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Hospital Quality from the Patient Perspective

Major regional differences in patient satisfaction

- **Good quality cannot be taken as a given:** In hospitals, patients experience very different levels of quality of care
- **Major regional differences:** Patient satisfaction is significantly higher in Bavaria and Saxony than in Lower Saxony or Bremen
- **Good care is possible anywhere:** There are good hospitals from the patient perspective even in remote, disadvantaged regions
- **Competition does not increase satisfaction:** The perceived quality of care is not necessarily better in regions with many hospitals
- **Planning in isolation is a questionable course of action:** The better the outpatient structures, the more satisfied patients are with inpatient care as well

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Patients are the primary focus of medical care – this is something everyone agrees on: the German Federal Ministry of Health, professional associations of doctors and pharmacists, health insurance funds, and even dental practices advertise with this in the Internet. These were, by and large, hollow words for quite some time. Now, thanks to systematic patient surveys conducted on a regular basis, patients have other avenues to express their opinion other than only individually in suggestion boxes or hospital advisory boards. This has undeniably increased the relevance of patients' perspective with regard to their treatment.

Nevertheless, planning and quality assurance in healthcare are still primarily based on structure and process quality data, or are simply perpetuated. Quality indicators that can also be used for hospital planning by the federal states, as proposed by the Hospital Structures Act (Krankenhausstrukturgesetz, KHSG), have thus far been stipulated by the Federal Joint Committee (Gemeinsame Bundesausschuss, G-BA), but only for a few services that tend to be highly specialized.

This is not the only reason patient surveys are playing an increasingly important role: National and international studies show that scientifically collated data on patient experience is more than a supplement to traditional quality data. Patients can do more than simply judge how clean a hospital is or how good the food tastes; the patient perspective also correlates with indicators for patient safety and the success of treatment. As such, patients can very accurately judge aspects of quality of care. This is especially true of factors that have been given little consideration to date, such as the communicative and interactional behavior of physicians and care staff. With respect to these factors, the patient perspective is actually superior to other quality indicators.

An important, supplement to patient satisfaction ratings with benefits for patients would be data from indication-specific, results-based patient reports. These patient-reported out-

come measures (PROMs) gauge specific, patient-relevant results of medical treatment, such as mobility following an operation, or the effects of a treatment on quality of life. However, PROMs are currently not available for use in broad-scale analysis.

This being the case, the Bertelsmann Stiftung and the Weisse Liste analyze patient satisfaction with inpatient care in Germany by surveying patients on an ongoing basis. The current study is based on around one million questionnaires returned by patients in 2015 and 2016, two to eight weeks after a hospital stay. The data from the survey, the largest ongoing nationwide one of its kind, is collected by the AOK insurance group and BARMER insurance fund in cooperation with the Weisse Liste. The underlying analysis in this study was conducted by the Berlin-based research institute IGES on behalf of the Weisse Liste and the Bertelsmann Stiftung. The following three questions were of particular interest:

- › Are there regions that stand out in terms of particularly high or low patient satisfaction with hospital stays?
- › What is the perceived quality of care in disadvantaged regions?
- › What is patient satisfaction dependent upon; which factors influence the quality of care from the patient perspective?

Our study is the first consistent analysis of regional differences in patient satisfaction. We present the key findings and conclusions in this Spotlight Healthcare.

Quality cannot be taken as a given: Major differences in care

Patients have differing experiences of treatment in German hospitals. Satisfaction with inpatient care – taking into account age and sex – varies between 43.1 and 99.8 percent depending on the hospital, based on the willingness of patients to recommend the hospital to their best friend (see the box titled “Quality of care from the patient perspective”). According to these results, some

hospitals are unreservedly recommended by almost all patients, while other hospitals have satisfaction ratings only around half that high. The differences between individual hospitals are, as such, considerable, even without taking into account their specific characteristics and features

Taking into account all of Germany, the average willingness of patients to recommend their hospital is 79.3 percent. At 81.8 percent, satisfaction with treatment by physicians is slightly higher than satisfaction with treatment by care staff (81%). Patients are less satisfied with the improvement to their state of health during inpatient stays (76.1%). These values also vary widely between the 1,579 hospitals considered in the study. Only 28 hospitals recorded a “willingness to recommend” rating of 95 percent or more, while 15 hospitals had ratings of less than 60 percent.

