

How the Danish health system tries to adopt to peoples' wishes?

Vienna Healthcare Lectures, 17th September 2019

Erik Riiskjaer, cand.oecon, senior consultant and researcher
Associated with Central Denmark Region and University of Aarhus

erik.riiskjaer@stab.rm.dk

bak-riiskjaer@stofanet.dk

CV in short

- Chief consultant at regional level. Constructing and drafting a patient satisfaction system
- Researcher at University of Aarhus 2006-2010. Books and articles about patient satisfaction and patient involvement
- Experience as relative to my old mother for 20 month. Resulting in a book about patient pathways across specialities and sectors



Programme

- The Danish health care system
- What are the wishes of the people?
- Ideas and initiatives to adopt to peoples' wishes
- Danish experiences with patient satisfaction surveys
- Conclusion

The Danish health care system

Main features of health care in Denmark

- A public health care system
- Mainly financed through general taxes
- Decentralised to a political regional level



Denmark and its 5 regions

**Central Denmark
Region**
1.3 million

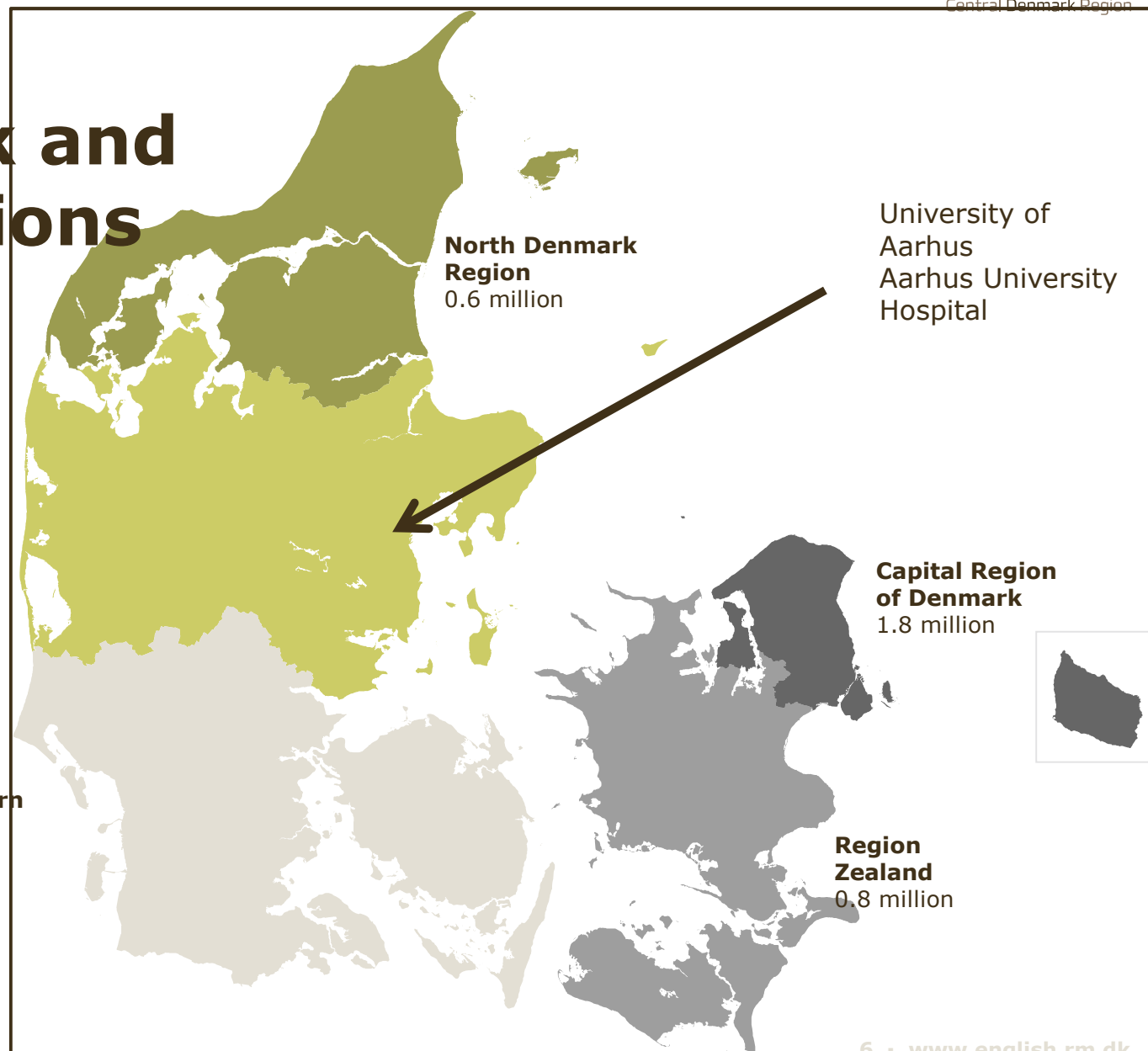
**North Denmark
Region**
0.6 million

University of
Aarhus
Aarhus University
Hospital

**Capital Region
of Denmark**
1.8 million

**Region of Southern
Denmark**
1.2 million

**Region
Zealand**
0.8 million



National responsibilities

- Setting an overall framework for the economy
- Formulating national health policies
- Legislation
- Planning specialised treatment
- Systematic follow-up on quality, efficiency and IT usage
- Guidelines
- Control



Regional responsibilities

- Hospitals
- Psychiatry
- Primary health care
 - General practitioners (family doctors)
 - Private specialists
 - General adult dental services
 - Physiotherapists
 - Etc.

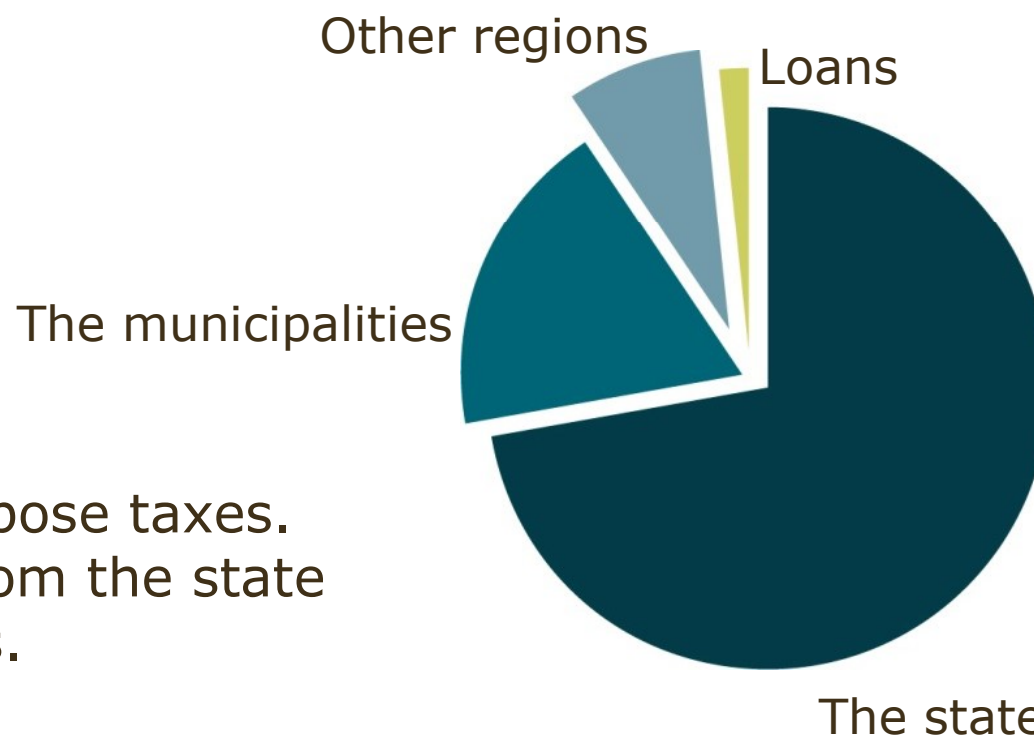


Municipality responsibilities (98)

- Nursing homes
- Home nursing
- Home services to seniors
- Preventive treatment and health-promoting initiatives
- Rehabilitation outside hospitals
- Treatment of alcohol and drug abuse
- Children's nursing
- Child and senior dental services and specialist
- School health care



