



Surveying & Improving the Patient Experience

Solution

What...

A patient surveying process includes using a survey instrument and data collection methodology for measuring patients' perceptions of their healthcare encounters. Some surveying processes allow for valid comparisons to be made overtime and across healthcare organizations locally, regionally and nationally.

The patient experience is so crucial to a healthcare organization's success that we can't simply rely on the subjective assessment of how it is going and what needs to be done to make it better. A patient surveying process provides more objective and accurate insight to initiate, or continue, the drive to improve.

While some patients may not understand the technical details of care, a number of studies support the idea that patients' perceptions of quality from what is seen, heard, and felt during their healthcare encounters can be remarkably spot on.

Why...

And when we survey patients to ask them about these experiences, this lets them know that we are interested in quality and looking for ways to improve.

By itself, a survey does not improve the patient experience, yet a well-designed process of surveying, reporting, celebrating, goal setting, action planning and execution is a catalyst for positive change in the patient experience.

The "why" is NOT because it is required by a regulatory or accrediting body or because it is linked to financial incentives or disincentives - the "why" is the value of the voice of your patient in the improvement efforts. Surveys provide a method to validate the work of your team and the design and execution of your processes.





“ It takes humility to seek feedback. it takes wisdom to understand it, analyze it, and appropriately act on it. ”

- Stephen Covey

The process of surveying patients can differ between (and even within) healthcare organizations. Leaders, teams and employees should all be familiar with the specific surveying details that apply to where they work, in particular:

How...


- ▶ **What are the survey questions?** The questions focus on important aspects of the patient experience.
- ▶ **How do patients take the survey?** This could be by mail, phone, email, or kiosks.
- ▶ **Which patients are surveyed?** With some surveys, patients are randomly selected to participate while other surveys may be available to all patients. Knowing the details of how surveys are conducted can help you promote the survey to patients since their usefulness depends on a high number of completed surveys.
- ▶ **What are the survey results?** Usually results include data and comments. Current results can be compared to past results to determine if patients are more or less satisfied. How and how often are survey results shared in the organization? Survey results may also be compared to other healthcare organizations and made publicly available.
- ▶ **How do we use the results?** Results help to pinpoint opportunities to improve, monitor the impact to changes being made, and to celebrate the positive feedback from patients.



KEY CONCEPTS

Utilize a well-designed and valid survey tool and methodology

Rarely do healthcare organizations have the internal expertise to administer and statistically tabulate the results of surveys. Select well . . . and then commit to the survey tool over time so that valid trends can be established that support the ongoing improvement process.



***“What gets measured and monitored gets improved.
Organizations that are serious about the patient experience, measure it.
They also set goals for improving it.”***

Promote a high response rate

The usefulness and validity of the survey results depend on patients engaging in the survey process - whichever method is utilized. Smaller organizations in particular can really struggle with a low number of survey responses which can invalidate or skew the data, making it less useful.

While some organizations may have posted signs informing patients of the survey, a more personal approach of employees discussing the survey with patients is most effective.

Two key times to promote high survey participation reside in the first and last interactions with the patient. Consider which employees are most likely to have the first interaction with the patient, and then arm them with the words to say. It may sound something like this, “Our clinic values and makes great use of feedback from our patients. In the next 3-10 days, you may be randomly selected to receive a phone call from our chosen survey experts in regard to your care here today. We would appreciate your participation in this 3-5 minute survey. Is this a good phone number for them to reach you at?”

Promoting the survey can be re-enforced during the discharge or departing process of the encounter. Whichever employee is making that last touch with the patient should also be equipped with key words to say to promote the survey.

Other opportunities to create higher awareness of the survey is during validation (patient) rounding encounters or in post-visit/post-discharge phone calls.

