



SA Health

MEASURING CONSUMER EXPERIENCE 2024

sahealth.sa.gov.au/myexperience



Government
of South Australia

SA Health

MEASURING CONSUMER EXPERIENCE REPORT 2024

SA Health wants every patient to have the best possible hospital experience.

Listening to our patients improves our healthcare services.

Each year we ask South Australians about their experiences of their overnight stay in a public metropolitan or country hospital. We ask about their views and concerns, involvement in decision-making, being kept informed, being heard, treatment and care, clinical knowledge and skills, pain relief and overall care.

SA Health has adopted the Australian Hospital Patient Experience Question Set (AHPEQS), which was developed by the Australian Commission on Safety and Quality in Health Care (ACSQHC). This survey is used by hospitals and healthcare services to ask patients who have recently been discharged about their experiences of treatment and care.

The answers to the questions help hospitals and healthcare services to deliver the level of care that patients need and want.

The survey feedback shows us what we're doing well and where we need to improve. It is also a great way for us to compare our care with other hospitals around Australia and the world. The answers provided feed into processes to improve hospital and healthcare services.

SA Health uses an independent body to conduct the survey, known as the SA Consumer Experience Surveillance System (SACCESS).

Surveys were undertaken between January to December 2023, and over **4,341** South Australians were interviewed.

Your experience matters, it drives change and improves our healthcare services.

METRO
HOSPITALS

7

COUNTRY
HOSPITALS

10

4,341

South Australians interviewed in 2023

85.6% response rate

19.4%
16-34 YEARS

20.5%
35-54 YEARS

842

890

32.1%
55-74 YEARS

28%
75 AND OVER

1,394

1,215

55% FEMALE
2,389

45% MALE
1,952

Main language spoken
at home:

37 surveys were completed
with language support.

ENGLISH

3,934

OTHER

407

Languages include:
Arabic
Vietnamese
Greek
Mandarin
Spanish
Farsi

IMPROVING CONSUMER EXPERIENCE



Views and concerns listened to

Individual needs met

Felt cared for by staff

Involved in making decisions

Being kept informed

OVER
83%

of patients felt their **views and concerns were listened to always or mostly.**

compared to 2022
82%

ALMOST
86%

of patients felt their **individual needs were met almost or most of the time.**

compared to 2022
84.9%

OVER
85%

of patients **felt mostly or always cared for.**

compared to 2022
87.5%

OVER
83%

of patients **felt they were involved in decision making.**

compared to 2022
83.6%

OVER
82%

felt they were **kept informed as much as they wanted** about their care and treatment.

compared to 2022
82.5%



Staff communicated with each other

ALMOST **85%**

could tell **staff involved in their care communicated with each other.**

compared to 2022 **83.8%**



Pain relief met needs

ALMOST **90%**

of patients **received pain relief that met their needs.**

compared to 2022 **89.3%**



Felt confident in safety

ALMOST **91%**

felt **confident in the safety of their treatment.**

compared to 2022 **89.3%**



Overall quality

ALMOST **88%**

felt the overall **quality of care received was good or very good.**

compared to 2022 **86.4%**



Recommend hospital

ALMOST **93%**

of patients would **recommend their hospital** to a relative or friend.

compared to 2022 **90.7%**

*AHPEQS – Australian Hospital Patient Experience Question Set
The SA Health benchmark of 85% was met in six out of ten categories, the remaining four were within 3% of the benchmark.



