

# Patient Experience Measurement

## Preparing for Change

June 2022



## Introduction

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The Ontario Hospital Association (OHA) aims to modernize patient experience measurement with the launch of the new service contract that will foster more timely and effective decision-making at the hospital level, while responding to the growing digital desires of patients and the ever-changing healthcare landscape.

As we prepare to introduce the new vendor, the OHA has created this readiness checklist of key considerations for hospitals to facilitate implementation of the new solution. We strongly suggest hospitals use this interim period to plan for and shorten the onboarding phase that is initiated once service agreements are signed.

Acknowledging the scale of transformation the new patient experience measurement platform brings, and its impact on hospital staff, culture, processes, policies, and patients and their family caregivers, this checklist has been developed with the lens of quality improvement and change management in mind. Consistent with how institutions, such as the Institute for Healthcare Improvement (IHI) and the National Health System (NHS), approach improvement and sustaining change, we have organized 12 considerations into three sections: people, process, and organization.

Successful implementation of change is multi-faceted and achieved when synergies between complementary tangible and less tangible elements exist. Emphasizing tactical considerations along with aspects such as leadership, team, and culture, provides the foundation for success. Recognizing that hospitals are at different points in their journey to modernizing patient experience measurement, the OHA is committed to supporting hospitals realize their longer-term goals and ambitions.

### **This checklist is structured as follows:**

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## Key Considerations

### PEOPLE

- 1. Develop clear communications across stakeholders that promote awareness and understanding of the shared purpose and intent of modernizing patient experience measurement as it aligns with the hospital’s strategic priorities.**

Change is frequently a disruption to established practices and often leads to additional work, stress, and conflict. In Ontario, hospital staff and the patients they serve have been accustomed to engaging and contributing to patient experience measurement in a generally consistent manner for nearly two decades. The OHA’s new service contract will enable participating Ontario hospitals to build upon and evolve their current efforts to improve patient experience. With the opportunity to implement timely, digitally enabled, and standardized and/or customizable surveys and reports, hospitals will be better equipped to readily improve the quality of care.

Effective change management, regardless of scale, can be attributed to several key drivers, including successful stakeholder buy-in. Communication is an essential tool for leading people through change that can help encourage the adoption of new processes, solutions, and technologies. Clearly expressing the rationale, shared purpose, vision, and stakeholder impact of the changes to patient experience measurement (e.g., digital platform, patient email collection, express consent process) can lay the groundwork required to facilitate buy-in from staff, patients, and other stakeholders. Timely communications, avoiding cookie-cutter approaches, and presenting information in digestible amounts are strategies that can further cultivate buy-in by mitigating anxieties and the potential for misinformation. Tailoring communications to each stakeholder group (e.g., staff, patients, the Board, community partners) to reflect the appropriate level of information needed can help messages resonate with the intended audience. For example, providing patients with some background knowledge, including how their voice can help inform and shape quality improvement efforts at the hospital, increases the likelihood of patient consent to participate in surveying. The OHA has developed some supportive key messages for hospitals to consider when developing their communications (See Appendix A).

Key Questions to Consider	Planned Action	When
<ul style="list-style-type: none"> <li>What is our shared purpose and vision for modernizing patient experience measurement?</li> </ul>		
<ul style="list-style-type: none"> <li>How are staff being engaged and informed of the vision and any potential changes to</li> </ul>		

their work responsibilities related to patient experience measurement?
<ul style="list-style-type: none"><li>• How are we communicating the purpose of patient experience measurement with our patients and their family caregivers?</li></ul>
<ul style="list-style-type: none"><li>• How successful are we in collecting patient contact information for patient experience surveying purposes? How can we improve our communications to increase the likelihood of patients providing consent?</li></ul>
<ul style="list-style-type: none"><li>• Where may there be resistance to adopting the new patient experience measurement platform and/or processes?</li></ul>
<ul style="list-style-type: none"><li>• Have we shared that there will be a temporary gap in patient experience measurement for Q1 and Q2 with internal and external stakeholders?</li></ul>
<ul style="list-style-type: none"><li>• What changes may be required to the orientation process for new staff to inform them of the hospital's efforts in modernizing patient experience measurement and their role in advancing quality patient care?</li></ul>

**2. Identify and leverage the support of champions, or ambassadors, across the hospital who can provide leadership and strategic insights and help promote the new process changes for patient experience measurement.**

The power of champions to catalyze the change management process is well-recognized across multiple disciplines<sup>i</sup>. Champions, also known as ambassadors or change agents, are individuals who are instrumental in leading or promoting change within their organization<sup>ii</sup>. Driven by the vision, champions believe in the changes to be made and are skillful in inspiring others and facilitating change. Viewed by their peers as a credible voice within the organization, champions account for about 3 per cent of employees, but can influence approximately 85 per cent of the organization's employees. With vast and robust networks, champions can help socialize and cultivate momentum for change.

