



Patient Experience Survey for Specialized Geriatric Services in Ontario

Presented by:

Ronaye Gilsenan, MA

Rhonda Schwartz, MA

Iris Gutmanis, PhD

On behalf of the Regional Geriatric Programs of Ontario
Performance Measurement Committee



Disclosure

- Ronaye Gilsenan and Rhonda Schwartz have not received any additional payment or funding
- To ensure a rigorous analysis of the data, funding for Iris Gutmanis, an epidemiologist, to analyze the survey pilot data was secured through the Provincial Geriatrics Leadership Office

Who We Are...

The Regional Geriatric Programs of Ontario

A provincial collaborative that supports specialized geriatric services (SGS) towards meeting the health needs of Ontario's aging population in the following ways:

- SGS Delivery of Care
- SGS Capacity Building
- SGS Evaluation
- SGS Advocacy

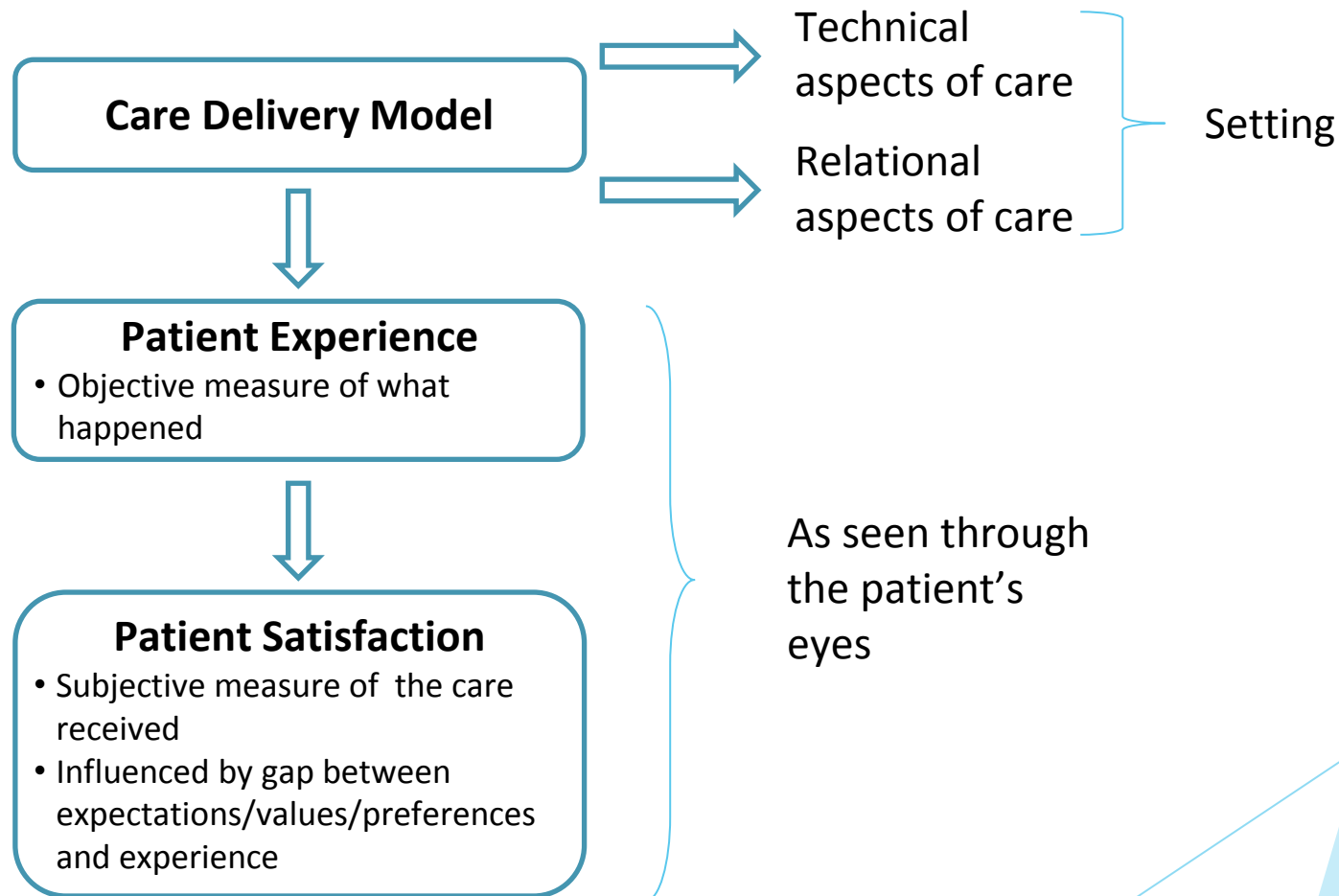


Learning Objectives

1. Understanding of why a provincial Patient Experience Survey was designed for specialized geriatric services
2. Overview of the steps taken to develop and test the Patient Experience Survey
3. Summary of the learnings and next steps

