

Measuring the patient experience – a novel approach to getting valid, meaningful, and comparable results monthly with relative ease

T. Kiran, M. Giles, L. Miller, M. Slater, and L. Malone for the St. Michael's Hospital Academic FHT Quality Steering Committee

About St. Michael's Hospital Academic FHT

- Five practice sites located in Toronto's "inner city"
- ~ 35,000 rostered patients
- ~ 60 staff physicians, 40 resident physicians, plus many other health professionals and learners
- Focus on disadvantaged populations including those who are homeless, HIV positive, new immigrants, refugees, and those living in poverty

Background

We wanted a relatively low cost, low effort approach to measure our patients' experience regularly. We were inspired by Dorval Medical FHT's approach of sending all patients a survey link by email during their birth month. However, we were not sure whether an email-only survey approach would exclude some of our disadvantaged patients. We also wanted to ensure that we could compare our survey results to benchmarks.

Objectives

1. Design a patient experience survey using questions from the Commonwealth Fund International Health Policy Survey to facilitate provincial, national, and international comparisons
2. Launch a monthly email patient experience survey
3. Compare responses of the emailed patient experience survey with the same survey conducted in the waiting room

Comparing Email and Waiting Room Delivery of a Patient Experience Survey

	Email Survey	Waiting Room Survey
Sampling	<ul style="list-style-type: none"> • All patients with emails sampled over 1 year period • Reaches those not in clinic • Favours IT-savvy patients • Requires English language proficiency 	<ul style="list-style-type: none"> • Random sample of patients visiting clinic over short period • Only includes patients visiting clinic • Reaches those not comfortable with email/technology • Requires English language proficiency
Data Collection	• Low effort/cost	• High effort/cost
Data Analysis	• Data exported into Microsoft Excel from Fluid Survey	• Data exported into Microsoft Excel from Fluid Survey

Methods

Email Survey

- Launched January 1, 2014 (ongoing)
- Survey link emailed to all patients during their birth month
- Patients complete survey on Fluid Surveys using their home device
- Email addresses currently available for ~20 % of FHT patients (email address collection began January 2013)

Waiting Room Survey

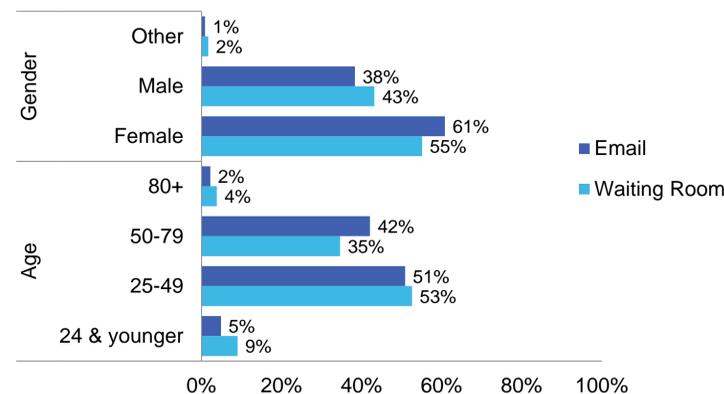
- Conducted between July 4 and August 19, 2014
- Patients checking in for appointments invited to participate in survey by summer student
- Patients complete survey on Fluid Surveys using tablet
- Students targeted 100 completed surveys at each site

Results

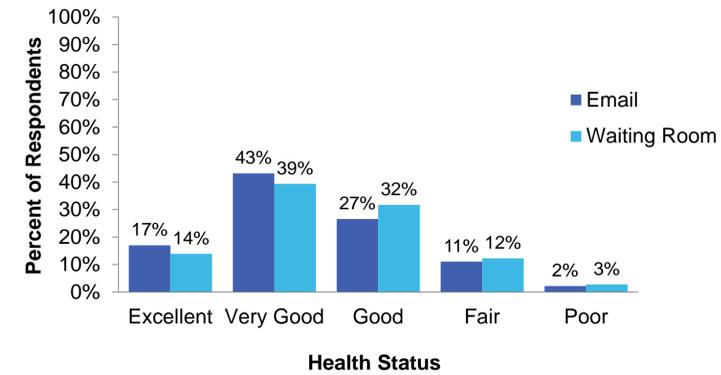
Survey Response Rate and Time Involved

	Email Survey	Waiting Room Survey
Response Rate	17%	50%
Total No. of Respondents	507 (Jan 1 to Jun 30, 2014)	544 (Jul 4 to Aug 19, 2014)
Time and effort involved	Administrator conducts EMR search to identify eligible patients & sends email blast using Microsoft Office Mail Merge (approx. 12 hrs over 6 months)	Two summer students working full-time for 32 days