The OHA's new service contract introduces significant change, accelerating the fast-paced digital aspirations of patient experience measurement and facilitating dynamic capabilities to enable hospitals to

make better-informed decisions with respect to quality patient care. Adopting the new platform will require synergy across several areas, including privacy, quality, and communications, in order to promote change. Identifying champions who can stimulate and empower others across the organization will aid in the successful implementation of the new platform. Furthermore, because champions can be found across all levels (e.g., executive sponsors, staff, patients, patient and family advisory council (PFAC) members), it is important to recognize that several champions can work together to inspire change by sharing their energy and passion around a specific aspect of the change (e.g., digitalization, patient- and family-centred care advocate, data enthusiast, new technology, etc.).

Key Questions to Consider	Planned Action	When
<ul style="list-style-type: none"> <li>Who are the hospital champions we could engage to socialize and promote changes to patient experience measurement?</li> </ul>		
<ul style="list-style-type: none"> <li>Are there specific areas or stakeholder groups where we should prioritize efforts to seek buy-in?</li> </ul>		
<ul style="list-style-type: none"> <li>Has our PFAC shared any insights that could aid our efforts to collect patient email addresses and mobile numbers for the purposes of patient experience surveying?</li> </ul>		

**3. Engage and build the capacity of frontline staff to mobilize, participate and become part of the changes to patient experience surveying.**

Actively contributing to and being part of change can be empowering, build ownership of the new process and promote a sense of personal agency. Often, change is externally imposed and can lead to feeling overwhelmed and intimidated. As such, seeking opportunities where staff can offer input and assume responsibility for specific activities can encourage them to drive the change forward and take charge. Helping staff understand and become aware of how they are making a meaningful contribution to improving patient experience can also deepen this sense of purpose. Frontline staff can provide valuable insights and considerations for implementing digital surveying modes (e.g., process alignment, express consent collection, documentation). Additionally, engaging regularly with frontline staff to understand how the new process is working for them and how patients are adapting to the change (e.g., where may there be resistance or hesitance to share personal contact information for surveying purposes) can optimize success.

Key Questions to Consider	Planned Action	When
<ul style="list-style-type: none"> <li>How can we engage and involve our staff to feel greater ownership of the changes to patient experience surveying, including shifting to digital surveying modes?</li> </ul>		
<ul style="list-style-type: none"> <li>How are we utilizing the voice of our frontline staff to shape and inform the implementation of processes to shift to digital surveying methods?</li> </ul>		
<ul style="list-style-type: none"> <li>What training or guidance do staff require to implement processes related to the collection of patient contact information and express consent? How do we know what is needed?</li> </ul>		
<ul style="list-style-type: none"> <li>How can we understand how frontline staff feel about the changes to their roles in relation to supporting patient experience measurement?</li> </ul>		

4. **Connect with your patient experience team to identify a point person who could function as a “super user” on the new patient experience measurement platform.**

The new solution will have a software platform to manage survey distribution, patient contact lists and results reporting. A hospital’s interaction with the platform will begin with a “super user” who will have primary responsibility for managing how the platform is accessed and customized. Assess the current capabilities of your team to understand who could serve as “super users” to initially learn the new platform and subsequently build capacity across the team. Naturally, some team members may be anxious to learn new processes and software technology. The new platform is a powerful tool with a wide range of customizable instruments for survey creation and reporting. Users can expect a learning curve with respect to using and becoming comfortable with the new platform. Consider a train-the-trainer model where staff can be paired together to learn the new patient experience measurement platform.

The new platform will also require a change in how users interact with Personal Health Information (PHI). The platform includes a directory for managing patient contacts and which survey(s) patients receive. The designated ‘super user’ will need to be trained on associated privacy responsibilities and, working with privacy policies, limit access to sensitive data. The ‘super user’ can enable access to discrete parts of the platform (e.g., reporting dashboards or text analytics results that do not expose PHI) to appropriately designated individuals within your organization.

