



National Inpatient Experience Survey

International Review 2023

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1. Introduction

1.1 Purpose of the 2023 international review

This international review was undertaken to inform the redevelopment of the National Inpatient Experience Survey.

The National Inpatient Experience Survey has been conducted on an annual¹ basis since 2017. The purpose of the survey is to learn from patients' feedback in order to improve hospital care. The National Inpatient Experience Survey falls under the National Care Experience Programme which is a partnership approach between the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE) and the Department of Health.

1.2 Aims and objectives of the 2023 international review

The aim of this international review is to identify current practices and trends in inpatient experience surveys in other jurisdictions to inform the redevelopment of the National Inpatient Experience Survey. This report therefore identifies:

- developments in the four jurisdictions reviewed in the initial 2016 international review.
- lessons learned from other jurisdictions who have developed, implemented or amended national or large-scale inpatient surveys since the initial international review was undertaken.
- methods and trends in:
 - survey administration
 - reporting of findings
 - publication and use of results
 - revisions of survey programmes, with particular interest in accessibility and inclusion
 - options for local customisation of surveys.

1.3 Methodology

The jurisdictions reviewed in the 2016 international review were chosen following a desktop search that identified a range of initiatives that, at the time, helped to inform HIQA's best practice approach when first implementing a national patient experience survey. The countries were chosen based on a number of factors,

¹ The National Inpatient Experience Survey was not conducted in 2020 due to the COVID-19 pandemic.

including the availability of relevant and current information and access to key personnel. Findings were compiled through national documentation from each country and detailed discussions were held with key personnel from agencies and organisations within each of the jurisdictions. This approach was also applied to the present review. The same four countries identified in the 2016 international review were reviewed, key personnel were identified and invited to share their insights. The four jurisdictions are:

- Scotland
- Denmark
- England
- New Zealand

In addition, five other jurisdictions were identified for inclusion in this review, following a desktop search of jurisdictions who had implemented new or revised patient experience survey programmes. These jurisdictions are:

- Canada
- Norway
- Australia
- New South Wales
- United States

2. Previously reviewed jurisdictions

This section provides an overview of developments in jurisdictions covered by the 2016 international review. The number of items included in the surveys range from 10 (Denmark) to 58 (England). Most, with the exception of Denmark, do not currently allow for the inclusion of additional questions at a local level. All have undergone a revision process in recent years.

	Scotland	Denmark	England	NZ
First survey	2010	2000	2002	2014
Most recent findings	2018	2022	2021	2023
Items	51	10	58	37
Option to add additional questions	No	Yes (from an approved list)	No	No
Most recent revision	2018	2020	2020	2019/2020
Primary mode of administration	Postal	Online	Mixed mode	Online
Typical frequency of administration	Every two years	Continuous	Annual	Continuous

2.1 Scotland

2.1.1 Background

The Scottish Inpatient Experience Survey was first conducted in early 2010. Between 2010 and 2012 it was run annually and since 2012 it has run every two years. The survey is currently on hold due to constraints imposed by the COVID-19 pandemic. The most recent results of the Scottish Inpatient Experience Survey were published in August 2018.

The surveys aim to provide local and national information on the quality of health and care services from the perspective of those using them. They allow local health and care providers to compare with other areas of Scotland and to track progress in improving the experiences of people using their services.

The most recent survey comprised 51 questions and was administered to a sample of people aged 16 years or older who had an overnight hospital stay between specified dates (typically April and September) in Scotland.

The survey was administered by post (but could also be completed online or via a telephone helpline in a wide range of languages). It covered six specific areas of inpatient experience:

- admission to hospital
- the hospital and ward
- care and treatment
- hospital staff
- arrangements for leaving hospital
- care and support services after leaving hospital.

2.1.2 Publication of findings

A national report, technical report and further information about the survey including a copy of the questionnaire are available on the Scottish Government website.

Survey results from the 2018 survey are available on a publicly accessible online dashboard. Seven 'Tableau' dashboards present the results from the 2018 survey at various reporting levels: 1) national, 2) region, 3) NHS board, 4) hospital, and 5) strata.²

Results at all levels of reporting were weighted and results are only available for hospitals and strata with more than 50 respondents. The dashboards display results relate to:

² Strata are defined in collaboration with each NHS board and may be at site (hospital) level, a grouping of smaller hospitals or sub-site directorate, or grouped specialties with a larger hospital.

- overall experience
- detailed experience ratings
- summary of positive experience ratings
- maps of experience ratings
- most positive and negative experience rating
- other experience questions
- variation in positive experience ratings.

2.1.3 Developments since the 2016 review

The survey questionnaire was fundamentally redeveloped ahead of the 2014 survey, details of which are covered in the 2016 international review, and include changes to the sampling procedure (adopting a centralised approach), changes to the death checks procedure and changes to the questionnaire. Minimal changes were made to the 2016 survey to ensure comparability and allow reporting of trends over time. The questionnaire was reviewed again ahead of the 2018 survey to ensure continued relevance of survey questions and to reduce the overall length of the questionnaire. Changes included:

- methodology
 - a review of the weighting methodology was undertaken in advance of the 2018 survey, leading to some changes in the weights applied. Due to the new weighting methodology introduced, figures from the 2014 and 2016 surveys were backdated where appropriate to ensure comparisons over time are available within the 2018 survey result dashboards.
- materials
 - the survey materials were reviewed in 2018 to improve engagement with respondents and to ensure compliance with General Data Protection Regulations (GDPR). This included improving the information provided to survey recipients in the covering letter and also introducing a privacy notice.
- questionnaire
 - the addition of 16 new questions (to collect more information about particular areas or to fill an evidence gap)
 - changes to the wording of 15 questions (to simplify, improve flow, maintain consistency with Scotland’s Health and Care Experience Survey, or add a response option)
 - the removal of 46 questions from the survey (as the data were not as useful as other items, data couldn’t be used in practice, data were not

required, captured elsewhere, patient was not necessarily qualified to answer, or data could not be collected due to GDPR).

2.2 Denmark

2.2.1 Background

In Denmark, the first nationwide survey of patient experiences, Landsdækkende Undersøgelse af Patientoplevelser (LUP), was implemented in 2000. The survey has been reviewed and modified since then to improve the survey, to reflect the needs of different stakeholders and patient groups and to take advantage of technological advancements. The Center of Patient Involvement in Denmark works with Public Health and Quality Improvement on evaluations, survey development and interview-based studies within the health care system, and they are involved in collecting and reporting data on patient experience. The LUP is conducted under an agreement with the five Danish Regions (Capital Region of Denmark, Region Zealand, Region of Southern Denmark, Central Denmark Region, and North Denmark Region).

The purpose of the LUP is to identify and compare differences in patients' experiences within selected themes across the country, follow the development of patients' experiences and assessments systematically over time and to provide data for work on quality improvements.

The LUP was undertaken as an annual nationwide survey of patients' experiences among both inpatients and outpatients from 2009 onwards, having initially been undertaken every two years. The National Survey of Patient Experiences includes four sub-surveys: LUP Psychiatry³, LUP Somatics, LUP Emergency Reception and LUP Maternity. LUP Somatic includes planned inpatients, acute inpatients and planned outpatients from somatic hospitals as well as patients who have been treated in a private hospital in accordance with the rules on extended free choice of hospital.

