

**Private Psychiatric Hospitals Data Reporting  
and Analysis Services (PPHDRAS)**

National model for the collection and analysis of a  
minimum data set with outcome and experiences of care  
measures for private, hospital-based, psychiatric services

# Development and implementation of the Patient Experiences of Care Survey for private hospital-based psychiatric services

With selected statistics  
for the 2018–2019  
financial year

**February 2020**

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**Preface**

The Australian Private Hospitals Association (APHA) manages the Private Psychiatric Hospitals Data Reporting and Analysis Service (PPHDRAS). Funding for PPHDRAS comes from participating private hospitals, and the Commonwealth of Australia through the Department of Health.

PPHDRAS collects data from, and provides reports to, participating private hospitals. The service also produces national reports at an aggregate level. This report is produced as part of PPHDRAS's stakeholder obligations.

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# 1. Background



## 1.1 WHY ASK PATIENTS ABOUT THEIR EXPERIENCES OF CARE?

Considerable evidence demonstrates that consumer and carer participation in the planning, delivery and evaluation of healthcare improves responsiveness to consumer needs.<sup>1</sup> This may result in better clinical outcomes for patients, reduce the incidence of adverse events and increase consumer satisfaction with healthcare.

Consumer participation is sought for two main reasons:

- To use feedback to monitor and improve services<sup>2</sup>
- As a means of demonstrating accountability for performance.<sup>3</sup>

Since 2002, Australian private hospitals with psychiatric beds have been participating in a benchmarking service to support implementation of the National Model for the Collection and Analysis of a Minimum Data Set with Outcome and Experiences of Care Measures for Private, Hospital-based, Psychiatric Services (the National Model).<sup>4</sup> The Australian Private Hospitals Association's (APHA) Private Psychiatric Hospitals Data Reporting and Analysis Service (PPHDRAS) took over the provision of the benchmarking service from the Private Mental Health Alliance's Centralised Data Management Service (PMHA-CDMS) in January 2017.

Implementation of the National Model by participating hospitals involves the routine collection of clinical ratings (e.g. the Health of the Nation Outcomes Scale, HoNOS) and consumer self-assessments (e.g. the Mental Health Questionnaire, MHQ-14) at the beginning and end of episodes of care. This data provides important information about the complexity and severity of inpatients' clinical problems, and the changes in their clinical status associated with the care received while in hospital. Asking patients to report on their experiences of care approaches the issues of quality and effectiveness directly from the patients' perspective, seeking their feedback regarding the quality and outcomes of the services they received whilst in the hospital's care.

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1 Australian Commission on Safety and Quality in Health Care (2011). **Patient-centred care: Improving quality and safety through partnerships with patients and consumers**. ACSQHC, Sydney.

2 Australian Health Ministers (2010). **National Standards for Mental Health Services 2010**. Commonwealth of Australia, Canberra.

3 NMHWG Information Strategy Committee Performance Indicator Drafting Group (2005). **Key Performance Indicators for Australian Public Mental Health Services**. ISC Discussion Paper No 5. Australian Government Department of Health and Ageing, Canberra.

4 Morris-Yates, A and The Strategic Planning Group for Private Psychiatric Services Data Collection and Analysis Working Group (2000). **A National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private, Hospital-based Psychiatric Services**. Commonwealth of Australia, Canberra.

These three components: (1) clinicians' ratings of patients clinical status at admission and discharge, (2) patients' self-assessments of their clinical status at admission and discharge, and (3) patients' ratings of the quality and outcomes of the services they received, together provide comprehensive information that can be used by hospitals to help ensure that they continue to meet the needs of consumers.

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## 2. Development of the Patient Experiences of Care Survey

## 2.1 PILOT STUDY

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In 2006, with funding from the Australian Government Department of Health and Ageing, PMHA–CDMS undertook a pilot study on the feasibility and utility of implementing the routine collection and reporting of information on Consumer Perceptions of Care (CPoC).<sup>5</sup>

The pilot study used consumer surveys developed in the United States of America under the Mental Health Statistics Improvement Program (MHSIP)<sup>6</sup> and the National Research Institute (NRI)<sup>7</sup> of the National Association of State Mental Health Program Directors. The MHSIP surveys include versions suitable for use in the overnight inpatient setting with adults and older persons, the ambulatory care setting with adults and older persons, and the ambulatory care setting with adolescents and their families. The original development process for the MHSIP and NRI surveys included a high level of consumer and carer involvement and consultation.

During the survey administration phase of the pilot study, participating hospitals received timely feedback via a monthly report based on responses to the CPoC measure. Reports were structured in a similar manner to the PMHA–CDMS Standard Quarterly Reports (SQRs), with a hospital's aggregate results compared with the aggregate results for all hospitals. The content and format of reports were modified and enhanced following feedback from participating hospitals. At the end of the survey administration phase, an aggregate report covering the whole period was also prepared and forwarded to each hospital. This gave hospitals the opportunity to review and act on survey results during the course of the study as well as enabling them to provide properly informed feedback in the subsequent evaluation of the feasibility and utility of the CPoC collection and reporting processes.

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5 Morris-Yates, A. (2009) ***A pilot study of the Routine Collection and Reporting of Consumer Perceptions of Care in Private Hospital-based Psychiatric Services.*** Australian Medical Association (on behalf of the Private Mental Health Alliance), Canberra.

6 The MHSIP's website can be found at [www.mhsip.org](http://www.mhsip.org)

7 The NRI's website can be found at [www.nri-inc.org](http://www.nri-inc.org)

## **RESULTS OF THE PILOT STUDY**

The pilot study received 731 surveys from the eight participating hospitals. The response rate was 40 per cent for overnight inpatient services and 23 per cent for ambulatory care services. The results clearly indicated that the implementation of a routine collection of a standard patient-completed survey was feasible for private hospitals and very likely to be useful.

There was general agreement from participating hospitals that the collection process should be based on a standard set of questions collected across all private hospitals with psychiatric beds. There was also general agreement that the MHSIP surveys used in the pilot study were a good – though certainly not perfect – starting point for the development of the questions.

Hospitals found it useful to receive monthly or quarterly reports on summary and item-level statistics from the surveys. However, it was apparent that substantial work needed to be undertaken on the development of the methods of analysis and presentation of the information. It also became clear during the pilot study that the information requirements of quality assurance processes were different to those of quality improvement processes. In particular, information presented to external stakeholders for quality assurance purposes needed to tell a balanced story. In that context, methods of presentation that emphasised problems were likely to be misleading and disheartening.



## 2.2 DEVELOPMENT OF A SPECIFIC SURVEY FOR PRIVATE HOSPITALS

### 2.2.1 TIMELINE

Date	Milestone
<b>2010</b>	PMHA receives funding to enable the development of a National Model for the Routine Collection, Analysis and Reporting of Consumer Perceptions of Care in both the overnight inpatient and the ambulatory care (both day and outreach) settings.
<b>September 2011</b>	First draft of the National Model (based on revised versions of the survey instruments piloted by private hospitals in 2006) receives endorsement by all State representatives at the APHA Psychiatric Committee (APHA-PC) meeting. Private Mental Health Consumer Carer Network (PMHCCN) endorses the draft.
<b>Late 2011</b>	Research team discovers that about one third of the survey items are no longer in the public domain. In light of this, the APHA-PC and PMHA's Quality Improvement Project Steering Committee agree to the development of a new survey. <sup>8</sup>
<b>Second quarter of 2012</b>	Major review of work done to date, work being undertaken in the public mental health sector and work being done by the Australian Commission on Safety and Quality in Healthcare (ACSQHC) for the general hospital sector. This work required the development of a document that provided the results of a highly detailed, item-by-item, analysis of the content of surveys of patients' perceptions or experiences of care. During the review we concluded that the survey should be renamed a "Patient Experiences of Care Survey". For the rationale behind this and an overview of the surveys considered as part of the review, see Appendix 1.
<b>June 2012</b>	Draft instrument consisting of 30 items addressing experiences of care and seven items addressing the outcomes of care is finalised ready for testing in a validation study.

<sup>8</sup> While undertaking the development of a new survey did have some risks and introduced a significant delay, there have been important advantages: we have built on the work already done; hospitals, consumers and carers have had an opportunity to be involved in the further development of the surveys; and hospitals are now able to implement an instrument that is most likely to meet their requirements and which has been fully tested within their service settings.



### 2.2.2 THE VALIDATION STUDY

Ten hospitals participated in the validation study, conducted from August to October 2012, with 1014 completed surveys collected and submitted to the PMHA–CDMS (731 in the overnight inpatient setting and 283 in the ambulatory care setting). The validation study was designed to seek answers to four questions about the items in the new survey, which the large sample of responses enabled us to do quite effectively.

#### 1. Is the survey acceptable to patients?

To answer this, several questions about the survey were included at the end. The questions were written in the same statement format as the substantive questions within the survey itself:

- I was comfortable with the questions that were asked (1.4 per cent disagreed)
- The questions addressed issues that are important to me (1.9 per cent disagreed)
- Overall, the survey was easy to complete (1.7 per cent disagreed).

These findings, when combined with the good response rates of 53 per cent in the overnight inpatient setting and 34 per cent in the ambulatory care setting, strongly indicate patients found the survey acceptable.

#### 2. Does the order of items have any impact on responses?

The statement ‘My privacy was respected’ provides a good example of when item order may impact responses. If the statement appears immediately after questions about physical aspects of the hospital, it might be read as referring mostly to a person’s physical privacy. However, if that item appears after questions about the provision of information or involvement of the patient’s family, it might be read as referring mostly to maintaining confidentiality. Within the survey, there are a number of items that may be vulnerable to such effects.

To answer this question, three different item orders were employed in the surveys offered: one based on a logical consideration of the items, the other two on random orderings with some re-arrangement to ensure that obviously strange orderings were avoided.

It was found that item order did not affect patients’ views regarding their comfort with completing the survey or their view of the importance of the issues it addressed. However, it did have an effect on the pattern of their responses to some items. This indicated that the order in which items querying patients’ experiences of care are presented within a survey is important and that it may have some influence on patients’ interpretation of the meaning of some items.

The final versions of the Patient Experiences of Care (PEx) Survey present items in the standard narrative order employed in the validation study. Within the standard order, items are arranged in sequence to address issues that may arise on admission, through into care, and then to discharge.

As a consequence of this finding, we have strongly advised hospitals that existing PEx Survey items should not be deleted, additional items should not be included, and the order in which items are presented should not be changed.

### **3. Does the location of questions about service outcomes have any impact on responses?**

To test this, half the surveys included service outcome items at the beginning and half at the end.

In general, the location of the items did not affect patients' views of the PEx Surveys, have any effect on completion rates of either the outcome or experience of care items, or affect patients' substantive responses to those items.

To remain consistent with the approach taken in the presentation of the experience of care items within the standard narrative order, the final versions of the PEx Survey include the outcome items immediately after the experience of care items.

### **4. Can respondents be asked their identity?**

Does the option to allow patients to identify themselves have any discernible effect on the pattern of responses, or negative effect on response rates? To test this, half the surveys included the option and half did not.

We asked this question because we were aware that some hospitals were already asking patients to voluntarily identify themselves when completing existing satisfaction surveys. The rationale was that it enabled the linkage of their responses to the specific programs in which they had participated. More generally, it was agreed that the linkage of PEx data with other clinical data on service utilisation and outcomes in aggregate statistical analyses could provide a more detailed understanding of the outcomes of different clinical programs.

Overall, the request for self-identification did not affect response rates: surveys that included the request were as likely to be completed and returned as surveys that did not, and generally patients' views of the survey were not affected. However, we did find differences between those who did and did not choose to identify themselves when given the option to do so. Patients who did not give their name were less likely to indicate they were comfortable with the questions asked, less likely to see the questions as important to them, and less likely to find the survey easy to complete. They also tended to give slightly more negative evaluations of both their experiences of care and outcomes. This suggests that while anonymity is important

for some patients, a request for self-identification will not inhibit the honesty of their responses or their desire to complete the survey.