Key Questions to Consider	Planned Action	When
<ul style="list-style-type: none"> <li>Have we identified our “super users” who will participate in technical training sessions provided by the new vendor and who can support building capacity across the team?</li> </ul>		
<ul style="list-style-type: none"> <li>Have we engaged with our Privacy Officer to understand any privacy considerations when adopting the new platform?</li> </ul>		
<ul style="list-style-type: none"> <li>How will our patient experience team work together to support each other’s learning during the implementation phase?</li> </ul>		

**PROCESS**

**5. Download data from NRC’s Catalyst system by July 31, 2022, to facilitate historical benchmarking.**

Hospitals that wish to conduct historic benchmarking will need to download their data from NRC’s Catalyst system by **July 31st, 2022**. Based on consultation with the OHA’s Patient Experience Measurement Governance Committee and other stakeholders, it was decided that hospitals’ historical data will not be transferred from NRC’s Catalyst to the new vendor platform due to high cost and minimal value for money. However, the new platform will offer the same standardized surveys as NRC and hospitals who download their historic data prior to July 31 will be able to conduct historic benchmarking.

Key Questions to Consider	Planned Action	When
<ul style="list-style-type: none"> <li>Have we downloaded our hospital’s historical data from NRC’s Catalyst platform?</li> </ul>		

**6. Prioritize which standardized patient experience surveys the hospital will need once onboarded during the initial implementation phase, informed by the organization’s priorities.**

All standardized patient experience surveys that were available through the previous NRC surveying service will be available under the new services contract. However, the OHA has prioritized the availability

of the most commonly used surveys, in consultation with the OHA’s Patient Experience Measurement Governance Committee and other stakeholders. Additionally, recognizing some surveying challenges for both hospitals and patients (e.g., cost to administer, low response rates, time commitment), the OHA has led several survey review committees to develop short-form survey tools for hospitals’ use. Committees composed of hospital and system stakeholders including representatives from hospitals, physicians, patients, Health Quality Ontario, and Local Health Integration Networks, have finalized short-form surveys for the Adult Inpatient, Pediatric Inpatient, and Adult Emergency Department (ED) sectors. In addition to the historically used validated surveys, these short-form surveys will be made available on the new platform through a survey library. Learn more about our [Short-form Surveys](#) and [Long-form Surveys](#).

Key Questions to Consider	Planned Action	When
<ul style="list-style-type: none"> <li>Have we reviewed the OHA’s new short-form surveys that will be offered?</li> </ul>		
<ul style="list-style-type: none"> <li>Do we prefer short-form or long-form standardized patient experience surveys or a combination of both? Do we have feedback from patients, or can we engage with our PFAC to inform decision-making?</li> </ul>		
<ul style="list-style-type: none"> <li>Have we identified if there are any internal or external factors that may impact survey selection and priority?</li> </ul>		
<ul style="list-style-type: none"> <li>Is there any standardized patient experience survey that we would prefer having a short-form version of? Have we shared this with the OHA?</li> </ul>		

**7. Review the custom questions that were used in previous standardized surveys to identify what tweaks or edits may be required in the priority standardized patient experience surveys.**

The new surveying solution has retained the option for hospitals to ask up to five custom questions in each standardized patient experience survey. Revisit the custom questions that were previously asked and identify what changes may be required to meet strategic priorities and current quality improvement targets (e.g., Quality Improvement Plans or other hospital priorities, such as special designations, accreditation). Hospitals that choose to implement the new short-form surveys offered by the OHA (e.g., Adult Emergency ED) also have the option to add 1 to 2 facility-specific custom questions. In the spirit of retaining short question sets, the OHA suggests minimizing the number of custom questions added to short-form surveys.



Key Questions to Consider	Planned Action	When
<ul style="list-style-type: none"> <li>What custom questions (up to five) would we want to ask in the standardized patient experience survey(s) that we have prioritized for the initial implementation phase?</li> </ul>		
<ul style="list-style-type: none"> <li>If we are adopting shorter surveys, how can we keep the addition of custom questions to a minimum?</li> </ul>		

**8. Develop consent, usage, privacy, and exclusion policies to support digital surveying modes.**

The OHA's new patient experience measurement platform facilitates the shift to surveying modes with more timely access to results than previous mail-in surveys. Adopting digital survey modes can mean resource-intensive, upstream efforts in the short term that include the development of the appropriate hospital policies, processes, communications, and infrastructure. The [OHA's Digital mode guide and webinar](#) offers suggestions and examples from two Ontario hospitals (University Health Network and Royal Victoria Regional Health Centre) who have put in place policies and standardized practices to collect and securely store patient email addresses.