VIEWS AND CONCERNS LISTENED TO

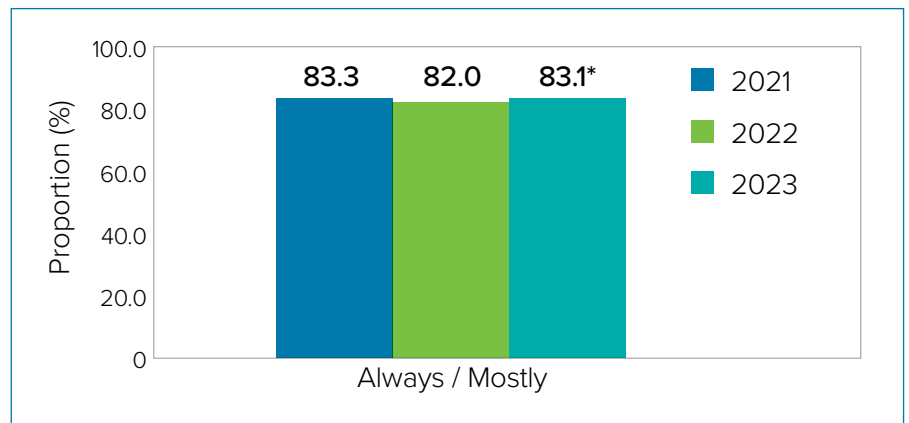
OVER

83%

of patients felt their **views and concerns** were listened to 'Always' or 'Mostly'.

My views and concerns were listened to

The majority of respondents felt that their views and concerns were listened to always (53.3%) or mostly (29.8%), while only very few thought that it happened rarely (3.8%) or never (2.1%).



What does this mean for the consumer?

FACTOR	DEFINITION
Distress acknowledgment	Having any distress or discomfort acknowledged by staff
Emotional support	Receiving emotional support from staff when needed
Patient knowledge	Patient's knowledge of their body and condition taken seriously by staff
Invited to be involved in decisions about care and treatment	Patient being invited to contribute their knowledge, needs, preferences and views to care and treatment decisions
Carer's knowledge	Carer's knowledge and input being valued by staff
Being listened to	Being listened to
Having enough time	Having enough time to talk to staff

We are listening to our consumers

“Before my surgery in the clinic I wasn’t listened to on one occasion. After the surgery, during the night, it was obvious that the night nurse was not informed about restrictions pertaining to my surgery, so she caused me to lie in a position that was very uncomfortable, that was totally unnecessary. And when I explained to her that I had permission to lie like that, she disagreed, and that was that.”

“The midwife that looked after me the first two nights of my stay was absolutely amazing. When my daughter had to go to the Neonatal ICU she was so caring and really explained everything and if I had any concerns she listened and helped me the best she could. Also the staff in the Neonatal ICU were absolutely amazing.”



INDIVIDUAL NEEDS MET

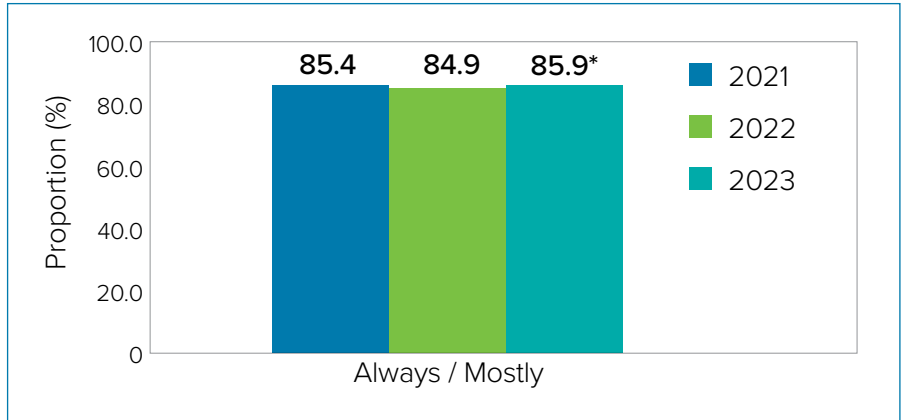
ALMOST

86%

of patients felt their **individual needs** were met 'Always' or 'Mostly'.

My individual needs were met

The majority of respondents felt that their needs were met always (56.1%) or mostly (29.8%), while only a few thought that it happened rarely (2.8%) or never (1.2%).



What does this mean for the consumer?

FACTOR	DEFINITION
Responsiveness and flexibility	Staff being flexible in their approach in response to a patient’s needs and preferences
Whole person approach	Staff take ‘whole of life’ needs into account (e.g. social, psychological, work and quality of life needs)
Comorbidities	Staff taking other health conditions or illnesses into account (other than the reason for admission)

We are listening to our consumers

“Doctors were not friendly, appeared bothered that I was there at all, made me feel really uncomfortable. I didn’t really feel like they listened to me and I ended up having to see my GP to help me as I was discharged with out antibiotics or pain relief, and ended up with an infection, uncontrolled pain and needing iron infusions.”

