ORIGINAL ARTICLE

Patient experiences with public hospital care: first benchmark survey in Hong Kong

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Objective To measure patient satisfaction in relation to in-patient experience in public hospitals.

Design Cross-sectional study.

Setting Twenty-five selected Hospital Authority acute and convalescence hospitals in Hong Kong.

Participants Eligible patients discharged between 15 June and 27 September 2010 from the selected Hospital Authority public hospitals.

Main outcome measures A total of 54 items were used to measure patient experience on aspects of hospital care. They included the process of admission to hospital, staying in the hospital and ward (environment, food and facilities; hospital staff; patient care and treatment), the process of leaving hospital, and the overall impression of hospital care. Free-text comments from respondents were also recorded.

Results A total of 5030 patients were successfully interviewed, amounting to a response rate of 52%. The findings showed that 80% (confidence interval, 79-81%) of patients rated the care they received in hospital as good or better. However, there were a few areas where performance was relatively low, including waiting time for a ward bed for accident and emergency cases, food quality, infection control, information provided about their condition/treatment, seeking patient input about their opinions and quality of care, and patient engagement in the decisions about their treatment and care, as well as the discharge process.

Conclusions This patient experience survey used a validated instrument (Hong Kong Inpatient Experience Questionnaire) to provide important insights to executives and health care professionals on their care to patients and to identify areas for improvement in public hospitals. Further surveys should be carried out to monitor changes in patient experience and satisfaction on a regular basis. Such surveys could facilitate improvements through analysis of results on patient satisfaction.

Key words
Patient acceptance of health care; Patient satisfaction; Primary health care; Quality of health care

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New knowledge added by this study

- Adopting overseas framework of patient experience surveys and mixed qualitative and quantitative studies, the Hong Kong Inpatient Experience Questionnaire (HKIEQ) was developed and validated as a tool for measuring in-patient experiences in Hong Kong.
- The first territory-wide patient experience survey in public hospitals was conducted in Hong Kong in 2010 using the locally validated HKIEQ.
- The patients were asked to feedback/evaluate their experience satisfaction on Hospital Authority public hospital service performance, with respect to various aspects of care along the patient journey, from admission through to discharge.

Implications for clinical practice or policy

- This patient experience survey was intended as a tool to improve quality of care via patient input and engagement.
- The findings provide an overview of the quality of public hospitals to executives and health care professionals from the perspective of patients and can prioritise areas for quality improvement.
- Regular patient experience surveys could facilitate and evaluate action plans for quality improvement.

病人入住公立醫院的體驗和感受：香港首個基準調查

目的 調查入住公立醫院的病人的滿意度。

設計 橫斷面研究。

安排 選取25間香港醫院管理局轄下的急症及康復醫院。

參與者 2010年6月15日至9月27日期間從上述公立醫院出院的病人。

主要結果測量 共用54項指標量度病人在公立醫院內接受護理的體驗和感受，包括辦理住院手續的過程、院內及病房內的體驗（環境、食物及設施；醫院員工；病人護理及治療）、辦理出院手續的過程，以及對醫院護理的整體印象，亦錄得病人受訪時的意見。

結果 成功訪問了5030位病人，回應率52%。結果顯示八成（置信區間：79-81%）被訪者認為總體所接受的護理質素屬良好或以上的等級，但有數項的表現偏低，包括意外及急症須輪候床位的時間、食物質素、控制感染的措施、為病人提供其病情或治療的資料、針對護理質素的病人諮詢、病人參與治療和護理的決定，以及出院過程。

結論 是項調查使用了《香港住院病人經驗問卷》。這問卷是一個有效的驗證工具，為醫院管理層和前線員工提供有關病人護理一些重要的見解，同時找出值得改善的地方。未來有需要定期作進一步調查來監察住院病人的體驗及滿意度，以便分析結果以作出改善。

Introduction

Traditionally, consumer satisfaction has been afforded a high level of importance in commercial and market research. Similarly, there has been a growing interest in the measurement of patient satisfaction in health care research. A number of studies show that hospitals with more satisfied patients generally provide higher quality of care as measured by standard quality metrics.[1-3] Low patient satisfaction may result in poor compliance with treatment and suboptimal clinical outcomes.[4,5] Thus, patient satisfaction is seen as an important quality indicator of both specific aspects of health care delivery and overall system performance.[1,6-9] Quality is multifaceted and assessment of patient satisfaction requires multiple measures of the processes affecting hospitalisation experiences, and requires that different aspects of care be combined with measures of outcome, so as to reflect patient satisfaction and health outcomes.[10-12]

An important step in improving the responsiveness of hospitals to ensure they are meeting patients' needs is to ask the patients themselves about their experiences and opinions. In this connection, through an open tender in 2009 the Hong Kong Hospital Authority (HA) commissioned the Jockey Club School of Public Health and Primary Care (JCSPHPC) of the Chinese University of Hong Kong (CUHK) to develop such a tool. Apart from developing this tool to measure local patient experiences, the JCSPHPC was charged to conduct the first local population-based Patient Satisfaction Survey (PSS). The Hong Kong version of patient satisfaction questionnaire was established and validated in 2009 and termed the Hong Kong Inpatient Satisfaction Questionnaire. For this purpose, it adapted the Care Quality Commission's General Inpatient Questionnaire developed by the Picker Institute in Europe.[13] The local instrument was then evaluated by qualitative studies and psychometric testing (acceptability, validity, and reliability) for assessing patient experiences with in-patient care in public hospitals in Hong Kong in 2010.[14] The name of the questionnaire has now been modified to the 'Hong Kong Inpatient Experience Questionnaire' (HKIEQ) since it focuses on feedback from patients on "what they experienced in the course of receiving inpatient care". There has also been a recent move in the UK to consider patient experience rather than patient satisfaction, when considering health care services. We have used the HKIEQ, and considered it to be a validated and reliable tool to conduct the first benchmark survey on patients who have recently used in-patient services in HA hospitals. Thus, this study aimed to measure the in-patient satisfaction in relation to their experiences in public hospitals.

