**Patient Feedback - Process and Tools**

Responding to patient feedback is useful in confirming the patient-centred nature of health and improving patient outcomes. It also has benefits for practice culture, patient and staff loyalty and satisfaction and reduced litigation.

**Create a steering committee or responsible person within your practice to:**

1. Discuss with all relevant stakeholders
2. Assist with selecting the type of feedback sought
3. Assist with creating the questions list
4. Help design the questionnaire if needed
5. Plan and supervise the distribution of the questionnaire
6. To inform all staff of how and when the survey will run
7. To arrange data collation and analysis
8. To facilitate reflection, discussion and change planning as a result of the feedback
9. To record and report the entire process, including reminders to ACRRM members to log the activity in their PD portfolio to claim CPD credit.

**Types of patient feedback**

* Patient feedback can be unsolicited, e.g., direct, phone calls, correspondence or contact from legal and health regulatory authorities.
* Patient feedback can be actively sought, both informally and formally. There are options beyond the traditional suggestion box or simply asking how things went.

**Structured methods of collecting feedback covered in this guideline are:**

* Questionnaires
* Focus groups
* Interviews

**QUESTIONNAIRES**

**Questionnaires already available**

* ACRRM template
* Online templates
* Commercially available questionnaires e.g., CFEP, MES Experience

Different versions and tools for questionnaires exist online, either free or commercially with benchmarking options, or you can create your own.

Websites to guide your selection include

* [WordStream Blog](https://www.wordstream.com/blog/ws/2014/11/10/best-online-survey-tools)
* [Client Heartbeat](https://www.clientheartbeat.com/)
* [InMoment](http://www.inmoment.com/)

**Sample size**

For questionnaire results, statistical validity of at least 377 responses are required.

See [Raosoft database web survey software](http://www.raosoft.com/samplesize.html)

If this is not achievable, at least 50 responses per FTE doctor is recommended to provide adequate patient feedback data and satisfy practice accreditation purposes.

1. **Creating the questionnaire**

Consider what you what to learn from the survey e.g.

* About the practice
* About the patients’ service and experience, needs and expectations
* Whether you are seeking benchmarking data
* Whether changes you have implemented are improving outcomes
* Feedback on your performance

You can select an online free or a proprietary patient feedback questionnaire. Some require you to populate the question fields. Others are ready to use.

A Learning Needs Analysis reflection or team discussion may help focus the survey and guide question development.

The topics listed below are a guide*.*

**Practice needs and evaluation**

* Access and availability
* Provision of information
* Privacy and confidentiality
* Continuity of care
* Communication and interpersonal skills of clinical staff
* Communication and interpersonal skills of non-clinical staff
* Respectful
* Range of services offered

**Clinician performance**

* Interpersonal skills, rapport, and relationship
* Punctuality
* Listens well
* Communication
* Professionalism
* trustworthy
* Diagnosis
* Medical expertise
* Involves patients in management planning
* Adequate education and information supply
* Technical competence
* Overall satisfaction
* Would see this doctor again
* Would recommend this doctor to my friends and family

1. **Distributing the questionnaire**

* Randomised e.g., every 5th patient seen, phoning or emailing in
* Targeted e.g., all patients of a particular age group, ethnicity or diagnosis
* Paper - presented to the patient at the conclusion of the consultation
* Paper - posted to patients
* Electronic online or on a tablet at the conclusion of the consultation, or SMS
* Phone by a staff member or by a telemarketer

1. **Collecting the questionnaire**

Consider practice demographics and factors such as familiarity with and access to some forms of technology, space, privacy concerns, obtaining consent and staff resourcing when choosing from the following options.

|  |  |
| --- | --- |
| **Tool** | **Examples** |
| Paper version was sent via Australia Post | Send a paper version of the questionnaire to every 5th patient |
| Paper version in practice | Invite every 5th patient to complete the questionnaire |
| Electronic version in practice (e.g. on tablets) | Invite every 5th patient to complete the questionnaire |
| Text message | Text every 5th patient (helpful with 1 or 2 questions) |
| Incoming & outgoing phone calls | Ask every 5th patient if they will answer three questions at the end of a call |
| Professionally trained phone surveyor | A trained surveyor asks questions and records answers exploring issues in depth |

1. **Collating the information**

Appoint a suitable person to collate and summarise the quantitative and qualitative responses, e.g., spreadsheet, %, bar graphs etc, retaining confidentiality

1. **Evaluating the findings**

* Relevant stakeholders analyse and discuss the possible reasons for the findings, the exceptions and possible actions to remediate problems and improve the quality of care provided
* Create an action plan (using SMART principles) as a result of the discussion

1. **Report**

* Summarise the questionnaire purpose, methodology, results, evaluation and action plan
* For the practice participants
* For patient awareness, e.g., practice website, newsletter
* For ACRRM CPD credit into your PD portfolio

**Supporting forms and templates**

1. Invitation to participate in patient feedback letter - to be given to the patient AFTER their consultation not before.

1. Patient Questionnaire template

See the supporting template

1. Patient feedback report
2. Patient feedback report should include the following information.

**FOCUS GROUPS**

A focus group is a facilitator led small group of selected patients in a planned discussion regarding a particular aspect/s of their care experiences at your practice.

Such focus groups usually feature:

* A specific topic for discussion
* A facilitator manages the discussion
* Patients are chosen and discussion is managed, creating a comfortable environment in which people are more likely to feel free to talk openly and express their opinions.