“Each specialist and doctor was so thorough, they went above and beyond to listen to us. They found the issue by doing the surgery, if they had not listened to us and sent us home, my son would have had a substantial issue. It was a time sensitive issue and they were all just so lovely and did an amazing job. They let me sleep on a mattress in my son’s room, I had been awake for 35 hours. ”

INDIVIDUAL NEEDS WERE NOT MET

“My individual needs were met” was asked and answered negatively.

WHEN INDIVIDUAL NEEDS WERE NOT MET

609

patients reported that their individual needs were not met:

14.5%

responded that staff always explained why this was the case

10.5%

said that this happened mostly

while around one third (29.2%) responded that staff never explained why their needs could not be met.





FELT CARED FOR BY STAFF

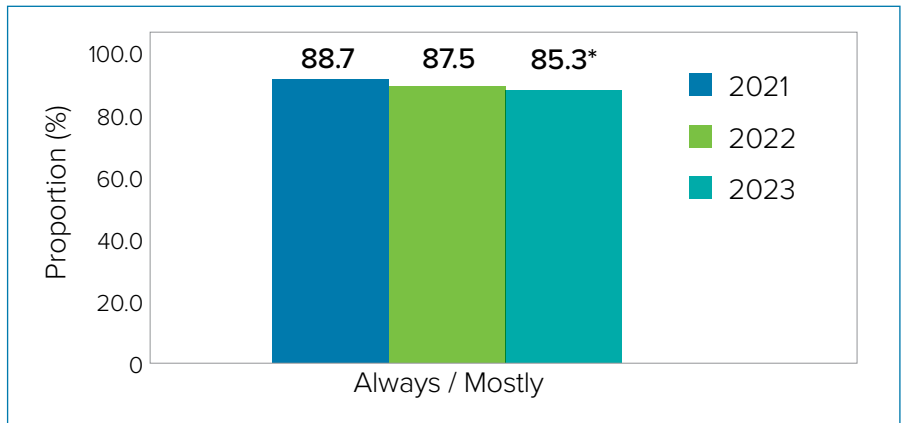
OVER

85%

of patients felt **cared for by staff** was 'Always' or 'Mostly'.

I felt cared for

The majority of respondents felt that they were cared for always (61.5%) or mostly (23.8%), while only very few thought that it happened rarely (3.1%) or never (1.6%).



What does this mean for the consumer?

FACTOR	DEFINITION
Staff availability	Feeling that staff are available if you need them
Staff responsiveness	Feeling that staff will respond to any concerns or questions
Left to cope alone	Not being left to manage alone when you need support or help
Genuine caring, attempt to understand, empathy	Feeling that staff genuinely care about you
Thoughtfulness and personal touch	Being treated in a kind and thoughtful way
Staff positivity, reassurance	Staff having a positive and reassuring manner

We are listening to our consumers

“I was in the hospital for ten days but I never received a proper wash. I am partly paralysed so I couldn’t get to a shower myself so needed bed washing but I received very little washing all that time which was very disappointing. I have diabetes and normally take oral medication but they gave me insulin but gave me no instructions on how much or how to use it.”

“I was impressed. I was having a heart attack. The nurse looking after me in emergency was very good. Medication was well explained and was put in table form which was very visual and very clear, and very well set out. The head cardio lady and staff would come and talk to me individually. I got a good summary when I left, of all the tests and results.”