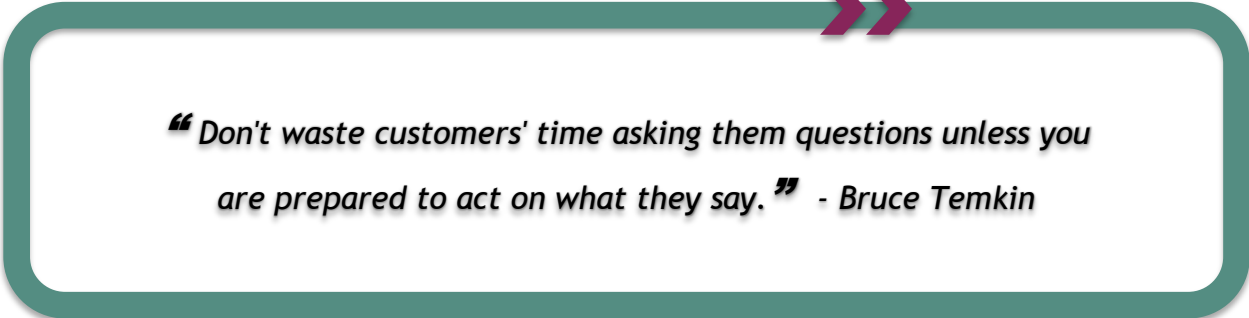


Using the Survey Results to Create Positive Change

Once you have great survey(s) with valid levels of responses, you can now put this feedback to work to create positive change. While you are faced with lots of data and comments, a major benefit of utilizing experienced survey vendors is their expertise in compiling, analyzing, reporting, and benchmarking. Likely, there is someone (or a small group of people) in your organization that is well versed in the survey and data interpretation.

If you are leading, or involved in, a patient experience improvement effort, engage these knowledgeable resources so that you don't misinterpret, and therefore misuse, the survey findings.

Before moving on to the usefulness of data and comments, it's important to re-emphasize that the results of the survey represent the voice of your patients. Be mindful of the fact that when it comes to patient survey data, it's not all about the numbers - it's about what and who the numbers represent. It's about understanding from each individual's viewpoint what is working well, and what is not, and then aggregating the collective feedback to prioritize our recognition and improvement efforts in response.



“Don't waste customers' time asking them questions unless you are prepared to act on what they say.” - Bruce Temkin

The “Parallel Improvement” Approach

In setting improvement goals, the parallel approach provides a faster pathway to achieving overall improvements in the patient experience. What is meant by this is that organization-wide opportunities to improve are prioritized for action (many of which can be accomplished via an employee-driven patient experience team, while specific local level opportunities are addressed by the leaders and employees within the specific departments. When you have organization-wide improvements coupled with local-level improvements, the patient experience gets better faster.

This parallel improvement approach can be accomplished when you have organization-wide survey results as well as a breakdown of work unit (i.e., department, unit, service, clinic) or even provider-level results. If you only have organization-wide results, without meaningful break-downs to the work unit level, you limit your improvement efforts. As well, you could go wrong in understanding what your action plans need to be.



The "Good to Great" Approach

When attention, and action, gets focused on the low volume of very poor, or poor, responses (and the comments that accompany them), the improvement opportunities that affect the majority of our patients are not being prioritized.

When analyzing the data, we are often drawn to the lowest scores or the highest number of dissatisfied or strongly dissatisfied responses. These may be, indeed, the areas that are your highest priorities for improvement. We challenge leaders to look at where they received the lowest number of the "top box" response as well. These would be the survey elements in which the response to the highest possible rating (i.e., strongly agree, very good, very satisfied, etc.) is very low. In these incidences, you may see a pretty high overall score. This is often because the response to the second highest score (i.e., agree, good, or satisfied) is very high.

Often, our biggest opportunities to improve the patient experience for the largest number of people lie in the elements in which we are rated "good" and we need to create plans to transform these experiences into "very good." Good is the enemy of great, which is why we recommend that you focus on turning your "good(s)" to "very good(s)."



