



The Voice of Patients:

Patient Experience/Satisfaction Surveys Core Questions

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Patient Experience/Satisfaction Surveys – Core Questions

Purpose

This document prepared by Patient Engagement and Survey and Evaluation Services is on the use of a set of “core” questions that measure key dimensions of patient-centred care. It is intended as a resource to share with programs and services that are developing patient experience/satisfaction surveys.

Issue

Alberta Health Services (AHS) is committed to providing responsive, safe, high quality, patient centred and sustainable health care to all Albertans. A vitally important voice in the planning, delivery and evaluation of health care services in Alberta is that of patients and their families. Capturing patients’ perspectives on the quality of their experience of care and services provides a more fully rounded view of organizational performance. Patient feedback surveys contribute to knowing what is working well and what needs improvement.

Current Situation

As one means of including the voice of patients, AHS uses the H-CAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey to collect feedback from adult in-patients on their experience with acute care services. The data being collected are used for reporting at a systems and site level. The Provincial H-CAHPS questions include the required patient experience/ satisfaction questions for Accreditation Canada. Provincial-wide surveys for child patient experience, mental health and addictions, ambulatory care, long-term care, supportive living, homecare are in various stages of development and implementation.

Need

The current provincial approach does not provide patient experience/satisfaction data at the unit or program level. Programs and hospitals often develop customized surveys in order to obtain timely and context specific data on their patients’ perspective and experience of care and services. The “core” questions proposed in this document are informed by the evidence on what matters to patients and address aspects of care that have been shown to have a positive impact on overall patient satisfaction. They are recommended as a starting point for programs to include in their surveys. In addition to these survey questions, there are many other aspects of patient care that have importance to patients that teams will want to inquire about and tailor to specific settings, conditions, medical specialties and organizational priorities.

Benefits

The benefits of service areas and programs using a core set of questions include:

- service groups can be more confident that they are asking robust questions,
- the ability to compare data on patient experience quality indicators,
- the organization will have a more comprehensive view of patient experience in the province and across service areas.

Patient Centred Care Dimensions and Core Questions

Table 1 lists the dimensions of patient-centred care, the “core” questions, the response sets and the source of the questions from the AHS Provincial H-CAHPS survey, April 2011 version.

Table 1 : Patient Experience/Satisfaction Surveys – Care Dimensions and Core Questions[†]

Dimensions of Patient Centred Care	Core Survey Questions	Response Set	Source
Respect and Dignity	Respect and Listening		
<ul style="list-style-type: none"> listen to the patient and family elicit their perspective and concerns accommodate cultural/spiritual needs honour pt/fam choices and values treat with empathy/understanding provide emotional support 	1. How often did nurses [doctors] [health care providers] treat you with courtesy and respect? 2. How often did nurses [doctors] [health care providers] listen carefully to you?	Always, Usually, Sometimes Never Always, Usually, Sometimes Never	PH-CAHPS April 2011 version (adapted Q1) P H-CAHPS (adapted Q2)
Information Sharing	Effective Communication		
<ul style="list-style-type: none"> communication between patient and providers are two-way and interactive give timely, accurate health information address health literacy/language issues provide understandable health info personalize information to the patient written materials are easy to read and are an adjunct to direct communication 	3. How often did nurses [doctors] [health care providers] explain things in a way you could understand? 4. How often did nurses [doctors] [health care providers] follow up on your concerns and observations?	Always, Usually, Sometimes Never Always, Usually, Sometimes Never	P H-CAHPS (adapted Q3) P H-CAHPS (adapted Q4)
Participation (point of care encounters)	Involvement in Care/Decisions		
<ul style="list-style-type: none"> encourage and support patient and family to participate in care and decision making at the level they choose ask patient to identify a support person tailor the informed consent process to meet patient needs build on patient strengths educate and support patient ability to act on health information for self-care and self-management involve pts/fam in care rounds, discussions and planning transitions 	5. Did you have enough involvement in decisions about your treatment [health care]? 6. How much did hospital staff [health care providers] include your family or someone close to you in decisions about your care?	Yes, definitely Yes, somewhat No, I wanted to be more involved Not applicable More than I wanted As much as I wanted Not as much as I wanted	P H-CAHPS (adapted Q 27) P H-CAHPS (adapted Q 28)

[†] Criteria for choosing questions: a) aspect of care is important to patients and relevant across care settings (evidence from studies and literature on PFCC), b) validated questions, c) response scale asks actual experience vs. rating (i.e., more actionable), d) allows for comparability.

