Patient Experience Survey of Primary Care Teams: Support Guide

Quality and Safety
National Primary Care Division

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Introduction

The Patient Experience Survey of Primary Care Teams (PCTs) Support Guide is a handbook for Community Healthcare Organisations (CHOs) planning to survey patients in a PCT setting.

The Patient Experience Survey is one method for listening to the voice of the patient. However, there are a variety of ways to capture the voice of your patients: interviews, surveys, focus groups, patient advisors, observation (such as shadowing patients), complaint logs etc.

Surveys work well for establishing a baseline and to understand the patient experience before you begin testing improvements.

This guide will give you an understanding of how to get started, provide details on routine survey processes, as well as methods to plan the survey, carry it out, and use the results to inform on-going improvement efforts in your primary care services.

This guide is divided into the following sections:

1. The importance of understanding patient experiences;
2. Getting ready to survey your patients;
3. Conducting the survey;
4. Using your survey results for improvement.

We want to make it simple and easy to survey patients so that you can use their experiences to improve their care, while at the same time improving staff experiences. If you have any feedback on the survey or its support materials please contact: rachel.mcevoy@hse.ie

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Using Your Survey Results for Improvement

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The Importance of Understanding Patient Experiences

The Importance of Understanding Patient Experiences

- Research consistently shows that patient experience surveys like this one help to identify best practice and areas for improvement. Studies have shown that improvements to the patient experience bring about higher staff satisfaction and better patient safety and wellbeing.

- Recognising that patients are experts about their own experiences over the entire journey of care. By surveying patients they can tell of their own personal experiences so that their voices can begin to be heard and listened to.

- Measuring patient experiences on a regular basis provides a systematic and objective way to get insight into which processes in the primary care service are working well for them, and which can be improved. By collecting data, establishing a baseline and analysing this information, the PCT can improve and redesign processes (e.g. methods to improve access or booking appointments), monitor progress over time, and improve patient experiences.

- Focusing on robust activities that improve patient experiences (e.g. care co-ordination, care pathways and patient engagement) may impact both satisfaction and health outcomes.

- Patients who are engaged in self-management of their health are more likely to be actively involved.

How do I ensure patient confidentiality /privacy?

Privacy and confidentiality are essential and play a key role in health care provider-patient relationships by establishing trust and contributing to a more patient-centred health system.

When collecting survey data, ensure no patient identifiers are evident and provide a secure drop box to collect completed surveys. This is to ensure that patients are able to be as honest as possible. When administering the survey please reassure the patient about the confidentiality of the collection process.

Demonstrate appreciation and respect for your patients' contributions by sharing their feedback (ideally displaying results openly in your Primary Care Centre) and taking action to improve the experience of care.

Some steps to ensure confidentiality are:

- Provide a private space to fill out the survey;
- Ensure the drop box is marked 'Confidential';
- Ensure the survey itself contains no identifying information.

2

Getting Ready to Survey Your Patients

Getting Ready to Survey Your Patients

To ensure that everyone in your primary care service is aware of the survey process, start by determining how you will communicate with your staff about what you are trying to achieve through the survey process. Here are a few points to consider when communicating with your staff:

- Have a meeting with all primary care staff, preferably at the same time (e.g. at staff meeting, primary care management team meeting as well as creating awareness via staff email broadcast, HSE intranet or website).
- Make sure everyone understands the purpose of the survey and, if they are going to be involved, what it will mean for them (e.g. that it is to be used only for improvement - not for staff evaluation, judgement or performance measurement).
- Have staff complete the survey themselves to ensure an understanding of content and flow of questions.
- Ensure everyone understands how the survey will be used and what types of improvement projects might result from the findings.
- See what ideas and input staff might have about how best to set up and promote the survey.
- Emphasise that while getting started with surveying there may be an increased workload to staff, but the long-term benefits of surveying will provide value to the primary care service. On-going communication with staff and recognising the impact of the survey is important.
- Be specific about identifying and assigning roles and responsibilities (e.g. consider assigning a staff member or have senior management available to promote the survey on day(s) of survey).
- Emphasise that this is work that is being conducted across primary care in all CHO areas and that there is potential to compare data with other primary care services across the system.
- Reinforce the importance of the patient experience survey by establishing a space to display information (e.g. posters in waiting areas).

- Start by putting up an information sheet/poster about the survey process before surveying begins and when surveying, then add to it as data becomes available and actions are taken as a result of that data.

- Hold events or presentations for staff.

- Share and highlight innovative initiatives at conference events (e.g. posters and presentations).