Methods

This study was conducted from June to October 2010 by means of a cross-sectional survey by telephone interview. The target population was Hong Kong citizenry with Hong Kong Identity Cards, aged ≥18 years, who were in-patients discharged from all the major acute and rehabilitation HA hospitals (25 HA hospitals listed in Appendix 1) within 48 hours to 1 month prior to their interview. Exclusion criteria were grouped into two categories, which are shown in Figure 1. The first screening was conducted by the HA using their computerised database for category 1 exclusion criteria. Screening for category 2 exclusions was conducted by our research team before the commencement of the phone interview. In consideration of the length of the questionnaire, 16 health institutions and specialist-based hospitals were not included in the survey. A reasonable sample size of 4500 participants was deemed acceptable for the telephone survey, and was estimated to achieve a precision level of plus/minus 1.5% points for the in-patient satisfaction level of the population (assuming that 50% of respondents were satisfied with the hospital services) at a 95% confidence level. To round up to a whole number, therefore, 5000 participants from all major acute and rehabilitation

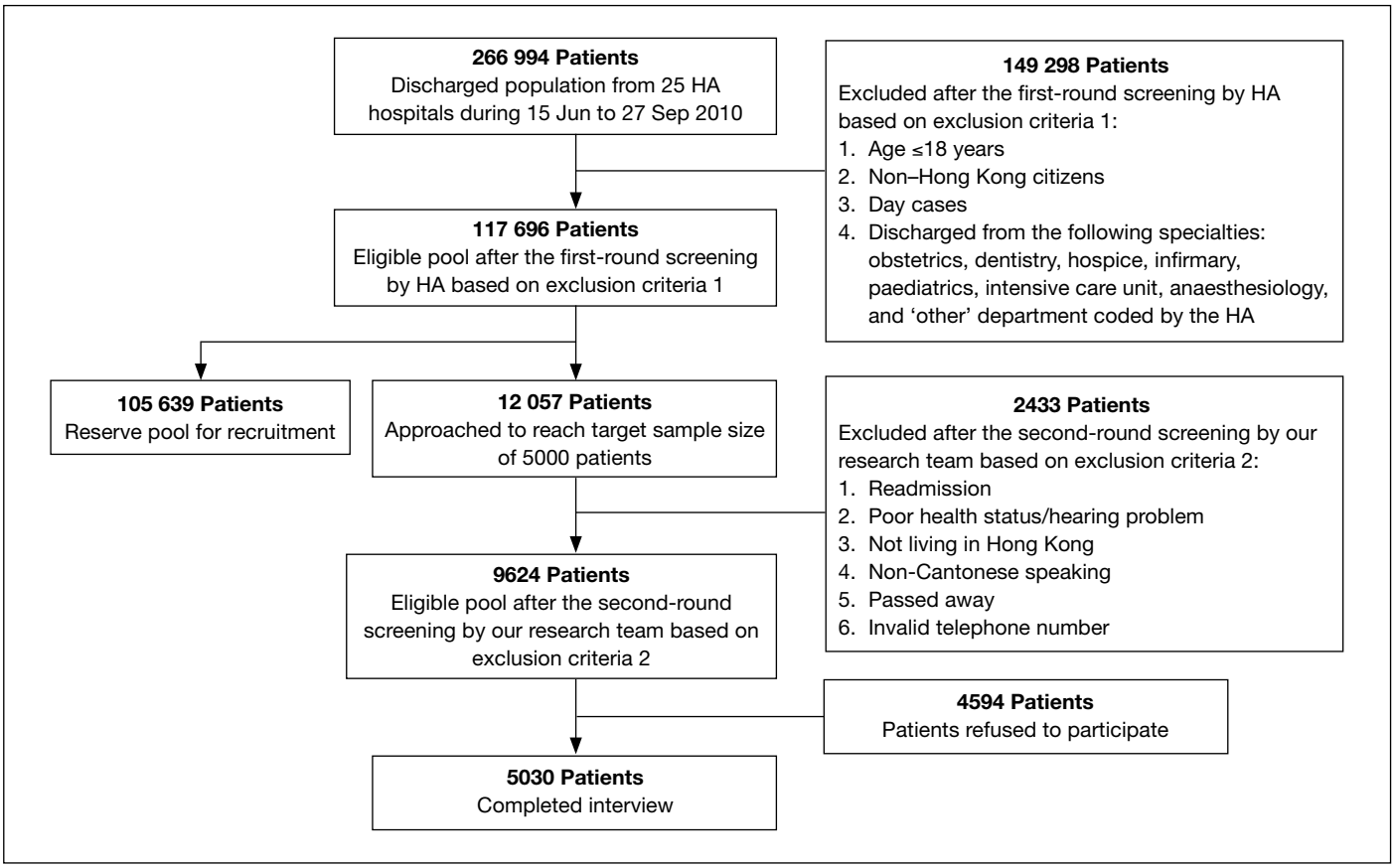

FIG 1. Flowchart of study recruitment
HA denotes Hospital Authority

HA hospitals (25 hospitals) in seven clusters were targeted. In order to compare results by cluster, a predetermined sample size in each of the hospitals in the corresponding cluster was calculated so as to reach the target sample size of 5000 patients. The predetermined sample size in each hospital was calculated using the proportional stratified sampling method according to the reference on the proportions of discharges in each hospital compared to the overall target of HA discharges in October 2008 (Appendix 2). For each potential participant, at least 10 telephone calls were to be made if the target person was unavailable.

Ethics approval was obtained for the study from each of the Clinical Research Ethics Committees of all seven HA clusters. Initial verbal consent was obtained from each patient and the details of the study were also explained to the target patients by HA head office staff by telephone. Informed consent was then verified by the CUHK research team, before commencement of the definitive telephone interview. Thus, patients entered into an agreement to participate in the study after achieving an understanding of the facts and risks involved. All information collected from respondents was kept confidential to ensure data anonymity.

The interview was conducted by well-trained interviewers using the HKIEQ.[14] The latter consisted of 80 items in four sections: (1) hospital care which entailed patient experience questions on each aspect as follows: admission; hospital and ward stay (environment, food and facilities; hospital staff; patient care and treatment); leaving hospital; and overall impression of hospital care—62 items ; (2) demographics—7 items; (3) health status—8 items; and (4) free-text comments—3 items. Among the 62 items under section (1), 54 were evaluative in nature under the areas following each patient's journey: admission—9 items; hospital and ward—26 items; leaving hospital—10 items; and overall impression of hospital care—9 items. The remaining 8 items were information-based questions. Besides demographics and health status questions, there were three open-ended items in the last section (7th section: other comments) that invited respondents to comment in their own words on aspects that were particularly good about their care; could be improved; and any extra comments based on their most recent in-patient experience.

All analyses were reported on the weighted whole population samples, using the stratum-specific weights, which were adjusted for the size of

whole target discharge population by age and gender in each of the HA clusters. The weight was calculated by dividing the proportion of patients in the overall HA target discharge population by the proportion of those from the selected HA cluster in each category of age and gender during the study period. Then, the response of the age and gender group could be weighted by the corresponding value.

Data management and analysis were performed using the Statistical Package for the Social Sciences (Windows version 16.0; SPSS Inc, Chicago [IL], US). A double-entry data input was used to ensure accuracy. The descriptive statistics of the sampled demographics were first presented using frequencies and means as appropriate. The demographic profiles of respondents and non-respondents were compared using the *t* test and the Chi squared test. A descriptive summary of each of the 54 evaluative items is tabulated.

