PMHA CDMS | *The* Private Mental Health Alliance's Centralised Data Management Service

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

with selected statistics for the 2014 calendar year

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For more information

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1 Background – Why ask patients about their experiences of care?

Considerable evidence demonstrates that consumer and carer participation in health planning, delivery and evaluation improves service responsiveness to consumer needs.[1] This can only result in better clinical outcomes for patients. It may also help reduce the incidence of adverse events and increase consumer satisfaction with their health care.

Consumer participation is sought for two main reasons:

- To use their feedback to monitor and improve services[2]; and
- As a means of demonstrating accountability for performance[3].

Consumer participation involves encouraging consumers to provide feedback, both positive and negative, about any aspect of their care. This feedback provides an opportunity to continue to improve the delivery of safe and effective mental health services.

Since 2002, Australian private hospitals with psychiatric beds have been participating in the benchmarking service offered under the Private Mental Health Alliance's (PMHA) National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures.[4] This involves the routine collection of both clinical ratings (e.g., the Health of the Nation Outcomes Scale, HoNOS) and consumer self–assessments (e.g., the Mental Health Questionnaire, MHQ–14) at the beginning and end of episodes of care. When analysed, this data provides important information about the complexity and severity of the clinical problems of patients admitted to participating hospitals, and the changes in their clinical status associated with the care provided by the hospital. Asking patients to report on their Experiences of Care approaches the issues of quality and effectiveness directly from the patient's perspective by asking their opinion of the quality and outcomes of the services they received whilst in the hospital's care.

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

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

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

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

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

2 Development of a Patient Experiences of Care Survey for private hospital-based psychiatric services

2.1 Pilot study of routine collection and reporting

In 2006, with funding from the Australian Government Department of Health and Ageing, the CDMS undertook a Pilot Study of the feasibility and utility of implementing the routine collection and reporting of information on "consumer perceptions of care" (CPoC).[5]

Since the focus was on the methodology for the collection, analysis and reporting of information regarding consumers' perceptions of care, it was important that we did not get involved in and were not seen by participants to be involved in the development of a new Measure. Rather, use was made of the Consumer Surveys developed in the United States of America under the auspices of the Mental Health Statistics Improvement Program (MHSIP)[6] and the National Research Institute (NRI)[7] of the National Association of State Mental Health Program Directors (NASMHPD). The MHSIP Consumer Surveys include versions suitable for use in the Overnight inpatient setting with adults and older persons, the Ambulatory care setting with adults and older persons, and the Ambulatory care setting with adolescents and their families. The original development process for the MHSIP and NRI Surveys included a high level of consumer and carer involvement and consultation.

An essential aspect of the Pilot Study was the provision of timely feedback to participating Hospitals. During the third week following the end of each month of the survey administration phase, a report based on the responses to the CPoC measure was prepared and forwarded to each participating Hospital. The reports were structured in a similar manner to the current Standard Quarterly Reports provided to Hospitals by the PMHA's Centralised Data Management Service (CDMS), i.e., identified Hospital's aggregate results compared with all Hospitals aggregate results. During the survey administration phase, the content and format of the reports was modified and enhanced on the basis of feedback from participating Hospitals. At the end of that phase, an aggregate report for the whole period covered by the survey administration phase was also prepared and forwarded to each participating Hospital. This regular and frequent reporting process served two purposes. First, it enabled all participating Hospitals to have an opportunity to review and possibly act on their survey results during the course of the study. Second, it enabled participants to provide properly informed feedback in the subsequent evaluation of the feasibility and utility of the CPoC ascertainment and reporting processes.

Eight private hospitals with psychiatric beds participated in the study. Over the course of the study a total of 731 Surveys were received by the research team. The response rate was 40% for Overnight Inpatient Services and 23% for Ambulatory Care Services.

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

6 The MHSIP's website can be found at www.mhsip.org

7 The NRI's website can be found at www.nri-inc.org

As noted above, the principal objective of the Pilot Study was to test the feasibility and utility of implementing the routine collection and reporting of information on consumer perceptions of care. The results clearly indicated that for private hospitals the implementation of a routine collection of a standard patient–completed survey was feasible and very likely to be useful.

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

Routine reporting of both summary and item level statistical information based on patients' responses to the surveys on a monthly or quarterly basis was found to be useful by the hospitals that participated. However, it also became apparent that substantial work needed to be undertaken on the development of the methods of analysis and presentation of the information. During the study it became very clear that the information requirements of quality assurance processes are different to those of quality improvement processes. In particular, information presented to external stakeholders for quality assurance purposes needs to tell a balanced story. In that context, methods of presentation that emphasise problems are likely to be misleading and disheartening.

The full report of the Pilot Study can be found on the PMHA's website at www.pmha.com.au

2.2 Development of a specific survey for private hospitals

In 2010 the PMHA received funding to enable the development of a *National Model for the Routine Collection, Analysis and Reporting of Consumer Perceptions of Care* in both the overnight inpatient and the ambulatory care (both day and outreach) service settings.

Our first draft of that National Model was based on revised versions of the survey instruments piloted by private hospitals in 2006. In September 2011 that draft of the National Model was put to the Australian Private Hospitals Association (APHA) Psychiatric Committee for their review and received a resounding endorsement by all State representatives. The draft was also endorsed by the Private Mental Health Consumer Carer Network (PMHCCN). Unfortunately, in late 2011 we discovered that approximately a third of the survey items were no longer in the public domain.

Given that a section of the original survey was now no longer free for use, both the APHA Psychiatric Committee and the PMHA's Quality Improvement Project Steering Committee agreed that we needed to "go back to the drawing board" and develop a new survey.

Whilst undertaking the development of a new survey did have some risks and also introduced a significant delay, the advantages of this approach have been significant:

- We have built on the work already done;
- Both hospitals and consumers and carers have had an opportunity to be involved in the further development of the surveys; and,
- Hospitals are now able to implement an instrument that is most likely to meet their requirements and which has been fully tested within their service settings.

In the second quarter of 2012 we reviewed the work we had done to date, the work being undertaken in the public mental health sector and the work being done by the Australian Commission on Safety and Quality in Healthcare (ACSQHC) for the general hospital sector.

This work required the development of a document that provided the results of a highly detailed, item–by–item, analysis of the content of surveys of patients' perceptions or experiences of care.

Our review covered several existing surveys and surveys currently under development:

- First, the PMHA's 2011 draft of a National Model of Consumer Perceptions of Care Survey (PMHA-CPoC). This survey was based on the Mental Health Statistics Improvement Program (MHSIP) Adult Consumer and the National Association of State Mental Health Program Directors Research Institute (NRI) Inpatient Consumer Surveys used in the pilot study of the routine collection and reporting of consumers' perceptions of care in eight private hospitals, completed in 2006.
- Second, the final draft of the new Consumer Experiences of Care Survey being developed for use in public sector inpatient and community based mental health services (PMHS-EoC). That development work was being undertaken by a project team within Victoria's Department of Human Services for the Australian Health Ministers' Advisory Council (AHMAC) National Mental Health Working Group's Mental Health Information Strategy Subcommittee. We worked off the final draft of that survey, as at February 2012.
- Third, the final draft of the brief Patient Experiences of Care Survey being developed by the Australian Commission on Safety and Quality in Healthcare (ACSQHC-PEx). Their objective had been to identify a core set of survey items suitable for use in all public and private general hospitals in Australia. We worked off the final draft of that survey, as at April 2012, that was to be presented for final approval by the National Health Information Strategy Committee.
- Fourth, was New South Wale Health's Mental Health Consumer Perceptions and Experiences of Services survey (MH-CoPES),[8] which at that time was being used by public sector mental health services in that State.[9]
- Fifth, the originally published long version of the Verona Service Satisfaction Scales (VSSS-54).[10] Unfortunately, we were not able to work off the most recently published translation of that survey, the VSSS-EU, developed for use in the Epsilon 7 study and now widely used across the European Union, but instead have relied on an English translation of the original version obtained from the survey's authors in 1995.[11]

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

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

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

[11] Ruggeri, et al (2000) Development, internal consistency and reliability of the Verona Service Satisfaction Scale- European Version EPSILON Study 7. British Journal of Psychiatry, 177, s41-s48.