The LUP Somatics includes inpatients and outpatients from Denmark's public hospitals who have been discharged from a department or have visited an outpatient clinic. Patients from private hospitals where their treatment is financed by the regions are also included. All patients, other than those under one year of age from gynecology obstetrics departments and women who attended for birth control or whose pregnancy ends in an abortion are included.

In Denmark, all citizens over the age of 15 have a digital mailbox connected to their social security number where they receive most of their mail and correspondence from the hospitals. The LUP is sent to the patient's digital mailbox. For patients under the age of 15, the LUP is sent to their parent's digital mailbox. The only option for these patients is to answer online. The email includes a direct link to the questionnaire. Emails are sent at the beginning of each month to individuals who had been inpatients during the previous month.

³ LUP Psychiatry is run by DEFACTUM rather than the Center of Patient Involvement.

Approximately 13% of patients do not have the digital mailbox (primarily elderly people). Patients without a digital mailbox receive a paper-and-pencil survey via post. These patients are also given the option to answer online, and a large proportion do. Responses to the paper-and-pencil survey are part of the annual report, but not the monthly reports.

In 2021, a new shortened questionnaire was implemented as a continuous year-round survey. Previously, the questionnaire contained around 44 questions with multiple spaces for free-text responses. The LUP Somatics now consists of 10 core questions⁴ and an open comment field, with the option for hospitals and departments to add in additional questions from an approved question bank. The national questions are the same across the regions and areas of care e.g. patient involvement and satisfaction with treatment. The 10 questions ask about:

- friendly and accommodating staff
- involvement of the patient in understanding their condition
- involvement of the patient in decisions
- sufficient information
- oral information
- feeling assured after visit
- satisfaction with treatment
- overall satisfaction
- a doctor with overall responsibility for the overall course of visits and or admissions
- acceptable waiting time on arrival.

2.2.2 Publication of findings

The LUP provides an annual report that consists of:

- a one-page summary with results on the national key issues
- an appendix table with results for regions, hospitals and departments (including benchmark for regions and hospitals)
- an overview figure with results at national level
- a factual report that document the concept and method of the survey.

Survey results are available to the public on the website of The Center of Patient Involvement. The results are made public every year in week 11.

⁴ The patients in LUP Emergency Department also receive ten national questions. For LUP Maternity, there are 13 national questions.

In addition to the reports on the website, each region and each hospital receives an annual report with their own results and an Excel spreadsheet where the region can see the hospitals' scores in relation to the region, and the hospitals can see the scores of the departments in relation to the hospital.

For the annual national, regional and hospital-level reports, the digital data collection is supplemented with questionnaires sent by physical post to include the responses of those who cannot answer digitally.

The hospital departments get results every month. The monthly results on patient experiences are shown in the regions' local management information systems. This allows for them to be included in quality improvement work along with other relevant quality data. Data is presented a variety of ways on these systems, including series diagrams showing the average of patient responses for each month as connected points providing an overview of how patients' experiences change over time.

2.2.3 Developments since the 2016 review

The work to update the LUP Somatic was undertaken over the course of two years between 2019 and 2021, including a pilot.

- methodology
 - under the new approach the participating units receive real-time data every month, in addition to the annual report. This change is a response to a demand for more timely data to better support work on quality improvements in the hospitals and their wards.
- questionnaire
 - in 2019 the steering committee for LUP agreed to change the design of LUP to include a shorter questionnaire, with the option to select local questions from an approved bank and continuous data collection.
 - in addition to the national key questions, a maximum of 10 local questions can be added to the questionnaire. Local questions are chosen from a catalogue of tested and approved questions.
 - each year, up to 20 new questions are tested. Regions, hospitals and departments can request the addition of new questions if the catalogue does not contain the exact questions they want. The new questions are added to the catalogue once they are tested with patients and approved.

- Common local questions include:
 - involvement of relatives
 - involvement in decisions of your care and ortreatment
 - if the staff talked to you in a respectful manner
 - information about who to contact in case of questions and or doubt after discharge
 - the cleaning standard on the ward and or hospital

In order to lessen the burden to patients, a patient can only receive one questionnaire at the time (if a patient in one month has been both an out and an inpatient, the patient will only receive one questionnaire regarding their latest contact). In addition to this, a patient can only receive three questionnaires during a single year, with at least four months between questionnaires.

The hospitals and regions now report the monthly data and have to support the wards in how they work with data. Guidance and support is provided to the regions and hospitals. Going forward, the LUP will report annually on differences and developments in patient experiences over time, both nationally and across regions and hospitals.

2.3 England

2.3.1 Background

In England, the National Health Service (NHS) Patient Survey Programme (NPSP) was introduced in 2002 by the then Department of Health, and is now overseen by the Care Quality Commission (CQC) - the independent regulator of health and social care in England. The NPSP allows patients and the public to provide feedback on their recent experiences of NHS services. The programme currently comprises of the Adult Inpatient Survey, Maternity Survey, Community Mental Health Survey, Children and Young People's Survey and Urgent and Emergency Care Survey.

Each NHS hospital trust⁵ in England is asked to carry out the inpatient survey in a consistent way in order to build a detailed picture of patients' experiences across NHS hospital trusts. The data is used by a range of organisations for a variety of purposes. Information drawn from the questions in the Adult Inpatient Survey is used by the CQC within its performance monitoring tools and inspections of acute services. Published data from the survey also allows for reliable comparisons between trusts. Information collected nationally in a consistent way is also essential to support public and parliamentary accountability. The results are used by NHS England and the Department for Health and Social Care for performance assessment, improvement and regulatory purposes.

The survey was developed and tested by the Picker Institute. The current iteration of the survey is comprised of 58 tick-box questions and three open-ended questions.

2.3.2 Publication of findings

Each trust is provided with a benchmark report, which outlines: details of the survey methodology, headline results, the trust score for each evaluative question and banding for how a trust score compares with all other trusts. The reports also provide results at hospital site where data is available.

Reports of the survey results are available online including: statistical release, subgroup charts, and trusts outliers. Data and other supporting information are also available, including: national tables, trust-level benchmark data, and site-level benchmark data, as well as a quality and methodology report and a technical document.

⁵ An NHS trust is an organisational unit within the National Health Services of England and Wales, generally serving either a geographical area or a specialised function

2.3.3 Developments since the 2016 review

Over time, minor changes were made to the questionnaire such as adding new questions, removing questions or rewording existing questions. In 2020, the questionnaire was adapted and shortened for online use. The 2022 Adult Inpatient Survey remained largely similar to the 2021 and 2020 iterations of the survey.

The CQC commissioned Ipsos to advise on and transform the previous survey programme from paper-based to mixed mode. In 2019, the feasibility of conducting the Adult Inpatient Survey using a mixed mode methodology (postal self-completion and an online survey) was explored through a pilot. The pilot results indicated that the change in approach allowed response rates to be maintained while having a positive impact on response bias. The 2020 Adult Inpatient Survey was then the first survey in the programme to be offered with a mixed method approach, and the 2021 survey also adopted a mixed method approach and achieved a response rate of 39%, consistent with other surveys in the NPSP. The 2022 Adult Inpatient Survey followed the same mixed method approach.