"Good is the enemy of GREAT."

- Jim Collins

It is also tempting when compiling and reviewing data to combine favorable responses together. For example: Combining "satisfied" and "very satisfied" together to report the affirmative responses of patient satisfaction. Indeed, both responses are positive, however, there is definitely a difference in the level of satisfaction in patients who will select a rating of "satisfied" versus "very satisfied." The behavior of your patients, such as using your services again, talking positive about your organization in the community, and recommending your services to others will vary based on their rating of "satisfied" or "very satisfied."

We want patients to recommend our services to others, talk positively about us, and continue to utilize our services when needed. A **good** experience may or may not lead to those outcomes. A consistently **great** experience can.

Focus attention on the lowest percentage of top box responses (versus the highest number of poor responses), yet also couple this with statistical analysis, such as a priority index, that assists us in understanding how important each specific element is to overall patient satisfaction.



Beyond the focus on the data or the scores from patient surveying, there is often a bit of a mystery surrounding what to do with comments. The helpfulness of comments is when they are viewed to look for trends that assist in understanding the “why” behind the data. If patients are not rating an element of the experience at the highest rating or top box, the comments are the place to look for trends to assist in the plans to improve this element.

As with data analysis, there are techniques that vendors can assist with in regard to comment analysis. For instance, sentiment analysis is a scientific approach to comment interpretation that is starting to be applied in health care to gain deeper insights into what patients are saying. It categorizes verbatim comments into meaningful groups and measures how strongly the patient feels using “natural language processing” to complement the numerical ratings.

Comments can also be helpful to tell the patient’s story, good or bad, as you create a sense of urgency to improve the patient experience or as you celebrate your positive results. When change initiatives are being undertaken, it can be these patients' stories that engage the hearts and minds of those who need to make the necessary changes to improve the patient experience. It is helpful to develop a systematic process for sharing positive stories from the patient comments that reinforces and recognizes the efforts of individuals and teams.

Occasionally there will be “wild hair” comments that cause individuals or teams to be reactionary and upset. This brings to mind a great statement by Dr. Barbara Fredrickson that “negativity screams at us and positivity only whispers.” We need to listen to the voice of the patient even so. We may even need to engage in an individual response in each of these situations.

We have to be careful, however, of becoming over-reactionary by prioritizing a single negative comment as a top organization-wide improvement priority. A comment of this type should draw your attention and a reaction, yet be viewed with a bigger picture of data and comment trends before elevating it over other firmly identified improvement priorities.





*“If the results aren’t top of mind,
the efforts to improve may not be top of mind either.”*

TRANSPARENCY OF THE SURVEY AND THE RESULTS

The transparent reporting of actual results, positive or negative, is an important element in creating accountability for performance and a necessary step in the improvement process. This, however, has to be done in a manner that is timely and understandable by the workforce.

Likened transparent reporting to a scoreboard at a sporting event which is easy to view, easy to understand, and is updated frequently. It is a game-changer in organizations when they become transparent with their results. This is summed up by an insightful comment by an employee who was standing at a communication board reviewing results in which she said, “I like working for an organization that keeps track of the important stuff.”

A practice we recommend that can assist leaders in keeping to a routine rhythm of transparently reporting results. For instance, an example of this is “Metric Monday” which is designated time to analyze and transparently report the current metrics related to our improvement goals.

By designating this time, it aids a rhythm of improvement efforts in many ways when data systems are set up to deliver results to leaders on this schedule. As well, the consistency of the reporting makes it easy for employees to know when to look at the “scoreboard” for the latest results.

The process of regularly reviewing and transparently reporting data allows for an understanding as to whether our processes and systems, as well as our improvement plans, are working to get the results we desire. If not, we then respond by adjusting our action plans. If so, we are affirmed to continue our current plans.

The commitment to the measuring and improving the patient experience is a testament to the organization’s culture and values surrounding peak performance.