Results

Telephone interview response rate

In total, 266 994 patients were discharged from the 25 designated hospitals between 15 June and 27 September 2010. The HA passed a list of 117 696 patients to our research team, after excluding 149 298 patients because of category 1 exclusion criteria. We approached 12 057 from this pool of 117 696 patients, using the nearest hospital discharge date to reach the target of 5030 subjects for the telephone survey, while the remaining 105 639 were allocated in the reserve recruitment pool. From the 12 057 patients, we excluded 2433 patients based on category 2 criteria. Among the remaining 9624 eligible patients, 4594 refused to join the study as they were unavailable (Table 1). Eventually, a total of 5030 of the eligible patients consented and completed the interviews, with an overall response rate of 52%. The response rate among the seven HA clusters ranged from 49 to 59%, as shown in Table 1. The flow of patient recruitment is shown in Figure 1.

Demographic and other characteristics of respondents

Table 2 summarises the demographic, educational, social, and health status of the respondents. More than half (52%) of them refused to disclose their monthly household income or did not know it, but 66% reported earning <HK$20 000 per month among those disclosed. In addition, 35% of them received at least one type of allowance from government, old-age allowance being the most common. Regarding their health status in the past 4 weeks, around two thirds (67%) of the respondents reported it to be fair or poor. About half of them (47%) had at least one long-standing medical condition; the most common being hypertension (61%). Compared to the target discharge population of 117 696, the patients who responded were significantly younger and a significantly greater proportion were men (P<0.05). Also, significantly fewer respondents lived in old-age homes compared to non-respondents (P<0.05).

TABLE 1. Details of overall responses for telephone interview

Details	No. (%) of patients*							
	HKEC	HKWC	KEC	KCC	KWC	NTEC	NTWC	Overall
(1) Completed interview	581 (43.4)	484 (38.1)	543 (43.2)	636 (44.7)	1362 (40.3)	803 (42.6)	621 (41.2)	5030 (41.7)
(2) Incomplete interview	3 (0.2)	11 (0.9)	14 (1.1)	6 (0.4)	13 (0.4)	12 (0.6)	8 (0.5)	67 (0.6)
(3) Refusal	24 (1.8)	89 (7.0)	57 (4.5)	39 (2.7)	117 (3.5)	47 (2.5)	65 (4.3)	438 (3.6)
(4) Cases could not contact	476 (35.5)	403 (31.8)	392 (31.2)	388 (27.3)	1194 (35.4)	656 (34.8)	580 (38.5)	4089 (33.9)
(5) Invalid cases								
Re-admission to hospital	27 (2.0)	43 (3.4)	28 (2.2)	48 (3.4)	82 (2.4)	38 (2.0)	28 (1.9)	294 (2.4)
Poor health status / hearing problem	147 (11.0)	132 (10.4)	158 (12.6)	217 (15.2)	407 (12.1)	218 (11.6)	139 (9.2)	1418 (11.8)
Not living in Hong Kong	16 (1.2)	15 (1.2)	7 (0.6)	7 (0.5)	23 (0.7)	22 (1.2)	12 (0.8)	102 (0.8)
Non-Cantonese speaking	45 (3.4)	42 (3.3)	37 (2.9)	45 (3.2)	79 (2.3)	40 (2.1)	29 (1.9)	317 (2.6)
Passed away	5 (0.4)	2 (0.2)	3 (0.2)	6 (0.4)	1 (0.0)	4 (0.2)	3 (0.2)	24 (0.2)
Invalid telephone number	16 (1.2)	48 (3.8)	17 (1.4)	31 (2.2)	99 (2.9)	44 (2.3)	23 (1.5)	278 (2.3)
(6) Patients attempted to call	1340 (100)	1269 (100)	1256 (100)	1423 (100)	3377 (100)	1884 (100)	1508 (100)	12 057 (100)
Response rate (%)†	53.6	49.0	54.0	59.5	50.7	52.9	48.7	52.3

* HKEC denotes Hong Kong East Cluster, HKWC Hong Kong West Cluster, KEC Kowloon East Cluster, KCC Kowloon Central Cluster, KWC Kowloon West Cluster, NTEC New Territories East Cluster, and NTWC New Territories West Cluster

† Response rate = completed questionnaire/valid cases = (1)/[(6) – (5)]

TABLE 2. Demographic characteristics between respondents and target discharge population

Demographics*	No. (%) of patients (unless otherwise indicated)		P value‡
	Respondents (n=5030)	Target discharge population† (n=117 696)	
Gender			
Male	2586 (51.4)	58 716 (49.9)	0.034
Age (years)			
Mean ± standard deviation	56.6 ± 17.8	61.6 ± 19.7	<0.001
Living in old-age home			
Yes	51 (1.0)	9356 (7.9)	<0.001
Education level§			
No formal education or kindergarten	683 (13.6)	NA	NA
Primary	1399 (27.8)		
Secondary (F.1-F.5)	2179 (43.3)		
Matriculation (F.6-F.7)	136 (2.7)		
Post-secondary	215 (4.3)		
Tertiary or above	414 (8.2)		
Marital status§			
Single	703 (14.0)	NA	NA
Married	4105 (81.6)		
Divorced / separated	108 (2.1)		
Widowed	110 (2.2)		
Monthly household income			
<$5000	443 (8.8)	NA	NA
$5000 to $9999	336 (6.7)		
$10 000 to $14 999	504 (10.0)		
$15 000 to $19 999	291 (5.8)		
≥$20 000	821 (16.3)		
Not willing to answer / Do not know	2635 (52.4)		
Working status§			
Retired	2146 (42.7)	NA	NA
Unemployed	380 (7.6)		
Full-time student	107 (2.1)		
Home-maker	666 (13.2)		
Full-time worker / part-time worker	1720 (34.2)		
Receiving any government allowance‖			
Yes	1747 (34.7)	NA	NA
General health condition in past 4 weeks			
Very good	119 (2.4)	NA	NA
Good	1490 (29.6)		
Fair	2679 (53.3)		
Poor	680 (13.5)		
Very poor	62 (1.2)		

* Only three items of demographic characteristics (gender, age, and whether living in old-age home) could be retrieved from Hospital Authority dataset for the comparison between participants and non-participants; others were provided by the participants only

† The target discharge populations were screened by Hospital Authority using the inclusion and exclusion criteria in the study; NA denotes not available

‡ *t* Test was carried to continuous variable such as age and Chi squared tests were carried to other categorical variables; NA denotes not available

§ These items do not total 5030 due to missing data

‖ Types of the government allowance included (1) Comprehensive Social Security Assistance, (2) disability allowance, and (3) old-age allowance

Patient satisfaction with hospital care

Detailed patient responses to questions in hospital care are shown in Appendix 3. A summary of responses is highlighted below.