INVOLVED IN MAKING DECISIONS

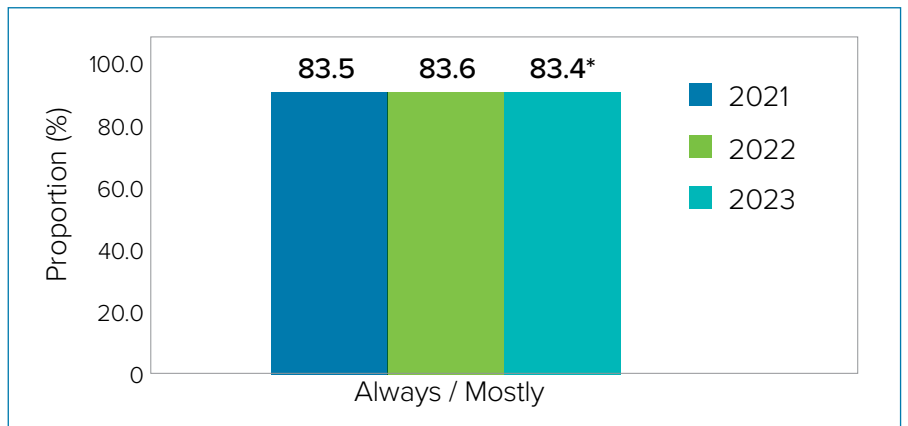
OVER

83%

patients felt that they were being **involved in making decisions** about their treatment and care were met 'Always' or 'Mostly'.

I was involved as much as I wanted in making decisions about my treatment and care

The majority of respondents felt they were involved in making decisions about their treatment and care always (60.4%) or mostly (23.0%), while very few felt like that happened rarely (4.0%) or never (3.4%).



What does this mean for the consumer?

FACTOR	DEFINITION
Distress acknowledgment	Having any distress or discomfort acknowledged by staff
Emotional support	Receiving emotional support from staff when needed
Patient knowledge	Patient's knowledge of their body and condition taken seriously by staff
Invited to be involved in decisions about care and treatment	Patient being invited to contribute their knowledge, needs, preferences and views to care and treatment decisions
Being listened to	Being listened to
Having enough time	Having enough time to talk to staff

We are listening to our consumers

“Maybe they need more training on after care and letting the patient know what to expect. There was bleeding, I couldn't breathe, I wasn't aware of what was going to happen. Everyone was nice and in hindsight they did everything right. I think it would have been good if I was more prepared, it was pretty traumatic.”

“The doctor that dealt with me was excellent, she hadn't come across my condition before but did lots of research, and she showed me that research, and we came to a decision on my condition together.”



BEING KEPT INFORMED

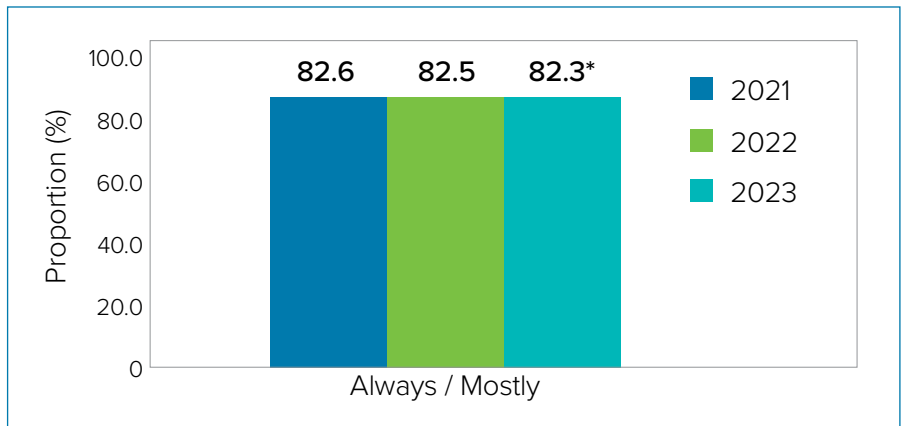
OVER

82%

of patients said they were **kept informed** as much as they wanted about their treatment and care were met 'Always' or 'Mostly'.

I was kept informed as much as I wanted about my treatment and care

The majority of respondents felt that they were kept informed as much as they wanted about their treatment and care always (60.8%) or mostly (21.5%), while very few thought that it happened rarely (4.9%) or never (2.2%).



What does this mean for the consumer?