In no individual region did all hospitals achieve exclusively good or exclusively poor ratings

Detailed analysis of the questionnaires shows that, from the patient perspective, particularly good and particularly bad hospitals can be found throughout Germany. However, the overall level of care across all hospital departments is significantly higher in some federal states than in others. Regional differences in patient satisfaction can also be seen in the most important areas of basic care: surgery and internal medicine. The differences also continue to exist when the structural differences between hospitals and regions are taken into account.

Bavaria, Saxony, and Thuringia lead in terms of patient satisfaction

Patient satisfaction varies to a surprisingly high degree between the federal states. Of all the states, Saxony presents the most positive example – as Figure 1 shows, this federal state has the best quality of care from the patient perspective. At 82 percent, satisfaction in Saxony is 8.1 percentage points higher than in Bremen, where it is 73.9 percent. In addition, the main hospital departments involved in basic care, such as surgery and internal medicine, are rated the highest in Saxony, as can be seen in the small-scale presentation of relative patient satisfaction in Figure 2 on page 4. Here, correspondingly many good or very good ratings can be found (indicated by the blue and dark blue areas). The average patient ratings

Quality of care from the patient perspective

As part of a cooperation with the Weisse Liste, the AOK and BARMER regularly survey their insured persons on their experiences in hospital on an ongoing basis. Patients are requested to provide written answers to fifteen questions on the quality of medical treatment, care support, organization, and service. The Patients' Experience Questionnaire (PEQ) also contains the question whether, and how strongly, the patient would recommend the hospital. This willingness to recommend (Weiterempfehlungsbereitschaft, WEB) is a measure of overall satisfaction with care and is thus considered a proxy for patient satisfaction. Since 2011, the AOK and BARMER have written to almost six million patients, and more than two-and-a-half million have responded. As such, the PEQ constitutes Europe's largest ongoing patient survey. Survey data stretching back two years are published for use in the Weisse Liste hospital search function, as well as the AOK and BARMER hospital comparison portals. The data are updated five times a year.

