g. blood pressure, mortality), but these clinical indicators do not encompass certain aspects of patients' health that can only be reported by patients, such as quality of life, and aspects of the delivery of care. Nowadays, patient-reported measures are considered a component of validated healthcare quality indicators used to monitor healthcare performance at provider, national or international level [1]. Understanding the patient's and their family's point of view on their health and their needs and expectations on healthcare delivery is essential to improve care and achieve a more patient-centered delivery of care. Patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs) were developed to integrate what actually matters to patients in the evaluation of the care process (see the text field below for a detailed description and definitions for these concepts). As both measures are important in the evaluation of clinical achievements and quality of care, PROMs and PREMs initiatives are expected to expand significantly [2]. While PROMs complement traditional clinical outcome measures, PREMs are mostly used on a service and institutional level to guide quality improvement initiatives [3]. This report focuses on PREMs and does not cover PROMs.

PREMs are typically measured through patient surveys at healthcare provider level to identify potential areas for improvement of care, to monitor the effect of interventions, for internal benchmarking (services, teams) and to monitor evolution of patient satisfaction and experiences of care over time or detect punctual failings. A wider collection of patient satisfaction and experience at a regional or national level can help to obtain a comprehensive picture of the health system performance as a whole. A national survey will measure accountability and compliance with standards, compare performance of competing providers, condition hospital accreditation or incentivizing providers to improve quality by linking payment to performance [4-6]. Health insurers who purchase care services may also be interested in the findings of national surveys.

In many countries, patient satisfaction and experience surveys have been carried out at regular intervals; their implementation on a national level is often difficult because many stakeholders representing different opinions and interests are involved and need to find common grounds.

In Switzerland, nationwide surveys for inpatients have been implemented by the ANQ (Swiss National Association for Quality Development in Hospitals and Clinics) since 2011. Currently, inpatients in acute care, rehabilitation and psychiatric care are surveyed during a short period of time every two years with a brief questionnaire of 6 questions. A possible revision of the survey is under consideration in order to adapt it to recent developments in the healthcare sector.

The aim of this grey literature review is to report on trends and tendencies in large-scale measurements of patient satisfaction and experiences with hospital care, in eight a priori selected countries. More specifically, we want to identify which type of instruments and methods are currently used for regional or national surveys, and what the aims of such wide-ranging surveys are. Additionally, we want to find out how the surveys are modified or reshaped over time, integrating new research findings and insights, as well as potential benefits from new technological possibilities. A comprehensive picture of patient survey trends in other countries can offer valuable insights that may eventually be applied to the Swiss context. The focus will be on surveys in acute care settings.

In the following chapters, the term «satisfaction and experience of care» is used to refer to PREMs, patient satisfaction or patient experience.

Patient Satisfaction: it is a multidimensional concept measuring whether the care provided to patients met their expectations [7, 8]. However, satisfaction with a service does not necessarily mean that the quality of the service is good; it merely reports that the patient was satisfied with it [9]. Two people who receive the same care, but who have different expectations for how care is supposed to be delivered, can give different satisfaction ratings because of their different expectations. Although patient satisfaction with care remains the ultimate goal, it has to be measured with other means to make sure that different expectations of individual groups of patients do not distort the results and alienate comparability of the measure. Satisfaction questions are considered a subgroup of PREMs, but may also be interpreted as an outcome of care [6, 10].

PREMs: Patient-Reported Experience Measures, abbreviated **PREMs**, are measures typically collected through patient surveys asking patients to report about their experiences of a particular care service or process in an objective manner and to report whether or not a certain process occurred. For example, they are asked if they were involved in the decision making [11]. PREMs also include objective questions like «Did you have to wait for more than 15 minutes?». Although these questions are less subjective, they still include, to a certain degree, patient's evaluation of an event. There are several advantages to asking more objective experience questions. Satisfaction questions tend to elicit very positive responses (ceiling effect); experience questions may have less ceiling effects and may be more useful to differentiate between responders. Another advantage is that responses are easier to interpret and more useful to improve care. Knowing for example, that many patients are rating the overall quality of care, as «poor» does not inform the quality manager about what needs to be improved specifically. On the other hand, detailed questions on specific aspects of care can help to pinpoint areas for improvement more precisely [10]. However, there are no clear-cut differences between experience and satisfaction questions and a patient's answer to healthcare experience questions, which seek to establish facts, will necessarily be subjective to a certain degree. Difficulties in interpretation remains one of the barriers of using PREMs. Patient satisfaction and experiences measures with care are sometimes considered an outcome measure in its own right [1].

In scientific publications, the term PREM is now mostly used to name surveys about patient experiences with healthcare, but the term patient satisfaction is still widely used.

PROMs Patient-Reported Outcome Measures, abbreviated **PROMs**, are self-reported perceptions and evaluations of a patient's own health, including not only physical health but also other symptoms such as pain, capacity to do certain activities, mobility and health-related quality of life or quality of life. An example of PROMs is asking a patient about his/her mobility before and after a hip replacement to evaluate the impact of the intervention on their self-perceived mobility (OECD). The data is provided directly by the patients without interpretation by healthcare professionals and allow to understand which clinical achievements are really important for patients [3, 11]. Many PROMs are specific, tailored to a certain condition or a particular disease or intervention, to a certain diagnosis or treatments (for example cancer or hip replacement surgery) [3]. The collected measures are relevant for the evaluation of clinical outcomes and may be used to improve care in daily practice and measure cost-efficiency.

2.2 Methods

Selection of countries for in depth study

The selection of countries to consider in this grey literature review was based on an OECD working paper [1] listing all countries which had implemented nationwide satisfaction and experience of care surveys. In a first approach, we searched for more precise information about national surveys carried out at regular intervals in these countries, to find out how advanced these initiatives were and how much information and documentation was available on instruments, methodology and presentation of findings.

After this preliminary sighting, eight countries were selected for a more in-depth analysis. The inclusion criteria were:

- experience with national inpatient surveys in acute care settings
- expertise in quality of care initiatives in hospitals
- transparently published results
- cultural or geographic proximity to Switzerland
- documents available in French, German or English (except for 2 countries)

We focused on inpatient surveys in acute care settings because this is the generic setting commonly used to initiate national inpatient satisfaction and experience surveys.

Population based satisfaction and experience of care surveys, which are carried out in many countries to account for patient satisfaction with care at a system level, were not considered.

In agreement with the ANQ; we chose the following eight countries for an in depth study:

- England
- USA
- France
- Germany
- New Zealand
- Canada
- Denmark
- Netherlands

England, the USA and the Netherlands were a natural choice because of their long-standing experience with implementation of satisfaction and experience of care surveys on a national level. Germany and France were added as neighboring countries with well-established survey programs at national level and the list was completed with Denmark, Canada and New Zealand. Language spoken was also an issue because most grey literature is available only in the national language and to limit the workload only two countries, which required translation of documents, were chosen. For data extraction and description of national surveys the last survey version was considered (or taken into account in some way), even if the first implementation had not started yet or was ongoing (Denmark and England). The aim was also to get an insight into the most recent developments

Data collected and search strategy

The following information was considered and extracted from the available documents:

- History of patient experience and satisfaction surveys
- Instrument development (including stakeholders involvement)
- Methods of survey administration: mode of survey (online or mailed paper questionnaires etc., timing of survey, sampling of patients, inclusion criteria)
- Methods of data analysis and evaluation
- Publication and use of results, availability to public and providers
- Revisions of survey instrument and survey methodology over time

To obtain the data, the following search strategies were performed for each of the eight countries:

- **Google and google scholar:** Search terms were: care, PREM, patient, inpatient, «patient experience», satisfaction, «patient satisfaction» consumer, national survey, questionnaire, hospital, acute care. All types of documents were included.
- **Targeted websites:** websites of government organizations, health insurance companies, foundations and non-profit organizations in the health sector, patient organizations, research institutes and professional vendors; websites consulted for each country are listed in the appendix 3. Websites of international organizations such as the WHO, ICHOM and OECD were also searched.
- **Experts:** in each country experts were contacted via e-mail, outlining the objectives of the study and the documents already selected. They were asked if there were other important publications or websites that had been missed. In some cases, a video conference was organized to answer specific questions about their survey. The names of experts consulted are given in appendix 4

Translation of Dutch documents was performed with Deep L professional and Danish documents with google (<https://translate.google.com/>) or Deep L (<https://deepl.com/>) free or professional. Websites in Danish and Dutch were viewed with automated Chrome translation to English.

2.3 Results: Description of national/regional satisfaction and experience surveys

The main features of the national and regional patient satisfaction and experience surveys in acute care settings are described hereafter, starting with a brief history of survey development and followed by the comparison of the aims, the instrument used, the methods and conditions of survey administration, their evaluation and the presentation and publication of the results. The tables with the data extraction are in appendix 1, with data for eight countries included. Also, a description of each country's national surveys, the national context and how the patient experience and satisfaction initiatives were implemented can be found in appendix 2; the latter includes a brief description of some countries that were also considered for this review but not selected for a detailed data extraction (Austria (A), Italy (I), Belgium (B), and Australia (AUS)).

2.3.1 History of survey development, implementation and modifications

Most initiatives of patient satisfaction and experience measurements were developed and piloted over several years until they could be implemented successfully at a nationwide level. These developments are briefly described below, for each of the eight countries:

- England (NHS) was the first country to implement an inpatient survey on a national level in 2002. The survey was developed and tested by the Picker institute. Over the years, some minor changes were made to the questionnaire, omitting or adding new questions or rewording existing ones. In 2020, the questionnaire was adapted and shortened for online use.
- The HCAHPS in the USA was implemented on a nationwide level in 2006. The development of the questionnaire took place over several years. Since its first implementation, the questionnaire has experienced minor changes (addition, removal or rewording of questions).
- The Netherlands developed the Consumer Quality Index from 2006 onwards. Well over 20 specific questionnaires were developed and implemented for specific patient groups such as cancer patient, patients with cataract operations, varicose vein care, etc. In recent years, these surveys have been replaced by much shorter and more generic PREMs, while the use of PROMs increased.
- Denmark conducted a yearly national inpatient survey from 2009-2020 and will implement a revised survey in 2021.
- The Weisse Liste Foundation in Germany started to implement a brief inpatient questionnaire in 2011 with participating insurers. The survey now covers all regions and hospitals in Germany but not all health insurers participate in the project, so the patient population is not fully covered by the survey.
- France has implemented an online survey nationwide in 2016. The questionnaire is based on a former phone survey. It is sent only to patients, which have provided an email address.
- New Zealand implemented its first inpatient survey nationwide in 2015. A revised version of the questionnaire is used since 2020.
- Canada started to develop and implement an inpatient survey in 2016. It is not yet applied on a national level but in up to 6 participating jurisdictions. Overall results of the survey

were first published in 2019 and transparent publication of provider results is planned for 2022.

2.3.2 Aims of the national/regional surveys

All of the reviewed patient satisfaction and experience measurement initiatives cite the improvement of the quality of care for the patients as one of the main goals, either through direct feedback from the surveys to providers or because poor scores will give local providers and regional authorities the incentives to identify improvement possibilities.

The comparison of provider performance (benchmarking) to guide the patients to make an informed choice when they have to opt for a hospital or clinic is another aim, in some but not all countries. Websites for hospital comparison are available in several countries (NL, G, USA, F). These websites are consumer oriented and allow direct comparison of hospitals based on various criteria including the «patient experience» ratings derived from the patient satisfaction and experience surveys. In other cases, the scores are not aggregated at hospital/site level but at the organizational unit level (Trusts in ENG, DHBs in NZ) and they are only compared to the national mean.

2.3.3 Instruments used

Survey instruments mostly contain several dimensions/themes or composite measures (4 to 9 according to survey) comprising each several items. In many cases, the questionnaires also include standalone questions. Overall satisfaction/recommendation questions are included in all surveys and one or several open questions can be found in almost all surveys. In the more recent Danish and Dutch surveys, which have very short questionnaires (9-13 items) there are no composite measures (dimensions), however.

Across countries, dimensions or themes may be defined in different ways; they may encompass more or less broader areas of interest or overlap. Whereas some questionnaires follow the patients journey through their hospital stay starting with questions about «reception» and ending with the dimension «Leaving the hospital/discharge» (F, DK old survey, Italy), the number of dimensions varies from 3 (G) to 9 (DK, old survey). The dimension communication (with doctors and nurses) is present in all surveys.

In several surveys, hospitals or regions can add their own survey questions (NL, USA, CAN for example); in Denmark for example, a pool of approved and tested questions is provided for this purpose (survey 2021). The questions are inserted at the end of the official core questionnaire before or after the «about you» questions. Data from additional questions are not included in the national evaluation but are directly forwarded to the hospitals. The number of questions that can be added is often limited to a maximum number, for example 10.

In Denmark, an additional dimension with several questions was included each year, to get information on a current theme of interest. The evaluation of this theme is the subject of a specific report.

Most surveys conclude with several (3-8) «about you» questions (except DK). Commonly the latter include questions about age, sex and education and may include questions about ethnicity, religion and sexual orientation in some countries. Sometimes patients are asked to assess their physical or mental health or their satisfaction with life. Demographic information may also be extracted from the hospital records (age, sex, length of stay etc.).

The number of items in the questionnaires varies between 9 core questions (NL) to 64 (F) items; this number includes the «about you» questions and possible filter questions. The most recent questionnaires used by these eight countries can be found in appendix 6.

Validation of questionnaires include extensive cognitive tests with patients to make sure the questions are well understood and their answers correspond to what was asked. Psychometric validation may be carried out by the institutions organizing the national survey or by professional vendors. In many cases, once the national survey has been implemented, some items are modified, reworded, deleted or added. This may be the case when a question is not timely or relevant anymore or if many missing answers suggest that the question is not correctly understood. Sometimes, questions may also be added as an annual theme or because of particular events (the Covid-19 pandemic). In these latter cases, the validation is limited to cognitive interviews.

2.3.4 Settings for patient satisfaction and experience measures implemented

We remind the reader that the surveys described in this report refer to inpatients in acute care settings. These inpatient surveys are usually, but not always (ENG) the first national patient satisfaction and experience survey developed and sometimes the only nation-wide survey (CAN, NZ). Surveys for other settings are usually developed and implemented in later stages, for example emergency & urgent care, maternity, ambulatory surgery etc. The following is a brief description of the developments regarding surveys in rehabilitation and mental health settings.

Surveys for inpatients in rehabilitation

In Germany a survey of inpatients in rehabilitation clinics (Rehabilitandenbefragung) is conducted by the German Statutory Pension Insurance Scheme (Deutsche Rentenversicherung) which covers rehabilitations costs of individuals in working age (about two-thirds of all rehabilitations provided). Every month 20 patients of each rehabilitation hospital are surveyed and each year about 120'000 questionnaires are evaluated [12]. The findings are used for an internal quality assurance program. The survey comprises 40 items about the patients' experience and satisfaction and an overall satisfaction question. Results of the survey are reported to the insurers and the rehabilitation departments. In the reports, the facility assessments are compared with the results of subject – related groups[13] [14].

In France the first national campaign with the e-satis SSR survey (en Soins de Suite et Réadaptation) started in October 2021. The survey is mandatory in rehabilitation hospitals with inpatients; only patients with a hospital stay of 7 days or more are surveyed, other survey methods and procedures are similar to those of the other national surveys (patients with a valid e-mail address and exclusion of hospitals with over 75% of patients older than 75). The questionnaire contains less than 60 items. In the USA, the IRF CAHPS (Inpatient Rehabilitation Facility Consumer Assessment of Healthcare Providers and Systems) provides a survey for inpatient experience in rehabilitation settings to

identify improvement opportunities, and implement patient experience initiatives in preparation for the anticipated requirements.

Surveys for inpatients in psychiatric clinics and hospitals

Because of the complexity of mental care, few national inpatient surveys have been implemented. In Denmark, several national surveys are conducted to evaluate patient experience in psychiatry. The surveys cover inpatients and outpatients in both adult and child & adolescent psychiatry. There are five patient and four family surveys. The inpatient survey is carried out during 10 weeks each year. The questionnaire and cover letter are handed out to patients during their hospital stay, preferably close to the discharge date. Instructions are provided to the hospital staff to preserve anonymity and avoid influencing the patients' responses. The cover letter and the questionnaire include a web address and login so that patients may fill out the questionnaire online.

Actually, a pilot study is carried out with the aim to replace the actual survey with a continuous measurement and to study the effect of a conversion from personal handing out of questionnaires to digital data collection. The future survey will consist of a core of national items and the possibility to choose specific additional questions if the data is collected digitally.

The NHS in England conducts a Community Mental Health Survey, which looks at the experience of patients who received care in the community for a mental health condition. It is not restricted to inpatients.

In the USA a new CAHPS Mental Health Care Survey is being developed for a variety of settings. It has not been approved yet by the AHRQ.

2.3.5 Method of data collection

Mode: In most cases, the mode of survey is mixed, using traditional paper questionnaires sent by mail, and online questionnaires. There is a push-to-online approach in some countries where patients with email addresses (or smartphone numbers) are prioritized and/or patients have to ask specifically for a paper questionnaire (ENG, N, NZ, DK). Prioritizing digital responses means that in a first step patients with email addresses are contacted. If there are not enough patients to reach a required minimum sample, other patients are contacted by postal mail (DK, NZ). Text messages sent with a link to the online questionnaire are used to promote online response (ENG). Telephone mode, together with other modes is used in the USA and Canada. Surveys are exclusively online in France (and Italy) and no paper questionnaires are sent. On the other hand, in Germany, only paper questionnaires by postal mail are sent to the patients. In all of the surveys reviewed, one or several reminders are sent to increase the response rate.

Sampling: In most surveys, when the number of discharges is large enough only a sample of randomly selected patients is surveyed (USA, ENG, NZ, DK). If the institution/hospital/service is too small to attain the sample size requested, all patients are contacted or the survey period may be extended (ENG, NZ).

Timing: The questionnaires are distributed after the hospital discharge (i.e. when the patient has left the hospital). The time lag between discharge and the first approach varies, however, from 48 hours to several weeks; when the collection period lasts longer to reach enough patients (ENG) the delay may be more than 8 weeks.

Duration of survey: Most surveys are continuous throughout the year (USA, F) or take place several times a year (NZ, G). In some countries part of the hospitals measure continuously and others punctually but continuous measurement is recommended according to the method guidelines (CAN, NL). In England, the survey is conducted once a year for a month or longer (until the minimum sample size is reached).

2.3.6 Score calculation

Scores are calculated in two different ways. They may be presented as proportions, for example of most positive or most negative or middle answers (top-box, bottom-box, middle-box (USA, Canada). Another method is to compute a mean after having transformed the answers (Likert scale of numeric) to a 0-10 or 0-100 scale (exception DK, 1-5). This is done for all types of answers, numeric, labeled scales or binary (yes/no). Dimensions are computed using mean scores for all questions of a dimension obtained. Sometimes, questionnaires with a high proportion of missing answers are not included (for example less than 50% of the items for the calculation of a dimension). Sometimes also, only questionnaires with at least 50% of all items answered are considered exploitable (F).

Scores used for external provider benchmarking are generally adjusted for patient mix (demographic factors and/or patient health) sometimes for survey mode (USA, CAN), and weighted for hospital size if patients were sampled (instead of surveying all patients). In the case of the USA the patient mix adjustment is applied first, followed by mode adjustment and weighting. According to country, different factors are used to adjust for patient mix. The factors used for adjusting in each survey are listed in the tables in appendix 1. A detailed description of the adjustment methods applied in each country is beyond the scope of this report. Adjustment factors may include demographic characteristics such as age, sex and education; self reported health or quality of life or factors related to hospitalization (surgical, medical or maternity ward). These factors are collected either through the questionnaire or derived from hospital data where possible. When results are used for transparent publishing at hospital/provider level, a minimum number of responses is generally required.

2.3.7 Presentation of results

To permit patients or consumers to make an informed choice among hospitals, a website is set up in some countries where the hospital ratings are publicly available (for example USA, G, NL, F). Usually, several hospitals may be selected according to geographic proximity. The comparison works like the comparison of products on commercial websites. The selected hospitals are displayed side by side and their patient satisfaction scores and several other quality indicators may be compared. For two national surveys, the scores are calculated for an organizational unit, which comprises one or several hospitals, and these are compared to a national benchmark rather than to other units (GB, NZ). Finally, a national report is available to the public in many studied countries (ENG, F, NZ, CAN, DK) but not in all (G, NL). In the USA, tables of the national results are published on their website every three months and in New Zealand yearly results are published as control charts (see appendix 5 for some examples).

2.3.8 Survey adaptations

Almost all national surveys that had been implemented have been adjusted or completely revised after some time. This may include minor changes over time without changing the survey fundamentally, for example rewording of some questions, new questions added or removed (USA, ENG). However, there have been changes that were more important and may concern survey methods adapting to new technologies, among others. For example:

- England has both transformed its paper-survey mode to a mixed mode survey with push-to-online approach, and shortened its questionnaire from over 80 to 56 items.
- In the USA, similar changes are planned. A mode experiment (with mixed mode including email mode) is being carried out for six months, starting April 2021. The questionnaire will also be reviewed over the next years and some dimensions or questions may be added or changed but the overall length of the questionnaire will remain the same.
- The Dutch CQ –Indexes, which were very long questionnaires, have been replaced in recent years by much shorter and more generic satisfaction and experience instruments.
- Denmark will implement a completely revised and much shorter questionnaire and methodology in 2021, including a move to a continuous (year round) survey.
- New Zealand has completely reviewed and modified its questionnaire after five years, but the methodology prioritizing the online mode has not been changed.
- Canada is implementing its first national survey in a step by step way; no major changes have yet been undertaken, but the method for adjusting mode is currently in progress.
- The French E-satis survey is recent and has not suffered any major changes yet, but the questionnaire is considered to be a bit long and may be amended in the future.
- The German PEQ survey runs since 2011 and no changes are planned so far.

2.4 Discussion

The eight selected countries have developed and implemented their patient satisfaction and experience surveys in quite different ways, according to the goals pursued and the means available. The instruments used are of very different length from very short (9 items) to very long (64 items) and may contain several dimensions or none. However, all have at least one overall satisfaction or recommendation question and all offer the patients the opportunity to add a comment. While traditional paper questionnaires sent by postal mail still prevail in some countries, others have pushed strongly towards the use of online/digital mode. Most surveys measure patient satisfaction and experience continuously or at least several times a year. Hospital scores are usually case mix adjusted with different demographic factors to allow for benchmarking and comparison to a national score. There are also important differences in the public reporting of the findings, promoting comparison of hospitals on websites, or, on the contrary, indicating only differences compared to a national mean. Furthermore, the publicly accessible analysis level is very different, with scores available at service levels or, in other cases, only for administrative entities containing several hospitals.

Most surveys have been modified or adapted over time. Overall, there is a clear trend towards shorter instruments and the use of digital means to carry out the survey.

History of survey development, implementation and modifications

Health care quality was historically assessed using clinical measurements of outcome while patients' opinions were not taken into account. The first questionnaires used to elicit information from patients asked about their satisfaction with care. Such ratings tend to be very positive and are not very useful for improvement of quality of care because of the lack of information on the causes of dissatisfaction.

The Picker institute was founded with the aim to promote patient-centered health care [15]. They developed standardized patient survey instruments to measure quality of care [9]. These survey methods were widely used in America and Europe [16, 17]. England's NHS was the first to conduct a nationwide inpatient survey based on a Picker developed questionnaire. Soon after in the USA the HCAHPS survey (Hospital Consumer Assessment of Health Providers and Systems) was developed and implemented. The HCAHPS is influenced by Pickers' instruments but shorter and aims to compare individual health providers. From 2006 onwards the Dutch started to develop their Consumer Quality Index survey (CQI) based on HCAHPS and QUOTE (Quality Of health care Through the patients Eyes [18]). The rationale behind is that different patient groups may judge certain aspects of care differently and therefore specific surveys should be developed for different diagnostic or treatment groups. Subsequently, in the Netherlands, a large number of specific CQI questionnaires were developed. Later, other countries started a number of initiatives to implement patient satisfaction and experience surveys on a national level, and international initiatives are pushing for surveys that would as well permit international comparison [1] .

Different systems and different ways

The task of establishing a regional or national patient experience survey has been approached in very different ways in the countries described in this review. Differences in the initial settings like health care system, political organization and balance of power, priority setting, the degree of regional autonomy in health decisions, organization of health care research, financial criteria and participation of different stakeholders may determine when and how patient experience measurements are developed and implemented.

Strategies

There are many different approaches to implement national patient experience measurements. On the one side are the countries with a strong governmental role in healthcare organization (France, England), where existing government institutions can be called upon to lead such a project from concept to completion; this could be called a top-down approach. On the other hand, there is a rather bottom up approach where initiatives are driven by providers, patient organizations, insurers or non-profit foundations. Many national or regional surveys were developed in between these two situations; however, even for top-down strategies, patient representatives and other external stakeholders are usually consulted.

Aims of the national/regional surveys

Setting priorities is important because one survey cannot necessarily achieve all desired targets. Improving health care at the provider level and internal benchmarking requires rapid feedback, a set of rather specific questions, a preferably continuous data collection and a number of responses that is statistically exploitable. For benchmarking between providers, risk and case-mix adjustments are very important [19, 20], although this may be challenging because not all potential confounding factors may be available [21]. Even after case-mix adjustments, differences may remain that are due to hospital characteristics [22], or regional differences, which cannot be changed, may remain. Data from national surveys would be very useful for research projects; frequently however, the information on patients is not precise enough for such purposes (for example: diagnosis or treatment information unavailable).

Instruments used

The first developed instruments for patient satisfaction and experience surveys, the Picker, the HCAHPS and the CQ-Index still have a certain influence on today's questionnaires. However, nowadays, the development or modification of patient surveys involve patient organizations to make sure that the questions asked really matter to patients. Additionally, there are trends towards shorter questionnaires and critical voices ask to shorten even established questionnaires because return rates are declining [23, 24]. The use of shorter questionnaires has been shown to still be able to provide very reliable results, indeed [25]. In fact, long questionnaires are thought to result in lower return rates [26] and increase the response burden on patients at a time when they are being called upon more and more to respond to different surveys in and out of hospitals. Also, surveys

with long questionnaires are more expensive to carry out and to analyze, and results may not be as easily understood and/or interpreted.

The option to add «own» questions to a national survey is common, it has the advantage of providing additional information for hospitals, and ensures that the data is collected in a standardized and approved manner. However, the number of items added has to be limited because otherwise the return rate may decrease. After the pilot study, minor adaptation of the questionnaire can still be very useful to keep up with recent developments or correct certain errors that were not detected in the relatively small scope of the pilot study.

Questionnaires are usually available only in the national language. It is a well-known problem that patients with limited knowledge of the national language or with otherwise limited language skills may not be able and willing to complete survey questionnaires. There is no easy solution to this. On the one hand, the translation of a questionnaire requires a certain effort and on the other hand, it is not sure that the preferred language is recorded in the hospital registry, so that the appropriate language version of the questionnaire can be sent to the patients. Providing patients with questionnaires that are not too long and with easy to understand and simply worded questions may help to resolve part of this problem.