Patient Experience

Patient Experience vs. Patient Satisfaction



Benefits of Assessing Patient Experience

Patient Benefits

- Better clinical experience¹
- Increased patient safety²
- Increased patient engagement³
 - ▶ Enhanced adherence to treatment plans/medication use^{3,4}
 - ▶ Improved clinical outcomes⁴

Benefits of Assessing Patient Experience

Healthcare Provider Benefits

- Opportunity to innovate¹
- Greater employee satisfaction and reduced turnover³

Healthcare System Benefits

- Enhanced strategic decision making¹
- Performance monitoring and benchmarking^{1,5}
- Ability to identify both local and system-wide issues⁵

Need for a SGS Patient Experience Survey

The Problem...

- A review of available patient experience surveys revealed that a reliable and validated patient experience survey did not exist for appointment-based SGS.
- Geriatric patients in Ontario have few opportunities to collectively voice their concerns and shape healthcare.

Challenges with Available Patient Experience Surveys

Typical Patient Experience Surveys	SGS Patient Experience Surveys
<ul style="list-style-type: none">▪ aligned with specific health care sectors	<ul style="list-style-type: none">▪ cross-sectoral
<ul style="list-style-type: none">▪ designed with one condition in mind	<ul style="list-style-type: none">▪ comorbid conditions
<ul style="list-style-type: none">▪ offered in many settings▪ provided by one person or an interdisciplinary team<ul style="list-style-type: none">▪ can include one visit or multiple visits	

The Response...

The RGPs of Ontario have collaboratively developed a core set of survey items that are:

- evidence-informed
- valid and reliable
- designed specifically for appointment-based SGS
- designed to obtain the perspective of the patient only
- designed for patients who are able to provide feedback, either verbal or non-verbal, on their own or with the assistance of a family member/friend

Survey Development Processes

Timelines

PHASE 1

June 2015
Decision to develop provincial patient experience core items for SGS

**June 2015-
Sept 2016**
Lit/ strategy review, evidence alignment & operationalization of core items

**Nov 2016-
Apr 2017**
Multisite Ethics Review

PHASE 2

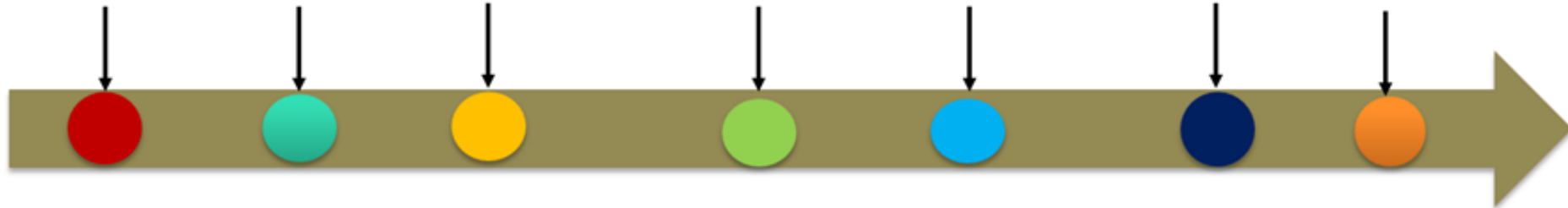
May-July 2017
Cognitive interviews with patients & caregivers at 3 sites

**Aug 2017-
Jan 2018**
Refining of core items + review of selected core items by RGPO & REBs

PHASE 3

Feb-Nov 2018
Pilot testing, refinement & item analysis

2019
Further Refinement & launch



Methodology

1. Engaged regional and provincial SGS experts
2. Utilized a collaborative decision-making method
3. Selected and adapted a nationally recognized, evidence-informed framework
4. Identified draft core survey items
5. Submitted protocol for REB approval
6. Engaged patients & caregiver via cognitive interviews and refined
7. Pilot tested the survey and refined
8. Evaluated the survey's psychometric properties and refined

Item Development Guided by:

WONG & HAGGERTY⁶- FRAMEWORK	
DIMENSION	SUB-DIMENSION
ACCESS	Accommodation
INTERPERSONAL COMMUNICATION	General Communication
	Respectfulness
	Shared decision making
	Whole person care
TRUST	
PATIENT REPORT IMPACTS OF CARE	Patient activation
COMPREHENSIVENESS OF SERVICES	Comprehensiveness of services offered
CONTINUITY AND COORDINATION	Coordination
	Information Continuity

Key Principles Considered When Developing Wording for Core Items...