For more information on the PEQ, visit www.weisse-liste.de/peq

Standardized recommendation rates according to federal state

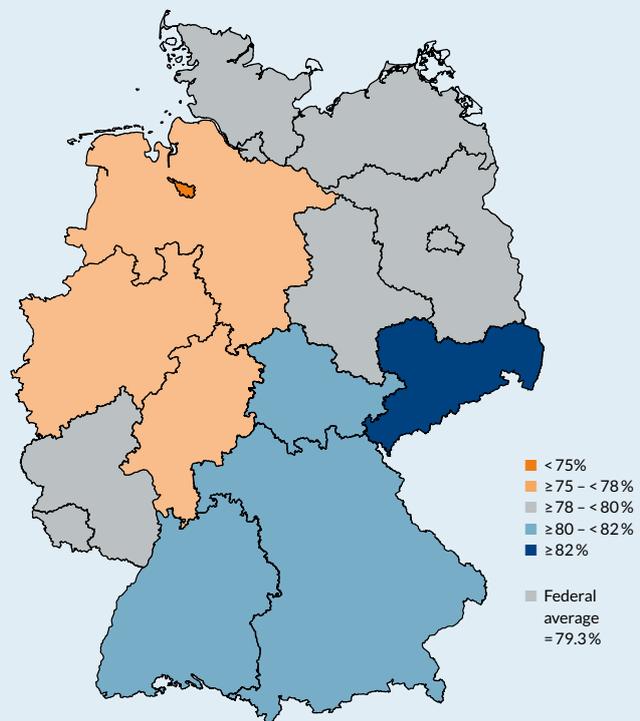
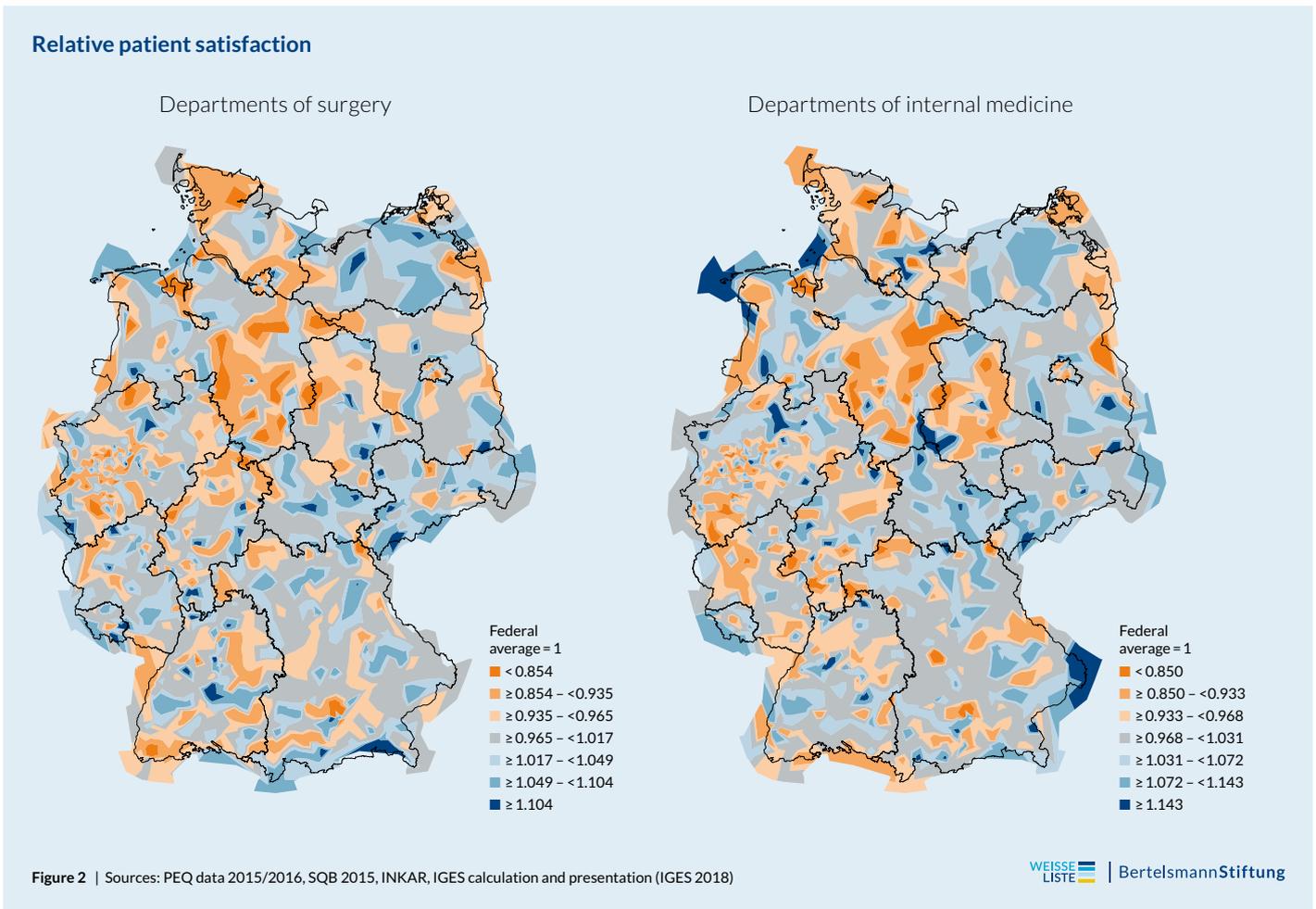


Figure 1 | Source: PEQ data 2015/2016, IGES calculation and presentation (IGES 2018)



for hospitals in Bavaria and Thuringia are also high, with Bavaria having many locations with particularly high levels of satisfaction. Saxony and Thuringia have barely any hospitals with especially bad ratings.