The questionnaire was extensively redeveloped in 2020. A number of changes took place including improvements to patient materials, questionnaire content and provision of accessible options. The pilot results showed that changing the survey methodology changes the way patients respond to questions. This, therefore, makes results from the 2020 survey onwards incomparable with results from previous surveys. The CQC used this opportunity to review all aspects of the design of this survey, and chose to make several changes based on wide consultation with stakeholders and analysis of previous survey data.

Changes introduced in 2020 and in surveys since then include:

- methodology
 - using a mixed method approach
 - for 2022 fieldwork to be 13 weeks to reduce the time lag between the care episode and publication.
- sampling
 - two variables based on ICD-10 codes, and a variable based on individual trust records were collected.
 - changes to sampling materials (sample declaration form, sample construction spreadsheet sampling handbook and sampling instructions).
- materials
 - an online survey and SMS reminders introduced for the 2020 survey
 - in order for contractors to send SMS reminders, trusts were asked to include mobile numbers alongside postal addresses within the sample.
- accessibility
 - accessibility was reviewed to ensure it is conforming to all required regulations (for the online survey and paper accessible formats).

- notifying participants about results
 - for 2022, participants had the option to provide an email address at the end of the survey if they would like to be contacted when the results are published.
- SMS reminder timings
 - the time of day SMS reminders are sent has changed to optimise response, and there is an additional day between sending mailing 1 and sending SMS1 (same for mailing 2 and SMS2).
- questionnaire
 - the review aimed to reduce the questionnaire length and ensure the content remains in line with current policy and practice.
 - analysis of previous Adult Inpatient Survey data was conducted to identify which questions appeared to be “working well”, and those that are less efficient. This analysis included: correlation between questions, and ceiling and floor effects.
 - the content of the 2021 questionnaire was reviewed to ensure it reflected any new policies or changes in the way inpatient services are delivered.
 - one recontact question was added at the end of the questionnaire. The recontact question asked patients if they gave consent to be recontacted and for their personal information to be linked to their survey responses.

In addition to the changes outlined above, further changes to the questionnaire were undertaken including the addition of four questions (two of which were for the online survey only, asking for an email address to receive notification of the findings, and asking permission to contact the participant for any follow up), the removal of three questions and the re-wording of two questions.

The following text was included within all cover letters to inform respondents of the possible follow-up action which may be taken:

"If comments on the questionnaire were to suggest that you or someone else is at serious risk of harm, your details would be provided to the appropriate authority to investigate, as part of our safeguarding duty."

2.4 New Zealand

2.4.1 Background

New Zealand's Adult Hospital Inpatient Experience Survey provides information about the experience of care received in public hospitals in New Zealand. The first survey was run in August 2014 and all district health boards (DHBs) have been participating quarterly since then.

The Health Quality and Safety Commission conducts the survey with its survey provider, Ipsos. The survey gathers information about the experience of care received by a sample of adults aged 15 years and over who stayed at least one night in a public hospital during the survey period. Specific exclusions are: patients admitted to a mental health specialty, patients who were transferred to another health facility and patients who have a date of death at the time of the extract. Patients who were sent a survey invitation in the previous quarter are also excluded.

The survey runs every three months (four times a year). The survey is sent to patients discharged within the same two week period in each quarter in each DHB. Four smaller DHBs sample over a four week period, with their survey sample period starting two weeks earlier than other DHBs.

The aim of the survey is to improve the quality of health services in New Zealand by enabling patients to provide feedback that can be used to monitor and improve the quality and safety of health services. The survey covers four key domains: communication, partnership, coordination and physical and emotional needs. The survey contains about 40 questions (depending on the DHB there are some additional questions) including 12 demographic and health status questions, three questions for individuals who wish for the DHB to contact them and five demographic questions, and two questions seeking feedback on the survey.

The survey is primarily administered online. This was found to provide higher-quality and more timely data, as well as being the most cost-effective and least time-consuming to administer. Until recently, the system allowed for paper-based postal surveys, however this has now been stopped due the additional burden on staff for printing and data entry, and the low response rate for this method.

2.4.2 Publication of findings

Results from the patient experience surveys are published on the website of the Health Quality and Safety Commission. Results are presented both in publicly accessible interactive data explorers and in various reports. There is a secure online portal for health providers participating in the surveys. The reporting portal gives an overview of survey results compared with the national average, results for each

question by demographic details and provides a data exploration tool to create customised tables. Free text responses can also be downloaded from the portal. Results are updated quarterly after each survey is conducted. Different stakeholders have access to different levels of information, depending on their role in the system.

2.4.3 Developments since the 2016 review

The Health Quality and Safety Commission and its contracted provider, Ipsos, undertook a review and refresh of the New Zealand patient experience survey programme in 2019/20. The purpose of the refresh was to check that their inpatient survey and the primary care survey were working as well as possible and were meeting the needs of the sector. The refresh included a review of the questionnaires, stakeholder engagement, cognitive pre-testing of revised questionnaires and a review of the survey sample method.

Based on the review, the following changes were made to the approach to the survey, the methodology, sampling technique and the questionnaire:

- approach
 - the survey adopted a non-proprietary approach. The questionnaire refresh provided a final questionnaire for use from May 2020. A review of the questionnaire is undertaken every year and changes are made as required, typically minor.
 - a core question set that reflect key elements of patient experience was identified to help to focus on aspects of the experience that are common to all patients. The core questions are in all national surveys and including them in other surveys enables consistency in collection and benchmarking. The core questions are valid, reliable, tested and relevant.
- methodology
 - an annual review of the questionnaire is undertaken to ensure it remains fit for purpose.
 - survey invitation mode. DHBs are encouraged to include both email and cell phone details for the Māori and Pacific patients in their sample and a paired approach with an email and a text invitation is used with this group.
- sampling
 - the content and style of the survey invitation were tested with Māori and Pacific patients.
 - Māori and Pacific peoples are now deliberately over-sampled in the primary care survey.

- each DHB is responsible for extracting patient data that forms the survey sample. Up to the end of 2019, invitations were sent to a random sample of 400 patients per DHB. As part of the survey refresh, the limit on the number of invitations sent each quarter per DHB was removed.
- DHBs are encouraged to monitor the percentage of invitations sent each quarter by ethnicity and take proactive steps to improve the collection of patient contact details.
- questionnaire
 - questions on gender and ethnicity and sexual orientation are aligned with wording from updated Stats NZ statistical standards.
 - questionnaires are appropriate for people with low levels of literacy.
 - the questionnaire software tool uses best practice in accessibility for those with vision and mobility difficulties.
 - the cultural support question was reworded and a set of cultural safety measures were included.
 - domain scores are no longer be a key focus of reporting, but still considered a useful lens for understanding the data.
 - two free text questions were added near the end of the questionnaire to ask: i) what could have been improved; and ii) what went well.
 - an open-ended question was added at the end of every survey to seek feedback from respondents on the questionnaire itself. This provides important information on their survey experience such as questions they struggled to answer, survey length and any technical difficulties. This feedback is monitored closely by Ipsos and shared with the Commission.
 - changes to the wording of a number of questions.

3. Jurisdictions new to the 2023 review

This section outlines five jurisdictions not covered in the previous 2016 review:

- Canada
- Norway
- Australia (pan-Australian survey)
- New South Wales (Australia)
- United States of America.

