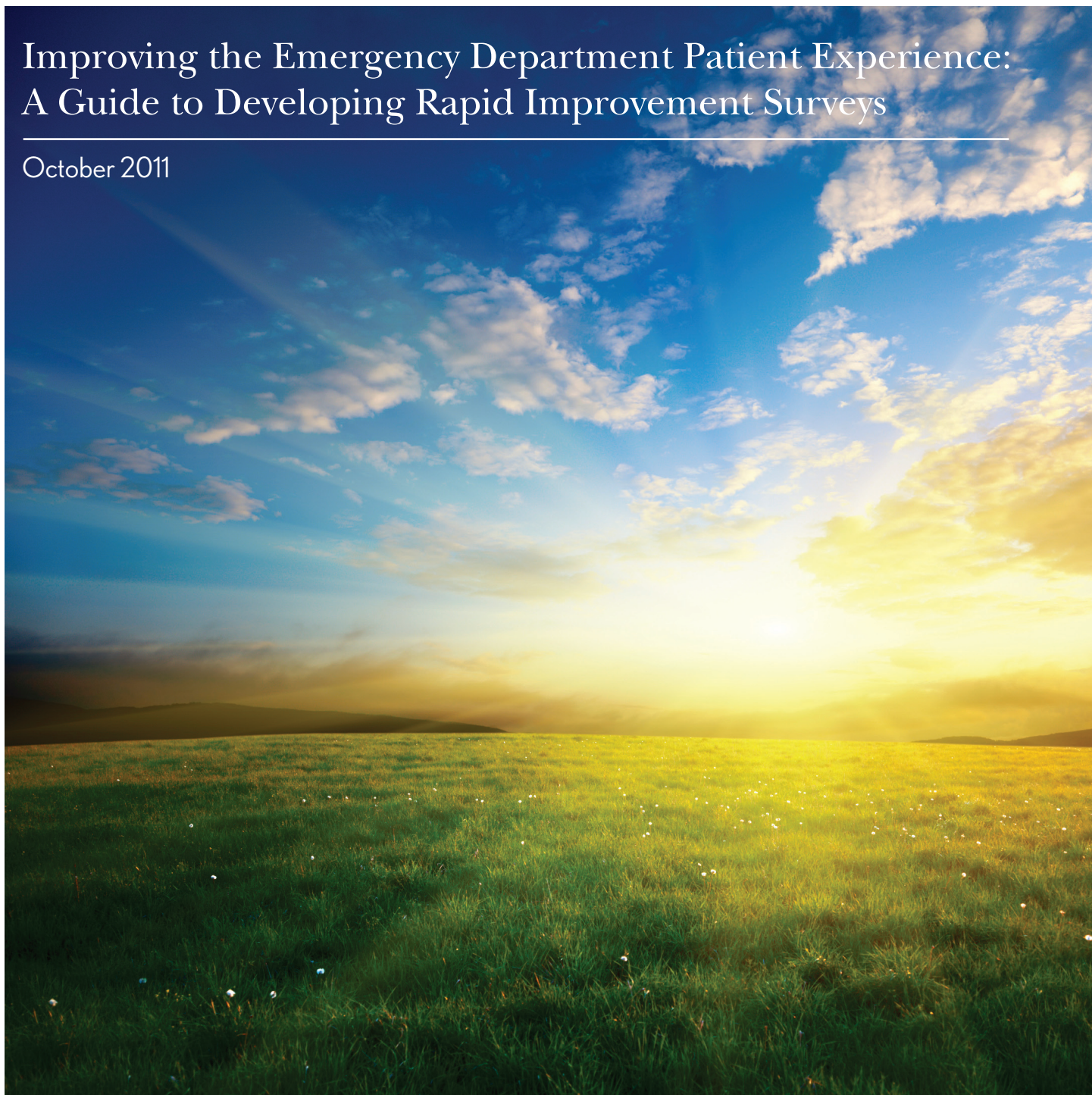


# Improving the Emergency Department Patient Experience: A Guide to Developing Rapid Improvement Surveys

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## Purpose

This document is intended to provide guidance and suggestions for developing and implementing a brief questionnaire to test specific emergency department (ED) change initiatives. Please note that this is not intended to be a complete guide to questionnaire development or surveying patients. In addition, these mini-surveys are not a replacement for longer, more comprehensive surveys (such as the NRC Picker Canada survey), but can be used to drill-down further from the more comprehensive ones.

## Survey Process

### *Aim Statement*

Ensure there is a clearly articulated, written aim statement to guide your work. The aim statement should explain what information will be collected and why. In a formal research project, it would be the research question. It can also be used to establish the desired population of interest.

### *Ethics and Consent*

Ensure that you adhere to any applicable legislation and abide by your hospital's policies on data collection and use.