Bremen and Lower Saxony stand out with particularly low patient ratings. While the small city-state of Bremen has its own special problems to deal with, the bad rating given to Germany's fourth-largest federal state of Lower Saxony is initially surprising. The overall rating given by patients is below average, and over one hospital in four performs particularly poorly. The quality of care experienced in the central disciplines of basic care (internal medicine and surgery) also lags behind the federal state-specific expected values. In Hesse and North Rhine-Westphalia patient ratings for hospitals are also significantly below the federal average. In addition, there are major differences within the individual states. These differences are particularly notable, for example, in Hamburg: In the city-state, almost one hospital in four has particularly high levels

of satisfaction, while almost a third have very low levels of satisfaction. Despite hospitals in Hamburg having an average level of patient satisfaction overall, there are major differences between them. These large discrepancies within the federal states should be of particular interest to their respective planning bodies.

Reforms and investments pay off

The considerable investments made in hospital structure are certainly an important factor in the positive patient ratings received by hospitals in Saxony, but are not the only reason. Since 1991, the other East German states have received relatively more funds in accordance with the Hospital Financing Act (Krankenhausfinanzierungsgesetz, KHG) than Saxony, but have not achieved the same level of success. The fundamental reorganization of the hospital landscape after 1990 may also play a role.

The surprisingly low patient ratings in Lower Saxony may be attributable to the state not stipu-

lating any quality requirements in hospital planning. Over the last 25 years, this federal state has also provided comparatively little support to its hospitals – only North Rhine-Westphalia has invested less in relative terms since 1990. However, the need to improve in Lower Saxony has been recently addressed by additional investments. It remains to be seen whether these will increase patient satisfaction.

Good quality is also possible in disadvantaged regions

Our study analyzes the situation in disadvantaged rural regions for the first time on such a scale based on patient experiences. Some 99 German basic and standard care hospitals are situated in disadvantaged regions – mainly in East Germany,

but also in Lower Saxony, on the North Sea coast in Schleswig-Holstein, and in the Bavarian Forest. When the economic situation is particularly difficult, they may be entitled to additional financial resources in the form of provisional funds (Sicherstellungszuschläge, SSZ). Surprisingly, on average, these hospitals do not receive worse ratings than the other hospitals. There are also major differences between them depending on federal state.

In addition to Saxony and Bavaria, Mecklenburg-Vorpommern provides a particularly positive example: Five of the ten best-rated hospitals in disadvantaged areas are located in the coastal state. These hospitals are responsible for much more than 50 percent of all care in the state, and, as such, play a major role in Mecklenburg-Vorpommern's hospital planning.

The perception of quality of care depends on many factors

- At the patient level, **the age and the sex** of the patient have the most impact on rating the quality of care.
- At the hospital level, the **size of the institution** (based on the total number of beds) and the **medical staffing level** (as measured by cases per full-time physician) have the largest influence on the perceived quality of care.
- At the regional-structural level, the **density of outpatient care** (as measured by number of family physicians per 100,000 residents) and the **population structure** (district type, from major city to rural) influence the perceived quality of care.

To compare various hospitals and regions, these and other influencing factors have to be taken into account. To do this, the observed rating in the patient survey (O) is divided by an expected satisfaction rating (E), which is the rating that could be expected given the cohort of patients, the equipment of the hospital or department, and the regional-structural influencing factors. This results in the relative patient satisfaction (O/E ratio). If, for example, the relative patient satisfaction is 1.05, this means that satisfaction is five percent above the expected value, thus relatively high.