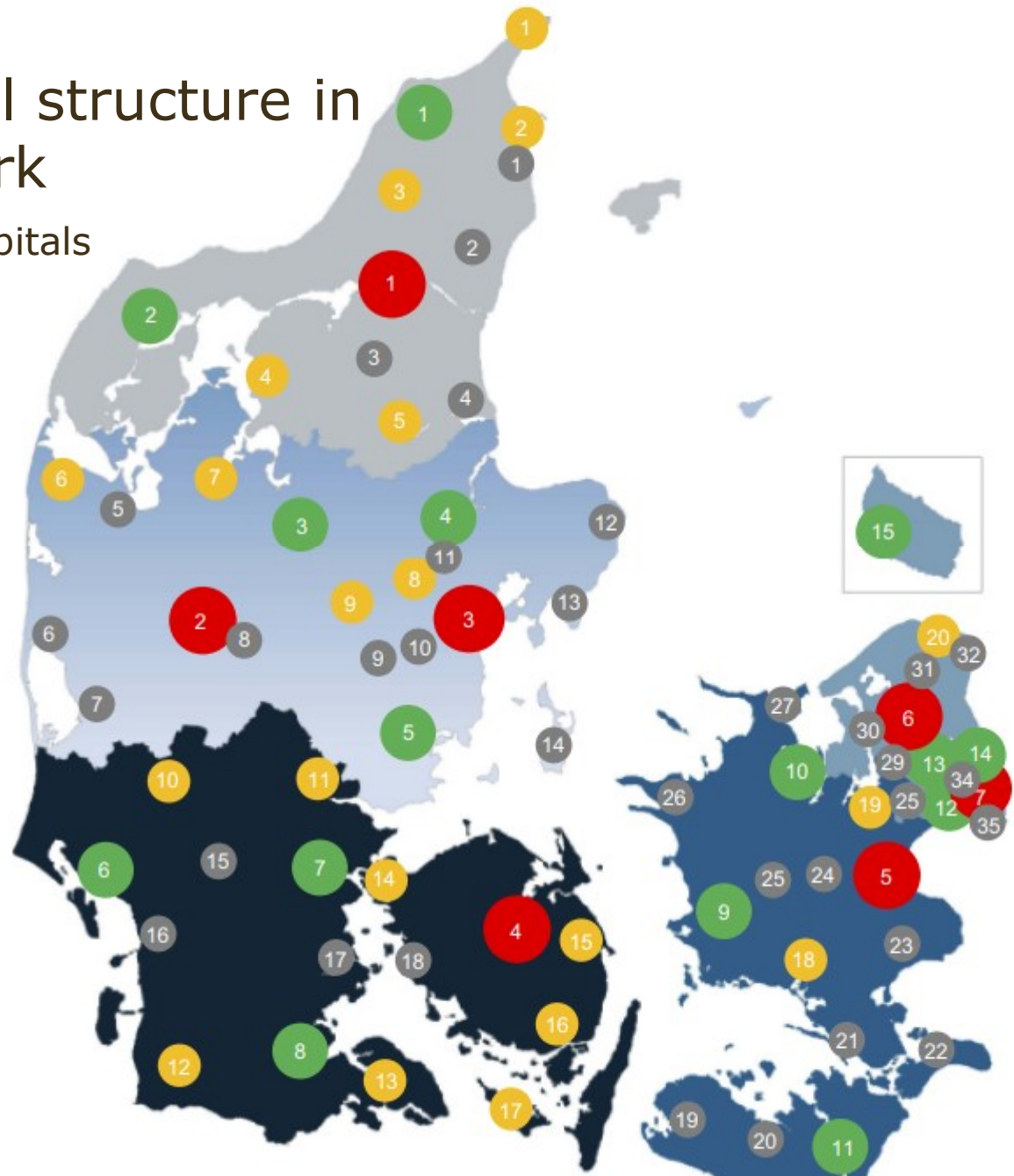
Financing of Central Denmark Region (26. 000 full-time employees, 2019)



The region cannot impose taxes.
The funding comes from the state
and the municipalities.

Hospital structure in Denmark

21-ED hospitals



Hospital types

Super hospitals
with 24-hour ED care
(newly built/extended)*

Hospitals
with 24-hour ED care
(modernized/extended)

Hospitals
without 24-hour ED care

Health centers and
acute clinics

ED, emergency department

*Rigshospitalet has no ED, but a
highly specialized trauma center

Upcomming structure in DK

Parliament/
Government/
Health Authority

5 Regions
with politicians

21 geographic clusters

- 1 ED-hospital
- N municipalities
- N GP's

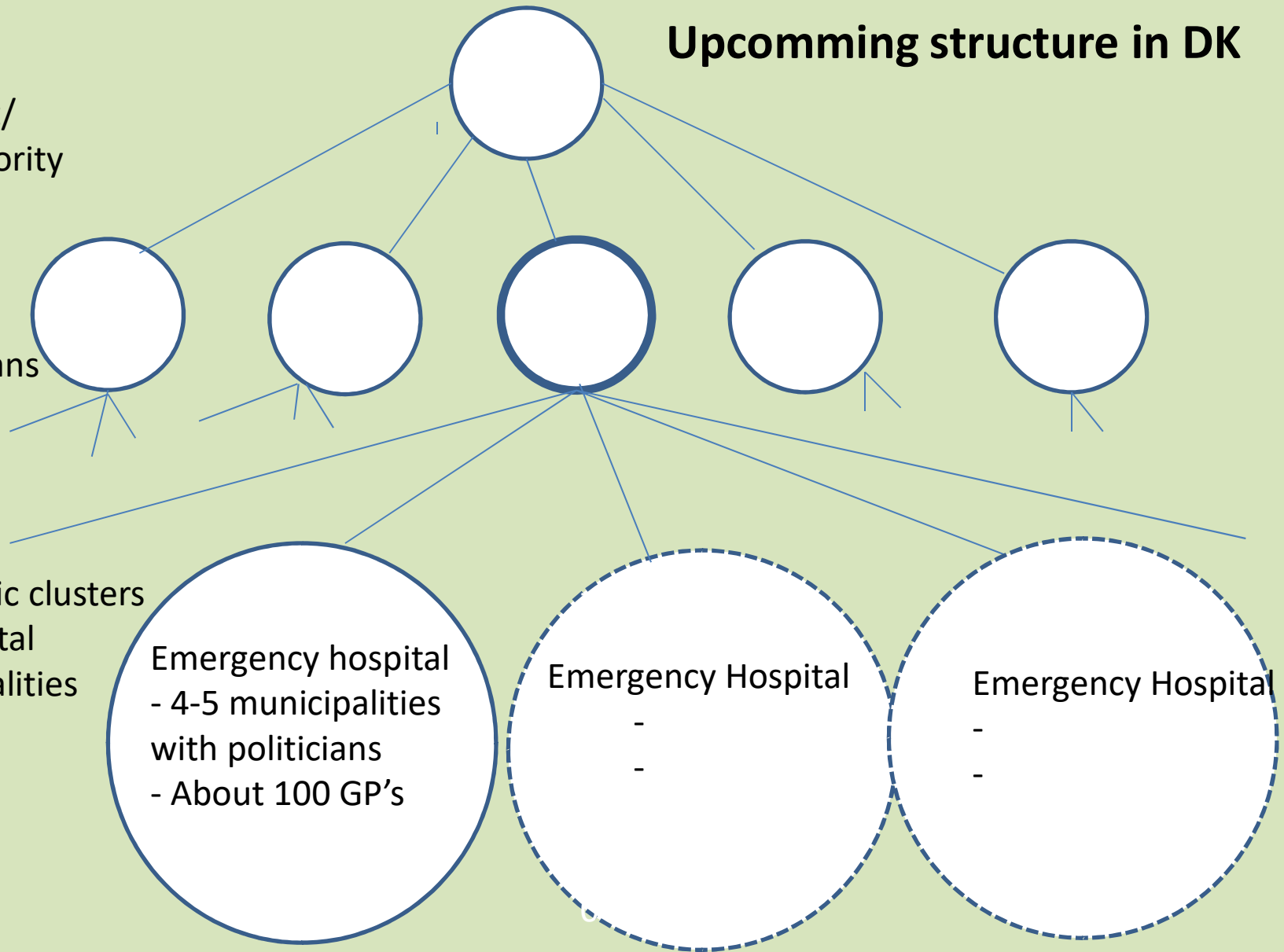
Emergency hospital
- 4-5 municipalities
with politicians
- About 100 GP's

Emergency Hospital

-
-

Emergency Hospital

-
-



3.1 Results Summary

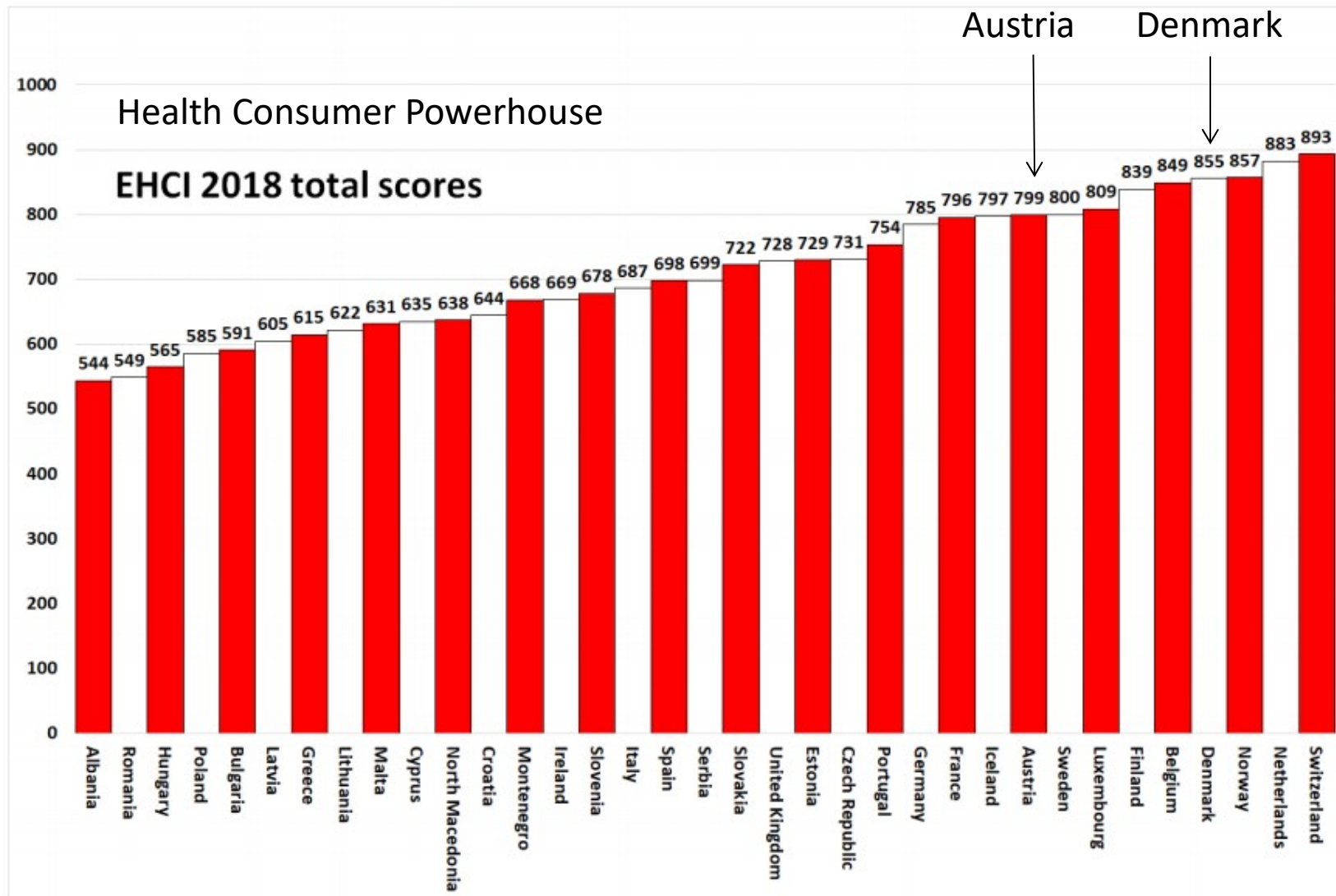


Figure 3.2 EHCI 2018 total scores.