Admission to hospital

Overall, respondents had admissions via accident and emergency (A&E) department, planned admissions, and other admissions such as hospital transfers in the ratio of 64%, 21%, and 15%, respectively. Most of them were generally satisfied with this aspect, however, differences in perception of waiting for a ward bed were evident, when the results were stratified according to admission routes. A significantly larger proportion (13%) of the admissions via A&E reported long waits compared to those having planned (5%) and other (6%) admissions ($P<0.05$). Notably, certain specific aspects in the admission process were deemed to need improving. Some respondents awaiting admission via A&E (11%) mentioned not being given enough information about their condition or treatment. Less than one fourth (22%) of those admitted via waiting lists/electively were given a choice of admission dates.

Hospital and ward

More than half of the respondents felt that the noise level of other patients (90%) and hospital staff (97%) at night was acceptable. About half rated the cleanliness of the hospital as "very clean" for the hospital room or ward (59%) and toilet or bathrooms (47%). Apparently, the majority did not have a secure place to store their belongings whilst in ward; about half (52%) stated they could not lock their lockers or storage spaces and 13% were not sure whether they could do so. About one third of them (30%) did not see any posters or leaflets in the ward asking patients and visitors to wash their hands or use hand-wash gels. For respondents who had hospital food during their stay, the majority rated it as "fair" (66%) or "poor" (18%). In addition, nearly 57% of the patients reported that they were not offered any choice of food or its amount.

It is important for patients to have confidence and trust in hospital staff and feel they are able to communicate with them. The vast majority of respondents said that they "always" had confidence and trust in the doctors (87%) and nurses (88%), and also "always" received an answer they could understand from doctors (81%) and nurses (80%). Regarding the availability of staff (which is hot topic nowadays), most respondents (74%) reported that there were "always or "nearly always" enough nurses on duty to care for them while in hospital.

The overall performance regarding these aspects of patient care and treatment was generally good. The majority of respondents were given enough privacy when discussing their condition, treatment or procedure (83%), and the call button was answered within 2 minutes (90%). However, some aspects of patient engagement were poorer than the others. More than three quarters of the participants (78%) reported that they were not involved in decisions about their care, treatment, and procedures. However, the informative question Q28 [Did you like to be more or less involved in decisions about your care, treatment or procedure?] showed that only 16% stated they wanted to be more involved in such decisions, while about half (48%) did not want to be involved or wanted to be less involved. Approximately 19% of respondents expressed that they did not receive enough information, and nearly a third (28%) felt that their family/close ones did not have any opportunity to be informed.

Leaving hospital

Continuity of care and smooth transitions from hospital are important to patients. It appeared that the majority of respondents (69%) did not feel involved in decisions about their discharge, though more than a third (38%) said that they did not want to be involved or wanted to be involved less. Delays in being discharged from hospital can be upsetting and frustrating for patients. About 7% of respondents reported that their discharge from hospital was delayed, and the reasons were mostly (92%) related to the health system (Fig 2). Patients discharged with medication were asked about the information they

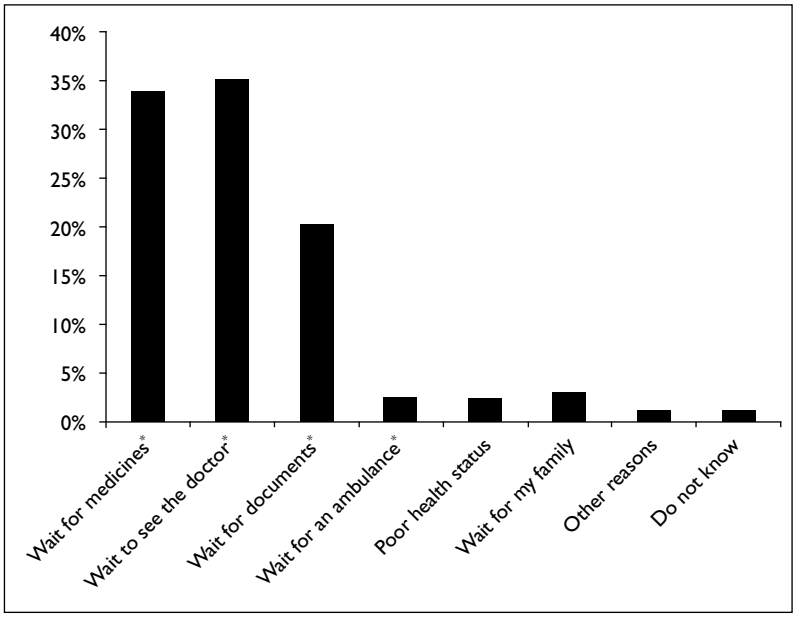

FIG 2. Main reasons for delayed discharge
*The reasons were grouped as 'health system' factor

received regarding its purpose, how to take it, and any side-effects of the medicine. Over three quarters of respondents (89%) discharged with medication stated that they were "definitely" told how to take their medicine correctly and almost all of them (95%) were given complete and clear written or printed information about their take-home medicines. However, a third of them (30%) reported not being told of any danger signals to watch for following discharge from hospital and more than a third (37%) said that no family member or close friend received information to help their recovery after leaving hospital. Also, less than half of the respondents (43%) knew who to contact if they were worried about their condition after leaving hospital.

Overall impression

Issues related to the overall impression of hospital care were highly rated. Around 88% of respondents said that they were always treated with respect and dignity while they were in hospital. When asked about the care they received from hospital staff, the majority rated their care as either "excellent or very good" or "good". Regarding the overall care they received in hospital, the vast majority (80%; confidence interval, 79-81%) rated it as "excellent/very good" to "good". For expressing views and complaints, only a few (5%) reported that they were asked by hospital staff for their views on the quality of care during their hospital stay. Only 21% saw the drop box for opinions/complaints related to the hospital or HA. A few (3%) expressed their opinions or complaints about the care they received in hospital. Among the 98% of respondents who did not express any opinion or complaint till now, 4% stated that they actually wanted to express their views and 2% wanted to make a complaint.

Free-text comment

The HKIEQ is composed of closed-end questions, except for the second section that invites patients to comment in their own words on aspects that: (a) were particularly good about their care; (b) could be improved; and (c) provide any additional comments on their in-patient experience. The responses were quite mixed; some stated that the overall impressions about all health care professionals were satisfactory with regard to confidence, trust, caring, and attitudes. Some patients expressed that there was insufficient manpower in the hospitals and that the attitude of health care professionals was poor. The environment, food, and facilities were other common issues about which there were negative comments, including poor hospital food; dirty toilets and air conditioning systems; lack of televisions, telephones and lockers for storage of personal belongings.