Method of data collection

There is a clear trend to adapt surveys for the use of new technologies such as answering online or on a smartphone. The rationale for this is very clear: this method is more cost effective than paper based surveys, data is quickly available, including wordings in response to open questions, and the data quality is better. In fact, rapid feedback is essential to define actions for quality improvement. The longer the time lag between surveys and feedback, the more difficult it is to attribute results to healthcare practices. However, there are also some drawbacks to digital surveying. Some population groups may not have internet or the skills to answer online, which may lead to low return rates [27]. There is also some distrust because of privacy concerns and data security. Ways and means must be found to overcome these disadvantages, and future surveys should be developed to be adapted for use on all digital devices. In the future, mobile apps may help to narrow the digital divide because mobile phones will be more accessible and easier to use [28].

Continuous measurements or regular measurement periods over the year allow for continuous and timely update of data, avoid seasonal effects and can help to identify effects of punctual interventions or events for which providers cannot be held accountable for (for example recent visiting bans in relation with the pandemic). Carrying out the survey only once a year cannot avoid seasonal effects, and patient satisfaction and findings may not reflect reality.

Score calculation

There is no simple way to present results of answers to questionnaires except for questions with yes/no options. In case a top-box/bottom-box approach is used, which is certainly very illustrative, a decision has to be made as which answers belong to which box. This may not be straightforward when there are numeric answers (0-10) or a four or five-point Likert scale. Also, information is lost when only presenting a top-box. When means are calculated, an ordinal scale must be transformed into a numerical scale. This procedure is sometimes criticized because of the assumption of

psychometric equidistance between the responses [29]. In such situations, numeric scales are frequently defined as a 0-10 or a 0-100 scale, so they are easy to understand by the public already used to percentage points. In addition, no decimal numbers are needed in a 0-100 scale, which simplifies the reading.

Missing values have to be dealt with. Questionnaires, which contain very few answers, are not useful, because they decrease the data quality and the reliability of the survey results. Dimensions are defined as being a composite measure that includes a well defined set of questions. The quality of this measure decreases when responders give answers only to very few of those items. To calculate patient-mix adjusted scores, all demographic or other adjustment factors have to be completed; questionnaires with missing data for adjustment factors are useless. Extracting patient data such as age and sex from hospital data, when used for adjustment, is useful because there are no missing data. The choice of the adjusting factors may depend on the data that is available and other considerations (organizational and financial). Adjusting for mode of survey is only useful where there are big differences of mode of survey among hospitals, for example if the survey mode is a single hospital-level choice that affects the hospital's entire sample. Only an experimental study can produce valid estimates of mode effects that have to be applied to adjust survey data. Weighting of results is recommended when only a sample of patients are surveyed, for example 200 patients from each hospital. To calculate the national mean the data has to be weighted to take into account larger hospitals, which have more influence on a mean value than smaller ones.

To obtain reliable patient ratings, a high response rate is desirable to get representative data. However, low response rates are frequent in surveys. While it is known that some patient groups are less likely to respond, for example because some have difficulties to understand the questionnaire or they have no internet connection, it has also been shown that patients who are not satisfied are less likely to respond to questionnaires. This may introduce non-response bias resulting in too high ratings that do not reflect reality [30]. Furthermore, expectations of patients may differ according to regional or cultural differences. These factors and other bias (extreme response bias) may be determined and eventually accounted for in experimental studies including a small number of hospitals but in large scale surveys at a national level such adjustments may not be feasible.

Ceiling effects occur when there is a scale with an upper limit in a survey and a large proportion of scores near this upper limit [12]. A ceiling effect can cause a variety of problems if a central tendency is measured such as a mean score to compare providers. When the proportion of the most positive answers (top box) is used to compare hospitals the definition of a ceiling effect is quite different, for example when 60% of patients check the highest level this is considered a moderate ceiling effect [31]. When a mean is calculated, composite measures (dimensions) may decrease the ceiling effects because several items are involved. There is little information about ceiling effects in the presentations of national results although some of the observed survey scores are very high. However, when the questionnaire is designed, questions with high ceiling effects may be excluded. Furthermore, most national surveys use composite measures, which include answers to several questions. This may lead to a levelling out of ceiling effects in some questions.

Presentation of results

When results are presented to the general public, care has to be taken to present them in an understandable way to reduce the chance of wrong conclusions to be drawn. Presenting results as

categories and using colors may make interpretation easier. Presentation in timelines (control charts) are also quite easy to understand. When patient satisfaction scores are used to compare hospitals, it is important to present them together with other quality indicators because there are always several aspects to consider when choosing a hospital.

Reviewing surveys

The fact that almost all surveys are constantly updated and/or have recently undergone major revisions is an indication that patient satisfaction and experience surveys are very important to stakeholders and policy makers; they will continue to exist in their own right, alongside other quality indicators that are already implemented or will be developed in the future, for example PROMs. Major changes in the questionnaires result in the discontinuation of measurements series because questions are different or because different survey methods are applied, which do not permit comparison with former measurements. On the other hand, modifications are required to take into account new priorities of patients and providers, new ways of health care delivery, changes in health policies, public expectations and to take advantage of new technological developments.

Limitations of this review

There are several limits to this review. In the eight selected countries, the surveys were all developed in a very different context, under different political and social circumstances and at different times, they are therefore difficult to compare. Also, perceptions of what is good quality care may differ across countries and each country has its own priorities on this behave. Furthermore, information is not always easy to find especially when referring to developments or changes made in the past and the reasons behind. In fact, information presented on websites is mostly from actual or recent accomplishments. Additionally, language barriers and the fact that in some countries many different stakeholders and institutions are involved in patient satisfaction and experience surveys makes finding the right documents sometimes difficult. Another point is that there are constantly new developments coming up, new pilot studies are carried out or modifications to the instruments and application of new methods. Last but not least, the Covid-19 pandemic has interrupted or delayed both, the reports and information on surveys and the publication of documents useful for updating this review because the focus was elsewhere.

3 Part III: Recommendations

The following recommendations are based on both the current Swiss situation (Part I) and the trends observed and lessons learned with other national initiatives implementing inpatient experience surveys (Part II). It is obvious that not all recommendations are easily realizable and choices will have to be made according to financial limitations, technical possibilities, and positions of all stakeholders involved. It is thought as a basis for discussions where the involved stakeholders will contribute with their own views, wishes, ideas and positions. The recommendations are presented in four main points.

Aims of the survey:

- Clearly decide and prioritize the goals and aims of the survey because not all targets can be achieved with the same instrument.
- When the goal is *quality improvement*, the instrument should contain some actionable elements, to precisely identify points of improvement; also, the feedback should occur in a timely manner.
- When the goal is *transparency and assistance for patients to choose a hospital or a clinic*, the survey should measure what matters most to patients, be easily understandable and interpretable and be able to measure differences among providers, if there are any. Results must be case-mix adjusted for benchmarking purposes.

Instrument:

- It would be interesting to consult Swiss hospitals and clinics to find out which dimensions or themes they would consider important to be included in a national survey. Patients should also participate in the development of the questionnaire; their participation should not be limited to cognitive testing of items. Patients should be asked about the aspects of care that are most relevant to them and that they would like to see included in a national survey, to make sure the questionnaire appeals to them.
- There is a trend towards short questionnaires in large-scale surveys. Dimension's scores are easy to understand for patients and the public and having several items per dimension is important to ensure the validity/solidity of the concept being measured. The use of a small number of dimensions with several questions each is therefore recommended.
- A modulated questionnaire with (1) a mandatory core set and (2) a choice of additional questions (which hospitals can add) from a catalogue of approved and tested items, should be considered. Such a catalogue of items could be developed jointly with Swiss hospitals/clinics and the ANQ, or other stakeholders, including patients, if appropriate.
- Additional modules considering specific one-time themes could be an option to gain insight into specific aspects of interest to policymakers.

- One or two general satisfaction / recommendation questions should be kept.
- Open questions can be a useful feedback to individual hospitals and clinics. They also have a purpose in giving patients some space to voice their own opinion if they want to do so. Moreover, including some excerpts of these comments in the national report may be a welcome break in a not easily readable document.

Methods:

- **Mode of survey:** The survey mode of the future is essentially digital. Different initiatives have shown that a push-to-online approach can prompt a majority of patients to respond online while responding with a paper questionnaire remains possible (mixed mode). It is recommended to explore ways and technical possibilities to increase the proportion of online responses sharply.
- **Timing of the survey:** Collecting data year round, as either continuous measurement or several times a year to control for seasonal effects or impacts from punctual/local events. 85% of responders to the Swiss hospital survey indicated to carry out their own surveys year-round.
- **Sampling:** In hospitals with a large number of discharges, it is not necessary to survey all patients. A sample of pre-determined size can be sufficient to obtain statistically sound results and will reduce costs. In addition, a minimal number of responses for transparent publication of a score should be determined. Although individual evaluation of small hospital sites is desirable, results based on very small numbers are not reliable statistically and may not ensure the anonymity of the patients. It is recommended to extend the survey period until a minimum number of responses for each hospital can be achieved.
- **Adjusting:** Results used for benchmarking among hospitals must be adjusted for patient case-mix to produce comparable ratings. When patients are sampled for the survey, results have to be weighted according to hospital's size.

Presentation and diffusion of results:

- Present survey results in a way that it is easily understandable and interpretable to the audience to whom it is addressed; these may be patients and consumers, hospital managers or policy makers. On the one hand, for patients, simple graphical representations with specific colors or easy-to-interpret scores (from 0-100) may be more meaningful than a rather uncommon 1-5 scale. For hospital managers and health professionals on the other hand, detailed information can be presented in a more sophisticated way. For each audience, appropriate guidance for a correct interpretation of the results is essential and must be available.

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5 Appendix 1: Summary description of all eight countries' surveys

	GB (England)	USA	France	Germany	New Zealand	Canada	Denmark	Netherlands
1. Survey organization								
<i>Survey name</i>	Adult Inpatient Survey	HCAHPS	e-Satis 48MCO	PEQ	Adult Inpatient Experience Survey	CPES-IC	LUP Somatik	PREM MSZ
<i>Goals stated</i>	To measure & to monitor performance at national & local levels; to give feedback to providers for impq, to assess compliance, P4P	To compare hospitals, benchmark, feedback to providers for impq, accountability, P4P	Quality monitoring, feedback to providers for impq, Benchmark, to compare hospitals, Accreditation, P4P	Compare hospitals, benchmark, Feedback to providers for impq, to provide data for research	Accountability at national & local level, Feed back at facility level, for impq	Improve patient-centered care , feedback to providers for impq, benchmark, to compare hospitals & regions, Internal comparison	Accountability at national & regional level, feedback for impq, benchmark to “learn from each other”, to compare selected themes, To monitor policies	Transparency for patient choice, Feedback for impq, Health care procurement (insurers), to control underperformers
<i>Involved in questionnaire development</i>	NHL, CQC, Ipsos MORI	CMS, AHRQ, NQF	HAS	Weisse Liste, Bertelsmann Found.	HQSC, Ipsos	CIHI	KOPA	NIVEL, Mediquest
<i>Survey organization</i>	Ipsos MORI	CMS	HAS	Weisse Liste	Ipsos	CIHI	LUP	Mediquest
<i>Who gets the questionnaire</i>	NHS trust patients, not private patients	Hospitals with medicare patients and IPPS recipients, includes private patients	Geographic hospital sites>500 discharge/year No geriatrics	All insured patients of specific insurers	Inpatients of each DHB	Hospitals of participating jurisdictions (provinces), mandatory ¹ or not	All hospitals and wards	All Insured patients of specific insurers
<i>Settings for patient surveys</i>	IP acute care, Primary care, Com. Mental Health Maternity, IP Children /Young, Emergency etc	IP acute care, Outpatient, Ambulatory surgery, Emergency, Nursing home, Cancer etc	IP acute care Ambulatory surgery, IP rehabilitation, planned: home hospitalization	IP acute care Maternity	IP acute care, Primary Care Transition	IP acute care	Acute (IP: planned & unplanned admission, ambulatory) Maternity, Psychiatry	IP acute care (medical), Chronic care, Cancer, Maternity etc.
<i>National report</i>	Yes	No	Yes	No	Yes	Yes	Yes	No
<i>Feedback to public</i>	Website with reports for each trust, excel data file for each trust with facility level data	Interactive website Hospital Compare Results tables on website	Interactive website Hospital Compare	Interactive website Hospital Compare	Interactive website compare 1 DHB to national mean	Website with aggregated national results, (facility level results planned 2022)	National and regional aggregated results and online reporting	Interactive website Hospital Compare

	GB (England)	USA	France	Germany	New Zealand	Canada	Denmark	Netherlands
<i>Feedback providers</i>	Statistical report with longitudinal results & results at facility/service level	Providers get feedback on their own results, including their own questions	Hospitals have access to own results on continuously updated platform	Hospital specific report with detailed and longitudinal results	DHBs receive data files for further analysis & specific recommendations for impq	Access on private website with benchmarking of other hospitals & own questions	Feedback for internal use, including own questions	Providers have access to their results, including supplementary questions
2. The instrument								
<i>Questionnaire based on ...</i>	Picker principles	CAHPS	i-satis (former phone survey)	Own development	Picker adapted, New survey 2020	22 HCAHPS +19 own questions	Own development	CAHPS +QUOTE CQ-Index
<i>Proprietary of survey</i>	NHS	Survey is in the public domain	HAS	Bertelsmann/ Verein Outcome	Purchased from Picker New survey is based on international surveys	CIHI for own questions	Own	Own
<i>Validation of questionnaire</i>	Cognitive interviews for updated quest. pilot test for mixed mode change (differences online/paper mode)	Field test, pilot test cognitive interviews Updated questions: cognitive interviews. Pilot test for online mode 2021	Metrological validation, item validity, dimension homogeneity ability to classify, pilot tests	Pretest, cognitive interviews, pilot test (dimension homogeneity, ability to classify)	KPMG international (commercial vendor) & Ipsos for questionnaire 2020	Cognitive interviews for own questions	Cognitive interviews for updated quest. Pilot test for new survey 2021	According to PREM guidelines by NIVEL
<i>Themes/ dimensions</i>	Admission to hospital Ward, cleanliness etc Doctors Nurses Care and treatment Procedures Leaving hospital	Communic doctors Communic nurses Responsiveness of staff Communic medicines Cleanliness+quietness Discharge information Care transition	Admission Care by doctors Care by nurses Room Meals Leaving hospital	Care doctors Care other pers. Organization	Communication Partnership/particip Coordination Physical-emotional needs	Communic nurses Communic doctors Responsiveness of staff Pain management Arrival at hospital Involv. in decisions Discharge management	Old surv: ≈9 dim. 35-43 items New surv.: no dimensions, 9 items Regions, hospitals may add their own items (unknown how many)	No dimensions: 9 items (the most important questions chosen by patients Hospitals may add their own questions)
<i>Overall satisfaction /recommendation questions</i>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<i>Open question</i>	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
<i>Number of items</i>	58 (47 +11)	29 items (vary over years)	63 (61+2)	19 (15+4)	37 (30+7) (before 20)	48 (41+7)	New survey 9 items+ own questions	13 (9+4) + own questions
<i>Type of response</i>	Likert/ numeric scale	Likert scale	Likert/ numeric scale	Numeric scale	Likert scale	Likert/numeric scale	Likert scale	Numeric scale

	GB (England)	USA	France	Germany	New Zealand	Canada	Denmark	Netherlands
<i>Own questions can be added</i>	No	Yes	No	Yes	NA	Yes, fixed: 10-13	Yes	Yes
<i>Other data collected with questionnaire</i>	Age, sex at birth, sex now, religion chronic disease, physical condition, sexual orientation ethnicity	Educ, health, mental health, language, race/origin	Life & health improvement	Age, sex, health, educ	Age, sex, sexual orientation, ethnicity, disability, health condition	Age, sex, educ, health, ethnicity	No	Age, sex ,educ., health
<i>History revision of questionnaire</i>	Quest are modified/ adapted regularly 2020 renewed methods & questionnaire	Quest are modified/ adapted regularly A complete revision is under way planned for 2024	Not since 2015	None since 2011	2020 New questionnaire	Step by step Implementation Since 2016	2020-21, pilot ongoing	Since 2016 CQ-Indexes are replaced by generic PREMs
3. Methods								
<i>Survey mode</i>	2019: Paper only - Since November 2020: Mixed mode (push-to-online)	Paper, phone, mixed (PP), AI voice Resp Email is planned	Online only	Paper only	1 mail 2.mobile 3. paper Online priority	Paper, phone, email	Online priority	Online priority, paper questionnaire upon request only
<i>Frequency</i>	1 month /year or longer, until samples size reached	Continuous, data aggregated by quarter	Continuous	5 waves of 6 weeks/year	2 weeks or more per quarter /year	Three consecutive months or more/year	Continuous (new)3 consecutive months (old)	Continuous preferred, or punctual
<i>Start after discharge</i>	1- up to several months	48h-6 weeks	Year-round	2-8 weeks	10-24 days	48h-6 weeks	2-5 weeks	NA
<i>Sampling</i>	Sampling 1250 consecutive patients	Sampling per month	No, all with mail address	Yes if enough discharges	Sample of 400 emails/phone	Depends on hospital/region	Yes, number depends on number of wards	Yes
<i>Minimal numbers for publication</i>	Sampling time is extended to reach 1250 sent questionnaires An item may be analyzed if ≥30 answers/trust	25 responses/year 100 for star rating	30 exploitable questionnaires (50% of items answered + all adjustment factors completed)	75/ 2 years per hospital 50/2 years per service	Sampling time is extended to reach 400 sent questionnaire/ year	No hospital results are published yet No minimum requirement yet	≥ 30 responses/ service	≥200 responses for benchmarking Minimum number of hospital for benchmarking is not reached
<i>Inclusion criteria Exclusion (Ex)</i>	Age 16+, overnight stay, Ex: private patients	Age 18+ 1 overnight stay Ex: psychiatric pat, rehab pat, nursing home etc.	Children included Hospitalization ≥48h Parents resp. if<14 Ex: nursing home, rehab etc.	Age 18-80 Hospitalization ≥48h Ex: special care pat	Age 15+ 1 overnight stay, Ex: psychiatric pat, nursery home pat	Age 18+, 1 overnight stay Ex: psychiatric pat, rehabilitation pat, nursing home	≥1 year 1 overnight stay Ex: several hosp. stays, maternity, rehab etc.	Age 16+ 1 overnight stay Ex: psychiatric pat

	GB (England)	USA	France	Germany	New Zealand	Canada	Denmark	Netherlands
<i>Reminders</i>	2 reminders, 3 text messages	Yes after 3 weeks	Yes	Yes	Yes	Yes	Yes	Yes
<i>Score calculation</i>	Means for each question (scoring 0-10) & dimension benchmark. with national mean	Proportions of top-, middle-, bottom-box, 6 composite, 2 individual. items 2 global measures Star ratings	Score (0-100) per dimension General score divided into 4 categories	Numeric, transformed to 100%	Transformed (0-10) 4 indicators are calculated, DHB can analyze further 3 categories/colors	Proportions of top-, middle-, bottom-box Dimensions calculated if >50% of questions answered	Proportion or top box for questions, Scores for dimensions (old survey) New survey NA	Score 0-100
<i>Adjustment Weighting</i>	Age, gender, admission type, *Non-response	Case mix (age, sex, education, language, self-reported health, self-reported mental health, setting mode of survey Non-response	Perceived health improvement & satisfaction with life	Not adjusted	Age, sex Non-response	Age, sex Mode of survey Non-response	Non-response NA	Adjusted for case mix (if participation is high enough)
<i>Feedback for providers</i>	Data on provider level	Feedback by vendors Official data update every quarter but long delays >9 month	Access on private website, continuously updated	Report for hospitals after each survey	Yes quarterly updated, data by provider & improv. recommendations	Private website with access for hospitals	Website access to results at ward level	Website for patients to choose the hospital no adjusted benchmarking
<i>Analysis level for public</i>	NHS Trust, data for sites is available	Hospital, results at state or regional level	Hospital site (geographic unity)	Hospital Site/service	DHB	Hospital, region	Service, hospital, region	Hospital
4. Numbers and facts about the last published national surveys								
<i>Population of country</i>	56 million	330 million	67 millions	83 million	4.9 million	37.6 million	5.8 million	17 million
<i>Number of responses (last survey)</i>	76'915	3 million 8000 per day	332'000	>350'000	7'000	91'435	13'249	NA
<i>Questionnaires sent (last survey)</i>			973'319				18'498	
<i>Response rate</i>	45% (2019) (2002: 64%)	29%	27% (2019)	≈40% (2019/20) (Stable over time)	24% (2019)	24% (2019)	71.6% (2020)	≈25% (2019)
<i>Number of unities (hospitals, sites...)</i>	143 NHS trusts	4482 hospitals/sites	906 hospitals/ sites	1000 hospitals/sites	20 DHB	>300	170 clinics/wards	NA
<i>Comments</i>			4.7 million discharges, of which 973'319 with email			5 participating provinces, population 26 million	Planned admissions only, (all settings: 236'000 questionnaires sent)	No national data

	GB (England)	USA	France	Germany	New Zealand	Canada	Denmark	Netherlands
<i>Proportion/mode if known</i>	Online 100%	NA	Online 100%	Paper 100%	Paper 17.1% Online 58% SMS 25%	Paper: 55% Online 4.6% Phone 40.7%	Online:76-89%	NA

Abbreviations and explanations

Comments: Extracted data takes into consideration new developments and revision of survey methods and questionnaire. Information on the new surveys in Denmark and New Zealand is not always available.

1. Survey organization

Goals stated: **impq**=improvement of quality of care; **P4P**=pay for performance

Involved in questionnaire: abbreviation according to appendix 5

Survey organization: abbreviation according to appendix 5

Who gets the questionnaire: mandatory¹ or not=in Canada, some provinces will make hospital participation mandatory, others will not

Settings for patient survey: non exhaustive for England, USA & NL. **IP**=inpatient; **Com.**=Community mental health

Feedback providers **DHB:** District health boards

2. The instrument

Questionnaire based on: CAHPS: Consumer assessment of health providers and systems

Themes/dimensions: Some dimensions may be unique questions. Dimensions may have different names but contain similar items.

Communic.=communication; pers.= hospital staff; particip=participation; involve.=involvement; surv.=survey

Number of items: Number includes questions «about you». The numbers in parenthesis indicate first the patient experience questions then the demographic questions

Other data collected: educ.=education

3.Methods

Survey mode
push to online method: 1. A letter is sent with a link and a text message with a link. 2. Then a 1st reminder is sent: letter with link and text message with link. 3. Then a 2nd reminder is sent: letter with a paper questionnaire and a text message with a link.

Online priority: In these cases, a sample of patients is selected from all patients with an email address, when there are not enough to complete the sample paper questionnaires are sent to patients without email address. In the case of NZ second priority are patients with a smartphone number

Abbreviations: **mixed (PP)**=a letter with a questionnaire is sent and when not answered the patient is surveyed by phone;

AI voicResp=active interactive voice responder

Inclusion criteria : **pat**=patient ; **rehab**=rehabilitation ; **resp**=respond ; **hosp**=hospital ;

Adjustment weighting: non-response : when patients are sampled results are weighted as if all patients of the hospitals had responded

Last available results: England: 2019, USA: 2020, France :2020; Germany:2019/2020; NZ: 2019; Canada:2019; Denmark: 2020

6 Appendix 2: Description for each country

6.1 England

The United Kingdom has a government funded health system. Each of the four nations of the UK have their separate health care systems. In England, the National Health Service (NHS) provides, organizes and coordinates publicly funded healthcare that is free for all residents. The NHS imposes a national set of performance indicators with which healthcare providers have to comply. England has a population of 56 million inhabitants.

History of patient experience and satisfaction surveys

The first national patient experience surveys in England started for general practitioner services. Patient experience was then embedded as one of six domains in the NHS Performance Assessment Framework, designed to deliver high-quality care. The inpatient survey conducted in 2002 was one of the first national hospital surveys worldwide. In 2009, the NHS extended the measure to several other settings: outpatient, accident etc. In 2020, the Adult Inpatient survey was transformed from a paper-based to a mixed-mode survey to push for a web-based survey mode. The questionnaire was also adapted.

Aims and stakeholders involved

The aims are surveillance and monitoring of quality of care and assess compliance against standards of quality of care. The patient experience survey is a factor in a pay for performance program (CQUIN). Stakeholders involved are the CQC and the NHS.

Development of patient experience and satisfaction survey

The development of the patient experience survey was funded and managed by the CQC and based on Picker' principles of patient centered care. Recently Ipsos MORI has been charged to transform the adult inpatient (and other surveys) from a paper based to a mixed-mode survey with a push-to-web approach. Therefore, all aspects of the survey were reviewed and the questionnaire was updated. The redevelopment of the questionnaire was accompanied by a revalidation of the patient journey. Stakeholders, NHS trusts and patients were invited to provide their opinion at each step. The questionnaire went through several rounds of cognitive testing with patientsMORI [32].The pilot study showed that a similar response rates could be obtained, but changing the methodology also changed the way patients respond to certain questions (compared to patients with paper questionnaires only) and results cannot be compared to previous years [27].

The instrument

The actual adult inpatient questionnaire is a shortened (57 items) version of the instrument used until 2019 with 82 questions. Questions were removed if considered not relevant to service improvement, current question usage or usability of data. The questionnaire comprises now 57 questions, most remaining questions were reworded. The same dimensions remain.

Measurement procedures

Once a year a sample of 1250 patients is selected from all inpatients discharged during the month of November (July prior to 2020). For trusts with less than 1250 discharges patients from preceding months are included counting backwards until reaching the required number or until January. The inpatient survey 2020 is organized by Ipsos MORI (by Picker Institute before 2020).

Score calculation

All responses are scored on a scale from 0 to10. The results are adjusted for age, gender and method of admission. Results are presented as better – about the same – worse categories based on an expected range a NHS trust should get if it would to perform like all other trusts.

Presentation and use of results

An annual report is published (statistical release) with global results for all questions and themes. The public can view the scores for each trust separately on the CQC website. The scores are compared to the national mean. Data is also available as Excel files for each trust where data is presented separately according to the sites within a trust.

Settings of patient experience and satisfaction measures implemented

After the general practitioners and inpatient survey several others measurements have been implemented: Community mental health survey, maternity survey, children & young people survey, urgent & emergency care survey.

Comments:

Pros

The questionnaire is adapted each year, questions may be modified or omitted and new questions may be added. Questions are numerous and allow to precisely identify areas of improvement. The extension of the sampling time to up to six months allows also smaller trusts to get reliable data.

Cons

The questionnaire is rather long and may discourage certain patients from participating. The measures and publicly available results are at trust level and the possibility to break down the data at site or service level are limited. The time lag between the survey and the publication of the results is long (\approx 1 year). Backwards sampling of patients for up to six months may result in unreliable answers memory fades.

