Patient Experience Survey for Specialized Geriatric Services in Ontario

Presented by:
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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

Care Delivery Model

Patient Experience
• Objective measure of what happened

Patient Satisfaction
• Subjective measure of the care received
• Influenced by gap between expectations/values/preferences and experience

Technical aspects of care
Relational aspects of care

Setting

As seen through the patient’s eyes
Benefits of Assessing Patient Experience

Patient Benefits

- Better clinical experience\(^1\)
- Increased patient safety\(^2\)
- Increased patient engagement\(^3\)
  - Enhanced adherence to treatment plans/medication use\(^3,4\)
  - Improved clinical outcomes\(^4\)
Benefits of Assessing Patient Experience

Healthcare Provider Benefits
- Opportunity to innovate\(^1\)
- Greater employee satisfaction and reduced turnover\(^3\)

Healthcare System Benefits
- Enhanced strategic decision making\(^1\)
- Performance monitoring and benchmarking\(^1,5\)
- Ability to identify both local and system-wide issues\(^5\)
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

<table>
<thead>
<tr>
<th>Typical Patient Experience Surveys</th>
<th>SGS Patient Experience Surveys</th>
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<tbody>
<tr>
<td>▪ aligned with specific health care sectors</td>
<td>▪ cross-sectoral</td>
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<tr>
<td>▪ designed with one condition in mind</td>
<td>▪ comorbid conditions</td>
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<tr>
<td>▪ offered in many settings</td>
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<tr>
<td>▪ provided by one person or an interdisciplinary team</td>
<td>▪ can include one visit or multiple visits</td>
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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:**

<table>
<thead>
<tr>
<th>WONG &amp; HAGGERTY(^6) FRAMEWORK</th>
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<tbody>
<tr>
<td><strong>DIMENSION</strong></td>
</tr>
<tr>
<td>ACCESS</td>
</tr>
<tr>
<td>INTERPERSONAL COMMUNICATION</td>
</tr>
<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td>TRUST</td>
</tr>
<tr>
<td>PATIENT REPORT IMPACTS OF CARE</td>
</tr>
<tr>
<td>COMPREHENSIVENESS OF SERVICES</td>
</tr>
<tr>
<td>CONTINUITY AND COORDINATION</td>
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</tbody>
</table>
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:
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dimension</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-Dimension</td>
<td></td>
<td></td>
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</tbody>
</table>
## Cognitive Interviews

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

- Selected a confidence level (95%)
- Selected a confidence interval (estimate ± 5%)
- Determined the number of patients accessing the program per year
# Sampling Approach

<table>
<thead>
<tr>
<th># Patients seen each year</th>
<th>95% confidence level 50% population proportion</th>
<th>95% confidence level 70% population proportion</th>
<th>99% confidence level 50% population proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Confidence Interval</td>
<td>Sample Size</td>
<td>Confidence Interval</td>
</tr>
<tr>
<td>600</td>
<td>± 5.0%</td>
<td>234</td>
<td>± 5.0%</td>
</tr>
<tr>
<td></td>
<td>± 7.5%</td>
<td>133</td>
<td>± 7.5%</td>
</tr>
<tr>
<td></td>
<td>± 10%</td>
<td>83</td>
<td>± 10%</td>
</tr>
<tr>
<td></td>
<td>± 20%</td>
<td>23</td>
<td>± 20%</td>
</tr>
<tr>
<td>3000</td>
<td>± 5.0%</td>
<td>341</td>
<td>± 5.0%</td>
</tr>
<tr>
<td></td>
<td>± 7.5%</td>
<td>162</td>
<td>± 7.5%</td>
</tr>
<tr>
<td></td>
<td>± 10%</td>
<td>93</td>
<td>± 10%</td>
</tr>
<tr>
<td></td>
<td>± 20%</td>
<td>24</td>
<td>± 20%</td>
</tr>
</tbody>
</table>
Quantitative Data

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

Measures of Central Tendency

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

Test of Normality

<table>
<thead>
<tr>
<th>Statistic</th>
<th>df</th>
<th>Sig.</th>
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</thead>
<tbody>
<tr>
<td>.796</td>
<td>67</td>
<td>.000</td>
</tr>
</tbody>
</table>
Quantitative Data

Frequency distributions were also determined by:

- who completed the survey
- site
- quarter
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


Additional Resources

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
THANK YOU!

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

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