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 (LUP) – in brief
Questionnaire survey among inpatients and outpatients in Danish hospitals

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

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This publication will be quoted as follows:

This publication is a summary of the background, principles, methods and topics of the survey. Both this publication and the full reports from year 2000 and onwards (primarily in Danish) can be ordered from the address given below and downloaded from the website: www.patientoplevelser.dk

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Introduction

The National Danish Survey of Patient Experiences (Danish acronym: LUP) is a questionnaire survey for assessing patients' experiences with the Danish health care system. Patients possess valuable knowledge about their own illness and overall patient pathway, which is of crucial importance for a continuous improvement of quality in the health care system.

This booklet presents a brief summary of the background, principles, methods and topics of the survey. For further information or the survey results from year 2000 and onwards, the reader is referred to the full reports, appendices and tables (primarily in Danish), which can be downloaded from the website: www.patientoplevelser.dk.

Background

LUP is conducted under an agreement between the Danish government and the Danish Regions. The survey was also conducted in 2000, 2002, 2004 and 2006. Since 2009, following a change of concepts, it is carried out as an annual, nationwide survey, investigating the experiences of both inpatients and outpatients in Danish hospitals.

In its new form, the survey presents the results at four distinct levels: national, regional, hospital and unit level. This provides the opportunity for individual units to be evaluated and to identify areas for improvement of patient experiences.

The main objective of LUP is to provide an input for improving patients' experiences at unit, hospital, regional and national level.

This is done by:
- collecting data on patient experiences on specific topics
- benchmarking results among comparable units
- systematically monitoring the development in patient experiences and evaluations over time

Figure 1   The four LUP survey levels

My overall impression is very good. I came as an acute patient and received very good treatment, both professionally but also psychologically, in the form of understanding and care. I felt secure and taken seriously all along and I think that the staff deserves great recognition.

OUTPATIENT

"
Validation of questionnaire

In order to ensure that the patients’ understanding of the questions is consistent with the objective of the survey and that the questions are understandable and meaningful to the patients, the questionnaire is tested prior to its launch. This validation of the questionnaire is made through a number of cognitive interviews with patients, who complete the questionnaire immediately beforehand. The patients are asked about their own understanding of the individual questions, the usefulness of the reply categories and their considerations while answering the questions. In addition, the patients are asked a number of general questions on the length and layout of the questionnaire etc. and they are also asked whether the questionnaire lacks any significant questions. The questionnaire is subsequently amended in accordance with identified problems, if any.

Survey principles and methods

Mix of national and regional questions

The questionnaire consists of a series of national and regional questions integrated jointly in one table targeted at either inpatients or outpatients. There is an equal distribution with approximately 20 national and 20 regional questions, respectively.

The national questions are common to all patients across the country and have been selected based partly on patients’ own evaluation of the most important factors concerning hospital treatment and partly on areas for improvement identified in previous surveys. The national questions (2010) are listed in the back of this booklet. The regional questions are formulated by the individual regions, thereby allowing an opportunity to focus on specific areas of quality work within the region. The national and regional questions are all of a relatively general nature, so as to increase comparability between patients irrespective of disease and treatment.

Annual survey
LUP is conducted annually on behalf of the five regions in Denmark and the Ministry of Interior and Health.

LUP is financed by the Danish Regions, which administers the hospitals. A survey steering group has been formed, consisting of representatives of the Unit of Patient-perceived Quality, the Regions and the Ministry of Interior and Health.

Seemed professionally competent. Good at involving the relatives and their resources. Always very kind and obliging.

OUTPATIENT

Figure 2 The five regions in Denmark

- Capital Region of Denmark
- Region Zealand
- Region of Southern Denmark
- Central Denmark Region
- North Denmark Region
Inclusion of patients
LUP is based on retrieval of patients from the National Patient Registry of Denmark, which holds key information about every contact between Danish citizens and the hospital services. A representative random sample of the Registry is included in the survey. In order to ensure a valid comparison of the patient-perceived quality of the units, hospitals and regions participating in the survey, a set of selection criteria prepared by the survey secretariat is applied.

Selection criteria
The survey covers both somatic inpatients and somatic outpatients. Most major specialities are included in the survey. Inclusion is furthermore defined by a few months’ inclusion period, within which outpatients have had one or more visits, while for inpatients it requires a minimum of 24 hours of hospitalization within the same few months. The patients are only included in the random sample once with their most recent discharge or visit even though they have had more admissions during the inclusion period.