Clarity

- Wording of core survey item clearly links to sub-dimension definitions

Simplicity

- Short and common words, short sentences, and simple concepts. Grade 6 level reading.

Contextual Specificity

- Applicable wording for SGS programs in different settings and by different providers

Contextual Relevance

- Relevant questions that solicit feedback to support the implementation of QI initiatives within SGS

Group Based Consensus Research

Modified Real Time Delphi Methodology

- Experts were not anonymous
- Experts received rounds of structured questionnaires and worksheets
- Decisions regarding particular wording were based on consensus
- Summary of group discussion and the decisions made were forwarded to members after each round

Survey Framework	Proposed Survey Item Wording	Include wording as is? Yes/No	If No... suggested revisions are:
(Dimension)			
(Sub-Dimension)			

Cognitive Interviews

Type of Cognitive Interview Probe ⁷	Example
Comprehension/Interpretation	“What does the term _____ mean to you?”
Paraphrasing	“Can you repeat the question I just asked in your own words?”
Confidence Judgement	“How sure are you that you have _____?”
Recall	“How did you come up with your answer?”
Specific	“Why do you say that you think this is very important that _____?”
General	“I noticed that you hesitated. Tell me what you were thinking.”

Pilot Testing

Survey Content

- Date completed
- Who completed the survey
- 16 core survey items:
 - ▶ 12 - framework based
 - ▶ 1 - overall care
 - ▶ 1 - willingness to recommend
 - ▶ 2 qualitative - strengths & areas for improvement

Survey Format

- One page
- 14 font
- Grade 6 reading level
- Available in English only
- Paper format only

Pilot Site Instructions

Survey Content:

- What was to remain the same
- What could be added to tailor the survey to a specific clinic/program

Staff Education:

- How survey was to be distributed and collected
- Method of survey collection from programs

Quantitative and Qualitative Data

Sampling Approach

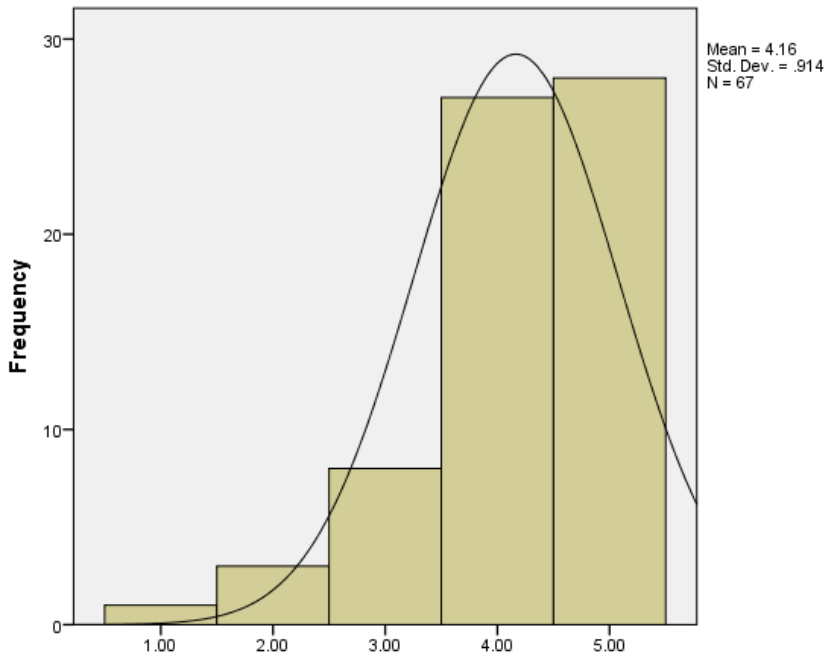
- <http://www.surveysystem.com/sscalc.htm>
- Selected a confidence level (95%)
- Selected a confidence interval (estimate \pm 5%)
- Determined the number of patients accessing the program per year

