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

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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

Capital Region of Denmark
1.8 million

Region of Southern Denmark
1.2 million

Region Zealand
0.8 million

University of Aarhus
Aarhus University Hospital
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 care
- 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
Upcoming 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

Health Consumer Powerhouse

Figure 3.2 EHCI 2018 total scores.

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

2000  2020

18,000  11,000  ????
What are the wishes of the people?
The Quality Gap

The patient (Wishes/behalf)

Accessible

Choice

Wholeness

Continuity

Participation

Focus on the person

System (Development)

Bigger units and distance

Fewer units

Specialisation

More actors

Standardised pathways

Focus on the disease

After Danish Patients, 2007 (an umbrella organisation)
Two consultation forms?

<table>
<thead>
<tr>
<th></th>
<th>Paternalism</th>
<th>Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient role /characteristics</strong></td>
<td>Passive Compliant Trustful</td>
<td>Active Compliant Knowing</td>
</tr>
<tr>
<td><strong>Medical doctors role</strong></td>
<td>Active Knowing The leader</td>
<td>Active Knowing Dialogue partner</td>
</tr>
<tr>
<td><strong>Decision based on</strong></td>
<td>The doctors professional or personal authority</td>
<td>Dialogue &quot;bargaining&quot; Shared decision making (SD)</td>
</tr>
</tbody>
</table>
Patient preferences for shared decisions (SD)

Review of 115 international studies

Before 2000: 50%
After 2000: 71%

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

Street et al, 2009
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.

<table>
<thead>
<tr>
<th>Country</th>
<th>N</th>
<th>Yes - %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denmark (N=207)</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>Israel (N=269)</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>USA (N=257)</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>UK (N=261)</td>
<td>13</td>
<td></td>
</tr>
</tbody>
</table>

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.

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?
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?

<table>
<thead>
<tr>
<th>Patient role /characteristics</th>
<th>Paternalism</th>
<th>Partnership</th>
<th>Customer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passive</td>
<td>Passive</td>
<td>Active</td>
<td>Active</td>
</tr>
<tr>
<td>Compliant</td>
<td>Compliant</td>
<td>Compliant</td>
<td>Moderate critical</td>
</tr>
<tr>
<td>Trustful</td>
<td>Trustful</td>
<td>Knowing</td>
<td>Strategic thinking</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Able to navigate</td>
</tr>
</tbody>
</table>

| Medical Doctor’s role         | Active               | Active              | Consultant                                     |
|                               | Knowing              | Knowing             | Operator                                       |
|                               | The leader           | Dialogue partner    | Seller                                        |

| Decision based on             | The doctor’s professional or personal authority | Dialogue "Bargaining"  | Contracts Patient values                        |
|                               |                                              | Shared decision making |                                              |


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
  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
• 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

Society and the health care system

Material and technical conditions
- Medical technological development
- Supply and demand
- Physical environment
- The internet
- Digitalisation etc.

Institutional forces and ideas
Ideas from outside to management of the health care system:
- Doctor logic
- Nurse logic
- Bureaucratic logic
- Market logic

Translation and competition

Organisation and consultation

Patient
- Well defined
- Not well defined
- Active patients
- Passive patients

Consultation
- Paternalism
- Partnership
- Customer

Patient experience
- Patient-centered
- Creaming
- Skimping
- Dumping
215 ÄRZTE FORDERN IM STERN: MENSCH VOR PROFIT!
Outside institutional forces can shape the picture of the ideal patient

<table>
<thead>
<tr>
<th>Ideal patients</th>
<th>The &quot;other patients&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear diagnosis and treatment. Well defined patients</td>
<td>More diagnoses, unclear symptoms, uncertain treatment recommendations. Not well defined patients.</td>
</tr>
<tr>
<td>Treatments are suitable for evaluation and transparency</td>
<td>Not suitable for evaluation. And in that matter, potentially invisible</td>
</tr>
<tr>
<td>Treatments are suitable for standard pricing</td>
<td>Difficult to put a standard price on treatment and care</td>
</tr>
<tr>
<td>The patient is active and can take care of own health</td>
<td>Passive and not able to take care of an involving patient role</td>
</tr>
<tr>
<td>The patient can navigate on a health care market and formulate claims</td>
<td>Not able to navigate on the &quot;health market&quot;. Can’t formulate claims.</td>
</tr>
</tbody>
</table>
Mintzberg’s Archetypical organisational forms

