



# Patient Experience

The Handbook

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## **What is patient experience?**

Although the answer to this question is fairly obvious, it is still important to state what patient experience is because being able to define patient experience will help one understand why data on patient experience is collected. Simply put, patient experience are the collections of thoughts, emotions and feelings a patient experiences directly as a result of the interactions, treatment, care and the external environment faced whilst in healthcare setting. A healthcare setting is any environment where an individual is treated such as GP surgeries (primary care), hospitals (secondary care), a care home (not care from ones own home) and care at ones own home. This definition may seem slightly theoretical, however outlines to an extent, the factors that make up the 'experience' of a patient whilst in care.

## **Why collect data on patient experience?**

One of the reasons why any health professional, be it doctors, clinicians, nurses and so forth, have chosen their respective profession is due to a love and passion of looking after and treating people. Essentially, they want the best for their patients and the most practical way of achieving this is getting them to relate their experiences of treatment. The patient experience data can therefore go a long way in helping healthcare institutions change and adjust their practices based on patient preferences. Healthcare professionals alike will want to know of their patients experience as it enables them to address concerns and become better providers of treatment. Indeed, it seems like a no brainer to start getting in this data as soon as possible, however, it is easier said than done. A multitude of things need considering before commencing data collection, which shall be explained henceforth.



Undoubtedly, doctors want the best for their patients and want to treat them effectively.

## **Your patients are your audience**

Treat patients as your target audience when the sole intention is to receive their feedback. Commercial organisations' activities are based around the needs of their target audience, similarly, adopt the mind-set of patients to understand and assess which method will provide maximum engagement on their part. Nearly all patient experience data is collected using questionnaires and surveys either through paper or online methods and the Friends and Family test, which is asking a patient a specific question, namely if they would recommended services to their friends and family, is one standardised method of collecting the data. Now let us conduct an examination and explanation on the factors that need considering...

## **The environment where data is to be collected**

Assess the environment where you want to collect the data and practically examine what is feasible and non-feasible. For example, if there is a lack of internet connectivity it is viable to collect patient experience data using paper methods or a device that can capture and store the data temporarily whilst in an offline environment. Also, examine possible health and safety issues regarding the use of kiosks and other devices; their wires and placement as to avoid disruption and accidents.

## **The people data is being collected from**

At some point in our lives, we're all playing the role of a patient and in a hospital patients are suffering from a wide ranges of diseases and conditions, which limit their ability in one way or another. It is important to understand this and nearly impossible to roll out a generic patient experience questionnaire expecting engagement from all types of patients. To get a fair view of the patients perspective, it is important to offer bespoke means of collecting the data, you wouldn't use the same method to treat two different conditions, hence the same applies here. Consider patients recovering from broken bones, for example, are they able to walk to a kiosk? Another example are elderly patients, do they know how to use a tablet? Pose these questions and naturally you'll find the most suitable method for different types of patients.

## **Device considerations**

It is quite easy to go out and purchase 100 tablets with the mind-set that it will solve all problems, however take a minute to consider practicality of any device, be it tablets, kiosks, web forms and so forth:

- ⇒ Is there an internet connection?
- ⇒ Can my patients use the tablet?
- ⇒ Can staff use the tablets?
- ⇒ Is there adequate security on my device?
- ⇒ How will I stop my device from breaking?
- ⇒ How will I stop my device from being stolen?

The above questions cover most of the considerations to be taken into account. There may be other hospital/institution specific factors to consider.

## **Design of the questionnaire**

Above all else, the design of the questionnaire will be the largest contributor in the success or failure in collecting patient experience data. It does not matter which device you are using to collect the data or where the device is placed, if the design of the questionnaire is poor. If a questionnaire is designed poorly, it will severely limit the number of responses. Let's examine some of the key components of a well-designed questionnaire within the context of patient experience:

### **Instructions**

Instructions will convey to the patient what the questionnaire is about, why the questionnaire has been given to them, how to complete the questionnaire, how to submit the questionnaire and possibly other questionnaire-specific guidance. Many questionnaire have an instructions page, though, instruction do not necessarily have to be lengthy and can be stated in a few lines.