Given these findings, a request for self-identification is included in the final versions of the PEx Survey. The request is accompanied by a strong commitment to the maintenance of respondents' privacy and confidentiality. In addition, the Implementation Guide (described below in section 3.1 on page 18) provides clear guidance on the necessity of implementing a PEx Survey collection process that ensures clinical staff directly involved in patients' care do not see their patients' survey responses.

### **2.2.3 FINAL VERSIONS OF THE PEX SURVEY**

With one exception, the validation study findings indicated that the set of items selected in collaboration with the PMHCCN and APHA-PC were suitable for implementation. The exception was in the ambulatory care setting, where it was found that patients in receipt of outreach care services felt a significant number of items were not applicable to them. This was primarily due to the fact they did not see themselves as being 'in hospital'. In response, a second form of the ambulatory care version of the survey has been developed. In the PEx Survey for Outreach Care Patients, two items that were not relevant in that setting were dropped, while the wording of items that referred to the 'hospital' or to 'hospital staff' were re-worded to refer to the 'outreach care service' or 'outreach staff' as appropriate. A similar approach has also been taken with the wording of some items so that the standard version of the ambulatory care survey has been recast as the Experiences of Care Survey for Day Program Patients.

Examples of the standard templates for the three final versions of the PEx Survey, referred to as the Experiences of Care Survey for Overnight Patients, Experiences of Care Survey for Day Program Patients, and Experiences of Care Survey for Outreach Care Patients, are given in Appendix 2.

### **2.2.4 OFFERING THE SURVEY TO PATIENTS (THE DATA COLLECTION PROTOCOL)**

The data collection protocol for the PEx Survey is modelled on that employed for the patient self-assessment measure, the MHQ-14. However, given the need to ensure patients feel able to provide honest feedback about the service, the process for returning completed PEx Surveys is somewhat different. The key to achieving a high response rate is the manner in which the surveys are offered to patients, and particularly the extent to which they feel the hospital values their feedback.

The protocol stipulates that patients should be offered the appropriate PEx Survey on discharge from episodes of acute overnight inpatient care, at three-monthly review, and on discharge from episodes of ambulatory care.

As with the MHQ-14, the data collection protocol for the PEx Survey provides for instances when the survey is not expected to be administered. Specifically, at discharge within both the overnight inpatient and ambulatory care settings, the PEx Survey is not expected to be offered in the following circumstances: (i) the duration of stay has been less than three days; (ii) the patient is too distressed to complete any questionnaires or surveys, e.g. patient being transferred to a secure facility for more intensive care; (iii) the patient is unable to complete any questionnaires or surveys due to chronic cognitive impairment; (iv) the survey could not be offered because the patient left against clinical or medical advice; or (v) the patient died in hospital. In addition, within the ambulatory care setting, clinical measures and the PEx Survey are not required to be administered when a patient is discharged from ambulatory care to be admitted into overnight inpatient care. Similar considerations apply at review within the ambulatory care setting (for example, if MHQ-14 is not required due to either a temporary contraindication or general exclusion, then administration of the PEx Survey is also not required).

Full details of the data collection protocol, as provided to participating hospitals in the Implementation Guide, are at Appendix 3.

## 2.3 ANALYSIS AND REPORTING FRAMEWORK

The analysis and reporting framework developed for the PEx Survey defines the following:

- The content of the reports to be derived from the survey data
- The grouping of items to enable the calculation and presentation of summary score statistics and to facilitate the presentation of item-level statistics
- The procedures for the calculation of completion rates, item-level and summary score statistics.

### 2.3.1 ITEMS AND SUMMARY SCORES

The items constituting the PEx Surveys are listed in Table 1 (for overnight inpatients) and Table 2 (for day program patients). The Items are listed in the order in which they are presented to patients. Each item's assignment to a summary score is provided in the third column of the table. Grouping of items for calculation of summary score statistics was based on the results of factor analyses of the item sets and, where an item loaded on more than one factor, clinical considerations regarding their most clinically appropriate and statistically parsimonious assignment.

#### Individual item-level statistics

The PEx Surveys ask patients to rate the degree of their agreement with a series of statements using a five-point scale: 1 – strongly disagree, 2 – disagree, 3 – neutral, 4 – agree and 5 – strongly agree. Patients also have the option to indicate an item was 'not applicable' to them.

Presentations of individual item-level statistics begin with the frequency distribution of patients' responses to the item. The proportion of patients giving a substantive response of 'Strongly Disagree', 'Disagree', 'Neutral', 'Agree' or 'Strongly Agree' is based on the count of patients giving that particular response divided by the number of patients giving any response between 'Strongly Disagree' through to 'Strongly Agree', with responses of 'Not Applicable' and missing responses excluded from that denominator. The proportion of patients who identified the particular item as 'Not Applicable' to them is presented separately.

In addition, three derived statistics may be reported for each item. The first, reported as 'Any Disagree', identifies the proportion of patients who gave a response of either 'Strongly Disagree' or 'Disagree'. The second, 'Any Agree', identifies the proportion of patients who gave a response of either 'Agree' or 'Strongly Agree'. The final key statistic, identified as the 'Index of Agreement', computed by subtracting the proportion of 'Any Disagree' from the proportion of 'Any Agree'.

### Calculation and interpretation of summary scores

In calculating the mean of any given subset of items constituting a summary score, only items with a valid response (i.e. between one and five) are included. Accordingly, the summary scores, like the items from which they are derived, may range in value from a minimum of one through to a maximum of five. Summary scores are calculated as the average across a number of items, and therefore may take intermediate values between one and five. For reporting purposes, indicative labels have been assigned to the range of values summary scores may take as follows: any value from 1.00 to 1.79 is labelled as 'very poor', 1.8 to 2.59 is 'poor', 2.6 to 3.4 is 'adequate', 3.41 to 4.2 is 'very good', and 4.21 to 5.00 is 'excellent'.

**Table 1: PEx Survey items for overnight inpatients.**

Item Identifier	Item statement (Name)	Domain
E0201	I felt welcome at this hospital.	Clinical Staff
E0202	My rights and responsibilities were explained fully in a way that I could understand.	Clinical Staff
E0203	I was informed about the cost of my hospital stay and services.	Safety and Privacy
E0301	When developing my treatment plan with me, my treating psychiatrist and hospital staff ensured that it covered all of my needs.	Treating Psychiatrists
E0302	My treating psychiatrist ensured that I understood the effects of my treatment options.	Treating Psychiatrists
E0304	I have been involved in decisions about my care and treatment.	Treating Psychiatrists
E0305	I have been involved in planning the care I may need after I leave hospital.	Treating Psychiatrists
E0307	With my permission my nominated carer was involved in my hospital treatment.	Clinical Staff
E0402	My individuality and personal preferences were respected.	Clinical Staff
E0403	Staff were sensitive to my cultural background.	Clinical Staff
E0405	Services were appropriate for my age.	Safety and Privacy



Item Identifier	Item statement (Name)	Domain
E0501	My physical health was assessed, and appropriate care was provided when needed.	Safety and Privacy
E0602	I have felt safe whilst at this hospital.	Safety and Privacy
E0603	My privacy was respected.	Safety and Privacy
E0604	The hospital was clean and well maintained.	Safety and Privacy
E0606	Any concerns or complaints I had about the hospital services were addressed.	Safety and Privacy
E0701	Hospital staff were positive that my mental health and quality of life could improve.	Clinical Staff
E0703	Hospital staff helped me obtain the information I needed so that I could take charge of managing my illness.	Clinical Staff
E0704	I was informed about and encouraged to use self-help or peer support groups in the community.	Clinical Staff
E0705	I was given information about how to manage my medication and any side-effects I may experience.	Treating Psychiatrists
E0801	My treating psychiatrist and hospital staff worked as a team in my care and treatment.	Treating Psychiatrists
E0802	I had opportunities to discuss my progress with the staff caring for me.	Clinical Staff
E0803	I was encouraged to ask questions about my treatment and medication.	Clinical Staff
E0805	When I had questions, my treating psychiatrist gave helpful answers I could understand.	Treating Psychiatrists
E0806	When I had questions, hospital staff gave helpful answers I could understand.	Clinical Staff
E0807	Hospital staff were available if I needed to talk with them.	Clinical Staff
E1003	I was able to access the hospital services as soon as I needed to.	Safety and Privacy
E1101	Overall, the quality of care provided by the hospital has been excellent.	Overall Evaluation
E1102	I have been treated with respect and dignity at all times.	Overall Evaluation
E1103	I would recommend this hospital to a friend or family member, if they needed psychiatric care.	Overall Evaluation
E0102	My symptoms are not bothering me as much.	Outcomes – Wellbeing
E0103	I feel I will be better able to deal with crises.	Outcomes – Wellbeing
E0101	My sense of wellbeing has improved.	Outcomes – Wellbeing
E0108	I am more hopeful about my future.	Outcomes – Wellbeing

**Table 2: PEx Survey items for day program patients.**

Item Identifier	Item statement (Name)	Domain
E0201	I felt welcome at this hospital.	Clinical Staff
E0202	My rights and responsibilities were explained fully in a way that I could understand.	Clinical Staff
E0203	I was informed about the cost of my hospital stay and services.	Safety and Privacy
E0301	When developing my treatment plan with me, my treating psychiatrist and day program staff ensured that it covered all of my needs.	Treating Psychiatrists
E0302	My treating psychiatrist ensured that I understood the effects of my treatment options.	Treating Psychiatrists
E0304	I have been involved in decisions about my care and treatment.	Treating Psychiatrists
E0305	I have been involved in planning the care I may need after I complete the day program.	Treating Psychiatrists
E0402	My individuality and personal preferences were respected.	Clinical Staff
E0403	Staff were sensitive to my cultural background.	Clinical Staff
E0405	Services were appropriate for my age.	Safety and Privacy
E0602	I have felt safe whilst at this hospital.	Safety and Privacy
E0603	My privacy was respected.	Safety and Privacy
E0604	The hospital was clean and well maintained.	Safety and Privacy
E0606	Any concerns or complaints I had about the hospital's day program services were addressed.	Safety and Privacy
E0701	Day program staff were positive that my mental health and quality of life could improve.	Clinical Staff
E0703	Day program staff helped me obtain the information I needed so that I could take charge of managing my illness.	Clinical Staff
E0704	I was informed about and encouraged to use self-help or peer support groups in the community.	Clinical Staff
E0705	I was given information about how to manage my medication and any side-effects I may experience.	Treating Psychiatrists
E0801	My treating psychiatrist and day program staff worked as a team in my care and treatment.	Treating Psychiatrists
E0802	I had opportunities to discuss my progress with the staff running the day program.	Clinical Staff
E0803	I was encouraged to ask questions about my treatment and medication.	Clinical Staff
E0805	When I had questions, my treating psychiatrist gave helpful answers I could understand.	Treating Psychiatrists
E0806	When I had questions, day program staff gave helpful answers I could understand.	Clinical Staff
E0807	Day program staff were available if I needed to talk with them.	Clinical Staff

Item Identifier	Item statement (Name)	Domain
E1001	I was able to get in contact with this service when I needed to.	Safety and Privacy
E1003	I was able to access the hospital's day program services as soon as I needed to.	Safety and Privacy
E1101	Overall, the quality of care provided by the hospital's day program services has been excellent.	Overall Evaluation
E1102	I have been treated with respect and dignity at all times.	Overall Evaluation
E1103	I would recommend this hospital to a friend or family member, if they needed this type of care.	Overall Evaluation
E0101	My sense of wellbeing has improved.	Outcomes – Wellbeing
E0102	My symptoms are not bothering me as much.	Outcomes – Wellbeing
E0103	I feel I will be better able to deal with crises.	Outcomes – Wellbeing
E0104	I am better able to manage my day-to-day life.	Outcomes – Functioning
E0105	I am more comfortable relating with others.	Outcomes – Functioning
E0107	My ability to work or study has improved.	Outcomes – Functioning
E0108	I am more hopeful about my future.	Outcomes – Wellbeing

### 2.3.2 PRESENTATION OF STATISTICS WITHIN STANDARD QUARTERLY REPORTS

The four sections of the PEx Standard Quarterly Report (SQR) cover:

1. Detailed statistics regarding survey completion rates
2. Summary score statistics for overnight inpatient and ambulatory care settings
3. Detailed item-level statistics for the overnight inpatient setting
4. Detailed item-level statistics for the ambulatory care setting.

