

Measuring Patient Satisfaction in Western Australia



Overview of 2005 - 2006 Survey Results

March 2007



Epidemiology Branch, Analysis and Performance Reporting
Western Australian Department of Health



Acknowledgements

Thanks are extended to the patients who participated in the survey. Appreciation is also extended to Maxine Drake of the Health Consumers' Council of Western Australia for reviewing and commenting on the report.

Suggested Citation

Rodne, Trudi & Daly, Alison, 2007. *Measuring Patient Satisfaction in Western Australia, Overview of 2005-2006 Survey Results*.
Department of Health, Western Australia.

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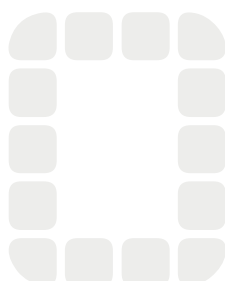
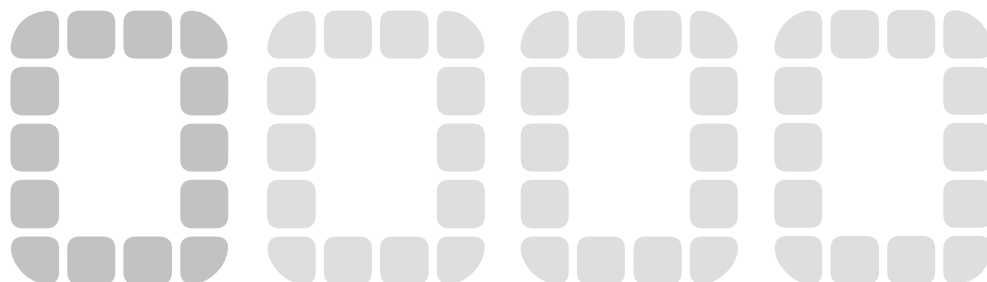
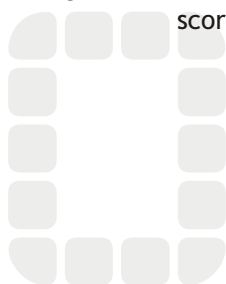
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1 SUMMARY

This report presents the results of the annual Patient Evaluation of Health Services survey. In 2005-06, admitted patients, including maternity patients were surveyed.

A sample of patients from every public hospital in Western Australia and a sample of public patients in Peel and Joondalup Health Campuses were selected to participate in the survey. The survey was conducted from February 2006 to June 2006 with 7912 patients interviewed, which is 5% of people within this patient group¹. Interviews were conducted with the patient, except for children where parents/guardians answered on their behalf. The response rate was 84.4%.

Results are presented for each of seven domains that have been identified by WA patients as the major areas of importance in hospital care. These are the time and attention paid to the patient's care, meeting personal as well as clinical needs, getting into hospital, information and communication, the right to be involved in care and treatment, the coordination and consistency of care and the residential aspects of the hospital.

An overall measure of satisfaction is included which is a weighted mean of scores over the seven domains. An outcome score is also included which is the mean rating of a series of questions assessing satisfaction with the outcome of the treatment provided. All results are presented as scores out of 100.

The main findings are presented below.

All patient groups

- In 2006, Western Australian patients in public hospitals and public patients in private hospitals reported high levels of satisfaction irrespective of hospital size or location. This result has been consistently found since State surveys began in 1996.
- All patient groups ranked time and attention paid to patients' care as the most important aspect and food and residential aspects as the least important aspect of health care provision.
- While males and females rank time and attention paid to patients' care as the most important aspect of health care provision, males rank getting into hospital as the second most important aspect of health care while females ranked this as fourth most important aspect of health care and meeting personal as well as clinical needs as the second most important.
- Patients from smaller hospitals report higher levels of satisfaction across most measures.
- With the exception of the scale about getting into hospital, patients who stayed 12 or more nights had significantly lower scale scores compared with those staying less time than that.

¹ This figure yields 95% confidence level and +/- 3% sampling error which is considered more than adequate for representative sampling.

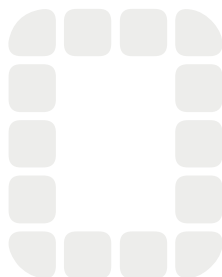
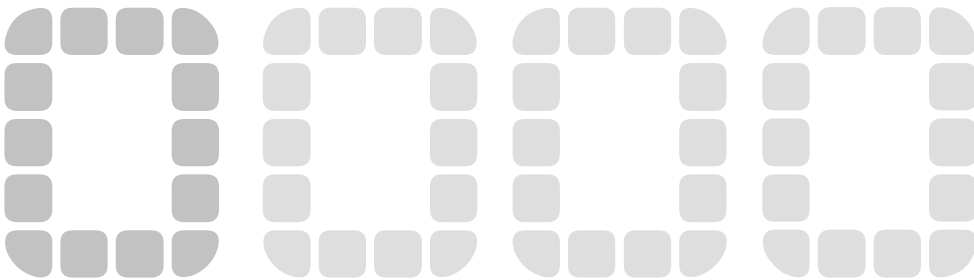
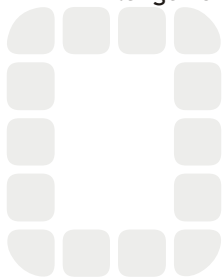


Admitted between 2-34 nights

- Admitted male adults reported significantly higher overall satisfaction with the hospital stay and a significantly higher outcome score compared with females.
- The outcome score for children is more than 10% higher than the overall indicator of satisfaction score. This suggests that the children's parents/guardians generally perceive the hospital visit as beneficial even if they were less satisfied with aspects of health service provision while their child was in hospital.
- Older patients rated their satisfaction over all scales more highly than did younger patients.
- Satisfaction and outcome scores show a different pattern for adults compared with children. Respondents on behalf of female child patients have a higher overall indicator of satisfaction score and outcome score compared with scores for respondents of male child patients. In comparison adult males have a higher overall satisfaction and outcome scores than female adult patients.

Maternity

- Five out of the seven scales were rated above 80, suggesting maternity patients are satisfied with most aspects of health service provision.
- The top scale score, with a mean scale score of over 90, was for *meeting personal as well as clinical needs*.
- Maternity patients across the state are as happy with the hospital visit as they are with the outcome.
- Satisfaction is consistent for five of the seven scale scores regardless of age, length of stay and hospital category.



2 BACKGROUND



Research has shown that patient satisfaction is related to better health outcomes (Kreulen, Stommel et al. 2002; Ostir, Simonsick et al. 2002; Staiger 2005). Western Australian hospitals strive to provide the best quality health care possible and measuring patient satisfaction is an important part of quality assurance to ensure this goal is met. The Patient Evaluation of Health Services System (PEHS) has been conducted for ten years and in that time has surveyed over 60,000 patients about their satisfaction with the services provided and how they perceive the outcome of the health care they received.

The Patient Evaluation of Health Service is a survey-based system. Each year a random sample of one or more health consumer groups across Western Australia is surveyed. Over a three-year period, most of the major patient groups, including admitted hospital patients, Emergency Department patients and Outpatients, have been given the opportunity to provide feedback to the Director General and health service providers.

Development of survey questions has been patient driven. Seven domains of health service provision have been identified through extensive consultation with all patient groups through focus groups and the Health Consumers' Council of WA. The domains identified were supported by the research literature. These seven domains of health care have been used to guide the construction of seven scales. Using Principal Component Analysis, the questions have been grouped into these seven scales.

The PEHS survey is perceived as a valuable tool by the hospitals. Each participating hospital with a minimum of twenty responses and a 50% response rate receives a detailed report of the findings for their facility along with peer group comparisons. The PEHS report provides an insight into how patients perceive the health care provided in their facility for that year.

The PEHS survey results form part of the Health Overview in the Department of Health's Annual Report.² The Health Overview presents patient satisfaction across hospital peer groups as well as for the state as a whole. The PEHS questionnaires have been designed to allow for direct comparison across and within different patient groups.

Each year a number of hospital facilities request a workshop to explore the PEHS results for their hospital in more detail. The workshop is an excellent vehicle for communicating the results to a broad range of people within the facility.

The PEHS is a useful tool for initiating and supporting change. Feedback from the hospitals reveals that the results have been used to identify those areas that need improvement. Examples of changes that have been made include:

- Patient's Rights and Responsibilities and Complaint procedure posters and pamphlets have been developed, displayed and given to patients.
- To reduce waiting time the Emergency departments have introduced a Fast Track system.
- In response to parents' desire for more surgical care information, pre-operation paediatric unit tours are conducted for parents prior to admission of their child.

² The 2005 2006 Annual Report can be found at the following website:
<health.wa.gov.au/publications/annual_reports_2006_DOH.cfm>.

3 METHODOLOGY

3.1 2005-2006 SURVEY PROCEDURE

Three patient groups were surveyed in 2005-2006, adults and children (less than 16 years of age) who were admitted to hospital for between 2 and 34 nights, and maternity patients. A parent/guardian answered on behalf of the child.

The survey was conducted continuously between February and June 2006. Over 7900 people who used hospital services during this period were interviewed and asked questions about their experience.

Prior to 2004 the PEHS survey was conducted as a self-report mail survey. However, response rates were low and in 2004 a new method of computer assisted telephone interview (CATI) was trialed. This new method doubled the response rate, from approximately 40% to 80%.

Although testing showed responses for telephone interviews were similar to those for self-completed questionnaires, the very different response rates make direct comparisons with previous year's results difficult. Regardless of the response rate, at a state level the 2005-2006 results are similar to the previous year's results for the groups surveyed.

3.2 RESPONSE RATES

The new methodology achieved an overall response rate of 84.4% and a participation rate of 95.1%. This high response rate enhances the precision of the survey estimates, which are representative, reliable and valid indications of patient satisfaction. The results from this survey will be used as a benchmark for future surveys.

The table shows that approximately two-thirds of patients within the sample frame completed the survey. Of 9376 patients who could be contacted by telephone only 404 (4.3%) refused to take part in the survey. Another 1057 (11.3%) patients were identified as unable to respond because they were too ill, did not speak English or had died in the previous month.

Key findings

The response rate from this survey shows that Western Australian residents are happy to share their hospital experience.

3 METHODOLOGY

Table 1 Response rates by survey type

RESPONSE RATE BY SURVEY TYPE	ADULT OVERNIGHT	CHILD OVERNIGHT	MATERNITY	ALL RESPONDENTS
Sample	6913	847	2855	10615
Business/fax/modem/not connected	642	82	242	966
Eligible sample	6271	765	2613	964
Sample that could be contacted	6074	750	2552	9376
Unable to respond	835	60	162	1057
Refusals	266	25	113	404
Completed interviews	4973	665	2277	7915
Raw response rate	72.9%	78.5%	79.0%	75.6%
Eligible sample response rate	79.3%	86.9%	87.1%	82.0%
Eligible contacted response rate	81.9%	88.7%	89.2%	84.4%
Participation rate	94.9%	96.4%	95.3%	95.1%

3.3 THE SAMPLE

A random sample was generated for every public hospital and for public patients in Joondalup Health Campus and Peel Health Campus. Table 2 presents the hospitals grouped by their size and service category. The random sample was generated every two weeks for the survey cycle. This ensures patients are typically completing the survey within one month of discharge.

The sample frame included the following exclusions:

1. Aboriginal patients³
2. Requiring an interpreter⁴
3. Having a psycho-geriatric diagnosis⁵
4. Not classed as an acute care admitted public patient⁶
5. Being over 75 years of age⁷
6. Residing outside WA⁸

And for maternity only

1. Either mother or baby not discharged to home⁹
2. Being a neonate in hospital.¹⁰

3 The exclusion of Aboriginal patients occurs because the Office of Aboriginal Health thought the method and questions inappropriate. To date, it has not been possible to establish a successful process to start the development of a culturally appropriate measure for Aboriginal people.

4 Relatively few patients require these services and the cost of translating the questionnaire would be uneconomical given the wide range of language.

5 This group of patients would be unable to respond on their own behalf.

6 These patients are considered to have special needs and are surveyed in another reporting cycle.

7 Older patients are surveyed in another reporting cycle.

8 The survey is designed to report on WA residents' satisfaction with their health care within WA.

9 If mother and baby are both discharged to home, it is assumed that there was no life threatening complications or illnesses that might mean the family was under stress.

10 If a baby is in hospital, parents are likely to be very upset and worried and the policy is not to intrude on them at that time.

