

Using, administering and analysing the Patient Enablement and Satisfaction Survey:

a toolkit for nurses in general practice

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Foreword

Consumer feedback is a vital part of the health system. It helps to save lives and prevent injury, and taking a consumer perspective helps to ensure that health services meet the needs of the people who use them. As the number of nurses working in primary health care and opportunities to expand the scope of practice continue to grow, it is important to understand how consumers are responding to the care nurses provide.

The consumer experience of the health system extends beyond the clinical aspects of care and includes each interaction with health services staff. Consumer feedback is one of the most basic levels of consumer participation in health services. Actively encouraging and acting on consumer feedback is in the best interests of both the consumer and the service. Ultimately, it will contribute to the development and delivery of better health care services.

At its core, consumer feedback is about improving the way health services provide care. With this increasing recognition of the important benefits of the effective use of consumer feedback, it is necessary for health services to have a robust and responsive process in place for measuring and managing feedback. This Patient Enablement and Satisfaction Survey (PESS) toolkit, specifically designed for nurses working in primary health care, supports this approach.

“
**Only by working
in partnership with
consumers and listening
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feedback is it possible
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truly appreciate what
constitutes quality,
safe health care.**
”

From the consumer's perspective, survey forms are often poorly designed, can use inaccessible language and layout or do not provide an opportunity for dialogue. We need survey tools that are simple and engaging and clearly explain the importance of feedback in the practice and its vital role in improving service delivery.

The PESS has addressed these issues and has developed an approach that will drive change at the practice level.

Darlene Cox

Executive Director

*Health Care Consumers'
Association Inc*

Abbreviations & Acronyms

AML Alliance	Australian Medicare Local Alliance
GP	general practitioner
HREC	human research ethics committee
PDSA	Plan–Do–Study–Act
PESS	Patient Enablement and Satisfaction Survey
RACGP	Royal Australian College of General Practitioners

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Introduction

In 2012, the AML Alliance worked with the Australian Primary Health Care Research Institute to develop a robust tool designed to assist nurses to evaluate their nursing care—the Patient Enablement and Satisfaction Survey (PESS).

The PESS aims to gather information from patients about how satisfied they are with the nursing care they receive in general practice, whether that care helps them to understand more about their health and wellbeing, and whether it has made them better able to look after their health.

This toolkit provides assistance to those wishing to use the PESS.

The PESS can provide nurses and general practices with information that can help improve the care of patients. It enables nurses to conduct their own research, demonstrate leadership and engage in evidence-based practice. The Competency Standards for Nurses in General Practice state that:

Registered nurses in general practice have a responsibility to seek out and engage in ongoing education and professional development to maintain the competencies that are specific to nursing in general practice settings. (ANF 2005:15)

The standards go on to describe the attributes of nurses practising at an advanced level, which include:

- being prepared for evidence-based practice through post-registration qualifications/education
- accepting responsibility for complex situations, which may encompass clinical, managerial, educational or research contexts
- demonstrating leadership and initiating change
- focusing on outcomes for individuals and groups.

It remains a responsibility of nurses working at advanced levels, such as coordinating a nurse clinic, to focus on outcomes, lead improvement and initiate change.

How this toolkit is structured

The toolkit is organised into five modules:

- Module 1: Ethics and the PESS
- Module 2: Deciding to use the PESS
- Module 3: How to administer the PESS: confidentiality and reliability
- Module 4: Analysing the PESS
- Module 5: After the PESS.

Some sections include activities to stimulate your thinking. Answers for the activities are in Appendix 4.

How to use the toolkit

This toolkit is to be used in conjunction with the PESS. Two other documents also support the PESS: the *PESS how to guide* and an example of a completed survey. They are available from the AML Alliance website (<http://amlalliance.com.au/medicare-local-support/nigp/resources>) and are also included in the appendixes.

The toolkit is best used in conjunction with several other resources developed by the AML Alliance:

- *Nurse clinics in Australian general practice: planning, implementation & evaluation*. Section C of this resource describes the evaluation cycle and explains the role of the PESS in that cycle.
- *Understanding research: a guide for primary health care nurses*, which is referred to in this document as the *Research guide*.

All these resources will help you to use the PESS for quality improvement, accreditation and research.

Quality improvement

The PESS and this toolkit enable nurses to lead continual quality improvement at the practice level. The toolkit can also support the **Plan–Do–Study–Act** (PDSA) cycle for improvement.

The PDSA Cycle for Improvement



Further information on the PDSA cycle is available from the Australian Primary Care Collaboratives. http://apcc.org.au/about_the_APCC/the_model_for_improvement/

Accreditation

This toolkit supports general practices in the accreditation process. For example, Standard 3.1, Criterion 3.1.1 of the Royal Australian College of General Practitioners (RACGP) *Standards for general practices* (4th edition) outlines the need for practices to engage in quality improvement, and the PESS is one quality improvement activity that can be led by nurses in the practice to meet that requirement. The standards can be downloaded from the RACGP website. <http://www.racgp.org.au/your-practice/standards/standards4thedition/>

Research

Using this toolkit with the PESS *Research guide* will help you gain a more comprehensive overview of the research process and enable you to participate in formal, practice-based research. The *Research guide* is available from the AML Alliance website. http://amlalliance.com.au/_data/assets/pdf_file/0007/49057/Understanding-Research.pdf#Understanding Research

Module 1

ETHICS AND THE PESS

Aims

This module explains:

- when ethics approval is required for a study using the PESS
- when ethics approval is not required
- where to go if you need ethical approval.

More comprehensive information about the role of ethical approval in research is in the *Research guide*.

Ethical conduct of research

Very clear guidelines for conducting ethical research on human beings are outlined in the *Research guide*. Although there are different levels of risk associated with clinical or medical research and non-clinical research, similar standards are expected in high and lower risk research.

Research projects involving humans that are funded and the results of which will be published always require ethical approval from a human research ethics committee (HREC). Even some research projects that are small and do not require external funding may need ethical approval.

Who provides ethical approval?

Organisations with HRECs include:

- all Australian universities
- most hospitals
- state and territory health departments
- professional organisations, such as the RACGP.

There are more than 220 HRECs in Australia, and all adhere to national guidelines (NHMRC 2007).

Activity 1

- Carry out a Google search to find the nearest HREC in your area.
- Look at what the HREC says about human research ethics and its processes for ethical approval.

When is ethical approval required?

Ethical approval is usually required for all research on humans. If projects are externally funded by a research funding body, organisation or government entity, HREC approval must be sought.

HREC approval is also required:

- if participants can be identified in any way through the data collected
- if there is any risk, however small, to participants from the research (this includes physical and emotional risk)
- if the data are to be published externally (that is, outside the practice or organisation)
- if the data are to be aggregated or compared with data from another practice or organisation and the information is to be shared across those practices or organisations.

When is ethical approval not required?

You should not need HREC approval to gather data within a practice or organisation when the data are to be used internally and not published or promoted outside the practice or organisation.