The number of questions ranges from 12 (Australia) to 61 (New South Wales). Three of the five jurisdictions allow for the inclusion of additional questions at a local level, while two currently do not. Two of the surveys are currently under review (Canada and Norway), while two were reviewed in recent years (New South Wales and USA), and one is currently in phase 1 of implementation and will be reviewed before phase 2 of implementation (Australia).

	Canada	Norway	Australia	NSW	USA
First survey	2016	2002	2017	2007	2002
Most recent findings	2022	2021	Varies	2021	2023
Items	48	56	12	61	29
Option to add additional questions	Yes	No	Yes	No	Yes
Most recent revision	Review in progress	Review in progress	Early implementation	2021	2019
Primary mode of administration	Mixed mode	Online	Mixed mode	Online	Mixed mode
Frequency of administration	Variable	On hold	Variable	Continuous	Variable

3.1 Canada

3.1.1 Background

The [Canadian Patient Experiences Survey on Inpatient Care \(CPES-IC\)](#), launched in 2014, is a standardized tool developed by the Canadian Institute for Health Information (CIHI) that patients use to provide feedback about the quality of care they received during their most recent stay in a Canadian acute care hospital. The survey was established in response to requests made by several jurisdictions to the Canadian Institute for Health Information (CIHI) to lead the development of a pan-Canadian inpatient acute care experience survey and data collection system. The request was borne out of the need for a standardised approach to patient experience surveying in Canada as tools and data collection methods varied across jurisdictions. Additionally, Accreditation Canada requires patient experience surveying and there was a lack of comparative pan-Canadian data for measuring and monitoring patient experience.

The Canadian Institute for Health Information (CIHI) collaborated with the national and international research community as well as stakeholders across the country, including the Inter-Jurisdictional Patient Centered Measurement Advisory Group, Accreditation Canada, the Canadian Patient Safety Institute and The Change Foundation, to inform the development and pilot testing of the CPES-IC. The CPES-IC includes questions from the US-based Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, the NHS and questions developed for the Canadian context. The CPES-IC was designed to calculate [23 patient-reported experience measures \(PREMs\)](#).

The [CPES-IC Procedure Manual](#) provides standards for administering the survey, including details on the target patient population and inclusion criteria for the survey. The target population of the CPES-IC is the adult (that is, age 18 and older) inpatient acute care population that received maternity, surgical or medical services in the hospital. The survey is administered by hospitals to all or a random sample of inpatient medical, surgical, and maternity patients. Hospitals can stratify their patient population by program and or unit, or in combination with a specific time period.

CIHI welcomes the use of the survey and its supporting manuals as long as users comply with the [CPES-IC Terms of Use](#). There is no cost for non-commercial customers (for example, jurisdictions, hospitals) to access and use the survey.

When administering the survey, guidance from CIHI states that questionnaires must include all questions and the questions must remain in the prescribed order. There is an option to include up to 10 additional questions (or up to 13 if the demographic questions on birth date, gender and or service line are collected using administrative data rather than the questions in the survey tool) before the 'About You' section at the end of the survey (or, in the case of jurisdiction-specific demographic questions, after the set of CPES-IC standard demographic questions), and include a final open-ended question to collect feedback about the hospital stay and sample wording for

such a question is offered. Responses to the open-ended question are not submitted to CIHI.

The survey is bilingual (English and French) and has been cognitively tested and validated in the field. It is endorsed by the Health Standards Organization and Accreditation Canada for patient experience surveying. It gathers information about patients' experiences in the following areas:

- admission process
- communication(s)
- involvement in decisions and respect for patient's preferences
- coordination of care
- discharge process
- overall experience of care.

The CPES-IC is currently completed in three modes: mail, online and telephone. The mode of survey completion may impact results by influencing the composition of respondents and the way respondents answer questions. To enhance comparability of results across jurisdictions and peer hospitals, the results are adjusted for mode of survey completion as well as survey design, non-response, and service line; they are also age–gender standardised where applicable, to the hospital population.

CIHI's [Canadian Patient Experiences Reporting System \(CPERS\)](#) launched in 2015, is Canada's national patient experience reporting system. The CPERS collects standardized patient experience information from participating hospitals across Canada, starting with acute inpatient care collected using the CPES-IC. Information from CPERS provides insight into patients' perspectives on the health services they received. This information is used to inform and improve patient-centred care and patient outcomes. CPERS receives data about patient experiences from hospitals or jurisdictions that administer the CPES-IC. The CPERS collects:

- patients' responses to CPES-IC questions
- information on the survey methods and processes used to administer the survey
- administrative information needed to support submissions, analysis, and reporting.

CIHI develops standards and technical specifications to support the collection and submission of data to CIHI. Jurisdictions and health information vendors must sign a licence agreement and complete a subscription process annually to access and use CIHI's current products, including the Canadian Patient Experiences Reporting System (CPERS) product specifications related to the submission of data.

Jurisdictions and or hospitals can submit the data to CIHI themselves or use a computer software product or solution developed by a health information software vendor.

CIHI extends licences to access and use this information in order to develop computer software products to support data collection and submission. Software vendors must first be licensed by CIHI and then have their software products successfully pass CIHI's testing requirements in order for their software products to be used to collect and submit data to CIHI.

Jurisdictions have implemented the CPES-IC in a staged approach with 2014-2015 fiscal year data being the earliest data in CPERS. As of July 10, 2023, CPERS includes over 515,000 records from six jurisdictions. The most recent available data for applicable jurisdictions is fiscal year 2022-2023.

3.1.2 Publication of findings

The results for five PREMs are publicly reported through CIHI's Your Health System (YHS) web tool. These are:

- communication with nurses
- communication with doctors
- involvement in decision-making and treatment options
- information and understanding when leaving the hospital
- overall hospital experience.

The report '[YHS: In Brief](#)' summarizes results for the 'Overall Hospital Experience' measure at national and provincial levels. The report '[YHS: In Depth](#)' highlights results for all five measures at the provincial, regional and hospital-levels. Participating hospitals can use PREMs' data alongside other YHS indicators to see how they compare with other hospitals, both in the same jurisdiction and across the country. Results are adjusted to ensure comparability. Technical details for the five publicly reported PREMs can be found on [Indicator library | CIHI](#) page.

Results for all 23 PREMs captured via the CPES-IC are privately reported through the online Canadian Patient Experiences Survey comparative results tool. This tool allows authorised users in participating hospitals and jurisdictions to compare their patients' experiences with those at other acute care hospitals in Canada. Results are adjusted to ensure comparability.

Additionally, researchers, decision-makers and health managers can request specific data from CPERS through CIHI's Data Request Program.

CIHI has also released patient experience survey results through national-level reports, including the following reports: [Patient experience in Canadian hospitals, 2022](#); [Impact of COVID-19 on patient experience in acute care hospitals](#); [Patient experience in Canadian hospitals, 2019](#).