Discussion

The HKIEQ can act as a valid instrument to engage patients to provide feedback on their in-patient experiences and expectations, mainly based on their most important concerns from their own perspectives. The first benchmark PPS in Hong Kong was encouraging. The 52% response rate was similar to the general public survey of response rates of 30 to 60%.[15-18] It is important to make considerable efforts and engage more patients to respond to any further PSS. It is suggested that the information on the study methodology could be included in the publicity information, such as posters and pamphlets, in order to facilitate the participants' consent in the next round.

Our findings showed that 80% of patients rated the overall quality of care as either "excellent", "very good" or "good"; and 88% stated they were "always treated with respect and dignity". This result was encouraging in comparison to the UK National Health Service (NHS) findings[19] based on 66 000 patients in 2010, in which 92% and 79% of them expressed positive feedback on "overall quality of care" and "being treated with respect and dignity", respectively. There was a very high degree of confidence and trust of respondents in our doctors, nurses, and health care assistants. However, a few areas performed relatively less well, including waiting time for a ward bed for the A&E department, food quality, infection control, information provided about their condition/treatment, seeking patient input about their opinions and quality of care, and patient engagement in decisions about their treatment and care, and the discharge process.

A larger proportion of A&E than other cases expressed that they had to wait for a long time for the available beds. The waiting time for a ward bed for A&E cases needs review to determine whether it was due to shortage of beds or some other system problem for bed assignment in order to accommodate fluctuating demands. Some planned admission patients felt they should have been given a choice of admission dates. Could hospitals consider giving such a choice of admission dates to suit patient circumstances? Overall performance relating to the hospital and ward environment was generally good, except for the taste and choice of hospital food. Negative comments on the quality of food were also noted for the NHS in 2010.[19] Patient needs and preferences on hospital food should be further explored; the quality and choice could be reviewed to cater for needs and preferences. Despite availability of a poster about hand washing and facilities for hand washing, advice to patients and visitors on infection control may be insufficient in some wards. Hospital-associated infections represent a serious and growing health problem.[20,21] A variety of hospital-

based strategies aimed at preventing such infections via hand hygiene is an important component of these strategies.[22] Therefore, hospitals could provide more hand hygiene facilities and eye-catching posters/leaflets in the ward to advise patients and visitors on proper hand hygiene/infection control practices. In addition, storage facilities for patients' belongings were not widely available, for which hospitals might consider providing lockable lockers or a secure storage place. Such measures could give patients a sense of security and alleviate their anxieties during hospitalisation.

Performance on "information and decision making" was generally good, but not as favourable as other care aspects. In particular, the communication about medications, danger signs, and engagement in treatment, care, and discharge processes were not rated high. These results were consistent with other studies reporting that communication related to mediation and discharge instructions was often not rated highly.[23,24] Poor communication at discharge is likely to exacerbate these problems.[25] It is important that patients are given the information they need to manage their ongoing care after they are discharged. For better quality of care, patients should receive information about their medical condition, treatment, and procedures. It was suggested that the mechanism and modes of communication between caregivers and patients should be reviewed and improved to ensure that patients are given sufficient information about such matters and that they can comprehend and appreciate them. Also, the channels of communication to enable patients and their family to interact with health care professionals should be reviewed so as to effectively allay anxieties and respond to queries. Only 43% of patients were told who to contact if they were worried about their condition or treatment after leaving hospital. For patients who may become worried or need advice on their condition or treatment plan after discharge, the feasibility of providing information about contact details of hospital staff or wards should be considered. The low performance relating on "seeking views from patients on the quality of care" and "seeing the drop boxes for patients' comments and complaints" indicates more attention be given to soliciting such patient feedback. The effectiveness of the channels and mechanisms for seeking comments, feedback, and complaints from patients should be reviewed and evaluated.

Patient involvement in medical decision is a key aspect of patient-centred care.[26-30] Patients should be involved in decisions about their care as much as possible and given information about their condition, since greater involvement may also lead to greater satisfaction with care[31,32] and to better clinical outcomes.[33,34] However, the majority of patients in this study preferred not to be involved. Promotion of patient education, engagement, and involvement in decisions about their care and treatment should be enhanced. Echoing the suggestion to improve communication between hospital staff and patients, it is important that explanations by hospital staff be easy to understand and relevant risks appreciated at the time decisions are made.[35] Conceivably, possible reasons for "don't want to be involved" could be due to a lack of understanding of the process and the need for involvement. Reasons for these attitudes deserve further study.

One limitation of our study was that only 1% of the respondents who lived in old-age homes participated in the study and views from this group of patients may be under-represented. This ensued even though we offered either a telephone or household survey to all potential participants. Based on experience from Thematic Household Surveys by the government, a separate survey of institutions may be needed to minimise the selection bias in institutional populations. A second limitation was that we approached 12 057 patients from the pool of 117 696 by nearest hospital discharge date to reach the target of 5030 patients, whilst 105 639 patients were allocated to the reserve recruitment pool. This may have caused selection bias, because we did not approach the entire discharge population during the pre-determined period. We attempted to project what the results would be like if the whole target discharge population were to be studied by applying weighting based on the age and gender distribution. However, since the response rate was only around 50% and significant differences were found in all three demographic indicators (Table 2), self-selection was also likely to have occurred. Cautions should therefore be applied to directly generalising the results obtained from this study sample to all subjects discharged from HA hospitals. Finally, as in many surveys, information bias arising from respondents offering socially desirable answers rather than true answers was a possibility. Its relationship to patient satisfaction will be further analysed in another paper.

Conclusions

This PPS used a locally validated instrument (HKIEQ) to provide important insights in terms of patient experiences of hospitalisation and patient expectations to HA executives and health care professionals about the care of patients. It also identified areas warranting improvement. Since this was the first baseline survey, it is recommended that subsequent surveys be carried out to monitor changes in patient experience and satisfaction on a regular basis. Repeating the surveys should facilitate the development of improvements in action plans through analysis of results and feedback on different domains and elements of patient satisfaction.

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Appendices

Additional material related to this article can be found on the HKMJ website. Please go to <http://www.hkmj.org>, search for the appropriate article, and click on **Full Article in PDF** following the title.

