Malatest International

Report

Independent Evaluation of the HDC's Electronic Real-time Feedback System

October 2014

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Executive Summary

The real-time feedback system

The Mental Health Commissioner of the Health and Disability Commission (HDC) has worked with a third party provider, CBG Health Research Limited (CBG), to develop and implement an electronic, real-time system to capture feedback from people interacting with mental health and addiction services (the RTF system). The aim is to develop a system that will ensure that the voices of consumers, family/whānau are heard and contribute to quality improvement.

The system was initially piloted in partnership with seven providers who represent a range of different provider organisations, providing an opportunity to pilot the system in different contexts.

An advisory group was established to work with HDC to develop the RTF system. The advisory group represents the key groups involved in providing mental health and addiction services.

This report summarises the information gathered as part of the evaluation of the Health and Disability Commission's (HDC) Electronic Real-time Feedback System (RTF).

The evaluation

The objective of the evaluation is to determine if the pilot has created a mechanism for consumers and their families/whānau to provide feedback on their experiences of interacting with mental health and addiction services that provides meaningful data back to service providers in real time.

The evaluation was developed based on a logic model and evaluation framework. Information for the evaluation was collected from an additonal evaluation question in the RTF survey, an online survey of service provider staff, and visits to each site to observe the use of the RTF system and conduct interviews and focus groups with site managers, staff, consumers and their family/whānau.

Key findings

Service provider participation in the pilot: A RTF system has been developed and is being used to collect feedback from consumers, families/whānau at each of the seven pilot sites. As at 28 September 2014, 1,721 consumers, family/whānau had completed the feedback questions. A major achievement of the pilot is that the seven service providers who took part in the pilot are positive about the potential value of a RTF system in improving the quality of the services they provide to consumers, family/whānau. Following the end of the pilot period, all seven sites will continue using the RTF system to collect feedback and are committed to developing ways to use feedback to improve their services.

Setting up the system: Feedback is collected through an online survey with consumers, families/ whānau providing their feedback by completing questions on a portable tablet. Wifi connectivity is required to upload the data in 'real-time' to the server. Pilot sites considered that they had had the support they required from HDC and CBG. Linking to wifi and local IT issues have been a challenge for the pilot and highlight the need for local IT teams to be involved at the start in setting up the RTF system in new sites. At some sites when something went wrong the tablet sat unused until someone with expertise in setting it up became available.

Developing the questions: Service providers and consumers, family/whānau were consulted about the question content and format and a first version of the questions developed and piloted. Two subsequent versions of the questions were developed in response to feedback on earlier versions. The third and current version was rolled out just prior to the evaluation and included simplified questions, translation into the main languages used at the service provider sites, and optional site specific questions. Consumers like the simplicity of the 'smiley-face' response options and the short

length of the survey. Although welcomed, the language of the translation (too formal and at a higher literacy level) was not quite right for some service users. Other specific concerns raised by service provider staff at the time of the evaluation may reflect a lack of familiarity with the latest version of the survey. Some sites also requested further customisation of the questions to their site such as not using the word consumer.

Collecting feedback: The sites had different approaches to collecting feedback. Active approaches through a person explaining the RTF system and inviting feedback were more effective than passive approaches. Active approaches included reception staff offering the tablets to consumers, consumer advocates spending time at the site and inviting feedback, and clinical staff inviting feedback during individual and group session and in consumers' homes.

Passive approaches included displaying posters and leaving the tablets on pedestals. Some sites asked for information resources to be developed by HDC (simplified pamphlet, diagrammatic resource) that could be used to explain the RTF system.

Tablets were provided to sites for the pilot and a limited number meant that there were not enough tablets to cover all locations within the pilot sites. Pilot sites have indicated a willingness to purchase more tablets for future use.

There was inconsistency in the extent administrative and reception staff offered the tablet to consumers, family/whānau depending on which staff are on duty and their workloads. Reception and administrative staff were not confident to ask for feedback from people they felt were upset and/or angry. Many consumers, family/whānau provided feedback before appointments and there was uncertainty about how often to invite feedback from the same people.

Consumer, family/whānau reactions: Most consumers, family/whānau enjoy using the tablets, though some have difficulty with the technology or language and require explanation from staff. Consumers, family/whānau value the opportunity to record their feedback but want to know how it is used.

Displaying the feedback: In planning the pilot, HDC and the advisory group expected that by the end of the pilot period sites would be displaying feedback results to staff and consumers, family/whānau, and service providers would be starting to use the feedback to contribute to quality improvement.

A major learning from the pilot was that it took longer than they expected to develop feedback questions that were relevant to providers and consumers, family/whānau, to work with service providers to put RTF systems in place and have staff familiar with using them, and for service providers to start to use the feedback. However, the time it takes to embed new systems and make changes is reported in evaluation of other similar projects.

At the time of the evaluation, although feedback was available online sites had generally not been providing feedback to consumers and many staff had not seen feedback. Consumers are enthusiastic about access to results and staff like the idea of providing access, for example through a screen in the clinic waiting area or a poster.

Some of the reasons why the results were not being displayed and used are likely to be addressed thorough the new version of the survey. That is concern that results were not an accurate reflection of their service (too positive) and that the results do not change.

Using the feedback to make changes: At the time of the evaluation, almost all staff reported that no changes had been made as a result of the feedback although some sites had plans to make changes.

The enthusiasm of the pilot sites about the value of receiving feedback and the potential use of the feedback to make changes suggest that the feedback will be used to improve services. However, data need to be more consistently collected and sites need support to know how to use the feedback data as part of a change process. While the core questions are high-level and results unlikely to change rapidly, there is the potential to use the open-ended and site specific optional

questions to track changes in initiatives set up by the sites. Use of the optional questions in this way would confirm the value of the feedback being 'real-time'. Changes to the analytics displayed to include trend data and making raw data available to the sites will also help progress towards sites' use of the feedback data.

Wider roll-out: The Mental Health Commissioner, the advisory group and the pilot site managers support the expansion of the real-time feedback system with 49% of surveyed staff strongly agreeing and 29% agreeing that the feedback system should be expanded to other practices.

HDC and the advisory group have committed to a second phase of the pilot and are working with the Health Quality and Safety Commission and the Ministry of Health to explore ways to support service providers to use feedback in quality improvement.

Overview of recommendations

- **Implementation** – CBG's approach to implementation and training was effective for the pilot sites, however, setting up and maintaining the RTF system requires more ongoing support in staff training, process improvement and IT support.
- **Design** – Establishing a high level core set of questions with a small number of customisable questions provides opportunities for service providers to benchmark themselves against their own service provision over time and against other service providers, while also tracking local issues unique to their service. These core questions should be further refined in consultation with service providers, consumers and family/whānau to ensure they are appropriate, easy to understand and translated to match their use of the languages.
- **Training** – Active promotion of the RTF survey by the counsellor, receptionist or a consumer advocate is the most effective way of obtaining feedback, although increased signage and visual alerts would also improve response. Flexibility is required to meet the different needs of service providers but having a set of guidelines for staff to use would help staff more effectively promote the RTF survey in a consistent manner. Further training for administrative and reception staff about how to engage with consumers, family/whānau who appear angry or upset would facilitate wider coverage of the invitations to provide feedback.
- **Consumer, family/whānau response** – The engagement of consumers and their family/whānau are integral to the success of the project. It was suggested by staff that an effective way to achieve this was to incorporate the feedback survey at the end of each visit until it became the normal process for the consumers, family/whānau and the service provider.
- **Service provider response** – An effective system for feeding the results back to managers and staff demonstrating how the results are being used to make changes to the service are essential in keeping a RTF system going. Although the evaluation found that most service provider staff were positive about the feedback system, collecting feedback was time consuming for some and there is a need for staff to see the results being used or enthusiasm will diminish. Some sites may require additional support and examples of change management processes to use feedback to guide service improvements.
- **Next steps** – The evaluation of the pilot confirms that RTF systems can be effective in collecting feedback from consumers, family/whānau attending mental health and addictions services. There is still some additional development work to fine tune the system and address some of the challenges identified in the evaluation that could be put in place during the second phase of the pilot that has been confirmed as the addition of up to 10 further sites. It is too early to draw conclusions about the effectiveness of the feedback in guiding service improvements.

- **Evaluation** – At the time when the evaluation took place the latest iteration of the questionnaire had just been rolled-out and it was too early to evaluate the extent the feedback results were being used to improve services. There is value in evaluating the next phase of the pilot to examine:
    - The value of feedback in 'real-time' in supporting change
    - The facilitators and barriers to service providers using RTF to support quality improvement.

1. Background

1.1. Real-time feedback systems

There is evidence across the broader health sector of significant benefits from partnerships between health services, health professionals and services users. Such partnerships help increase clinical quality and outcomes, the experience of care, and the business and operations of delivering care.[1] A system that allows consumers, family/whānau to give feedback on the service provided to them will help foster this partnership by increasing consumer participation in their own care and helping to make them partners in the care process.

Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012–2017[2], incorporates the advice in *Blueprint II* which aims to improve mental health and wellbeing in New Zealand. Among its many goals *Blueprint II* aims to help make people and their family/whānau partners in the care process.[3]

Traditional methods of obtaining feedback through paper based surveys are being replaced by electronic methods which have the advantages of better response rates[4] [5] and open the way for gathering and reporting feedback in real-time. For consumers and their family/whānau, use of electronic feedback mechanisms is still seen as a novelty that at least to some extent addresses the problems of consumers feeling over-surveyed.[6]

Real-time feedback (RTF) is particularly useful at a local level in identifying areas of improvement and tracking initiatives put in place to improve the consumer's experience and the experiences of their family/whānau. Electronic feedback systems have been used to provide feedback on individual clinicians and to provide service level feedback. Various forms of real-time feedback have trialled in a number of settings including neonatal units[7], I-track devices used across the NHS Trust in different sites in the UK[8] and in Wales.