Sampling Approach

# Patients seen each year	95% confidence level 50% population proportion		95% confidence level 70% population proportion		99% confidence level 50% population proportion	
	Confidence Interval	Sample Size	Confidence Interval	Sample Size	Confidence Interval	Sample Size
600	± 5.0%	234	± 5.0%	211	± 5.0%	316
	± 7.5%	133	± 7.5%	116	± 7.5%	198
	± 10%	83	± 10%	72	± 10%	130
	± 20%	23	± 20%	20	± 20%	39
3000	± 5.0%	341	± 5.0%	292	± 5.0%	545
	± 7.5%	162	± 7.5%	137	± 7.5%	269
	± 10%	93	± 10%	79	± 10%	158
	± 20%	24	± 20%	21	± 20%	41

Quantitative Data

- Data from both sites were entered into SPSS
- Frequency distribution and measures of central tendency were generated



Measures of Central Tendency

	Statistic	Std. Error
Mean	4.1642	.11172
95% Confidence Interval for Mean	Lower Bound	3.9411
	Upper Bound	4.3872
Median	4.0000	
Variance	.836	
Std. Deviation	.91448	
Minimum	1.00	
Maximum	5.00	
Range	4.00	
Interquartile Range	1.00	
Skewness	-1.194	.293
Kurtosis	1.472	.578

Test of Normality

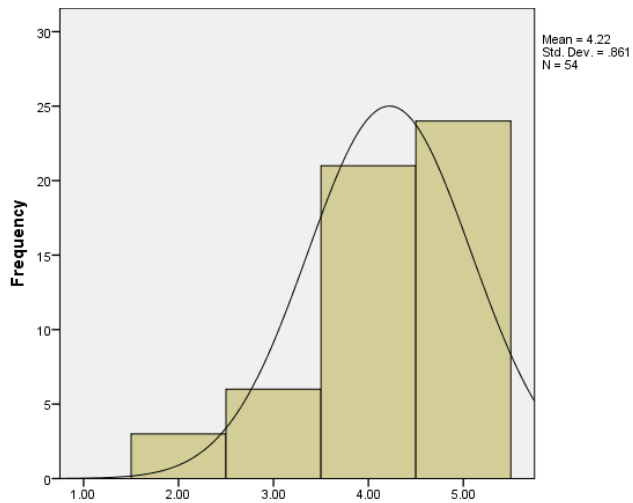
Shapiro-Wilk		
Statistic	df	Sig.
.796	67	.000

Quantitative Data

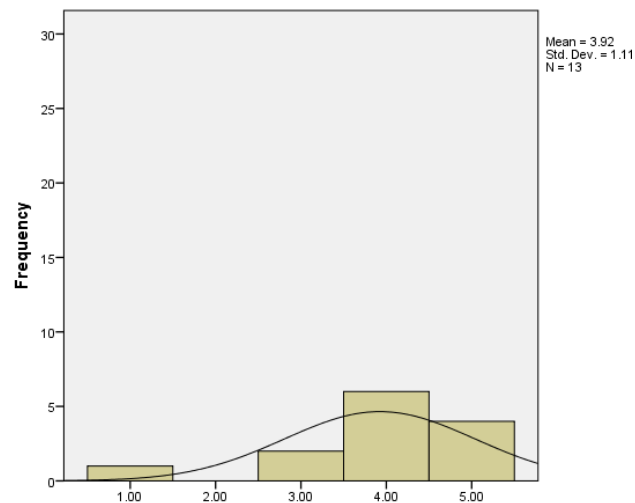
Frequency distributions were also determined by:

- who completed the survey
- site
- quarter

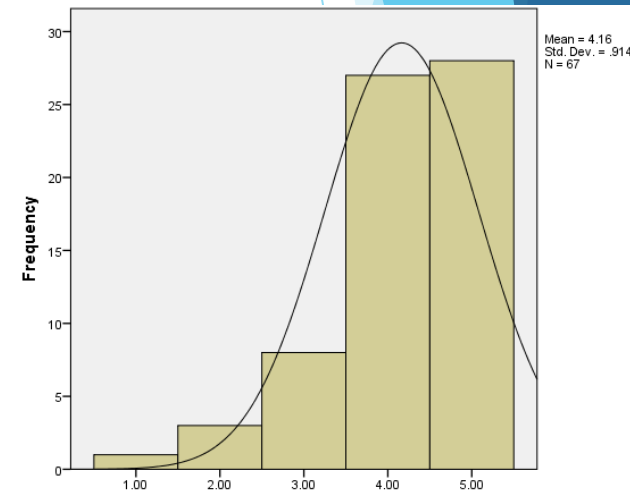
Site 1



Site 2



Both sites



Psychometric Testing

Reliability (consistency)