<table>
<thead>
<tr>
<th>Dynamic environment</th>
<th>Stable environment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Task complexity</strong></td>
<td></td>
</tr>
<tr>
<td>Simple tasks</td>
<td>Simple tasks</td>
</tr>
<tr>
<td><strong>Adhocracy – Individual solutions</strong></td>
<td><strong>Professional bureaucracy – partly standardized</strong></td>
</tr>
<tr>
<td>Simple structure</td>
<td>Machine bureaucracy – standardization</td>
</tr>
</tbody>
</table>

Mintzberg, 1983
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 timetable
• 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
The way questions were selected (9-13 questions)

Selected questions

- highest potential for improvement
- communication
- continuity
- coordination

highest satisfaction

lowest satisfaction

highest importance

lowest importance
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)
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)
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

*Riisager 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

<table>
<thead>
<tr>
<th>Question</th>
<th>Number of comments</th>
<th>Percentage of patients answering the question with a comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is your overall impression of the ward?</td>
<td>22,481</td>
<td>68.2</td>
</tr>
<tr>
<td>Was the accommodation adequate? (e.g. bath, toilet and patients' sitting room)</td>
<td>6,246</td>
<td>19.0</td>
</tr>
<tr>
<td>Did you receive a good welcome at the department?</td>
<td>5,644</td>
<td>17.2</td>
</tr>
<tr>
<td>Was your examination and treatment well planned during your contact with the hospital? (A main thread)</td>
<td>4,120</td>
<td>12.6</td>
</tr>
<tr>
<td>Are you satisfied with the treatment of your illness?</td>
<td>3,970</td>
<td>12.1</td>
</tr>
<tr>
<td>Did you get the personal support you needed from the staff during your admission?</td>
<td>3,726</td>
<td>11.3</td>
</tr>
<tr>
<td>Did the doctors listen to you with interest when you said something?</td>
<td>3,459</td>
<td>10.5</td>
</tr>
<tr>
<td>Did you get the information you needed during your admission? (e.g. about your illness, examinations, treatments and side effects)</td>
<td>3,434</td>
<td>10.5</td>
</tr>
<tr>
<td>Did you receive careful nursing during your admission? (From all the staff you were in contact with.)</td>
<td>3,277</td>
<td>9.9</td>
</tr>
<tr>
<td>Was the collaboration between your GP and the department about your illness satisfactory? (e.g. referral and follow-up)</td>
<td>3,027</td>
<td>9.2</td>
</tr>
<tr>
<td>Were you allowed to stay at the department until you felt ready to leave?</td>
<td>2,942</td>
<td>9.0</td>
</tr>
<tr>
<td>Did you get the information you needed before leaving the department? (e.g. medicine and good advice)</td>
<td>2,903</td>
<td>8.8</td>
</tr>
<tr>
<td>Was there a close coherence in what you were told when you applied to the hospital?</td>
<td>2,104</td>
<td>6.4</td>
</tr>
</tbody>
</table>
# Specific departments’ results in figures

<table>
<thead>
<tr>
<th>% - Potentials for improvement- “No” and “Both yes or no”</th>
<th>Results for your department</th>
<th>Other departments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>First</td>
<td>Second</td>
</tr>
<tr>
<td>--------</td>
<td>-------</td>
<td>--------</td>
</tr>
<tr>
<td>Did you feel welcome at the admission ward?</td>
<td>221</td>
<td>268</td>
</tr>
<tr>
<td>Are you satisfied with the treatment of your illness?</td>
<td>26%</td>
<td>21%</td>
</tr>
<tr>
<td>Did the doctors listen to you with interest when you said something?</td>
<td>22%</td>
<td>18%</td>
</tr>
<tr>
<td>Did you get the human support you needed from the staff during your admission?</td>
<td>27%</td>
<td>23%</td>
</tr>
<tr>
<td>Did you receive careful nursing during your admission?</td>
<td>19%</td>
<td>23%</td>
</tr>
<tr>
<td>Were your examinations and treatments well planned during your contact with the hospital? (a main thread)</td>
<td>38%</td>
<td>30%</td>
</tr>
</tbody>
</table>

