

3 Cancer Centers Share Their Experience with Patient Satisfaction Surveys

Oncology Issues contacted three cancer centers that performed patient satisfaction surveys and asked them how they had developed, conducted, and followed up on these surveys.

Here's what they said.



PHOTOGRAPH/PICTURE QUEST

Moses Cone Health System Greensboro, N.C.

by George Karl, M.A., M.D.I.V.,
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The Moses Cone Health System uses three different vendors for its patient satisfaction surveys because of the unique techniques each vendor uses to collect data. Each vendor provides a benchmark to compare the Moses Cone Health System with other sites and similar departments.

For inpatient surveys, Moses Cone uses Press Ganey, Inc., and the paper surveys are mailed to patients for their response.

For the emergency room (ER) department, Moses Cone chose PRC, Inc., because this vendor surveys by telephone and experience has shown that ER patients respond much better to phone call surveys than any other survey technique.

For outpatient, oncology, and physician practice surveys, Moses Cone selected the Jackson Group because they use an electronic self-entry device that captures patient satisfaction while the outpatient is receiving treatment or soon after. The health system has found that outpatients respond better to the electronic box survey than to surveys periodically mailed to their home. The health system has used the Jackson Group for about five years for outpatient satisfaction measures as well as employee satisfaction.

The self-entry electronic device is a small LCD-touch screen that contains from 20 to 30 questions. (Questions can be added or deleted as needed.) The patient hits the "on" button and goes through the ques-

tions as they appear on the screen. A scale of 1 to 5 is used for the surveys, and with drill-down questions, up to 10 answers may be available for selection. For instance, we ask several drill-down questions about service excellence. If a patient says he or she was not responded to in a pleasant way, the questions become more specific and ask about such service issues as ease of making appointments and parking.

Moses Cone Health System is pleased with how this survey technique works, but the process is labor intensive because someone in the department has to physically give and receive the box from the patient. Most outpatient departments use the self-entry device weekly. Every three months, our health system downloads the data onto an in-house computer. We can also hook up the system to a phone line that transmits data directly to the Jackson Group. If we find a department is having less than desirable responses, we can download the data on a monthly or weekly basis.

The Jackson Group survey process is the most expensive method, not including the cost of staff time. A survey box costs about \$1,100 per year plus about \$40 for each survey completed by a patient.

The response rate is determined by how many patients are asked to complete the questionnaire.

One danger in using a self-selecting survey method is the chances that employees may only ask patients who appear pleased with services to participate in the survey. Moses Cone safeguards against this bias by ensuring that the person asking the patient to fill out the survey is not the person providing the service.

Although Moses Cone continually reviews the process and the questions, no changes are currently planned. Patients have given Moses Cone Cancer Center a 97 percent rating in overall patient satisfaction, and a 97 to 98 percent rating on the likelihood of referring family and friends to the facility.

M.D. Anderson Cancer Center Houston, Tex.

by Sherry Preston, R.N., B.S., C.P.H.Q., and
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Improvement

In 1999 M.D. Anderson Cancer Center (MDACC) selected Solution Point (now Clareos) as its patient survey vendor because it could provide MDACC with a tool to obtain raw data and create custom reports as needed to make rapid performance improvements. Unfortunately, less than six months into the survey

process, Solution Point changed its business focus and could no longer provide MDACC with patient satisfaction data.

MDACC then negotiated a contract with a second vendor, Press Ganey, Inc., and continued the custom telephone surveys for both inpatients and outpatients. The customized surveys incorporated questions culled from MDACC's patient and staff focus groups on sharing and communication, but still kept the interview time under 15 minutes.

Financial Considerations

The initial development of the data layout involved a considerable expenditure of both time and money for MDACC's Information Services and Quality Improvement Departments. Today, MDACC uses telephone surveys administered by a Call Center subcontracted by Press Ganey. The data obtained from surveys are returned to MDACC via the web, eliminating the need for costly reports. To obtain adequate samples, 50 patients per outpatient center and inpatient unit are surveyed quarterly. (MDACC has 23 outpatient centers and 17 inpatient areas.)

The total annual cost of MDACC's patient satisfaction survey process includes:

- MDACC staff salaries to analyze data and post the results on MDACC's Intranet site
- Cost of each telephone survey (\$15) completed by the Call Center (approximate yearly cost of \$120,000)
- Cost of maintenance of database by Press Ganey.

Twice a month, all outpatient appointments, inpatient discharges, and ambulatory surgery cases are forwarded to Press Ganey, which then determines which patients will be interviewed by the Call Center. This action helps prevent calling patients too often while maintaining the sample quota.

Survey Results

Once patient satisfaction survey results are posted on MDACC's Intranet site, employees begin to take notice. MDACC found that one of the keys to outpatient satisfaction was "access," or how easily patients could reach their care providers by phone or appointment. In response, MDACC has an ongoing focus on improving phone-answering performance in the outpatient centers.

