

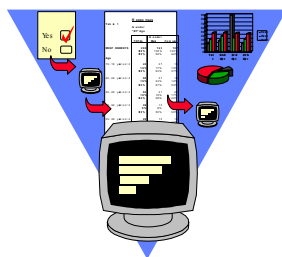
# **Veteran and War Widow (er) Patient Satisfaction Survey**

## **Executive Summary**

Prepared for

**DEPARTMENT OF HUMAN SERVICES**

**BY DATATAB**



**Authors:**

**Kim Burgess  
Pam Watson**

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# 1. Introduction

The main aim of the *Veteran and War Widow(er) Patient Satisfaction Survey* is to determine veteran and war widow(er) perceptions of the quality of care they receive as patients using acute and sub-acute health services provided by public hospitals in Victoria.

In particular, the survey focuses on the key determinants of veterans' and war widow(er)s' overall satisfaction with their treatment at Victorian public hospitals. It also analyses measures influencing what makes these patients *feel special* - a key indicator of quality of care.

This Executive Summary highlights the key findings of the survey, including benchmark results which allow for comparison between hospital networks, Department of Human Services ('DHS') regions and hospitals within the same category.

The specific objectives of the *Veteran and War Widow(er) Patients Satisfaction Survey* include:

- measurement of overall satisfaction with all aspects of the hospital
- determining whether patients are made to *feel special* because of their status as either a veteran or war widow(er)
- analysis of the following measures:
  - recognition of veteran or war widow(er) status
  - veterans' and war widow(er)s' awareness and perception of special services available for them
  - transport requirements to and from hospital
  - pre-admission and admission aspects
  - communication, assistance and personal relationships
  - pain and medication
  - tests conducted
  - surgery issues
  - Same Day patient issues
  - overall hospital experience
  - discharge planning
  - environmental and living conditions

## 2. Survey method

Data collection for the survey was conducted in 3 stages between December 1999 and April 2000 by way of a mail-out self-completion questionnaire (see Appendix 2).

A copy of the questionnaire was sent to all veterans and war widow(er)s meeting all of the following criteria:

- Holder of either a Department of Veterans' Affairs ('DVA') 'Gold' or 'White' card.
- Admitted as either an inpatient, day surgery or rehabilitation patient. All psychiatric, palliative care, nursing home and 'Geriatric Evaluation Management' (GEM) patients were excluded.
- Attended hospital during September, November or December 1999.
- Had not previously been sent a questionnaire.

In total, 2,295 questionnaires were completed and returned, representing a response rate of 65%. Due to the large number of responses, overall accuracy of results is  $\pm 2\%$  at the 95% confidence level on key measures.

A random sample of 50% of Austin and Repatriation Medical Centre ('ARMC') patients were surveyed due to the large number of veterans and war widow(er)s who receive acute and sub acute care at this hospital. The results for the ARMC have been weighted by a factor of two to ensure a fair representation of the actual veteran and war widow(er) patient population. Patients who attended the Royal Talbot Rehabilitation Centre (part of the ARMC network) have been included as ARMC patients throughout this report. Less than 2% (1.8%) of veterans and war widow(er)s who were sent questionnaires which identified the hospital as ARMC attended the Royal Talbot Rehabilitation Centre. Subsequently, results for the ARMC are presented in both network and A1 hospital categories throughout the report.

**Indices**

A number of questions included in the survey instrument asked the respondent to rate an aspect of their hospital stay. These ratings have been used to create an index to simplify comparison. Each index ranges from 0 to 100.

For questions with a four category response scale, the following weights have been given:

RESPONSE	WEIGHT
1. Most positive	100
2.	67
3.	33
4. Most negative	0
Not Answered	Not included
Not sure	
Don't know	

In the case of five categories, the following weights have been given:

RESPONSE	WEIGHT
1. Most positive	100
2.	75
3.	50
4.	25
5. Most negative	0
Not Answered	Not included
Not sure	
Don't know	

Although the data is categorical, it has been treated as continuous to allow description of responses using one value. However, all statistical calculations and findings have been drawn from the original categorical data.

Index scores of less than 70 indicate areas for improvement. This sets a target of 70% or an average response that is second to ‘most positive’, such as ‘very good’ or ‘fairly satisfied’.

**Unanswered questions**

The proportion of respondents who did not answer each question has been examined as part of the analysis of results. High variations in the proportion of respondents not answering questions may be indicative of responses which are not catered for, especially where the non-response rate is high.

Where percentages displayed in a table do not add to 100%, the remainder represents patients who did not respond.

**Reading tables and graphs**

Differences shown are significant at the 95% confidence level, taking sample size into account. Statistically significant differences are highlighted in the following way:

Red figure indicates the result is significantly <i>lower</i> than the overall average.
Green figure indicates the result is significantly <i>higher</i> than the overall average.
Red background indicates the result is significantly <i>lower</i> than the category average.
Green background indicates the result is significantly <i>higher</i> than the category average.

Bars in graphs are coloured in the same manner. Green indicates a significantly *higher* result than the overall average for the group displayed in the graph. Red indicates a significantly *lower* result.

## 3. The key findings

### 3.1 Key drivers of *overall satisfaction*

To establish the key drivers of patient satisfaction among veterans and war widow(er)s, tests for correlation between *overall satisfaction* and survey measures were conducted. This correlation testing identified the following ten measures as having the greatest influence on veterans' and war widow(er)s' degree of satisfaction with their hospital stay, ranked in order of influence. Figures in brackets represent the index score achieved for each measure:

- 1 - overall comfort (74.4)
- 2 - compassionate reassuring attitude of all staff (73.7)
- 3 - **restful atmosphere (63.2)**
- 4 - personal dignity and privacy respected (90.7)
- 5 - cleanliness (75.6)
- 6 - **staff recognising patient's opinion (56.3)**
- 7 - confidence and trust in doctors (85.0)
- 8 - courtesy of nurses (83.4)
- 9 - teamwork among hospital staff (78.1)
- 10 - nurses available when needed (88.4)

Notably, being made to *feel special* is **not** one of the ten key drivers of *overall satisfaction*. Furthermore this measure has significantly less influence on veterans' and war widow(er)s' *overall satisfaction* than many other survey measures.

Index scores of less than 70.0 highlighted above indicate measures where improvement is desirable to achieve higher levels of *overall satisfaction*.

## 3.2 Key drivers of being made to *feel special*

Tests for correlation were also conducted to identify the key drivers of whether veterans and war widow(er)s *feel special* during their hospital stay. The ten measures having the greatest effect on *feeling special* are listed below (with index scores achieved in brackets):

- 1 - **aware of special services offered to veterans and war widow(er)s (27.0)**
- 2 - **staff getting to know patient as an individual (54.6)**
- 3 - **staff recognising patient's opinion (56.3)**
- 4 - **restful atmosphere (63.2)**
- 5 - compassionate, reassuring attitude of staff (73.7)
- 6 - overall comfort (74.4)
- 7 - **presentation of food (65.6)**
- 8 - **quality of food (63.7)**
- 9 - overall satisfaction (86.1)
- 10 - **ability to identify roles of staff (57.1)**

Index scores of less than 70.0 highlighted above indicate measures where improvement is desirable to increase the proportion of veterans and war widow(er)s who are made to *feel special*.

Clearly, increasing awareness of special services which is currently low, may have a substantial impact on this key measure.

### 3.3 Overall satisfaction

A large proportion (90%) of veterans and war widow(er)s were either *very* (63%) or *fairly* (27%) satisfied with all aspects of their hospital stay.

Overall satisfaction was highest among same day and elective patients, with 68% of both these admission types *very* satisfied and indices of 89.5 and 88.3 respectively.

**Table 1: Level of satisfaction with all aspects of hospital stay by admission type**

ADMISSION TYPE	n	VERY SATISFIED	FAIRLY SATISFIED	NOT TOO SATISFIED	NOT AT ALL SATISFIED	INDEX
SAME DAY	595	68%	22%	3%	0%	89.5
ELECTIVE	1040	68%	22%	4%	1%	88.3
REHABILITATION	51	64%	32%	2%	2%	86.4
OVERNIGHT	1620	61%	30%	4%	2%	84.7
EMERGENCY	1155	58%	31%	4%	2%	84.0
<b>ALL PATIENTS</b>	<b>2295</b>	<b>63%</b>	<b>27%</b>	<b>4%</b>	<b>2%</b>	<b>86.1</b>

(Note: Percentages do not always add to 100% due to some patients unable to answer the question or answering 'don't know'.)

The proportion of veteran and war widow(er) patients who were *very* satisfied overall increased significantly with age, from 86% of patients aged less than 65 years to 91% of patients aged 85 or older.

Satisfaction is generally higher among veterans and war widow(er)s treated at smaller hospitals (categories C, D and E&MPS). This is demonstrated by the higher index scores achieved on the ten key drivers of *overall satisfaction* shown in Table 2, below:

**Table 2: Index scores achieved on the 10 key measures of overall satisfaction by hospital category**

KEY MEASURE	TOTAL	HOSPITAL CATEGORY						
		A1	A2	B	C	D	E&MPS	G
<b>Overall satisfaction</b>	<b>86.1</b>	<b>81.6</b>	<b>85.5</b>	<b>88.5</b>	<b>94.4</b>	<b>90.6</b>	<b>93.1</b>	<b>86.4</b>
Overall comfort	74.4	68.0	74.2	76.5	85.5	84.0	85.4	71.7
Compassionate, reassuring attitude of staff	73.7	69.0	72.8	75.8	81.1	81.0	84.1	74.3
Restful atmosphere	63.2	55.7	62.0	65.9	76.2	75.0	78.1	63.2
Personal dignity and privacy respected	90.7	87.2	90.4	92.7	95.0	95.7	95.4	90.4
Cleanliness	75.6	67.3	76.0	78.3	87.3	87.0	89.0	73.6
Staff recognising patients' opinion	56.3	51.2	53.0	58.1	69.2	64.9	77.9	63.0
Confidence and trust in doctors	85.0	82.6	84.2	85.9	91.2	89.8	92.7	75.1
Courtesy of nurses	83.4	81.8	82.5	83.8	88.1	86.9	87.8	78.9
Teamwork among hospital staff	78.1	75.1	78.2	78.4	84.8	81.6	84.9	76.5
Nurses available when needed	88.4	85.4	87.1	90.7	93.8	91.8	94.6	85.8

### 3.4 Being treated as a veteran or war widow(er)

#### Recognition of veteran or war widow(er) status

The majority of respondents were recognised as a veteran or war widow(er) during their hospital stay. Only 8% of respondents claim they were not recognised.

Presenting a gold/white card on admission was the main means of gaining recognition (84%). Other means included arranging transport on discharge (17%); staff mentioning patient's status (9%); and special services being offered during discharge planning (9%).

#### Being made to feel special

Despite most respondents being identified as a veteran or war widow(er), only three in ten (30%) believed they were made to *feel special* because of their status during their hospital stay.

The proportion of patients made to *feel special* during their stay increased with age, from 12% of patients aged younger than 65 to 34% of patients aged 85 or older.