Evaluation of the use of real-time feedback has found that the advantages are:

- Staff know that feedback represents the experience of patients within their service
- The ability to focus developments and to track and monitor progress
- Engaging consumers directly in their care.

1.2. The pilot project

The Mental Health Commissioner of the Health and Disability Commission (HDC) has worked with a third party provider, CBG Health Research Limited (CBG), to develop and implement an electronic, real-time system to capture feedback from people interacting with mental health and addiction

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[1] Mental Health Commission. 2012. *Blueprint II: How things need to be.* Wellington: Mental Health Commission.
[2] Ministry of Health. *Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012-2017.* Wellington: Ministry of Health.
[3] Mental Health Commission. 2012. *Blueprint II: How things need to be.* Wellington: Mental Health Commission.
[4] http://www.vmiac.org.au/pub/vmiac-cc/Edan-Consumer%20Satisfaction%20Survey.pdf
[5] https://www.icsi.org/about_icsi/members__sponsors/member_spotlight/members_in_action/healtheast_care_system/
[6] Aladangady N and Negus J. Patient Experience Tracker (PET) survey as measure of quality in the Neonatal Unit. Clinical Risk 2011; 17:88-91
[7] ibid
[8] http://www.imperial.nhs.uk/patients/patient_experience/

services (the RTF system). The pilot has been developed to ensure that the voice of consumers, family/whānau is heard and contributes to quality improvement. The system is initially being piloted in partnership with seven providers:

- Counties Manukau DHB
- Northland DHB
- Odyssey house
- Turuki HealthCare
- Waikato DHB
- Waitemata DHB
- Youth Horizons

The providers represent a range of different organisations, providing an opportunity to pilot the system in different contexts. The sites include Māori and Pacific services, services delivered in residential, outpatient, home-based and community settings and to adults and children. The New Zealand approach also emphasises the importance of inviting feedback from family/whānau.

1.3. The evaluation

The objective of the evaluation is to determine if the pilot has created a mechanism for consumers and their families/whānau to provide feedback on their experiences of interacting with mental health and addiction services that provides meaningful data back to service providers in real time.

Information from the evaluation will inform decisions about national roll-out and any changes that may be required to the 'real-time' systems and processes.

A logic model was developed, based on a review of documents and information from the project advisory group, to provide a conceptual framework for discussing how the RTF system is designed to function and effect change (Figure 1). An evaluation framework was developed to define the evaluation questions, key indicators and sources of evidence for each indicator. An overview of the evaluation framework is provided in Section 10.

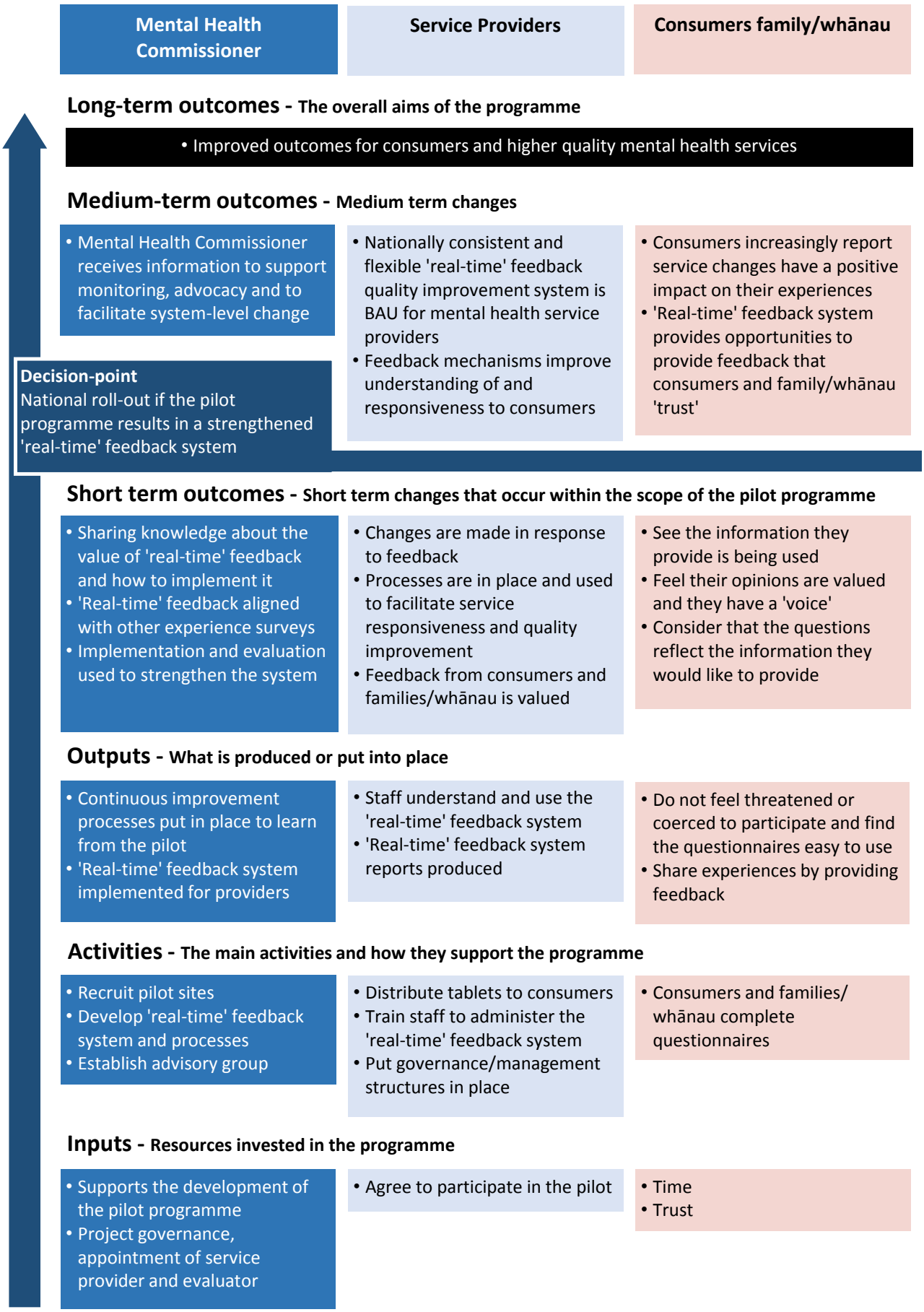


Figure 1: Logic Model

2. Information Sources

Information for the evaluation was sourced from a review of documents including the reports developed by CBG, a visit to each pilot site, interviews with the advisory group, service provider teams and consumers, family and whānau, from an online survey of service providers, and from an additional question added to the RTF questionnaire. Most of the information for the evaluation was obtained in September and October 2014 at the end of the planned timing for the pilot.

2.1. The additional question included in the feedback tool

The following additional question was added to the feedback tool to capture consumer, family/whānau views about the feedback questions.

Did the questions in this survey cover things about the service that are important to you?

Yes completely – some things – not really – not at all

Those responding some things, not really or not at all were also asked: *What else would you like to have been asked about?*

2.2. Site visits

Researchers visited each provider for one day. The site visits were used to interview site managers, conduct a focus group interview with site teams, observe the way the site collected feedback using the RTF system and where possible to interview consumers, family/whānau.

In practice, 24 consumers, family/whānau were interviewed. The number was limited by differences in the way the sites were using the feedback system:

- At some sites the feedback system was not functioning
- Some services collected feedback by taking the tool to offsite visits and clinics so evaluators could not observe the tool being used or engage with consumers, family/whānau
- The tablets were displayed but not actively promoted – in which case the evaluator explained the tool and asked about each person's thoughts as they completed the questions.

2.3. Interviews and focus groups

Interviews were an important source of qualitative information about the feedback system and were completed with:

- Advisory group members and CBG at the start of the evaluation period to gain an understanding of the RTF system, stakeholders' expectations of what would be achieved and potential risks
- Pilot site managers at the end of the pilot.

Focus groups were completed with pilot site teams at the end of the pilot.

2.4. Online survey of pilot site teams

An online survey of all pilot site staff provided information about their attitudes and experiences. The survey was completed by 49 people in different roles in the organisations.

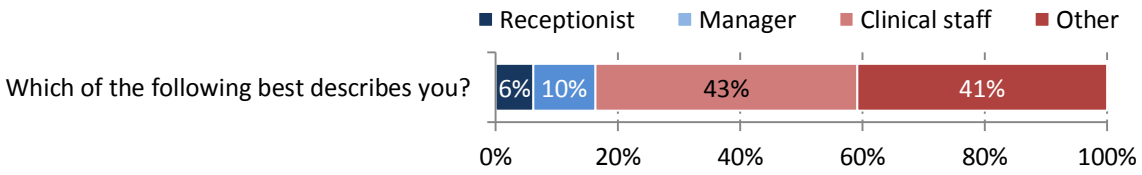


Figure 2: Survey respondents' descriptions of their roles

3. Project governance and management

The RTF pilot programme was developed with the support of an advisory group. The advisory group comprised 13 members plus the Mental Health Commissioner who chaired the meetings. Representation included:

- HDC staff and administrator
- Mental health clinicians and service provider managers, including representation from the pilot sites
- Consumer consultant/advisor
- Family/whānau advisors
- IT subject matter expert
- The Ministry of Health
- The Health Quality and Safety Commission (HQSC).

Advisory group meetings were also attended by CBG and the evaluators.

Advisory group meetings were consistently attended by approximately two-thirds of members with those unable to attend frequently providing input by email. Monthly meetings were seen as about the right frequency to:

> *Prevent a loss of focus, even though it is a time consuming commitment (advisory group member).*

Advisory group members were committed to the project.

> *This is the most important project happening in mental health at the moment (advisory group member).*

Members considered meetings were chaired effectively and that they had opportunities to express their views. Discussion amongst members was important in developing the RTF approach by bringing different perspectives and knowledge to the development of the system.