This 12th attempt at creating a comparative index for national healthcare systems has

EuroHealth Consumer Index 2018



Sub-discipline	Indicator	Albania	Austria	Belgium	Bulgaria	Croatia	Cyprus	Czech Republic	Denmark	Estonia	Finland	France	Germany	Greece	Hungary	Iceland	Ireland	Italy
1. Patient Rights & Information	1.2 Patient organisations involved in decision making	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	1.4 Right to second opinion	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	1.5 Access to own medical record	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	1.6 Registry of bona fide doctors	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	1.7 Web or 24/7 telephone HC info with interactivity	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	1.8 Cross-border care seeking financed from home	n.a.	Q	Q	Q	Q	Q	Q	Q	Q	n.a.	Q	Q	Q	Q	Q	Q	Q
	1.9 Provider catalogue with quality ranking	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	n.a.	Q	Q
	1.10 Patient records e-accessible	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	1.11 Patients' access to on-line booking of appointments?	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	1.12 e-prescriptions	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	Subdiscipline weighted score	67	108	104	79	104	83	108	121	121	113	104	104	67	79	121	83	92
2. Accessibility (waiting times for treatment)	2.1 Family doctor same day access	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	2.2 Direct access to specialist	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	2.3 Major elective surgery <30 days	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	2.4 Cancer therapy < 21 days	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	2.5 CT scan < 7 days	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	2.6 Waiting time for Paediatric Psychiatry	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	Subdiscipline weighted score	175	175	213	200	125	150	175	175	188	150	188	163	163	113	188	75	138
3. Outcomes	3.1 30-day Case Fatality for AMI	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	3.2 30-day Case Fatality for stroke	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	3.3 Infant deaths	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	3.4 Cancer survival	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	3.5 Deaths before 65 YO	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	3.6 MRSA infections	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	3.7 Abortion rates	Q	Q	Q	Q	Q	n.a.	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	3.8 Suicide rates	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	3.9 % of diabetes patients with HbA1c < 7	n.a.	Q	Q	Q	Q	Q	n.a.	Q	n.a.	Q	Q	Q	Q	n.a.	Q	n.a.	Q
	Subdiscipline weighted score	156	244	244	167	200	200	211	267	189	278	233	244	200	156	222	244	233
4. Range and reach of services provided	4.1 Equity of healthcare systems	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	4.2 Cataract operations per 100 000 age 65+	n.a.	Q	Q	Q	Q	n.a.	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	4.3 Kidney transplants per million pop.	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	4.4 Is dental care included in the public healthcare offering?	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	4.5 Informal payments to doctors	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	4.6 Long term care for the elderly	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	4.7 % of dialysis done outside of clinic	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	4.8 Caesarean sections	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	Subdiscipline weighted score	42	104	115	47	94	63	104	120	94	120	104	83	52	78	104	94	73
5. Prevention	5.1 Infant E-disease vaccination	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	5.2 Blood pressure	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	5.3 Smoking Prevention	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	5.4 Alcohol	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	5.5 Physical activity	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	5.6 HPV vaccination	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	5.7 Traffic deaths	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	Subdiscipline weighted score	71	89	101	60	71	83	71	95	77	101	83	101	83	95	107	89	101
6. Pharmaceuticals	6.1 Rx subsidy	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	6.3 Novel cancer drugs deployment rate	n.a.	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	6.4 Access to new drugs (time to subsidy)	n.a.	Q	n.a.	n.a.	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	n.a.	Q	Q
	6.5 Arthritis drugs	n.a.	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	n.a.	Q	Q
	6.6 Statin use	n.a.	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	n.a.	Q	Q
	6.7 Antibiotics/capita	n.a.	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	n.a.	Q	Q
	Subdiscipline weighted score	33	78	72	39	50	56	61	78	61	78	83	89	50	44	56	83	50
Total score		544	799	849	591	644	635	731	855	729	839	796	785	615	565	797	669	687
Rank		35	9	5	31	24	26	14	4	15	6	11	12	29	33	10	22	20

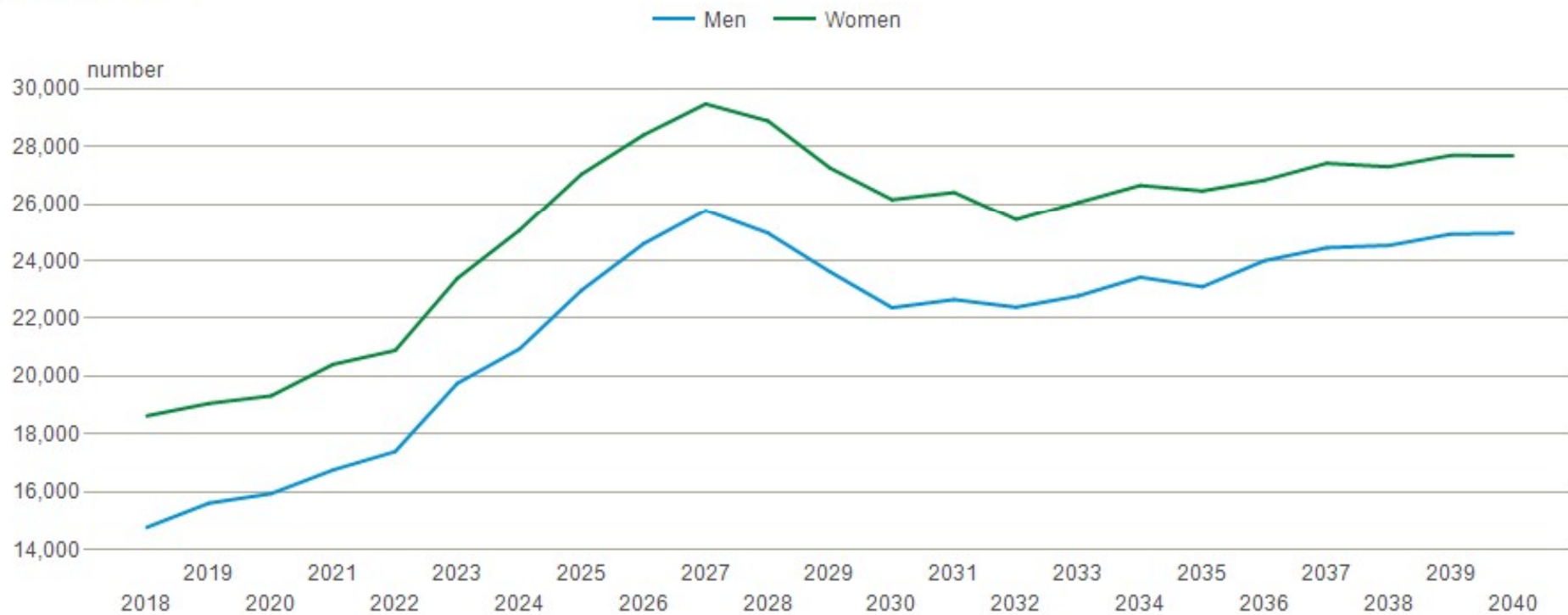
Der blev ikke fundet no

Kilder ▼

Challenges for the health care system

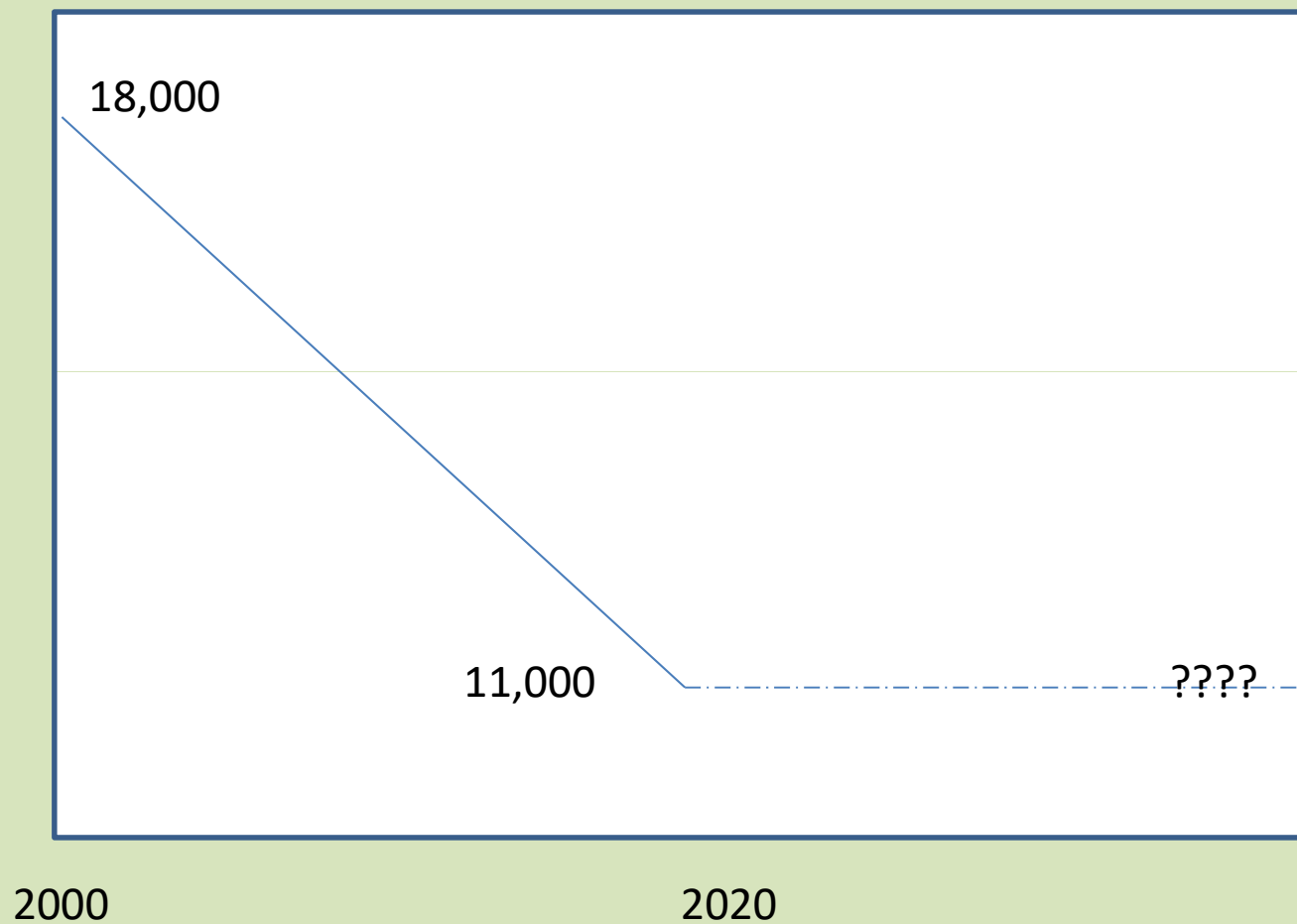
Population projections 2018 for the country

Age: 80 years | Sex:



Statistics Denmark, 2018

Number of somatic beds in Denmark



What are the wishes of the people?