Patients treated at smaller hospitals are generally more likely to claim they were made to *feel special* during their stay than patients treated at larger hospitals. This finding is demonstrated by the index scores achieved on the ten key drivers of being made to *feel special* by hospital category in Table 3 below:

**Table 3: Index scores achieved on the 10 key measures of being made to feel special by hospital category**

KEY MEASURE	TOTAL	HOSPITAL CATEGORY						
		A1	A2	B	C	D	E&MPS	G
<b>Made to feel special</b>	<b>30.0</b>	<b>28.0</b>	<b>30.0</b>	<b>29.0</b>	<b>40.0</b>	<b>33.0</b>	<b>36.0</b>	<b>26.0</b>
Aware of special services offered	27.0	35.0	23.0	22.0	27.0	19.0	16.0	31.0
Staff getting to know patient as an individual	54.6	50.6	52.1	55.0	64.7	65.1	68.8	64.5
Staff recognising patient's opinion	56.3	51.2	53.0	58.1	69.2	64.9	77.9	63.0
Restful atmosphere	63.2	55.7	62.0	65.9	76.2	75.0	78.1	63.2
Compassionate, reassuring attitude of staff	73.7	69.0	72.8	75.8	81.1	81.0	84.1	74.3
Overall comfort	74.4	68.0	74.2	76.5	85.5	84.0	85.4	71.7
Presentation of food	65.6	56.3	66.8	68.0	79.5	77.7	82.7	63.2
Quality of food	63.7	54.4	64.8	65.2	79.2	78.1	82.1	61.8
Overall satisfaction	86.1	81.6	85.5	88.5	94.4	90.6	93.1	86.4
Ability to identify roles of staff	57.1	50.4	56.0	59.4	67.1	70.1	71.5	61.7

Over one-half (53%) of the respondents claiming to *feel special* nominated the care they received from staff as the reason for feeling this way:

*“I was treated with great kindness and sympathy.”*

*“Being a veteran, the staff went out of their way to make my stay as comfortable as possible.”*

Ten per cent (10%) of respondents claiming to feel special mentioned special services:

*“I was given priority over earlier arrivals.”*

*“By being offered transport.”*

**Awareness and perception of special services available to veterans and war widows**

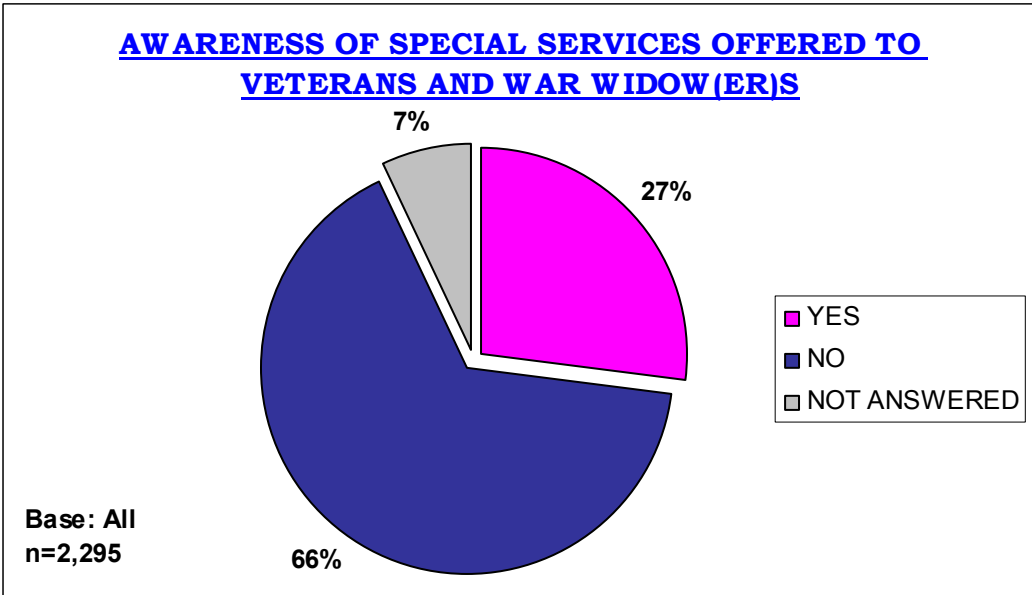


Figure 1: Awareness of special services offered to veterans and war widow(er)s

Awareness of special services available to veterans and war widow(er)s is arguably low; only one in four (27%) respondents claimed they were aware of these services.

Among patients aware of special services, *quicker admission* was the most commonly known service (41%). More than one quarter of these patients were able to nominate *veterans' liaison officer* (27%) and *special menu* (27%) as services offered specifically to this group.

When veterans and war widow(er)s who were **not** aware of special services available to them were asked to suggest services they would like to see offered, most nominated services already available. This result indicates there may be a need to raise awareness of these services.

Compared to the overall average, significantly higher proportions of patients attending some hospitals in the Barwon South Western Region were aware of special services available to veterans and war widow(er)s. These sites set the benchmark on this measure.

### **Transport to hospital**

More than one-half (57%) of the veterans and war widow(er)s responding to the survey needed assistance to arrange transport to hospital, particularly emergency patients (62%) and those attending category A1 hospitals (66%).

Almost one-half of those needing assistance (49%) had their family or friends arrange transport, while 17% had transport arranged by DVA.

Approximately one third of patients were taken to hospital by ambulance (34%). A further third were taken by family or friends (34%).

Taxis and DVA vehicles were used by 14% and 10% of patients respectively. Ninety-two per cent (92%) of these patients reported that these vehicles almost always arrived on time.

### 3.5 Pre-admission and admission aspects

#### Waiting period

The average waiting period for elective admissions was 24.2 days.

Overall, only 5% of veterans and war widow(er)s claimed their wait time was unacceptable, slightly higher among elective patients (7%) compared to emergency patients (4%).

With the exception of emergency patients, the wait time deemed *acceptable* by other patient admission types was lower than the average wait experienced.

**Table 4: Average acceptable wait time and average wait time experienced by admission type**

ADMISSION TYPE	AVERAGE WAIT EXPERIENCED (DAYS)	AVERAGE ACCEPTABLE WAIT (DAYS)
OVERNIGHT	11.3	7.2
SAME DAY	21.1	19.3
ELECTIVE	24.2	18.1
EMERGENCY	0.4	0.4
REHABILITATION	15.7	8.7

#### Information given at admission

Information given at admission was considered comprehensive by most respondents, with only 5% believing they could have been told more. These patients mainly required a more detailed explanation of their medical or surgical procedure; anticipated waiting time before being attended to; and/or hospital rules and routines.

*“What treatment or lack of treatment was happening to me and why. Lack of communication is unnerving when (a) patient (is) already in (an) emergency situation.”*

*“I had to be at hospital by 10.15 am but after I was accepted I still had to go to another room on (the) 2nd floor to wait for my call to go to the theatre which wasn't till around 3pm and then it was still much later.”*

*“Payment for a breathing machine had to be paid in one installment and up front.”*

### 3.6 Communication, assistance and personal relationships

#### Doctors

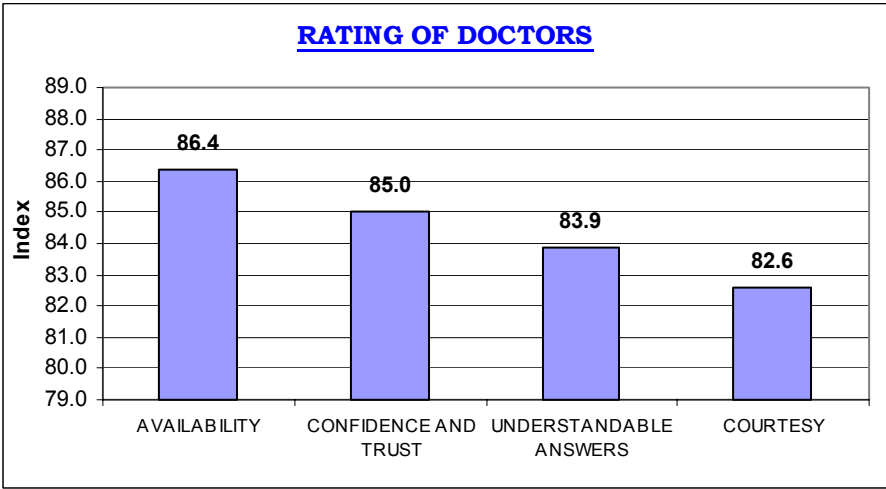


Figure 2: Rating of doctors

Veterans and war widow(er)s hold public hospital doctors in high regard, as evidenced by the high index scores achieved on all survey measures relating to doctors.

Overall, 84% of patients claimed to have had either *very good* (62%) or *good* (22%) confidence and trust in their doctor.

Only 1% of respondents claimed doctors were *never* available when they needed them.

Doctors tended to give veterans and war widow(er)s understandable answers to their questions. Fifty-seven per cent (57%) of respondents claimed this happened *almost always* and a further 20% said it *usually* happened.

Generally, courtesy of doctors was high, with three quarters of patients rating it as either *excellent* (51%) or *very good* (24%).

While most hospitals achieved strong results on questions relating to doctors, it is notable that significantly fewer patients treated at some category A2 hospitals rated doctors highly on these measures.

**Nurses**

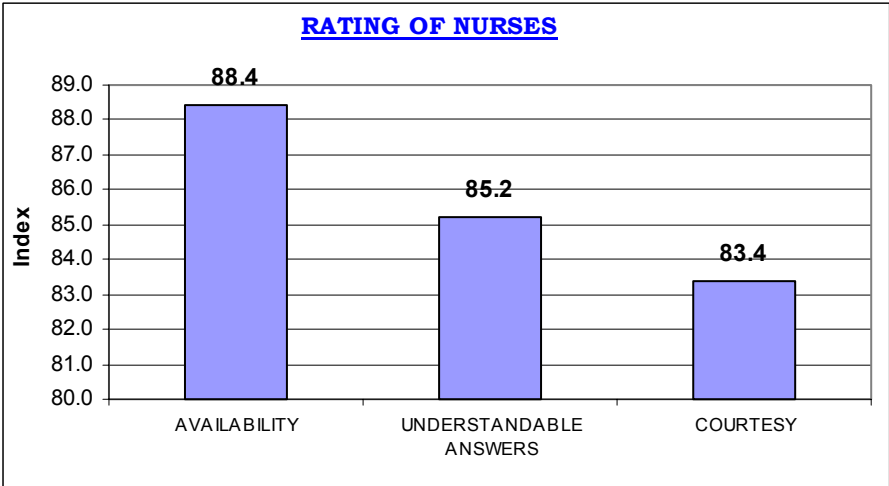


Figure 3: Rating of nurses

Nursing staff at Victorian public hospitals are also highly regarded among veterans and war widow(er)s.

Sixty-eight per cent (68%) of all survey respondents said that nurses were *almost always* available. A further 17% of respondents stated nurses were *usually* available. Only 1% of patients claimed nurses were *never* available when needed.

When veterans and war widow(er)s asked nurses questions, 60% said they *almost always* received an understandable answer. A further 21% said they *usually* received an understandable answer.

Courtesy among nurses was generally high, with 78% of patients claiming nurses' courtesy was either *excellent* (52%) or *very good* (26%).

While nurses at most hospitals were rated highly, those from some category A2 hospitals achieved significantly lower index scores on all of the above survey measures.

**Staff in general**

General hospital staff at smaller hospitals were given higher ratings on most measures compared to their counterparts in larger hospitals.