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APPENDIX 1. List of 25 selected Hospital Authority (HA) hospitals for benchmark survey in 2010

HA Cluster	Selected Hospitals	
Hong Kong East Cluster (HKEC)	(1)	Pamela Youde Nethersole Eastern Hospital (PYN)
	(2)	Ruttonjee Hospital (RH)
	(3)	Tung Wah Eastern Hospital (TWE)
Hong Kong West Cluster (HKWC)	(4)	Queen Mary Hospital (QMH)
	(5)	Tung Wah Hospital (TWH)
	(6)	Grantham Hospital (GH)
Kowloon Central Cluster (KCC)	(7)	Queen Elizabeth Hospital (QEH)
	(8)	Buddhist Hospital (BH)
	(9)	Kowloon Hospital (KH)
Kowloon East Cluster (KEC)	(10)	Tseung Kwan O Hospital (TKO)
	(11)	United Christian Hospital (UCH)
	(12)	Haven of Hope Hospital (HHH)
Kowloon West Cluster (KWC)	(13)	Caritas Medical Centre (CMC)
	(14)	Kwong Wah Hospital (KWH)
	(15)	Yan Chai Hospital (YCH)
	(16)	Princess Margaret Hospital (PMH)
	(17)	TWGHs Wong Tai Sin Hospital (WTS)
	(18)	Our Lady of Maryknoll Hospital (OLM)
New Territories East Cluster (NTEC)	(19)	Alice Ho Miu Ling Nethersole Hospital (AHN)
	(20)	North District Hospital (NDH)
	(21)	Prince of Wales Hospital (PWH)
	(22)	Shatin Hospital (SH)
	(23)	Tai Po Hospital (TPH)
New Territories West Cluster (NTWC)	(24)	Pok Oi Hospital (POH)
	(25)	Tuen Mun Hospital (TMH)

APPENDIX 2. Predetermined samples sizes in each of included Hospital Authority (HA) hospitals and clusters

Hospital		Sample*
HKEC	PYN	403
	RH	134
	TWE	40
	Sub-total	**577**
HKWC	QMH	368
	TWH	67
	GH	46
	Sub-total	**481**
KCC	QEH	521
	BH	36
	KH	76
	Sub-total	**633**
KEC	TKO	129
	UCH	373
	HHH	37
	Sub-total	**539**
KWC	CMC	266
	KWH	314
	YCH	284
	PMH	416
	WTS	33
	OLM	42
	Sub-total	**1,356**
NTEC	AHN	118
	NDH	216
	PWH	388
	SH	32
	TPH	43
	Sub-total	**797**
NTWC	POH	76
	TMH	542
	Sub-total	617
	Overall	**5,000**

* Based on the estimated total sample size of 5000 (the sub-sample size of each of hospital in corresponding cluster is calculated according to the proportion of in-patient discharge in that hospital to the overall in-patient discharges number, ie 45 016 in October 2008)

APPENDIX 3a. Descriptive analysis of the questions for "Admission to Hospital"

		No. (%) of patients
Types of admission and whether admitted through accident and emergency (A&E) department		
	Emergency or urgent admission through A&E department	3210 (63.8)
	Waiting list or planned in advance	1067 (21.2)
	Other admission, eg hospital transfer / emergency or urgent admission not through A&E department	752 (15.0)
	Total	**5029 (100.0)**
A)	**Emergency or urgent admission through A&E department***	
Q3)	While you were in the A&E department, was there enough information about your condition or treatment given to you?	
	Right amount	2388 (74.4)
	Too much	15 (0.5)
	Not enough	346 (10.8)
	I was not given any information about my treatment or condition	385 (12.0)
	Don't know / Can't remember	75 (2.3)
	Total	**3209 (100.0)**
Q4)	Following arrival at the hospital, how long did you wait before being examined by a doctor?	
	I did not have to wait	525 (16.4)
	Less than 1 hour	1742 (54.3)
	At least 1 hour but less than 2 hours	506 (15.8)
	At least 2 hours but less than 4 hours	249 (7.8)
	At least 4 hours but less than 8 hours	66 (2.1)
	8 hours or longer	9 (0.3)
	Don't know / Can't remember	113 (3.5)
	Total	**3210 (100.0)**
Q5)	Following examination by a doctor, how long did you wait before being admitted to a bed on a ward?	
	I did not have to wait	598 (18.6)
	Less than 1 hour	1689 (52.6)
	At least 1 hour but less than 2 hours	491 (15.3)
	At least 2 hours but less than 4 hours	210 (6.5)
	At least 4 hours but less than 8 hours	68 (2.1)
	8 hours or longer	31 (1.0)
	Don't know / Can't remember	122 (3.8)
	Total	**3209 (100.0)**
Q11)	Did you feel that you had to wait a long time to get to a bed on a ward?	
	Yes, definitely	427 (13.3)
	Yes, to some extent	327 (10.2)
	No	2369 (73.8)
	Don't know / Can't remember	87 (2.7)
	Total	3210 (100.0)
B)	**Waiting list or planned in advance†**	
Q6)	How do you feel about the length of the time you were on the waiting list before your admission to hospital?	
	I was admitted as soon as I thought was necessary	849 (79.5)
	I should have been admitted a bit sooner	126 (11.8)
	I should have been admitted a lot sooner	92 (8.6)
	Don't know	1 (0.1)
	Total	**1068 (100.0)**

* Answered by all who had emergency or urgent admission through A&E department upon arrival

† Answered by all whose most recent admission to hospital was waiting list or planned in advance

APPENDIX 3a. (Cont'd)

		No. (%) of patients
Q7)	Were you given a choice of admission dates?	
	Yes	238 (22.3)
	No	828 (77.6)
	Don't know / Can't remember	1 (0.1)
	Total	**1067 (100.0)**
Q8)	Was your admission date changed by the hospital?	
	No	900 (84.3)
	Yes, once	151 (14.2)
	Yes, 2 or 3 times	10 (0.9)
	Yes, 4 times or more	1 (0.1)
	Don't know / Can't remember	5 (0.5)
	Total	**1067 (100.0)**
Q9)	Following arrival at the hospital, how long did you wait before being admitted to a bed on a ward?	
	I did not have to wait	656 (61.5)
	Less than 1 hour	307 (28.8)
	At least 1 hour but less than 2 hours	50 (4.7)
	At least 2 hours but less than 4 hours	21 (2.0)
	At least 4 hours but less than 8 hours	23 (2.2)
	8 hours or longer	8 (0.7)
	Don't know / Can't remember	2 (0.2)
	Total	**1067 (100.0)**
Q11)	Did you feel that you had to wait a long time to get to a bed on a ward?	
	Yes, definitely	50 (4.7)
	Yes, to some extent	36 (3.4)
	No	981 (91.9)
	Total	**1067 (100.0)**
C)	**Other admission‡**	
Q10)	Following arrival at the hospital, how long did you wait before being admitted to a bed on a ward?	
	I did not have to wait	511 (68.0)
	Less than 1 hour	160 (21.3)
	At least 1 hour but less than 2 hours	46 (6.1)
	At least 2 hours but less than 4 hours	16 (2.1)
	At least 4 hours but less than 8 hours	9 (1.2)
	8 hours or longer	7 (0.9)
	Don't know / Can't remember	3 (0.4)
	Total	**752 (100.0)**
Q11)	Did you feel that you had to wait a long time to get to a bed on a ward?	
	Yes, definitely	41 (5.5)
	Yes, to some extent	39 (5.2)
	No	672 (89.4)
	Total	**752 (100.0)**