The results in the PEx SQRs cover three samples:

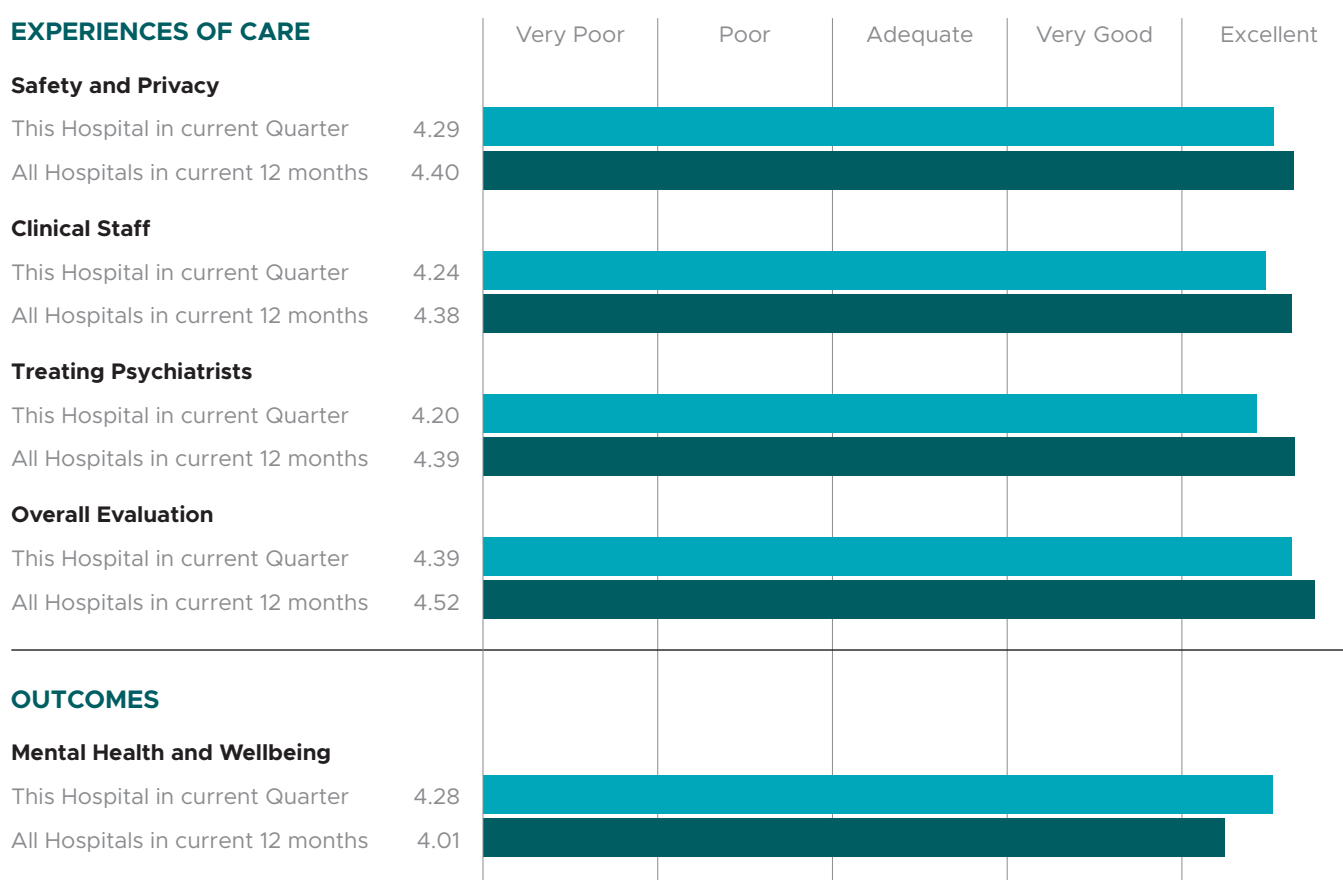
- This hospital in the current quarter (labelled as 'IHQ')
- This hospital in the current 12 months (labelled as 'IHY')
- All hospitals in the current 12 months (labelled as 'AHY').

Section two of the SQR presents the summary scores for the two service settings in both a graphical and tabular format.

As can be seen in this example, the graph presents the mean summary scores for the hospital in the current quarter (IHQ) compared with the mean for all hospitals in the current twelve months (AHY).

The accompanying table presents detailed statistics for each summary score, including the mean, standard deviation and the 95 per cent confidence interval around the mean, for each of the three samples, IHQ, IHY and AHY.

**Figure 1: Example of a summary score graph for the overnight inpatient care setting**



Sections three and four of the SQR present detailed item-level statistics, with section three presenting results for the overnight inpatient care service setting and section four presenting results for the ambulatory care service setting (with day program and outreach care survey results aggregated). In both sections the results are partitioned by subject matter; Experiences of care, then Outcomes. Within each partition the same general format is employed for the presentation of the statistics: a figure followed by two tables of statistics. Example of the presentation format for the figure and two tables is shown in the figures beginning on page 16.

The initial figure in each partition provides a summary of the detailed results reported in the following two tables. In the figure, the relevant items are listed in a ranking based on each item's 'Index of Agreement' for this hospital in the current quarter (IHQ); the item with the highest 'Index of Agreement' being shown at the top of the list. To the right of each item a comparison is given between the subject hospital's result and the result for all hospitals in the current 12 months (AHY). If the subject hospital's 'Index of Agreement' is less than that for all hospitals by five per cent or more and the 90 per cent confidence interval around that difference does not include zero (i.e., there is a reasonable expectation that the difference did not arise by chance), then the item will be identified as 'worse' and the background to that label will be shaded orange. If the subject hospital's Index of Agreement is greater than that for all hospitals by five per cent or more and the 90 per cent confidence interval around that difference does not include zero, then the item will be identified as 'better' and the background to that label will be shaded green. All other items not identified as either 'worse' or 'better' will be identified as similar.

Within the two tables following the figure, each item is listed under the heading of the summary score item sub-set to which it is assigned, then within each of those groupings, the items are listed in the order in which they appear within the survey. For each item, results are shown for three samples: this hospital in the current quarter, labelled 'IHQ' in the table; this hospital in the current 12 months, labelled 'IHY' in the table; and all hospitals in the current 12 months, labelled 'AHQ' in the tables.

In the first of the two tables, the statistics reported for each item begin with the frequency distribution of patients' substantive responses to the item, and the proportion of patients that identified the particular item as 'Not Applicable'. Three summary statistics, 'Any Disagree', 'Any Agree' and the 'Index of Agreement' are then given for each item. These three summary statistics are the key statistics reported for each item. The reporting of those three statistics, rather than item means, is based on the fact that items are worded as statements regarding a specific standard of service. From a quality improvement perspective, the key question then is 'What proportion of patients did not think our hospital met that standard?'.

In the second of the two tables, the three derived statistics 'Any Agree', 'Any Disagree' and the 'Index of Agreement' are again presented for the three samples, but here the 95 per cent confidence intervals for each of the specified proportions is also given.

The results shown in the initial figures are designed to be employed as a quick means of identifying items the hospital may want to pay particular attention to, such as those low in the ranking or those where the subject hospital's results are markedly worse than other hospitals. It should be noted that a relatively liberal level of statistical confidence is used in identifying if results are likely to be better or worse so as to reduce the likelihood of an issue that may need attention being missed. The consequence however is that some results that have arisen by chance will be falsely identified as significant.

An example of how the presentation of a summary of the results followed by the detailed item-level statistics are given can be used by hospitals to quickly identify items they may wish to pay particular attention to, is provided in the following three figures. This is real data for a participating hospital, taken from their PEx SQR for the period ending 30 June 2017. Looking at Figure 2, it can be seen by their responses to item E0604 that patients did not feel the hospital was as clean and well maintained as others. Turning to the details in the first of the two tables (Figure 3), it appears that this may be a recent turn of events for the hospital, the Index of Agreement dropping from 78% over the whole year to 68 per cent in the current quarter. In the second table (Figure 4), it can be seen that the hospital's results for the whole year are indeed both substantively worse and statistically different (as indicated by the non-overlapping 95 per cent confidence intervals) to those for all hospitals in that year.



**Figure 2: An example of the first summary table for a set of item-level statistics.****Table 3.1: Experiences of Care item responses from Overnight Inpatients for this Hospital in the Current Quarter ranked by their Index of Agreement. comparison with All Hospitals in Current 12 Months**

comparison with All Hospitals in Current 12 Months

Code	Comment	Rank	Result
E0201	I felt welcome at this hospital.	95.8%	similar
E0806	When I had questions, hospital staff gave helpful answers I could understand.	94.0%	better
E1103	I would recommend this hospital to a friend or family member, if they needed psychiatric care.	93.4%	similar
E0701	Hospital staff were positive that my mental health and quality of life could improve.	93.4%	similar
E0403	Staff were sensitive to my cultural background.	92.7%	better
E0304	I have been involved in planning the care I may need after I leave hospital.	92.1%	better
E0304	I have been involved in decisions about my care and treatment.	91.1%	similar
E0801	My treating psychiatrist and hospital staff worked as a team in my care and treatment.	91.0%	better
E1102	I have been treated with respect and dignity at all times.	90.5%	similar
E0804	When I had questions, my treating psychiatrist gave helpful answers I could understand.	90.3%	similar
E1101	Overall, the quality of care provided by the hospital has been excellent.	79.9%	similar
E0603	My privacy was respected.	79.8%	similar
E0404	Services were appropriate for my age.	79.4%	similar
E0602	I have felt safe whilst at this hospital.	78.6%	similar
E0807	Hospital staff were available if I needed to talk with them.	77.9%	similar
E0703	Hospital staff helped me obtain the information I needed so that I could take charge of managing my illness.	76.8%	similar
E0802	I had opportunities to discuss my progress with the staff caring for me.	76.2%	similar
E0302	My treating psychiatrist ensured that I understood the effects of my treatment options.	75.5%	similar
E1003	I was able to access the hospital services as soon as I needed to.	75.4%	better
E0501	My physical health was assessed, and appropriate care was provided when needed.	74.1%	similar
E0402	My individuality and personal preferences were respected.	73.4%	similar
E0803	I was encouraged to ask questions about my treatment and medication.	72.1%	better
E0307	With my permission my nominated carer was involved in my hospital treatment.	79.8%	similar
E0301	When developing my treatment plan with me, my treating psychiatrist and hospital staff ensured that it covered all of my needs	79.5%	similar
E0202	My rights and responsibilities were explained fully in a way that I could understand.	78.3%	similar
E0704	I was informed about and encouraged to use self-help or peer support groups in the community.	78.1%	better
E0606	Any concerns or complaints I had about the hospital services were addressed.	70.2%	similar
E0704	I was given information about how to manage my medication and any side-effects I may experience.	68.6%	similar
E0604	The hospital was clean and well maintained.	68.3%	worse
E0203	I was informed about the cost of my hospital stay and services.	65.1%	worse