3 METHODOLOGY



Table 2 Hospital categories

Category	Hospital
Tertiary	Royal Perth Hospital, Fremantle Hospital, King Edward Memorial Hospital for Women, Sir Charles Gairdner Hospital, Princess Margaret Hospital for Children
Non-tertiary	Armadale Kelmscott Hospital, Bentley Hospital, Kalamunda Hospital, Osborne Park Hospital, Murray Districts Hospital, Rockingham Kwinana Hospital, Swan Districts Hospital
Public Patient in a Private Hospital	Peel Health Campus, Joondalup Health Campus
WACHS Regional Resource Centre	Albany Regional Hospital, Broome Regional Hospital, Geraldton Regional Hospital, Kalgoorlie Regional Hospital, Port Hedland Regional Hospital
WACHS Integrated District	Esperance District Hospital, Katanning District Hospital, Moora District Hospital, Narrogin Regional Hospital, Merredin District Hospital, Northam Regional Hospital, Carnarvon Regional Hospital, Nickol Bay Hospital, Derby Regional Hospital, Kununurra District Hospital, Newman District Hospital
WACHS Other Service Location	Denmark District Hospital, Kununoppin District Hospital, Laverton District Hospital, Leonora District Hospital, Norseman District Hospital, Ravensthorpe District Hospital, Gnowangerup District Hospital, Plantagenet District Hospital, Kojonup District Hospital, Fitzroy Crossing Hospital, Halls Creek Hospital, Wyndham District Hospital, Meekatharra District Hospital, Morawa District Hospital, Mullewa District Hospital, Northampton District Hospital, North Midlands District Hospital, Kalbarri Health Service, Dongara Health Service, Exmouth District Hospital, Onslow District Hospital, Roebourne District Hospital, Tom Price District Hospital, Wickham District Hospital, Paraburdoo District Hospital, Lake Grace District Hospital, Wagin District Hospital, York District Hospital, Beverley District Hospital, Boddington District Hospital, Bruce Rock District Hospital, Corrigin District Hospital, Cunderdin District Hospital, Dalwallinu District Hospital, Dumbleyung District Hospital, Kellerberrin Memorial Hospital, Goomalling District Hospital, Kondinin District Hospital, Narembeen District Hospital, Pingelly District Hospital, Southern Cross District Hospital, Wongan Hills District Hospital, Wyalkatchem District Hospital, Quairading District Hospital
South West	Bridgetown District Hospital, Bunbury Regional Hospital, Busselton District Hospital, Collie District Hospital, Harvey District Hospital, Margaret River District Hospital, Warren District Hospital (Manjimup), Augusta District Hospital, Boyup Brook District Hospital, Donnybrook District Hospital, Nannup District Hospital, Pemberton District Hospital, Yarloop District Hospital



3.4 THE QUESTIONNAIRES

There are over 13 forms of questionnaire regularly used in the PEHS surveys. There are equivalent forms for adults and children, large and small hospitals and different patient groups, such as maternity, emergency and outpatients. The questionnaires have been designed to be comparable between and within groups.

Questions were constructed to address the main issues identified by patients as important aspects of health care provision. There were two types of questions: a) questions that asked patients to report whether or not something had happened or whether or not they were aware of something, and b) questions that asked patients to rate some aspect of service.

3.5 HOW THE RESULTS ARE PRESENTED

3.5.1 Ranking of importance

The topics covered in questionnaires and identified by patients as important include waiting times, the admission process, meeting personal as well as clinical needs, being adequately informed, having continuity of care, being involved in decision making, being aware of patient rights, issues around food and physical surroundings, and the adequacy of the discharge process. These areas can be rolled up to seven major domains of patient satisfaction, which fits with research findings that dimensions are more informative than global measures and that while correlated with each other, do not measure the same thing (Schall, Evans et al. 1998).

In addition, studies are beginning to argue for including patient ranking of the domains of care (Schattner 2006; Pascoe and Attkisson 1983; Froberg and Kane 1989; Sutherland, Lockwood et al. 1989; Scott and Smith 1994; Avis, Bond et al. 1995; Bernhart, Wiadnyana et al. 1999). To address this, the first task for the respondent to do is to rank the seven domains mentioned above in order of importance. These rankings were used to weight the 'scales', which are an aggregate of question responses grouped under one of the seven dimensions. This allowed the patient determination of importance to guide the results rather than the more usual statistically determined weighting.

The ranking task has been deliberately placed at the start of the survey so the respondent uses the ranking to think about what is important to them rather than the questions in the survey influencing the ranking.

The seven domains of health care provision correspond with seven scales made up of questions addressing various aspects of the domains.

3.5.2 The seven scales

Scales were constructed to correspond to the seven domains of health care provision important to patients. An outcome scale was also constructed. The scale construction was done to group items into logical sets that roughly fit a person's hospital experience and that matched the domains of importance. The goal of the grouping was to attempt to present the data in a way that 'made sense' to health service providers, but that also had robust internal consistency and construct validity. Principal Component analysis was conducted to ensure the scales demonstrated acceptable Cronbach alpha score. (Daly, A 2006).



3.5.3 Scoring scales

The question ratings in each scale are added together and expressed as a score out of 100. Reporting questions were scored as 0 for a 'No' and 1 for a 'Yes' answer. Ratings were scored as a proportion out of one, the proportions being dependent on the number of ratings for the question. Likert rating categories were used with the corresponding assumption of equal distance between the ratings.

3.5.3.1 What the scores mean

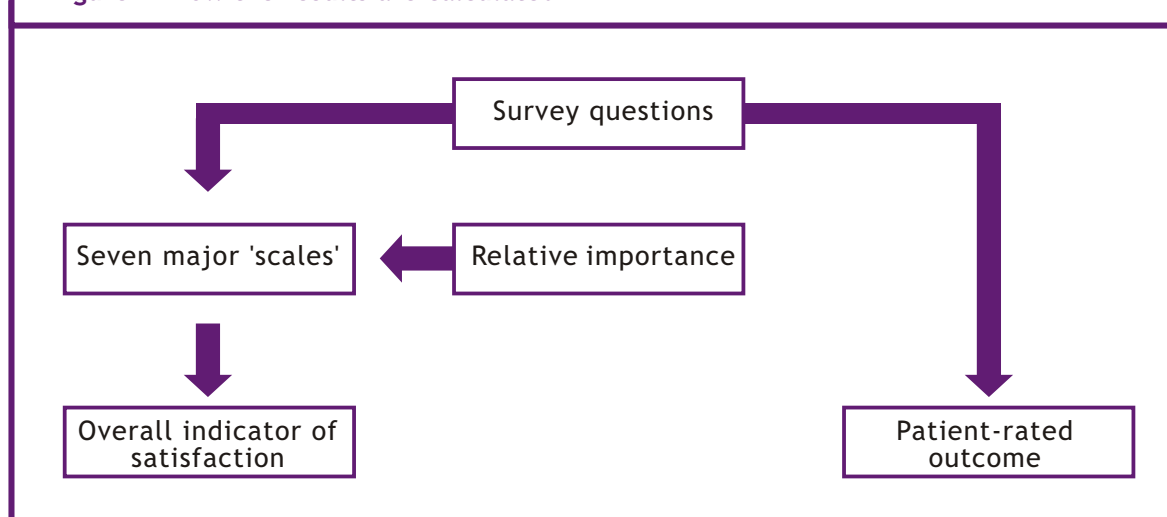
Since the inception of this survey in 1996 a mean average result for the scale scores has been 78-80. This finding was used as the basis of what an average score is for any particular scale. Scales that have a mean scale score of 90 or above are considered to indicate excellent performance, scale scores of between 80 and 90 are considered to indicate average to very good performance and scale scores of below 80 are considered to indicate areas for potential improvement. Scores below 70 would be considered to be fair to poor performance.

3.5.4 Overall indicator of satisfaction and Outcome scale

A unique feature of this survey is that the patient, rather than the questionnaire, influences the overall indicator of satisfaction score. As illustrated in Figure 1, this is done by using the patients' ranking of the importance of the seven aspects of health care provision to weight each of the seven scale scores. The weighted scales are then added together and converted to a score out of 100 to get the overall indicator of satisfaction score.

Patients are asked to judge how successful their health care has been as an outcome measure. This is becoming increasingly recognised as a key area to assess but one rarely measured (Hudak, McKeever et al. 2003). The PEHS survey contains a number of questions that make up the outcome scale. This scale is a measure of how satisfied people are with the outcome of their visit to hospital. The score is presented as a mean scale score out of 100.

Figure 1 How the results are calculated



3.5.5 Further information

Further information on the Patient Evaluation of Health services is available on the Department of Health intranet <intranet.health.wa.gov.au/patientsatisfaction/home/>.

Or call the Epidemiology Branch, Trudi Rodne (08) 9222 2208 or Alison Daly (08) 9222 4241.

4 RANKING OF ASPECTS OF HEALTH CARE PROVISION

The seven domains of health care provision as identified by the patient are the following:

1. Time and attention paid to care
2. Meeting personal as well as clinical needs
3. Getting into hospital
4. Information and communication
5. The right to be involved in care and treatment
6. The residential aspects of the hospital
7. The coordination and consistency of care.

These domains of health care provision are ranked by the patient from one to seven, in order of significance. Table 3 presents the results for all patient groups across the state.

Table 3 Domains of health care as ranked by patients

	ALL SURVEY TYPES	ADULT OVERNIGHT	CHILD OVERNIGHT	MATERNITY
Time and attention paid to patients' care	7	7	7	6
Information and communication	6	6	5	5
Meeting personal as well as clinical needs	4	5	6	4
Getting into hospital	5	4	4	N/A ¹¹
Involved in decisions about care and treatment	3	3	3	3
Continuity of care	2	2	2	2
Food and residential aspects	1	1	1	1

Over the years *residential aspects of the health care facility* have consistently had a mean rank that was lower than any other part of health care. This year, over 82% of admitted and maternity patients ranked *residential aspects of the facility* as either least or next to least important. The mean ranking of 1.8 was well below the next least important aspect of health care, which was continuity of care, with a mean ranking of 3.4. *Time and attention given to care* was ranked as the most important with a mean ranking score of 5.3.

Key findings

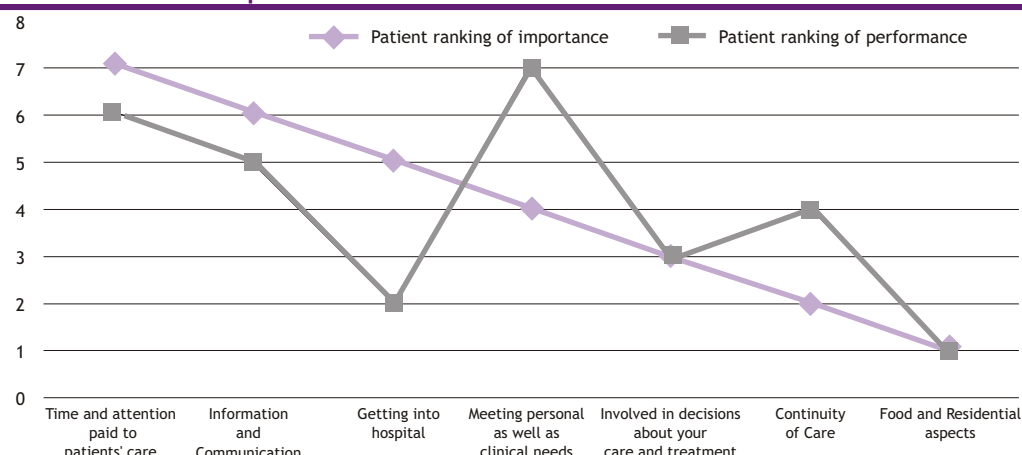
All patient groups rank the time and attention paid to patients' care as the most important part of health care and food and residential aspects as least important part of health care.

¹¹ The concept of waiting to get into hospital is not relevant for maternity patients although there are questions about the admission process on the survey.

4 RANKING OF ASPECTS OF HEALTH CARE PROVISION

The figure below illustrates how the ranking of importance of an aspect of service relates to the rating of satisfaction with that aspect of health service. The figure shows where hospitals are exceeding patients' satisfaction in relation to their importance and where efforts should be focused to meet patients' satisfaction in relation to what they feel are the most important aspects of health care provision.