> *It's a great advisory group….most have an emotive and personal attachment….they really want to see people with mental health issues having a voice (advisory group member).*

> *There is enough differing opinion to provoke good discussion and there are not polarized opposites. The group is balanced (advisory group member).*

The focus of the advisory group was on developing the questions and setting up the RTF system. Supporting service providers to use the feedback to make changes was out of scope for the pilot. However, subsequently the advisory group has agreed to keep meeting and to discuss how the RTF system can be used to support change. Discussions about how to support service providers to make changes are also planned with the HQSC and the Ministry of Health.

Recommendation:

Although some service provider organisations have established quality improvement processes others will need support to use the RTF findings to makes changes. The advisory group will take an ongoing role in supporting that process to avoid the risk of feedback not being used.

4. Setting up the system

Participation in the pilot	• A RTF system has been developed and is being used to collect feedback from consumers, families/whānau at each of the seven pilot sites. • As at 28 September 2014, 1,721 consumers, family/whānau had completed the feedback questions. • A major achievement of the pilot is that the seven service providers who took part in the pilot are positive about the potential value of a RTF system in improving the quality of the services they provide to consumers, family/whānau. Following the end of the pilot period, all seven sites will continue using the RTF system to collect feedback and are committed to developing ways to use feedback to improve their services.
Setting up the system	• Feedback is collected through an online survey with consumers, families/ whānau providing their feedback by completing questions on a portable tablet. • Wifi connectivity is required to upload the data in 'real-time' to the server. Pilot sites considered that they had had the support they required from HDC and CBG. Linking to wifi and local IT issues have been a challenge for the pilot and highlight the need for local IT teams to be involved at the start in setting up the RTF system in new sites. • At some sites when something went wrong the tablet sat unused until someone with expertise in setting it up became available.

By the end of the pilot period RTF has been implemented as an online system where data are collected from consumers, families/whānau using tablets (Samsung Galaxy Tab 3). Seven pilot sites are participating in the real-time feedback pilot using thirty-six devices. As at 28 September 2014, 1,721 service users or their family/whānau had provided feedback using the RTF system.

CBG have worked with the sites to set up systems, train staff and raise awareness of the system and how to use it, refine the questions, and monitor and present summary information from the surveys. Setting up the system included initial consultation visits to the pilot sites to talk with service providers and consumers, visits to review each site's progress and to identify any issues, and two workshops where sites could share information. CBG considered the initial visits to the sites were:

> *Instrumental in generating enthusiasm and starting the planning process (CBG)*[9]

CBG were available to help the pilot sites troubleshoot problems. The most common problems CBG identified and responded to at the pilot sites were:

- Limited access to Wifi – all but one of the pilot sites reported some problems connecting to Wifi and as a result some were uploading results periodically rather than in 'real-time'
- Availability of support from the service provider IT teams

  Other feedback is that this project has not been supported by our IT team and this has been a real gap in the development and in getting the new versions of the survey onto tablets. I think it would help organisations if the IT team is part of the project implementation (service provider manager).

At the time of the evaluation site visits some tablets were unavailable (non-responsive, on the task manager screen or missing) and at other sites staff had problems connecting the tablets to Wifi to update data. Despite these challenges, service providers felt that CBG were responsive to their needs. Any ongoing issues were attributed to the limitations of the providers' own IT systems and connectivity.

[9] CBG Health Research Limited. Real time feedback system pilot for people using mental health and addiction services. Final pilot report. September 2014.

The challenges identified in the pilot are consistent with those reported in evaluation of setting up RTF systems in other locations. Namely:

- Initial resistance of staff
- Frequent breakdown of the device
- Initial failure of live updating
- Selection of appropriate questions.[10]

In the survey, few staff identified problems in integrating the system with their practice and the majority felt the training met their needs and that they were supported in using the real-time feedback system (Figure 3). However, 32% felt their workload had increased as a result of the feedback system (37% neither agreed nor disagreed and 36% disagreed that there had been any increase to their workload as a result of the system).

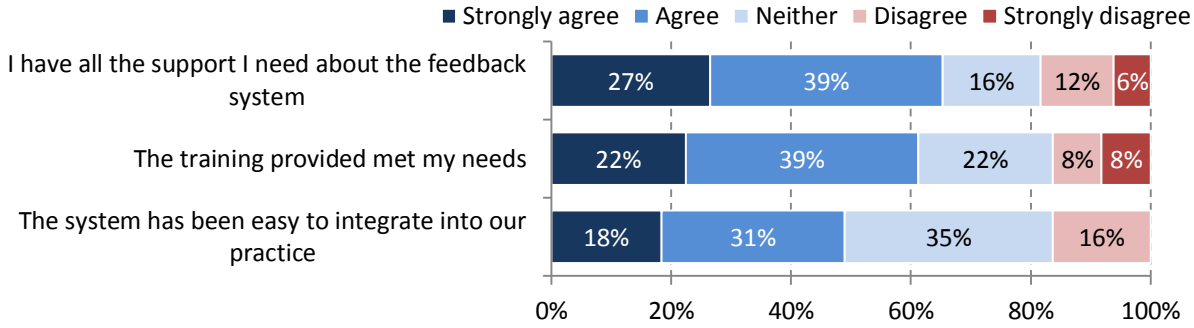


Figure 3: Online survey respondent agreement with statements about system support (n=49)

Recommendations:

CBGs approach to training was effective for the pilot sites and staff felt that the training was adequate. However, problems observed during the site visits suggest the need for more training for the administrative or reception staff who may be the first point of call for consumers, family/whānau identifying problems.

Setting up and maintaining the RTF system requires some ongoing support. As the RTF pilot ends, consideration needs to be given to how ongoing IT support will be provided to the pilot sites and to new sites setting up RTF. Initial and ongoing engagement with the sites internal IT teams may need to be a prerequisite for setting up RTF although alternatives may need to be found for smaller service providers who do not have internal IT support.

[10] Aladangady N and Negus J. Patient Experience Tracker (PET) survey as measure of quality in the Neonatal Unit. Clinical Risk 2011; 17:88-91

5. The questions

Developing the questions	• Service providers and consumers, family/whānau were consulted about the question content and format and a first version of the questions developed and piloted. • Two subsequent versions of the questions were developed in response to feedback on earlier versions. The third and current version was rolled out just prior to the evaluation and included simplified questions, translation into the main languages used at the service provider sites, and optional site specific questions. • Consumers like the simplicity of the 'smiley-face' response options and the short length of the survey. • Although welcomed, the language of the translation (too formal and at a higher literacy level) was not quite right for some service users. • Other specific concerns raised by service provider staff at the time of the evaluation may reflect a lack of familiarity with the latest version of the survey. Some sites also requested further customisation of the questions to their site such as not using the word consumer.

CBG and the advisory group developed the real-time feedback questions based on a literature review undertaken by CBG and work already completed by the Ministry of Health and the HQSC. The Advisory Group discussed the advantages and disadvantages of alignment with the Ministry of health national survey and the HQSC adult inpatient survey and it was agreed that the HQSC set of questions (based on the Picker Institute questions) should be used as a starting point.[11] CBG consulted with consumers and service providers on an initial set of five questions. The first version of the questions was loaded onto the tablets and available to all sites from 28 April 2014.

A second version was developed and released on 17 June 2014. Changes were based on visits to each site and discussions with the sites about the RTF processes and the questions. Changes included:

- Questions identifying if the respondent was a consumer or family/whānau
- The additional evaluation question
- A missing core question
- Adjusted text instruction.

After the pilot sites used this version they were each visited by CBG and a workshop was held to review the questions. The identified changes were made to implement a third version of the survey on 1 August 2014. Version three of the questions is appended (Appendix One). Changes from version two included:

- **Translations:** Translations of the questions to six languages. Interviewed consumers, family/whānau and staff were positive about having translations. However, some commented that the translations were in a 'formal' version of the language and not the more colloquial or simpler versions that were often more familiar to consumers, family/whānau.

  I heard people say that they found it good to have the different preferred language options (service provider)

- **The option of site specific questions:** Six of the seven pilot sites took up the option to include some site specific questions. Additional questions covered topics such as the specific service the consumer attended, questions about respect for consumers' cultural beliefs and

[11] Advisory Group Minutes March 2014

knowledge, length of time with the services, outcomes and process measures such as waiting times.

- **Reporting:** Refinement of the analytics that could be accessed by the sites to provide trend data.

5.1. Consumer, family/whānau views on the questions

Most consumers, family/whānau considered that the RTF questions covered at least some things that were important to them, including 61% who felt the questions completely covered the things that were important to them (Figure 4). Changes made between versions two and three of the RTF questions resulted in a slight increase in the number of people responding to the survey who felt that the questions covered things about the service that were important to them.

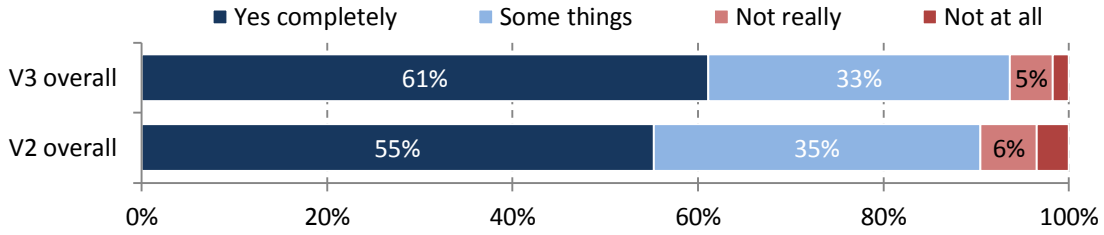


Figure 4: Consumers, family/whānau views on the extent the feedback questions captured things that are important to them (n=346 for version 2 and n=283 for version 3).

There were some differences in consumers, family/whānau views across the seven pilot sites. The proportion who felt the version three questions completely captured the things that were important to them ranged from 93% to 44%.