**Figure 3: An example of the first table of statistics for a set of item-level statistics.****Table 3.2: Detailed statistics for Experiences of Care item responses from Overnight Inpatients for this Hospital in the Current Quarter (IHQ), this Hospital in the Current 12 Months (IHY), and All Hospitals in the Current 12 Months (AHY).****Safety and Privacy**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable	Any Disagree	Any Agree	Index of Agreement
<b>E0203</b>	I was informed about the cost of my hospital stay and services.								
<b>IHQ</b>	3%	11 %	8%	34%	45%	13%	14%	79%	65%
<b>IHY</b>	3%	7%	10%	33%	47%	9%	9%	81%	71%
<b>AHY</b>	3%	5%	9%	32%	52%	10%	7%	84%	77%
<b>E0405</b>	Services were appropriate for my age.								
<b>IHQ</b>	1%	1%	7%	43%	48%	4%	2%	91%	89%
<b>IHY</b>	1%	3%	8%	40%	47%	4%	5%	87%	82%
<b>AHY</b>	1%	2%	7%	37%	54%	4%	2%	91%	88%
<b>E0501</b>	My physical health was assessed, and appropriate care was provided when needed.								
<b>IHQ</b>	1%	4%	7%	37%	52%	2%	4%	88%	84%
<b>IHY</b>	2%	3%	6%	36%	53%	2%	5%	89%	85%
<b>AHY</b>	2%	2%	7%	34%	55%	3%	4%	89%	85%
<b>E0602</b>	I have felt safe whilst at this hospital.								
<b>IHQ</b>	1%	1%	9%	26%	64%	1%	1%	90%	89%
<b>IHY</b>	1%	1%	7%	28%	62%	0%	3%	90%	87%
<b>AHY</b>	1%	2%	5%	29%	62%	0%	3%	91%	88%
<b>E0603</b>	My privacy was respected.								
<b>IHQ</b>	1%	1%	8%	33%	58%	0%	1%	91%	90%
<b>IHY</b>	1%	3%	9%	33%	54%	0%	4%	87%	83%
<b>AHY</b>	1%	2%	6%	32%	59%	0%	3%	91%	88%
<b>E0604</b>	The hospital was clean and well maintained.								
<b>IHQ</b>	1%	10%	10%	44%	35%	0%	11%	79%	68%
<b>IHY</b>	2%	5%	8%	41%	43%	0%	7%	85%	78%
<b>AHY</b>	1%	2%	5%	30%	62%	1%	3%	92%	89%

**Figure 4: An example of the second table of statistics for a set of item-level statistics.****Table 3.3: Key statistics with 95% Confidence Intervals for Experiences of Care item responses from Overnight Inpatients for this Hospital in the Current Quarter (IHQ), this Hospital in the Current 12 Months (IHY), and All Hospitals in the Current 12 Months (AHY).****Safety and Privacy**

	Responses	Any Disagree			Any Agree			Index of Agreement		
	N	p	95%	C.I.	p	95%	C.I.	p	95%	C.I.
E0203	I was informed about the cost of my hospital stay and services.									
IHQ	146	<b>13.7%</b>	8.1%	19.3%	<b>78.8%</b>	72.1%	85.4%	<b>65.1%</b>	57.3%	72.8%
IHY	604	<b>9.4%</b>	7.1%	11.8%	<b>80.6%</b>	77.5%	83.8%	<b>71.2%</b>	67.6%	74.8%
AHY	16,930	<b>7.4%</b>	7.0%	7.8%	<b>84.0%</b>	83.4%	84.5%	<b>76.6%</b>	75.9%	77.2%
E0405	Services were appropriate for my age.									
IHQ	161	<b>1.9%</b>	0.0%	4.0%	<b>91.3%</b>	87.0%	95.7%	<b>89.4%</b>	84.7%	94.2%
IHY	650	<b>4.6%</b>	3.0%	6.2%	<b>87.1%</b>	84.5%	89.7%	<b>82.5%</b>	79.5%	85.4%
AHY	18,262	<b>2.5%</b>	2.3%	2.7%	<b>90.9%</b>	90.5%	91.4%	<b>88.5%</b>	88.0%	88.9%
E0501	My physical health was assessed, and appropriate care was provided when needed.									
IHQ	164	<b>4.3%</b>	1.2%	7.4%	<b>88.4%</b>	83.5%	93.3%	<b>84.1%</b>	78.6%	89.7%
IHY	662	<b>4.5%</b>	2.9%	6.1%	<b>89.3%</b>	86.9%	91.6%	<b>84.7%</b>	82.0%	87.5%
AHY	18,484	<b>4.1%</b>	3.8%	4.4%	<b>89.3%</b>	88.9%	89.8%	<b>85.2%</b>	84.7%	85.7%
E0602	I have felt safe whilst at this hospital.									
IHQ	167	<b>1.2%</b>	0.0%	2.8%	<b>89.8%</b>	85.2%	94.4%	<b>88.6%</b>	83.8%	93.4%
IHY	675	<b>2.8%</b>	1.6%	4.1%	<b>89.9%</b>	87.7%	92.2%	<b>87.1%</b>	84.6%	89.6%
AHY	19,060	<b>3.3%</b>	3.0%	3.5%	<b>91.2%</b>	90.8%	91.6%	<b>88.0%</b>	87.5%	88.4%
E0603	My privacy was respected.									
IHQ	167	<b>1.2%</b>	0.0%	2.8%	<b>91.0%</b>	86.7%	95.4%	<b>89.8%</b>	85.2%	94.4%
IHY	675	<b>4.1%</b>	2.6%	5.7%	<b>87.0%</b>	84.4%	89.5%	<b>82.8%</b>	80.0%	85.7%
AHY	19,051	<b>3.3%</b>	3.0%	3.5%	<b>91.1%</b>	90.7%	91.5%	<b>87.9%</b>	87.4%	88.3%
E0604	The hospital was clean and well maintained.									
IHQ	167	<b>10.8%</b>	6.1%	15.5%	<b>79.0%</b>	72.9%	85.2%	<b>68.3%</b>	61.2%	75.3%
IHY	675	<b>6.8%</b>	4.9%	8.7%	<b>84.7%</b>	82.0%	87.5%	<b>77.9%</b>	74.8%	81.1%
AHY	18,878	<b>3.2%</b>	2.9%	3.4%	<b>91.7%</b>	91.3%	92.1%	<b>88.5%</b>	88.1%	89.0%





# **3. Implementation of the PEx Survey collection and reporting process by participating private hospitals**

## 3.1 DEVELOPMENT AND DISTRIBUTION OF RESOURCES FOR HOSPITALS

The CPoC pilot study and the implementation of the National Model have taught us that two elements are essential to the ongoing success of the implementation of a routine assessment process on the outcomes and experiences of care:

1. The provision of clear and detailed guidance regarding the data collection process
2. The capacity to obtain detailed local reports for the data being collected.

Accordingly, preparation for the implementation of the PEx Survey collection and reporting process began with the development of a detailed Implementation Guide<sup>9</sup> and a set of survey templates for participating hospitals. The Implementation Guide explains the rationale for the collection and analysis of information on patients' experiences of care and how the PEx Survey was developed. This is followed by a detailed exposition of the data collection protocol that identifies when the PEx Survey should be offered, how it should be offered and collected, and other important points regarding the collection process. The Implementation Guide and accompanying templates were distributed to all participating hospitals at the end of September 2013.

Preparation for implementation also involved enhancements to the HSMdb database application provided to participating hospitals. HSMdb provided facilities with an effective means to record, submit and make local use of the data they collect under the National Model. Its use by all but one participating hospital is one of the reasons for the relative ease with which most hospitals have implemented data collection for the PEx Survey. It has also contributed very substantially to the efficiency with which the PMHA–CDMS and PPHDRAS have been able to operate.

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9 Morris-Yates, A. (2013) *The PMHA's National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures: Patient Experiences of Care Survey (PEx) Implementation Guide for Hospitals (Version 1-0, August 2013)*. Canberra, Australian Medical Association.

Enhancements to HSMdb consisted of the addition of a comprehensive PEx Survey data-entry function to record all coded response data, together with patients' written comments, with an addition to the data submission functions; this ensured that all relevant PEx data was included in the standard data extract for submission. The PEx item response data, but not the free text comments that patients may have provided, is now included in the quarterly data submission. Hospitals that submit PEx Survey data are provided with SQRs with detailed aggregate statistics regarding patients' experiences of care in the same way that statistics are currently provided on outcomes and service utilisation.

Also added to HSMdb was a comprehensive local analysis and reporting function for PEx Surveys. The local reports have a similar format to the PEx SQRs provided to participating hospitals that submit PEx Survey data for benchmarking. However, unlike the SQRs, local reports include comments made by survey respondents and are able to be generated for a specified month, quarter or year for which the hospital has recorded data.

The enhanced version of HSMdb was initially distributed to all participating hospitals in October 2013.



## 3.2 PROGRESS WITH IMPLEMENTATION

Implementation of the PEx Survey is entirely voluntary. The cost of additional services involved in supporting implementation of the PEx Survey and the analysis and reporting to hospitals of information derived from submitted data has been absorbed at no additional charge within the standard subscription fees hospitals pay. The APHA's Psychiatry Committee has strongly supported implementation of the PEx Survey. During the development of the new PEx Survey and the initial rollout of the supporting resources, all hospitals were kept up-to-date on progress via newsletters.


Since the distribution of the Implementation Guide, survey templates and the enhanced version of the HSMdb software, progress has been monitored through the data submitted to PMHA-CDMS and more recently to the APHA's PPHDRAS.

Implementation of the PEx Survey has risen from 18 hospitals in the first quarter (ending 31 December 2013) to 49 hospitals in the financial year ending 30 June 2019. The identity and location of these hospitals is given below in Table 3.

**Table 3: Hospitals that had implemented the PEx Survey as at 30 June 2019.**

State or territory	Hospital
<b>New South Wales and Australian Capital Territory</b>	Albury Wodonga Private Hospital (Karinya Clinic), West Albury
	Baringa Private Hospital (Bindarray Clinic), Coffs Harbour
	Berkeley Vale Private Hospital, Berkeley Vale
	Brisbane Waters Private Hospital (The Central Coast Clinic), Woy Woy
	Calvary Bruce Private Hospital (Hyson Green), Bruce, ACT
	Dudley Private Hospital (Dudley Clinic), Orange
	Maitland Private Hospital (Paterson Ward), East Maitland
	Mayo Private Hospital (Mayo Mental Healthcare), Taree
	Northside Group Cremorne Clinic, Cremorne
	Northside Group Macarthur Clinic, Campbelltown
	Northside Group St Leonards Clinic, St Leonards
	Northside Group Wentworthville Clinic, Wentworthville
	St John of God Hospital Burwood, Burwood
	St John of God Hospital Richmond, North Richmond

State or territory	Hospital
	South Coast Private, Wollongong
	South Pacific Private, Curl Curl
	St Vincent's Private (Young Adult Mental Health Unit), Darlinghurst
	Toronto Private Hospital, Toronto
	Warners Bay Private Hospital (Lakeside Clinic), Warners Bay
	Wesley Hospital Ashfield, Ashfield
	Wesley Hospital Kogarah, Kogarah
<b>Victoria</b>	The Albert Road Clinic, South Melbourne
	Beleura Private Hospital (Eliza Ward), Mornington
	Delmont Private Hospital, Glen Iris
	Epworth Rehabilitation Camberwell, Camberwell
	Mitcham Private Hospital (Victoria Court), Mitcham
	Shepparton Private Hospital (Sherbourne Clinic), Shepparton
	St John of God Pinelodge Clinic, Dandenong
	South Eastern Private Hospital (Olinda Ward and Emerald Ward), Noble Park
	Wyndham Clinic, Werribee
<b>Queensland</b>	Belmont Private Hospital, Carina
	Caloundra Private Clinic, Caloundra
	Currumbin Clinic, Currumbin
	Greenslopes Private Hospital (Keith Payne Unit), Greenslopes
	Hillcrest Rockhampton Private Hospital (Archerview Clinic), Rockhampton
	New Farm Clinic, New Farm
	Robina Private Hospital, Robina
	St Andrews Private Hospital Toowoomba, Toowoomba
	Toowong Private Hospital, Toowong
	Townsville Private Clinic, Townsville City
<b>South Australia</b>	The Adelaide Clinic, Gilberton
	Fullarton Private Hospital, Parkside
	Kahlyn Day Centre, Magill
<b>Western Australia</b>	Hollywood Private Hospital (The Hollywood Clinic), Nedlands
	The Marian Centre, Wembley
	Perth Clinic, West Perth
<b>Tasmania</b>	Calvary Healthcare Launceston (Calvary Clinic), Launceston
	The Hobart Clinic, Rokeby
	North West Private Hospital (Rivendell Clinic), Burnie



## **4. Key statistics for the 2018–2019 financial year**

## 4.1 COMPLETION RATES

This section provides information about the PEx Survey data submitted by hospitals during the 2018–19 Financial Year. Table 4 below identifies the number of PEx Surveys completed, and estimated survey completion and patient self-identification rates in the overnight inpatient and ambulatory care service settings across all hospitals that had implemented the PEx Survey collection process in the specified setting.