Three questions for Jan Weyer

Chief Executive Officer of the German Red Cross hospitals in Mecklenburg-Vorpommern

How important are the patient ratings to you?

We compare the evaluations from our quarterly reporting with the ratings from the Weisse Liste. As the patients are surveyed by their insurance providers, there's no pressure to present things in a better light. This comparison allows us to scrutinize our internal results afresh.

What role is played by state hospital planning and the guidelines set out in policy?

In Mecklenburg-Vorpommern, policy has established a framework in which we can successfully work for our patients, which, of course, has a direct impact on patient satisfaction.

What is the significance of the outpatient structures?

They are extremely important for our continued economic existence, but, more importantly, for good care for the public that is close to their homes. We need sound outpatient care to be able to work efficiently as a hospital. Only when this is in place can we get things done for the staff and set much in motion for our patients.



Safeguarding allowance for disadvantaged regions

The map of Germany presented below shows the locations of the 99 basic and standard care hospitals in disadvantaged regions. These are hospitals that service an area with less than 100 residents per square kilometer and at least 5,000 residents who would have to drive more than 30 minutes to another hospital if the more local one were to be closed. If these hospitals make financial losses, they may be entitled to additional resources in the form of provisional funds.

Hospital entitlement to provisional funds

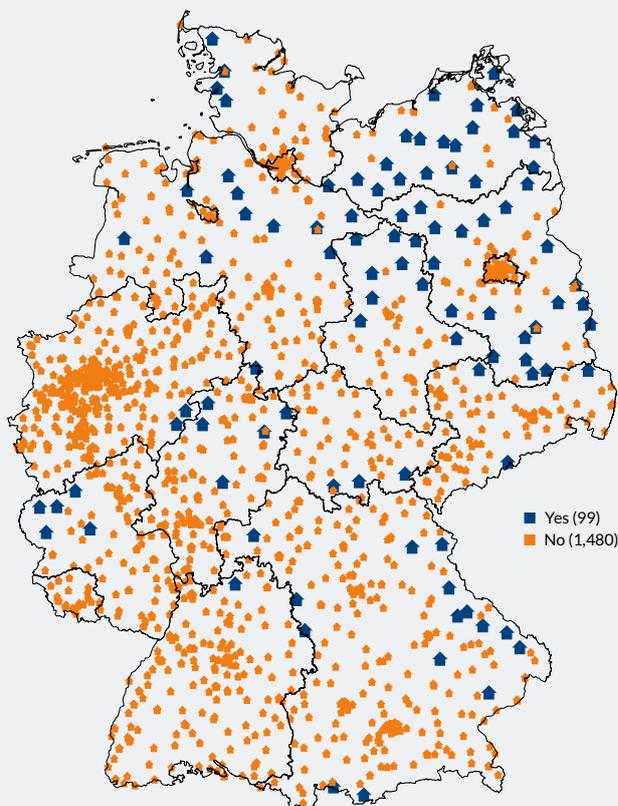


Figure 3 | Sources: PEQ data 2015/2016, GKV hospital simulator, IGES calculation and presentation (IGES 2018)

Here, government, cost bearers, and service providers have to address the assurance of high quality, comprehensive care for the public with greater intensity and more consistently than in other federal states.