Documents ENGLAND: [10, 16, 27, 32-41]

Abbreviations

CQC Care Quality Commission: an independent health care regulator set up to assure the quality of care provided by the health system

NHS: National Health Service is the publicly funded health care system in England

Picker : Picker institute Europe is a not-for-profit organization dedicated to developing a patient-centered approach to healthcare

Ipsos MORI is a market research company based in London, England

NQB NHS National Quality Board

CQUIN Commissioning for Quality and Innovation payment framework: providers receive additional payments for performance (includes patient experience indicators)

Trust An NHS trust is an organizational unit within the National Health Service in England and Wales, generally serving either a geographical area or a specialized function. It may include more than one acute care hospital

6.2 USA

The US operates a mixed market health care system; most Americans receive their coverage from private health insurance. Medicare is a national health insurance program providing health insurance for older Americans, but also for people with disability status. The US have a population of over 330 million inhabitants.

History of patient experience and satisfaction surveys

The CAHPS program was launched in 1995 to develop standardized surveys that organizations can use to collect comparable information on patient experiences. Beginning 2002 the CMS collaborated with AHRQ to develop and test the HCAHPS survey and in 2006 the survey was implemented on a voluntary base nationwide. The first public reporting of HCAHPS results occurred in 2008 and the same year it became tied to the APU, an important incentive for hospitals to participate.

Aims and stakeholders involved:

The three goals of the implementation of HCAHPS are: (i) meaningful comparisons of providers on topics that are important to patients and consumers, (ii) improvement of quality of care and (iii) accountability in health care of the quality of hospital care in return for public investment. The CMS and AHRQ involved a variety of other stakeholders in the implementation of the HCAHPS: the NQF, consumer and patient organizations, provider organizations etc.

Development of patient experience and satisfaction survey

The questionnaire was developed with a multi-faceted scientific process; including a public call asking to submit items for consideration in the instrument, other input came from stakeholders and vendor meetings. A draft instrument was then refined in a multi-step process that included consumer testing, additional stakeholder and public input, a CMS-directed three state pilot test, and additional field-testing. Cognitive interviews with patients, consumer focus groups provided several opportunities for the public to comment on the HCAHPS questionnaire during the initial development.

A major revision of the survey is under way now. It will concern the mode of distribution of the questionnaire with the goal to introduce online mode and increasing return rates and on the other hand, the questionnaire is being adapted with new areas of interest added, including teamwork, organization of time after discharge and others. The length of the questionnaire will remain the same. The new survey is expected to be implemented in 2024.

The instrument

The original questionnaire has been continuously adapted and modified. In 2013, five items were added to the questionnaire and in 2019, three questions about pain management were removed because it was claimed that these questions would contribute to the nation's opioid abuse epidemic. Actually, the questionnaire contains 3 filter questions, 19 substantive items (6 composite measures and two individual questions) and two global questions of overall rating. Hospitals can add their own supplemental questions after the 29 official HCAHPS items. The survey and its methodology are in the public domain.

Measurement procedures

A random sample of discharged and eligible adult inpatients is selected every month (random selection). HCAHPS is administered to patients between 48 hours and six weeks after discharge. Hospitals may use an approved survey vendor or collect their own HCAHPS data. There are four survey modes mail only, telephone only, mixed (mail with telephone follow-up), or active interactive voice response (IVR), each of which requires multiple attempts or reminders to contact patients.

Score calculation

Results are presented as proportions of answer-ratings: top box (most positive responses), middle box and bottom box (most negative responses). Results for six composite measures, 2 individual questions and two overall ratings are reported. Results are adjusted for mode of survey, service (surgery, medical, maternity) and several demographic factors (age, education, language, health, mental health etc.) [20]. Data is aggregated over four quarters [42] and updated quarterly.

Publication and use of results

A general score and scores for each dimension are reported for each provider on the hospital compare site. Star ratings summarize all survey responses for each HCAHPS measure and an overall measure. These star ratings are easier to read for the public (minimum requirement 100 answers/hospital/4 quarters). Patients can compare four hospitals at a time.

Current and historic results are available in a series of tables on the official HCAHPS Website. Results are also presented by state or by region. Providers will get feedback on their own results including their own additional questions from the professional vendors who are usually in charge of the survey.

Settings of patient experience and satisfaction measures implemented

The HCAHPS applies to inpatients, including surgical, medical and maternity services. Other CAHPS measures concern outpatient and ambulatory surgery, Emergency department, Nursing home, mental health (but does not include questions about hospital stay) cancer patients.

Comments:**Pros**

The HCAHPS survey impresses with an important nationwide coverage of inpatients. It is not known to which extend patient ratings will influence a patient's choice of hospital, but the fact that these ratings have improved over the years is attributed to the implementation of the survey and its transparent publication of the scores. The choice among four survey modes allows adapting the survey to different local preferences and the standardization (patient mix and survey mode) provides a fair national benchmarking.

Cons

Some experts argue that it is time for a revision of the HCAHPS survey because the response rates are falling, some questions should be added (team work), the survey should be shorter and a digital mode of delivery should be added [23, 24]. A low response rate is partly attributed to the fact that many patients do not speak English well enough, that digital mode of answer is not offered or that the response burden is too high because of frequent requests to answer other questionnaires. Another criticism is the time lag between the survey submission and the published data, which is too distant to provide an accurate image of patient experience.

Documents USA:[23, 24, 42-53]

Abbreviations

CMS Centers for Medicaid & Medicare Services

AHRQ Agency for Healthcare Research and Quality: an agency in the federal Department of Health and Human services

NQF National Quality Forum is non-profit membership organization that promotes patient protections and healthcare quality. Member organizations: Consumers, health professionals, research organizations, public health, pharmaceuticals and medical device companies

HCAHPS survey : Hospital Consumer Assessment of Healthcare Providers and Systems, also called Hospital CAHPS

IPPS -hospitals: Inpatient Prospective Payment System hospitals This system categorizes cases into diagnoses-related groups (DRGs) to compute and cover the costs of Medicare beneficiaries to providers.

APU: Annual Payment Update

HPT HCAHPS project team: applies adjusting factors, inspects survey administration and trace records

6.3 France

The French healthcare system is a universal social insurance system with historically a very strong role of the state. Public insurance is compulsory. France has a population of 67 million inhabitants.

History of PREM

In 2010, the Ministry of Health declared the regular evaluations of patient satisfaction by health care institutions for mandatory. A national survey I-SATIS was elaborated based on a formerly developed and validated regional survey (Saphora). In 2015 the mission to measure patient satisfaction was transferred to HAS. The I-SATIS questionnaire, applied as a phone survey was adapted to a web-based format, E-Satis. The first national campaign with this survey started in 2016.

Aims and stakeholders involved:

The aims for the use of health quality indicators is (i) to improve the service quality of health providers (ii) to provide information to patients and public for decision making (iii) collect information for national/regional regulation (regulatory controls). E-Satis is one of several indicators to measure quality of care and safety of patients developed by HAS to measure quality of health care on a national level and compare providers.

Development of patient experience survey

The E-Satis MCO inpatient survey was set up as a health quality indicator (IQSS) and followed the usual principles and steps of development and validation. The questionnaire was designed to follow a patients «journey» through the hospital stay. The development (based on the former I-satis questionnaire) was carried out within a multidisciplinary working group made up of health care professionals, patient representatives and methodologists. Once agreed upon a questionnaire it was tested for operational feasibility, acceptation and comprehension by patients, metrological validity, homogeneity and structure in several hospitals.

The instrument

The sequence of questions follow the steps in patient management and define the dimensions for the evaluation. The questionnaire is made up with 5 types of questions: filter questions, experience questions (more objective) and satisfaction questions, a general recommendation/opinion question and questions about self observed health improvement and general satisfaction with life, which are used for adjustment of results. The questionnaire includes 63 questions and a comment field.

Measurement procedures

e-SATIS is an online only survey. Hospitals collect e-mail addresses of their eligible patients and other indications such as age, sex, service, date of entry and discharge and questionnaire-code and upload these data onto a platform at least once a month. An e-mail is sent with a unique link to the questionnaire, which stays valid for 10 weeks. Non-responders receive a reminder.

Score calculation

The purpose of the score is to provide each facility with an indicator of overall satisfaction. Dimension scores are calculated and presented as a rating (0-100). The overall score is taking into account all experience and satisfaction questions. All scores are adjusted for two factors: perceived health improvement and satisfaction with life. Other patient characteristics (such as the facility's case mix, age, gender) were shown to have a negligible or very small effect on patient satisfaction and are not used for adjustment. Hospitals are classified into 4 categories (A B C D) according to the obtained scores.

Presentation and use of information

Hospitals have a private access to an internet platform where survey results are continuously updated and verbatims left by patients are available in a timely manner. Results can be obtained at service level. An annual report provides information on response rate, completeness of questionnaires, age and gender distribution, aggregated results on a national level a global score and scores for each dimension and detailed results per question (percentage of most positive answer). Scores for each hospitals are published on a website (scope-santé.fr) to compare performance of hospitals including patient experience and other indicators. Scores are also used for hospital accreditation and a pay for performance scheme.

Types of patient experience measures implemented

Two measures have been implemented: the e-SATIS MCO48 (inpatients) starting in 2016 and the e-SATIS CA (ambulatory surgery) in 2018 a third (e-SATIS SSR rehabilitation) was expected to start in May 2020 but has been delayed to October 2020. The next survey in the pipeline is patient experience of patients hospitalized at home. After that, a survey in mental health is planned.

Comments:**Pros**

Thanks to the timely feedback and relatively precise survey questions hospitals can better identify areas for improvement or monitor interventions. The scores calculated can be used for hospital accreditation and for transparent publication of this quality of care indicator which allows patients to compare hospitals. The proportion of email addresses that is collected is considered satisfactory and so is the response rate. No regional differences have been observed although some patients are known to live in “white areas” with no internet coverage. It would be important that hospitals take advantage of the findings to improve quality of care. A qualitative survey could complete the national surveys.

Cons

Patients who do not have an e-mail address will not be included in this survey. Some sociodemographic groups (older patients or with insufficient language skills) are therefore not represented by this survey and the mean age of respondents is quite low. Surveying by smartphone was considered, to reach more patients but it turned out to be too expensive. Hospitals with a large proportion of patients unlikely to respond to an online survey are therefore not obliged to participate. For the rehabilitation survey, a large number of hospitals will therefore not participate. This issue could also be a barrier for implementation of other planned national surveys such as home hospitalization or inpatients in psychiatric clinics.

The questionnaire is considered to be too long and will eventually be adapted. However, the mean time to fill it out was only 11 minutes (12 minutes for patients over 50 years).

Documents FRANCE: [54-61]

HAS : Haute Autorité de Santé est une autorité publique indépendante (statut juridique) à caractère scientifique : mission évaluation, recommandation et certification/accréditation des acteurs de santé

IQSS : indicateurs de qualité et de sécurité des soins

PMSI : Programme de médicalisation des systèmes d'information : new system of activity-based payment for hospitals

IFAQ : incitation financière pour l'amélioration de la qualité

6.4 Germany

The German healthcare system is a universal multi-payer (public-private) system. It has statutory (compulsory) health insurance for those who make below a certain income and private health insurance available for those who earn more. Germany has a population of 83 million inhabitants.

History of patient experience and satisfaction survey

Since 2011, the non-profit foundation Weisse Liste has organized a generic inpatient experience survey (PEQ) among inpatients belonging to several (but not all) insurance companies. It covers a little less than half of the population. A specific questionnaire for maternity patients has been added in 2016. In Germany, all hospitals are required to publish a structured quality report (structure information) with indicators for various aspects of available services (but no patient experience scores). On the Weisse Liste website the results from the inpatient survey are published, together with these indicators to allow patients and consumers to compare several aspects of the hospitals simultaneously. There are actually no plans to modify or refresh this survey but there is an initiative to add PROMs as a measure to compare providers.

Aims and stakeholders involved:

The aim of the inpatient surveys is to provide reliable guidance for insured patients as well as for hospital referrers by making comparable patient experience data throughout Germany available. Moreover, the feedback from the survey provides hospitals with information for their quality management at site or service level. The health insurance funds participating in the PEQ survey are thus fulfilling their legal obligation to transparently present the healthcare quality of providers for their policyholders and to provide constant incentives for quality improvement.

Development of patient experience and satisfaction survey

The questionnaire was developed by the Bertelsmann Stiftung in collaboration with the Verein Outcome in Switzerland. The development followed a four steps process to obtain a short questionnaire

- (0) Scientific research, preliminary project: feasibility study.
- (1) Selection and rough construction of content, dimensions and items
- (2) Qualitative testing and further development
- (3) Quantitative testing of the created questionnaires with a validated instrument

The instrument

The questionnaire contains 15 questions. There are four dimensions (medical care, nursing care, organization-service management, general satisfaction-recommendation) and 4 questions about the patient. Insurers may add questions of their own (up to five).

Measurement procedures

The survey is carried out over five survey cycles per year. The insurers organize the mailing of the paper questionnaire as well as the reminders 2-6 weeks after discharge of insured patients from an

accredited hospital. The anonymized data is forwarded to Weisse Liste electronically. Results are pooled with the nine preceding survey cycles (over two years) and updated scores are published on the Website of the Weisse Liste approximately two months later. A minimum number of 70 responses per hospital (50 per service) per two-year cycle is needed to publish the results on the hospital compare site.

Score calculation

The answers are transformed to scores 0-100. A general score is calculated using all questions and the four quality dimensions are calculated. The results published on the website are the pooled data from the last 10 survey cycles. Answers from psychiatric wards are not included in the general score for a hospital.

Presentation and use of results

The results are published on the website of the Weisse Liste where patients can compare the recommendation scores among hospitals, as well as results for individual themes or questions for overall recommendation. The hospital scores are presented together with information on structured quality indicators which hospitals are obliged to publish by law. A search function allows filtering hospitals within a geographic area according to their recommendation level.

Each hospital can receive an automated report on their own results with details per service and longitudinal trends after each of the survey cycles. Means for three quality dimensions, overall recommendation and a general score is calculated. There is no national report on global results.

Data is available for research projects upon request.

Settings of patient experience and satisfaction measures implemented

The PEQ is a generic questionnaire applied to all inpatients. A specific survey for maternity patients has been developed and implemented, first regionally and then nationwide (2017). No other patient experience surveys are planned for now, but there is a project to add an national PROM measure in the future.

Comments:

Pros

Findings of the patient experience survey are published transparently in a very comprehensible way and easily accessible for patients and consumers. The questionnaire is short and easy to use for patients and no decline in return rate has been observed in recent years. The data is collected nationwide and useful for research. There is very positive feedback from patient organizations and according to studies, the findings correlate well with other quality indicators. It is a good measure that is well understood and accepted by patients.

Cons

Although the survey is conducted nationwide patients can only participate if they are policyholders of one of the participating insurance companies and some population groups or regions may be over- or underrepresented in comparison to the general population. The existence of this national survey could prevent or slow down the development of a national patient survey based on the entire population. The diagnosis of patients is not collected, this limits the use of these data for research projects.

Documents GERMANY: [12, 22, 62-67]

Abbreviations

Weisse Liste: is non-profit foundation with the aim to improve health care. Their Internet platform provides guidance in the search for healthcare providers (doctors, hospitals, nursing homes). It was founded in 2008 by the Bertelsmann Stiftung and several patient and consumer organizations. The platform is free of advertising and based on scientific surveys.

Bertelsmann Stiftung is an independent foundation under private law based in Gütersloh related to the Bertelsmann-Konzern. Its projects are aimed at building a "society fit for the future".

BARMER is health insurance company with about 9 million insured.

AOK Allgemeine Ortskrankenkasse 11 local health insurers with approximately 26.3 million insured, about a third of the population.

KKH Kaufmännische Krankenkasse is a health insurance company with 1.6 million insured.

ZDS : zentrale Datendienststelle in charge of evaluation the surveys.

6.5 New Zealand

The New Zealand health care system is government funded and available to all citizens. Public hospitals treat all permanent residents free of charge. To ensure the provision of health care and disability services to the population, 20 district health boards (DHB) were created, each within a defined geographical area. These DHBs receive funds from the government to organize and provide health care. NZ has a population of just below 5 million inhabitants.

History of patient experience and satisfaction survey

Until 2011, the Ministry of Health required DHBs to conduct mandatory inpatient surveys. The reliability and validity of those surveys was very limited. KPMG was mandated to elaborate recommendations for the implementation of a national survey. The first inpatient experience survey was implemented in 2014. The HQSC asked for a refresh of the adult inpatient survey in 2019/2020 to ensure that the information collected is relevant to patient experience. The contract for this was let to Ipsos. The review recommended moving towards a non-proprietary approach using questions from validated international surveys. The refresh process focused on improving survey participation of Māori and Pacific peoples. The revised questionnaire had to undergo a literacy and English level analysis to make sure it is well understood. Māori and Pacific patients are deliberately oversampled.

Aims and stakeholders involved

The aims are to enable the government to uphold accountability on national and at DHB level, and improve services at facility level. KPMG was in charge of developing the survey (2014-2019) and Ipsos of the refreshed survey (2020) in collaboration with representatives of the DHBs, consumer groups and the ministry of health. A Patient Experience of Care Governance Group provides independent advice on the ongoing management of the survey.

Development of patient experience and satisfaction survey

The Picker Principles were used (purchased) as a foundation for New Zealand's approach to the measurement of patient experience. Four dimensions were selected and for each dimension, several items were identified to measure patient experience. A proof of concept was designed to find out if the survey system planned on a national level was feasible and affordable and the survey was tested in 4 DHBs.

The new survey is based on items from internationally available surveys and was adapted to the context in New Zealand. A set of questions was developed to measure patients' experience of «culturally safe care» to take into account different cultural views of Māori and other populations with different cultural backgrounds.

The instrument

The questionnaire, (the old and the new one) has four dimensions: Communication, partnership, coordination and physical and emotional needs. The (old) contains 20 patient experience questions, 4 optional questions and several questions about demographic factors. The new questionnaire contains the same four dimensions but includes a few more items, but it is still being adapted while it is already implemented at a national level.

Measurement procedures

The inpatient survey is carried out each quarter for 2 weeks or more. A sample of 400 patients for each DHB is contacted by (in order of priority) email, SMS (text) or paper, 9 days after the end of the survey period (9-23 days after discharge). A reminder is sent to non-responders and survey links close after 21 days. The system reports are available about 1 month later.

Score calculation

Responses are transformed to scores from 0-10 and scores for dimensions are calculated and weighed for age and gender to adjust results to the eligible population structure. Results are presented as run charts over time, measures are presented by quarter. For the last survey version, results are presented over 5 years from 2014 to 2019.

Presentation and use of information

Survey responses data is published in the national reporting portal and as a downloadable report. The public has access to an interactive table where results of a chosen DHB can be compared to a national mean. Comparisons between DHB are possible but not recommended. The survey is designed to encourage local improvement and provide four national indicators by DHB through the score of each of the dimensions. The new survey will still compute these scores but more emphasis will be put on scores of individual items. The public has access to these DHB level results. Each DHB will receive a data file for further analysis and use the information for internal purposes, in particular the comment fields. The Commission and the survey provider will perform additional analysis to determine on which areas a particular DHB should focus their efforts of improvement to have the highest impact on.

Settings of patient experience and satisfaction measures implemented

In addition to the adult inpatient survey the HQSC conducts a primary care survey for adult patients which provides information on primary care experience and the management of care between general practice, diagnostic services and specialists and/or hospital staff.

Comments:**Pros**

Quarterly measurements has some of the advantages of continuous measurements: The presentation of results in run charts can help to identify punctual problems. The number of dimension is limited to a manageable number of four. The new questionnaire was developed to be better adapted to all cultural population groups in New Zealand. The questionnaire is designed to be understood by patients who do not have a very high literacy level or do not speak English very well. The SMS mode to send the questionnaires expands the target population to those who have no Computer but a smart phone.

Cons

Online mode of distribution may leave out a part of the population from responding to this survey. Public available level of analysis at DHB level but not at provider level is not very useful for patient information who may not have access to other DHBs.

Documents NEW ZEALAND: [68-74]

Abbreviations

HQSC : Health Quality & Safety Commission New Zealand: Measures and publishes information about the quality of health care and compares health care services across New Zealand. The HQSC is responsible for coordinating improvement programmes across a range of safety and quality topics

DHB: District Health boards: organizations providing health and disability services to populations within a defined geographical area. There are 20 DHBs in NZ

KPMG: a New Zealand partnership and member firm of KPMG “International Cooperative”

Ipsos : Public opinion and market research company

DCP: data collection portal

6.6 Canada

Canada's health care system is a universal government-funded health system. Most services are provided by the public sector and the remaining ones by the private sector. The provinces (10) administer the health coverage systems and territories (3). The central government sets national standards through the Canada Health Act. Canada has a population of 37.6 million inhabitants

History of patient experience and satisfaction survey

Accreditation requirements introduced in 2013 oblige acute care institutions to measure and report patient experience surveys at least once per 4-year cycle. As a result, there has been a proliferation of survey instruments across the country to measure patient satisfaction and experience in various health care sectors. Some province-wide survey programs started as early as 2002. In 2011, the CIHI was mandated to develop a pan-Canadian acute care inpatient survey (CPES-IC). This survey has not yet been implemented nationwide but in various jurisdictions across Canada; actually, there are 6 provinces participating or planning to participate in the survey. Other jurisdictions are in the process of implementing the CPES-IC and preparing to submit data to CPERS.

Aims and stakeholders involved

The aims are to assess health care experienced by patients to evaluate and improve patient centeredness of care and care initiatives, and to enable pan Canadian benchmarking and comparisons between regions and hospitals. The questionnaire was elaborated by CIHI in collaboration with IJ, Accreditation Canada the Canadian Patient Safety Institute and National, important stakeholders across Canada and collaboration with international research groups

Development of patient experience and satisfaction survey

The survey is based on the U.S.-based HCAHPS survey questions and methodology to facilitate international comparisons. To address key areas relevant to the Canadian context, some questions from existing surveys in Canada or other countries were added. These new questions were tested in cognitive interviews. A pilot test survey in English and French was carried out in three provinces. A procedure manual was developed to ensure a standardized approach to patient-centered measurements and reporting across the country.

The instrument

The questionnaire contains 22 questions from the HCAHPS survey and 19 additional questions appropriate for the Canadian context. Seven questions to collect socio-demographic information about the patient were included. Hospitals may add up to 10 questions of their own.

Measurement procedures

Measurement procedures are specified in a manual to standardize data collection. Some requirements are mandatory while others are recommended. The survey must be conducted during at least three consecutive months or longer, each jurisdiction determines when and for how long the survey is carried out. Inpatients will receive a questionnaire 48h -6 weeks after discharge through one of three

modes: postal mail, phone call or by e-mail. Data is collected and submitted to CPERS by hospitals of participating jurisdictions.

Score calculation

Results are displayed as proportions of answer-ratings: top box (most positive responses), middle box and bottom box (most negative responses). Results are adjusted for mode of survey (yet to be determined), and demographic factors (age and sex). Data is aggregated over one fiscal year and updated twice a year.

Analysis and presentation of use results

The CPES-IC has been implemented in a staged approach. A first large scale report has been released in Canada in April 2019. The report highlights patient experiences collected at the national level and at the regional level for the five participating provinces. A public reporting of results at facility level is planned for 2022. A secure online tool is available for hospitals, which gives them access to comparative results for more than 240 acute care hospitals on 23 patient experience measures. Capacity building is planned to assist policy makers and quality managers to use the findings of the survey to improve quality of care. The survey was designed to support quality improvement and benchmarking across Canada. Facility level results are weighted and, adjusted for case mix and will be adjusted for mode of distribution.

Settings of patient experience and satisfaction measures implemented

For instance, only a survey for acute inpatients is available, but there is some interest in other sectors. A survey about patient transition between services is a key goal, but also surveys in pediatrics, emergency care, long-term care, psychiatric care and primary care are considered.

Comments:

Pros

For about 20 questions, international comparison of findings is possible (HCAHPS questionnaire). The survey is built up in a step-by-step way over several years which allows a careful planning and adaptation of methods used. The project is not limited to just measuring patient experience. It encompasses capacity building to make sure findings of the surveys are fully exploited by the quality managers to improve quality of care and by policy makers to take the appropriate decision according to the findings, because the key issue is to amplify the voices of patients and how they can be helped to improve their own care.

Cons

Survey procedures include requirements and recommendations. Jurisdictions have autonomy to decide whether and how to apply the recommended measurement procedures. For example, the survey may take place during three months in fall in one jurisdiction and year-round in another or survey may be mandatory for all hospitals or not. Standardization of procedures is thus somewhat limited. Comparability between regions may be affected to a certain degree by these differences, but the key issue of this survey is to improve quality of care, not health system accountability. There are so far no efforts to increase online participation to the surveys.

Documents CANADA : [15, 75-80]

Abbreviations

CPES-IC Canadian Patient Experience Survey Inpatient Care

CIHI Canadian Health Information Institute is a government-controlled not-for-profit Crown corporation that provides comparable data that are used to accelerate improvements in health care health system performance and population health across Canada

CPERS: Canadian Patient Experiences Reporting System

IJ Inter-Jurisdictional Patient Satisfaction Group

HCAHPS Hospital Consumer Assessment of Healthcare Providers and Systems (USA)

6.7 Denmark

Denmark has a universal government funded health system available to all citizens regardless of their income or employment status. Costs are borne by public authorities, and high taxes contribute to these costs. Responsibility for the public hospital service rests with regional authorities (five regions). Denmark has a population of 5.8 million inhabitants.

History of patient experience and satisfaction survey

In 2000 a first Nationwide Study of Patient Experiences (LUP) was implemented, however the concept has been continuously modified to improve and optimize the survey, take into account the wishes of different stakeholders and patient organizations and to adapt the survey according to new technological developments. From 2009 onwards, the LUP was conducted as an annual nationwide survey of patients' experiences among both inpatients and outpatients. Starting 2021, a new, much shorter questionnaire will be implemented as a continuous year round survey. Surveys for other health sectors have been implemented. LUP Psychiatry (2005), LUP Maternity (2012) and LUP Emergency Reception (2014).

Aims and stakeholders involved:

The aims are to identify and compare differences across the country in patients' experiences for selected themes, to follow patient experience data over time, provide data for quality improvements, and monitor policy actions. The stakeholders Involved include representatives from the different regions, the ministry of the elderly and patient organizations.

Development of patient experience and satisfaction survey

The questionnaire is developed, tested and applied by KOPA. Working groups with different stakeholders develop the questionnaire. It is then tested with patients in several hospitals in the five regions. The patients fill out the questionnaire and are interviewed afterwards. A pilot study is organized. For the new survey a pilot study is under way and the survey will be implemented from November 2021 onwards.

The instrument

There are two questionnaires for inpatients: for planned admission and for unplanned admission. Part of the questions are identical. There are 9 dimensions (till 2019) and an overall satisfaction question. Each year there are additional questions about a chosen theme that changes every year. There are about 44 questions including several text fields.