- Sixth, we also examined the 2008 version of the UK National Health Service's Inpatient Questionnaire (NHS-2008).[12] The content of that survey and an analysis of it reported in a discussion paper published in 2009,[13] formed the starting point for the PEx development work being undertaken by the ACSQHC.

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

Our initial review identified a candidate set of approximately 80 items. Working in close collaboration with the Private Mental Health Consumer Carer Network (PMHCCN) and the APHA's Psychiatric Committee (APHA-PC) we then identified the smallest effective set of items that:

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

A final draft instrument suitable for testing in a Validation Study, consisting of 30 items addressing Experiences of care and 7 items addressing the Outcomes of care, was finalised in June 2012.

2.2.1 The validation study

The validation study was designed to answer several questions about the items within the new survey. Ten hospitals participated in the study and, over the period from August to October 2012, they collected and submitted to the PMHA's CDMS 1,014 completed surveys (731 in the Overnight Inpatient setting and 283 in the Ambulatory Care setting). That large sample has enabled us to reliably answer those questions.

Is the survey acceptable to patients?

First, what do patients who complete the survey think of it? To answer this several questions about the survey were included at the end. The questions were written in the same statement format as the substantive questions within the survey itself. They were: *I was comfortable with the questions that were asked* (1.4% disagreed); *The questions addressed issues that are important to me* (1.9% disagreed); and, *Overall, the survey was easy to complete* (1.7% disagreed). These findings, when combined with the good response rates of 53% in the Overnight Inpatient setting and 34% in the Ambulatory Care setting, strongly indicates patients found the survey acceptable.

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

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

Does the order of items have any impact on responses?

Second, are certain items affected by the content of the items that appear immediately before them? For example, the item "My privacy was respected" might be read as referring mostly to a person's physical privacy if it appeared immediately after questions about physical aspects of the hospital. On the other hand, if that item appeared after questions about the provision of information or involvement of the patient's family then it might be read as referring mostly to maintaining confidentiality. Within the survey there are a number of items that may be vulnerable to such effects.

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

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

The final versions of the PEx Survey present Items in the Standard narrative order employed in the validation study. Within the Standard order the items are arranged in sequence to address issues that may arise on admission, through into care, and then to discharge. As a consequence of the finding that responses to items may be affected by the presence or absence of other preceding items, we have strongly advised Hospitals that existing PEx Survey items should not be deleted, additional items should not be included, and the order in which items are presented should not be changed.

Does the location of questions about service outcomes have any impact on responses?

Third, does the placement of the items regarding service outcomes at the beginning or end of the survey make any difference? To test that, half of the surveys offered included those items at the beginning, whilst the other half included them at the end.

In general it was found that the location of the Outcome items did not affect patients' views of the PEx Surveys, it did not have any effect on completion rates of either the Outcome items or the Experience of care items, nor did it affect patients' substantive responses to those items.

Therefore, to remain consistent with the narrative approach taken in the presentation of the Experience of care items within the Standard narrative order, the final versions of the PEx Surveys include the Outcome items immediately after the Experience of care items.

Can respondents be asked their identity?

Fourth, does the option to allow patients to identify themselves have any discernible effect on the pattern of responses, or negative effect on response rates? To test that, half of the surveys offered included that option, whilst the other half did not.

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

Overall, it was found that the Request for Self-Identification did not affect response rates: surveys that included the Request for Self-Identification were as likely to be completed and returned as those surveys that did not. The presence of that request also did not generally effect patients' views of the survey. However, we did find differences between those who did and did not choose to identify themselves when given the option to do so. Patients who did not give their name were less likely to indicate that they were comfortable with the questions asked, less likely to see the questions as important to them, and less likely to find the survey easy to complete. They also tended to give a slightly more negative evaluations of both their experiences of care and its outcomes. This suggests that whilst anonymity is important for some patients, a Request for Self-Identification will not inhibit the honesty of their responses or their desire to complete the survey.

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

2.2.2 Final versions of the PEx Survey

With one exception, the findings from the validation study indicated that the set of items selected in collaboration with the Private Mental Health Consumer Carer Network (PMHCCN) and the APHA's Psychiatric Committee (APHA-PC), were suitable for implementation.

The one exception was that in the Ambulatory Care service setting it was found that patients in receipt of Outreach Care Services felt that a significant number of items were not applicable to them. This was primarily due to the fact that they did not see themselves as being "in hospital". As a consequence, a second form of the Ambulatory Care version of the survey has been developed. In the Experiences of Care survey for Outreach Care Patients, two items that were definitely not relevant in that setting were dropped, whilst the wording of items that referred to the "hospital" or to "hospital staff" were re-worded to refer to the "outreach care service" or "outreach staff" as appropriate. A similar approach has also been taken with the wording of some items so that the standard version of the Ambulatory Care survey has now been recast as the Experiences of Care Survey for Day Programme Patients.

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

2.2.3 Offering the survey to patients (the data collection protocol)

The data collection protocol for the PEx Survey is modelled on that employed for the patient self-assessment measure, the MHQ-14. However, because of the need to ensure that patients feel able to provide honest feedback about the service, the process by which completed PEx Surveys are returned is somewhat different to that which can be employed for patient self–assessment measures. Nevertheless, just as with any patient self–assessment measure like the MHQ–14, the key to achieving a high response rate is the manner in which the surveys are offered to patients, particularly the extent to which they feel that the hospital actually values their feedback.

The protocol stipulates that patients should be offered the appropriate PEx survey on discharge from episodes of acute Overnight inpatient care, and at three monthly review and discharge from episodes of Ambulatory care.

In accordance with the standard data collection protocol for the MHQ-14, at Review and Discharge Collection Occasions when the protocol for the MHQ-14 allows that its administration is **not** required due to clinical reasons, the data collection protocol for the PEx Surveys also allows that that survey is not expected to be administered. Specifically, at discharge within both the Overnight Inpatient and the Ambulatory Care service setting the PEx Survey is **not** expected to be offered in the following circumstances: (i) the duration of stay has been less than 3 days (MHQ-14 collection status is 8 - Protocol Exclusion); (ii) the patient is too distressed to complete any questionnaires or surveys (MHQ-14 collection status is 2 – Temporary Contraindication), e.g., patient being transferred to a secure facility for more intensive care; (iii) the patient is unable to complete any questionnaires or surveys due to chronic cognitive impairment (MHQ-14 collection status is 3 – General Exclusion); (iv) the survey could not be offered because the patient left against clinical or medical advice (MHQ-14 collection status is 5), and; (v) the patient died whilst in hospital. In addition, within the Ambulatory Care service setting, both clinical measures and the PEx Survey are not required to be administered when a patient is discharged from Ambulatory Care due to their having being admitted into Overnight Inpatient care. Similar considerations apply at Review within the Ambulatory Care service setting, that is, if the administration of the MHQ-14 is not required due to either a Temporary Contraindication or General Exclusion, then administration of the PEx Survey is also not required.