Key Questions to Consider	Planned Action	When
<ul style="list-style-type: none"> <li>Have we informed our privacy team of the upcoming changes to the patient experience platform which will include sending Personal Health Information (PHI) to an external contact registry?</li> </ul>		
<ul style="list-style-type: none"> <li>Do we have a designated person who will be responsible for managing this registry?</li> </ul>		
<ul style="list-style-type: none"> <li>Does our hospital's Admission, Discharge and Transfer (ADT) software accept contact information that we will need to collect to support digital surveying modes?</li> </ul>		
<ul style="list-style-type: none"> <li>Have we modified the patient contact information form within ADT software (e.g., a checkmark field) to denote that a patient</li> </ul>		

<p>has given consent and is willing to participate in digital surveys?</p>
<ul style="list-style-type: none"> <li>How well do we align with section (37)(1)(d) of the <i>Personal Health Information Protection Act</i> (PHIPA) and the Ontario's Information and Privacy Commissioner's (IPC) <a href="#">Communicating Personal Health Information by Email guidance document</a>?</li> </ul>

9. **Align with and/or build on existing processes and systems to support the collection of patient email addresses and mobile numbers.**

Review opportunities where existing processes can be adapted to support the collection of patient emails, mobile numbers, and express consent. Ensure that staff capacity is a priority and provide staff with the appropriate training and resources (e.g., forms) required to adapt existing processes. For example, the Royal Victoria Regional Health Centre has provided administrative staff at admissions with a short form to seek patients' express consent (refer to the [OHA's Digital mode guide and webinar](#) for more information).

Key Questions to Consider	Planned Action	When
<ul style="list-style-type: none"> <li>What current processes exist where simple adjustments could support the collection of express consent while gathering patient emails and mobile numbers?</li> </ul>		
<ul style="list-style-type: none"> <li>Can we establish a staff working group to understand current workflows and how to co-design new workflows to support express consent collection?</li> </ul>		
<ul style="list-style-type: none"> <li>Have we developed a process for patient contact information collection to support digital surveying modes?</li> </ul>		

**10. Review the existing process for preparing and submitting patient data files with the decision support and health records teams and identify opportunities to streamline the process.**

Enabling quicker survey deployment and results data requires an efficient and consistent approach to preparing and submitting patient data files to the patient experience measurement platform. Most hospitals have expressed their desire to receive patient response data more quickly, but historically, the biggest delay for many hospitals has been how quickly the hospital generates the patient lists used to send invitations. With digital collection, invitations can be sent very quickly after a discharge or clinic visit and patients can respond immediately, but only if the hospital can commit to rapid list generation. The new platform offers powerful reporting capabilities that will enable more timely access to data results provided that upstream efficiencies are implemented.

Hospitals are encouraged to review their previous process with NRC to identify how improvements could be made. Typical barriers to rapid list creation may include a lag in health records coding or concerns about applying exclusions to patients who you do not want to survey (see section 11). Depending on the survey and the relevance of all coding details, consider whether patient lists can be generated, and exclusions applied prior to completing full health record coding.

Under the new vendor, all patients included on lists shared with the vendor will be sent a survey invitation (if email or SMS contact information is provided) or receive a phone invitation (if only a phone number is available). Connect with decision support to determine if they can create patient files according to your hospital’s research specifications, such as the creation of random samples or ensuring a representative mix of desired sub-departments (e.g., medical vs. surgical). Once the contract details are released, additional guidelines will be provided on how to think about and generate patient lists.

Key Questions to Consider	Planned Action	When
<ul style="list-style-type: none"> <li>How can we improve the process of preparing and submitting patient list files to facilitate timelier submission?</li> </ul>		
<ul style="list-style-type: none"> <li>What is the feasibility within our hospital to generate patient list files and apply exclusions prior to completing full health record coding?</li> </ul>		
<ul style="list-style-type: none"> <li>Have we connected with decision support to determine if they are able to create patient files according to our research specifications?</li> </ul>		

**11. Determine the exclusion criteria for removing patient names prior to sending lists to the new surveyors.**

As suggested above, you may decide not to survey some patients which will require exclusion policies and protocols. Typical exclusion criteria include patients who have notified the hospital that they do not wish to receive a survey; patients who have had a miscarriage or stillbirth; patients who are deceased; and patients who present with evidence of sexual assault or other particularly sensitive issues. The patient data file specifications used while under contract with NRC will mostly remain the same under the new vendor.

Key Questions to Consider	Planned Action	When
<ul style="list-style-type: none"> <li>What exclusion criteria do we need to apply prior to submitting the patient data files to filter out patients we do not wish to survey?</li> </ul>		

**ORGANIZATION**

**12. Foster a shared learning culture that can support and encourage patient experience staff as they learn and become comfortable with the new platform.**

Ontario hospitals have been accustomed to conducting patient experience measurement using a consistent approach with NRC. While the new service contract brings innovation and opportunity, it presents a significant departure from the former process. As such, a change of this scale will take time and patience. Hospitals should anticipate growing pains during the first year with the new vendor and platform as your teams learn, engage, and build their capacity to modernize patient experience measurement.