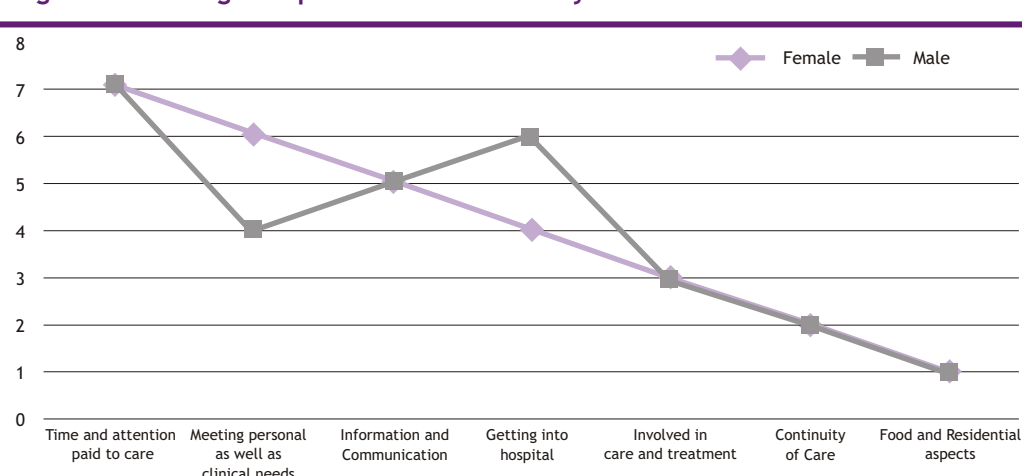
Figure 2 Ranking of importance relative to the rating of satisfaction with that aspect of health care



For example, the scales *time and attention paid to patients' care*, *information and communication* and *getting into hospital* all show a relative ranked importance higher than the relative rating of satisfaction. By contrast *meeting personal as well as clinical needs* and *continuity of care* both rated the satisfaction higher than the rank of importance.

Figure 3 below illustrates the difference in how males and females rank the importance of aspects of health care provision.

Figure 3 Ranking of aspects of health care by sex



Males rank *getting into hospital* as their second most important aspect while this is fourth for females. *Meeting personal as well as clinical needs* is ranked lower for males than females. This suggests a difference in the way in which males perceive health care and health care provision compared with females.

The ranking of health care provision is almost the same for the three metropolitan hospital categories, as seen in Table 4. Tertiary and Public Patients in a Private Hospital have the same ranking order of importance; Non-tertiary category has placed lower importance on *getting into hospital*, which is fourth most important compared with second most important for the other two categories.

4 RANKING OF ASPECTS OF HEALTH CARE PROVISION

Table 4 Rankings of aspects of health care by hospital category

	TERTIARY	NON-TERTIARY	PUBLIC PATIENTS IN PRIVATE HOSPITALS
Time and attention paid to patients' care	7	7	7
Getting into hospital	6	4	6
Information and communication	5	6	5
Meeting personal as well as clinical needs	4	5	4
Involved in decisions about care and treatment	3	3	3
Continuity of care	2	2	2
Food and residential aspects	1	1	1

Table 5 presents the ranking of importance for the WACHS hospital categories. The Regional Resource Centres and South West have the same ranking of health care provision; this indicates that patients using these facilities place the same importance on the same aspects of health care provision. The other two categories, Integrated District and Other Service Location, have different ranking of importance. Integrated district patients ranked *getting into hospital* as the second most important aspect of health care while this is ranked fourth most important in all other hospital categories. Other Service Location has ranked the second and third aspect of health care the other way round compared with the Regional Resource Centre and South West categories.

Table 5 Ranking of aspects of health care by hospital category

	REGIONAL RESOURCE CENTRE	INTEGRATED DISTRICT	OTHER SERVICE LOCATIONS	SOUTH WEST
Time and attention paid to patients' care	7	7	7	7
Meeting personal as well as clinical needs	6	5	5	6
Information and communication	5	4	6	5
Getting into hospital	4	6	4	4
Involved in decisions about care and treatment	3	3	3	3
Continuity of care	2	2	2	2
Food and residential aspects	1	1	1	1

All hospital categories, both metropolitan and country health service, ranked the most important and the three least important aspects of health care provision the same.

The following sections present detailed results for each of the scales by patient group.

The frequency results for each question on every version of the 2005-2006 survey can be found on the Department of Health Intranet website. The website also contains information on the methodology and other facets of the Patient Evaluation of Health Services System. (See Section 3.5.5)

5 THE SEVEN SCALES

5.1 SCALE SCORES

Figures 4, 5 and 6 present the mean scores for the seven scales for admitted adults, children and maternity, who were surveyed 2005-06.

Figure 4 Mean scores for the Seven Scales, Admitted Adults, PEHS 2005-06

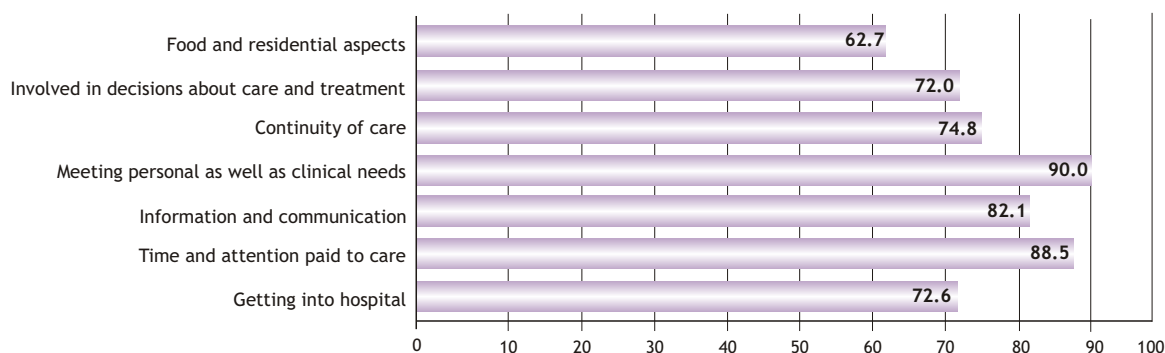


Figure 5 Mean scores for the Seven Scales, Admitted Children, PEHS 2005-06

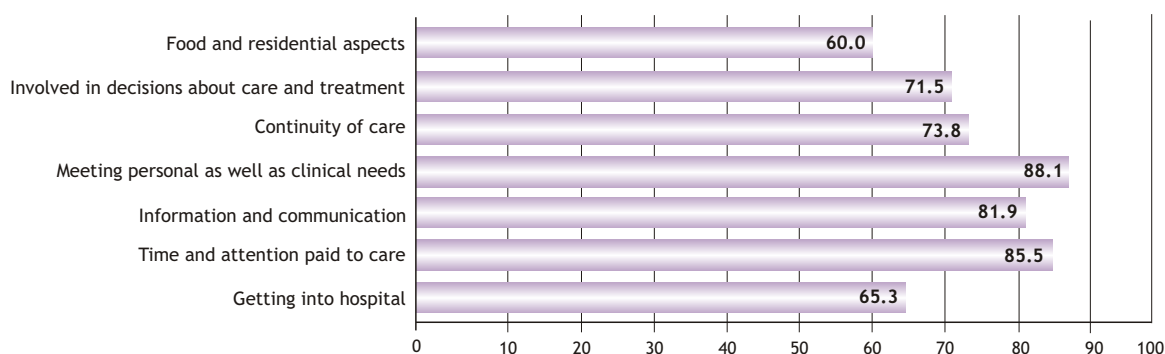
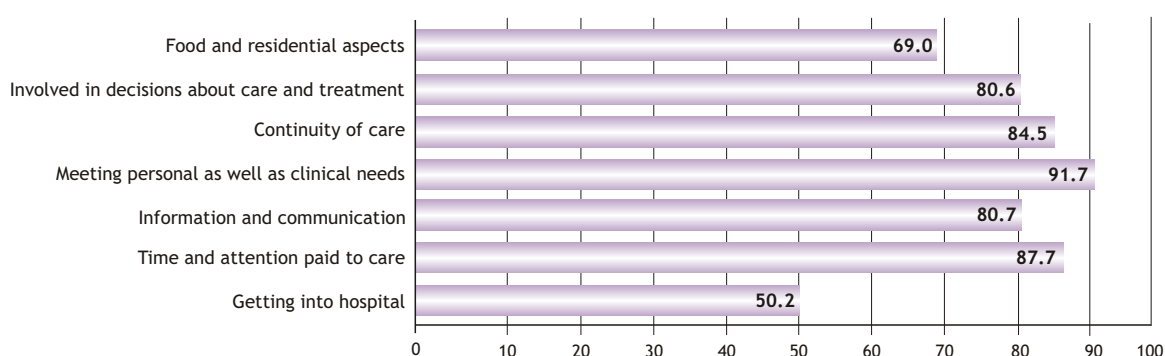


Figure 6 Mean scores for the Seven Scales, Maternity, PEHS 2005-06



These figures show the highest satisfaction levels were found for *meeting personal as well as clinical needs* with a mean scale score of 90 for adults and 88.1 for children and 91.7 for maternity, followed by *time and attention paid to patients' care* with 88.5 for adults, 85.5 for children and 87.7 for maternity. The lowest satisfaction levels for adults and children were *food and residential aspects* with a mean scale score of 62.7 for adults and 60 for children. The lowest satisfaction level for maternity was *getting into hospital* at 50.2.

5 THE SEVEN SCALES



The following sections examine each of the scales individually.

5.1.1 Meeting personal as well as clinical needs

The survey questions presented in Table 6 make up the scale *meeting personal as well as clinical needs* on the adult and child versions of the questionnaire.

Table 6 *Meeting personal as well as clinical needs* questions, Admitted Adults and Children, PEHS 2005-06

Questions making up the *meeting personal as well as clinical needs* scale, Adults and Children

Felt able to ask for information if anxious about something
Being treated with politeness and consideration
Shown respect while being examined or interviewed
Right to an opinion respected
Having screens around the bed when examined to ensure privacy
Hospital staff using low voices when interviewing or examining so others couldn't overhear
Feeling safe and secure while in hospital

Table 7 show the questions that make up the *meeting personal as well as clinical needs* scale on the maternity version of the questionnaire.

Table 7 *Meeting personal as well as clinical needs* questions, Maternity, PEHS 2005-06

Questions making up the *meeting personal as well as clinical needs* scale, Maternity

Felt able to ask for information if anxious about something
Feeling you could get help if you needed it
Being treated with consideration and politeness
Right to an opinion respected
Shown respect while being examined or interviewed
Support and reassurance
Feeling safe and secure while in hospital
Feeling baby was safe and secure while in hospital

Meeting personal as well as clinical needs achieved the highest satisfaction score over all patient groups surveyed. This score represents a very high satisfaction with the way health care professionals attend to the whole person and not just the health condition. This finding is consistent across all hospitals in Western Australia.

5 THE SEVEN SCALES

Tables 8, 9 and 10 present the breakdown of *meeting personal as well as clinical needs* scale scores by sex, age, length of stay and hospital category for each patient group surveyed.

Table 8 *Meeting personal as well as clinical needs: by sex, age group, length of stay and hospital category, Admitted Adults, PEHS 2005-06*

		MEAN SCALE SCORE	LOWER 95% CL	UPPER 95% CL
Sex ¹²	Male	91.2	90.6	91.9
	Female	89.1	88.5	89.8
Age (years)	16-24	84.5	82.8	86.3
	25-44	87.0	86.0	88.0
	45-64	91.4	90.7	92.0
	65+	93.7	93.0	94.4
Length of Stay (nights)	2	90.2	89.4	91.0
	3-5	90.3	89.6	91.0
	6-8	90.9	89.7	92.1
	9-11	91.3	89.3	93.3
	12+	84.7	82.3	87.1
Metropolitan	Tertiary	89.3	88.5	90.1
	Non-tertiary	89.8	88.7	91.0
	Public Patient in Private Hospital	89.3	87.8	90.8
WACHS	Regional Resource Centre	89.9	88.9	91.0
	Integrated District	90.7	89.2	92.3
	Other Service Location	94.0	92.3	95.8

Key findings

Satisfaction decreases when a patient stays for more than 12 nights. This may be an indication of the severity of the medical condition, which has been shown to be associated with lower patient satisfaction. (Meredith and Wood 1996)

Adult mean scale scores for *meeting personal as well as clinical needs* are statistically significantly higher for:

- Males compared with females
- Patients aged 45 years or more compared with younger patients
- Patients who stayed in hospital for less than 12 nights
- Patients who attended a WACHS 'Other Service Location' compared with the other three larger WACHS facilities.

¹² Sex data from public patients who stayed in a private hospital category were not available and so this category was not included in any of the sex analysis.

5 THE SEVEN SCALES

Table 9 *Meeting personal as well as clinical needs: by sex, length of stay and hospital category, Admitted Children, PEHS 2005-06*

		MEAN SCALE SCORE	LOWER 95% CL	UPPER 95% CL
Sex	Male	86.4	84.2	88.7
	Female	88.8	87.0	90.5
Length of Stay (nights)	2	88.5	86.8	90.1
	3-5	87.1	84.4	89.8
	6-8	90.9	86.1	95.6
	9-11	81.8	72.5	91.0
	12+	81.6	69.2	94.0
Metropolitan	Tertiary	87.0	84.9	89.0
	Non-tertiary	89.2	86.1	92.4
	Public Patient in Private Hospital	90.6	87.4	93.8
WACHS	Regional Resource Centre	88.2	84.8	91.5
	Integrated District	83.7	76.7	90.8
	Other Service Location	97.6	94.4	100.0
	South West	89.3	85.5	93.1

Child mean scale scores for *meeting personal as well as clinical needs* are statistically significantly higher for:

- Patients who attended an 'Other Service Location' compared with a Regional Resource Centre, Integrated district or South West hospital.

