



For discussion on 15.12.2022

HAB-P329

Hospital Authority

2021 Patient Experience Survey on Specialist Outpatient Service

Advice Sought

Members are invited to note for information and discussion the findings of the 2021 Patient Experience Survey (PES) on Specialist Outpatient Service (SOPS) conducted in the Hospital Authority (HA) and the way forward, as well as the key comments of the Medical Service Development Committee (MSDC) in discussing the same item at its meeting on 10 October 2022¹.

Background

2. Understanding patient experience is a key feature of quality improvement in modern healthcare delivery. In line with international practice of conducting patient surveys for service monitoring and improvement, HA launches the PES programme to proactively collect patients' views on their experience and expectation with a view to driving service enhancement. The HA Board (HAB) in September 2013² approved the corporate PES Service Plan to enable systematic planning and development of PES in HA whereby Inpatient PES would be conducted at regular intervals with Specialist Outpatient / Specialty-based PES in between. The list of PES projects, or as formerly known as Patient Experience and Satisfaction Survey (PESS), carried out by HA since 2010 is given at <u>Annex 1</u>.

Survey Design and Survey Tool of 2021-22 PES on SOPS

3. The Survey on SOPS originally scheduled for 2020 was subsequently postponed to 2021 due to the Coronavirus Disease 2019 (COVID-19) epidemic. The key objectives of the PES on SOPS are to collect and report on patients' experience in their clinic attendance using the validated questionnaire and to identify areas for service improvement. Before the field work, HA's commissioned research agency, The Chinese University of Hong Kong (CUHK), had reviewed the validated Specialist Outpatient Experience Questionnaire to ensure the survey could reflect the latest development and foci of HA's services.

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¹ Via MSDC Paper No. 679 on "2021-22 Patient Experience Survey on Outpatient Service".

² Via HAB Paper No. 196 on "Hospital Authority Patient Satisfaction (Experience) Survey" discussed on 26 September 2013.

- 4. Having considered the international development of PES and update of HA's services and views of patient groups, the questionnaire was refined to provide a representative picture of patient experience in eight dimensions of care aspects following the patient journey at specialist outpatient clinics (SOPCs):
 - (a) Before the Appointment;
 - (b) Arrival at SOPC;
 - (c) Waiting in SOPC;
 - (d) SOPC Environment and Facilities
 - (e) Seeing Doctor or Professionals
 - (f) Post-appointment Information;
 - (g) HA Go Mobile Application; and
 - (h) Overall Impression.

Key Findings of the Survey

- 5. From August 2021 to January 2022, 13 393 patients who had attended one of the 26 HA SOPCs (Annex 2) were successfully interviewed by telephone to evaluate the experience of their most recent attendance. The findings of the Survey revealed a positive overall experience on SOPS with 89% of the respondents rated 7 or above (along a scoring scale of 0-10), achieving an average score of 7.9/10. The patient experience was quite consistent across the 26 SOPCs. There was a high degree of confidence and trust in our healthcare professionals, and patients were in general satisfied with their experience of seeing doctor and the information provided, particularly on the medications prescribed. In comparison with the previous PES on SOPS conducted in 2018, respondents reported improved experience in most evaluative questions (30 out of 40).
- 6. Amid the special service adjustments during COVID-19 epidemic, it is encouraging to see positive feedback in various aspects of communication, including doctors' explanation of the reasons for treatment and investigation results, and opportunities for patients to talk and be listened. Most respondents showed understanding of the special crowd control and other contingency measures implemented in SOPCs during the epidemic. In view of HA's ongoing efforts to promote the utilisation of the mobile application HA Go in recent years, three questions regarding its user-friendliness, information provided and instruction guide were newly added to the Survey, where patients' experience was generally positive. Extract of the Survey Report is at **Annex 3**³.

Way Forward

7. The PES findings have provided an overview of HA's SOPS and highlighted areas for quality improvement. For the following items with relatively low scores, HA will review the current practice and formulate strategies to improve patient experience in SOPC:

³ The Report will be made available at the HA internet website: <u>www.ha.org.hk</u> → Corporate News → Special Reports after the HA Board Meeting.