A review of MDACC's completed surveys revealed that patients like to be treated with kindness and respect and appreciate the staff members who do this. Accordingly, one of the most important parts of the current patient satisfaction surveys is how patients rate their physicians on professional ability, concern, and style of patient care.

MDACC uses patient satisfaction survey information in a number of ways. The Nursing Quality Council and other groups use the data for process improvement projects, and last year MDACC used one survey as a metric in an institution-wide collaborative initiative on pain. As a result of findings about satisfaction with treatment of pain, the Emergency Center and several other outpatient areas now place the patient's pain scale rating on the front of the charts to ensure that physicians are

aware of their patients' pain levels. Pain assessment was also added as a fifth vital sign for both inpatients and outpatients.

Looking to the Future

MDACC is a member of the four-year-old Comprehensive Cancer Center Consortium for Quality Improvement (C⁴QI) [www.cancerquality.org]. C⁴QI is comprised of 11 comprehensive cancer centers that conduct monthly conference calls and meet twice a year to compare data, discuss best practices, and present new oncology information.

C⁴QI and Press Ganey have partnered to conduct benchmark surveys for both inpatients and outpatients. From February 15 to May 15, 2002, Press Ganey's Standard Inpatient Oncology Survey was administered to inpatients from all 11 institutions. The survey results and best practices were presented at C⁴QI's biannual meeting in Miami's Sylvester Cancer Center, in October 2002. All C⁴QI institutions presented their results and believed the results were of great value to their staff and leadership.

C⁴QI conducted an Oncology Outpatient Survey from Sept. 15 through Dec. 15, 2002. The results from the outpatient survey will be discussed at the April 2003 meeting at City of Hope Cancer Center in Los Angeles, Calif.

York Hospital York, Maine

by Carol Graham Belliveau, R.N., M.S.N., AOCN®,
Oncology PATH Leader

York Hospital is a community hospital that chose not to use an outside marketing firm to measure patient satisfaction, but instead developed its own survey that is used by all the clinical services at the hospital.

How We Do It

While York Hospital has revised its survey over the years, the approach the hospital uses to survey its patients has remained the same. The survey is mailed monthly to both inpatients and outpatients, who are asked to answer "yes" or "no" to a series of questions. A space is provided for additional patient comments.

The surveys are tabulated by York Hospital's Community Relations Department, with the help of active community volunteers. The data are then forwarded to PATH (Patients Approach Toward Health) leaders at the hospital. Negative surveys/comments are immediately sent to the attention of the PATH leader who is accountable for discussing survey outcomes, issues, and any resolutions at weekly meetings. Summaries of survey responses are reviewed and shared monthly among PATH leaders of the various clinical disciplines for comments.

The hospital's Board of Trustees is also updated about survey outcomes, performance indicators, and related issues as part of the hospital leadership annual

survey review done in coordination with the hospital's community relations staff and PATH leaders. The Board of Trustees evaluates the effectiveness of the survey with regards to the hospital's goals for the year and then makes adjustments accordingly.

On a quarterly basis, several of the survey questions are trended as performance indicators for quality assurance. Some of the questions that are used to trend performance include: "Did you wait too long?" "Did we provide you with adequate privacy?" and "If you experienced pain, was it alleviated in a timely manner?"

Challenges Obtaining Data

Since oncology outpatients visit the clinic multiple times during the month for follow-up treatment, York has found a low response rate to the monthly survey. However, patient satisfaction is being constantly measured by other means.

York staff makes follow-up phone calls to patients within the first 24 hours after they receive treatment. Additionally, York Hospital's strong commitment to patient satisfaction resulted in the establishment of a toll-free phone number dedicated exclusively for patients to leave complaints and suggestions via voice mail. These messages are responded to within 24 hours.

At our oncology site at Wells, a pilot test is underway where staff personally hand the survey to new patients at the end of their first visit as a means of encouraging patients to respond. Preliminary findings indicate that the response rate to the questionnaire has increased.

Making a Difference

York Hospital takes patient complaints very seriously, so PATH leaders write follow-up reports on how each problem was resolved and put safeguards in place to ensure that the problem is not repeated. For example, if a patient reported on the survey that he or she waited too long to see the physician, we contact the patient to discuss the problem and then try to resolve the issue by the patient's next visit.

York Hospital has found that the perspective of the patient experience is usually quite different from the caregiver's. One patient's comments indicated that she disliked the changing gown because of the difficulty in putting it on. We called the patient thanking her for her feedback and said that the problem would be resolved. As a result, the nurses now show patients how to put on the changing gowns, which are either snapped or tied.

On the survey, patients have indicated concerns about the financial aspects of their care. Today members of the oncology team now ask at the front end of the visit whether the patient has any questions about the financial aspects of his or her care. Because of the complexity of benefit coverage and reimbursement, staff must constantly be aware of issues such as precertification or special authorization requests.

Staff members always feel good when their name is noted on a patient survey for having done a terrific job. These comments are also very valuable in measuring the hospital's services. As a community hospital, we are constantly being challenged to be our best, and therefore we need to pay attention to what our patients are telling us. ☐