Table 10 *Meeting personal as well as clinical needs: by age group, length of stay and hospital category, Maternity, PEHS 2005-06*

		MEAN SCALE SCORE	LOWER 95% CL	UPPER 95% CL
Age (years)	16-24	90.8	89.7	91.9
	25-44	92.0	91.4	92.6
Length of Stay (nights)	0-2	92.7	91.7	93.7
	3+	91.2	90.5	91.9
Metropolitan	Tertiary	89.3	87.7	90.8
	Non-tertiary	91.4	90.5	92.2
	Public Patient in Private Hospital	91.9	90.4	93.3
WACHS	Regional Resource Centre	91.8	90.3	93.2
	Integrated District	93.4	91.9	94.9
	Other Service Location	92.1	81.7	100.0
	South West	94.6	93.3	95.9

5 THE SEVEN SCALES

Maternity mean scale scores for *meeting personal as well as clinical needs* are statistically significantly higher:

- South West hospitals compared with Regional Resource Centres.

5.1.2 Time and attention paid to patients' care

The survey questions presented in Table 11 make up the scale *time and attention paid to patients' care* for adults and children.

Table 11 *Time and attention paid to care* questions: Admitted Adults and Children, PEHS 2005-06

Questions making up the *time and attention paid care* scale, Adults and Children

The time waited for a doctor if one was needed
The time doctors spent on care and treatment
How long did it take before a doctor came when called?
Having confidence in the doctor(s)
Having confidence in the nursing staff
The time waited for a nurse after using the call system
Attention by nursing staff to care (e.g. to drips, dressings)
Any assistance you needed (e.g. going to the toilet)
Feeling you could get help if needed Support and reassurance
Pain relief

Table 12 presents the questions that make up the *time and attention paid to care* scale for maternity.

Table 12 *Time and attention paid to care* questions: Maternity, PEHS 2005-06

Questions making up the *time and attention paid care* scale, Maternity

Help with learning how to take care of your baby
Help with establishing feeding your baby
Any assistance you needed (e.g. going to the toilet)
Attention by nursing staff or midwife to your care (e.g. to drips, dressings)
Having confidence in the nursing staff
Having confidence in the doctors
Having confidence in the midwives
If you needed to see a doctor while you were in hospital, how long did it usually take before one came to see you?
The time doctors spent on your care and treatment
The time you waited for a nurse after using the call system
Pain relief

5 THE SEVEN SCALES

Time and attention paid to patients' care achieved the second highest satisfaction levels across all patient groups surveyed in 2005-06. This indicates that patients perceive the care that they get as highly satisfactory. This finding was consistent across all hospitals in WA. Tables 13, 14 and 15 present the breakdown of *time and attention paid to care* scale scores by sex, age, length of stay and hospital category for each patient group.

Table 13 *Time and attention paid to patients' care: by sex, age group, length of stay and hospital category, Admitted Adults, PEHS 2005-06*

		MEAN SCALE SCORE	LOWER 95% CL	UPPER 95% CL
Sex	Male	89.7	89.2	90.3
	Female	87.5	86.9	88.1
Age (years)	16-24	83.0	81.4	84.6
	25-44	84.9	84.0	85.8
	45-64	90.1	89.4	90.7
	65+	92.4	91.7	93.0
Length of Stay (nights)	2	88.7	87.9	89.4
	3-5	88.8	88.2	89.5
	6-8	88.7	87.6	89.9
	9-11	89.4	87.5	91.2
	12+	84.2	82.1	86.2
Metropolitan	Tertiary	88.0	87.2	88.7
	Non-tertiary	88.3	87.2	89.4
	Public Patient in Private Hospital	87.7	86.3	89.1
WACHS	Regional Resource Centre	88.1	87.1	89.1
	Integrated District	88.4	87.0	89.8
	Other Service Location	92.8	91.3	94.3
	South West	89.1	88.0	90.2

Adult mean scale scores for *time and attention paid to care* are statistically significantly higher for:

- Males compared with females
- Patients aged 45 years or more compared with younger patients
- Patients who stayed in hospital for less than 12 nights
- Patients who attended a 'WACHS Other Service Location' compared with the other three larger WACHS facilities.

5 THE SEVEN SCALES

Table 14 *Time and attention paid to care: by sex, length of stay and hospital category, Admitted Children, PEHS 2005-06*

		MEAN SCALE SCORE	LOWER 95% CL	UPPER 95% CL
Sex	Male	86.3	84.8	87.9
	Female	83.8	81.7	85.9
Length of Stay (nights)	2	86.0	84.3	87.6
	3-5	84.6	82.3	86.9
	6-8	87.6	83.5	91.8
	9-11	79.0	68.7	89.3
	12+	80.0	70.7	89.2
Metropolitan	Tertiary	84.8	83.0	86.5
	Non-tertiary	87.1	84.3	89.9
	Public Patient in Private Hospital	87.9	85.0	90.8
WACHS	Regional Resource Centre	85.6	82.3	88.9
	Integrated District	81.8	75.4	88.2
	Other Service Location	86.5	78.4	94.5
	South West	84.8	80.9	88.8

There were no statistically significant differences between the groups for children on the *time and attention paid to care* scale.

Table 15 *Time and attention paid to care: by age group, length of stay and hospital category, Maternity PEHS 2005-06*

		MEAN SCALE SCORE	LOWER 95% CL	UPPER 95% CL
Age (years)	16-24	86.2	85.0	87.5
	25-44	88.3	87.6	89.0
Length of Stay (nights)	0-2	89.1	88.0	90.3
	3+	87.5	86.8	88.2
Metropolitan	Tertiary	84.7	83.2	86.3
	Non-tertiary	87.5	86.6	88.5
	Public Patient in Private Hospital	85.6	83.9	87.4
WACHS	Regional Resource Centre	89.1	87.6	90.5
	Integrated District	90.1	88.4	91.9
	Other Service Location	89.5	80.1	99.0
	South West	91.2	89.7	92.7

Scale scores were significantly higher for the older age group and metropolitan non-tertiary hospitals had scale scores significantly higher than tertiary hospitals.

5 THE SEVEN SCALES

5.1.3 Information and communication

The survey questions presented in Table 16 make up the scale *information and communication* for adults and children.

Table 16 *Information and communication* questions, Admitted Adults and Children, PEHS 2005-06

Questions making up the *information and communication*, Adults and Children

Information about the purpose and results of tests
Information about medications
Information about your progress
Information given to your family about your progress
The way health care professionals answered your questions
The way health care professionals explained your condition and treatment

Table 17 presents the questions that make up the *information and communication* scale for maternity.

Table 17 *Information and communication* questions, Maternity, PEHS 2005-06

Questions making up the *information and communication*, Maternity

The way health care professionals answered your questions
The way health care professionals responded to any concerns or comments about progress
The way health care professionals responded to any concerns or comments about baby's progress
Information about your own and your baby's progress while in hospital

Information and communication achieved a satisfaction score of 82.1 for adults, 81.9 for children and 80.7 for maternity. This indicates that Western Australian patients are satisfied with the level of communication and information they are given while in hospital.

5 THE SEVEN SCALES

Tables 18, 19 and 20 present the breakdown of *information and communication* scale scores by sex, age group, length of stay and hospital category.

Adult mean scale scores for *information and communication* are statistically significant higher for:

- Males compared with females
- Patients aged 45 years and older compared with younger patients
- Patients who attended a WACHS 'Other Service Location' compared with the three larger WACHS facilities.

There were no differences in either the children's scale scores or the maternity scale scores across the groups.

Table 18 *Information and communication: by sex, age group, length of stay and hospital category, Admitted Adults, PEHS 2005-06*

		MEAN SCALE SCORE	LOWER 95% CL	UPPER 95% CL
Sex	Male	83.6	82.9	84.4
	Female	81.1	80.3	81.9
Age (years)	16-24	75.7	73.7	77.7
	25-44	79.0	77.9	80.1
	45-64	83.7	82.9	84.5
	65+	86.0	85.0	86.9
Length of Stay (nights)	2	81.4	80.4	82.4
	3-5	82.8	81.9	83.6
	6-8	83.4	82.0	84.8
	9-11	82.8	80.3	85.3
	12+	79.9	77.4	82.4
Metropolitan	Tertiary	81.5	80.5	82.4
	Non-tertiary	81.3	79.9	82.7
	Public Patient in Private Hospital	80.8	79.0	82.6
WACHS	Regional Resource Centre	81.7	80.4	83.1
	Integrated District	83.5	81.7	85.4
	Other Service Location	94.0	92.3	95.8
	South West	82.8	81.4	84.2

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Table 19 *Information and communication: by sex, length of stay and hospital category, Admitted Children, PEHS 2005-06*

		MEAN SCALE SCORE	LOWER 95% CL	UPPER 95% CL
Sex	Male	83.6	82.9	84.4
	Female	81.1	80.3	81.9
Length of Stay (nights)	2	81.9	79.9	83.8
	3-5	81.3	78.7	84.0
	6-8	81.9	75.4	88.3
	9-11	79.3	70.0	88.5
	12+	81.0	72.9	89.0
Metropolitan	Tertiary	81.9	79.8	83.9
	Non-tertiary	80.1	76.8	83.4
	Public Patient in Private Hospital	84.0	80.1	87.8
WACHS	Regional Resource Centre	81.7	77.5	85.9
	Integrated District	80.6	73.8	87.3
	Other Service Location	91.7	85.5	97.8
	South West	82.9	77.8	88.0

Table 20 *Information and communication: by age group, length of stay and hospital category, Maternity, PEHS 2005-06*

		MEAN SCALE SCORE	LOWER 95% CL	UPPER 95% CL
Age (years)	16-24	79.3	77.7	80.9
	25-44	81.3	80.4	82.2
Length of Stay (nights)	0-2	80.5	78.9	82.1
	3+	81.0	80.1	82.0
Metropolitan	Tertiary	78.0	76.0	80.0
	Non-tertiary	80.6	79.3	81.8
	Public Patient in Private Hospital	79.1	76.8	81.3
WACHS	Regional Resource Centre	81.8	79.9	83.8
	Integrated District	82.7	80.2	85.1
	Other Service Location	88.7	77.7	99.7
	South West	83.6	81.1	86.0

5 THE SEVEN SCALES

5.1.4 Continuity of care

The survey questions presented in Table 21 make up the scale *continuity of care* for adults and children.

Table 21 *Continuity of care* questions, Admitted Adults and Children, PEHS 2005-06

Questions on the *continuity of care* scale, Adults and Children

The communication between doctors, nursing staff and other health care professionals about treatment
Information on how to manage condition/recovery at home
The arrangements at discharge with the doctor and others continuing with care
If needed special equipment/aids did the hospital staff organise at discharge
The time you waited for a doctor to discharge you from hospital
Access to any extra support you needed (e.g. support group)

Table 22 presents the questions that make up the *continuity of care* scale for maternity.

Table 22 *Continuity of care* questions, Maternity, PEHS 2005-06.

Questions on the *continuity of care* scale, Maternity

The communication between the people taking care of you and your baby
Being given consistent advice on how to take care of your baby
Being given consistent advice on feeding your baby
If you required help to manage when you got home did the hospital staff help?
Information about services available for you and your baby after leaving hospital
Access to any extra support needed (e.g. support group)

The questions on the *continuity of care* scale show a wide variation in ratings of satisfaction on the adult and child surveys. For example, 79.8% of adults said that they had 'as much as needed' in response to the question about *information on how to manage your condition/recovery at home*. However, one in five adults also said that the communication between nurses and doctor and the arrangements between doctors and others at discharge were poor or adequate and one in ten respondents for children said that the communication between doctors and nurses was poor.

Maternity patients did not show the variation in satisfaction ratings on this scale being more consistent across questions and more satisfied as well.

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Tables 23, 24 and 25 present the breakdown of *continuity of care* scale scores by sex, age group, length of stay and hospital category.