Key findings relating to general hospital staff include:

- Index scores of greater than 70 for:
  - teamwork among hospital staff (78.1)
  - courtesy of non-medical staff (77.5)
  - compassionate and reassuring attitude of staff (73.7)
  - introductions of staff and explanations of roles (70.4)
  
- Areas of possible improvement include:
  - staff getting to know patients as individual people (54.6)
  - staff recognising patients' opinions (56.3)
  - patients' ability to identify the roles of staff (57.1)

**Table 5: Index scores achieved on key measures relating to staff in general by hospital category**

KEY MEASURE	TOTAL	HOSPITAL CATEGORY						
		A1	A2	B	C	D	E & MPS	G
Teamwork among hospital staff	78.1	75.1	78.2	78.4	84.8	81.6	84.9	76.5
Courtesy of non-medical staff	77.5	72.7	77.0	79.4	86.2	82.6	86.9	77.1
Compassion, reassuring attitude of staff	73.7	69.0	72.8	75.8	81.1	81.0	84.1	74.3
Introductions of staff and explanations of roles	70.4	68.3	69.1	71.0	77.9	73.6	76.3	68.8
Ability to identify the roles of staff	57.1	50.4	56.0	59.4	67.1	70.1	71.5	61.7
Staff recognising patients' opinion	56.3	51.2	53.0	58.1	69.2	64.9	77.9	63.0
Staff getting to know patient as an individual person	54.6	50.6	52.1	55.0	64.7	65.1	68.8	64.5

### Communication, information given and patient involvement in decisions

Seventy-one per cent (71%) of veterans and war widow(er)s indicated that staff *almost always* introduced themselves. While staff at several hospitals across the state had a significantly higher propensity to introduce themselves, only 54% of patients at category G hospitals reported this happened *almost always*.

Seven per cent (7%) of survey respondents reported that they were examined or treated by someone who didn't explain what they were doing. In almost half of these cases (48%), the person involved was a doctor.

Seventy per cent (70%) of veterans and war widow(er)s believed they were adequately involved in decisions about their care. Only three per cent (3%) claimed they were involved *more than they wanted*, while 7% preferred to be *more involved*.

Eighty-eight per cent (88%) of veterans and war widow(er)s reported that they were either *almost always* or *usually* respected.

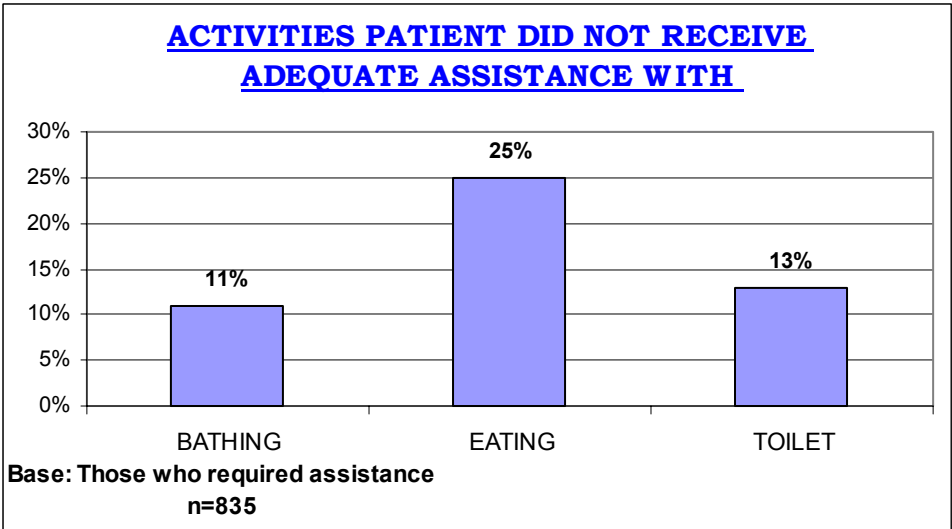
Only six per cent (6%) of patients were *not* satisfied with the way information about their condition was given to them.

Ninety per cent (90%) of patients claimed their family/carers were given sufficient information about what was being done for them in hospital.

**Assistance provided to patients**

Assistance with bathing, eating or going to the toilet was required by 36% of survey respondents (n=835). Rehabilitation patients (59%) and patients aged 85 years or older (46%) were the most likely to require assistance.

One third (34%) of patients needing assistance did **not** receive the help required. Figure 4 below shows the proportion of patients who did **not** receive help with eating (25%), going to the toilet (13%) and/or bathing (11%).



(Note: Patients may not have received help with more than one activity)

Figure 4 : Activities patient did not received adequate assistance with

## Response to calls

Seventy per cent (70%) of veterans and war widow(er)s did not experience delays in response to their calls or requests for assistance. Only 2% said delays happened *all the time*.

Patients in C category hospitals were most likely to have no delays (81%), in comparison to 63% of patients treated at A1 category hospitals.

## 3.7 Medication and pain relief

Fifty-three per cent (53%) of veterans and war widow(er)s reported that they experienced pain while in hospital.

Of those patients who reported that they experienced pain, 87% believed they were given the *right amount* of pain medication, 1% thought they were given *too much*, while a further 3% thought they received *too little*.

## 3.8 Tests

Seventy-two per cent (72%) of veterans and war widow(er)s participating in the survey underwent tests during their hospital stay. Emergency (84%) and Overnight patients (77%) were the most likely to have tests done. The reason for having tests was explained in an understandable way to 80% of these patients.

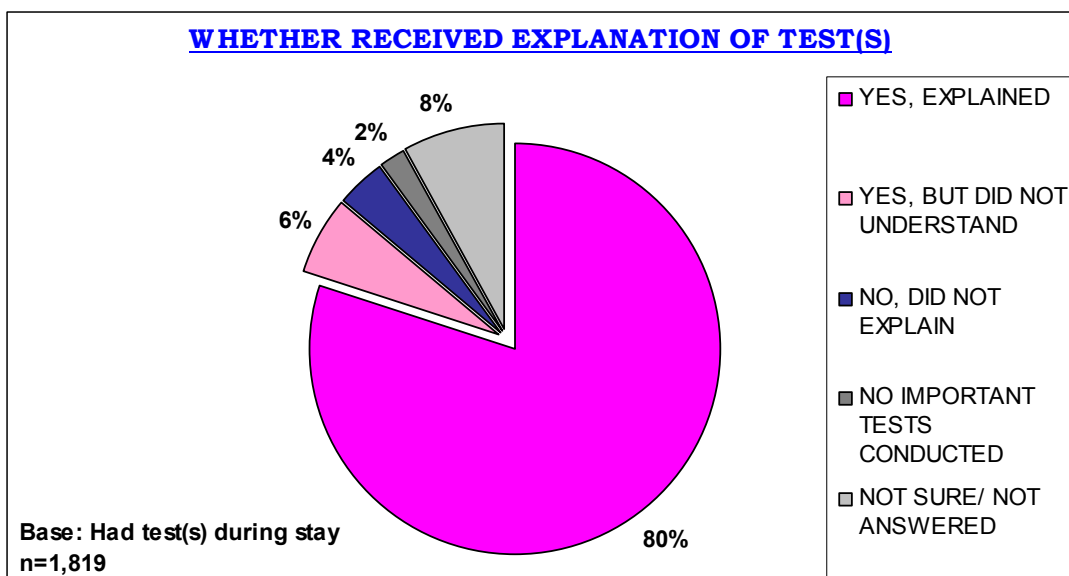


Figure 5: Whether received explanation of test(s)

The majority of patients (72%) received an explanation of their test results from a doctor or nurse. Five per cent (5%) received an explanation but did not understand it, while a further 6% of patients did not receive an explanation at all.

A significantly lower proportion of patients (52%) attending G category hospitals received an understandable explanation of their test results compared to all other hospital categories.

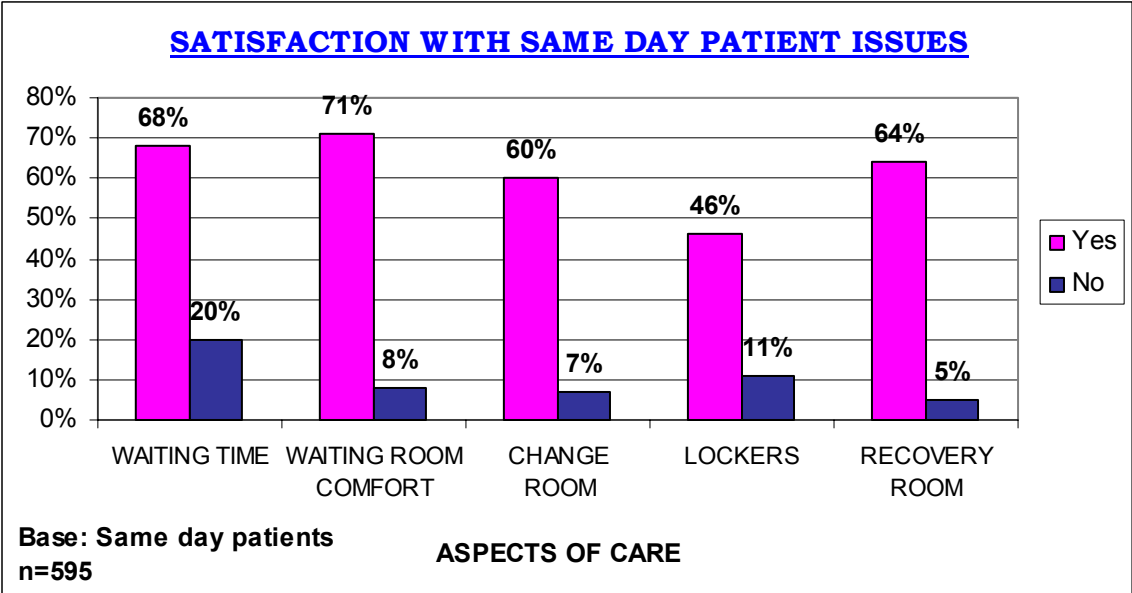
### 3.9 Surgery

Among surgery patients, 73% were *very* satisfied with the information received regarding their surgery. Only 4% claimed they were *dissatisfied*.

### 3.10 Same Day patient issues

Responses from Same Day patients have highlighted some potential areas for improvement, notably:

- waiting time between arriving and being attended to (20% not satisfied)
- locker availability, security and ease of use (11% not satisfied)



(Note: Graph does not display proportions of Same Day patients answering 'not sure'.)

Figure 6: Satisfaction with same day patient issues

Same Day patients attending C category hospitals were significantly more likely to be satisfied with the following aspects of their hospital stay than the overall average:

- change rooms (80% compared to 60% of all veterans and war widow(er)s surveyed)
- waiting room comfort and privacy (98% compared to 71%)
- locker availability, security and ease of use (71% compared to 46%)

### 3.11 Evaluation of hospital experience

#### Length of stay

Most veterans and war widow(er)s thought the length of time they spent in hospital was *about right*. However, approximately one in ten (9%), claimed their stay was *shorter than expected*.

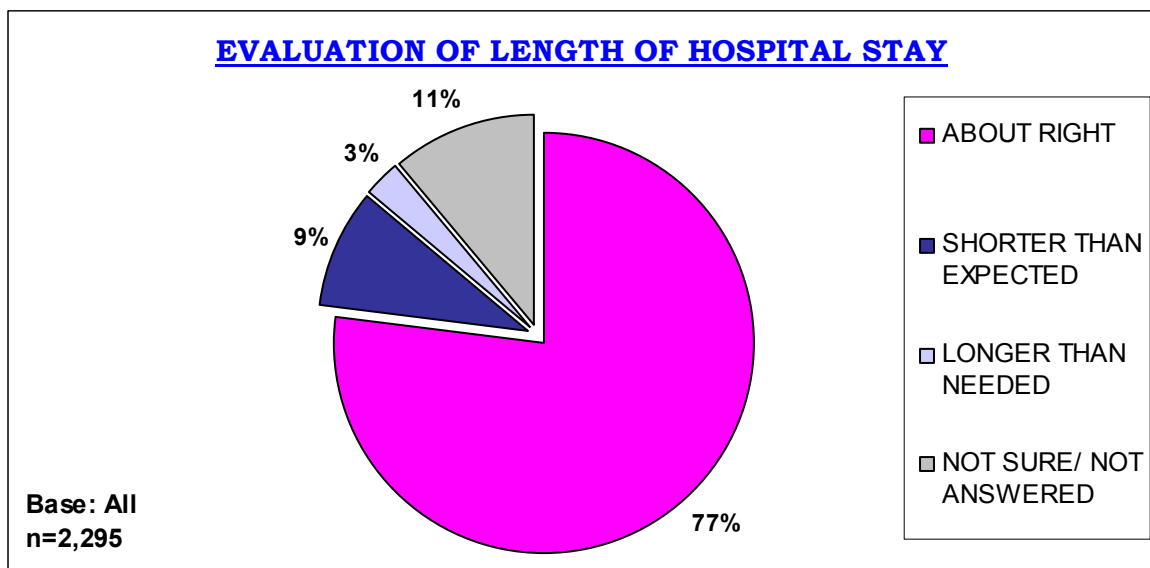


Figure 7: Evaluation of length of hospital stay

#### Problems with care received or living conditions

Eleven per cent (11%) of all survey respondents indicated that they experienced problems with either the care they received or their living conditions while in hospital. Of those patients needing assistance with eating, bathing or going to the toilet (n=835), 15% said they experienced problems with either the care they received or their living conditions.