The patient
(Wishes/behalf)

Accessible

Bigger
units and
distance

System
(Development)

Choice

Fewer
units

Wholeness

Specialisation

Continuity

More actors

Participation

Standardised
pathways

Focus on
the person

Focus on
the disease

The Quality Gap

After Danish Patients, 2007 (an umbrella organisation)

Two consultation forms?

	Paternalism	Partnership
Patient role /characteristics	Passive Compliant Trustful	Active Compliant Knowing
Medical doctors role	Active Knowing The leader	Active Knowing Dialogue partner
Decision based on	The doctors professional or personal authority	Dialogue "bargaining" Shared decision making (SD)

Patient preferences for shared decisions (SD)

Review of 115 international studies



Chewning et al. 2012

Patient-centered communication according to literature

- Fostering relationship
- Information exchange
- Responding to emotions
- Managing uncertainty
- Making shared decisions (SD)
- Enabling self-management

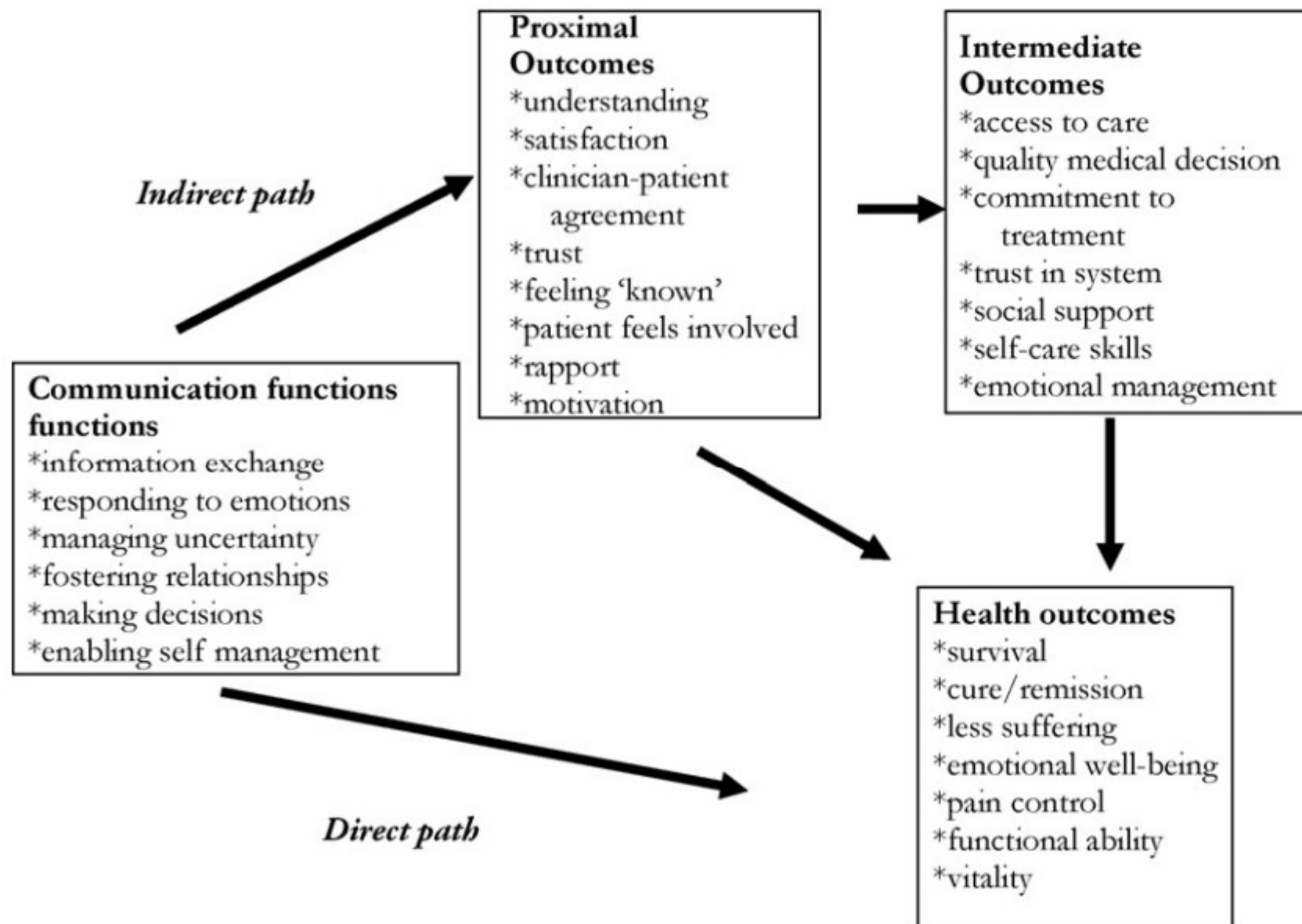


Fig. 1. Direct and indirect pathways from communication to health outcomes.

Paradox among theory and practice

- 99% of the nurses and 98% of the medical doctors are convinced that it is important or very important to involve the patients in treatment
- But only one third answer that their department to a high degree has a practice that involve the patients

(ViBis, 2014)

Do we have a routine focus on patient expectations when hospitalized?

A survey to 1004 doctors and nurses at four hospitals (response rate 79,9)

89,4% of the respondents answered that it was important to ask about patients' expectations

Do you routinely ask your patients about their expectations regarding hospitalization?	Yes - %
Denmark (N=207)	31
Israel (N=269)	7
USA (N=257)	16
UK (N=261)	13

Rozenblum et al., 2011 (BMJ)

Recurring attempts to streamline the system to be more patient-centered

- In 1994, we tried to use experiences from private service companies: Put the patient at the centre.
- In 2003, we put focus on the interpersonal relations: Communication, involvement and continuity.
- In 2013, the national focus was on patients in partnership: recognising the patient's knowledge as fundamental for treatment, involving patients in decision making and in organising health care and research.

New slogans

- The patient decides
- The patient as a partner
- Nothing about me, without me
- You take responsibility for your health,
together we take care of your illness
- The patient first
- My treatment – my decision
- Your knowledge, my knowledge – better
together
- etc

Patients playing double roles?

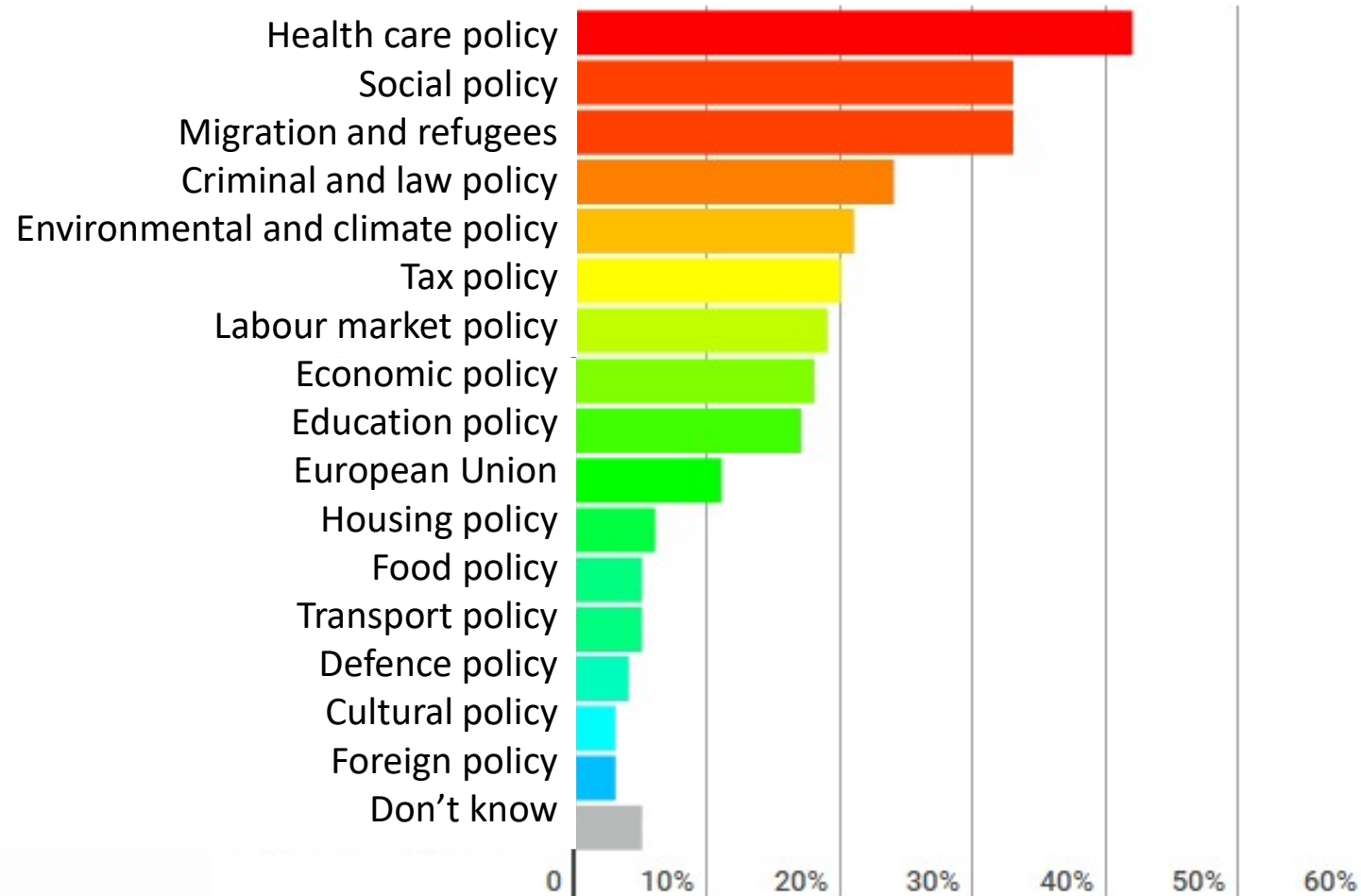
Patients can because of unclear expectations or for strategic reasons act passive during a consultation, but in reality they are very active in information seeking

Kivits (2006) Hay, et al. (2008)

Initiatives to adopt to peoples' wishes

Health care is the most important area in politics in Denmark

Which areas in politics will be most important for your vote for the next national election?