This information provides an indication of the extent to which hospitals have been able to collect the required data in accordance with the agreed protocol defined in the National Model. The completeness of the data is an important factor in determining the degree to which hospitals can rely on the substantive results presented in their PEx SQRs. This information may also be seen as an indicator of the extent and quality of the training and other resources devoted by hospitals to ensuring the reliability and validity of the data collected.

**Table 4: PEx Survey completion rates for all hospitals that implemented the survey collection process during the 2018–2019 financial year.**

	Overnight Inpatient Care	Ambulatory Care
Number of hospitals identified as having implemented the PEx Survey in the specified service setting	48	40
Occasions when the survey could have been offered	34,323	13,931
Number of PEx Surveys submitted	22,518	5,185
PEx Survey Completion Rate	<b>66%</b>	<b>37%</b>
Patient Self-identification Rate	45%	45%

Two key statistics are reported in Table 4: the PEx Survey completion rate; and the proportion of completed PEx Surveys where the patient identified themselves (patient self-identification rate). The denominator for the PEx Survey completion rate is the number of collection occasions when the PEx Survey could have been offered. Two factors are taken into consideration when the latter statistic is computed.

First, not all hospitals began their implementation of the PEx Survey at the same time. Consequently, the count of collection occasions is computed to take account of the month and year when each hospital initiated its collection.

Second, the data collection protocol for the PEx Survey is based on that for MHQ-14. The protocol stipulates that patients should be offered the appropriate PEx Survey on discharge from episodes of acute overnight inpatient care, and at three monthly review and discharge from episodes of ambulatory care. In accordance with the standard data collection protocol for the MHQ-14, patients or clients being admitted or transferred to another facility for more intensive care or who are very distressed or cognitively impaired are not expected to have been offered the PEx Survey. Also, the survey is not expected to be administered at either review and discharge occasions within episodes of ambulatory care with sparse contacts (average interval between contacts is greater than 35 days) or having very few contacts (fewer than 3). Review or discharge collection occasions meeting any of the preceding criteria are excluded from the count of collection occasions when the PEx Survey could have been offered.

The denominator for the patient self-identification rate is the number of PEx Surveys submitted.

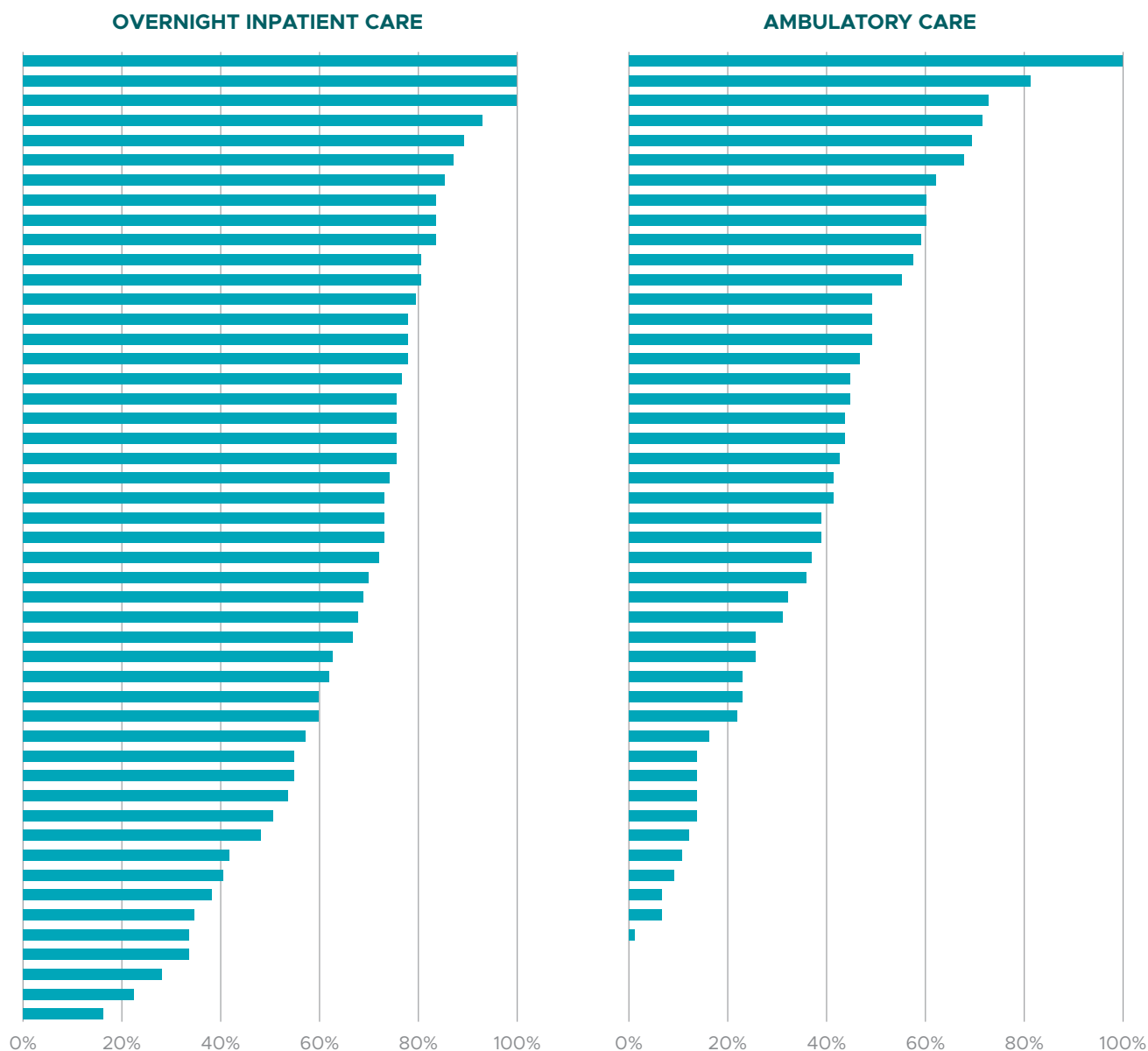
When interpreting the completion rate results, it is important to note that denominators for the statistics are based on episodes of care defined in accordance with the Outcome Measures Protocol (OMP) specified under the National Model. Under the OMP, records of same-day separations and some brief episodes of overnight inpatient care for procedures normally performed on a same-day basis are treated as occasions of service within episodes of ambulatory care. There is also some variation in the extent to which hospitals have been able to adhere to the National Model's protocol for the collection of data, particularly in the ambulatory care setting. During the process of collating the submitted data, attempts are made to resolve variations so that a consistent and comparable set of data is available for analysis. However, that process is not able to completely eliminate all sources of inconsistency and in some cases must rely on imputation of missing data.

### **Variation between hospitals in their implementation of the PEx survey**

Figure 5 on the following page presents the observed variation between hospitals in their completion rates within the two service settings.

There is wide variation in the size of hospitals that have implemented the PEx Survey to date, with small, medium and large hospitals all represented. However, it is of interest to note there is no significant association between hospital size, as indicated by the volume of services provided and either the PEx Survey completion rate ( $r$  in overnight inpatient care =  $-.067$ ,  $r$  in ambulatory care =  $-.077$ ) or the patient self-identification rate ( $r$  in overnight inpatient care =  $-.008$ ,  $r$  in ambulatory care =  $.009$ ).

**Figure 5: Hospitals that have implemented the PEx Survey collection process ranked by completion rate, separately for episodes of overnight inpatient care and ambulatory care in the 2018–2019 financial year.**



## 4.2 SUMMARY STATISTICS

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This section of the report provides an overview of patients' views regarding the quality and outcomes of the services provided, as indicated by the mean of their responses to defined subsets of items – referred to as summary scores – within the PEx Surveys.

The items constituting each summary score calculated from the items within the PEx Survey for overnight inpatients and the PEx Survey for day program patients were listed previously in Table 1 (page 12) and Table 2 (page 13) respectively. The items constituting the summary scores calculated from the items within the PEx Survey for outreach care patients are functionally equivalent, subject to the differences between the surveys mentioned under the section titled 'Final versions of the PEx Survey', beginning on page 10.

In Table 5, the reported statistics are partitioned by setting (i.e. overnight inpatient care and ambulatory care). The top panel gives the number of hospitals identified as having implemented the PEx Survey in the specified setting and number of surveys submitted. In the following two panels, for each summary score within each setting, the mean (in bold) and the standard deviation (in parentheses) are reported with the 95 per cent confidence interval around the mean being reported immediately below.

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**Table 5: Statistical summary of patients views regarding the quality and outcomes of the services provided by all hospitals that implemented the survey collection process during the 2018–2019 financial year.**

	Overnight Inpatient Care	Ambulatory Care
<b>Sample</b>		
Number of Hospitals identified as having implemented the PEx Survey in the specified service setting	48	40
Number of PEx Surveys submitted	22,518	5,185
<b>Experiences of Care</b>	mean (s.d.) 95% c.i.	mean (s.d.) 95% c.i.
Safety and Privacy	<b>4.40</b> (0.62) 4.39 – 4.41	<b>4.47</b> (0.53) 4.46 – 4.49
Clinical Staff	<b>4.38</b> (0.63) 4.38 – 4.39	<b>4.47</b> (0.52) 4.45 – 4.48
Treating Psychiatrists	<b>4.39</b> (0.69) 4.38 – 4.40	<b>4.26</b> (0.69) 4.24 – 4.28
Overall Evaluation	<b>4.52</b> (0.71) 4.51 – 4.53	<b>4.67</b> (0.52) 4.66 – 4.69
<b>Outcomes</b>	mean (s.d.) 95% c.i.	mean (s.d.) 95% c.i.
Mental Health and Wellbeing	<b>4.01</b> (0.88) 4.00 – 4.03	<b>3.89</b> (0.81) 3.87 – 3.92
Social and Role Functioning	n.a.	<b>3.81</b> (0.81) 3.79 – 3.83

In the overnight inpatient care setting, on average patients rated all aspects of the quality of services as 'Excellent', with mean ratings on summary scores ranging from 4.38 (95% CI = 4.38 – 4.39) for clinical staff through to 4.52 (95% CI = 4.51 – 4.53) for overall evaluation. In that setting, patients rated outcomes of their care as Very Good, with the mean rating on the mental health and wellbeing summary score being 4.01 (95% CI = 4.00 – 4.03).

Similarly, in the ambulatory care setting, on average patients rated all aspects of the quality of services as 'Excellent', with mean ratings on summary scores ranging from 4.23 (95% CI = 4.21 – 4.25) for treating psychiatrists through to 4.66 (95% CI = 4.64 – 4.68) for overall evaluation. In that setting, patients rated the outcomes of their care as Very Good, with mean ratings on the summary scores of 3.81 (95% CI = 3.79 – 3.84) for social and role functioning and 3.91 (95% CI = 3.88 – 3.93) for mental health and wellbeing.

## 4.3 DETAILS OF PATIENTS' OVERALL EVALUATION OF THE QUALITY OF SERVICES

Table 6 below gives a detailed breakdown of patients' responses to the three items addressing their overall evaluation of the quality of services provided.

The statistics reported in Table 6 begin with the frequency distribution of patients' responses to each of the three items. The proportion of patients giving a substantive response is based on the count of patients giving that particular response divided by the number of patients giving any response between 'strongly disagree' to 'strongly agree', with responses of 'not applicable' and missing responses excluded from that denominator. Two summary statistics are then given for each item. The first, appearing under the heading 'any disagree', identifies the proportion of patients who gave a response of either 'strongly disagree' or 'disagree'. The second identifies the proportion of patients who gave a response of either 'agree' or 'strongly agree'.