FACTOR	DEFINITION
Knowing what's going on	Knowing what is happening with treatment and care
Knowing what to expect	Knowing what to expect with treatment and care
Knowing reason	Knowing why things are being done
Knowing how it went	Knowing how treatments or procedures have gone
Knowing who staff are and why they're involved	Knowing the roles of staff and why they are involved in care

We are listening to our consumers

“Some of the communication when I was going into theatre or treatment. The orderly would just come and get me and take me. Nothing was told to me where I was going, or when, or for what.”

“Great quality of care, great team approach and excellent information provided. Could not fault my hospital stay. I was assessed for stroke, the general medical team there was good with information by consultant involved. I have never been a public patient and it was better than expected.”



STAFF COMMUNICATED WITH EACH OTHER

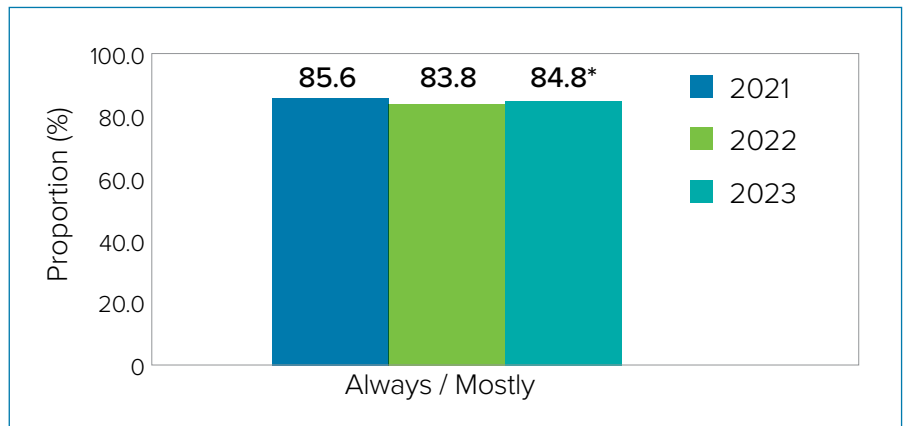
ALMOST

85%

of patients felt that **staff involved in their care** communicated with each other 'Always' or 'Mostly'.

As far as I could tell, the staff involved in my care communicated with each other about my treatment

The majority of respondents felt that staff involved in their care communicated with each other always (62.0%) or mostly (22.8%), while only a few thought that it happened rarely (3.4%) or never (1.7%).



What does this mean for the consumer?

FACTOR	DEFINITION
Written overall plan	Having a written plan showing the steps involved in care and treatment
Staff share information	Different staff or services involved in a patient's care and communicating with one another about this care
Care coordination	Having one person or team coordinating all the different parts of a patient's care
Continuity of relationship	Being able to see the same staff for treatment and care over time

We are listening to our consumers

"I thought that there was a lack of communication between the staff at handovers as I would often have to repeat myself and explain everything again to the new person. As I was in pain and not well, it was hard to always remember what had been spoken about my issues previously."

"The aspect I would like to highlight, between the 3 shifts each nurse knew your name, what surgery you had and your medication. The level of care in the plastic surgery section - the level of care was fantastic, everything ran like clockwork and information transfer between staff going and coming on ran smoothly. They were super organized right from admission to discharge. Medication needed was addressed and I was in tip top shape when I came out."



PAIN RELIEF MET NEEDS

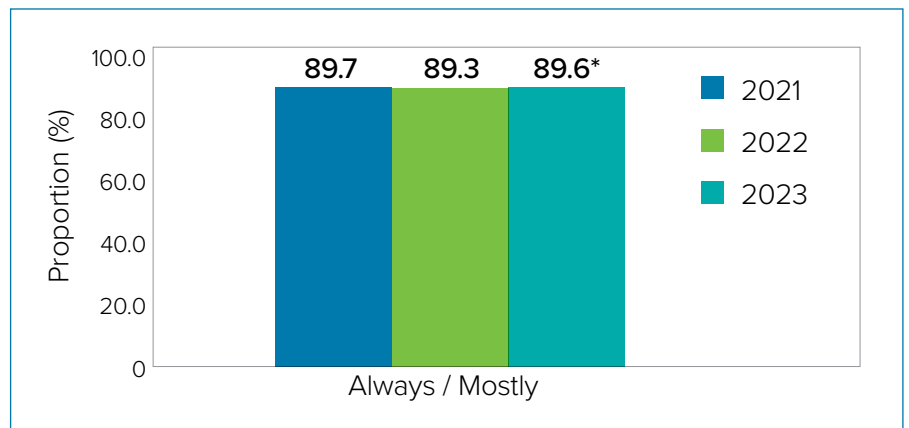
ALMOST

90%

of patients felt that the **pain relief** they received met their needs 'Always' or 'Mostly'.