- (a) Information on the anticipated waiting time for consultation;
- (b) Danger signs to watch for and contact point for enquiry after leaving the SOPC; and
- (c) Information on the channels for expression of opinion, appreciation and complaints.
- 8. As reflected in the Survey results, respondents had good experience on HA Go usage, which showed a positive sign that further improvement on HA Go functions (in particular on providing salient information upon leaving SOPC) could be easily accepted by patients. As suggested by MSDC, opportunity to enhance patient empowerment via HA Go will also be explored.
- 9. Over the years, PES has become an integral part of the governance framework to engage patients to improve the people-centred care. Along the approved strategic direction, HA will continue to commission an independent agency to conduct territory-wide patient surveys for monitoring the longitudinal trend for service enhancement. HA will, in collaboration with CUHK and stakeholders, including staff, patient groups and community partners, conduct at regular intervals the PES on inpatient, specialist outpatient and accident and emergency services. Meanwhile, PES on other new specialty / service in line with HA's service priorities and delivery model would be explored.

Internal and External Communication

- 10. To ensure buy-in by relevant stakeholders, communication was arranged with patients, the public and staff on the objectives and operational details of the PES at different phases of its launching.
- 11. To proactively communicate the PES results with stakeholders, a comprehensive communication plan has been drawn up for internal and external communication. These include public promulgation via press release and posting up the Report on the HA website after the Board's Meeting, contribution of articles in both HA internal staff communication platform/newsletters and newspapers, and briefings at appropriate staff and patient forums, etc.

Annex 1 to HAB-P329

Patient Experience Survey (PES) / Patient Experience and Satisfaction Survey (PESS) Projects Conducted by HA Since 2010

Project	Time of field	No. of subjects	No. of
	study		hospitals/clinics
2010-11	3 rd – 4 th quarter	5 030 inpatients	25 acute and
1st PESS on	2010		rehabilitation
Inpatient Service			hospitals
2012-13	3 rd quarter 2013	1 042 inpatients	Department of
Patient Engagement		410 doctors	Medicine of five
Study		2 300 nurses	clusters
2013-14	4 th quarter 2013	3 566 inpatients	Seven major acute
Hospital-based			hospitals
PESS (pilot)			
2014-15	$3^{rd} - 4^{th}$	13 966 outpatients	26 specialist
PESS on Specialist	quarter 2014		outpatient clinics
Outpatient Service			
2015-16	3 rd – 4 th quarter	9 297	25 acute and
2 nd PESS on	2015	inpatients	rehabilitation
Inpatient Service			hospitals
2016-17	3 rd – 4 th quarter	9 317	17 public A&E
PESS on Accident	2016	A&E patients	Departments
& Emergency			
(A&E) Service			
2017-18	3 rd – 4 th quarter	9 921	26 acute and
3 rd PES on	2017	inpatients	rehabilitation
Inpatient Service			hospitals
2018-19	3 rd quarter 2018 –	13 911 outpatients	26 specialist
2 nd PES on	2 nd quarter 2019		outpatient clinics
Specialist			(SOPCs)
Outpatient Service			
2019-20	4 th quarter	9 800	27 acute and
4 th PES on	$2019 - 1^{st}$ quarter	inpatients	rehabilitation
Inpatient Service	2020		hospitals
2021-22	3 rd quarter 2021 –	13 393 outpatients	26 SOPCs
3 rd PES on	1 st quarter 2022	_	
Specialist			
Outpatient Service			

Annex 2 to HAB-P329

List of 26 Participating Specialist Outpatient Clinics

- 1. Pamela Youde Nethersole Eastern Hospital
- 2. Ruttonjee and Tang Shiu Kin Hospitals
- 3. Tung Wah Eastern Hospital
- 4. Grantham Hospital
- 5. Queen Mary Hospital
- 6. Tung Wah Hospital
- 7. Tsan Yuk Hospital
- 8. Hong Kong Buddhist Hospital
- 9. Hong Kong Eye Hospital
- 10. Kowloon Hospital
- 11. Kwong Wah Hospital
- 12. Our Lady of Maryknoll Hospital
- 13. Queen Elizabeth Hospital
- 14. Haven of Hope Hospital
- 15. Tseung Kwan O Hospital
- 16. United Christian Hospital
- 17. Caritas Medical Centre
- 18. North Lantau Hospital
- 19. Princess Margaret Hospital
- 20. Yan Chai Hospital
- 21. Alice Ho Miu Ling Nethersole Hospital
- 22. North District Hospital
- 23. Prince of Wales Hospital
- 24. Pok Oi Hospital
- 25. Tuen Mun Eye Clinic
- 26. Tuen Mun Hospital

Report on 2021 Patient Experience Survey Specialist Outpatient Service Hong Kong Hospital Authority