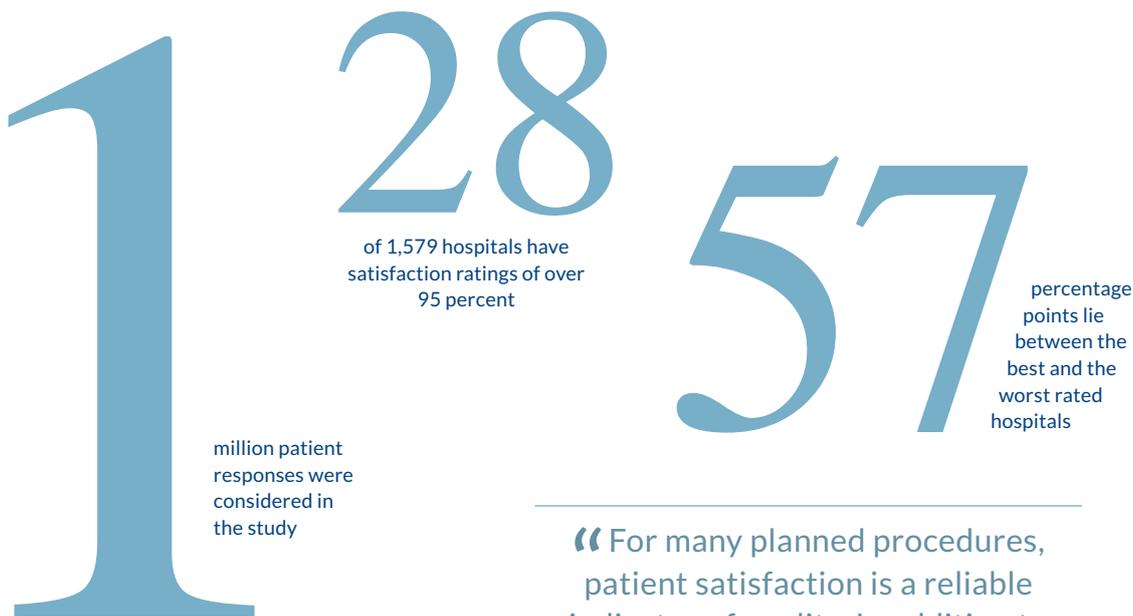
By contrast, the ratings for the corresponding hospitals in Lower Saxony and Saxony-Anhalt are, in part, significantly worse. This is of importance, as patients in these states often cannot easily transfer to another, or better, service provider. The study, however, also shows that there are hospitals even in Lower Saxony that, despite their structural location disadvantage, provide an above-average level of basic care from the patient perspective. This indicates hospital-specific quality improving measures and meaningful attempts at specialization.

Sector-specific planning falls short

The quality of outpatient care and the quality of inpatient care cannot be considered in isolation of each other. Experts have long known that, for example, the manner of outpatient referral and aftercare has a significant impact on the ultimate outcome of inpatient care. The present study confirms this association from the patient perspective: Following a hospital stay in an internal medicine department, patient satisfaction is at least five percentage points higher in regions with a high density of general practitioner – 75 or more physicians per 100,000 residents – than in regions with less than 50 family physicians per 100,000 residents. Better family physician care structures should allow optimal inpatient treatment in internal medicine departments.

The same effect – higher hospital ratings with better developed outpatient structures – is also demonstrable for surgical departments. As such, hospital planning that is patient-oriented and responsive to patient needs should always take into consideration the outpatient structures as well. These can be complementary in nature, or, in some areas of care, also substitutive (i. e., take the place of inpatient stays).

Future opportunities to invest public funds more intensively in cross-sector structures that are expected to lead to high quality care should be thoroughly reviewed. To this purpose, committees and planning bodies should be granted the relevant competencies.



Competition does not necessarily lead to higher quality

A well-above average hospital density can be seen in some metropolitan areas and in the Ruhr area. The patient perspective does not generally support the claim that competition has a positive effect on the quality of care. The present analysis shows that patients are not always more satisfied in places where competition is presumably quite intense. For example, from the patient perspective, there is no significant differences in the quality of care between rural areas (with likely very little choice of hospital) and major cities. In the city-states of Berlin, Hamburg and Bremen, patients are not consistently more satisfied with inpatient care than those in rural areas. Internal medicine departments in major cities prove an exception to this, being better rated by patients than those in smaller cities or rural areas.