Kilde: Norstat for Altinget, 15.-19. november 2017

Law about health care in Denmark

- 1) easy and equal access to health care,
- 2) treatment of high quality,
- 3) coherence among services,
- 4) freedom of choice,
- 5) easy access to information,
- 6) transparency,
- 7) short waiting times for treatment

Three consultation forms?

	Paternalism	Partnership	Customer
Patient role /characteristics	Passive Compliant Trustful	Active Compliant Knowing	Active Moderate critical Strategic thinking Able to navigate
Medical Doctor's role	Active Knowing The leader	Active Knowing Dialogue partner	Consultant Operator Seller
Decision based on	The doctor's professional or personal authority	Dialogue "Bargaining" Shared decision making	Contracts Patient values

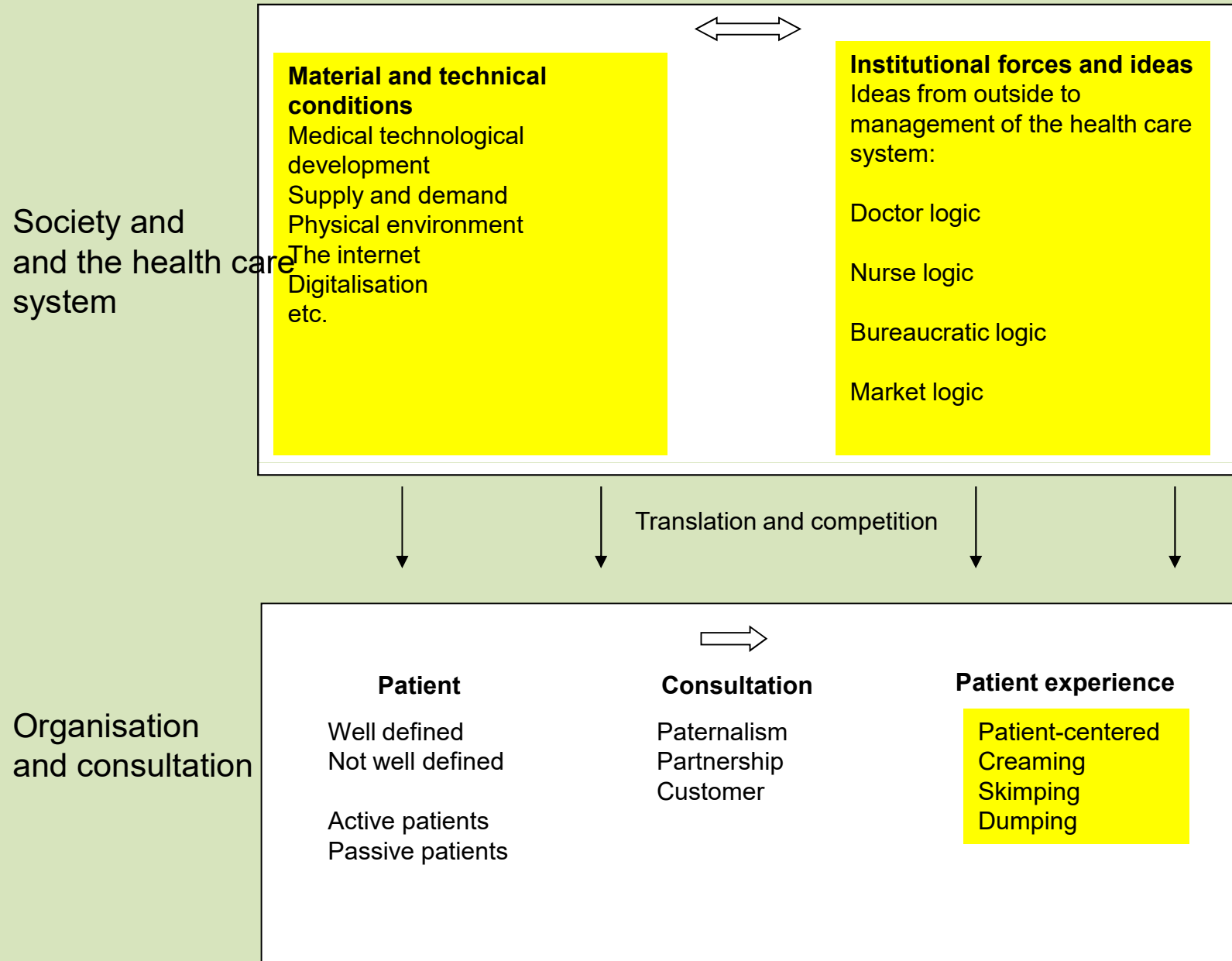
Patient focused ideas in the Danish health care system

- National Patient Surveys (LUP) (2000 -)
- Guarantee of relevant treatment within 30 days (2001 -)
- Free choice and extended free choice (2002 -)
- Private hospitals as backstop (very small part (1-2 pct))
- Register to report unintended consequences – both employees and patients can report incidents (2004 -)
- Chronic care programmes – an involving and activating idea across Hospital, GP, and municipality (2005 -)
- Websites with transparent information to patients (2006 -)
- Fast track cancer referral programme (with 2 weeks limits and monitoring) (2007 -)
- Patient Journal on the internet (2010 -)
- Guarantee of diagnosis within 30 days (2013 -)
- Every region has a patient involving committee (2014 -)
- Use of telemedicine and patient reported outcome measures (PRO) (2016 -)(underway)
- Patient-responsible medical doctor system (PAL) (2017 -) – (underway)
- Initiatives to actively involving patients in research (underway)
- etc.

Other ideas in the Danish health care system

- Accreditation system (2001-2015)
- National Clinical Quality Databases (85) (2002 -) – forthcoming patients in steering committees
- Pay for performance at hospitals (2004 - 2018). Now Value based health care under way (Michael Porter)
- Annual budget cuts according to productivity gains (2 pct) (2004 - 2018)
- Monitoring productivity through DRG - regional and municipal payment (2004 -).
- National plan for specialisation (2007 -)
- National Hospital investment plan (2008 - 2024) (6 billion EURO). 21 acute hospitals
- Limited use of co-payment – free access to General Practitioners (GP)
- Risk-based inspection from state authorities (2016 -)
- Institution for priority setting of expensive medicine (2017 -)
- Etc.

A sociological view on the health care system





rn

NR. 37 5.9.2019 € 4,70

Miroslav Klose
Interview mit einer
Fußball-Legende

„Eher Angst als Hass“
Autor Clemens Meyer über
den Rechtsruck im Osten

Rasende Rentner
Mit einer 88-Jährigen
beim Fahrtraining

Meng Meng ist Mama
Wie es zu den
Panda-Zwillingen im
Berliner Zoo kam

Dr. Friederike Sixel-Odring,
leitende Oberärztin

215 ÄRZTE FORDERN IM STERN:
Mensch vor Profit!

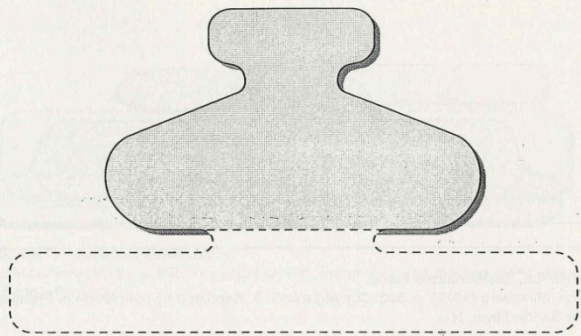


Outside institutional forces can shape the picture of the ideal patient

Ideal patients	The "other patients"
Clear diagnosis and treatment. Well defined patients	More diagnoses, unclear symptoms, uncertain treatment recommendations. Not well defined patients.
Treatments are suitable for evaluation and transparency	Not suitable for evaluation. And in that matter, potentially invisible
Treatments are suitable for standard pricing	Difficult to put a standard price on treatment and care
The patient is active and can take care of own health	Passive and not able to take care of an involving patient role
The patient can navigate on a health care market and formulate claims	Not able to navigate on the "health market". Can't formulate claims.

Mintzberg's Archetypical organisational forms

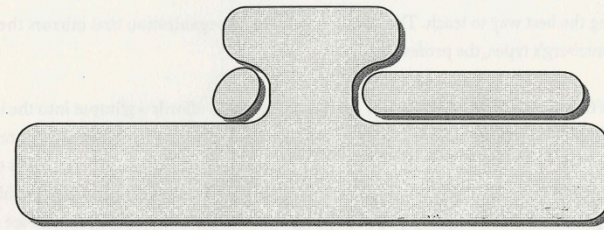
Task complexity



Adhocracy – Individual solutions

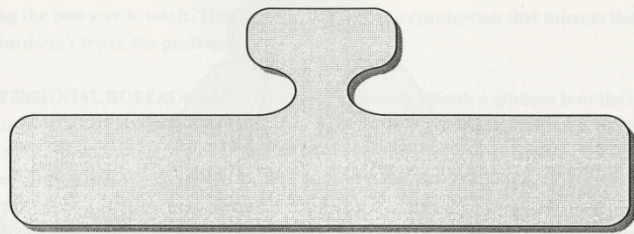
Upper Saddle River, N.J.