		MEAN SCALE SCORE	LOWER 95% CL	UPPER 95% CL
Sex	Male	76.0	75.1	76.9
	Female	74.0	73.1	75.0
Age (years)	16-24	68.7	66.4	71.0
	25-44	70.7	69.4	72.0
	45-64	76.6	75.6	77.6
	65+	79.6	78.4	80.8
Length of Stay (nights)	2	73.8	72.6	75.0
	3-5	75.2	74.2	76.2
	6-8	76.8	75.2	78.4
	9-11	75.2	71.9	78.4
	12+	74.7	72.1	77.4
Metropolitan	Tertiary	73.4	72.3	74.5
	Non-tertiary	74.6	73.0	76.2
	Public Patient in Private Hospital	74.3	72.1	76.5
WACHS	Regional Resource Centre	74.7	73.1	76.3
	Integrated District	75.4	73.0	77.9
	Other Service Location	82.7	80.1	85.2
	South West	76.1	74.3	77.8

Adult mean scale scores for continuity of care were statistically significant higher for:

- Patients 45 years or more compared with younger patients
- Patients who stayed in hospital 6-8 nights compared with those who stayed 2 nights
- Patients who attended a WACHS 'Other Service Location' compared with the other three larger WACHS facilities.

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Table 24 *Continuity of care: by sex, length of stay and hospital category, Admitted Children, PEHS 2005-06*

		MEAN SCALE SCORE	LOWER 95% CL	UPPER 95% CL
Sex	Male	75.6	73.5	77.7
	Female	70.6	67.5	73.7
Length of Stay (nights)	2	75.1	72.8	77.3
	3-5	71.9	68.7	75.2
	6-8	72.6	64.7	80.6
	9-11	66.5	53.4	79.6
	12+	66.7	53.1	80.3
Metropolitan	Tertiary	73.1	70.6	75.5
	Non-tertiary	71.9	67.9	75.9
	Public Patient in Private Hospital	76.2	71.3	81.2
WACHS	Regional Resource Centre	73.6	68.6	78.6
	Integrated District	69.5	59.6	79.3
	Other Service Location	80.3	66.5	94.0
	South West	80.7	75.5	85.8

There were no differences across groups for children in the *continuity of care* scale.

Table 25 *Continuity of care: by age group, length of stay and hospital category, Maternity, PEHS 2005-06*

		MEAN SCALE SCORE	LOWER 95% CL	UPPER 95% CL
Age (years)	16-24	84.1	82.7	85.5
	25-44	84.7	83.8	85.6
Length of Stay (nights)	0-2	86.1	84.6	87.6
	3+	84.1	83.2	85.0
Metropolitan	Tertiary	83.2	81.3	85.1
	Non-tertiary	84.9	83.8	86.1
	Public Patient in Private Hospital	82.4	80.1	84.7
WACHS	Regional Resource Centre	84.0	82.0	85.9
	Integrated District	85.5	83.4	87.6
	Other Service Location	84.1	69.3	98.9
	South West	86.9	84.9	88.9

There were no differences across groups for maternity in the *continuity of care* scale. Maternity rated satisfaction with *continuity of care* more highly compared with adults and children.

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5.1.5 Involved in decisions about care and treatment

The survey questions presented in Table 26 make up the scale *involved in care and treatment* for adults and children.

Table 26 *Involved in care and treatment* questions, Admitted Adults and Children, PEHS 2005-06

Questions making up *involved in care and treatment* scale, Adults and Children

Did you know there is a Public Patients Charter listing patient rights?
Are you aware that each hospital has a complaint service?
Are you aware the Office of Health Review assists with complaints not resolved by the hospital?
The way things were put right if problems occurred
The way any complaints were dealt with by the hospital
Time to consider any consent form you needed to sign
Involvement in decisions about your care and treatment
Encouragement to ask questions about your condition and treatment
Feeling you could refuse the proposed test/treatment/procedure
Feeling you could ask for a second opinion about the proposed test/treatment/procedure
Feeling you could refuse to have medical and nursing students present

Table 27 presents the questions that make up the *involved in care and treatment* scale for maternity.

Table 27 *Involved in care and treatment* questions, Maternity, PEHS 2005-06

Questions making up *involved in care and treatment* scale, Maternity

Did you know there is a Public Patients Charter listing patient rights?
Are you aware that each hospital has a complaint service?
Are you aware the Office of Health Review assists with complaints not resolved by the hospital?
The way any complaints were dealt with by the hospital
Involvement in decisions about your own and your baby's care while in hospital
Encouragement to ask questions about your maternity care
Encouraged to ask questions about taking care of your baby
Access to visitors
The amount of access your partner had to you and the baby
Time to consider any consent form you needed to sign
Pain relief
Feeling you could refuse the proposed test/treatment/procedure
Feeling you could asked for a second opinion about the proposed test/treatment/procedure
Feeling you could refuse to have medical and nursing students present

5 THE SEVEN SCALES

The *involved in care and treatment scale* has four subscales, one about knowledge of rights, one about knowledge of complaints procedures, one about involvement in decisions and, in the case of maternity, access to baby and visitors, and one about issues of control related to consent forms and pain relief in the case of maternity. These are not reported separately.

For adults the *involved in care and treatment scale* was one with a wide range of satisfaction ratings for questions. For example, 81.3% of respondents said that they had as much as needed in regard to involvement in decisions about care and treatment and 77.2% knew that they had the right to refuse treatment.

By contrast 60.3% of adults did not know about the Office of Health Review, 51.8% didn't know there was a Public Patients Charter and 30.3% didn't know that each hospital had a complaint service.

There was a similar variation for children but not for maternity.

Tables 28, 29 and 30 present the breakdown of *involved in care and treatment scale* scores by sex, age group, length of stay and hospital category.

Table 28 *Involved in care and treatment: by sex, age group, length of stay and hospital category, Admitted Adults, PEHS 2005-06*

		MEAN SCALE SCORE	LOWER 95% CL	UPPER 95% CL
Sex	Male	72.4	71.5	73.3
	Female	71.5	70.6	72.4
Age (years)	16-24	68.1	66.1	70.2
	25-44	70.5	69.3	71.6
	45-64	73.5	72.5	74.4
	65+	72.8	71.5	74.0
Length of Stay (nights)	2	70.4	69.2	71.4
	3-5	73.0	72.1	74.0
	6-8	71.8	70.1	73.5
	9-11	72.4	69.3	75.4
	12+	72.6	69.8	75.4
Metropolitan	Tertiary	72.6	71.6	73.6
	Non-tertiary	72.7	71.3	74.2
	Public Patient in Private Hospital	73.6	71.6	75.6
WACHS	Regional Resource Centre	71.2	69.7	72.6
	Integrated District	69.1	66.9	71.4
	Other Service Location	73.0	69.9	76.0
	South West	71.6	69.9	73.3

Adult mean scale scores for *involved in care and treatment* are statistically significant higher for:

- Patients 45 years or more compared with 16-24 age group
- Patients who stayed 3-5 nights compared with those who stayed 2 nights

5 THE SEVEN SCALES

Table 29 *Involved in care and treatment: by sex, length of stay and hospital category, Admitted Children, PEHS 2005-06*

		MEAN SCALE SCORE	LOWER 95% CL	UPPER 95% CL
Sex	Male	72.2	70.2	74.2
	Female	69.3	66.8	71.9
Length of Stay (nights)	2	70.5	68.4	72.6
	3-5	71.2	68.4	74.1
	6-8	76.1	70.8	81.4
	9-11	67.6	55.4	79.8
	12+	69.0	59.7	78.4
Metropolitan	Tertiary	72.6	70.3	74.8
	Non-tertiary	70.9	67.4	74.5
	Public Patient in Private Hospital	75.5	71.4	79.7
WACHS	Regional Resource Centre	68.8	65.0	72.7
	Integrated District	66.3	59.0	73.6
	Other Service Location	67.6	54.7	80.5
	South West	70.1	64.3	75.8

There were no statistically significant differences across groups in children.

Table 30 *Involved in care and treatment: by age group, length of stay and hospital category, Maternity, PEHS 2005-06*

		MEAN SCALE SCORE	LOWER 95% CL	UPPER 95% CL
Age (years)	16-24	79.6	78.4	80.7
	25-44	80.9	80.3	81.5
Length of Stay (nights)	0-2	81.2	80.1	82.2
	3+	80.6	79.9	81.3
Metropolitan	Tertiary	79.1	77.7	80.4
	Non-tertiary	80.0	79.1	80.9
	Public Patient in Private Hospital	78.6	77.0	80.3
WACHS	Regional Resource Centre	81.3	79.8	82.8
	Integrated District	83.9	82.4	85.4
	Other Service Location	83.1	73.2	93.1
	South West	82.5	80.9	84.1

There were no statistically significant differences across groups in maternity.

5 THE SEVEN SCALES



5.1.6 Getting into hospital

The survey questions presented in Table 31 make up the scale *getting into hospital* for adults and children.

Table 31 *Getting into hospital* questions, Adults and Children, PEHS 2005-06

Questions on the *getting into hospital* scale, Adults and Children

Once at hospital, how long did you wait before taken/sent to room or ward
The time waited to be taken/sent to your ward/room
The time waited to get into hospital
Information sent before admission on how to prepare for hospital stay
Was your admission date arranged so that it could easily keep it?
When you got to the hospital did you know where to go?
The hospital parking
The sign posting to help you get around the hospital
The assistance provided to get into the hospital
Were you asked about dietary needs?
Were you asked if you had any cultural or religious beliefs that might affect the way you were treated?
Were you asked who, other than hospital staff, could be given information about your condition?
Did you have access to an interpreter if you needed one?
Were you asked if you were currently taking any medication?
Were you told everything you needed to know when you arrived at your ward?
Did anyone check that you understood the information provided?
Did the nurse in charge introduce themselves at each shift change?
Information given upon arrival on the ward about your planned treatment

Table 32 presents the questions that make up the *getting into hospital* scale for maternity.

Table 32 *Getting into hospital* questions, Maternity, PEHS 2005-06

Questions on the *getting into hospital* scale, Maternity

Were you asked who, other than hospital staff, could be given information about you and your baby?
Were you asked if you had any cultural or religious beliefs that might affect the way you were treated?
Were you asked if you were currently taking any medication?
Did you have access to an interpreter if you needed one?

As with the two previous scales, there are questions on the *getting into hospital* scale that achieved most responses in the positive categories. For example, 95.4% of adults and 88.6% of children said 'Yes' to the question '*were you asked if you were currently taking any medication*' but one in five maternity patients said that they had not been asked that question.

5 THE SEVEN SCALES

There were more questions that had most of the responses in the negative category in all three patient groups. These include 44.2% of adults who said that they had not been asked who could be given information about their condition, 65% of maternity who said that they had not been asked if they had any cultural or religious beliefs that might affect the way that they were treated in hospital and 41.4% of respondent for children who said that parking was poor.

Tables 33, 34 and 35 present the breakdown of *getting into hospital scale* scores by sex, age group, length of stay and hospital category.

Table 33 *Getting into hospital: by sex, age group, length of stay and hospital category, Admitted Adults, PEHS 2005-06*

		MEAN SCALE SCORE	LOWER 95% CL	UPPER 95% CL
Sex	Male	74.0	73.3	74.8
	Female	72.0	71.3	72.7
Age (years)	16-24	69.5	67.7	71.3
	25-44	70.2	69.2	71.2
	45-64	73.9	73.1	74.7
	65+	75.2	74.2	76.2
Length of Stay (nights)	2	72.1	71.2	73.1
	3-5	73.6	72.8	74.4
	6-8	73.2	71.8	74.6
	9-11	73.1	70.7	75.5
	12+	71.7	69.5	73.8
Metropolitan	Tertiary	67.8	67.0	68.6
	Non-tertiary	72.9	71.7	74.1
	Public Patient in Private Hospital	68.7	67.1	70.2
WACHS	Regional Resource Centre	72.1	70.9	73.3
	Integrated District	81.0	79.1	82.9
	Other Service Location	85.2	82.9	87.4
	South West	76.2	74.7	77.7

Adult mean scale scores for *getting into hospital* were statistically significant higher for:

- Males compared with females
- Patients aged 45 years or more compared with younger patients
- Patients who attended a Metropolitan Non-tertiary facility compared with patients who visited a Tertiary or Public patient in a private hospital
- Patients who visited an Integrated District or Other Hospital Location compared with a Regional Resource Centre or South West facility.

5 THE SEVEN SCALES

Table 34 *Getting into hospital: by sex, length of stay and hospital category, Admitted Children, PEHS 2005-06*

		MEAN SCALE SCORE	LOWER 95% CL	UPPER 95% CL
Sex	Male	65.5	63.6	67.5
	Female	64.3	62.1	66.5
Length of Stay (nights)	2	64.5	62.6	66.5
	3-5	65.1	62.5	67.7
	6-8	66.0	60.5	71.4
	9-11	67.5	57.2	77.9
	12+	69.7	59.4	80.1
Metropolitan	Tertiary	64.0	62.0	66.0
	Non-tertiary	62.6	59.9	65.3
	Public Patient in Private Hospital	67.2	63.5	71.0
WACHS	Regional Resource Centre	65.6	61.6	69.6
	Integrated District	74.3	66.2	82.5
	Other Service Location	71.7	48.0	95.3
	South West	67.6	62.8	72.5

There were no statistically significant differences across groups in children.