The new questionnaire will be much shorter but regions and hospitals will be able to add questions out from a pool of approved questions. The goal is to have a continuous survey to get timely feedback to hospitals so they can improve quality of care.

Measurement procedures

Until 2020, the survey was carried out once a year over three consecutive months, August to October. Patient data is extracted and a sample for each group is randomly selected. The sample size has to be at minimum 400 per ward or up to 1200 if several wards are combined together. Questionnaires were

sent by e-mail if an e-mail address is available and to others by postal mail. Reminders are sent after 2-3 weeks. A registration number is used to link responses to age, gender, admission, and discharge data.

The new survey will be implemented year-round. Measurement procedures will be precisely defined following the pilot study.

Score calculation

Results for individual questions are given as percentage of those who ticked the two highest satisfaction levels and a score is calculated for each dimension (scores from 1-5), taking into account all answered questions for a dimension if the patient has answered at least 50% of questions. To compare regions, hospitals and wards different significance levels are applied. Hospitals are classified as «the same» «lower» or «higher» than the national average. Longitudinal results are computed if there has been no change to hospital structure/wards and if the questions are still the same. Results are weighted for number of potential responders.

Presentation and use of information

A National report with results of the latest survey and longitudinal results is published each year. Longitudinal results for dimensions are presented for the last 3 years and proportions of individual questions are shown. Regional results are compared to the national mean. Hospital differences: the report shows how much difference there is among best and worst hospital (without giving names). Patients' comments from the open questions are embedded in the report.

The hospitals receive their results for internal use approximately 16 weeks after the end of the survey period and there are separate reports for individual wards/service. Results at the ward level can be compared to the national mean (above, below or in line with national result).

A report on the specific theme of the year is issued separately.

A methodology report gives details on methods of the current analysis, rate of respondents, and checks differences with non-responders. Furthermore, it explains how to interpret the results.

With the new survey the national report

The new LUP questionnaire

The new LUP survey is currently tested in a pilot study it will be implemented in November 2021 as a continuous survey. The questionnaire consists of a core of 10-13 national key issues. Regions, hospitals and wards will be able to choose additional items that measure exactly the part of the patients' experiences that they are working on to improve. These local questions can be selected from a catalog of tested and approved questions. An annual theme will be added once the new survey is fully implemented

Settings of patient experience and satisfaction measures implemented

The LUP Somatik is for all inpatients (planned or unplanned admission) and ambulatory patients. Another survey is organized for emergency and yet another questionnaire for maternity patients and psychiatric clinics. The survey for psychiatric inpatients is somewhat different in that the paper questionnaires are handed out to the patients before discharge. A pilot study will explore the possibilities to implement the new survey with a much shorter questionnaire online.

Comments:

Pros

Most responses to questionnaire are online and the response rate is very high (always over 50%). The analysis down to service level is very precise. The new survey has a shorter questionnaire but is conducted year-round and all data from online responders will be used for digital reports sent to the hospitals at regular intervals so they will get prompt feedback and can take appropriate measures to make improvements. The hospitals can tailor the questionnaire for their own needs by adding questions out of a pool of approved items. The short questionnaire may appeal to patients who do not feel up to fill in a long complex questionnaire (foreigners or patients with low literacy level)

Cons

While the old questionnaire (-2000) was quite long with the additional theme each the new survey is very short and there are no composite measures or dimensions. There are no “about you” questions are asked, demographic data is extracted from hospital data.

Documents DENMARK: [81, 82]

Abbreviations

LUP Landsdækkende Undersøgelse af Patientoplevelser (Nationwide survey of patient experience)

KOPA Kompetencecenter for Patientoplevelser Competence Centre for patient experiences. KOPA handles the project management of LUP

DEFACTUM is part of Corporate Quality (a department in Central Denmark Region working in the fields of healthcare & social services) Its purpose is to create synergy between political level research and practice.

Steering group for LUP: Takes the decisions concerning the LUP program. Includes representatives of stakeholders, the ministry and patient groups

CPI Center for Patientinddragelse Center for patient involvement (Capital region)

6.8 Netherlands

The Netherlands reformed its health system in 2006 and introduced system of compulsory (social) insurance and managed (regulated) competition as a driving mechanism in a healthcare system. In order to make this competition work, consumers and other purchasing agencies require transparency and comparable information about health care providers. The Netherlands have a population of about 17 million inhabitants.

History of patient experience and satisfaction surveys

The Consumer Quality Index (CQI) was introduced in the Netherlands in 2006 to measure patients experience with quality of care. The CQI is a standardized survey developed for specific sectors of health care based on CAHPS and QUOTE, the former for its objective questions methodology, the latter, developed in the Netherlands for questionnaires for specific conditions. A large number of rather specific CQI was developed, which were quite elaborate and had up to 92 questions. The length of these questionnaires was criticized as well as the difficulty to derive ideas for improvement from the very complex reports generated. The main organizer of the development of patient experience surveys in the Netherlands was the foundation Stichting Miletus. This foundation was later integrated into the Dutch umbrella organization for Dutch insurance companies (ZN). The focus changed then towards the development of PROMs and PREMs. The PREM MSZ described in this report is a survey for medical inpatients proposed by the umbrella organization for insurers and approved by the patient organizations. However, the hospitals use a variety of different questionnaires, the PREM MSZ is not applied by enough hospitals to compute a casemix corrected national benchmark, although the NZ tries to stimulate more hospitals to share their patient experience data on the website www.zorgkaartnederland.nl (voluntarily). A new PREM MSZ is being developed now. The only PREM used on a national level was PREM Mammacare until 2019.

Aims and stakeholders involved:

The aims are transparency to give patients a choice, quality of care improvement and better patient-centered care, health care procurement for insurers and to control underperformers. Stakeholders involved in developing the CQIs, PREMS, and other patient surveys are patient organizations, insurers and health care providers, CKZ, Health ministry and research institutions (NIVEL).

Development of patient experience and satisfaction survey

Surveys (CQ-index) were developed for specific groups because research showed that patient groups differ in what they consider important. Therefore, different questionnaires were developed for different patient groups. The developments were financed by public funds, private funds (Asthma fund) health insurers (Stichting Miletus) and the providers themselves. A new guideline for development of much shorter PREMs was published in 2015 by the national institute NIVEL. The PREM_MSZ was developed based on the questions that are most important to patients.

The questionnaire

The PREM MSZ is a very short survey for medical inpatients. It has 7 core questions, one overall recommendation question, an open question and 4 demographic questions. The providers can add

their own questions, although it is recommended that not too many should be added. This survey can also be filled out on the ZoorgkaartNederlands website. It's score is used on website to compare hospitals.

Measurement procedures

It is recommended to conduct the PREM_MSZ survey continuously year-round. As an alternative, hospitals may choose a point measurement. Every patient is approached to complete the survey, provided an email address has been registered and informed consent has been given. A minimum of 200 completed questionnaires are required per health care provider per year. The questionnaire should be sent to the patients 2-6 weeks after discharge. If there is an insufficient number of patients this delay can be increased to up to 6 months after discharge. Patients may obtain a paper questionnaire if they request it.

Score calculation

Responses to questions of the PREM_MSZ are numeric. A general score is calculated and case-mix corrected according to the guidelines of the Manual of Requirements and Methods for the CQI Measurements. The implementation and responsibility lies with the research agency that conducts the national benchmark analysis.

Presentation and use of information

The global scores are published for each hospital on the ZoorgkaartNederlands website where it can be accessed by patients to compare providers. Hospitals have access to their own results, including the comments for the open questions and any additional results if they have added their own questions to the survey.

Settings of patient experience and satisfaction measures implemented

The CQIs exist for a very large variety of care situations (up to 40). They have been replaced now by newly developed patient experience and satisfaction surveys that apply to larger patient groups but are also developed for a variety of sub groups (Cancer, chronic care, birth care, among others). Only the PREM Mammacare was analysed on a national level until 2019.

Comments:

Pros

The development methods of PREM surveys are well defined and standardized, and so are evaluation procedures. This was also the case for the CQ-Index surveys used some years ago. There are always many stakeholders included in the development of the questionnaires, including providers, insurers and patient organizations.

Cons

The information provided on the hospital compare site is very limited with only a general patient experience score. The hospitals use different surveys, there is no central or governmental institution or organization to implement or mandate a survey on a national level although there are certainly many appropriate surveys that have been developed.

Documents NETHERLANDS: [18, 83-91]**Abbreviations**

NIVEL Development and scientific foundation of measurements (CQ-index, PREMs)

CKZ National organization for the assurance of customer experience measurements.

Zorginstituut Care institute Netherlands (government)

ZN Zorgverzekeraars Nederland (programme quality of health insurers), the umbrella organizations of ten health insurers

Patiënten Federatje The Patient Federation represents over 200 patient organizations in the Netherlands

ZorgkaartNederland A website with hospital ratings where patients can also rate their provider

HCAHPS : Hospital Consumer Assessment of Health Proceses and Patients

QUOTE : QQuality Of care Through the patients Eyes, an instrument for measuring care quality (Gerteis et al)

6.9 Brief description of a few other countries

ITALY

In Italy, no national inpatient survey has been implemented yet. A population survey is administered by the National Institute of Statistics every five years to assess the patients' satisfaction and their experience with health services. Each regional health care system receives information about the findings of this survey.

Recently a new PREM initiative started in Tuscany; the MeS Laboratory at the Scuola Universitaria Superiore Pisa developed a patient experience and satisfaction survey conducted first in 2018 in Tuscany and an extension to other regions (Veneto and Umbria) is planned. The survey will then be used for benchmarking between hospitals and regions. The questionnaire contains about ≥ 30 items following the patient journey through the hospital stay. A general satisfaction question and an open question is included. The survey-mode is all-online, questionnaires are sent very soon after discharge to patients who have provided their e-mail address. The survey is conducted year-round and aims to provide the hospitals with very rapid feedback so quality managers can use the data for timely improvement of quality of care [92].

AUSTRIA

In Austria there are many patient surveys focusing on different key areas and powered by providers or associations of providers on a regional or local level (Wiener Gesundheitsverbund, KABEG). Children and maternity sectors usually have different surveys. On a national level there have been inpatient survey in 2010 and 2015 and another was planned for 2020 but delayed because of the pandemic. The 2010 survey addressed inpatients in 49 establishments in 7 regions and included about 99'000 inpatients.

The 2015 national survey was a cross-sector patient survey focusing on the processes between the outpatient and the inpatient care sector (hospital).The questionnaires were addressed only to patients who were registered as having an outpatient consultation (with a family doctor or specialist) prior to hospitalization [93]. The future, regular implementation of this survey is anchored in the agreement on the organization and financing of the health care system at the federal level in 2017.

BELGIUM

In Belgium there is no national experience survey for inpatients, but there are two regional initiatives, one for each of the major language regions.

The project ASPE (Attentes et Satisfaction des Patients et de leur Entourage) is a project set up by a private consultancy company BSM for the French speaking part of Belgium. The Walloon Ministry of Health supports this project. It aims to provide methodological support to participating hospitals, standardize the measurements in order to allow benchmarking between hospitals, provide comparative analytical data, and identify priority areas for actions to improve patients' satisfaction and to exchange experiences of successful improvements [3]. The development of the questionnaire involved providers, health professionals and consultation with patients. There are generic but also specific patient experience and satisfaction surveys (pediatrics, maternity, and emergency). For some of these domains an annual benchmarking is performed for the participating hospitals. About 50'000 questionnaires from 40 hospital sites are analyzed annually. Benchmarking results are not available to the public.

The Flemish Indicator initiative (VIP) aims to improve the quality of care by means of process and quality indicators [94]. Stakeholders involved are the Flemish government, physician associations, the Flemish umbrella patient organization, the scientific community and the health data registries. One of the domains included in the indicator set are the patient experience and satisfaction surveys. The Flemish Patient Platform (VPP) together with an academic center developed the surveys. Items were taken from 36 validated questionnaires and a selection was made. The criteria were to be (i) applicable to Flanders, (ii) understandable and simply formulated. A list of questions was submitted to patients' representatives who rated the importance of the questions from their point of view. The questionnaire was validated in a pilot study. The instrument for inpatients in acute hospital is largely based on HCAHPS and includes questions for the dimensions communication, coordination, respect, preparing stay, participation. It includes also general satisfaction/recommendation questions and demographic questions. There are two measurement periods per year, 48 out of 55 hospitals participated in 2017 [95]. The results (top box ratings) are published, together with other indicators on a website where the public can compare up to three hospitals simultaneously.

AUSTRALIA

Australia has a government funded health system. Responsibilities of health care services are divided between the Australian government, the six States, and two Territories. Given this division of powers, the abilities of a central actor to regulate or implement care quality programs are very limited.

However, there have been various local developments of patient experience surveys. One of the best known is the statewide Victorian Healthcare Experience Survey (VHES), which has been administered since 2014 by Ipsos, mandated by the Victorian Agency for Health information (VAHI). Currently the program has been interrupted and is undergoing some reforms to make it easier to use the data for improvement of patient care. The survey is being redesigned to align it with aspects of care that are most important to patients and when the survey will be implemented again in 2021 data collection should be mostly online.

On a national level, a survey has recently (2017) been developed for use on a national level: AHPEQS (Australian Hospital Patient Experience Question Set). This is a consistent tool for assessing patient experiences in the hospital sector in a way that can be fed back easily to providers. It is a short questionnaire with 12 items about a person's recent experience in a private or public hospital (or day procedure service), regardless of their condition or the type of treatment received. The questions cover a range of aspects of their care and experience—such as patient involvement, responsiveness to needs, clear communication, patient safety, and harm and distress. There is an implementer community for this survey, but no transparent publication of results.

INTERNATIONAL INITIATIVES

The OECD has been leading the work on international comparisons of PREMs across its member states [96] with the help of its HCQI experts (Health Care Quality Indicator group). A framework for health system performance measurement was developed by the HCQI project. OECD recommendations for PREMs and PROMs were published in 2017 [11].

PREMs in ambulatory care were measured for international comparison across 17 countries including in Switzerland, and published in the OECD series Health at a Glance in 2017 [97].

The Commonwealth fund has collected data through its International Health Policy Surveys, asking patients about their experience with health care in 11 countries. The WHO collected different dimensions of patient experience through the World Health Survey but these patient surveys are mainly population based and do not report on a specific and very recent patient experience.

The PaRIS initiative (Patient-Reported Indicators Survey) has two main objectives: (i) standardize monitoring in patient-reported indicators for international benchmark in specific patient groups (cancer, heart attack, stroke etc) and (ii) develop new patient-reported indicators in critical areas of healthcare (chronic conditions) [3, 98].

7 Appendix 3 Websites visited for each country

ENGLAND

NHS Patient Experience Framework

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215159/dh_132788.pdf

Overview of Surveys

www.cqc.org.uk/inpatientsurvey

Picker

<https://www.picker.org/>

Ipsos MORI

<https://www.ipsos.com/ipsos-mori/en-uk>

Overview of NHS surveys

<http://nhssurveys.org/surveys/>

Full details of methodology of the survey and the results of inpatient surveys from 2002-

<http://www.nhssurveys.org/surveys/425>

NHS Survey programme

<http://www.cqc.org.uk/content/surveys>

Monitoring of hospitals by the CQC

<http://www.cqc.org.uk/content/monitoring-nhs-acute-hospitals>

Survey 2019: Brief summary and links

<https://www.cqc.org.uk/publications/surveys/adult-inpatient-survey-2019>

Survey 2019: Statistical release: Survey longterm trends, quality of data, waiting list results, methodology etc

https://www.cqc.org.uk/sites/default/files/20200702_ip19_statisticalrelease.pdf

Survey 2019: Technical document : (How it is calculated)

https://www.cqc.org.uk/sites/default/files/20200702_ip19_technicaldocument.pdf

Survey 2019: Quality and methodology

https://www.cqc.org.uk/sites/default/files/20200702_ip19_qualitymethodology.pdf

Survey 2019: Results by trust (excel files with details per provider)

<https://nhssurveys.org/data-library/>

<https://nhssurveys.org/all-files/02-adults-inpatients/05-benchmarks-reports/2019/>

2020 Adult inpatient survey 2020: all information and documents, development report, questionnaires in other languages, core questionnaire
<https://nhssurveys.org/surveys/survey/02-adults-inpatients/>

Planning a patient experience survey
<https://www.health.org.uk/publications/measuring-patient-experience>

USA

HCAHPS webpage <https://www.hcahpsonline.org>

CMS Website about HCAHPS

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS>

AHRQ description on HCAHPS

<https://www.ahrq.gov/cahps/surveys-guidance/index.html>

https://www.ahrq.gov/cahps/surveys-guidance/hospital/about/adult_hp_survey.html

Compare hospitals/ providers: <https://www.medicare.gov/care-compare/>

Factsheet 2021

https://www.hcahpsonline.org/globalassets/hcahps/facts/hcahps_fact_sheet_march_2021.pdf

Quality assurance guidelines

https://hcahpsonline.org/globalassets/hcahps/quality-assurance/2020_qag_v15.0.pdf

Calculation of HCAHPS Scores: From Raw Data to Publicly Reported Results

<https://www.hcahpsonline.org/globalassets/hcahps/technical-specifications/calculation-of-hcahps-scores2.pdf>

Star ratings explained: <https://www.hcahpsonline.org/en/hcahps-star-ratings/>

Technical Notes for HCAHPS Star Ratings

https://www.hcahpsonline.org/globalassets/hcahps/star-ratings/tech-notes/october_2020_star-ratings_tech-notes.pdf

Reports (Tables), previous:

<https://www.hcahpsonline.org/en/summary-analyses/previous-summary-analyses-documents/>

Latest Table (October 2020)

<https://hcahpsonline.org/globalassets/hcahps/summary-analyses/summary-results/october-2020-public-report-january-2019-december-2019-discharges.pdf>

Patient mix adjustment report 2019

https://www.hcahpsonline.org/globalassets/hcahps/mode-patient-mix-adjustment/july_2019_mode--patient-mix-adj_pma.pdf

Pay for performance links

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/HVBP/Hospital-Value-Based-Purchasing>

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS>

CAHPS Mental Health surveys

<https://www.ahrq.gov/cahps/surveys-guidance/echo/index.html>

FRANCE

Quality of care indicators:

https://www.has-sante.fr/jcms/r_1500957/fr/indicateurs-de-qualite-et-de-securite-des-soins-igss

Inpatient survey

https://www.has-sante.fr/jcms/c_2030354/fr/igss-e-satis-mesure-de-la-satisfaction-et-de-l-experience-des-patients-hospitalises#toc_1_1_1

Results, also other health indicators 2020 : https://www.has-sante.fr/upload/docs/application/pdf/2021-01/rapport_complet_resultats_campagne_2020_pdf.pdf

Development and use of health care indicators : https://www.has-sante.fr/jcms/c_1021017/fr/igss-2019-travaux-sur-le-developpement-et-l-utilisation-d-indicateurs

Manual for online platform where patient data is transferred to . https://www.has-sante.fr/upload/docs/application/pdf/2018-05/manuel_utilisation_plateforme_multi_esatis.pdf

National web-platform for hospitals (deposit data and access to results from survey and feedback)

<https://e-satis.atih.sante.fr>

Impact covid on the e-satis survey

https://www.has-sante.fr/upload/docs/application/pdf/2021-01/igss_2020_analyse_impact_covid_esatis_2020.pdf

Site for patients to compare hospitals : <https://www.scopesante.fr/>

Overview of e-satis 48MCO

https://www.has-sante.fr/jcms/c_2030354/fr/ipagss-2015-indicateur-e-satis-dispositif-national-de-mesure-de-la-satisfaction-du-patient-hospitalise-48h-en-mco

Report 2020 published in january 2021: https://www.has-sante.fr/upload/docs/application/pdf/2021-01/igss_2020_rapport_resultats_esatis48h_2020.pdf

Report 2019

https://www.has-sante.fr/upload/docs/application/pdf/2019-12/igss_rapport_esatis48h_2019.pdf

Pilot study rehabilitation

https://www.has-sante.fr/jcms/p_3116928/fr/igss-e-satis-ssr-experimentation-du-dispositif-de-mesure-de-la-satisfaction-et-de-l-experience-des-patients-hospitalises-en-soins-de-suite-et-readaptation#toc_1_1

Rehabilitation national campaign

<http://www.departement-information-medicale.com/blog/2020/09/23/e-satis-en-ssr-cest-parti-des-le-1er-octobre-2020/>

Financial incentive for quality improvement

<https://solidarites-sante.gouv.fr/professionnels/gerer-un-etablissement-de-sante-medico-social/qualite-dans-les-etablissements-de-sante-sociaux-et-medico-sociaux/article/incitation-financiere-a-l-amelioration-de-la-qualite-ifaq>

GERMANY

Hospital compare website of Weisse Liste:

<https://www.aok.de/pk/uni/medizin-versorgung/krankenhaussuche/>

Hospital compare website of insurer

www.krankenhausnavi.barmer.de

<https://www.barmer-kliniksuche.de/>

Weisse Liste, find other documents on Survey

<https://www.weisse-liste.de/de/service/ueber-krankenhaussuche/versichertenbefragung/>

Survey methods

<https://www.weisse-liste.de/de/service/ueber-krankenhaussuche/methoden/>

Document download

<https://www.weisse-liste.de/de/service/ueber-krankenhaussuche/versichertenbefragung/downloads/>

Analysis of need of patients for information

<https://www.weisse-liste.de/de/service/ueber-krankenhaussuche/methoden/bedarfsanalyse/>

Example of a clinic report

https://www.manhagen.de/fileadmin/user_upload/TK_Zufriedenheitsbefragung_2015_2016.pdf

Germany ad Rentenversicherung – Rentenbefragung

<https://www.deutsche-rentenversicherung.de/DRV/DE/Experten/Infos-fuer-Reha-Einrichtungen/Grundlagen-und-Anforderungen/Reha-Qualitaetssicherung/rehabilitandenbefragung.html>

NEW ZEALAND

General information Health Quality & Safety Commission New Zealand

<https://www.hqsc.govt.nz>

Overview of patient experience surveys

<https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/patient-experience/>

Inpatient survey

<https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/patient-experience/adult-inpatient-experience/>

Latest release of survey summaries: 2020

Survey information and methodology:

<https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/patient-experience/adult-inpatient-experience/survey-information-and-methodology/>

New questionnaire:

<https://www.hqsc.govt.nz/assets/Health-Quality-Evaluation/PES/AHS-Qnaire-for-website-Feb-2021.pdf>

System Level Measures Framework

<https://nsfl.health.govt.nz/dhb-planning-package/system-level-measures-framework>

DHBs Operational Policy Framework

<https://nsfl.health.govt.nz/accountability/operational-policy-framework-0>

HISO 10029:2015 Health Information Security Framework

<https://www.health.govt.nz/publication/hiso-100292015-health-information-security-framework>

Report about the redevelopment of the patient experience surveys (2021)

<https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/publications-and-resources/publication/4270/>

Report about cultural safety and further development of the patient experience surveys

<https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/publications-and-resources/publication/4242/>

CANADA

CIHI site

<https://www.cihi.ca/en>

About the survey

<https://www.cihi.ca/en/patient-experience/canadian-patient-experiences-reporting-system-metadata>

First published results:

<https://www.cihi.ca/en/patient-experience/patient-experience-in-canadian-hospitals>

Canadian Patient Experiences Survey —Inpatient Care: Patient-Reported Experience Measures March 2019 (composite measures with questions presented)

<https://www.cihi.ca/sites/default/files/document/cpes-prem-preliminary-measures-table-april2019-en-web.pdf>

About public reporting

<https://www.cihi.ca/en/patient-experience/canadian-patient-experience-data-facility-level-public-reporting>

Dictionary manual for inpatient care data

https://www.cihi.ca/sites/default/files/document/cpes_ic_dd_manual_en.pdf

Methodology notes

<https://www.cihi.ca/sites/default/files/document/cpes-patient-experience-methodology-notes-april2019-en-web.pdf>

Procedure manual

<https://www.cihi.ca/sites/default/files/document/cpes-ic-procedure-manual-2019-en-web.pdf>

Patient-Centred Measurement and Reporting in Canada. Launching the Discussion Toward a Future State. Canadian Institute for Health Information (CIHI) 2017

<https://www.cihi.ca/sites/default/files/document/visioning-day-paper-en-web.pdf>

Canadian Patient Experiences Survey Inpatient Care Procedure Manual. January 2019

<https://www.cihi.ca/sites/default/files/document/cpes-ic-procedure-manual-2019-en-web.pdf>

FAQ: Cana Patient Experiences Survey —Inpatient Care. February 2020

<https://www.cihi.ca/sites/default/files/document/cpers-inpatient-faq-en.pdf>

Questionnaire:

https://www.cihi.ca/sites/default/files/document/patient_expsurvey_inpatient_en.pdf

Public reporting: April 2019 CIHI released PPAntient Experience in Canadian Hospitals, its first analysis of pan-canadian patient experience data

<https://www.cihi.ca/en/patient-experience/patient-experience-in-canadian-hospitals>

DENMARK

Comment: links to www.patientoplevelser.dk "patient experience" are redirected to <https://www.regionh.dk/patientinddragelse>
www.patientoplevelser.dk

Center for Patient Involvement
<https://www.regionh.dk/patientinddragelse>

Reports and results 2020
https://www.regionh.dk/patientinddragelse/LUP/aktuel-undersogelse/Sider/LUP-2020-resultater_uge-11.aspx

Reports 2018
https://www.regionh.dk/patientinddragelse/LUP/resultater/Documents/2018/lup_somatik_2018_national_rapport.pdf

Report 2020
<https://www.regionh.dk/patientinddragelse/LUP/aktuel-undersogelse/Sider/default.aspx>

Other national reports:
https://www.regionh.dk/patientinddragelse/LUP/resultater/Sider/Tidligere%20unders%C3%B8gelse_r.aspx

General information and history
<https://www.regionh.dk/patientinddragelse/LUP/Om-lup/Sider/hvad-er-lup.aspx>

Description (sort of a factsheet) of new survey, starting in 2021
<https://www.regionh.dk/patientinddragelse/LUP/Om-lup/Sider/Fremtidens-LUP.aspx>

Danish surveys in psychiatric settings
<https://www.defactum.dk/om-DEFACUM/projektsite/lup-psykiatri/>

NETHERLANDS

Federation of patient organizations, approves PREMs for example the MZ, promotes and gives links to the hospital compare site (ZorgkaartNederland.nl)

<https://www.patiëntenfederatie.nl/>

Umbrella organization of health insurers

<https://www.zn.nl/>

Compare hospitals or other healthcare entities with patient experience, providers are encouraged to share their patient experiences on this site

<https://www.zorgkaartnederland.nl/ziekenhuis>

kiesBetter.nl a site mentioned in quite recent literature actually redirects to

<https://www.zorginzicht.nl/servicepagina/kiesbeter>

Zorginstituut is responsible for making quality data of healthcare providers available

<https://www.zorginstituutnederland.nl/>

Care Institute (Organizes the Collection of mandatory quality indicators)

<https://www.zorginzicht.nl/>

Compare hospitals: Satisfaction score obtained with a population based survey

<https://www.ziekenhuischeck.nl/>

Nederlandse Vereniging van Ziekenhuizen (NVZ) Organization of Dutch hospitals are publishing population based survey on patient experience and satisfaction

<http://www.zorgimago.nl/>

PREMs

<https://www.meandermc.nl/patientenportaal/patienten/kwaliteit-van-zorg/mening-en-ervaringen-van-pati%C3%ABnten/Wat-is-PREM-/>

<https://www.patiëntervaringsmetingen.nl/werkwijze/>

<https://www.patiëntervaringsmetingen.nl/>

Criticism of QCI:

<https://www.zorgvisie.nl/kritiek-op-cqi-zvs012636w/>

PREM for oncology patients currently available for hospitals on this site

<https://dica.nl/dcra/home>

8 Appendix 4: Key persons contacted

We are very thankful for the valuable discussions, with the different national experts on patient experience and satisfaction surveys listed below. These discussions, either through mail exchange, or videoconference allowed us to get a better insight into the different approaches and conditions of national patient surveys in other countries.