Dynamic environment



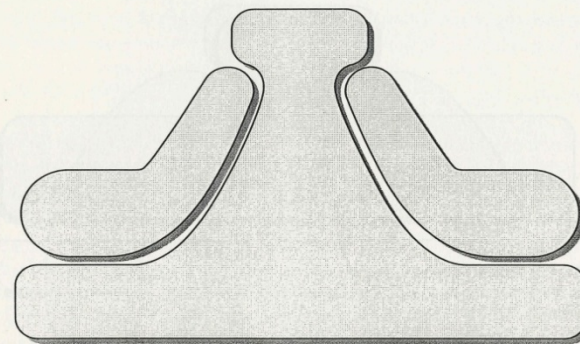
Professional bureaucracy – partly standardized

Stable environment



Simple structure – simple
standardised solutions

Mintzberg, 1983



Machine bureaucracy –
standardization

Simple tasks

Danish experiences with patient satisfaction surveys

Idea about measuring patients' satisfaction

What happens in the black box?

Change of organizational practice for the good of the patients

Patient satisfaction

A concept that both seeks to uncover the patients' cognitive evaluation and affective relations to specific dimensions of experience with health treatments

Aharony & Strasser, 1993

Example 1.
Local surveys (1980 – 1999)

Local surveys

- Local organizing at hospital or departmental level
- Departments can manage their own time table
- Local questions – creates ownership
- Often positive effects referred in literature
- But expensive

Example 2:
Semi customizing surveys (1999-2006)

Semi customized Patient satisfaction

(1999-2006)

A concept with four questionnaires

(and 95.000 answers)

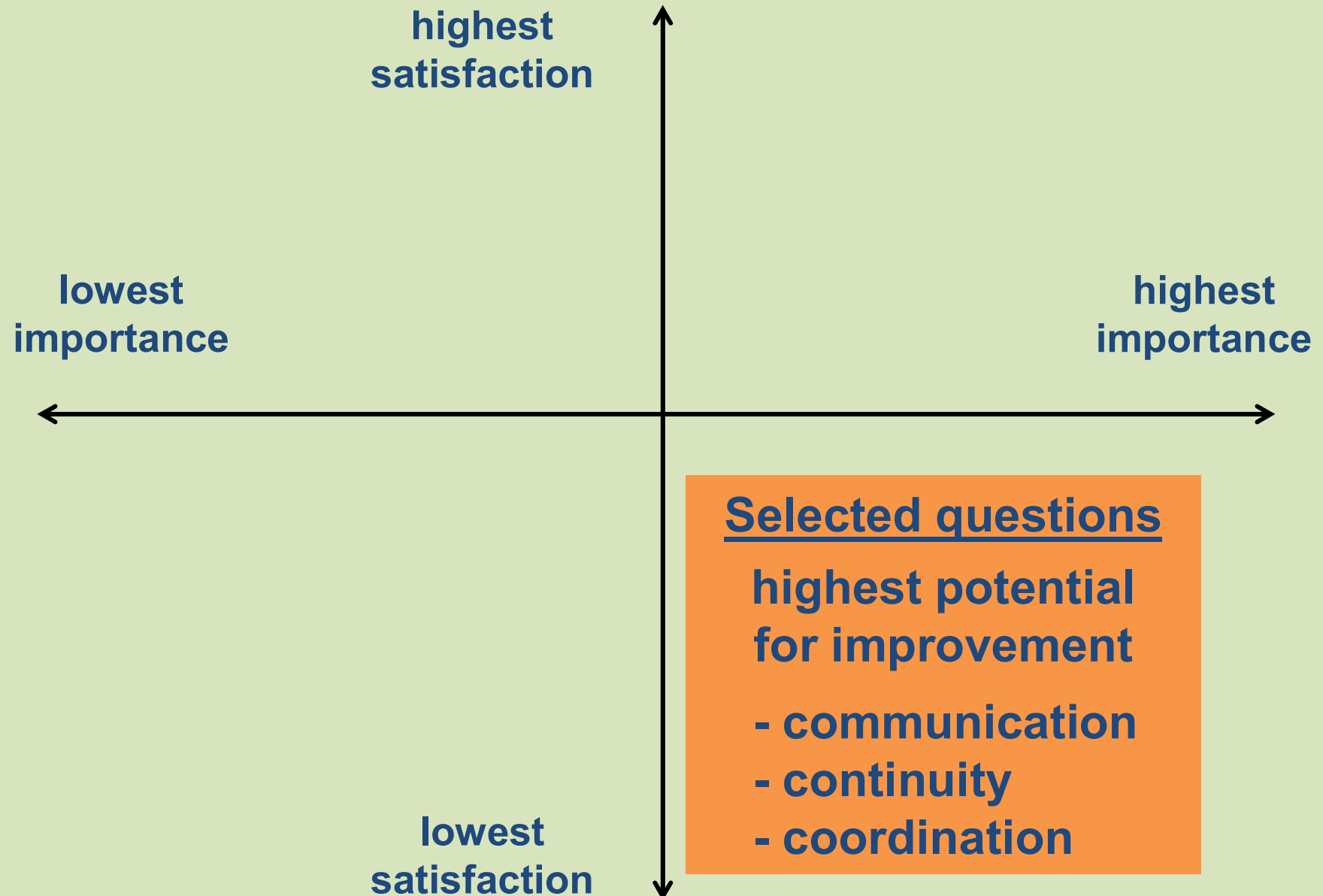
- in-patients
- out-patients
- one-day surgery
- one-day medical care

Detailed local reports

- automated reports on department and ward level
- individual background variables

Three overlapping patient satisfaction questionnaires from Aarhus Kommunehospital. The top questionnaire is titled 'Tilfreds med dit dagpatientforløb på Medicinsk Dagafsnit V1?' and includes a section for 'Tilfreds med din behandling/undersøgelse på Endoskopi Laboratorium L2?'. The middle questionnaire is titled 'Tilfreds med dit ambulatoriebesøg på Samsø Sygehus?' and includes a section for 'Tilfreds med din indlæggelse på Medicinsk Afdeling V, afsnit V2?'. The bottom questionnaire is titled 'Tilfreds med dit dagpatientforløb på Medicinsk Dagafsnit V1?' and includes a section for 'Tilfreds med din behandling/undersøgelse på Endoskopi Laboratorium L2?'. Each questionnaire contains multiple-choice questions and a section for 'Hvor mange gange har du været indlagt på afdeling V2?'.A patient satisfaction report card with a grid of smiley faces. The grid is composed of 16 columns and 10 rows of smiley faces. The top row of smiley faces is labeled 'set med patientens øjne'. The bottom right corner of the card features the Aarhus Kommune logo and the text 'AARHUS KOMMUNE'.

The way questions were selected (9-13 questions)



How to ask?

Asking patients direct questions about what happened rather than how satisfied they were with treatment can elucidate the problems that exist and so enable them to be solved.

(Bruster, 1994)



Yes



Yes and
no



No



Don't know
or not
relevant

9. Did you receive a good welcome
at the department?

☐☐☐☐

Comment:

10. Are you satisfied with the
treatment of your illness?

☐☐☐☐

Comment:

11. Did the doctors listen to you with
interest when you said something?

☐☐☐☐

Comment:

12. Did you get the human support you needed
from the staff during your admission?

☐☐☐☐

Comment:

What is your impression of (name of department) all together?






- ☐ ***** (outstanding)
- ☐ ***** (good)
- ☐ *** (both good and bad)
- ☐ ** (bad)
- ☐ * (unacceptable)
- ☐ don't know

Why did you answer that way?

(rod, praise or good ideas for the department)

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Why did you answer that way?

-  *It was humiliating to talk with an unprepared doctor. He was reading the journal when I arrived. He did not look up when me and my husband came in.*
One star (unacceptable) 40-59 years Diagnosis: unknown
-  *They had no control of my medical care. I talked with a doctor in the corridor. The issue was important. I cried. The doctor's response was very inadequate.*
Two stars (bad) 19-39 years Diagnosis: intestine
-  *One day, they forgot to offer me dinner. They ought to talk with the patients. Sometimes I felt like I wasn't there.*
Three stars (good and bad) 19-39 years Diagnosis: medical
-  *Generally, I received good treatment, except for one complaint. One morning I was called in for a scan at 8.00 a.m., but wasn't scanned until 12.00 p.m. I got the result at 9 p.m. And then I could go home. I think the waiting time was too long.*
Four stars (good) 40-59 years Diagnosis: intestine
-  *Because the staff treat old people as human beings and as intelligent beings.*
Five stars (ok) 70-79 years Diagnose: medical

Number of comments according to 13 questions

Riiskjær et al.