Thirty-three per cent (33%) of patients experiencing problems mentioned accommodation issues, particularly noisy wards (10%) or mixed wards (6%):

*“The nurses were far too noisy, especially at the night change over.”*

*“I was in a mixed (gender) ward (which I found) most embarrassing.”*

Lack of care given and problems with medical procedures proved problematic for 21% and 20% of these patients respectively.

Almost one-half (44%) of veterans and war widow(er)s who experienced a problem relating to their care or living conditions were unaware they could make a formal complaint in hospital.

Formal complaints were made by only 26% (n=64) of patients who experienced a problem. Fourteen per cent (14%) of patients who lodged a formal complaint believed it was satisfactorily taken care of, while 32% felt it was not. Forty-one per cent (41%) either had their complaint partially resolved or reported other varied experiences.

**3.12 Discharge planning and other aspects**

**Table 6: Discharge planning issues**

DISHARGE PLANNING ISSUES	YES	NO	DON'T KNOW/ NOT APPLICABLE
Received adequate notice of discharge	84%	6%	10%
Told how to cope with condition once home	66%	8%	26%
Asked if had someone at home to help	75%	7%	18%
Needed assistance arranging transport to get home	46%	46%	8%

The majority (84%) of veterans and war widow(er)s responding to the survey were given adequate notice of their discharge.

Only a relatively small proportion (8%) of veterans and war widow(er)s claimed they were not told how to cope with their condition when they got home. A similar proportion (7%) were not asked if they had someone to help at home once discharged.

Rehabilitation patients (89%) and patients needing assistance with bathing, eating or going to the toilet while in hospital (83%) were most likely to be asked if they had someone at home to help after discharge.

Forty-six per cent (46%) of veterans and war widow(er)s needed assistance to arrange transport home. Transport for these patients was mainly arranged by family and friends (43%) or the hospital (32%), whilst DVA arranged transport for a further 21% of veterans or war widow(er)s.

Patients attending A1 category hospitals (37%) were more likely than patients attending hospitals of other categories to have DVA arrange their transport home.

More than one-half of all survey respondents (56%) were taken home from hospital by family and friends, while emergency vehicles transported 6% of patients home.

Seventeen per cent (17%) of veterans and war widow(er)s were transported home by way of taxi, while a further 17% were driven home in a DVA vehicle. Eighty-six per cent (86%) of these vehicles arrived on time.

**Information given on discharge**

Over 70% of veterans and war widow(er)s requiring information relating to their condition received it on discharge, as shown in Table 7.

**Table 7: Whether information provided to patients who required information on discharge**

TYPE OF INFORMATION	YES	NO
Told about any side-effects to watch for from medicine(s)	76%	24%
Told what activities should or should not do once home	83%	17%
Told when to resume normal activities	75%	25%
Told the danger signals about illness or operation to watch for	77%	23%
Told things to do to help recovery	82%	18%
Family/carer(s) given information to help recovery at home	72%	28%

One third (33%) of respondents indicated that they required outside help when they left hospital. This need was greatest amongst patients who required assistance while in hospital (55%) and patients over the age of 85 years (42%).

The main types of help required consisted mainly of home help (53%), nursing care (50%) and meals (25%).

Sixty-six per cent (66%) of veterans and war widow(er)s needing outside help had it organised for them before they left hospital.

### **3.13 Environmental and living conditions**

#### **Comfort during stay**

Overall comfort was rated as either *excellent* (37%) or *very good* (29%) by 66% of veterans and war widow(er)s.

The proportion of patients at C category hospitals and hospitals in the Barwon South Western and Grampians Regions who rated their overall comfort as *excellent* was significantly higher than the overall average.

#### **Cleanliness**

The proportion of patients who rated hospital cleanliness as *excellent* varied considerably. Fifty-nine per cent (59%) of patients treated at category C, D and E&MPS hospitals rated cleanliness as *excellent* compared to 30% of patients treated at A1 category hospitals.

#### **Meals**

Approximately one half of respondents rated quality of food and presentation of food as either *excellent* or *very good* (48% and 49% respectively).

Patient ratings of the quality and presentation of food/meals were significantly higher at category C, D and E & MPS hospitals, while patients from category A1 hospitals rated these measures substantially lower.

Substantial variation in patient perceptions of the quality and presentation of food was also evident within hospital categories. For example, within the A1 category, the index score for quality of food ranged from 46.8 to 74.3.

**Table 8: Index scores achieved on measures relating to food/meals by hospital category**

HOSPITAL CATEGORY	MEASURE	
	QUALITY OF FOOD	PRESENTATION OF FOOD AND MEALS
TOTAL	63.7	65.6
A1	54.4 (46.8 - 74.3)	56.3 (51.4 - 73.6)
A2	64.8 (50.0 - 76.8)	66.8 (53.2 - 80.4)
B	65.2 (58.7 - 79.3)	68.0 (63.0 - 78.8)
C	79.2	79.5
D	78.1	77.7
E & MPS	82.1	82.7
G	61.8	63.2

\* Figures in brackets denotes the range within the hospital category

An opportunity exists for hospitals to increase awareness of special menus available to veterans and war widow(er)s, as results indicate only 8% of all patients were aware of this special service.

**Restful atmosphere**

Slightly less than one-half (47%) of the veterans and war widow(er)s participating in the survey rated the restful atmosphere of the hospital as either *excellent* (25%) or *very good* (22%).

As demonstrated in Figure 8 overleaf, smaller hospitals were rated more highly on this measure than larger hospitals. Overall, category A1 hospitals achieved an index score of 55.7 compared to 78.1 for category E & MPS hospitals.

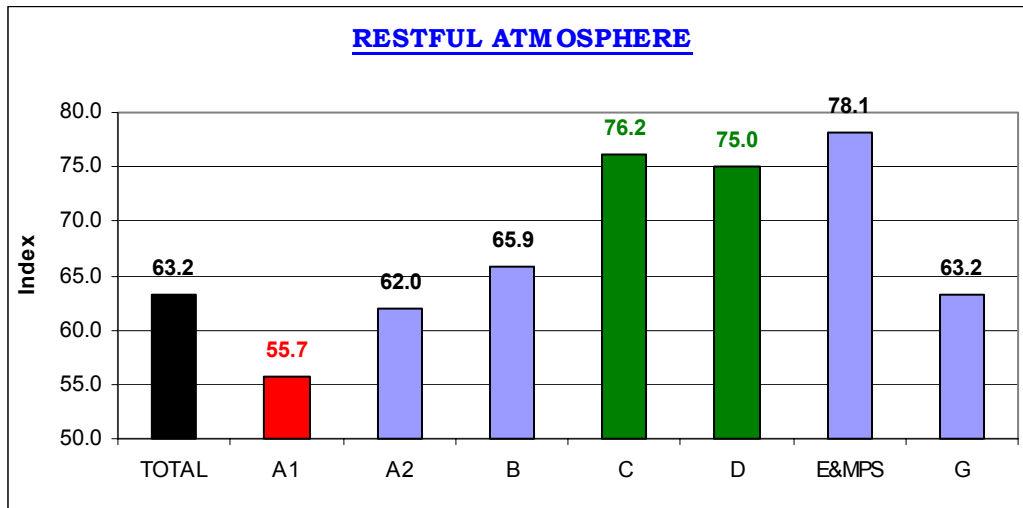


Figure 8: Restful atmosphere index scores by hospital category

The main causes of rest disturbance identified by respondents were noise from other patients' visitors (45%) and noisy staff (42%).

### Mixed wards

Thirty-one per cent (31%) of veterans and war widow(er)s were placed in a mixed sex ward. This was most likely to occur at category A1 hospitals (53%).

More than two-thirds (70%) of patients placed in a mixed ward were comfortable with the arrangement or thought it was acceptable.

## 3.14 Likes and dislikes of the hospital, staff or facilities

### Likes

More than one-half of respondents (56%) mentioned aspects of the care provided by hospital staff as things they particularly liked about their hospital stay:

*"The nurses' care. Nothing was too much trouble for them. They checked patients quite frequently. Very happy overall with the service."*

*"I like the superb attention and interest of doctors and nurses."*

*"The caring and friendly staff and how they all wanted to make my stay as easy as possible and to make my return home comfortable."*

Seventeen per cent (17%) of respondents indicated that they were pleased with the hospitals' facilities:

*"I found there were plenty of facilities around such as the lounge and 'telly' - I found enough to entertain myself."*

*"The decor. The feeling of security engendered by the facilities and equipment you know are available if needed."*

*"The toilet and shower were close."*

### **Dislikes**

Approximately one quarter of respondents (26%) mentioned that they disliked some aspect of either the hospital, its staff or facilities.

Nine per cent (9%) of all patients mentioned problems with the care given by staff:

*"Not enough care and reassurance of my condition, from the doctors and nurses. I feel more compassion from their staff would have made my stay more comfortable."*

*"When sent to the ward, I was left to my own devices. When I asked about toileting, I was vaguely pointed in the general direction. I was probably well enough to look after myself, but still felt very frightened and fragile after the emergency. Would have been reassuring to have someone with me for a little while."*

Eight per cent (8%) of patients mentioned that they disliked aspects of their accommodation:

*"The hospital was filthy."*

*"Facilities appeared pressed."*

*"The state of old shower facilities and overall run-down state of the hospital."*

## 4. Conclusions

It is evident that high levels of overall satisfaction are held by veterans and war widow(er)s who receive treatment at Victorian public hospitals.

Doctors and nurses are highly regarded and available when needed; personal dignity and privacy is generally respected; waiting time for admission and treatment is usually acceptable; calls for assistance/help are responded to quickly; and information given is satisfactory and understandable.

Closer examination of the data reveals areas where improvements could be made to raise overall patient satisfaction to *very* high levels. These areas include:

- provision of a more restful atmosphere;
- staff having greater recognition of patients' opinions;
- staff getting to know patients as individuals;
- improved quality and presentation of food; and
- more easily identifiable staff roles.

Despite high levels of overall satisfaction, few veteran and war widow(er) patients *feel special* when treated in Victorian public hospitals. This may be partially due to a low awareness amongst veterans and war widow(er)s of the special services available to them. Other areas where improvements could be made to increase the proportion of veterans and war widow(er)s who feel special include:

- staff displaying a compassionate and reassuring attitude;
- providing a restful, comfortable environment; and
- improved quality of meals.