Table 35 *Getting into hospital: by age group, length of stay and hospital category, Maternity, PEHS 2005-06*

		MEAN SCALE SCORE	LOWER 95% CL	UPPER 95% CL
Age (years)	16-24	50.4	47.9	53.0
	25-44	50.2	48.7	51.7
Length of Stay (nights)	0-2	50.0	47.4	52.7
	3+	50.6	49.0	52.2
Metropolitan	Tertiary	53.1	50.1	56.1
	Non-tertiary	49.7	47.7	51.8
	Public Patient in Private Hospital	48.5	44.7	52.4
WACHS	Regional Resource Centre	50.8	47.3	54.3
	Integrated District	47.9	43.9	51.9
	Other Service Location	45.0	25.5	64.5
	South West	51.1	46.5	55.6

There were no statistically significant differences across groups in maternity.

5 THE SEVEN SCALES

5.1.7 Food and residential aspects of the hospital

The survey questions presented in Table 36 make up the scale *food and residential aspects of the hospital* for all patient groups.

Table 36 *Food and residential aspects of the hospital* questions, All Patient Groups, PEHS 2005-06

Questions on the *food and residential aspects of the hospital* scale, Adults, Children and Maternity

The quality of the food
The range and appeal of menus
The temperature of the food
The quantity of food
The comfort of your bed
The cleanliness of the surroundings
The temperature of the surroundings
The noise level around the area
The position of the call for help button
Adequate supplies for your baby (e.g. linen, nappies) - Maternity only

While a few questions in this scale achieved most responses in the positive categories, for example, for the *cleanliness of the surroundings* 85.9% of adults said 'good or excellent', 84% of respondent for children said 'good or excellent' for most *cleanliness of the surroundings* and 84.8% of maternity said 'as much as needed' to the question about *adequate supplies for your baby*, most of the questions had many responses that were in the negative.

For example, 13.4% of adults and 15.9% of respondents for children said that the quality of the food was poor and one in ten adults and maternity said that the comfort of the bed was poor.

Tables 37, 38 and 39 present the breakdown of *food and residential aspects of the hospital* scale scores by sex, age group, length of stay and hospital category.

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Table 37 *Food and residential aspects of the hospital: by sex, age group, length of stay and hospital category, Admitted Adults, PEHS 2005-06*

		MEAN SCALE SCORE	LOWER 95% CL	UPPER 95% CL
Sex	Male	62.7	61.8	63.5
	Female	63.0	62.2	63.8
Age (years)	16-24	59.2	57.4	61.0
	25-44	60.1	59.0	61.2
	45-64	63.7	62.7	64.6
	65+	66.1	65.1	67.2
Length of Stay (nights)	2	61.9	60.9	62.9
	3-5	63.2	62.3	64.0
	6-8	63.4	61.8	64.9
	9-11	65.7	62.9	68.4
	12+	62.6	60.1	65.1
Metropolitan	Tertiary	58.2	57.2	59.1
	Non-tertiary	64.8	63.4	66.2
	Public Patient in Private Hospital	61.2	59.4	63.0
WACHS	Regional Resource Centre	62.6	61.2	63.9
	Integrated District	66.6	64.8	68.4
	Other Service Location	71.6	69.0	74.1
	South West	66.2	64.7	67.7

Adult mean scale scores for *food and residential aspects of the hospital* are statistically significantly higher for:

- Patients aged 45 years or more compared with younger patients
- Patients who attended a Non-tertiary facility compared with Tertiary and Public patients in a private hospital
- Public patients in a private hospital compared with Tertiary patients.

Child mean scale scores for *food and residential aspects of the hospital* are statistically significantly higher for:

- Public patients in a private hospital compared with those who visited a Non-tertiary hospital
- Patients at an Other hospital category compared with a Regional Resource Centre or an Integrated District hospital
- South West hospital compared with a Regional Resource Centre.

Maternity mean scale scores for *food and residential aspects of the hospital* are statistically significantly higher for:

- Patients who visited an Other hospital compared with a Regional Resource Centre.

5 THE SEVEN SCALES



Table 38 *Food and residential aspects of the hospital: by sex, length of stay and hospital category, Admitted Children, PEHS 2005-06*

		MEAN SCALE SCORE	LOWER 95% CL	UPPER 95% CL
Sex	Male	60.4	58.3	62.5
	Female	58.0	55.5	60.5
Length of Stay (nights)	2	59.4	57.2	61.6
	3-5	60.4	57.5	63.2
	6-8	55.0	49.1	60.8
	9-11	55.5	47.5	63.4
	12+	58.7	49.8	67.6
Metropolitan	Tertiary	61.0	57.5	64.6
	Non-tertiary	56.4	54.1	58.7
	Public Patient in Private Hospital	64.6	60.2	68.9
WACHS	Regional Resource Centre	58.3	54.0	62.6
	Integrated District	61.1	55.0	67.2
	Other Service Location	84.6	69.8	99.4
	South West	68.0	63.2	72.8

Table 39 *Food and residential aspects of the hospital: by age group, length of stay and hospital category, Maternity, PEHS 2005-06*

		MEAN SCALE SCORE	LOWER 95% CL	UPPER 95% CL
Age (years)	16-24	68.3	66.8	69.8
	25-44	69.2	68.4	70.1
Length of Stay (nights)	0-2	67.3	65.9	68.8
	3+	69.7	68.8	70.6
Metropolitan	Tertiary	68.3	66.5	70.0
	Non-tertiary	69.4	68.2	70.7
	Public Patient in Private Hospital	68.4	66.2	70.7
WACHS	Regional Resource Centre	65.6	63.7	67.4
	Integrated District	72.2	69.9	74.4
	Other Service Location	85.8	76.8	94.9
	South West	70.2	68.1	72.3

6 OUTCOME SCALE AND OVERALL INDICATOR OF SATISFACTION

6.1 THE OUTCOME SCALE

The *outcome* scale is a measure of how satisfied people are with the outcome of their visit to hospital. The survey questions presented in Table 40 make up the *outcome* scale for adults and children.

Table 40 *Outcome* scale questions: Adults and Children, PEHS 2005-06

Questions on the *outcome* scale, Adults and Children

Achieving the result you expected
Relief from pain you had before your hospital stay
Relief from other symptoms you had before your hospital stay
Relief/improvement from restrictions your condition was imposing on your daily living
Being more able to manage your condition
What did your hospital stay do for you?
Unexpected complications arising from treatment that needed a doctor to arrange extra treatment or medication
How did your actual recovery time compare with what was estimated by your doctor (that is, being able to return to their normal routines)?
What best describes your general feeling about managing your recovery?
The length of time you stayed in hospital
Overall, how would you rate the health care provided by the hospital?

Table 41 presents the questions that make up the *outcome* scale for maternity.

Table 41 *Outcome* scale questions: Maternity, PEHS 2005-06

Questions on the *outcome* scale, Maternity

General feeling about managing your recovery when you left hospital
General feeling about being able to take care of your baby when you left hospital
Unexpected complications arose that needed a doctor to arrange extra treatment or medication
Baby had unexpected complications arise that needed a doctor to arrange extra treatment or medication
The length of time you stayed in hospital
Overall, how would you rate the health care provided by the hospital?

6 OUTCOME SCALE AND OVERALL INDICATOR OF SATISFACTION

Tables 42, 43 and 44 present the breakdown of the *outcome* scale scores by sex, age group, length of stay and hospital category.

Adult mean scale scores for *outcome* are statistically significantly higher for:

- Males compared with females
- Patients aged 45 years or more compared with younger patients
- Patients who stayed less than 12 nights
- Non-tertiary patients compared with Tertiary patients
- Integrated district and Other Service Location hospital categories compared with Regional Resource Centre and South West
- South West compared with Regional Resource Centre.

Table 42 Outcome: by sex, age group, length of stay and hospital category, Admitted Adults, PEHS 2005-06

		MEAN SCALE SCORE	LOWER 95% CL	UPPER 95% CL
Sex	Male	82.3	81.4	83.1
	Female	79.7	78.8	80.5
Age (years)	16-24	77.7	75.5	80.0
	25-44	78.9	77.7	80.1
	45-64	81.4	80.5	82.3
	65+	83.0	81.9	84.1
Length of Stay (nights)	2	80.9	79.8	82.0
	3-5	81.4	80.5	82.3
	6-8	80.2	78.6	81.9
	9-11	82.0	79.6	84.5
	12+	76.8	74.1	79.5
Metropolitan	Tertiary	76.5	75.4	77.6
	Non-tertiary	79.6	78.2	81.0
	Public Patient in Private Hospital	79.3	77.5	81.2
WACHS	Regional Resource Centre	80.0	78.6	81.5
	Integrated District	88.5	86.8	90.2
	Other Service Location	91.6	89.7	93.5
	South West	84.5	83.1	86.0

6 OUTCOME SCALE AND OVERALL INDICATOR OF SATISFACTION

Table 43 Outcome: by sex, length of stay and hospital category, Admitted Children, PEHS 2005-06

		MEAN SCALE SCORE	LOWER 95% CL	UPPER 95% CL
Sex	Male	84.3	81.9	86.7
	Female	89.2	87.6	90.8
Length of Stay (nights)	2	87.6	85.8	89.4
	3-5	86.8	84.5	89.2
	6-8	89.7	85.5	94.0
	9-11	85.0	75.6	94.5
	12+	75.9	61.1	90.6
Metropolitan	Tertiary	86.0	83.9	88.1
	Non-tertiary	86.7	83.8	89.7
	Public Patient in Private Hospital	89.1	86.1	92.1
WACHS	Regional Resource Centre	90.5	88.1	92.9
	Integrated District	88.7	82.2	95.3
	Other Service Location	95.9	87.9	100.0
	South West	85.3	80.3	90.3

Child mean scale scores for *outcome* are statistically significantly higher for:

- Females compared with males.

Table 44 Outcome: by age group, length of stay and hospital category, Maternity, PEHS 2005-06

		MEAN SCALE SCORE	LOWER 95% CL	UPPER 95% CL
Age (years)	16-24	78.8	77.5	80.0
	25-44	78.9	78.1	79.7
Length of Stay (nights)	0-2	83.6	82.6	84.7
	3+	77.2	76.4	78.1
Metropolitan	Tertiary	74.9	73.1	76.6
	Non-tertiary	79.8	78.8	80.8
	Public Patient in Private Hospital	75.6	73.5	77.8
WACHS	Regional Resource Centre	78.3	76.6	80.0
	Integrated District	81.9	80.0	83.8
	Other Service Location	85.4	76.0	94.9
	South West	81.1	79.2	83.0

There were no statistically significant differences between any of the groups for maternity on the *outcome* scale.

6 OUTCOME SCALE AND OVERALL INDICATOR OF SATISFACTION

6.2 THE OVERALL INDICATOR OF SATISFACTION

The *overall indicator of satisfaction*, described in Section 3.5.4, is derived from adding the weighted scales score and converting the result to a score out of 100. The weight applied to each scale is a mean rank given by patients for the domain associated with that scale divided by the lowest mean rank given by patients for all seven domains. This provides a measure of relative importance for each scale. More detail about the methodology can be found on the website address given in Section 3.5.5.

The *overall indicator of satisfaction* represents the total experience of the patient while in a health care facility and is therefore a better measure of satisfaction than what is measured in a single question rating overall satisfaction with service provided. In addition, reporting the *overall indicator of satisfaction* as a score out of 100 rather than as a percentage of the population satisfied puts the emphasis on the level of service provided by the health care facility rather than on the percentage of 'satisfied customers'.

Tables 45, 46 and 47 present the breakdown of the *overall indicator of satisfaction* scores by sex, age group, length of stay and hospital category.

The adult *overall indicator of satisfaction* score is statistically significantly higher for:

- Males compared with females
- Patients aged 45 years or more compared with younger patients
- Patients who stayed 3-5 nights compared with 12 or more nights
- Other Service Location Hospital Category compared with Regional Resource Centre, Integrated District and South West.