3.1.3 Future developments

CIHI is currently modernizing the CPES-IC to ensure that the survey continues to meet the needs of health jurisdictions, hospitals, and data users, and it reflects the perspectives of patients and the current priorities of Canadian hospitals. The modernisation will address new priorities and emerging health care delivery models, leverage advances in technology and integration with data systems, re-evaluate priority information needs balanced with minimizing burden, increase flexibility of administration to promote accessibility (for example, survey length) and to ensure relevance and sustainability to continue to amplify the patient voice to inform and improve patient-centred care and patient outcomes.

The modernisation process is being undertaken with input from key stakeholders. Innovations being incorporated include:

- the addition of text and or SMS initial contact for online survey mode to enhance the usability of this mode of survey administration.
- the adoption of CIHI's updated national socio-demographic standards to gather demographic data.
- the rewording of prioritized CPES-IC questions to ensure relevance and accuracy.
- the development of a hybrid/modular option that will offer an updated full version of the questionnaire and a shorter version of CPES-IC.
- the development of a survey question bank.

There will be two versions of the CPES-IC. The modernized full version (CPES-IC 20M, which will inform 20 measures) and a shorter version (the CPES-IC 6M, which will inform 6 measures). Hospitals and or jurisdictions will have the flexibility to use one and or both versions in combination. The modernized survey tools (CPES-IC 20M and CPES-IC 6M) have been cognitively tested with patients and are currently undergoing pilot testing in four jurisdictions. The pilot data will be analysed in autumn 2023 with the validated survey tools anticipated to be ready for use by late 2023.

3.2 United States of America

3.2.1 Background

The Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS) is part of a larger Consumer Assessment of Healthcare Providers and Systems (CAHPS) program sponsored by the Agency for Healthcare Research and Quality (AHRQ). CAHPS was initiated by AHRQ in 1995 to establish survey and reporting products that provide American healthcare consumers with information on health plan and provider performance.

HCAHPS was developed in 2002 by AHRQ in response to the Centers for Medicare and Medicaid Services' (CMS) request for a survey that supports the assessment of patients' perspectives on hospital care. AHRQ carried out a rigorous scientific process, including a public call for measures; a literature review; cognitive interviews; consumer focus groups, stakeholder input, a three-state pilot test, extensive psychometric analyses, consumer testing, and numerous small-scale field tests. During this process, CMS provided three separate opportunities for the public to comment on HCAHPS and responded to over 1,000 comments.

Since 2006, the Centers for Medicare and Medicaid Services (CMS) has continuously implemented HCAHPS on a national basis. The CAHPS Hospital Survey (HCAHPS) asks people 18 and older about their experiences with care provided in an inpatient setting. As of April 2023, 4,443 hospitals across the country were using this survey and reporting data to CMS⁶. HCAHPS is designed to produce standardized information about patients' perspectives of care that allows objective and meaningful comparisons of hospitals on topics that are important to consumers. Public reporting of HCAHPS results creates incentives for hospitals to improve the quality of care while enhancing accountability in healthcare by increasing transparency.

The adult version of HCAHPS contains 34 items (25 'core questions' and nine 'about you' questions). It produces ten measures of patient experience: six composite measures, two individual items, and two global ratings. Composite measures combine two or more survey questions that are statistically and conceptually related.

The measures are as follows:

- communication with nurses
- communication with doctors
- communication about medicines
- responsiveness of hospital staff
- discharge information
- care transition (patients understood their care when they left the hospital)
- cleanliness of hospital environment
- quietness of hospital environment
- overall rating of hospital
- willingness to recommend the hospital.

⁶ see <https://hcahpsonline.org/en/summary-analyses/Current Table>

Since the 2008 fiscal year hospitals that are subject to Inpatient Prospective Payment System (IPPS) payment provisions must collect and submit HCAHPS data in order to receive their full Annual Payment Update. Short-term, acute care hospitals that are not IPPS hospitals, such as Critical Access Hospitals, Veterans Affairs hospitals or Department of Defense hospitals, may voluntarily participate in HCAHPS.

Hospitals interested in self-administering the survey and survey vendors interested in administering HCAHPS (referred to as hospitals and or survey vendors) must apply to participate in HCAHPS and must participate in the Introduction to HCAHPS Training, as well as all subsequent HCAHPS update training sessions.

3.2.2 Publication of findings

Official HCAHPS scores, configured both as top-box and star ratings, are publicly reported four times each year on Care Compare on Medicare.gov (<https://hqr.cms.gov/Medicare.gov>). Public reporting of HCAHPS results is comprised of a rolling four quarters of survey data, with hospitals or their survey vendors submitting data on a monthly or quarterly basis through the Hospital Quality Reporting (HQR) system. Since 2013, CMS has used HCAHPS scores in its payment formula for IPPS hospitals.⁷

The HCAHPS data submitted by each hospital or survey vendor is reviewed, cleaned, scored, and adjusted (including adjustments for patient mix and survey mode). HCAHPS data submitted to CMS is de-identified, that is, no information about the patient's identity is submitted. HCAHPS results are available for preview by the participating hospital before public reporting on Care Compare. HCAHPS scores are designed and intended for use at the hospital-level for the comparison of hospitals to each other. The use of HCAHPS scores for comparisons within hospitals (for example, comparing wards) is not advised, as such comparisons are unreliable unless large sample sizes are collected the appropriate level.

3.2.3 Developments over time

Beginning in 2006, the CMS has undertaken five 'mode experiments' in order to ensure that publicly reported HCAHPS scores allow fair and accurate comparisons of hospitals by adjusting for factors that are not directly related to hospital performance but do affect how patients answer HCAHPS survey items, such as mode of administration and certain patient characteristics (service line, age, self-reported health, etc.).

⁷ For more information, see <https://hcahpsonline.org/en/hcahps-and-hospital-vbp/>

The 2016 mode experiments looked at the effect of mode of survey administration on response propensity and response patterns, along with the testing of supplemental items and new pain management survey items.

In autumn of 2019, CMS initiated a multifaceted review of HCAHPS Survey content and design. Focus groups and cognitive interviews were conducted with recent hospital inpatients, discussing their experience of care and assessment of existing, revised and potential survey items. Following this, CMS gathered input from stakeholders more broadly on potential changes to HCAHPS.

In July 2020, a Technical Expert Panel (TEP) meeting was conducted to discuss the goals of the HCAHPS Survey revision efforts. In the autumn of 2020, nationwide hospital recruitment occurred and the HCAHPS mode experiment data collection was conducted on a random sample of HCAHPS-eligible patients discharged from April through September 2021 from 45 hospitals). The 2021 mode experiment evaluated existing and potential new survey items and revised survey protocols, tested possible new modes of survey administration, updated mode and patient mix adjustments for existing items, and developed mode and patient mix adjustments for candidate survey items.⁸ Briefly, the mail-only and telephone-only modes had the lowest response rates, while mixed modes that began with an email survey followed by mail, telephone or mail and telephone contact with non-respondents resulted in higher response rates and better representation of younger, minority, non-English preferring, and maternity patients.

CMS also tested new potential items as part of this mode experiment, including:

- care coordination (within hospital and or post discharge)
- discharge experience
- communication with patient's family or caregiver
- emotional support and or security
- sleep and rest
- summoning help.

CMS plans to launch the revised HCAHPS Survey in 2025.

⁸ For more recent information, see
<https://hcahpsonline.org/en/whats-new/>

3.3 Australia

This section on Australia covers two patient experience surveys: Australian Hospital Patient Experience Question Set (AHPEQS) and the New South Wales (NSW) Patient Survey Program.