5.2. Service provider views on the questions

The survey of providers was timed to allow version three to be rolled out to sites. Although most surveyed staff (82%) were aware that there had been changes to the questions, the extent to which they were familiar with the new questions was not clear. While staff feedback was generally positive, survey and interview responses suggested the revised questions still did not completely meet the needs of staff (Figure 5). While one-third (35%) of staff felt their feedback had been completely taken into account in developing the new version of the tool, 43% felt only some things had been taken into account and 10% felt their views had not really been considered.

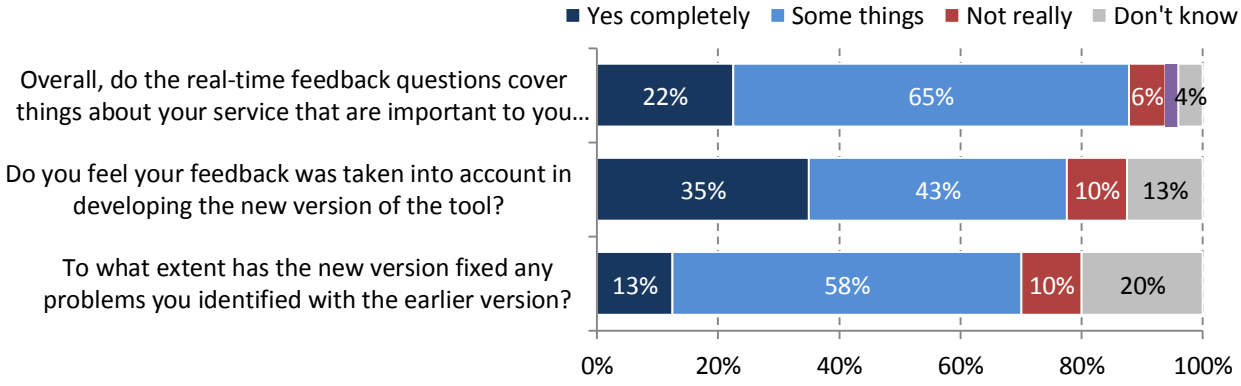


Figure 5: Online survey respondents' views on the real-time feedback questions (n=49)

Although staff views were considered in developing and modifying the questions it is difficult to develop a core set of questions that will take all views into account. In interviews, staff explained that they needed more information that was specific to their service and more detail to understand

the reasons for consumers, family/whānau satisfaction or dissatisfaction. The addition of optional questions for each site may meet the differing needs of the sites.

Some staff felt that the questions were still too difficult for some consumers, family/whānau. Slightly more than half the survey respondents said they had to explain the meaning of the RTF questions to people (Figure 6). In interviews staff explained that the explanatory text at the beginning of the survey could put people off because it was 'wordy' and difficult to understand.

> *The questions are complicated and often as a therapist I have to translate the questions making them easier to understand (service provider).*
>
> *More user friendly with children and young people with the questions, they loved the faces but not the questions, it was too hard for them to understand (service provider).*

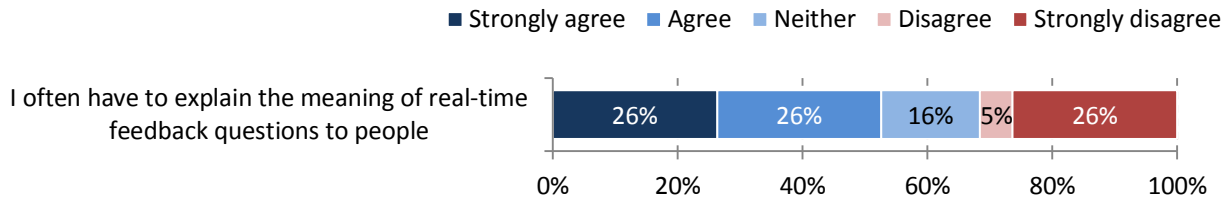


Figure 6: The proportion of survey respondents who reported having to explain the meaning of the RTF questions (n=38, excludes those who did not distribute the tablet to consumers, family/whānau)

In response to the survey, service providers commented about how they would like to improve the questions. As noted previously some of the suggested changes have already made in the third iteration of the questionnaire:

- Continue to develop questions to more effectively capture the views of consumers, family/whānau

  … The current questions appear very 'service led' (service provider).

- Language and terminology

  Most of them struggle with the word 'consumer' stating that it is not a positive client description (service provider).

- To improve the ease of completion for consumers, family/whānau

  There are two questions where they type answers, I think it's easier to understand if multiple choices are provided so they can click that is applicable to them. (My experience in working with teen parents or teen clients). I like the questions to focus more on strength base for example 'how can we improve to help you better?' Instead of 'what you didn't like' (service provider).

- Optional questions that could be 'dynamic' and changed to:
  - Monitor service changes

  The ability to ask a question that is pertinent to a health issue/trend or DHB issue such as if services are going to move premises. To ask the consumers what impact that would have on them and their family. So the ability to put in a question when we would like feedback (service provider).

  - Incorporate other survey questions used either by the service or from the Ministry of Health as some reported a problem with having to ask consumers, family/whānau to complete electronic and paper based questionnaires.
- Questions to identify which of the provider's services a consumer attended (which has been added as an optional question for some sites)

I would like a question which stipulates what service the client is a user of. In the family and friends survey it was fine but not for the mental health specific one. I am ferrying a tablet getting information from clients with different surveys and I want the results to able to be separated by service (service provider).

- Collecting information about specific topics to inform service provision:

  More qualitative questions about perceptions of family/whānau inclusion, questions around social inclusion; help to find work/support with benefits /and good housing; physical health concerns (service provider).

  [Other questions could include] The limits of confidentiality have been explained to me. The staff understands the kind of help/support/information I want. I have had help to identify clear goals. The staff are helping me achieve my goals. I feel that the staff are knowledgeable about alcohol and drug issues. Where did you find out about our service? (service provider).

The option of adding additional questions is one approach to customising the survey for individual providers. Staff were generally positive about wanting to be able to add extra questions with 43% of surveyed staff agreeing that would be useful (27% did not agree and 31% did not know).

Recommendations:

There are advantages in retaining a core set of questions but the questions must be seen as useful by service providers. A high level core set of questions provides opportunities for service providers to benchmark themselves against their own service provision over time and against other service providers. Benchmarking against other providers will over time require services to be grouped for example by consumer group (adult, child) or type of service (outpatient, residential) to maximise the value of benchmarking for service providers.

Further review of the questions may be helpful prior to expanding the pilot to new sites. Options include:

- Cognitive review of the questions with a sample of consumers, family/whānau to explore in-depth their understanding and responses to the questions.
- Consideration about whether individual services can slightly modify the wording of the questions for their consumer group e.g. replacing the word consumer.
- Further consultation with providers about the wording of the core questions.
- Review of the translations with consumers, family/whānau to ensure translations are closer to the language they use.
- Exploring the potential to use software that 'reads' the survey e.g. software available for the visually impaired.
- Exploring options for integrating the questions with other forms the service uses – ideally electronic integration. This option is already planned at one site.
- Simplifying the RFT system by moving some of the explanatory text from the tablet and onto information posters or brochures that are displayed or provided to consumers, family/whānau.
- Continuing to give service providers the option of adding additional service specific questions and for the addition of these to be easy to allow dynamic tracking of service changes.

6. Implementing Real-time Feedback: Service Provider Experiences

Collecting feedback	• The sites had different approaches to collecting feedback. • Active approaches through a person explaining the RTF system and inviting feedback were more effective than passive approaches. Active approaches included reception staff offering the tablets to consumers, consumer advocates spending time at the site and inviting feedback, and clinical staff inviting feedback during individual and group session and in consumers' homes. • Passiv eapproaches included displaying posters and leaving the tablets on pedestals. Some sites asked for information resources to be developed by HDC (simplified pamphlet, diagrammatic resource) that could be used to explain the RTF system. • Tablets were provided to sites for the pilot and a limited number meant that there were not enough tablets to cover all locations within the pilot sites. Pilot sites have indicated a willingness to purchase more tablets for future use. • There was inconsistency in the extent administrative and reception staff offered the tablet to consumers, family/whānau depending on which staff are on duty and their workloads. Reception and administrative staff were not confident to ask for feedback from people they felt were upset and/or angry. Many consumers, family/whānau provided feedback before appointments and there was uncertainty about how often to invite feedback from the same people.

6.1. Access to tablets

The tablets were seen as an effective way of collecting feedback because of the novelty, ease of use and interest value for consumers, family/whānau.

> *The word 'survey or feedback' describes an uninteresting chore. The Ipad introduces curiosity and the simplicity of the wording holds the attention needed to complete this feedback within minutes (service provider).*

However, access to tablets was problematic at some sites because:

- There were not enough tablets in the pilot to have one available at all locations within the site so tablets were rotated among locations.
- Tablets were missing or damaged reducing the number available for consumers, family/whānau to use (Figure 7). Administrative staff felt responsible for safeguarding the tablets. When they were damaged or went missing administrative staff felt responsible and felt that they had to spend more time watching consumers, family/whānau to make sure that additional tablets did not go missing. When that extra time was not available, staff did not offer the tablets to consumers, family/whānau.

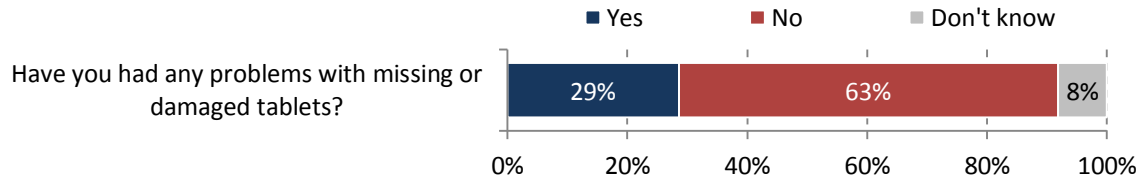


Figure 7: Staff reporting problems with missing or damaged tablets (n=49)

Fixing the tablets to a stand was used at one provider site but while this improved security it also reduced the flexibility to take the tablet to group sessions and home visits. At the provider workshop, providers were told that inexpensive tablets were available and many providers noted their intention to purchase additional tablets to improve access to the tablets and reduce administrative staff concerns about tablets going missing or being damaged.