**Table 6: Detailed breakdown of patients' responses to the three items that address their overall evaluation of the quality of services provided by hospitals, stratified by service setting, for the 2018–2019 financial year.**

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Any disagree	Any agree
<b>Overall, the quality of care provided by the hospital has been excellent.</b>							
Overnight Inpatient Care	1%	2%	6%	30%	61%	3%	<b>91%</b>
Ambulatory Care	0%	0%	3%	29%	68%	1%	<b>96%</b>
<b>I have been treated with respect and dignity at all times.</b>							
Overnight Inpatient Care	1%	2%	6%	27%	64%	4%	<b>91%</b>
Ambulatory Care	0%	1%	2%	24%	73%	1%	<b>97%</b>
<b>I would recommend this hospital to a friend or family member, if they needed psychiatric care.</b>							
Overnight Inpatient Care	1%	1%	5%	24%	69%	2%	<b>93%</b>
Ambulatory Care	0%	0%	3%	22%	74%	1%	<b>97%</b>

When considering the pattern of patients' responses to these items, it is important to recognise that the three statements addressing overall evaluation of the quality of services provided are distinct in both their placement in the survey and in the strength of their wording.

First, the three items are deliberately placed at the end of the survey. This gives patients time to reflect in detail on many aspects of the way in which services were provided.

Second, as stated, the first two of the three items set a very high standard: Overall, the quality of care provided has been excellent; I have been treated with respect and dignity at all times. The third item directly addresses one of the key factors in determining consumer choice – the recommendation of a service by a friend or family member.

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# Appendixes

## APPENDIX 1: DETAILS OF THE REVIEW

**Table 7: Overview of existing surveys and surveys under development that were considered in the review conducted during the first half of 2012.**

Item	Survey	Comments
1.	PMHA's 2011 draft of a National Model of Consumer Perceptions of Care Survey (PMHA–CPoC)	This survey was based on the MHSIP Adult Consumer and the NRI Inpatient Consumer Surveys used in the pilot study.
2.	The final draft of the new Consumer Experiences of Care Survey being developed for use in public sector inpatient and community based mental health services (PMHS–EoC)	A project team within Victoria's Department of Human Services undertook development work for the Australian Health Ministers' Advisory Council (AHMAC) National Mental Health Working Group's Mental Health Information Strategy Subcommittee. We worked off the final draft of that survey, as at February 2012.
3.	The final draft of the brief Patient Experiences of Care Survey being developed by the Australian Commission on Safety and Quality in Healthcare (ACSQHC–PEX)	Their objective had been to identify a core set of survey items suitable for use in all public and private general hospitals in Australia. We worked off the final draft of that survey, as at April 2012, that was to be presented for final approval by the National Health Information Strategy Committee.
4.	New South Wales Health's Mental Health Consumer Perceptions and Experiences of Services survey <sup>10</sup>	At that time, the MH–CoPES survey was being used by public sector mental health services in that State. <sup>11</sup>
5.	The originally published long version of the Verona Service Satisfaction Scales (VSSS-54). <sup>12</sup>	We were not able to work off the most recently published translation of that survey, the VSSS-EU, developed for use in the Epsilon 7 study and now widely used across the European Union, but instead relied on an English translation of the original version obtained from the survey's authors in 1995. <sup>13</sup>
6.	The 2008 version of the UK National Health Service's Inpatient Questionnaire (NHS-2008). <sup>14</sup>	The content of that survey and an analysis of it reported in a discussion paper published in 2009 <sup>15</sup> , formed the starting point for the PEX development work being undertaken by the ACSQHC.

10 NSW Department of Health (2006) *A statewide approach to measuring and responding to consumer perceptions and experiences of adult mental health services*. A report on stage one of the development of the MH-CoPES framework and questionnaires. Sydney, NSW Health.

11 Oakley, Malins and Doyle (2011) *The MH-CoPES Framework and Questionnaires ready for statewide implementation. Final Report of the MH-CoPES Stage 2 Project*. Sydney, NSW Consumer Advisory Group-Mental Health Inc.

12 Ruggeri and Dall'Agnola (1993) The development and use of the Verona Expectations for Care Scale (VECS) and the Verona Service Satisfaction Scale (VSSS) for measuring expectations and satisfaction with community-based psychiatric services in patients, relatives and professionals. *Psychological Medicine*, 23, S11-523.

13 Ruggeri, et al (2000) Development, internal consistency and reliability of the Verona Service Satisfaction Scale- European Version EPSILON Study

7. *British Journal of Psychiatry*, 177, s41-s48.

14 Garratt (2009) The key findings report for the 2008 inpatient survey. Oxford, Co-ordination Centre for the NHS Patient Survey Programme, Picker Institute Europe. Obtained from <http://www.nhssurveys.org/> in April 2012.

15 Sizmur and Redding (2009) Core domains for measuring inpatients' experience of care. Oxford, Picker Institute Europe.

Our initial review identified a candidate set of approximately 80 items. Working in close collaboration with the PMHCCN and the APHA-PC we then identified the smallest effective set of items that:

- Covered the domains identified as representing best practice internationally,
- Best met the needs of private hospitals with psychiatric beds, and
- Most easily allowed relevant comparisons with the public sector.

A final draft instrument suitable for testing in a Validation Study, consisting of 30 items addressing Experiences of care and seven items addressing the outcomes of care, was finalised in June 2012.

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## RENAMING THE SURVEY

During the review it was agreed that the survey should be renamed a “Patient Experiences of Care Survey”. The term “patients” rather than “consumers” perceptions or experiences was chosen because first, the survey is intended for use in private hospital-based psychiatric services, and second, the agreed collection protocol specifies that the survey be offered to people whilst they are still in the hospital’s care, either in the day or so preceding discharge, or at review, not at some time following their discharge from the hospital. That is, this will be a survey of currently admitted patients who are asked to reflect on their current and recent experiences of care, not of consumers who are being asked, perhaps several weeks or even months after their discharge, to reflect on their most recently completed episode of care.

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## APPENDIX 2: STANDARD PEX SURVEY TEMPLATES

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In the three versions of the PEx Survey, individual items are presented in a narrative order, arranged in sequence to address issues that may arise on admission, through into care, and then on discharge.

As previously noted, because the presence or absence of other preceding items may affect responses to individual items, hospitals intending to implement the surveys are advised that existing items should not be deleted, additional items should not be included, and the order in which items are presented should not be changed.

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**your hospital/unit  
name and/or logo**

## **Experiences of Care Survey for Overnight Inpatients**



When offered:        
month year

Dear Patient,

We are interested in how you feel about the services provided by this hospital. The aim of this survey questionnaire is to gather feedback about the care and treatment you have received. The information obtained from the questionnaire will be used to improve future care for patients, because it is really important that we strive to get it right.

Your participation in this survey is voluntary and strictly confidential. Please feel free to give both positive and negative comments about your care. Making critical comments will not adversely affect the usual care we provide for you.

Please indicate your level of disagreement or agreement with each of the following statements by **circling the number** that best represents your opinion. If the question is about something you have not experienced, **circle NA** to indicate that this item is not applicable to you. There is a space at the end of the survey to comment on any of your answers.

When you have completed the survey, please return it to the person or place mentioned by the staff member who offered you the survey.

Thank you for your time.

*– the survey begins on the next page*

Please indicate your level of disagreement or agreement with each of the following statements by circling the number that best represents your opinion. If the question is about something you have not experienced, circle NA to indicate that this item is not applicable to you.

	Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree	Not Applicable
<b><i>During my hospital stay</i></b>						
1. I felt welcome at this hospital.	1	2	3	4	5	NA
2. My rights and responsibilities were explained fully in a way that I could understand.	1	2	3	4	5	NA
3. I was informed about the cost of my hospital stay and services.	1	2	3	4	5	NA
4. When developing my treatment plan with me, my treating psychiatrist and hospital staff ensured that it covered all of my needs.	1	2	3	4	5	NA
5. My treating psychiatrist ensured that I understood the effects of my treatment options.	1	2	3	4	5	NA
6. I have been involved in decisions about my care and treatment.	1	2	3	4	5	NA
7. I have been involved in planning the care I may need after I leave hospital.	1	2	3	4	5	NA
8. With my permission my nominated carer was involved in my hospital treatment.	1	2	3	4	5	NA
9. My individuality and personal preferences were respected.	1	2	3	4	5	NA
10. Staff were sensitive to my cultural background.	1	2	3	4	5	NA
11. Services were appropriate for my age.	1	2	3	4	5	NA
12. My physical health was assessed, and appropriate care was provided when needed.	1	2	3	4	5	NA
13. I have felt safe whilst at this hospital.	1	2	3	4	5	NA
14. My privacy was respected.	1	2	3	4	5	NA
15. The hospital was clean and well maintained.	1	2	3	4	5	NA
16. Any concerns or complaints I had about the hospital's services were addressed.	1	2	3	4	5	NA
17. Hospital staff were positive that my mental health and quality of life could improve.	1	2	3	4	5	NA

*Please continue on to the next page ...*

	Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree	Not Applicable
18. Hospital staff helped me obtain the information I needed so that I could take charge of managing my illness.	1	2	3	4	5	NA
19. I was informed about and encouraged to use self-help or peer support groups in the community.	1	2	3	4	5	NA
20. I was given information about how to manage my medication and any side-effects I may experience.	1	2	3	4	5	NA
21. My treating psychiatrist and hospital staff worked as a team in my care and treatment.	1	2	3	4	5	NA
22. I had opportunities to discuss my progress with the staff caring for me.	1	2	3	4	5	NA
23. I was encouraged to ask questions about my treatment and medication.	1	2	3	4	5	NA
24. When I had questions, my treating psychiatrist gave helpful answers I could understand.	1	2	3	4	5	NA
25. When I had questions, hospital staff gave helpful answers I could understand.	1	2	3	4	5	NA
26. Hospital staff were available if I needed to talk with them.	1	2	3	4	5	NA
27. I was able to access the hospital's services as soon as I needed to.	1	2	3	4	5	NA
28. Overall, the quality of care provided by the hospital has been excellent.	1	2	3	4	5	NA
29. I have been treated with respect and dignity at all times.	1	2	3	4	5	NA
30. I would recommend this hospital to a friend or family member, if they needed psychiatric care.	1	2	3	4	5	NA
<b><i>As a direct result of the services I have received</i></b>						
31. My symptoms are not bothering me as much.	1	2	3	4	5	NA
32. I feel I will be better able to deal with crises.	1	2	3	4	5	NA
33. My sense of wellbeing has improved.	1	2	3	4	5	NA
34. I am more hopeful about my future.	1	2	3	4	5	NA

*Please turn to the next page ...*

**Please answer the following questions to let us know a little about you.**

- D1. Are you male or female?  
☐ Male    ☐ Female    ☐ Other
- D2. To which age group do you belong?  
☐ Under 18 years    ☐ 50 – 64 years  
☐ 18 – 24 years    ☐ 65 – 74 years  
☐ 25 – 34 years    ☐ 75 years or over  
☐ 35 – 49 years
- D3. How long were you in hospital this time?  
☐ 2 weeks or less  
☐ between 2 and 4 weeks  
☐ more than 4 weeks
- D4. Did you need assistance in completing this survey?  
☐ Yes    ☐ No

**We would value any other comments you have about our service.**

Was there anything particularly good about your care? \_\_\_\_\_

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Was there anything that could be improved? \_\_\_\_\_

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It would help us use the information you have provided if we could link your responses to this survey with the programs you participated in. To do that, we require your name. Please be assured that if you do choose to provide your name, your privacy and confidentiality will be safeguarded in the same way as all other clinical information held by the hospital. Also, the information you have provided here will not be seen by the clinical staff involved in your care, but rather, will be used by the hospital to improve the quality of our clinical services and treatment programs.