2.2.4 Analysis and reporting framework

The analysis and reporting framework developed for the PEx Surveys defines the content of the reports to be derived from the PEx Survey data, the grouping of Items together to enable the calculation and presentation of Summary Score statistics and to facilitate the presentation of Item–level statistics, and the procedures for the calculation of completion rates, and both Item–level and Summary Score statistics.

The grouping of Items for the calculation of Summary Score statistics was based on both the results of factor analyses of the item sets and, where an Item loaded on more than one factor, clinical considerations regarding their most appropriate and parsimonious assignment. The Items constituting the PEx Surveys are listed in Table 1 (for Overnight Inpatients) and Table 2 (for Day Program Patients). The Items are listed in the order in which they are presented to patients. Each Item's assignment to a Summary Score is provided in the third column of the table.

Table 1: Items constituting the PEx Survey for Overnight Inpatients, with each item's standard CDMS PEx Item Identifier, the text of the Item statement, and the Summary Score Domain to which the Item has been assigned.

Item Identifier	Item statement (Name)	Domain
E0201	I felt welcome at this hospital.	Clinical Staff
E0202	My rights and responsibilities were explained fully in a way that I could understand.	Clinical Staff
E0203	I was informed about the cost of my hospital stay and services.	Safety and Privacy
E0301	When developing my treatment plan with me, my treating psychiatrist and hospital staff ensured that it covered all of my needs.	Treating Psychiatrists
E0302	My treating psychiatrist ensured that I understood the effects of my treatment options.	Treating Psychiatrists
E0304	I have been involved in decisions about my care and treatment.	Treating Psychiatrists
E0305	I have been involved in planning the care I may need after I leave hospital.	Treating Psychiatrists
E0307	With my permission my nominated carer was involved in my hospital treatment.	Clinical Staff
E0402	My individuality and personal preferences were respected.	Clinical Staff
E0403	Staff were sensitive to my cultural background.	Clinical Staff
E0405	Services were appropriate for my age.	Safety and Privacy
E0501	My physical health was assessed, and appropriate care was provided when needed.	Safety and Privacy
E0602	I have felt safe whilst at this hospital.	Safety and Privacy
E0603	My privacy was respected.	Safety and Privacy
E0604	The hospital was clean and well maintained.	Safety and Privacy
E0606	Any concerns or complaints I had about the hospital services were addressed.	Safety and Privacy
E0701	Hospital staff were positive that my mental health and quality of life could improve.	Clinical Staff
E0703	Hospital staff helped me obtain the information I needed so that I could take charge of managing my illness.	Clinical Staff
E0704	I was informed about and encouraged to use self-help or peer support groups in the community.	Clinical Staff
E0705	I was given information about how to manage my medication and any side-effects I may experience.	Treating Psychiatrists
E0801	My treating psychiatrist and hospital staff worked as a team in my care and treatment.	Treating Psychiatrists
E0802	I had opportunities to discuss my progress with the staff caring for me.	Clinical Staff
E0803	I was encouraged to ask questions about my treatment and medication.	Clinical Staff
E0805	When I had questions, my treating psychiatrist gave helpful answers I could understand.	Treating Psychiatrists
E0806	When I had questions, hospital staff gave helpful answers I could understand.	Clinical Staff
E0807	Hospital staff were available if I needed to talk with them.	Clinical Staff
E1003	I was able to access the hospital services as soon as I needed to.	Safety and Privacy
E1101	Overall, the quality of care provided by the hospital has been excellent.	Overall Evaluation
E1102	I have been treated with respect and dignity at all times.	Overall Evaluation
E1103	I would recommend this hospital to a friend or family member, if they needed psychiatric care.	Overall Evaluation
E0102	My symptoms are not bothering me as much.	Outcomes – Wellbeing
E0103	I feel I will be better able to deal with crises.	Outcomes – Wellbeing
E0101	My sense of wellbeing has improved.	Outcomes – Wellbeing
E0108	I am more hopeful about my future.	Outcomes – Wellbeing

Table 2: Items constituting the PEx Survey for Day Program Patients, with each item's standard CDMS PEx Item Identifier, the text of the Item statement, and the Summary Score Domain to which the Item has been assigned.

Item Identifier	Item statement (Name)	Domain
E0201	I felt welcome at this hospital.	Clinical Staff
E0202	My rights and responsibilities were explained fully in a way that I could understand.	Clinical Staff
E0203	I was informed about the cost of my hospital stay and services.	Safety and Privacy
E0301	When developing my treatment plan with me, my treating psychiatrist and day program staff ensured that it covered all of my needs.	Treating Psychiatrists
E0302	My treating psychiatrist ensured that I understood the effects of my treatment options.	Treating Psychiatrists
E0304	I have been involved in decisions about my care and treatment.	Treating Psychiatrists
E0305	I have been involved in planning the care I may need after I complete the day program.	Treating Psychiatrists
E0402	My individuality and personal preferences were respected.	Clinical Staff
E0403	Staff were sensitive to my cultural background.	Clinical Staff
E0405	Services were appropriate for my age.	Safety and Privacy
E0602	I have felt safe whilst at this hospital.	Safety and Privacy
E0603	My privacy was respected.	Safety and Privacy
E0604	The hospital was clean and well maintained.	Safety and Privacy
E0606	Any concerns or complaints I had about the hospital's day program services were addressed.	Safety and Privacy
E0701	Day program staff were positive that my mental health and quality of life could improve.	Clinical Staff
E0703	Day program staff helped me obtain the information I needed so that I could take charge of managing my illness.	Clinical Staff
E0704	I was informed about and encouraged to use self-help or peer support groups in the community.	Clinical Staff
E0705	I was given information about how to manage my medication and any side-effects I may experience.	Treating Psychiatrists
E0801	My treating psychiatrist and day program staff worked as a team in my care and treatment.	Treating Psychiatrists
E0802	I had opportunities to discuss my progress with the staff running the day program.	Clinical Staff
E0803	I was encouraged to ask questions about my treatment and medication.	Clinical Staff
E0805	When I had questions, my treating psychiatrist gave helpful answers I could understand.	Treating Psychiatrists
E0806	When I had questions, day program staff gave helpful answers I could understand.	Clinical Staff
E0807	Day program staff were available if I needed to talk with them.	Clinical Staff
E1001	I was able to get in contact with this service when I needed to.	Safety and Privacy
E1003	I was able to access the hospital's day program services as soon as I needed to.	Safety and Privacy
E1101	Overall, the quality of care provided by the hospital's day program services has been excellent.	Overall Evaluation
E1102	I have been treated with respect and dignity at all times.	Overall Evaluation
E1103	I would recommend this hospital to a friend or family member, if they needed this type of care.	Overall Evaluation
E0101	My sense of wellbeing has improved.	Outcomes – Wellbeing
E0102	My symptoms are not bothering me as much.	Outcomes – Wellbeing
E0103	I feel I will be better able to deal with crises.	Outcomes – Wellbeing
E0104	I am better able to manage my day-to-day life.	Outcomes – Functioning
E0105	I am more comfortable relating with others.	Outcomes – Functioning
E0107	My ability to work or study has improved.	Outcomes – Functioning
E0108	I am more hopeful about my future.	Outcomes – Wellbeing

As can be seen in the tables, each survey Item is written as a statement regarding the quality of a particular aspect of the patient's experience or outcomes of care. Patients are asked to rate the degree of their agreement with each statement on a five point scale ranging from 1 – 'strongly disagree', then 2 – 'disagree', 3 – 'neutral, 4 – 'agree' and 5 – 'strongly agree'. Patients also have the option to indicate that the issue addressed by the Item was 'Not Applicable' to them.