Focus groups are useful when you:

* Require a better understanding of how patients experience a certain aspect of your practice
* Want to understand how certain subsets of your patients experience care, which may not be revealed in a random survey (e.g., children, elderly, a specific illness, etc)
* Want to involve patients who are less likely to respond to a written questionnaire (e.g., literacy, vision or language issues)
* Want to collect patients’ feedback by discussion as it is more culturally appropriate
* Are considering or planning to introduce a new program or service
* Want to ask questions that can’t easily be addressed on a written questionnaire
* Want to supplement the knowledge you can gain from written questionnaires.

**Focus Group Numbers**

Maximum 10 per group, to facilitate group discussion inclusion

Between 2 and 5 participants may be sufficient for adequate feedback

**Focus Group Process**

1. Identify the information required

* Prepare the discussion topics and questions
* The discussion topics and questions can be refined with the facilitator
* A mix of general and focused questions, open and closed questions

1. Identify the focus group criteria

* E.g., by demographics, treatments or services received, diagnoses
* Plan the invitation e.g., face to face, phone, letter, email
* Select the invitees
* Information sheet for invitees: voluntary, confidential, for quality improvement, no impact on their individual care, their honest and open feedback and suggestions are sought.

1. Meeting logistics

* Date, time, venue, duration, catering, +/- incentives /gifts
* Data recording: deidentified, scribed or recorded with the consent of each participant

1. Facilitator

* Preferably experienced in small group facilitation
* Preferably independent of the practice, or at least NOT a clinician or someone involved in the participants’ care
* Uses the discussion topics and questions, allows free discussion on the relevant topic/s
* Sets the tone of and facilitates respectful inclusion in the discussion, confidentiality
* Encourages suggestions for quality improvement
* Allows other topics if there is the time at the end of the discussion
* Concludes meeting, thanks participants, informs when summary will be communicated

1. Data analysis

* Results are summarised in a qualitative and quantitative manner
* Results are analysed regarding areas of strength, gaps in service, and areas that need addressing
* Strategies for improvement are discussed in the practice team and defined using SMART terminology

1. Reporting

* Within the practice, e.g., summarising reports and action plans at practice meetings
* To the focus group, e.g., by letter thanking them and summarising findings and an outline of actions to be taken
* To the patients in general - similar to focus group summary and outline of actions, e.g., in practice newsletter, notice board or website
* Claim CPD hours in your PD portfolio using the reporting form

**INTERVIEWS**

**Individual interviews**

* These are planned one-on-one discussions between an interviewer and a patient.
* Patients are asked predetermined questions about their experiences in practice.
* Responses can provide quantitative and qualitative information.
* Questions can cover a theme and or specific questions.

**Structured interviews**

* Provide quantitative information.
* Mimic a written questionnaire by using specified questions and a range of answer options.
* All participants are interviewed using the same structure

**Semi-structured interviews**

* Follow themes
* Have some predetermined questions
* Use open and closed questions
* Allow for adaptation of the questions by the interviewer, e.g., rewording them, reordering them

**Unstructured interviews**

* No standardised questions
* More conversational style
* Allow follow-up of answers
* Allow deviation of discussion
* More open questions

**Participant selection**

* Often selective, can be random
* Suitable to the question posed/information sought
* E.g., long-term patients, new patients, particular procedures or diagnoses, subspecialty care use, specific demographics

**Inviting participation**

* Letter explaining the purpose, seeking open and honest feedback and suggestions for quality improvement and better patient care, confidentiality, voluntary, unrelated to their care, logistics, interview recording (scribe or audio), independent interviewer, subsequent feedback, +/- incentives information.
* Invitation can be given face to face, phone or email.

**Interviewer selection**

* Experienced at interviewing including active listening skills, empathy, responding to verbal and nonverbal communication
* Independent of the practice is preferable
* If from within the practice, must not be clinically involved with the patient care, e.g., manager

**Topic and question selection**

1. Identify the information required

* Prepare the discussion topics and questions
* The discussion topics and questions can be refined with the facilitator
* A mix of general and focused questions, open and closed questions

1. Identify the interviewee/s criteria

* E.g., by demographics, treatments or services received, diagnoses
* Plan the invitation e.g., face to face, phone, letter, email
* Select the interviewees
* Information sheet for interviewees: voluntary, confidential, for quality improvement, no impact on their individual care, their honest and open feedback and suggestions are sought.

1. Meeting logistics

* Date, time, venue, duration, catering, +/- incentives /gifts
* Data recording: deidentified, scribed or recorded with the consent of each participant

1. Facilitator

* Preferably experienced in interview facilitation
* Preferably independent of the practice, or at least NOT a clinician or someone involved in the participants’ care
* Uses the discussion topics and questions, allows free discussion on the relevant topic/s
* Sets the tone of and facilitates respectful discussion, confidentiality
* Encourages suggestions for quality improvement
* Allows other topics if there is time at the end of the discussion
* Concludes interview, thanks interviewee, and informs when summary will be communicated

1. Data analysis

* Results are summarised in a qualitative and quantitative manner
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* Strategies for improvement are discussed in the practice team and defined using SMART terminology

1. Reporting

* Within the practice e.g., summarising reports and action plans at practice meetings
* To the interviewees e.g., by letter thanking them and summarising findings and an outline of actions to be taken
* To the patients in general - similar to focus group - summary and outline of actions e.g., in practice newsletter, notice board or website
* Claim CPD hours in your PD portfolio using the reporting form