Even if HREC approval is not necessary, any data collection must be undertaken with ethical principles in mind. That is:

- participants must be told the nature of the research and the use to which it is to be put
- they must give fully informed consent and complete any questionnaires or surveys without the assistance of practice or organisational staff.

Activity 2

Camilla is studying a postgraduate course in primary care nursing at the University of Tumburumba. As part of this course, she is required to carry out a research project in her practice over a semester. She will have to write a paper and present her research findings to her class and lecturer and will have the opportunity to be funded to attend a conference to present her work.

Does Camilla require HREC approval?

Activity 3

Kate runs a nurse-led chronic disease management clinic. One of the GPs in the practice is sceptical about the clinic and thinks that it is not effective. Kate decides to gather information through both a clinical audit and the PESS about patients in the clinic so that she can ascertain what impact the clinic has on her patients. Kate aims to present the findings at a practice meeting.

Does Kate need HREC approval to carry out this research?

Who can help you when you need ethical approval for research?

A number of people and organisations can help if you think that you may need ethical approval for research.

If you have a university in your area that has a health or nursing faculty, contact it and ask whether there are any academic staff members who could advise you. If you need to go through a university HREC, you will probably need to partner with a staff member of that university to apply for ethical approval.

If there is no university in your area, your local health authority will probably have a HREC. Contact its HREC administrators to find out how you can go about applying for ethical approval.

Medicare Locals may also be able to provide you with advice and help you to partner with a university or other research facility. If you are unsure about any aspect of gaining ethical approval for research, refer to the *Research guide*, which provides more comprehensive information.

More information about research networks is on the website of the Primary Health Care Research and Information Service. <http://www.phcris.org.au/infobytes/pbrns.php>

Key messages

- Using the PESS will provide valuable information to the practice.
- Undertaking a small research project will be a valuable experience to expand your scope of practice and contribute to your continuing professional development.
- If your research is likely to need ethical approval, find someone to help you gain approval from a HREC.

Activity 4

Toni and Guy run a sexual health clinic across a number of practices owned by a large primary health care group. They would like to expand this service to all the practices owned by the group and they decide to carry out some research on how satisfied patients are with their service and whether the patients understand more about their sexual health and reproductive issues.

Do Toni and Guy need HREC approval to carry out this research?

Module 2

DECIDING TO USE THE PESS

Aims

This module:

- describes why and when you could use the PESS
- explains what information you will get from the PESS
- explains how you can use that information
- describes how you could gain your colleagues' support for implementing the PESS
- explains some of the steps that will be necessary to prepare your practice to implement the PESS.

Why and when to use the PESS

The PESS can be used as a quality improvement tool for your general practice. Most importantly, because it is designed with nursing care in mind, it can also be used to support you in providing quality care and taking a leadership role in patient-centred care within the practice.

“
The PESS measures patients' satisfaction with nursing care in general practice and what impact that care has on their ability to care for themselves and better understand and manage their health conditions.
”

It is most aptly used for nurse clinics or where nurses are providing regular, as opposed to episodic, care for patients. For example, influenza vaccinations are annual events rather than ongoing care.

On the other hand, when nurses run clinics (such as asthma, diabetes or chronic disease clinics), they most often see patients regularly, either individually or as a group. In this situation, it is possible to measure the clinical effect of the clinics on patient health and wellbeing through a clinical audit. The PESS allows you to also measure patient satisfaction and enablement.

Activity 5

Lizzie runs a clinic every Thursday afternoon for patients with chronic asthma. Usually, from four to seven patients attend the clinic. However, Lizzie is becoming concerned that some patients are irregular attenders and that their asthma is not well controlled. She is under pressure from the practice manager to improve attendance or cease offering the clinic.

How can the PESS help Lizzie?

Why measure patient satisfaction and enablement?

While monitoring patients' clinical indicators, it is important to understand how satisfied they are with the care provided. A patient who is highly satisfied with their care is more likely to adhere to treatment and medication regimes and be willing to seek advice and support from the clinician. The better understanding patients have of their condition and how to care for themselves, the more likely they are to keep themselves well. For example, if patients understand the benefit of exercise for Type 2 diabetes, they are more likely to engage in some form of physical activity.

Patients are sometimes reluctant to criticise clinicians or ask too many questions, even though they might not have a good understanding of their condition or clearly understand how they can better look after their own health. Similarly, clinicians might not appreciate that the way they communicate or engage with

patients may result in patients being less likely to seek care. For example, the availability of appropriate appointment times may influence the patient's access to care.

All health professionals owe a fundamental duty of care to their patients, and engaging in quality improvement is a way of ensuring that the care provided is appropriate and acceptable to the patient population.

The PESS can also be a useful tool to support nurses' collection of data about their patients' experience across a Medicare Local. Reporting requirements for Medicare Locals are now available on the National Health Performance Authority's website (<http://www.nhpa.gov.au/internet/nhpa/publishing.nsf/Content/PAF~PAF-Section-6~PAF-Section-6-3>). Indicator 6.3.2.1 is 'Measures of patient experience'.

If any or all of these conditions apply to you, you can use the PESS to support your practice:

- You regularly see patients for continuing care.
- You coordinate a nurse clinic as part of your duties in the practice. This can be a clinic run at a regular time, either for individual appointments on a certain day or as a group, or seeing patients individually over a period of time.
- Patients often come to you for ongoing care, possibly for multiple ailments, and see the GP between visits to the nurse.

What the PESS measures

The PESS measures patients' opinions and the intensity of those opinions. The *satisfaction* section of the PESS measures patients' views on:

- how effective you are in understanding their health concerns and encouraging them to deal with those concerns
- how successful you are in providing information to patients on their health
- whether you include patients in decisions involving their health
- whether they are confident that the care you provide is of high quality
- how accessible you are to patients when they need you
- whether you spend enough time with patients
- your professionalism
- overall, how satisfied they are with the care you provide.

The PESS enables you to measure satisfaction with each of these factors as well as with all of them put together. For example, patients may be very satisfied with the quality of the care you provide but less satisfied with your availability. Or they may be satisfied with most aspects of their care but less

satisfied with the way you include them in decisions about their health. This means that you can focus on those aspects of care that may need improvement.

The *patient enablement* section of the PESS shows how well you are able to support patients understanding and managing their own health.

Finally, the PESS allows patients to add their own comments on the survey and lets them know that their opinions count.

Activity 6

Marta has been running a women's health clinic at her practice for just over two years. In that time, she has improved cervical screening rates for the underscreened, encouraged eligible women to have regular mammograms and provided support and contacts for women who have disclosed domestic abuse to her. A new GP in the clinic would like to take over most of the women's health consultations because she enjoys this area of work and thinks that she can do it more efficiently. Marta often takes 40–50 minutes to carry out some Pap tests, and the GP says she can do this in 20 minutes. Marta understands the GP's wishes but feels that she provides a quality service.

Should Marta use the PESS to see what her patients think of the service she provides?