In calculating the mean of any given sub-set of Items constituting a Summary Score, only Items with a valid response of between 1 and 5 are included. Accordingly, the Summary Scores, like the Items from which they are derived, may range in value from a minimum of 1 through to a maximum of 5. However, because they are calculated as the average across a number of Items, Summary Scores may take intermediate values between 1, 2, 3, 4 or 5. The minimum possible Summary Score of 1 would indicate that for all Items constituting the given Summary Score, the patient indicated that they 'strongly disagreed' with all the statements. Similarly, the maximum possible score of 5 would indicate that the patient had 'strongly agreed' with all the Items. A mean Summary Score of 5.00 for a given sample of patients would then indicate that all patients in that sample strongly agreed with all the Items constituting that Summary Score. For reporting purposes, indicative labels have been assigned to the range of values the Summary Scores may take. The labels and the range of values they cover are as follows: between 1.00 and 1.79 is labelled as '***very poor***', between 1.8 and 2.59 is labelled as '***poor***', between 2.6 and 3.4 is labelled as '***adequate***', between 3.41 and 4.2 is labelled as '***very good***', and between 4.21 and 5.00 is labelled as '***excellent***'.

Presentation of statistics within Standard Reports

The PEx SQR consists of four sections. The first section presents details statistics regarding survey completion rates. The second section presents Summary Score statistics for both the Overnight Inpatient Care and Ambulatory Care service settings. The third section of the reports presents detailed Item–level statistics for the Overnight Inpatient service setting, whilst the fourth section presents detailed Item–level statistics for the Ambulatory Care service setting.

Within the PEx Standard Quarterly Reports (PEx SQR) results are shown for three samples: this Hospital in the Current Quarter (labelled 'IHQ' in tables where space is at a premium); this Hospital in the Current 12 Months (labelled 'IHY'); and All Hospitals in the Current 12 Months (labelled 'AHQ'). Local reports include results only for the selected period (Month, Quarter or Year).

In section 2 of the PEx SQR Summary Scores are presented in both graphical and tabulated format. An example of the presentation in graphical format is shown in Figure 1 on the following page. That graphical presentation of just the mean Summary Scores, as illustrated in Figure 1, is followed by the tabular presentation of detailed statistics, including the Mean, Standard deviation and 95% Confidence interval for the Mean, for each Summary Score for the three samples.

In sections 3 and 4 of the PEx SQR, Item–level statistics are presented in a tabulated format. Each item is listed under the heading of the Summary Score item sub-set to which it is assigned, then within each of those groupings, the items are listed in the order in which they appear within the survey. An example of the tabular presentation format is shown in Figure 2 on the following page.

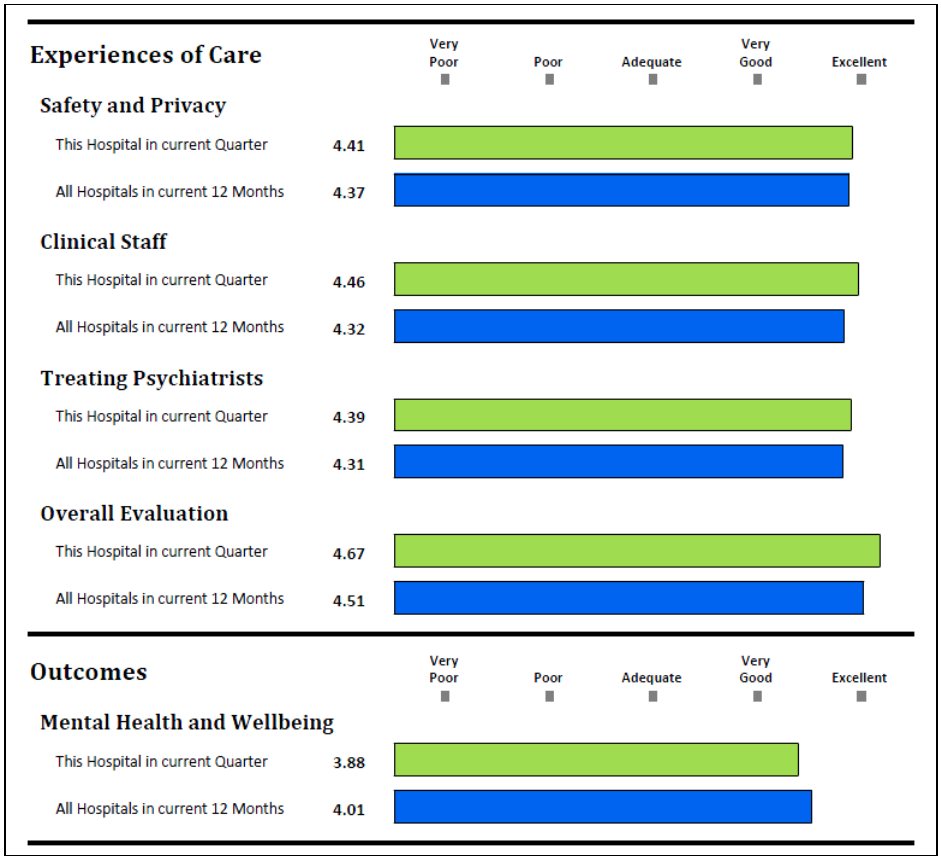


Figure 1: An example of the graphical presentation of mean PEx Summary Scores for the Overnight Inpatient Care service setting.

Overall Evaluation

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable	Any Disagree	Any Agree	Index of Agreement
E1101	**Overall, the quality of care provided by the hospital has been excellent.**								
IHQ	2%	0%	3%	27%	68%	0%	2%	95%	94%
IHY	1%	1%	4%	27%	67%	0%	2%	94%	92%
AHY	1%	2%	6%	32%	60%	0%	3%	91%	89%
E1102	**I have been treated with respect and dignity at all times.**								
IHQ	2%	2%	0%	21%	76%	0%	3%	97%	94%
IHY	2%	1%	3%	23%	71%	0%	3%	95%	92%
AHY	1%	3%	5%	29%	61%	0%	4%	90%	86%
E1103	**I would recommend this hospital to a friend or family member, if they needed psychiatric care.**								
IHQ	2%	0%	2%	18%	79%	0%	2%	97%	95%
IHY	1%	0%	2%	19%	78%	0%	1%	97%	97%
AHY	1%	1%	4%	25%	69%	1%	2%	94%	92%

Figure 2: An example of a sub–section of the tabular presentation of detailed Item–level statistics for PEx item responses from Overnight Inpatients.

The statistics reported for each individual Item begin with the frequency distribution of patients' responses to the item. The proportion of patients giving a substantive response of 'Strongly Disagree', 'Disagree', 'Neutral', 'Agree' or 'Strongly Agree' is based on the count of patients giving that particular response divided by the number of patients giving any response between 'Strongly Disagree' through to 'Strongly Agree', with responses of 'Not Applicable' and missing responses excluded from that denominator. The following statistic, appearing in the sixth column of the table, gives the proportion of patients that identified the particular item as 'Not Applicable' to them in that episode of care. The denominator for that statistic is the count of patients who completed the survey. Three summary statistics are then given for each item. The first, appearing the seventh column under the heading 'Any Disagree', identifies the proportion of patients who gave a response of either 'Strongly Disagree' or 'Disagree'. The second, appearing in the eighth column of the table, identifies the proportion of patients who gave a response of either 'Disagree' or 'Strongly Disagree'. The final key statistic identified as the 'Index of Agreement' appears in the ninth, right-most column of the table. The 'Index of Agreement' is a derived statistic computed by subtracting the proportion of 'Any Disagree' from the proportion of 'Any Agree'.