[illegible]

Date completed:      /      /

*Thank you for your time and cooperation in completing this survey.*



**your hospital/unit  
name and/or logo**

## Experiences of Care Survey for Day Program Patients

**A**

When offered: Review ☐ Discharge ☐

month year

Dear Patient,

We are interested in how you feel about the services provided by this hospital. The aim of this survey is to gather feedback about the care and treatment you have received during the **day program** you have been attending in the last few weeks or months.

This survey is not about the overnight inpatient services provided by the hospital. If you have recently been an overnight patient at the hospital, when completing this current survey, please just focus on the day program services you have been attending since your discharge from overnight care.

The information obtained from the questionnaire will be used to improve future care for patients, because it is really important that we strive to get it right. You may have completed a similar survey to this one a few months ago. If so, it is important that you complete this one again as it will help us to ensure that we maintain our standard of care.

Your participation in this survey is voluntary and strictly confidential. Please feel free to give both positive and negative comments about your care. Making critical comments will not adversely affect the usual care we provide for you.

Please indicate your level of disagreement or agreement with each of the following statements by **circling the number** that best represents your opinion. If the question is about something you have not experienced, **circle NA** to indicate that this item is not applicable to you. There is a space at the end of the survey to comment on any of your answers.

When you have completed the survey, please return it to the person or place mentioned by the staff member who offered it to you.

Thank you for your time.

*– the survey begins on the next page*



Please indicate your level of disagreement or agreement with each of the following statements by **circling the number** that best represents your opinion. If the question is about something you have not experienced, **circle NA** to indicate that this item is not applicable to you.

	Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree	Not Applicable
1. I felt welcome at this hospital.	1	2	3	4	5	NA
2. My rights and responsibilities were explained fully in a way that I could understand.	1	2	3	4	5	NA
3. I was informed about the cost of the day program services.	1	2	3	4	5	NA
4. When developing my treatment plan with me, my treating psychiatrist and day program staff ensured that it covered all of my needs.	1	2	3	4	5	NA
5. My treating psychiatrist ensured that I understood the effects of my treatment options.	1	2	3	4	5	NA
6. I have been involved in decisions about my care and treatment.	1	2	3	4	5	NA
7. I have been involved in planning the care I may need after I complete the day program.	1	2	3	4	5	NA
8. With my permission my nominated carer was involved in my treatment in the day program.	1	2	3	4	5	NA
9. My individuality and personal preferences were respected.	1	2	3	4	5	NA
10. Staff were sensitive to my cultural background.	1	2	3	4	5	NA
11. Services were appropriate for my age.	1	2	3	4	5	NA
12. I have felt safe whilst at this hospital.	1	2	3	4	5	NA
13. My privacy was respected.	1	2	3	4	5	NA
14. The hospital was clean and well maintained.	1	2	3	4	5	NA
15. Any concerns or complaints I had about the hospital's day program services were addressed.	1	2	3	4	5	NA
16. Day program staff were positive that my mental health and quality of life could improve.	1	2	3	4	5	NA
17. Day program staff helped me obtain the information I needed so that I could take charge of managing my illness.	1	2	3	4	5	NA
18. I was informed about and encouraged to use self-help or peer support groups in the community.	1	2	3	4	5	NA

*Please continue on to the next page ...*

	Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree	Not Applicable
19. I was given information about how to manage my medication and any side-effects I may experience.	1	2	3	4	5	NA
20. My treating psychiatrist and day program staff worked as a team in my care and treatment.	1	2	3	4	5	NA
21. I had opportunities to discuss my progress with the staff running the day program.	1	2	3	4	5	NA
22. I was encouraged to ask questions about my treatment and medication.	1	2	3	4	5	NA
23. When I had questions, my treating psychiatrist gave helpful answers I could understand.	1	2	3	4	5	NA
24. When I had questions, day program staff gave helpful answers I could understand.	1	2	3	4	5	NA
25. Day program staff were available if I needed to talk with them.	1	2	3	4	5	NA
26. I have been able to get in contact with this service when I needed to.	1	2	3	4	5	NA
27. I was able to access the hospital's day program services as soon as I needed to.	1	2	3	4	5	NA
28. Overall, the quality of care provided by the hospital's day program services has been excellent.	1	2	3	4	5	NA
29. I have been treated with respect and dignity at all times.	1	2	3	4	5	NA
30. I would recommend this hospital's day program service to a friend or family member, if they needed this type of care.	1	2	3	4	5	NA
<b><i>As a direct result of the day program services I have received</i></b>						
31. My symptoms are not bothering me as much.	1	2	3	4	5	NA
32. I feel I will be better able to deal with crises.	1	2	3	4	5	NA
33. I am better able to manage my day-to-day life.	1	2	3	4	5	NA
34. I am more comfortable relating with others.	1	2	3	4	5	NA
35. My ability to work or study has improved.	1	2	3	4	5	NA
36. My sense of wellbeing has improved.	1	2	3	4	5	NA
37. I am more hopeful about my future.	1	2	3	4	5	NA

*Please turn to the next page ...*

**Please answer the following questions to let us know a little about you.**

- D1. Are you male or female?  
☐ Male    ☐ Female    ☐ Other
- D2. To which age group do you belong?  
☐ Under 18 years    ☐ 50 – 64 years  
☐ 18 – 24 years    ☐ 65 – 74 years  
☐ 25 – 34 years    ☐ 75 years or over  
☐ 35 – 49 years
- D3. How long have been attending the day program this time?  
☐ 2 months or less  
☐ between 2 and 4 months  
☐ more than 4 months
- D4. Did you need assistance in completing this survey?  
☐ Yes    ☐ No

**We would value any other comments you have about our service.**

Was there anything particularly good about your care? \_\_\_\_\_

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Was there anything that could be improved? \_\_\_\_\_

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It would help us use the information you have provided if we could link your responses to this survey with the programs you participated in. To do that, we require your name. Please be assured that if you do choose to provide your name, your privacy and confidentiality will be safeguarded in the same way as all other clinical information held by the hospital. Also, the information you have provided here will not be seen by the clinical staff involved in your care, but rather, will be used by the hospital to improve the quality of our clinical services and treatment programs.

[illegible]

Date completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Thank you for your time and cooperation in completing this survey.*

**your hospital/unit  
name and/or logo**

## Experiences of Care Survey for Outreach Care Patients



When offered: Review ☐ Discharge ☐

|      
 month year

Dear Patient,

We are interested in how you feel about the services provided by our hospital. The aim of this survey is to gather feedback about the care and treatment you have received during the **outreach care services** you have been receiving in the last few weeks or months.

This survey is not about the overnight inpatient services provided by the hospital. If you have recently been an overnight patient at the hospital, when completing this current survey, please just focus on the outreach care services you have been receiving since your discharge from overnight inpatient care.

The information obtained from the questionnaire will be used to improve future care for patients, because it is really important that we strive to get it right. You may have completed a similar survey to this one a few months ago. If so, it is important that you complete this one again as it will help us to ensure that we maintain our standard of care.

Your participation in this survey is voluntary and strictly confidential. Please feel free to give both positive and negative comments about your care. Making critical comments will not adversely affect the usual care we provide for you.

Please indicate your level of disagreement or agreement with each of the following statements by **circling the number** that best represents your opinion. If the question is about something you have not experienced, **circle NA** to indicate that this item is not applicable to you. There is a space at the end of the survey to comment on any of your answers.

When you have completed the survey, please return it to the person or place mentioned by the staff member who offered it to you.

Thank you for your time.

*– the survey begins on the next page*



Please indicate your level of disagreement or agreement with each of the following statements by **circling the number** that best represents your opinion. If the question is about something you have not experienced, **circle NA** to indicate that this item is not applicable to you.

	Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree	Not Applicable
1. I felt welcomed by the outreach care service.	1	2	3	4	5	NA
2. My rights and responsibilities were explained fully in a way that I could understand.	1	2	3	4	5	NA
3. I was informed about the cost of the outreach care services.	1	2	3	4	5	NA
4. When developing my treatment plan with me, my treating psychiatrist and outreach staff ensured that it covered all of my needs.	1	2	3	4	5	NA
5. My treating psychiatrist ensured that I understood the effects of my treatment options.	1	2	3	4	5	NA
6. I have been involved in decisions about my outreach care.	1	2	3	4	5	NA
7. With my permission my nominated carer was involved in my outreach care.	1	2	3	4	5	NA
8. My individuality and personal preferences were respected.	1	2	3	4	5	NA
9. Staff were sensitive to my cultural background.	1	2	3	4	5	NA
10. Services were appropriate for my age.	1	2	3	4	5	NA
11. I have felt safe because the outreach staff were seeing me.	1	2	3	4	5	NA
12. My privacy was respected.	1	2	3	4	5	NA
13. Any concerns or complaints I had about the outreach care services were addressed.	1	2	3	4	5	NA
14. Outreach staff were positive that my mental health and quality of life could improve.	1	2	3	4	5	NA
15. Outreach staff helped me obtain the information I needed so that I could take charge of managing my illness.	1	2	3	4	5	NA
16. I was informed about and encouraged to use self-help or peer support groups in the community.	1	2	3	4	5	NA
17. I was given information about how to manage my medication and any side-effects I may experience.	1	2	3	4	5	NA
18. My treating psychiatrist and outreach staff worked as a team in my care and treatment.	1	2	3	4	5	NA

*Please continue on to the next page ...*

	Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree	Not Applicable
19. I had opportunities to discuss my progress with the outreach staff caring for me.	1	2	3	4	5	NA
20. I was encouraged to ask questions about my treatment and medication.	1	2	3	4	5	NA
21. When I had questions, my treating psychiatrist gave helpful answers I could understand.	1	2	3	4	5	NA
22. When I had questions, outreach staff gave helpful answers I could understand.	1	2	3	4	5	NA
23. Outreach staff were available if I needed to talk with them.	1	2	3	4	5	NA
24. I have been able to get in contact with this service when I needed to.	1	2	3	4	5	NA
25. I was able to access the outreach care services as soon as I needed to.	1	2	3	4	5	NA
26. Overall, the quality of care provided by the outreach care service has been excellent.	1	2	3	4	5	NA
27. I have been treated with respect and dignity at all times.	1	2	3	4	5	NA
28. I would recommend this outreach care service to a friend or family member, if they needed this type of care.	1	2	3	4	5	NA
<b><i>As a direct result of the outreach care services I have received</i></b>						
29. My symptoms are not bothering me as much.	1	2	3	4	5	NA
30. I feel I will be better able to deal with crises.	1	2	3	4	5	NA
31. I am better able to manage my day-to-day life.	1	2	3	4	5	NA
32. I am more comfortable relating with others.	1	2	3	4	5	NA
33. My ability to work or study has improved.	1	2	3	4	5	NA
34. My sense of wellbeing has improved.	1	2	3	4	5	NA
35. I am more hopeful about my future.	1	2	3	4	5	NA

*Please to turn to the next page ...*



**Please answer the following questions to let us know a little about you.**

- D1. Are you male or female?  
☐ Male    ☐ Female    ☐ Other
- D2. To which age group do you belong?  
☐ Under 18 years    ☐ 50 – 64 years  
☐ 18 – 24 years    ☐ 65 – 74 years  
☐ 25 – 34 years    ☐ 75 years or over  
☐ 35 – 49 years
- D3. How long have been receiving outreach care services this time?  
☐ 2 months or less  
☐ between 2 and 4 months  
☐ more than 4 months
- D4. Did you need assistance in completing this survey?  
☐ Yes    ☐ No

**We would value any other comments you have about our outreach care service.**

Was there anything particularly good about your care? \_\_\_\_\_

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Was there anything that could be improved? \_\_\_\_\_

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It would help us use the information you have provided if we could link your responses to this survey with the programs you participated in. To do that, we require your name. Please be assured that if you do choose to provide your name, your privacy and confidentiality will be safeguarded in the same way as all other clinical information held by the hospital. Also, the information you have provided here will not be seen by the clinical staff involved in your care, but rather, will be used by the hospital to improve the quality of our outreach care services and other treatment programs.