Activity 7

Rosa runs a fortnightly diabetes clinic at a community hall. To help encourage her patients to exercise, she introduced a 'walk and talk' session after each clinic. Patients walk together for about an hour and have a chat. They then come back to the hall to have morning tea. The patients have developed a roster for providing a fruit platter. They often tell Rosa how much better they feel now they are having a regular walk, and many meet on other days to walk together. Rosa feels that this model could work well in other practices across the Medicare Local but isn't sure how she can provide evidence that it is acceptable to patients.

Can the PESS help Rosa?

Practice support

It is important to get the support of your colleagues if you decide to use the PESS. To do this, you will need to be able to explain the benefits of the PESS and detail which resources will need to be dedicated to the survey.

You could lead the discussion at a practice meeting to:

- explain the benefit the PESS brings to the practice as a whole
- explain the benefits to patients
- list the resources required to print and administer the survey forms
- develop a policy for other nurses in your practice to use the PESS (see example below)
- describe any previous experience you have had with the PESS.

Example: a practice policy that supports use of the PESS

Implementation of the Patient Enablement and Satisfaction Survey (PESS)	
Approved by	<< insert name and position >>
Review date	This policy is to be reviewed on << insert date >>
Introduction	The << insert practice name >> is committed to ensuring that our patients have access to care that they need. The << insert name of nurse clinic >> is facilitated by registered nurses who are competent to provide clinical care that meets the practice criteria for nurse clinics. The evaluation of the << insert name of clinic >> enables the clinic to monitor and improve the nursing care provided in the clinic.
Purpose	The purpose of this policy is to provide guidelines for staff undertaking a quality improvement activity using the PESS tool in the << insert practice name >>.
Scope	This policy applies to the use of the PESS tool only as developed by the AML Alliance and Australian Primary Health Care Research Institute in the << insert name of practice >>. The tool is designed to evaluate care provided by nurses in the context of a nurse clinic.
Definitions	AML Alliance: Australian Medicare Local Alliance APHCRI: Australian Primary Health Care Research Institute RACGP: Royal Australian College of General Practitioners PESS: Patient Enablement and Satisfaction Survey
Accreditation context	This policy and procedure support the following RACGP standards and criteria: Standard 2.1: Collaborating with patients Criterion 2.1.2: Patient feedback Standard 3.1: Safety and quality Criterion 3.1.1: Quality improvement activities Criterion 3.1.3: Clinical governance.
Policy	The << insert name of practice >> will undertake an annual evaluation of the << insert name of clinic >> that is conducted by the registered nurses.

Implementation of the Patient Enablement and Satisfaction Survey (PESS)	
Principles	<p>The Australian Safety and Quality Framework for Health Care specifies three core principles for safe and high-quality care. Safe, high-quality care is always:</p> <ol style="list-style-type: none"> 1. consumer centred 2. driven by information 3. organised for safety.
Procedure	<ol style="list-style-type: none"> 1. Discuss whether to apply for ethics approval with the practice team. 2. Allocate resources for the activity (e.g. protected time, cost of printing the surveys, staff time to hand out, collect and analyse the forms). 3. Decide which staff will lead the activity. 4. Agree on the period of evaluation (e.g. all nurse clinics between two dates). 5. Inform patients of the survey (e.g. place posters in waiting room, distribute flyers, publish an article in the practice newsletter) 6. Allocate reception staff to hand out surveys and ensure that they are able to explain the process to patients using the suggested wording. 7. Number all surveys 8. Hand out surveys to patients with an envelope. 9. Record the numbered surveys as they are handed out 10. Collect the surveys as they are completed and ensure that they have been put in an envelope and sealed by the patient. 11. When surveys are returned, use their numbers to record that they have been returned. 12. Make a spreadsheet according to guidelines. 13. Enter data from the surveys into the spreadsheet. 14. Record patients' comments in a Word document. 15. Analyse the data. 16. Discuss the results at a team meeting 17. Agree on changes to the nurse clinic processes and document them in nurse clinic policy.
Supporting documents	<p>RACGP, Standards for general practices, 4th edition (http://www.racgp.org.au/your-practice/standards/standards4thedition/)</p> <p>PESS survey http://amlalliance.com.au/medicare-local-support/nigp/resources</p> <p>PESS implementation guidelines http://amlalliance.com.au/medicare-local-support/nigp/resources</p> <p>Australian Safety and Quality Framework for Health Care http://www.safetyandquality.gov.au/wp-content/uploads/2012/01/32296-Australian-SandQ-Framework1.pdf</p>
Governance	Written by <<insert name>>. Version 1.0

Administering the PESS

Once you have decided to use the tool and you have the support of your colleagues, you need to take a number of steps before you gather the data:

- Determine whether you need ethical approval for the survey (refer to the *Research guide*). If you do, seek support from an academic institution, your Medicare Local or your local health authority to submit an application for approval. You will need to develop all the materials for recruiting patients and seeking their informed consent for the study.
- Develop some materials to publicise your study so that your patients understand why you want to gather information (for example, a poster for the waiting room or flyers for the reception desk). More information about this is in **Module 3**.
- Determine which staff member is responsible for what component of the activity. Plan how the PESS will be used in the practice and ensure that the practice team is informed and regularly updated on progress.
- Download the *PESS how go guide* and the example of a completed PESS from the AML Alliance website (<http://www.amlalliance.com.au/medicare-local-support/nigp/resources>). Print them out for your own use. Patients only need to be provided with the PESS questionnaire. It is important that you do not change any of the questions.

Key messages

- The PESS can be used to support your work and to gain patient feedback about that work:
- It can enable the practice to improve the care it provides to patients.
- A whole-of-practice approach is needed if the PESS is to be implemented and your colleagues are to accept the results of the survey.

Module 3

HOW TO ADMINISTER THE PESS: CONFIDENTIALITY AND RELIABILITY

Aims

This module:

- helps you identify which patients you should include in the PESS
- describes how you should engage with patients about the PESS to explain to them what the PESS measures and why it is important
- explains how you should implement the PESS to ensure that you have patients' informed consent, maintain confidentiality and ensure that the outcomes of the PESS are reliable
- explains how you should manage and store the surveys once they have been completed.

Who should complete the PESS?

The PESS is aimed at patients you look after regularly, either through clinics or through the provision of specific services to them, such as cervical screening. The PESS is less suitable for one-off episodes of care.

Once you identify the patients who should be included in a PESS exercise, you should target all patients in that group. For instance, you might run a diabetes clinic and wish to evaluate its impact on patients. It is important to be systematic in your approach to engaging with patients attending the clinic. Surveying only some of them and not others would make your results less reliable. Take care not to inadvertently target only the most communicative and reliable patients, rather than seeking the views of the whole patient population.