Table 45 Overall indicator of satisfaction: by sex, age group, length of stay and hospital category, Admitted Adults, PEHS 2005-06

		MEAN SCALE SCORE	LOWER 95% CL	UPPER 95% CL
Sex	Male	80.7	80.1	81.2
	Female	78.8	78.2	79.4
Age (years)	16-24	74.6	73.1	76.1
	25-44	76.6	75.8	77.4
	45-64	81.0	80.4	81.6
	65+	82.9	82.2	83.6
Length of Stay (nights)	2	79.1	78.3	79.8
	3-5	80.1	79.5	80.8
	6-8	80.3	79.3	81.4
	9-11	80.4	78.6	82.3
	12+	77.4	75.5	79.3
Metropolitan	Tertiary	78.1	77.4	78.8
	Non-tertiary	79.6	78.6	80.6
	Public Patient in Private Hospital	78.5	77.2	79.8
WACHS	Regional Resource Centre	79.2	78.2	80.2
	Integrated District	81.2	79.8	82.6
	Other Service Location	85.7	84.2	87.3
	South West	80.7	80.1	81.2

6 OUTCOME SCALE AND OVERALL INDICATOR OF SATISFACTION

Table 46 Overall indicator of satisfaction: by sex, length of stay and hospital category, Admitted Children, PEHS 2005-06

		MEAN SCALE SCORE	LOWER 95% CL	UPPER 95% CL
Sex	Male	75.5	73.6	77.4
	Female	78.5	77.1	79.9
Length of Stay (nights)	2	77.6	76.1	79.0
	3-5	76.9	74.7	79.0
	6-8	78.8	74.8	82.7
	9-11	73.4	64.3	82.4
	12+	74.5	66.4	82.5
Metropolitan	Tertiary	76.9	75.3	78.5
	Non-tertiary	77.1	74.5	79.7
	Public Patient in Private Hospital	80.2	77.4	83.0
WACHS	Regional Resource Centre	77.1	74.0	80.2
	Integrated District	76.1	70.6	81.6
	Other Service Location	83.8	76.9	90.7
	South West	79.3	76.0	82.5

There were no statistically significant differences between any of the groups for children in the *overall indicator of satisfaction*.

Table 47 Overall indicator of satisfaction: by AGE GROUP, length of stay and hospital category, Maternity, PEHS 2005-06

		MEAN SCALE SCORE	LOWER 95% CL	UPPER 95% CL
Age (years)	16-24	77.7	76.6	78.7
	25-44	78.8	78.2	79.4
Length of Stay (nights)	0-2	79.0	78.0	80.1
	3+	78.5	77.8	79.1
Metropolitan	Tertiary	77.2	75.8	78.5
	Non-tertiary	78.3	77.5	79.1
	Public Patient in Private Hospital	77.0	75.5	78.6
WACHS	Regional Resource Centre	78.8	77.3	80.2
	Integrated District	79.9	78.4	81.4
	Other Service Location	80.6	74.0	87.2
	South West	80.8	79.3	82.4

There were no statistically significant differences between any of the groups for maternity on the *overall indicator of satisfaction*.

6 OUTCOME SCALE AND OVERALL INDICATOR OF SATISFACTION

6.3 OVERALL INDICATOR OF SATISFACTION COMPARED WITH OUTCOME

While the *overall indicator of satisfaction* is very important, it is not as important as the perception of patients of the *outcome* of the health care provided. The following tables and figures compares these two measures for the three patient groups.

Table 48 Comparison of *overall indicator of satisfaction score and outcome score*, All Patient Groups, PEHS 2005-06

PATIENT GROUP	OVERALL INDICATOR OF SATISFACTION SCORE	LOWER 95% CL	UPPER 95% CL	OUTCOME SCORE	LOWER 95% CL	UPPER 95% CL
Adults	79.6	79.2	80.0	80.7	80.1	81.3
Children	77.5	76.5	78.6	87.3	86.0	88.6
Maternity	78.5	77.9	79.0	78.7	78.0	79.3

Key findings

The child outcome score is almost 10 points higher than the overall indicator of satisfaction score, which suggests that parents/guardians generally perceive the outcome of the health care provided to the child as having been beneficial even if they were less satisfied with some aspects of how that health care was provided. This shows that people can distinguish between health care and the process of delivery of that care.

The *overall indicator of satisfaction* score is significantly higher for adults than children and maternity. These scores are typical of scores found in previous years when a self-report mail survey was used.

The *outcome* scores are significantly higher for children than adults and maternity.

Figures 7, 8, 9 and 10 present the comparisons of the overall indicator of satisfaction score and the outcome score by sex, age group, length of stay and hospital category for admitted adults.

6 OUTCOME SCALE AND OVERALL INDICATOR OF SATISFACTION

Figure 7 Overall indicator of satisfaction and outcome: Patient satisfaction scores by sex, Admitted Adults, PEHS 2005-06

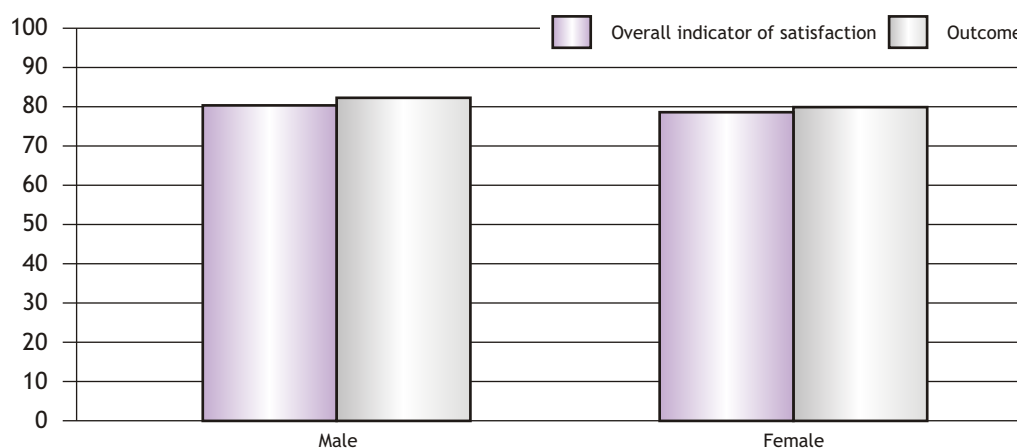
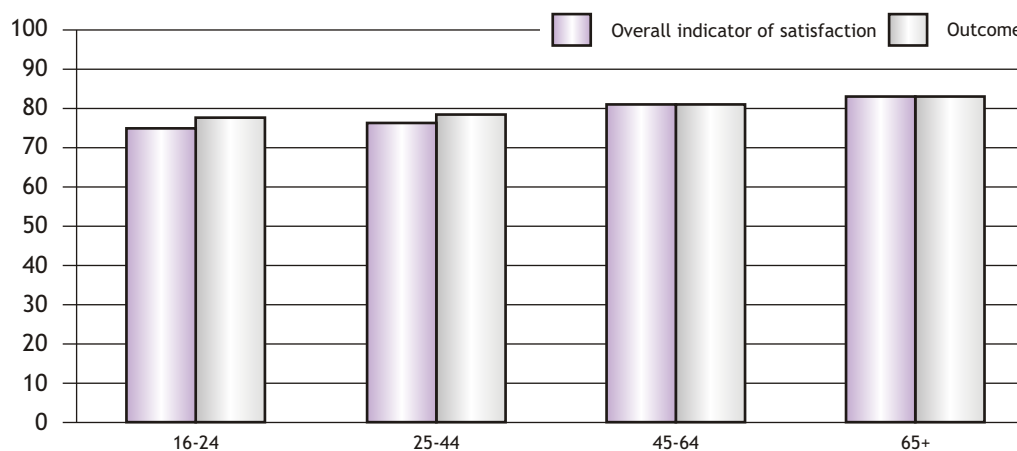


Figure 8 Overall indicator of satisfaction and outcome: Patient satisfaction scores by age group, Admitted Adults, PEHS 2005-06



Key findings

Males had higher overall indicator of satisfaction scores and higher outcome scores compared with females.

As age increases so do both overall indicator of satisfaction scores and outcome scores.

6 OUTCOME SCALE AND OVERALL INDICATOR OF SATISFACTION

Figure 9 *Overall indicator of satisfaction and outcome: Patient satisfaction scores by length of stay, Admitted Adults, PEHS 2005-06*

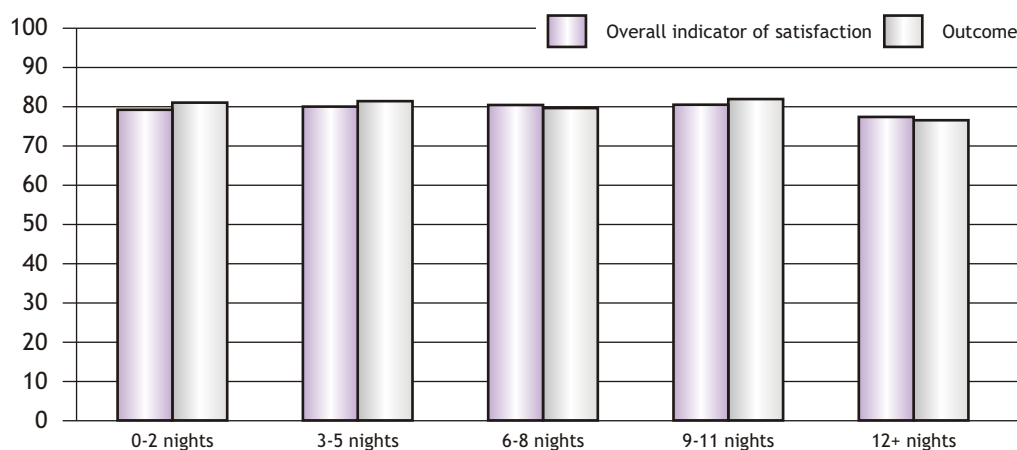
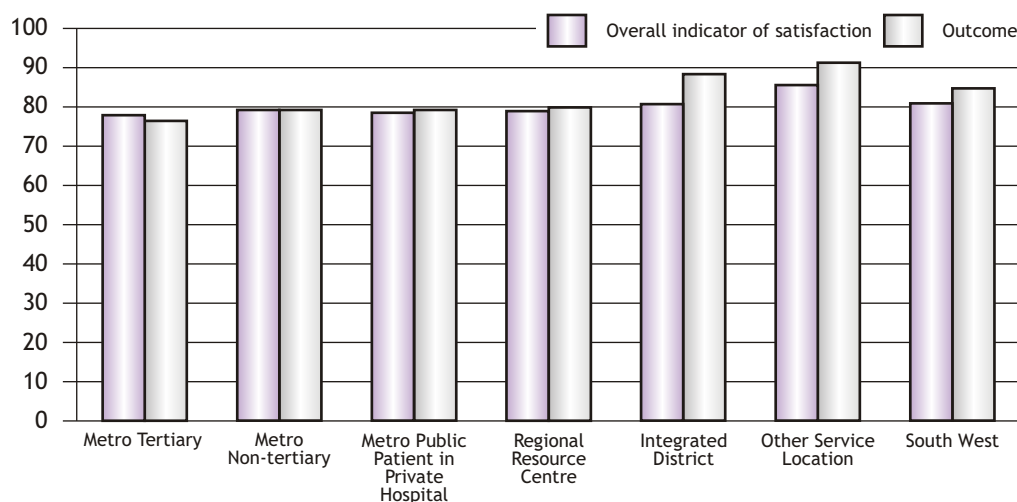


Figure 10 *Overall indicator of satisfaction and outcome: Patient satisfaction scores by Hospital Category, Admitted Adults, PEHS 2005-06*



Key findings

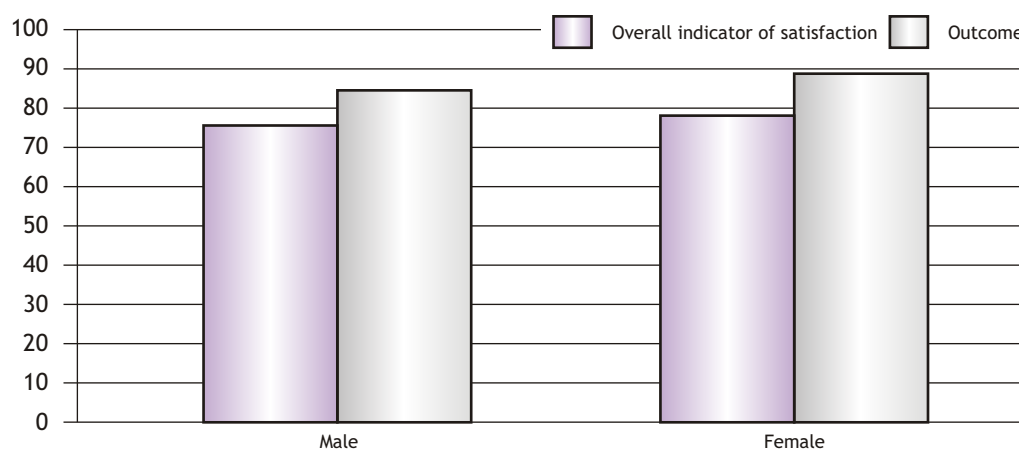
Small hospitals have higher overall indicator of satisfaction scores and higher outcome scores compared with larger hospitals.