## 5. Graphs of Key Findings

### Overall Satisfaction

Question asked: **M1. Thinking about all aspects of your hospital stay, were you: Very satisfied; Fairly satisfied; Not too satisfied; Not at all satisfied.**

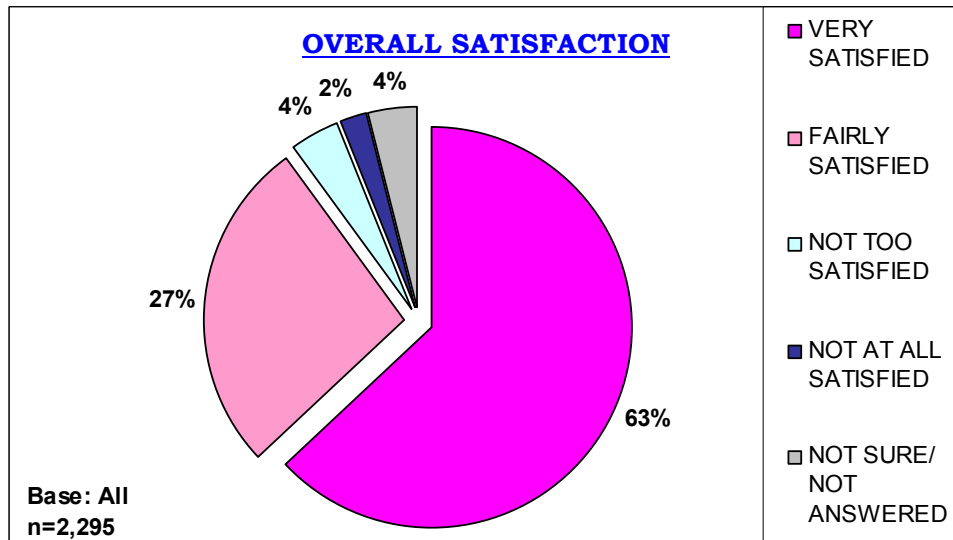


Figure 9: Overall satisfaction

Table 9: Index values for overall satisfaction

RESPONSE	INDEX VALUE
Very satisfied	100
Fairly satisfied	67
Not too satisfied	33
Not at all satisfied	0

Figures 10 to 13 show index scores for *overall satisfaction* by admission type, hospital category, hospital network and DHS region.

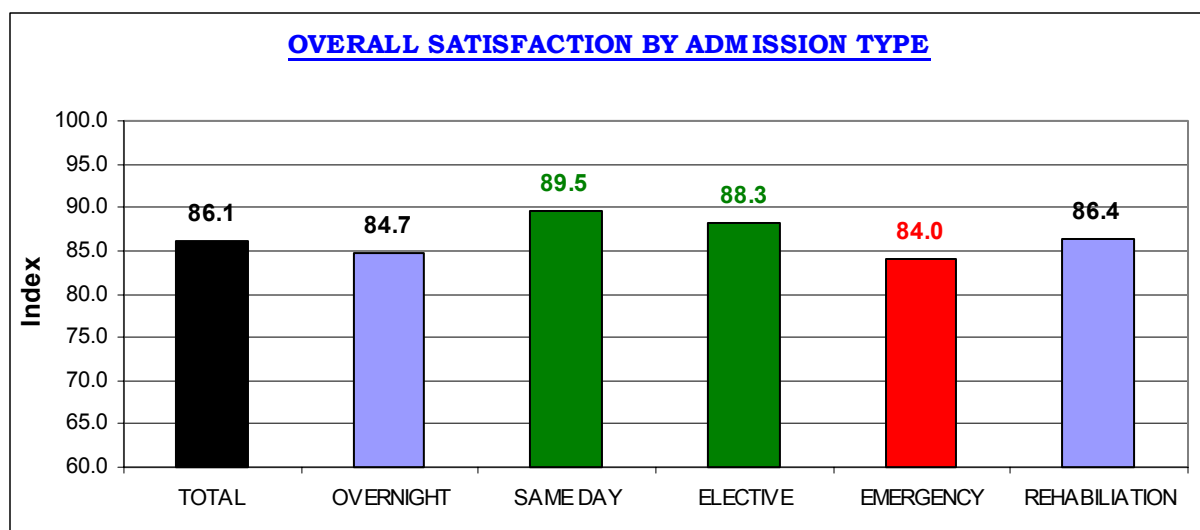


Figure 10: Overall satisfaction by admission type

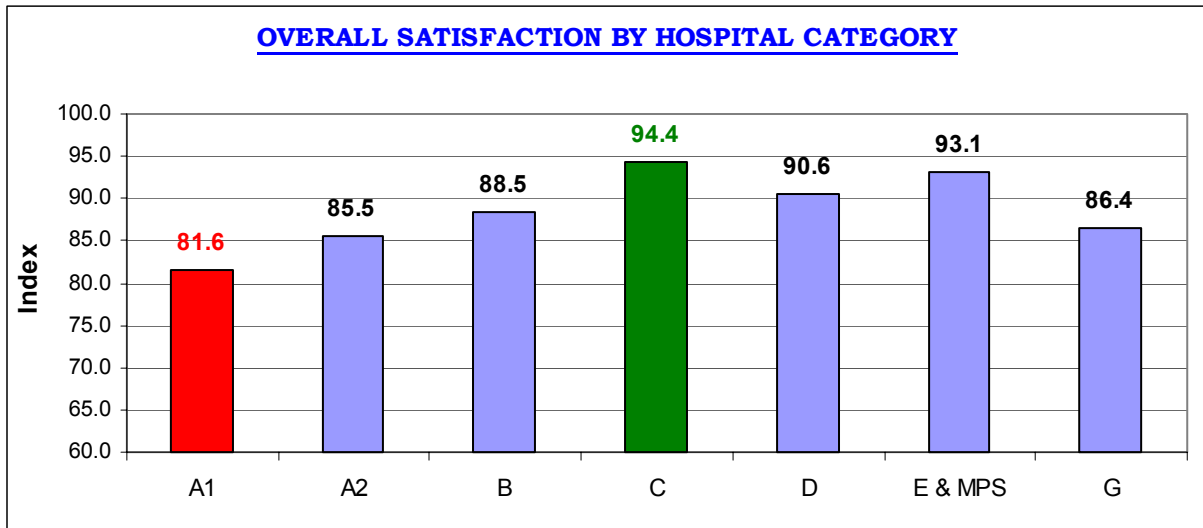


Figure 11: Overall satisfaction by hospital category

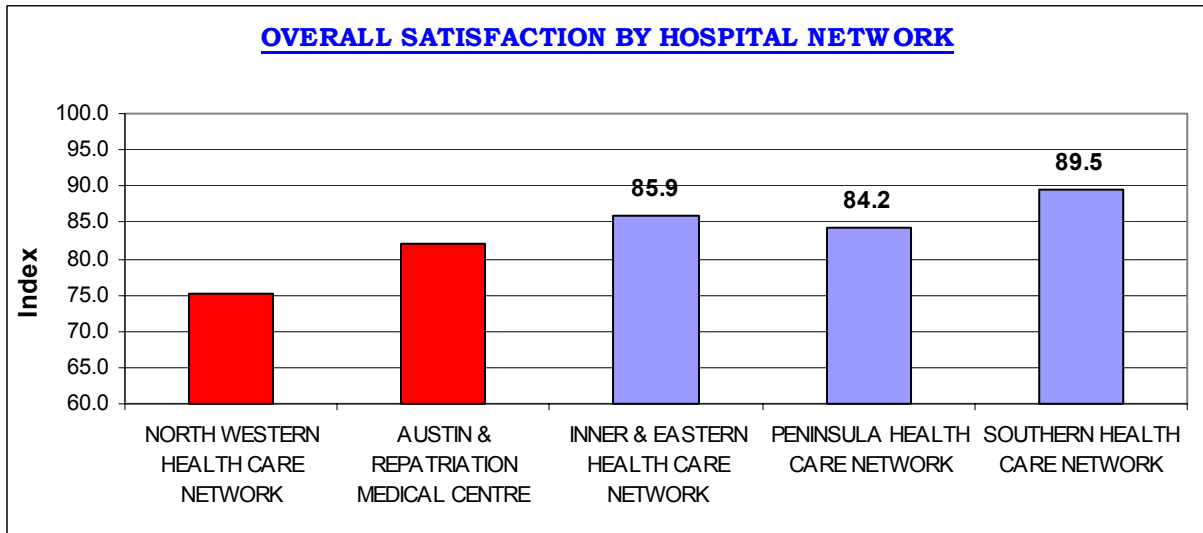


Figure 12: Overall satisfaction by hospital network

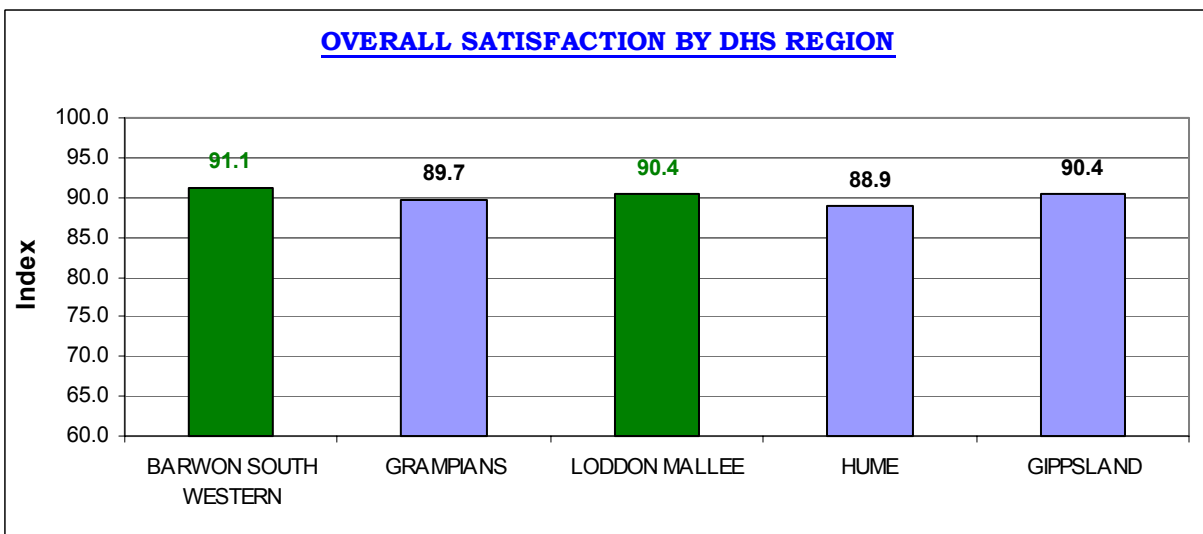


Figure 13: Overall satisfaction by DHS region

Figures 14 to 16 show differences between index scores for *overall satisfaction* achieved by hospitals within the same category.