✔ **Consider establishing a working group ensuring a broad cross section of staff.**

✔ **Secure the backing of a senior member of staff to help endorse the importance and value of the survey. Their support is also crucial for implementing and sustaining change.**

✔ **Nominate a person in each department/service/PCT area to take responsibility for promoting the survey and for sharing results with colleagues.**

Promoting the survey to your patients

It is recommended that you promote the survey to your patients before administering it to ensure they are aware and informed, for example:

- Posters, leaflets, display stands and other in-office visuals should be used to introduce (or reinforce) the survey, its importance, and how it will be used;

- Information for patients, including a short explanation of the survey and its purpose, should be posted prominently in the primary care centre;

- Communicate to your patients on an on-going basis;

- Foster a feedback loop with patients and staff;
  "We heard what you said, therefore we are introducing X or Y", or "X% of you told us Y".

This will encourage the patients to fill-out the entire survey and it will also increase the number of participants taking the survey.

If you cannot address an issue raised in the survey, recognise its value and consider a mechanism to ensure that the feedback was heard but cannot be addressed at this time (e.g. via poster, newsletter).

How frequently do you need to survey?

A survey schedule should be used to make sure a comprehensive view of all patient experiences are captured by the survey. When planning to survey patients, it is important to consider:

- How many patients do we need to survey?
- What PCTs do we need to survey?
- How frequently do we want to survey?
- When do we know we have enough data for our baseline?

For example, in order to reach 100 completed surveys it would be necessary to schedule:

- Year-round rolling surveys:
  - 2-3 completed surveys each week
  - 8-10 completed surveys each month
  - One month per year: i.e. 100-150 completed survey during one month in the year
  - One week per month: i.e. 8-10 completed surveys one week each month;
  - One week per quarter: i.e. 25-30 completed surveys during one week each quarter.

Being responsive, even to a small amount of feedback will encourage patients to participate, as they can tell their voices are being heard.

Change is frequent within a primary care service (e.g. new providers, new staff, and new patients). A year-round, rolling approach keeps staff and health care providers up-to-date with changes in the practice, what is working well and what is being worked on. There is always room for improvement; therefore it is necessary to survey patients on an on-going basis.

The more often you survey the sooner you will see evidence of change in your data. If a year-round, rolling approach is perceived as too time consuming, our recommendation is to identify one week per month to conduct the survey or alternatively consider one PCT per quarter or between two to five PCTs once yearly.

It might be easier for staff to implement the survey throughout the year, rather than dedicating a few busy weeks per year to conducting the survey. The disadvantage of conducting the survey over a short period within a year (e.g. for just one month) is due to the fact that:

- The results may not be representative of your patient population;
- The results could be influenced by seasonal variance, annual leave etc.
- It may be too time consuming to do all the surveys in such a short period.

It is important to have a survey schedule in order to capture the complete picture of the practice throughout the year. For example, the effect of the seasons and other variables such as conferences, annual leave etc.

✓ **Preparation for surveying should begin prior to your scheduled start date.**
The benefit of starting this early is that it gives you enough time to discuss the survey with staff, promote the survey to patients, and to have your survey schedule in place

Determining the number of patients to survey

Determining sample size is important because samples that are too large require time and resources without adding to the learning, while samples that are too small may not provide enough data to inform quality improvement decisions. The sample should represent the variety of patients from your primary care population.

1. Sampling approach:

Simple random sampling: In order to gather baseline data, random sampling provides you with an approach that helps eliminate sources of bias (e.g., selecting only willing participants, ignores the important experiences of non-responders) and helps to ensure that your sample is representative of your patient population.	● Create a list of all patients who will have a visit during the desired time period (day/week/month/year). ● Sequentially number your list and then use a computer program to generate a random number table (e.g. Microsoft Excel http://www.excel-easy.com/examples/random-numbers.html) for your sample size. ● Choose the patients that correspond to the numbers on your list. ● Use an online random numbers generator: www.randomizer.org/ ● NB: Make sure your sample addresses all different types of patient groups
Systematic random sampling:	Choose patients at regular time intervals until you have gathered the requisite number of surveys: ● Survey every fifth patient every day; ● Survey the first appointment at the top of every hour; ● Survey the last appointment at the end of every hour; ● Survey in the afternoon one day each week, vary the day every week.

2. Determining sample size:

To help you determine your sample size, there are a number of free sample size calculators available online (e.g. http//www.surveysystem.com/ssclac.htm) which enable you to estimate the number of completed surveys needed in order to get results that reflect your target populations:

3. Estimate sample sizes using sample size calculator:

Population of Interest:	Sample size estimate (using confidence level of 95% & confidence interval of 5%)
800	260
1,000	278
1,500	306
2,000	322
2,500	333
3,000	341

Factors to consider when sampling

1. Maintaining anonymity and confidentiality:

Advantage for the patient	Advantage for the organisation	Disadvantage for the patient	Disadvantage for the organisation
No fear of consequences because responses cannot be traced back to the respondent.	Higher response rate since patients are not concerned about consequences.	Specific respondent concerns may not be easily traced back to responder to quickly resolve issues.	Additional resources required to maintain anonymity.
Can be combined and summarised in a report for wider dissemination.		Difficult to comment on specific providers anonymously	

2. Response rate:

A low response rate can influence survey results and the direction of improvement efforts. Therefore, it is important to consider both the patients that completed the survey as well as those who did not. By tracking the response rate, primary care services can determine the efficacy of different survey modes and sampling approaches. However, it is important to remember that increasing your sample size will not increase your survey response rate. There are several things that you can do (at little to no cost) to raise your survey response rates.

