



## PART ONE: THE PATIENT EXPERIENCE

### How satisfied are your patients with the service that you currently provide?

Patients are virtually unable to tell how good of a surgeon you are. Instead, patients will comment on what their scar looks like, how comfortable they felt with you discussing their issues and how their overall experience with their “healthcare episode” was (e.g., hospital admission). Many of your customers would have formed an opinion about your friendliness, timeliness, professional conduct at various time points; before, during and after you actually looked after them.

In addition, patients will not differentiate between the service that they received by you or other professionals that are associated with you (hospital administration staff, ward nurses, anaesthetist, pathology services, etc.). While you are unable to control the actions of all those people, they will influence a patient's recommendations on your services.

Every patient who is outrageously happy with your service will tell an average of four other prospective patients and recommend you. Every patient who is definitely unhappy about your service (or part of your service) will tell an average of 11 other prospective patients and recommend that friends should rather not see you. Reality is that we will have both types of patients regularly. Obviously, we all prefer to have lots more patients who are outrageously happy with our service than patients who are seriously unhappy about us.

### The impact of not knowing

Not knowing how your patients perceive the services that you provide will restrain your ability to develop your practice. Not knowing will limit you in providing a service that could very easily be a lot better. Not knowing about your patient's experience comes to a blind-flight that can only too easily end in great difficulties.

### Create a survey

Ask yourself all the questions that you secretly always wanted to know. Limit the number of questions so that patients can complete the survey in not more than five minutes. It is recommended to stick to no more than 10 questions. Below are some examples:

- How easy is it for patients to **phone** the practice? (How many rings does it take for the phone to get answered?)
- How easy is it for patients to **locate** the practice?
- How friendly are the **meet and greet staff** (receptionist)?
- How satisfied are your patients **with you** at the consultation and after surgery?
- Do you have any other staff that you wish to survey (e.g., midwife, practice nurse, trainee...?)



- How well did the postoperative **pain control** work?
- How fair do patients find **your fees**?
- How fair do patients find **your anaesthetists' fee**?

These questions will be answered by tick boxes, of which an example is provided below:

Practice Nurse	Very satisfied	Satisfied	Unsure	Un-satisfied	Very Un-satisfied
a. How satisfied were you with the services provided by the practice nurse <u>at initial consultation</u> ?	★ 1	★ 2	★ 3	★ 4	★ 5
b. How satisfied were you with the follow-up (per phone) by the practice nurse <u>after your surgery</u> ?	★ 1	★ 2	★ 3	★ 4	★ 5

However, the most important question is:

**“If there was one thing in our practice that we could do better - What would that be?”**

Leave a few lines of free text for patients to answer it.

## Pilot test the survey

You need to make sure that patients understand the questions; that the questions are clear (not ambiguous) and can be answered. You only require a handful of real patients (that you go through the questionnaire) to validate your questions. It will also give you an idea how much time you would need to request from your patients to complete the survey.

## Notify all persons being surveyed that they are subject to survey

It is recommended to advise all people that are involved in the survey (e.g., your staff, anaesthetist) about the survey- it will motivate them to provide great service on a continuous basis. Additionally, this also minimises the risk of creating an impression that you “spy” on them.

Approval from the Human Research Ethics Committee (HREC) or Institutional Review Board (IRB) is not necessarily required. Your activity is an audit only and audits do not need to be approved by the local HREC. Some Colleges will grant Continuing Professional Development (CPD) points. In that case, please contact them directly for their instructions.

## Distribute the survey

Distribute the survey to your patients at a point in time, when the treatment episode is well and truly over, but patients still have a memory of the key issues of it. A reasonable time to distribute your survey to patients would be somewhere between four and eight weeks after surgery.



## Collect the returned surveys and read them

When reviewing survey feedback, pay special attention to the text fields as patients are willing to share their experience – good and bad – with you. For the most part, they express their gratitude for what you did for them.

## Enter the outcomes in a database

Every quarter or when you do your business statistics, collate all survey results into a spreadsheet and analyse the results. In addition, you can feed back some of the information that you collect to those who have surveyed, which can be done in a very informal and amicable way. Your team needs to know that you are fastidiously keeping an eye on things!

## Anonymity

Patients are appreciative of the opportunity to provide feedback to the practitioner anonymously. Thus, it would be recommended to include a field in the survey which offers patients the option to leave their contact details, if they wish to be contacted.

Obviously, not all feedback will be useful or actionable. From all of the responses that are received from the surveys, it would be at the practitioner's discretion if they wish to implement any suggestions that patients make, and also to prioritise what will need to be implemented first, second and last.

For example, if patients say that the colour of the walls looks “dark”, the practitioner would need to decide what they wish to do with that particular information. If this particular feedback comes frequently, then an action plan would be worth considering. If this, or other similar comments are made as a one-off, such feedback could be ignored or would be given less priority - allowing the practitioner to work on something more important instead.

The benefits of patient surveys are that:

1. A large number of patients are happy to provide feedback;
2. Patients who are very happy and those who are very unhappy are overrepresented; and
3. Accepting feedback and using it to improve your practice improves not only the quality of the service that is being provided, but also bolsters morale within the practice team.