NSW Health

Self-reported information survey streams and collections

Fact sheet

This fact sheet describes the four self-reported information survey streams and describes a selection of existing statewide collections.

Self-reported information surveys guide decision-making at all levels of the health system. Find out more in the Self-reported information fact sheet.

The four self-reported information survey streams are rapid view, reflective, point of care and population view

The survey streams in Figure 1 are different styles of surveys that can be used for understanding the outcomes and experiences of patients, carers, the community and staff.

Each survey stream is suited to different primary and secondary uses as shown in Figure 2. The survey streams help to determine what information to collect, when to collect information and who to collect information from.

Information from different survey streams can provide actionable insights into the health outcomes and experiences of patients, carers, the community and staff. For example, when the same question is used in both a rapid view and reflective collection, the two data sets can be used together to better understand the experience of patients receiving care.

Other feedback pathways such as compliments, patient stories, website feedback pages, letters, emails and social media can complement survey findings. There are also policy-driven feedback pathways including complaints, open disclosure, and Recognise, Engage, Act, Call, Help (REACH).

Patient reported measures (PRM) are validated questions that can be used for patient surveys

PRM are survey questions, based on well-established evidence, that measure the outcomes and experiences of patients receiving care.

There are two main types of PRM including Patient Reported **Outcome** Measures (PROMs) and Patient Reported **Experience** Measures (PREMs):

- **PROMs** capture patient perspectives of how illness or care impacts on health and wellbeing such as quality of life or daily functioning and symptoms and are typically used in point of care surveys
- **PREMs** capture patient experiences of healthcare or services.

PRM can be used to support clinical decision making, service planning, delivery and improvement, and to evaluate health services and patient outcomes in similar services across the system.

Figure 1. Self-reported information survey streams

Stream	Description
Rapid view	Information collected via a survey within 72 hours of a clinical interaction for rapid-cycle safety and quality improvement.
Reflective	Representative information, collected via a survey following a clinical interaction when outcomes have materialised, for fair comparison and performance measurement along the care journey and across the health system.
Point of care	Information collected via a survey before or during a clinical interaction to inform real-time shared care planning and clinical decision making. This information is intentionally **identifiable** so healthcare providers can use it with patients to inform care. It can also be collected longitudinally to enable analysis of trends over time for the individual or patient cohort.
Population view	Representative or census-based information collected via a survey about health behaviours, status, risk factors and general experiences to inform the design and monitoring of preventative health programs, system planning and performance measurement.

Figure 2. Survey streams and their recommended primary and secondary uses

Use	Rapid view	Reflective	Point of care	Population view	Other types of feedback
Clinical decision-making			Primary		
Quality improvement	Primary	Secondary	Secondary		Secondary
Performance management		Primary			
Monitoring and evaluation	Secondary	Primary	Secondary	Secondary	
Policy development	Secondary	Secondary		Primary	
Public reporting		Primary		Secondary	
Complaints management					Primary

Rapid view stream

Information, collected within 72 hours of a clinical interaction, for rapid-cycle safety and quality improvement.

Rapid view surveys are primarily used to support continuous safety and quality improvement at the service level

Rapid view surveys capture meaningful and actionable experience information to drive continuous local safety and quality improvement. The survey provides a quick or ‘rapid view’ of the experiences and outcomes of care.

The survey is issued to patients within 72 hours of a clinical interaction and healthcare providers can access the results in real time. This means they can act quickly on the information to make improvements to their local service and track this over time.

Rapid view survey data comparisons across care settings, facilities and local health districts should be treated with caution unless collections are designed to ensure representative results.

Examples of rapid view collections

Mental Health Your Experience of Service (YES)

Your Experience of Service (YES) is a national survey led by mental health consumers and the NSW Ministry of Health. The survey gathers information about the experience of people, aged 11 years and over, who access NSW hospital and community mental health services. The Ministry of Health checks and validates the data, which is stored in a secure, purpose-built database.

The survey results are provided to local health districts at monthly and quarterly intervals to support service improvement, with YES overall experience scores included as a key performance indicator in local health district and specialty health network service level agreements.

Annual reports are available at NSW Health - Your Experience of Service (YES).

Rapid Patient Experience Survey pilot

The Rapid Patient Experience Survey pilot contains seven closed-response questions, drawn from the Bureau of Health Information Adult Admitted Patient Survey and selected to drive rapid-cycle quality and safety improvement at the service level. Patients discharged from an overnight stay (or longer) at a participating NSW Health healthcare facility adult inpatient unit are eligible to receive the survey.

The survey is being piloted in four regional local health districts to understand the scalability of a standard minimum question set and survey tool for rapid data collection, and the feasibility of system-wide data integration and triangulation.

The Clinical Excellence Commission-managed Quality Assurance Reporting System (QARS) and Quality Improvement Data System (QIDS) platforms distribute the survey and capture the information collected from patients.

Reflective stream

Representative information, collected via a survey at a point in time following a clinical interaction when outcomes have materialised, for fair comparison and performance measurement along the care journey and across the health system.

Reflective collections provide robust benchmarks and trends to enable performance measurement and comparison at a service, hospital, local health district and state level

Reflective surveys ask about a patient's episode or journey of care. The survey is issued to a representative sample of the patient population sometime after discharge from hospital. This delay allows time for patients to reflect on their experience and to answer questions about what happened after discharge.