Engaging with patients

How you inform patients about the PESS is very important if you are to get reliable and useful data from the exercise. The best approach is to have written information available for patients at the practice, such as:

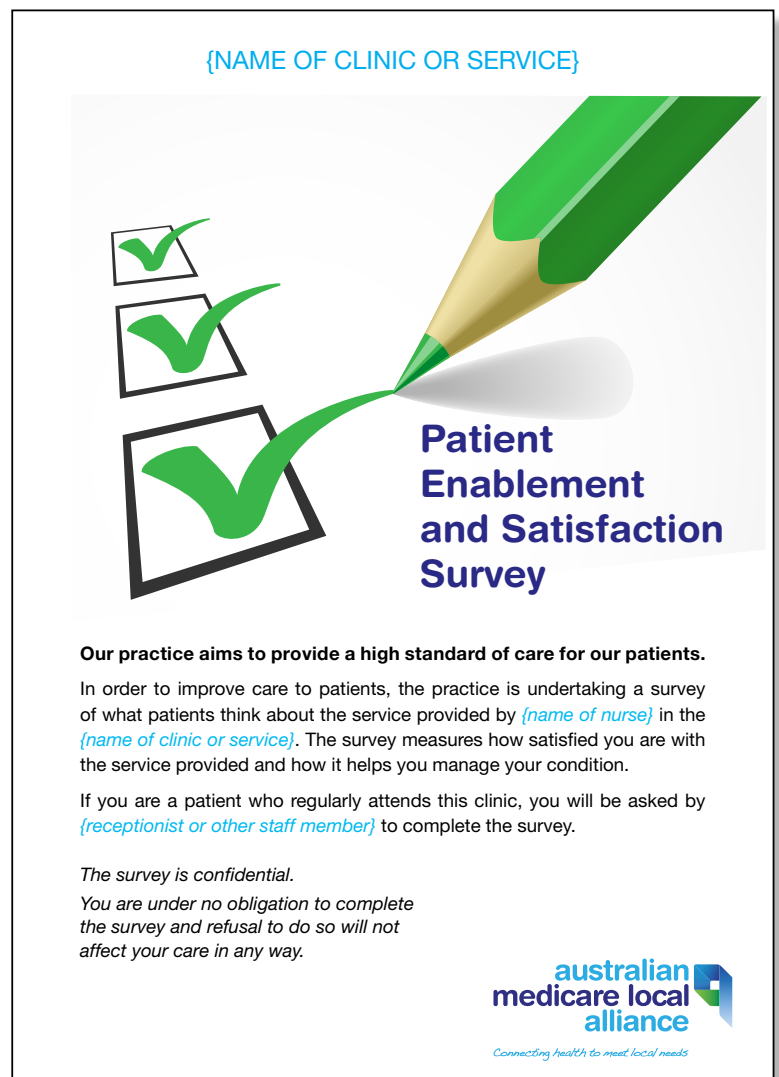
- posters
- flyers
- an article in your practice newsletter
- recall and reminder letters.

Suggested wording for these is following. It can be adapted for newsletters or letters sent to patients. A sample of a practice flyer is provided as Appendix 5.

Suggested wording for a poster or flyer

This poster is available at
<http://amlalliance.com.au/medicare-local-support/nigp/resources>

The survey should be handed out not by the nurse but by a third person, such as a receptionist, as patients may feel obliged to say positive things rather than give honest feedback. The person handing out the surveys must be able to provide accurate verbal information to patients. A suggested script is below.



Suggested wording for staff member explaining how the survey will be implemented

The *{name of clinic}* is carrying out a survey to improve patient care. Here's some information about the survey *{hand out flyer}*. The survey aims to find out how satisfied you are with the nurse clinic/service run by *{name of nurse}* and whether attending the clinic has helped you in any way.

The survey is completely confidential and anonymous (it doesn't ask for your name). It takes about 5–10 minutes to complete. I'll provide you with an envelope for the survey form to go in. Once you have completed the form, put it in the envelope, seal the envelope and then give it to me.

The results of the survey will help us to make this service even better for the patients. Do you have any questions?

Being clear and open about the purpose of the PESS is important. It is also important to tell patients how much time it will take for them to complete the PESS (5–10 minutes). Provide a pen and clipboard, or some other hard surface, for patients to rest the survey on. For patients who have eyesight difficulties or are otherwise unable to complete the PESS themselves, it is acceptable for a family member or friend to help them. However, it is not acceptable for a member of the practice staff to do so, as that might influence the patient's responses.

Explaining what the PESS measures should be done in simple and clear terms. This is best done in writing, as the example above shows. It is important to emphasise that this information is **confidential** and that patients do not need to put their name on the survey. It is also important to explain that the information is to be used to help improve the service provided and is not being used to 'test' or 'check up' on the work of the nurse.

The person handing out the survey will need enough flyers/information sheets, copies of the surveys, envelopes, clipboards and pens at hand.

All patients attending the clinic/service should be approached. Offer the patient the opportunity to participate in the survey at the end of the clinic/service. It is useful to keep a record of patients who decline. Due to confidentiality considerations, you should not record the patient's name but just make a note of the number who decline.

If there are posters in the practice and patients ask the nurse about the survey during the clinic, the nurse can tell them the purpose of the survey as described in the suggested wording above. There should be no attempt to influence the patient, but the nurse can reassure patients that the survey is there to support the provision of quality care.

The timeframe for distributing surveys will depend on the number of patients and the frequency of nurse contact with those patients. For instance, if a clinic runs fortnightly it would be best to leave the survey period open for two clinics (four weeks) so that any patients who do not attend the first clinic have the opportunity to take part in the survey at the second clinic.

Tracking returns

A log should be kept of all surveys handed out and all envelopes returned. You should place a sequential number on each survey and on each corresponding envelope to track returns.

Although it is preferable to ask the patients to complete the survey before they leave the practice, some patients may want to take it home with them and return it later. In this case, you can track returns by checking the number on the envelope and ticking the return box. Some patients might not return the survey, but you will have a record of surveys that you handed out.

Patients should be allowed time to return surveys. If the practice has the resources, a stamped, addressed envelope can be provided for patients to post the survey back. Otherwise, you can ask that they return the survey when they are next at the practice.

Managing completed surveys

All completed surveys should be in individually sealed envelopes, which should be stored in a locked cabinet.

Once the survey period is over and time has been allowed for all surveys to be returned, the envelopes should be opened and counted. Some envelopes may be empty. On the other hand, the response rate might be 100% (in which case, well done!).

You should aim for at least 75% of patients completing the survey. If you have a low number of completed surveys, your method of distribution may be flawed or there may be something that is making patients reluctant to comment on the service.

Key messages

- All patients attending the clinic/service should be asked to complete the survey.
- Patients are free to refuse, and should be told so.
- A member of the practice staff (not the nurse who coordinates the clinic/service) should hand out the surveys to patients.
- Patients should be given written and verbal explanations about the survey using wording similar to the examples in this module.
- Surveys and their corresponding envelopes should be numbered, and surveys should be returned in sealed envelopes.
- The distribution and return of all surveys should be recorded by number.

Survey number	Handed out	Envelope returned
1	✓	✓
2	✓	
3	✓	✓
4	✓	✓
5	✓	
6	✓	✓

Module 4

ANALYSING THE PESS

Aims

This module:

- explains how to analyse the PESS
- explains how to interpret the survey data
- describes some steps you will need to take to inform patients of the outcomes of the PESS.
- An example of a completed survey is provided as Appendix 3.