3.3 Australia - Australian Hospital Patient Experience Question Set (AHPEQS)

3.3.1 Background

The Australian Hospital Patient Experience Question Set (AHPEQS) has been developed by the Australian Commission on Safety and Quality in Health Care (the Commission). It is a non-proprietary set of 12 questions developed to facilitate a nationally consistent measurement of the experiences of patients admitted to hospital or day surgery clinics. The questions assess the quality of their experiences during a recent hospital stay or visit to a healthcare service.

The AHPEQS questions ask patients to consider short statements about events that occur during health care. The questions have been developed in consultation with Australian patients, consumers and carers. The statements are worded from the patient's perspective. The patient marks one response which best reflects how often the statement was true during their most recent healthcare experience. Most questions give the option of answering 'always', 'mostly', 'sometimes', 'rarely' or 'never'.

Australia has not previously had a freely available tool that would allow patient experiences to be consistently assessed across the country. AHPEQS is now used by many health services across Australia. It is available for download free of charge from the Commission's website and the use of AHPEQS is voluntary.

So far, AHPEQS has been validated and found to be reliable in certain types of healthcare setting using certain types of survey delivery. Those included in the field testing were patients who:

- were aged 18 or over at the time of completing the survey.
- had spent at least one night admitted to a public or private hospital or have been admitted to a private day-only clinic for a day procedure.
- had been discharged from this overnight or day stay in the calendar month two months prior to survey administration .
- were not primarily admitted for mental health reasons, maternity services, chemotherapy or renal dialysis (a full list of sample exclusions is available on request).

The three modes of administration for which validity and reliability was established in these populations were computer-assisted telephone interviewing, online self-administration, and pen and paper by post.

Questions which performed very differently in tests of reliability and validity between these three formats were discarded. However, direct comparison between responses received using different modes of administration is not advised.

The Commission indicates that the easiest method of administering AHPEQS to patients is by sending a link (by text message or email) to an online survey form. However, it is up to the organisation administering the survey (for example, the hospital) to select an online survey tools available and to set up AHPEQS on it.

The Commission also suggests that health service organisations may wish to consider the use of computer-assisted personal interviewing (CAPI), where an interviewer talks to the patient in person and uses a computer (usually a tablet) to answer the questions.

Printed copies of AHPEQS can be sent by post to patients, together with reply-paid envelopes to return the survey. The health service organisation administering the survey would have to consider the need for accompanying documents to the survey itself, such as an information sheet and reply-paid envelope, the resources required to print surveys, paying for postage and manually processing or scanning responses and they note a likely higher rate of skipped or ambiguously answered questions.

Individual organisations can use and adjust AHPEQS to meet their own needs. However, the Commission notes potential problems with validity and reliability, and future requirements. The Commission advises that if a health and social care service adapts the AHPEQS questions or how AHPEQS is administered, or if they use it in other populations, its validity and reliability cannot be assured (unless further statistical testing of collected data is carried out). This does not mean that the tool cannot still be useful for local monitoring and informing quality improvement, as long as it is administered and analysed in a consistent way within a given organisation.

The Commission has published [AHPEQS technical specifications](#) document, which provide guidance on best practice implementation of AHPEQS. The AHPEQS has been translated into [20 languages](#), and is available in [easy English](#), [large print](#) and [braille](#). The Commission has collaborated with a children's hospital and adapted and validated AHPEQS for parents and carers of children who received inpatient care. A research paper on this project '[Development of the Australian hospital patient experience question set for parents](#)' is published in a peer-reviewed journal. Work is also underway to adapt and validate AHPEQS for children aged 12-17 receiving inpatient care.

On their website, the Commission provides resources for consumers to help to understand the purpose of the survey, guidance on completing the survey and information on how their survey responses will be used. The Commission also provides resources for those implementing the survey relating to the issues to consider before using AHPEQS, how to implement AHPEQS in their organisation, and

how to make best use of the data collected through AHPEQS, in addition to feedback and case studies.

3.4. Australia - New South Wales - Adult Admitted Patient Survey (AAPS)

3.4.1 Background

The New South Wales (NSW) Patient Survey Program began sampling patients in NSW public health facilities from 2007. The program was coordinated by the NSW Ministry of Health (Ministry) until mid-2012 when responsibility was transferred to the Bureau of Health Information (BHI). The Bureau of Health Information (BHI) is the statutory agency responsible for reporting on the performance of the NSW public health system.

BHI has a contract with a survey vendor to support data collection, while BHI conducts all survey analysis and reporting. The aim of the NSW Patient Survey Program is to measure and report on patients' experiences in public healthcare facilities in NSW on behalf of NSW Health and local health districts (LHDs). The survey program is guided by the BHI Strategic Plan 2023-26 which ensures all patient surveys maximise benefits to patients and deliver unique value for the NSW health system. Data collection for the NSW Patient Survey Program is a collaboration between BHI, the survey vendor and the Ministry's Systems Information and Analytics (SIA) branch.

The Adult Admitted Patient Survey (AAPS) is a core component of the NSW Patient Survey Program. It is the only state-wide data asset that provides representative comparative patient experience information at hospital, local health district (LHD) and state level. It acts alongside current and emergent real-time feedback from patients about their experiences in hospitals, which can inform day-to-day local improvement.

The New South Wales (NSW) Patient Survey Program currently consists of four patient surveys:

- Adult Admitted Patient Survey (continuous survey – 61 questions)
- Emergency Department Patient Survey (continuous survey - 45 questions)
- Outpatient Cancer Clinics Survey (periodical survey - one month sample - 90 questions)
- Virtual Outpatient Care Survey (periodical survey - two months sample 51 questions).

Participants are randomly selected to complete the survey in order to provide a representative sample across NSW. The survey is sent to participants one to three months after their hospital visit. Surveys can be completed online or on paper (and return it using the prepaid envelope), however online completion is encouraged. The exception to this is the Virtual Outpatient Care Survey which is offered online only.

3.4.2 Publication of findings

Findings are published in the following formats:

- public report
- data portal
- supplementary data tables
- technical report.

3.4.3 Developments over time

The Adult Admitted Patient Survey (AAPS) is reviewed between each iteration, however, as part of the NSW Patient Survey Program Strategy 2019–22, BHI undertook more extensive work to reform the survey program. They reviewed the timeliness and usefulness of results to inform improvements, in addition to the length and structure of the survey to minimise the burden on patients and to maximise the value of results and improve response rates.

BHI undertook a major review of the AAPS questionnaire in 2021 as part of this reform. The updated approach involved maintaining a set of core questions, while introducing modules, which are targeted sets of questions that can be added to a questionnaire to collect data for a patient group or service. These one-off or periodic modules are designed to meet particular health system needs for additional information.

BHI also completed a qualitative review of the 2021 question set in 2022, to identify any opportunities for improvement, such as:

- survey sections that would benefit from a modified preamble to provide clearer instruction to the survey participant.
- response patterns for each question, including rates of item non-response, invalid responses and non-specific responses such as 'don't know', 'can't remember' or 'not applicable to me'.
- ceiling and floor effects of response categories using the scored mean, standard deviation and skewness of responses.
- the existing virtual care questions, which were introduced in the second half of 2021. The AAPS 2022 questionnaire included three modules, which are further detailed below.