Dimensions of Patient Centred Care	Core Survey Questions	Response Set	Source
Health Care Team	Team Coordination		
<ul style="list-style-type: none"> • good team work, communication and coordination of care • continuity and system navigation • care is viewed through the patient's eyes • patients and families are treated as partners in care 	7. How would you describe how well all of the health care professionals coordinated their efforts to serve your needs?	4 point scale Ex-G-F-P	PH-CAHPS (adapted Q29)
Other Care Dimensions Important to Pts	Optional Questions (depending on the context)		
<ul style="list-style-type: none"> • physical comfort – pain control, response to call bells • timely access • needs are anticipated • effective clinical treatment • environmental needs - cleanliness, amenities 	<p>Pain How often did the hospital staff [health care providers] do everything they could to help you with your pain?</p> <p style="text-align: center;">and</p> <p>How often was your pain well controlled?</p> <p>Call Bell During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?</p> <p>Cleanliness During this hospital stay, how often were your room and bathroom kept clean?</p>	<p>Always, Usually, Sometimes Never</p> <p>Always, Usually, Sometimes Never</p> <p>I never pressed call button, Always, Usually, Sometimes Never</p> <p>Always, Usually, Sometimes Never</p>	<p>P H-CAHPS (Adapted) Q 18, Q 17</p> <p>P H-CAHPS Q 5</p> <p>P H-CAHPS Q 12</p>
Bottom Line/Contextual Questions			
Overall Satisfaction	Using any number from 0-10, where 0 is the worst hospital possible and 10 is the best hospital [health care service] possible, what number would you use to rate this hospital [health care service]?	1-10 scale	P H-CAHPS Q 25
Open-ended Question	Is there anything else you would like to share about your hospital stay [health care experience]?		P H-CAHPS (Adapted Q 50)

Criteria Used to Select the Core Questions

The following criteria guided the selection of which questions to recommend for inclusion in patient experience/satisfaction surveys:

1. evidence from the literature on what matters to patients across care settings,
2. an examination of the key drivers of positive patient experiences and overall satisfaction,
3. survey questions that have been tested for reliability and validity,
4. survey questions that are actionable.

1. *What matters to patients?*

The principles of patient and family centred care are defined by the Institute of Patient and Family Centered Care as being: respect and dignity, information sharing, participation and collaboration (www.ipfcc.org). The Picker Institute Europe has spent years researching patients' needs, expectations and experiences in North America and Europe and describe the key domains or dimensions of patient-centred health care – what patients want, across various care settings. Three concern the relationship between individual patients and professionals and five relate to the way that services and systems work:

- involvement in decisions and respect for preferences
 - clear information and support for self-care
 - emotional support, empathy and respect
 - fast access to reliable health advice
 - effective treatment delivered by trusted professionals
 - attention to physical and environmental needs
 - involvement of, and support for, family and caregivers
 - continuity of care and smooth transitions. (Coulter, 2007)
- } **Relationships**
- } **Service/System**

Coulter and Ellins (2007) as part of a wider research initiative to synthesize research on performance, quality and cost effectiveness, looked at the effects of *informing*, *educating* and *involving* patients in their health care. The findings from their systematic review on interventions to engage patients indicate positive outcomes in the areas of: patients' knowledge and understanding; patients' experience, involvement and sense of empowerment; service utilization and costs; and health behaviour and health status. This research synthesis indicates the value of measuring the relational and communication aspects of patients' experiences.

2. *What are the key drivers of positive patient care? (See Appendix A)*

To help determine the key dimensions for measuring patient experience we looked at the correlation analyses of patient satisfaction studies to shed light on what aspects of care most influence how patients evaluate their care experience. The purpose was to identify patient experience quality indicators by examining which aspects of their care had more impact or the strongest relationship with how patients rated their overall satisfaction with care and service.

The studies reviewed included reports by the Picker Institute Europe (2009), the World Health Survey (Bleich et al, 2009), and the Institute for Healthcare Improvement (IHI, 2008). A Spearman correlation analyses from historical H-CAHPS data collected by a legacy organization, the Calgary Health Region was also conducted. Appendix A summarizes the key drivers or those aspects of care most related to

overall satisfaction from these studies. The “core” or essential questions to ask patients about their experience that emerged across studies were about:

- health care team coordination and consistency of care,
- being treated with respect and being listened to,
- clear information and communication,
- being involved in care decisions,
- pain management and pain control (depending of patient group and context)
- and, in acute care settings – hospital cleanliness and response to call lights.

Limitations

The research on defining patient-centred quality indicators is emerging and is not definitive. As the Picker Institute Europe highlights in their report, their purpose was to “*use a robust and logical method of analysis to provide conclusions which are ‘good enough’ to provided pragmatic guidance*” to programs querying which questions and what experiences to include in patient feedback measures (Picker Institute, 2009, page 5). This is true for our endeavour as well. Although the patient satisfaction studies used to assess the key drivers of positive patient experience are primarily from adult patients in acute care setting it is noted that similar themes are indicated in other settings such as outpatients, emergency department patients and primary care patients (Picker Institute, 2009, page 13).