Putting all the data together

Once all the survey forms have been returned, you can collate and analyse the data. This can be done using either a simple table or a spreadsheet program, such as Microsoft Excel. If you have only a few forms, it may be easier to enter the data in a table and manually tally the results. For a larger number of forms, a spreadsheet can tally the results for you.

Entering the results into a table

Make a column in the table for each form. Then record the score from each of the questions, as shown in the example below. In this example, Form 1 gives a total patient satisfaction score of 55 from a possible total of 75. For the six survey responses to Question A, there is a score of 21 from a possible total of 30. Looking at each item provides information on patient satisfaction.

Once you have put all your scores for all the forms into the table, you can total all the scores. Dividing the total scores by the number of forms gives an average satisfaction score.

If you use a spreadsheet, use the same structure. You can then select columns or rows of cells (for example, B2–B16) and use the Σ Autosum function (on the *Home* and *Formulas* tabs) to add them.

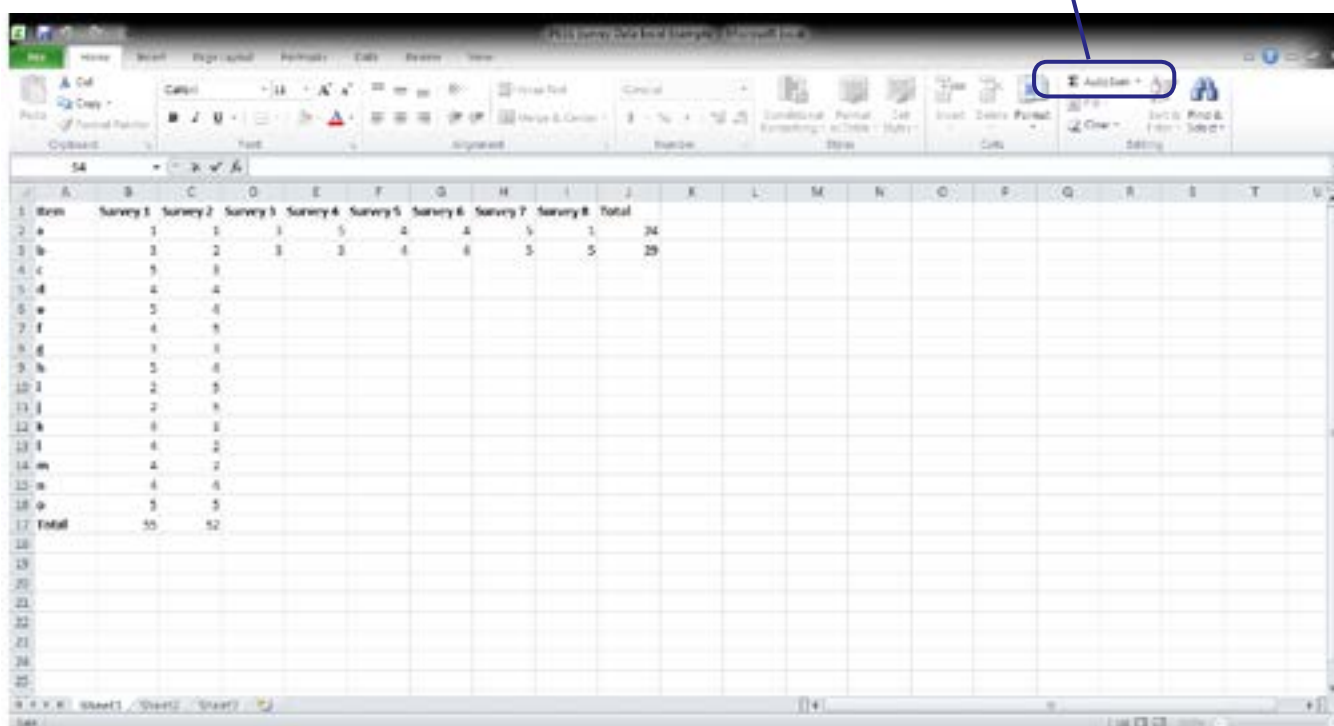
Table example

SATISFACTION

Question	Form 1	Form 2	Form 3	Form 4	Form 5	Form 6	Total
a	1	4	2	5	3	6	21
b	3						
c	5						
d	4						
e	5						
f	4						
g	3						
h	5						
i	2						
j	2						
k	4						
l	4						
m	4						
n	4						
o	5						
Total	• 55						•

Spreadsheet example


 Σ AutoSum



Item	Survey 1	Survey 2	Survey 3	Survey 4	Survey 5	Survey 6	Survey 7	Survey 8	Total
a	1	4	2	5	3	6			21
b	3								
c	5								
d	4								
e	5								
f	4								
g	3								
h	5								
i	2								
j	2								
k	4								
l	4								
m	4								
n	4								
o	5								
Total	55	52							

Patient comments can provide feedback that will help interpret why they have scored the PESS in the way that they have. Comments can be recorded in a Word document.

Example for noting comments and linking them to the surveys

Survey 1: Score 55

Comment

I find the clinic useful but because it is at 9am I sometimes find it difficult to get to it that early when my arthritis is playing up.

I also feel a bit rushed because the nurse is so busy and the doctor often comes to call her to do something else.

Looking at consistencies and inconsistencies

By looking across each item you can ascertain how patients view all aspects of your service. For example, you may find that patients consistently give a low score for Question K. This means that patients perceive that you are not able to spend enough time with them. You would then need to consider why patients feel that way and consider the impact of changing current practices to spend more time with them. You may need to review the survey results with your colleagues and implement agreed changes after discussions with them.

You can also look at the patient comments to see what information they provide to help clarify the results of the survey.

Providing feedback to patients

It is important that you provide feedback on the results of the survey to patients. You can do this through a newsletter or a one-page summary of your findings. You should also give them some information about what you propose to do to improve in those areas where scores were consistently low.


Improving nursing and organisational practice as a result of the PESS

The PESS offers you the opportunity to improve your own practice and that of the organisation. You may find that patients are very satisfied with the care they receive but do not really have a good understanding of their illness and are not very confident about keeping themselves healthy. This means that they like you and the service you provide but that you need to review the quality of the information you are giving them. Are you informing them adequately about their illness and strategies that may help them care for themselves?

You may find that, in general, patients are satisfied and that you are providing information and support that enables them to better understand and cope with their condition. However, their comments might indicate that they find it difficult to get to the clinic because of the time of day it is held, and even offer suggestions. In this case, you would need to see how the practice can accommodate the clinic at a different time and suggest alternative times to patients. This will need to be discussed with your colleagues to gain their support for any change.

Key messages

- Analysing the PESS is easy and can be done in a simple table or in a spreadsheet.
- It is important to look at the results of individual survey forms and across each question to see what items patients are more, or less, satisfied with.
- Patients' comments may clarify the scores.
- Providing feedback to patients should be a priority, as should explaining how you are going to respond to their input.
- Inform the whole practice of the outcomes of the exercise.



Module 5

AFTER THE PESS

Aims

This module:

- suggests some strategies for consolidating the work undertaken in implementing the PESS
- suggests other actions you can take to share your knowledge and experience of implementing the PESS.