6.2. Collecting feedback

The pilot sites collected feedback in different ways. Some took the tablets to clinics and home visits, some had the tablets displayed with information about the RTF system and at others administrative staff invited consumers, family/whānau to complete the real-time feedback questions. Different strategies to collecting information are appropriate to fit in with the different ways the pilot sites provided services. However, at the site visits it was evident that active distribution of tablets by a person explaining the real-time feedback and offering consumers the opportunity to provide it was more effective than displaying the tablets. At one site consumer advocates had been inviting consumers to provide feedback and this approach had been effective though resource intensive.

> *Clients will not fill it out if it is just left in reception, you have to actually ask them to fill it out (service provider).*

The effectiveness of active invitation to provide feedback as compared with passive approaches is consistent with other research on collecting consumer feedback. For example, in a study where consumer response rates were compared between active and passive invitation to provide feedback, the response rate for those who were invited to provide feedback by the service provider or staff was 78% and for undirected consumers it was 38%.[12]

Surveyed staff generally invited consumers or their family/whānau to complete the survey. Approximately one-half said they invited other people with the consumers. There were no data available to calculate the response rates. However, three-quarters of surveyed staff felt that many, most or all consumers provided feedback but fewer felt that feedback was provided by family/whānau and very few that feedback was provided by others with the consumer (Figure 8).

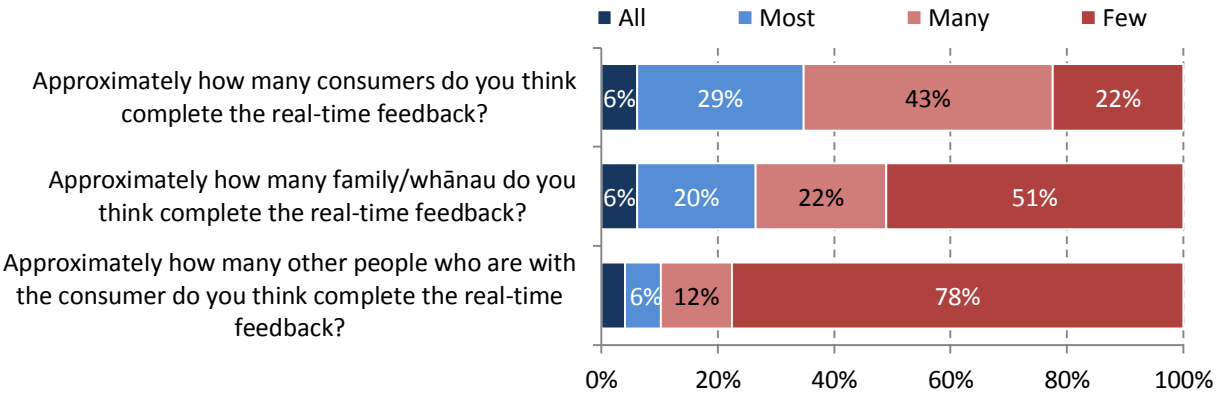


Figure 8: Survey respondents' perceptions of response rates (n=49)

Feedback was requested at different times with fewer than half the surveyed respondents reporting that feedback was obtained after the appointment (Figure 9). Feedback obtained prior to the appointment that feedback will reflect previous experiences.

There were differing opinions within the advisory group about how often to collect feedback from consumers, family/whānau with some recommending the opportunity to provide feedback after each contact and others only when there has been a change.

[12] DiRocco DN, Day SC. Obtaining patient feedback at point of service using electronic kiosks. AM J Manag Care. 2011; 17 (7):e270-e276.

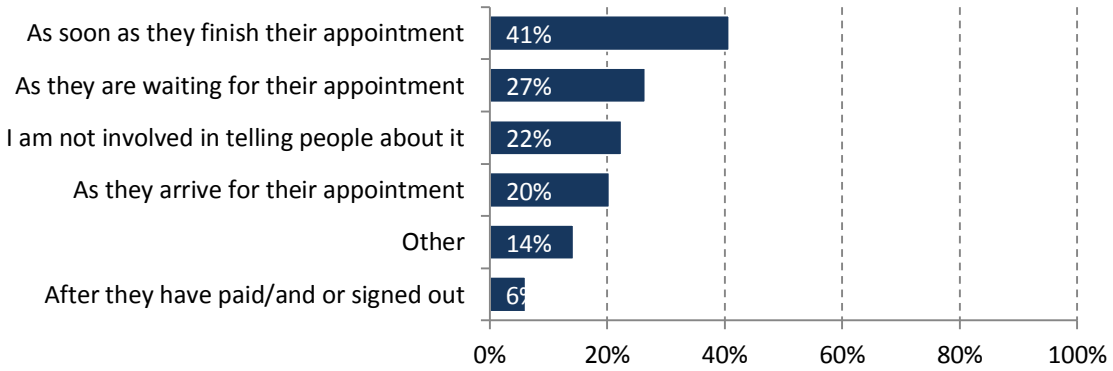


Figure 9: Survey respondents' reports of when feedback is sought (n=49)

Approximately one-third of service providers responding to the survey reported that there were times when they did not invite consumers, family/whānau to provide feedback (Figure 10).

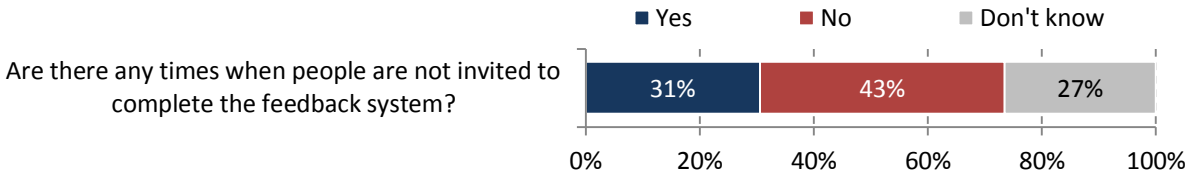


Figure 10: Survey respondents' views on whether all people are invited to complete the feedback system (n=49)

The reasons they provided for not inviting consumers, family/whānau to provide feedback were:

- They forgot
- They considered the client too unwell or upset

  I don't impede feedback when whānau is in crisis, or not in right space to accept survey. However I choose to suggest the feedback when they are in better space. I encourage to reflect on previous experience to capture feedback (service provider).

  If the client is too unwell to complete the survey (service provider).
- They were too busy
- The client had provided feedback previously

  Not appropriate at that point in time i.e. overwhelmed family/conflict happening as session ends/short of time/if the survey hasn't been updated and the whānau gave feedback about it previously (service provider).
- They thought the client was too young or not able to read

  The age of the consumer or family member. Some are too young to understand or just want to be 'silly' with it (service provider).
- The client was a first-time client

  If the client is coming into our service for the first time (service provider).

In discussion, some staff commented that they did not know how frequently to invite consumers, family/whānau to provide feedback. Based on discussions with service provider staff, CBG reported that the overview nature of the questions may be one reason why some staff did not want to ask consumers for feedback more than once as their answers to these questions were less likely to change.[13]

[13] CBG Second qualitative report

Not all consumers, family/whānau want to provide feedback and 50% of staff who invited consumers, family/whānau to complete the survey said people had told them they did not want to provide feedback (Figure 11).

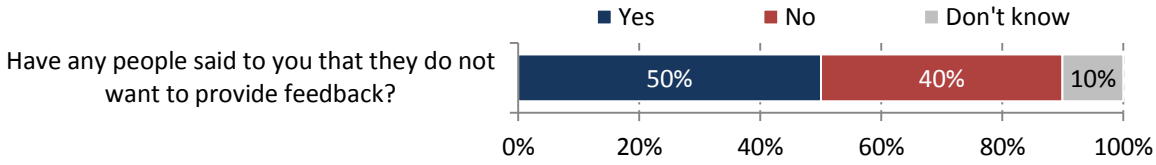


Figure 11: The proportion of survey respondents who said people did not want to provide feedback (n=49)

In interviews, service provider staff reported the reasons consumers, family/whānau did not want to provide feedback. They were similar to the reasons staff gave for not wanting to ask for feedback:

- They were too busy
- They were too angry or distressed

  Only had one or two. Sometimes because they are too distressed to fill out anything, one because he did not care about the survey, some because they didn't have time (service provider).

- They had just completed the paper survey

  Overwhelmed with feedback tools currently used and the survey is in addition (service provider).

  Our service requires clients to give regular feedback. Some clients are not interested in the 'extra work' (service provider).

- The language in the first question put them off.

Despite some consumers, family/whānau not wanting to provide feedback, few survey respondents reported receiving complaints from people about the RTF (Figure 12).

Some of the reasons service providers said their workload was increased may be related to the need to help people complete the RTF questions or to explain the meaning of the questions.