The three summary statistics, the percentage of patients that Agree, that Disagree, and the Index of Agreement are the key statistics reported for each Item. The reporting of those three statistics, rather than item means, is based on the fact that the Items are worded as statements regarding a specific standard of service. From a Quality Improvement perspective the key question then is "What proportion of patients did not think our hospital met that standard?".

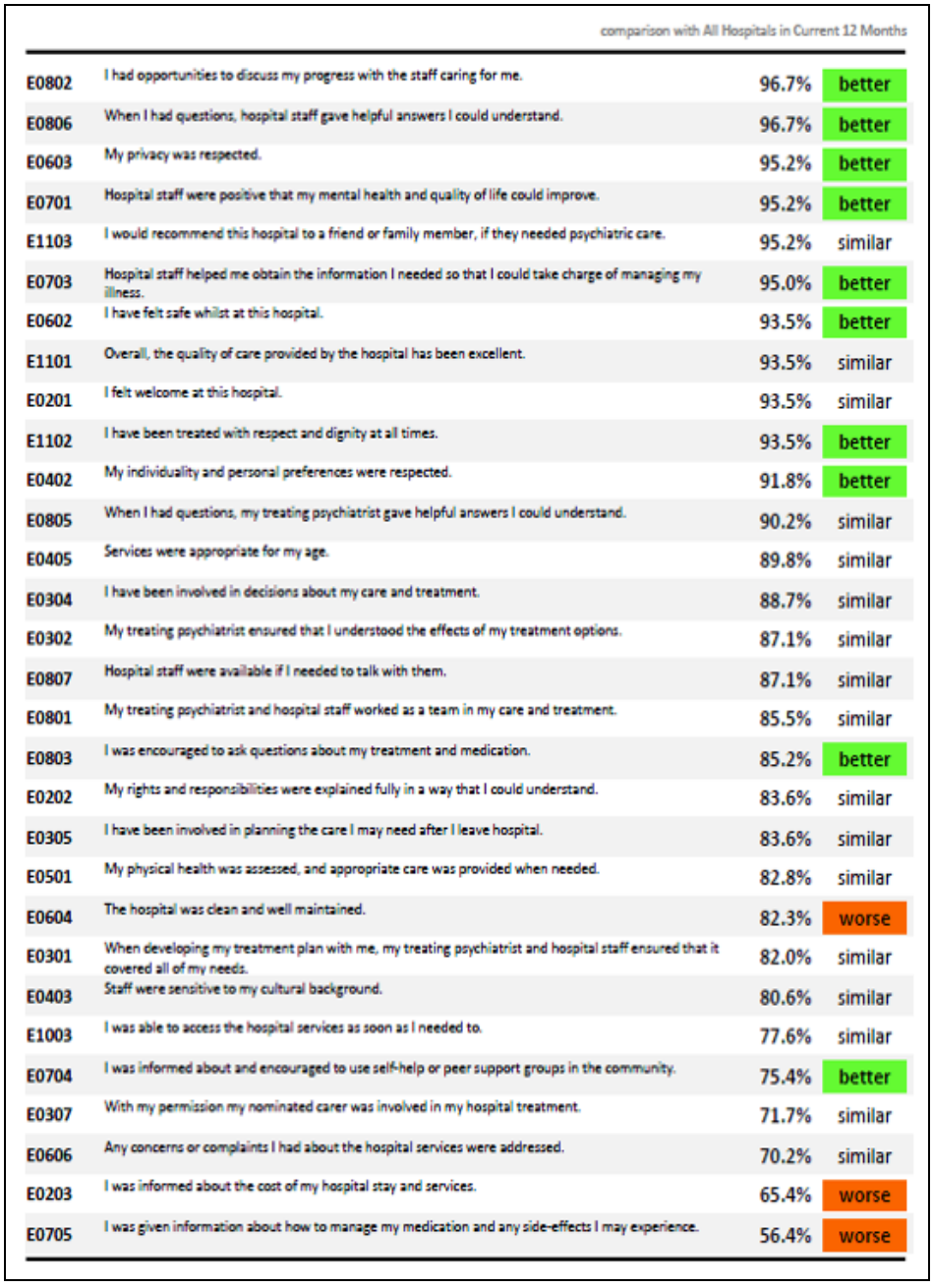
Within the PEx Standard Quarterly Reports the tabulated Item-level statistics described above are preceded by a tabulated summary of the detailed results. This summary is designed explicitly to enable hospitals to quickly identify items they may wish to pay particular attention to, such as those low in the Item ranking or those where the hospital's results for a specific Item are markedly worse than other hospitals.

An example of the presentation format of the Item summary table is shown Figure 3 on the following page.

In the summary table, the relevant items are listed in a ranking based on each Item's 'Index of Agreement' for the subject Hospital in the Current Quarter; the item with the highest 'Index of Agreement' is shown at the top of the list whilst that with the lowest is shown at the bottom. To the right of each item a comparison is given between the subject Hospital's result and the result for All Hospitals in the Current 12 Months. If the subject hospital's Index of Agreement is less than that for all hospitals by 5% or more and the 90% confidence interval around that difference does not include zero (i.e., there is a reasonable expectation that the difference did not arise by chance), then the item will be identified as 'worse' and the background to that label will be shaded red. If the subject hospital's Index of Agreement is greater than that for all hospitals by 5% or more and the 90% confidence interval around that difference does not include zero, then the item will be identified as 'better' and the background to that label will be shaded green. All other items not meeting either of the preceding two criteria will be identified as similar.

A relatively liberal level of statistical confidence is used in identifying if results are likely to be better or worse so as to reduce the likelihood of the Hospital missing an issue that may need attention.

The consequence however is that some results that have arisen by chance will be falsely identified as significant. Accordingly, the table of detailed Item-level statistics is then followed by a table of additional statistical information (Number of valid responses, Proportion, and the more conservative 95% Confidence Interval for the observed proportion) needed for the subject Hospital to ascertain if any apparent differences between the three samples (IHQ, IHY and AHY) in the "Any Agree", "Any Disagree" and "Index of Agreement" statistics are likely to be reliable.



