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WAYS TO GATHER USEFUL FEEDBACK FROM PATIENTS



PHYSICIANS PRACTICE

ASK FOR ONLINE RATINGS AND REVIEWS

“I don’t recall my physician ever asking for my feedback on their practice. As a patient, if I want to provide feedback, I have to scour the Internet looking for a place to leave comments and ratings. Physicians need to take the onus off of patients and follow the examples of hotels and restaurants, some of which promote rating services such as TripAdvisor in order to make it easier for customers to deliver feedback.”



– *Nick van Terheyden, chief medical information officer,
Nuance Communications*

PROVIDE A FEEDBACK OPPORTUNITY AT CHECK-OUT AND AT HOME

“Maintaining an open connection — beyond the exam room — is vital to the feedback process. A one-time survey may be offered at a bad time for a patient; more commonly, they may not have any recommendations at point-of-service, but might [upon] later reflection. Post-visit, they should already have been informed by the practice staff of how best to deliver that feedback at any point in the future.”



– *Carlos Bezos Daleske, patient experience manager, IVF-SPAIN*

CONDUCT A STRUCTURED INTERVIEW

“Focus groups can be a good thing, but are expensive. Instead, survey 10 to 15 individual patients. With a dozen patients, combined with the staff and physician’s experience with patients, you’ll learn just about as much with much less overhead. Assign the physician, office manager, or some articulate staff member to speak with individual patients. The office manager or other staff could catch them in the reception area.

The physician could take three to five minutes at the end of an encounter. Either way, there should be a standard set of three to five questions and a lot of note taking.”

– *Carol Stryker, principal consultant, Symbiotic Solutions*



STANDARDIZE THE INFORMAL PATIENT INTERVIEW

“Ask a few open-ended questions and listen carefully. Some suggestions are:

- What do you like about the practice?
- What do you wish were different?
- What changes would you make?

Within the interview, ask clarifying questions as necessary. You’ll often find that you initially misunderstood the patient’s concern or that the patient misunderstood the question. Many a new initiative is an attempt to solve a nonexistent patient issue. And don’t make excuses or explain. If you only get flattering responses, you are asking the wrong questions or the person asking them is perceived as too powerful for an honest response.”

– *Stryker*



INITIATE OPEN-ENDED CONVERSATIONS

"Even in unstructured, casual conversation, an effective way to gather feedback is by asking patients open questions. Asking 'How was your appointment today?' will always elicit more information than 'Did everything go OK?' Listen well, and let them respond fully without interrupting. Then acknowledge what they have said and thank them for sharing their views, even if you don't agree with them. Resist the temptation to defend your position. Let the patient know you will consider what they have said and always get back to them with a response, even if that response is to maintain the status quo. It shows the patient you have taken them seriously and value their opinions."



– Sue Larsen, cofounder and COO, Astute Doctor

KNOW WHAT YOU WILL DO WITH THE DATA

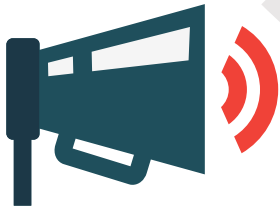
“Know what you are trying to accomplish with the feedback. There is a big difference between gathering data for a report card, for example, PQRS, and gathering information to better address patient expectations and concerns.

- Quantitative data (yes, no, and Likert scale responses) can be useful for statistical analysis and report cards. Carefully constructed questions and statistical significance are critical.
- Qualitative data (interviews, focus groups, and unstructured responses) provide the context for driving change. Carefully constructed questions are important. Recurring themes are what you are trying to reveal.”

– *Stryker*

SKILLFULLY HANDLE UNCONSTRUCTIVE FEEDBACK OR COMPLAINING

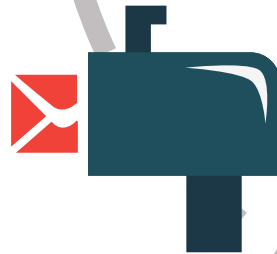
“Try to understand what motivates patients who find fault with everything. They usually feel powerless to change anything, yet carry a strong personal opinion that if they were in control, things would be done correctly. Our natural tendency is to disengage; we assume the patient is unlikely to be satisfied no matter what the outcome. However, this is likely to make things worse. Instead, remain empathetic and collaborative. Listen attentively (even if you don’t feel like it), use body language and physician prompts such as note-taking to show you are listening. Perhaps even hold your calls — the more attentive you can appear to be, the more likely you are to defuse the situation. You don’t need to agree with the patient, but let them know you understand how they feel. Stay neutral. Don’t justify your position, as you may invite further complaint or argument.”



–Larsen

CONSIDER THE INDIRECT APPROACH

“Direct mail and Web-based input can be well worth the time, effort, and cost. Many patients feel quite loyal to their provider and are uncomfortable providing feedback, particularly if it is negative. Online surveys, direct-mailers, and other nonverbal feedback tools can often provide more transparent and specific feedback that you can use to further improve your practice, especially if that survey tool is anonymous.”



– Larsen

BE OPEN TO INPUT FROM UNEXPECTED SOURCES

Patient Angie Best-Boss already knew the pain of lidocaine injections from one carpal tunnel surgery. So when it was time for surgery on the other hand, she asked her surgeon to consider trying a remedy from the world of veterinarian medicine. It turns out that sodium bicarbonate — essentially, baking powder — is added to injections in equine therapy, just to ease the injection site pain. Her surgeon agreed to read over the literature Best-Boss gave him, and consulted with his practice partner. Unable to find any risks or reasons to believe harm might result, he agreed to Best-Boss' recommendation. The informal experiment was a success, and the practice has revised its standard protocol to include the addition of sodium bicarbonate.

– Angie Best-Boss, patient