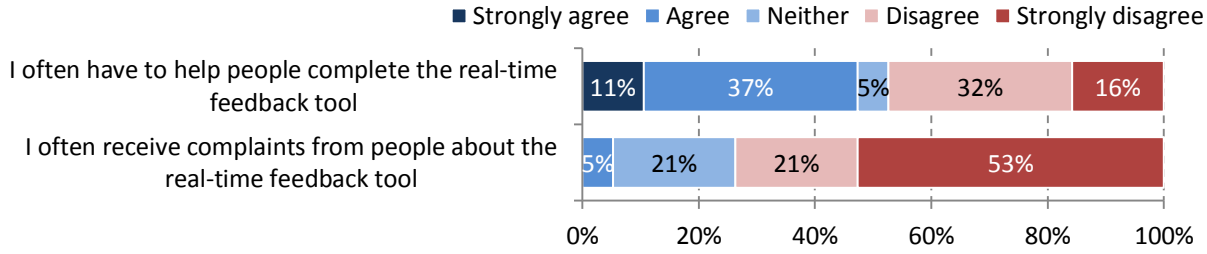


Figure 12: Survey respondents' reports of complaints and assistance they provide (n=37-39 after removing those not involved in inviting feedback)

Recommendations:

Active promotion of the 'real-time' feedback survey by the counsellor, receptionist or a consumer advocate is the most effective way of obtaining feedback. The potential for developing posters and other information to promote completion of the survey may assist in responses but a person inviting feedback appears to be more effective than any other means. There is a need to discuss how to meet the need for privacy for consumers, family/whānau completing the real-time feedback questions while also providing support and explanation about how to use the tablets and to explain the questions.

Staff are uncertain about aspects of their role in inviting consumers, family/whānau to provide feedback. The advisory group could work with service providers to agree flexible guidelines that could be provided as part of the initial training and would be available for new staff to reference. Flexibility is required to meet the different needs of service providers but having a set of guidelines would assist in consistency. Topics to include in the guidelines are:

- Who to invite to provide feedback - Whether there are there times when it is inappropriate for administrative staff to offer the opportunity to provide feedback or whether all consumers, family/whānau should have the opportunity to provide feedback.
- How to invite feedback – administrative staff may require training about how to approach consumers, family/whānau who are upset or angry.
- When to invite feedback (before or after the consultation) – obtaining feedback prior to an appointment does not represent real-time feedback.
- How often to ask for feedback – and whether it is important to know whether feedback is being provided after a first visit or after subsequent visits.

7. Implementing Real-time Feedback: Consumer, Families/Whānau Experiences

Consumer, family/ whānau reactions	• Most enjoy using the tablets, though some have difficulty with the technology or language and require explanation from staff. • Consumers, family/whānau value the opportunity to record their feedback but want to know how it is used.
Access to results for consumers	• No sites have yet provided access to results for consumers • All of the site staff like the idea of providing access, for example through a screen in the clinic waiting area or a poster • Consumers were enthusiastic about access to results • Those at the residential site wanted a presentation of the results and the actions that had been taken in response • Other site consumers suggested posters with some key facts as a possible option

7.1. Consumer, family/whānau participation in developing the real-time feedback process

Consumers, family/whānau contributed to the development of the RTF questions. CBG sought feedback through site visits to the service providers. Service providers organised focus groups with consumers, family/whānau to discuss the questions. However, there was some time pressure to complete this phase of the project and CBG reported that in retrospect having more time to consult with consumers, family/whānau about questionnaire development would have been an advantage. As well as seeking feedback, approaches such as cognitive testing of the questions with consumers, family/whānau of different ages and with different literacy levels may have helped refine the questions.

7.2. Consumer and family/whānau participation in the evaluation

As part of the pilot site visits, 24 consumers and family/whānau were interviewed in person after they completed the RTF questions to obtain their feedback on the survey.

7.3. Consumer, family/whānau reactions

Consumers, family/whānau who were asked to complete the survey were generally positive and enjoyed using the tablets. This is consistent with service providers reporting few complaints.

> *It's a good idea, as a consumer we deserve to have a say and having an opportunity is cool (consumer).*
>
> *It's a really good idea to involve consumers (consumer).*

Some consumers, family/whānau commented that they appreciated anonymity.

> *Nobody was watching what I was doing so I could say what I wanted (consumer).*
>
> *No one was peeping over my shoulder watching what I entered (consumer).*

7.4. Family/whānau

Little information was available about the views of family/whānau as during the site visit there were limited opportunities to talk with family/whānau. One provider suggested that a separate version of the real-time tool would be useful to target family/whānau.

> *It's definitely a good idea for whānau, things I'd like them to know and progress (service provider).*

It would also be useful to have a version that specifically targeted family/whānau supporters and how their needs are being met (service provider).

They don't get to hear their voice (service provider).

7.5. Using the information

Right from the start of the pilot programme the HDC recognised the need to:

Provide information back to the public to show them what is happening and how it is being used (advisory group).

Although tables summarising feedback responses were available online, at the end of the pilot 72% of staff responding to the survey said results were not displayed where consumers, family/whānau could see them and 20% did not know (Figure 13).

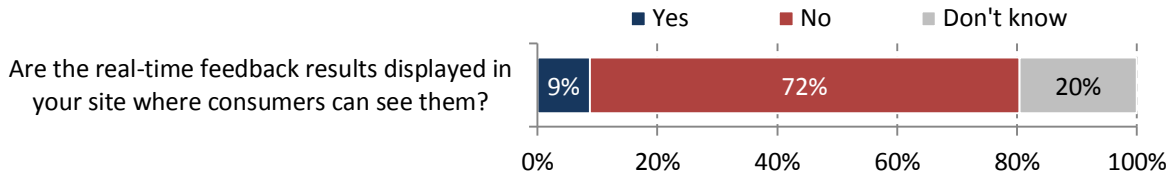


Figure 13: Survey respondents' reports about results displayed for consumers, family/whānau (n=46).

Some consumers, family/whānau who were interviewed were indifferent about seeing the results:

I haven't seen any feedback from other people, but I'd assume we'd all be saying similar things (consumer).

Others were enthusiastic about seeing the feedback and seeing how services had changed in response. Consumers at one facility would like staff to present the results to them and talk about the changes they were making.

I haven't seen any results yet but I'm interested to see results and what others think (consumer).

Recommendations:

Service providers saw engagement with consumers, family/whānau as integral to the success of the project. Development of clear guidelines for sites to use in when and how to offer the survey to consumers, family/whānau could improve the consistency of RTF and quality of the information. Staff suggested that an effective way to achieve this was to incorporate the feedback survey at the end of each visit until it became the normal process for both the consumer, family/whānau and the service provider. Doing this effectively could require the involvement of clinicians.

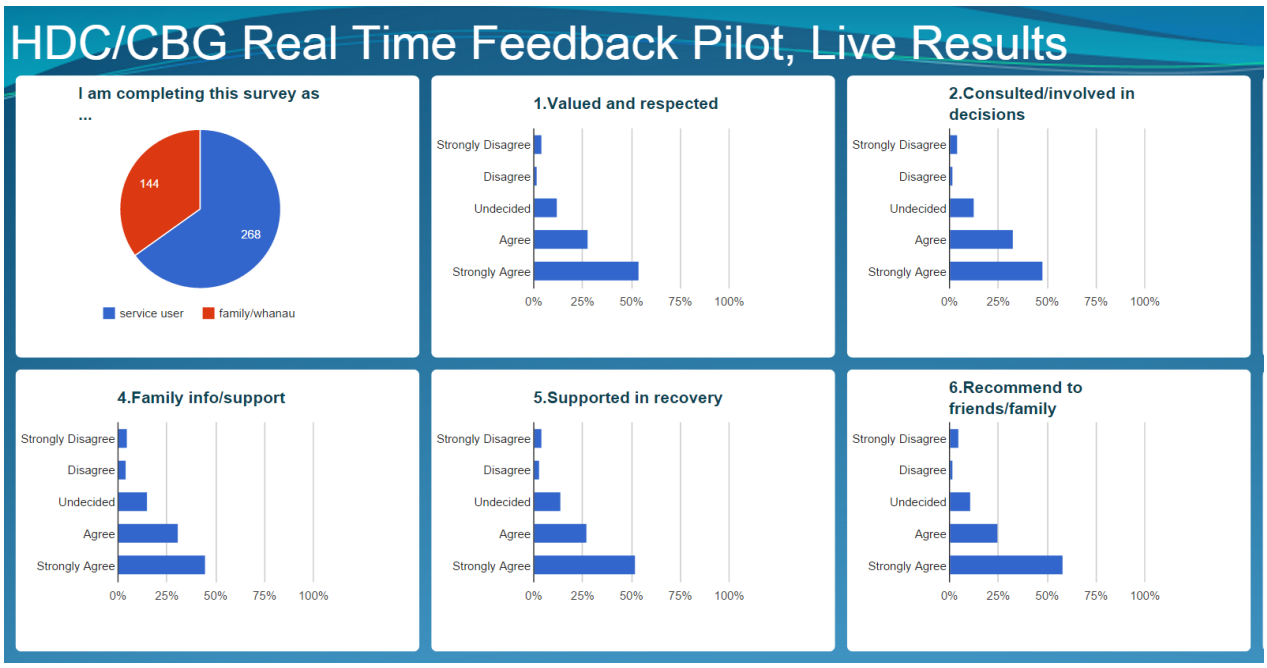
Staff suggested other ways to increase consumer, family/whānau participation including making the survey more accessible (e.g. larger signs and dedicated podiums for the survey), displaying the results for the consumers and providing regular updates on what changes had been made as a result of their feedback.

8. Making Changes

Displaying the feedback	• At the time of the evaluation, although feedback was available online sites had generally not been providing feedback to consumers and many staff had not seen feedback. • Some of the reasons why the results were not being displayed and used are likely to be addressed thorough the new version of the survey. That is concern that results were not an accurate reflection of their service (too positive) and that the results do not change.
Staff attitudes	• Staff see the potential value of the results • Staff are generally positive and want to continue using the system • Staff can see the advantages but have not yet had the opportunity to start using the results as many have not seen or do not like the current reporting because it does not contain enough specific, actionable feedback
Using the feedback to make changes	• There was variation in staff access to results • One site did not believe the results were an accurate reflection of their service (too positive) so had not distributed results • Staff at some sites had accessed the results once but had not revisited them as they never changed • Results had been used for internal reporting at some sites, for example to governance • One suggestion was a generic site login not linked to an individual as some staff felt odd about using another staff member's login • Once reports showed change and compared services, the reports could be used to encourage competition between services

8.1. Access to results for staff

Results are updated every minute on the real-time feedback system: www.patientexperiencesurvey.co.nz. A screen shot of a sample of the display is provided below:



Site managers were not actively promoting access to the results and one had withheld the data from staff because of concerns that the information provided in the analytics would undermine the credibility of the RTF system and reduce staff engagement. In response to the survey, 88% of staff said results were not displayed where staff could see them and 13% said they did not know.