The information collected through reflective surveys has sufficient statistical power and reliability to gain an accurate picture of performance and inform robust benchmarks and trends at the state, local health district and hospital level. It supports broad understanding of performance along the care journey and across the health system. It can be used to inform strategic improvement priorities and for performance management, public reporting and program and policy evaluation.

Results from reflective surveys are valuable as a reference point when reviewing results from point of care and rapid view collections. While direct comparisons are not statistically valid, drawing on information from two or more data sets can strengthen insights into patient outcome and experience across time and settings.

Example of reflective collections

NSW Patient Survey Program

The NSW Patient Survey Program, led by the Bureau of Health Information, is NSW Health's principal source of representative information about patients' experiences of healthcare services. The program has been collecting robust and representative NSW, local health district and hospital performance information since 2012. Public reporting of results provides transparency and accountability for the community.

Custom reports are produced for local health districts with tailored information, including key performance measures and insights about the experiences of patient populations.

At the core of the program is the Adult Admitted Patient Survey and the Emergency Department Patient Survey, run continuously throughout the year. Periodically run surveys also occur for virtual care, outpatient cancer clinics, rural and regional facilities as well as for the Aboriginal Patient Experience Survey Program.

All surveys ask a representative sample of patients to participate and are sent to the patient some weeks after their hospital or clinic visit. Gathering robust, representative information requires time delays to recruit stratified random samples of participants, attain internationally acceptable response rates using multiple follow-up reminders and further reduce response bias using sophisticated analytic techniques.

For reports, supplementary data tables and the Data Portal visit Bureau of Health Information.

Point of care stream

Information collected via a survey before or during a clinical interaction to inform real-time shared care planning and clinical decision making. It is also collected longitudinally to enable analysis of trends over time for the individual or patient cohort.

Point of care surveys are primarily used to empower shared care planning

Point of care surveys capture identifiable patient perspectives of healthcare experiences and outcomes of care at the individual level. They can be issued once or multiple times along the care journey. The information collected is intentionally identifiable so healthcare providers can use it with patients during a clinical interaction. Clinicians primarily use point of care surveys in real-time to inform shared-care planning and clinical decision-making.

Examples of point of care collections

Patient Reported Measures (PRMs) Health Outcomes and Patient Experience (HOPE)

The PRMs HOPE program, led by the Agency of Clinical Innovation (ACI) in partnership with eHealth NSW, is a statewide program enabling real-time data capture and use across the care continuum. The effective use of PRMs relies on involvement across the entire health system (especially from patients and clinicians) to incorporate PRMs into everyday clinical practice. PRMs support a better understanding of what matters to patients and enable shared decision-making about care, treatment and health interventions.

HOPE is a purpose-built secure web-based platform, co-designed with consumers, clinicians and managers across NSW in partnership with the ACI, eHealth NSW and the NSW Ministry of Health. It houses and manages online surveys that enable patients and multidisciplinary care teams to capture, review and act on the data reported in real time.

Cancer Institute NSW PRMs Program

The statewide Cancer Institute NSW PRMs Program surveys patients being treated by public cancer services. The survey collects information about unmet patient needs to inform point of care delivery and is integrated with other service data in the Oncology Information System.

The Cancer Institute NSW provides local health districts with an annual Patient Reported Measures Report as part of the Reporting for Better Cancer Outcomes (RBCO) Program. Report access is restricted to registered users, who are only provided access to reports relevant to their health service.

The Cancer Institute NSW is progressively making real-time PRMs data available in the activity dashboard within the Oncology Information System accessible to participating local health districts. This allows healthcare providers to discuss the results with their patients, make needed referrals and provide other relevant support.

Reporting for Better Cancer Outcomes public reports are published on Cancer Institute NSW - RBCO reports.

Population view stream

Representative or census-based information collected via a survey about health behaviours, status, risk factors and general experiences to inform the design and monitoring of preventative health programs, system planning and performance measurement.

Population-based collections can provide information about self-reported health status, health risk factors and health behaviours

Population view collections reflect the population of NSW, including people who interact with NSW Health services. Population-based surveys inform and support system planning, public reporting and program and policy evaluation by monitoring self-reported health behaviours, health status and other factors influencing health.

A representative sample of people from NSW are surveyed through the NSW Population Health Survey to collect information about the health and wellbeing of the population of NSW each year. The data collected can be used to understand unmet needs and monitor progress on population-level health outcomes.

Example of population view collections

NSW Population Health Survey

The NSW Population Health Survey collects detailed information about health risk factors, service use and the behaviours of adults and children. The results provide information about the people of NSW including key demographic sub-groups and are used to support planning, implementation and monitoring of health services and programs in NSW.

The information collected also enables the estimation of a variety of health indicators in local health districts including adult overweight and obesity, smoking and risky alcohol consumption rates. This information helps NSW Health to plan for health system improvements in the future.

Participants are randomly selected and invited to the survey via text message. Interviews are completed using computer-assisted telephone interviewing (CATI) throughout the year, from mid-January through to mid-December. Probability sampling methods are applied to the recruitment of survey participants to minimise selection bias and obtain a sample that aims to be representative of the NSW population.

The NSW Population Health Survey results are published annually on HealthStats NSW.

For more information, please contact the Strategic Reform and Planning Branch, Ministry of Health via email: MOH-PatientMeasures@health.nsw.gov.au

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