I received pain relief that met my needs

The majority of respondents felt that the pain relief they received met their needs always (74.3%) or mostly (15.3%), while very few thought that it happened rarely (2.0%) or never (1.6%).



What does this mean for the consumer?

FACTOR	DEFINITION
Waiting in pain	Not waiting unnecessarily long for pain relief
Appropriateness of pain relief	Receiving appropriate pain relief
Medication management	Medicines being managed safely

We are listening to our consumers

“The hospital was very busy and under-staffed so sometimes they were slow in giving me my pain relief. I need to get the pain relief when I need it because if I don’t get it then I have trouble with my breathing as well.”

“As a person that has an intolerance/allergy to many pain relief medications, I was pleased that I was able to have a thorough conversation with staff about this and a satisfactory outcome was achieved.”



FELT CONFIDENT IN SAFETY

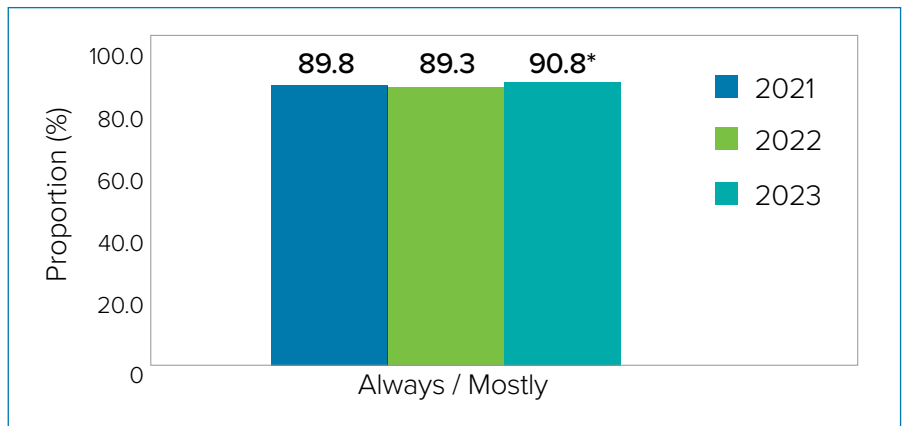
ALMOST

91%

of patients felt confident in the safety of their treatment and care 'Always' or 'Mostly'.

When I was in hospital, I felt confident in the safety of my treatment

The majority of respondents felt confident in the safety of their treatment and care always (74.4%) or mostly (16.4%), while only a few thought that it happened rarely (1.6%) or never (1.7%).



What does this mean for the consumer?

FACTOR	DEFINITION
Staff clinical knowledge	Patient feeling that staff have good knowledge of illness/condition
Staff clinical skills	Patient finding that staff have good clinical skills (e.g. surgery, needle insertion)
Trust in professionals	Patient having confidence in the abilities of the professionals involved in their care and treatment

We are listening to our consumers

“It took a long time for them to find out what my issues were and there seemed to be a lot of confusion between the doctors. Every day I would see a different doctor and they would have a different opinion which was frustrating. They said they were going to have a meeting with all of the doctors which was concerning for me as I felt it must be a serious issue. Eventually they did find out what they should be doing and things improved from then but before that all of the conflicting information was very stressful.”

“The doctors and nurses kept him informed. They were quick to ascertain what was wrong with him, X-rayed him and knew he had pneumonia. The doctor explained to him what was happening. For when he went home, the doctors set up after care with antibiotic drip.”

HARM OR DISTRESS DISCUSSED WITH STAFF

83.6%

of patients **did not** experience harm or/and distress as a result of their treatment and care.