230,000 questionnaires
In 2009, questionnaires were distributed to 71,000 somatic inpatients and 160,000 somatic outpatients in Danish hospitals, subsequent to their discharge or end of treatment. The same year, 54 % of these patients filled in the questionnaire, which closely resembles response rates in previous surveys. The magnitude of the survey and the response rate may, however, vary from year to year.

Data collection
A few months after discharge from or visit to a hospital, postal questionnaires are sent to patients fulfilling the inclusion criteria. The patients are provided the opportunity to complete the questionnaire either by hand or on the internet with individual logins to a specified website. A data collection period is defined to ensure that the number of patients per hospital is sufficiently high to enable the completion of statistical analyses with acceptable statistical certainty.

Postal survey
LUP is conducted by distributing postal questionnaires to a representative sample of patients, subsequent to their visit in a Danish hospital.

If there is a long waiting time, I think you should be informed before being called in. The uncertainty is uncomfortable. But as you can see, I am quite satisfied.
OUTPATIENT

The only fault I can find with my pathway is that, during the four days I was hospitalized, I was in contact with a new doctor every day. It would be more reassuring if there was more continuity with regard to this.
INPATIENT

I encountered competent doctors and nurses, who really tried to help and especially inform me about the entire pathway. Both the written and oral information was very, very important to me.
INPATIENT
Survey topics

The specific questions included in the questionnaire may vary from one survey year to the next, e.g. as new issues of quality improvement work emerge. A number of general topics will, however, be covered repeatedly. They are listed in the box and examples of questionnaire items are given in circles.

- Information about waiting time
- Contacts and co-ordination of care
- Patient co-involvement
- Patient experiences of error
- Information (written and oral)
- Discharge (inpatients only)
- Intersectoral collaboration
- Overall impression of hospital visit

**CONTACTS AND CO-ORDINATION OF CARE:**

Did you experience that there were one or more primary contacts at the unit with special responsibility for your patient pathway?

Yes, one contact; Yes, several contacts; No

A primary contact is a healthcare professional who must provide you with information and ensure coherence in your patient pathway.

**PATIENT EXPERIENCES OF ERROR:**

Did you experience that errors were made in connection with your hospitalization/visits to the unit?

Yes; No

How do you think the staff handled the error once it was recognized?

Very well; Well; Poorly; Very poorly; The staff did not recognize the error

**PATIENT CO-INVOlvEMENT:**

To what extent were you involved in the decisions that were to be made regarding your care and treatment?

Too much; Appropriately; Too little

**INTERSECTORAL COLLABORATION:**

What is your assessment of how well the unit informed your general practitioner about your patient pathway?

Very well; Well; Poorly; Very poorly; I cannot judge
LUP improvement process

LUP is a tool to assess the quality of Danish hospitals. Through benchmarking, it provides unit and hospital managements with a basis for evaluating and acting upon their results. In this way, patient experiences and patient pathways can be improved.

LUP evaluates patient experiences annually. The aim of conducting continuous measurements is to ensure that the improvement of patient experiences is an ongoing process.

This LUP improvement process consists of the following components: (1) receipt of own (unit) results, (2) assessment of results, (3) identification of areas of improvement and preparation of plan of action, (4) implementation of improvement initiatives, followed by (5) a new LUP measurement reflecting the progress since the last survey.

Collaboration between LUP and The Danish Healthcare Quality Programme

LUP interacts with The Danish Healthcare Quality Programme which is a national programme covering the healthcare sector in full.

The Danish Healthcare Quality Programme is a method that aims to generate persistent quality improvement and consists of a series of standards designed to give a higher quality in patient health care – and of methods to measure and control this quality. Some of the indicators in the standards address patient-perceived quality.

LUP contributes to the quality monitoring of these indicators in the fields of patient involvement, patient information/communication, coordination and continuity.

Figure 3 LUP Quality Circle

I would like to have had, as early as possible, more information about what I could do myself in order to assist my recovery, e.g. I could have received a pamphlet with suggested exercises, talked to a physiotherapist or something else. It is my evaluation that my personal resources could have been used to a much higher degree than was the case...