Building on the information gained from the PESS

Implementing the PESS in your practice will have provided you with patient feedback about your services, giving you an avenue for work with your colleagues to improve the quality of care.

The PESS also involved you in research, and it would be useful for you to share your methodology and results with your peers through the Medicare Local or other networks that you belong to. Other nurses and practices can benefit from your experience.

Sharing your knowledge and experience

Some strategies for sharing your knowledge and experience and gaining your colleagues' support are listed here.

1. Present your findings at a practice meeting

Explaining the PESS process and the results at a practice meeting will help all practice staff understand and appreciate the value that nurses bring to the practice, not only in clinical care but in meeting accreditation requirements, improving access for patients and contributing to quality improvement activities.

2. Write an article for the practice newsletter

Presenting the PESS results in a format that patients can access and understand reinforces the practice's commitment to providing the best possible patient care. Having a nurse as the author of this information further highlights your value to them and the practice.

3. Write a one-page summary of your findings

You can prepare a one-page summary and discussion points for the practice. The summary can be displayed in the waiting room to provide feedback to patients.

4. Present to a local organisation

You can prepare and deliver a short presentation to a local organisation, such as a seniors' club or a University of the Third Age (U3A) group. Providing information in this way will highlight the contribution and value of nursing and build the recognition that nurses deserve.

5. Write an article for the Medicare Local newsletter

The work that nurses do is often invisible to our colleagues. Consider contributing to the Medicare Local newsletter to inform other health professionals.

6. Present your work to your nursing colleagues in your Medicare Local

Although you may think that your work is routine, people who have been unaware of what you do could be inspired by your example. You can provide leadership to your profession and to other nurses who lack confidence to attempt this type of activity. Discuss how this can be achieved with Medicare Local staff.

7. Offer to be a mentor for other nurses who want to use the PESS

The experience you gain from using the PESS will be invaluable to others undertaking or beginning the journey. You should not be afraid to share your experience. This will also help you reflect on the process.

8. Prepare a case study for the AML Alliance and/or your Medicare Local

Being able to disseminate examples of best practice, research, innovation and role models is an important factor in changing the way that general practice nurses are viewed and recognised for the work they do. The AML Alliance is keen to help with dissemination. Contact us for ways to share your information.

9. Present at a nursing conference

Presenting your findings at a nursing conference gains recognition not only for you as an individual but also for the nursing profession.

10. Publish your results in a journal

Although your contribution may seem comparatively small, publishing a report in the professional literature will help to support evidence-based practice.

Key messages

- Share your experience of implementing the PESS with your colleagues in the practice.
- Tell your patients about the outcomes of the PESS.
- Share your experience with other nurses in your area, your Medicare Local and the AML Alliance.
- Present your work at a conference or through a publication.

THE PEES

PATIENT ENABLEMENT AND SATISFACTION SURVEY

Thank you for answering this anonymous survey which will not identify you personally in any way. The questions will provide important information about your experience with the nursing care at this general practice.

This survey will take about **10 minutes** to complete.

How to fill in this survey

Most of the questions can be answered by placing a tick in the box next to the answer that best applies. **Please tick only one answer** for each question unless otherwise directed.

Please return your completed survey to the reception staff or return it using the reply-paid envelope provided.

If you have any questions about this survey, you can contact:

Name of general practice/ person administering survey

1 Reason for seeing the nurse/s:

2 Patient experience

Please respond to the following statements by ticking one box on each line

	Strongly disagree	Disagree	Uncertain	Agree	Strongly agree	Not applicable
a The nurse/s were understanding of my personal health concerns	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₃
b The nurse/s gave me encouragement in regard to my health problem	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₃
c I felt comfortable to ask the nurse/s questions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₃
d My questions were answered in an individual way	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₃
e I was included in decision-making	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₃
f I was included in the planning of my care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₃
g The treatments I received were of a high quality	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₃
h Decisions regarding my health care were of high quality	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₃
i The nurse/s were available when I needed them	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₃
j The nurse appointment times were when I needed them	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₃
k The nurse/s spent enough time with me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₃
l I was confident with the nurse/s' skills	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₃
m The nurse/s were very professional	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₃
n Overall, I was satisfied with my health care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₃
o The care I received from the nurse/s was of high quality	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₃

PATIENT ENABLEMENT AND SATISFACTION SURVEY

3 Patient enablement

As a result of seeing the nurse/s, do you feel you are:

Same or less

Better

Much better

Not applicable

a Able to understand your illness

10

1

2

b Able to cope with your illness

1

2

c Able to keep yourself healthy

8

1

2

Same or less

More

Much more

Not applicable

d Confident about your health

1

2

e Able to help yourself

1

1

2

10

4 Do you have any comments or ideas about how we can improve access to the nurse/s or provision of nursing care in our general practice? (e.g. waiting times, staff attitudes, education, office space, etc.)

[illegible]

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY

This survey has been developed as a collaborative project between the Australian Primary Health Care Research Institute, Australian National University and the Australian Medicare Local Alliance 2012. THIS RESOURCE WAS FUNDED BY THE AUSTRALIAN GOVERNMENT

HOW TO SURVEY

Completing the Patient Enablement and Satisfaction Survey (PESS)

This copy of the survey is for nurses. It provides a background to the survey and information on how to score each section.

Scoring

There is a total of 15 items. The total range of scores is 15 to 75; 15 represents the lowest satisfaction score available and 75 represents the highest.

Each 'strongly agree' answer is given a score of 5 (as indicated beside the box). Therefore if someone answered 'strongly agree' to each question, the total score would be 75, indicating a high level of satisfaction with their experience.

Each 'strongly disagree' answer is given a score of 1 (as indicated beside the box). If someone answered 'strongly disagree' to each question the total score would be 15, indicating a very low level of satisfaction with their experience.

Remember to analyse surveys as a group, not individually. For example, if you have 20 surveys, you calculate the total score for each survey then add the totals together and divide the grand total by 20. This gives you the overall average enablement and satisfaction score for the group.

Thank you for answering this anonymous survey which will not identify you personally in any way. The questions will provide important information about your experience with the nursing care at this general practice.

This survey will take about 10 minutes to complete.

patient enablement and satisfaction survey

How to fill in this survey

Most of the questions can be answered by placing a tick in the box next to the answer that best applies. **Please tick only one answer** for each question unless otherwise directed.

Please return your completed survey to the reception staff or return it using the reply-paid envelope provided.

If you have any questions about this survey, you can contact:

Name of general practice/ person administering survey

Reason for seeing the nurse/s:

2 Patient experience

The nurse/s were understanding of my personal health concerns

o The nurse/s gave me encouragement in regard to my health problem

3. I felt comfortable to ask the nurse/s questions

My questions were answered in an individual way

I was included in decision-making

I was included in the planning of my care

1 The treatments I received were of a high quality

Decisions regarding my health care were of high quality

The nurse/s were available when I needed them

The nurse appointment times were when I needed t

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I was confident with the nurse's skills

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The care I received from the nurse/s was of high quality

The care I received from the nurse/s was of high quality

The reason for seeing the nurse can help to make sense of responses. For example, someone who attends for a flu vaccination might find questions regarding enablement not applicable.