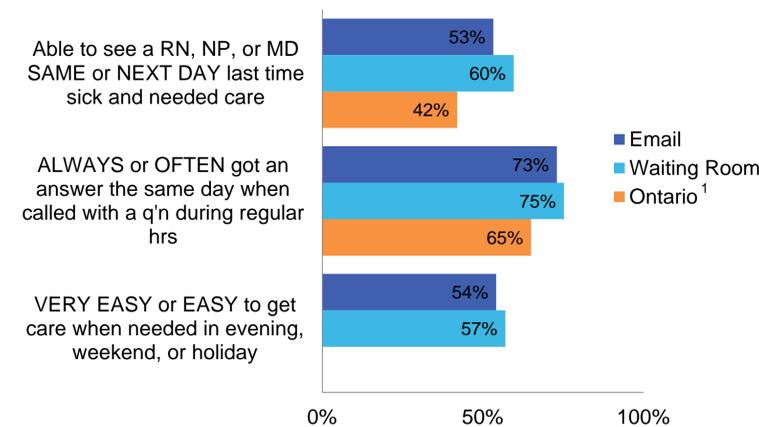
Demographics: Gender & Age



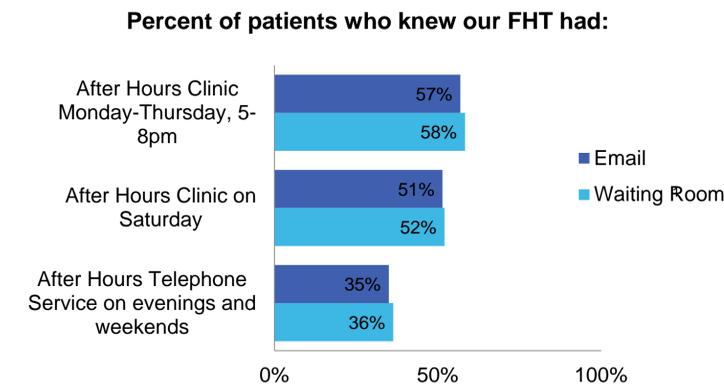
Demographics: Self-Reported General Health Status



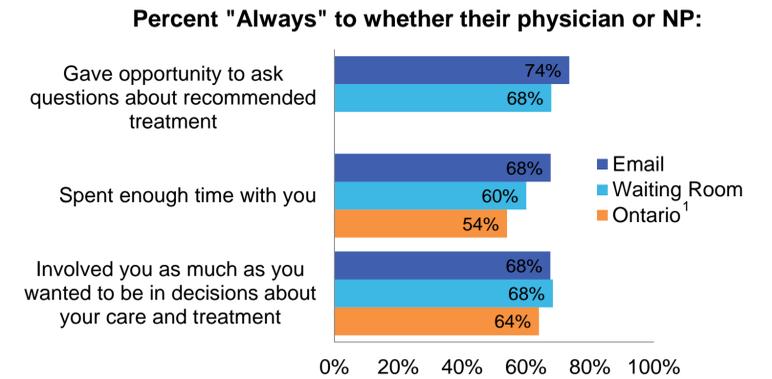
Access to Care When Needed



After Hours Knowledge



Patient-Centred Care



Summary

- A monthly patient experience survey is a feasible, low-effort approach to collecting relevant data regularly
- Results from our email and wait room survey responses were generally similar
- There were small differences in demographics of respondents (e.g. wait room survey included more respondents age 80 and fewer respondents who self-report as being in excellent or very good health)
- Our FHT performed better than the Ontario average in the 2013 Commonwealth Fund International Health Policy Survey of the general public¹

Next Steps

Further analysis to understand:

1. How do characteristics of survey respondents compare to our FHT population?
2. How precise are the results? How will we know change is an improvement?
3. Are responses from the email and waiting room survey statistically different?
4. How do responses differ between our five practice sites?

Acknowledgements

We want to thank George Southey for the idea of emailing a survey to patients in their birth month, Rick Glazier for helping our survey and his guidance on survey methods, Patrick Fleming for his early work administering the email survey, Judith Peranson for overseeing the initial launch of the email survey, and summer students, Abdilatif Mohamud and Ashmahan Hussein, for administering the waiting room survey.

References

1. Health Council of Canada. Where you live matters: Canadian views on health care quality; Results from the 2013 Commonwealth Fund International Health Policy Survey of the General Public. Canadian Health Care Matters, Bulletin 8. Toronto 2014.