Country	Mode	Name, position and affiliation
NL	mail	Dr. Dolf de Boer , Program Coordinator Care from the Patient Perspective / Programmaleider Zorg vanuit Patiëntenperspectief Barbara van Leiden Programma kwaliteit Zorgverzekeraars Nederland
Austria	mail	Martina Lerchner , wissenschaftliche Mitarbeiterin Gesundheit Österreich GmbH
G	video conference	Hannah Wehling , Senior Project Manager Weisse Liste
Can	video conference	Cathy Dang , B.Sc., Analyst, Canadian Patient Experiences Reporting System (CPERS) Tammy Anderson <TAnderson@cihi.ca Program Lead, CPERS and Special Projects Naomi Diestelkamp <ndiestelkamp@cihi.ca Program Lead, Performance Improvement and Capacity Building Reena Kudhail <rkudhail@cihi.ca Senior Analyst Mariam Bakshi MBakshi@cihi.ca Senior Analyst Canadian Institute for Health Information (CIHI).
NZ	mail	Avril Macfarlane Survey Manager Health Quality & Safety Commission
DK	mail + video conference	Mette Foged , Special Consultant, cand.scient.san.publ.Center for Patientinddragelse Line Holm Jensen Special Consultant in Evaluation and User Involvement at KOPA Aalborg University
USA	video conference	Elizabeth Goldstein , Division director Bill Lehrman , HCAHPS lead
	mail	Yoku Shaw-Taylor , program HCAHPS Christine Payne , program HCAPS
F	mail	IFEP (Institut français de l'expérience patient)
	video conference	HAS Marie-Thérèse Gloanec

9 Appendix 5: Abbreviations

Countries

ENG	England (as part of GB)
USA	United States of America
F	France
G	Germany
CAN	Canada
NZ	New Zealand
DK	Denmark
NL	Netherlands

Other abbreviations (see descriptions and tables for each country for more details in appendix 2)

AHRQ	Agency for Healthcare Research and Quality USA
AOK	Allgemeine Ortskrankenkasse, Insurance company G
APU	Annual Payment Update USA
BARMER	Health insurance company G
CAHPS	Consumer Assessment of Healthcare Providers and Systems USA
CMS	Centers for Medicaid & Medicare Services USA
CPES-IC	Canadian Patient Experience Survey Inpatient Care CAN
CIHI	Canadian Health Information Institute CAN
CPERS	Canadian Patient Experiences Reporting System CAN
CPI	Center for Patientinddragelse, Center for patient involvement DK
CQ-Index	Consumer Quality Index NL
CKZ	National organization for the assurance of customer experience measurements NL
CQC	Care Quality Commission ENG
CQUIN	Commissioning for Quality and Innovation payment framework ENG
DEFACTUM	Part of Corporate Quality
DHB	District Health Boards NZ
HAS	Haute Autorité de Santé F
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems USA
HPT	HCAHPS project team USA
HQSC	Health Quality & Safety Commission New ZealandNZ
IFAQ	Incitation financière pour l'amélioration de la qualité F
IJ	Inter-Jurisdictional Patient Satisfaction Group CAN
IPPS	Inpatient Prospective Payment System hospitals USA
Ipsos MORI	A market research company ENG
IQSS	indicateurs de qualité et de sécurité des soins F

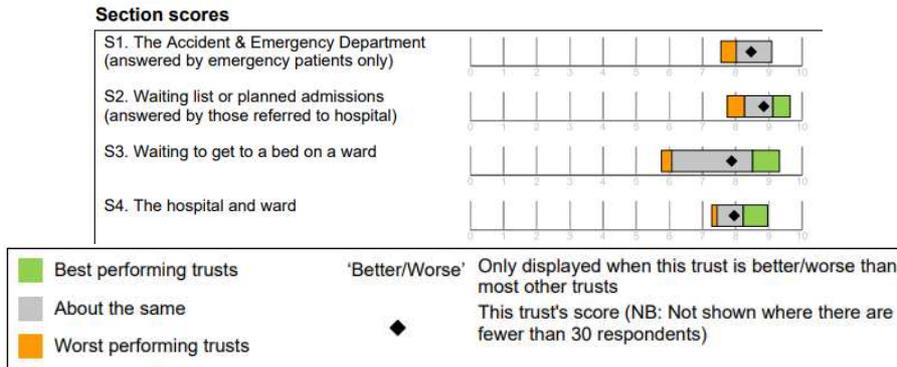
KKH	Kaufmännische Krankenkasse Insurance company G
KOPA	Kompetencecenter for Patientoplevelser DK
KPMG	KPMG “International Cooperative” Company
LUP	Landsdækkende Undersøgelse af Patientoplevelser (Pat experience survey) DK
NHS	National Health Service ENG
NHS Trust	An organizational unit within the National Health Service ENG
NIVEL	Development and scientific foundation of measurements (CQ-index, PREMs) NL
NQB	NHS National Quality Board ENG
NQF	National Quality USA
PEQ	Patient Experience Questionnaire G
Picker	Picker institute Europe ENG
PMSI	Programme de médicalisation des systèmes d'information F
QUOTE	QQuality Of care Through the patients Eyes NL
Weisse Liste	Non-profit foundation with the aim to improve health care G
ZDS	Zentrale Datendienststelle G
ZN	Zorgverzekeraars Nederland the umbrella organizations of health insurers NL
Zorginstituut	Care institute Netherlands (government)

10 Appendix 6: Presentation of survey results

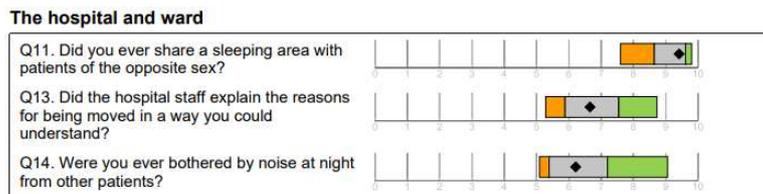
England

Results can be accessed for each NHS trust separately on the website. Here is an example for the Hampshire Hospitals NHS trust

Scores are calculated by sections:



Scores for trusts are calculated by individual question individual questions

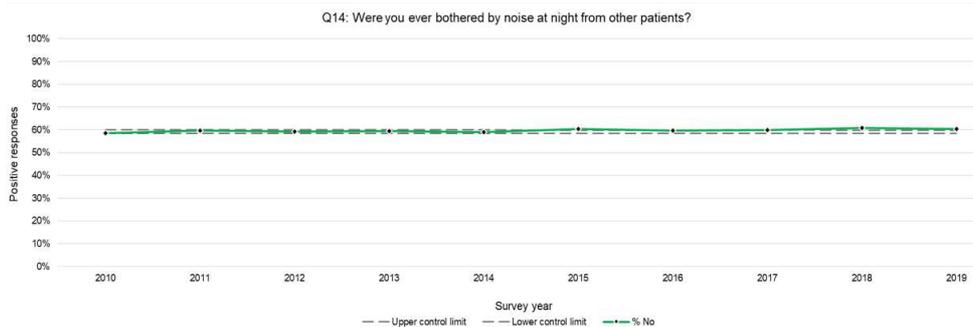


Results are presented in tables

**Adult Inpatient Survey 2019
Hampshire Hospitals NHS Foundation Trust**

	Scores for this NHS trust			Change from 2018	
	Highest trust score in England	Lowest trust score in England	Number of respondents (this trust)	2018 scores for this NHS trust	2019 scores for this NHS trust
The hospital and ward					
S4 Section score	8.0	7.3	9.0		
Q11 Did you ever share a sleeping area with patients of the opposite sex?	9.4	7.6	9.8	593	9.4
Q13 Did the hospital staff explain the reasons for being moved in a way you could understand?	6.7	5.3	8.7	154	7.3
Q14 Were you ever bothered by noise at night from other patients?	6.2	5.1	9.1	583	6.4
Q15 Were you ever bothered by noise at night from hospital staff?	8.4	7.3	9.2	588	8.5

Time series are available



USA

On the Hospital compare site one can choose a geographic area and choose hospitals for comparison. For each chosen hospital the patient survey rating (star rating) is available, along with other indicators such as services provided and what technical possibilities there are

	1.6 miles	1.8 miles	1.9 miles
Distance from New York City, NY	1.6 miles	1.8 miles	1.9 miles
Overall rating	★★★★★	★☆☆☆☆	Not available ²²
Patient survey rating	★★★★☆	★★★★☆	★★★★☆
Hospital type	Acute Care Hospitals	Acute Care Hospitals	Acute Care - Veterans Administration
Provides emergency services?	Yes	Yes	Yes
Participates in Multispecialty Surgical Registry?	Yes	No	No

The patient survey rating is available in detail. The percentage of patients who have given the best rating is shown (top box)

Overall rating details

Patient survey rating

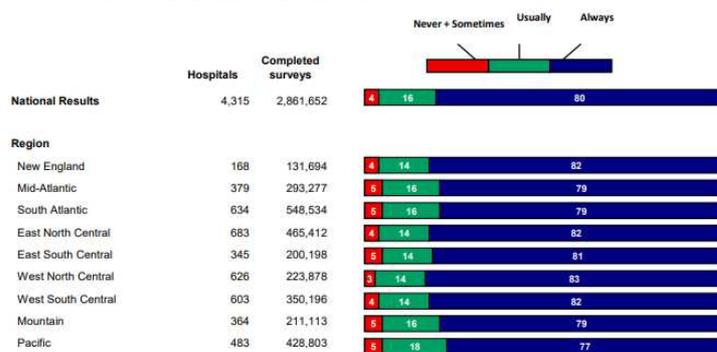
The HCAHPS star ratings summarize patient experience, which is one asp... [Read more](#)

Patient survey rating	★★★★☆	★★★★☆	★★★★☆
Patients who reported that their nurses "Always" communicated well.	79%	70%	74%
Patients who reported that their doctors "Always" communicated well.	78%	78%	81%
Patients who reported that they "Always" received help as soon as they wanted.	65%	53%	58%

On the HCAHPS site a series of different tables with actual and former results are available, for example results by state or by region. The tables are available for each period of time evaluated, always four quarters

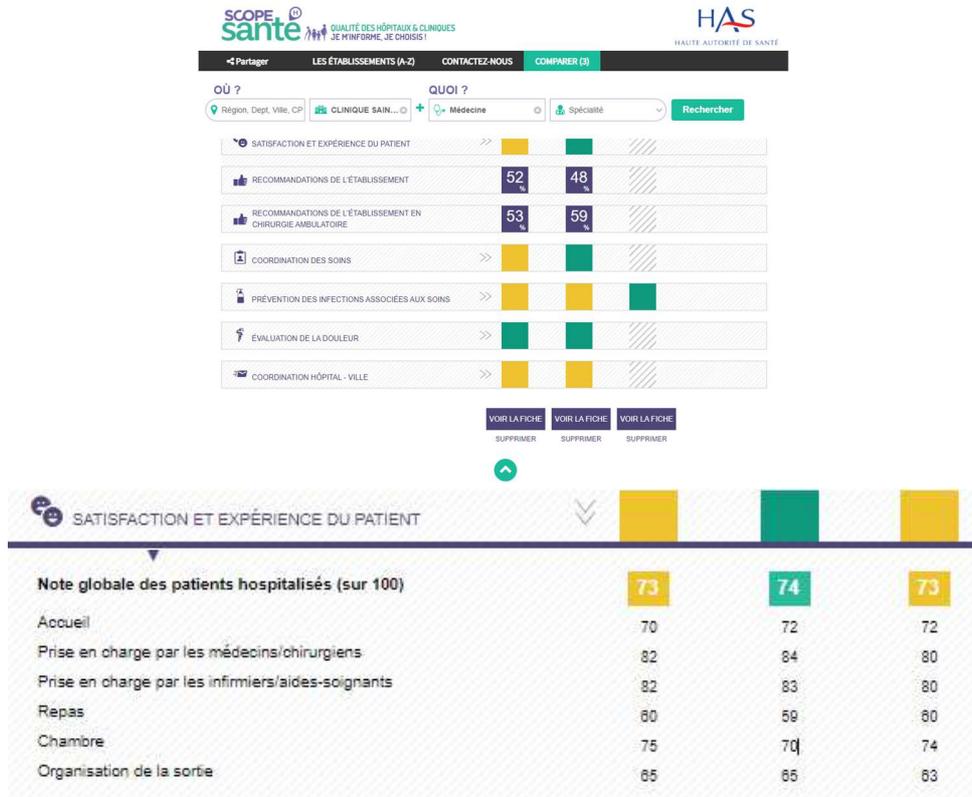
HCAHPS: Communication with Nurses

(Represents patients discharged between July 2017 and June 2018)

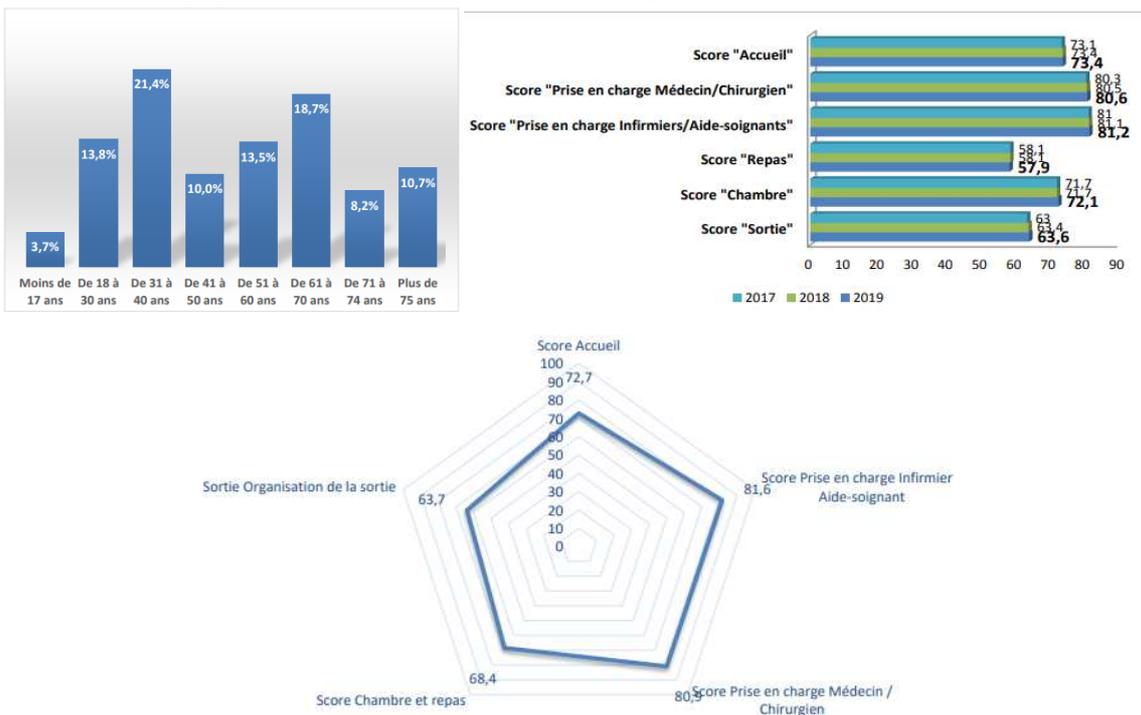


France

On the site 3 hospitals can be selected and compared. The comparison shows the patient experience score and other quality indicators. The patient experience score for each dimension can also be viewed.



A national report is published once a year. Global results are presented and commented. Distribution of age groups of participants is shown and global results for dimensions.



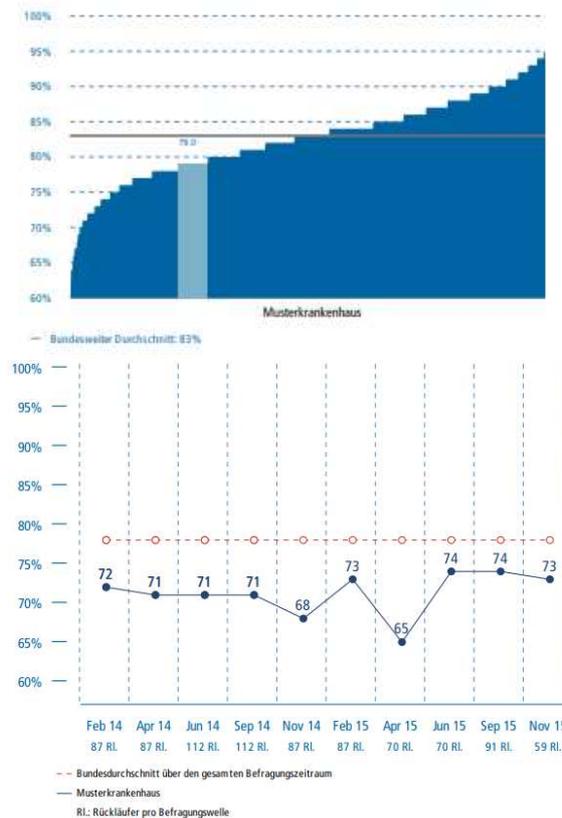
Germany

On several sites of insurers and Weisse Liste hospitals can be selected and compared. The general score is given together with the number of respondents and details show the means of the three dimensions and the overall satisfaction score. The national mean is marked with a black line.



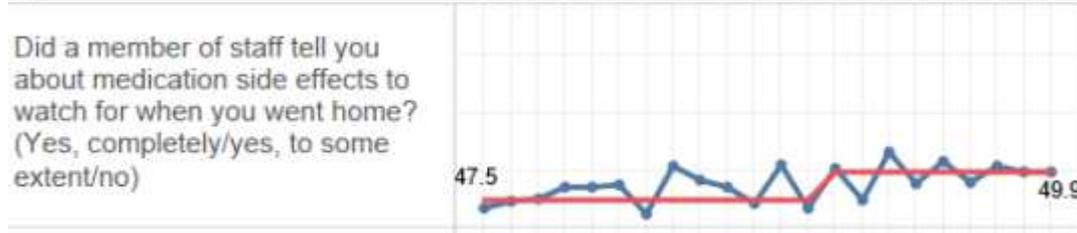
Patientenzufriedenheit allgemein			
Weiterempfehlung	79%		92%
Zufriedenheit mit ärztlicher Versorgung	82%		92%
Zufriedenheit mit pflegerischer Betreuung	83%		89%
Zufriedenheit mit Organisation und Service	76%		86%

There is no national report but hospitals can request a report of their own results for each period. There they can find results comparing their own institution to others and the national mean of longitudinal results.



New Zealand

The results are presented as control charts with the national mean line as comparison, for dimensions or individual questions.

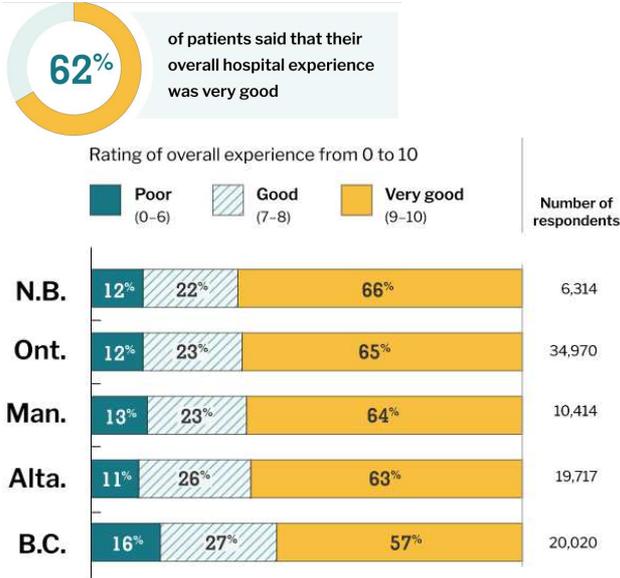


Below results for communication are presented for each DHB. They are colored in green when above the national level, in red when below, grey when and there were not enough responses for a significance level and yellow when there is no significant difference.

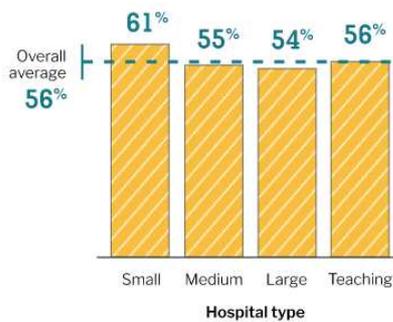
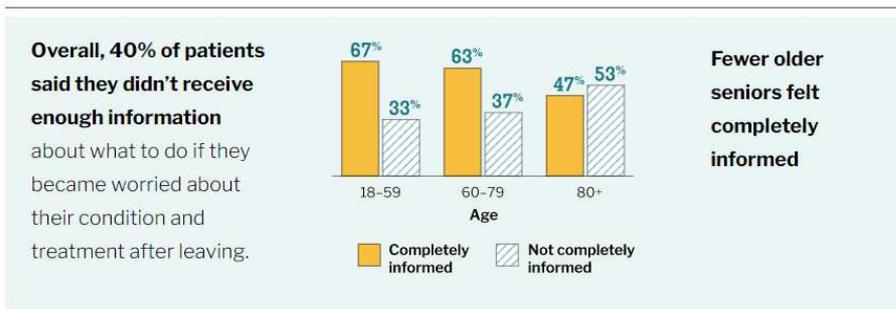
Auckland DHB	8.3, 8.6, 8.4, 8.8, 8.6, 8.3, 8.0, 8.6, 8.3, 8.7, 8.0, 8.2, 8.2, 8.5, 8.1, 8.5, 8.1, 8.6, 8.4, 8.4, 7.7, 8.4
Bay of Plenty DHB	8.2, 8.7, 7.7, 8.5, 8.1, 8.6, 7.7, 8.4, 8.2, 8.2, 8.1, 8.7, 8.1, 8.2, 8.5, 8.0, 8.7, 8.1, 8.5, 8.6, 8.4, 8.2
Canterbury DHB	8.6, 8.8, 8.6, 8.6, 8.1, 8.6, 8.4, 8.5, 8.2, 8.7, 8.1, 8.4, 8.4, 8.5, 8.3, 8.7, 8.4, 8.3, 8.2, 8.1, 8.4, 8.2
Capital & Coast DHB	8.2, 8.6, 8.5, 8.4, 8.4, 8.2, 8.1, 8.4, 8.5, 8.3, 8.2, 8.3, 8.3, 8.0, 8.4, 8.5, 8.1, 8.5, 8.6, 8.5, 8.8, 8.4
Counties Manukau Health	7.8, 8.3, 8.2, 8.5, 8.1, 7.8, 8.0, 8.2, 8.7, 8.2, 8.2, 8.8, 8.2, 8.3, 7.8, 8.3, 8.1, 8.5, 8.1, 8.0, 7.7, 8.5
Hauora Tairāwhiti	7.7, 7.7, 8.6, 8.2, 8.6, 8.4, 8.4, 8.8, 7.8, 8.7, 8.3, 8.3, 8.2, 8.8, 8.0, 8.1, 8.3, 8.7, 7.5, 8.3, 7.8, 8.3
Hawke's Bay DHB	8.2, 8.5, 8.0, 8.4, 8.7, 8.3, 8.6, 8.7, 8.4, 8.3, 8.6, 8.7, 8.2, 8.5, 8.5, 8.9, 8.3, 8.1, 7.8, 8.5, 8.1, 8.8
Hutt Valley DHB	8.4, 8.7, 8.3, 8.4, 8.6, 8.3, 8.2, 8.2, 8.3, 8.5, 8.5, 8.8, 8.2, 8.3, 7.9, 8.6, 8.1, 8.5, 8.7, 8.6, 8.0, 8.1
Lakes DHB	8.5, 8.5, 8.2, 8.5, 8.4, 8.2, 8.1, 8.1, 8.3, 8.6, 8.8, 8.5, 8.4, 8.3, 8.6, 8.6, 8.8, 8.3, 8.8, 8.3, 8.4
MidCentral DHB	8.4, 8.3, 7.9, 8.3, 8.1, 8.6, 8.1, 8.4, 8.2, 8.6, 8.4, 8.1, 8.1, 8.4, 8.4, 8.5, 8.5, 8.6, 8.4, 8.3, 8.4, 8.2
Nelson Marlborough DHB	8.4, 8.6, 8.7, 8.5, 8.6, 8.6, 8.4, 8.2, 8.9, 8.6, 8.6, 8.5, 8.6, 8.5, 8.7, 8.5, 8.7, 8.4, 8.7, 8.3, 8.4
Northland DHB	7.8, 8.3, 7.8, 8.2, 8.4, 8.5, 8.2, 8.2, 8.4, 8.8, 8.4, 8.4, 8.4, 8.0, 7.8, 8.5, 8.6, 8.3, 8.1, 8.5, 8.1
South Canterbury DHB	8.1, 8.6, 8.6, 9.0, 8.6, 7.8, 7.8, 8.6, 8.8, 8.1, 8.9, 8.9, 8.2, 9.0, 8.2, 8.8, 8.6, 8.9, 8.5, 8.5, 8.5, 8.5
Southern DHB	8.3, 8.9, 8.7, 8.4, 8.0, 8.2, 8.2, 8.8, 8.3, 8.4, 8.3, 8.2, 7.9, 8.0, 8.7, 8.2, 7.8, 8.6, 8.3, 7.9
Taranaki DHB	8.3, 8.6, 8.3, 8.1, 8.2, 8.3, 7.8, 8.1, 8.0, 8.6, 8.6, 8.2, 8.4, 7.8, 8.3, 8.5, 8.7, 8.5, 8.6, 8.1, 8.4, 8.2
Waikato DHB	8.3, 8.4, 8.5, 8.1, 8.5, 8.2, 8.4, 8.4, 8.2, 8.4, 8.0, 8.4, 8.3, 8.4, 7.8, 8.3, 8.2, 8.4, 8.2, 8.1, 8.0
Wairarapa DHB	8.4, 8.5, 8.0, 8.3, 8.4, 8.7, 8.9, 8.8, 8.4, 8.5, 8.2, 8.1, 7.9, 7.5, 8.4, 8.7, 8.0, 8.1, 8.4, 8.2, 8.8
Waitematā DHB	7.7, 8.1, 7.9, 8.1, 8.3, 8.3, 8.1, 8.4, 8.2, 8.3, 8.2, 8.2, 8.3, 8.1, 8.1, 8.2, 8.4, 8.4, 8.7, 8.5, 8.3
West Coast DHB	9.4, 9.5, 9.1, 8.8, 8.8, 8.1, 9.3, 8.2, 9.0, 8.9, 8.9, 8.4, 8.4, 9.1, 8.8, 8.1, 8.5, 8.2, 8.8, 8.7, 8.8
Whanganui DHB	8.2, 8.4, 8.5, 8.6, 8.5, 7.9, 8.5, 8.2, 8.4, 7.8, 8.4, 8.5, 8.7, 8.2, 8.5, 8.3, 8.5, 8.5, 8.1, 8.6, 8.2, 8.1
New Zealand	8.3, 8.5, 8.3, 8.4, 8.4, 8.3, 8.2, 8.4, 8.3, 8.4, 8.3, 8.5, 8.3, 8.4, 8.2, 8.5, 8.4, 8.4, 8.3, 8.5, 8.4, 8.3
	Q3, 2014, Q4, 2014, Q1, 2015, Q2, 2015, Q3, 2015, Q4, 2015, Q1, 2016, Q2, 2016, Q3, 2016, Q4, 2016, Q1, 2017, Q2, 2017, Q3, 2017, Q4, 2017, Q1, 2018, Q2, 2018, Q3, 2018, Q4, 2018, Q1, 2019, Q2, 2019, Q3, 2019, Q4, 2019

Canada

Canada has not yet published the results for individual hospitals, this is planned for 2022, but a national report was published for the year 2019. Here are some examples of overall /regional results and stratified evaluations.