OF THE

16.4%

that did experience harm or/and distress:

2.1%

had experienced physical harm

10.5%

experienced emotional distress

3.8%

experienced both.

OF THE

706

respondents who reported that they had experienced harm or distress:

48.1%

said that this was discussed with them

51.9%

said that their harm or distress was not discussed with them.

***Applies when the question relating harm or distress were answered in the affirmative.**



OVERALL QUALITY

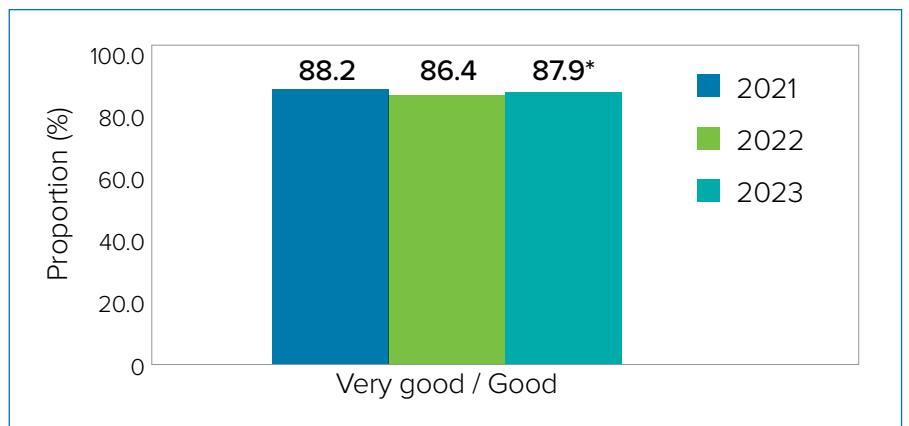
ALMOST

88%

of patients **felt confident** in the safety of their treatment and care 'Very good' or 'Good'.

Overall, the quality of the treatment and care I received was very good or good

The majority of respondents felt that the overall quality of their care was very good (62.5%) or good (25.4%) while only a minority thought that it was poor (2.1%) or very poor (1.5%).



What does this mean for the consumer?

FACTOR	DEFINITION
Overall organisation	Feeling that the health service is well organised overall in relation to treatment and care

We are listening to our consumers

“I was dissatisfied with the communication re times for surgery because patients shouldn’t be missing meals because surgery keeps getting rescheduled. It wasn’t just me, there were others this happened to. I missed out on dinner 3 days in a row and had to have some snacks.”

“When I was in the hospital, my husband was at home with a broken arm on his own. The hospital organised for him to receive the Home Hospital service so that he was looked after. We really appreciated their help and want to thank the hospital for organising it for us.”



PATIENT RIGHTS AND ENGAGEMENT

A set of five questions around patient rights and engagement include:

1 Did anyone ask whether you had any cultural or religious beliefs that might affect the way you were treated in hospital?

○ **66.5%** were **not asked** asked if they had any **cultural or religious beliefs** that might affect the way they were treated in the hospital.

○ Less than a quarter (**24.6%**) were asked after admission.

○ **8.9%** were asked at pre admission.

2 If you needed one, did you have access to an interpreter?

○ Of the **505** respondents who required an interpreter, **48.9%** of patients were **provided an interpreter**.

3 Was your right to have an opinion respected?

○ **69.8%** of patients felt that their **right to an opinion was always respected**.

4 Were you provided information on your rights as a patient?

○ **67.1%** were **given enough information** about their rights as a patient.

5 Did staff explain your rights as a patient to you?

○ **51.7%** reported that their **rights were explained** to them.



