



UNIVERSITY
OF WOLLONGONG
AUSTRALIA

MO  **CRE**
Meaningful Outcomes in Substance Use Treatments
NHMRC Centre of Research Excellence

Using person-reported experience measures in research and routine service delivery: Experiences, challenges, and lessons learned

Chloe Haynes¹, Megan Wells^{1,2}

¹ School of Psychology, University of Wollongong

² School of Psychological Sciences, University of Tasmania

Acknowledgement of country

We acknowledge the Gadigal people of the Eora Nation, the traditional custodians of this land, and pay our respects to their Elders past and present.

We also acknowledge the Wodi Wodi people of the Dharawal Nation, the land where this research primarily took place.

Satisfaction & Experience Measures

- Important for:
 - Increasing client involvement in treatment and planning
 - Identifying facilitators and barriers to treatment engagement
 - Increasing our understanding of unique client experiences

Project Background

Quality improvement project initiated by a NSW non-government AOD service

Aims:

- Collecting client **experience data** in two waves (2021-2024)
- Provision of **feedback** and identifying areas for **service improvement**

Participants:

- *N*=421 treatment attendees in **community** and **residential** services
- Survey completion mostly facilitated by clinicians on-site

Person-Reported Experience Measures:

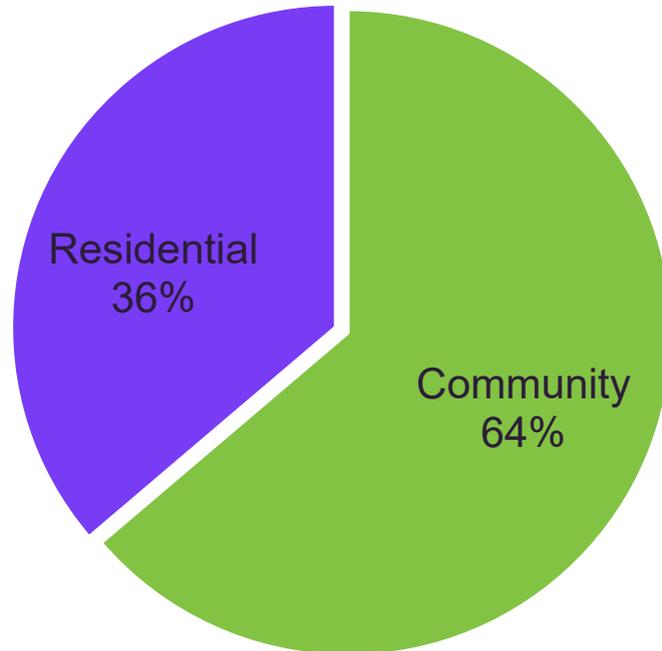
- Client Satisfaction Questionnaire (CSQ-8)
(Larsen et al., 1979)
- Patient Reported Experience Measure for Addiction Treatment (PREMAT) (Hinsley et al., 2019)
- Healthcare Climate Questionnaire (HCCQ) (Willians et al., 1996)
- Your Experience of Service Survey (YES) (Department of Health, 2013)

About the participants ...

