

CASE STUDY

POWER TO THE PATIENTS:

How Patient Experience Intelligence Transformed a New Zealand District Health Board

“If you put patients in control of the healthcare service, then they will design the service that is perfect.”

ASSOCIATE DIRECTOR OF
THE DHB

Benefits of Partnership:

- Consolidated customer data from across the organisation
- Patient feedback available in real-time
- Increase in NPS (scores across organisation now consistently above 75)

The New Zealand Public Health and Disability (NZPHD) Act 2000 created New Zealand's District Health Boards (DHBs) with the goal of ensuring such boards improve, promote and protect the health of people and communities. A leading DHB wanted a way to listen to individual patients' experiences and improve their quality of life by acting on that information.

Power to the Patients

As a large and diverse health board, the team has to continually set and reach high goals which revolve around making significant improvements to patient experience (PX). The main issue the DHB faced was that it did not have a comprehensive patient listening program, which is vital for the healthcare industry.

Individual departments could gather intelligence from patients, but there was no system to understand what was and wasn't working across the organisation as a whole. The DHB's Associate Director wanted a platform where all patients could be heard and provide feedback the organisation could act upon.

"I fundamentally believe that if you put patients in control of the healthcare service, then they will design the service that is perfect," said the Associate Director.

"It's the first time in 20 years of working with electronic feedback systems that I actually got excited about one again."

ASSOCIATE DIRECTOR OF THE DHB

Setting Goals to Drive Results

In order to improve patient experience, the DHB board recognised it needed a better analytics platform that could help drive a better patient experience as the organisation acted on the data gathered. But the board also knew it needed to prove potential return on investment to make it justifiable to taxpayers. After a competitive pitch and the creation of an impressive use case, the DHB partnered with InMoment, and set about devising a solution that adhered to four working principles and program goals:

WORKING PX PROGRAM PRINCIPLES:



The solution needed to be entirely data-driven



It needed to be led by clinical teams or by the community



It needed to have a human centered design, whilst also balancing security needs for handling sensitive health data



Leverage natural language processing to discover actionable insights

PROGRAM GOALS:



Inform clinical decision making



Improve health literacy and patient experience



Increase operational efficiency



Guide population level planning and funding

As well as combining the insights from these four areas: Patient Reported Outcomes Measures (PROMs); Patient Reported Experience Measures (PREMs); Clinical Metrics and Health Economics, the avenues by which the DHB obtains its patient data were also expanded. Email surveys were introduced and when community-based health workers visit people at home, they now use iPads to allow patients, as well as friends and family, to take surveys. In addition, the solution allowed the DHB to expand on the avenues by which it obtained patient data to include email surveys and even iPad recorded feedback from health workers, friends and family at home.

The surveys also go much deeper than general experience questions (i.e. "Is the experience welcoming?") and ask heartier questions around health outcomes, quality of life, current pain, etc. This helps give the DHB more robust insights to help better care for patients and provide an excellent experience.

This specific feedback helps the DHB care for individual patients according to their own needs.

Embracing a Comprehensive Listening Program

The DHB then analyses, segments, and understands the issues and makes a plan to address them. Since implemen-

tation, the PX team has noticed improvements in patient experience by audits done throughout the organisation.

“As we’ve built those measures into the star rating of wards, it’s actually driving up their performance, it’s become a key driver of ward accreditation,” said the Associate Director.

The new PX program, designed with the guidance of InMoment’s Consulting Team, is proving an invaluable resource with results available in real-time, reducing the administrative burden of paper surveys. The DHB is also able to gather scores from different departments and measure the organisation’s overall quality of service. For example, the team can look at patient reported outcomes for specific procedures, like hip replacements, and determine whether quality of life for those patients is improving overall. This process is having a quantifiable impact on NPS scores, which are now consistently above 75. In presenting this to senior professionals at the Clinical Directors Forum, they were “absolutely blown away by what is now possible.”

“We have 24 clinical services who are already waiting to start having electronic surveys built for them, which is unheard of in any sort of quality improvement,” said the Associate Director.

The DHB’s embrace of a comprehensive patient listening program puts it in a prime position to expand its efforts to



improve PX by understanding the employee experience (EX). The DHB knows PX and EX are inextricably connected, and wants to know specifically how the two influence each other.

The DHB then hopes to look at population-level planning to determine how its services can benefit entire communities.

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