No cost	● Make the experience meaningful to the patient; tell them how the results will benefit them; ● Ensure confidentiality; ● Respect participants' time (make their time commitment as small as possible); ● Post progress toward desired number of respondents; ● Post results, action plan and progress; ● Thank patients and staff in newsletters or other communications.
Low cost	● Follow-up with participants if possible and appropriate; ● Send reminders (phone, mail, e-mail); ● Provide replacement surveys with mail and e-mail reminders; ● Use attention grabbers (colourful paper and mailing envelopes); ● Use attention grabbing announcements and flyers; ● Make participation easy; ● Provide self-addressed and stamped return envelopes; ● Provide surveys in multiple formats (i.e. paper and electronic).
Moderate cost	● Follow-up with participants if possible and appropriate; ● Send reminders (phone, mail, e-mail); ● Provide replacement surveys with mail and e-mail reminders.

3. Too many positive responses:

A ceiling effect is said to occur when a high proportion of patients have reported all positive responses on the survey. This may indicate that your sample may not be representative of your population. To improve variability in your data collection, you may want to consider:

- Increasing your sample size
- Using a random sampling approach.

The data may be accurate, and patient experience may be all very positive. If this is the case, consider how your practice might engage in other methods to move to a deeper understanding and more advanced improvement.

3

Conducting the Survey

Conducting the Survey

Hardcopy surveys can be administered in-office, at the end of patient visits. Surveys can be taken home to be completed (within one week) and returned to the office with self-addressed, postage paid envelopes.

Identification of patients to take the survey can occur in several ways. Examples include:

- Patients can be informed of the survey when booking appointment;
- The receptionist can recruit patients as they check-in for their appointment;
- A person assigned can approach patients while they're waiting in the primary care centre prior to their appointments;
- The health care practitioner can discuss the survey during the patient's visit.

Patient confidentiality

- When collecting the survey or asking the patients to fill it out, reassure the patient that the survey will remain confidential;
- Let patients know approximately how long the survey will take to complete and suggest a quiet location in the waiting room to complete the survey;
- Reassure patients that a relative / friend can help them fill out the survey, provided the answers given are the patients own;
- We recommend that patients should not hand the completed survey back to their provider; rather there should be a clearly marked, sealed drop-box for completed questionnaires.

✓ **The survey has been designed to be completed at the end of a visit or prior to leaving the primary care centre.**

✓ **A staff person should be available to explain the survey to the patient and answer any questions.**

✓ **Tell patients how long it will take to complete the survey, as this will help manage their expectations.**

Collation of survey data

Your data once collected should be entered into the Excel Tool provided by the National Primary Care Division. Training on use of the Excel Tool will be arranged for data inputters if required.

When entering data, it is recommended that at least 75% of the questions be answered for it to be included in the analysis. However, qualitative feedback and comments often provide valuable insights.

Interpreting your data

The data collected from the Primary Care Patient Experience Survey can help you identify areas in which your service is performing well and where there may be room for improvement.

The Excel Tool contains a number of graphs to assist in the review and interpretation of survey results. Identify survey questions that receive low scores and prioritise improving those areas (i.e., connect them to your strategic goals, operational plan or propose them as an area of focus for the Primary Care Management Team). Choose areas that show clear potential for improvement. It is important to be realistic and choose approaches that are likely to succeed. Small successes will help to keep the momentum going and encourage continuous improvement.

Benchmark results against:

- Your previous survey results
- Best practices
- Your peers
- "Bright spots" in primary care.

Make information interesting:

✓ **Graphs are often a better way of presenting data than tables. Include anonymised patient quotes to bring data and figures alive.**

Use SMART objectives:

Specific: define what exactly is to be done.

Measureable: describe how you will know the action has been achieved.

Achievable: set realistic goals and objectives.

Relevant: relate the actions to ongoing work.

Timebound: set a date for completion

4

Using Your Survey Results for Improvement

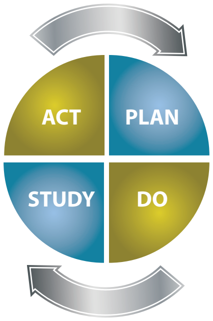
Using Your Survey Results for Improvement

System-wide quality improvement is the goal of all health care sectors and Quality Improvement Plans (QIPs) are a key enabler of this vision. A QIP is a formal, documented set of quality commitments aligned with divisional and CHO priorities that a health care organization makes to its patients, staff and community to improve quality through focused targets and actions.