Table 2 The number of comments according to 13 questions asked during the four survey rounds from 1999 to 2006, sorted by the number of comments

Question	Number of comments	Percentage of patients answering the question with a comment
What is your overall impression of the ward?	22 481	68.2
Was the accommodation adequate? (e.g. bath, toilet and patients' sitting room)	6246	19.0
Did you receive a good welcome at the department?	5644	17.2
Was your examination and treatment well planned during your contact with the hospital? ('A main thread')	4120	12.6
Are you satisfied with the treatment of your illness?	3970	12.1
Did you get the personal support you needed from the staff during your admission?	3726	11.3
Did the doctors listen to you with interest when you said something?	3459	10.5
Did you get the information you needed during your admission? (e.g. about your illness, examinations, treatments and side effects)	3434	10.5
Did you receive careful nursing during your admission? (From all the staff you were in contact with.)	3277	9.9
Was the collaboration between your GP and the department about your illness satisfactory? (e.g. referral and follow-up)	3027	9.2
Were you allowed to stay at the department until you felt ready to leave?	2942	9.0
Did you get the information you needed before leaving the department? (e.g. medicine and good advice)	2903	8.8
Was there a clear coherence in what you were told when you talked to	2104	6.4

Specific departments' results in figures

% - Potentials for improvement- "No" and ""Both yes or no" Number	Results for your department			Other departments		
	First	Second	Now	Mean	"Best" department	"Worst" department
	221	268	289			
Did you feel welcome at the admission ward?	28%	23%	20%	14%	4%	24%
Are you satisfied with the treatment of your illness?	26%	21%	17%	16%	5%	29%
Did the doctors listen to you with interest when you said something?	22%	18%	15%	19%	6%	38%
Did you get the human support you needed from the staff during your admission?	27%	23%	18%	14%	3%	24%
Did you receive careful nursing during your admission?	19%	23%	16%	13%	5%	23%
Were your examinations and treatments well planned during your contact with the hospital? (a main thread)	38%	30%	21%	24%	9%	41%
Etc.....						

Changes over time at regional level?

% "Excellent or good"	1999/ 2000	2001/ 2002	2003/ 2004	2005/ 2006
Inpatients (N=31.948)	82,8%	83,4%	82,8%	83,6%
Outpatients (N=34.851)	84,2%	86,1%	85,5%	87,0%
One-day medical care (N=4.389)	86,0%	88,3%	88,8%	89,2%
One-day surgery care (N=4.581)	89,0%	90,0%	93,1%	91,5%

Change in overall patient satisfaction for 71 comparable wards

398

E. Riiskjær et al./Patient Education and Coun

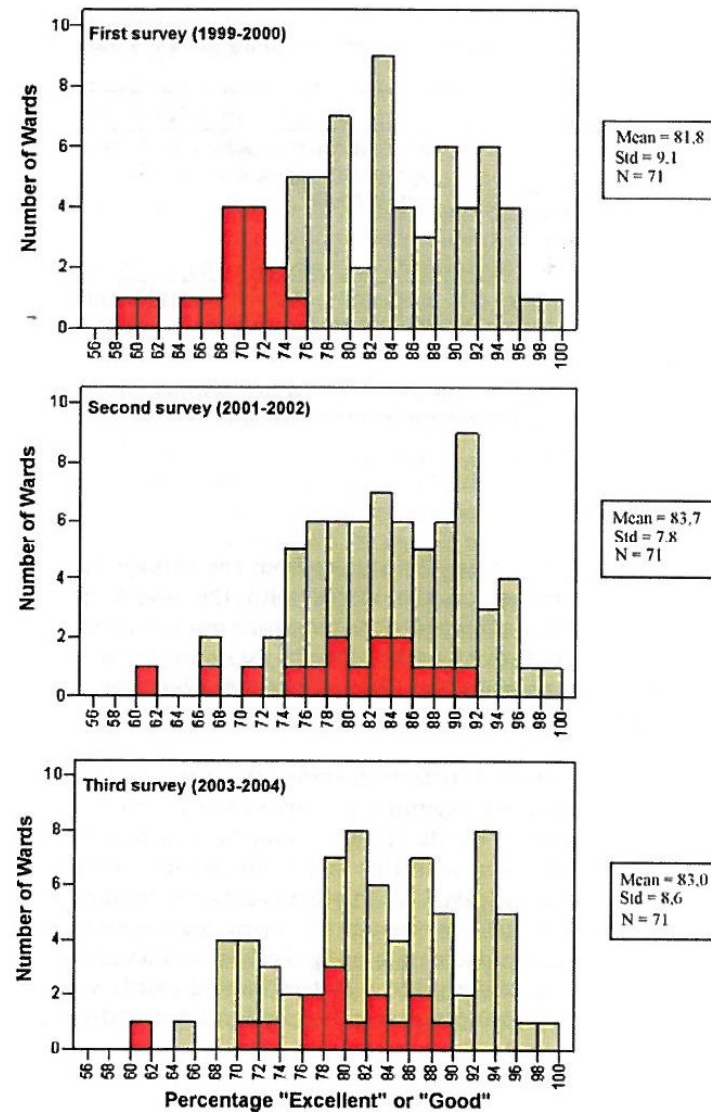


Fig. 2. Changes in overall patient satisfaction for the 71 comparable wards. Percentage of patients answering "Excellent" or "Good" in 1999-2000, 2001-2002, and 2003-2004. The shaded columns represent the quintile of the wards with the least-satisfied patients at the first survey.

In
perce
betw
main
in th
betw
midd
Th
quint
surve
of 2.2

3.4. C

Be
two
signif
quint
achie

Ta
bed
mana
wards
signif
wards
acute
corres
best
surve

For
not in
secon
evalu
impro
(Table

An
who
betwe
decre
receiv
surve

Best and worst evaluated wards identified by patients

Riiskjær et al.

Table 4 Best- and worst-evaluated wards identified by patients,^a correlated with patient characteristics, organization and nurse job satisfaction, 2003–04

	Number of wards	The 40 best evaluated wards, average in % (CI) ^c	The 40 worst evaluated wards, average in % (CI) ^c	P-value ^b
Patient satisfaction				
Percentage of satisfied patients (overall)	80	91.5 (90.3–92.6)	73.4 (71.6–75.1)	<0.01
Patient characteristics				
Percentage of patients with higher education	80	31.8 (27.7–35.9)	25.3 (21.6–29.1)	<0.05
Percentage of patients >70 years of age	80	26.4 (19.8–33.0)	35.4 (28.9–41.8)	
Percentage of women	80	53.2 (46.0–60.4)	55.7 (51.8–59.5)	
Percentage of acute patients	80	42.6 (32.8–52.4)	68.5 (61.4–75.7)	<0.01
Organization				
Number of available beds	76	12.6 (10.6–14.6)	15.6 (12.7–18.4)	
Occupancy rate	72	83.4 (78.4–88.3)	96.2 (89.7–102.8)	<0.01
Length of stay (days)	76	4.7 (3.9–5.5)	6.3 (5.1–7.5)	<0.05
Sickness absenteeism	66	5.3 (4.6–5.9)	6.4 (5.5–7.2)	<0.05
Job satisfaction^d				
Decision autonomy	68	74.2 (71.2–77.1)	71.9 (69.5–74.4)	
Management	68	69.1 (64.3–73.8)	68.5 (64.2–72.7)	
Skill discretion	68	79.7 (77.7–81.8)	79.5 (77.6–81.4)	
Cooperation	68	78.9 (75.7–82.1)	78.6 (75.8–81.4)	
Workload	68	70.0 (66.1–73.9)	62.8 (59.3–66.3)	<0.01
Professionalism	68	72.1 (69.1–75.2)	65.2 (61.8–68.7)	<0.01
Overall job satisfaction	68	7.5 (7.2–7.9)	7.2 (6.8–7.5)	

^aThe two groups were segregated based on patient answers to the overall question. The 20 wards in the middle quintile are not shown in the table.

^bT-test.

^cMean is computed without weighting for differences in ward size.

^dIndex from 0 to 100. The items are presented in Table 1.

Complete data on job satisfaction and patient satisfaction from 84 of 100 wards.

Complete organizational and patient satisfaction data from 76 of 100 wards.

an attractive organizational level for the analysis of patient satisfaction. On the other hand, semi-customizing patient surveys at the subunit level, is more resource intensive, because it calls for larger samples at each level to secure

documented a correlation between the timely intake of acute patients and patient satisfaction [26]. Many of the organizational variables seem to be interrelated, e.g. high acute rates might cause high occupancy rates.



What determines the answers?

- Acute/planned
- Gender
- Age
- Education (health literacy/internet)
- Patient or relative
- Size of hospital
- The individual department/ward
- Diagnosis

Example 3:
Generic surveys at national level
(2000 -?)

Questionnaire survey among inpatients and outpatients in Danish hospitals



The National Danish Survey of Patient Experiences

– in brief

Unit of Patient-perceived Quality on behalf of
the Danish Regions and the Danish Ministry of Interior and Health

The National Danish Survey of Patient Experiences

- Started in 2000 at hospital level for inpatients.
- Now a tool for quality improvement at department level/ward level in different areas with comments
- Yearly
- Response rate 40-68
- Reports on the internet
- Difficulties with ownership
- Next step: Experiments with fewer questions and asking and reporting continually

Now 13 different surveys in the Danish National Survey (LUP)

- Somatic inpatients - planned
- Somatic inpatients - acute
- Somatic outpatients
- Somatic emergency department
- Women in birth
- Cancer patients
- Psychiatry – adult – outpatient
- Psychiatry – adult – outpatient
- Psychiatry – children – outpatient
- Psychiatry – children – outpatient
- Psychiatry – relative to children – outpatient
- Psychiatry – relative to children – inpatient
- Psychiatric Care – forensic inpatient

Changes in satisfaction over time in Denmark?

(somatic patients)

What is your overall impression of your contact to the hospital?
(percentage of the two best categories: good or really good)

	2000	2002	2004	2006	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Inpatients	89	90	90	90	90	93	93	92	92	72/ 83	72/ 83	73/ 83	73/ 82	73/ 83
Outpatients	-	-	-	-	95	96	96	96	96	87	86	86	87	88

Inclusion period changed
from winter to summer

Separation acute/planned
Change from 4 to 5 point scale

SUPER-
DUPER-
TILFREDS

OVER 20.000 PATIENTER STILLER DIAGNOSEN:

Vi er glade for vores sygehuse

Dkt.
11.01.01

ROS. Der er ganske vist alt for lange ventider. Lægerne kan også blive bedre til at informere. Men ni ud af ti patienter er glade for den behandling, de får. Lige så mange har tillid til personalet på sygehuset.

end til et folket
om det

Bed Tid
11-1-01

at tilliden til sygehusene er fortjener stor Rolighed.

Ni af ti patienter er tilfredse

Af Torbjørn

Indlagt: Patienterne øst for Storebælt er væsentlig mere utilfredse med deres indlæggelsesforløb end dem på landets øvrige sygehuse. Det viser den første landsdækkende undersøgelse af patienters tilfredshed med de danske sygehuse.