OUTPATIENT
**LUP questionnaire - National questions**

<table>
<thead>
<tr>
<th>Question</th>
<th>Inpatients</th>
<th>Outpatients</th>
<th>Reply categories</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Before hospitalization or visit to the unit</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 What is your assessment of how the unit informed you about the waiting period from the time you were called in and until your hospitalization?</td>
<td>What is your assessment of how the unit informed you about the waiting period from the time you were called in for outpatient examination/treatment and until your first visit to the unit?</td>
<td>Very well; Well; Poorly; Very poorly; I do not remember Inpatients only: I was not called in</td>
<td></td>
</tr>
<tr>
<td>2 How did you experience your reception at the unit?</td>
<td></td>
<td>Very good; Good; Bad; Very bad</td>
<td></td>
</tr>
<tr>
<td>3 Do you have any comments in relation to your reception at the unit?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Interaction with the staff</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 What is your assessment of the length of the waiting period from the time of your appointment and until you were called in?</td>
<td>Acceptable; Unacceptable; I did not experience any waiting period</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pathway of examination/treatment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Did you experience that there were one or more primary contacts at the unit with special responsibility for your patient pathway?</td>
<td>Yes, one contact: Yes, several contacts; No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 In your opinion, how well had the unit staff members familiarized themselves with your course of illness for the scheduled conversations?</td>
<td>Very well; Well; Poorly; Very poorly; I cannot evaluate that</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 To what extent were you involved in the decisions that were to be made regarding your care and treatment (examination/treatment)?</td>
<td>Too much; Appropriately; Too little</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 To what extent were your relatives involved in the decisions that were to be made regarding your care and treatment (examination/treatment)?</td>
<td>Too much; Appropriately; Too little; Not relevant for me</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Overall impression</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Did you experience that errors were made in connection with your hospitalization (visit/visits to the unit)?</td>
<td>Yes; No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Which error/errors did you experience?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 How do you think the staff handled the error/errors, once it/they was/were recognized?</td>
<td>Very well; Well; Poorly; Very poorly; The staff did not recognize the error/errors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Did you experience any unnecessary waiting time for examination and treatment that prolonged the length of your stay at the hospital?</td>
<td>Did you experience any unnecessary waiting time during your examination/treatment at the unit that prolonged your visit/visits?</td>
<td>Yes, to a high extent; Yes, to some extent; No, only to a minor extent; No, not at all; I cannot judge</td>
<td></td>
</tr>
<tr>
<td><strong>Information</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 What is your assessment of the way your transfer between different units was organized?</td>
<td>What is your assessment of the way the unit collaborated with other units with regard to your examination/treatment?</td>
<td>Very good; Good; Bad; Very bad; I cannot judge; Inpatients: I was not transferred Outpatients: No other units were involved</td>
<td></td>
</tr>
<tr>
<td><strong>After/between your visits to the unit</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Did you receive any written information about your illness and/or treatment in connection to your hospitalization (visit/visits to the unit)?</td>
<td>Inpatients: Yes, prior to hospitalization; Yes, during hospitalization: No, I was not offered this; I did not need this Outpatients: Yes; No, I was not offered this; I did not need this</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Overall, how do you rate the written information that you received?</td>
<td>Very good; Good; Bad; Very bad; I did not read it</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Overall, how do you rate the oral information that you received during your hospitalization (visits to the unit)?</td>
<td>Very good; Good; Bad; Very bad</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Did you feel secure or insecure, when you left the unit to go home after your visit/visits to the unit?</td>
<td>Very secure; Secure; Insecure; Very insecure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 How would you rate the collaboration between the unit and the municipal home care/nursing care at home with regard to your discharge (pathway of examination/treatment)?</td>
<td>Very good; Good; Poor; Very poor; I cannot judge; Not relevant for me</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 What is your assessment of how well the unit informed your general practitioner about your patient pathway (examination/treatment)?</td>
<td>Very well; Well; Poorly; Very poorly; I cannot judge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 After your discharge from the unit, have you been in doubt about the health implications of your lifestyle (e.g. exercise, diet, smoking and alcohol habits)?</td>
<td>In connection with your examination/treatment at the unit, have you been in doubt about the health implications of your lifestyle (e.g. exercise, diet, smoking and alcohol habits)?</td>
<td>Yes, to a high extent; Yes, to some extent; No, only to a minor extent; No, not at all; Not relevant for me</td>
<td></td>
</tr>
<tr>
<td><strong>Overall impression</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 What is your assessment of how your overall patient pathway was organized (before, during and after your hospitalization)?</td>
<td>What is your assessment of how your overall pathway of examination/treatment was organized (before, during and after your visit/visits to the unit)?</td>
<td>Very well; Well; Poorly; Very poorly; I cannot judge</td>
<td></td>
</tr>
</tbody>
</table>