Critical factors to successful transformation efforts are organizational and team culture. Cultures that foster environments of shared learning and problem-solving, transparency, team building, and collaboration can boost the success of change initiatives. Naturally, teams are composed of a diverse range of perspectives and capabilities. Understanding that some team members may have a steeper learning curve will require leaders to employ softer skills to effectively support their teams and individual team members. Setting expectations and emphasizing that adopting a new platform will be a journey will help your team work through the onboarding process and challenges that emerge with this level of transformation. Consider hosting a coffee chat with your patient experience team to understand how they are feeling about the changes being executed throughout the implementation phase. Similarly, check in with frontline staff through staff forums to understand if the process of collecting patient contact information and consent is working as intended, how patients are responding to the key messages, where there is resistance and how the messaging could be improved to increase the likelihood of more patients providing consent.

Key Questions to Consider	Planned Action	When
<ul style="list-style-type: none"><li>• How can leaders cultivate a shared learning culture as the hospital adopts a new patient experience measurement platform?</li></ul>		
<ul style="list-style-type: none"><li>• How can patient experience managers and leads support team members collectively and individually as they gain ground in learning new technology and processes?</li></ul>		
<ul style="list-style-type: none"><li>• What mechanism (e.g., staff forum) can help gather feedback from frontline providers about challenges, concerns and opportunities that can improve the process?</li></ul>		

## Appendix A

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The OHA has developed the following key messages to support hospitals with their communications as you share your organization's vision for modernizing patient experience measurement and fostering continuous quality improvement and patient- and family-centred care.

- Improving patient- and family-centred care is a key priority for [organization name]. Delivering the highest quality patient care relies on more effectively and efficiently understanding and responding to what matters to patients and their family caregivers.
- For the past few decades, Ontario hospitals have collected patient experience data primarily via paper-based mail-in surveys to measure and understand the patient experience. While mail-in surveys have contributed to improving the patient experience, hospitals have been challenged with low survey response rates, difficulties reaching patient populations and slow response times.
- To advance quality patient care and prioritize quality improvement efforts, hospitals require reliable, actionable, comparable, and timely access to patient experience data. This is why we are working to modernize our patient experience measurement program.
- Modernizing patient experience measurement means:
  - Embracing near real-time patient experience surveying at either the point of care or post-discharge to reduce the time between the hospital visit and surveying, make it easier for patients to recall their experience, and equip hospital quality improvement teams with timely access to data and feedback so they can prioritize efforts and respond more quickly.
  - Responding to patient preference for more digital surveying options and making it more convenient for them to fill out surveys on devices such as cellphones, tablets, and computers.
  - Introducing short-form surveys that focus on the key drivers of patient experience while respecting patients' time.
  - Enabling patient experience teams to customize patient experience data reporting dashboards, produce timely reports for distribution that align with specific quality improvement teams and their initiatives, and reduce the time required to sift through data.
  - Enhancing the ability to extract insights from qualitative data through AI-enabled qualitative data analysis and advanced analytical features that would otherwise be labor-intensive.
  - Centralized access to tools, templates and standard survey libraries that allow teams to tailor and establish the appropriate methodology to better support quality improvement efforts.
  - Participating in benchmarking to assess how our hospital is meeting patient needs and delivering patient-and family-centred care in comparison to peers across the province.
  - Flexibility to pursue innovative quality improvement efforts and research projects by creating and disseminating custom patient experience surveys.
  - Leveraging the vendor's extensive research expertise to assess local objectives and develop robust research strategies to understand target populations or opportunities for improvement.

<sup>i</sup> Shaw, E. K., Howard, J., West, D. R., Crabtree, B. F., Nease, D. E., Jr, Tutt, B., & Nutting, P. A. (2012). The role of the champion in primary care change efforts: from the State Networks of Colorado Ambulatory Practices and Partners (SNOCAP). *Journal of the American Board of Family Medicine : JABFM*, 25(5), 676–685. <https://doi.org/10.3122/jabfm.2012.05.110281>

<sup>ii</sup> Woo, K., Milworm, G., & Dowding, D. (2017). Characteristics of Quality Improvement Champions in Nursing Homes: A Systematic Review With Implications for Evidence-Based Practice. *Worldviews on evidence-based nursing*, 14(6), 440–446. <https://doi.org/10.1111/wvn.12262>