Prepared by

The Jockey Club School of Public Health and Primary Care Faculty of Medicine The Chinese University of Hong Kong







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Introduction

Patient experience has always been the core element of "patient-centered care" in healthcare as it allows healthcare providers to gain insight from patients' perspective on what constitutes good quality of care. Positive patient experience can be a powerful driver to enhance patient-professional engagement for improving health literacy and competence, support self-management, and facilitate better health outcomes. Therefore, in 2009, the Hospital Authority (HA) commissioned the Jockey Club School of Public Health and Primary Care (JCSPHPC), Faculty of Medicine, The Chinese University of Hong Kong (CUHK) to develop and validate the first generation of patient experience instrument - the Hong Kong Inpatient Experience Questionnaire (HKIEQ) for evaluation of HA corporate-wide inpatient service. The first Patient Experience Survey (PES) on inpatient service was successfully conducted in 2010. Since then, the related instrument has been adapted for other surveys on specialist outpatient and Accident & Emergency services.

2020 was an exceptionally challenging year for healthcare services around the world. Outpatient services were generally impacted by the COVID-19 pandemic where Hong Kong was no exception. As such, the third PES on Specialist Outpatient Service (SOPS) originally scheduled for 2020, following 2014 and 2018, was postponed to August 2021, when the COVID-19 pandemic was less severe. The Survey successfully collected feedback from a representative sample of 13,393 patients about their experience of HA's specialist outpatient service using the short form of the "Specialist Outpatient Survey (SF-SOPEQ)" developed in 2017 based on the long form of SOPEQ, opinions of the HA expert panel and UK patient experience framework.

This report disseminates the findings of the 2021 PES on SOPS.

Study Methodology

A territory-wide cross-sectional survey using SF-SOPEQ was conducted for local patients who have attended any one of the selected HA Specialist Outpatient Clinics (SOPCs) between 30 July 2021 and 6 January 2022.

The SF-SOPEQ was developed and validated by the JCSPHPC using a rigorous mixed-methodology with careful consideration of culture and environments of clinical service within local contexts. The instrument, measuring patients' experience of SOPS, was able to reflect their perception of care and indicate the quality of healthcare. After gathering the feedback from patient groups, HA representatives and our external advisor from the Picker Institute Europe, new evaluative items were added to the survey instrument for this Survey to address the ever-changing healthcare landscape (please see the section "Evaluative Aspects and Changes" below for details).

Survey Population

Telephone interviews were conducted between 9 August 2021 and 14 January 2022. Patients eligible for the Survey were (i) Hong Kong residents; (ii) aged 18 or above on the date of attendance; (iii) contactable within two weeks after SOPC attendance; and (iv) able to communicate in Cantonese, English, or Mandarin. Patients that were (i) day cases/surgery cases; (ii) mentally handicapped; (iii) admitted as an inpatient after their SOPC attendance; or (iv) SOPCs' attendance at pediatrics, hospice, psychiatry, dental, anesthesiology, pathology, multi-specialty out-patient/nurse clinics were excluded from the Survey.

The response rates in the consent seeking process and telephone interview were 33.1% and 86.6% respectively, contributing to the overall response rate of 28.6%. All the 13,393 respondents were Chinese-speaking (Cantonese or Mandarin). Among all the respondents, 19% were new cases and 81% were follow-up cases at SOPCs. 46% were male and 54% were female. 23% were aged between 18 and 50, 72% were aged between 51 and 80, and 5% were aged 81 or above. Only 0.9% of respondents were living in an old age home at the time of recruitment. In comparison with the overall attendance population at SOPCs during the survey period, a comparatively small proportion of females, respondents aged 81 or above, and living in an elderly care home were recruited.

Evaluative Aspects and Changes

The SF-SOPEQ comprised 48 evaluative items, covering various care aspects found to be important to patients. An overarching question evaluating the overall patient experience during SOPC visit was also included. New survey items added in this Survey were related to the SOPC arrangements under COVID-19 pandemic, use of the mobile application "HA Go", as well as other related facilities at SOPCs and community support services. The evaluative care aspects were grouped into eight sections as shown in Table 1:

Table 1

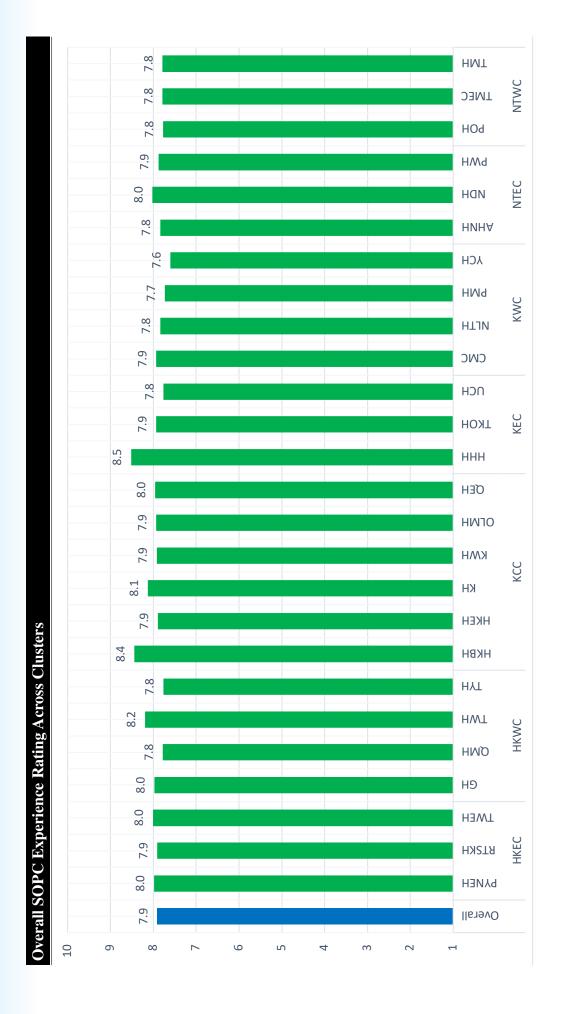
Section	Care Aspects	
I	Before the Appointment	
II	Arrival at SOPC	
III	Waiting in SOPC	
IV	SOPC Environment and Facilities	
V	Seeing Doctor or Professional	
VI	Post-appointment Information	
VII	HA Go Mobile App	
VIII	Overall Impression	

Due to difference in the categorical responses for each evaluative item, the responses were converted into a score of 0-10 to reflect poor to good patient experience. The Survey findings also served as indicators for HA to evaluate the service quality among the SOPCs involved and to prioritise areas for quality improvement.

Key Findings

Overall Patient Experience Rating

The Survey findings reflected an overall positive patient experience on specialist outpatient service. On a scoring scale of 0 to 10 of the overall patient experience on SOPC service, 88% of the respondents rated 7 or above, and 33% rated 9 or 10. The mean score of the overall patient experience across all 26 SOPCs was 7.9, ranging from 7.6 to 8.5.



Conclusion

The Survey served as a valuable feedback platform for evaluating the SOPS in HA from patients' perspectives. The findings suggested the outstanding service performance and identified service areas that might need further investigation and/or improvement.

13,393 responses were collected from the patients who had attended HA SOPCs. There was an overall positive experience, with 88% of respondents rating 7 or higher, and 33% rating 9 or 10. The overall rating of 7.9 was the same as that in PES on SOPS in 2018. Informative aspects of the patient journey such as (1) appointment details; (2) SOPC signage and cleanliness; (3) information for caregivers; and (4) details of medication received high scores. Patient-staff interactions including (1) doctors' listening to patients' view; (2) protecting patient privacy; and (3) being treated with respect and dignity were also highly rated.

For the suggested areas requiring further investigation and improvement, there was an upward trend in scores, compared with results of 2018, for aspects related to information giving and patient-staff interaction, such as (1) information on hand hygiene and feedback channels; (2) reception staff's courtesy; (3) patient involvement in treatment decision; and (4) staff's compassion and self-introduction. However, the scores for provision of information on estimated waiting time for consultation and medical condition/treatment, as well as post-discharge danger signals and contact points were consistently low.

To keep abreast with the changes in clinical service model and increasing popularity of HA Go, new survey items such as SOPC arrangements under COVID-19 pandemic, related facilities of SOPCs, community support services after SOPC attendance, and the use of HA Go were added in this Survey. Patients' responses towards these questions were in general positive.

Providing patient-centred care is essential for delivering competent and high quality healthcare service, as well as maintaining good demand management. Continuous measurement of patient experience enables the HA to evaluate the quality of SOPS and facilitates patients to participate in quality improvement actions in healthcare. Nevertheless, the survey findings have to be interpreted cautiously taking into account the significance of cultural and local factors. Further deliberation in the context of HA would be required to strike a balance on the priority of efforts in planning the appropriate follow-up improvements having regard to the practical operational situation, staff sentiments and other factors.