[illegible]

Date completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Thank you for your time and cooperation in completing this survey.*

## APPENDIX 3: PEX SURVEY DATA COLLECTION PROTOCOL

### OCCASIONS WHEN THE PEX SURVEY SHOULD BE OFFERED

#### On Discharge from overnight inpatient care

The survey titled *Experiences of Care Survey for Overnight Inpatients* should be offered to **ALL** patients on discharge from an episode of overnight inpatient care **UNLESS** they meet any of the following criteria:

- Patient meets the criteria for *temporary contraindication*, that is, they are too distressed or unwell at the time of discharge. This generally will only apply to patients who are being transferred from the Hospital to another inpatient facility for more intensive care. The PEx Survey should not be offered in these cases. However, if the patient indicates they wish to complete the survey, they should be given every assistance to do so.
- Patient meets the criteria for *general exclusion*, that is, they are too cognitively impaired to be able to complete the survey. The PEx Survey should not be offered in these cases.
- Patient is being (statistically) discharged from a psychiatric unit for a brief admission to a general hospital medical or surgical unit with an expectation that they will be re-admitted to the psychiatric unit within three (3) days.
- Patient is being discharged from a brief episode of planned care. This will apply to patients who have been admitted for one or two nights for a procedure normally performed on a same-day basis (e.g. ECT).

If a patient indicates that they have already completed the questionnaire following a previous recent admission to the hospital, please emphasise that their views regarding their experiences in hospital this time are just as important as any responses they may have given regarding their previous admission. If the patient clearly does not wish to consider completing the survey again, they should not be pressed to do so.

Hospitals report that offering the survey on an individual, independent basis, one or two days prior to discharge, rather than on the day of discharge, will contribute to a positive response. Patients are able to exercise their preferred time of completion. Some patients may prefer to be supported by the staff member that offers the survey and complete it immediately, whilst others will prefer to complete it in their own time and then submit it to the designated collection point prior to leaving the hospital.

### On Discharge from Ambulatory Care (Hospital-based Day Programs and Outreach Care Services)

Either the *Experiences of Care Survey for Day Program Patients* or the *Experiences of Care Survey for Outreach Care Patients* (as appropriate) should be offered to **ALL** patients on discharge from an episode of ambulatory care **UNLESS** they meet any of the following criteria.

- Patient meets the criteria for *Temporary contraindication*, that is, they are too distressed or unwell at the time of discharge. This will most commonly apply when patients have become unwell and are being admitted to hospital for acute overnight inpatient care. In that case, the standard data collection protocol requires that they be statistically discharged from the episode of Ambulatory care. The PEx Survey should not be offered in these cases; however, if the patient indicates that they wish to complete the survey, they should be given every assistance to do so.
- Patient meets the criteria for *General exclusion*, that is, they are too cognitively impaired to be able to complete the survey. The PEx Survey should not be offered in these cases.
- Patient is being discharged from an episode of Ambulatory care during which they had very little contact with the Hospital. This would most commonly apply to patients who have had only one or two contacts in the preceding few months or since their last discharge from overnight care.
- Patient has completed either the *Experiences of Care Survey for Day Program Patients* or *Outreach Patients* at Review sometime in the preceding six weeks. In such cases, the person offering the PEx Survey may not initially be aware that the patient has recently been offered the PEx Survey. On being offered the survey the patient may indicate that they have recently completed it. In such cases they may complete it again if they choose, but should not be pressed to do so.

Note that patients who have completed the *Experiences of Care Survey for Overnight Inpatients* sometime in the preceding six weeks, but who otherwise are eligible to complete the appropriate Ambulatory Care version of the survey should be strongly encouraged to do so. The person offering the survey should explain that the current survey is about their experience of the Ambulatory Care (i.e., Day Program or Outreach Care Service) they have received from the Hospital since their Discharge from Overnight Inpatient care.

### On Review during an episode of Ambulatory Care (Hospital-based Day Programs and Outreach Care Services)

Either the *Experiences of Care Survey for Day Program Patients* or the *Experiences of Care Survey for Outreach Care Patients* (as appropriate) should be offered to **ALL** patients at their scheduled Review during an episode of Ambulatory Care **UNLESS** they meet any of the following criteria.

- Patient meets the criteria for *Temporary contraindication*, that is, they are too distressed or unwell at the time of the Review.
- Patient meets the criteria for *General exclusion*, that is, they are too cognitively impaired to be able to complete the survey.
- Patient has already completed the appropriate Ambulatory Care version of the survey at review or discharge at some time in the preceding six weeks. In such cases, the person offering the survey may not initially be aware that the patient has recently been offered the survey. On being offered the survey the patient may indicate that they have recently completed it. In such cases they may complete it again if they choose, but should not be pressed to do so.

## OFFERING AND COLLECTING THE SURVEY

The processes used when offering and collecting the survey needs to achieve two objectives:

**Give patients the strongest possible motivation to complete the survey in an honest and careful manner.** The key to attaining this first objective is the attitude and willingness to answer patients' questions of the staff who offer the survey to patients. If patients feel that the hospital values their responses, they are more likely to complete and submit the survey.

**Assure patients that the confidentiality of their responses will be maintained.** The key to attaining this objective is to implement a collection process that makes it clearly apparent to patients that clinical staff who have been involved in their care are unlikely to review their individual responses to the survey.

### Who should offer the survey?

It is recognised that hospitals may not be able to offer the PEx Surveys in exactly the same way and therefore the following should be used as a guide regarding who offers the Survey.

In the **overnight inpatient** setting the survey should ideally be offered to patients either by the clinical staff member responsible for their discharge (e.g., the Discharge Coordinator) or an appropriately trained member of the hospital's administrative staff (e.g., the Ward Clerk).

In **ambulatory care** settings, including both hospital-based day programs and outreach care services, the member of clinical staff responsible for the patient's care at the time may offer the survey.

Please ensure that **all staff members who may be called on to offer the PEx Survey** to patients have read and understood the guidelines contained in this second section of the *Implementation Guide*.

### **What should be said to the patient?**

In order to obtain a valid and reliable understanding of patients' experiences of the care provided by the hospital, it will be important that as many patients as possible do actually complete the survey. The manner in which the survey is offered to the patient is critical. Patients need to see that the person offering the survey genuinely values their feedback. That, together with patients' feeling that the hospital is likely to actually value their feedback, will be critical to achieving a high response rate.

Getting what you say right will take a little experimentation and practice. Don't expect yourself to make a perfect pitch the first few times.

The following script provides an example of what you might say when offering the questionnaire to patients. As you can see, it is somewhat formal and stiff in expression. As you become familiar with what needs to be said, you will be able to convey the essential points convincingly in your own way.

Begin by stating that:

*I'd like to ask you to help us by completing a survey that asks your views about the quality of the services and care provided by this hospital.*

*The information obtained from the survey may be used to improve future care for patients.*

*Your participation is voluntary and strictly confidential.*

*It is really important that you help us get it right. We value your opinion, so please feel free to give both positive and negative comments about your care at the hospital.*

Then, clearly explain to the patient or patients what they should do with their completed survey.

It is likely that some patients will ask more detailed questions about the survey and what is done with it once they have completed it. Some of the information you will need to answer such questions is contained in this manual. So, it is important that you take the time to read this manual before beginning to offer the survey to patients. Other questions may be related to the Hospital's policy in respect to complaints or the sharing of feedback with consumers and carers. So, it will also be important that you are familiar with the hospital's policy in those areas.

If the patient agrees to complete the survey, it is vital that before you hand the survey to the patient, you check that the correct survey for the setting is being offered and that you have recorded on the front page when it is being offered. The following sub-section provides details regarding exactly what is required.

### Annotating the questionnaire before it is handed to the patient

Before you hand over the Survey to a patient who has agreed to complete it, you **should make certain** that you complete the following steps:

- Check that the correct version of the survey is being offered.
- For questionnaires being offered to patients on discharge from overnight inpatient care, write the month and year of the date of discharge on the form. For example, if the date of discharge is the 23rd August 2017 you would write 08 2017 in the *When offered* date field.
- For questionnaires being offered to patients at review during an episode of ambulatory care, the occasion on which the survey is being offered should be indicated by ticking the box after the word Review; then the month and year of the date of review should be recorded in the *When offered* field.
- For questionnaires being offered to patients at discharge from an episode of ambulatory care, the occasion on which the survey is being offered should be indicated by ticking the box after the word Discharge, then the month and year of the date of discharge should be recorded in the *When offered* field.

### Identifying the designated collection point or method

Some patients are likely to be concerned that their responses to the survey should not be reviewed by members of clinical staff that were directly involved in their care. Such patients are more likely to give open, constructive feedback if they are confident that their responses will remain confidential. The method or methods that the hospital provides for patients to submit their survey once completed will have a strong influence on their confidence in that.



The hospital is responsible for identifying where and to whom the patient is to return their completed survey. An ideal collection point is:

- Easy for patients to find and/or use;
- Has a box or other easily identified place where surveys can be placed and not lost or mislaid; and,
- Is setup so that hospital staff (other than those responsible for data entry) and other patients are unable to read patients' completed surveys.

In all settings, it is likely that the PEx Survey will be offered to the patient at the same time as various clinical assessment questionnaires (e.g., the MHQ-14, DAS, etc.), which require the patient's identification (i.e., their Name and Clinical record number). In that case, to ensure the confidentiality of patients' responses to the PEx Survey, some means must be employed to ensure that the PEx Survey is submitted separately to the other questionnaires.

For patients who are offered the survey while at the hospital, either provide a "returns" box into which they may leave it, or provide an envelope into which they may seal their completed survey and return it to the staff member who offered it to them. In either case, hospital staff who assist patients must take care not to compromise the patient's perception of confidentiality.

In the outreach care setting, the patient should be asked to return their completed survey to the outreach care staff member in a sealed envelope, that envelope being provided to the patient with the survey.

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## OTHER IMPORTANT POINTS

### All eligible patients should be offered the survey

High response rates are more likely to be obtained by face-to-face offering of the survey to all eligible patients. The survey should be offered to patients, as per the collection protocol, by the designated staff member.

### How the survey is offered will be very important

The purpose of collecting the survey is to obtain feedback from patients about their experience within the hospital to enable quality improvements to be made. To ensure that this information is meaningful, the response rate must be high enough to ensure that the feedback is truly representative of the experiences of the hospital's patients. As previously suggested, the key to the success of this strategy will be the manner in which the survey is offered to the patient, particularly the extent to which they feel that the hospital is likely to actually value their feedback.

The response rate, that is the relative number of completed surveys received as a proportion of those that were expected to have been offered, will be reported to the Hospital.

### **Clearly identify where and to whom the patient is to return their completed survey**

You may consider encouraging patients to fill in the survey form immediately, and provide a “returns” box in which they can place it. That strategy may increase the response rate. However, if this strategy is employed, hospital staff who assist patients must take care not to compromise the patient’s perception of confidentiality.

### **Formal consent is not required**

By completing the survey and returning it to the designated collection point the patient is implicitly giving their consent for the information they are providing to be used. It should however be noted that, as the information is being collected principally for the purposes of evaluating the quality of the services provided by the hospital, consent to participate is not formally required.

### **Assistance can be provided, but do so with care**

For patients who can understand but not read English well, either due to poor eyesight or because English is not their first language, it is acceptable to both read the survey to them and record their responses. However, in such cases it is important that, if at all possible, the staff member who assists is someone who has not been involved in the direct clinical care of the patient.

In other cases, assistance can be offered if a patient is clearly struggling with the survey or if they simply request it. Assistance should be limited to reading of the questions, explanation of concepts that the patient indicates they don’t understand, or writing down of the patient’s responses. In many cases, it will be found that simply hearing the question read out loud can help the patient form a clear understanding of what is meant with no further comment being needed.

Generally, if assistance is provided, the assistant should make every effort to ensure that they do not influence the patient’s responses. In no circumstances should the staff member provide answers on behalf of the patient.