Responses are in the form of a 6-point Likert scale. This enables you to measure not only the patient's opinion but also the intensity of this opinion.¹

The client health outcomes are reflected in the questions as follows:

- affective support (a,b)
- health information (c,d)
- decisional control (e,f)
- professional / technical competencies (g,h)
- access to care (i,j)
- time (k)
- professionalism (l,m)
- overall satisfaction (n,o)

The questions were developed using Cox's interactional model of the patient-patient interaction.^{2,3} The use of this nursing framework enables one to measure the outcomes of nurse-patient interactions. Additional outcomes were identified by Australian patients of nurses in general practice and also included in the survey.

Insert name and address of practice

Scoring

Same or less	=	0
Not applicable	=	0
Better or More	=	1
Much better or Much more	=	2
Possible score range		0 to 10

if a patient answers much better or much more in response to each question, they will score a total of 10, indicating a positive effect of patient enablement associated with the nursing care provided in the general practice.

If a patient ticks either same or less in response to each question, she will have a total score of 0, indicating no patient enablement associated with the nursing care provided.

The 'not applicable' option is given a score of 0. Research found that inclusion of this option did not influence the number of positive responses (better/more, much better/much more), which is the outcome of interest, but did decrease the 'same or less' response, which is of less interest as an outcome here.⁴

Patient enablement refers to patients' empowerment; their capacity to make decisions, understand their illness and to look after themselves appropriately.⁴ This is a separate, yet related, outcome to satisfaction.

An area where patients can give additional feedback is important. Providing adequate space for them to freely express themselves lets them know that you are sincerely interested in their opinion.

patient enablement and satisfaction survey

3 Patient enablement
As a result of seeing the nurse/s, do you feel you are:

	Same or less	Better	Much better	Not applicable
a Able to understand your illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Able to cope with your illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Able to keep yourself healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Confident about your health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Able to help yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 Do you have any comments or ideas about how we can improve access to the nurse/s or provision of nursing care in our general practice? (e.g. waiting times, staff attitudes, education, office space, etc.)

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY

This survey has been developed as a collaborative project between the Australian Primary Health Care Research Institute, Australian National University and the Australian Medicare Local Alliance 2012. This Resource was funded by The AUSTRALIAN GOVERNMENT

1. de Vaus DA 1995, *Surveys in Social Research*, St Leonards: Allen and Unwin.
2. Cox CL 1982, 'An interactional model of client health behaviour. Theoretical prescriptions for nursing', *Advances in Nursing Science*, 5(1), p41-56.
3. Bear M and Bowers C 1998, 'Using a nursing framework to measure client satisfaction at a nurse managed clinic', *Public Health Nursing*, 15(1), p50-59.
4. Howie G, et al. 1998, 'A comparison of a Patient Enablement Instrument (PEI) against two established satisfaction scales as an outcome measure of primary care consultations', *Family Practice*, 15(2), p165-71.

Scoring and interpreting the Patient Enablement and Satisfaction Survey (PESS)

This copy of the survey is for nurses. It provides an example of how a patient might complete the survey and how this completed survey could be interpreted.

1 Reason for seeing the nurse/s:

Diabetes clinic

2 Patient experience

Please respond to the following statements by ticking one box on each line

	Strongly disagree	Disagree	Uncertain	Agree	Strongly agree	Not applicable
a The nurse/s were understanding of my personal health concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b The nurse/s gave me encouragement in regard to my health problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c I felt comfortable to ask the nurse/s questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d My questions were answered in an individual way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e I was included in decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f I was included in the planning of my care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g The treatments I received were of a high quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h Decisions regarding my health care were of high quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i The nurse/s were available when I needed them	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j The nurse appointment times were when I needed them	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k The nurse/s spent enough time with me	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l I was confident with the nurse/s' skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m The nurse/s were very professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n Overall, I was satisfied with my health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o The care I received from the nurse/s was of high quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Scoring and interpretation

This patient scored 60/75 in terms of her satisfaction with her experience of diabetes nurse clinic at your general practice.

This indicates that she was relatively satisfied, but on further examination of the questionnaire it is apparent that she experienced uncertainty in her perception of the nurses' availability and had difficulty obtaining appointments at times that suited her (i,j).

She was also uncertain about the amount of time the nurse spent with her (k).

Overall, she was satisfied with the nursing care. She was very satisfied with the nurses' professionalism and their individual approach; they seemed to take into account her needs (a,b,c).

Her overall level of satisfaction might be higher if she was more involved in the planning of her care (e,f) and could make appointments at times that were more suitable for her.

You might consider your approach to this clinic in terms of how much you involve patients in their care planning or do you provide the same plan of care to every patient?

You might also consider how much time you allocate to each patient.

Are you trying to fit a large number of patients into a small amount of time?

How often is the clinic run? Are patients able to attend as often as they would like?

How could you improve patients' access to this clinic?

Is it possible to run a second clinic or could you ask patients attending if another day or time might suit them better?

Score

0 + 2 + 12 + 16 + 30 + 0

=

60

TOTAL PATIENT EXPERIENCE SCORE

SAMPLE COMPLETED SURVEY

Scoring and interpreting the Patient Enablement and Satisfaction Survey (PESS)

PATIENT ENABLEMENT AND SATISFACTION SURVEY

3

Patient enablement

As a result of seeing the nurse/s, do you feel you are:

	Same or less	Better	Much better	Not applicable
a Able to understand your illness	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 0
b Able to cope with your illness	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0
c Able to keep yourself healthy	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0
d Confident about your health	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0
e Able to help yourself	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0

Score

0

+

4

+

2

+

0

=

6

TOTAL PATIENT ENABLEMENT SCORE

4

Do you have any comments or ideas about how we can improve access to the nurse/s or provision of nursing care in our general practice? (e.g. waiting times, staff attitudes, education, office space, etc.)

I am very grateful for the care the nurses have provided. I cannot attend the clinic every Monday as my husband is ill and I have to take him to hospital every fortnight.
I feel better since attending the clinic, but find it difficult to eat the recommended diet. It includes a large amount of fruit and vegetables. I am a pensioner and can't afford to buy a lot of these, so find it difficult to follow the diet recommended by the nurse, but am doing my best.

Scoring and interpretation

This patient scored 6/10 on the patient enablement section of the survey.

On closer examination it is clear that she feels more confident about her health, better able to cope with her illness, to keep herself healthy and to help herself.

Her ability to understand her illness is much better.

In light of the score of the first part of the survey it might be possible that patients attending this clinic might score higher on enablement if more time is spent with them, the care is more tailored to each patient's specific needs and they are more involved in the planning of their care.

This patient comments confirm your interpretation of the questionnaire sections of the survey. You decide to approach discussions regarding diet in a broader sense; dietary recommendations can explore what options are available for people with a variety of budgets. You can also discuss the times of the clinic with all patients who attend and ask them how they believe access can be improved.