‡ Answered by all whose most recent admission to hospital was something else (eg hospital transfer) or all whose emergency or urgent cases but not went to A&E department upon arrival

APPENDIX 3b. Descriptive analysis of the questions for "Hospital and Ward"

		No. (%) of patients
A)	**Environment, food and facilities**	
Q12)	Were you ever bothered by noise at night from other patients?	
	Yes	526 (10.5)
	Yes, but acceptable	1059 (21.1)
	No	3441 (68.4)
	Don't know / Can't remember	4 (0.1)
	Total	**5030 (100.0)**
Q13)	Were you ever bothered by noise at night from hospital staff?	
	Yes	153 (3.0)
	Yes, but acceptable	257 (5.1)
	No	4618 (91.8)
	Don't know / Can't remember	2 (0.0)
	Total	**5030 (100.0)**
Q14)	In your opinion, how clean was the hospital room or ward that you were in?	
	Very clean	2949 (58.6)
	Fairly clean	2013 (40.0)
	Not very clean	56 (1.1)
	Not at all clean	10 (0.2)
	Don't know / Can't remember	2 (0.0)
	Total	**5030 (100.0)**
Q15)	How clean were the toilets and bathrooms that you used in hospital?	
	Very clean	2269 (47.3)
	Fairly clean	2262 (47.2)
	Not very clean	234 (4.9)
	Not at all clean	27 (0.6)
	Don't know / Can't remember	2 (0.0)
	Total (237 participants did not use a toilet or bathroom)	**4794 (100.0)**
Q16)	Did you have somewhere to keep your personal belongings whilst in the ward?	
	Yes, and I could lock it if I wanted to	1666 (33.1)
	Yes, but I could not lock it	2612 (51.9)
	Yes, but I was not sure whether I could lock it or not	652 (13.0)
	No	100 (2.0)
	Total	**5030 (100.0)**
Q17)	Did you see any posters or leaflets in the ward asking patients and visitors to wash their hands or use hand-wash gels?	
	Yes	3538 (70.3)
	No	1489 (29.6)
	Don't know / Can't remember	3 (0.1)
	Total	**5030 (100.0)**
Q18)	Were hand-wash fluid / gels available for patients and visitors to use?	
	Yes	4398 (87.5)
	Yes, but they were empty	24 (0.5)
	I did not see any hand-wash gels	605 (12.0)
	Don't know / Can't remember	3 (0.1)
	Total	**5030 (100.0)**
Q19)	How would you rate the hospital food?	
	Excellent / Very good	56 (1.2)
	Good	729 (15.3)
	Fair	3128 (65.5)
	Poor	861 (18.0)
	Total (256 participants did not have any hospital food)	**4774 (100.0)**
Q20)	Were you offered a choice of food types (choose to have rice or congee) or amount (more or less)?	
	Yes, always	1911 (40.0)
	Yes, sometimes	153 (3.2)
	No	2710 (56.8)
	Total (256 participants did not have any hospital food)	**4774 (100.0)**

APPENDIX 3b. (Cont'd)

		No. (%) of patients
B)	**Hospital staff**	
Q21)	When you had important questions to ask a doctor, did your doctor provide a clear and understandable answer to you?	
	Yes, always	3198 (81.0)
	Yes, sometimes	589 (14.9)
	No	161 (4.1)
	Total (1081 participants had no need to ask)	**3948 (100.0)**
Q22)	Did you have confidence and trust in the doctors treating you?	
	Yes, always	4384 (87.2)
	Yes, sometimes	512 (10.2)
	No	134 (2.7)
	Total	**5030 (100.0)**
Q23)	When you had important questions to ask a nurse, did the nurse provide a clear and understandable answer to you?	
	Yes, always	3012 (80.4)
	Yes, sometimes	574 (15.3)
	No	158 (4.2)
	Total (1285 participants had no need to ask)	**3744 (100.0)**
Q24)	Did you have confidence and trust in the nurses treating you?	
	Yes, always	4446 (88.4)
	Yes, sometimes	499 (9.9)
	No	85 (1.7)
	Total	**5030 (100.0)**
Q25)	In your opinions, were there enough nurses on duty to care for you in hospital?	
	There were always or nearly always enough nurses	3738 (74.3)
	There were sometimes enough nurses	920 (18.3)
	There were rarely or never enough nurses	372 (7.4)
	Total	**5030 (100.0)**
C)	**Patient care and treatment**	
Q26)	Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?	
	Yes, often	103 (2.0)
	Yes, sometimes	236 (4.7)
	No	4691 (93.3)
	Total	**5030 (100.0)**
Q27)	Were you involved in decisions about your care, treatment or procedure?	
	Yes, definitely	492 (10.2)
	Yes, to some extent	586 (12.1)
	No	3751 (77.6)
	Don't know / Can't remember	4 (0.1)
	Total (197 participants admitted for checking only and didn't receive any treatment)	**4833 (100.0)**
Q29)	Was there enough information about your condition, treatment or procedure given to you?	
	Not enough information	854 (19.0)
	Right amount of information	3604 (80.3)
	Too much information	27 (0.6)
	Don't know / Can't remember	1 (0.0)
	Total (543 participants had no need to know)	**4486 (100.0)**
Q30)	If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?	
	Yes, definitely	1532 (49.0)
	Yes, to some extent	730 (23.4)
	No	864 (27.6)
	Total (302 participants did not involve any family or friend, 1253 participants' family did not want or need information, and 349 participants did not want their family or friends to talk to a doctor	**3126 (100.0)**

APPENDIX 3b. (Cont'd)