6 OUTCOME SCALE AND OVERALL INDICATOR OF SATISFACTION

Figures 11,12 and 13 present the comparisons of the *overall indicator of satisfaction* score and the *outcome* score by sex, length of stay and hospital category for admitted children.

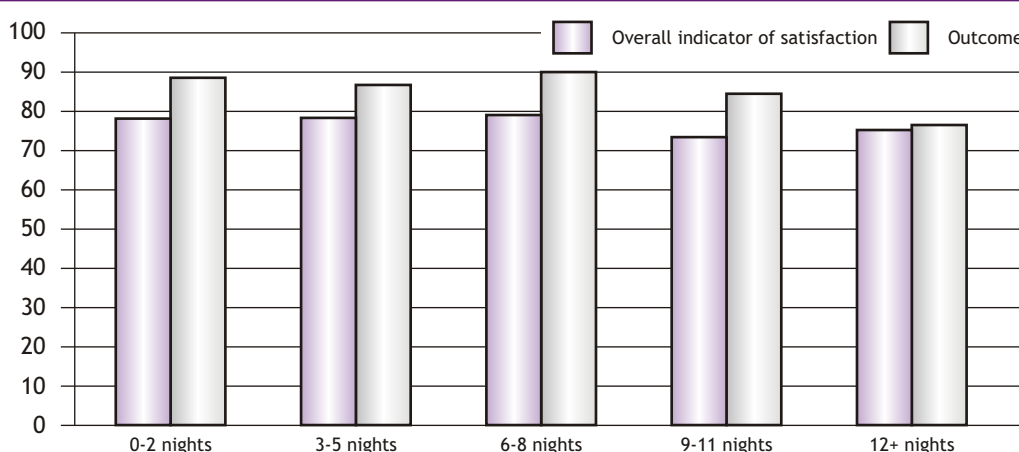
Figure 11 Overall indicator of satisfaction and outcome: Patient satisfaction scores by sex, Admitted Children, PEHS 2005-06



Key findings

Parents/guardians of female children report a higher overall indicator of satisfaction score and a higher outcome score compared with parents/guardians of male children. This is the reverse of adults where males report higher satisfaction levels.

Figure 12 Overall indicator of satisfaction and outcome: Patient satisfaction scores by length of stay, Admitted Children, PEHS 2005-06

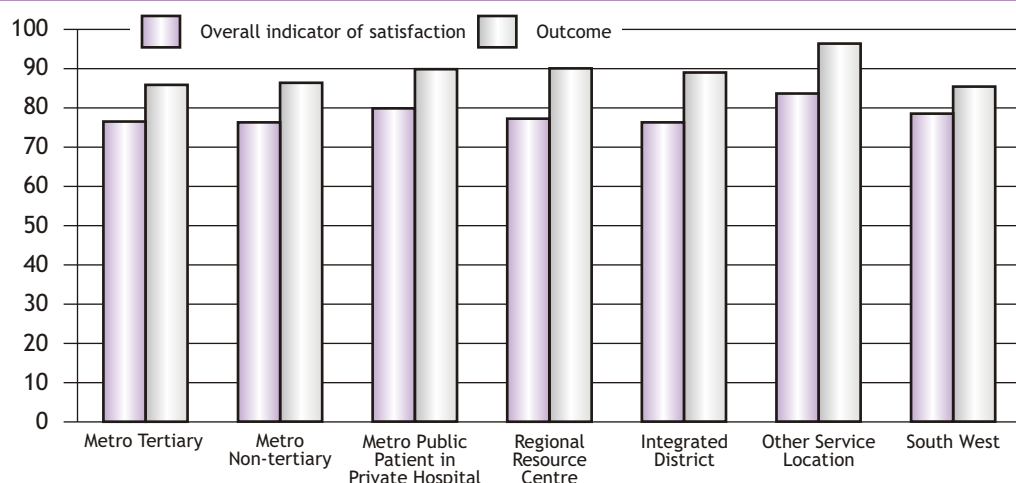


Key findings

Admitted adults and children staying 12 or more nights in hospital have lower overall indicator or satisfaction scores and lower outcome scores.

6 OUTCOME SCALE AND OVERALL INDICATOR OF SATISFACTION

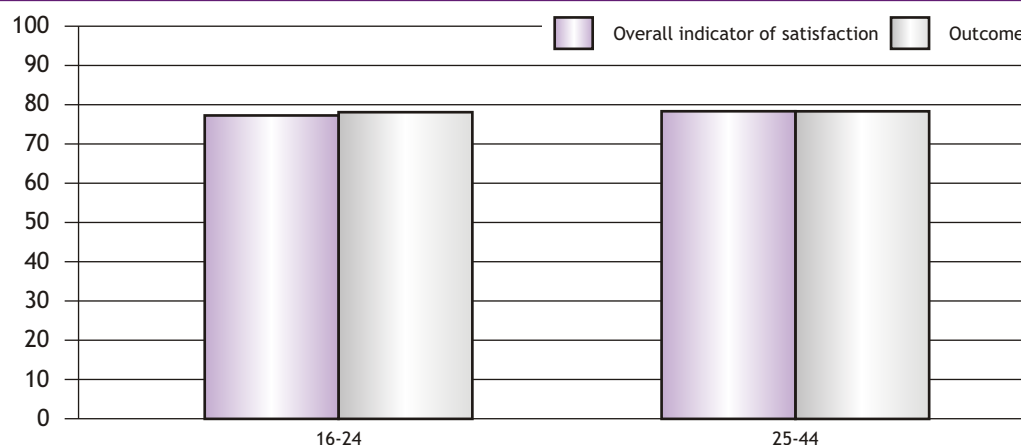
Figure 13 Overall indicator of satisfaction and outcome: Patient satisfaction scores by hospital category, Admitted Children, PEHS 2005-06



There were no significant differences across hospital category for children on either the *overall indicator of satisfaction* score or the *outcome* score.

Figures 14, 15 and 16 present the comparisons of the *overall indicator of satisfaction* score and the *outcome* score by sex, length of stay and hospital category for maternity.

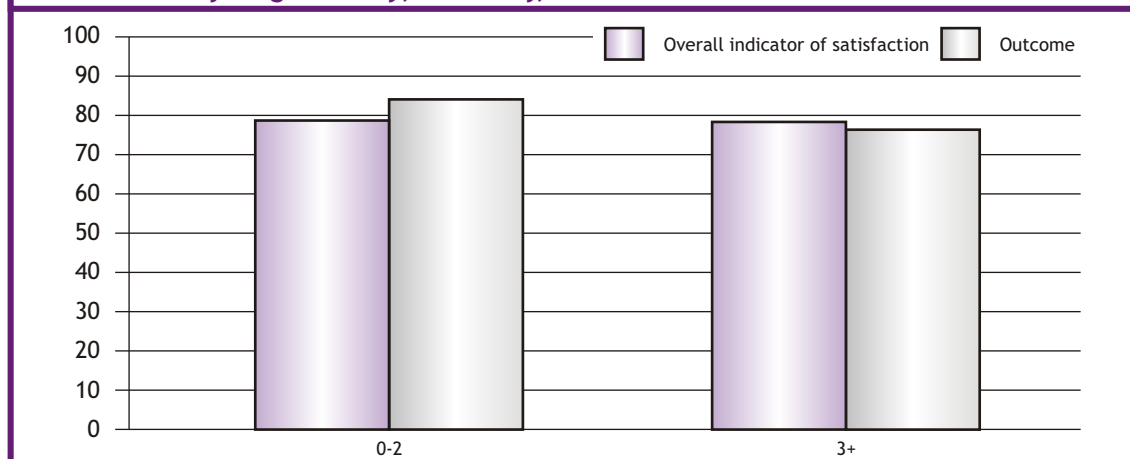
Figure 14 Overall indicator of satisfaction and outcome: Patient satisfaction scores by age group, Maternity, PEHS 2005-06



There were no significant differences across age group for maternity on either the *overall indicator of satisfaction* score or the *outcome* score.

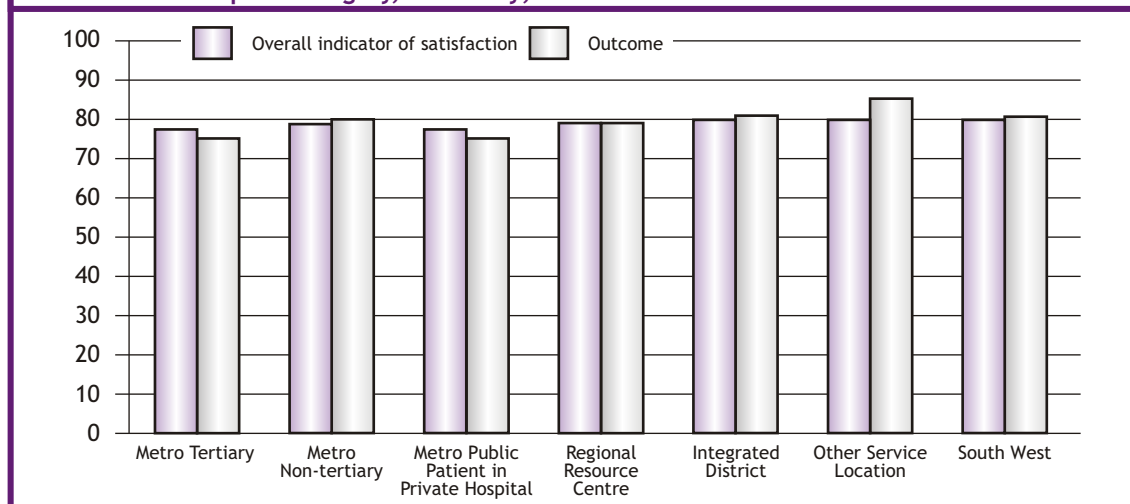
6 OUTCOME SCALE AND OVERALL INDICATOR OF SATISFACTION

Figure 15 Overall indicator of satisfaction and outcome: Patient satisfaction scores by length of stay, Maternity, PEHS 2005-06



There were no significant differences across length of stay for maternity on either the *overall indicator of satisfaction* score or the *outcome* score.

Figure 16 Overall indicator of satisfaction and outcome: Patient satisfaction scores by hospital category, Maternity, PEHS 2005-06



While there may be differences between the rural hospital categories, particularly in outcome scores, the numbers of maternity patients available to be interviewed during the survey period was very low and therefore no differences are statistically significant. However, the pattern is the same as for adults and children with smaller hospitals showing higher *overall indicator of satisfaction* scores and higher *outcome* scores.

7 CONCLUSION AND DISCUSSION

The results clearly show that the levels of satisfaction with the provision and outcome of health care are high throughout Western Australia. There are some areas where improvements can be made, but where health facilities perform best is also where patients place the most importance. In 2005-06 these were *time paid to attention and care*, ranked as the most important domain in health care, *information and communication* ranked as the second most important domain and *meeting personal as well as clinical needs* ranked as the third most important domain (Section 3). *Meeting personal as well as clinical needs* is particularly important to female patients and may be an expression of their need for treating the whole person and not just the symptom.

The three areas where improvements might be required are *getting into hospital*, which had a mean ranking of four out of seven in importance, *involvement in care and treatment*, which had a mean ranking of five out of seven, and *food and residential aspects*, which had a mean ranking as least important of all by patients in 2005-06.

The aspects of *getting into hospital* that appear to be relatively poorly regarded are mainly about the admission process, particularly in relation to seeking information about the patient which might be pertinent to treatment (Section 5.1.6).

For *involvement in care and treatment* the main issues seemed to be around knowledge of what is already available for patients to inform them of their rights and to support them if necessary. The new information booklet, *Patient First* may well take care of these patient concerns. Further information on this booklet can be found at the Department of Health internet safetyandquality.health.wa.gov.au/programs/patientfirst.cfm.

Food and residential aspects of health have always been associated with low levels of satisfaction, but have also consistently been ranked as the least important part of health care by patients every year since the PEHS started in 1996-97. Not only does this aspect of care attract the lowest mean rank, but about 80% of those ranking it, rank it last. Patients are saying that while they may not be very satisfied with this aspect of health care, neither is it very important.

What is most striking about the results, not only from 2005-06, but since the PEHS began in Western Australia, is the consistently high satisfaction levels expressed by patients across the state. People recognise the high quality of health care that they receive and, given the very high response rates, are happy to tell health care facilities what they liked about the service they received and what they didn't like.

People can also distinguish between the outcome of the health care they received and the way in which that health care was provided. They are also aware of what is important in health care in any given year. The ranking task reflects what is important in health care at the time of the survey. The relative importance of the domains, with the exception of *food and residential aspects*, changes to reflect the current circumstances.

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