The Excel tool provides a tab to assist with the development of a QIP. QIPs are developed under the umbrella of a common vision of high quality care and provide a system-wide platform for quality improvement. This shared vision is expressed through the priority actions that are included in QIPs. It is important that these actions are prioritized through consultation with key stakeholders and signed off by Senior Management (e.g. Head of Service / QPS committee).

- Set deadlines and milestones to monitor progress of QIPs on a regular basis. This will help to maintain enthusiasm and interest.
- Share your quality improvement plan widely and let others know what is being done.
- Learn from others – share with other CHO areas and learn from their experiences. They may have already made headway in certain areas so avoid 'reinventing the wheel".

PLAN-DO-STUDY-ACT (PDSA) CYCLES



MODEL OF IMPROVEMENT

✔ Once there is a clear understanding of the opportunities for improvement, PCTs can begin brainstorming and testing ideas through Plan-Do-study-Act (PDSA) cycles. This is an exciting phase that provides PCTs with the opportunity to exercise creativity and challenge the status quo by trying different improvement ideas. The PDSA approach allows PCTs to try ideas on a small scale. Testing ideas on a small scale allows PCTs to smooth out any concerns in the process before sharing the success or failure of the attempted change more widely. It builds confidence in the change process and creates buy-in by involving individuals that are truly affected by the proposed changes.

National Overview Report

The Quality and Safety Office, National Primary Care and Quality Improvement Division will work collaboratively in respect of a National Overview Report. For inclusion in the overview report the following criteria must be met:

- Each CHO area must use the Standard Excel collation tool per PCT surveyed.
- Each PCT surveyed must have at least 30 fully completed responses to be included. This is important so as to ensure full representation of patients.
- All text responses must be included in the Excel Tool to enable some qualitative analysis.
- National overview report may be made available on Primary Care website.

Acknowledgements

The Primary Care Patient Experience Survey Support Guide. May 2015. Health Quality Ontario. Canada www.hqontario.ca

Appendices

Appendix A: Sample Preparation Checklist

Primary Care Patient Experience Survey Checklist

Pre–Survey

- ☐ Obtain all items, including Survey Tool and Support Guide (including appendices)
- ☐ Create plan for implementing the survey, including sampling strategy
- ☐ Set planning meeting to communicate with practice staff
- ☐ Discuss the importance of patient experience and ensure that all team members understand it is not the same as patient satisfaction or patient relations.
- ☐ Discuss the philosophy of quality improvement and the idea of staff co-creating solutions with patients and families.
- ☐ Identify roles, sampling schedule, communication strategies, etc.
- ☐ Post information poster prominently in Primary Care waiting room. Consider posting a mechanism to track completed surveys as a way to generate discussion. Plan to update this space with results and action plans as they become available.
- ☐ Educate staff on roles and responsibilities and go through questions with staff. Practicing by simulation of speaking to patients, handing out/receiving surveys, etc. can help make staff more comfortable.
- ☐ During the planning meeting, answer staff questions, finalize a survey schedule and survey process
- ☐ Review key sections of the Support Guide

On Survey Days

- ☐ Ensure designated staff are on site or available to assist patients, answer questions and hand out and receive completed surveys.
- ☐ Develop contingency plans to identify how the team will huddle to address issues that may arise.
- ☐ Review the survey process at the end of the day and consider the following:
  - What questions did patients have about the survey or the process?
  - What barriers to surveying were removed/changed? What issues remain?
  - What questions were asked by patients that staff could not address?
  - What worked well in the survey process and sampling schedule?
  - What would make it even better?
- ☐ Make process adjustments as needed

Appendix A: Sample Preparation Checklist

Primary Care Patient Experience Survey Checklist	
Data Entry	☐ Enter data into Excel Spread sheet Tool
Data Analysis & Interpretation	☐ Review data with the team, including 1-2 patients if possible ☐ Validate results with Team ☐ Examine patient feedback to identify priorities for improvement
Take Action	☐ Develop Quality Improvement Plan with clear identification of who, what, when, why, how ☐ Include implementation of short term "quick wins" as well as large term improvements ☐ Ensure support and sign off by senior management / QPS committee ☐ Post action plan and progress ☐ Develop a practical communications strategy to share results widely throughout the CHO ☐ Agree a process for reporting and monitoring progress ☐ Keep QIP update.
Repeat	☐ Ensure designated staff are on site or available to assist patients, answer questions and hand out and receive completed surveys. Develop contingency plans to identify how the team will huddle to address issues that may arise.

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