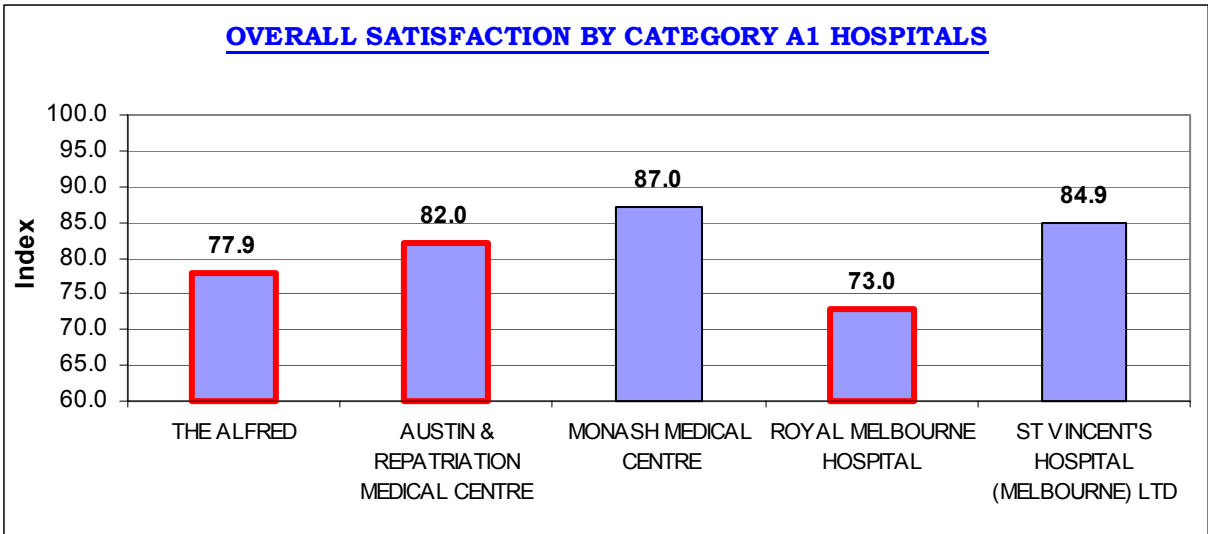


Figure 14: Overall satisfaction by category A1 hospitals

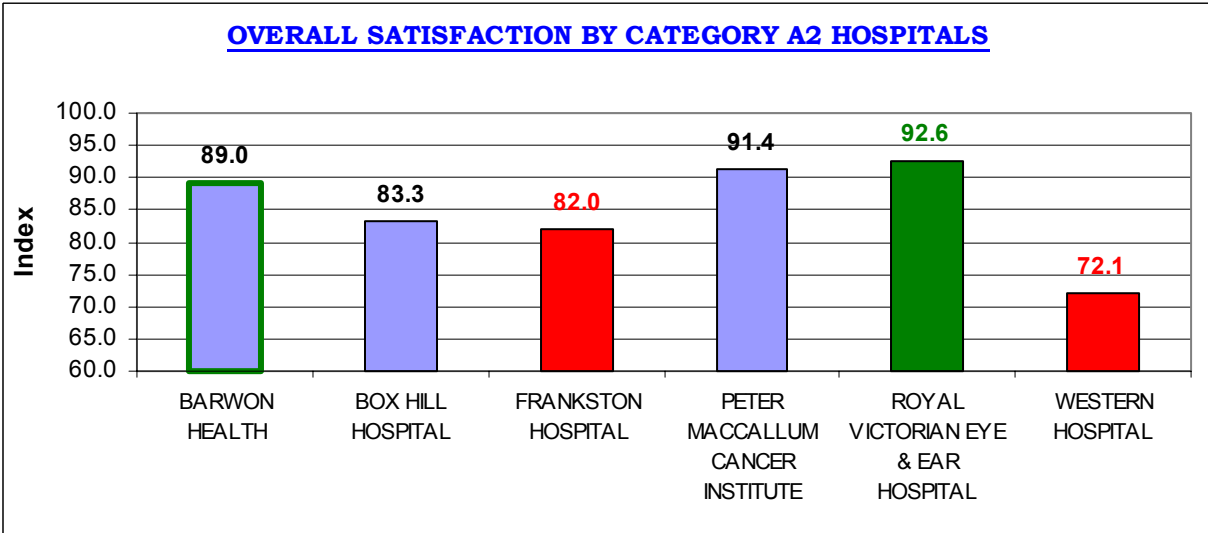


Figure 15: Overall satisfaction by category A2 hospitals

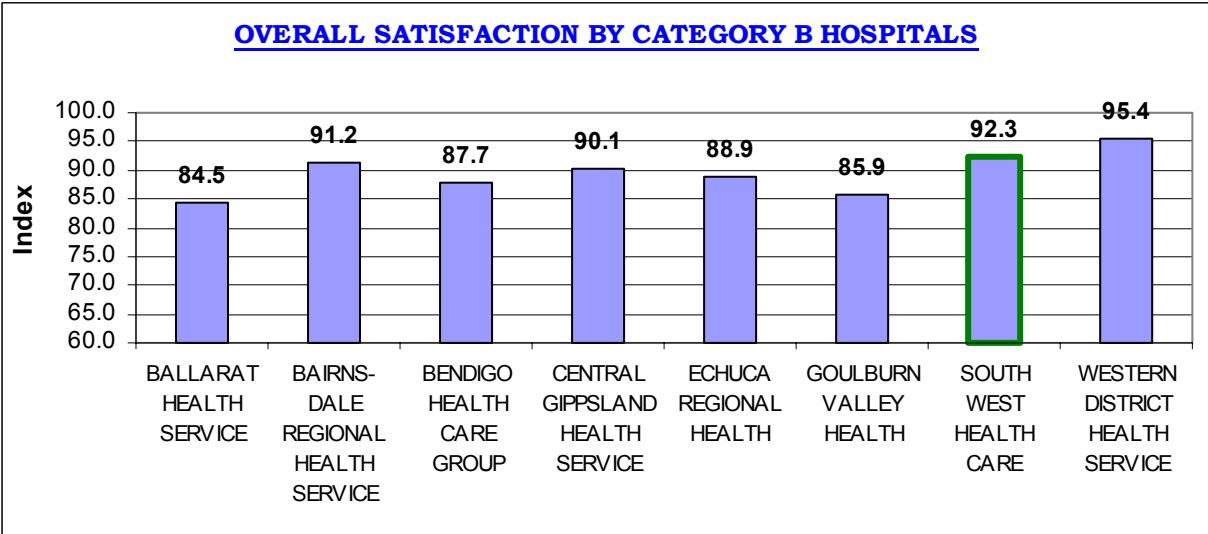


Figure 16: Overall satisfaction by category B hospitals

Figure 17 displays the index scores achieved for the twenty most influential measures related to overall satisfaction. The range of index scores achieved on each measure is depicted in yellow.

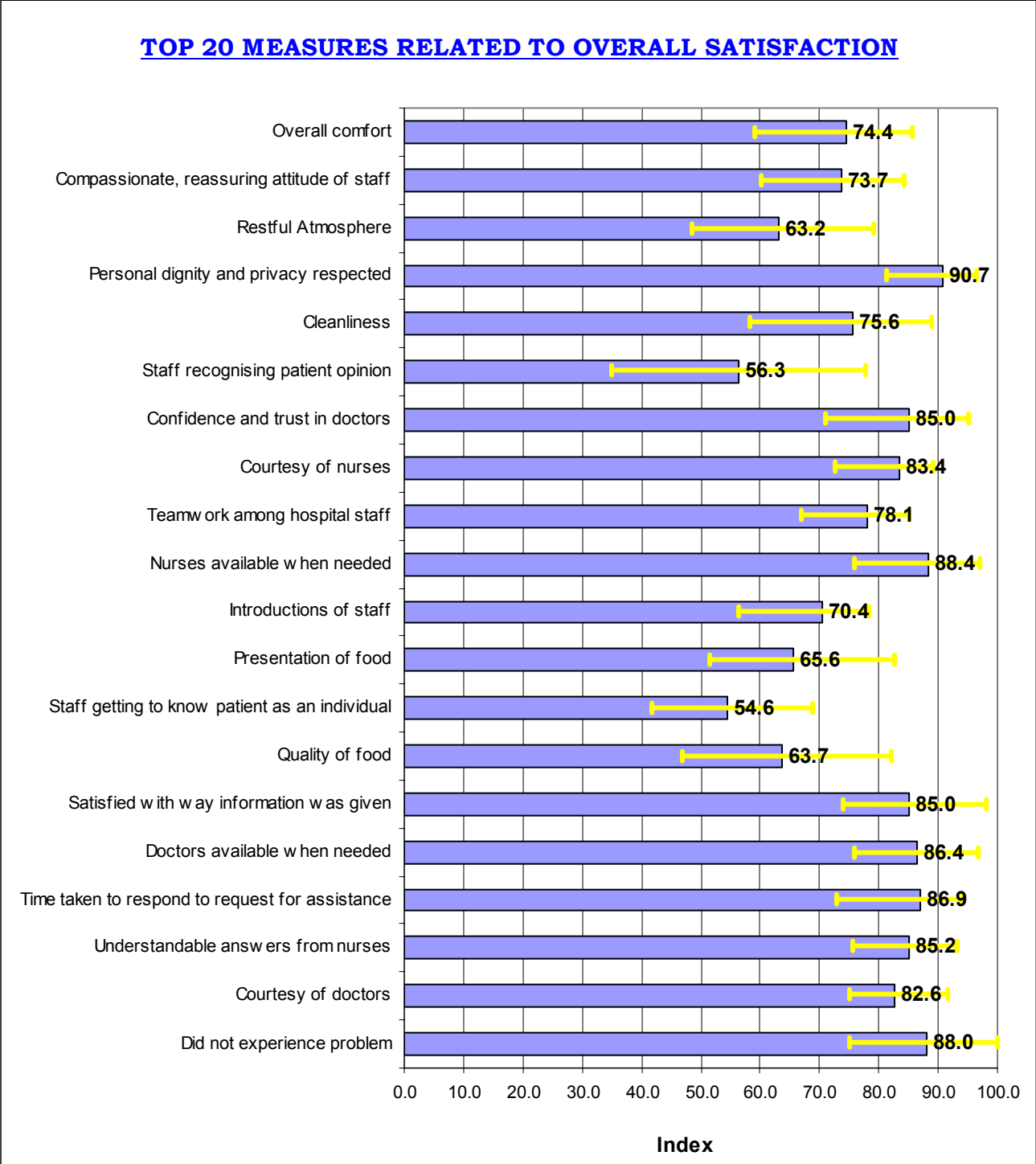


Figure 17: Top 20 measures related to overall satisfaction

# Feeling Special

Question asked: **A4. Do you believe you were made to feel ‘special’ because of your veteran or war widow status while in hospital?**

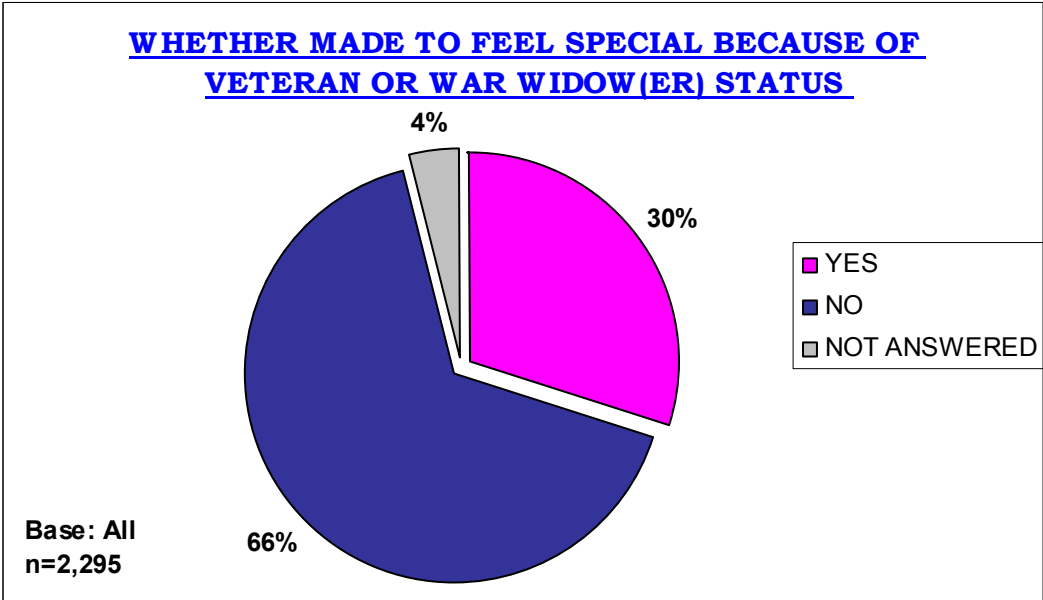


Figure 18: Whether made to feel special because of veteran or war widow(er) status

Figures 19 to 22 show index scores for *feeling special* by admission type, hospital category, hospital network and DHS region.