		comparison with All Hospitals in Current 12 Months	
E0802	I had opportunities to discuss my progress with the staff caring for me.	96.7%	better
E0806	When I had questions, hospital staff gave helpful answers I could understand.	96.7%	better
E0603	My privacy was respected.	95.2%	better
E0701	Hospital staff were positive that my mental health and quality of life could improve.	95.2%	better
E1103	I would recommend this hospital to a friend or family member, if they needed psychiatric care.	95.2%	similar
E0703	Hospital staff helped me obtain the information I needed so that I could take charge of managing my illness.	95.0%	better
E0602	I have felt safe whilst at this hospital.	93.5%	better
E1101	Overall, the quality of care provided by the hospital has been excellent.	93.5%	similar
E0201	I felt welcome at this hospital.	93.5%	similar
E1102	I have been treated with respect and dignity at all times.	93.5%	better
E0402	My individuality and personal preferences were respected.	91.8%	better
E0805	When I had questions, my treating psychiatrist gave helpful answers I could understand.	90.2%	similar
E0405	Services were appropriate for my age.	89.8%	similar
E0304	I have been involved in decisions about my care and treatment.	88.7%	similar
E0302	My treating psychiatrist ensured that I understood the effects of my treatment options.	87.1%	similar
E0807	Hospital staff were available if I needed to talk with them.	87.1%	similar
E0801	My treating psychiatrist and hospital staff worked as a team in my care and treatment.	85.5%	similar
E0803	I was encouraged to ask questions about my treatment and medication.	85.2%	better
E0202	My rights and responsibilities were explained fully in a way that I could understand.	83.6%	similar
E0305	I have been involved in planning the care I may need after I leave hospital.	83.6%	similar
E0501	My physical health was assessed, and appropriate care was provided when needed.	82.8%	similar
E0604	The hospital was clean and well maintained.	82.3%	worse
E0301	When developing my treatment plan with me, my treating psychiatrist and hospital staff ensured that it covered all of my needs.	82.0%	similar
E0403	Staff were sensitive to my cultural background.	80.6%	similar
E1003	I was able to access the hospital services as soon as I needed to.	77.6%	similar
E0704	I was informed about and encouraged to use self-help or peer support groups in the community.	75.4%	better
E0307	With my permission my nominated carer was involved in my hospital treatment.	71.7%	similar
E0606	Any concerns or complaints I had about the hospital services were addressed.	70.2%	similar
E0203	I was informed about the cost of my hospital stay and services.	65.4%	worse
E0705	I was given information about how to manage my medication and any side-effects I may experience.	56.4%	worse

Figure 3: An example of the presentation of PEx Item responses from Overnight Inpatients for a subject Hospital in the Current Quarter ranked by their Index of Agreement with a comparison to the results for All Hospitals in the current 12 Month period.

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

3.1 Development and distribution of resources for hospitals

A key lesson from both the ongoing implementation of the PMHA's National Model by private hospitals and from the CPoC Pilot Study conducted in 2006 is that: (i) the provision of clear and detailed guidance regarding the data collection process; and (ii) the capacity to obtain detailed local reports for the data being collected, are both essential to the ongoing success of the implementation of any routine assessment process of the outcomes and experiences of care.

Accordingly, preparation for the implementation of the PEx survey collection and reporting process began with the development of a detailed Implementation Guide[14] and a set of survey templates for participating hospitals. The Guide includes information regarding the rationale for the collection and analysis of information on patients' experiences of care and the process by which the PMHA's PEx Survey had been developed. That background information is followed by a detailed exposition of the data collection protocol that identifies when the PEx Survey should be offered, how the Surveys should be offered and collected, and other important points regarding the collection process. The PEx Implementation Guide and the accompanying PEx Survey templates were distributed to all participating hospitals at the end of September 2013.

Preparation for implementation also involved enhancements to the HSMdb database application provided by the CDMS to participating Hospitals. HSMdb provides them with an effective means to record, submit and make local use of the data they collect under the PMHA's National Model. Its use by all but one participating Hospital is one of the reasons for the relative ease most Hospitals have had in implementing the data collection and has also very substantially contributed to the efficiency with which the CDMS has been able to operate.

The enhancements to HSMdb consisted in the addition of a comprehensive PEx Survey data entry function to enable all coded response data together with patients written comments to be recorded together with an addition to the data submission functions that ensured that all relevant PEx data was included in the standard data extract for submission to the PMHA's CDMS. The PEx item response data, but not the free text comments that patients may have provided, is now included in the quarterly data submission made to the CDMS. Hospitals that submit PEx Survey data are provided with Standard Quarterly Reports that provides detailed aggregate statistics regarding Patients' Experiences of Care in the same way that statistics are currently provided on outcomes and service utilisation.

Also added to HSMdb was a comprehensive local analysis and reporting function for PEx Surveys. The local reports have a similar format to the PEx Standard Quarterly Reports that are now being provided to participating hospitals that submit PEx Survey data to the CDMS. Unlike the SQRs however, the local reports include the comments made by survey respondents. Also, unlike the

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

SQRs, local reports are capable of being generated for any specified Month, Quarter or Year for which the hospital has recorded data.

The enhanced version of HSMdb described above was distributed to all participating hospitals in the second week of October 2013.

3.2 Progress with implementation

Implementation of the PMHA's Patient Experiences of Care Survey by private hospitals with psychiatric beds that participate in the benchmarking service provided by the PMHA's CDMS is entirely voluntary. The costs of the additional services involved in supporting Hospitals implementation of the PEx Survey and the analysis and reporting to hospitals of information derived from submitted data has been absorbed at no additional charge within the standard subscription fees paid by hospitals. The implementation of the PEx Survey has been strongly supported by the Australian Private Hospitals Association's Psychiatry Committee. During the development of the new PEx Survey and the initial rollout of the supporting resources, Hospitals were kept up to date with progress via the PMHA Newsletters.

Since the distribution of the Implementation Guide, Survey templates and the enhanced version of the HSMdb software, progress with implementation has been monitored through the data submitted to the CDMS by participating Hospitals.

Data in respect of the first period when PEx Survey data could have been collected and submitted, the quarter ending 31 December 2013, indicated that the PEx Survey was initially implemented by eighteen Hospitals. As of the most recent period for which data has been submitted, the quarter ending 31 March 2015, thirty Hospitals have now implemented the PEx Survey. The identity and location of those Hospitals is provided in the following listing.

Table 3: Private hospitals that, as of 31 March 2015, have implemented the PMHA's PEx Survey.

The Adelaide Clinic; Gilberton, South Australia
The Albert Road Clinic; South Melbourne, Victoria
Belmont Private Hospital; Carina, Queensland
Calvary Private Hospital (Hyson Green); Bruce, Australian Capital Territory
Currumbin Clinic; Currumbin, Queensland
Dudley Private Hospital (Dudley Clinic); Orange, New South Wales
Fullarton Private Hospital; Parkside, South Australia
The Hobart Clinic; Rokeby, Tasmania
Hollywood Private Hospital (The Hollywood Clinic); Nedlands, Western Australia
Kahlyn Day Centre; Magill, South Australia
Maitland Private Hospital (Paterson Ward); East Maitland, New South Wales
The Marian Centre; Wembley, Western Australia
Mayo Private Hospital (Mayo Mental Healthcare); Taree, New South Wales
North West Private Hospital (Rivendell Clinic); Burnie, Tasmania
Northside Cremorne Clinic; Cremorne, New South Wales
The Northside Clinic; Greenwich, New South Wales
Northside Macarthur Clinic; Campbelltown, New South Wales
Northside West Clinic; Wentworthville, New South Wales
Perth Clinic; West Perth, Western Australia
St John of God Hospital Burwood; Burwood, New South Wales
St John of God Pinelodge Clinic; Dandenong, Victoria
St John of God Hospital Richmond; North Richmond, New South Wales
South Pacific Private; Curl Curl, New South Wales
St Vincent's Private (Young Adult Mental Health Unit); Darlinghurst, New South Wales
The Sydney Clinic; Bronte, New South Wales
Toowong Private Hospital; Toowong, Queensland
Warners Bay Private Hospital (Lakeside Clinic); Warners Bay, New South Wales
Wesley Hospital Ashfield; Ashfield, New South Wales
Wesley Hospital Kogarah; Kogarah, New South Wales
Wyndham Clinic; Werribee, Victoria

4 Key statistics for the 2014 calendar year

4.1 Completion rates

This section of the report provides information about the PEx Survey data submitted by Hospitals during the 2014 Calendar Year. Table 4 identifies the number of PEx Surveys completed and the estimated Survey Completion and Patient Self-Identification rates in the Overnight Inpatient and Ambulatory Care service settings across all Hospitals that had implemented the PEx Survey collection process in the specified service setting. Figure 4 presents the observed variation between hospitals in their Completion Rates within the two service settings.