2/3 of patients felt completely informed of their condition, treatment and medication before leaving the hospital.



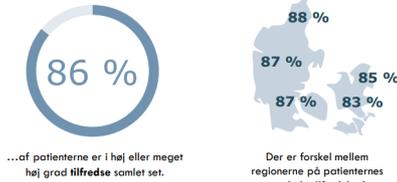
A higher percentage of patients from small hospitals felt that their care was always well coordinated.

Denmark

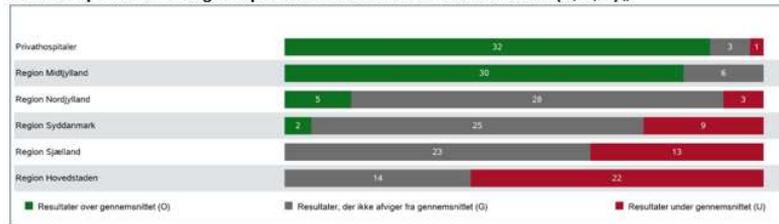
The national reports present results at national and regional level, these can be aggregated to dimensions or for individual questions. There are tables with detailed results for each hospital, below a table with return rates.

Resultaterne kort

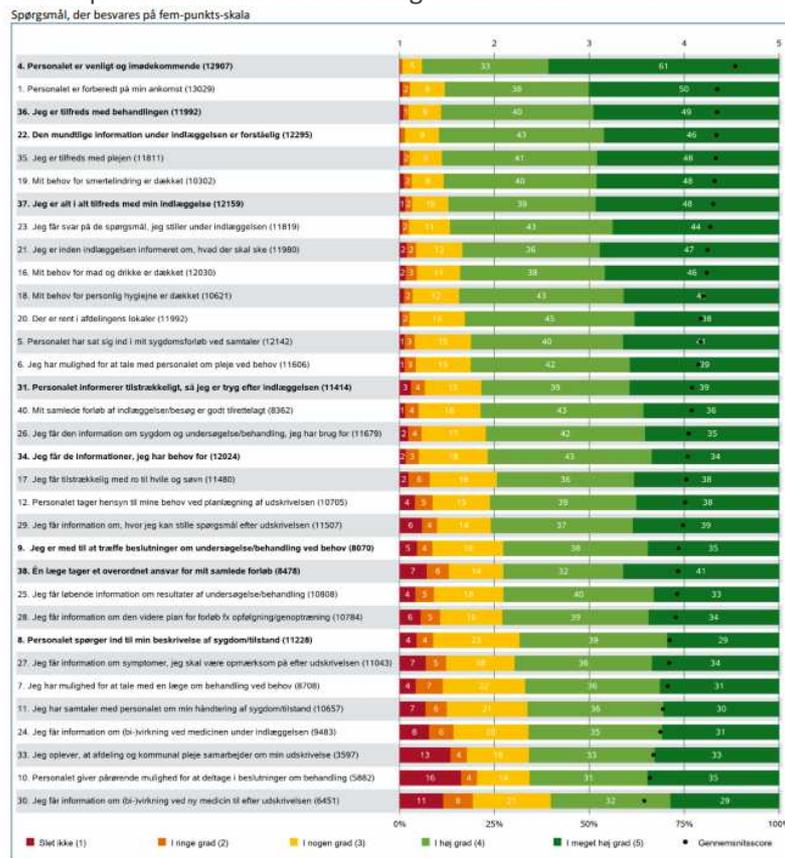
- På tværs af de tre patienttyper i LUP Somatik



Planned-inpatients: The regions' position in relation to the national result (O, U, G)¶



Below results for each questions ordered according to the mean score.



Land/resultatet	18498	13249	71,6%
Region Hovedstaden	5881	3865	65,7%
Rusthospitalet	1893	1265	66,8%
Hjertemedicinsk klinik BH	267	192	71,9%
Thoraxkirurgisk klinik RT	162	114	70,4%
Karotidkirurgisk klinik RK	133	89	66,9%

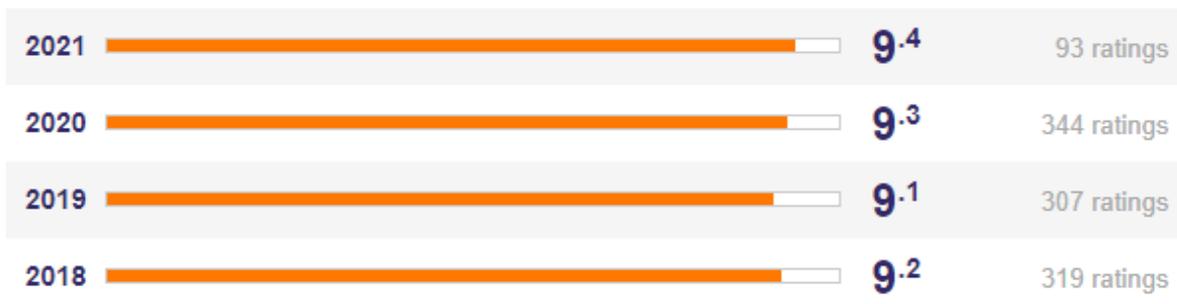
Netherlands

The hospital compare list shows an overall rating and how many patients answered the questionnaires but there are no details given. The ratings for several years are shown and comments by patients for specific treatments are available.

 ZorgSaam Hospital, location Antonius Hospital 📍 Oostburg	9.2 44 Ratings
 Regional Hospital Queen Beatrix Organization 📍 Winterswijk	9.1 1290 Ratings
 Máxima MC, location Eindhoven Hospital 📍 Eindhoven	9.1 264 Ratings
 Tjongerschans Organization 📍 Heerenveen	9.0 457 Ratings
 Spijkenisse Medical Center Organization 📍 Spijkenisse	9.0 418 Ratings

Ratings

Average valuation rate per year



More 

Explanation

This is the average figure per year, and the total number of ratings that this healthcare provider received. If a year is missing, no valuations have been placed in that year.

11 Appendix 7: Questionnaires

ENGLAND (paper version)



NHS INPATIENT SURVEY

If you agree to take part in the survey, please complete the questionnaire and send it back in the **FREEPOST** envelope provided.

For each question, please cross clearly inside one box using a black or blue pen. For some questions you will be instructed that you may cross more than one box. Sometimes you will find that the box you have crossed has an instruction to go to another question. By following the instructions carefully, you will miss out questions that do not apply to you.

Don't worry if you make a mistake; simply fill in the box and put a cross in the correct box.

Taking part in this survey is voluntary. **Your answers will be treated in confidence.**

Questions or help?

If you would like someone to help you complete the survey, it's fine to ask a friend or relative to help, but please make sure the answers are only about your experiences.

If you have any questions or need help filling in the questionnaire, **email [HELPLINE EMAIL]** or **call [Freephone] [HELPLINE NUMBER] [HELPLINE OPENING DAYS/TIMES]**.

Please remember, this questionnaire is about your **most recent overnight** stay at the hospital named in the accompanying letter.

ADMISSION TO HOSPITAL

1 Was your most recent overnight hospital stay planned in advance or an emergency?

- 1 Waiting list or planned in advance.....**Go to 2**
 2 Emergency or urgent.....**Go to 3**
 3 Don't know / can't remember...**Go to 2**

2 How did you feel about the length of time you were on the waiting list before your admission to hospital?

- 1 I did not mind waiting as long as I did
 2 I would like to have been admitted a bit sooner
 3 I would like to have been admitted a lot sooner
 4 Don't know / can't remember

3 How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?

- 1 I did not have to wait
 2 I had to wait, but not for too long
 3 I had to wait a bit too long
 4 I had to wait far too long
 5 Don't know / can't remember

THE HOSPITAL AND WARD

4 Did you ever stay in a hospital room or ward for those with coronavirus (COVID-19) or suspected coronavirus?

- 1 Yes
 2 No
 3 Don't know

4A There were restrictions on visitors in hospital during the coronavirus (COVID-19) pandemic. Were you able to keep in touch with your family and friends during your stay?

- 1 Yes, often
- 2 Sometimes
- 3 No, never
- 4 I did not need to
- 5 There were no restrictions on visitors
- 6 Don't know / can't remember

5 Were you ever prevented from sleeping at night by any of the following?

Please cross **X** in all the boxes that apply to you.

- 1 Noise from other patients
- 2 Noise from staff
- 3 Noise from medical equipment
- 4 Hospital lighting
- 5 Something else
- 6 None of these

6 Did you ever change wards during the night?

- 1 Yes, once..... Go to 7
- 2 Yes, more than once.....Go to 7
- 3 No.....Go to 8
- 4 Don't know / can't remember.....Go to 8

7 Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No, but I would have liked an explanation
- 4 No, but I did not need an explanation
- 5 Can't remember

8 How clean was the hospital room or ward that you were in?

- 1 Very clean
- 2 Fairly clean
- 3 Not very clean
- 4 Not at all clean
- 5 Don't know / can't remember

9 Did you get enough help from staff to wash or keep yourself clean?

- 1 Yes, always
- 2 Sometimes
- 3 No, never
- 4 I did not need help

10 If you brought medication with you to hospital, were you able to take it when you needed to?

- 1 Yes, always
- 2 Sometimes
- 3 No, never
- 4 I had to stop taking my medication as part of my treatment
- 5 I did not bring medication with me to hospital

11 Were you offered food that met any dietary requirements you had?

- 1 Yes, always
- 2 Sometimes
- 3 No, never
- 4 I did not have any dietary requirements

12 How would you rate the hospital food?

- 1 Very good
- 2 Fairly good
- 3 Neither good nor poor
- 4 Fairly poor
- 5 Very poor
- 6 I was fed through tube feeding..... Go to 14
- 7 I did not have any hospital food..... Go to 14

13 Did you get enough help from staff to eat your meals?

- 1 Yes, always
- 2 Sometimes
- 3 No, never
- 4 I did not need help to eat meals

14 During your time in hospital, did you get enough to drink?

Please cross **X** in all the boxes that apply to you.

- 1 Yes
 2 No, because I did not get enough help to drink
 3 No, because I was not given enough to drink
 4 No, for another reason
 5 I had a hydration drip

DOCTORS

In this section, please think about all the doctors who cared for you. For example, consultants, junior doctors, and surgeons. Please do not include doctors who cared for you in A&E.

15 When you asked doctors questions, did you get answers you could understand?

- 1 Yes, always
 2 Sometimes
 3 No, never
 4 I did not have any questions
 5 I did not feel able to ask questions

16 Did you have confidence and trust in the doctors treating you?

- 1 Yes, always
 2 Sometimes
 3 No, never

17 When doctors spoke about your care in front of you, were you included in the conversation?

- 1 Yes, always
 2 Sometimes
 3 No, never

NURSES

In this section, please think about all the nurses who cared for you. For example, nurses, nursing associates, clinical support workers, and healthcare assistants (HCAs). Please do not include nurses who cared for you in A&E.

18 When you asked nurses questions, did you get answers you could understand?

- 1 Yes, always
 2 Sometimes
 3 No, never
 4 I did not have any questions
 5 I did not feel able to ask questions

19 Did you have confidence and trust in the nurses treating you?

- 1 Yes, always
 2 Sometimes
 3 No, never

20 When nurses spoke about your care in front of you, were you included in the conversation?

- 1 Yes, always
 2 Sometimes
 3 No, never

21 In your opinion, were there enough nurses on duty to care for you in hospital?

- 1 Yes, always
 2 Sometimes
 3 No, never

YOUR CARE AND TREATMENT

22 Thinking about your care and treatment, were you told something by a member of staff that was different to what you had been told by another member of staff?

- 1 Yes, often
 2 Sometimes
 3 No, never
 4 Don't know / can't remember

23 To what extent did staff looking after you involve you in decisions about your care and treatment?

- 1 A great deal
- 2 A fair amount
- 3 Not very much
- 4 Not at all
- 5 I was not able to be involved
- 6 I didn't want to be involved

24 How much information about your condition or treatment was given to you?

- 1 Too much
- 2 About the right amount
- 3 Too little
- 4 I was not given any information about my treatment or condition
- 5 Don't know / can't remember

25 Did you feel able to talk to members of hospital staff about your worries and fears?

- 1 Yes, always
- 2 Sometimes
- 3 No, never
- 4 I had no worries or fears

26 Were you able to discuss your condition or treatment with hospital staff without being overheard?

- 1 Yes, always
- 2 Sometimes
- 3 No, never
- 4 I did not want this

27 Were you given enough privacy when being examined or treated?

- 1 Yes, always
- 2 Sometimes
- 3 No, never
- 4 I did not want this
- 5 Don't know / can't remember

28 Do you think the hospital staff did everything they could to help control your pain?

- 1 Yes, always
- 2 Sometimes
- 3 No, never
- 4 I was not in any pain
- 5 Don't know / can't remember

29 Were you able to get a member of staff to help you when you needed attention?

- 1 Yes, always
- 2 Sometimes
- 3 No, never
- 4 I did not need attention

OPERATIONS AND PROCEDURES

30 During your stay in hospital, did you have any operations or procedures?

Please do not include blood tests, scans or x-rays.

- 1 Yes.....Go to 31
- 2 No.....Go to 34

31 Beforehand, how well did hospital staff answer your questions about the operations or procedures?

- 1 Very well
- 2 Fairly well
- 3 Not very well
- 4 Not at all well
- 5 I did not have any questions
- 6 Don't know / can't remember

32 Beforehand, how well did hospital staff explain how you might feel after you had the operations or procedures?

- 1 Very well
- 2 Fairly well
- 3 Not very well
- 4 Not at all well
- 5 I did not discuss this with staff
- 6 Don't know / can't remember

33 After the operations or procedures, how well did hospital staff explain how the operation or procedure had gone?

- 1 Very well
- 2 Fairly well
- 3 Not very well
- 4 Not at all well
- 5 I did not discuss this with staff
- 6 Don't know / can't remember

LEAVING HOSPITAL

34 To what extent did staff involve you in decisions about you leaving hospital?

- 1 A great deal
- 2 A fair amount
- 3 Not very much
- 4 Not at all
- 5 I did not want to be involved in decisions

35 To what extent did hospital staff take your family or home situation into account when planning for you to leave hospital?

- 1 A great deal
- 2 A fair amount
- 3 Not very much
- 4 Not at all
- 5 It was not necessary
- 6 Don't know / can't remember

36 Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital?

- 1 Yes
- 2 No, but I would have liked them to
- 3 No, it was not necessary to discuss it
- 4 Don't know / can't remember

37 Were you given enough notice about when you were going to leave hospital?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No

38 Before you left hospital, were you given any written information about what you should or should not do after leaving hospital?

- 1 Yes
- 2 No
- 3 Don't know / can't remember

39 Thinking about any medicine you were to take at home, were you given any of the following?

Please cross X in all the boxes that apply to you.

- 1 An explanation of the purpose of the medicine
- 2 An explanation on side effects
- 3 An explanation of how to take the medicine
- 4 Written information about your medicine
- 5 I was given medicine, but no information
- 6 I had no medicine

40 Before you left hospital, did you know what would happen next with your care?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not need further care

41 Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

- 1 Yes
- 2 No
- 3 Don't know / can't remember

42 Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?

Please include any services from a physiotherapist, community nurse or GP, or assistance from social services or the voluntary sector.

- 1 Yes
- 2 No, but I would have liked them to
- 3 No, it was not necessary to discuss it
- 4 Don't know / can't remember

43 Where did you go after leaving hospital?

- 1 I went to my home
- 2 I went to stay with family or friends
- 3 I went to a nursing or care home
- 4 I was transferred to another hospital.....Go to 45
- 5 I went somewhere else

44 After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No, but support would have been useful
- 4 I did not need any support

OVERALL**45 Overall, did you feel you were treated with respect and dignity while you were in the hospital?**

- 1 Yes, always
- 2 Sometimes
- 3 No, never

46 Overall, how was your experience while you were in the hospital?

Please give your answer on a scale of 0 to 10, where 0 means you had a very poor experience and 10 means you had a very good experience.

- 1 0 – I had a very poor experience
- 2 1
- 3 2
- 4 3
- 5 4
- 6 5
- 7 6
- 8 7
- 9 8
- 10 9
- 11 10 – I had a very good experience

47 During your hospital stay, were you ever asked to give your views on the quality of your care?

- 1 Yes
- 2 No
- 3 Don't know / can't remember

ABOUT YOU**48 Who was the main person or people that filled in this questionnaire?**

- 1 The **patient** (named on the letter)
- 2 A **friend or relative** of the patient
- 3 **Both** patient and friend/relative together
- 4 The patient with the help of a health professional or care worker

The following questions will help us to understand how experiences vary between different groups of the population. We will keep your answers completely confidential. Please remember, all the questions should be answered from the point of view of the person named on the letter.

49 Do you have any of the following physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last 12 months or more?

Please cross **X** in **all** the boxes that apply to you.

- 1 Autism or autism spectrum condition
- 2 Breathing problem, such as asthma
- 3 Blindness or partial sight
- 4 Cancer in the last 5 years
- 5 Dementia or Alzheimer's disease
- 6 Deafness or hearing loss
- 7 Diabetes
- 8 Heart problem, such as angina
- 9 Joint problem, such as arthritis
- 10 Kidney or liver disease
- 11 Learning disability
- 12 Mental health condition
- 13 Neurological condition
- 14 Stroke (which affects your day-to-day life)
- 15 Another long-term condition
- 16 None of the above.....Go to 51
- 17 I would prefer not to say.....Go to 51

50 Do any of these conditions reduce your ability to carry out day-to-day activities?

- 1 Yes, a lot
 2 Yes, a little
 3 No, not at all

51 Have you experienced any of the following in the last 12 months?

Please cross **X** in **all** the boxes that apply to you.

- 1 Problems with your physical mobility, for example, difficulty getting about your home
 2 Two or more falls that have needed medical attention
 3 Feeling isolated from others
 4 None of these

52 What was your year of birth?

Please write in e.g.

1	9	6	4

The following two questions ask about your sex and gender. Your answers will help us understand whether experiences vary between different groups of the population. Your answers will be kept confidential and not linked to your medical records.

53 At birth were you registered as...

- 1 Male
 2 Female
 3 Intersex
 4 I would prefer not to say

54 Is your gender the same as the sex you were registered as at birth?

- 1 Yes
 2 No, please write your gender below

- 3 I would prefer not to say

55 What is your religion?

- 1 No religion
 2 Buddhist
 3 Christian (including Church of England, Catholic, Protestant, and other Christian denominations)
 4 Hindu
 5 Jewish
 6 Muslim
 7 Sikh
 8 Other
 9 I would prefer not to say

56 Which of the following best describes your sexual orientation?

- 1 Heterosexual / straight
 2 Gay / lesbian
 3 Bisexual
 4 Other
 5 I would prefer not to say

Please turn over



57 What is your ethnic group?Please cross **X** in **ONE** box only.**a. WHITE**

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- Any other White background, **please write in**

b. MIXED / MULTIPLE ETHNIC GROUPS

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed / multiple ethnic background, **please write in**

c. ASIAN / ASIAN BRITISH

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, **please write in**

d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH

- African
- Caribbean
- Any other Black / African / Caribbean background, **please write in**

e. OTHER ETHNIC GROUP

- Arab
- Any other ethnic group, **please write in**
- I would prefer not to say

OTHER COMMENTS

If there is anything else you would like to tell us about your experiences in the hospital, please do so here.

Please note that the comments you provide will be looked at in full by the NHS Trust, CQC and researchers analysing the data. We will remove any information that could identify you before publishing any of your feedback.

Was there anything particularly good about your hospital care?

Was there anything that could be improved?

Any other comments?

THANK YOU VERY MUCH FOR YOUR HELP.

Please check that you answered all the questions that apply to you.

Please post this questionnaire back in the **FREEPOST** envelope provided. No stamp is needed.

If you do not have your **FREEPOST** envelope, please return the questionnaire to **[INSERT FREEPOST ADDRESS HERE]**.

If you have concerns about the care you or others have received, please contact CQC on **03000 61 61 61**.

USA

HCAHPS Survey

SURVEY INSTRUCTIONS

- ◆ You should only fill out this survey if you were the patient during the hospital stay named in the cover letter. Do not fill out this survey if you were not the patient.
- ◆ Answer all the questions by checking the box to the left of your answer.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes
 No → *If No, Go to Question 1*

You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.

Please note: Questions 1-29 in this survey are part of a national initiative to measure the quality of care in hospitals. OMB #0938-0981 (Expires November 30, 2021)

Please answer the questions in this survey about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with courtesy and respect?

- 1 Never
 2 Sometimes
 3 Usually
 4 Always

2. During this hospital stay, how often did nurses listen carefully to you?

- 1 Never
 2 Sometimes
 3 Usually
 4 Always

3. During this hospital stay, how often did nurses explain things in a way you could understand?

- 1 Never
 2 Sometimes
 3 Usually
 4 Always

4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

- 1 Never
 2 Sometimes
 3 Usually
 4 Always
 9 I never pressed the call button

YOUR CARE FROM DOCTORS

5. During this hospital stay, how often did doctors treat you with courtesy and respect?
- 1 Never
2 Sometimes
3 Usually
4 Always
6. During this hospital stay, how often did doctors listen carefully to you?
- 1 Never
2 Sometimes
3 Usually
4 Always
7. During this hospital stay, how often did doctors explain things in a way you could understand?
- 1 Never
2 Sometimes
3 Usually
4 Always

THE HOSPITAL ENVIRONMENT

8. During this hospital stay, how often were your room and bathroom kept clean?
- 1 Never
2 Sometimes
3 Usually
4 Always
9. During this hospital stay, how often was the area around your room quiet at night?
- 1 Never
2 Sometimes
3 Usually
4 Always

YOUR EXPERIENCES IN THIS HOSPITAL

10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?
- 1 Yes
2 No → If No, Go to Question 12
11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
- 1 Never
2 Sometimes
3 Usually
4 Always
12. During this hospital stay, were you given any medicine that you had not taken before?
- 1 Yes
2 No → If No, Go to Question 15
13. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
- 1 Never
2 Sometimes
3 Usually
4 Always
14. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?
- 1 Never
2 Sometimes
3 Usually
4 Always

WHEN YOU LEFT THE HOSPITAL

15. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?

- ¹ Own home
² Someone else's home
³ Another health facility → **If Another, Go to Question 18**

16. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?

- ¹ Yes
² No

17. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

- ¹ Yes
² No

OVERALL RATING OF HOSPITAL

Please answer the following questions about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

18. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

- ⁰ 0 Worst hospital possible
¹ 1
² 2
³ 3
⁴ 4
⁵ 5
⁶ 6
⁷ 7
⁸ 8
⁹ 9
¹⁰ 10 Best hospital possible

19. Would you recommend this hospital to your friends and family?

- ¹ Definitely no
² Probably no
³ Probably yes
⁴ Definitely yes

UNDERSTANDING YOUR CARE WHEN YOU LEFT THE HOSPITAL

20. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

- ¹ Strongly disagree
² Disagree
³ Agree
⁴ Strongly agree

21. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

Strongly disagree
 Disagree
 Agree
 Strongly agree

22. When I left the hospital, I clearly understood the purpose for taking each of my medications.

Strongly disagree
 Disagree
 Agree
 Strongly agree
 I was not given any medication when I left the hospital

ABOUT YOU

There are only a few remaining items left.

23. During this hospital stay, were you admitted to this hospital through the Emergency Room?

Yes
 No

24. In general, how would you rate your overall health?

Excellent
 Very good
 Good
 Fair
 Poor

25. In general, how would you rate your overall mental or emotional health?

Excellent
 Very good
 Good
 Fair
 Poor

26. What is the highest grade or level of school that you have completed?

8th grade or less
 Some high school, but did not graduate
 High school graduate or GED
 Some college or 2-year degree
 4-year college graduate
 More than 4-year college degree

27. Are you of Spanish, Hispanic or Latino origin or descent?

No, not Spanish/Hispanic/Latino
 Yes, Puerto Rican
 Yes, Mexican, Mexican American, Chicano
 Yes, Cuban
 Yes, other Spanish/Hispanic/Latino

28. What is your race? Please choose one or more.

White
 Black or African American
 Asian
 Native Hawaiian or other Pacific Islander
 American Indian or Alaska Native

29. What language do you mainly speak at home?

- ¹ English
² Spanish
³ Chinese
⁴ Russian
⁵ Vietnamese
⁶ Portuguese
⁷ German
⁹ Some other language (please print):

NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, THE MANDATORY TRANSITION STATEMENT MUST BE PLACED IMMEDIATELY BEFORE THE SUPPLEMENTAL QUESTION(S).

THANK YOU

Please return the completed survey in the postage-paid envelope.

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

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FRANCE

e-Satis +48h MCO Questionnaire



e-Satis



Donnez votre avis sur votre hospitalisation

Madame, Monsieur,

A la suite de votre séjour dans un établissement de santé, nous souhaitons recueillir votre avis sur votre hospitalisation.

Ce questionnaire ne vous prendra que quelques minutes.

[Commencer le questionnaire](#)

Vos réponses sont importantes. Elles permettront à votre hôpital ou clinique de connaître les points positifs de votre séjour et ceux qu'il peut améliorer. Elles permettront aussi à la Haute Autorité de Santé de calculer un score de satisfaction des patients concernant la qualité et la sécurité des soins, consultable sur le site [Scope santé](#).