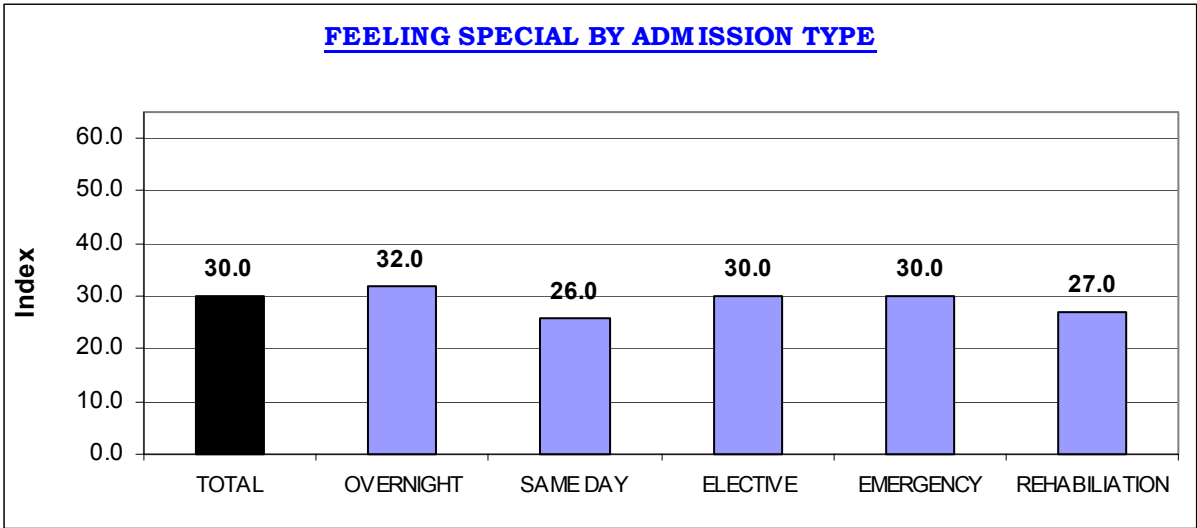


Figure 19: Feeling special by admission type

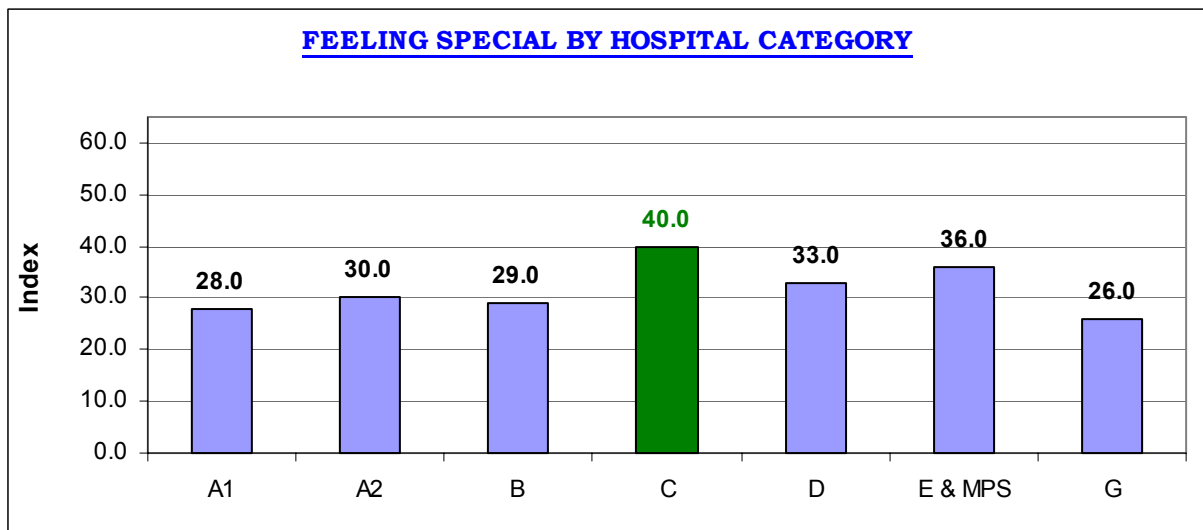


Figure 20: Feeling special by hospital category

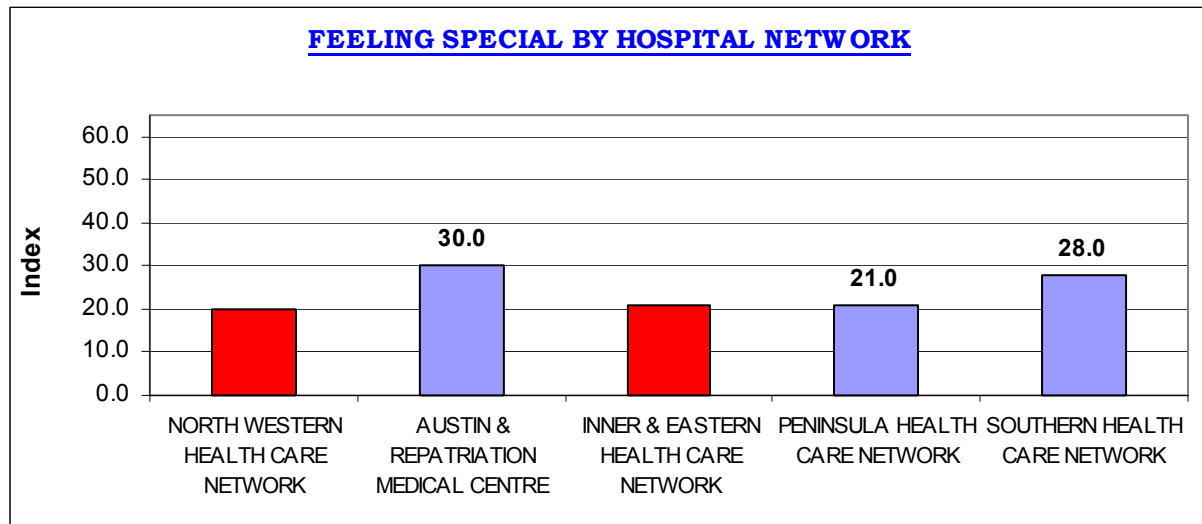


Figure 21: Feeling special by hospital network

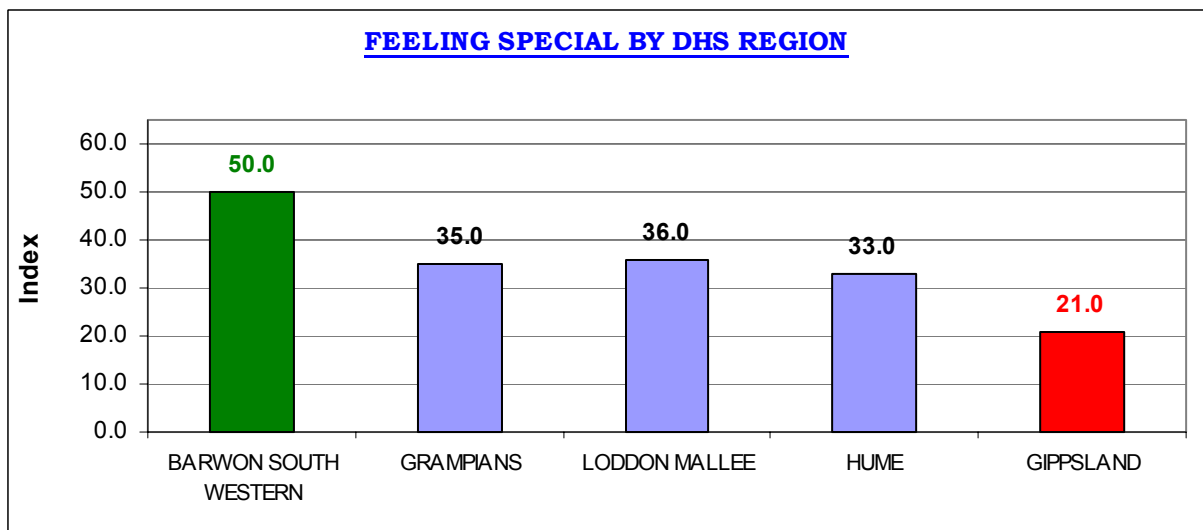


Figure 22: Feeling special by DHS region

Figures 23 to 25 show differences between the index scores for *feeling special* achieved by hospitals within the same category.