Virtual care module

In response to the COVID-19 pandemic, models of outpatient hospital and primary healthcare across NSW have increasingly involved a mix of in-person and virtual care. In July to December 2021, a set of virtual care questions was added to the AAPS questionnaire. These questions covered appointments with a public hospital or outpatient clinic, not with a general practitioner (GP). An expanded two-part module, covering the experiences with hospital outpatient clinics and GPs, consisting of 13 questions about virtual care experiences in the three months following discharge was included in the AAPS questionnaire during the period January to June 2022.

Patients were invited to complete these questions if they had a virtual care appointment with a hospital outpatient clinic and or a GP. These virtual care appointments may have been held over the telephone or by video call and may have used any form of communication or information technologies. The virtual care module complements insights from the core section of the survey, as well as other BHI surveys about experiences with virtual care appointments with NSW public hospitals and GPs. Questions used in the virtual care module are drawn from the Virtual Care Survey 2021, which was developed by BHI in consultation with stakeholders.

Planned surgery or procedure module

During the COVID-19 pandemic an increasing number of patients waited longer than before the pandemic to undergo elective surgery. Understanding these experiences provides actionable insights into opportunities which can affect high priority improvements in experiences and outcomes for elective surgery patients.

The 13 question elective surgery module was added to gain insights into patients' experiences of care with elective surgery (including treatment options; informed decision making; waiting times; quality of life; information provision; and continuity of care).

The elective surgery module was included in the AAPS questionnaire from August to October 2022.

Aboriginal patient module

The Aboriginal patient experience module was developed by the Bureau of Health Information (BHI) in collaboration with the Centre for Aboriginal Health (CAH), the Aboriginal Patient Experience Survey Program Advisory Committee and other key stakeholders from across the New South Wales (NSW) health system. The question set was developed with the guidance and input of Aboriginal people. It aims to better support survey data collection for Aboriginal patients using a set of questions identified to be of high relevance to Aboriginal patients, the Aboriginal community and relevant stakeholders

This 11 question module has been included in AAPS since 2021 and data is collected for the whole year. The module is provided to patients who have identified as being of Aboriginal and or Torres Strait Islander background in hospital administrative data.

3.4 Norway

3.4.1 Background

In Norway, the Norwegian Institute of Public Health is responsible for national surveys of patient-reported experiences with healthcare services. The Norwegian Institute of Public Health is a government agency under the Ministry of Health and Care Services. The purpose of the surveys is systematic measurement of patient experiences, as a basis for accountability, hospital management, quality improvement and patients' choice of healthcare provider. The surveys are of interest to both patients and decision makers on all levels, including the national quality indicator system. Surveys undertaken include paediatric care, outpatient care, out-of-hours care, outpatient child and adolescent mental health services and cancer patients experience questionnaire and GP care, in addition to inpatient care and maternity care.

The national inpatient experience survey has typically been conducted annually since its inception, with the exception of 2020 due to the COVID-19 pandemic. Nine indicators were created from 34 questions that describe different aspects of the hospital stay, based on the answers from groups of individual questions⁹. These were scored on a scale from 0 to 100, where 100 is best. The indicators were as follows:

- nursing staff (7 questions)
- the doctors (7 questions)
- information (3 questions)
- organization (4 questions)
- next of kin (2 questions)
- standard (6 questions)
- discharge (2 questions)
- interaction (2 questions)
- waiting time (1 question).

The survey is currently under review and will not be repeated again before 2024 at the earliest. It is anticipated that the future survey will run in three year cycles. It is anticipated that future inpatient surveys will draw samples more frequently (between four and 12 times a year), measuring the whole year and with much shorter time between measurements and reporting.

⁹ Demographic questions are asked in addition to these 34 questions. Patient safety was also measured with 12 items, while patient satisfaction, health benefit, and health level were measured with one item each.

Due to the older average age of inpatients and the cost of postal surveys, new data collection approaches and modes for those unable to answer digitally (digital helpdesk, pen-and-paper if requested, telephone interviews, etc.) are being evaluated. In 2021 the response rate was 60% and around 45% answered digitally.

Quality of care and health care delivery are closely monitored in Norway. The annual collection of some 174 indicators across different levels of care provides valuable information on how quality of care is developing over time. Norway has a total of 53 national quality registries. In 2016, the Ministry of Health and Care Services included patient-reported experience measures (PREMs) and patient-reported outcome measures (PROMs) in these registries. Currently, 26 registries collect PROMs and 13 collect PREMs data. Norway has also decided to take part in the OECD-led Patient-Reported Indicator Survey (PaRIS).

NIPHS surveys use national registries as sampling frame. For primary care surveys the national municipality patient register (“Kommunalt Pasient- og brukerRegister”, KPR) is used, while secondary care surveys normally use the Norwegian Patient Register (NPR). Both registries are used initially for sampling, then after data collection is finished de-identified data including diagnosis, health care contact dates and other administrative details are transferred from the register to NIPH and connected to survey data. Some surveys gather variables from other national registries, for instance from registries in Statistics Norway, to include education and birth country for sampled individuals.

3.4.2 Publication of findings

A national report and individual reports for all participating units (hospitals, institutions and more aggregate levels) are produced for all surveys. The continuous measurements are reported quarterly, but depending on the sample size at different levels the surveys are reported annually.

3.4.3 Developments over time

The survey has undergone several changes since it was first administered in 2004. These changes have sought to ensure that the survey remains relevant and useful, and to reflect changes in the healthcare context and the needs of patients over time. Since it was first administered the survey has expanded to cover a wider range of topics related to patient experience, including communication with healthcare professionals and the co-ordination of care. Survey items have been revised to reflect changes in the healthcare landscape, such as the inclusion of items on electronic health records. The survey has transitioned from a primarily paper-based survey to a more web-based survey to allow for more efficient data collection and analysis.

The survey is currently undergoing a redevelopment process and is on hold until at least 2024. Changes being explored include continuous measurement and automated analysis of free-text comments. These measurements are now being developed to measure experiences and patient-reported outcomes after discharge. The NIPH are also exploring the possibility of conducting the maternity care survey regularly, including relevant connections with the hospital inpatient survey.

Overview of findings

Following a high-level overview of nine survey programmes from eight different countries, and how they have developed and changed in recent years, this review has focused on five key topics with particular relevance to the redevelopment of the National Inpatient Experience Survey:

- survey administration
- reporting of findings
- publication and use of results
- revisions of survey programmes – with particular interest in accessibility and inclusion
- options for local customisation of surveys.

The inpatient experience surveys reviewed have developed according to particular aims, policy and legislative contexts, and contextual affordances (such as the resources available, the technical infrastructure and the design of the healthcare system).

Conducting survey reviews and or refreshes

Reviewing the approach to the design and implementation of inpatient surveys is a consistent feature in the surveys reviewed, and is regarded as a means of facilitating the improvement of quality in inpatient care and patient experiences. All surveys reviewed have undergone, or are currently undergoing, a major review process. In addition surveys are typically reviewed to some extent after every survey cycle. Currently, review processes typically result in the shortening of survey instruments, and changes to the mode of contacting participants and administering the survey (typically seeking to adopt digital means to carry out the survey).