Vous pouvez à tout moment interrompre la réponse à ce questionnaire, et y revenir plus tard. Vos réponses resteront enregistrées. Le questionnaire est accessible durant les 12 semaines suivant votre sortie de l'établissement de santé.

Cas particuliers :

- Si votre enfant est âgé de moins de 14 ans, vous pouvez répondre au questionnaire à sa place en prenant en compte son hospitalisation.
- Si votre enfant a entre 14 et 17 ans, vous pouvez répondre à sa place ou répondre avec lui.

Les parents/proches/aidants peuvent répondre à la place ou avec une personne en incapacité de le faire (sans email, personne âgée, personne diminuée physiquement, psychologiquement, sous tutelle...).

Une question ?

C'est la Haute Autorité de Santé (HAS) qui mène cette enquête nationale de mesure de la satisfaction et de l'expérience des patients hospitalisés. Vous pouvez la contacter [par courriel](#)

Par avance merci de votre participation.

Si vous ne souhaitez pas répondre au questionnaire, cliquez ici pour [vous désinscrire](#).

Les données personnelles vous concernant (adresse mail, sexe, âge, date d'entrée et de sortie de l'établissement, commentaires libres) collectées à l'occasion de cette enquête ont pour unique objet l'évaluation de la satisfaction des usagers ayant fait l'objet d'une hospitalisation afin d'améliorer la qualité du service rendu aux patients. Ces données ne sont transmises qu'à votre établissement de santé ainsi qu'aux agents de l'Agence Technique de l'Information sur l'Hospitalisation (ATIH) et de la Haute Autorité de Santé (HAS) en charge de cette enquête. Votre adresse e-mail est supprimée un an après réception de cet e-mail. Les autres données recueillies sont conservées pour la durée nécessaire à l'exploitation de l'enquête. Conformément à la loi «Informatique et libertés» du 6 janvier 1978 modifiée, vous pouvez exercer votre droit d'accès, d'opposition, de rectification et de suppression des données vous concernant : dpo@has-sante.fr

Vous avez été hospitalisé(e) pendant au minimum deux nuits consécutives dans un de nos services de médecine et/ou chirurgie et/ou maternité ?

- Oui Non

Si oui, nous vous invitons à répondre aux questions suivantes.

Si non, il n'est pas nécessaire de répondre au questionnaire, non adapté à votre hospitalisation. Nous vous remercions d'avoir répondu à ce mail.

Généralités

Merci d'indiquer votre appréciation à l'aide des échelles proposées ci-dessous

Ce questionnaire est rempli par :

- Le patient Un parent ou un proche Le patient avec un parent ou un proche

Si vous êtes un parent ou un proche, assurez-vous que vos réponses restituent bien l'appréciation du patient lui-même

Aviez-vous déjà été hospitalisé(e) dans cet établissement ?

- Non, jamais Oui, il y a longtemps Oui, récemment Je ne me rappelle plus

Attention les questions suivantes portent sur votre dernier séjour dans cet établissement

Comment avez-vous été orienté(e) dans l'établissement dans lequel vous avez été hospitalisé(e) ?

- Par un service d'Urgence
 Par un médecin (généraliste / spécialiste)
 Par un proche (membre de la famille, ami)
 Par un autre établissement
 Autre
-

Votre Accueil

Merci d'indiquer votre appréciation à l'aide des échelles proposées ci-dessous.

Que pensez-vous de l'accessibilité de l'établissement de santé (transport, parking, signalétique) ?

- Mauvaise Faible Moyenne Bonne Excellente

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Que pensez-vous de l'accueil réservé par le personnel administratif lors de votre admission (admission / bureau des entrées) ?

- Mauvais Faible Moyen Bon Excellent

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Que pensez-vous de l'accueil dans le(s) service(s) de soins (service des Urgences exclu) ?

- Mauvais Faible Moyen Bon Excellent

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Que pensez-vous de l'identification (badge, présentation, ...) des personnes travaillant dans le(s) service(s) de soins (médecins, infirmiers(es), aide-soignants(es)...) ?

- Mauvaise Faible Moyenne Bonne Excellente

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Avez-vous reçu un livret d'accueil pour les patients ?

- Oui Non Je ne me souviens plus

Que pensez-vous de la clarté des informations contenues dans le livret d'accueil pour les patients ?

- Mauvaise Faible Moyenne Bonne Excellente

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Avez-vous été informé(e) de l'existence des représentants d'usagers dans l'établissement ?

- Oui Non

Que pensez-vous des horaires de visite ?

- Mauvais Faible Moyen Bon Excellent

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Globalement, quelle est votre appréciation de l'accueil dans l'établissement ?

- Mauvais Faible Moyen Bon Excellent

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Votre Prise En Charge

Merci d'indiquer votre appréciation à l'aide des échelles proposées ci-dessous

Avez-vous reçu spontanément (sans le demander) des explications sur votre état de santé, votre traitement, vos soins, etc... ?

- Jamais Rarement Parfois Souvent Toujours

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Les médecins ou les chirurgiens du service ont-ils répondu à vos questions ?

- Je n'ai pas eu de questions à poser Non, je n'ai eu aucune réponse à mes questions Oui

Que pensez-vous de la clarté des réponses des médecins ou des chirurgiens du service ?

- Mauvaise Faible Moyenne Bonne Excellente

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Avez-vous (vous ou vos proches) souhaité participer aux décisions concernant vos soins ou votre traitement ?

- Oui Non

Avez-vous (vous ou vos proches) pu participer aux décisions concernant vos soins ou votre traitement ?

- Jamais Rarement Parfois Souvent Toujours

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Avez-vous bénéficié d'une écoute attentive des médecins ou des chirurgiens ?

- Jamais Rarement Parfois Souvent Toujours

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Avez-vous bénéficié d'une écoute attentive des infirmier(e)s ou des aide-soignant(e)s ?

- Jamais Rarement Parfois Souvent Toujours

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Avez-vous ressenti de l'inquiétude, de l'anxiété au cours de votre hospitalisation ?

- Oui Non

Que pensez-vous du soutien des médecins ou des chirurgiens qui vous ont pris en charge ?

- Mauvais Faible Moyen Bon Excellent

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Que pensez-vous du soutien des infirmier(e)s ou des aide-soignant(e)s qui vous ont pris en charge ?

- Mauvais Faible Moyen Bon Excellent

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Avez-vous eu besoin d'aide pour les activités courantes (se laver, s'habiller, manger, se déplacer, ...)?

- Oui Non
-

Que pensez-vous de l'aide reçue pour les activités courantes ?

- Mauvaise Faible Moyenne Bonne Excellente

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Avez-vous eu besoin d'aide de façon urgente au cours de votre hospitalisation (malaise, perfusion débranchée, fin de perfusion, aller aux toilettes, ...)?

- Oui Non
-

Que pensez-vous du délai d'attente pour avoir de l'aide de façon urgente ?

- Mauvais Faible Moyen Bon Excellent

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Que pensez-vous du respect de votre intimité lors de votre prise en charge ?

- Mauvais Faible Moyen Bon Excellent

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Que pensez-vous du respect de la confidentialité et du secret professionnel lors de votre prise en charge ?

- Mauvais Faible Moyen Bon Excellent

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Les médecins / chirurgiens parlaient-ils / elles devant vous comme si vous n'étiez pas là ?

- Jamais Rarement Parfois Souvent Toujours

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Les infirmiers(ères) / aide-soignant(e)s parlaient-ils / elles devant vous comme si vous n'étiez pas là ?

- Jamais Rarement Parfois Souvent Toujours

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Pendant cette hospitalisation, avez-vous eu des douleurs ?

- Extrêmement intenses Intenses Modérées Faibles Pas de douleur
-

Que pensez-vous de la façon dont ces douleurs ont été prises en charge ?

- Mauvaise Faible Moyenne Bonne Excellente

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Pendant cette hospitalisation, avez-vous eu d'autres inconforts liés à votre maladie (nausée, mauvaise position, vertiges, etc...) ?

- Oui Non

Que pensez-vous de la façon dont ces autres inconforts ont été pris en charge ?

- Mauvaise Faible Moyenne Bonne Excellente

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Globalement, comment évaluez-vous la qualité de votre prise en charge / de vos soins dans le service par les médecins / chirurgiens ?

- Mauvaise Faible Moyenne Bonne Excellente

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Globalement, comment évaluez-vous la qualité de votre prise en charge / de vos soins dans le service par les infirmiers(ères) / aide-soignant(e)s ?

- Mauvaise Faible Moyenne Bonne Excellente

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Chambre Et Repas

Merci d'indiquer votre appréciation à l'aide des échelles proposées ci-dessous

Vous étiez dans une chambre ?

- Simple Double
-

Que pensez-vous du confort de votre chambre ?

- Mauvais Faible Moyen Bon Excellent

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Que pensez-vous de la propreté de votre chambre ?

- Mauvaise Faible Moyenne Bonne Excellente

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Que pensez-vous de la température de votre chambre ?

- Mauvaise Faible Moyenne Bonne Excellente

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Que pensez-vous du calme et de la tranquillité de votre chambre ?

- Mauvais Faible Moyen Bon Excellent

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Avez-vous pris un repas pendant votre hospitalisation ?

- Oui Non
-

Que pensez-vous de la qualité des repas qui vous ont été servis ?

- Mauvaise Faible Moyenne Bonne Excellente

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Que pensez-vous de la variété des plats ?

- Mauvaise Faible Moyenne Bonne Excellente

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Globalement, quelle est votre appréciation de vos repas lors de votre prise en charge ?

- Mauvais Faible Moyen Bon Excellent

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Globalement, quelle est votre appréciation de votre chambre lors de votre prise en charge ?

- Mauvais Faible Moyen Bon Excellent

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

L'organisation De Votre Sortie

Merci d'indiquer votre appréciation à l'aide des échelles proposées ci-dessous

Que pensez-vous de la façon dont votre sortie a été organisée (annonce de votre date de sortie, destination à la sortie,...) ?

- Mauvaise Faible Moyenne Bonne Excellente

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Avez-vous reçu des informations sur les médicaments à prendre après votre sortie (dosage, horaires, effets indésirables) ?

- Je n'avais pas de médicaments à prendre après ma sortie Non, aucune information ne m'a été donnée Oui

Que pensez-vous des informations que vous avez reçues sur les médicaments à prendre après votre sortie ?

- Mauvaise Faible Moyenne Bonne Excellente

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Avez-vous reçu des informations sur la reprise de vos activités après votre sortie (travail, sport, activités habituelles) ?

- Oui Non

Que pensez-vous des informations que vous avez reçues sur la reprise de vos activités après votre sortie ?

- Mauvaise Faible Moyenne Bonne Excellente

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Avez-vous reçu des informations sur les signes ou complications devant vous amener à recontacter l'hôpital ou votre médecin ?

- Oui Non

Que pensez-vous des informations que vous avez reçues sur les signes ou complications devant vous amener à recontacter l'hôpital ou votre médecin ?

- Mauvaise Faible Moyenne Bonne Excellente

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Avez-vous reçu des informations sur votre suivi après votre sortie (prochains rendez-vous, prochaines étapes) ?

- Oui Non

Que pensez-vous des informations que vous avez reçues sur le suivi après votre sortie ?

- Mauvaise Faible Moyenne Bonne Excellente

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Globalement, quelle est votre appréciation de l'organisation de votre sortie ?

- Mauvaise Faible Moyenne Bonne Excellente

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Opinion Générale Sur Votre Hospitalisation

Merci d'indiquer votre appréciation à l'aide des échelles proposées ci-dessous

Quelle est votre opinion générale sur l'ensemble de votre séjour (accueil, prise en charge, chambre et repas, sortie) ?

- Mauvais Faible Moyen Bon Excellent

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

Recommanderiez-vous cet établissement de santé à vos amis ou membres de votre famille s'ils devaient être hospitalisés pour la même raison que vous ?

- 1 2 3 4 5

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

1 signifie « Certainement pas » et 5 signifie « Certainement »

Si vous deviez être à nouveau hospitalisé pour la même raison, reviendriez-vous dans cet établissement ?

- 1 2 3 4 5

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

1 signifie « Certainement pas » et 5 signifie « Certainement »

Pour Finir, Informations Vous Concernant

Merci d'indiquer votre appréciation à l'aide des échelles proposées ci-dessous

Comment vous sentez-vous aujourd'hui par rapport au jour de votre admission ?

- 1 2 3 4 5

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

1 signifie « Beaucoup plus mal » et 5 signifie « Beaucoup mieux »

Sur une échelle de 1 à 7, quel est votre niveau de satisfaction sur la vie en général ?

- 1 2 3 4 5 6 7

Si aucune modalité ne correspond, cliquez sur le bouton ? Sans avis

1 signifie que vous n'êtes pas du tout satisfait et 7 signifie que vous êtes très satisfait. Les notes intermédiaires servent à nuancer votre jugement

Pour En Savoir Plus

Votre commentaire est transmis dans son intégralité à l'établissement de santé concerné par votre hospitalisation et est accessible à la Haute Autorité de santé.

Merci de ne mentionner aucun nom de professionnel(les) ou de patient dans votre commentaire. Il risque de ne pas être pris en compte si le(s) nom(s) de professionnel(les) sont indiqué(s) en clair.

Qu'avez-vous retenu de positif au cours de votre séjour ?

Qu'avez-vous retenu de négatif au cours de votre séjour ?

GERMANY

Fragebogen zu Ihrem Krankenhausaufenthalt – PEQ

Sehr geehrte Patientin, sehr geehrter Patient,

wir danken Ihnen für die Teilnahme an dieser Befragung. Ihre Meinung ist uns sehr wichtig. Uns interessiert Ihr **Gesamteindruck zu Ihrem letzten Krankenhausaufenthalt**. Dazu stellen wir Fragen zu verschiedenen Bereichen, wie medizinische Versorgung, pflegerische Betreuung etc.

Bitte kreuzen Sie immer die Antwort an, die Ihre persönliche Einschätzung und Erfahrung am besten beschreibt. Dabei bedeutet 1 die beste Bewertung und 6 die schlechteste Bewertung.

Beispiel:

Wie zufrieden waren Sie?							
Ja, sehr	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	Überhaupt nicht

Fragen zur ärztlichen Versorgung:

1. Wurden Ihre Wünsche und Bedenken in der <u>ärztlichen</u> Behandlung berücksichtigt? Beispiele: Beteiligung, Mitspracherecht, gegebenenfalls Einbeziehung Angehöriger							
Ja, sehr	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	Überhaupt nicht

2. Wie beurteilen Sie den Umgang der <u>Ärztinnen und Ärzte</u> im Krankenhaus mit Ihnen? Beispiele: Freundlichkeit, respektvoller Umgang, Eingehen auf Ängste, Ansprechbarkeit							
Sehr gut	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	Sehr schlecht

3. Wurden Sie von den <u>Ärztinnen und Ärzten</u> im Krankenhaus insgesamt angemessen informiert? Beispiele: Informationen zu Behandlungsrisiken, Medikamenten, zur Krankheit							
Ja, sehr	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	Überhaupt nicht

4. Wie schätzen Sie die Qualität der <u>medizinischen</u> Versorgung in Ihrem Krankenhaus ein? Beispiele: die fachliche Kompetenz der behandelnden Ärztinnen und Ärzte, moderne Behandlungsmethoden							
Sehr gut	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	Sehr schlecht

Fragen zur pflegerischen Betreuung:

5. Wurden Ihre Wünsche und Bedenken in der Betreuung durch die <u>Pflegekräfte</u> berücksichtigt? Beispiele: Beteiligung, Mitspracherecht, gegebenenfalls Einbeziehung Angehöriger							
Ja, sehr	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	Überhaupt nicht

Fragebogen zu Ihrem Krankenhausaufenthalt – PEQ

6. Wie beurteilen Sie den Umgang der Pflegekräfte mit Ihnen?

Beispiele: Freundlichkeit, respektvoller Umgang, Eingehen auf Ängste, Ansprechbarkeit

Sehr gut	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	Sehr schlecht
----------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	---------------

7. Wurden Sie von den Pflegekräften insgesamt angemessen informiert?

Beispiele: Umgang mit der Krankheit, Untersuchungen, Tagesablauf

Ja, sehr	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	Überhaupt nicht
----------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	-----------------

8. Wie schätzen Sie die Qualität der pflegerischen Betreuung in Ihrem Krankenhaus ein?

Beispiele: fachliche Kompetenz der Pflegekräfte, Versorgung nach neuestem Wissen

Sehr gut	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	Sehr schlecht
----------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	---------------

Weitere Fragen zu Ihrem Krankenhausaufenthalt:

9. Mussten Sie während Ihres Krankenhausaufenthaltes häufig warten?

Nein, niemals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	Ja, immer
---------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	-----------

10. Verlief die Aufnahme ins Krankenhaus zügig und reibungslos?

Ja, sehr	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	Überhaupt nicht
----------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	-----------------

11. Wie beurteilen Sie die Sauberkeit in Ihrem Krankenhaus?

Sehr gut	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	Sehr schlecht
----------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	---------------

12. Entsprach die Essensversorgung im Krankenhaus Ihren Bedürfnissen?

Ja, sehr	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	Überhaupt nicht
----------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	-----------------

13. Wie gut war Ihre Entlassung durch das Krankenhaus organisiert?

Sehr gut	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	Sehr schlecht
----------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	---------------

Fragebogen zu Ihrem Krankenhausaufenthalt – PEQ

Weitere Fragen:

14. Würden Sie dieses Krankenhaus Ihrem besten Freund / Ihrer besten Freundin weiterempfehlen?

Voll und ganz 1 2 3 4 5 6 Überhaupt nicht

15. Hat sich Ihr Gesundheitszustand durch den Krankenhausaufenthalt verbessert?

Voll und ganz 1 2 3 4 5 6 Überhaupt nicht

Persönliche Angaben:

A: Wie beurteilen Sie Ihren aktuellen Gesundheitszustand?

Sehr gut 1 2 3 4 5 6 Sehr schlecht

B: In welchem Jahr sind Sie geboren?

C: Geschlecht männlich weiblich

D: Welche war die höchste Ausbildung, die Sie abgeschlossen haben? optional

- Volks- oder Hauptschule
- Realschule, Mittlere Reife, Polytechnische Oberschule
- Berufsschule, Lehre
- Abitur, Fachabitur, Erweiterte Oberschule
- Universität, Fachhochschule

Wenn Sie im Krankenhaus etwas verbessern könnten, was wäre es? optional

(Bitte verzichten Sie auf Angaben, die Rückschlüsse auf Ihre Person zulassen)

Ihre Daten werden anonym ausgewertet und streng vertraulich behandelt.
Vielen Dank für Ihre Mitarbeit!

NEW ZEALAND



New Zealand Government

New Zealand patient experience adult hospital survey

Questionnaire

PROGRAMMING INSTRUCTIONS

Programming instructions are noted **[LIKE THIS]**. They show question type and any routing or visual reference information as well as indicators for piping in responses.

If nothing is shown for filter the default is all respondents and default question type is single choice.

No questions are compulsory.

Introduction

[SHOW HEADING]

Thank you for taking part in this important survey about your recent hospital visit. Your feedback will help us understand and improve patients' hospital experience.

This survey is about your most recent visit in the hospital. Please do not include any other hospital visits in your answer.

The survey should take just 10 to 15 minutes to complete, depending on your answers.

Unless you would like us to contact you, your responses are anonymous and will not be connected to you in any way. Please be open and honest in your feedback.

How to complete this survey

[SHOW HEADING]

Inst1. Skipping questions

Sometimes, if a section of the survey is not relevant to you, you will automatically skip past some questions, based on the answers you have provided.

If you would prefer not to answer individual questions, cannot remember or if they are not applicable to you, leave them blank but please complete the rest of the survey.

Inst2 – Going back to change an answer

Your responses are submitted as you answer each question.

You can move backwards to change your answers, by clicking the previous button along of the top of the page like this:



Do not use your browser's forward and backwards buttons.

Within a section you can move backwards to change your answers or forwards to skip a question by clicking on previous or future questions like this:

Q1. Could you tell us if you are answering this survey on behalf of yourself or someone else?

Q2. Which of the following reasons best describes why you are answering the survey on the patient's behalf? It is difficult for the patient to respond due to...

Please select all that apply

Age - too young

[NEXT]**Inst3. Ready to begin?**

If you would like to return to your survey to complete it later, close the window and then return to the website provided in the email or text message and re-enter your login code. Your earlier responses will have been saved.

[BEGIN]**Screening Questions****[DO NOT SHOW HEADING]****Q1. WHO_answers**

Purpose: For analysis only

[SINGLE PUNCH]

Could you tell us if you are answering this survey on behalf of yourself or someone else?

1. Myself
2. Someone else unable to answer this survey

Q2. WHO_why**[IF SOMEONE ELSE]****[MULTICODE]**

Which of the following reasons best describes why you are answering the survey on the patient's behalf?

It is difficult for the patient to respond due to...

Please select all that apply

1. Age - too young
2. Age - too old
3. Language (not enough English)
4. Computer abilities or access
5. Learning difficulties e.g. unable to read
6. Disabilities e.g. low vision
7. Health issues
97. Other, please specify

Main Questionnaire**[DO NOT SHOW HEADING]****Your care from your health care team****INFO_HCT**

We are going to ask you to reflect on your experiences with the doctors, nurses and the wider health care team during your hospital visit. When thinking about the wider health care team, this includes support staff and specialists within the hospital such as occupational therapists, physiotherapists, dieticians and other health care assistants.

Q3. QHCT_listen**[SINGLE CHOICE GRID]**

During your most recent hospital visit, did the **[INSERT HCP]** listen to your views and concerns?

- Q3_1 doctors
- Q3_2 nurses
- Q3_3 other members of your health care team

1. Yes, always
2. Sometimes
3. No
4. I did not have contact with them

Q4. QHCT_informed

[SINGLE CHOICE]

Were you kept informed as much as you wanted to be about your treatment and care?

1. Yes, always
2. Sometimes
3. No
4. I was unable to be informed

Q5. QHCT_understood

[SINGLE CHOICE]

Did your health care team explain what was going on during your visit in a way you could understand?

1. Yes, definitely
2. Somewhat
3. No

Q6. QHCT_involve

[SINGLE CHOICE]

Were you involved as much as you wanted to be in making decisions about your treatment and care?

1. Yes, always
2. Sometimes
3. No
4. I did not want to be involved
5. I was unable to be involved

Q6b. QHCT_involve_OE

[ASK IF QHCT_INVOLVE = Sometimes or No]

[OPEN END]

What could have been done better to involve you in decisions about your treatment and care?

Q7d. QHCT_askquestions

[SINGLE CHOICE]

Did you feel comfortable to ask any questions you had?

1. Yes, definitely
2. Somewhat
3. No

98. Can't remember / don't know

Q7. QHCT_conflict

[SINGLE CHOICE]

Were you given conflicting information by different doctors or staff involved in your care, e.g. one would tell you one thing and then another would tell you something different?

1. Yes
2. No
98. Unsure / don't know

Q7b. QHCT_name_pronounce

[SINGLE CHOICE]

Was your name pronounced properly by those providing your care?

1. Yes, always
2. Sometimes
3. No
4. No one used my name
98. Unsure / don't know

Q7c. QHCT_name_ask

[SINGLE CHOICE]

Did those involved in your care ask you how to say your name if they were uncertain?

1. Yes, always
2. Sometimes
3. No
4. They did not need to ask
98. Unsure / don't know

Q8. QHCT_kind

[SINGLE CHOICE]

Did the **[INSERT HCP LOOP]** treat you with **kindness and understanding** while you were in the hospital?

- Q8_1 doctors
- Q8_2 nurses
- Q8_3 other members of your health care team

1. Yes, definitely
2. Somewhat
3. No
4. I did not have contact with them

Q9. QHCT_respect

[SINGLE CHOICE]

Did the **[INSERT HCP LOOP]** treat you with **respect**?

- Q9_1 doctors
- Q9_2 nurses
- Q9_3 other members of your health care team

1. Yes, definitely
2. Somewhat
3. No
4. I did not have contact with them

Q10. QHCT_trust

[SINGLE CHOICE]

Did you have trust and confidence in the:

- Q10_1 doctors
- Q10_2 nurses
- Q10_3 other members of your health care team

1. Yes, definitely
2. Somewhat
3. No
4. I did not have contact with them

Your experiences in hospital

[SHOW HEADING]

Q11. QH_clean

[SINGLE CHOICE]

Were the hospital rooms or wards (including bathrooms) kept clean?

1. Yes, always
2. Sometimes
3. No

Q12. QH_private

[SINGLE CHOICE]

Were you given enough privacy when talking about your treatment or condition?

1. Yes, definitely
2. Somewhat
3. No
4. Did not apply to me

Q13. QH_help

[SINGLE CHOICE]

Did hospital staff help you to get to the bathroom or to use a bedpan as soon as you wanted?

1. Yes, always
2. Sometimes
3. No
4. I did not need or want help from staff

Q14. QExp_needs

[MATRIX SINGLE CHOICE]

Everyone in Aotearoa New Zealand comes from a unique background and perspective. This means each person's needs might be different in their treatment or care.

During this hospital visit...

Please select one answer for each statement

[STATEMENTS – DO NOT ROTATE]

- Did you feel your cultural needs were met? [QExp_needs_1](#)
- Did you feel your spiritual needs were met? [QExp_needs_2](#)
- Did you feel your individual needs were met? [QExp_needs_3](#)

1. Yes, definitely
2. Somewhat
3. No
4. I did not have any

Q15. QExp_needs_OE

[OPEN END]

How could your needs have been better met?

Please explain, in as much detail as possible.

Q16. QFam_discuss

[SINGLE CHOICE]

Did hospital staff include your family/whānau or someone close to you **in discussions** about the care you received during your visit?

1. Yes, definitely
2. Somewhat
3. No
4. I did not want them included
5. Not applicable

Q17. QMed_pain

[SINGLE CHOICE]

During this hospital visit, did you receive pain relief that met your needs?

1. Yes, always
2. Sometimes
3. No
4. I did not need pain relief

Your surgery or operation(s)

Q18. QSurg

[SINGLE CHOICE]

During your visit in hospital, did you have an operation or surgery?

1. Yes
2. No
98. Don't know

Q19. QSurg_before

[ASK IF QSurg = Yes]

[SINGLE CHOICE]

Before the operation(s), did staff help you to understand what would happen and what to expect?

1. Yes, definitely
2. Somewhat
3. No
4. Did not apply to me

Q20. QSurg_after

[ASK IF QSurg = Yes]

[SINGLE CHOICE]

After the operation(s), did staff help you to understand how it went?

1. Yes, definitely
2. Somewhat
3. No
4. Did not apply to me

When you left the hospital

[ASK ALL]

Q21. QDischarge_Ready

[SINGLE CHOICE]

Towards the end of your visit, were you kept informed as much as you wanted about what would happen and what to expect before you could leave the hospital?

1. Yes, definitely
2. Somewhat
3. No

Q22. QDischarge_inform

[SINGLE CHOICE]

Did you have enough information about how to manage your condition or recovery after you left hospital?