		No. (%) of patients
Q31)	Whenever you got worries or fears about your illness or the treatment, did the health care workers discuss / comfort you about your condition?	
	Yes, definitely	683 (44.5)
	Yes, to some extent	389 (25.3)
	No	463 (30.2)
	Total (3495 participants had no worries or fears)	**1535 (100.0)**
Q32)	Were you given enough privacy when discussing your condition, treatment or procedure?	
	Yes, always	4163 (82.8)
	Yes, sometimes	472 (9.4)
	No	395 (7.9)
	Total	**5030 (100.0)**
Q33)	Were you given enough privacy when being examined or treated? (eg draw the curtain when being examined or treated)	
	Yes, always	4674 (92.9)
	Yes, sometimes	222 (4.4)
	No	134 (2.7)
	Total	**5030 (100.0)**
Q35)	Did you think the hospital staff have done everything they could to help control your pain?	
	Yes, definitely	1916 (79.6)
	Yes, to some extent	304 (12.6)
	No	186 (7.7)
	Total (2624 participants were not in any pain during admission)	**2406 (100.0)**
Q36)	How many minutes after you used the call button did it usually take before you got the help you needed?	
	0 minutes / right away	903 (49.3)
	1-2 minutes	744 (40.6)
	3-5 minutes	78 (4.3)
	More than 5 minutes	42 (2.3)
	I never got help when I used the call button	64 (3.5)
	Total (3199 participants never used the call button)	**1831 (100.0)**
Q37)	Did you get enough help you needed from staff? (eg eating meals, going to toilet, movement in/out of bed)	
	Yes, always	2385 (85.2)
	Yes, sometimes	362 (12.9)
	No	52 (1.9)
	Total (2231 participants did not need help)	**2799 (100.0)**
Q38)	Beforehand, were you told the detail aspects of the treatment, operation or procedure and its results in a way you could understand?	
	Yes, completely	3648 (77.1)
	Yes, to some extent	595 (12.6)
	No	487 (10.3)
	Total (300 participants did not need such information)	**4730 (100.0)**
Q39)	After the treatment, operation or procedure, were you told the actual results of the treatment, operation or procedure in a way you could understand?	
	Yes, completely	3319 (70.2)
	Yes, to some extent	734 (15.5)
	No	674 (14.3)
	Total (302 participants did not need such information)	**4727 (100.0)**

APPENDIX 3c. Descriptive analysis of the questions for "Leaving Hospital"

		No. (%) of patients
Q40)	Were you involved in decisions about your discharge from hospital?	
	Yes, definitely	1051 (20.9)
	Yes, to some extent	520 (10.3)
	No	3459 (68.8)
	Total	**5030 (100.0)**
Q44)	On the day you left hospital, was your discharge delayed for selected reason and how long was the delay?*	
	No	4658 (93.1)
	Up to 1 hour	58 (1.2)
	Longer than 1 hour but no longer than 2 hours	129 (2.6)
	Longer than 2 hours but no longer than 4 hours	99 (2.0)
	Longer than 4 hours	58 (1.2)
	Total (28 participants experienced delayed discharge which were not related to the health system)	**5002 (100.0)**
Q45)	Did a member of staff clearly explain the purpose of the medicines you were to take at home in a way you could understand?	
	Yes, completely	3520 (90.3)
	Yes, to some extent	204 (5.2)
	No	169 (4.3)
	Don't know / Can't remember	4 (0.1)
	Total (130 participants did not need an explanation and 1004 participants had no medicines)	**3897 (100.0)**
Q46)	Did a member of staff tell you about medication side-effects to watch for when you went home?	
	Yes, completely	2648 (68.5)
	Yes, to some extent	393 (10.2)
	No	818 (21.2)
	Don't know / Can't remember	4 (0.1)
	Total (162 participants did not need an explanation and 1004 participants had no medicines)	**3863 (100.0)**
Q47)	Were you told in clear and understandable way on how to take your medication?	
	Yes, completely	3233 (89.2)
	Yes, to some extent	213 (5.9)
	No	174 (4.8)
	Don't know / Can't remember	4 (0.1)
	Total (402 participants did not need to be told how to take medication and 1004 participants had no medicines)	**3624 (100.0)**
Q48)	Were you given clear information about your medicines (included written or printed)?	
	Yes, completely	3809 (94.6)
	Yes, to some extent	66 (1.6)
	No	149 (3.7)
	Don't know / Can't remember	1 (0.0)
	Total (1004 participants had no medicines)	**4025 (100.0)**
Q49)	Did a member of staff tell you about any danger signals you should watch for after you went home?	
	Yes, completely	2767 (60.7)
	Yes, to some extent	431 (9.5)
	No	1362 (29.9)
	Total (470 participants express that it was not necessary)	**4560 (100.0)**
Q50)	Did the doctors or nurses give your family or someone close to you all the information they needed in your care and recovery?	
	Yes, definitely	1661 (42.9)
	Yes, to some extent	763 (19.7)
	No	1451 (37.4)
	Total (962 participants mentioned no family or friends were involved and 193 participants' family or friends did not want or need information)	**3875 (100.0)**
Q51)	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	
	Yes	2138 (42.5)
	No	2892 (57.5)
	Total	**5030 (100.0)**
Q52)	Did you feel the given contact information useful?	
	Yes, always	2041 (95.5)
	Yes, sometimes	68 (3.2)
	No	29 (1.4)
	Total (2892 participants were not told who to contact if they were worried about their condition or treatment after they left hospital)	**2138 (100.0)**

* The answers of Q42 & Q43 were used to score the results for Q44; the reasons for the delay were related to the health system: wait for medicines; wait to see the doctor; wait for medical/discharge summary documents; and wait for hospital transport (an ambulance)

APPENDIX 3d. Descriptive analysis of the questions for "Overall Impression"

		No. (%) of patients
Q53)	Overall, did you feel you were treated with respect and dignity while you were in hospital?	
	Yes, always	4449 (88.4)
	Yes, sometimes	510 (10.1)
	No	71 (1.4)
	Total	**5030 (100.0)**
Q54)	How would you rate the care you received from the doctors?	
	Excellent / Very good	1117 (22.2)
	Good	3012 (59.9)
	Fair	804 (16.0)
	Poor	75 (1.5)
	Very poor	22 (0.4)
	Total	**5030 (100.0)**
Q55)	How would you rate the care you received from the nurses?	
	Excellent / Very good	1117 (22.2)
	Good	3217 (64.0)
	Fair	632 (12.6)
	Poor	50 (1.0)
	Very poor	14 (0.3)
	Total	**5030 (100.0)**
Q56)	How would you rate the care you received from the health care assistants?	
	Excellent / Very good	932 (18.5)
	Good	3233 (64.3)
	Fair	744 (14.8)
	Poor	101 (2.0)
	Very poor	20 (0.4)
	Total	**5030 (100.0)**
Q57)	Overall, how would you rate the care you received?	
	Excellent / Very good	756 (15.0)
	Good	3273 (65.1)
	Fair	896 (17.8)
	Poor	93 (1.8)
	Very poor	12 (0.2)
	Total	**5030 (100.0)**
Q58)	During your hospital stay, were you ever asked to give your views on the quality of your care?	
	Yes	249 (5.0)
	No	4781 (95.0)
	Total	**5030 (100.0)**
Q59)	While in hospital, did you ever see any drop box for your opinions / complaints related to hospital / Hospital Authority?	
	Yes	1050 (20.9)
	No	3980 (79.1)
	Total	**5030 (100.0)**
Q61)	Did you want to express your opinions about the recent care you received in hospital?	
	Yes	252 (5.0)
	No	4778 (95.0)
	Total	**5030 (100.0)**
Q62)	Did you want to complain about the recent care you received in hospital?	
	Yes	126 (2.5)
	No	4904 (97.5)
	Total	**5030 (100.0)**