ANSWERS TO ACTIVITY QUESTIONS

Activity 2

Camilla is studying a postgraduate course in primary care nursing at the University of Tumbarumba. As part of this course, she is required to carry out a research project in her practice over a semester. She will have to write a paper and present her research findings to her class and lecturer and will have the opportunity to be funded to attend a conference to present her work.

Does Camilla require HREC approval?

Yes. Camilla requires HREC approval because she will be presenting her work at the university and, potentially, at a conference.

Activity 3

Kate runs a nurse-led chronic disease management clinic. One of the GPs in the practice is sceptical about the clinic and thinks that it is not effective. Kate decides to gather information through both a clinical audit and the PESS about patients in the clinic so that she can ascertain what impact the clinic has on her patients. Kate aims to present the findings at a practice meeting.

Does Kate need HREC approval to carry out this research?

No. Kate does not require HREC approval, as she is only using the data within the practice.

Activity 4

Toni and Guy run a sexual health clinic across a number of practices owned by a large primary health care group. They would like to expand this service to all the practices owned by the group and they decide to carry out some research on how satisfied patients are with their service and whether the patients understand more about their sexual health and reproductive issues.

Do Toni and Guy need HREC approval to carry out this research?

No. Toni and Guy don't need HREC approval, as they are conducting their research within the same group and not publishing it externally.

Lizzie is conducting this as a quality improvement activity to gain evidence on the usefulness of the clinic in providing access to better healthcare. The results will provide information that can assist ways to improve patient attendance at the clinic and demonstrate the need for it.

Yes, this would provide evidence about the quality of Marta's work and how satisfied patients are with the service she provides. It would also help Marta improve the quality of that service from the patient feedback she receives.

Yes. Rosa can get patient feedback about the program and can provide quantitative evidence on their satisfaction with the program and how the program has helped them understand and manage their diabetes. Patient comments can also provide qualitative data on what difference the program has made to them.

Activity 5

Lizzie runs a clinic every Thursday afternoon for patients with chronic asthma. Usually, from four to seven patients attend the clinic. However, Lizzie is becoming concerned that some patients are irregular attenders and that their asthma is not well controlled. She is under pressure from the practice manager to improve attendance or cease offering the clinic.

How can the PESS help Lizzie?

Activity 6

Marta has been running a women's health clinic at her practice for just over two years. In that time, she has improved cervical screening rates for the underscreened, encouraged eligible women to have regular mammograms and provided support and contacts for women who have disclosed domestic abuse to her. A new GP in the clinic would like to take over most of the women's health consultations because she enjoys this area of work and thinks that she can do it more efficiently. Marta often takes 40–50 minutes to carry out some Pap tests, and the GP says she can do this in 20 minutes. Marta understands the GP's wishes but feels that she provides a quality service.

Should Marta use the PESS to see what her patients think of the service she provides?

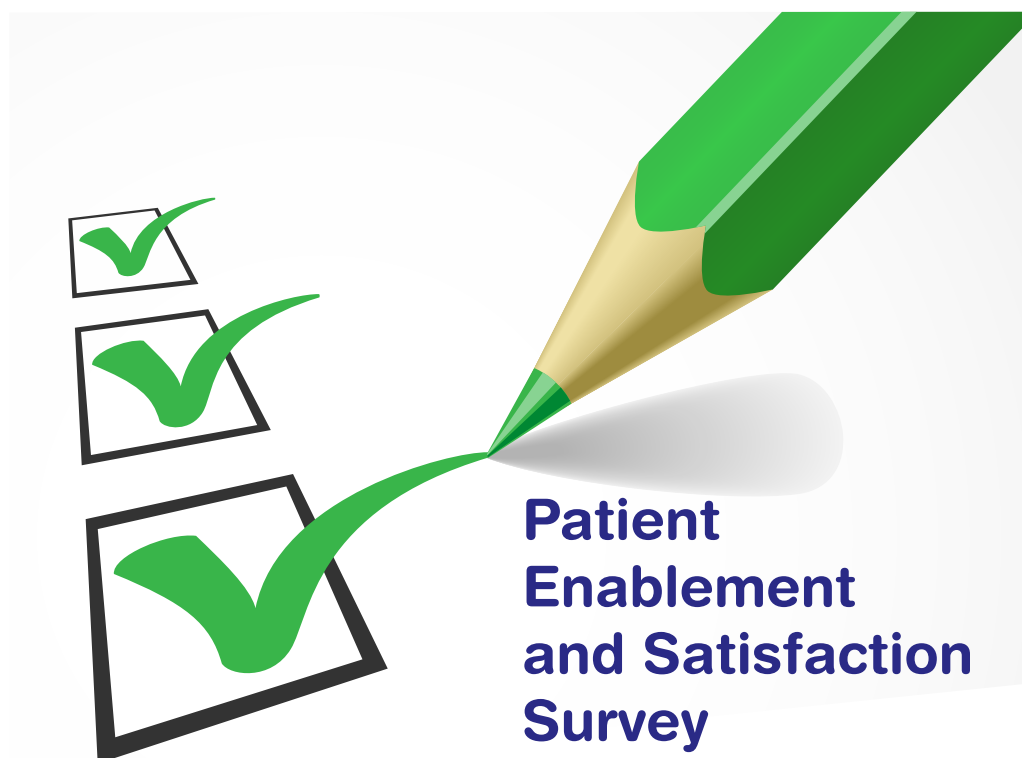
Activity 7

Rosa runs a fortnightly diabetes clinic at a community hall. To help encourage her patients to exercise, she introduced a 'walk and talk' session after each clinic. Patients walk together for about an hour and have a chat. They then come back to the hall to have morning tea. The patients have developed a roster for providing a fruit platter. They often tell Rosa how much better they feel now they are having a regular walk, and many meet on other days to walk together. Rosa feels that this model could work well in other practices across the Medicare Local but isn't sure how she can provide evidence that it is acceptable to patients.

Can the PESS help Rosa?

PRACTICE FLYER

{NAME OF CLINIC OR SERVICE}



A5 size
Print ready
flyer available
on the
website.

Our practice aims to provide a high standard of care for our patients.

In order to improve care to patients, the practice is undertaking a survey of what patients think about the service provided by {name of nurse} in the {name of clinic or service}. The survey measures how satisfied you are with the service provided and how it helps you manage your condition.

If you are a patient who regularly attends this clinic, you will be asked by {receptionist or other staff member} to complete the survey.

The survey is confidential.

You are under no obligation to complete the survey and refusal to do so will not affect your care in any way.

References

ANF (Australian Nursing Federation) (2005). *National Competency Standards for the Registered Nurse*, ANF and Department of Health and Ageing, Canberra.

NHMRC (National Health and Medical Research Council) (2007). *National Statement on Ethical Conduct in Human Research*, NHMRC, Canberra.

RACGP (Royal Australian College of General Practitioners) (2010). *Standards for general practices*, 4th edition, RACGP, Melbourne.