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

There is wide variation in the size of Hospitals that have to date implemented the PEx Survey, with small, medium and large Hospitals all being represented. It is of interest to note however, that there was no significant association between Hospital size, as indicated by the volume of services provided, and either the PEx Survey Completion Rate (***r*** in Overnight Inpatient Care = -.067, ***r*** in Ambulatory Care = -.077) or the Patient Self-identification Rate (***r*** in Overnight Inpatient Care = -.008, ***r*** in Ambulatory Care = .009).

Table 4: PEx Survey completion rates for all Hospitals that implemented the survey collection process during the 2014 calendar year.

	Overnight Inpatient Care	***Ambulatory Care***
Number of Hospitals identified as having implemented the PEx Survey in the specified Service Setting	29	20
Occasions when the Survey could have been offered	17,700	6,226
Number of PEx Surveys submitted	10,650	2,203
PEx Survey Completion Rate	**60%**	**42%**
Patient Self-identification Rate	51%	47%

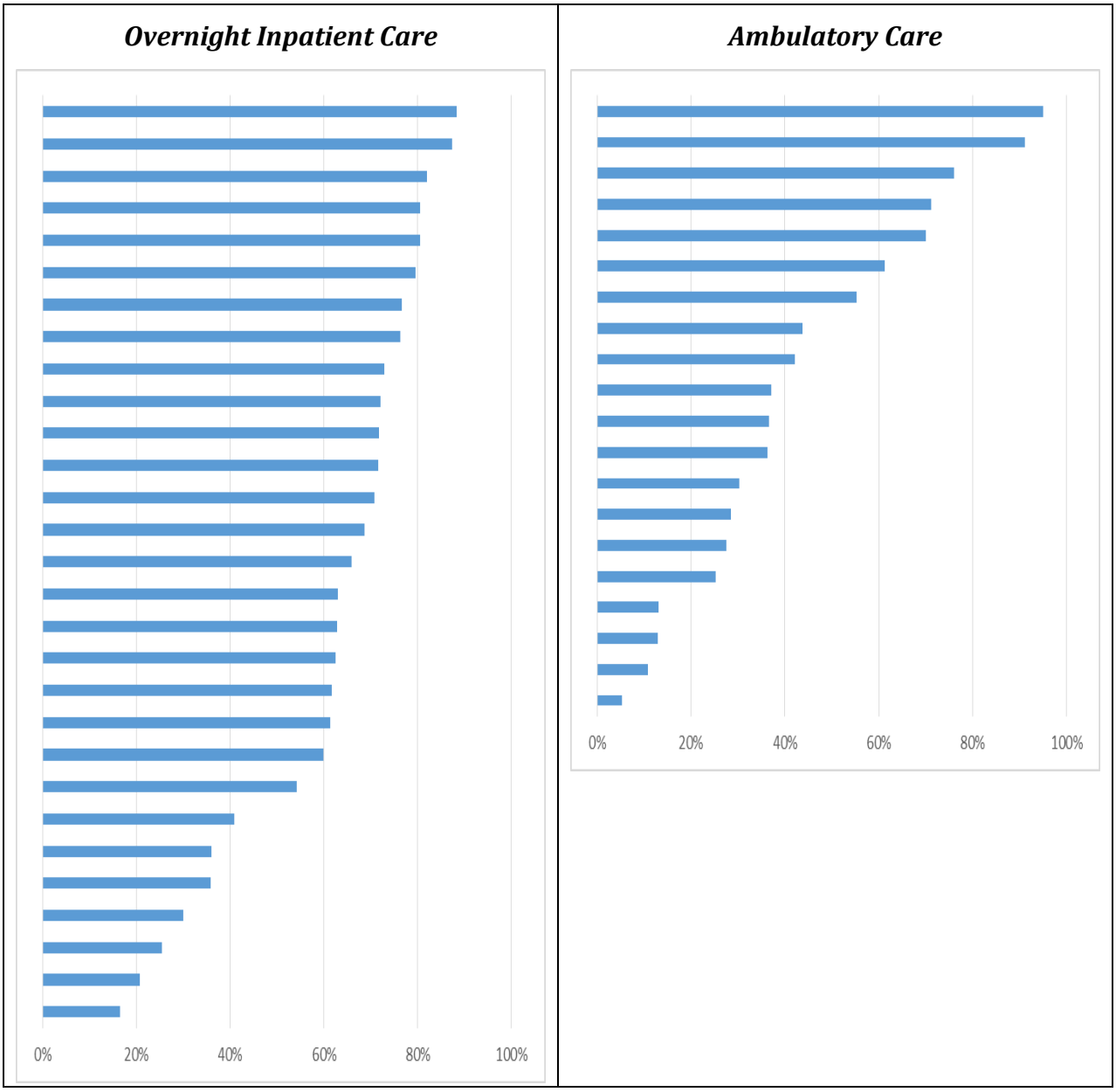


Figure 4: Hospitals that have implemented the PEx Survey collection process ranked by their PEx Survey Completion Rate, separately for episodes of Overnight Inpatient Care and Ambulatory Care in the 2014 calendar year.

When interpreting the results presented here it is important to bear in mind that the denominators for the completion rate statistics are based on Episodes of Care defined in accordance with the Outcome Measures Protocol (OMP) specified under the National Model. Under the OMP, records of Sameday separations and some brief episodes of Overnight inpatient care for procedures normally performed on a sameday basis are treated as Occasions of Service within Episodes of Ambulatory care. There is also some variation in the extent to which Hospitals have been able to adhere to the National Model's protocol for the collection of data, particularly in the Ambulatory Care service setting. During the process of collating the submitted data the CDMS attempts to resolve those variations so that a consistent and comparable set of data is available for analysis. However, that process is not able to completely eliminate all sources of inconsistency and in some cases must rely on imputation of missing data.

Two key statistics are reported in Table 4: the PEx Survey Completion Rate; and the Proportion of completed PEx Surveys where the Patient identified themselves (Patient Self-identification Rate).

The denominator for the PEx Survey Completion Rate is the number of Collection Occasions when the PEx Survey could have been offered. Two factors are taken into consideration when the latter statistic is computed.

First, not all Hospitals began their implementation of the Patients Experiences of Care Survey at the same time. Consequently, the count of Collection Occasions when the PEx Survey could have been offered is computed in such a way as to take account of the observed Month and Year when each Hospital initiated its collection.

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

The denominator for the Patient Self-identification Rate is the Number of PEx Surveys submitted.

4.2 Summary statistics

This section of the report provides an overview of patients views regarding the quality and outcomes of the services provided, as indicated by the Mean of their responses to defined sub-sets of items, referred to as Summary Scores, within the PEx Surveys.

In Table 5 below the reported statistics are partitioned by Service Setting (i.e., Overnight Inpatient care and Ambulatory care). The top panel gives the Number of Hospitals identified as having implemented the PEx Survey in the specified Service Setting and Number of Surveys submitted. Then in the following two panels, for each Summary score within each service setting, the Mean (in bold) and the Standard Deviation (in parentheses) are reported with the 95% confidence interval around the Mean being reported immediately below.