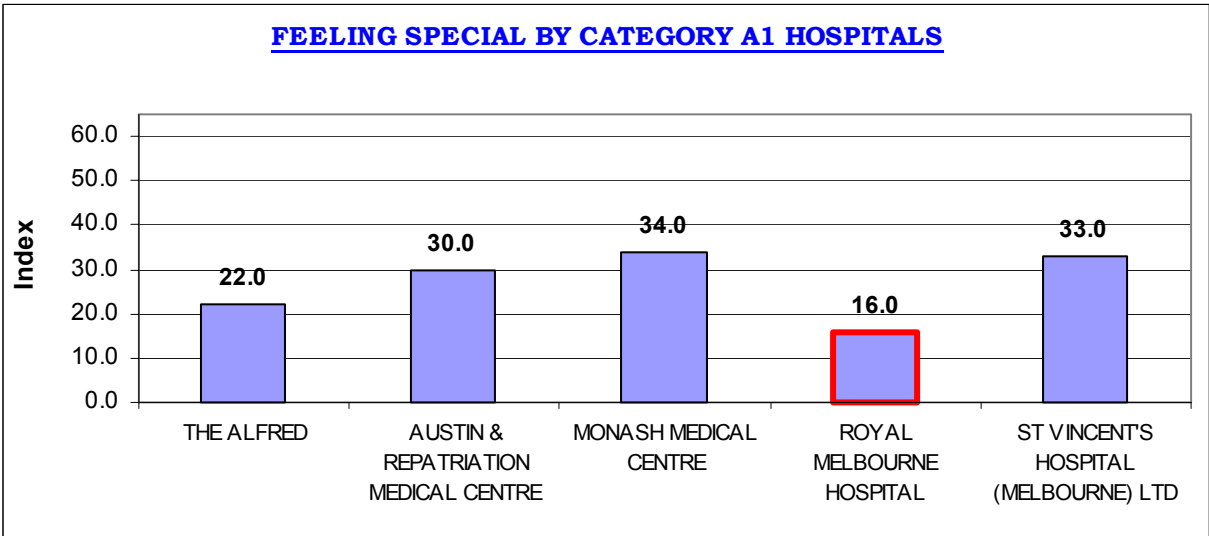


Figure 23: Feeling special by category A1 hospitals

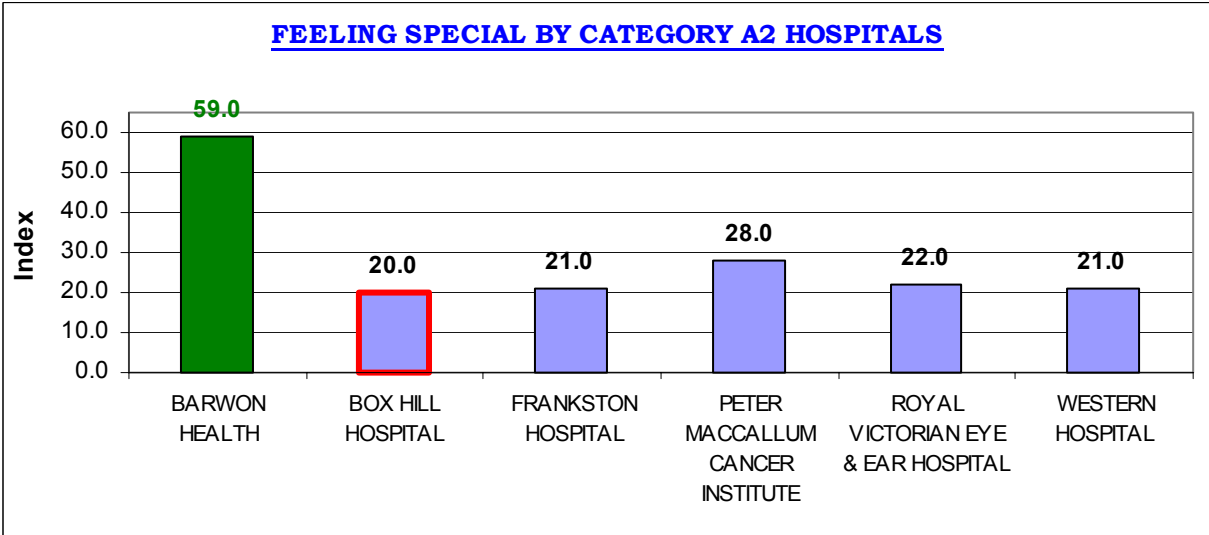


Figure 24: Feeling special by category A2 hospitals

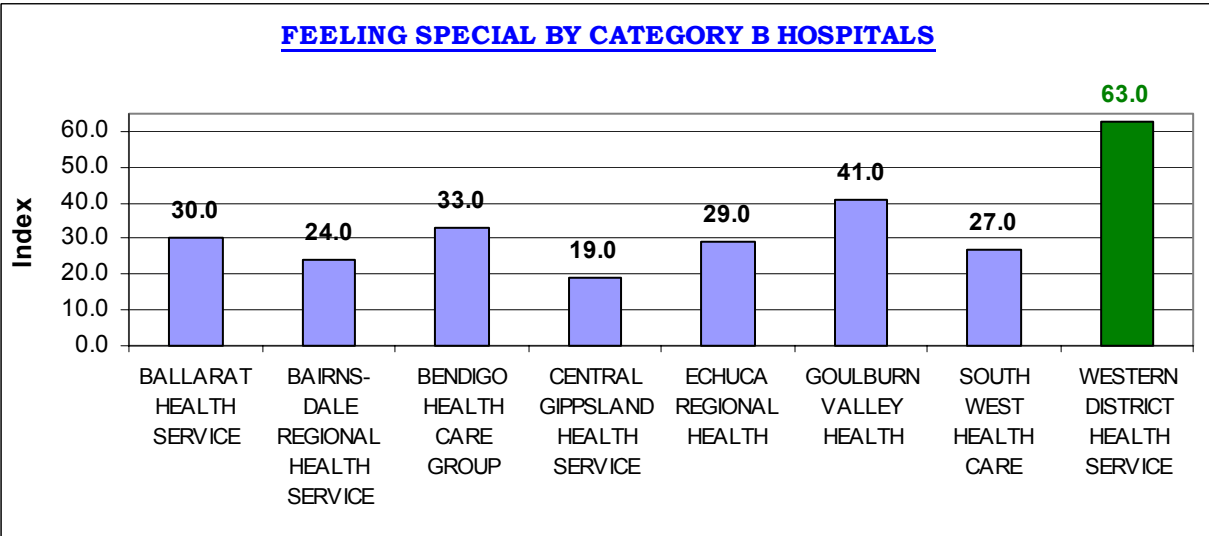


Figure 25: Feeling special by category B hospitals

Figure 26 displays the index score achieved for the twenty most influential measures related to *feeling special*. The range of index scores achieved on each measure is depicted in yellow.

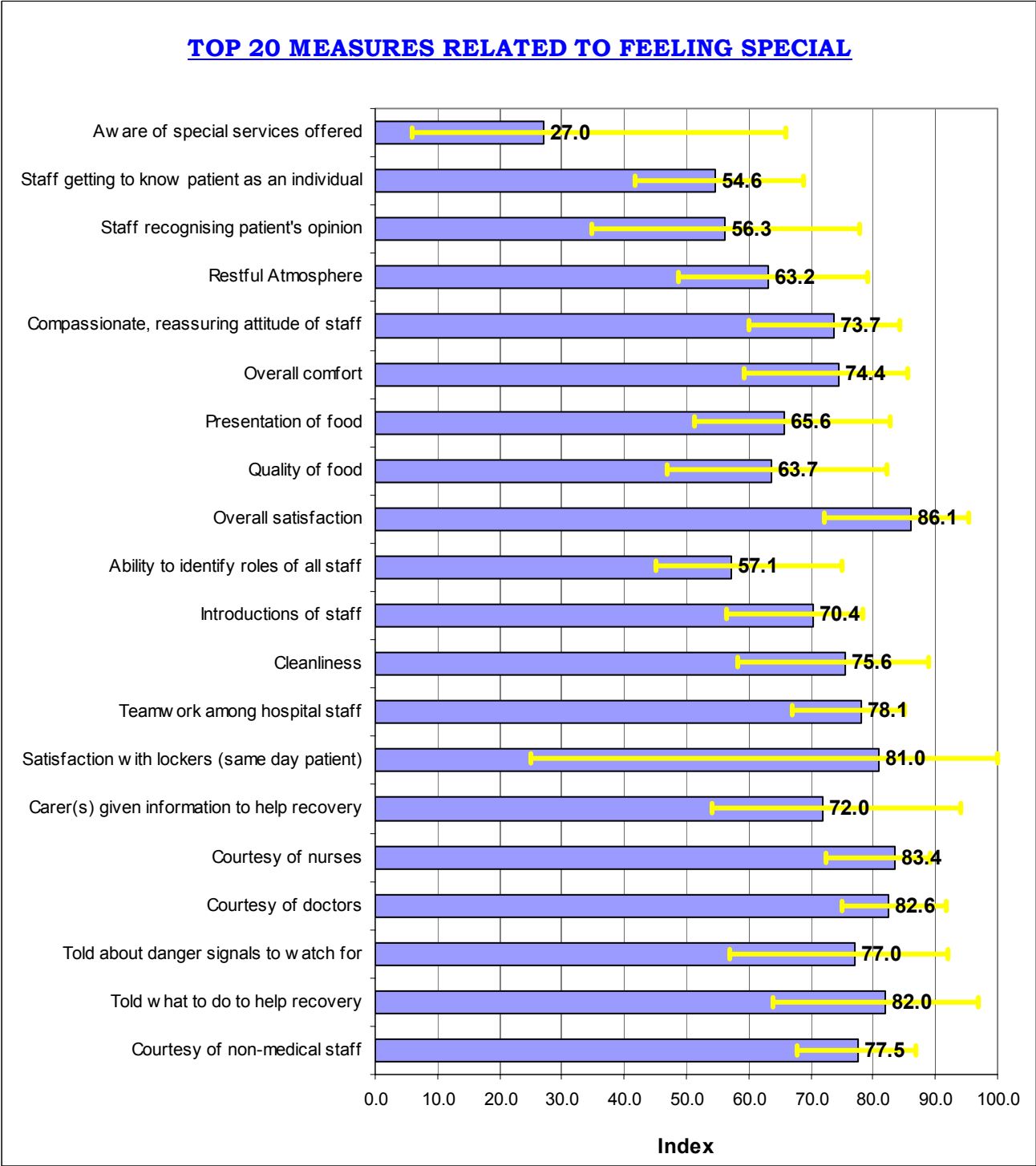


Figure 26: Top 20 measures related to feeling special

## Key Measures for Overall Satisfaction and Feeling Special

Figure 27 displays the index score achieved for the top thirty-one measures, including the top twenty-one most influential measures related to *overall satisfaction* and *feeling special*.

The range of index scores achieved on each measure is depicted in yellow.

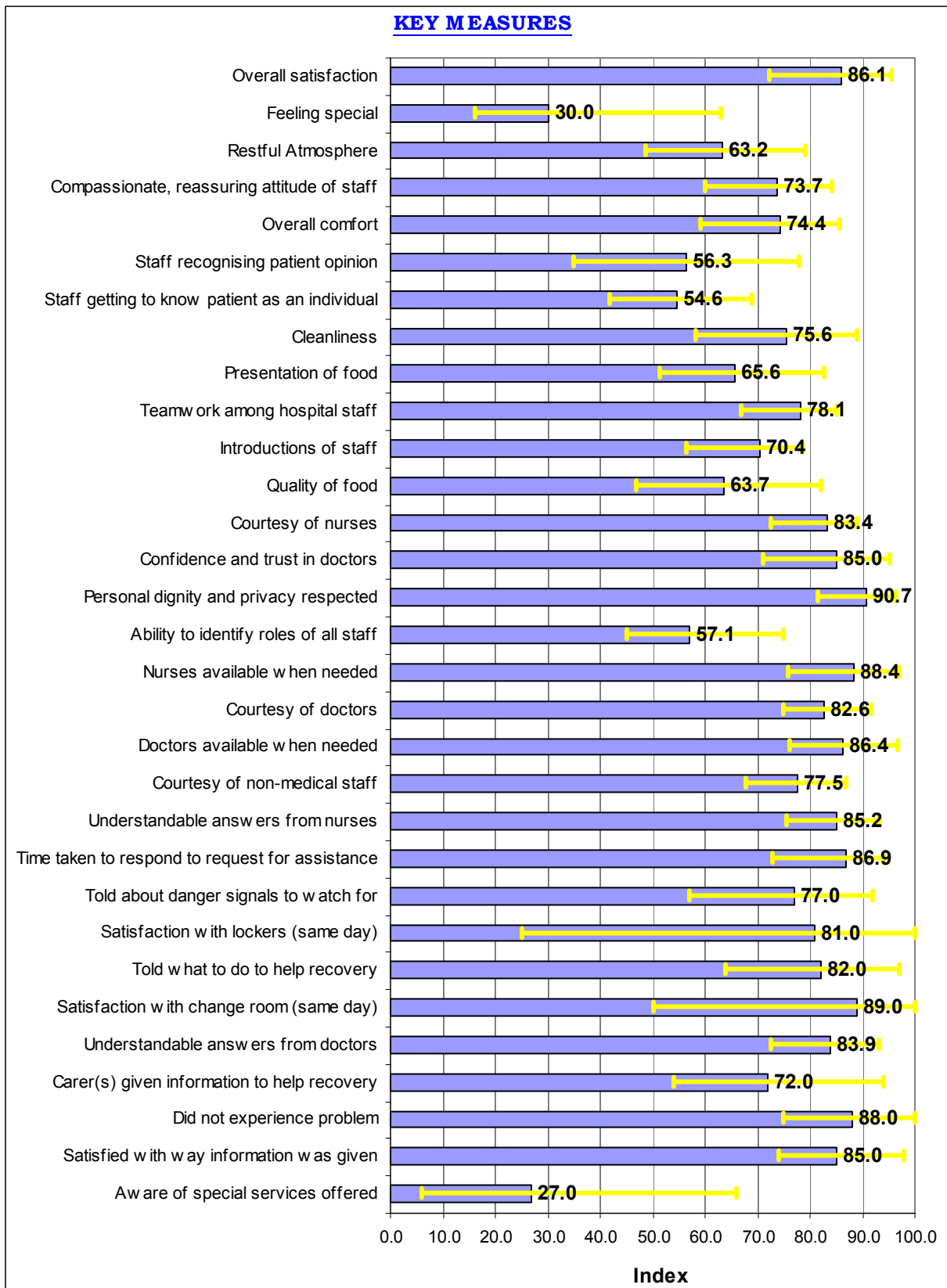


Figure 27: Key measures for overall satisfaction and feeling special