The quandary faced by patients

To date, there has been no general rule of thumb that patients can apply in their search for a hospital that will safely direct them to one with good quality of care. All federal states have good and bad hospitals. Hospitals with surprisingly good ratings can be found in remote regions, while many patients in metropolitan areas are, in hindsight, not very satisfied with their chosen hospital. Hospitals with mediocre ratings survive in prosperous areas, while good hospitals can be found in disadvantaged regions. Similarly, pri-

“For many planned procedures, patient satisfaction is a reliable indicator of quality. In addition to the clinical outcome, this should be accorded particular importance in the hospital itself, in patients’ choice of hospital, and in hospital planning.”

Prof. Robra, Institute of Social Medicine and Health Economics (ISMHE), University of Magdeburg

vate hospitals can be both good and bad from the patient perspective. In certain cases, they can be superior to comparable public or not-for-profit institutions, while in other cases, patients are less satisfied in private hospitals.

In this heterogeneous care landscape, patients need support in their search for a hospital with high quality of care. Furthermore, methodically prepared information on quality that is provided by an independent institution is important for not only the patient. This information would be useful also to referring physicians in private practice – regardless of their experience in working with local and regional providers of inpatient care – and not only with respect to rare diseases or procedures. In addition to patient experience, this quality information for patients and referring physicians should also capture routine data, as well as the process and outcome quality data resulting from mandatory quality assurance. The data from patient surveys – especially when they are indicator-based PROMs – should be an integral part of this quality information, not just an anecdotal component.



For further information, see the study *Krankenhausqualität aus Patientensicht*, which can be downloaded at www.bertelsmann-stiftung.de/krankenhausqualitaet-aus-patientensicht (German language only) DOI 10.11586/2017038

Recommendations for action

Make better use of patient knowledge

In Germany too, patient experience in inpatient care is becoming increasingly recognized as an important source of information on the quality of hospital care. In addition to supplementing other quality data, patient ratings can serve as an independent dimension of quality in their own right. Any hospital can use them to identify deficiencies in the provision of care. State authorities and self-governing bodies can use the relatively easily surveyed patient knowledge for hospital planning and management of the healthcare system; insured individuals and outpatient physicians are provided useful advice in the choice of an appropriate hospital. The following steps need to be taken so as to ensure that this quality perspective, explicitly oriented on patient wellbeing, can play a role in the German healthcare system:

Planning bodies have to respond to differences in quality

- For the field of basic care, the Federal Joint Committee should develop adequate planning-relevant quality indicators.
- Monitoring throughout Germany should make clear whether these indicators are used by the federal states in capacity planning.
- The preconditions have to be established to organize cross-sector planning at the state level by, for example, ensuring that outpatient data can also be considered in hospital planning.

Hospitals need to take action

- Internal opportunities to improve care need to be taken advantage of, for example, through increased cooperation and specialization.
- There needs to be increased cooperation with stakeholders in the outpatient sector, mainly, but not exclusively, in disadvantaged regions.

Establish greater transparency

- Patients and referring physicians need to be better informed about quality of care, and differences in quality of care. In addition to the quality indicators resulting from mandatory quality assurance, more focus needs to be placed on quality information from routine data and patient surveys.
- The instrument of patient reported outcome measures (PROMs) needs to be established in external quality assurance and in public reporting.



SPOTLIGHT HEALTHCARE is an initiative of the “Improving Healthcare – Informing Patients” program at the Bertelsmann Stiftung. Published several times a year, SPOTLIGHT HEALTHCARE addresses topical issues in healthcare. The Bertelsmann Stiftung is committed to promoting a healthcare system relevant to public needs. Through its projects, the Stiftung aims to ensure the provision of needs-based and sustainable high-quality healthcare in which patients are empowered by access to readily understandable information.

The Weisse Liste (White List) features an internet portal (www.weisse-liste.de) that makes transparent the differences in healthcare provision quality. The Weisse Liste helps patients and their families identify the right doctor or hospital for their needs and helps users in choosing the appropriate healthcare service.

Further information: www.weisse-liste.de and www.bertelsmann-stiftung.de/en

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