Table 5: Statistical summary of Patients views regarding the quality and outcomes of the services provided by all Hospitals that implemented the survey collection process during the 2014 calendar year.

	Overnight Inpatient Care	***Ambulatory Care***
Sample		
Number of Hospitals identified as having implemented the PEx Survey in the specified Service Setting	29	20
Number of PEx Surveys submitted	10,650	2,203
Experiences of Care	mean (s.d.) 95% c.i.	mean (s.d.) 95% c.i.
Safety and Privacy	**4.37** (0.62) 4.35 – 4.38	**4.45** (0.54) 4.42 – 4.47
Clinical Staff	**4.32** (0.64) 4.31 – 4.34	**4.44** (0.53) 4.42 – 4.46
Treating Psychiatrists	**4.31** (0.71) 4.30 – 4.33	**4.23** (0.69) 4.20 – 4.26
Overall Evaluation	**4.51** (0.70) 4.50 – 4.53	**4.66** (0.54) 4.54 – 4.68
Outcomes	mean (s.d.) 95% c.i.	mean (s.d.) 95% c.i.
Mental Health and Wellbeing	**4.01** (0.88) 3.99 – 4.02	**3.92** (0.81) 3.89 – 3.95
Social and Role Functioning	n.a.	**3.85** (0.80) 3.81 – 3.88

The items constituting each Summary Score calculated from the items within the PEx Survey for Overnight Inpatients and the PEx Survey for Day Program Patients were listed in Table 1 on page 12 and Table 2 on page 13 respectively. The items constituting the Summary Scores calculated from

the items within the PEx Survey for Outreach Care Patients are functionally equivalent, subject to the differences between the surveys mentioned under the section titled *Final versions of the PEx Survey*, beginning on page 10.

As previously noted, each survey item is written as a statement regarding the quality of a particular aspect of the patient's experience or outcomes of care. Patients are asked to rate the degree of their agreement with each statement on a five point scale ranging from 1 – 'strongly disagree', then 2 – 'disagree', 3 – 'neutral, 4 – 'agree' and 5 – 'strongly agree'. Patients also have the option to indicate that the issue addressed by the item was 'Not Applicable' to them. In calculating the mean of any given sub-set of items, only items with a valid response between 1 and 5 are included. Summary Scores, like the items from which they are derived, may range in value from a minimum of 1 through to a maximum of 5. However, because they are calculated as the average across a number of items, Summary Scores may take intermediate values between 1, 2, 3, 4 or 5. The minimum possible Summary Score of 1 would indicate that for all items constituting the given Summary Score, the patient indicated that they 'strongly disagreed' with all the statements. Similarly, the maximum possible score of 5 would indicate that the patient had 'strongly agreed' with all the items. A mean Summary Score of 5.00 for a given sample of patients would then indicate that all patients in that sample strongly agreed with all the items constituting that Summary Score. For reporting purposes, indicative labels have been assigned to the range of values the Summary Scores may take. The labels and the range of values they cover are as follows: between 1.00 and 1.79 'very poor', between 1.8 and 2.59 'poor', between 2.6 and 3.4 'adequate', between 3.41 and 4.2 'very good', and between 4.21 and 5.00 'excellent'.

In the Overnight Inpatient Care service setting on average patients rated all aspects of the quality of services as *Excellent*, with mean ratings on the summary scores ranging from 4.31 (95% c.i. = 4.30 – 4.33) for Treating Psychiatrists through to 4.51 (95% c.i. = 4.50 – 4.53) for the Overall Evaluation. In that setting patients rated the outcomes of their care as *Very Good*, with the mean rating on the Mental Health and Wellbeing summary score being 4.01.

Similarly, in the Ambulatory Care service setting on average patients rated quality of services as either *Very Good* or *Excellent*, with mean ratings on the summary scores ranging from 4.23 (95% c.i. = 4.20 – 4.26) for Treating Psychiatrists through to 4.66 (95% c.i. = 4.64 – 4.68) for the Overall Evaluation. In that setting patients rated the outcomes of their care as *Very Good*, with the mean ratings on the summary scores ranging from 3.85 (95% c.i. = 3.81 – 3.88) for Social and Role Functioning through to 3.92 (95% c.i. = 3.89 – 3.95) for Mental Health and Wellbeing.

4.3 Details of patients' overall evaluation of the quality of services

Table 6 below gives a detailed breakdown of Patients' responses to the three items that address their Overall Evaluation of the quality of services provided by Hospitals. As has been previously noted, all the items in the PEx Surveys are presented as statements of a standard of care or of a desirable outcome of care, with Patients being asked to indicate their level of agreement or disagreement with each statement.

The statistics reported in Table 6 begin with the frequency distribution of patients' responses to each of the three Items. The proportion of patients giving a substantive response of 'Strongly Disagree', 'Disagree', 'Neutral', 'Agree' or 'Strongly Agree' is based on the count of patients giving that particular response divided by the number of patients giving any response between 'Strongly Disagree' through to 'Strongly Agree', with responses of 'Not Applicable' and missing responses excluded from that denominator. Two summary statistics are then given for each item. The first, appearing under the heading 'Any Disagree', identifies the proportion of patients who gave a response of either 'Strongly Disagree' or 'Disagree'. The second, identifies the proportion of patients who gave a response of either 'Agree' or 'Strongly Agree'.

Table 6: Detailed breakdown of Patients' responses to the three items that address their Overall Evaluation of the quality of services provided by Hospitals, stratified by Service Setting, for the 2014 calendar year.

	strongly disagree	*disagree*	*neutral*	*agree*	*strongly agree*	*any Disagree*	*any Agree*
Overall, the quality of care provided by the hospital has been excellent.							
Overnight Inpatient Care	0.9%	1.6%	6.0%	31.6%	59.9%	2.5%	**91.5%**
Ambulatory Care	0.3%	0.5%	2.9%	29.4%	66.8%	0.8%	**96.3%**
I have been treated with respect and dignity at all times.							
Overnight Inpatient Care	1.3%	2.8%	5.5%	29.2%	61.3%	4.1%	**90.5%**
Ambulatory Care	0.3%	0.7%	2.3%	25.6%	71.2%	0.9%	**96.8%**
I would recommend this hospital to a friend or family member, if they needed psychiatric care.							
Overnight Inpatient Care	1.2%	0.9%	4.3%	24.5%	69.1%	2.1%	**93.7%**
Ambulatory Care	0.4%	0.5%	2.6%	22.2%	74.3%	0.9%	**96.5%**

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

First, the three Items are deliberately placed at the end of the survey. This means that by the time Patients reach these Items, they have had an opportunity to reflect in detail on many aspects of the way in which the services were provided.

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

Appendix – Standard templates for the PMHA's PEx Surveys

On the following pages examples of the three Standard PEx Survey templates are given.

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

As noted in section 2.2.1 of this report, because it was found that responses to individual items may be affected by the presence or absence of other preceding items, Hospitals intending to implement the surveys are advised that existing items should not be deleted, additional items should not be included, and the order in which items are presented should not be changed.

To prepare each standard template for printing, the text within the block in the top left hand corner of the first page is replaced with the Hospital's Name and or logo. The templates may then be printed on a single A3 sheet so that, when folded as a booklet, the first Introductory page appears on the outside front, the two pages of substantive questions appear on the two inside pages, and the final page covering demographic details and comments appears as the rear page.