Commonalities of aims

The surveys included in this review had a range of broad aims, including:

- 'giving voice' to inpatients or otherwise capturing their experiences in order to inform decision-making processes
- assessing quality from the patients perspective
- informing quality improvement efforts
- providing feedback to healthcare providers
- national and local accountability
- healthcare planning and policy development.

Accreditation and pay for performance

While the use of patient experience surveys for accreditation varies depending on the accreditation body in question, the following countries use patient experience surveys for accreditation purposes: England, Australia, Canada, Denmark and Norway.

The use of patient experience surveys for pay-for-performance also varies according to specific healthcare systems. National inpatient experience surveys are used in pay-for-performance programmes in the following countries included in this review: England, United States, Canada and Australia.

Questions and topics addressed

All surveys reviewed used standardised questionnaires that had been shown to be valid and reliable. All surveys addressed similar topics including communication with healthcare staff, quality of care, and discharge.

Differences in the surveys reviewed

The surveys reviewed differed according to the following aspects:

- The specific survey instrument used: each survey was developed to meet a specific set of needs in a particular context.
- Centralisation: In many of the jurisdictions reviewed, the identification of the sample and administration of the survey was the responsibility of an individual hospital or trust (e.g., Canada, Australia, New Zealand) whereas in other countries, as in Ireland, the survey is administered centrally (e.g. Denmark).
- The focus of the instrument: While the issues addressed in the surveys was broadly similar, the focus of the surveys did reflect the specific healthcare context for which it was developed.
- *Dimensions and composite measures*: Shorter surveys tended not to include dimensions or composite measures. However, all questionnaires included at least one overall experience or satisfaction question or a recommendation question, and all offered the patients the option to include a free-text or open-ended response.
- *Modes of administration*: A range of modes of administration were used, most typically postal surveys (although these are being phased out in several of the jurisdictions reviewed including New Zealand, Denmark and Norway). Other modes of administration include online and phone interviews.
- *Accessibility*: Different options available in different jurisdictions. Most surveys were available in at least two languages (or more), and most had information sheets available in many additional languages, some offered phone translation services, braille options, and easy-read options
- *Survey length*: The instruments reviewed were of varying lengths, ranging from 10 items to 61 items. Some surveys included demographic questions, whereas other surveys were able to link to other records for additional information.
- *History*: Some of the survey programmes reviewed are well-established (Denmark's first patient experience survey was undertaken in 2000), while others have been more recently developed (Australia's pan-Australian survey is still in the early stages of implementation).
- *Local customisation*: Four surveys allowed for the inclusion of additional questions, while five did not.

- Frequency of data collection: Continuous (e.g., Denmark and New South Wales), vs annual (e.g., England), vs every two or three years (e.g., Scotland) or variable depending on the healthcare provider/setting (e.g., Canada, Australia).
- Sampling: Most surveys did not adopt a census approach (with the exception of Denmark). The age of 'adulthood' also varied by country or jurisdiction (e.g., 16 in Scotland, 18 in NSW, 15 in Denmark).
- How the findings are reported: There was variability in what was reported (e.g., comparing to a national average vs comparing hospital to hospital), as well as the format of reporting (data dashboards, excel data-sheets and reports).

Implications for the National Inpatient Experience Survey

All surveys included in this review have been subject to a review process or are currently undergoing a review process. This indicates the importance and relevance of patient experience surveys to the range stakeholders and policy makers in each jurisdiction. Reviewing inpatient experience surveys is essential in order to respond to new priorities (of patients, providers and policy makers), changes to the healthcare landscape including modes of healthcare delivery and policies, public expectations and to exploit advances in technology.

Traditional paper questionnaires sent by post are still the main mode of survey administration in some of the jurisdictions reviewed. However, due to several factors, most jurisdictions are seeking to reduce or eliminate the reliance on postally administered surveys and are moving towards the use of online or digital modes of administration.

A move away from postal administration for the National Inpatient Experience Survey would require the collection of additional patient contact details (mobile phone numbers and email addresses) in line with relevant GDPR requirements. This should also be undertaken in such a way as to not disadvantage those who may find new technologies less accessible. Some groups may not have good internet access or mobile phone data allowance, some may not have the skills to answer online, and some may not trust digital communication, which may lead to low return rates for certain groups.

The trend observed to adopt new technologies in the administration of surveys such as answering online or on a smartphone, has some notable advantages: it is more cost effective than paper based-surveys administered postally, the data is gathered and available quickly, responses to open questions do not need to be transcribed, and the data quality is typically better.

A general move to more frequent administration of surveys was also noted. Continuous data collection or regular data collection periods over the course of the year allow for up-to-date data, help to negate seasonal effects and are useful in identifying the effects of interventions (either planned or responses to unforeseen changes, for example, the impact of visiting restrictions during the COVID-19 pandemic). More frequent data collection can be useful for quality improvement within a hospital setting as it aids in the attribution of results to healthcare practices.

A trends towards shorter questionnaires was also observed. Longer questionnaires may result in lower response rates due to the burden on participants. However, it is important to use evidence-based means to identify the most important questions for inclusion in any questionnaire to ensure they are fit-for-purpose and generate valid and reliable data.

Surveys are typically reviewed after each iteration, with many jurisdictions including analyses of response patterns including ceiling and floor effects and non-response rates.

Limitations of this review

There are several limits to this review. Each of the nine surveys included were developed in different contexts, under different political and social circumstances and at different times, making them somewhat difficult to compare. Perceptions of what is good quality care may differ across countries and cultures.

Language barriers and the availability of information limited the jurisdictions that could be included in the review. Furthermore, this is a rapidly changing field with new developments, new pilot studies, and ongoing review of instruments, this review can only capture a point in time for a limited number of jurisdictions.

Key takeaway messages for the review of the National Inpatient Experience Survey

The National Inpatient Experience Survey is in line with other similar surveys internationally with regard to:

- **the number and type of questions asked.** However, the number is currently at the upper end and there is a trend to reduce the number of questions included.
- **the modes of administration,** as the survey can be completed in hard copy or online. However, there is a trend towards phasing out hard copy administration of surveys and promotion of online responses. Additionally, some countries have further modes of administration including via the telephone.
- **the self-completion, post-discharge model.** All surveys reviewed were administered post-discharge in a self-completion model.
- **the frequency of data collection and reporting of findings.** However, there was diversity here in the countries studied with some gathering and reporting data continuously, and others (for example, Scotland) collecting data and reporting on inpatient experience more infrequently (every two years or more). The trend is toward more frequent data collection and reporting.

The National Inpatient Experience Survey differs to most other surveys reviewed with regard to:

- **the survey sample.** The National Inpatient Experience Survey adopts a census approach whereby all adults who were overnight patients in an Irish public hospital are invited to share their experiences (with some exceptions, such as maternity patients). Denmark is the only other country reviewed to include all patients, rather than a sample.

Heading	Message	Recommendation
Questionnaire	Reduce the number of items in the questionnaire	3
Model	Promote online response mode	2
Model	Phase out postal mode of administration	2
Model	Work towards enabling collection of continuous patient experience data	2
Continuous improvement	Include a review of response data in the 'lessons learned' process	8



National
Inpatient
Experience
Survey