You may need an information document (formatted as a letter or information pamphlet) or script that explains the purpose of the questionnaire and why particular people have been approached to answer it. It should be short, concise, and written in simple language. Depending on your survey method, there may be a need for copies of the information document for all targeted individuals, or a "tent card" with the information. One ideal method is to have the information on one-side of a double-sided document with the questionnaire on the other side.

### *Questionnaire*

Once you have created the questionnaire (see pages three-five for content guidelines) and all other related material (information letter, staff FAQ, staff script, a document that describes converting answers to numerical scores for analysis, etc.), **test them on a small scale prior to implementation.**

You probably do not need to number questionnaires or identify them in any way. Formal calculation of response rates, for example, is rarely needed in the small scale PDSA (Plan, Do, Study, Act) cycles where quick surveys are used.

## *Distribution*

### 1. How?

There are different ways to distribute quick questionnaires (beyond the traditional mail, telephone, Internet, and kiosk methods). They can be categorized as “active handouts” or “passive pickups” or a variation of the two.

Active handouts require that someone on staff approach a potential respondent (either across a counter or desk, in a waiting room, or at the end of an appointment), explain the questionnaire, ask if the person will complete a questionnaire, give it to them, and direct them to where the questionnaire can be returned.

Passive pickups are the methods used in many restaurants and hotels where a questionnaire is left in a conspicuous spot with a request for someone to fill it out and return it.

It is possible to have a hybrid model of the two. For example, a staff member could direct an eligible person to a stack of questionnaires and tent card of information, but not actively hand it out, etc. Given the purpose of this approach, you do not need sophisticated receptacles for returned questionnaires. They can be partly sealed boxes with a slot in the top placed in a conspicuous spot (where they cannot ‘walk off’), or use a file folder if it is intended that questionnaires be handed back to a staff member. Try to avoid mail-back surveys as complexity of processes and expense for these rises quickly. If you have them, or plan on doing a great deal of surveying, locked drop boxes are another option.

### 2. Where?

The location of surveying is determined by the purpose of the survey. ED-related surveys are distributed in the ED, for example. Ensure that the surveys targeted to specific areas or processes within the ED are in the appropriate location. Typically, this approach is not used for large scale, multiple-unit surveying.

### 3. When?

The length and timing of distribution depends on what is being tested. You may want to distribute the questionnaire both before a change and after. In a busy place, you may only need to distribute questionnaires for a day or two; in other places or if your target population is rare, you may need to distribute the questionnaire over longer periods of time. Establish your desired sample size (remember to “think small”) and monitor your returns to determine when the “field period” should be closed.

### 4. Who?

You will need to establish a protocol about whom on your team or staff is going to do what, and this should be tested. You will need someone to be responsible for the whole process, people to train and support staff if you use the active handout method, or replenish passive pickup spots. Questionnaires need to be collected on a regular basis, especially if they are being collected over several days. Determine who will do so, and what will become of the forms.

## ***Data Entry/Analysis***

As researchers in organizations may not be familiar with rapid cycle PDSA methods, plan on your team members conducting simple analyses of the survey data.

Use paper-and-pencil tally sheets or check sheets. Often, simple frequency counts will provide the information needed. Simple hand-drawn or excel graphs may also be helpful. Visit Health Quality Ontario's website for more information on check sheets and tally sheets.

Be aware, that if you use open-ended questions, someone will need to sort, categorize and code the written responses.

It is important to note that you will not need the power and sophistication of statistical software packages like SPSS, SAS, Minitab, etc. Unless someone is already quite skilled with these programs, do not undertake to buy and learn one of these programs.

## ***Staffing***

You will need hospital staff involved in the whole process in addition to your quality improvement team (unless team members hand out all questionnaires, etc.). This means like any change management effort, you will need to involve staff, notify them of activities, provide education and training if necessary, and generally get their support for this endeavour.

## **Content**

Below are three general areas or categories for questionnaire content:

1. ***Overall rating of care given by patients.*** This is the big outcome of interest; it should be identical to the same question on your regular, ongoing, comprehensive survey (if you use one).
2. ***A question or two about the “domain of interest.”*** If you are working on a change that may affect patients' perceptions of “emotional support” received from nurses – then you should ask “a general question” about that. If you are an NRCC client, you could use a question from their questionnaire. If not, you could develop one or two.
3. ***“Some” questions are specifically related to your intervention, both the general intent and the specific changes.*** If you are testing whether having an information brochure about wait times changes patients' perceptions of the wait times<sup>1</sup>, for the “domain” of interest, you could ask whether the wait time was too long. But, you might also want to ask whether there was sufficient information about wait times (something that would likely be addressed by your change), whether they actually received a brochure, whether it was understandable (which will likely have been tested already), and whether it helped them better understand why they were waiting.

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<sup>1</sup> Note: this is *not* an endorsement of this idea, it is just an example.