However, most staff were positive about the potential of the RTF results in helping them to improve the service they offered to consumers.

> *For our clinic it was a great opportunity to engage with our patients post their visit with the nurse or doctor and find out how well we did meet their requirements (service provider).*

Staff saw the open-ended questions as a potential source of rich data. Managers and staff wanted to see the full text of the open-ended comments. They felt that information would be powerful in understanding what they could improve in their services.

> *I feel often its people writing in or voicing their opinion directly that makes the actual impact on service design and delivery but that is quite difficult for our young consumers to do unless there has been a huge mishap and a complaint is made (service provider).*

There are however challenges in both collecting and using open-ended data. Collecting data can be more difficult for consumers, family/whānau with English as a second language and with limited literacy. Providing full-text comments raises privacy challenges where staff or consumers, family/whānau are identifiable. There may also be challenges in interpreting open-ended comments where one comment is given undue emphasis or taken out of context.

Sentiment analysis is an approach to using open-ended comments that is being used in some international sites. Sentiment analysis uses patterns among words to classify a comment into a complaint, or praise. It further classifies complaints into specific reasons for dissatisfaction.[14] The RTF system pilot trialled the use of word clouds to balance information and privacy but these were not seen as useful by service providers who found it too difficult to interpret the important themes from the word clouds.

> *It would be enormously helpful if we could access the comments directly rather than a cluster of words that don't mean much without the context - so the word is RESPECT is large - that doesn't tell us anything: how many people used the word in their comments and who's to say their comment was positive? Providing the info to us that way makes a mockery of asking clients for comments - and minimises their voice as what they say is never heard - it is diluted in a pool of meaningless words. As a client if I knew that's how my feedback was used I wouldn't bother making any comments - what's the point if no-one in the service reads what I said? (service provider).*

All service providers have agreed to trial having access to the full comments with the removal of names before results are released to staff. One advisory group member emphasised the need for staff to also see the positive comments and that the RTF system is also a vehicle for consumers, family/whānau to provide positive comments.

8.2. Interpreting the data

Sites had differing levels of access to internal capability to analyse the raw data. Some wanted access to the raw data so they could complete their own analyses.

> *We need more tablets and more results (raw data is helpful for me to make the reports I want) (service provider).*

Trend data has recently been added to the analytics displayed for each site. It was too early to obtain feedback about how useful the trend data will be. Some service providers noted the need for guidance on interpreting the trends.

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[14] Alemi F, Torii M, Clementz L, Aron DC. Feasibility of Real-Time Satisfaction Surveys Through Automated Analysis of Patients' Unstructured Comments and Sentiments. Q Manage Health Care. 21; 1:9-`9.

[We] need accurate 'clinical and statistical significance' guidelines to let staff know when to take action and when not to (service provider manager).

8.3. Making changes

The pilot focussed on setting up the RTF system to collect and report data. Strategies to support service providers to use the information were out of scope for the pilot. Nevertheless, seeing the feedback being used is an essential next step. HDC and the advisory group have committed to a second phase of the pilot and are working with the Health Quality and Safety Commission and the Ministry of Health to explore ways to support service providers to use feedback in quality improvement.

Managers and many service provider staff are positive about the potential of feedback to help them meet the needs of the people who use their service and to increase the quality of care (Figure 14). However, at this stage in the pilot the focus is still on collecting the data and the usefulness of the data to service providers and to identifying areas of improvement has not been realised.

What we have achieved is a shift in culture amongst staff about the value of direct feedback from service users to inform their practice. At the beginning of the pilot there was ambivalence from some staff around the value of this initiative and some staff expressed nervousness around the content of what would be feedback. Pleased to see that these attitudes are changing and there is enthusiasm growing and an increasing acceptance that on-going feedback is valuable to reflective and responsive practitioners / services (service provider manager).

A good system and potentially very useful. [We] need to support staff to promote and invite participation as a matter of course definitely need a dashboard to report results and promote change in attitudes to patient family participation. The technology itself has been readily accepted (service provider).

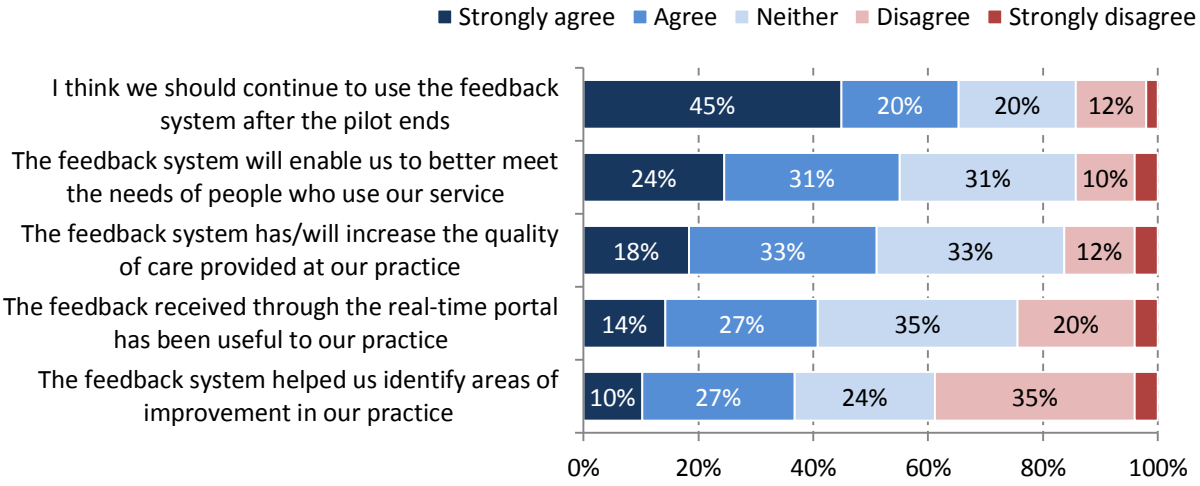

Figure 14: Survey respondents' reports about results displayed for consumers (n=46).

Of the staff responding to the survey few agreed (2% strongly agreed and 10% agreed) that the RTF system had changed the way they practice (Figure 15).

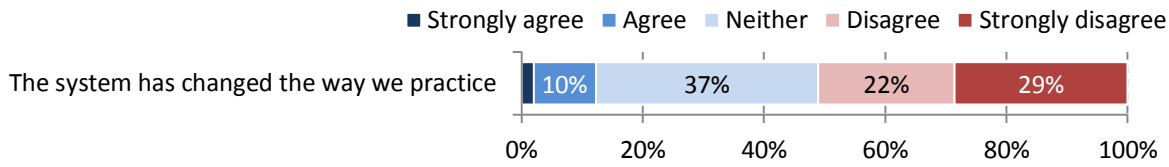

Figure 15: Survey respondents' reports about whether RTF has changed the way they practice (n=46).

Similarly, few survey respondents said that changes had been implemented as a result of feedback from the RTF system (Figure 16).

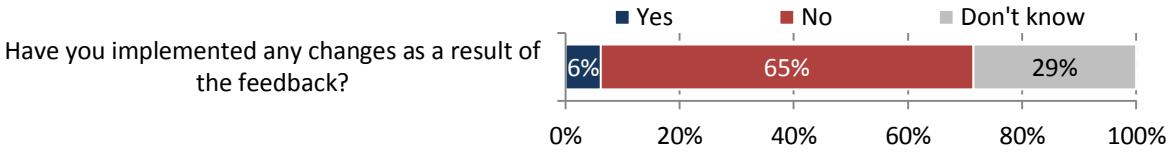

Figure 15: Survey respondents' reports about changes as a result of RTF (n=46).

Two examples of changes reported in the survey were:

> *No mention of clinical words as the questions are made for all clients that come into ….(service provider)*
>
> *To communicate strongly to them understand what they been through and stuff (service provider)*

The extent to which the pilot site organisations had structures in place to facilitate change varied. At some sites, staff were actively involved in producing reports and working on the data. Some noted that while the positive reinforcement coming from the results was encouraging, the results were not yet capturing the criticism that could be used to improve the service for consumers. Those services that had used the feedback data, for example in presentations to governance groups, said they did not regularly access the results as the results were very positive and did not seem to change much.

> *The biggest issue is the need to have information that is narrative -so that there are specific issues to improve upon. Without this the feedback is not specific enough to be able to be entirely useful (service provider).*
>
> *As the organisation how do we know what we are doing well and what needs to improve...the feedback needs to be more productive to help our whānau open up more and support of this comment maybe a multiple choice for people to click on is ideal rather than typing in their views (service provider).*
>
> *The reason that I don't think this feedback is helpful etc. is that we already collect a significant amount of feedback from our families in order to determine whether we are providing the best possible service. We can't see the individual responses from a family using Real Time pilot in the way that we can with our paper-based system, so don't know what they are saying (service provider).*

A major learning from the pilot was that it took longer than they expected to develop feedback questions that were relevant to providers and consumers, family/whānau, to work with service providers to put RTF systems in place and have staff familiar with using them, and for service providers to start to use the feedback. However, the time it takes to embed new systems and make changes is reported in evaluation of other similar projects.

Recommendations:

An option that has potential to address some of the issues around the open-ended question is to analyse the comments to date and produce a list of key themes that could be summarised into a multi-choice question for consumers, family/whānau to tick as positive or negative aspects of the service. The list could be updated quarterly.