Af JEANETTE MUNK LAURSEN

Patienter i Storkøbenhavn er generelt mere utilfredse med sygehusene end deres medborgere i resten af landet. Det viser den første landsdækkende undersøgelse af patienters tilfredshed med de danske sygehuse.

Hver femte patient fra undersøgelsen, der har været indlagt på et af de 11 sygehuse i Danmark, har givet et svar.

der Hovedstadens Sygehusfællesskab (H:S) oplevede opholdet som dårligt eller virkelig dårligt, mens kun 2,4 procent af patienterne på Skejby Sygehus i Århus Amt har den samme opfattelse af opholdet. »Der er ingen tvivl om, at der er noget, vi kan gøre bedre,« erkendte formanden for H:S, Peter Martinussen (S), da han i går fremlagde undersøgelsens resultater sammen med Amtsrådsforeningens for-

mand, Kresten Philipsen (V) og formanden for Amtsrådsforeningens sygehusudvalg Bent Hansen (S).

Undersøgelsen er lavet i samarbejde mellem amterne, ministeriet og Sygehusforeningen.

H:S og Sygehusforeningen har gennemført undersøgelsen i samarbejde med Sygehusforeningen i København.

sørgelse sendt 34.000 brev til 64 sygehuse i Danmark.

der har

ma

bl

h

der har

der har

I alt oplyser 43 procent af patienterne, at de ikke har modtaget nogen skriftlig information under indlæggelsen. Og på Bispebjerg Hospital mener hver fjerde patient, at de samlet set er blevet dårligt eller virkelig dårligt informeret, mens de har været indlagt.

læggelsen var for lang. Undersøgelsens resultater skal bruges både som input i den landsdækkende og lokale politiske proces såvel som til at forbedre praksis på det enkelte sygehus.

»Det er frustrerende, at 33 procent mener, at deres indlæggelse er blevet forlænget på grund af intern ventetid på sygehuset. Nu kan vi tage undersøgelsen med hjem i amterne og der er baggrunden

tid




g hverken sygehuset at vifte af.

ke ting, blive måske disse teltis-

Every year:
We are so happy about our hospitals
9 out of 10 patients are satisfied

Survey topics

(Approx. 40 questions)

- Information about waiting time
- Contacts and coordination of care 
- Patients' co-involvement 
- Patients' experiences of error
- Information (written and oral)
- Discharge (inpatients only)
- Inter-sectoral collaboration 
- Overall impression of hospital visit

Informed about side effects from new medicine to be taken after hospital contact?

(Percentage critical answers, somatic)

	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>
Planned admission	47	41	39	39	38
Acute admission	57	55	53	53	53
Outpatients	36	36	35	33	34

Percentage "Not at all", "Slightly" or "Moderately" (5-point scale)

The Danish National Survey 2014, 2015, 2016, 2017, 2018

Is the staff giving the patients opportunities to take part in decisions about treatment?

(Percentage critical answers, somatic)

	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>
Planned admission	42	37	35	35	34
Acute admission	60	55	54	54	54
Outpatients	32	28	27	27	25

Percentage "Not at all", "Slightly" or "Moderately" (5-point scale)

The Danish National Survey 2014, 2015, 2016, 2017, 2018

Do patients experience that one or more from the staff have responsibility for their specific pathway?

(Percentage critical answers, somatic)

	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>
Planned admission	41	39	38	38	41*
Acute admission	45	46	45	45	45
Outpatients	36	37	38	35	40*

Percentage "Not at all", "Slightly" or "Moderately" (5-point scale)

The Danish National Survey 2014, 2015, 2016, 2017, 2018

* New formulation of question

Patients' experience of good coordination between hospital and municipality at discharge?

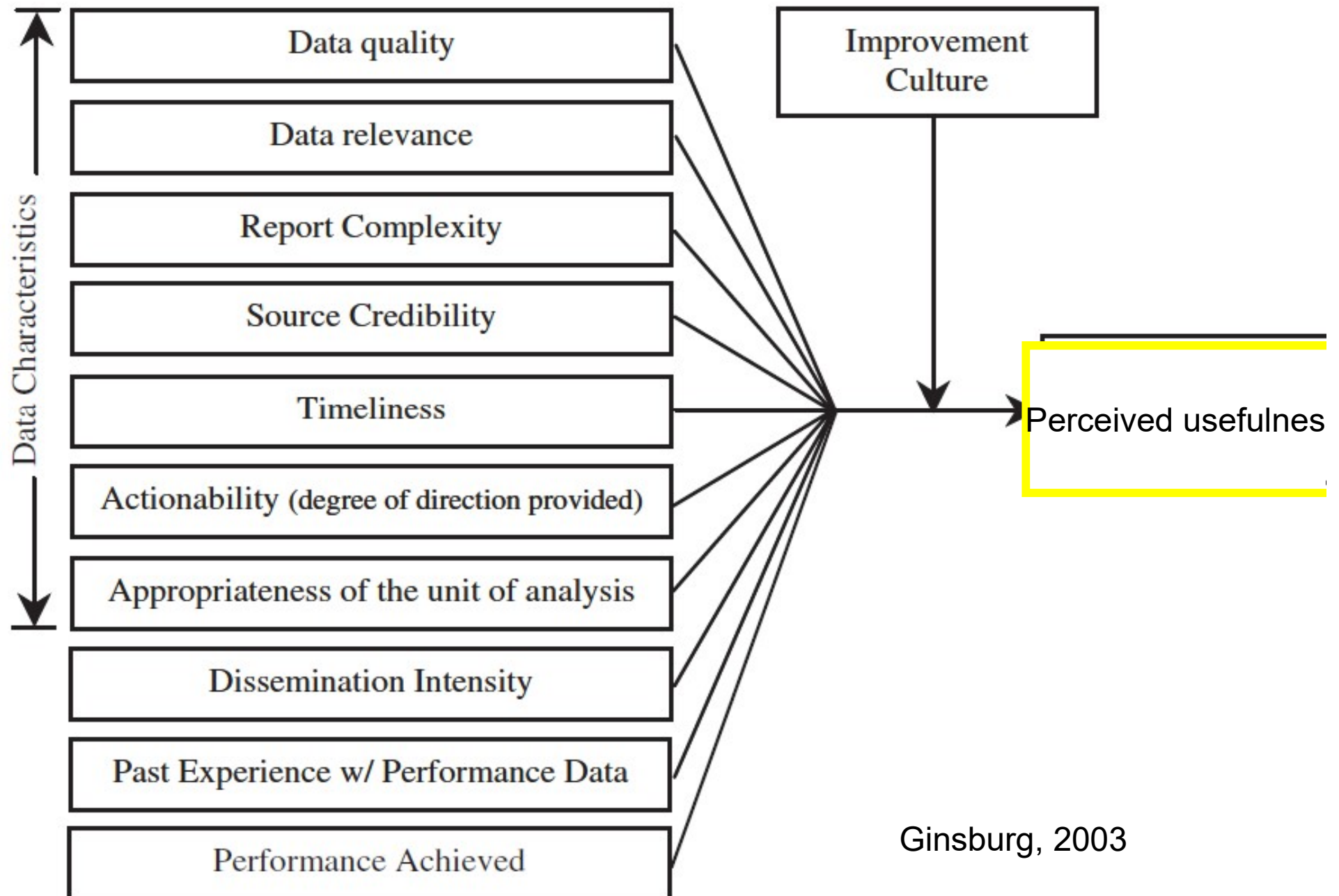
(Percentage of critical answers, somatic)

	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>
Planned admission	35	36	36	37	35
Acute admission	41	41	39	39	40
Outpatient	-	-	-	-	-

Percentage "Not at all", "Slightly" or "Moderately" (5-point scale)

The Danish National Survey 2014, 2015, 2016, 2017, and 2018

Figure 1: Antecedents of Perceived Usefulness of Hospital Performance Data



Uncovered areas in health care

- No systematic patient surveys among General Practitioners (GP)
- No systematic patient surveys in the municipalities
- No systematic patients surveys across the three sectors: Hospital, GP and municipality

Important methodological issues

- How many questions? (12 , 40 or 100)
- Looking for success or problems?
- Use of comments? Yes at the overall question.
- Electronic surveys or paper?
- Anonymous surveys?
- Special focus on selected groups of patients?
- Number of answering options (3-4-5-7)?
- Involve patients and employees in creating the system?

Conclusion

Conclusion

- We have used a mix of tools to adapt to peoples' wishes – some direct and some indirect. Some useful, other useless. Expensive to experiment.
- We have with success improved our health care system by standardizing and monitoring certain procedures for ideal patients.
- We still need to improve our system to patients that are not ideal. In that matter, a patient-centered practice is to be prioritised.
- After more than ten years of economic stagnation in budgets, we now dare to talk about behalf for more money in DK.

Thank you !

For more information:

Erik Riiskjaer, +4522610751

erik.riiskjaer@stab.rm.dk

or

bak-riiskjaer@stofanet.dk

Selected articles

Hospitals need to customise care according to patients' differing information-seeking behaviour.

Erik Riiskjær, Jette Ammentorp, Poul-Erik Kofoed, Jørn Flohr Nielsen. Danish Medical Journal. 61/2, 2014.

From Patient Surveys to Organizational Change: Rational Change Processes and Institutional Forces.

Jørn Flohr Nielsen, Erik Riiskjær. Journal of Change Management 2013: [13](#)(2) 179-205.

The value of open-ended questions in surveys on patient experience – number of comments and perceived usefulness from a hospital perspective. Erik Riiskjær, Jette Ammentorp, Poul-Erik Kofoed.

International Journal for Quality in Health Care 2012 4(5): 509-16.

Semi-customizing patient surveys – linking results and organizational conditions.

Erik Riiskjær, Jette Ammentorp, Jørn Flohr Nielsen, Poul-Erik Kofoed.

International Journal for Quality in Health Care. 2011.

Patient surveys – a key to organizational change?

Erik Riiskjær, Jette Ammentorp, Jørn Flohr Nielsen, Poul-Erik Kofod. Patient Education and Counseling 78 (2010) 394-401.