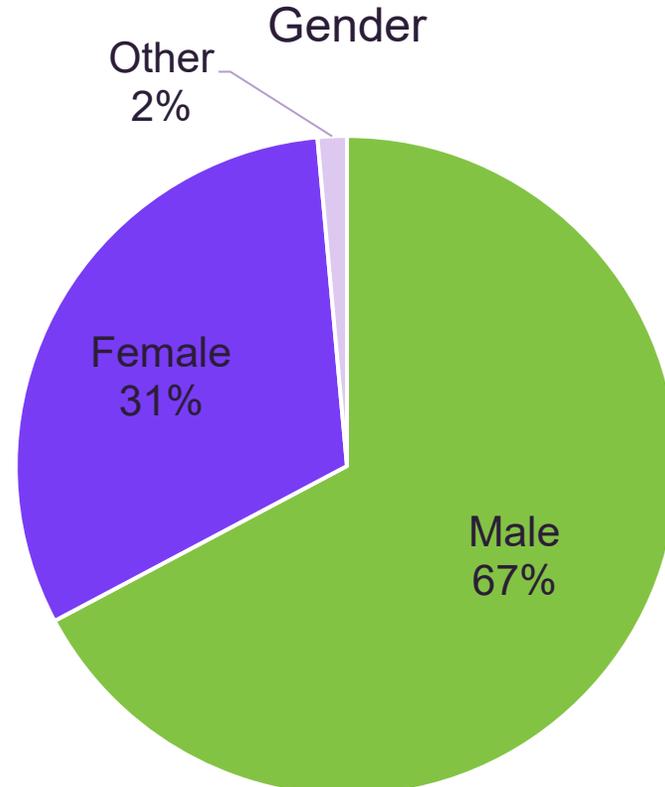
Aged 19-70, average age = 38.54

Average length of treatment = 11 weeks

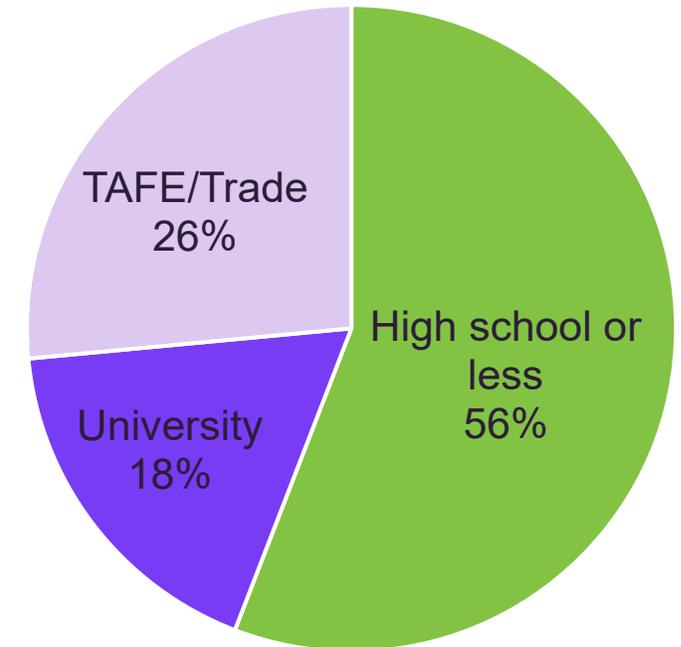
Treatment type



Gender



Highest education level



Client Satisfaction Questionnaire (CSQ-8)

Overall average satisfaction = 27.52

	CSQ Score	%
Dissatisfied	8-21	8.9%
Mildly satisfied	22-25	23.2%
Satisfied	26-30	27.8%
Very satisfied	31-32	40.1%

Your Experience Of Service (YES)

Highest rated items:

- 1) Staff showed respect for how you were feeling ($M = 4.73$)
- 2) You felt welcome at this service ($M = 4.71$)
- 3) Staff showed hopefulness for your future ($M = 4.71$)

Lowest rated items:

- 1) Development of a care plan with you that considered all of your needs ($M = 3.84$)
- 2) Convenience of location for you ($M = 3.87$)
- 3) Access to peer support ($M = 3.90$)

*items rated 1-5



Relationships with satisfaction

No difference in treatment satisfaction between men and women.

Those in community services reported higher satisfaction than those in residential services ($M = 28.5$ vs $M = 24.6$, CSQ-8)

Benefits and challenges of PREMs in service delivery

Benefits	Challenges
<p>Time-effective strategy to assess experiences in care.</p> <p>Centre clients' voices in service improvement.</p> <p>Identify areas of strength and weakness in service.</p> <p>Facilitating benchmarking and tracking experiences over time.</p>	<p>Social desirability bias, reluctance to provide negative feedback.</p> <p>Varying attendance and open therapy groups – when to administer PREMs?</p> <p>Multiple service locations – different experiences across locations.</p> <p>Logistical challenges and disruptions to service provision.</p> <p>Varying applicability of measures and items – to create a standard battery or implement relevant PREMs for each participant?</p>

Lessons learned & suggestions



Implementation can be complex



Need more information on the people who leave treatment or disengage early



Important to balance feasibility/ convenience with maximizing honest feedback - avoid tokenism and data-mining



Could peer-led data collection reduce positive reporting bias?



Important to collaborate with services and clients to select meaningful outcome measures for the service



Embedding PREMs into routine service delivery can facilitate continuous feedback and improvement

Thankyou!

Contact details:

Chloe Haynes

E: chaynes@uow.edu.au

Meg Wells

E: mj.wells@utas.edu.au

References

Department of Health (2013). National Mental Health Consumer Experiences of Care Project: Final Report, development and evaluation of a consumer experiences of care survey instrument. Available from https://www.amhocn.org/_data/assets/pdf_file/0008/699020/ceoc_final_report.pdf

Hinsley, K., Kelly, P. J., & Davis, E. (2019). Experiences of patient-centred care in alcohol and other drug treatment settings: A qualitative study to inform design of a patient-reported experience measure, *Drug and Alcohol Review*, 38, 664-673

Larsen, D. L., Attkinsson, C. C., Hargraves, W. A., Nguyen, T. D. (1979). Assessment of client/patient satisfaction: Development of a general scale, *Evaluation and Program Planning*, 2, 197-207

Williams, G. C., Grow, V. M., Freedman, Z. R., Ryan, R. M., Deci, E. L. (1996). Motivational predictors of weight loss and weight-loss maintenance, *Journal of Personality and Social Psychology*, 70, 115-126.