3. Are the questions valid and reliable?

The core questions being recommended are from the H-CAHPS instrument that was developed by the Agency for Healthcare Research and Quality (AHRQ) (www.ahrq.gov). The instrument has gone through rigorous reliability and validity testing. It is a public domain instrument and the questions recommended are currently being used in Alberta’s Provincial H-CAHPS survey.

4. Are the questions actionable?

Yes, the response set for first seven questions asks patients to give factual responses about what did or did not happen during an episode of care. For example: *How often did nurses treat you with courtesy and respect?* Response set: *Always, Usually, Sometimes, Never*. Asking questions about the actual experience is more effective for providing information to service providers about where to target improvement efforts. The open-ended question provides qualitative data that adds contextual understanding of patients’ experiences. The bottom line “*satisfaction*” question allows for trending over-time and for correlation analysis to help determine what experience items best relate to patients’ overall satisfaction with services.

Who to Contact?

For consultation on survey methodology and use of the core questions:

Survey and Evaluation Services, (Data, Integration, Measurement and Reporting - DIMR)

E-mail: surveyandevaluation@albertahealthservices.ca

For consultation on patient and family centred care and patient engagement:

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References

Bleich, S., Ozaltin, E., Murray, C. (2009) *How does satisfaction with the health-care system relate to patient experience?* Bull World Health Organ 87: 271-271.

Balik B, Conway J, Zipperer L, Watson J. 2011. *Achieving an Exceptional Patient and Family Experience of Inpatient Hospital Care*. IHI Innovation series white paper. Cambridge, Massachusetts: Institute for Healthcare Improvement. (Available on www.IHI.org)

Committee on Quality of Health Care in America, Institute of Medicine. (2001) *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academies Press.

Coulter, A., Ellins, J., (2007) *Effectiveness of strategies for informing, educating and involving patients*. BMJ, 335:24-27.

Coulter, A. (2007) *Finding Out What Patients Want*. ENTNews, Sept/Oct 2007, Vol 16 N 4.

Institute for Patient and Family Centred Care <http://www.ipfcc.org/>

Institute for Healthcare Improvement (IHI), October (2008) *90-Day Research and Development Final Summary Report, Improving the Patient Experience of Inpatient Care*. www.ihl.com

Picker Institute Europe. Core domains for measuring inpatients' experience of care. (2009) *Picker Institute*, King's Mead House, Oxford, England.

The Joint Commission: *Advancing Effective Communication, Cultural Competence, and Patient/Family Centred Care: A Roadmap for Hospitals*. (2010) Oakbrook Terrace, IL: The Joint Commission.

Appendix A

Key Drivers of Positive Patient Care: Ranking of Survey Items and Overall Satisfaction with Care				
<p>Picker Institute Europe Report –Core domains for measuring inpatients’ experience of acute care (2009, N=72,584, England)</p> <ul style="list-style-type: none"> • team- consistency and coordination • treated with respect and dignity • involvement in decisions • Nurses – pts/fam able to ask questions/receive understandable answers/ trust and confidence • Drs – pt/fam able to ask questions/ understandable answers/ trust and confidence • cleanliness • pain control 	<p>Picker Institute Europe Report (2009, pg. 13 re other care settings – see note under limitations)</p> <ul style="list-style-type: none"> • consistency and coordination • communication with professionals • involvement in decisions 	<p>H-CAHPS – CHR data from 2007-09 (N=7948, inpatient, acute care)</p> <ul style="list-style-type: none"> • team coordination • nurses – listen, f/u concerns • pain mgmt • respect/dignity by nurses • questions invited by nrs • cleanliness • call bell answered • understood explanations • involvement in decisions • pain control • doctors – listen, f/u concerns 	<p>World Health Survey (Bleich et al, 2009) 21 EU countries in-patient and out-patient care</p> <ul style="list-style-type: none"> • autonomy • choice • communication • dignity • prompt attention • amenities • support 	<p>IHI Report on improving the patient experience of inpatient care (2008)</p> <ul style="list-style-type: none"> • every care interaction is anchored in a respectful partnership • pts/fam are part of care team and participate at level they choose • pts are educated and enabled to carry out their care plans • pts’ emotional needs are met • communication uses words and phrases the patient understands • team coordinates care care is safe, concerns are addressed
<p>Themes consistent across the studies and reports indicate the importance of the following aspects of care:</p> <ul style="list-style-type: none"> T: team work – consistency and coordination R: respect/listening C: communication/clear information I: involvement P: pain control and management 		<p>Limitations:</p> <p>Four of these reports are about inpatient acute care. The Picker Institute Europe (2009) report suggests that research on patients in other settings, such as, outpatients, emergency department patients, and primary care patients identify that the majority of patients in these setting also value highly domains of care – consistency and coordination, communication and involvement in decisions.</p>		