- Internal consistency

Validity (accuracy)

- Face validity
- Construct validity

Qualitative Data

Qualitative data were:

- themed
- analyzed to determine “fit” with the framework

Using the Data

- Used both the item-level frequency distributions/scores and the responses to the two open-ended questions to identify areas for improvement
- Shared the findings with key stakeholders

Revised Survey & Methods

1. Replaced one legal sized page with two letter sized pages
2. Shortened the survey introduction and instructions
3. Reduced the response categories from two to three for who completed the survey
4. Reworded one item for clarity
5. Added written details for returning the survey
6. Added basic demographics
7. Processes to support collecting the date and who completed the survey needed to be formalized
8. Methods to collect response rates needed to be more detailed

Summary of Learnings...

1. It always takes longer than you think
2. Cast a broad net when recruiting members
3. Engage caregivers/patients early in the process
4. Building relationships can be take time when working remotely
5. A process for collaborative decision-making is key
6. Don't re-invent the wheel - select an evidence-informed framework if there is one that is applicable
7. Start with the end in mind

Next Steps...

1. Complete the development of the implementation guide
2. Make the survey and implementation guide available at no cost to those organizations choosing to use it
3. Finalize a manuscript for publication
4. Consider development of an electronic format and a provincial portal for data collection
5. Make the survey available in other languages
6. Develop a Caregiver Experience Survey

Thank you to the other members of the Provincial Patient Experience Working Group and the Pilot Site Leadership

Patient Experience Working Group

Frank Molnar - Ottawa

Kelly Milne - Ottawa

David Ryan - Toronto

Adam Day - Sudbury

Rosemary Brander - Kingston

Pilot Site Leadership

Deb Daly - Toronto

Taryn MacKenzie - Ottawa



References

- ¹ LaVela SL, Gallan AS. (2014). Evaluation and measurement of patient experience. *Patient Exp J*;1:28–36.
- ² Doyle C, Lennox L, Bell D. (2013). A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. *BMJ Open*; 3(1). pii: e001570. doi: 10.1136/bmjopen-2012-001570.
- ³ Browne K, Roseman D, Shaller D, Edgman-Levitan S. (2010). Analysis & commentary measuring patient experience as a strategy for improving primary care. *Health Aff (Millwood)*. 2010 May;29(5):921-5. doi: 10.1377/hlthaff.2010.0238.
- ⁴ Anhang Price R, Elliott MN, Zaslavsky AM, et al. (2014). Examining the role of patient experience surveys in measuring health care quality. *Med Care Res Rev*; 71:522-54. doi: 10.1177/1077558714541480. Epub 2014 Jul 15.
- ⁵ Beattie M, Murphy DJ, Atherton I, Lauder W. (2015). Instruments to measure patient experience of healthcare quality in hospitals: a systematic review. *Syst Rev*;4:97. doi: 10.1186/s13643-015-0089-0.
- ⁶ Wong ST, Haggerty J. (2013). Measuring Patient Experiences in Primary Health Care. Retrieved from: <http://www.chspr.ubc.ca/pubs/report/measuring-patient-experiences-primary-health-care-review-and-classification>
- ⁷ Willis GB, Artino AA. (2013). What do our respondents think we're asking? Using cognitive interviewing to improve medical education surveys. *Journal of Graduate Medical Education*, Sept 2013 pp 353-356

Additional Resources

Health Quality Ontario. (2015). Primary Care Patient Experience Survey: Support Guide. Available at:

<http://www.hqontario.ca/Portals/0/documents/qi/primary-care/primary-care-patient-experience-survey-support-guide-en.pdf>

Also: <https://www.hqontario.ca/System-Performance/Measuring-System-Performance/Measuring-Patient-Experience>

Canadian Institute for Health Information

<https://www.cihi.ca/en/patient-experience>

Ontario Hospital Association

<https://www.oha.com/data-and-analytics/patient-reported-performance-measurement/recommended-patient-experience-surveys>

THANK YOU!

If you have any questions and/or would like to send additional feedback please feel free to contact:

Ronaye Gilsenan or Rhonda Schwartz
rgilsenan@toh.ca rschwartz@nhh.ca