Etc………. 
### Changes over time at regional level?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatients (N=31,948)</td>
<td>82,8%</td>
<td>83,4%</td>
<td>82,8%</td>
<td>83,6%</td>
</tr>
<tr>
<td>Outpatients (N=34,851)</td>
<td>84,2%</td>
<td>86,1%</td>
<td>85,5%</td>
<td>87,0%</td>
</tr>
<tr>
<td>One-day medical care (N=4,389)</td>
<td>86,0%</td>
<td>88,3%</td>
<td>88,8%</td>
<td>89,2%</td>
</tr>
<tr>
<td>One-day surgery care (N=4,581)</td>
<td>89,0%</td>
<td>90,0%</td>
<td>93,1%</td>
<td>91,5%</td>
</tr>
</tbody>
</table>
Change in overall patient satisfaction for 71 comparable wards

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.
Best and worst evaluated wards identified by patients

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

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

*The 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.
**T-test.
*Mean is computed without weighting for differences in ward size.
Index 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 -?)
From 2000 to ---
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)*

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<tbody>
<tr>
<td>Inpatients</td>
<td>89</td>
<td>90</td>
<td>90</td>
<td>90</td>
<td>93</td>
<td>93</td>
<td>92</td>
<td>92</td>
<td>72/83</td>
<td>72/83</td>
<td>73/83</td>
<td>73/82</td>
<td>73/83</td>
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<tr>
<td>Outpatients</td>
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<td>-</td>
<td>95</td>
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<td>86</td>
<td>86</td>
<td>87</td>
<td>88</td>
<td></td>
</tr>
</tbody>
</table>

Inclusion period changed from winter to summer

Separation acute/planned Change from 4 to 5 point scale
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)

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
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</thead>
<tbody>
<tr>
<td>Planned admission</td>
<td>47</td>
<td>41</td>
<td>39</td>
<td>39</td>
<td>38</td>
</tr>
<tr>
<td>Acute admission</td>
<td>57</td>
<td>55</td>
<td>53</td>
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<tr>
<td>Outpatients</td>
<td>36</td>
<td>36</td>
<td>35</td>
<td>33</td>
<td>34</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned admission</td>
<td>42</td>
<td>37</td>
<td>35</td>
<td>35</td>
<td>34</td>
</tr>
<tr>
<td>Acute admission</td>
<td>60</td>
<td>55</td>
<td>54</td>
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<tr>
<td>Outpatients</td>
<td>32</td>
<td>28</td>
<td>27</td>
<td>27</td>
<td>25</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
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<th>2014</th>
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<th>2018</th>
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</thead>
<tbody>
<tr>
<td>Planned admission</td>
<td>41</td>
<td>39</td>
<td>38</td>
<td>38</td>
<td>41*</td>
</tr>
<tr>
<td>Acute admission</td>
<td>45</td>
<td>46</td>
<td>45</td>
<td>45</td>
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<tr>
<td>Outpatients</td>
<td>36</td>
<td>37</td>
<td>38</td>
<td>35</td>
<td>40*</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
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<td>35</td>
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<td>36</td>
<td>37</td>
<td>35</td>
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<tr>
<td>Outpatient</td>
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</tbody>
</table>

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

Data quality

Data relevance

Report Complexity

Source Credibility

Timeliness

Actionability (degree of direction provided)

Appropriateness of the unit of analysis

Dissemination Intensity

Past Experience w/ Performance Data

Performance Achieved

Improvement Culture

Ginsburg, 2003
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:

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or
bak-riiskjaer@stofanet.dk
Selected articles

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

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

**The value of open-ended questions in surveys on patient experience – number of comments and perceived usefulness from a hospital perspective.**

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

**Patient surveys – a key to organizational change?**