1. Yes, definitely
2. Somewhat
3. No
4. I was not given any information
5. I did not want or need any information

Q23. QMed_purpose

[SINGLE CHOICE]

Were you told what the medicine (or prescription for medicine) you left the hospital with was for?

1. Yes, definitely
2. Somewhat
3. No
4. I was not given any medicine (or prescription for medicine) when I left hospital

Q24. QMed_sideeffect

[SINGLE CHOICE]

Were you told the possible side effects of the medicine (or prescription for medicine) you left hospital with, in a way you could understand?

1. Yes, definitely
2. Somewhat
3. No
4. They did not need to, because I already knew the side effects
5. I was not given any medicine (or prescription for medicine) when I left hospital

Q25. QDischarge_Help

[SINGLE CHOICE]

Did hospital staff talk with you about whether you would have the help you needed when you left the hospital?

1. Yes, definitely
2. Somewhat
3. No
4. Did not apply to me

Your overall view of your hospital visit

Q26. QDiscrim

[MULTIPLE CHOICE]

When you were in hospital did you ever feel you were treated unfairly for any of the reasons below?

Please select all that apply

1. I was not treated unfairly **[EXCLUSIVE CHOICE]**
2. Your skin colour
3. Your race or ethnic group
4. Your sex
5. Your gender identity
6. Your age
7. A disability or physical health condition you have
8. A mental health condition you have
9. Your sexual orientation
10. Your religious beliefs
11. Your income or your family/whānau's income
12. Your appearance
97. Something else, please specify:
98. Unsure / don't know

Q27. QDiscrim_OE

[IF SELECT ANY OTHER THAN I WAS NOT TREATED UNFAIRLY OR DON'T KNOW / UNSURE in Q26. DISCRIM]

[OPEN END]

You indicated that you felt you were treated unfairly due to **[ANSWER(S) FROM DISCRIM – DECAPITLAIZED IN LIST WITH “,” SEPERATING OPTIONS “and” INCLUDED BETWEEN FINAL TWO]**.

What happened to make you feel you were treated unfairly?

Please describe, in as much detail as possible...

INTRO_Overall

The next questions are about your overall view of your latest hospital visit. Please think about all the aspects of your visit including those we have covered in the questions above and any other aspects that are important to you.

Q28. QOverall_Quality

[SINGLE CHOICE]

Overall, do you feel the quality of the treatment and care you received was:

1. Very good
2. Good
3. Average
4. Poor
5. Very poor

OE_Disclaimer

Your responses to this survey are anonymous – please be careful **not** to give information in your comments that might identify you (such as dates, names, contact information).

Q29. QHS_Better_OE

[OPEN END]

What would have made your visit in hospital better?

Please describe, in as much detail as possible...

Q30. QHS_Strength_OE

[OPEN END]

What about your visit in hospital went well?

If there is someone whom you would like to recognise for a job well done, please feel free to include their name (if you remember it) and what they did well below. Please describe, in as much detail as possible...

About you

Health Questions

[DO NOT SHOW HEADING]

The questions that follow are about difficulties you may have doing certain activities because of a **health condition**.

Q31_1 WGSS1

[SINGLE CHOICE]

Do you have difficulty seeing, even if wearing glasses?

1. No - no difficulty
2. Yes - some difficulty
3. Yes - a lot of difficulty
4. Cannot do at all

Q31_2 WGSS2

[SINGLE CHOICE]

Do you have difficulty hearing, even if using a hearing aid?

1. No - no difficulty
2. Yes - some difficulty
3. Yes - a lot of difficulty
4. Cannot do at all

Q31_3 WGSS3

[SINGLE CHOICE]

Do you have difficulty walking or climbing steps?

1. No - no difficulty
2. Yes - some difficulty
3. Yes - a lot of difficulty
4. Cannot do at all

Q31_4 WGSS4

[SINGLE CHOICE]

Do you have difficulty remembering or concentrating?

1. No - no difficulty
2. Yes - some difficulty
3. Yes - a lot of difficulty
4. Cannot do at all

Q31_5 WGSS5

[SINGLE CHOICE]

Do you have difficulty washing all over or dressing?

1. No - no difficulty
2. Yes - some difficulty
3. Yes - a lot of difficulty
4. Cannot do at all

Q31_6 WGSS6

[SINGLE CHOICE]

Using your usual language, do you have difficulty communicating, for example understanding or being understood?

1. No - no difficulty
2. Yes - some difficulty
3. Yes - a lot of difficulty
4. Cannot do at all

Q32 HRCDisability

[SINGLE CHOICE]

Do you think of yourself as disabled (or as having a disability)?

1. Yes
2. No
98. Unsure / don't know

Demographic Questions

[DO NOT SHOW HEADING]

INFO_ABOUT

[IF 'On behalf of someone else' at S1B SHOW STATEMENT]

If you are answering on behalf of a patient, please complete this section using their details.

Q33 QGender

[SINGLE CHOICE]

What is your gender?

1. Male
2. Female
3. Gender diverse

Q34 QEthnicity_1

[MULTIPLE CHOICE]

Which ethnic group or groups do you belong to?

Please select all that apply

1. New Zealand European
2. Māori
3. Samoan
4. Cook Island Māori
5. Tongan
6. Niuean
7. Chinese
8. Indian
97. Other (such as Dutch, Japanese, Tokelauan)

Q35 QEthnicity_2

[IF SELECTED 97 (OTHER) AT Q34 QETHNICITY_1]

[MULTIPLE CHOICE]

You selected 'other' as an option for your ethnic group. Which of these ethnic groups do you belong to?

Please select all that apply

1. English
2. Australian
3. Dutch
4. Other European
5. Tokelauan
6. Fijian
7. Other Pacific Peoples
8. Filipino
9. Japanese
10. Korean
11. Cambodian
12. Other Asian
13. Middle Eastern
14. Latin American
15. African
97. Other, please specify

Q36 QAge

[SINGLE CHOICE]

Which age range are you in?

1. 15 – 24 years
2. 25 – 34 years
3. 35 – 44 years
4. 45 – 54 years
5. 55 – 64 years
6. 65 – 74 years
7. 75 – 84 years
8. 85 years or over
99. Prefer not to disclose

Other Equity Questions

[DO NOT SHOW HEADING]

Q37 QLGBTQ

[SINGLE CHOICE]

Which of the following options best describes how you think of yourself?

1. Straight or heterosexual
2. Gay or lesbian
3. Bisexual
97. Other
98. Don't know
99. Prefer not to answer

Questionnaire Completed

[DO NOT SHOW HEADING]

Recontact

[IF DHB=HAWKES BAY SKIP TO RECONTACT_HB ONLY, IF CANTERBURY SKIP TO RECONTACT_CDHB ONLY, ALL OTHERS CONTINUE THROUGH RECONTACT SECTION]

Intro_Recontact

[FOR ALL DHBs PATIENTS OTHER THAN HB DHB]

Your answers are used to help improve our care and services.

This survey covered a number of issues and possible areas of concern regarding your recent hospital visit. If there is anything that you would like to add to your answers or talk to someone at the District Health Board (DHB) about, please let us know below.

Q38 Recontact_offer

[SINGLE CHOICE]

Would you like someone to contact you to discuss your feedback in this survey?

This will link your survey responses to your request for contact for reference in discussing your concerns.

1. No thanks
2. Yes, I would like someone to contact me to discuss my feedback or health experience

Q39 Recontact_details

[IF YES AT Q38 RECONTACT_OFFER]

Please provide the following contact details and we'll get in touch with you as soon as possible.

First name:
Last name:
Phone number:
Email:

Q40 Recontact_Reason

[OPEN END]

Please provide some information on what you would like to talk to us about. We can then ensure the right person at the District Health Board (DHB) contacts you.

Thank you

Thank you

Thank you for your valuable time and feedback.

You have now finished the New Zealand patient experience adult hospital survey.

Your feedback, along with that from others who have completed the survey, will be used to improve the quality of the services we provide.

If you would like to provide feedback on the survey, we would like to hear what you think. If you do not want to answer these quick questions, you can now select 'Exit' or close this window, your survey has been submitted.

Thanks again,

[DHB SIGNATORY] [LOGOS]

[NAVIGATION BUTTONS]

- Feedback about survey
- Exit

RECONTACT_CDHB ONLY

[FOR CANTERBURY DHB PATIENTS ONLY SHOW]

Thank you for your time and feedback.

You have now finished this survey. Your feedback, along with that from others who have completed the survey, will be used to improve the quality of the services we provide.

Given this is an anonymous survey, if you should need a response to a compliment, suggestion, or complaint please use this link to the CDHB internet website at <http://www.cdhb.health.nz/About-CDHB/Pages/Feedback-Form.aspx>.

Thanks again,

Susan Wood

Director Quality and Patient Safety

Canterbury District Health Board

If you would like to provide feedback on the survey **design** itself please continue, if not you can now select 'Exit' or close this window, your survey has been submitted.

[NAVIGATION BUTTONS]

- Feedback about survey
- Exit

RECONTACT_HB ONLY

[FOR Hawkes Bay DHB PATIENTS ONLY SHOW]

Thank you for your time, you have now finished this survey.

Your answers are used to help improve our care and services.

If you have any feedback about your health care experience that you would like us to respond to, please follow the link below and choose the best way for you to give us your feedback.

<http://www.ourhealthhb.nz/connect-with-us-2/>

If you would like to provide feedback on the survey, we would like to hear what you think. If you do not want to answer these quick questions, you can now select 'Exit' or close this window, your survey has been submitted.
Thanks again,

Ms. Keriana Brooking Chief Executive Officer
Hawkes Bay District Health Board
nationalpatient.survey@hbdhb.govt.nz

[NAVIGATION BUTTONS]

- Feedback about survey
- Exit

Q41 QFeedback

[SINGLE CHOICE]

Please indicate whether you agree or disagree with each of the following statements about your experience answering this survey.

Q41_1 I would participate if I was invited to this kind of survey again.

Q41_2 The survey was visually appealing.

Q41_3 I found this survey easy to understand.

1. Strongly disagree
2. Somewhat disagree
3. Neither agree nor disagree
4. Somewhat agree
5. Strongly agree

Q42 QFeedback_OE

[OPEN END]

Any other comments about the survey you would like to give us:
Your feedback can help us make improvements.

Closing Page

Thank You

Thank you for your time and feedback. You have now finished this survey.

We have recorded all your answers so you can now close this window.

CANADA

Canadian Patient Experiences Survey — Inpatient Care Survey Instructions

- ◆ You should fill out this questionnaire only if you were the patient named on the envelope. You may need to get help from a family member or friend to answer the questions. That's okay.
- ◆ Answer all the questions by checking the box to the left of your answer.
- ◆ Your response to this survey is voluntary but will provide us with important information.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow with a note that tells you what question to answer next, like this:
 - Yes
 - No → If No, go to Question 1

Placeholder for jurisdiction comments.

Please answer the questions about your recent stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

YOUR CARE FROM NURSES

- | | |
|---|---|
| <p>1. During this hospital stay, how often did nurses treat you with <u>courtesy and respect</u>?</p> <p><input type="checkbox"/> Never
 <input type="checkbox"/> Sometimes
 <input type="checkbox"/> Usually
 <input type="checkbox"/> Always</p> <p>2. During this hospital stay, how often did nurses <u>listen carefully to you</u>?</p> <p><input type="checkbox"/> Never
 <input type="checkbox"/> Sometimes
 <input type="checkbox"/> Usually
 <input type="checkbox"/> Always</p> | <p>3. During this hospital stay, how often did nurses <u>explain things</u> in a way you could understand?</p> <p><input type="checkbox"/> Never
 <input type="checkbox"/> Sometimes
 <input type="checkbox"/> Usually
 <input type="checkbox"/> Always</p> <p>4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?</p> <p><input type="checkbox"/> Never
 <input type="checkbox"/> Sometimes
 <input type="checkbox"/> Usually
 <input type="checkbox"/> Always
 <input type="checkbox"/> I never pressed the call button</p> |
|---|---|

YOUR CARE FROM DOCTORS

5. During this hospital stay, how often did doctors treat you with courtesy and respect?

- Never
 Sometimes
 Usually
 Always

6. During this hospital stay, how often did doctors listen carefully to you?

- Never
 Sometimes
 Usually
 Always

7. During this hospital stay, how often did doctors explain things in a way you could understand?

- Never
 Sometimes
 Usually
 Always

THE HOSPITAL ENVIRONMENT

8. During this hospital stay, how often were your room and bathroom kept clean?

- Never
 Sometimes
 Usually
 Always

9. During this hospital stay, how often was the area around your room quiet at night?

- Never
 Sometimes
 Usually
 Always

YOUR EXPERIENCES IN THIS HOSPITAL

10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?

- Yes
 No → If No, go to Question 12

11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

- Never
 Sometimes
 Usually
 Always

12. During this hospital stay, did you need medicine for pain?

- Yes
 No → If No, go to Question 15

13. During this hospital stay, how often was your pain well controlled?

- Never
 Sometimes
 Usually
 Always

14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?

- Never
 Sometimes
 Usually
 Always

15. During this hospital stay, were you given any medicine that you had not taken before?

- Yes
 No → If No, go to Question 18

16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

- Never
 Sometimes
 Usually
 Always

17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

- Never
 Sometimes
 Usually
 Always

WHEN YOU LEFT THE HOSPITAL

18. After you left the hospital, did you go directly to your own home, to someone else's home or to another health facility?

- Own home
 Someone else's home
 Another health facility → **If Another health facility, go to Question 21**

19. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?

- Yes
 No

20. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

- Yes
 No

OVERALL RATING OF HOSPITAL

Please answer the following questions about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

21. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

- 0 Worst hospital possible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Best hospital possible

22. Would you recommend this hospital to your friends and family?

- Definitely no
- Probably no
- Probably yes
- Definitely yes

In this next section, we ask several more questions about your stay at the hospital.

YOUR ARRIVAL AT THE HOSPITAL

23. When you arrived at the hospital, did you go to the emergency department?

- Yes → If Yes, go to Question 26
- No ↓ If No, please continue below

24. Before coming to the hospital, did you have enough information about what was going to happen during the admission process?

- Not at all
- Partly
- Quite a bit
- Completely

25. Was your admission into the hospital organized?

- Not at all
- Partly
- Quite a bit
- Completely

Go to Question 30

Answer questions 26 to 29 only if you were admitted through the emergency department.

26. When you were in the emergency department, did you get enough information about your condition and treatment?

- Not at all
- Partly
- Quite a bit
- Completely

27. Were you given enough information about what was going to happen during your admission to the hospital?

- Not at all
- Partly
- Quite a bit
- Completely

28. After you knew that you needed to be admitted to a hospital bed, did you have to wait too long before getting there?

- Yes
- No

29. Was your transfer from the emergency department into a hospital bed organized?

- Not at all
- Partly
- Quite a bit
- Completely

Continue with Question 30

DURING YOUR HOSPITAL STAY

- 30. Do you feel that there was good communication about your care between doctors, nurses and other hospital staff?**
- Never
 Sometimes
 Usually
 Always
- 31. How often did doctors, nurses and other hospital staff seem informed and up-to-date about your hospital care?**
- Never
 Sometimes
 Usually
 Always
- 32. How often were tests and procedures done when you were told they would be done?**
- Never
 Sometimes
 Usually
 Always
 I did not have any tests or procedures
- 33. During this hospital stay, did you get all the information you needed about your condition and treatment?**
- Never
 Sometimes
 Usually
 Always
- 34. Did you get the support you needed to help you with any anxieties, fears or worries you had during this hospital stay?**
- Never
 Sometimes
 Usually
 Always
 Not applicable
- 35. Were you involved as much as you wanted to be in decisions about your care and treatment?**
- Never
 Sometimes
 Usually
 Always
- 36. Were your family or friends involved as much as you wanted in decisions about your care and treatment?**
- Never
 Sometimes
 Usually
 Always
 I did not want them to be involved
 I did not have family or friends to be involved

LEAVING THE HOSPITAL

- 37. Before you left the hospital, did you have a clear understanding about all of your prescribed medications, including those you were taking before your hospital stay?**
- Not at all
 Partly
 Quite a bit
 Completely
 Not applicable

38. Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?

- Not at all
 Partly
 Quite a bit
 Completely

39. When you left the hospital, did you have a better understanding of your condition than when you entered?

- Not at all
 Partly
 Quite a bit
 Completely

YOUR OVERALL RATINGS

40. Overall, do you feel you were helped by your hospital stay? Please answer on a scale where 0 is "not helped at all" and 10 is "helped completely."

Overall . . . (Please circle a number)

Not helped at all											Helped completely
0	1	2	3	4	5	6	7	8	9	10	

41. Overall . . . (Please circle a number)

I had a very poor experience											I had a very good experience
0	1	2	3	4	5	6	7	8	9	10	

ABOUT YOU

42. In general, how would you rate your overall physical health?

- Excellent
 Very good
 Good
 Fair
 Poor

43. In general, how would you rate your overall mental or emotional health?

- Excellent
 Very good
 Good
 Fair
 Poor

44. What is the highest grade or level of school that you have completed?

- 8th grade or less
 Some high school, but did not graduate
 High school or high school equivalency certificate
 College, CEGEP or other non-university certificate or diploma
 Undergraduate degree or some university
 Post-graduate degree or professional designation

45. What is your gender?

- Male
 Female
 Other

46. What is your year of birth?

(Please write in; for example, "1934.")

47. Was your most recent stay at this hospital for a childbirth experience? Yes No**48. People living in Canada come from many different cultural and racial backgrounds. The following question will help us to better understand the experiences of the communities that we serve. Do you consider yourself to be . . .****(Check all that apply)**

- First Nation
- Inuit
- Métis
- Indigenous/Aboriginal
(not included above)
- Arab
- Black (North American, Caribbean,
African, etc.)
- Chinese
- Filipino
- Japanese
- Korean
- Latin American
- South Asian (East Indian, Pakistani,
Sri Lankan, etc.)
- Southeast Asian (Vietnamese,
Cambodian, Malaysian, Laotian, etc.)
- West Asian (Iranian, Afghan, etc.)
- White (North American, European,
etc.)
- Other

49. Is there anything else you would like to share about your hospital stay?

Questions 1 to 22 and 43 are adapted from the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) questionnaire.

Questions 23 to 49 (excluding question 43) were adapted and/or developed by the Canadian Institute for Health Information in consultation with an interjurisdictional committee of experts.

DENMARK I

Questionnaire as used in 2018. This questionnaire will be replaced in 2021 by a much shorter questionnaire (see Denmark II below)

Translated with Deep L/google translate

Questionnaire for patients with planned admission to Hospital

Answers: Likert scale:

To a very large extent - to a great extent - to some extent - to a small degree - not at all – don't know

Or not relevant for me

YOUR RECEPTION AT THE DEPARTMENT

1 The staff was prepared for your arrival the department?

2 Was there waiting time from the time you were supposed to be there until you had a bed ?
If you arrived late, please answer "not relevant"

3 Please write here if you have comments on the reception or suggestions for improvements:

THE STAFF DURING YOUR ADMISSION

4. Were the staff friendly and accommodating?

5. Had the staff understood your medical history when discussing your illness/condition?

6. Were you able to talk to staff about your care when you needed to?

7. Were you able to talk to a doctor about your treatment when you needed to?

If you did not need to talk to a doctor, answer "not relevant"

STAFF INVOLVEMENT

8. Did the staff ask about to your own experiences with your illness / condition?

9. Did the staff give you the opportunity to participate in decisions about your examination or treatment?

If you did not need to make decisions, please answer "not relevant"

10. Did the staff (after your consent) give your relatives the opportunity to participate in decisions about your examination or treatment?

11. Did you have conversations with the staff about how you can best handle your illness / condition?

12. Did the staff take into account your needs when planning your discharge?

13. Were you involved in making decisions about your examination / treatment to the extent you needed?

If you did not need to take decisions, please answer "not relevant"

ERRORS DURING YOUR Hospitalization

14. Did something go wrong during your hospitalization? Go to Q17 if not

15. Please describe the error or errors you experienced

Yes, I got one or several injuries because of the error

Yes, the error could have resulted in injuries / injuries

No

16 Did you get injuries or injuries from the error, or could the error be the cause for injuries or injuries in your opinion?

BASIC CONDITIONS DURING YOUR HOSPITALISATION

17. Was your need for food and drink covered?

18. Was it silent enough to rest and sleep?

19. Were your personal hygiene needs covered?

20. Were your needs for pain relief covered?

21. Were the department's premises clean?

Answers :

- Not relevant for me
- To a very large extent
- To a great extent
- To some extent
- To a small extent
- Not at all
- Don't know

INFORMATION BEFORE AND DURING YOUR HOSPITALISATION

22. Have you been informed before your admission about what should happen during your hospitalization?

23. Was the oral information you received during the hospitalization, understandable?

24. Did you get answers to the questions you asked while you were hospitalized?

25. Did you get information about effects and side effects of the medication (including painkillers) you got while you were hospitalized?

26. Were you continuously informed about the results of your treatment or examination?

I INFORMATION REGARDING YOUR DISCHARGE

27. Were you informed about what symptoms you should be aware of after your discharge?

28. Were you informed about the further plan for your, for example in relation to follow-up and / or rehabilitation?

29. Were you informed about to whom you could address your questions about your illness / condition and treatment after your discharge?

30. Did you get information about effects and side effects of new medication you should take after your discharge?

31. Please write here if you have been missing information in connection with your admission and discharge:

COOPERATION WITH HOME CARE / HOME NURSING / HEALTH NURSE

32. Did you experience that the department and the municipal home care / home nursing / health nurse collaborated with your discharge?

YOUR OVERALL IMPRESSION

33. Did you get the information about your illness / condition and examination / treatment that you needed?

34. Are you satisfied with the care you received?

35. Are you happy with the treatment that you received for your illness / condition?

36. Are you all in all satisfied with the process from when you became hospitalized until you were discharged?

37. Have you previously been admitted for a consultation / examination, control, sampling, etc., with relation to this hospitalization

It can be either the same or several different hospitals

38. Did you experience that one doctor had a special responsibility for your total time of hospital care and / or outpatient visits?

39. Was your total care process of hospital admission and / or outpatient visits (within the past year) well organized?

If the process is not completed, please respond in proportion to what you have experienced so far

40. Please write here if you think the department could do something better, or if the department did something particularly good:

THEME QUESTION 2018: ABOUT « PATIENT RESPONSIBLE DOCTOR »

41. Were you confident in your overall hospital stay?

"Patient responsible doctor" is a scheme for some selected patients. The patient-responsible doctor is a person who has the overall responsibility and overview of your overall course.

42. Have you heard of the "patient-responsible doctor" scheme?

43. Did you have a "patient-responsible doctor" in during your hospitalization?

44. Please write here if you have comments on your contact with the "patient-responsible doctor":

Please return the form in the enclosed reply envelope. The postage is paid. Thank you for your participation.

DENMARK II

This is the new questionnaire (LUP) for the national survey starting in November 2021: 10 national core items, one of the questions is a comment field. The national items are largely the same across ^aLUP Acute care and LUP Emergency care. Most of these questions were already in the former questionnaire. (Translated with Deep L)

National core questions- LUP Acute or LUP Emergency Room*	
Theme	Question formulation
<i>Friendly and welcoming staff</i>	Were the staff friendly and welcoming?
<i>Involvement of the patient's understanding of the disease</i>	Did the staff ask for your description of your illness / condition?
<i>Involvement of the patient in decisions</i>	Were you involved in making decisions about your examination / treatment to the extent you needed? <i>Answer "not relevant" if you do not need to make decisions</i>
<i>Oral information</i>	Was the oral information you received during your visit understandable?
<i>Adequate information</i>	Did you get all the information you needed?
<i>Satisfaction with treatment</i>	Are you satisfied with the treatment you received for your illness / condition?
<i>Overall satisfaction</i>	Are you satisfied with your stay at the clinic?
<i>Security after visit</i>	Did the staff provide you with sufficient information to make you feel safe after the time of your visit?
<i>One physician with overall responsibility</i> <i>DO NOT ask this question in LUP Emergency room setting</i>	Did you find that one doctor took overall responsibility for your overall course of visits and / or hospitalizations? <i>Answer "not relevant" if your visit is not part of a course</i>
<i>Comment field</i>	Please write here if you think the outpatient clinic could do something better or did something particularly good
<i>Acceptable waiting time on arrival</i> <i>Ask ONLY in LUP Emergency Room Setting</i>	Was the length of the waiting time from the time you arrived until you were examined acceptable?

* The questions shown are asked to patients with a visit to the outpatient clinic, the formulations are adapted when inpatients are concerned

With the new questionnaire, regions, hospitals and wards will be able to add local items/questions that measure exactly the part of the patients' experiences that they are working to improve locally.

It has not been decided yet how many local items can be added to the LUP core questions because the pilot study is still ongoing

^a LUP Acute has three sub questionnaires for planned hospitalization, unplanned hospitalization and outpatient clinic

NETHERLANDS

PREM MSZ Questionnaire: Core set for publication on ZorgkaartNederland (Translation DeepL)

	No, not at all										Yes, completely										NVT
	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10	
1. Did the care provider(s) listen to you properly?																					
2. Was the explanation given by the caregiver(s) understandable?																					
3. Did you have confidence in the expertise of the health care provider(s)?																					
4. Were you told the pros and cons of the treatment or surgery?																					
5. Did you and the health care provider(s) determine what care or treatment you would receive?																					
6. Was there good cooperation between the health care providers at the hospital or clinic?																					

	Very bad										good										very	NVT
	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10		
7. How do you rate the (preliminary) effect of your treatment?																						

General

8. Would you recommend this healthcare provider to other people with the same condition or health issues?

- Yes
- No

9. What are you very satisfied with in terms of the provision of care? What could be improved in the care provided?

Your answer to this question will be given anonymously to the hospital. Do not use names of healthcare providers.

About Yourself

10. What is your age?

- Younger than 16
- 16 to 24 years
- 25 - 34 years
- 35-44 years
- 45-54 years old
- 55 to 64 years
- 65 to 74 years
- 75 years to 84 years
- 85 years or older

11. What is your gender?

- Male
- Female

12. What is your highest completed education?

- An education completed with a diploma or sufficient certificate.
- No education (primary education not completed)
- Primary education (elementary school, special primary education)
- Primary or preparatory vocational education (such as LTS, LEAO, LHNO, Household school, VMBO)
- Secondary education (such as MAVO, (M)ULO, MBO-short, VMBO-t)
- Secondary vocational education and professional guidance (such as: MKBO-long, MTS, MEAO, BOL, BBL, INAS)
- Higher general education and pre-university education (such as: HAVO, VWO, Atheneum, Gymnasium, HBS, MMS)
- Higher vocational education (such as: HBO, HTS, HEAO, HBO-V, kandidaats wetenschappelijk onderwijs)
- Scientific education (university)
- Other, namely:

13. In general, how would you describe your health?

- Excellent
- Very Good
- Good
- Moderate
- Bad

unisanté

Centre universitaire de médecine générale
et santé publique • Lausanne