How many questions should you have? The number you need will depend on the aim statement and requirements, but may range anywhere from one to eight questions. It is important to ensure that a mini-survey does not exceed one page.

## Style

1. When you take an existing question from a questionnaire that is being used for ED performance monitoring, it should be used exactly as it is currently being used, answers (response options) included.
2. If you are developing new questions, they should be:
  - Directly related to the change you are making;
  - Few in number;
  - Simple and straightforward;
  - Capable of being answered with a yes or no answer; and
  - Without complicated skip patterns

## Specific Recommendations

### *Questions should be directly related to the change you are making*

If you are testing to see whether a new brochure provides information to patients about wait times, and thereby reduce people's negative feelings about their visit, then you should ask both general questions about wait times and specific questions about the brochure and related procedures appropriate to the specific test of change. You might ask, "*Were you given a brochure about wait times in the ED?*" or "*Was the brochure easy to read?*" or "*Did the brochure provide useful information?*"

### *Questions should be few in number*

There is always a temptation to have many questions on a questionnaire. Sometimes questions are directly related to the topic at hand, but other times they are "nice to know" or "while we are at it" questions. Try and keep your questions to one page, which has several benefits, which include:

- It might make it more likely that people will respond to the questionnaire;
- It will be easier to analyze; and
- It may make it faster to create and change.

Resist the urge to add demographic questions, because typically they are not needed for this kind of work and they often annoy respondents.

### ***Questions should be simple and straightforward***

Questions should be asked about one thing; avoid “double-barrelled” questions. For a blatant example, “*Did you like the magazines and were there enough of them?*” asks about two different things. A more subtle example might be, “*Were there enough magazines, books, and newspapers in the waiting room?*” People could think, “Yes, no, and no” and not know how to give a single answer. Unless you actually want to know about the specific topics, a more effective question might be, “*Were there enough reading materials in the waiting room?*”

Avoid double negative questions and ‘artificial’ negative questions. A double negative question might be, “*Is lack of adequate reading materials not a problem for you?*” An artificial negative question takes a perfectly reasonable question and attempts to reverse it. For example, the question “*Did you not have to wait too long?*” attempts to make this positive sounding, but it may confuse respondents.

### ***Questions should be capable of being answered with a yes or no answer***

There are many different response types of survey questions, from simple “yes/no” answers to 11-point numerical rating scales. Given particular needs, many of them are useful. For the purposes of getting simple and easy-to-understand answers to simple, straightforward targeted questions, a simple yes/no question is ideal. In some situations going to an “always, sometimes, no” answer set might be needed. For overall and domain questions, different response options might be needed: use the response options provided with the question on the more comprehensive survey.

### ***Questions should not have complicated skip questions***

Not all questions that could be asked of survey respondents might be relevant to everyone. It makes no sense, for example, to ask whether a patient’s pain was dealt with if the patient didn’t have any pain. Or to ask whether a brochure was informative if the respondent was not able to read the brochure. So it might be necessary to ask “skip” or “screening” questions or include a conditional statement, e.g. “*If you picked up a brochure, did you read it?*” In general, however, you want all or most of your questions to be applicable to all respondents. Skips and conditional questions are harder for people to understand, harder to analyze, and will reduce your sample size. Use wisely and only when necessary.

## Example

1. *Was this document easy to read?*
2. *Was there too much jargon used?*
3. *Was there sufficient detail in the recommendation section?*
4. *Did this document provide useful information?*
5. *Would you recommend this document to a colleague who was developing a patient satisfaction questionnaire for improvement purposes?*

## Other Methods

When conducting quality improvement work, there are multiple, complementary methods for learning about the patient experience. For some projects, and in some organizations, it might be feasible and/or meaningful to use qualitative methods, such as observation and un-structured or semi-structured interviews. Often, observing a process or following patients through a process is extremely valuable and an important component of process mapping or flowcharting. Observing waiting rooms, counting people and tracking wait times may also be valuable.

There is no substitute for getting detailed information and stories from patients and visitors. This can be done through unstructured interviews, where the interviewer has no formal or pre-determined questions prior to talking to patients or visitors, or semi-structured methods where the interviewer has a framework or outline of questions and some actual questions. In either case, the interviewer takes notes on what the respondent says.

Qualitative and quantitative methods are complementary and appropriate in different situations. It is not possible to observe a patient and determine how she/he feels about a process; that can only be achieved by asking them, either through unstructured or semi-structured methods or quantitative surveys. Observing process is extremely valuable and should be considered at different points in almost every quality improvement project.

## Resources

Arlene G. Fink and Jacqueline Kosecoff. *How to conduct surveys. A step-by-step guide.* Sage Publications, 1998.

Priscilla Salant and Don Dillman. *How to conduct your own survey.* Wiley, 1994.