ALMOST
93%

of patients **would recommend** their hospital to a relative or friend

RECOMMEND HOSPITAL

Key themes from consumer feedback on their positive experience in a public metropolitan or country hospital:

2,501

satisfied comments were received





RECOMMEND HOSPITAL

Key concerns raised by our consumers:

1,891

dissatisfied comments were received



PATIENT-CENTRED CARE PRINCIPLES



A person-centred approach places people at the heart of health and social services, including care, support, and enablement. It is an approach where patients are recognised as individuals, encouraged to play an active role in their care, and where their needs and preferences are understood and respected. Individual patient comments have been coded into each of the patient-centred care principles, additional areas and other categories. The principles have been sourced from the Picker Institute Principles of Patient Centred Care website at: <http://pickerinstitute.org/about/picker-principles>

Fast access to reliable healthcare advice (previously access to care)

Satisfied comments regarding quick appointment speeds and accessibility of the emergency department in this principle. Dissatisfied comments regarding long waiting time to be seen in the emergency department and for admission (hospital bed availability), for appointments and elective surgery, and inadequate signage, were included in this principle.

Effective treatment delivered by trusted professionals (previously coordination and integration of care)

Satisfied comments regarding their treatment being very good, and that they felt looked after, treated well or cared for, were included under this principle. Dissatisfied comments regarding delays in being seen by medical and nursing staff while on the ward, lack of competency and clinical management (wound dressings, drips, etc.), misdiagnosis or lack of concern/treatment with presenting or secondary conditions and medication issues, were included under this principle.

Continuity of care and smooth transition (previously transition and continuity)

There were two positive comments regarding transition and continuity, both pertaining to the speed and service when being discharged. Dissatisfied comments regarding being discharged too early, or without sufficient information or arrangements regarding care at home, delays with providing medications or paperwork, and lack of follow-up regarding care/treatment, were included in this principle.

Involvement and support for family and carers (previously involvement of family and friends)

There were no satisfied comments regarding the involvement of family and friends. Dissatisfied comments regarding family and friends not being involved, informed or included in decision-making, were included in this principle.

Clear information, communication and support for self-care (previously information, communication and education)

Satisfied comments regarding doctors and nurses providing information, answering questions and explaining things, were included in this principle.

Dissatisfied comments regarding lack of information from doctors, lack of information from staff regarding their care or treatment for patients and/or their families, and language/cultural barriers between patients and staff, were included under this principle.

Involvement in decisions and respect for preferences

(previously respect for patients' values, preferences and expressed needs)

Satisfied comments regarding staff being friendly, kind and respectful were included under this principle. Dissatisfied comments regarding staff not attending to requests from the patient, being rude or disrespectful and not listening to information being provided by the patient regarding their care, were included under this principle.

Empathy support, empathy and respect

(previously emotional support and alleviation of fear and anxiety)

Satisfied comments regarding being comforted and cared for, were included in this principle. Dissatisfied comments regarding feeling upset, worried, isolated, anxious about needles or in general, and feeling unsafe, were included in this principle.

Attention to physical and environmental needs

(previously physical comfort)

Satisfied comments regarding the cleanliness of the hospital and the comfort provided were included in this principle. Dissatisfied comments regarding noise at night; lack of attention/care by nursing staff; having to share a ward or bathroom with members of the opposite sex/lack of privacy; lack of pain relief; lack of cleanliness/hygiene, being moved around the hospital and equipment in need of repair, were included in this principle.

Additional areas include:

Food

Satisfied comments regarding the good quality of the food were included in this area. Dissatisfied comments regarding the lack of or wrong choice, taste (bland, unappetising), presentation (cardboard/plastic boxes and utensils), size (too large), not being offered food (including special dietary needs), were included in this area.

Emergency department

Satisfied comments regarding the good level of care and staff in the emergency department were included in this area. Dissatisfied comments regarding the long waiting times to be seen, lack of pain relief and staff being disrespectful were included in this area.

Doctors and nurses

Satisfied comments regarding the quality of care provided by medical and nursing staff were included in this area. Dissatisfied comments regarding medical and nursing staff being abrupt/disrespectful, uncaring, not providing assistance or being incompetent with administering procedures, were included in this area.

Consumer feedback

There were no satisfied comments regarding this area and a single dissatisfied comment regarding reluctance or lack of follow-up by staff regarding concerns were included in this area.

Other

Satisfied comments regarding overall satisfaction with the hospital and also with staff, were included in this area. Dissatisfied comments regarding (in order) staff shortages, maintenance, general issues with staff, and financial issues, were included in this area.

For more information

Safety and Quality

SA Health

Telephone: (08) 8226 2567

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