Demonstrating how the results are being used to make changes to the service is essential in showing the value of the RTF system. Although the evaluation found that most service provider staff were positive about the feedback system, collecting feedback was time consuming for some and there is a need for staff to see the results being used or enthusiasm will diminish.

Although supporting the service providers to make changes was out of scope of the pilot, HDC and the advisory group have committed to a second phase of the pilot and are working with the Health Quality and Safety Commission and the Ministry of Health to explore ways to support service providers to use feedback in quality improvement.

Next steps might include:

- Further consultation with service providers about what support is required for making changes
- Information about theories of change and quality improvement models that can be used by services that do not have models in place
- Using an optional question in the RTF to track a specific change the service has made and displaying the results for staff and consumers, family/whānau.

9. Expanding the Pilot

Wider roll-out	• The Mental Health Commissioner, the advisory group and the pilot site managers support the expansion of the real-time feedback system. • 49% of surveyed staff strongly agreed and 29% agreed that the feedback system should be expanded to other practices.

The pilot programme was set up with the vision of national roll-out and for information from the evaluation to inform decisions about national roll-out.

HDC and service providers at the seven pilot sites support the extension of the real-time evaluation both within the pilot sites and to additional providers. The majority of surveyed staff recommended wider implementation (Figure 16). Although there is still work to do to develop ways in which the feedback can be used to guide changes the potential of the information for doing so was recognised by all pilot sites.

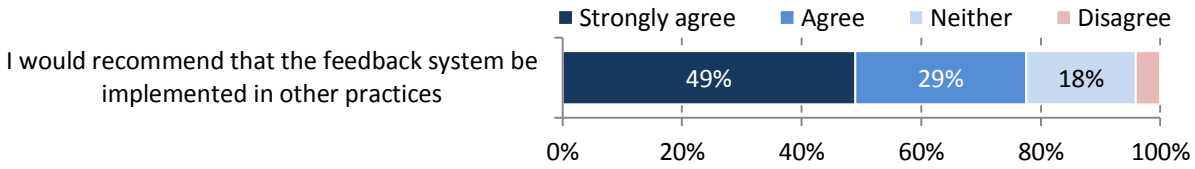

Figure 16: Survey respondents' views on extension of the pilot programme (n=49)

The costs of national roll-out are being estimated by CBG. It is expected that if the system can be provided centrally then the cost to the service providers of supplying the tablets is minimal and may be less than the costs of distribution of paper surveys.

Recommendations:

The evaluation of the pilot confirms that RTF systems can be effective in collecting feedback from consumers attending mental health and addictions services and their family/whānau. There is still some additional development work to fine tune the system and address some of the challenges identified in the evaluation that could be put in place during the second phase of the pilot that has been confirmed as the addition of up to 10 further sites.

As new sites are added to the RTF system suggestions to address expected challenges include:

- The support of management to ensure the information is disseminated in a constructive manner to all concerned and appropriate actions are taken to improve overall patient experience
- A site champion
- Involving the site IT team
- A 'tips' sheet about the experiences of the pilot services
- Further work to simplify the questions and customise them to services and flexibility at a local level to decide on and change questions and the ability to relate results to particular teams and services
- Including staff in questionnaire development to overcome initial resistance and give staff ownership of the results
- An effective governance structure that looks at how to use the information to drive change.

10. Overview

Evaluation question	Summary of findings
Design and relevance	
Are consumers, families/ whānau and service providers satisfied that they have been fully engaged in, and equally able to inform, the development of the real-time feedback process?	CBG consulted with all pilot sites as part of developing the RTF system. In retrospect, CBG considered that more time for consultation would have allowed more detailed feedback from consumers and their family/whānau. Service provider managers were included in the development of the RTF system and in ongoing development and review of the RTF process. Some service provider staff felt their views on the wording of the questions had not been fully taken into account. The project team considered all feedback and tried to find an appropriate balance. Some may not have been aware of the latest version of the questions.
Are consumers, families/whānau and service providers satisfied that the feedback system's pilot survey questions are appropriate for measuring their experience of interacting with mental health and addictions services?	Almost all consumers, families/whānau considered that the RTF questions included things that were important to them, with 61% agreeing that the RTF questions captured all of the things that were important to them. Most service providers agreed that the RTF questions captured at least the things about their service that were important. However, 65% felt that only some things that were important were captured indicating the need to reassess the questions after the third iteration has been used more widely. Recent addition of service specific questions, access to trend data and to the full text of open-ended comments may better meet service provider needs.
Implementation	
Do service providers have management and governance processes in place for the feedback system?	Service providers had a site lead for the RTF system who was the contact person liaising with CBG to set up the RTF system. Setting up the system was reasonably easy at all sites with the exception of ongoing issues of connectivity to wifi. At new sites, ensuring local IT teams are involved at all stages may help with setting the systems up. Some service providers had discussed the RTF findings with governance groups. For others it was too early to have this step in place.
Are pilot sites using the feedback system as intended?	The pilot sites have been provided with the necessary hardware and software to set up the RTF system. Data are being collected at all sites. Staff at the pilot sites understand the purpose of the feedback system and consider the feedback system is easy to use. Service provider staff were generally positive about their

	experiences with the real-time feedback system. They are satisfied with the support they have received from CBG and HDC during the setting up phase and in response to later problems. There are differences in the way that feedback is sought that indicate the need for more discussion about who to ask for feedback, how and when to invite feedback.
Are the tablets distributed to consumers, families/whānau	The sites have different approaches to collecting feedback and this flexibility meets the needs of the different sites. Tablets are offered by administrative staff and clinical staff. Administrative staff do not invite all consumers, family/whānau to provide feedback and are concerned about offering the tablets to consumers who may be upset or angry.
Are project risks identified and managed?	The advisory group meets regularly and discusses potential risks to the project. Two workshops have been held with pilot sites to discuss any issues arising and how to address them. During the pilot period there are some ongoing challenges as a result of other surveys and/or feedback forms that consumers are asked to complete.
At what point in the consumers 'journey' is feedback being sought?	There are inconsistencies in when the invitation to provide feedback is offered, with approximately one-half of consumers, family/whānau being invited to provide feedback while they are waiting for their appointment.
Use of the feedback system by consumers/ families/whānau	
To what extent is the pilot system used by consumers and families/whānau	Active distribution was more effective than passive display in kiosks. However, there is a tension between confidentiality and privacy. The response rates from the real-time system while useful in tracking trends and quality improvement initiatives reflects the views of the people responding to the survey and not necessarily the views of all service users. Ways to improve coverage could include: • Agreed guidelines on who to ask, when and how often • Training and support for administrative staff about how to ask for feedback • Nominating particular days when staff focus on obtaining feedback.
What are the reasons why consumers, families/whānau use or do not use the pilot system.	Of staff who invited consumers, family/whānau to complete the survey, 50% said people had told them they did not want to provide feedback. The reasons staff said consumers provided were that they were too busy, they were too angry or distressed, they had just completed a paper survey or that the language in the first question put them off.
To what extent does the pilot system achieve its objective of creating a mechanism for consumers and their families/whānau to provide feedback on their experience of interacting with mental health and addictions services, which provides meaningful data back to service providers in real-time?	

Do the analytical functionality and reporting mechanisms provide data in a way that can inform and drive change?	The RTF system was established and all pilot site managers wanted to continue and possibly extend the pilot. All pilot site managers and many service provider staff were positive about the potential for the RTF to guide service improvement. However, at the time of the evaluation the processes for using the feedback were still being developed.
Does the reporting functionality provide locally meaningful information to consumers, families/whānau, service providers and the HDC?	Additional service specific questions have been added to the core RTF questions to provide locally meaningful information. At the time of the evaluation, RTF data were not displayed for consumers, family/whānau. There was the intention for findings to be displayed and enthusiasm for doing so.
Can the data generated from the feedback system enable services to meet the needs of the consumers, family/whānau?	Service provider staff considered consumer, family/whānau feedback as useful in improving service quality. Sites were starting to plan how they could use the data. Some were already preparing reports based on the RTF data.
To what extent do each of consumers, families/whānau and service providers feel the feedback system will add value to the sector?	Approximately half of the survey respondents agreed that the feedback system will enable them to better meet the needs of the people who use their service and that it has the potential to improve the quality of care at their practice. Few disagreed. However, many staff have not yet had access to the feedback results or the opportunity to think about how they can be used to guide service improvement.
National Roll-out	
Do stakeholders want to continue to use the feedback system?	HDC and service provider managers want to continue to use the RTF system.
Is the feedback system financially sustainable?	The pilot programme was completed within the budget available. Expansion of the pilot to an additional ten sites has been approved.
Should this initiative be spread to the wider mental health and addictions sector?	HDC and service providers recommend that the RTF system is extended to other services.

Appendix One: RTF Questions

I am completing this survey as…

○ a consumer or service user or person seeking support ○ family / whānau or friend

Thinking about your most recent experience with the service/people who support you, how much do you agree or disagree with the following statement….

I feel respected

Thinking about your most recent experience with the service/people who support you, how much do you agree or disagree with the following statement….

I am involved in decision making

Thinking about your most recent experience with the service/people who support you, how much do you agree or disagree with the following statement….

The people I see communicate with each other when I need them to

Thinking about your most recent experience with the service/people who support you, how much do you agree or disagree with the following statement….

My family / whānau are given information and encouraged to be involved

Thinking about your most recent experience with the service/people who support you, how much do you agree or disagree with the following statement….

I have the support I need for the future

Thinking about your most recent experience with the service/people who support you, how much do you agree or disagree with the following statement…. [Optional]

I would recommend this service to friends and family if they needed similar care or treatment.

Thinking about your most recent experience with the service/people who support you… [Optional]

What do you like?

Your Answer

Thinking about your most recent experience with the service/people who support you… [Optional]

What don't you like?

Your Answer

[Demographic questions and thank you page]