### **Design**

The design of patient experience questionnaires covers its colour scheme, font style and size. As this is a patient experience survey, there is not a requirement to go overboard with colours and fonts. Simple and to the point works best, make use of a subtle/plain colour scheme that is easy on the eye and make any use of colour with the intention of making the questionnaire easier to complete as opposed to turning it into something fancy and extravagant. For example, colour can be effective in outlining different sections of the questionnaire and distinguishing questions and answers. As rule of thumb stick with a standard font, which is a larger size than usual to cater for the elderly and those with sight difficulties.

## Language

As we stated before, patients come from a variety of different backgrounds and this also means a variety of different spoken languages. Not everyone's first language is English, therefore consider having different translations of the questionnaire. Other ways of overcoming language barriers are to use interpreters and imagery, for example, the use of 'smiley faces' to help patients understand what is required for them. Imagery is also an excellent way to enhance understanding for children and generally prevents the form from looking like long blocks of text.

## Layout

Questions must follow an order and not be at random. Follow up questions should be made apparent and spacing between questions should be enough to distinguish between them. Logos should be placed consistently on each page, headings and on-page instructions should be made apparent to avoid confusion.

## Variety

Utilising a variety of different questions will 'mix' things up and can improve engagement. Consider a range of closed and opened ended questions, scales, ratings and range questions.

## Other sources of feedback

Patient experience questionnaires and the Friends and Family test are not the only way data is collected. PALS units deal with patient feedback, patients may also voice concerns or adulation over the phone, in writing in the form of a letter and the NHS also have a complaints procedure. It would be ideal for an individual hospital or a Trust, that governs multiple hospitals, to gather and collate all the different sources of patient feedback and analyse as a whole to see the full picture, fortunately this can be done, but before we examine **text and sentiment analytic dashboard**, we describe how the data is ingested into this dashboard from the various sources:

## Data automation

Automating data capture means the elimination of manual data entry. Patient experience forms are scanned and the data automatically uploaded to the dashboard after verification— usually the data would be typed up onto a database manually, which is time consuming and error prone. The process of data automation promises an accuracy at the rate of 99.9% hence the data is reliable. What's more is that business rules and validations that are the back-end design of the form further help reduce anomalies by demanding data from certain fields to be in a specific format i.e. the date or to enforce compulsory questions and validate relevant fields. Data automation is a highly useful tool to have that allows data to be available in a timely manner.

## Text and sentiment analytic

Once the data is automated, the data is ingested into a text analytic engine. Text and sentiment analytics is a form of natural language processing (NLP) that raises the bar in the realms of text analysis. The engine is best used for measuring free text patient feedback (from open ended questions, letters, complaints and so forth). The software is able to measure and rate the sentiment and emotions in feedback on a sophisticated 11 point scale, one end of the spectrum being extremely positive and the other being extremely negative. This facilitates an in-depth robust means of analysis.

The engine is able to understand context and identify grammatical modifiers. For example, "the nurse is nice" would present a rating of +1 "the nurse is very nice" would present a rating of +3 as the word "very" amplified the positive sentiment a patient felt towards the nurses. Additionally, the engine can identify different themes from large amounts of free text and give them a sentiment rating individually as well as provide an overall sentiment, comprised of the themes. For example, in a hospital setting a patient may comment on staff, bathroom facilities, food quality, cleanliness, treatment and so forth. The engine will give you the individual sentiment on each of the themes a patient has mentioned and an overall sentiment on the hospital. The advantages of such a mechanism is that it allows a hospital to see exactly where they can implement improvements allowing them to react quicker and improve care by making the relevant decisions.

Of course, this handbook reflects the 'ideal' world. In reality, budget and time constraints are major stumbling blocks. This is why DCC present free onsite assessments up and down the country advising how best organisations can collect, measure and analyse patient experience data based on their specific context, limitations and resources. Book now or give us a call. (Details on front cover).